# Olmstead Subcabinet Meeting Agenda

Monday, November 21, 2016 • 4:00 p.m. to 5:30 p.m.
Minnesota Housing – State Street Conference Room
400 Sibley Street, St. Paul, MN 55101

**1) Call to Order**

**2) Roll Call**

**3) Agenda Review**

**4) Approval of Minutes**

a) Subcabinet meeting on October 24, 2016 **3**

**5) Reports**

a) Chair
b) Executive Director
c) Legal Office
d) Compliance Office

**6) Action Items**

a) November 2016 Quarterly Report **15**
b) Quality of Life Survey Workgroup Charter **49**
c) Workplan Compliance Report **57**
d) Proposed Adjustment to Workplan Activities
- Housing and Services 3A.4 (DHS) **61**

**7) Information Items**

a) Workplan activities requiring report to Subcabinet:
1) Community Engagement 3A.1 and 3A.2 (DHS) – Report certified peer specialists survey results and recommendations **65**

**8) Public Comments**

**9) Adjournment**

**Next Subcabinet Meeting:**
December 19, 2016 – 9:30 a.m. to 11:00 a.m.

# Olmstead Subcabinet Meeting Agenda Item

**November 21, 2016**

**Agenda Item:**

*4 (a) Approval of Minutes – Subcabinet meeting on October 24, 2016*

**Presenter:**

*Commissioner Tingerthal (MHFA)*

**Action Needed:**

☒ **Approval Needed**

☐ **Informational Item (no action needed)**

**Summary of Item:**

*Approval is needed of the October 24, 2016 Subcabinet meeting minutes.*

**Attachment(s):**

*Olmstead Subcabinet Meeting Minutes – October 24, 2016*

**[AGENDA ITEM 4]**

THESE ARE DRAFT MINUTES SUBJECT TO CHANGE BY FINAL APPROVAL OF THE SUBCABINET

# Olmstead Subcabinet Meeting Minutes

October 24, 2016 – 1:30 p.m. to 3:00 p.m.

Minnesota Housing, 400 Sibley Street, State Street Conference Room, Saint Paul, MN 55101

1. **Call to Order**

   **Action: N/A**

   The meeting was called to order at 1:33 p.m. by Commissioner Shawntera Hardy (Department of Employment and Economic Development (DEED)). Commissioner Hardy chaired the meeting in Commissioner Tingerthal's absence.

2. **Roll Call**

   **Action: N/A**

   **Subcabinet members present:** Shawntera Hardy (DEED); Colleen Wieck (Governor's Council on Developmental Disabilities (GCDD)); Roberta Opheim (Ombudsman for Mental Health and Developmental Disabilities (OMHDD)); Emily Johnson Piper (Department of Human Services (DHS)); Ed Ehlinger (Department of Health (MDH)); Tom Roy (Department of Corrections (DOC)); Kevin Lindsey (Department of Human Rights (MDHR)) arrived at 2:06 p.m.

   **Designees present:** Ryan Baumtrog (Minnesota Housing); Daron Korte (Department of Education (MDE)); Gil Acevedo (Department of Health (MDH)); Tim Henkel (Department of Transportation (DOT)).

   **Guests present:** Carol LaBine, Erin Sullivan Sutton, Claire Wilson, and Karen Sullivan Hook (DHS); Mike Tessneer, Rosalie Vollmar, Tristy Auger, and Darlene Zangara (Olmstead Implementation Office (OIO)); Anne Smetak (Minnesota Housing); Robyn Widley and Jayne Spain (MDE); David Sherwood-Gabrielson (DEED); Jon Eichten and Ellena Schoop (MN.IT); Stephanie Lenartz (MDH); Christina Schaffer (MDHR); Melody Johnson (GCDD); Janet Clarke (Community Education Network on Disabilities); Carol Swenson (District Councils Collaborative); Rick Cardenas (Akcess Associates); Joan Willshire and George Shardlow (Minnesota State Council on Disability); Susan O'Nell (Institute on Community Integration); Christina Kollman (Minnesota Brain Injury Alliance); Charlie Vander Aarde (Metro Cities); Lori Diesch and Kara Carlson (members of the public).

3. **Agenda Review**

   Commissioner Hardy reviewed the agenda. There were no recommended changes.

**[AGENDA ITEM 4]**

THESE ARE DRAFT MINUTES SUBJECT TO CHANGE BY FINAL APPROVAL OF THE SUBCABINET

**4. Approval of Minutes**

**a) Subcabinet meeting on September 28, 2016**

Roberta Opheim (OMHDD) requested a small change to page 14 of the September 28, 2016 meeting minutes. She asked that the paragraph stating the reason for her abstention be moved so it appears after the Subcabinet vote on proposed adjustments to the workplans.

The September 28, 2016 Subcabinet meeting minutes were approved with the change as discussed.

**Motion: Approve the September 28, 2016 Subcabinet meeting minutes with change as discussed.**

**Action: Motion – Wieck. Second – Roy. In Favor - All**

**5. Reports**

**a) Chair**

There were no updates to report.

**b) Executive Director**

Executive Director Darlene Zangara (OIO) reported the following:

- The Improve Group was selected as the vendor for the Quality of Life survey. Monthly updates on the survey will be provided to the Subcabinet.

**c) Legal Office**

There were no updates to report.

**d) Compliance Office**

Mike Tessneer (OIO Compliance) reported the following:

- OIO Compliance began verification reviews with DHS in October. Compliance will complete more state agency verification reviews in November and December. There will be a verification review report at the November Subcabinet meeting.

**6. Action Items**

**a) Workplan Compliance Report**

Mike Tessneer (OIO Compliance), reported on the Workplan Compliance Report for October. There were 16 workplan activities reviewed in October.

Of the 16 reviewed activities:

- 10 items (63%) were completed
- 5 items (31%) were on track
- 1 item (6%) was reported as an exception

- **Transportation 1A.1**

  Kristie Billiar (DOT) reported that workplan activity Transportation 1A.1 is delayed and is being reported as an exception. The data collection is behind schedule due to a lack of staffing. The data collection for the 2015 construction season is 70% complete and will be completed in the first week of November 2016. Data verification will be completed by November 30, 2016.

  **Motion: Approve the Workplan Compliance Report.**
  **Action: Motion – Henkel. Second – Ehlinger. In Favor – All**

**b) Proposed Adjustment to Workplan Activities**

- **Quality of Life 3E.2 (OIO)**

  Darlene Zangara (OIO) reported on the proposed adjustments to the workplan activity Quality of Life 3E.2. The Quality of Life workgroup had previously agreed to reduce the number of surveys from 3,000 to 2,000. The proposed adjustment will provide that 2,000 surveys will be completed by June 30, 2017. The change in the sample size does not undermine the validity of the results.

  In response to a question from Commissioner Ehlinger (MDH), Darlene Zangara (OIO) stated that the original number of 3,000 was based on a calculation of the entire population of Minnesota and the number of people with disabilities. The workgroup decided that reducing the sample size to 2,000 would help reduce costs and time and would not impact the validity or reliability of the data.

  **Motion: Approve the adjustment to the Quality of Life Workplan activity as presented.**
  **Action: Motion – Roy. Second – Henkel. In Favor – All**

**c) Proposed Plan Amendment Process**

Mike Tessneer (OIO Compliance) reported on the proposed Process to Amend the Olmstead Plan. The amendment process will utilize the following criteria:

- The amendment process will focus on quantifiable measures of the 39 measurable goals and associated strategies in the June 2016 Olmstead Plan.

- People with disabilities, families, and the public will have multiple opportunities to comment throughout the amendment process.
- Amendments will be for good cause and based on the public comments and lessons learned during the first year implementing the Plan. Proposed amendments to the goals and/or strategies will improve progress.

The following public comment periods are planned:

- October 25, 2016 through November 14, 2016 to solicit feedback on potential amendments to the 39 existing measurable goals.
- December 20, 2016 through January 19, 2017 to solicit feedback on draft amendments being proposed to the Subcabinet.
- January 31, 2017 through February 7, 2017 to solicit feedback on final draft of proposed amendments.

OIO will be posting information on the first public comment period on the internet and through an e-mail notice to OIO's email list. That notice will also refer interested individuals to the previous quarterly reports, which give an indication of progress.

The Executive Committee will review the first draft of proposed amendments on December 12, 2016. The Subcabinet will review the draft proposed amendments on December 19, 2016. By December 30, 2016, DHS will submit the Annual Report to the Court, which includes proposed amendments. The Subcabinet will review and approve proposed amendments to the Plan on January 30, 2017, and approve the final plan amendments on February 22, 2017. There is an additional Subcabinet meeting planned for February 27, 2017 in case it becomes necessary. The amended Plan will be submitted to the Court by DHS on February 28, 2017.

Commissioner Hardy (DEED) commented that the plan amendment process is an opportunity to listen and consider the input of people with disabilities. She encouraged the agencies to use the initial round of comments as an opportunity to hone in and be thoughtful about strategies and tactics that were not included in the Plan. By the time the process is to the final comment period, the agencies should just be fine tuning the proposed amendments.

In response to comments by Roberta Opheim (OMHDD), Darlene Zangara (OIO) noted that it is expected that there will be three listening sessions held during the first public comment period. OIO will inform Subcabinet members of the details for each of three

listening sessions, and take into consideration accessibility and parking needs in the planning process.

In response to comments by Colleen Wieck (GCDD), Mike Tessneer (OIO Compliance) confirmed the draft amendments to the Plan will be included in the Annual Report that will be submitted to the Court. He acknowledged the point that the Subcabinet may want to revisit the timing and order of amendments to the Plan and workplans in the future. He agreed that it is an area to assess and review after the amendment process concludes.

In response to a question by Roberta Opheim (OMHDD), Mike Tessneer (OIO Compliance) stated that the workplans that were approved by the Subcabinet last month relate to the current measurable goals. If adjustments are made to the measurable goals through the amendment process it is anticipated that adjustments to strategies and workplans may be needed.

In response to a question by Roberta Opheim (OMHDD), Anne Smetak (Minnesota Housing) stated the Subcabinet committed to include the proposed Plan amendments in the annual report in a February 2016 letter to the Court. The Court subsequently adopted that recommendation in an Order. The annual report language will make clear that the included amendments are in draft form and will be submitted in final form to the Court in February 2017.

