

Minnesota Olmstead Subcabinet

Quarterly Report on Olmstead Plan Measurable Goals



REPORTING PERIOD

Data acquired through July 31, 2016

DATE REPORT APPROVED BY SUBCABINET

August 22, 2016

Contents

I. PURPOSE OF REPORT	3
EXECUTIVE SUMMARY	3
II. MOVEMENT FROM SEGREGATED TO INTEGRATED SETTINGS	4
QUARTERLY SUMMARY OF MOVEMENT FROM SEGREGATED TO INTEGRATED.....	4
TRANSITION SERVICES GOAL ONE	5
TRANSITION SERVICES GOAL TWO	8
TRANSITION SERVICES GOAL THREE.....	9
III. MOVEMENT OF INDIVIDUALS FROM WAITING LISTS	12
WAITING LIST GOAL ONE	12
WAITING LIST GOAL TWO	13
WAITING LIST GOAL THREE.....	14
WAITING LIST GOAL FOUR.....	14
WAITING LIST GOAL FIVE	15
IV. QUALITY OF LIFE MEASUREMENT RESULTS	15
V. INCREASING SYSTEM CAPACITY AND OPTIONS FOR INTEGRATION	16
PERSON CENTERED PLANNING GOAL ONE.....	16
POSITIVE SUPPORTS GOAL ONE	18
POSITIVE SUPPORTS GOAL TWO	19
POSITIVE SUPPORTS GOAL THREE	20
CRISIS SERVICES GOAL THREE	22
EMPLOYMENT GOAL THREE	24
COMMUNITY ENGAGEMENT GOAL ONE.....	25
CRISIS SERVICES GOAL FOUR	27
CRISIS SERVICES GOAL FIVE	30
VI. COMPLIANCE REPORT ON WORKPLANS AND MID-YEAR REVIEWS	32
VII. ADDENDUM	33
ENDNOTES	33

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 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 August 22, 2016 includes data acquired through July 31, 2016. Progress on each measurable goal will be reported either quarterly, semi-annually, or annually in accordance with the Court Orders issued on February 12, 2016 (Doc. 540-2) and June 21, 2016 (Doc. 578).

As required by the Court's June 21, 2016 Order, the annual goals included in this report are those goals for which data is reliable and valid in order to ensure the overall report is complete, accurate, timely, and verifiable. In light of that Order, the following measurable goals will be reported in future quarterly reports, which will ensure the data is determined to be reliable and valid before it is reported to the Court: Housing & Services Goal One will be reported in the November 2016 quarterly report, and Positive Supports Goals 4 and 5, and Transition Services Goal 4 will be reported in the February 2017 quarterly report.

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

EXECUTIVE SUMMARY

This quarterly report covers 19 measurable goals.ⁱ As shown in the chart below, 15 of those goals were either met, on track to be met, or in process. Four goals were categorized as delayed, not on track, or not met. For those four goals, the report documents how the agencies will work to improve performance on each goal.

Status of Goals August 2016 Quarterly Report	Number of Goals
Met annual goal	3
On track to meet annual goal	5
In Process	7
Delayed	1
Not on track to meet annual goal	2
Did not meet annual goal	1
Goals Reported	19

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)	Oct – Dec 2015	23
• Nursing Facilities	Oct – Dec 2015	231
• Other segregated settings	Next report Feb 2017	Next report Feb 2017
• Anoka Metro Regional Treatment Center (AMRTC)	April – June 2016	27
• Minnesota Security Hospital (MSH)	April – June 2016	20
Net number who moved from segregated to integrated settings		301

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.

TRANSITION SERVICES GOAL ONE: By June 30, 2020, the number of people who have moved from segregated settings to more integrated settingsⁱⁱ 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:

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

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

2016 goal

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

Baseline: January - December 2014 = 72

RESULTS:

The goal is on track to meet the 2016 goal of 84.

