

## **Olmstead Subcabinet Meeting Agenda**

Monday, December 19, 2016 • 9:30 a.m. to 11:00 a.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 3**
  - a) Subcabinet meeting on November 21, 2016
- 5) Reports**
  - a) Chair
  - b) Executive Director
  - c) Legal Office
  - d) Compliance Office
- 6) Action Items**
  - a) 2016 Annual Report 15
  - b) Olmstead Plan Proposed Amendments 73
  - c) Workplan Compliance Report 107
  - d) Proposed Adjustments to Workplan Activities
    - 1) Preventing Abuse/Neglect 2A – 2E 111
- 7) Information Items**
  - a) Workplan activities requiring report to Subcabinet:
    - 1) Waiting List 2C.2 – Progress on lead agency waiting list targets 115
    - 2) Community Engagement 1A.2a – Summary of work with Governor’s Councils 119
  - b) Follow up from November Subcabinet meeting
    - 1) Schedule of County reviews 123
    - 2) Wait list – Average length of time on wait list
- 8) Public Comments**
- 9) Adjournment**

### **Next Subcabinet Meeting:**

January 30, 2017 – 1:30 p.m. to 3:00 p.m.

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## Olmstead Subcabinet Meeting Agenda Item

December 19, 2016

**Agenda Item:**

*4 (a) Approval of Minutes – Subcabinet meeting on November 21, 2016*

**Presenter:**

*Commissioner Tingerthal (MHFA)*

**Action Needed:**

- ☒ **Approval Needed**
- ☐ **Informational Item (no action needed)**

**Summary of Item:**

*Approval is needed of the November 21, 2016 Subcabinet meeting minutes.*

**Attachment(s):**

*Olmstead Subcabinet Meeting Minutes – November 21, 2016*

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

## **Olmstead Subcabinet Meeting Minutes**

November 21, 2016 – 4:00 p.m. to 5:30 p.m.

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

### **1. Call to Order**

The meeting was called to order at 4:06 p.m. by Commissioner Mary Tingerthal (Minnesota Housing).

### **2. Roll Call**

**Subcabinet members present:** Mary Tingerthal (Minnesota Housing); Colleen Wieck (Governor's Council on Developmental Disabilities (GCDD)); Arriving at 4:20 p.m. were Shawntera Hardy (Department of Employment and Economic Development (DEED)), Roberta Opheim (Ombudsman for Mental Health and Developmental Disabilities (OMHDD)); and Kevin Lindsey (Department of Human Rights (MDHR))

**Designees present:** Chuck Johnson (Department of Human Services (DHS)); Daron Korte (Department of Education (MDE)); Gil Acevedo (Department of Health (MDH)); Tim Henkel (Department of Transportation (DOT)).

**Guests present:** Kim Anderson, Carol LaBine, Erin Sullivan Sutton, Claire Wilson, Alex Bartolic, Becky Robinson, Susan Hall, and Adrienne Hannert (DHS); Mike Tessneer, Rosalie Vollmar, Melody Johnson, Tristy Auger, and Darlene Zangara (Olmstead Implementation Office (OIO)); Ryan Baumtrog and Anne Smetak (Minnesota Housing); Robyn Widley and Jayne Spain (MDE); David Sherwood-Gabrielson (DEED); Ellena Schoop (MN.IT); Christina Schaffer (MDHR); Christina Kollman (Minnesota Brain Injury Alliance); George Shardlow (Minnesota State Council on Disabilities); Heather Corcoran (League of Minnesota Cities); Jeff Bangsberg (member of the public).

### **3. Agenda Review**

Commissioner Tingerthal reported that there is one additional item to add to the agenda. The new agenda item is an update to the Community Engagement Workgroup Charter.

### **4. Approval of Minutes**

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

Colleen Wieck (GCDD) requested a spelling correction be made to a name of an attendee on page 1 of the October 24, 2016 meeting minutes. The October 24, 2016 Subcabinet meeting minutes were approved with the change as discussed.

**Motion:** Approve the October 24, 2016 Subcabinet meeting minutes with change as discussed.

**Action:** Motion – Wieck.

Second – Henkel.

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 OIO hired Melody Johnson as the Community Engagement/Communications Specialist.
- The OIO is interviewing candidates for the Project Manager position.
- The OIO held three public input sessions for the Olmstead Plan amendment process. One session was hosted live through a conference call, and two in-person sessions were held, one in St. Paul and one in St. Cloud.
- The Quality of Life survey deliverables for the month of October were on track. The vendor has hired staff and conducted training on survey administration. The vendor is finalizing the communications plan. Some of the November deliverables may not be met due to unresolved data variable issues. Once the issues are resolved, survey implementation will begin.

**c) Legal Office**

Anne Smetak (Minnesota Housing) reported the following:

- The Court indicated it will likely schedule a status conference on the Olmstead Plan in March 2017. The Court will have a separate status conference on the underlying Jensen litigation in January of 2017.
- The Court indicated that it may not rule on the workplans that were submitted in the end of September until after the status conference.
- The Quarterly Report that is before the Subcabinet today will be filed with the Court by November 30, 2016.
- The Annual Report will be filed with the Court by the end of December 2016.
- The amended Olmstead Plan will be filed with the Court by the end of February 2017.

**d) Compliance Office**

Mike Tessneer (OIO Compliance) reported the following:

- OIO Compliance completed verification reviews with DHS, MDE, and DEED during October and November. A formal report on the verification reviews will be provided at the December Subcabinet meeting.
- OIO Compliance reviewed the timeline of upcoming deadlines to complete the Annual Report and the Olmstead Plan amendment process.
  - The first public comment period ran from October 25 – November 14, 2016. All the comments, including comments from the three listening sessions, were forwarded to the Subcabinet agencies for consideration during the amendment process.
  - The potential amendments to the plan are due to OIO from the Subcabinet agencies on November 30, 2016.

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- The potential amendments will be reviewed in draft form with the Executive Committee on December 12, 2016 and for provisional Subcabinet approval on December 19, 2016.
- A second public comment period will occur from December 20, 2016 to January 19, 2017 seeking public comment on the provisionally approved potential amendments.
- The amended measurable goals will be approved by the Subcabinet on January 30, 2017.
- A third public comment period will occur from January 31 through February 7, 2017 seeking final comments on the amended Plan.
- The final amended Plan is expected to be approved by the Subcabinet on February 22, 2017 and submitted to the Court by February 28, 2017.

## 6. Action Items

### a) November 2016 Quarterly Report

Mike Tessneer (OIO Compliance), reported on the November 21, 2016 Quarterly Report for data acquired through October 31, 2016. In summary, there were 19 goals reviewed. Of the 19 goals:

- 7 goals were met
- 3 goals were on track
- 5 goals were in process
- 1 goal was not on track
- 3 goals were not met

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. Two goals reported in this quarter 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.

Agency sponsors or leads provided a brief summary of each measurable goal and answered questions raised by the Subcabinet. The complete information on results, analysis of data, timeliness of data and comments on performance is included in the November Quarterly Report posted on the Olmstead Plan website.

Erin Sullivan Sutton (DHS) reported on the 17 goals that DHS is responsible for as follows:

#### • Transition Services 1A

The 2016 goal is to have 84 people move from ICFs/DD to more integrated settings. In the first three quarters, 73 people moved from an ICF/DD to a more integrated setting. This is approximately 84% of the annual goal. The goal is on track to meet the annual goal.

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- **Transition Services 1B**

The 2016 goal is to have 740 people move from Nursing Facilities (people with a disability under 65 in facilities longer than 90 days) to a more integrated setting. In the first three quarters, 596 people under the age of 65 have moved to more integrated settings. This is 80% of the annual goal. The goal is on track to meet the annual goal.

- **Transition Services 1C**

The 2016 goal is to increase the number of people who have moved from other segregated housing to a more integrated setting to 250. Reporting on this goal is delayed because data is not available due to limited information technology resources and competing data priorities for other goal areas. OIO Compliance staff is working with DHS to ensure the agency puts the necessary processes and timelines in place so that the data will be collected and verified. Baseline data and measurement will be provided in the February 2017 Quarterly Report.

- **Transition Services 2**

The 2017 goal is to reduce the percent of people awaiting discharge from Anoka Metro Regional Treatment Center (AMRTC) to 33% or less. This quarter there were 37% awaiting discharge. There has been a downward trend over the last two quarters. If this continues at the same rate, the goal is on track to meet the 2017 goal.

In response to a question by Roberta Opheim (OMHDD), Erin Sullivan Sutton (DHS) reported that the facilities changes currently underway did not require bonding authority. Operational money provided by the legislature was used to make changes to the current facilities.

- **Transition Services 3**

The 2016 goal is to increase the average number of monthly discharges from the Minnesota Security Hospital (MSH) to 11 or more people per month. Over the last three quarters, the average monthly number of discharges to a more integrated setting was 6.6. This goal is not on track to meet the annual goal. DHS continues to work on a number of items to increase success rates and move people out of MSH.

- **Waiting List 1**

The 2016 goal is to eliminate the Community Access for Disability Inclusion (CADI) waiver waiting list by October 1, 2016. The CADI waiting list was eliminated October 1, 2016. DHS will monitor this issue on a monthly basis to make sure that nobody goes back onto the waiting list.

- **Waiting List 2**

The goal is that by December 1, 2015, the Developmental Disabilities (DD) waiver waiting list will move at a reasonable pace.



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The waiting list is structured into 3 categories that reflect urgency of need: those leaving an institution; those with an immediate need; and those with a defined need. DHS expects that all individuals determined eligible for the DD waiver will be categorized under this system by December 2016.

From April to June 2016, of the 480 individuals on the 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.

In response to a question by Commissioner Mary Tingerthal (Minnesota Housing), Erin Sullivan Sutton (DHS) stated it is still very early in the data collection process to know what the average timeframe is for the funding to be approved. DHS is monitoring the data to make sure the timeframe to get funding approved continues to improve.

- **Waiting List 3**

The goal is that by March 1, 2017, the Developmental Disabilities (DD) waiver waiting list will be eliminated for persons leaving an institutional setting and for persons with an immediate need as defined by Minn. Statutes, section 256B.49, subdivision 11a (b) and 256B.092, subdivision 12(b).

At the end of the reporting period, for persons in the institutional exit category, nine people remained on the DD waiver waiting list. For persons in the immediate need category, 10 people remained on the DD waiver waiting list. This is the second quarter of reporting on this goal and the data is not sufficient to determine progress on the annual goal.

- **Waiting List 5**

The goal is that by June 20, 2020, the Development Disabilities (DD) waiver waiting list will be eliminated, within available funding limits, for persons with a defined need. From April to June 2016 there were 323 people assessed and 102 (32%) remained on the on the waiting list. This goal is in process.

In response to a question by Roberta Opheim (OMHDD), Erin Sullivan Sutton and Alex Bartolic (DHS) explained that in December 2016, data will be available on the first year of the new waiver management system. Because the waiting list transitioned from a list of individuals who were eligible but not yet receiving services to a list of individuals who are in need of services, the numbers on the current waiting list are lower than on the previous list.

In response to a comment by Colleen Wieck (GCDD), the OIO Compliance Office will look at how best to modify the quarterly reports to better show progress on the annual goals.

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In response to a comment by Commissioner Kevin Lindsey (MDHR), DHS agreed that a report will be given at the next Subcabinet meeting that provides data on the average length of stay at a nursing facility for individuals under the age of 65 and the average number of days individuals stay on the DD waiver waiting list. Commissioner Tingerthal added that in the future this information could be added to the comment on performance section of the quarterly report for those goals.

- **Quality of Life Measurement Results**

Darlene Zangara (OIO) reported on the 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). A Request for Proposal (RFP) was issued on August 8, 2016 and a contract was entered into with the selected vendor in October 2016.

- **Person Centered Planning 1**

Erin Sullivan Sutton (DHS) reported on Person Centered Planning 1 and the subsequent goals. The goal is that 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.

