



Minnesota Department of Human Services
Commissioner's Office
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November 26, 2019

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

Re: *Jensen, et al. v. Minnesota Department of Human Services, et al.*
Court File No.: 09-CV-01775 DWF/BRT
November 2019 Olmstead Plan Quarterly Report

Dear Judge Frank:

Enclosed please find the November 25, 2019 Quarterly Report on Olmstead Plan Measurable Goals, which includes data acquired by the Olmstead Implementation Office through October 31, 2019. This report is filed pursuant to this Court's Order for Reporting on Olmstead Plan dated February 22, 2016 (Doc. No. 544), the Court's Order dated June 21, 2016 (Doc. No. 578), and the Court's Order dated July 19, 2018 (Doc. No. 693).

This report was approved by the Olmstead Subcabinet on November 25, 2019 and is filed by the Department on its behalf.

Sincerely,

A handwritten signature in black ink, appearing to read 'Charles E. Johnson', written over a horizontal line.

Charles E. Johnson
Deputy Commissioner

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

Minnesota Olmstead Subcabinet

Quarterly Report on Olmstead Plan Measurable Goals



REPORTING PERIOD

Data acquired through October 31, 2019

DATE REVIEWED BY SUBCABINET

November 25, 2019

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I. PURPOSE OF REPORT

This quarterly report provides the status of work being completed by State agencies to implement the Olmstead Plan. The goals related to the number of people moving from segregated settings into more integrated settings; the number of people 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 includes data acquired through October 31, 2019. Progress on each measurable goal will be reported quarterly, semi-annually, or annually. Reports are reviewed and approved by the Olmstead Subcabinet. After reports are approved they are made available to the public on the Olmstead Plan website at Mn.gov/Olmstead.ⁱ

This quarterly report also includes Olmstead Implementation Office (OIO) compliance summary reports on the status of workplans.

EXECUTIVE SUMMARY

This quarterly report covers twenty-four measurable goals.ⁱⁱ As shown in the chart below, seven of those goals were either met or are on track to be met. Five goals were categorized as not on track, or not met. For those five goals, the report documents how the agencies will work to improve performance on each goal. Twelve goals are in process. Eight of the goals that are in process have no current annual goals but continue to be reported.

Status of Goals – November 2019 Quarterly Report	Number of Goals
Met annual goal	4
On track to meet annual goal	3
Not on track to meet annual goal	2
Did not meet annual goal	3
In process	12
Goals Reported	24

Listed below are areas critical to the Plan where measurable progress is being made.

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

- During this quarter, 32 individuals left ICF/DD programs to more integrated settings. After three quarters, the total number of 146 exceeds the annual goal of 72. (Transition Services Goal One A)
- During this quarter, 209 individuals with disabilities under age 65 in a nursing facility longer than 90 days moved to more integrated settings. After three quarters, 84% of the annual goal of 750 has been achieved. (Transition Services Goal One B)
- During this quarter, 256 individuals moved from other segregated settings to more integrated settings. After three quarters, the total number of 868 exceeds the annual goal of 500. (Transition Services Goal One C)

Timeliness of Waiver Funding Goal One

- There are fewer individuals waiting for access to a DD waiver. At the end of the current quarter 66% of individuals were approved for funding within 45 days. Another 27% had funding approved after 45 days.

Increasing system capacity and options for integration

- The utilization of the Person Centered Protocols continues to show improvement. During this quarter, of the eight person centered elements measured in the protocols, performance on all elements improved over the 2017 baseline. Seven of the eight elements show progress over the previous quarter, and six of the eight are at 94% or greater in this quarter. (Person-Centered Planning Goal One)
- The number of women with disabilities and/or serious mental illness who had a cervical cancer screening was 33,786, which is an increase of 12,393 over baseline. (Health Care and Health Living Goal One)
- The number of children and adults with disabilities who had an annual dental visit was 51,898 over baseline. (Health Care and Healthy Living Goal Two)
- The percentage of people receiving crisis services within ten days of referral was 96.6%. This met the annual goal of 88%. (Crisis services Goal Five)

The following measurable goals have been targeted for improvement:

- Transition Services Goal Three to increase the number of individuals leaving the MSH to a more integrated setting.
- Positive Supports Three to reduce the number of reports of emergency use of mechanical restraints with approved individuals.
- Housing And Services Goal One to increase the number of people with disabilities who live in the most integrated housing of their choice.
- Employment Goal Two to increase the number of people receiving services from certain Medicaid funded programs in competitive integrated employment.
- Education Goal Two to increase the percent of students with disabilities enrolling in integrated postsecondary education settings.

The following measurable goals are in process and have no current annual goals:

- Transition Services Goal Two to decrease the percent of people at AMRTC who no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting.
- Positive Supports Goal One to reduce the number of individuals experiencing a restrictive procedure.
- Positive Supports Goal Two to reduce the number of reports of restrictive procedures.
- Person-Centered Planning Goal Two (A/B/C) to increase the percent of individuals reporting they have input in major life decisions, everyday decisions, and their supports and services as measured by the National Core Indicators Survey.
- Crisis Services Four A to increase the percent of people who are housed five months after discharge from the hospital (due to a crisis).
- Crisis Services Four B to increase the percent of people who receive appropriate community services within thirty days of discharge from the hospital (due to a crisis).

II. MOVEMENT FROM SEGREGATED TO INTEGRATED SETTINGS

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

QUARTERLY SUMMARY OF MOVEMENT FROM SEGREGATED TO INTEGRATED

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

Net number of individuals who moved from segregated to integrated settings during reporting period

Setting	Reporting period	Number moved
• Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD)	Jan - March 2019	32
• Nursing Facilities (individuals under age 65 in facility > 90 days)	Jan - March 2019	209
• Other segregated settings	Jan - March 2019	256
• Anoka Metro Regional Treatment Center (AMRTC)	July – Sept 2019	28
• Minnesota Security Hospital (MSH)	July – Sept 2019	22
Total	--	547

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 and the universe number when available. The universe number is the total number of individuals potentially impacted by the goal. The number provides context as it relates to the measure.

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

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

	2014 Baseline	June 30, 2015	June 30, 2016	June 30, 2017	June 30, 2018	June 30, 2019
A) Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD)	72	84	84	84	72	72
B) Nursing Facilities (NF) under age 65 in NF > 90 days	707	740	740	740	750	750
C) Segregated housing other than listed above	1,121	50	250	400	500	500
Total		874	1,074	1,224	1,322	1,322

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

2019 goal

- For the year ending June 30, 2019 the number of people who have moved from ICFs/DD to a more integrated setting will be 72

Baseline: January - December 2014 = 72

RESULTS:

The goal is on track to meet the 2019 goal of 72.

Time period	Total number of individuals leaving	Transfers ^{iv} (-)	Deaths (-)	Net moved to integrated setting
2015 Annual (July 2014 – June 2015)	138	18	62	58
2016 Annual (July 2015 – June 2016)	180	27	72	81
2017 Annual (July 2016 – June 2017)	263	25	56	182
2018 Annual (July 2017 – June 2018)	216	15	51	150
2019 Quarter 1 (July – September 2018)	65	4	13	48
2019 Quarter 2 (October – December 2018)	86	8	12	66
2019 Quarter 3 (January – March 2019)	52	4	16	32

ANALYSIS OF DATA:

From January – March 2019, the number of people who moved from an ICF/DD to a more integrated setting was 32. This is 34 fewer people than in the previous quarter. After three quarters, the total number is 146 which exceeds the annual goal of 72. The goal is on track.

COMMENT ON PERFORMANCE:

DHS provides reports to counties about persons in ICFs/DD who are not opposed to moving with community services, as based on their last assessment. As part of the current reassessment process, individuals are being asked whether they would like to explore alternative community services in the

next 12 months. Some individuals who expressed an interest in moving changed their minds, or they would like a longer planning period before they move.

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

DHS continues to work with private providers and Minnesota State Operated Community Services (MSOCS) that have expressed interest in voluntary closure of ICFs/DD. Providers are working to develop service delivery models that better reflect a community-integrated approach requested by people seeking services. A total of 15 out of 15 MSOCS ICFs/DD converted since January 2017 for a reduction of 96 state-operated ICF/DD beds. The last MSOCS ICF/DD converted as of August 2, 2019. For the period of January through June 2019, there were 96 ICF/DD beds closed in 17 sites.

UNIVERSE NUMBER:

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

TIMELINESS OF DATA:

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

B) NURSING FACILITIES

2019 goal

- For the year ending June 30, 2019, the number of people who have moved from Nursing Facilities (for persons with a disability under 65 in facility longer than 90 days) to a more integrated setting will be **750**.

Baseline: January - December 2014 = 707

RESULTS:

The goal is on track to meet the 2019 goal of 750.

Time period	Total number of individuals leaving	Transfers (-)	Deaths (-)	Net moved to integrated setting
2015 Annual (July 2014 – June 2015)	1,043	70	224	749
2016 Annual (July 2015 – June 2016)	1,018	91	198	729
2017 Annual (July 2016 – June 2017)	1,097	77	196	824
2018 Annual (July 2017 – June 2018)	1,114	87	197	830
2019 Quarter 1 (July – September 2018)	310	28	49	233
2019 Quarter 2 (October – December 2018)	260	26	45	189
2019 Quarter 3 (January – March 2019)	279	24	46	209

ANALYSIS OF DATA:

From January – March 2019, the number of people under 65 in a nursing facility for more than 90 days who moved to a more integrated setting was 209. This is 20 more individuals than in the previous quarter. After three quarters, the number is 84% of the annual goal of 750. The goal is on track.