Time Period	Total number of individuals leaving	(-)Transfers^{iv}	(-)Deaths	Net moved to integrated setting
July 2014 - June 2015	158	24	63	71
Quarter 1 (July – September 2015)	37	7	14	16
Quarter 2 (October – December 2015)	57	11	23	23
Totals Q1 + Q2	94	18	37	39

ANALYSIS OF DATA:

From October – December 2015, the number of people moving from an ICF/DD to a more integrated setting was 23, which is seven more than the previous quarter. In the first 6 months of state fiscal year 2016, a total of 39 people moved from an ICF/DD to a more integrated setting. This is approximately 46% of the annual goal of 84.

COMMENT ON PERFORMANCE:

The state provides reports to counties about persons in ICFs/DD who are not opposed to moving with community services. As part of the current process, individuals are being asked whether they would like

to move in the next 12 months. The agency is finding that some individuals who expressed an interest in moving are declining to move in that 12-month timeframe. For those leaving an institutional setting such as an ICF/DD the new reasonable pace standard is to ensure access to waiver services funding within 45 days of requesting community services. DHS monitors and provides technical assistance to counties in providing timely access to the funding and planning necessary to facilitate a transition to community services.

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 would 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 on track to meet the 2016 goal of 740.

Time Period	Total number of individuals leaving	(-)Transfers ⁱⁱⁱ	(-)Deaths	Net moved to integrated setting
July 2014 – June 2015	1,509	203	527	779
Quarter 1 (July – September 2015)	374	23	171	180
Quarter 2 (October – December 2015)	511	59	221	231
Totals Q1 + Q2	885	82	392	411

ANALYSIS OF DATA:

From October – December 2015, the number of people under 65 in a nursing facility for more than 90 days who moved to a more integrated setting was 231, compared to 180 people in the previous quarter. 411 people under the age of 65 have moved to more integrated settings in the first half of state fiscal year 2016. This is more than half of the annual target. If moves continue at approximately the same rate, the 2016 goal of 740 is expected to be met.

COMMENT ON PERFORMANCE:

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

Beginning in December 2015, Section 811 rental subsidies became available to some individuals moving from institutional settings.

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

TIMELINESS OF DATA:

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

C) SEGREGATED HOUSING**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:

Reporting for this goal is delayed. The data development for this goal area was not available for the August 2016 Quarterly Report due to limited information technology resources and competing data priorities for other goal areas. OIO Compliance staff are working with DHS to ensure the agency puts the necessary processes and timelines in place so that the data will be collected and verified. It is expected that baseline data and reliable, verified measurements will be available in the February 2017 Quarterly Report.

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

2016 goal

- By June 30, 2016 the percent of people at AMRTC awaiting discharge will be ≤ 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 2016 goal of ≤ 35% was not met.

Time Period	Total number of individuals leaving	(-) Transfers ⁱⁱⁱ	(-) Deaths	Net moved to integrated setting	% awaiting discharge
Quarter 1 (July – Sept 2015)	65	41	0	24	40.4%
Quarter 2 (October – Dec 2015)	75	41	0	34	44.9%
Quarter 3 (January – March 2016)	67	38	0	29	46.6%
Quarter 4 (April – June 2016)	74	47	0	27	38.3%
Annual Totals	281	167	0	114	Avg = 42.5%

ANALYSIS OF DATA:

From April – June 2016, the average percent of people at AMRTC awaiting discharge was 38.3% compared to 46.6% in the previous quarter. Despite the downward trend in the last quarter, the 2016 goal of 35% was not met.

COMMENT ON PERFORMANCE:

When an individual is accused of committing a crime, but is deemed mentally unfit to stand trial, the State of Minnesota sends that person to a mental health facility to receive treatment before eventually standing trial. Today, many of these individuals are cared for in secure treatment centers or at a hospital level of care at Anoka Metro Regional Treatment Center (AMRTC), though they could be served in a less-intensive setting. Having these individuals at AMRTC detracts from the target population and the work of getting more people out of AMRTC.

In order to make progress on this goal, structural and systemic changes in the mental health system and housing access need to be made. These changes will ensure that individuals exiting AMRTC have integrated living options, and receive timely care.

As part of his Supplemental Budget Proposal to the 2016 Legislature, the Governor proposed the creation of a new, stand-alone Competency Restoration Program (CRP) to treat Minnesotans accused of a crime, and in need of competency restoration.