Interim reporting began on this goal in May 2016. 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 and will be presented to the Subcabinet at the February 2017 meeting.

From July to September 2016, a total of 1,682 case files have been reviewed. Of the eight agencies reviewed this quarter, all received recommendations relating to person-centered planning and thinking.

In response to a question by Commissioner Tingerthal (Minnesota Housing) about the pace of the reviews, Erin Sullivan Sutton and Alex Bartolic (DHS) reported that the county reviews are very intensive and DHS expects it will take three years to review all 87 counties.

In response to concerns expressed by Commissioner Tingerthal (Minnesota Housing) and Roberta Opheim (OMHDD), DHS will work with OIO to schedule some time on the Subcabinet meeting agendas to cover this topic area in more detail.

- **Positive Supports 1**

The 2016 goal is to reduce the number of individuals experiencing a restrictive procedure by 5%. 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). The annual goal was met.

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- **Positive Supports 2**

The 2016 goal is to reduce the number of Behavior Intervention Reporting Form (BIRF) reports of restrictive procedures by 409. The annual number of reports was 4,008, which was a reduction of 1,116 from the previous year. The annual goal was met.

In response to a comment by Roberta Opheim (OMHDD), Alex Bartolic (DHS) agreed that they will add qualifying language to the next quarterly report that clarifies the phase out period.

- **Positive Supports 3** There are two parts to the June 30, 2016 goals. The first part of the goal is to reduce the number of reports of mechanical restraints to no more than 369. There were 691 reports of mechanical restraints from July 2016-June 2016. The first part of the goal was not met.

The second part of the goal is to reduce the number of individuals approved for mechanical restraints to no more than 25. The number of individuals approved for emergency use of mechanical restraint at the end of the reporting period was 13. That second part of the goal was met.

- **Crisis Services 3**

The 2016 goal is that the number of people who discontinue waiver services after a crisis will decrease to no more than 55 people. During the reporting period, the number of people who discontinued waiver services after a crisis was 20. This may include duplicated numbers, so it is too soon to tell if progress is on track to meet the goal.

- **Housing and Services 1**

The 2016 goal was to increase the number of individuals living in the most integrated setting with a signed lease by 1,580 over baseline to 7,597. From July 2015 – June 2016 the number of people living in the most integrated setting with their own lease was 7,608 or an increase of 1,591. The annual goal was met.

The increase was not as large as in the previous year. One contributing factor is that a housing program included in this measure was a pilot program that is no longer accepting new participants. DHS continues to see a very tight housing market. Landlords are often unwilling to rent to individuals who have a criminal background or poor credit history.

Roberta Opheim (OMHDD) noted the challenges of measuring meaningful choice as she receives reports from individuals who are moving into the only integrated setting available, rather than a setting they affirmatively chose.

The remaining goals were reported on by representatives from the responsible agencies.

- **Transportation 2**

Kristie Billiar (DOT) reported on Transportation Goal 2. The goal is that 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). The 2015 goal was to increase the annual number of passenger trips to 13,129,593. Ridership in Greater Minnesota has decreased by 499,479 from 2014 to 2015. The reported 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, a reduction of ridership in Greater Minnesota metropolitan areas offset the rural gains. The goal was not met.

Ms. Billiar noted that one of the reasons that DOT is seeing this reduction in the use of fixed route transit is that people are seeking other alternatives to make their trips and that's driven in part by lower gas prices. She also noted that 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.

In response to a question by Roberta Opheim, (OMHDD), Kristie Billiar stated there is no data currently available that tracks the use of cabs or Uber by people with disabilities.

- **Crisis Services 1**

Erin Sullivan Sutton (DHS) reported on Crisis Services Goal 1. The goal is by June 30, 2016, the percent of children who receive children's mental health crisis services and remain in their community will increase to 81% or more. During the reporting period there were 1,302 crisis episodes and 83.3% of the children remained in the community. The goal was met.

- **Crisis Services 2**

Erin Sullivan Sutton (DHS) reported on Crisis Services Goal 2. The goal is by June 30, 2016, the percent of adults who receive mental health crisis services and remain in their community will increase to 84% or more. During the reporting period there were 5,206 crisis episodes and 57.8% of the adults remained in the community. The goal was not met.

- **Preventing Abuse and Neglect 1**

Commissioner Tingerthal (Minnesota Housing) reported on Preventing Abuse and Neglect Goal 1. The goal was for the Subcabinet to approve a comprehensive abuse and neglect prevention plan. That was approved in the September Subcabinet meeting. The goal was met.

**Motion: Approve the November 2016 Quarterly Report.**

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

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

Darlene Zangara (OIO) reported on the Quality of Life Survey Workgroup Charter. The workgroup will provide support and guidance to the Improve Group and OIO to sustain the Survey Administration Plan's progress. The charter includes deliverables and benchmarks to keep the process on track.

**Motion: Approve the Quality of Life Survey Workgroup Charter.**

**Action: Motion – Wieck. Second – Opheim. In Favor – All**

**c) Workplan Compliance Report**

Mike Tessneer (OIO Compliance), reported on the Workplan Compliance Report for November. There were 25 workplan activities reviewed in November.

Of the 25 reviewed activities:

- 21 items (84%) were completed
- 4 items (16%) were on track
- 0 items were reported as exceptions

**Motion: Approve the Workplan Compliance Report.**

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

**d) Proposed Adjustment to Workplan Activities**

- **Housing and Services 3A.4 (DHS)**

Erin Sullivan Sutton (DHS) requested an adjustment to the workplan activity Housing and Services 3A.4. Several information system changes are needed to separate service and housing billing in Group Residential Housing (GRH) that will not be ready until September 2017. Staff requested the deadline move from December 31, 2016 to October 1, 2017.

**Motion: Approve the adjustment to the Housing and Services 3A.4 Workplan activity as presented.**

**Action: Motion – Johnson. Second – Korte. In Favor – All**

- **Community Engagement Workgroup Charter**

Darlene Zangara (OIO) requested adjustments to the Community Engagement Workgroup Charter. Staff requested a deadline extension to January 30, 2017 in order to develop an expanded version of the work plan and lay out next steps needed to establish the workgroup, including the recruitment and selection process.

In response to a comment by Colleen Wieck (GCDD), Darlene Zangara agreed that the application form will be available in both online and alternative formats.

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**Motion:** Approve the adjustment to the Community Engagement Workgroup Charter.

**Action:** Motion – Johnson.

Second – Lindsey.

In Favor – All

## 7. Informational Items

### a) Workplan activities requiring report to Subcabinet:

#### 1. Community Engagement 3A.1 and 3A.2 (DHS) – Report certified peer specialist survey results and recommendations

Carol LaBine (DHS) reported on workplan activities for Community Engagement 3A.1 and 3A.2, which provided an update on the peer specialist survey and listening sessions held. The survey was sent to 450 individuals and resulted in 70 responses. Several listening sessions were organized with minimal participation despite increased efforts to advertise and recruit participation. At this time staff is not sure what to look forward to in terms of participation. There are no additional resources directed for peer specialist support.

Commissioner Tingerthal (Minnesota Housing) suggested that DHS and DEED could determine if there were a way to assist with job readiness and soft skills training with these individuals.

## 8. Public Comment

- Jeff Bangsberg (member of the public) reported that he is a person with a disability who has concerns regarding Personal Care Attendant (PCA) services. He discussed the significant challenges of finding qualified and reliable staff to assist individuals with disabilities to meet their most basic care needs. He expressed that unless individuals with disabilities are able to obtain adequate PCA services, it will be very difficult to realize many of the goals in the Olmstead Plan. A letter with his concerns was submitted to the Subcabinet and will be included with the next round of public comments.

## 9. Adjournment

The meeting was adjourned at 5:35 p.m.

**Motion:** Adjournment.

**Action:** Motion – Lindsey.

Second – Tingerthal.

In Favor – All

## Olmstead Subcabinet Meeting Agenda Item

December 19, 2016

**Agenda Item:**

*6 (a) 2016 Annual 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 annual report on Olmstead Plan Implementation. 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.*

*Additional work is happening in two areas of the Annual Report. These include the Executive Summary and Analysis of Trends and Risk Areas sections. Drafts of these two sections will be sent out in separate copy and available at the Subcabinet meeting.*

**Attachment(s):**

*Minnesota Olmstead Subcabinet Annual Report on Olmstead Plan Implementation*

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## **Minnesota Olmstead Subcabinet**

### **Annual Report on Olmstead Plan Implementation**



#### **REPORTING PERIOD**

**Data acquired through October 31, 2016**

#### **DATE REPORT REVIEWED BY SUBCABINET**

**December 19, 2016**

## Contents

<b>I. PURPOSE OF REPORT .....</b>	<b>4</b>
EXECUTIVE SUMMARY .....	4
<b>II. MOVEMENT FROM SEGREGATED TO INTEGRATED SETTINGS .....</b>	<b>5</b>
ANNUAL SUMMARY OF MOVEMENT FROM SEGREGATED TO INTEGRATED .....	5
TRANSITION SERVICES GOAL ONE .....	6
TRANSITION SERVICES GOAL TWO .....	10
TRANSITION SERVICES GOAL THREE .....	12
TRANSITION SERVICES GOAL FOUR .....	13
<b>III. MOVEMENT OF INDIVIDUALS FROM WAITING LISTS .....</b>	<b>14</b>
WAITING LIST GOAL ONE .....	14
WAITING LIST GOAL TWO .....	15
WAITING LIST GOAL THREE .....	16
WAITING LIST GOAL FOUR .....	17
WAITING LIST GOAL FIVE .....	17
<b>IV. QUALITY OF LIFE MEASUREMENT RESULTS .....</b>	<b>19</b>
<b>V. INCREASING SYSTEM CAPACITY AND OPTIONS FOR INTEGRATION .....</b>	<b>21</b>
PERSON CENTERED PLANNING GOAL ONE .....	21
POSITIVE SUPPORTS GOAL ONE .....	23
POSITIVE SUPPORTS GOAL TWO .....	24
POSITIVE SUPPORTS GOAL THREE .....	25
CRISIS SERVICES GOAL THREE .....	27
PERSON CENTERED PLANNING GOAL TWO .....	29
HOUSING & SERVICES GOAL ONE .....	31
EMPLOYMENT GOAL ONE .....	32
EMPLOYMENT GOAL TWO .....	32
EMPLOYMENT GOAL THREE .....	33
EDUCATION GOAL ONE .....	34
EDUCATION GOAL TWO .....	34
EDUCATION GOAL THREE .....	36
TRANSPORTATION GOAL ONE .....	36
TRANSPORTATION GOAL TWO .....	38
TRANSPORTATION GOAL THREE .....	39

<b>TRANSPORTATION GOAL FOUR</b>	39
<b>HEALTH CARE GOAL ONE</b>	39
<b>HEALTH CARE GOAL TWO</b>	40
<b>POSITIVE SUPPORTS GOAL FOUR</b>	40
<b>POSITIVE SUPPORTS GOAL FIVE</b>	41
<b>CRISIS SERVICES GOAL ONE</b>	42
<b>CRISIS SERVICES GOAL TWO</b>	43
<b>CRISIS SERVICES GOAL FOUR</b>	44
<b>CRISIS SERVICES GOAL FIVE</b>	45
<b>COMMUNITY ENGAGEMENT GOAL ONE</b>	46
<b>PREVENTING ABUSE AND NEGLECT GOAL ONE</b>	49
<b>PREVENTING ABUSE AND NEGLECT GOAL TWO</b>	50
<b>PREVENTING ABUSE AND NEGLECT GOAL THREE</b>	50
<b>PREVENTING ABUSE AND NEGLECT GOAL FOUR</b>	50
<b>VI. COMPLIANCE REPORT ON WORKPLANS AND MID-YEAR REVIEWS</b>	51
<b>VII. ANALYSIS OF TRENDS AND RISK AREAS</b>	52
<b>VIII. POTENTIAL AMENDMENTS TO THE PLAN</b>	54
<b>ENDNOTES</b>	55

## I. PURPOSE OF REPORT

This annual report to the Court and the public provides the status of work being done by state agencies to implement the Olmstead Plan. The annual report summarizes measurable goal results and analysis of data as reported in the previous four quarterly reports (February, May, August and November 2016).