**Motion: Approve the Proposed Plan Amendment Process.**
**Action: Motion – Korte. Second – Lindsey. In Favor – All**

**d) Abuse and Neglect Prevention Plan Specialty Committee Charter**

Mike Tessneer (OIO Compliance) reported that the Abuse and Neglect Prevention Plan approved by the Subcabinet on September 28, 2016 called for the establishment of a Specialty Committee. The proposed Abuse and Neglect Prevention Plan Specialty Committee Charter was included in the Subcabinet packet.

The charter makes clear which of the recommendations in the Prevention Plan will be the responsibility of the Specialty Committee and which will be the responsibility of state agencies.

The Specialty Committee will be responsible for the following areas:

- Establish a comprehensive public awareness campaign targeted on the prevention of abuse and neglect to educate people with disabilities and their families, which will include the bulleted items in the charter.
- Begin discussion with the state agencies regarding establishing a multidisciplinary approach to address violence committed against people with disabilities.
- Provide recommendations to the Subcabinet for baselines and annual measurable goals and cost projections for key elements of the Plan.

The OIO and state agencies will be responsible for the remaining recommendations included in the approved Prevention Plan.

Mr. Tessneer noted that the Subcabinet Chair approves the membership of specialty committees. The charter is before the Subcabinet for approval of the scope and desired outcomes of the Specialty Committee. The Specialty Committee will be expected to provide an annual report to the Subcabinet, and the Subcabinet will have the authority to modify or approve the charter going forward.

In response to a question by Colleen Wieck (GCDD), Commissioner Hardy (DEED) stated that the charter will be updated to indicate both the date of Subcabinet approval and the date of the charter is expected to come back before the Subcabinet for an annual review.

In response to a question by Commissioner Kevin Lindsey (MDHR), Mike Tessneer (OIO Compliance) stated some information is being gathered regarding abuse and neglect of people with disabilities from different agencies. Additional language will be added to the charter about utilizing existing data available from law enforcement related to violence against people with disabilities.

**Motion: Approve the Abuse and Neglect Prevention Plan Specialty Committee Charter with changes as discussed.**

**Action: Motion – Lindsey. Second – Henkel. In Favor – All**

**e) Community Engagement Advisory Workgroup Charter**

Darlene Zangara (OIO) reported on the Community Engagement Workgroup Charter. The charter was included in the Subcabinet packet. A few changes were made to the charter and a blackline version was distributed at the meeting.

The Community Engagement Workgroup will include nine to eleven representatives from the disability communities with the majority being individuals with disabilities.

Other members will likely be family members and allies of people with disabilities. OIO will issue a solicitation of letters of interest in participating in the workgroup on Minnesota's Olmstead Plan website and through an announcement to the email list. The solicitation will ask interested individuals to identify their relevant experience. OIO will present recommendations of workgroup membership at the December 19, 2016 Subcabinet meeting.

The Community Engagement Workgroup will provide support and guidance to the Olmstead Subcabinet and OIO regarding the Olmstead Plan utilizing the values of person-centered philosophy and community engagement. The workgroup will strategically focus on:

- Strengthening community engagement between members of Disability communities and the OIO and state agencies on matters impacting the implementation of the Olmstead Plan.
- Supporting the implementation of a communication plan for diverse communities with disabilities.
- Supporting the public input processes for Amending and Extending the Olmstead Plan.

In response to a question by Colleen Wieck (GCDD), Darlene Zangara (OIO) agreed to clarify in the charter that the Workgroup will develop recommendations to the Subcabinet on adopting guidelines for soliciting and utilizing public comment and public input from people with disabilities.

**Motion: Approve the Olmsted Subcabinet Workgroup charter and language changes as discussed.**
**Action: Motion – Lindsey. Second – Henkel. In Favor – All**

**7. Informational Items**

**a) 2017 Subcabinet Meeting Schedule**

Mike Tessneer (OIO Compliance) reported that the 2017 Subcabinet Meeting schedule has been set and is included in the meeting materials. Meeting invitations will be sent out and the meetings will be posted on the website.

**b) Workplan activities requiring report to Subcabinet:**

**1. Community Engagement 1D (OIO) – Quarterly report on community contacts**

Darlene Zangara (OIO) reported on workplan activity Community Engagement 1D, which provides that OIO will inform community members, including people with

disabilities, families, providers, state agencies and others regarding the collaborative work and activities that promote the Olmstead Plan's goals and strategies. From July 1, 2016 to September 30, 2016, OIO has engaged with 679 individuals through presentations, the State Fair booth, and discussions. The individuals represent families, non-profit organizations, Governor-appointed councils, self-advocates, and people with disabilities.

In response to a question from Roberta Opheim (OMHDD), Darlene Zangara (OIO) reported that OIO also provides information on public input opportunities and on volunteer opportunities, including those with Governor-appointed councils.

**2. Community Engagement 3B.2 (DHS) – Recommendations for changes to reimbursement rates for Certified Peer Support Specialists**

Carol LaBine (DHS) reported on workplan activity Community Engagement 3B.2, which provides that DHS will make recommendations to the Subcabinet for changes to reimbursement rates for Certified Peer Support Specialists (CPSS). Ms. LaBine reported the rates for CPSS were reviewed and adjusted in 2015 and no further adjustments to the rates are recommended for 2016. The legislature recently requested completion of a rate study in 2017. Further recommendations can be made at that time.

Roberta Opheim (OMHDD) questioned why there are not CPSS in hospitals, including St. Peter and Anoka. She noted that there are a significant number of individuals with disabilities who are trained as CPSS and who do not have opportunities for employment. Carol LaBine (DHS) stated there are no specific strategies to increase peer specialists at hospitals (including Anoka and St. Peter). There are some barriers, including background checks and various logistical and fiscal concerns.

Commissioner Johnson Piper (DHS) noted that DHS relies on funding appropriations to hire staff and they do not have an appropriation to hire CPSS at St. Peter, Anoka, or other facilities.

**8. External Partners Presentation**

**a) Leading Transportation Access – Rick Cardenas and Carol Swenson**

Carol Swenson (District Councils Collaborative) and Rick Cardenas (Akcess Associates) gave a presentation on their work with the Leading in Transportation Access (LTA) for Accessibility Standards in Saint Paul. The pilot training helped build empowerment within the disability community to affect change, specifically on transportation issues.

**9. Public Comment**

There were no public comments.

**10. Adjournment**

The meeting was adjourned at 2:45 p.m.

| | | | |
|---|---|---|---|
| **Motion:** | **Adjournment.** | | |
| **Action:** | **Motion – Hardy.** | **Second – Wieck.** | **In Favor – All** |

**[AGENDA ITEM 4]**

THESE ARE DRAFT MINUTES SUBJECT TO CHANGE BY FINAL APPROVAL OF THE SUBCABINET

# Olmstead Subcabinet Meeting Agenda Item

**November 21, 2016**

**Agenda Item:**

*6 (a) November 2016 Quarterly Report*

**Presenter:**

*Mike Tessneer (OIO Compliance) and agency staff responsible for reported goals*

**Action Needed:**

☒ **Approval Needed**

☐ **Informational Item (no action needed)**

**Summary of Item:**

*This is the quarterly report on measurable goals. The report includes an Executive Summary to provide an overview of the status of the goals. The responsible agency will provide information regarding the progress on the goals.*

**Attachment(s):**

*Minnesota Olmstead Subcabinet Quarterly Report on Olmstead Plan Measurable Goals*

# Minnesota Olmstead Subcabinet

# Quarterly Report on Olmstead Plan Measurable Goals



**REPORTING PERIOD**

**Data acquired through October 31, 2016**

**DATE REVIEWED BY SUBCABINET**

**November 21, 2016**

# Contents

# 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 November 21, 2016 includes data acquired through October 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).[i]

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 nineteen measurable goals.[ii] As shown in the chart below, fifteen of those goals were either met, on track to be met, or in process. Four goals were categorized as 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 November 2016 Quarterly Report** | **Number of Goals** |
|---|---|
| Met annual goal | 7 |
| On track to meet annual goal | 3 |
| In Process | 5 |
| Not on track to meet annual goal | 1 |
| Did not meet annual goal | 3 |
| **Goals Reported** | **19** |

During this quarter, two Olmstead Plan milestones were reached: (1) the CADI waiver waiting list was eliminated and (2) the number of individuals approved for emergency use of mechanical restraint was reduced to 13, an all-time low. Additionally there are two goals reported on this quarter that need work to improve progress. One goal relates to reducing the number of reports of the use of mechanical restraints. Another goal relates to increasing the number of passenger trips using public transportation in Greater Minnesota.

# 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) | Jan – Mar 2016 | 34 |
| • Nursing Facilities | Jan – Mar 2016 | 185 |
| • Other segregated settings | Next report Feb 2017 | Next report Feb 2017 |
| • Anoka Metro Regional Treatment Center (AMRTC) | July – Sept 2016 | 34 |
| • Minnesota Security Hospital (MSH) | July – Sept 2016 | 23 |
| **Net number who moved from segregated to integrated settings** | | **276** |

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 settings[iii] 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[iv] | 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[v] (-) | Deaths (-) | Net moved to integrated setting |
|---|---|---|---|---|
| July 2014 - June 2015 | 158 | 24 | 63 | **71** |
| | | | | |
| Quarter 1 (July – September 2015) | 37 | 7 | 14 | **16** |
| Quarter 2 (October – December 2015) | 57 | 11 | 23 | **23** |
| Quarter 3 (January – March 2016) | 63 | 5 | 24 | **34** |
| **Totals Q1 + Q2 + Q3** | 157 | 23 | 61 | **73** |

**ANALYSIS OF DATA:**
From January – March 2016, the number of people moving from an ICF/DD to a more integrated setting was 34, which is eleven more than the previous quarter. In the past three quarters, a total of 73 people moved from an ICF/DD to a more integrated setting. This is approximately 84% of the annual goal of 84.

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

All individuals living in ICFs/DD will be reassessed by December 2016, to determine if they would choose to move to an integrated setting, if they are not opposed to moving to an integrated setting or choose to remain in a segregated setting. DHS will provide technical assistance to lead agencies, to identify and resolve barriers to achieve movement to integrated settings.

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

A person-centered planning, informed choice and transition protocol was introduced in February 2016. Work is being done to increase education and technical assistance on housing subsidies, methods of working with landlords, and services available to do so, as well as different services that are available to support people as they move from an ICF/DD to an integrated setting.