COMMENT ON PERFORMANCE:

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

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

UNIVERSE NUMBER:

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

TIMELINESS OF DATA:

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

C) SEGREGATED HOUSING**2019 goal**

- For the year ending June 30, 2019, the number of people who have moved from other segregated housing to a more integrated setting will be 500.

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

RESULTS:

The goal is on track to meet the 2019 goal of 500.

[Receiving Medical Assistance (MA)]

Time period	Total moves	Moved to more integrated setting	Moved to congregate setting	Not receiving residential services	No longer on MA
2015 Annual (July 14 – June 15)	5,703	1,137 (19.9%)	502 (8.8%)	3,805 (66.7%)	259 (4.6%)
2016 Annual (July 15 – June 16)	5,603	1,051 (18.8%)	437 (7.8%)	3,692 (65.9%)	423 (7.5%)
2017 Annual (July 16 – June 17)	5,504	1,054 (19.2%)	492 (8.9%)	3,466 (63.0%)	492 (8.9%)
2018 Annual (July 17 – June 18)	5,967	1,188 (19.9%)	516 (8.7%)	3,737 (62.6%)	526 (8.8%)
2019 Quarter 1 (July – Sept 2018)	1,585	322 (20.3%)	123 (7.8%)	987 (62.3%)	153 (9.6%)
2019 Quarter 2 (Oct – Dec 2018)	1,167	290 (24.8%)	128 (11%)	639 (54.8%)	110 (9.4%)
2019 Quarter 3 (Jan – Mar 2019)	1,390	256 (18.4%)	115 (8.3%)	849 (61.1%)	170 (12.2%)

ANALYSIS OF DATA:

From January – March 2019, of the 1,390 individuals moving from segregated housing, 256 individuals (18.4%) moved to a more integrated setting. After three quarters, the total number is 868 which exceeds the annual goal of 500. The goal is on track.

COMMENT ON PERFORMANCE:

During the quarter, there were significantly more individuals who moved to more integrated settings (18.4%) than who moved to congregate settings (8.3%). This analysis also illustrates the number of individuals who are no longer on MA and who are not receiving residential services as defined below.

The data indicates that a large percentage (61.1%) of individuals who moved from segregated housing are not receiving publicly funded residential services. Based on trends identified in data development for Crisis Services Goal Four, it is assumed the majority of those people are housed in their own or their family's home and are not in a congregate setting.

COMMENT ON TABLE HEADINGS:

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

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

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

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

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

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

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

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

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

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

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

TIMELINESS OF DATA:

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

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

Baseline: From July 2014 - June 2015, the percent of people at AMRTC who no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting was 36% on a daily average.¹

RESULTS:

The 2019 overall goal was reported as not met in the August 2019 Quarterly Report. Progress on this goal will continue to be reported in as in process.

Percent awaiting discharge (daily average)

Time period	Mental health commitment	Committed after finding of incompetency
2016 Annual (July 2015 – June 2016)	Daily Average = 42.5% ²	
2017 Annual (July 2016 – June 2017)	44.9%	29.3%
2018 Annual (July 2017 – June 2018)	36.9%	23.8%
2019 Annual (July 2018 – June 2019)	37.5%	28.2%
2020 Quarter 1 (July – September 2019)	31.0%	22.5%

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

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

ANALYSIS OF DATA:

The overall goal to reduce the percent of individuals awaiting discharge to 30% by June 30, 2019 was not met. From July – September 2019, 31.0% of those under mental health commitment at AMRTC no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting. During this quarter there was a higher percentage of individuals awaiting discharge under mental health commitment (31.0%) than for those who were civilly committed after being found incompetent (22.5%). The combined total of individuals awaiting discharge from AMRTC is 26.5%.

Although the 2019 annual goal to reduce the percent awaiting discharge to 30% was not met, this quarter shows improvement.

From July – September 2019, 21 individuals at AMRTC under mental health commitment left and moved to an integrated setting. The table below provides information about those individuals who left AMRTC. It includes the number of individuals under mental health commitment and those who were civilly committed after being found incompetent on a felony or gross misdemeanor charge who moved to integrated settings.

Time period	Total number of individuals leaving	Transfers	Deaths	Net moved to integrated setting	Moves to integrated setting	
					Mental health commitment	Committed after finding of incompetency
2017 Annual (July 2016 – June 2017)	267	155	2	110	54	56
2018 Annual (July 2017 – June 2018)	274	197	0	77	46	31
2019 Annual (July 2018 – June 2019)	317	235	1	81	47	34
2020 Quarter 1 (July – Sept 2019)	91	63	0	28	21	7

COMMENT ON PERFORMANCE:

Approximately one quarter of individuals at AMRTC no longer need hospital level of care, including those under a mental health commitment and those who need competency restoration services. Those committed after a finding of incompetency, accounted for approximately 43% of AMRTC's census in this quarter.

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

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

- Violent or aggressive behavior (i.e. hitting others, property destruction, past criminal acts);
- Predatory or sexually inappropriate behavior;
- High risk for self-injury (i.e. swallowing objects, suicide attempts); and
- Unwillingness to take medication in the community.

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

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

DHS has convened a cross-division, cross-administration working group to improve the timely discharge of individuals at MSH and AMRTC to identify: barriers, current and future strategies, and any needed efficiencies that could be developed between AMRTC and MSH to support movement to community. Counties and community providers will be consulted and engaged in this effort as well.

UNIVERSE NUMBER:

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

TIMELINESS OF DATA:

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

TRANSITION SERVICES GOAL THREE: By December 31, 2019, the average monthly number of individuals leaving Minnesota Security Hospital to a more integrated setting will increase to 10 individuals per month.

2019 goal

- By December 31, 2019 the average monthly number of individuals leaving to a more integrated setting will increase to ≥ 10

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

RESULTS:

This goal is **not on track** to meet the 2019 goal of ≥ 10 .

Time period	Total number of individuals leaving	Transfers ^{iv} (-)	Deaths (-)	Net moved to integrated setting	Monthly average
2015 Annual (Jan – Dec 2015)	188	107	8	73	6.1
2016 Annual (Jan – Dec 2016)	184	97	3	84	7.0
2017 Annual (Jan – Dec 2017)	199	114	9	76	6.3
2018 Annual (Jan – Dec 2018)	212	130	3	79	6.6
2019 Quarter 1 (Jan – Mar 2019)	58	32	2	24	8.0
2019 Quarter 2 (Apr – June 2019)	57	36	0	21	7.0
2019 Quarter 3 (July – Sept 2019)	53	30	1	22	7.3

ANALYSIS OF DATA:

During July – September 2019, the average monthly number of individuals leaving Forensic Services³ to a more integrated setting was 7.3. The average number moving to an integrated setting increased from 7 the previous quarter. This goal is not on track to meet the annual goal of at least 10 per month.

Forensic Services categorizes discharge data into three areas to allow analysis around possible barriers to discharge. The table below provides a breakdown of the number of individuals leaving Forensic Services by category. The categories include: committed after being found incompetent on a felony or gross misdemeanor charge, committed as Mentally Ill and Dangerous (MI&D) and Other committed).

³ MSH includes individuals leaving MSH, Transition Services, Forensic Nursing Home, and the Forensic Mental Health Program (formerly known as Competency Restoration Program). These four programs are collectively referred to as Forensic Services.

Time period	Type	Total moves	Transfers	Deaths	Moves to integrated
2015 Annual (January – December 2015)	Committed after finding of incompetency	99	67	1	31
	MI&D committed	66	24	7	35
	Other committed	23	16	0	7
	Total	188	107	8	(Avg. = 6.1) 73
2016 Annual (January – December 2016)	Committed after finding of incompetency	93	62	0	31
	MI&D committed	69	23	3	43
	Other committed	25	15	0	10
	Total	187	100	3	(Avg. = 7.0) 84
2017 Annual (January – December 2017)	Committed after finding of incompetency	133	94	2	27
	MI&D committed	55	17	6	32
	Other committed	11	3	1	7
	Total	199	114	9	(Avg. = 6.3) 76
2018 Annual (January – December 2018)	Committed after finding of incompetency	136	97	0	39
	MI&D committed	73	31	3	39
	Other committed	3	2	0	1
	Total	212	130	3	(Avg. = 6.6) 79
2019 Quarter 1 (Jan – Mar 2019)	Committed after finding of incompetency	41	28	0	13
	MI&D committed	13	3	2	8
	Other committed	4	1	0	3
	Total	58	32	2	(Avg. = 8.0) 24
2019 Quarter 2 (Apr – June 2019)	Committed after finding of incompetency	32	24	0	8
	MI&D committed	24	12	0	12
	Other committed	1	0	0	1
	Total	57	36	0	(Avg. = 7.0) 21
2019 Quarter 3 (July – Sept 2019)	Committed after finding of incompetency	33	20	0	13
	MI&D committed	19	12	1	6
	Other committed	1	0	0	1
	Total	53	30	1	(Avg. = 7.3) 22

COMMENT ON PERFORMANCE:

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

MI&D committed and Other committed

MSH and Transition Services primarily serve persons committed as Mentally Ill and Dangerous (MI&D), providing acute psychiatric care and stabilization, as well as psychosocial rehabilitation and treatment

services. The MI&D commitment is for an indeterminate period of time, and requires a Special Review Board recommendation to the Commissioner of Human Services, prior to approval for community-based placement (Minnesota Stat. 253B.18). MSH also serves persons under other commitments. Other commitments include Mentally Ill (MI), Mentally Ill and Chemically Dependent (MI/CD), Mentally Ill and Developmentally Disabled (MI/DD).