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 annual report of December 19, 2016 includes data acquired through October 31, 2016. Progress on each measurable goal is reported in accordance with the Court Orders issued on February 22, 2016 (Doc. 540-2) and June 21, 2016 (Doc. 578). More details on the progress of the goals can be found in the quarterly reports.

This annual report also includes Olmstead Implementation Office (OIO) compliance summary reports on mid-year reviews of measurable goals, status of workplans, and an analysis of trends and risk areas. The report also includes potential Plan amendments that are being considered as part of the ongoing Olmstead Plan amendment process.

### EXECUTIVE SUMMARY

This annual report covers forty-eight measurable goals.<sup>i</sup> As shown in the chart below, thirty-eight of the annual goals were either met or are in process<sup>ii</sup>. Ten annual goals were not met. For those ten goals, the report documents how the agencies will work to improve performance on each goal.

Status of Annual Goals 2016 Annual Report	Number of Goals
Met annual goal	21
In Process	17
Did not meet annual goal	10
<b>Goals Reported</b>	<b>48</b>

## 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.

### ANNUAL SUMMARY OF MOVEMENT FROM SEGREGATED TO INTEGRATED

The table below indicates the 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 the reporting period of the annual goal.

Net number of individuals who moved from segregated to integrated settings during the reporting period:		
Setting	Reporting period	Number moved
• Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD)	July 2014 – June 2015	71
• Nursing Facilities	July 2014 – June 2015	779
• Other segregated settings	July 2014 – June 2015	903
• Anoka Metro Regional Treatment Center (AMRTC)	July 2015 – June 2016	114
• Minnesota Security Hospital (MSH)	January – December 2015	73
Net number who moved from segregated to integrated settings		1,940

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<sup>iii</sup> 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
<b>A)</b> Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD)	72	84	84
<b>B)</b> Nursing Facilities (NF) under age 65 in NF > 90 days	707	740	740
<b>C)</b> Segregated housing other than listed above	Not Available <sup>iv</sup>	50	250
<b>Total</b>		<b>874</b>	<b>1,074</b>

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

##### **Annual Goals**

- **2015 Goal:** For the year ending June 30, 2015 the number of people who have moved from ICFs/DD to a more integrated setting will be **84**
- **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 2015 goal was **not met**.

The 2016 goal is **on track**.

Time Period	Total number of individuals leaving	Transfers <sup>v</sup> (-)	Deaths (-)	Net moved to integrated setting
July 2014 - June 2015	158	24	63	<b>71</b>
Quarter 1 (July – September 2015)	37	7	14	<b>16</b>
Quarter 2 (October – December 2015)	57	11	23	<b>23</b>
Quarter 3 (January – March 2016)	63	5	24	<b>34</b>
<b>Totals Q1 + Q2 + Q3</b>	157	23	61	<b>73</b>

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

The 2015 goal of 84 was not met. From July 2014 – June 30, 2015, the number of people moving from an ICF/DD to a more integrated setting was 71.

For the 2016 goal, during the first 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.

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## B) NURSING FACILITIES

### Annual Goals

- **2015 Goal:** For the year ending June 30, 2015 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**
- **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:

The 2015 goal was **met**.

The 2016 goal is **on track**.

Time Period	Total number of individuals leaving	Transfers (-)	Deaths (-)	Net moved to integrated setting
July 2014 – June 2015	1,509	203	527	<b>779</b>
Quarter 1 (July – September 2015)	374	23	171	<b>180</b>
Quarter 2 (October – December 2015)	511	59	221	<b>231</b>
Quarter 3 (January – March 2016)	370	26	159	<b>185</b>
<b>Totals Q1 + Q2 + Q3</b>	<b>1,255</b>	<b>108</b>	<b>551</b>	<b>596</b>

### ANALYSIS OF DATA:

The 2015 goal of 740 was met. From July 2014 – June 30, 2015, the number of people under 65 in a nursing facility for more than 90 days who moved to a more integrated setting was 779.

For the 2016 goal, during the first three quarters, 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 of 740. If moves continue at approximately the same rate, the 2016 goal is on track 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. Per the November 2016 Quarterly Report, forty-five individuals with a disability, including 11 who had moved from institutional settings, had 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.

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### **C) SEGREGATED HOUSING**

#### **Annual Goals**

- **2015 Goal:** For the year ending June 30, 2015 the number of people who have moved from other segregated housing to a more integrated setting will be **50**
- **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 2015 goal was **met**, using an interim measure.

The 2016 goal is **in process**.

<b>Time period</b>	<b>People in integrated housing</b>	<b>Increase over baseline</b>
July 2014 – June 2015	6,920	903 (15%)

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

The 2015 goal to increase by 50 the number of people who moved from other segregated housing to a more integrated setting was met. From July 2014 through June 2015 the number of people living in integrated housing increased by 903 over baseline to 6,920. The 2015 measure was based on an interim measure being used until more comprehensive data sources are available. The interim measure is the same data that is being used to measure Housing and Services Goal One.

The 2016 goal is in process. Data was expected to be available for the November 2016 Quarterly Report, but due to limited information technology resources and competing data priorities for other goal areas, the data development was not available for that report. OIO Compliance staff worked with DHS to ensure the agency put 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<sup>vi</sup> will be reduced to 30% (based on daily average).

#### Annual Goals

- **2016 Goal:** By June 30, 2016 the percent of people at AMRTC awaiting discharge will be ≤ 35%
- **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:

The 2016 goal was **not met**.

The 2017 goal is **on track**.

Time Period	Total number of individuals leaving	Transfers <sup>v</sup> (-)	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:

The 2016 goal of 35% was not met. From July 2015 – June 2016, the average percent of people at AMRTC awaiting discharge was 42.5%.

For the 2017 goal, during the first quarter, 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 of 33%.

#### 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. This issue is being addressed through the ongoing Plan amendment process.

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; and
- 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 were completed 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.

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

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#### Annual Goals

- **2015 Goal:** For year ending December 31, 2015 the average monthly number of discharges will increase to  $\geq 10$
- **2016 Goal:** For year ending December 31, 2016 the average monthly number of discharges will increase to  $\geq 11$

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

#### RESULTS:

The 2015 goal was **not met**.

The 2016 goal is **not on track**.

Time period	Total number of individuals leaving	Transfers <sup>v</sup> (-)	Deaths (-)	Net moved to integrated setting
January – December 2015	188	107	8	73 Average = 6.1
Quarter 1 (January – March 2016)	40	23	1	16 Average = 5.3
Quarter 2 (April – June 2016)	47	26	1	20 Average = 6.7
Quarter 3 (July – September 2016)	45	21	1	23 Average = 7.7
<b>Totals Q1 + Q2 + Q3</b>	132	70	3	59 Average = 6.6

#### ANALYSIS OF DATA:

The 2015 goal of  $\geq 10$  was not met. From January – December, 2015, the average number of discharges from Minnesota Security Hospital to a more integrated setting was 6.1.

For the 2016 goal, in the first three quarters, the average number of discharges was 6.6. Although this is an increase from the previous year's average, the 2016 goal is not on track to be met.

#### 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 were completed in November 2016.

Adjustments to the baseline and goals are being addressed through the ongoing Plan amendment process.

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

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

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**TRANSITION SERVICES GOAL FOUR:** By June 30, 2018, 50% of people who transition from a segregated setting will engage in a person centered planning process that adheres to transition protocols that meet the principles of person centered planning and informed choice.

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#### **2016 Goal**

- By June 30, 2016, the percent of those choosing to move to a more integrated setting who have a plan that adheres to transition protocols that meet the principles of person centered planning and informed choice will increase to 15%.

#### **RESULTS:**

This goal is **in process**. This data will be reported in the next quarterly report following both the Annual Goal measurement date and a determination that the data is reliable and valid.

### 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.

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

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

#### 2016 goal

- By October 1, 2016, the Community Access for Disability Inclusion (CADI) waiver waiting list will be eliminated.

#### RESULTS:

The 2016 goal 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:

The 2016 goal to eliminate the CADI waiver waiting list was met. As of October 1, 2016 the CADI waiver waiting list was 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.

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

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**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	<u>Reasonable Pace</u> 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%)
<b>Totals</b>	<b>324</b>	<b>131 (41%)</b>	<b>108 (33%)</b>	<b>85 (26%)</b>

**Reporting Period: April – June 2016**

Urgency of Need Category	Total number of people assessed	<u>Reasonable Pace</u> 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%)
<b>Totals</b>	<b>480</b>	<b>212 (44%)</b>	<b>147 (31%)</b>	<b>121 (25%)</b>

**ANALYSIS OF DATA:**

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

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. An additional 147 individuals (31%) had funding approved after 45 days. The total number of individuals assessed between January - March 2016 with an institutional exit, immediate need or defined need that did not have funding in place that are on the DD Waiver waiting list was 121 (25%).

**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).

---

**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 January – March 2016, for individuals in the institutional exit category, 1 individual remained on the DD waiver waiting list at the end of the reporting period. For individuals in the immediate need category, 10 remained on the DD waiver waiting list at the end of the reporting period.

From April – June 2016, for individuals in the institutional exit category, 9 individuals remained on the DD waiver waiting list at the end of the reporting period. For individuals in the immediate need category, 10 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 FOUR:** By December 31, 2018, within available funding limits, waiver funding will be authorized for persons who are assessed and have a defined need on or after December 1, 2015, and have been on the waiting list for more than three years.

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#### **RESULTS:**

This goal is in process. DHS began collecting new DD waiting list data beginning December 1, 2015. As of the date of this report, three years have not passed since this implementation date. This data will be available in December 2018 and will be reported the next quarterly report following both the Annual Goal measurement date and a determination that the data is reliable and valid.

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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 January – March 2016, for individuals in the defined need category, 74 out of 217 people remained on the Developmental Disabilities waiver waiting list.

From April – June 2016, for individuals in the defined need category, 102 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 exit and immediate need 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.

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## IV. QUALITY OF LIFE MEASUREMENT RESULTS

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

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

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

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

**QUALITY OF LIFE SURVEY**

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.

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## 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.

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

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

### 2016 Goal

- By June 30, 2016, the percent of plans that meet the required protocols will increase to 30%

### 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. The baseline and the results of the 2016 goal will be reported in the February 2017 quarterly report.

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 <sup>vii</sup> (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
<b>Totals</b>	<b>16,441</b>	<b>1,755</b>

**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 37 agencies reviewed, 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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#### **Annual Goals**

- **2015 Goal:** By June 30, 2015 the number of people experiencing a restrictive procedure will be reduced by **5%** from the previous year or **54** individuals
- **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

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

#### **RESULTS:**

The 2015 goal was **met**.

This 2016 goal was **met**.

<b>Time period</b>	<b>Individuals who experienced restrictive procedure</b>	<b>Reduction from previous year</b>
2015 Annual (July 2014 – June 2015)	867 (unduplicated)	209 (19.4%)
2016 Annual (July 2015 – June 2016)	761 (unduplicated)	106 (12.2%)

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

The 2015 goal to reduce the number of people who experienced a restrictive procedure by 5% from the previous year or 54 individuals was met. From July 2014 through June 2015 the number of individuals who experienced a restrictive procedure was 867 (a reduction of 209 (19.4%) from previous year).

The 2016 goal to reduce the number of people who experienced a restrictive procedure 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:**

DHS staff and the Interim Review Panel provide follow up and technical assistance for all reports involving restrictive procedures *other than* Emergency Use of Manual Restraints (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.

