

# **Minnesota Olmstead Subcabinet**

## **Quarterly Report on Olmstead Plan Measurable Goals**



### **REPORTING PERIOD**

**Data acquired through April 30, 2016**

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

**May 23, 2016**

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## **I. PURPOSE OF REPORT**

This quarterly report to the Court and the public provides the status of work being done by state agencies to implement the August 10, 2015 Olmstead Plan. As directed by the Court, the goals related to the number of people moving from segregated settings into more integrated settings; the number of people who are no longer on the waiting list; and the quality of life measures will be reported in every quarterly report.

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

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

This quarterly report of May 23, 2016 includes data acquired through April 30, 2016. The reporting period is defined for each goal in order to ensure the data collected is reliable and valid and the overall report is complete, accurate, timely and verifiable. Progress on each measurable goal will be reported either quarterly, semi-annually, or annually based on the schedule listed in Exhibit A entitled "Quarterly Reporting Schedule for Olmstead Plan Measurable Goals" filed with the Court on February 12, 2016 (Doc. 540-2) and approved for use in the Court Order issued February 22, 2016. Exhibit A includes the timing and frequency of reporting for each measurable goal and the rationale/authority for the reporting frequency. It also includes the timing for mid-year reviews for goals reported annually.

This quarterly report also include Olmstead Implementation Office Compliance summary reports on mid-year reviews of measurable goals, status of workplans, and any adjustments needed to workplans.

## II. MOVEMENT FROM SEGREGATED TO INTEGRATED SETTINGS

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

### QUARTERLY SUMMARY OF MOVEMENT FROM SEGREGATED TO INTEGRATED

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

| Net number of individuals who moved from segregated to integrated settings during the reporting period: |                            |              |
|---|----------------------------|--------------|
| Setting   | Reporting period           | Number moved |
| • Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD)                | July – Sept 2015           | 16           |
| • Nursing Facilities  | July – Sept 2015           | 180          |
| • Other segregated settings   | Next report in August 2016 | N/A          |
| • Anoka Metro Regional Treatment Center (AMRTC)   | Jan – Mar 2016             | 29           |
| • Minnesota Security Hospital (MSH)   | Jan – Mar 2016             | 16           |
| Net number who moved from segregated to integrated settings   |                            | 241          |

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

**Special note regarding possible data discrepancies:** In the February 2016 Quarterly Report, a possible discrepancy was noted in the data reporting on Transition Services goals 2 and 3 (AMRTC and MSH). A verification review conducted with Department of Human Services (DHS) staff by Olmstead Implementation Office (OIO) Compliance found that in compiling the data for the 2015 time period, data was manually edited and the data definition was inconsistent. This resulted in an inaccurate report. The result was the total number of individuals leaving the facility was underreported, the number of transfers was underreported, and the number of individuals moving to an integrated setting was overreported. The corrected numbers are included below, in the results section of the Transition Services goals 2 and 3 (AMRTC and MSH).

DHS has adopted the following protocols to ensure consistency in reporting in this and future reports: the data definition has been clarified. The data collection system at DHS has been automated to extract data directly from the electronic medical record. Manual editing of the data will be prohibited.

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

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**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:

|  | <b>Baseline<br/>Calendar year 2014</b> | <b>June 30, 2015<br/>Goal</b> | <b>June 30,<br/>2016 Goal</b> |
|--|--|-------------------------------|-------------------------------|
| <b>A) Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD)</b> | 72                                     | 84                            | 84                            |
| <b>B) Nursing Facilities (NF) under age 65 in NF &gt; 90 days</b>                                | 707                                    | 740                           | 740                           |
| <b>C) Segregated housing other than listed above</b>   | Not Available <sup>ii</sup>            | 50                            | 250                           |
| <b>Total</b>   |  | <b>874</b>                    | <b>1,074</b>                  |

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

##### **2016 goal**

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

**Baseline:** January - December 2014 = 72

##### **RESULTS:**

The goal is not on track to meet the 2016 goal of 84.

| <b>Time Period</b>                   | <b>Total number of<br/>individuals leaving</b> | <b>(-)Transfers<sup>iii</sup></b> | <b>(-)Deaths</b> | <b>Net moved to<br/>integrated setting</b> |
|--------------------------------------|--|-----------------------------------|------------------|--|
| July 2014 - June 2015                | 158  | 24                                | 63               | <b>71</b>                                  |
|                                      |  |                                   |                  |  |
| Quarter 1<br>(July – September 2015) | 37   | 7                                 | 14               | <b>16</b>                                  |

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

From July 2015 – September, 2015, the number of people moving from an ICF/DD to a more integrated setting was 16, five fewer people than in the previous quarter. If this trend continues, it is anticipated that the 2016 goal of 84 will not be met.

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

Performance on this goal is not moving in the right direction. The following efforts are underway to help improve performance:

- DHS provides reports to counties about persons in ICFs/DD, and persons who are not opposed to moving with community services. The new reasonable pace guidelines measure timely access to

waiver services within 45 days of requesting community services, and place, as a priority for services, those leaving an institutional setting or having an immediate need. As counties are currently doing reassessments and asking these questions, we are learning that people originally on the reports as not opposed to moving do not want to move at this time.