Several providers have expressed an interest in voluntary closures of ICFs/DD. DHS is working to support the planning process for integrated community service development, and firm up timelines for transitions. 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 (-) | Deaths (-) | Net moved to integrated setting |
|---|---|---|---|---|
| July 2014 – June 2015 | 1,509 | 203 | 527 | **779** |
| | | | | |
| Quarter 1 (July – September 2015) | 374 | 23 | 171 | **180** |
| Quarter 2 (October – December 2015) | 511 | 59 | 221 | **231** |
| Quarter 3 (January – March 2016) | 370 | 26 | 159 | **185** |
| **Totals Q1 + Q2 + Q3** | 1,255 | 108 | 551 | **596** |

**ANALYSIS OF DATA:**

From January – March 2016, the number of people under 65 in a nursing facility for more than 90 days who moved to a more integrated setting was 185, compared to 231 people in the previous quarter. 596 people under the age of 65 have moved to more integrated settings in the past three quarters. This is 80% of the annual goal. 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. Forty-five individuals with a disability, including 11 who have moved from institutional settings, have been housed in Section 811 units to date.

In July 2016, Medicaid payment for Housing Access Services was expanded across waivers. Additional providers are now able to enroll to provide this service. Housing Access Services assists people with finding housing, 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:**
The data development for this goal area was not available for the November 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 reported 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[vi] will be reduced to 30% (based on daily average).

**2017 goal**

- By June 30, 2017 the percent of people at AMRTC awaiting discharge will be **≤ 33%**

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

**RESULTS:**
This goal is **on track** to meet the 2017 goal of ≤ 33%.

| Time Period | Total number of individuals leaving | Transfers [v] (-) | Deaths (-) | Net moved to integrated setting | % awaiting discharge |
|---|---|---|---|---|---|
| July 2015 – June 2016 | 281 | 167 | 0 | 114 | Avg = 42.5% |
| | | | | | |
| Quarter 1 (July – September 2016) | 61 | 27 | 0 | **34** | **Avg = 37.0%** |

**ANALYSIS OF DATA:**
From July – September 2016, the average percent of people at AMRTC awaiting discharge was 37.0% compared to 38.4% in the previous quarter. There has been a downward trend over the last two quarters. If this continues at the same rate, this goal is on track to meet the 2017 goal.

**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.

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

- A lack of housing vacancies and closed waiting lists for housing.
- Community providers that do not feel they can meet the needs of individuals referred due to behaviors that can be common among AMRTC clients:
  - Violent or aggressive behavior (i.e. hitting others, property destruction, past criminal acts)
  - Predatory or sexually inappropriate behavior
  - High risk for self-injury (i.e. swallowing objects, suicide attempts).
  - Low reimbursement rates for patients over the age of 65 due to the limits of Elderly Waiver per diem rates.
  - Not being willing to take medication in the community

DHS, lead agencies and providers work with individuals facing these barriers to develop plans that lead to discharge.

Activities that may have an impact on this goal include:

- Under executive order by the Governor, a Task Force on Mental Health has been convened. Task force recommendations are expected in November 2016.
- The creation of a Competency Restoration Program for individuals who do not require hospital level of care will help reduce the number of individuals at AMRTC.
- DHS has developed a plan to realign mental health and chemical dependency treatment facilities in St. Peter with the following anticipated transition timeline:
  - October 1, 2016 – Stop admissions to the St. Peter Community Behavioral Health Hospital (CBHH) in preparation for closing the facility.
  - November 7, 2016 – Transfer all remaining patients at St. Peter's CBHH to one of the six other CBHHs throughout the state.
  - November 30, 2016 – Move all Community Addiction Recovery Enterprise (C.A.R.E) patients to the former CBHH facility.
  - Early 2017 – Open new Competency Restoration Program in the former C.A.R.E. facility.

**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 [v] (-) | Deaths (-) | Net moved to integrated setting |
|---|---|---|---|---|
| January – December 2015 | 188 | 107 | 8 | 73<br>Average = 6.1 |
| | | | | |
| Quarter 1<br>(January – March 2016) | 40 | 23 | 1 | 16<br>Average = 5.3 |
| Quarter 2<br>(April – June 2016) | 47 | 26 | 1 | 20<br>Average = 6.7 |
| Quarter 3<br>(July – September 2016) | 45 | 21 | 1 | 23<br>Average = 7.7 |
| **Totals**<br>**Q1 + Q2 + Q3** | 132 | 70 | 3 | **59**<br>**Average = 6.6** |

**ANALYSIS OF DATA:**
From July – September 2016, the monthly average number of discharges from MSH to a more integrated setting was 7.7, compared to 6.7 in the previous quarter. In the past three quarters, there has been an increase in the net number of people moving to integrated settings.

**COMMENT ON PERFORMANCE:**
To increase the number of individuals leaving MSH, staff conducted the following activities:

Current efforts to increase the number of transitions include working with the counties to increase the number of providers that are willing and able to serve individuals transitioning into the community from MSH. MSH continues to participate in collaboration meetings with Hennepin County every two months, and with Dakota and Ramsey County, as needed. 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 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.

In addition to the activities noted above, under executive order by the Governor, a Task Force on Mental Health has been convened. Task force recommendations are expected in November 2016.

**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; and 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 and first 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.

**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 October 1, 2016 goal to eliminate the CADI waiting list was **met**.

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

**ANALYSIS OF DATA:**
As of October 1, 2016 the Community Access for Disability Inclusion (CADI) waiver waiting list has been eliminated.

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

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

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

**Baseline:** In April 2015, there were 3,586 individuals on the DD waiver waiting list.
(The 2015 baseline was based on the previous reporting system and cannot be used for direct comparison with current waiting list data. A new baseline will be established at the end of the first full year of collecting urgency data in December 2016, and will be reported 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 |
|---|---|---|---|---|
| Institutional Exit | 14 | 6 (43%) | 7 (50%) | 1 (7%) |
| Immediate Need | 93 | 53 (57%) | 30 (32%) | 10 (11%) |
| Defined Need | 217 | 72 (33%) | 71 (33%) | 74 (34%) |
| **Totals** | **324** | **131 (41%)** | **108 (33%)** | **85 (26%)** |

**Reporting Period: April – June 2016**

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

**ANALYSIS OF DATA:**
From April – June 2016, of the 480 individuals on the Developmental Disabilities (DD) waiver waiting list, 212 individuals (44%) had funding approved within 45 days of the assessment date. In the previous quarter, of the 324 individuals assessed, 131 individuals (41%) had funding approved within 45 days of assessment.

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

Some categories saw an increased number of people on the waiting list compared to the previous quarter. This is expected as data collection continues during the first year.

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.

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**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).**

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**RESULTS:** This goal is **in process.**

**INSTITUTIONAL EXIT CATEGORY**

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

**IMMEDIATE NEED CATEGORY**

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

**ANALYSIS OF DATA:**
From April – June 2016, for persons in the institutional exit category, 9 individuals remained on the DD waiver waiting list at the end of the reporting period. For persons in the immediate need category, 10 individuals remained on the DD waiver waiting list at the end of the reporting period.

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

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

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.

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**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.**

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**RESULTS:** This goal is **in process**.

**DEFINED NEED CATEGORY**

| Time Period | Number of people assessed | Still on waiting list |
|---|---|---|
| January – March 2016 | 217 | 74 (34%) |
| April – June 2016 | 323 | 102 (32%) |

**ANALYSIS OF DATA:**
From April – June 2016, for persons in defined need category, 102 people out of 323 people remained on the Developmental Disabilities waiver waiting list.

**COMMENT ON PERFORMANCE:**
DHS encourages lead agencies to approve funding for persons in the Defined Need category following approval of persons in the Institutional and Immediate categories and as waiver budget capacity allows. If a lead agency makes a determination that it does not have sufficient capacity to approve funding for persons in the Defined Need category, DHS expects the lead agency to maintain a budget reserve of 3% or less, pursuant to Minnesota Statute. If sufficient funding is unavailable to serve all people in the Defined Need category, DHS may use this information to determine the level of funding required for elimination of the DD waiver waiting list. Additionally, some categories saw an increased number of people on the waiting list compared to the previous quarter. This is expected as data collection continues during the first year.

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

# IV. QUALITY OF LIFE MEASUREMENT RESULTS

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

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

# 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[vii] (Disability Waivers) |
|---|---|---|
| July – September 2015 | 617 | 155 |
| October – December 2015 | 3,005 | 432 |
| January – March 2016 | 9,375 | 556 |
| April – June 2016 | 1,762 | 323 |
| July – September 2016 | 1,682 | 289 |
| **Totals** | **16,441** | **1,755** |

**Counties Participating in the Audit***

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

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

**ANALYSIS OF DATA:**
From July 2015 through September 2016, a total of 1,755 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 37 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 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 protocols. 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 8 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:**
During the interim, data will be reported one month after the end of the reporting period, in order to be reliable and valid. Beginning in February 2017, in order for this data to be reliable and valid, it will be 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:**
This 2016 goal to reduce by 51 individuals was **met**.

| Time period | Individuals who experienced restrictive procedure | Reduction from previous year |
|---|---|---|
| 2015 Annual (July 2014 – June 2015) | 867 (unduplicated) | 209 |
| **2016 Annual (July 2015 – June 2016)** | **761 (unduplicated)** | **106** |
| | | |
| Quarter 1 (July - September 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 |
| Quarter 4 (April – June 2016) | 316 (duplicated) | N/A - quarterly status of annual goal |

**ANALYSIS OF DATA:**
The 2016 annual goal to reduce the number of people experiencing restrictive procedures by 5% from the previous year or 51 individuals was met. From July 2015 to June 2016 the number of individuals who experienced a restrictive procedure was 761 (a reduction of 106 (12.2%) from the previous year).

**COMMENT ON PERFORMANCE:**
There were 316 individuals who experienced a restrictive procedure this quarter:

- 281 individuals were only subject to Emergency Use of Manual Restraint (EUMR). Such emergency restraints 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.

- 35 individuals experienced restrictive procedures other than EUMR (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures). DHS staff and the Interim Review Panel provide follow up and technical assistance for all reports involving restrictive procedures *other than* EUMR. It is anticipated that focusing technical assistance with this subgroup will reduce the number of individuals experiencing restrictive procedures and the number of reports (see Positive Supports Goal 3).

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

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

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

**Annual Goals**

- By June 30, 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 2016 goal to reduce the number of reports by 409 was **met**.

| Time period | Number of BIRF Reports | Reduction from previous year |
|---|---|---|
| 2015 Annual (July 2014 – June 2015) | 5,124 | 3,478 |
| **2016 Annual (July 2015 – June 2016)** | **4,008*** | **1,116** |
| | | |
| Quarter 1 (July – September 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 |
| Quarter 4 (April – June 2016) | 1,006 | NA – quarterly status of annual goal |
| **Total (Q1 + Q2 + Q3 + Q4)** | **3,971** | N/A – quarterly status of annual goal |

*The annual total of 4,008 is greater than the sum of the four quarters or 3,971. This is due to late submission of 37 BIRF reports throughout the four quarters.