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

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**Annual Goals**

- **2015 Goal:** By June 30, 2015 the number of reports of restrictive procedures will be reduced by **430**.
- **2016 Goal:** 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 2015 goal was **met**.

The 2016 goal 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

**ANALYSIS OF DATA:**

The 2015 goal to reduce the number of reports by 430 was met. From July 2014 through June 2015 the number of BIRF reports was 5,124 (a reduction of 3,478 from previous year).

The 2016 goal to reduce the number of reports by 409 was met. From July 2015 to June 2016 the number of BIRF reports was 4,008 (a reduction of 1,116).



**COMMENT ON PERFORMANCE:**

Some emergency uses of manual restraints (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.

For all reports involving 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. 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<sup>viii</sup>, with limited exceptions to protect the person from imminent risk of serious injury. (Examples of a limited exception include the use of a helmet for protection of self-injurious behavior and safety clips for safe vehicle transport).

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

**Annual Goals**

- **2015 Goal:** By June 30, 2015, reduce mechanical restraints to no more than:
  - **461** reports of mechanical restraint
  - **31** individuals approved for emergency use of mechanical restraint
- **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 (Behavior Intervention Reporting Form) BIRF reports of mechanical restraints involving 85 unique individuals.

**RESULTS:**

The 2015 and 2016 goals to reduce the number of reports were **not met**.

The 2015 and 2016 goals to reduce the number of individuals were **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

**ANALYSIS OF DATA:**

This goal has two measures. As explained below, one of the measures met the 2015 and 2016 goals, and the other did not.

**Reports of the emergency use of mechanical restraint**

- The 2015 goal to reduce the number of reports of emergency use of mechanical restraints to 461 was not met. From July 2014 through June 2015 the number of reports was 912.
- The 2016 goal to reduce the number of reports of emergency use of mechanical restraints to 369 was not met. From July 2015 through June 2016 the number of reports was 691. Although the number of reports decreased by 221 from 2015, the 2016 annual goal to reduce to 369 reports was not met.

**Individuals approved for emergency use of mechanical restraints**

- The 2015 goal to reduce the number of individuals approved for emergency use of mechanical restraints to no more than 31 individuals was met. On June 30, 2015, the number approved was 21.
- The 2016 goal to reduce the number of individuals approved for emergency use of mechanical restraints to no more than 25 was met. On June 30, 2016, the number approved was 13.

**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.

DHS staff follows up with a phone call to the license holder to review the reported intervention and provide technical assistance for the following types of reports:

- Reports submitted by providers whose use is within the phase out period.
- Reports for 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.
- Reports from providers that are inappropriately using mechanical restraint contrary to Chapter 245D and the Positive Supports Rule.

- Reports inaccurately coded and did not involve the use of mechanical restraint by a DHS license holder.

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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#### **Annual Goals**

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

The 2015 goal was **met**.

This 2016 goal is **in process**.

<b>Time period</b>	<b>Number of People Who Discontinued Disability Waiver Services After a Crisis</b>
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:**

The 2015 goal to decrease to no more than 60 was met. From July 2014 to June 2015 the number of people who discontinued disability waiver services after a crisis was 54.

For the 2016 goal, during the first two quarters, the number of people who discontinued disability waiver services after a crisis was 26 and 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. The results of the 2016 goal will be reported in May 2017.

**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. Adjustments to this goal are being addressed through the ongoing Plan amendment process.

**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.

DRAFT

## 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 reported on semi-annually or annually. They are reported as the Annual goal measurement date becomes due and the data has been determined to be valid and reliable. Each specific goal includes: the overall goal, the annual goal, baseline, results for the reporting period, analysis of the data and a comment on performance.

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

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### A) Have input into major life decisions

#### 2015 Goal

- By 2015, the percent of people with intellectual and developmental disabilities (I/DD) who report they have input into major life decisions will increase to **> 45%**

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

#### RESULTS:

The 2015 goal was **not met**.

The 2016 goal is **in process**.

#### ANALYSIS OF DATA:

The 2015 goal to increase to > 45% was not met. The 2015 NCI survey results indicated that 44.3% of people reported they have input into major life decisions.

The 2016 goal is in process. The 2016 goal will be reported after the 2016 NCI survey results become available.

#### TIMELINESS OF DATA:

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

#### COMMENT ON PERFORMANCE:

Given the variable nature of survey data, it is reasonable to expect that in some years the annual goal will be exceeded while in other years it may fall somewhat short. Although the 2015 results did not meet the annual goal, gains were made showing progress toward the overall goal.

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## B) Have input in everyday decisions

### 2015 Goal

- By 2015, the percent of people with intellectual and developmental disabilities who report they make or have input in everyday decisions will increase to  $\geq 84\%$

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

### RESULTS:

The 2015 goal was **met**.

The 2016 goal was **in process**.

### ANALYSIS OF DATA:

The 2015 goal to increase to  $\geq 84\%$  was met. The 2015 NCI survey results indicated that 84.9% of people reported they have input in everyday decisions.

The 2016 goal is in process. The 2016 goal will be reported after the 2016 NCI survey results become available.

### TIMELINESS OF DATA:

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

### COMMENT ON PERFORMANCE:

The goal for people who report having input on everyday decisions met the 2015 goal.

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## C) Are always in charge of their services and supports

### 2015 Goal

- By 2015, the percent of people with disabilities other than I/DD who report they are always in charge of their services and supports will increase to  $\geq 70\%$

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

### RESULTS:

The National Core Indicator (NCI) survey was piloted in 2014 for persons with disabilities other than intellectual and developmental disabilities. Data from 2014 served as the baseline for this measure. Additionally the lessons learned in the pilot were used to improve the survey process going forward. The modification of the survey could not be completed by the national organization that conducts the survey with sufficient time to conduct a survey in 2015. Due to this, no survey data is available to measure progress for 2015.

The 2016 goal is **in process**. The survey will be completed for 2016 and annually thereafter. The 2016 survey data will be used to first report progress in the February 2017 quarterly report.

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**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).

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#### Annual Goals

- **2015 Goal:** By June 30, 2015 the number of individuals living in the most integrated housing with a signed lease will increase by 617 over baseline to **6,634** (about 10% 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 2015 goal was **met**.

The 2016 goal 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:

The 2015 goal to increase by 617 (10%) over baseline to 6,634 was met. From July 2014 through June 2015 the number of people living in integrated housing increased by 903 (15%) over baseline to 6,920, which met the goal of 617 (10%) above the baseline.

The 2016 goal to increase by 1,580 over baseline to 7,597 was met. 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 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.

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

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**2015 Goal**

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

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

**RESULTS:**

The 2015 goal was **met**.

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

**ANALYSIS OF DATA:**

The 2015 goal of 2,853 people with disabilities working in competitive, integrated employment was met. During the 2015 reporting period, 3,236 people with disabilities secured competitive integrated employment. This number represents an increase of 498 over the baseline.

**COMMENT ON PERFORMANCE:**

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

**TIMELINESS OF DATA:**

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

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**EMPLOYMENT GOAL TWO:** By June 30, 2020, of the 50,157 people receiving services from certain Medicaid funded programs, there will be an increase of 5,015 or 10% in competitive, integrated employment.

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**RESULTS:**

This goal is **in process**. The first annual goal for this goal is June 30, 2017. Report on progress for this goal will be reported in the next quarterly report following both the Annual Goal measurement date and a determination that the data is reliable and valid.



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

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#### 2016 Goal

- By June 30, 2016, (using FY 15 and FY 16 data), the number of students with Developmental Cognitive Disabilities (DCD) in competitive, integrated employment will be **125**.

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

**RESULTS:** The 2016 goal was **met**.

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

#### ANALYSIS OF DATA:

The 2016 goal of 125 students in competitive, integrated employment was met. During the 2015 - 2016 school year, 137 students (73 males and 54 females) ranging in ages from 19-21 with developmental cognitive disabilities, participated in competitive, integrated employment. All students worked part-time because their primary job is that of being a secondary student. Students were employed in a variety of businesses with wages ranging from \$9.00 to \$12.50 an hour. Students received a variety of supports including: employment skills training, job coaching, interviewing skill development, job placement and the provision of bus cards.

#### COMMENT ON PERFORMANCE:

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

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

#### TIMELINESS OF DATA:

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

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**EDUCATION GOAL ONE:** By December 1, 2019 the number of students with disabilities<sup>ix</sup>, receiving instruction in the most integrated setting<sup>x</sup>, will increase by 1,500 (from 67,917 to 69,417)

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**2015 Goal**

- By December 1, 2015 the number of students receiving instruction in the most integrated settings will increase by **300** over baseline to **68,217**

**Baseline:** In 2013, of the 109,332 students with disabilities, 67,917 (62.11%) received instruction in the most integrated setting.

**RESULTS:**

The 2015 goal was **met**.

The 2016 goal is **in process**.

Time Period	Students with disabilities in most segregated setting	Total number of students with disabilities
January – December 2014	68,434 (62.13%) (517 over baseline)	110,141 (ages 6-21)

**ANALYSIS OF DATA:**

The 2015 goal of an increase of 300 to 68,217 was met. During 2014, the number of students with disabilities receiving instruction in the most integrated setting increased by 517 over baseline to 68,434. Although the number of students increased, the percentage remained essentially unchanged.

For the 2016 goal, report on progress for this goal will be reported in the next quarterly report following both the Annual Goal measurement date and a determination that the data is reliable and valid.

**TIMELINESS OF DATA:**

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

**COMMENT ON PERFORMANCE:**

MDE will continue the expansion of Positive Behavioral Interventions and Supports (PBIS) and implementation of Regional Low Incidence Disability Projects (RLIP) using a combination of access to qualified educators, technical assistance and professional development to increase the number of students with disabilities, ages 6 – 21, who receive instruction in the most integrated setting.

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**EDUCATION GOAL TWO:** By October 1, 2020 the number of students who have entered into an integrated post- secondary setting within one year of leaving secondary education will increase by 250 (from 225 to 475)

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**2016 Goal**

- By October 1, 2016 there will be an increase of 50 over baseline to **275**

**Baseline:** Using the 2014 Post School Outcome Survey, of the 962 students with disabilities who participated in the survey, 225 (23.3%) entered into an integrated postsecondary setting within one year of leaving secondary education.

**RESULTS:**

The 2016 goal was **not met**.

Time Period	Students Entering Integrated Post-Secondary Setting (2 and 4 year college/university)
2015 Post School Outcome Survey <sup>xi</sup>	182 (29.3%) Decrease of 43 from baseline

**ANALYSIS OF DATA:**

The 2016 goal of increasing the number of students entering integrated postsecondary education settings from 225 to 275 was not met. The goal was off target by 93 students. The overall number was not met but the percent (based on the number of students responding to the survey) increased from 23.3% to 29.3%.

Using data from the 2015 Post School Outcome Survey, 621 out of 1,322 students with disabilities completed the survey for a response rate of 47.0%. Of the 621 students surveyed, 182 (29.3%) were enrolled in an integrated two or four year college/university.

- From this cohort of 621 students, 256 or 41.2% were in competitive, integrated employment. In terms of additional information regarding integrated postsecondary education settings, there were an additional 35 (5.6%) students in this reporting cohort who were enrolled in other integrated postsecondary programs, such as a nine or twelve month certificate program, for a total of 217 students enrolled in an integrated postsecondary setting within one year of leaving secondary education.

The reporting cohort will change annually based on the numbers of participating districts and the number of completed student surveys. For 2015, there were 341 fewer students in the reporting cohort.