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

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

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

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

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

- Collaboration with county partners to identify those individuals who have reached maximum benefit from treatment;
- Collaboration with county partners to identify community providers and expand community capacity (with specialized providers/utilization of Minnesota State Operated Community Services);
- Utilization of the Forensic Review Panel, an internal administrative group, whose role is to review individuals served for reductions in custody (under MI&D Commitment), and who may be served in a more integrated setting;
- The Forensic Review Panel also serves to offer treatment recommendations that could assist the individual's growth/skill development, when necessary, to aid in preparing for community reintegration. A summary of the Forensic Review Panel efforts include:
 - From January to March 2019: Reviewed 48 cases; recommended reductions for 17 cases with 14 being granted, and one case pending.
 - From April to June 2019: Reviewed 52 cases; recommended reductions for 28 cases. To date, 26 have been granted.
 - From July to September 2019: Reviewed 49 cases; recommended reductions for 18 cases. To date, 17 have been granted and one case is pending.
- Collaboration with DHS/Direct Care and Treatment entities to expand community capacity and individualized services for a person's transitioning.

Committed after finding of incompetency

Individuals under competency restoration treatment, Minn. R. Crim. R. 20.01, may be served in any program at Forensic Services. Primarily the Forensic Mental Health Program serves this population, and the majority of individuals are placed under a concurrent civil commitment to the Commissioner, as Mentally Ill. The limited purpose of the Forensic Mental Health Program is to stabilize the individual's mental health symptoms such that they can be served in a lower level of care.

Competency restoration treatment may occur with any commitment type, but isn't the primary decision factor for discharge. For this report, the "Committed after finding of incompetency" category represents any individual who had been determined by the court to be incompetent to proceed to trial, though not under commitment as MI&D (as transitions to more integrated settings for those under MI&D requires Special Review Board review and Commissioner's Order).

- Forensic Services has expanded programming to individuals under "treat to competency," by opening a 32-bed unit called Forensic Mental health Program – North Campus in the St. Peter community.
- While AMRTC continues to provide care to those who may be under this legal status, individuals referred to CRP in St Peter are determined to no longer require hospital-level care.

DHS is convening a cross-division, cross-administration working group to improve the timely discharge of individuals at MSH and AMRTC to identify barriers, current and future strategies, and any needed efficiencies that could be developed between AMRTC and MSH to support movement to community. Counties and community providers will be consulted and engaged in this effort as well.

UNIVERSE NUMBER:

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

TIMELINESS OF DATA:

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

TRANSITION SERVICES GOAL FOUR: By June 30, 2020, 100% of people who experience a transition will engage in a process that adheres to the Person-Centered, Informed Choice and Transition protocol. Adherence to the transition protocol will be determined by the presence of the ten elements from the My Move Plan Summary document listed below. [People who opted out of using the My Move Summary document or did not inform their case manager that they moved are excluded from this measure.]

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

RESULTS:

This goal is **in process**.

Time period	Number of transition case files reviewed	Number opted out	Number not informing case manager	Number of remaining files reviewed	Number not adhering to protocol	Number adhering to protocol
FY18 Quarter 1 July – Sept 2017	29	6	0	23	11 of 23 (47.8%)	12 of 23 (52.2%)
FY18 Quarter 2 Oct – Dec 2017	26	3	1	22	7 of 22 (31.8%)	15 of 22 (68.2%)
FY18 Quarter 3 Jan – March 2018	25	5	3	17	2 of 17 (11.8%)	15 of 17 (88.2%)
FY18 Quarter 4 April – June 2018	34	6	2	26	3 of 26 (11.5%)	23 of 26 (88.5%)
FY19 Quarter 1 July –Sept 2018	19	6	0	13	5 of 13 (38.5%)	8 of 13 (61.5%)
FY19 Quarter 2 Oct – Dec 2018	36	5	0	31	10 of 31 (32.3%)	21 of 31 (67.7%)
FY 19 Quarter 3 Jan – Mar 2019	N/A	N/A	N/A	N/A	N/A	N/A
FY19 Quarter 4 April – June 2019	23	9	4	10	4 of 10 (40%)	6 of 10 (60%)

ANALYSIS OF DATA:

For the period of April - June 2019, of the 23 transition case files reviewed, 9 people opted out of using the My Move Plan document and four people did not inform their case manager that they were moving. Of the remaining 10 case files, 6 files (60%) adhered to the transition protocol.

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

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

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

COMMENT ON PERFORMANCE:

In April 2019, Lead Agency Review changed the sampling methodology utilized to identify transition cases. Instead of pulling a specific sample of people who have moved based on claims data, the Lead Agency Review team now looks for My Move plans for anyone within the overall sample that has moved during the review period. In shifting the sampling methodology utilized, the Lead Agency Review team hopes to gain better insights into lead agency practices in the facilitation of moves for individuals. Because the lead agencies reviewed during this time period are smaller in program enrollment sizes, the total numbers of transition case files reviewed were as expected.

Lead Agencies are provided information about which components of the My Move Plan were compliant/non-compliant for each of the transition cases that were reviewed.

TIMELINESS OF DATA:

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

III. TIMELINESS OF WAIVER FUNDING

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

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

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

Assessments between January – December 2016

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

RESULTS:

This goal is in process.

Time period: Fiscal Year 2018 (July 2017 – June 2018)

Urgency of Need Category	Total number of people assessed	<u>Reasonable Pace</u> Funding approved within 45 days	Funding approved after 45 days	Pending funding approval
Institutional Exit	96	63 (66%)	26 (27%)	7 (7%)
Immediate Need	467	325 (70%)	118 (25%)	24 (5%)
Defined Need	1,093	734 (67%)	275 (25%)	84 (8%)
Totals	1,656	1,122 (68%)	419 (25%)	115 (7%)

Time period: Fiscal Year 2019 Quarter 1 (July - September 2018)

Urgency of Need Category	Total number of people assessed	<u>Reasonable Pace</u> Funding approved within 45 days	Funding approved after 45 days	Pending funding approval
Institutional Exit	22	17 (77%)	4 (18%)	1 (5%)
Immediate Need	102	81 (79%)	18 (18%)	3 (3%)
Defined Need	227	163 (72%)	57 (25%)	7 (3%)
Totals	351	261 (74%)	79 (23%)	11 (3%)

Time period: Fiscal Year 2019 Quarter 2 (October - December 2018)

Urgency of Need Category	Total number of people assessed	<u>Reasonable Pace</u> Funding approved within 45 days	Funding approved after 45 days	Pending funding approval
Institutional Exit	42	32 (76%)	10 (24%)	0 (0%)
Immediate Need	108	84 (78%)	24 (22%)	0 (0%)
Defined Need	232	154 (66%)	63 (27%)	15 (6%)
Totals	382	270 (71%)	97 (25%)	15 (4%)

Time period: Fiscal Year 2019 Quarter 3 (January – March 2019)

Urgency of Need Category	Total number of people assessed	<u>Reasonable Pace</u> Funding approved within 45 days	Funding approved after 45 days	Pending funding approval
Institutional Exit	17	16 (94%)	0	1 (6%)
Immediate Need	121	90 (74%)	28 (23%)	3 (2%)
Defined Need	201	151 (75%)	43 (21%)	7 (3%)
Totals	339	257 (76%)	71 (21%)	11 (3%)

Time period: Fiscal Year 2019 Quarter 4 (April – June 2019)

Urgency of Need Category	Total number of people assessed	<u>Reasonable Pace</u> Funding approved within 45 days	Funding approved after 45 days	Pending funding approval
Institutional Exit	24	19 (79%)	4 (17%)	1 (4%)
Immediate Need	120	84 (70%)	28 (23%)	8 (7%)
Defined Need	243	153 (63%)	72 (30%)	18 (7%)
Totals	387	256 (66%)	104 (27%)	27 (7%)

ANALYSIS OF DATA:

From April – June 2019, of the 387 individuals assessed for the Developmental Disabilities (DD) waiver, 256 individuals (66%) had funding approved within 45 days of the assessment date. An additional 104 individuals (27%) had funding approved after 45 days. Only 27 individuals (7%) assessed are pending funding approval.

COMMENT ON PERFORMANCE:

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

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

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

Below is a summary table with the number of people pending funding approval at a specific point of time. Also included is the average and median days waiting of those individuals pending funding approval. The average days and median days information has been collected since December 1, 2015. This data does not include those individuals who had funding approved within the 45 days reasonable pace goal.