- 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 is on track to complete reassessments by December 2016. At that time, we will have up-to-date information to evaluate the goals about who would like to move (not opposed to moving), what people want and will have worked with counties to identify barriers to be addressed.
- A person-centered planning, informed choice and transition protocol was introduced in February 2016. Technical assistance through different venues is focused on those who are helping people leaving ICFs/DD. Work is being done to increase education and technical assistance on housing subsidies, methods of working with landlords, and services available to do so.
- Several providers have expressed an interest in voluntary closures of ICFs/DD. DHS is working to support the planning process for integrated community service development. These closures will permanently reduce bed capacity.

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

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

## **B) NURSING FACILITIES**

### **2016 goal**

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

**Baseline:** January - December 2014 = 707

### **RESULTS:**

This goal is not on track to meet the 2016 goal of 740.

| <b>Time Period</b>                   | <b>Total number of individuals leaving</b> | <b>(-)Transfers <sup>iii</sup></b> | <b>(-)Deaths</b> | <b>Net moved to integrated setting</b> |
|--------------------------------------|--|------------------------------------|------------------|--|
| July 2014 – June 2015                | 1,509                                      | 203                                | 527              | <b>779</b>                             |
| Quarter 1<br>(July – September 2015) | 374  | 23                                 | 171              | <b>180</b>                             |

### **ANALYSIS OF DATA:**

From July 2015 – September 2015, the number of people under 65 in a nursing facility for more than 90 days who moved to a more integrated setting was 180, compared to 207 people in the previous quarter. If this trend continues, it is anticipated that the 2016 goal of 740 will not be met.

**COMMENT ON PERFORMANCE:**

The department reviews data and notifies lead agencies of people who have not refused or opposed more integrated options. The lead agencies then begin to plan their moves. Work will continue with partners in other agencies to improve the supply of affordable housing and knowledge of housing subsidies. Housing Access Services will be expanded in July 2016, to a broader array of providers. This service provides assistance in finding and obtaining suitable, affordable, accessible housing, finding household furnishings and moving.

**TIMELINESS OF DATA:**

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

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**C) SEGREGATED HOUSING****2016 goal**

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

**RESULTS:**

Quarterly reporting on this goal will begin in August 2016.

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

#### 2016 goal

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

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

#### RESULTS:

The goal is not on track to meet the June 30, 2016 goal.

| Time Period                         | Total number of individuals leaving | (-) Transfers <sup>iii</sup> | (-) Deaths | Net moved to integrated setting | % awaiting discharge |
|-------------------------------------|-------------------------------------|------------------------------|------------|---------------------------------|----------------------|
| Quarter 1<br>(July – Sept 2015)     | 65*                                 | 41*                          | 0          | 24*                             | 40.4%                |
| Quarter 2<br>(October – Dec 2015)   | 75                                  | 41*                          | 0          | 34*                             | 44.9%                |
| Quarter 3<br>(January – March 2016) | 67                                  | 38                           | 0          | 29                              | 46.6%                |
| <b>Totals</b>                       | <b>207</b>                          | <b>120</b>                   | <b>0</b>   | <b>87</b>                       | <b>Avg = 44.0%</b>   |

- \* In the February 2016 Quarterly Report, a possible discrepancy was noted in the data reporting on this goal. A verification review conducted by Olmstead Implementation Office compliance found that in compiling the data for the 2015 time period, data was manually edited and the data definition was inconsistent. This resulted in an inaccurate report. The result was the total number of individuals leaving the facility was underreported by 11, the number of transfers was underreported by 55 and the number of individuals moving to an integrated setting was overreported by 44. The corrected numbers are included in this table.

DHS has adopted the following protocols to ensure consistency in reporting in this and future reports: the data definition has been clarified. The data collection system at DHS has been automated to extract data directly from the electronic medical record. Manual editing of the data will be prohibited.

#### ANALYSIS OF DATA:

During quarter 3, from January 2016 – March 2016, the average percent of people at AMRTC awaiting discharge was 46.6%. This is higher than the previous two quarters. The average of the last three quarters is 44.0%.

There was an upward trend in the percentage of patients at AMRTC who do not meet criteria for continued stay in the first quarter of calendar year 2016. The goal is not on track to meet the 2016 goal of  $\leq 35\%$ .

**COMMENT ON PERFORMANCE:**

There remain multiple barriers to successful discharge to the community including:

- Limited provider ability and willingness to meet the needs of individuals served by AMRTC due to risk management, public safety concerns or other concerns.
- Insufficient availability of community resources to meet the needs of individuals served.
- There is presently no outpatient Competency Restoration Program capacity to serve individuals who do not need hospital level of care outside of a secure, inpatient setting, despite the increasing demand for services.
- Individuals with a Treat to Competency/Rule 20.01 commitment have longer lengths of stay as compared to those who are not under Rule 20.01 commitment, contributing to patient flow issues.
- Lack of open beds at AMRTC results in decreased availability of AMRTC as a “safety net” resource for individuals with serious and persistent mental illness.