**ANALYSIS OF DATA:**
The 2016 annual goal to reduce the number of reports by 409 was met; the number of reports was reduced by 1,116. From April to June 2016, the number of BIRF reports was 1,006 compared to 1,039 in the previous quarter, with a downward trend continuing.

**COMMENT ON PERFORMANCE:**
There were 1006 reports of restrictive procedure this quarter.

- 799 reports were for emergency use of manual restraint (EUMR). Such 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. Under the Positive Supports Rule, the External Program Review Committee (convening in March 2017) will have the duty to review and respond to BIRF reports involving EUMRs. It is anticipated the Committee's work will help reduce the larger number of people who experience emergency restraints (see Positive Supports Goal 1) and the number of EUMR reports through the guidance they will provide to license holders regarding specific uses of EUMRs.

- 207 reports involved 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 EUMRs. Focusing existing capacity for technical assistance primarily on reports involving these restrictive procedures is expected to reduce the number of people experiencing these procedures, as well as reduce the number of reports seen here and under Positive Supports Goal 3.

**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[viii], 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.**

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**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 2016 goal to reduce the number of reports to 369 was **not met**.
The 2016 goal to reduce the number of individuals to 25 was **met**.

| Time period | Number of Reports during the time period | Number of individuals at end of time period |
|---|---|---|
| 2015 Annual (July 2014 – June 2015) | 912 | 21 |
| **2016 Annual ( July 2015 – June 2016)** | **691*** | **13** |
| | | |
| Quarter 1 (July – September 2015) | 144 | 19 |
| Quarter 2 (October – December 2015) | 178 | 16 |
| Quarter 3 (January – March 2016) | 168 | 16 |
| Quarter 4 (April – June 2016) | 184 | 13 |
| **Total (Q1 + Q2 + Q3 + Q4)** | **674** | --- |

***** The annual total of 691 is greater than the sum of the four quarters or 674. This is due to late submission of 17 BIRF reports throughout the four quarters.

**ANALYSIS OF DATA:**
This goal has two measures. One of the measures met the 2016 goal, and the other did not.

From July 2015 to June 2016, the number of reports of mechanical restraint was 691. Although the number of reports decreased by 221 from 2015, the 2016 annual goal to reduce to 369 reports was not met.

At the end of the reporting period (July 2015 to June 2016), the number of individuals for whom the emergency use of mechanical restraint was approved was 13. The 2016 goal of no more than 25 individuals was met.

During Quarter 4 (April to June 2016), the number of reports increased to 184, compared to 168 in the previous quarter. More information regarding the 184 reports is provided below.

During Quarter 4 (April to June 2016), the number of individuals approved for use of mechanical restraint decreased to 13 individuals compared to the 16 individuals 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 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 184 BIRFs reporting use of mechanical restraint:
- 110 reports involved the 13 people with review by the IRP and approval by the Commissioner for the emergency use of mechanical restraints.
- 57 reports* involving 10 people, were submitted by providers whose use is within the phase out period.
- 16 reports* were submitted for two people who have been determined by the IRP to apply and use a restraint device on themselves voluntarily and independently. The IRP continues to monitor this case although the devices are not used against them as a restraint.
- 1 report* involving 1 person, was 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.

**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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**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) |
| Quarter 2 (October – December 2015) | 20 (duplicated) |

**ANALYSIS OF DATA:**
From October to December 2015, the number of people who discontinued disability waiver services after a crisis was 20. 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. The annual number reported represents an unduplicated count of people who discontinue disability waiver services after a crisis during the four quarters.

**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.

**HOUSING & SERVICES GOAL ONE:** By June 30, 2019, the number of people with disabilities who live in the most integrated housing of their choice where they have a signed lease and receive financial support to pay for the cost of their housing will increase by 5,547 (from 6,017 to 11,564 or about a 92% increase).

**2016 Goal**

- By June 30, 2016 the number of individuals living in the most integrated housing with a signed lease will increase by 1,580 over baseline to 7,597 (about a 26% increase)

**Baseline:** From July 2013 – June 2014, there were an estimated 38,079 people living in segregated settings. Over the 10 year period ending June 30, 2014, 6,017 individuals with disabilities moved from segregated settings into integrated housing of their choice where they have a signed lease and receive financial support to pay for the cost of their housing. Therefore, 6,017 is the baseline for this measure.

**RESULTS:**

The 2016 annual goal to increase by 1,580 over baseline was **met**.

| Time period | People in integrated housing | Change from previous year | Increase over baseline |
|---|---|---|---|
| 2015 Annual - July 2014 – June 2015 | 6,920 | +903 | 903 (15%) |
| | | | |
| 2016 Annual – July 2015 – June 2016 | 7,608 | +688 | 1,591 (26.4%) |

**ANALYSIS OF DATA:**

From July 2015 through June 2016 the number of people living in integrated housing increased by 1,591 (26.4%) over baseline to 7,608. The 2016 annual goal of an increase of 1,580 over baseline to 7,597 was met. The increase in the number of people living in integrated housing from July 2015 to June 2016 was 688 compared to an increase of 903 in the previous year.

**COMMENT ON PERFORMANCE:**

Although the 2016 annual goal was met, the growth was not as large as in the previous year. One contributing factor is that a housing program included in this measure is no longer accepting new participants. Other housing programs experienced a slower start due to a very tight housing market and landlords being unwilling to rent to individuals with criminal background and poor credit history.

If performance slows, this trend will be brought to the attention of the OIO and the Olmstead Subcabinet.

**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.

**TRANSPORTATION GOAL TWO:** By 2025, additional rides and service hours will increase the annual number of passenger trips to 18.8 million in Greater Minnesota (approximately 50% increase).

**2015 Goal**

- By 2015 the annual number of passenger trips will increase to 13,129,593.

**Baseline:** In 2014 the annual number of passenger trips was 12,543,553

**RESULTS:**
The 2015 annual goal was **not met**.

| Time period | Number of passenger trips | Change from baseline |
|---|---|---|
| 2015 Annual (January – December 2015) | 12,044,074 | <499,479> |

**ANALYSIS OF DATA:**
Ridership in Greater Minnesota has decreased by 499,479 from 2014 to 2015. The number of passenger trips is 1,085,519 rides short of the 2015 goal. While in many areas of Greater Minnesota ridership has increased, most notably the rural areas, the reduction of ridership in Greater Minnesota metropolitan areas by 139,376 has offset the rural gains.

**COMMENT ON PERFORMANCE:**
The ridership decrease is occurring during a period of decreased gasoline prices, without any accompanying reduction in the level of transit service.

Service improvements have been identified in the MnDOT Greater Minnesota Transit Investment Plan, 2017 to improve the quality of urban service, notably span of service, frequency and coverage. Recent research[ix] indicates that there are seven internal factors, which transit managers and operators have control over, which may have significant impacts on transit travel demand by bus mode. Those seven internal factors include: transit supply; transit fare; average headway; transit coverage; service intensity; revenue hours; and safety. There has not been a significant change to the internal factors to account for the change in ridership.

The research also finds there is one external variable, gas prices, which show to have significant impacts on transit travel demand by bus mode. It is believed that the low gas prices are a contributing factor to the decrease in ridership.

Using ridership to measure progress has proven susceptible to external variables, such as gas prices. A more effective metric for measuring the availability of transit services in Greater Minnesota would be the use of service (revenue) hours rather than ridership.

During the verification process the 2014 baseline was found to be lower than expected. The actual 2014 baseline has been verified as 12,067,482. With the adjusted baseline, the reduction in trips compared to the actual baseline was 23,408. A baseline and annual goal adjustment may be recommended during the Olmstead Plan amendment process in December 2016.

**TIMELINESS OF DATA:**
In order for this data to be reliable and valid, it is reported ten months after the end of the reporting period.

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**CRISIS SERVICES GOAL ONE:** By June 30, 2018, the percent of children who receive children's mental health crisis services and remain in their community will increase to 85% or more.

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**2016 Goal**

- By June 30, 2016, the percent who remain in their community after a crisis will increase to 81%

**Baseline:** In State Fiscal Year 2014 of 3,793 episodes, the child remained in their community 79% of the time.

**RESULTS:**
The 2016 annual goal was **met** (based on six months of data).

| Time period | Total Episodes | Community | Treatment | Other |
|---|---|---|---|---|
| January – June 2016 | 1,302 | 1,085 (83.3%) | 172 (13.2%) | 45 (3.5%) |

- Community = emergency foster care, remained in current residence (foster care, self or family), remained in school, temporary residence with relatives/friends.
- Treatment = chemical health residential treatment, emergency department, inpatient psychiatric unit, residential crisis stabilization, residential treatment (Children's Residential Treatment).
- Other = children's shelter placement, domestic abuse shelter, homeless shelter, jail or corrections, other.

**ANALYSIS OF DATA:**
From January to June 2016, of the 1,302 episodes, the child remained in their community after the crisis 1,085 times or 83.3% of the time.

The 2014 baseline measure included people from age 18 to 21. Under the new reporting system, the measure includes children ages birth to 17. People from age 18 to 21 are now included in the Crisis Services Goal 2 measure for adults.

**COMMENT ON PERFORMANCE:**
Effective January 1, 2016, Children's Mental Health Crisis Providers were required to report the disposition after a crisis event into the Mental Health Information System (MHIS). The 2016 goal to increase the percent of children who receive mental health crisis services and remain in their community was met based on six months of data.

When children are served by mobile crisis teams, they are provided a mental health crisis assessment in the community and receive further help based on their mental health need. Once risk is assessed and a crisis intervention is completed, a short term crisis plan is developed to assist the individual to remain in the community, if appropriate.

**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 TWO:** By June 30, 2018, the percent of adults who receive adult mental health crisis services and remain in their community (e.g., home or other setting) will increase to 89% or more.