To accomplish this, a third level of state-operated CRP care would be created for individuals needing to be restored to competency. The three levels include:

- 1) Hospital level of care when clinically indicated (located at AMRTC);
- 2) A secure setting for restoration located at Minnesota Security Hospital (MSH); and
- 3) A proposed locked community residential setting.

This third level of care is where the greatest need exists and would greatly reduce the reliance on AMRTC, freeing up much needed hospital beds for individuals needing hospital level of care (approximately 20 hospital beds at Anoka and 10 secure beds at MSH).

To achieve this third level, an existing program would be closed and the site repurposed. A restructuring plan is underway.

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, including 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.

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

2016 goal

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

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

RESULTS:

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

Time period	Total number of individuals leaving	Transfers ⁱⁱⁱ	Deaths	Net moved to integrated setting
January – December 2015	188	107	8	73 Average = 6.1
Quarter 1 (January – March 2016)	40	23	1	16 Average = 5.3
Quarter 2 (April – June 2016)	47	26	1	20 Average = 6.7
Totals (Q1 + Q2)	87	49	2	36 Average = 6

ANALYSIS OF DATA:

From April – June 2016, the monthly average number of discharges from MSH to a more integrated setting was 6.7 compared to 5.3 in the previous quarter. During the same period, the monthly average total number of discharges from MSH was 15.66.

COMMENT ON PERFORMANCE:

To help increase the number of individuals leaving MSH staff conducted the following activities:

- **County Collaboration**

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 completed a Request for Interest, hired a transitions coordinator to assist with new developments, and expanded their forensic case management division by 2 licensed social workers.

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/DHS Collaboration**

MSH continues to partner with Whatever It Takes grant recipients to create more opportunities to successfully transition individuals from MSH to the community. The grantees include selected counties and providers.

MSH has consulted with a variety of DHS divisions to implement newer practices, in an effort to expand re-integration options for individuals served. Examples include:

- Consulted with DHS Licensing for newly created, and customized homes, developed by private community-based providers.
- Considered developing customized living arrangement for individual, who would receive state-provided staffing (due to unique needs).
- Considered options for individuals over the age of 65, who only qualify for Elderly Waiver.

To make a significant impact on the timely re-integration of individuals at MSH to integrated settings requires structural and larger systemic changes, including the following:

- **Competency Restoration Program Recommendations**

Competency Restoration Program Recommendations are outlined above in report on Transition Services Goal 2.

- **Proposed 2016 Legislative Recommendations**

The proposed legislative recommendations below were presented by the Bureau of Mediation Services (BMS) workgroup, and passed along to DHS leadership for legislative considerations for 2016. It is believed that each proposal would contribute to enhanced and more robust service delivery, which would in turn, impact length of stay, and timelier transitioning for individuals to return to a more integrated setting.

- **MSH Staffing Proposal**

In January 2016, the Bureau of Mediation Services (BMS) aided in the facilitation of a variety of committees, to focus on collaborative problem-solving. DHS has an obligation to serve the people of Minnesota, specifically the most vulnerable individuals. Forensic Services, a division of DHS, is required to provide current, state of the art, evidenced-based treatment for individuals with complicated diagnoses who have been, most often, also involved in the criminal justice system. Many of the individuals served have experienced multiple treatment failures and/or can no longer be accepted for treatment in less restrictive settings. Forensic Services provides secure treatment which assists them in recovery so that they can move back into the community and live meaningful lives.

MSH staff are highly specialized. Individuals admitted to MSH often have mental health and co-occurring disorders such as chemical dependency, cognitive disabilities, and personality disorders. They may also have complex medical conditions. Provision of treatment for these individuals requires a professionally trained staff from a variety of clinical backgrounds. Treatment must be individualized and comprehensive. Direct care staff need ongoing training to build proficiency in de-escalation, and engagement that leads to treatment recovery, and transitions to more integrated settings.

A “St. Peter Security Hospital Safe Staffing” proposal was submitted to the Legislature. The Legislature did not provide funding to bring staffing levels at MSH up to national standards.