Number of People Pending Funding Approval by Category

As of Date	Total Number	Institutional Exit	Immediate Need	Defined Need
April 1, 2017	201	13	16	172
July 1, 2017	237	13	26	198
October 1, 2017	152	12	36	104
January 1, 2018	89	1	22	66
April 1, 2018	60	5	20	35
July 1, 2018	94	6	26	62
October 1, 2018	114	12	26	76
January 8, 2019	93	10	18	65
April 1, 2019	79	3	15	61
July 1, 2019	96	10	22	64
October 1, 2019	125	9	29	87

Average Number of Days Individuals are Pending Funding Approval by Category

As of Date	Institutional Exit	Immediate Need	Defined Need
April 1, 2017	91	130	193
July 1, 2017	109	122	182
October 1, 2017	136	120	183
January 1, 2018	144	108	184
April 1, 2018	65	109	154
July 1, 2018	360	115	120
October 1, 2018	112	110	132
January 8, 2019	138	115	144
April 1, 2019	278	113	197
July 1, 2019	155	125	203
October 1, 2019	262	132	197

Median Number of Days Individuals are Pending Funding Approval by Category

As of Date	Institutional Exit	Immediate Need	Defined Need
April 1, 2017	82	93	173
July 1, 2017	103	95	135
October 1, 2017	102	82	137
January 1, 2018	144	74	140
April 1, 2018	61	73	103
July 1, 2018	118	85	70
October 1, 2018	74	78	106
January 8, 2019	101	79	88
April 1, 2019	215	88	147
July 1, 2019	75	86	84
October 1, 2019	166	103	103

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

NATIONAL CORE INDICATORS (NCI) SURVEY

The results for the 2017 NCI survey for individuals with intellectual and developmental disabilities were reported in the November 2018 Quarterly Report.

QUALITY OF LIFE SURVEY

The [Olmstead Plan Quality of Life Survey: First Follow-Up 2018⁴](#) report was accepted by the Olmstead Subcabinet On January 28, 2019. The analysis of the follow-up survey results shows that this long-term study is valuable and has helped to identify important characteristics affecting overall quality of life. Researchers recommend waiting a longer period of time before resurveying respondents. It is recommended that the second follow-up survey should occur in summer of 2020.

⁴ [Olmstead Plan Quality of Life Survey: First Follow-up 2018](#) Report is available on the Olmstead Plan website at www.mn.gov/olmstead

V. INCREASING SYSTEM CAPACITY AND OPTIONS FOR INTEGRATION

This section reports on the progress of measurable goals related to increasing capacity of the system and options for integration that are being reported in each quarterly report. The information for each goal includes the overall goal, annual goal, baseline, results for the reporting period, analysis of the data and a comment on performance and the universe number, when available. The universe number is the total number of individuals potentially impacted by the goal. This number provides context as it relates to the measure.

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

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

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

RESULTS:

This goal is **in process**.

Time period	(1) Preferences	(2) Dreams Aspirations	(3) Choice	(4) Rituals Routines	(5) Social Activities	(6) Goals	(7) Living	(8) Work
Fiscal Year (Months)								
Baseline (April – June 2017)	74%	17%	79%	62%	83%	70%	80%	71%
FY18 Q1 (July – Sept 2017)	75.9%	6.9%	93.1%	37.9%	93.1%	79.3%	96.6%	93.1%
FY18 Q2 (Oct – Dec 2017)	84.6%	30.8%	92.3%	65.4%	88.5%	76.9%	92.3%	92.3%
FY18 Q3 (Jan – Mar 2018)	84.6%	47.3%	91.6%	68.9%	93.5%	79.6%	97.5%	94.1%
FY18 Q4 (Apr – June 2018)	80.2%	40.1%	92.8%	67.1%	94.5%	89.5%	98.7%	78.9%
FY19 Q1 (July – Sept 2018)	90.0%	53.8%	96.2%	52.3%	93.8%	90.8%	98.5%	98.5%
FY19 Q2 (Oct – Dec 2018)	91.5%	62.1%	98.1%	60.7%	94.8%	96.7%	98.6%	98.6%
FY19 Q3 (Jan – Mar 2019)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FY19 Q4 (Apr – June 2019)	94%	59.2%	99.5%	66.3%	99.5%	98.4%	98.9%	100%

ANALYSIS OF DATA:

For the period from April – June 2019, in the 184 case files reviewed, the eight required elements were present in the percentage of files shown above. Performance on all eight elements has continued to improve over the 2017 baseline. Six of the eight elements show consistent progress performing at 94% or greater. One element (work) reached 100% compliance this quarter.

Total number of cases and sample of cases reviewed

Time period	Total number of cases (disability waivers)	Sample of cases reviewed (disability waivers)
FY19 Quarter 4 (April – June 2019)	1,321	184

Lead Agencies Participating in the Audit ⁵

Time period	Lead agencies
FY19 Quarter 4 (April – June 2019)	(6) Faribault, Itasca, Martin, Mille Lacs, Red Lake, Wadena

COMMENT ON PERFORMANCE:

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

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

This is the first time that these six lead agencies participated in a lead agency review to monitor the person-centered elements. Their last lead agency review occurred prior to the implementation and monitoring of person-centered elements. Despite not having gone through an educational review period before, their performance was good. Three of the six lead agencies were required to develop corrective action plans in the category of support plan using record keeping process for at least one of the disability waiver program.

UNIVERSE NUMBER:

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

TIMELINESS OF DATA:

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

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

POSITIVE SUPPORTS GOAL ONE: By June 30, 2018, the number of individuals receiving services licensed under Minn. Statute 245D, or within the scope of Minn. Rule, Part 9544, (for example, home and community based services) who experience a restrictive procedure, such as the emergency use of manual restraint when the person poses an imminent risk of physical harm to themselves or others and it is the least restrictive intervention that would achieve safety, will decrease by 5% or 200.

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

RESULTS:

The 2018 overall goal was met and reported in the November 2018 Quarterly Report. Progress on this goal will continue to be reported as **in process**.

Time period	Individuals who experienced restrictive procedure	Reduction from previous year
2014 Baseline (July 2013 – June 2014)	1,076 (unduplicated)	N/A
2015 Annual (July 2014 – June 2015)	867 (unduplicated)	209
2016 Annual (July 2015 – June 2016)	761 (unduplicated)	106
2017 Annual (July 2016 - June 2017)	692 (unduplicated)	69
2018 Annual (July 2017 - June 2018)	644 (unduplicated)	48
2019 Annual (July 2018 - June 2019)	642 (unduplicated)	2
Quarter 1 (July - September 2018)	265 (duplicated)	N/A – quarterly number
Quarter 2 (October – December 2018)	258 (duplicated)	N/A – quarterly number
Quarter 3 (January – March 2019)	231 (duplicated)	N/A – quarterly number
Quarter 4 (April – June 2019)	238 (duplicated)	N/A – quarterly number

ANALYSIS OF DATA:

The overall goal to reduce the number of individuals who experienced a restrictive procedure from the baseline of 1,076 to 876, or less, by June 30, 2018 was met. DHS is continuing to report progress past the goal end date of June 30, 2018.

The total number of people experiencing a restrictive procedure from July 1, 2018 – June 30, 2019 was 642. That is a reduction of 434 from the baseline. This outperformed the overall goal of 200 by 217%. From April – June 2019, the number of individuals who experienced a restrictive procedure was 238. This is an increase of 7 from the previous quarter. The quarterly numbers are duplicated counts. Individuals may experience restrictive procedures during multiple quarters in a year.

COMMENT ON PERFORMANCE:

There were 238 individuals who experienced a restrictive procedure this quarter:

- 210 individuals were subjected to Emergency Use of Manual Restraint (EUMR) only. Such EUMRs are permitted and not subject to phase out requirements like all other “restrictive” procedures. These reports are monitored and technical assistance is available when necessary.
- 28 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 (EPRC) convened in February 2017 has the duty to review and respond to Behavior Intervention Reporting Form (BIRF) reports involving EUMRs. Beginning in May 2017, the EPRC conducted outreach to providers in response to EUMR reports. It is anticipated the EPRC's work will help to reduce the number of people who experience EUMRs through the guidance they provide to license holders regarding specific uses of EUMR. The purpose of EPRC engagement in these cases is to provide guidance to help reduce the frequency and/or duration of future emergency uses of manual restraint. The EPRC is training new members on the EUMR guidance and follow up process and beginning to look at "post guidance" intervention data to identify results/trends.

During this quarter, the EPRC reviewed BIRFs, positive support transition plans, and functional behavior assessments. Based on the content within those documents, the committee conducted EUMR-related outreach involving 22 people. This number does not include people who are receiving similar support from other DHS groups. Some examples of guidance provided by committee members include discussions about the function of behaviors, helping providers connect with local behavior professionals or other licensed professionals, providing ideas on positive support strategies, and explaining rules and law.

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

RESULTS:

The 2018 overall goal was reported as met in the November 2018 Quarterly Report. Progress on this goal will continue to be reported as **in process**.

Time period	Number of BIRF reports	Reduction from previous year
2014 Baseline (July 2013 – June 2014)	8,602	N/A
2015 Annual (July 2014 – June 2015)	5,124	3,478
2016 Annual (July 2015 – June 2016)	4,008	1,116
2017 Annual (July 2016 - June 2017)	3,583	425
2018 Annual (July 2017 - June 2018)	3,739	+156
2019 Annual (July 2018 - June 2019)	* 3,223	516
Quarter 1 (July – September 2018)	781	N/A – quarterly number
Quarter 2 (October – December 2018)	780	N/A – quarterly number
Quarter 3 (January –March 2019)	753	N/A – quarterly number
Quarter 4 (April – June 2019)	885	N/A – quarterly number

*The annual total of 3,223 is greater than the sum of the four quarters or 3,199. This is due to late submissions of 24 BIRF reports of restrictive procedures throughout the four quarters.