**2016 Goal**

- By June 30, 2016, the percent who remain in their community after a crisis will increase to 84%

**Baseline:** In State Fiscal Year 2014 of 5,051 episodes, the person remained in their community 82% of the time.

**RESULTS:**

The 2016 annual goal was **not met** (based on six months data).

| Time period | Total Episodes | Community | Treatment | Other |
|---|---|---|---|---|
| January – June 2016 | 5,206 | 3,008 (57.8%) | 1,463 (28.1%) | 735 (14.1%) |

- Community = remained in current residence (foster care, self or family), temporary residence with relatives/friends.
- Treatment = chemical health residential treatment, emergency department, inpatient psychiatric unit, residential crisis stabilization, intensive residential treatment (IRTS)
- Other = homeless shelter, jail or corrections, other.

**ANALYSIS OF DATA:**
From January to June 2016, of the 5,206 episodes, the person remained in their community 3,008 times or 57.8% of the time. This measure includes persons over the age of 18.

The 2014 baseline counted only Medical Assistance (MA) recipients. Under the new reporting system, DHS counts the number of all people who remained in the community during the reporting period, regardless of the payment source.

**COMMENT ON PERFORMANCE:**
Effective January 1, 2016, Adult Mental Health Crisis Providers were required to report the location of residence after a crisis event into the Mental Health Information System (MHIS). Prior to January 1, 2016, mental health providers only reported if the individual was admitted to an inpatient psychiatric unit.

During the verification process, the data reporting method was defined to truly reflect the goal's intention. A baseline and annual goal adjustment during the Olmstead Plan amendment process in December 2016 may be recommended.

When individuals are served by mobile crisis teams, they are provided a mental health crisis assessment in the community and receive further help based on their mental health need. Once risk is assessed and a crisis intervention is completed, a short term crisis plan is developed to assist the individual to remain in the community, if appropriate.

**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.

**PREVENTING ABUSE AND NEGLECT GOAL ONE**: By September 30, 2016, the Olmstead Subcabinet will approve a comprehensive abuse and neglect prevention plan, designed to educate people with disabilities and their families and guardians, all mandated reporters, and the general public on how to identify, report and prevent abuse of people with disabilities, and which includes at least the following elements:

- A comprehensive information and training program on the use of the Minnesota Adult Abuse Reporting Center (MAARC).
- Recommendations regarding the feasibility and estimated cost of a major "Stop Abuse" campaign, including an element for teaching people with disabilities their rights and how to identify if they are being abused.
- Recommendations regarding the feasibility and cost of creating a system for reporting abuse of children which is similar to MAARC.
- Utilizing existing data collected by MDE, DHS, and MDH on maltreatment, complete an analysis by type, type of disability and other demographic factors such as age and gender on at least an annual basis. Based upon this analysis, agencies will develop informational materials for public awareness campaigns and mitigation strategies targeting prevention activities.
- A timetable for the implementation of each element of the abuse prevention plan.
- Recommendations for the development of common definitions and metrics related to maltreatment across state agencies and other mandated reporters.

Annual goals will be established based on the timetable set forth in the abuse prevention plan.

**RESULTS:**
The goal was **met**. The Abuse and Prevention Plan was approved by the Olmstead Subcabinet on September 28, 2016. One of the recommendations in the Plan is the appointment of a Specialty Committee to oversee the Abuse and Prevention Plan. A charter for the Specialty Committee was reviewed and conceptually approved by the Olmstead Subcabinet on October 24, 2016. The charter clarifies which of the Plan recommendations will be the responsibility of the Specialty Committee, and which will be the responsibility of the state agencies.

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

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

**WORKPLAN ACTIVITIES**

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

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

The summary of those reviews are below.

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

**MID-YEAR REVIEW OF MEASURABLE GOALS REPORTED ON ANNUALLY**

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

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

# VII. ADDENDUM

There is no addendum to this quarterly report.

# ENDNOTES

[i] As required by the Court's June 21, 2016 Order (Doc. 578), the annual goals included in this report are those goals for which data is reliable and valid in order to ensure the overall report is complete, accurate, timely and verifiable. In light of that Order, Employment Goal One will be reported in the February 2017 quarterly report.

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

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

[iv] 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.

[v] 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.

[vi] 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.

[vii] The sampling strategy is based upon requirements approved by CMS.

[viii] Minnesota Security Hospital is governed by the Positive Supports Rule when serving people with a developmental disability.

[ix] MTI Report 12-30: Investigating the Determining Factors for Transit Travel Demand by Bus Mode in US Metropolitan Statistical Areas, Mineta Transportation Institute, 2015.

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

# Olmstead Subcabinet Meeting Agenda Item

**November 21, 2016**

**Agenda Item:**

*6 (b) Quality of Life Survey Workgroup Charter*

**Presenter:**

*Darlene Zangara (OIO)*

**Action Needed:**

☒ **Approval Needed**

☐ **Informational Item (no action needed)**

**Summary of Item:**

*This charter is for the Quality of Life Survey Workgroup which will provide support and guidance to the Improve Group and OIO to sustain the Survey Administration Plan's progress.*

**Attachment(s):**

*Olmstead Subcabinet Workgroup Charter – Quality of life Survey Workgroup*

# Olmstead Subcabinet Workgroup Charter

| **Workgroup Name:** Quality of Life Survey Workgroup | **Date:** November 10, 2016 |
|---|---|
| | **Subcabinet Approval:** TBD |
| | **Subcabinet to Review:** November 2017 |

**Workgroup Chair:** Darlene Zangara, OIO

**Workgroup Members** *(including agency or organization, if applicable)*:
Mike Tessneer, Colleen Wieck, Nagi Salem, Dr. Jim Conroy, Sarah Thorson, Melody Johnson, David Sherwood-Gabrielson, and Eve Lo

**OIO Staff** *(lead OIO staff, if applicable)*: Darlene Zangara

**Workgroup Purpose / Objective:**
The Quality of Life Survey Workgroup will provide support and guidance to the Improve Group and OIO to sustain the Survey Administration Plan's progress. See attached Exhibit A, Deliverables and Tasks work plan document.

**Relationship to Olmstead Plan** *(include applicable measurable goals, strategies, workplan action items, etc.)*

The June 1, 2016 Olmstead Plan provides that the OIO Executive Director will have primary responsibility for the oversight of annual surveys of people with disabilities to determine quality of life, including:
- How well people with disabilities are integrated into and engaged with their community.
- How much autonomy people with disabilities have in day to day decision making.
- Whether people with disabilities are working and living in the most integrated setting that they choose.

By June 30, 2017 the initial Quality of Life Survey will be completed to establish a sample baseline. The survey will be conducted annually for the next three years. A critical piece of establishing the baseline will be the identification of 8,000 potential survey participants to develop a valid sample of 2,000 respondents.

The results of each annual Quality of Life Survey will be shared with the subcabinet and state agencies that are implementing the Plan so that they can evaluate whether changes should be made in these activities. The results of each annual Quality of Life survey will also be shared with the public.

The September 28, 2016 workplans include a number of ongoing activities for the Quality of Life Survey. Workplan items for two strategies have been completed as of October 6, 2016
1. Strategy 1: Execute contract with Dr. Conroy – All activities are completed.
2. Strategy 2: Issue request for proposal and select vendor for survey implementation – All activities are completed.

**Scope:**
1. Provide support and guidance to the Improve Group as it implements the Quality of Life Survey.
   - Workgroup will meet monthly to review progress on the survey.
2. Provide support and guidance to the Improve Group as it analyzes and reports on the Quality of Life Survey results.
   - Workgroup will review results of data analysis monthly.
   - Workgroup will review the draft Analysis Report and provide feedback.

**Out of scope:**
- Identify scope of work and develop work plan for Re-Survey Plan. The plan for Re-Survey Plan for next three years

will be developed and presented to the Subcabinet by August 30, 2017.

**Implementation Timeframe:**
October 1, 2016 to August 30, 2017

**Anticipated Outcome / Deliverables:**

1. By June 30, 2017, the initial Quality of Life Survey will be completed to establish a sample baseline. The survey will be conducted annually for the next three years.
2. A final Analysis Report on the Quality of Life Survey will be provided to the Subcabinet for review and approval by August 28, 2017.

**Key Measures:**
2,000 completed surveys for baseline.

**Reporting Schedule:**

- Monthly report on progress in implementing the survey to the Subcabinet.
- Workgroup will review the draft preliminary Analysis Report and provide feedback before the report is submitted to the Subcabinet Executive Committee by August 15, 2017.
- Draft final Analysis Report will be provided to the Subcabinet for review and approval by August 28, 2017.
- Final Analysis Report will be provided to the Subcabinet, related state agencies and be posted on the Olmstead website by August 30, 2017.

**Action Plan**

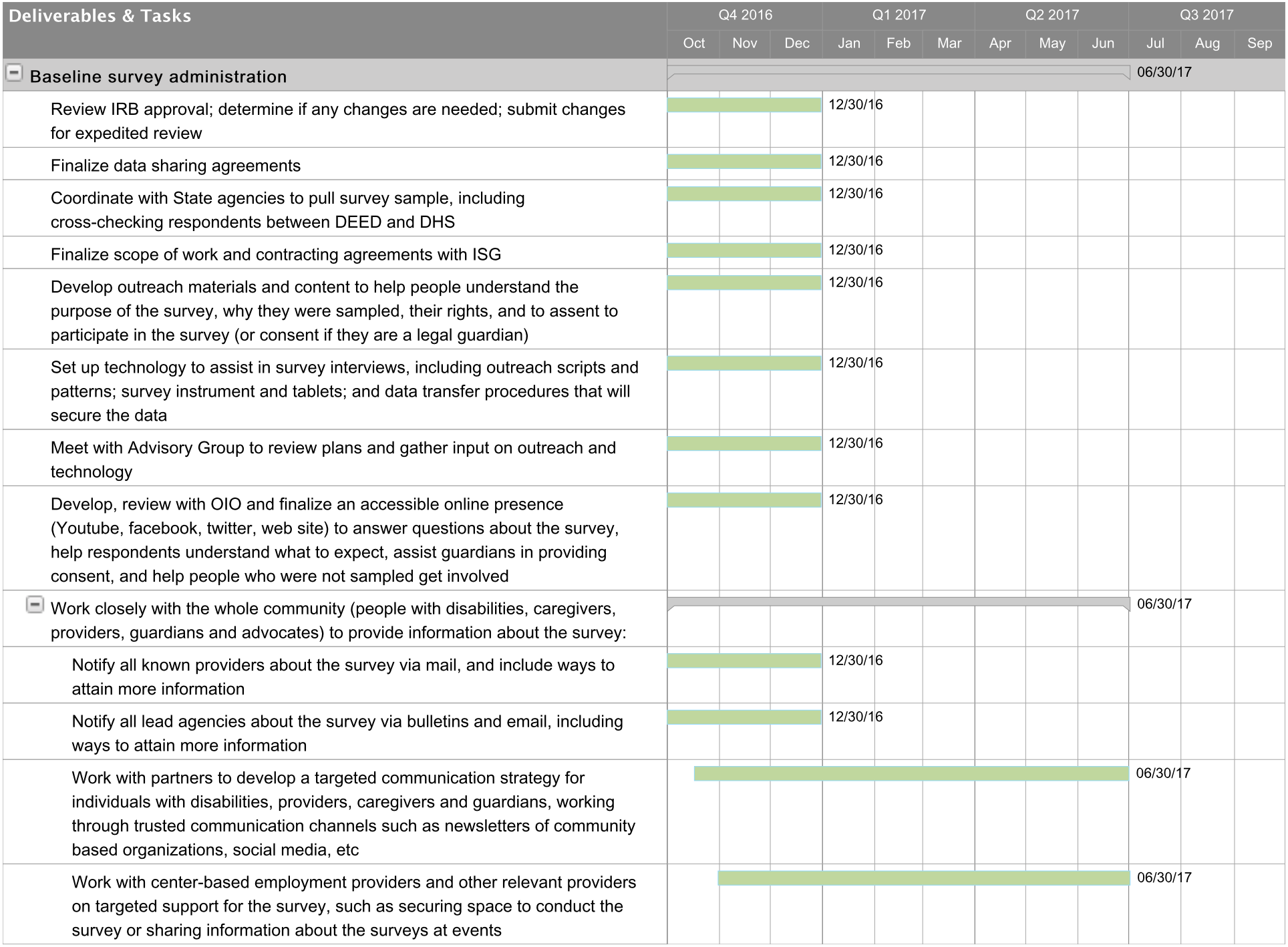
| Activity | Responsibility | Due Date |
|---|---|---|
| **See attached Appendix A - Deliverables and Tasks Workplan document* | | |
| | | |
| | | |