- **Bonding Proposal**

MSH requires a facility upgrade and renovations, which can provide a safe and therapeutic environment to those served, and contributes to treatment recovery, and transitions to integrated settings. In 2014, lawmakers passed a bonding bill that secured more than \$56 million for MSH renovations and a new transition program building, which will add 48 beds to the transition unit and 56 beds to the MSH once construction is finished this fall.

A bonding proposal of \$70.3 million to finish renovations and update MSH was proposed this past session, but was not funded during the regular session.

- **Resident Appropriateness**

A Bureau of Mediation Services (BMS) sub-committee made legislative recommendations related to Resident Appropriateness. The recommendations reflect the need for additional resources and statutory changes in order to better support the mission of MSH, and specialty services necessary for patients with developmental disabilities and Autism Spectrum Disorder, so they may be diverted (as necessary from a secure treatment setting) and reintegrated to the community in a timely fashion.

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 three categories including: institutional exit; immediate need; defined need. Reasonable pace standards have been established for each of these categories.

Data was available from the new urgency categorization system beginning in June 2016 to be included in this 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.

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

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

RESULTS:

The 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>
April – June 2016	7	<186>

ANALYSIS OF DATA:

From April 1 – June 30, 2016, the statewide CADI waiver waiting list decreased to 7 people, compared to 193 people from the previous quarter. Since June 2015 there has been a reduction of 1,247 individuals on the waiting list.

COMMENT ON PERFORMANCE:

During this quarter, DHS contacted lead agencies that had people on a CADI waiver waiting list. DHS provided technical assistance when it was needed in order for lead agencies to eliminate their waiting lists by offering systems guidance and/or making additional funding available.

TIMELINESS OF DATA:

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

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

Baseline: In April 2015, there were 3,586 individuals on the DD waiver waiting list. (The 2015 baseline, was based on the previous reporting system and cannot be used for direct comparison with current waiting list data. A new baseline will be established at the end of the first full year of collecting urgency data in December 2016, and included in the February 2017 quarterly report.)

RESULTS: This goal is in process.

Reporting Period: January – March 2016

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

ANALYSIS OF DATA:

From January 1 – March 31, 2016, out of 324 individuals on the Developmental Disabilities (DD) waiver waiting list, 131 individuals (41%) had funding approved within 45 days of the assessment date. An additional 108 individuals (33%) had funding approved after 45 days. The total number of individuals assessed between January - March 2016 with an institutional exit, immediate need or defined need that did not have funding in place that are on the DD Waiver waiting list is 85 (26%).

COMMENT ON PERFORMANCE:

DHS is in the midst of implementing a new DD Waiver waiting list categorization system, which bases a person’s waiting list status on their urgency of need for waiver services. The previous method of reporting DD waiting list figures is no longer valid and cannot be used for direct comparison with current waiting list data. As a result, DHS is currently in a transition period between the historic DD waiting list and the new urgency definitions.

Currently, lead agencies receive monthly updates of persons on the waiting list, the number of days since the assessment where the waiting list category was determined, and whether reasonable pace standards are met. If reasonable pace standards are not met for people in the Institutional Exit or Immediate Need categories, DHS directly contacts the lead agency seeking remediation.

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

TIMELINESS OF DATA:

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

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

RESULTS: This goal is in process.

PERSONS LEAVING AN INSTITUTION

Time Period	Number of people assessed	Still on waiting list
January – March 2016	14	1 (7%)

PERSONS WITH IMMEDIATE NEED

Time Period	Number of people assessed	Still on waiting list
January – March 2016	93	10 (11%)

ANALYSIS OF DATA:

From January – March 2016, 1 person out of 14 remained on the DD waiver waiting list after leaving an institution, and 10 people out of 93 remained the DD waiver waiting list with an immediate need.

COMMENT ON PERFORMANCE:

DHS focused a large amount of technical assistance on approving waiver funding for persons in the institutional exit and immediate need categories. DHS directly contacted lead agencies if people in these categories had been waiting longer than 45 days. If the 45-day timeline is not met, DHS explains options available to the lead agency to approve funding for persons in these categories.

TIMELINESS OF DATA:

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

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

RESULTS:

This goal is in process. DHS began collecting new DD waiting list data beginning December 1, 2015. As of the date of this report, three years have not passed since this implementation date. This data will be available in December 2018.