ANALYSIS OF DATA:

The overall goal to reduce the number of restrictive procedure reports from the baseline of 8,602 to 7,006, or less, by June 30, 2018 was met. DHS is continuing to report progress past the goal end date of June 30, 2018.

The total number of BIRF reports of restrictive procedures from July 1, 2018 – June 30, 2019 was 3,223. That is a reduction of 5,379 from the baseline. This outperformed the goal by 337%. From April – June 2019, the number of restrictive procedure reports was 885. This was an increase of 132 from the previous quarter.

COMMENT ON PERFORMANCE:

There were 885 reports of restrictive procedures this quarter. Of the 885 reports:

- 660 reports were for emergency use of manual restraint (EUMR). Such EUMRs are permitted and not subject to phase out requirements like all other “restrictive” procedures. These reports are monitored and technical assistance is available when necessary.
 - Under the Positive Supports Rule, the External Program Review Committee (EPRC) has the duty to review and respond to BIRF reports involving EUMRs. Convened in February 2017, the Committee’s work will help to reduce the number of people who experience EUMRs through the guidance they provide to license holders regarding specific uses of EUMR.

- Beginning in May 2017, the EPRC conducted outreach to providers in response to EUMR reports. The impact of this work toward reducing the number of EUMR reports will be tracked and monitored over the next several quarterly reports.
- This is an increase of 81 reports of EUMR from the previous quarter.
- 225 reports involved restrictive procedures other than EUMR (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures). The EPRC provides ongoing monitoring over restrictive procedures being used by providers with persons under the committee's purview. DHS staff provide follow up and technical assistance for all reports involving restrictive procedures that are not implemented according to requirements under 245D or the Positive Supports Rule. The close monitoring and engagement by the EPRC with the approved cases of emergency use of procedures enables DHS to help providers work through some of the most difficult cases of ongoing use of mechanical restraints. Focusing existing capacity for technical assistance primarily on reports involving these restrictive procedures is expected to reduce the number of people experiencing these procedures, as well as reduce the number of reports seen here and under Positive Supports Goal Three.
 - The number of non-EUMR restrictive procedure reports increased by 51 from the previous quarter. The increase in reports related to use of seat belt restraints may reflect that people were experiencing increased community integration.
- 23 uses of seclusion or timeout involving 10 people were reported this quarter:
 - 14 reports of seclusion involving 8 people occurred at Minnesota Security Hospital, in accordance with the Positive Supports Rule (i.e., not implemented as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for staff convenience).
 - 9 reports of seclusion for 2 people was reported as an unapproved use of seclusion. DHS staff provide technical assistance provided technical assistance for the providers and referred the reports to Licensing Intake.
 - The number of seclusion or time out reports increased by 15 from the previous quarter.

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 June 30, 2019, the emergency use of mechanical restraints will be reduced to no more than 93 reports. [Revised March 2019]
-

2019 Goal

- By June 30, 2019, reduce mechanical restraints to no more than **93** reports of mechanical restraint

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

RESULTS:

The 2019 goal for number of reports is **not on track**.

Time period	Number of reports during the time period	Number of individuals at end of time period
2014 Baseline (July 2013 – June 2014)	2,083	85
2015 Annual (July 2014 – June 2015)	912	21
2016 Annual (July 2015 – June 2016)	691	13
2017 Annual (July 2016 – June 2017)	664	16
2018 Annual (July 2017 – June 2018)	671	13
2019 Annual (July 2018 – June 2019)	* 658	12
Quarter 1 (July – September 2018)	137	12
Quarter 2 (October – December 2018)	147	11
Quarter 3 (January – March 2019)	163	12
Quarter 4 (April – June 2019)	201	12

* The annual total of 658 is greater than the sum of the four quarters of 648. This is due to late submissions of 10 BIRF reports of mechanical restraints throughout the four quarters.

ANALYSIS OF DATA:

From April – June 2019, the number of reports of mechanical restraints was 201. This was an increase of 38 from the previous quarter. Of the 201 reports, 105 of them were for seat belt buckle guards. This goal did not meet the annual goal of no more than 93.

At the end of the reporting period (June 30, 2019), the number of individuals for whom the use of mechanical restraint use was approved was 12. This remains unchanged from the previous quarter.

COMMENT ON PERFORMANCE:

When considering the achievability of the goal of 93 reports, it should be noted that a provider would need to submit 52 reports per year for a single person when using a preventative restraint like a seat belt buckle guard.

Under the requirements of the Positive Supports Rule, in situations where mechanical restraints have been part of an approved Positive Support Transition Plan to protect a person from imminent risk of serious injury due to self-injurious behavior and the use of mechanical restraints has not been successfully phased out within 11 months, a provider must submit a request for the emergency use of these procedures to continue their use.

These requests are reviewed by the External Program Review Committee (EPRC) to determine whether they meet the stringent criteria for continued use of mechanical restraints. The EPRC consists of members with knowledge and expertise in the use of positive supports strategies. The EPRC sends its recommendations to the DHS Commissioner's delegate for final review and either time-limited approval or rejection of the request. The EPRC provides person-specific recommendations as appropriate to assist the provider to reduce the need for use of mechanical restraints. In situations where the EPRC believes a license holder needs more intensive technical assistance, phone and/or in-person consultation is provided by panel members. Prior to February 2017, the duties of the EPRC were conducted by the Interim Review Panel.

Of the 201 BIRFs reporting use of mechanical restraint in Quarter 4:

- 153 reports involved 10 of the 12 people with review by the EPRC and approval by the Commissioner for the emergency use of mechanical restraints during the reporting quarter.
 - This is an increase of 27 reports from Quarter 3.
 - For 2 people with an approved plan including the use of mechanical restraint, there were no uses of mechanical restraint during this quarter.
- 105 reports involved devices to prevent a person from unbuckling their seatbelt during travel.
- 37 reports involving 7 people, were submitted by Minnesota Security Hospital for uses of mechanical restraint that were not implemented as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for staff convenience.
- 10 reports involving 1 person were submitted by a provider whose use was within the 11-month phase out period.
- 1 report was a coding error for 1 person.

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.

SEMI-ANNUAL AND ANNUAL GOALS

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

PERSON-CENTERED PLANNING GOAL TWO: By 2017, increase the percent of individuals with disabilities who report that they exercised informed choice, using each individual's experience regarding their ability: to make or have input into (A) major life decisions and (B) everyday decisions, and to be (C) always in charge of their services and supports, as measured by the National Core Indicators (NCI) survey.

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

(A) INPUT INTO MAJOR LIFE DECISIONS

2017 Goal

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

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

RESULTS:

The 2017 overall goal was reported as not met in the November 2018 Quarterly Report. Progress on this goal will continue to be reported as **in process**.

Time period	Number Surveyed	Percent reporting they have input into major life decisions
2014 survey (Baseline)	--	40%
2015 survey	400	44.3%
2016 survey	427	64%
2017 survey	1,987	51%
2018 survey	374	59%

ANALYSIS OF DATA:

The overall goal to increase the percent of people reporting they have input into major life decisions to 55% or higher by 2017 was not met. DHS is continuing to report progress past the 2017 goal date. The 2018 NCI survey results indicated that 59% of people reported they have input into major life decisions. This is an increase of 8% over last year and has surpassed the final goal of 55% or higher.

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

at the regional level. This requires a larger sample. Therefore the sample size in odd numbered years will be substantially larger than the sample size in even numbered years.

COMMENT ON PERFORMANCE:

It should be noted that there is substantial variation in the results of this measure based on setting. When comparing the five data points, starting with the baseline, the 64% result in 2016 appears to be an outlier. The table below shows the percentage by the setting that people live in (ICF/DD, community group residential setting, own home or parent/family home). There is substantial variation in the results of the measure based on setting.

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

Residential setting	2016	2017	2018
Own home	80%	74%	97%
Live with family	77%	64%	69%
ICF/DD	61%	48%	32%
Group residence	50%	41%	51%
Foster/host	--	42%	62%

TIMELINESS OF DATA:

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

(B) INPUT INTO EVERYDAY DECISIONS

2017 Goal

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

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

RESULTS:

The 2017 overall goal was reported as not met in the November 2018 Quarterly Report. Progress on this goal will continue to be reported as **in process**.

Time period	Number Surveyed	Percent reporting they have input in everyday decisions
2014 survey (Baseline)	--	79%
2015 survey	400	84.9%
2016 survey	427	87%
2017 survey	2,043	92%
2018 survey	391	92%

ANALYSIS OF DATA:

The overall goal to increase the percent of people reporting they have input into everyday decisions to 85% or higher by 2017 was met. DHS is continuing to report progress past the 2017 goal date. The 2018

NCI survey results indicated that 92% of people reported they have input into everyday decisions. This is unchanged from last year.

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

COMMENT ON PERFORMANCE:

The 2017 goal of 85% or greater was achieved regardless of living arrangement. People living with parents/family were the least likely to report control over everyday decisions (86%) compared with 92% of people who live in their own home or apartment. Eighty-eight percent of the people living in ICFs/DD and 89% of those living in community-based group residential settings report having input into everyday decisions.

TIMELINESS OF DATA:

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

(C) ALWAYS IN CHARGE OF THEIR SERVICES AND SUPPORTS

2017 Goal

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

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

RESULTS:

The 2017 overall goal was reported as not met in the November 2018 Quarterly Report. Progress on this goal will continue to be reported as **in process**.