This Workgroup is authorized by Executive Order 15-03 and created pursuant to the January 25, 2016 Olmstead Subcabinet Procedures. Any material changes to the Charter must be approved by the Olmstead Subcabinet to be effective. The Olmstead Subcabinet may withdraw or amend approval of this Charter at any time. All Charters should be brought back to the Olmstead Subcabinet for review and update at least annually.

**Approval of Charter:**

_____ _____

Commissioner Tingerthal — Date
Chair, Olmstead Subcabinet


Deliverables & Tasks
Q4 2016
Q1 2017
Q2 2017
Q3 2017
Oct
Nov
Dec
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May
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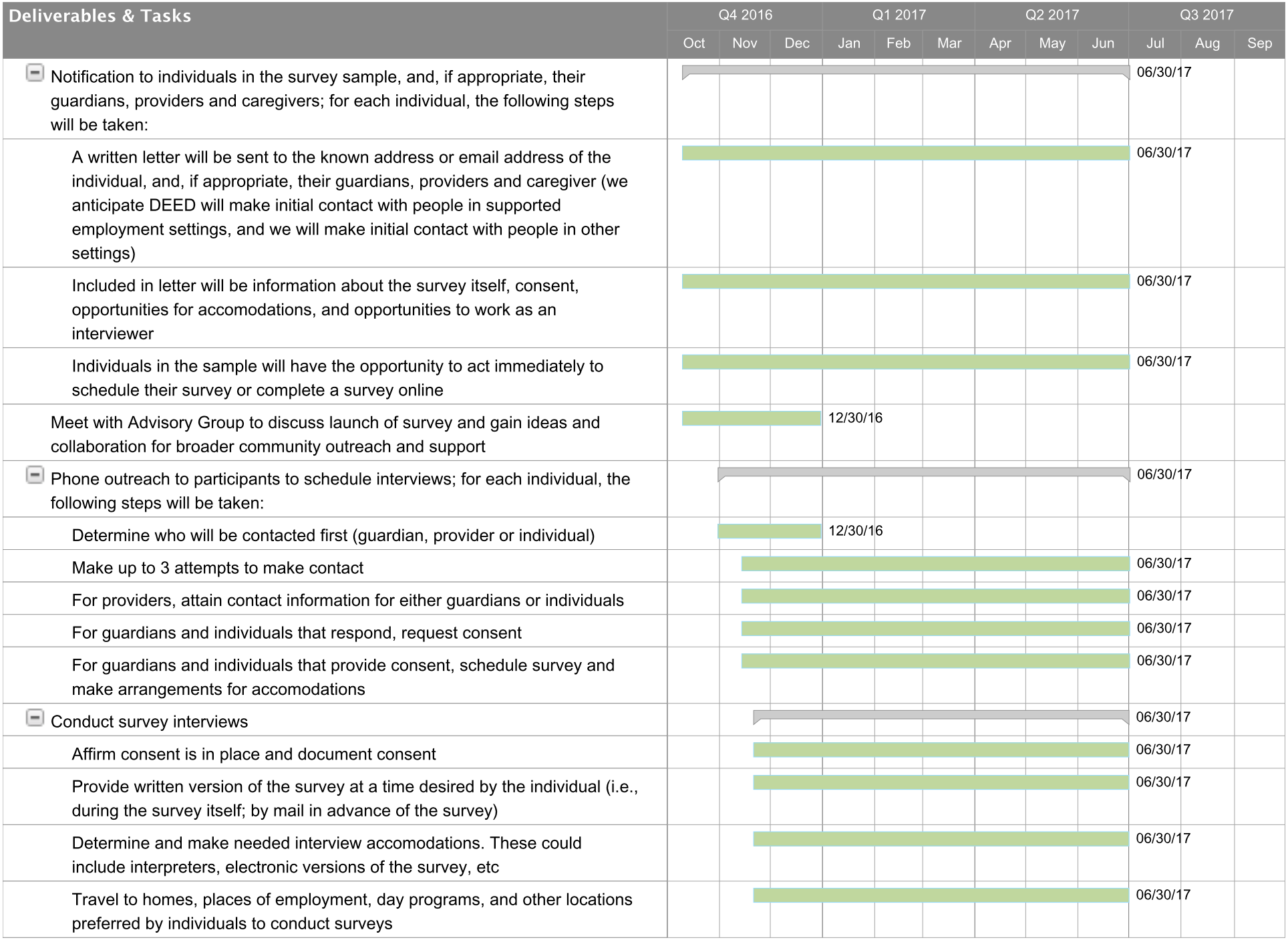
Jul
Aug
Sep
Baseline survey administration
06/30/17
Review IRB approval; determine if any changes are needed; submit changes for expedited review
12/30/16
Finalize data sharing agreements
12/30/16
Coordinate with State agencies to pull survey sample, including cross-checking respondents between DEED and DHS
12/30/16
Finalize scope of work and contracting agreements with ISG
12/30/16
Develop outreach materials and content to help people understand the purpose of the survey, why they were sampled, their rights, and to assent to participate in the survey (or consent if they are a legal guardian)
12/30/16
Set up technology to assist in survey interviews, including outreach scripts and patterns; survey instrument and tablets; and data transfer procedures that will secure the data
12/30/16
Meet with Advisory Group to review plans and gather input on outreach and technology
12/30/16
Develop, review with OIO and finalize an accessible online presence (Youtube, facebook, twitter, web site) to answer questions about the survey, help respondents understand what to expect, assist guardians in providing consent, and help people who were not sampled get involved
12/30/16
Work closely with the whole community (people with disabilities, caregivers, providers, guardians and advocates) to provide information about the survey:
06/30/17
Notify all known providers about the survey via mail, and include ways to attain more information
12/30/16
Notify all lead agencies about the survey via bulletins and email, including ways to attain more information
12/30/16
Work with partners to develop a targeted communication strategy for individuals with disabilities, providers, caregivers and guardians, working through trusted communication channels such as newsletters of community based organizations, social media, etc
06/30/17
Work with center-based employment providers and other relevant providers on targeted support for the survey, such as securing space to conduct the survey or sharing information about the surveys at events
06/30/17