**TIMELINESS OF DATA:**

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

**COMMENT ON PERFORMANCE:**

Necessary actions to get the goal on track or resolve the risk include:

- MDE will continue working with the National Technical Assistance Center on Transition and the Minnesota State Colleges and Universities (MnSCU) to provide capacity building training for the purpose of increasing the number of students with disabilities who are enrolled in an integrated postsecondary education setting by 2020.
- The Post School Outcome survey numbers vary every year in number of students surveyed and the number of responses.
- MDE has been allowed access to the Minnesota's Statewide Longitudinal Education Data System (SLEDS). Using SLEDS, MDE will be able to more accurately measure statewide, the number of students with disabilities, who enroll in an integrated postsecondary settings, within one year of graduating from secondary education.
- This issue is being addressed through the ongoing Plan amendment process.

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**EDUCATION GOAL THREE:** By June 30, 2020, 80% of students in 31 target school districts will meet required protocols for effective consideration of assistive technology (AT) in the student's individualized education program (IEP). Protocols will be based upon the "Special factors" requirement as described in Individuals with Disabilities Education Act (IDEA) of 2004.

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#### 2016 Goal

- By December 31, 2016, pilot teams will establish a baseline and annual goals of the number of students for whom there is effective consideration of Assistive Technology.

#### RESULTS:

This goal is **in process**. The first report on progress for this goal will be reported in the next quarterly report following both the Annual Goal measurement date and a determination that the baseline data is reliable and valid.

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**TRANSPORTATION GOAL ONE:** By December 31, 2020 accessibility improvements will be made to 4,200 curb ramps (increase from base of 19% to 38%) and 250 Accessible Pedestrian Signals (increase from base of 10% to 50%). By January 31, 2016, a target will be established for sidewalk improvements.

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#### A) Curb Ramps

- By December 31, 2020 accessibility improvements will be made to 4,200 curb ramps bringing the percentage of compliant ramps to approximately 38%.

**Baseline:** In 2012: 19% of curb ramps on MnDOT right of way met the Access Board's Public Right of Way (PROW) Guidance.

#### RESULTS:

The goal is **in process**. In 2014, the total number of curb ramps approved was 1,139 bringing the system to 24.5% fully compliant under PROW.

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#### B) Accessible Pedestrian Signals

- By December 31, 2019, an additional 250 Accessible Pedestrian Signals (APS) installations will be provided on MnDOT owned and operated signals bringing the percentage to 50%.

#### 2015 Goal

- By December 31, 2015 an additional 50 APS installations will be provided.

**Baseline:** In 2009: 10% of 1,179 eligible state highway intersections with accessible pedestrian signals (APS) were installed. The number of APS signals was 118.

#### RESULTS:

The 2015 goal was **met**.

The 2016 goal is **in process**.

Time Period	Total APS in place	Increase over 2009 baseline
By December 31, 2015	523 of 1,179 APS (44%) of system	405

**ANALYSIS OF DATA:**

The 2015 goal to provide an additional 50 APS installations was met. Since 2009, there was an increase of 405 APS signals over baseline. That is an annual average of 67.5 per year. If progress continues at that rate, the goal is on track to achieve the overall goal for 2019.

The 2016 goal is in process. Report on progress for the 2016 goal will be reported in the next quarterly report following both the Annual Goal measurement date and a determination that the data is reliable and valid.

**TIMELINESS OF DATA:**

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

**C) Sidewalks**

- By January 31, 2016, an annual target for improving remaining un-remediated sidewalks will be established.

**Baseline:** In 2012: 46% of sidewalks on MnDOT right of way met 2010 ADA Standards and Public Right of Way (PROW) guidance. Total sidewalk mileage is 613.8.

**RESULTS:**

The 2016 goal was **met**. The following proposed baseline and measurable goals were presented to the Subcabinet for review on May 23, 2016 and were provisionally approved. These provisionally approved goals and baselines are being considered through the ongoing Plan amendment process.

**Proposed Baseline:**

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

**Proposed Annual Goals:**

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

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

**Additional Background Information:**

Minnesota Department of Transportation (MnDOT) has set a goal for 6 miles of sidewalk a year for the next 5 five years or 30 total miles. Once achieved this will increase the improved sidewalks from 285.2 to 315.2 miles or an increase of 10.5%. This goal will be re-evaluated in 2018.

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**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).

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#### 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 goal was **not met**.

The 2016 goal is **in process**.

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

#### ANALYSIS OF DATA:

The 2015 goal to increase to 13,129,593 was not met. From 2014 - 2015, ridership in Greater Minnesota decreased by 499,479. The number of passenger trips is 1,085,519 rides short of the 2015 goal. While in many areas of Greater Minnesota ridership increased, most notably the rural areas, the reduction of ridership in Greater Minnesota metropolitan areas by 139,376 offset the rural gains.

Report on progress for the 2016 goal will be reported in the next quarterly report following both the Annual Goal measurement date and a determination that the data is reliable and valid.

#### 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<sup>xii</sup> 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 may 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 is being considered through the ongoing Plan amendment process.

#### **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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**TRANSPORTATION GOAL THREE:** By December 31, 2020, expand transit coverage so that 90% of the public transportation service areas in Minnesota will meet minimum service guidelines for access. [\*Baseline to be established by December 31, 2016]

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#### **2016 Goal**

- By December 31, 2016, baseline and goals will be established

#### **RESULTS:**

This goal is **in process**. The first report on progress for this goal will be reported in the next quarterly report following both the Annual Goal measurement date and a determination that the baseline data is reliable and valid. Adjustments to this goal are being addressed through the ongoing Plan amendment process.

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**TRANSPORTATION GOAL FOUR:** By December 31, 2020, transit systems' on time performance will be 90% or greater statewide. [\*Baseline and goals for Greater Minnesota to be established by December 31, 2016]

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#### **2016 Goal**

- By December 2016, baseline and goals for Greater Minnesota will be established.

#### **RESULTS:**

This goal is **in process**. The first report on progress for this goal will be reported in the next quarterly report following both the Annual Goal measurement date and a determination that the baseline data is reliable and valid. Adjustments to this goal are being addressed through the ongoing Plan amendment process.

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

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#### **2016 Goal**

- By December 31, 2016 the number accessing appropriate care will increase by **205** over baseline

#### **RESULTS:**

This goal is **in process**. The first report on progress for this goal will be reported in the next quarterly report following both the Annual Goal measurement date and a determination that the data is reliable and valid.

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**HEALTH CARE GOAL TWO:** By December 31, 2018, the number of individuals with disabilities and/or serious mental illness accessing dental care will increase by 1,229 children and 1,055 adults over baseline.

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**2016 Goals**

- By December 31, 2016 the number of children accessing dental care will increase by **410** over baseline
- By December 31, 2016 the number of adults accessing dental care will increase by **335** over baseline

**RESULTS:**

This goal is **in process**. The first report on progress for this goal will be reported in the next quarterly report following both the Annual Goal measurement date and a determination that the data is reliable and valid.

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

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**2015 Goal**

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

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

**RESULTS:**

The 2015 goal was **not met**.  
The 2016 goal is **in process**.

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

**ANALYSIS OF DATA:**

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

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

This 2016 goal is **in process**. The report on progress for this goal will be reported in the next quarterly report following both the Annual Goal measurement date and a determination that the data is reliable and valid.



**COMMENT ON PERFORMANCE:**

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

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

Other possible contributing factors to missing the goal:

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

**TIMELINESS OF DATA:**

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

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

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**2015 Goal**

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

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

**RESULTS:**

The 2015 goal was **not met**.

The 2016 goal is **in process**.

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

**ANALYSIS OF DATA:**

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

This 2016 goal is **in process**. The report on progress for the 2016 goal will be reported in the next quarterly report following both the Annual Goal measurement date and a determination that the data is reliable and valid.

**COMMENT ON PERFORMANCE:**

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

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

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

**Other possible contributing factors:**

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

**TIMELINESS OF DATA:**

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

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**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:**

The 2016 goal to increase to 81% was met. 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.

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**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.

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**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:**

The 2016 goal to increase to 84% was not met. 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 is being addressed through the ongoing Plan amendment process.

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.

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

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**2016 Goal**

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

**RESULTS:**

The 2016 goal was **met**. The proposed baselines and measurable goals below were presented to the Subcabinet for review on June 27, 2016 and were provisionally approved. These provisionally approved goals and baselines are being addressed through the ongoing Plan amendment process.

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

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

**PROPOSED GOAL A**

- **Proposed Baseline A:** In Fiscal Year 2015, 89.21% people received follow-up services within 30-days after discharge from the hospital compared to 88.56% in Fiscal Year 2014.
- **Proposed Goal A:** Increase the percent of people who receive appropriate community services within 30-days after discharge from the hospital. (**Note:** the percent adjusts in relation to the total number of people served in the fiscal year)
  - By June 30, 2017, the percent of people who receive appropriate community services within 30-days from a hospital discharge will increase to 90%.
  - By June 30, 2018, the percent of people who receive appropriate community services within 30-days from a hospital discharge will increase to 91%.

**PROPOSED GOAL B**

- **Proposed Baseline B:** In Fiscal Year 2015, 81.89% of people discharged from the hospital due to a crisis were housed 5 months after the date of discharge compared to 80.94% in Fiscal Year 2014.
- **Proposed Goal B:** Increase the percent of people who are housed 5 months after discharge from the hospital. (**Note:** the percent adjusts in relation to the total number of people served in the fiscal year)
  - By June 30, 2017, the percent of people who are housed 5 months after discharge from the hospital will increase to 83%.
  - By June 30, 2018, the percent of people who are housed 5 months after discharge from the hospital will increase to 84%.

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

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**2016 Goal**

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

**RESULTS:**

The 2016 goal was **met**. The proposed baselines and measurable goals below were presented to the Subcabinet for review on June 27, 2016 and were provisionally approved. These provisionally approved goals and baselines are being addressed through the ongoing Plan amendment process.

- **Proposed Baseline:** Between September 1, 2015 and January 31, 2016, the average length of a crisis episode was 81.3 days
- **Proposed Interim Goal:**
  - By June 30, 2017, decrease the average length of a crisis episode to **79** days.
  - By June 30, 2018, decrease the average length of a crisis episode to **77** days.
  - By June 30, 2019, develop and propose a measure that reflects the broader community crisis services and establish a baseline.

**Rationale:**

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

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

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

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

- A) By June 30, 2019 the number of self-advocates will increase to 1,575.
  - B) By June 30, 2019, the number of people with disabilities involved in planning publicly funded projects at the subcabinet agency level will increase to 417.
  - C) By January 4, 2016, a baseline and measurable goals will be established regarding employment of Certified Peer Support Specialists.
- 

**A) SELF ADVOCATES****2016 Goal**

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

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

**RESULTS:** The 2016 goal was **met**.

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

**ANALYSIS OF DATA:**

The 2016 goal to increase the number of self-advocates by 50 was met. OIO has engaged with various self-advocate groups and organizations around the state and provided Olmstead 101 workshops to self-advocates, families and providers. OIO is working with Advocating for Change Together (ACT), Centers of Independent Living (CILs) and Certified Peer Support Specialists (CPSS) to explore the issues of self-advocacy – recruitment, development and training.

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

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

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

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

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

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

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

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### **B) PUBLICLY FUNDED PROJECTS**

#### **2016 Goal**

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

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

**RESULTS:** The 2016 goal was **met**.

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

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

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

The 2016 goal to increase by 50, the number of individuals involved in publicly funded projects was met. There were 51 individuals involved in publicly funded projects as shown below.

- Leading in Transportation Access Project included the training of 12 individuals with disabilities.
  - **12** participants filed a complaint with the local sidewalk supervisor and obtained results.
  - **1** is a member of the committee for the new Soccer Stadium.
  - **1** worked with the transportation office in Duluth.

- Advocating Change Together (ACT) Olmstead Academy. After completing the Olmstead Academy, participants are required to carry out their advocacy plan.
  - **28** implemented Disability Integration Projects in their home communities.
  - **10** committed to an 18 month process to host the 2017 State Self-Advocacy conference.
  - **3** assisted with the exploration of creating a Medicaid billable peer-to-peer support program.
  - **3** were certified by ACT to co-facilitate peer to peer trainings to help people working in segregated settings understand their options for alternative employment.