To help reduce the number of people awaiting discharge, AMRTC staff use management tools to be proactive about length of stay and prevent unnecessary delays. Staff track individual cases: anticipated discharge date and barriers to discharge at AMRTC in the seven county metro area, Southeast Minnesota 10 County Region and Southwest Minnesota 18 County Region. AMRTC regularly shares information with and meets with stakeholders to ensure that appropriate and timely discharge planning are in place for individuals served.

**TIMELINESS OF DATA:**

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

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

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**2016 goal**

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

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

**RESULTS:**

The goal is not on track to meet the 2016 goal.

| Time period                         | Total number of individuals leaving | Transfers <sup>iii</sup> | Deaths | Net moved to integrated setting |
|-------------------------------------|-------------------------------------|--------------------------|--------|---------------------------------|
| January – December 2015             | 188*                                | 107*                     | 8      | 73* (Average = 6.1)             |
| Quarter 1<br>(January – March 2016) | 40                                  | 23                       | 1      | 16<br>Average = 5.3             |

- \* In the February 2016 Quarterly Report, a possible discrepancy was noted in the data reporting on this goal. A verification review conducted by Olmstead Implementation Office compliance found that in compiling the data for the 2015 time period, data was manually edited and the data

definition was inconsistent. This resulted in an inaccurate report. The result was the total number of individuals leaving the facility was underreported by 10, the number of transfers was underreported by 43, and the number of individuals moving to an integrated setting was overreported by 34. The corrected numbers are included in the table above.

DHS has adopted the following protocols to ensure consistency in reporting in this and future reports: the data definition has been clarified. The data collection system at DHS has been automated to extract data directly from the electronic medical record. Manual editing of the data will be prohibited.

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

From January – March, 2016, the monthly average of individuals leaving MSH was 13.3. Of those leaving MSH, the monthly average number of individuals leaving to a more integrated setting was 5.3. This goal is not on track to meet the 2016 goal.

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

To help increase the number of individuals leaving the Minnesota Security Hospital to a more integrated setting, the following activities are underway:

- Current efforts to increase the number of transitions include working with the counties, in particular, Hennepin and Ramsey Counties, to increase the number of providers that are willing and able to serve individuals transitioning into the community from MSH. Hennepin County issued a Request for Interest and is working with respondents on placements and potential placements.
- MSH continues to participate in quarterly collaboration meetings with Hennepin, Dakota and Ramsey counties. The focus is on identifying individuals who are able to be served in more integrated settings, while working to expand community capacity.
- MSH continues to partner with grant recipients to create more opportunities to successfully transition individuals from MSH to the community. The grantees include selected counties and providers. For example:
  - The Transition to Community Initiative was established to reduce the time that individuals remain at the Anoka Metro Regional Treatment Center (AMRTC) or MSH after they no longer need the services provided there. By providing additional funding to cover community-based services and address the unique discharge barriers faced by some individuals, the initiative promotes recovery, allows individuals to move to integrated settings of their choice, and opens up beds at AMRTC and MSH for other individuals who need them.
  - Between July 1, 2013 and February 29, 2016, there were 99 individuals discharged from AMRTC and MSH who received services or supports through the Transition to Community Initiative; 85 individuals used the additional waiver dollars or allocations, 19 individuals used grants to counties and 24 used Whatever It Takes grant funding. Technical assistance was provided for 247 individuals. Some individuals used grants to counties and Whatever It Takes grant funding in addition to their waiver allocations. The three community providers contracted through the Whatever It Takes grants are helping 89 individuals to manage their transitions and building community capacity to support people with complex needs.

#### **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.

### III. MOVEMENT OF INDIVIDUALS FROM WAITING LISTS

This section reports progress on the movement of individuals from the home and community based services waiting lists. A new urgency categorization system for the Developmental Disabilities (DD) waiver waiting list was implemented on December 1, 2015. The new system categorizes urgency into four categories including: institutional exit; immediate need; defined need; and future need. Reasonable pace standards have been established for each of the four categories. Data will be available from the new urgency categorization system beginning in June 2016 to be included in the August 2016 quarterly report. The baseline will be established at the end of the first full year of collecting urgency data in December 2016, and will be included in the February 2017 quarterly report.

**In the interim, the quarterly reports to the Subcabinet, beginning in February 2016 will report the number of persons on the Community Access for Disability Inclusion (CADI) and Developmental Disabilities (DD) waiting lists each quarter. Certain tables in the Quarterly Report on Olmstead Plan Measurable Goals Template listed as Attachment C in the filing with the Court on February 12, 2016 (Doc. 540) will not be included during this interim period.**

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

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

#### **RESULTS:**

The goal appears to be on track to meet the October 1, 2016 goal of eliminating this waiting list.

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

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

From January 1 – March 31, 2016, the statewide CADI waiver waiting list decreased to 193 people, compared to 477 people from the previous quarter. During the same time period, ten lead agencies eliminated their CADI waiting list.