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

RESULTS: This goal is in process.

DEFINED NEED

Time Period	Number of people assessed	Still on waiting list
January – March 2016	217	74 (34%)

ANALYSIS OF DATA:

As of March 31, 2016, the number of people assessed between January 1 – March 31, 2016 with a Defined Need who remained on the Developmental Disabilities waiver waiting list was 74 people.

COMMENT ON PERFORMANCE:

DHS encourages lead agencies to approve funding for persons in the Defined Need category following approval of persons in the institutional exit and immediate need categories and as waiver budget levels allow. DHS expects the lead agency to maintain a budget reserve of 3% or less pursuant to Minnesota Statute. DHS monitors lead agency waiver budgets and provides projections to lead agencies in order to make this determination.

TIMELINESS OF DATA:

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

IV. QUALITY OF LIFE MEASUREMENT RESULTS

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

The Quality of Life survey process has been reviewed and approved by the Institutional Review Board (IRB). The Olmstead Implementation Office issued an RFP for the next phase of the survey process. It is anticipated that a provider will be selected during the fall of 2016.

V. INCREASING SYSTEM CAPACITY AND OPTIONS FOR INTEGRATION

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

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

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:

This goal is in process. 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 began in May 2016 and 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 (Disability Waivers)	Sample of Cases Reviewed (Disability Waivers)
Quarter 1 (July – September 2015)	617	155
Quarter 2 (October – December 2015)	3,005	432
Quarter 3 (January – March 2016)	9,375	556
Quarter 4 (April – June 2016)	1,762	323
Totals	14,759	1,466

Counties Participating in the Audit*

Quarter 1	Quarter 2	Quarter 3	Quarter 4
1. Koochiching	7. Mille Lacs	13. Hennepin	19. Renville
2. Itasca	8. Faribault	14. Carver	20. Traverse
3. Wadena	9. Martin	15. Wright	21. Douglas
4. Red Lake	10. St. Louis	16. Goodhue	22. Pope
5. Mahnomen	11. Isanti	17. Wabasha	23. Stevens
6. Norman	12. Olmsted	18. Crow Wing	24. Grant
			25. Freeborn
			26. Mower
			27. Lac Qui Parle
			28. Chippewa
			29. Ottertail

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

ANALYSIS OF DATA:

From July 2015 through June 2016, a total of 1,466 case files have been reviewed throughout the disability waiver programs (Brain Injury (BI), Community Alternative Care (CAC), Community Alternatives for Disability Inclusion (CADl) and Developmental Disabilities (DD)) across 29 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 11 agencies reviewed this quarter, all have received recommendations relating to person-centered planning and thinking. Recommendations include:

- Encourage lead agencies to set expectations for the quality and content of support plans.
- Train staff on providing person-centered services.
- Encourage changes in agency practices.
- Encourage changes to how agencies work with community partners.

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.

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.

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:

This goal is in process. 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
Quarter 3 (January – March 2016)	348 (duplicated)	N/A– quarterly status of annual goal

ANALYSIS OF DATA:

During January – March 2016, the number of individuals who experienced a restrictive procedure increased by 51 from 297 to 348 compared to the previous quarter.

COMMENT ON PERFORMANCE:

There were 348 individuals who experienced a restrictive procedure this quarter.

- 314 individuals were only subject to emergency use of manual restraint (EUMR). EUMRs are not prohibited and not subject to phase out requirements like all other “restrictive” procedures. These reports are monitored and technical assistance is available when necessary.
- 34 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 goal 3).

Under the Positive Supports Rule, the upcoming External Program Review Committee (expected to convene by March 2017) has the duty to review and respond to Behavior Intervention Reporting Form (BIRF) reports involving EUMR. It is anticipated the Committee’s work will help reduce the larger number of people who experience EUMR through the guidance they will provide to license holders regarding specific uses of EUMR.

