[AGENDA ITEM 6a]

Proposed Baselines and Measurable Goals

Crisis Services 4 and 5

The Court's order of 9-29-15 adopted the Olmstead Plan. In the Plan there are two remaining measurable goals that lacked sufficient data to set baselines and annual goals. The Plan required these to be set at points in the future. The attached document includes the two proposed baselines and annual goals.

These will be presented to the Subcabinet for review and provisional approval at the June 27th meeting.

These provisionally approved goals and baselines will be incorporated in the Plan modification process beginning in December of 2016.

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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.

Annual Goal

- By February, 2016 a baseline and annual goals will be established

This measure represents the percent of people who received community services within 30-days after discharge from a hospital due to a crisis. In addition, five months after the discharge date, what percent of people were housed, not housed or in a treatment facility.

Because these are two distinct data points, it makes sense to establish separate goals for each.

PROPOSED GOAL A

Proposed Baseline A: In Fiscal Year 2015, 89.21% people received follow-up services within 30-days after discharge from the hospital compared to 88.56% in Fiscal Year 2014.

Proposed Goal A: Increase the percent of people who receive appropriate community services within 30-days after discharge from the hospital. (**Note:** the percent adjusts in relation to the total number of people served in the fiscal year)

- By June 30, 2017, the percent of people who receive appropriate community services within 30-days from a hospital discharge will increase by 1% compared to the previous fiscal year.
- By June 30, 2018, the percent of people who receive appropriate community services within 30-days from a hospital discharge will increase by 1% compared to the previous fiscal year.

PROPOSED GOAL B

Proposed Baseline B: In Fiscal Year 2015, 81.89% of people discharged from the hospital due to a crisis were housed 5 months after the date of discharge compared to 80.94% in Fiscal Year 2014.

Proposed Goal B: Increase the percent of people who are housed 5 months after discharge from the hospital. (**Note:** the percent adjusts in relation to the total number of people served in the fiscal year)

- By June 30, 2017, the percent of people who are housed 5 months after discharge from the hospital will increase by 1% compared to the previous fiscal year.
- By June 30, 2018, the percent of people who are housed 5 months after discharge from the hospital will increase by 1% compared to the previous fiscal year.

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Additional Background Information:

Fiscal Year	# of people who went to a hospital due to crisis and dis-charged	#/percent who received community services within 30-days after discharge		Number/Percent housed within 5 months after hospital discharge						
				Housed[1]	Not Housed	Treat-ment Facility	Not using public programs	De-ceased	Unable to Determine[1]	Total
2014	14,891	**13,187**	**88.56%**	**12,052**	1,036	832	546	116	309	14,891
				80.94%	6.96%	5.59%	3.67%	0.78%	2.07%	
2015	13,786	**12,298**	**89.21%**	**11,290**	893	672	517	99	315	13,786
				81.89%	6.48%	4.87%	3.75%	0.72%	2.29%	

Rationale:

- This measure represents the percent of people who received community services within 30-days after discharge from a hospital due to a crisis. In addition, five months after the discharge date, the percent of people housed, not housed or in a treatment facility.
- Once the analysis of the data for this goal area was underway it was determined that this goal requires measuring two distinct data points: (A) people who received services in the community after a discharge from the hospital and, (B) those who are housed after a discharge from the hospital.
- DHS looked at the trend data for the past four fiscal years (2012 – 2015) in order to establish the first goal for this measure (Number/Percent who received community services within 30-days). Trend data from fiscal years 2014 and 2015 was used to establish the goal for the second part of the measure (Number/Percent housed within 5 months after hospital discharge).
- The department is not able to obtain person level detail information from hospitals about individuals who no longer meet the hospital level of care, but are not able to discharged because there is no place to discharge to. Without having person level detail data, the department is unable to track all the components of this measure over time. Additionally, there is no current definition of what permanent, stable housing means and no way to systematically track that within any existing systems.

Data Limitations

Overall Limitations

- This is a diverse population who are served by a variety of the department's programs. Some of the people included in this measure receive several services through the department over long periods of time through programs like the waivers or group residential housing. In these cases, there is quite a lot of data available about them. Others

[1] Housed numbers include results based on the random sample task. Please see the Data Development section for more detail on the process.

receive more limited services or only use services for a short time. As a result, there is less data available on the types of supports and housing they use.
- The data used to identify where people live come from two different data systems: MMIS and MAXIS. People may have addresses or living situations identified in either or both. Since the systems are used for different purposes and updated at different times, some of the information is conflicting and difficult to interpret.
- Additional data from fiscal years 2012 and 2013 is needed to look at data trends in these areas in order to establish future goals.

Housing Data Limitations
- DHS is most confident in the housing data when it is provided through a DHS program in either MAXIS or MMIS. Information is more limited when the department is not the payor.
- A housing type field does not exist in either system, so it is often not possible to distinguish details of living situations, such as whether they are permanent or temporary, based on an address.
- Facility information may be different than the resident address in MAXIS or MMIS
- DHS does not have a comprehensive list of facilities where people receive services or reside. In cases where DHS is not paying for services, it may not be possible to distinguish a facility from an individual's home address.
- Addresses are not standardized when they are entered into the data systems. This is currently a manual process for standardizing addresses across systems and many are not yet defined.
- In some cases, a variety of different types of services are provided under one address (e.g. supportive housing and emergency shelter). For example, one person may be receiving treatment while another person may be only using temporary shelter at the same location. Some people are no longer using services through the department five months after their hospital discharge, so it is not possible to identify where they are living.