Time period	Number Surveyed	Percent reporting they are always in charge of their services and supports
2015 survey (Baseline)	--	65%
2016 survey	1,962	72%
2017 survey	377	63%
2018 survey	1,127	69%

ANALYSIS OF DATA:

The overall goal to increase the percent of people reporting they were always in charge of their services and supports to 80% or higher by 2017 was not met. DHS is continuing to report progress past the 2017 goal date.

The 2018 NCI survey results indicated that 69% of people reported they were always in charge of their services and supports. This is a 6% increase from last year.

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

COMMENT ON PERFORMANCE:

The percent of individuals reporting they are always in charge of their services and supports increased from 2018 and is above baseline.

Further investigation was conducted on this measure. There are variations based on where a person resides. When testing the changes by the different residential setting, the only change that is statistically significant is the change in 'Group Home'. Therefore, the primary driver of the decrease in the percent of people who feel that they are always in control of their services and supports appears to be the change in the people who reside in Group Homes.

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

Residential setting	2016	2017	2018
Own home	74%	68%	72%
Group home	71%	49%	73%
Foster home	77%	65%	62%

TIMELINESS OF DATA:

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

HOUSING AND SERVICES GOAL ONE: By June 30, 2019, the number of people with disabilities who live in the most integrated housing of their choice where they have a signed lease and receive financial support to pay for the cost of their housing will increase by 5,569 (from 5,995 to 11,564 or about a 92% increase).
[Revised in March 2019]

2019 Goal

- By June 30, 2019, the number of people with disabilities who live in the most integrated housing of their choice where they have a signed lease and receive financial support to pay for the cost of their housing will increase by 5,569 over baseline to 11,564 (about 92% increase).

Baseline: In State Fiscal Year 2014 (July 2013 – June 2014), there were an estimated 38,079 people living in segregated settings. Over the last 10 years, 5,995 individuals with disabilities moved from segregated settings into integrated housing of their choice where they have a signed lease and receive financial support to pay for the cost of their housing.

RESULTS:

The 2019 annual goal to increase by 5,569 over baseline to 11,564 was **not met**.

Time period	People in integrated housing	Change from previous year	Increase over baseline
2014 Baseline (July 2013 – June 2014)	5,995	--	--
2015 Annual (July 2014 – June 2015)	6,910	+915	915 (15.3%)
2016 Annual (July 2015 – June 2016)	7,605	+695	1,610 (26.8%)
2017 Annual (July 2016 – June 2017)	8,745	+1,140	2,750 (45.8%)
2018 Annual (July 2017 – June 2018)	9,869	+1,263	3,852 (64.2%)
2019 Annual (July 2018 – June 2019)	10,214	+345	4,219 (70.4%)

ANALYSIS OF DATA:

From July 2018 through June 2019 the number of people living in integrated housing increased by 4,219 (70.4%) over baseline to 9,869. The 2019 goal was not met. The increase in the number of people living in integrated housing from July 2018 to June 2019 was 345 compared to an increase of 1,263 in the previous year.

COMMENT ON PERFORMANCE:

When there is a tight housing market, access to housing is reduced and landlords may be unwilling to rent to individuals with public assistance, limited rental history or other similar factors. DHS is continuing to increase housing supports in Minnesota to address these barriers. The specific programs being measured in the above goal will not show the full picture of the impact of these supports, but some of these new services and supports include: the Community Living Infrastructure grants supporting individuals in the community to find housing; increase to Minnesota Supplemental Aid (MSA) Housing Assistance in July 2020; and the new Housing Stabilization Services Medicaid Services available in July 2020 which will allow providers to bill for housing search and other support services for an individual moving from homelessness (or other housing instability) to more stable housing situations.

TIMELINESS OF DATA:

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

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

2019 Goal

- By June 30, 2019, the number of individuals in competitive integrated employment will increase by 1,200 individuals to 9,937.

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

RESULTS:

The 2019 annual goal to increase the number of individuals in competitive integrated employment to 9,937 was not met.

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

Time period	Total MA recipients	Number in CIE (\$600+/month)	Percent of MA recipients in CIE	Change from previous year	Increase over baseline
Baseline (July 2013 – June 2014)	50,157	6,137	12.2%	--	--
July 2014 – June 2015	49,922	6,596	13.2%	459	459
2017 Annual Goal (July 2015 – June 2016)	52,383	8,203	15.7%	1,607	2,066
2018 Annual Goal (July 2016 – June 2017)	54,923	9,017	16.4%	814	2,880
2019 Annual Goal (July 2017 – June 2018)	58,711	9,751	16.6%	734	3,614

ANALYSIS OF DATA:

During July 2017 – June 2018, there were 9,751 people in competitive integrated employment earning at least \$600 a month. The 2019 goal to increase the number of individuals in competitive integrated employment to 9,937 was not met.

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

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

COMMENT ON PERFORMANCE:

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

- **Improving economy:** During the same time period of this data, the overall unemployment rate in Minnesota fell from 4.2% in June of 2014 to 3.5% in June of 2017 to 2.9% in June 2018.
- **Increased awareness and interest:** Providers and lead agencies are paying attention to the goals of people to work in competitive integrated employment.
- **Implementation of the Workforce Innovation and Opportunities Act (WIOA):** Signed into law in July 2014, this act amended Section 511 of the Rehabilitation Act and placed additional requirements on

employers who hold special wage certificates to pay people with disabilities subminimum wages. In response to WIOA requirements, some employers may have increased wages to above minimum wage or some service providers may have put greater emphasis on services leading to competitive integrated employment. During this time period, however, there was not a similar growth in employment among people with disabilities at the national level.

- ***Interagency efforts to increase competitive integrated employment:*** During the time period of this data, DHS, DEED, and MDE have all made efforts to meet Minnesota's Employment First Policy and Olmstead Plan goals. This included interagency coordination and projects contained as part of the employment section of Minnesota's Olmstead Plan.

Moving Forward

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

- ***Carrying out The Minnesota Technical Assistance Project (MN-TAP):*** Launched in 2018, MN-TAP is a 2-year project funded by DHS, and designed to improve employment outcomes for people with disabilities. As part of the project, the Institute for Community Inclusion at the University of Massachusetts Boston, in partnership with the Institute on Community Integration at the University of Minnesota, will be providing technical assistance (TA) to 2 cohorts of provider agencies, each cohort with 6 agencies. A total of 12 organizations will participate over the course of the 2 years. The goal of the TA is to help providers expand their capacity to support people with intellectual/developmental disabilities (I/DD) in obtaining and succeeding in competitive, integrated employment opportunities.
- ***Providing three new employment services in the Medicaid Home and Community Based Services (HCBS) waivers:*** As of September, 2019 Minnesota has fully transitioned HCBS waiver services to include three new employment services: Exploration, Development, and Support. These services not only help better identify what employment supports someone is receiving, but they also provide new resources to support competitive, integrated employment for people receiving waiver services.
- ***Implement memorandum of understanding with DHS and DEED***
In September, 2019 DHS and DEED signed a memorandum of understanding(MOU) outlining how the two agencies will work together in supporting common customers (people receiving waiver services who want employment) to be successful in finding and maintaining competitive, integrated employment as well as in making informed choices about employment. This MOU grounds the agencies in shared values, clarifies federal guidance, and explains: how they will coordinate efforts, how services sequence, how they will increase shared service providers, and how they will work to create seamless referrals/transitions between programs.

TIMELINESS OF DATA:

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

LIFELONG LEARNING AND EDUCATION GOAL TWO: By June 30, 2020, the percent of students with disabilities who have enrolled in an integrated postsecondary education setting within one year of leaving high school will increase to 36% (from the 2016 baseline of 31%.) [Revised in March 2019]

2019 Goal

- By June 30, 2019, the percent of students with disabilities who have enrolled in an integrated postsecondary setting in the fall after graduating will increase to 35%.

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

RESULTS:

The 2019 goal (using 2017 data) of 35% was not met.

Time period	Students with disabilities graduating	Students enrolling in accredited institution of higher education	Percent of students	Change from baseline
2016 Baseline – 2014 SLEDs (August 2014 – July 2015 data)	6,749	2,107	31.2%	--
2017 Annual Goal – 2015 SLEDs (August 2015 – July 2016 data)	6,722	2,241	33.3%	2.1%
2018 Annual Goal – 2016 SLEDs (August 2016 – July 2017 Data)	6,648	2,282	34.3%	3.1%
2019 Annual Goal – 2017 SLEDs ⁶ (August 2017 – July 2018 Data)	6,792	2,259	33.3%	<1.0%>

ANALYSIS OF DATA:

Of the 6,792 students with disabilities who graduated in 2017, there were 2,259 students (33.3%) who enrolled in an accredited institution of higher education in fall 2017. This was a decrease of 1% from the baseline. The 2019 goal to increase to 35% was not met.

Beginning in 2015, SLEDs additional data is provided by student race and ethnicity. This information includes the percentage of students with disabilities within five racial or ethnic groups that graduated and subsequently enrolled in an accredited institution of higher education in the fall of that year.

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

Racial or Ethnic Group	2015 SLEDs	2016 SLEDs	2017 SLEDs ⁷
American Indian or Alaskan Native	22%	23%	16%
Asian or Pacific Islander	35%	35%	42%
Hispanic	27%	28%	29%
Black, not of Hispanic Origin	28%	28%	28%
White, not of Hispanic Origin	35%	36%	36%

⁶ SLEDs data retrieved October 10, 2019 from <http://sleds.mn.gov>.