TIMELINESS OF DATA:

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

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

Annual Goals

- By June 30, 2015 the number of reports of restrictive procedures will be reduced by **430**.
- By June 30, 2016 the number of reports of restrictive procedures 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
Quarter 3 (January – March 2016)	1,039	N/A – quarterly status of annual goal
Total (Q1 + Q2 + Q3)	2,965	N/A – quarterly status of annual goal

ANALYSIS OF DATA:

From January to March 2016 the number of BIRF reports slightly increased to 1,039 from 1,019 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. This quarter, 84 behavior intervention reports were received from this additional cohort of providers.

If the trend for the first three quarters continues, DHS expects to meet the 2016 annual goal of reducing reports by 409.

TIMELINESS OF DATA:

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

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

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

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
Quarter 3 (January – March 2016)	168	16
Total (Q1 + Q2 + Q3)	490	---

ANALYSIS OF DATA:

From January 1, 2016 to March 31, 2016 the number of reports decreased to 168, compared to 178 in the previous quarter. During that same time period, the number of individuals approved for use of mechanical restraint stayed the same at 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. In situations where mechanical restraints have been in use, these providers are required to develop a Positive Support Transition Plan within 30 days of the implementation of the Positive Supports Rule, and to phase out the use of mechanical restraints by August 31, 2016.

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

Of the 168 BIRFs reporting use of mechanical restraint:

- 121 reports involved the 16 people with review by the IRP and approval by the Commissioner for the emergency use of mechanical restraints.
- 26 reports*, involving 6 people, were submitted by providers whose use falls within the phase out period.
- 13 reports* were submitted for one person who was determined by the IRP to apply and use a restraint device on him/herself voluntarily and independently. The IRP continues to monitor this case although the device is not used against the person as a restraint.
- 5 reports*, involving 2 people, came from 2 different providers that were inappropriately using mechanical restraint contrary to Chapter 245D and the Positive Supports Rule. In one case, the provider self-identified the inappropriate use and retrained staff prior to submitting the BIRF. The other provider misunderstood the requirements and immediately stopped use of the device after technical assistance from DHS.
- 3 reports*, involving 3 people, were inaccurately coded and did not involve the use of mechanical restraint by a DHS license holder.

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

With the phase out period coming to an end for providers required to submit BIRFs beginning August 31, 2015, we expect there may be new requests for the emergency use of mechanical restraints by or shortly after September 1, 2016. This may cause the number of people with approvals to increase over the next few reporting periods.

At the end of the third quarter, we have already received 490 reports of mechanical restraint, which surpasses the annual goal of ≤ 369 reports. DHS will not meet the 2016 annual goal. DHS is currently on pace to see 652 reports of mechanical restraint use in Fiscal Year 2016. If this trend holds, it will represent about a 28% reduction in reports of mechanical restraint use compared to Fiscal Year 2015 (912 reports), although a 40% reduction was required to meet this year’s annual goal.

The number of people for whom the emergency use of mechanical restraint is approved during the quarter continues to hold at 16, which is on pace to meet the 2016 goal of no more than 25 people approved for these interventions.

TIMELINESS OF DATA:

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

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

2016 Goal

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

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

RESULTS:

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

Time period	Number of People Who Discontinued Disability Waiver Services After a Crisis
2015 Annual (July 2014 – June 2015)	54 (unduplicated)
Quarter 1 (July 2015 – September 2015)	26 (duplicated)

ANALYSIS OF DATA:

From July to September 2015, the number of people who discontinued disability waiver services after a crisis was 26. The annual number reported represent an unduplicated count of people who discontinue disability waiver services after a crisis in the fiscal year. The quarterly numbers are duplicated counts. People may discontinue disability waiver services after a crisis in multiple quarters in a year. The

quarterly numbers can be used as indicators of direction, but cannot be used to measure annual progress.

COMMENT ON PERFORMANCE:

DHS will continue to monitor and may recommend changing the measure to accurately reflect progress toward the reduction of people who leave community based services after a crisis.

TIMELINESS OF DATA:

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

SEMI-ANNUAL AND ANNUAL GOALS

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

EMPLOYMENT GOAL THREE: By June 30, 2020, the number of students with developmental cognitive disabilities, ages 19-21 that enter into competitive, integrated employment will be 763.

2016 Goal

- By June 30, 2016, the number of students with Developmental Cognitive Disabilities (DCD) in competitive, integrated employment will be 125.