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

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

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

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

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### **C) CERTIFIED PEER SUPPORT SPECIALISTS**

#### **2016 Goal**

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

#### **RESULTS:**

The 2016 goal was **met**. The proposed baselines and measurable goals below were presented to the Subcabinet for review on May 23, 2016 and were provisionally approved. These provisionally approved goals and baselines are being addressed through the ongoing Plan amendment process.

- **Proposed Baseline:**  
As of April 30, 2016, there are 16 individuals employed by Assertive Community Treatment (ACT) teams or Intensive Residential Treatment Services (IRTS) throughout Minnesota.
- **Proposed Overall Goal:**  
By December 31, 2019, the number of Peer Support Specialists who are employed by ACT or IRTS providers will increase by 82.

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

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

#### **Rationale:**

- Certified peer specialists assist clients in identifying strengths, setting goals, and strengthening self-advocacy skills. In addition, Certified Peer Specialists provide skill building, techniques, teach accessing resources and helping individuals to build relationships and gain confidence in their ability to be active participants in treatment planning activities.



- Certified peer specialists are employed in many parts of mental health services including Adult Mental Health Rehabilitative Services, Crisis services, IRTS, and ACT Teams.
- This measurable goal will focus on the planned increase in use of peer support specialists in the IRTS and ACT services. There are currently 38 IRTS and 27 ACT teams that are the focus of this goals.

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**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.

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#### **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.

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**PREVENTING ABUSE AND NEGLECT GOAL TWO:** By January 31, 2020, the number of emergency room (ER) visits and hospitalizations of vulnerable individuals due to abuse and neglect will decrease by 50% compared to baseline.

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**2017 Goal**

- By January 31, 2017, a baseline and annual goals will be established. At that time, and on an annual basis, the goals will be reviewed and revised as needed based on the most current data.

**RESULTS:**

This goal is **in process**. The first report on progress for this goal will be reported in the next quarterly report following both the Annual Goal measurement date and a determination that the data is reliable and valid.

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**PREVENTING ABUSE AND NEGLECT GOAL THREE:** By December 31, 2021, the number of vulnerable adults who experience more than one episode of the same type of abuse or neglect within six months will be reduced by 20% compared to the baseline.

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**2017 Goal**

- By December 31, 2017, a baseline will be established. At that time, and on an annual basis, the goals will be reviewed and revised as needed based on the most current data.

**RESULTS:**

This goal is **in process**. The first report on progress for this goal will be reported in the next quarterly report following both the Annual Goal measurement date and a determination that the data is reliable and valid.

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**PREVENTING ABUSE AND NEGLECT GOAL FOUR:** By July 31, 2020, the number of identified schools that have had three or more investigations of alleged maltreatment of a student with a disability within the three preceding years will decrease by 50% compared to baseline. The number of students with a disability who are identified as alleged victims of maltreatment within those schools will also decrease by 50% by July 31, 2020.

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**2017 Goal**

- By July 31, 2017, a baseline and annual goals will be established.

**RESULTS:**

This goal is **in process**. The first report on progress for this goal will be reported in the next quarterly report following both the Annual Goal measurement date and a determination that the data is reliable and valid.

## 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 proposed by the agencies on an ongoing basis.<sup>xiii</sup> In the event proposed agency actions are insufficient, the Subcabinet may take remedial action to modify the workplans.

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.

Reporting period	Number of Workplan Activities				
	Reviewed during time period	Completed	On Track	Reporting Exceptions	Exceptions requiring remedial 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 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 report any concerns identified through these reviews to the Subcabinet. Commentary or corrective actions as directed by the Subcabinet are included in the quarterly report following the action.

- Mid-year reviews conducted in June and July 2016 found no exceptions.

## VII. ANALYSIS OF TRENDS AND RISK AREAS

The purpose of this section is to identify areas of the Plan that may be at risk of underperforming against the measurable goal. These areas are identified through the Quarterly Reports data results and the analysis of data.

The following goals were identified as not meeting their respective annual goal during the reporting period.

- **Transition Services Goal One:** Intermediate Care Facilities for persons with Developmental Disabilities (ICFs/DD)

This goal was reported as not met for the 2015 reporting period. During the first three quarters of the 2016 reporting period the data shows it is on track to meet the 2016 goal. Additional information can be found on page six of this report.

- **Transition Services Goal Two:** Anoka Metro Regional Treatment Center (AMRTC) timely discharge

This goal was reported as not met for the 2016 reporting period. Data from the last quarter of the 2016 reporting period and the first quarter of the 2017 reporting period shows a trend moving in a favorable direction. If this trend continues it is on track to meet the 2017 goal. Additional information can be found on page ten of this report.

- **Transition Services Goal Three:** Increase discharge rate at the Minnesota Security Hospital (MSH)

This goal was reported as not met for the 2015 reporting period. During the first three quarters of the 2017 reporting period the data shows it is not on track to meet the 2017 goal. The agency is taking a number of actions to increase the rate of discharge. This is reported quarterly to the Subcabinet. Additional information can be found on page twelve of this report.

- **Positive Supports Goal Three:** Reduce the use of mechanical restraint

This goal is measured in two parts, the number of uses of mechanical restraint and the number of individuals approved for use of mechanical restraint. During the 2015 reporting period the number of uses of mechanical restraint did not meet the goal, however the goal on the number of individuals approved for use of mechanical restraint was met. The agency reported that during this reporting period a policy change occurred that increased the number of services required to track and report these two factors. This likely accounts for not meeting the first part of the goal. Efforts to train providers and provide technical assistance is expected to reduce the number of uses of mechanical restraint in the next reporting period. Data for this goal is collected and reported to the Subcabinet quarterly. Additional information can be found on page twenty-five of this report.

- **Person Centered Planning Goal Two:** Individual exercise of informed choice

This goal was reported as not met for the 2015 reporting period. The goal was to achieve a rate of 45% or higher. The actual rate was 44.3%. The agency has initiated major training and technical assistance efforts that should improve performance for the next reporting period. Additional information can be found on page twenty-nine of this report.

- **Education Goal Two:** Increase in the number of students entering into integrated post-secondary settings.

This goal was reported as not met for the 2015 reporting period. The data showed a decrease from baseline. The agency reports efforts to utilize technical assistance to improve performance for the next reporting period. The agency is also seeking a more comprehensive tool to measure progress. Additional information can be found on page thirty-four of this report.

- **Transportation Goal Two:** Increase the number of passenger trips on public transportation

This goal was reported as not met for the 2015 reporting period. Ridership decreased during the reporting period while hours of service remained the same. The ridership in the rural parts of the state increased, however, this was offset by a large reduction in the metropolitan centers of greater Minnesota. This reduction in ridership was likely caused by lower fuel costs. Additional information can be found on page thirty-eight of this report.

- **Positive Supports Goal Four:** Reduce the number of students who experience emergency use of restrictive procedures

This goal was reported as not met for the 2015 reporting period. There was an increase over baseline of students who experienced the use of restrictive procedures. This increase was likely the result of improvement in reporting and not an actual increase in the use of restrictive procedures. Additional information can be found on page forty of this report.

- **Positive Supports Goal Five:** Reduce the number of incidents of emergency use of restrictive procedures

This goal was reported as not met for the 2015 reporting period. The goal was to reduce by 781 incidents from baseline. Instead there was an increase of 2,582 emergency incidents of restrictive procedures. The increase was primarily in the emergency use of manual restraint. The primary contributing factor was most likely due to the elimination of the use of prone restraint. Another contributing factor may have been increased reporting as the agency provided training and guidance to districts that standardized the requirements for reporting. Additional information can be found on page forty-one of this report.

- **Crisis Services Goal Two:** Increase the number of adults in crisis who remain in the community

This goal was reported as not met for the 2016 reporting period. After implementing this measure the agency determined the data collection used to establish the baseline provides an incomplete picture of the results after a crisis episode. The agency has designed and implemented a data system that tracks crisis episodes and outcomes statewide. This should provide a better understanding of system performance. Additional information can be found on page forty-three of this report.

## **VIII. POTENTIAL AMENDMENTS TO THE PLAN**

The Olmstead Subcabinet is engaged in the Plan review and amendment process. An initial public input process was held to inform what amendments were needed to the measurable goals. As a result of that process, agencies developed a number of potential amendments to the measurable goals. The draft potential plan amendments are attached hereto as Exhibit A in accordance with the Court's February 22, 2016 Order (Doc. 544). The Olmstead Subcabinet is in the process of obtaining public comment on the draft amendments and the attached drafts are subject to change. In addition to the measurable goal amendments attached hereto, there will be additional proposed changes to the Introduction and Background Information and Plan Management and Oversight sections, and supporting descriptions of the measurable goals. Public comment to the full proposed Plan will be sought in January. After the proposed amendments are finalized and approved by the Subcabinet, final amendments will be reported to the Court on or before February 28, 2017.

During the initial public comment period the Subcabinet received numerous comments regarding the need to have a necessary direct support workforce available to provide services and supports for individuals with disabilities. DHS and DEED are working together to determine the best way to address this concern in the Olmstead Plan process, which may include additional strategies and workplan activities.

## ENDNOTES

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<sup>i</sup> 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.

<sup>ii</sup> Goals that are in process include goals that have not yet reached the annual goal date, and goals that have not been reported on to date. On track and not on track designations are not included in the table as they indicate progress on annual goals to be reported on in 2017.

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

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

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

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

<sup>vii</sup> The sampling strategy is based upon requirements approved by CMS.

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

<sup>ix</sup> "Students with disabilities" are defined as students with an Individualized Education Program age 6 to 21 years.

<sup>x</sup> "Most integrated setting" refers to receiving instruction in regular classes alongside peers without disabilities, for 80% or more of the school day.

<sup>xi</sup> The Post School Outcome Survey is done annually and includes one-fifth of all public school districts, including charter schools. The number of students in each year's cohort will vary based on the size of the district and number of those who can be reached and choose to participate in the survey.

<sup>xii</sup> MTI Report 12-30: Investigating the Determining Factors for Transit Travel Demand by Bus Mode in US Metropolitan Statistical Areas, Mineta Transportation Institute, 2015.

<sup>xiii</sup> 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.

DRAFT



## Olmstead Subcabinet Meeting Agenda Item

December 19, 2016

**Agenda Item:**

*6 (b) Olmstead Plan Proposed Amendments*

**Presenter:**

*Agency Sponsors/Leads*

**Action Needed:**

- ☒ **Approval Needed**
- ☐ **Informational Item (no action needed)**

**Summary of Item:**

*This is a draft of the proposed amendments to the Olmstead Plan. The amendments includes the proposed changes to the measurable goals. Track changes indicate any edits to the Plan language. Upon Subcabinet approval these will be posted for a second round of public comments.*

**Attachment(s):**

*Proposed Amendments to Measurable Goals - December 19, 2016*

DRAFT

# Proposed Amendments to Measurable Goals

December 19, 2016

These draft proposed amendments to the measurable goals were developed by the Olmstead Subcabinet agencies after an initial public comment period.

The agencies will report at the December 19, 2016 Subcabinet meeting regarding how public comment was taken into account in formulating the amendments. After the goals are reviewed and provisionally adopted by the Subcabinet, there will be an additional 30-day public comment period on the draft measurable goals. Following the comment period, the Subcabinet will consider whether any changes to the proposed amendments are warranted based on public comments.

In addition to the measurable goal amendments, there will be additional proposed changes to the Introduction and Background Information and Plan Management and Oversight sections of the Plan, and supporting descriptions of the measurable goals. Public comment to the full proposed Plan will be sought in January. After the proposed amendments are finalized and approved by the Subcabinet, final amendments will be reported to the Court on or before February 28, 2017.