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

The department is providing active technical assistance to the remaining lead agencies that have CADI waiver waiting lists.

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

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

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**Number of Individuals on Developmental Disabilities (DD) Waiver Waiting Lists**

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This table shows an estimate of progress towards the reduction in the size of the waiting lists quarter by quarter. The number is pulled once at the end of the time period and serves as an estimate of waiting list size over that time period. This interim measure does not indicate the number of individuals moving on and off the waiting list during that period.

| Time period             | Number on DD waiver waiting list at end of quarter | Change during quarter |
|-------------------------|--|-----------------------|
| April – June 2015       | 3,576  | +40                   |
| July – September 2015   | 3,480  | <96>                  |
| October – December 2015 | 3,198  | <282>                 |
| January – March 2016    | 3,051  | <147>                 |

**ANALYSIS OF DATA:**

From January – March 2016, the statewide DD waiting list decreased to 3,051 people, compared to the 3,198 people from the previous quarter.

**COMMENT ON PERFORMANCE:**

As referenced above, the waiting list reporting that includes urgency information will begin in August 2016. This DD waiting list report showing change from the previous quarter will serve as an interim measure of progress.

The department monitors county progress, and provides technical assistance and direction to counties to assist them in managing their waiting list. Additionally, the lead agency waiver review process provides analysis of waiver spending, and includes recommendations for increasing access to waiver services. Waiver reviews were conducted in the following six counties this past Quarter (January –March 2016): Carver; Crow Wing; Goodhue; Hennepin; Wabasha; and Wright.

**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.

## IV. QUALITY OF LIFE MEASUREMENT RESULTS

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

The results for the 2015 NCI survey for individuals with intellectual and developmental disabilities were published on May 5, 2016. The national results of the NCI survey are available on their website at [www.nationalcoreindicators.org](http://www.nationalcoreindicators.org). The Minnesota state reports are also available on the NCI website at [www.nationalcoreindicators.org/states/MN](http://www.nationalcoreindicators.org/states/MN). A summary of the Minnesota results is provided below.

### Summary of National Core Indicator Survey Results from Minnesota in 2014 - 2015

Each year, NCI asks people with intellectual and developmental disabilities and their families about the services they get and how they feel about them. NCI uses surveys so that the same questions can be asked to a large group. Each year people in many states take part in an NCI meeting. Every year a new group of people are asked to meet. During the meeting people are asked the NCI survey questions. The questions are asked of the person who gets services from the state. For some questions, a family member, friend, or staff member who knows the person well can answer. This summary shows the answers that people gave to some of the NCI survey questions.

| Question   | Yes | No  |
|--|-----|-----|
| Do you have a paid job in your community?  | 30% | 70% |
| Do you like where you work?  | 90% | 10% |
| Did you go out shopping in the past month?   | 90% | 10% |
| Did you go out on errands in the past month?                                       | 90% | 10% |
| Did you go out for entertainment in the past month?                                | 70% | 30% |
| Did you go out to eat in the past month?   | 80% | 20% |
| Did you go out for a religious or spiritual service in the past month?             | 40% | 60% |
| Did you go out for exercise in the past month?                                     | 50% | 50% |
| Did you go on vacation in the past year?   | 50% | 50% |
| Did you choose where you live?   | 50% | 50% |
| Did you choose who you live with?  | 70% | 30% |
| Do you have a best friend?   | 80% | 20% |
| Can you see your friends when you want to?   | 80% | 20% |
| Do you ever feel lonely?   | 40% | 60% |
| Does your case manager ask what you want?  | 80% | 20% |
| Does your case manager help get what you need?                                     | 80% | 20% |
| Does your case manager call you back right away when you call and leave a message? | 60% | 40% |
| Do you feel safe in your home?   | 80% | 20% |
| Do you feel safe in your neighborhood?   | 80% | 20% |
| Do you feel safe at your work and day activity?                                    | 90% | 10% |
| Do you have enough privacy at home?  | 90% | 10% |
| Have you gone to a self-advocacy meeting?  | 20% | 80% |

## 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. 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.

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

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**Baseline:** During the period July 2014 – June 2015, 38,550 people were served by disability home and community based services. However, a baseline for the current percentage of plans that meet the principles of person centered planning and informed choice needs to be established.

### RESULTS:

The Person Centered Planning, Informed Choice and Transition Protocol was approved by the Subcabinet Executive Committee on February 10, 2016. The audit process to measure progress is in place. The first year's data will be used to set a baseline. This baseline will be presented to the Subcabinet at the February 2017 meeting.

Interim quarterly reporting beginning in this report, includes the total number of cases, the number of cases reviewed, and identification of the counties participating in the audit.