Deliverables & Tasks
Q4 2016
Q1 2017
Q2 2017
Q3 2017
Oct
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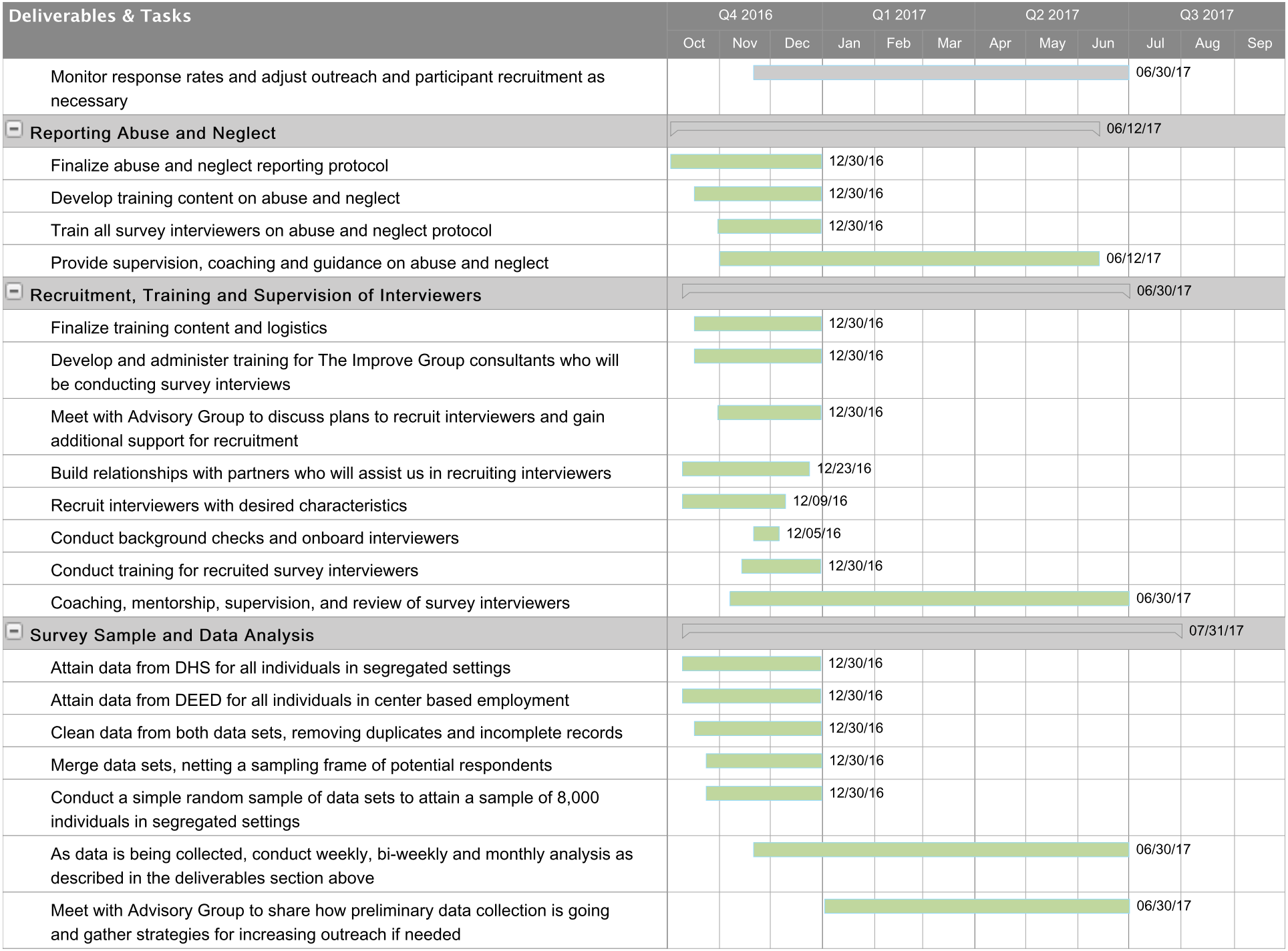
Sep
Notification to individuals in the survey sample, and, if appropriate, their guardians, providers and caregivers; for each individual, the following steps will be taken:
06/30/17
A written letter will be sent to the known address or email address of the individual, and, if appropriate, their guardians, providers and caregiver (we anticipate DEED will make initial contact with people in supported employment settings, and we will make initial contact with people in other settings)
06/30/17
Included in letter will be information about the survey itself, consent, opportunities for accomodations, and opportunities to work as an interviewer
06/30/17
Individuals in the sample will have the opportunity to act immediately to schedule their survey or complete a survey online
06/30/17
Meet with Advisory Group to discuss launch of survey and gain ideas and collaboration for broader community outreach and support
12/30/16
Phone outreach to participants to schedule interviews; for each individual, the following steps will be taken:
06/30/17
Determine who will be contacted first (guardian, provider or individual)
12/30/16
Make up to 3 attempts to make contact
06/30/17
For providers, attain contact information for either guardians or individuals
06/30/17
For guardians and individuals that respond, request consent
06/30/17
For guardians and individuals that provide consent, schedule survey and make arrangements for accomodations
06/30/17
Conduct survey interviews
06/30/17
Affirm consent is in place and document consent
06/30/17
Provide written version of the survey at a time desired by the individual (i.e., during the survey itself; by mail in advance of the survey)
06/30/17
Determine and make needed interview accomodations. These could include interpreters, electronic versions of the survey, etc
06/30/17
Travel to homes, places of employment, day programs, and other locations preferred by individuals to conduct surveys
06/30/17


Deliverables & Tasks
Q4 2016
Q1 2017
Q2 2017
Q3 2017
Oct
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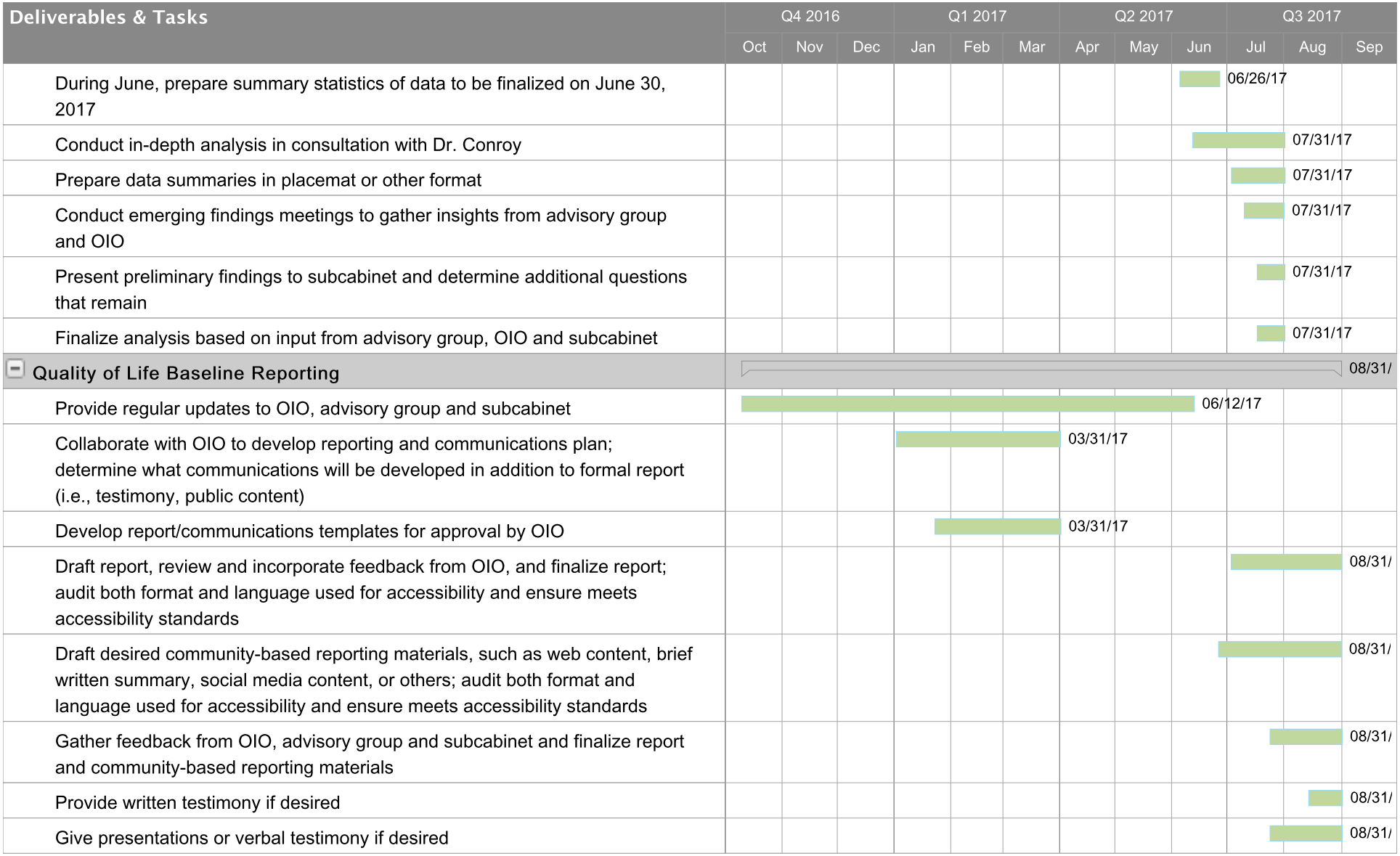
Aug
Sep
Monitor response rates and adjust outreach and participant recruitment as necessary
06/30/17
Reporting Abuse and Neglect
06/12/17
Finalize abuse and neglect reporting protocol
12/30/16
Develop training content on abuse and neglect
12/30/16
Train all survey interviewers on abuse and neglect protocol
12/30/16
Provide supervision, coaching and guidance on abuse and neglect
06/12/17
Recruitment, Training and Supervision of Interviewers
06/30/17
Finalize training content and logistics
12/30/16
Develop and administer training for The Improve Group consultants who will be conducting survey interviews
12/30/16
Meet with Advisory Group to discuss plans to recruit interviewers and gain additional support for recruitment
12/30/16
Build relationships with partners who will assist us in recruiting interviewers
12/23/16
Recruit interviewers with desired characteristics
12/09/16
Conduct background checks and onboard interviewers
12/05/16
Conduct training for recruited survey interviewers
12/30/16
Coaching, mentorship, supervision, and review of survey interviewers
06/30/17
Survey Sample and Data Analysis
07/31/17
Attain data from DHS for all individuals in segregated settings
12/30/16
Attain data from DEED for all individuals in center based employment
12/30/16
Clean data from both data sets, removing duplicates and incomplete records
12/30/16
Merge data sets, netting a sampling frame of potential respondents
12/30/16
Conduct a simple random sample of data sets to attain a sample of 8,000 individuals in segregated settings
12/30/16
As data is being collected, conduct weekly, bi-weekly and monthly analysis as described in the deliverables section above
06/30/17
Meet with Advisory Group to share how preliminary data collection is going and gather strategies for increasing outreach if needed
06/30/17


Deliverables & Tasks
Q4 2016
Q1 2017
Q2 2017
Q3 2017
Oct
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Jul
Aug
Sep
During June, prepare summary statistics of data to be finalized on June 30, 2017
06/26/17
Conduct in-depth analysis in consultation with Dr. Conroy
07/31/17
Prepare data summaries in placemat or other format
07/31/17
Conduct emerging findings meetings to gather insights from advisory group and OIO
07/31/17
Present preliminary findings to subcabinet and determine additional questions that remain
07/31/17
Finalize analysis based on input from advisory group, OIO and subcabinet
07/31/17
Quality of Life Baseline Reporting
08/31/
Provide regular updates to OIO, advisory group and subcabinet
06/12/17
Collaborate with OIO to develop reporting and communications plan; determine what communications will be developed in addition to formal report (i.e., testimony, public content)
03/31/17
Develop report/communications templates for approval by OIO
03/31/17
Draft report, review and incorporate feedback from OIO, and finalize report; audit both format and language used for accessibility and ensure meets accessibility standards
08/31/
Draft desired community-based reporting materials, such as web content, brief written summary, social media content, or others; audit both format and language used for accessibility and ensure meets accessibility standards
08/31/
Gather feedback from OIO, advisory group and subcabinet and finalize report and community-based reporting materials
08/31/
Provide written testimony if desired
08/31/
Give presentations or verbal testimony if desired
08/31/

# Olmstead Subcabinet Meeting Agenda Item

**November 21, 2016**

**Agenda Item:**

*6 (c) Workplan Compliance Report*

**Presenter:**

*Mike Tessneer (OIO Compliance)*

**Action Needed:**

☒ **Approval Needed**

☐ **Informational Item (no action needed)**

**Summary of Item:**

*This is a report from OIO Compliance on the monthly review of workplan activities, and includes any activities reporting exceptions.*