## Table of Contents

Measurable Goal	Page
Crisis Services 2	3
Crisis Services 3	5
Crisis Services 4	7
Crisis Services 5	9
Employment 4 (formerly Community Engagement 1C)	11
Transition Services 2	13
Transition Services 3	15
Lifelong Learning and Education 2	17
Positive Supports 4	19
Positive Supports 5	21
Transportation 1	23
Transportation 2	25
Transportation 3	27
Transportation 4	29
Community Engagement 1	31

## CRISIS SERVICES - GOAL TWO

### REASON FOR CHANGE:

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.

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.

The proposed new baseline and annual goals will provide more accurate measurement on outcomes after a crisis episode.

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**Goal Two: By June 30, 2018, the percent of adults who receive adult mental health crises services and remain in their community (e.g., home or other settings) will increase to ~~62%~~ **89%** or more.**

Baseline: From January to June 2016, of the 5,206 episodes, for persons over 18, the person remained in their community 3,008 times or 57.8% of the time.

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

**Annual Goals** to increase the percent of adults who remain in their community after a crisis:

- By June 30, 2016, the percent who remain in their community after a crisis will increase to 84%<sup>1</sup>
- By June 30, 2017, the percent who remain in their community after a crisis will increase to ~~60%~~ **86%**
- ~~By June 30, 2018, the percent who remain in their community after a crisis will increase to 62%~~ **89%**
- By June 30, 2019, the percent who remain in their community after a crisis will increase to 64%

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<sup>1</sup> The June 30, 2016 goal was established utilizing the 2014 baseline, which included only Medical Assistance recipients. Performance on the June 2016 goal was reported in the November 2016 Quarterly Report. The June 2017 through June 2019 goals are based on the 2016 baseline which includes individuals regardless of payment source.



## CRISIS SERVICES – GOAL THREE

### REASON FOR CHANGE

This is a technical change. The original goal states “45% or less; the intention was “45 people”.

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

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

**Annual Goals** to decrease the number of people who discontinue waiver services after a crisis:

- By June 30, 2015, the number will decrease to no more than 60 people ~~(percent will adjust in relation to total number served in FY 15).~~
- 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).~~
- By June 30, 2017, the number will decrease to no more than 45 people ~~(percent will adjust in relation to total number served in FY 17).~~





## CRISIS SERVICES – GOAL FOUR

### REASON FOR CHANGE

This goal was established as directed in the Olmstead Plan. The proposed baselines and measurable goals were presented to the Subcabinet for review on June 27, 2016 and were provisionally approved. These provisionally approved goals and baselines are being considered as part of the Plan amendment process in February 2017.

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

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

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

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

### GOAL A

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

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

### ANNUAL GOALS

- By June 30, 2017, the percent of people who receive appropriate community services within 30-days from a hospital discharge will increase to 90%.
- By June 30, 2018, the percent of people who receive appropriate community services within 30-days from a hospital discharge will increase to 91%.

**GOAL B**

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

**Goal B:** Increase the percent of people who are housed 5 months after discharge from the hospital.

**(Note:** the percent adjusts in relation to the total number of people served in the fiscal year)

**ANNUAL GOALS**

- By June 30, 2017, the percent of people who are housed 5 months after discharge from the hospital will increase to 83%.
- By June 30, 2018, the percent of people who are housed 5 months after discharge from the hospital will increase to 84%.

## CRISIS SERVICES – GOAL FIVE

### REASON FOR CHANGE

This goal was established as directed in the Olmstead Plan. These proposed baselines and measurable goals were presented to the Subcabinet for review on June 27, 2016 and were provisionally approved. These provisionally approved goals and baselines are being considered as part of the Plan amendment process in February 2017.

The baseline and the 2017, 2018 and 2019 goals for the average length of a crisis episode is a proxy measure for access to crisis services. By June 30, 2019 based on the crisis services system experience, a new baseline and measurable goals will be established.

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

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

**Baseline:** Between September 1, 2015 and January 31, 2016, the average length of a crisis episode was 81.3 days. (The average length of a crisis episode is a proxy measure for access to crisis services.)

### ANNUAL Goals:

- By June 30, 2017, decrease the average length of a crisis episode to **79** days.
- By June 30, 2018, decrease the average length of a crisis episode to **77** days.
- By June 30, 2019, decrease the average length of a crisis episode to **75** days.
- By June 30, 2019, develop and establish ~~propose~~ a baseline and measurable goals that reflects the broader community crisis services ~~and establish a baseline.~~



## EMPLOYMENT – GOAL FOUR

### REASON FOR CHANGE

This goal was established as directed in the Olmstead Plan. The proposed baselines and measurable goals were presented to the Subcabinet for review on May 23, 2016 and were provisionally approved. These provisionally approved goals and baselines are being considered as part of the Plan amendment process in February 2017.

The changes indicated are changes since the provisional approval. This goal is being moved from Community Engagement to Employment as it will measure employment of certified peer specialists. The overall target number is the same, but the annual goal numbers have been adjusted to allow for gradual growth.

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

### ~~Annual Goal~~

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

### EMPLOYMENT GOAL FOUR

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

### Baseline:

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

### Annual Goals:

- By December 31, 2017, the number of employed peer support specialists will increase by 1438
- By December 30, 2018, the number of employed peer support specialists will increase by 3014
- By December 30, 2019, the number of employed peer support specialists will increase by 3830



## TRANSITION SERVICES – GOAL TWO

### REASON FOR CHANGE

The overall goal and annual goals are not changing. The proposed change is to focus the goal on people under mental health commitment. Individuals at AMRTC are there under two statuses:

- 1) Individuals under mental health commitment
- 2) Individuals under criminal court Rule 20 competency restoration commitment who are there for competency restoration.

For individuals under mental health commitment, discharge planning and discharge are under the authority of the AMRTC and the lead agency. For individuals under criminal court Rule 20 competency restoration commitment, discharge planning and discharge are under the authority of the criminal court.

The proposed change is to measure progress on the timely discharge of individuals under mental health commitment. Quarterly reporting will include the data separated into the 2 categories.

- 1) Individuals under mental health commitment
- 2) Individuals under criminal court Rule 20 competency restoration commitment

**Goal Two: By June 30, 2019, the percent of people under mental health commitment at Anoka Metro Regional Treatment Center (AMRTC) who do not require hospital level of care and are currently awaiting discharge to the most integrated setting<sup>1</sup> will be reduced to 30% (based on daily average).**

Baseline: In State Fiscal Year 2014, the percent of people at AMRTC who no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting was 33% on a daily average. During State Fiscal Year 2015, a change in utilization of AMRTC (see Rationale section for description of change) caused an increase in the percent of the target population to 36% (above the 2014 level) which resulted in the need to adjust the goal over the next four years.

**Annual Goals** to reduce the percent of people at AMRTC awaiting discharge:

- By June 30, 2016 the percent awaiting discharge will be reduced to  $\leq 35\%$
- By June 30, 2017 the percent awaiting discharge will be reduced to  $\leq 33\%$
- By June 30, 2018 the percent awaiting discharge will be reduced to  $\leq 32\%$
- By June 30, 2019 the percent awaiting discharge will be reduced to  $\leq 30\%$

<sup>1</sup> As measured by monthly percentage of total bed days that are non-acute. Information about the percent of patients not needing hospital level of care is available upon request.





## TRANSITION SERVICES – GOAL THREE

### REASON FOR CHANGE

The initial overall goal and annual goals were calculated based on all discharges from Minnesota Security Hospital (MSH). The baseline, overall goal and annual goals are being adjusted to measure only movement from MSH to more integrated settings. Quarterly reports will continue to report on all discharges.

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**Goal Three: By December 31, 2019, the average monthly number of individuals leaving Minnesota Security Hospital to a more integrated setting will increase to 1014 individuals per month.**

Baseline: In Calendar Year 2014, the average monthly number of individuals leaving Minnesota Security Hospital to a more integrated setting was 4.6 9 individuals per month.

**Annual Goals** to increase average monthly number of individuals leaving Minnesota Security Hospital:

- By December 31, 2015 the average monthly number of discharges will increase to  $\geq 10$ <sup>1</sup>
- By December 31, 2016 the average monthly number of individuals leaving to a more integrated setting discharges will increase to  $\geq$  7 11
- By December 31, 2017 the average monthly number of individuals leaving to a more integrated setting discharges will increase to  $\geq$  8 12
- By December 31, 2018 the average monthly number of individuals leaving to a more integrated setting discharges will increase to  $\geq$  9 13
- By December 31, 2019 the average monthly number of individuals leaving to a more integrated setting discharges will increase to  $\geq$  10 14

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<sup>1</sup> The December 2015 goal was established utilizing the original 20-14 baseline, which included all discharges from MSH. Performance on the December 2015 goal was reported in the February 2016 Quarterly Report. The December 2016 through December 2019 goals are based on the adjusted 2014 baseline which measures only those individuals who left MSH to a more integrated setting.



## LIFELONG LEARNING AND EDUCATION – GOAL TWO

### REASON FOR CHANGE

- Initially progress on this goal was measured using the annual Post School Outcome Survey, using a limited sample of students who voluntarily participated.
- A broader data system, the Minnesota's Statewide Longitudinal Education Data System (SLEDs), is now available. By using this data system, MDE will be able to more accurately measure statewide, the number of students with disabilities who enroll in integrated postsecondary settings, within one year of graduating from secondary education.
- MDE requested access to summary level data residing in Minnesota's Statewide Longitudinal Data System (SLEDs) on November 10, 2016 for students who graduated in 2015. SLEDs data is one year behind. The requested data pull will occur on an annual basis between January and April. The verifiable data pull will include the number of special education students who graduated the prior school year and enrolled in a postsecondary institution within one year of graduation. In addition, the summary data will be grouped by student's racial/ethnic group and primary type of disability.

**Goal Two:** By ~~October 1~~ June 30, 2020 the number of students with disabilities who have enrolled entered into an integrated postsecondary setting within one year of leaving high school secondary education will increase by 250 425 (39%) (from 225 2,174 to 475 2,599).

Baseline: Using the 2014 Minnesota's Statewide Longitudinal Education Data System (SLEDs), of the 6,749 students with disabilities who graduated statewide in 2014, a total of 2,174 (32.2%) attended an integrated postsecondary institution from August 2014 to July 2015.

~~Using the 2014 Post School Outcome Survey, of the 962 students with disabilities who participated in the survey, 225 (23.3%) entered into an integrated postsecondary setting within one year of leaving secondary education.~~

**Annual Goals** to increase the number of students entering an integrated postsecondary education setting are:

- By October 1, 2016 there will be an increase of 50 over baseline to 275<sup>1</sup>
- By ~~October 1~~ June 30, 2017 there will be an increase of 100 (34%) over baseline to 2,274 275
- By ~~October 1~~ June 30, 2018 there will be an increase of 150 225 (36%) over baseline to 2,399 325
- By ~~October 1~~ June 30, 2019 there will be an increase of 200 325 (37%) over baseline to 2,499 375
- By ~~October 1~~ June 30, 2020 there will be an increase of 250 425 (39%) over baseline to 2,599 425

<sup>1</sup> The October 2016 goal was established utilizing the 2014 baseline, which used a limited sample of students who took the Post School Outcome Survey. Performance on the October 2016 goal was reported in the February 2016 Quarterly Report. The June 2017 through June 2020 goals are based on a new baseline using SLEDs data which is a more complete measure.



## POSITIVE SUPPORTS – GOAL FOUR

### REASON FOR CHANGE

- The number of students receiving special education services varies each year. Reporting by number of incidents alone does not accurately reflect performance. A secondary measure of a percentage reduction is being added to allow for fluctuations in the total number of students.
- MDE and school districts provided training to staff to assure common definitions were used to make reporting more consistent. During this training it became evident that there were different definitions of reporting across school districts and across the State. In order to better measure progress, a new baseline has been established using the common definitions for reporting during the 2015-2016 school year. Annual targets are being adjusted accordingly.