Baseline: 2014 group total in competitive, integrated employment = 313 (35%) (N=894)

RESULTS: The 2016 goal was met.

Time period	Number of students with DCD, ages 19-21 that enter into competitive, integrated employment
October 2015 to June 2016	137

ANALYSIS OF DATA:

During the 2015 - 2016 school year, 137 students (73 males and 54 females) ranging in ages from 19-21 with developmental cognitive disabilities, participated in competitive, integrated employment. All students worked part-time because their primary job is that of being a secondary student. Students were employed in a variety of businesses with wages ranging from \$9.00 to \$12.50 an hour. Students received a variety of supports including: employment skills training, job coaching, interviewing skill development, job placement and the provision of bus cards.

COMMENT ON PERFORMANCE:

In the fall of 2015, sixteen local education agencies were identified to be a part of the Employment Capacity Building Cohort (ECBC). Districts reached out to their local vocational rehabilitation supervisors/counselors and county level supervisors/case-managers from disability services to become a part of their local team.

The ECBC teams have experienced an increase in coordination of employment activities among DEED, DHS and MDE. Evidence-based practices such as benefits education and planning, student-centered planning including informed choice, and engaging youth in paid work before exiting from school have proven successful in assisting 137 youth with developmental cognitive disabilities reach competitive, integrated employment. Three additional district teams have been invited to the ECBC for the 2016-2017 school years.

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.

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.

A) By June 30, 2019 the number of self-advocates will increase to 1,575.

B) By June 30, 2019, the number of people with disabilities involved in planning publicly funded projects at the subcabinet agency level will increase to 417.

A) SELF ADVOCATES

2016 Goal

- By June 30, 2016, the number of self-advocates will increase by 50 for a total of 1,250.

Baseline: There are 1,200 active self-advocates involved in the Self Advocates Minnesota (SAM) network statewide and participating in Tuesdays at the Capitol.

RESULTS: The 2016 goal was met.

Time period	Number of new self-advocates
July 2015 – June 2016	52 (unduplicated)

ANALYSIS OF DATA:

OIO has engaged with various self-advocate groups and organizations around the state and provided Olmstead 101 workshops to self-advocates, families and providers. OIO is working with Advocating for Change Together (ACT), Centers of Independent Living (CILs) and Certified Peer Support Specialists (CPSS) to explore the issues of self-advocacy – recruitment, development and training.

The 52 individuals were involved in one or more of the following ways:

- participated in Leading Transportation Access training
- participated in ACT’s Olmstead Academy program
- joined the Self-Advocates Minnesota (SAM) Leadership Circle
- committed to an 18 month process to host the 2017 State Self-Advocacy conference
- assisted with the exploration of creating a Medicaid billable peer-to-peer support program
- certified by ACT to co-facilitate peer to peer trainings to help people working in segregated settings understand their options for alternative employment

COMMENT ON PERFORMANCE:

It was extremely beneficial and effective to collaborate with various groups, i.e., ACT, SAM, CIL, and CPSS to support recruitment, development and training opportunities for self-advocates. The last six months was focused on fact finding and analyzing needs assessments. The data shows that there is a great need for:

- Funding opportunities to support in-depth trainings and promote engagement of Self-Advocates in program/product development and committees.
- Additional support and recognition for self-advocate organizations, including SAM.
- More opportunities for development of structured self-advocacy groups and activities.

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.

B) PUBLICLY FUNDED PROJECTS**2016 Goal**

- By June 30, 2016, the number people with disabilities involved in a publicly funded project will increase by 50 for a total of 92.

Baseline: There were 42 individuals with disabilities involved in planning 6 publicly funded projects.

RESULTS: The 2016 goal was met.

Time period	Number of self-advocates involved in publicly funded projects
July 2015 – June 2016	51 (unduplicated)*

*The reported number is unduplicated. There were five individuals with disabilities who participated in more than one publicly funded project.