### Audit Sample

| Time Period                          | Total Number of Cases<br>(Disability Waivers) | Sample of Cases Reviewed<br>(Disability Waivers) |
|--------------------------------------|---|--|
| Quarter 1<br>July – September 2015   | 617   | 155  |
| Quarter 2<br>October – December 2015 | 3,005   | 432  |
| Quarter 3<br>January – March 2016    | 9,375   | 556  |
| <b>Totals</b>                        | <b>12,997</b>                                 | <b>1,143</b>                                     |

### Counties Participating in the Audit\*

| Quarter 1             | Quarter 2            | Quarter 3            |
|-----------------------|----------------------|----------------------|
| 1. Koochiching County | 7. Mille Lacs County | 13. Hennepin County  |
| 2. Itasca County      | 8. Faribault County  | 14. Carver County    |
| 3. Wadena County      | 9. Martin County     | 15. Wright County    |
| 4. Red Lake County    | 10. St. Louis County | 16. Goodhue County   |
| 5. Mahnomon County    | 11. Isanti County    | 17. Wabasha County   |
| 6. Norman County      | 12. Olmsted County   | 18. Crow Wing County |

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

**ANALYSIS OF DATA:**

From August 2015 through March 2016, a total of 1,143 case files have been reviewed throughout the disability waiver programs (Brain Injury (BI), Community Alternative Care (CAC), Community Alternatives for Disability Inclusion (CADI) and Developmental Disabilities (DD)) across 18 lead agencies. Lead agencies include counties and tribes.

**COMMENT ON PERFORMANCE:**

The review process uses multiple methods to gather and review data, such as Medicaid Management Information Systems (MMIS) downloads, review of case files, interviews with agency leadership, and focus groups with agency staff. Part of the onsite activities is case file review, where a sample of case files from each program is reviewed using a sampling strategy prescribed and approved by the Center for Medicare and Medicaid Service (CMS). This sampling methodology allows us to determine the presence or absence of compliance within and across all programs. The purpose of the case file review is to identify areas of non-compliance with technical requirements and to identify tools and practices used by the lead agency that contribute to both strong technical compliance and improved outcomes for individuals, including person-centered practices. The results of case file review are then reported to CMS.

As a result of new regulations such as CMS Home and Community-Based Services (HCBS) Settings Rule, an increased focus has been placed on person-centered practices during this round of Lead Agency Reviews including those required in the Person-Centered, Informed Choice and Transition Protocol. There have been changes and updates to Lead Agency Review protocols to respond to person-centered requirements in order to assure consistent practices across all lead agencies. This includes the evaluation of items in individuals' care plans such as strengths, dreams and aspirations, a person's preference for working, living, and learning and documentation of their satisfaction with services and supports. Once the final analysis is complete, a report is prepared for each lead agency and recommendations are given. Of the 18 agencies reviewed, all have received recommendations relating to person-centered planning and thinking. Recommendations include:

- Adding critical content to each individuals support plan ensure it is person-centered (people should be asked about their aspirations, where they want to live, what kind of work they want to do, and how they want to spend their free time –goals and monitoring plans should be created specific to these desires).
- Providing additional supports for waiver case managers.
- Reducing staff caseload sizes.
- Expanding employment opportunities to ensure people with disabilities have choices for competitive, meaningful, and sustained employment.

**TIMELINESS OF DATA:**

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

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**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.

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**2016 Goal**

- By June 30, 2016 the number of people experiencing a restrictive procedure will be **reduced by 5% from the previous year or 51 individuals**

**Annual Baseline:** In 2014 the number of individuals who experienced a restrictive procedure was 1,076.  
In 2015 the number of individuals who experienced a restrictive procedure was 867.

**RESULTS:**

The results on the annual goal will be reported in November 2016.

| Time period                         | Individuals who experienced restrictive procedure | Reduction from previous year          |
|-------------------------------------|---|---------------------------------------|
| 2015 Annual - July 2014 – June 2015 | 867 (unduplicated)                                | 209                                   |
|                                     |   |                                       |
| Quarter 1 – July - September 2015   | 299 (duplicated)                                  | N/A – quarterly status of annual goal |
| Quarter 2 - October – December 2015 | 297 (duplicated)                                  | N/A - quarterly status of annual goal |

**ANALYSIS OF DATA:**

The number of individuals who experienced a restrictive procedure is two less than the previous quarter. Compared to the same quarter in the previous year the number is 104 less.

**COMMENT ON PERFORMANCE:**

On August 31, 2015, the Positive Supports Rule went into effect for 245A licensed services when the services are provided to an individual with a developmental disability. This increased the number of Department of Human Services licensed programs required to report restrictive procedures via the Behavior Intervention Report Form (BIRF) by more than 16,000. Despite the dramatic increase in licensed programs required to submit the BIRFs, the number of unique individuals reported to have experienced a restrictive procedure remained steady compared to the previous quarter.

The June 30, 2018 overall goal to reduce the number of people by 200 was met by June 30, 2015. Adjustments to the annual goals will be considered during the amendment process in December 2016.

**TIMELINESS OF DATA:**

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

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

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**Annual Goals**

- By June 30, 2015 the number of reports of restrictive procedures will be reduced by **430**.
- By June 30, 2016 the number of reports of restrictive procedure will be reduced by **409**.