**Attachment(s):**

*Workplan Compliance Report for November 2016*

**[AGENDA ITEM 6c]**

## Workplan Compliance Report for November 2016

| | | |
|---|---|---|
| Total number of workplan activities reviewed | 25 | |
| • Number of activities completed | 21 | 84% |
| • Number of activities on track | 4 | 16% |
| • Number of activities reporting exceptions | 0 | |

**Exception Reporting**

There are no activities reporting exceptions

**[AGENDA ITEM 6c]**

# Olmstead Subcabinet Meeting Agenda Item

**November 21, 2016**

**Agenda Item:**

*6 (d) Proposed Adjustment to Workplan Activities*

**Presenter:**

*Erin Sullivan Sutton (DHS)*

**Action Needed:**

☒ **Approval Needed**

☐ **Informational Item (no action needed)**

**Summary of Item:**

*This is an agency request for an adjustment to a workplan activity. The current workplan activity, description and deadline is included as well as the requested adjustment and reason for adjustment.*

**Attachment(s):**

*Adjustments Needed to Workplan Activities*

**[AGENDA ITEM 6d]**

**ADJUSTMENTS NEEDED TO WORKPLAN ACTIVITIES**

| Workplan activity, description, and deadline | Sponsor, Reason for Adjustment, Adjustment needed |
|---|---|
| **Activity:**<br>Housing and Services 3A.4<br><br>**Description:**<br>Complete all systems changes related to Group Related Housing (GRH) policy changes.<br><br>**Deadline:**<br>December 31, 2016 | **Sponsor:**<br>DHS – Erin Sullivan Sutton<br><br>**Reason for Adjustment:**<br>Several information system changes are needed to separate service and housing billing in GRH.<br><br>Because of other IT pressures and priorities the permanent fix won't be ready until September 2017. IT looked into a temporary fix; however, this would have created more problems at the service delivery level.<br><br>**Adjustment Needed:**<br>Move deadline from December 31, 2016 to October 1, 2017.<br><br>This delay will not impact delivery of services. |

**[AGENDA ITEM 6d]**

# Olmstead Subcabinet Meeting Agenda Item

**November 21, 2016**

**Agenda Item:**

*7 (a) (1) Workplan activities requiring report to Subcabinet*

- *Community Engagement 3A.1 and 3A.2 – Report certified peer specialists survey results and recommendations*

**Presenter:**

*Erin Sullivan Sutton (DHS)*

**Action Needed:**

☐ **Approval Needed**

☒ **Informational Item (no action needed)**

**Summary of Item:**

*This report to the Subcabinet is required in a workplan activity.*

**Attachment(s):**

*Olmstead Plan Workplan - Report to Olmstead Subcabinet*

**[AGENDA ITEM 7a1]**

# OLMSTEAD PLAN WORKPLAN
# REPORT TO OLMSTEAD SUBCABINET

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|---|---|
| **Topic Area** | Community Engagement |
| **Strategy** | Strategy 3: Increase the use of peer support specialists in implementing the Olmstead plan |
| **Workplan Activity** | 3A.1 and 3A.2 |
| **Workplan Description** | Survey 300 Certified Peer Specialists (CPS) that have completed the Peer Support Specialist Certification program to establish a baseline for how many have current employment in the field and what barriers may be preventing employment. A minimum of three listening sessions will be held to meet with peers to further ask and an answer questions about peer services and their engagement in their communities. Results will be analyzed and recommendations brought to the Subcabinet. |
| **Deadline** | October 31, 2016 |
| **Agency Responsible** | DHS |
| **Date Reported to Subcabinet** | November 21, 2016 |

**OVERVIEW**

Certified peer specialists (CPS) are individuals who have a lived experience of mental illness and are trained to be direct service mental health staff. A CPS offers support and hope to individuals who have experienced mental illness by sharing their story and helping them to discover their strengths. They assist in reducing barriers to community resources, and provide encouragement for involvement in community activities that support their goals and interests.

Certified Peer Support Specialist services are a Medicaid reimbursable service in Adult Rehabilitative Mental Health Services (ARMHS), Intensive Rehabilitative Intensive Services (IRTS), Assertive Community Treatment (ACT) teams and crisis services. Minnesota has been offering this service since 2007.

In Minnesota, Northland Counseling Center coordinates the application process, trainings and maintains a website for individuals who are interested in learning more about peer services. Certification is valid for two years. To retain certification, a CPS must complete and provide documentation to DHS of 30 hours of continuing education in areas of mental health recovery, mental health rehabilitative services and peer support.

**REPORT**

**Survey**

DHS contracted with Northland Counseling to conduct a survey. They identified 450 individuals that have been trained as a CPS in Minnesota. Surveys were sent to 450 individuals. 70 surveys were completed and returned (15%). The findings of the survey are summarized below.

**Employment**

- 49% were employed as a CPS
- 48% were not employed
- 3% were volunteering as a CPS

*Employed in what program?*
- Not specified 30%
- Adult Rehabilitative Mental Health Services (ARMHS) 28%
- Intensive Rehabilitative Treatment Services (IRTS) 19%
- Case Management 13%
- Assertive Community Treatment (ACT) 2%
- Crisis 6%
- Veterans 2%

*Not working in the field but the training has benefited me in the following ways*
- No answer or other 26%
- In my own recovery 24%
- In my interactions and relationships with people 17%
- In my outlook on my future and my life (hope) 16%
- Teaching me skills in current career 15%
- Not a benefit 2%

**Barriers to maintaining employment**
- None 49%
- Organization not supportive of role 19%
- Didn't work out for me 5%
- *Other comments* 27%
  - Lacked confidence in abilities
  - Pay rate
  - Would like to live closer
  - Organizations don't understand what a CPS does
  - My opinions not taken seriously
  - Burn out- people too difficult.

***Barriers to finding employment***
- None or no answer 50%
- No jobs in my area 17%
- Applied but not gotten offer 10%
- Work different than expected 10%
- *Other comments 13%*
  - I cannot work full time
  - I have not been employed in 20 years
  - Background check
  - Apathy on the part of the Veterans Administration
  - Asked me to do things that were not my job.

**Have you promoted advocacy and empowered other in your community with your recovery?**
- Told my story publicly 30%
- Volunteered in drop-in center or homeless shelter 17%
- Joined Local Advisory Council 14%
- *Other comments 39%*
  - Published my story
  - Feel less stigmatized and less lonely

**[AGENDA ITEM 7a1]**

- Volunteer in a class in the jail
- Advocating for friends and neighbors

**Challenges of the survey instrument**

This is the third time since the service was implemented in 2009 that CPSs have been surveyed. Consistently the number of individuals that have responded have been less than 20 %, far short of the 30% hoped for. Going forward, as part of the Northland contract, a CPS will be surveyed 120 days after they complete the training. The first group of these CPSs are just beginning to be contacted.

**LISTENING SESSIONS**

In addition to the survey, seven listening sessions were held throughout the state to gather additional information. The sessions were held in the following cities:

- St Cloud - 16 participants
- Bemidji - 10 participants
- Bloomington - 13 participants
- St. Paul - 9 participants
- Minneapolis - 28 participants
- Redwood Falls - 3 participants
- Duluth - 2 participants

In order to reach as many individuals as possible, with a lived experience of mental illness, flyers were distributed to clubhouses and drop-in centers. Adult Mental Health Initiatives were contacted and asked to reach out to individuals with a lived experience of mental illness who are active in the Initiative and their Local Advisory Councils. Northland Counseling sent email notices to CPSs that had been trained in each of the areas. Wellness in the Woods and Mental Health Minnesota also posted the sessions on their websites. The St. Paul session was held during working hours at the request of the Deaf Peer specialist supervisor during their quarterly meeting. The Duluth session was held on a Saturday in the hopes that would increase participation. All sessions, except St. Paul and Duluth were held from 5:30 - 7:30 p.m.

There was no outreach to the community at large. This was intentional to offer CPSs and others with a lived experience of mental illness an opportunity to speak freely without concern that a provider or a county person would be present.

The following questions were asked at each session:

- What do you know about the Olmstead Plan?
- Have you heard about Certified Peer Specialists?
- Have you received CPS services?
- Are you aware of your local Advisory Council?
- If so, did you ever attend a meeting?

**Recap of Discussions at Listening Sessions**

*Olmstead Plan*

Out of the 81 participants, all but four participants at the St. Cloud meeting indicated that they were aware of the Olmstead Plan. Common questions related to: how the Olmstead Plan initiaitves are funded; how to provide comments on the Plan; and how will the Plan make a difference for people living with mental illness.

**[AGENDA ITEM 7a1]**

*Certified peer specialist services*

A large number of attendees had taken the training or knew someone who was a certified peer specialist. There were comments and questions about the training and employment opportunities. Everyone who had taken the training called it "transformational."

Attendees commented that they would like to see more trainings offered in Greater Minnesota, and would like assistance in getting a job. A number of individuals who had taken the training could not find work in their area or were concerned about losing their benefits if they worked.

Some individuals felt that Peers need to be in more services such as drop in centers and hospitals. Those who were working liked their work and felt they provided a valuable service.

*Community Involvement*

Very few of the partipcants were aware of local advisory councils. A number of participants who tried to attend their local council (St Cloud area) did not feel welcome when they tried to attend. Many did not understand the responsibilities of counties compared to the state.

*Other concerns and questions*

Other concerns voiced during the listening sessions were related to: the shortage of prescribers in greater Minnesota; a lack of housing throughout the State; lack of transportation for social activities in greater Minnesota; and a desire to learn more about the Department of Human Services and about the funding of mental health services on the county, state, and federal level.

**RECOMMENDATIONS**

Once peers found work they often enjoyed their work and found it rewarding. Based on responses from the surveys as well as themes heard at the listening sessions, the following efforts to increase employment success for Peer Support Specialists are recommended:

- Additional work readiness training for peers. While individuals complete the Peer Support Specialist training there are other "soft skills" required to prepare some individuals who haven't had experience working in formalized employment settings. (However, there is currently no funding for this effort.)
- Recruitment of individuals with more "work readiness" skills. Examples could include meeting with local Community College class or partnerships with DEED Voc Rehab.
- Additional Peer providers in Greater MN. Some individuals could not find work in Great MN, recruiting efforts for providers in Greater MN (especially, Southern Region) is recommended.

Three additional recommendations include:

- Revise the application process.
- Offer supervision training for providers.
- Investigate other states that have more widely implanted peer services. Many of the states employ peers in state hospitals and other non-Medicaid reimbursable services.