ANALYSIS OF DATA:

- Leading in Transportation Access Project included the training of 12 individuals with disabilities.
 - 12 participants filed a complaint with the local sidewalk supervisor and obtained results.
 - 1 is a member of the committee for the new Soccer Stadium.
 - 1 worked with the transportation office in Duluth.
- Advocating Change Together (ACT) Olmstead Academy. After completing the Olmstead Academy, participants are required to carry out their advocacy plan.
 - 28 implemented Disability Integration Projects in their home communities.
 - 10 committed to an 18 month process to host the 2017 State Self-Advocacy conference.
 - 3 assisted with the exploration of creating a Medicaid billable peer-to-peer support program.
 - 3 were certified by ACT to co-facilitate peer to peer trainings to help people working in segregated settings understand their options for alternative employment.

COMMENT ON PERFORMANCE:

OIO has learned that a clearer definition of “publicly funded projects” is necessary. Individuals with disabilities participate in publicly funded projects in different ways. In some projects they lead and some they follow. It is important to recognize that there is an array of publicly funded projects. The Olmstead Subcabinet has requested that the definition of “publicly funded projects” be addressed through the upcoming Olmstead Plan Annual Review process.

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.

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 established in the future. Two of these goals were included in the May 2016 Quarterly Report. This section includes the remaining two proposed baselines and measurable goals for Crisis Services 4 and 5.

These proposed baselines and measurable goals were presented to the Subcabinet for review on June 27, 2016 and were provisionally approved. These provisionally approved goals and baselines will be considered as part of the Plan amendment process as described on page 113 of the Olmstead Plan dated June 1, 2016.

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 goal measures two things and will be measured using two separate measures. The first measure (Proposed Goal A) represents the percent of people on Medical Assistance (MA) who received community services within 30-days after discharge from a hospital due to a crisis.

The second measure (Proposed Goal B) includes the percent of people that were housed, not housed or in a treatment facility, five months after their discharge date. See Proposed Goal B below for more information on this measure.

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 to 90%.
- By June 30, 2018, the percent of people who receive appropriate community services within 30-days from a hospital discharge will increase to 91%.

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 to 83%.
- By June 30, 2018, the percent of people who are housed 5 months after discharge from the hospital will increase to 84%.

Additional Background Information:

Fiscal Year	# of people who went to a hospital due to crisis and were discharged	Goal A		Goal B						
		#/percent who received community services within 30-days after discharge	Number/percent housed within 5 months after hospital discharge						Total	
			Housed	Not housed	Treatment facility	Not using public programs	Deceased	Unable to determine type of housing		
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%	

- **“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.

Rationale:

- 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 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).
- DHS 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 available. Without having person level detail data, DHS 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 number.

Data Limitations

Overall Limitations

- This is a diverse population served by a variety of DHS's programs. Some of the people included in this measure receive several services through DHS over long periods of time through programs like the waivers or group residential housing. In these cases, there is a lot of data available about them. Others 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.
- 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 DHS 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 determine if someone is housed or not from an individual's home address. Therefore, this group falls into the "unable to determine" category.
- 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 DHS 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 were 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%

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, DHS 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 DHS 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 SPE 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 data is collected in CareManager, a system that is being used by DHS 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.

VI. COMPLIANCE REPORT ON WORKPLANS AND MID-YEAR REVIEWS

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

WORKPLAN ACTIVITIES

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

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

The summary of those reviews are below.

	December 2015	January 2016	February 2016	March 2016	April 2016	May 2016	June 2016	July 2016
Number of workplan activities reviewed during time period	67	49	42	34	30	28	25	53
• Number of activities completed	41	18	24	19	13	15	19	47
• Number of activities on track	19	*25	*10	*10	15	13	5	4
• Number of activities reporting exceptions	7	*6	*8	*5	2	0	1	2
• Number of exceptions requiring Subcabinet action	0	0	0	0	0	0	0	0

*These numbers correctly indicate the number of activities on track and the number of activities reporting exceptions for the months of January, February and March. Those rows were inadvertently transposed in the May 2016 Quarterly Report.

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 conducted in June and July found no exceptions.

VII. ADDENDUM

There is no addendum to this quarterly report.

ENDNOTES

ⁱ 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.

ⁱⁱ 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.

ⁱⁱⁱ 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.

^{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 annual workplan review and adjustment process.