**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 goal is on track to meet the 2016 goal.

| Time period                         | Number of BIRF Reports | Reduction from previous year          |
|-------------------------------------|------------------------|---------------------------------------|
| 2015 Annual – July 2014 – June 2015 | 5,124                  | 3,478                                 |
|                                     |                        |                                       |
| Quarter 1 – July – September 2015   | 907                    | N/A – Quarterly status of annual goal |
| Quarter 2 – October – December 2015 | 1,019                  | N/A- Quarterly status of annual goal  |
| <b>Total (Q1 + Q2)</b>              | <b>1,926</b>           | N/A- Quarterly status of annual goal  |

**ANALYSIS OF DATA:**

From October 1, 2015 to December 31, 2015 the number of BIRF reports was 1,019 compared to 907 in the previous quarter.

**COMMENT ON PERFORMANCE:**

On August 31, 2015, the Positive Supports Rule went into effect for 245A licensed services when the services are provided to an individual with a developmental disability. This increased the number of Department of Human Services licensed programs required to report restrictive procedures via the Behavior Intervention Report Form by more than 16,000. Of the 1,019 Behavior Intervention Report Forms reporting restrictive procedures during this quarter, 91 were submitted from 245A licensed programs newly subject to the behavior intervention reporting requirements of the Positive Supports Rule.

The June 30, 2018 overall goal to reduce the number of reports by 1,596 was met by June 30, 2015. Adjustments to the annual goals will be considered during the amendment process in December 2016.

**TIMELINESS OF DATA:**

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

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

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

**2016 Goal**

- By June 30, 2016, reduce mechanical restraints to no more than
  - **369** reports of mechanical restraint
  - **25** individuals approved for emergency use of mechanical restraint

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

**RESULTS:**

The goal for number of reports is not on track to meet the 2016 goal. The number of individuals is on track to meet the 2016 goal.

| Time period                         | Number of Reports during the time period | Number of individuals at end of time period |
|-------------------------------------|--|---|
| 2015 Annual - July 2014 – June 2015 | 912                                      | 21  |
|                                     |  |   |
| Quarter 1 – July – September 2015   | 144                                      | 19  |
| Quarter 2 – October – December 2015 | 178                                      | 16  |
| <b>Total (Q1 + Q2)</b>              | <b>322</b>                               | --  |

**ANALYSIS OF DATA:**

From October 1, 2015 to December 31, 2015 the number of reports increased to 178, compared to 144 in the previous quarter. During that same time period, the number of individuals approved for use of mechanical restraint decreased by three individuals to 16.

**COMMENT ON PERFORMANCE:**

On August 31, 2015, the Positive Supports Rule went into effect for 245A licensed services when the services are provided to an individual with a developmental disability. This increased the number of DHS licensed programs required to report restrictive procedures via the Behavior Intervention Report Form (BIRF) by more than 16,000. While the number of reports has increased since July 2015, 21 of these reports came from 245A licensed programs newly subject to the behavior intervention reporting requirements of the Positive Supports Rule. These providers are required to develop Positive Support Transition Plans within 30 days of the implementation of the Positive Supports Rule, and to phase out the use of mechanical restraints by August 31, 2016.

When this goal was established, baseline numbers on use of mechanical restraints only included uses reported via BIRF from programs licensed under 245D; data on the use of mechanical restraint by non-245D licensed programs was not included. Since then, the pool of licensed programs required to report the use of mechanical restraint has grown from approximately 5,200 to over 21,000. We expect to see

an increased number of reports from 245A licensed programs throughout the year-long Positive Support Transition Plan development and phase out period. This will cause the 2016 annual goal to be missed.

**TIMELINESS OF DATA:**

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

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

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**2015 Goal**

- By June 30, 2015, the number will decrease to **no more than 60 people** (percent will adjust in relation to total number served in FY 15).

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

**RESULTS:**

The 2015 goal was met.

| Time period           | Number of People Who Discontinued Disability Waiver Services After a Crisis |
|-----------------------|---|
| July 2014 – June 2015 | 54  |

**ANALYSIS OF DATA:**

From July 1, 2014 to June 30, 2015 the number of people who discontinued disability waiver services after a crisis was 54.

**COMMENT ON PERFORMANCE:**

During the verification process, a data collection method was defined that will more accurately represent the measure. Adjustments to the baseline and annual goals will be considered during the amendment process in December 2016.

**TIMELINESS OF DATA:**

In order for this data to be reliable and valid, it is reported eight 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 on semi-annually or annually as the goal becomes due. Each specific goal includes: the overall goal, the annual goal, baseline, results for the reporting period, analysis of the data and a comment on performance.

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

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### 2015 Goal

- By September 30, 2015, the number of new individuals with disabilities working in competitive, integrated employment will be **2,853**.

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

### RESULTS:

The 2015 goal was met.

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

### ANALYSIS OF DATA:

The 2015 annual goal was that 2,853 people with disabilities would secure competitive, integrated employment, an increase of 115 over the baseline. During the 2015 reporting period, 3,236 people with disabilities secured competitive integrated employment, representing an increase of 498 individuals.