⁷ SLEDs data retrieved October 8, 2019 from <http://sleds.mn.gov>.

COMMENT ON PERFORMANCE:

Minnesota saw a decrease in the percentage of students with disabilities enrolling in institutions of higher education through the fall of 2017. The trend for students with disabilities follows the trend for all students in general. During the same time period, enrollment in an accredited institution of higher education for students without disabilities declined by 1.6% (from 74.5% in 2014 to 72.9% in 2017). To be considered enrolled in an accredited institution of higher education for the purposes of SLEDs reporting, a student must be on a credit earning track towards a certificate, diploma, two or four year degree, or other formal award.

Analysis of the reported data included comparisons with other postsecondary outcomes data for students with disabilities available in SLEDs. Current SLEDs data indicates that 3,090 (45%) of students with disabilities who graduated in 2017 were subsequently employed in competitive integrated employment, which is an increase from 44% in 2016. While Minnesota saw a decrease in the percentage of students with disabilities enrolling in accredited institutions of higher, the data suggests the possibility that other students may be accessing work-related job-specific skills training and certificate programs, including those available from technical colleges. Minnesota continues to have a strong employment outlook and many students with disabilities may be choosing to enter the job market in entry-level positions, gaining experience and independence, or saving money for college as higher education expenses continue to be on the rise.

Based on a review of disaggregated data, a targeted activity was designed to increase successful postsecondary enrollment results for Black and American Indian students with disabilities. This aligns with MDE's current federal State Systemic Improvement Plan (SSIP). For the last two school years, 2017-18 and 2018-19, MDE staff have partnered with TRIO Student Support Services currently serving students at institutions of higher education.

During the school year 2019-20, MDE will work to scale up these efforts by ensuring ongoing print and online accessibility of the *Minnesota Postsecondary Resource Guide*. MDE staff will also widely publicize online training resources that are currently located on Normandale Community College website at <http://www.normandale.edu/osdresources>.

TIMELINESS OF DATA:

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

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

Greater Minnesota transit access is measured against industry recognized standards for the minimal level of transit availability needed by population size. Availability is tracked as span of service, which is the number of hours during the day when transit service is available in a particular area. The measure is based on industry recognized standards and is incorporated into both the Metropolitan Council Transportation Policy Plan and the MnDOT “Greater Minnesota Transit Investment Plan.”⁸

BASELINE:

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

RESULTS:

This goal is **in process**.

Percentage of public transportation meeting minimum service guidelines for access

Percentage of public transportation meeting minimum service guidelines for access	2016 (Baseline)	2017	2018
Weekday	47%	47%	53.3%
Saturday	12%	16%	13.3%
Sunday	3%	5%	8.5%

ANALYSIS OF DATA:

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

COMMENT ON PERFORMANCE:

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

Additional Information

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

⁸ Greater Minnesota Transit Investment Plan is available at www.dot.state.mn.us/transitinvestment.

Minimum Service Guidelines for Greater Minnesota⁹

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

*As systems performance standards warrant

TIMELINESS OF DATA:

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

HEALTHCARE AND HEALTHY LIVING GOAL ONE: By December 31, 2018, the number/percent of individuals with disabilities and/or serious mental illness accessing appropriate preventive care¹⁰ focusing specifically on cervical cancer screening and follow up care for cardiovascular conditions will increase by 833 people compared to the baseline.

2018 Goal

- By December 31, 2018 the number accessing appropriate care will increase by 833 over baseline

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

RESULTS:

The 2018 goal to increase by 833 over baseline was met.

Time period	Number receiving cervical cancer screenings	Change from previous year	Change from baseline
January – December 2013	21,393	Baseline Year	Baseline Year
January – December 2014	28,213	6,820	6,820
January – December 2015	29,284	1,071	7,891
January – December 2016	27,902	<1,382>	6,509
January – December 2017	27,270	<632>	5,877
January – December 2018	33,786	6,516	12,393

ANALYSIS OF DATA:

During calendar year 2018 the number of women with disabilities and/or serious mental illness who had a cervical cancer screening was 33,786, an increase of 12,393 over baseline. The 2018 annual goal to increase by 833 over baseline was met. The number accessing cervical cancer screenings increased steadily from the 2013 baseline through the 2015 reporting period. Although, the number decreased in

⁹ Source: MnDOT Greater Minnesota Transit Investment Plan, 2017

¹⁰ Appropriate care will be measured by current clinical standards.

2016 and 2017 from the 2015 reporting period, the number has increased from 2017 to 2018 and the December 31, 2018 overall goal to increase by 833 was reached.

COMMENT ON PERFORMANCE:

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

The March 2019 Olmstead Plan included a strategy to develop and implement measures for health outcomes. The health outcome includes monitoring and reporting the number and percentage of adult public program enrollees (with disabilities) who had an acute inpatient hospital stay that was followed by an unplanned acute readmission to a hospital within 30 days. The first reporting of that measure is included below. The information is broken down in three groupings.

Adults with disabilities with serious mental illness (SMI)

Time period	Acute inpatient hospital stay	Unplanned acute readmission within 30 days	Readmission rate
January – December 2014	14,796	3,107	21.00%
January – December 2015	16,511	3,438	20.82%
January – December 2016	12,701	2,673	21.05%
January – December 2017	12,659	2,504	19.78%
January – December 2018	15,353	3,156	20.56%

Adults with disabilities without serious mental illness (SMI)

Time period	Acute inpatient hospital stay	Unplanned acute readmission within 30 days	Readmission rate
January – December 2014	13,977	2,780	19.89%
January – December 2015	15,117	2,931	19.39%
January – December 2016	12,593	2,469	19.61%
January – December 2017	13,467	2,549	18.93%
January – December 2018	15,543	3,220	20.72%

Adults without disabilities

Time period	Acute inpatient hospital stay	Unplanned acute readmission within 30 days	Readmission rate
January – December 2014	3,735	295	7.90%
January – December 2015	5,351	386	7.21%
January – December 2016	2,522	159	6.30%
January – December 2017	3,109	239	7.69%
January – December 2018	4,469	311	6.96%

The number and rate of all-cause readmissions among people with disabilities, with and without Serious Mental Illness (SMI), increased slightly from 2017 to 2018. An increasing rate of hospital readmissions is a negative trend. This means that people with disabilities are experiencing a “bounce-back” to the hospital as frequently as they were in previous years. No single cause has been pinpointed for the increase between 2017 and 2018. Health plans and hospitals have many reasons to strive toward

improving these numbers, including the Integrated Care Systems Partnership initiative in Special Needs Basic Care.

TIMELINESS OF DATA:

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

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

A) CHILDREN ACCESSING DENTAL CARE

2018 Goal

- By December 31, 2018 the number of children accessing dental care will increase by 1,229 over baseline

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

RESULTS:

The 2018 goal to increase by 1,229 children was met.

Time period	Number of children with disabilities who had annual dental visit	Change from previous year	Change from baseline
January – December 2013	16,360	Baseline Year	Baseline Year
January – December 2014	25,395	9,035	9,035
January – December 2015	26,323	928	9,963
January – December 2016	25,990	<333>	9,630
January – December 2017	21,439	<4,551>	5,079
January – December 2018	31,032	9,593	14,672

ANALYSIS OF DATA:

During calendar year 2018 the number of children with disabilities who had an annual dental visit was 31,032. This was an increase of 14,672 over baseline. The 2018 annual goal to increase by 1,229 over baseline was met. There were significant gains between the 2013 baseline year and 2014 reporting period. The number of children with disabilities accessing dental care increased slightly in 2015 and then decreased by 4,884 in 2016 and 2017. The number increased by 9,593 from 2017 to 2018. The December 31, 2018 overall goal to increase by 1,229 has been reached.

COMMENT ON PERFORMANCE:

2014 changes in state law regarding Medicaid eligibility resulted in a large increase in overall Medicaid enrollment as compared to the 2013 baseline. During 2017, the reduction in the number of children with an annual dental visit is likely due to how they are counted. The annual dental visit measure only counts children who were continuously enrolled with a Managed Care Organization (MCO) or as a Fee-for-Service recipient for 11 of a 12 month period. During this time frame a large MCO ended its contract

with DHS in many counties. This resulted in families switching health plans and not being counted in the measure. The measure counted only people with continuous coverage in a single health plan. In 2018 DHS introduced a dental service utilization withhold measure for the managed care health plans which may have resulted in the improved annual dental visits rates seen for children. The dental service utilization withhold measure looks at dental services being provided through managed care for any three month span during the measurement year versus looking at the year in total.

The March 2019 Olmstead Plan includes a strategy to develop and implement measures for health outcomes. This measure includes monitoring and reporting the number of enrollees (adults and children with disabilities) who used an emergency department for non-traumatic dental services. The intention is to get a more complete picture of level of access of people with disabilities to dental care.

Time period	Number of children with emergency department visit for non-traumatic dental care	Change from previous year
January – December 2014	314	
January – December 2015	330	16
January – December 2016	324	<6>
January – December 2017	185	<139>
January – December 2018	188	3

During 2017 and 2018, there was a significant decrease in the number of children using emergency departments for non-traumatic dental care from previous years. This may be as a result of a dental collaborative that incentivizes managed care plans to closely monitor and assist in helping people find preventative dental care.