Explanation of Data for Community services:

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

- Trend data from the past four fiscal years to support the 1% increase:

Fiscal Year	Number of people who went to a hospital due to crisis and discharged	Number/percent who received community services within 30-days		Percent change
2012	13,533	11,930	88.15%	
2013	13,638	11,990	87.92%	-0.23%
2014	14,891	13,187	88.56%	0.64%

2015	13,786	12,298	89.21%	0.65%

Explanation of Data for Housing Outcomes:

- **Housed:**
    - Obtain facility lists and match to addresses in DHS systems to build database to automate for future reporting on housing across multiple measures (e.g. other segregated settings, transitions, integrated, etc.)
    - Trend data from the last two fiscal years to support the 1% increase:

Fiscal Year	Total Unknown	Housed	Housed based on random sample	Total Housed	Housed %	Percent Change
2014	4,409	7,952	4,100	12,052	80.93%	
2015	4,501	7,104	4,186	11,290	81.89%	0.96%

- **Unable to determine**
    - After further analysis the team used a random sampling method to determine how many of the unknown addresses belong to a permanent home (single family home, townhome, mobile home, or apartment). Based on the result of the random sampling task, the team discovered that about 93% of the addresses fall under the housed category. The remaining 7% of the addresses could not be assigned a category based on the available data.

Fiscal Year	Total Unknown	Housed	Housed based on random sample	Total Housed	Net Unknown
2014	4,409	7,952	4,100	12,052	309
2015	4,501	7,104	4,186	11,290	315

Settings considered as Housed:

- Housed is defined as a setting in the community where DHS pays for services including ICF/DDs, Single Family homes, town homes, apartments, or mobile homes.

  NOTE: For this measure, settings were not considered as integrated or segregated.

Settings considered as Not Housed:

- Not Housed is defined as homeless, correction facilities, halfway house or shelter.

Settings Considered as Treatment Facility:

- Treatment facility is defined as institutions, hospitals, mental and chemical health treatment facilities, except for ICF/DDs.

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

Annual Goal

- By January 31, 2016, establish a baseline of the length of time it takes from referral for crisis intervention to the initiation of crisis services and develop strategies and annual goals to increase access to crisis services, including specific measures of timeliness.

Proposed Baseline: Between September 1, 2015 and January 31, 2016, the average length of a crisis episode was 81.3 days

Proposed Interim Goal:

- By June 30, 2017, decrease the average length of a crisis episode to **79** days.
- By June 30, 2018, decrease the average length of a crisis episode to **77** days.
- By June 30, 2019, develop and propose a measure that reflects the broader community crisis services and establish a baseline.

Rationale:
Most of the data needed to accurately capture the initiation of crisis services and crisis interventions is collected by other community partners and providers. At this time, the data is not collected systematically or consistently by external partners and providers, so it is not available as a baseline.

As a result, the department proposes to use an interim measure. The interim measure represents a specific group of people who are referred to DHS because they are in crisis. Generally, this group includes people who have not been able to find other community resources because of their challenging needs, so they are a key target population for the Olmstead Plan. Also, since the department is helping to serve or coordinate care for them, it is possible to provide consistent, reliable data on the crisis response.

This interim measure focuses on people who are referred to crisis services using the Single Point of Entry (SPE). DHS has established the Single Point of Entry as part of a continuous improvement project to improve DHS's ability to better respond to requests for assistance in supporting people with disabilities in crisis and to track the coordination of care. Initially, this project is focusing on people with developmental or intellectual disabilities who are in crisis and at risk of losing their current placement.

Additional Background information

- **Who is included in the measure?**
  This measure represents people who have been referred because they are in crisis. All of the people included have an intellectual or developmental disability and are at risk of losing their current placement.

- **How many people are impacted by this measure?**
  Between September 1, 2015 and January 31, 2016, 26 people were discharged because their crisis was resolved.

- **What does it mean?**
  This measure represents the average length of time it takes to help people who are in crisis to get into a stable situation. Some people may be admitted to a state program while others may be served in the community.

- **How is the data collected?**
  This measures is collected in CareManager, a system that is being used by department programs to improve collaboration and coordination of assistance for people with disabilities in crisis. DHS programs Minnesota Life Bridge, Community Support Services, Successful Life Project, and the Disability Services Division Community Capacity Building Team use Care Manager to share information about care coordination, services, and responses for people in crisis.

Interim Measure Description

People discharged through CareManager who meet the single point of entry criteria September 2015 – January 2016			
Reason for discharge	**Number of episodes**	**Average length of episode (days)**	**Number of people**
Crisis Resolved	29	81.3	26

Data Limitations:

- CareManager is a new system that was implemented in August 2015. As a result, the data may still be in flux as staff continue to learn the system and new protocols and procedures for information entry continue to evolve.
- Data for this interim measure is not available prior to August 18, 2015.
- Data on service initiation is limited to individuals served by Direct Care and Treatment crisis programs.
- Currently, it is not possible to directly measure access to services and placement within 10 days within CareManager. People who are referred to the Single Point of Entry receive a range of services; from direct services provided by a DHS program to care coordination with county case managers. Much of this information, especially about services people receive from other providers, is captured in manually entered case notes. At this time, it is not possible to capture it in a consistent format. DHS continues to work with the software vendor to improve the system to capture more refined data for reporting.