### COMMENT ON PERFORMANCE:

The economy is a major factor affecting the number of people with disabilities achieving competitive, integrated employment. In Federal Fiscal Year 2015, the economy was strong and businesses were willing to tap into new labor pools. Conversely, in times of recession, people with disabilities may be the first to be “let go” when employment levels decline.

### TIMELINESS OF DATA:

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

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**POSITIVE SUPPORTS GOAL FOUR:** By June 30, 2017, the number of students receiving special education services who experience an emergency use of restrictive procedures at school will decrease by 316.

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**2015 Goal**

- By June 30, 2015, the number of students experiencing emergency use of restrictive procedures will be reduced by **110**.

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

**RESULTS:**

The June 30, 2015 goal was not met.

| Time period         | Students who experienced restrictive procedure | Change from previous year |
|---------------------|--|---------------------------|
| 2014-15 school year | 2,779  | +39                       |

**ANALYSIS OF DATA:**

The 2015 goal to reduce by 110 students was not met. Instead there was an increase of 39 students over baseline. Because the data is reported on an annual basis, it is not possible to monitor trends throughout the school year. Prone restraint began to substantially decrease beginning in October of 2014 until its elimination as of August 1, 2015.

The full Minnesota Department of Education report, “A Report on District’s Progress in Reducing the Use of Restrictive Procedures in Minnesota Schools” is available at <http://education.state.mn.us/MDE/Welcome/Legis/LegisRep/2012/index.html>

**COMMENT ON PERFORMANCE:**

Comparison of 2013-14 and 2014-15 School Year Data:

- The 2014-15 special education enrollment numbers reported increased by 1,102 students. (per enrollment count on the district restrictive procedure summary forms)
- The percent of all special education students who experienced the use of restrictive procedure during both school years remained constant. (2%)

Other possible contributing factors to missing the goal:

- MDE and school districts provided training to staff to assure common definitions were used to make reporting more consistent. The trainings resulted in some changes in how school districts counted restrictive procedure incidents, resulting in increases in the number of incidents for the 2014 -15 school year.
- Restrictive procedure work group members believe the 2014-15 restrictive procedure data is more reflective of the actual baseline.

**TIMELINESS OF DATA:**

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

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

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**2015 Goal**

- By June 30, 2015, the number of incidents of emergency use of restrictive procedures will be reduced by 781.

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

**RESULTS:**

The 2015 goal was not met.

| Time period           | Number of Reports | Change from previous year |
|-----------------------|-------------------|---------------------------|
| 2014 - 15 school year | 22,119            | +2,582                    |

**ANALYSIS OF DATA:**

The 2015 goal to reduce by 781 incidents was not met. Instead there was an increase of 2,582 emergency incidents of restrictive procedures from the 2013-14 baseline. Because the data is reported on an annual basis, it is not possible to determine trends throughout the school year.

**COMMENT ON PERFORMANCE:**

- Prone restraint began to substantially decrease beginning in October of 2014 until its elimination as of August 1, 2015.
- The increase in restrictive procedures was mostly attributable to an increase in the emergency use of physical holding.
- 10 school districts (seven traditional and three intermediate districts) accounted for 58.2% of all the reported restrictive procedures statewide.

Comparison of 2013-14 and 2014-15 School Year Data:

- The 2013-14 special education enrollment increased by 1,102 students. (Per enrollment count on the district restrictive procedure summary forms).

Other possible contributing factors:

- MDE and school districts provided training to staff to assure common definitions were used to make reporting more consistent. The trainings resulted in some changes in how school districts counted restrictive procedure incidents, resulting in increases in the number of incidents for the 2014-15 school year.
- Restrictive procedure work group members believe the 2014-15 restrictive procedure data is more reflective of the actual baseline.
- During the transition period to eliminate prone restraint, (beginning in October of 2014), district staff may have used multiple incidents of physical holds in place of one use of prone restraint.

**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.

## PROPOSED BASELINES AND MEASURABLE GOALS

The August 10, 2015 Olmstead Plan was approved by the Court September 29, 2015. The Plan included four goals that lacked sufficient data to establish baselines and goals. The Plan required these goals to be set at points in the future. This section includes two of these four proposed baselines and measurable goals for Transportation 1C and Community Engagement 1C.

These proposed baselines and measurable goals were presented to the Subcabinet for review on May 23, 2016 and were provisionally approved. These provisionally approved goals and baselines will be incorporated in the Plan amendment process as described on page 97 of the Olmstead Plan.

The two remaining baselines and measurable goals, Crisis Services goals 4 and 5 are currently under review and will be proposed for provisional approval at the Subcabinet meeting on June 27, 2016.

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**TRANSPORTATION GOAL ONE:** By December 31, 2020 accessibility improvements will be made to 4,200 curb ramps (increase from base of 19% to 38%) and 250 Accessible Pedestrian Signals (increase from base of 10% to 50%).

- By January 31, 2016, a target will be established for sidewalk improvements.
- 

### **Proposed Baseline:**

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

### **Proposed Annual Goals:**

Sidewalk improvements will be made for 6 miles each year for the next five years.