TIMELINESS OF DATA:

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

B) ADULTS ACCESSING DENTAL CARE**2018 Goal**

- By December 31, 2018 the number of adults accessing dental care will increase by 1,055 over baseline

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

RESULTS:

The 2018 goal to increase by 1,055 over baseline was met.

Time period	Number of adults with disabilities who had annual dental visit	Change from previous year	Change from baseline
January – December 2013	21,393	Baseline Year	Baseline Year
January – December 2014	52,139	30,746	30,746
January – December 2015	55,471	3,332	34,078
January – December 2016	51,410	<4,061>	30,017
January – December 2017	50,060	<1,350>	28,667
January – December 2018	58,619	8,559	37,226

ANALYSIS OF DATA:

During calendar year 2018 the number of adults with disabilities who had an annual dental visit was 58,619. This was an increase of 37,226 over baseline. The 2018 annual goal to increase by 1,055 over baseline was met. There were significant gains between the 2013 baseline year and the 2014 reporting period. The number of adults accessing dental care increased slightly in 2015 and then decreased by 5,411 in 2016 and 2017. The number increased by 8,559 from 2017 to 2018. The December 31, 2018 overall goal to increase by 1,055 has been reached.

COMMENT ON PERFORMANCE:

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

In 2018 DHS introduced a dental service utilization withhold measure for the managed care health plans which may have resulted in the improved annual dental visits rates seen for children. The dental service utilization withhold measure looks at dental services being provided through managed care for any three month span during the measurement year versus looking at the year in total.

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

Time period	Number of adults with emergency department visit for non-traumatic dental care	Change from previous year
January – December 2014	3,884	--
January – December 2015	4,233	349
January – December 2016	4,110	<123>
January – December 2017	2,685	<1,425>
January – December 2018	2,455	<230>

During 2016 and 2017, there was a reduction in the number of adults using emergency departments for non-traumatic dental care. The reduction continued in 2018. These reductions may be as a result of a dental collaborative that incentivizes managed care plans to closely monitor and assist in helping people find preventative dental care.

TIMELINESS OF DATA:

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

CRISIS SERVICES GOAL FOUR: By June 30, 2018, people in community hospital settings due to a crisis, will have appropriate community services within 30 days of no longer requiring hospital level of care and, within 5 months after leaving the hospital, and they will have a stable, permanent home.

A) STABLE HOUSING

2018 Goal

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

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

RESULTS:

The 2018 overall goal was reported as not met in the November 2018 Quarterly Report. Progress on this goal will continue to be reported as **in process**.

Status five months after discharge from hospital

Time period	Discharged from hospital	Housed	Not housed	Treatment facility	Not using public programs	Deceased	Unable to determine type of housing
2016 Baseline July 2014 – June 2015	13,786	11,290	893	672	517	99	315
		81.9%	6.5%	4.9%	3.7%	0.7%	2.3%
2017 Annual Goal July 2015 – June 2016	15,027	11,809	1,155	1,177	468	110	308
		78.6%	7.7%	7.8%	3.1%	0.7%	2.1%
2018 Annual Goal July 2016 – June 2017	15,237	12,017	1,015	1,158	559	115	338
		78.8%	6.9%	7.6%	3.7%	0.8%	2.2%
2019 July 2017 – June 2018	15,405	11,995	1,043	1,226	652	118	371
		77.8%	6.8%	8%	4.2%	0.8%	2.4%

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

ANALYSIS OF DATA:

The overall goal to increase the percent of people who are housed five months after discharge from the hospital to 84% by June 30, 2018 was not met. DHS is continuing to report progress past the 2018 goal date.

From July 2017 – June 2018, of the 15,405 individuals hospitalized due to a crisis, 11,995 (77.8%) were housed within five months of discharge. This was a 1% increase from the previous year. In the same time period there was a 0.4% increase of individuals in a treatment facility within five months of discharge.

COMMENT ON PERFORMANCE:

There has been an overall increase in the number of individuals receiving services. In June 2018, the number of people receiving services in a treatment facility was nearly double the amount of people receiving treatment in a treatment facility at baseline. This indicates more people are receiving a higher level of care after discharge. This includes Intensive Residential Treatment Services (IRTS) and chemical dependency treatment programs that focus on rehabilitation and the maintenance of skills needed to live in a more independent setting.

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

DHS is working to sustain and expand the number of grantees utilizing the Housing with Supports for Adults with Serious Mental Illness grants. These grants support people living with a serious mental illness and residing in a segregated setting, experiencing homelessness or at risk of homelessness, to find and maintain permanent supportive housing. The grants began in June of 2016. The fourth round of grants are currently under contract negotiations with 18 grantees. The current funding will fund services through 2021.

TIMELINESS OF DATA:

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

B) COMMUNITY SERVICES**2018 Goal**

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

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

RESULTS:

The 2018 overall goal was reported as met in the November 2018 Quarterly Report. Progress on this goal will continue to be reported as **in process**.

Time period	# of people who went to a hospital due to crisis and were discharged	# and percentage of individuals who received community services within 30-days after discharge	
2016 Baseline July 2014 – June 2015	13,786	12,298	89.2%
2017 Annual Goal July 2015 – June 2016	15,027	14,153	94.2%
2018 Annual Goal July 2016 – June 2017	15,237	14,343	94.1%
2019 July 2017 – June 2018	15,405	14,589	94.7%

ANALYSIS OF DATA:

The overall goal to increase the percent of people who receive appropriate community services with 30 days from a hospital discharge to 91% by June 30, 2018 was met. DHS is continuing to report progress past the 2018 goal date

From July 2017 – June 2018, of the 15,405 individuals hospitalized due to a crisis, 14,589 (94.7%) received community services within 30 days after discharge. This was a 0.6% increase from the previous year.

COMMENT ON PERFORMANCE:

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

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

fund grants and initiatives aimed at providing community-based mental health services throughout the state and across the care continuum.

TIMELINESS OF DATA:

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

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

2019 Goal

- By June 30, 2019, the percent of people who receive crisis services within 10 days will increase to 88%.

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

RESULTS:

This 2019 goal to increase to 88% was met.

Time period	Number referred for crisis services	Number receiving services within 10 days	Percentage receiving services within 10 days	Average days for service
July 2015 – June 2016 (Baseline)	808	690	85.4%	2.3
July 2016 – June 2017	938	843	89.9%	2.0
2018 Goal (July 17 – June 18)	2,258	2,008	88.9%	2.1
2019 Goal (July 18 – June 19)	2,661	2,571	96.6%	1.1

ANALYSIS OF DATA:

From July 2018 – June 2019, of the 2,661 people referred for crisis services, 2,571 of them (96.6%) received services within 10 days. This was an increase of 11.2% over baseline and a decrease of 7.7% from the previous year. The average number of days waiting for services was 1.1. The 2019 goal to increase to 88% was met.

COMMENT ON PERFORMANCE:

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

These services:

- consider the need for further assessment and referrals;
- update the crisis stabilization treatment plan;
- provide supportive counseling;
- conduct skills training;
- collaborate with other service providers in the community; and/or

- provide education to the recipient's family and significant others regarding mental illness and how to support the recipient.

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

TIMELINESS OF DATA:

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

VI. COMPLIANCE REPORT ON WORKPLANS AND MID-YEAR REVIEWS

This section summarizes the monthly review of workplan activities and review of measurable goals completed by OIO Compliance staff.

WORKPLAN ACTIVITIES

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

The first review of workplan activities occurred in December 2015. Ongoing monthly reviews began in January 2016 and include activities with deadlines through the month prior and any activities previously reported as an exception. The summary of those reviews are below.

Number of Workplan Activities					
Reporting period	Reviewed during time period	Completed	On Track	Reporting Exceptions	Exceptions requiring Subcabinet action
December 2015 – December 2016	428	269	125	34	0
January – December 2017	284	251	32	8	1
January – December 2018	219	207	5	7	0
January 2019	38	38	0	0	0
February 2019	17	14	3	0	0
March 2019	15	15	0	0	0
April 2019	17	17	0	0	0
May 2019	9	9	0	0	0
June 2019	16	14	2	0	0
July 2019	23	23	0	0	0
August 2019	7	7	0	0	0
September 2019	7	7	0	0	0
October 2019	2	2	0	0	0

MID-YEAR REVIEW OF MEASURABLE GOALS REPORTED ON ANNUALLY

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

OIO Compliance staff regularly monitors agency progress under the workplans and uses that review as an opportunity to identify any concerns related to progress on the measurable goals. OIO Compliance staff report on any concerns identified through the reviews to the Subcabinet. The Subcabinet approves any corrective action as needed. If a measurable goal is reflecting insufficient progress, the quarterly report identifies the concerns and how the agency intends to rectify the issues. This process has

evolved and mid-year reviews are utilized when necessary, but the current review process is a more efficient mechanism for OIO Compliance staff to monitor ongoing progress under the measurable goals.

ENDNOTES

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

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

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

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

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

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

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

UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

James and Lorie Jensen, et al.,

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, November 25, 2019" is reliable and valid, and verify that all statements made in the Report are accurate, complete, timely and verified.

Affirmed and submitted to the Court.

By:

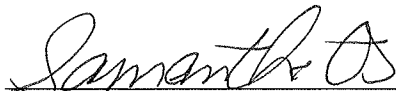


Michael Tessneer
Director of Compliance
Olmstead Implementation Office

November 26, 2019

Subscribed and sworn to before me on

November 26, 2019



NOTARY PUBLIC