- By October 31, 2017 improvements will be made to an additional 6 miles of sidewalks
- By October 31, 2018, improvements will be made to an additional 6 miles of sidewalks
- By October 31, 2019, improvements will be made to an additional 6 miles of sidewalks
- By October 31, 2020, improvements will be made to an additional 6 miles of sidewalks
- By October 31, 2021, improvements will be made to an additional 6 miles of sidewalks

### **Additional Background Information:**

Minnesota Department of Transportation (MnDOT) has set a goal for 6 miles of sidewalk a year for the next 5 five years or 30 total miles. Once achieved this will increase the improved sidewalks from 285.2 to 315.2 miles or an increase of 10.5%. This goal will be re-evaluated in 2018. This year is the first major inclusion of sidewalk in a construction season and it will be cataloged in summer of 2017 and verified in October 2017.

### **Rationale:**

- All of the goals focus on five year timelines and are consistent with MnDOT's project planning and programming based on anticipated funding with improvements to the accessibility of the system tracked on an annual basis. The annual tracking provides the status of the system and allows us to see emerging trends and needs in how accessibility is being provided.
- Accessibility improvements are required to be delivered as part of roadway projects rather than a standalone program to ensure that accessibility is routinely provided in all projects. The mix of

roadway projects in a given fiscal year is dynamic, which is why we are unable to determine a precise number of curb ramp improvements in a given year. The goal has been based on historical averages and anticipated funding.

- The goal is constrained primarily by MnDOT's budget overseen by the legislature; however accessible pedestrian facilities are identified as a portion of MnDOT's budget in the Minnesota State Highway Investment Plan (MnSHIP). MnSHIP investment policy has allocated 1.6% of MnDOT's capital budget for the first 10 years and 1.8% of MnDOT's capital budget for years 11-20 to accessible pedestrian facilities, representing a rolling average investment of \$12 million a year.

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**COMMUNITY ENGAGEMENT GOAL ONE:** By June 30, 2019, the number of individuals involved in their community in ways that are meaningful to them will increase to 1,992.

#### **Annual Goal**

- By January 4, 2016, a baseline and measurable goals will be established regarding employment of Certified Peer Support Specialists

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#### **Certified Peer Support Specialists**

##### **Proposed Baseline:**

As of April 30, 2016, there are 16 individuals employed by Assertive Community Treatment (ACT) teams or Intensive Residential Treatment Services (IRTS) throughout Minnesota.

##### **Proposed Overall Goal:**

By December 31, 2019, the number of Peer Support Specialists who are employed by ACT or IRTS providers will increase by 82.

##### **Proposed Annual Goals:**

- By December 31, 2017, the number of employed peer support specialists will increase by 38
- By December 30, 2018, the number of employed peer support specialists will increase by 14
- By December 30, 2019, the number of employed peer support specialists will increase by 30

##### **Rationale:**

- Certified peer specialists assist clients in identifying strengths, setting goals, and strengthening self-advocacy skills. In addition, Certified Peer Specialists provide skill building, techniques, teach accessing resources and helping individuals to build relationships and gain confidence in their ability to be active participants in treatment planning activities.
- Certified peer specialists are employed in many parts of mental health services including Adult Mental Health Rehabilitative Services, Crisis services, IRTS, and ACT Teams.
- This measurable goal will focus on the planned increase in use of peer support specialists in the IRTS and ACT services. There are currently 38 IRTS and 27 ACT teams that are the focus of this goals.

## VI. COMPLIANCE REPORT ON WORKPLANS AND MID-YEAR REVIEWS

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

### Workplan Activities

OIO Compliance staff reviews workplan activities on a monthly basis to determine if items are completed, on track or delayed. Any delayed items are reported to the Subcabinet as exceptions.

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

|  | December<br>2015 | January<br>2016 | February<br>2016 | March<br>2016 |
|--|------------------|-----------------|------------------|---------------|
| <b>Number of workplan activities reviewed during time period</b> | 67               | 49              | 42               | 34            |
| • Number of activities completed                                 | 41               | 18              | 24               | 19            |
| • Number of activities on track                                  | 19               | 6               | 8                | 5             |
| • Number of activities reporting exceptions                      | 7                | 25              | 10               | 10            |
| • Number of exceptions requiring Subcabinet action               | 0                | 0               | 0                | 0             |

### Mid-Year Review of Measurable Goals Reported on Annually

OIO Compliance staff will complete a mid-year review of all measurable goals that are reported on an annual basis to monitor progress, verify accuracy, completeness and timeliness, and identify risk areas. The OIO Compliance staff will report any concerns identified through these reviews to the Subcabinet. Commentary or corrective actions as directed by the Subcabinet will be included in the quarterly report following the action.

Mid-year reviews are scheduled to begin in June 2016 and will be first included in the August 2016 quarterly report.

## VII. ADDENDUM

There is no addendum to this quarterly report.

## ENDNOTES

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

<sup>ii</sup> A baseline is not available because there is no standardized informed choice process currently in place to determine how many individuals in segregated settings would choose or not oppose moving to an integrated setting. Once this baseline is established, the goals will be re-evaluated and revised as appropriate.

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

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

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