**Goal Four: By June 30, 2020 ~~17~~, the number of students receiving special education services who experience an emergency use of restrictive procedures at school will decrease by 318 ~~6~~ students or decrease to 1.98% of the total number of students receiving special education services.**

Annual Baseline: During school year 2015-2016, school districts (which include charter schools and intermediate districts) reported to MDE that 3,034 students receiving special education services experienced at least one emergency use of a restrictive procedure in the school setting. In 2015-2016, the number of reported students receiving special education services was 147,360 students. Accordingly, during school year 2015-2016, 2.06% students receiving special education services experienced at least one emergency use of a restrictive procedure in the school setting.

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

**Annual Goals** to reduce the number of students experiencing restrictive procedures at school:

- By June 30, 2015, the number of students experiencing emergency use of restrictive procedures will be reduced by 110.<sup>1</sup>
- ~~• By June 30, 2016, the number of students experiencing emergency use of restrictive procedures will be reduced by 105~~
- ~~By June 30, 2017, the number of students experiencing emergency use of restrictive procedures will be reduced by 101~~
- By June 30, 2017 the number of students experiencing emergency use of restrictive procedures will be reduced by 80 students or .02% of the total number of students receiving special education services.
- By June 30, 2018 the number of students experiencing emergency use of restrictive procedures will be reduced by 80 students or .02% of the total number of students receiving special education services.
- By June 30, 2019 the number of students experiencing emergency use of restrictive procedures will be reduced by 79 students or .02% of the total number of students receiving special education services.

<sup>1</sup> The June 2015 goal was established utilizing the 2014 baseline, which occurred prior to establishment of common definitions for reporting. Performance on the June 2015 goal was reported in the May 2016 Quarterly Report. The June 2017 through June 2020 goals are based on the new baseline data from school year 2015-2016, after the establishment of common definitions for reporting.

- By June 30, 2020 the number of students experiencing emergency use of restrictive procedures will be reduced by 79 students or .02% of the total number of students receiving special education services.

## POSITIVE SUPPORTS – GOAL FIVE

### REASON FOR CHANGE

- The number of students experiencing restrictive procedures varies each year. Reporting by number of incidents alone does not accurately reflect performance. A secondary measure of a rate per student is being added to allow for fluctuations in the total number of students experiencing restrictive procedures.
- MDE and school districts provided training to staff to assure common definitions were used to make reporting more consistent. During this training it became evident that there were different definitions of reporting across school districts and across the State. In order to accurately measure progress, a new baseline has been established using the common definitions for reporting using the 2015-2016 school year. Annual targets are being adjusted accordingly.

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**Goal Five: By June 30, 2020~~17~~**, the number of incidents of emergency use of restrictive procedures occurring in schools will decrease by 2,251 or by 0.8 incidents of restrictive procedures per student who experienced the use of restrictive procedures in the school setting.

Annual Baseline: During school year 2015-2016, school districts (which include charter schools and intermediate districts) reported 22,028 incidents of emergency use of a restrictive procedure in the school setting. In school year 2015-2016, the number of reported students who had one or more emergency use of restrictive procedure incidents in the school setting was 3,034 students receiving special education services. Accordingly, during school year 2015-2016 there were 7.3 incidents of restrictive procedures per student who experienced the use of a restrictive procedures in the school setting.

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

**Annual Goals** to reduce the number of incidents of restrictive procedures in school:

- By June 30, 2015, the number of incidents of emergency use of restrictive procedures will be reduced by 781<sup>1</sup>
- ~~• By June 30, 2016, the number of incidents of emergency use of restrictive procedures will be reduced by 750~~
- ~~• By June 30, 2017, the number of incidents of emergency use of restrictive procedures will be reduced by 720~~
- By June 30, 2017, the number of incidents of emergency use of restrictive procedures will be reduced by 563 incidents, or by 0.2 incidents of restrictive procedures per student who experienced the use of a restrictive procedure.

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<sup>1</sup> The June 2015 goal was established utilizing the 2014 baseline, which occurred prior to establishment of common definitions for reporting. Performance on the June 2015 goal was reported in the May 2016 Quarterly Report. The June 2017 through June 2020 goals are based on the new baseline data from school year 2015-2016, after the establishment of common definitions for reporting.

- By June 30, 2018, the number of incidents of emergency use of restrictive procedures will be reduced by 563 incidents or by 0.2 incidents of restrictive procedures per student who experienced the use of a restrictive procedure.
- By June 30, 2019, the number of incidents of emergency use of restrictive procedures will be reduced by 563 incidents or by 0.2 incidents of restrictive procedures per student who experienced the use of a restrictive procedure.
- By June 30, 2020, the number of incidents of emergency use of restrictive procedures will be reduced by 562 incidents or by 0.2 incidents of restrictive procedures per student who experienced the use of a restrictive procedure.



## TRANSPORTATION – GOAL ONE

### REASON FOR CHANGE

This goal was established as directed in the Olmstead Plan. The proposed baseline and measurable goals were presented to the Subcabinet for review on May 23, 2016 and were provisionally approved. These provisionally approved goals and baselines are being considered as part of the Plan amendment process in February 2017.

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**Goal One: By December 31, 2020, accessibility improvements will be made to 4,200 curb ramps (increase from base of 19% to 38%); ~~and~~ 250 accessible pedestrian signals (increase from base of 10% to 50%) and 30 miles of sidewalks. ~~By January 31, 2016 a target will be established for sidewalk improvements.~~**

#### A) Curb Ramps

Baseline: In 2012, ~~19%~~ 19% of curb ramps on MnDOT right of way met the Access Board's Public Right of Way (PROW) Guidance.

- By December 31, 2020 accessibility improvements will be made to 4,200 curb ramps<sup>1</sup> bringing the percentage of compliant ramps to approximately 38%.

#### B) Accessible Pedestrian Signals

Baseline: In 2009, ~~10%~~ 10% of eligible state highway intersections with accessible pedestrian signals (APS) were installed.

- By December 31, 2019, an additional 250 Accessible Pedestrian Signals (APS) installations will be provided on MnDOT owned and operated signals bringing the percentage to 50%.

**Annual Goals** to increase the number of APS installations:

- By December 31, 2015 an additional 50 APS installations will be provided
- By December 31, 2016 an additional 50 APS installations will be provided
- By December 31, 2017 an additional 50 APS installations will be provided
- By December 31, 2018 an additional 50 APS installations will be provided
- By December 31, 2019 an additional 50 APS installations will be provided

#### C) Sidewalks

Baseline: In 2012, ~~MnDOT maintained~~ 620 miles of sidewalks. Of the 620 miles, 285.2 miles (46%) met the 2010 ADA Standard and Public Right of Way (PROW) guidance.

- By October 31, 2021 improvements will be made to an additional 30 miles of sidewalks

**Annual Goals** to improve sidewalks:

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

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<sup>1</sup> ADA Title II Requirements for curb ramps at [www.fhwa.dot.gov/civilrights/programs/doj\\_fhwa\\_ta\\_glossary.cfm](http://www.fhwa.dot.gov/civilrights/programs/doj_fhwa_ta_glossary.cfm)



## TRANSPORTATION – GOAL TWO

### REASON FOR CHANGE

Service (revenue) hours are a more effective metric for measuring the availability of transit service in Greater Minnesota than ridership. The Minnesota Department of Transportation (MnDOT) Office of Transit currently tracks and reports on the number of service hours by system in the Annual Transit Report. Beginning with the 2001 Greater Minnesota Transit Plan, the number of service hours of transit have been used in describing the future level of service to address the transit need/demand. This metric is also one of the factors mentioned in recent research that impacts the transit travel demand (ridership).

The number of hours listed depicts the number of hours to implement all service including expansion. The hours are incrementally ramped up each year by 57,000. Of the total 57,000 additional hours each year, 28,500 will be added to urban systems and 28,500 to small urban and rural transit systems combined. The 57,000 additional hours will provide service needed to increase ridership to meet the 90 percent of demand target by 2025.

In addition to data on service hours, annual reporting will also include data on passenger trips.

MnDOT is monitoring emerging issues in alternatives to public transportation and the impact that such alternatives may have on public transportation.

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**Goal Two: By 2025, ~~additional rides and the annual number of~~ service hours will increase ~~the annual number of passenger trips~~ to 1,713.8 million in Greater Minnesota (approximately 50% increase).**

Baseline: In 2014 the annual number of ~~service hours was 1,200,000~~ ~~passenger trips was 12,543,553~~

**Annual Goals** to increase the annual number of ~~service hours by 57,000 per year~~ ~~passenger trips:~~

- By 2015 the annual number of passenger trips will increase to 13,129,593<sup>1</sup>
- ~~By 2020 the annual number of passenger trips will increase to 16,059,797~~
- ~~By 2025 the annual number of passenger trips will increase to 18,800,000~~
- By December 31, 2017, the annual number of service hours will increase to 1,257,000
- By December 31, 2018, the annual number of service hours will increase to 1,314,000
- By December 31, 2019, the annual number of service hours will increase to 1,371,000
- By December 31, 2020, the annual number of service hours will increase to 1,428,000
- By December 31, 2021, the annual number of service hours will increase to 1,485,000
- By December 31, 2022, the annual number of service hours will increase to 1,542,000
- By December 31, 2023, the annual number of service hours will increase to 1,599,000
- By December 31, 2024, the annual number of service hours will increase to 1,656,000
- By December 31, 2025, the annual number of service hours will increase to 1,713,000

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<sup>1</sup> The 2015 goal was established utilizing a 2014 baseline for passenger trips. Performance on the 2015 goal was reported in the November 2016 Quarterly Report.



## TRANSPORTATION – GOAL THREE

### REASON FOR CHANGE

The proposed change to the overall target date of 2025, provides consistency with the Greater MN Transit Investment Plan (GMTIP). The proposed deadline change for baseline establishment is being driven by the extended timeline of the development of the GMTIP. The extended timeline is the result of stakeholder feedback on the draft version of the plan.

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**Goal Three: By ~~2025~~2020, expand transit coverage so that 90% of the public transportation service areas in Minnesota will meet minimum service guidelines for access.**

Transit access is measured against industry recognized standards for the minimal level of transit availability needed by population size. Availability is tracked as span of service, which is the number of hours during the day when transit service is available in a particular area. The measure is based on industry recognized standards and is incorporated into both the Metropolitan Council Transportation Policy Plan and the MnDOT "[Greater Minnesota Transit Investment Plan](#)."<sup>1</sup>

Baseline: A baseline for access will be established ~~in 2016~~ by April 30, 2017.

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<sup>1</sup> Greater Minnesota Transit Investment Plan is available at [www.dot.state.mn.us/transit/reports/investmentplan](http://www.dot.state.mn.us/transit/reports/investmentplan)



## TRANSPORTATION - GOAL FOUR

### REASON FOR CHANGE

The proposed change to the overall target date to 2025, provides consistency with the Greater MN Transit Plan (GMTIP) timelines.

The proposed changes to the five year goals for on time performance is to make the performance numbers published in the Olmstead Plan consistent with the Metro Transit's long standing goal of 95%. The 95% goal is the performance goal used in Metro Transit's service contracts that is reported to the Federal Transit Administration, so deviation from the adopted standard should be avoided.

Metro Transit has provided a detailed explanation to the Subcabinet on the necessity of making this change.

**Goal Four: By ~~2020~~ 2025, transit systems' on time performance will be 90% or greater statewide.**

Reliability will be tracked at the service level, and as reliability increases, the attractiveness of public transit for persons needing transportation may increase.

Baseline for on time performance in 2014 was:

- Transit Link – 97% within a half hour
- Metro Mobility – 96.3% within a half hour timeframe
- Metro Transit – 86% within one minute early – four minutes late
- Greater Minnesota – Baseline to be developed in 2016

**Five year goals** to improve on time performance:

- Transit Link – maintain ~~current~~ performance of 95% ~~(97% within a half hour)~~
- Metro Mobility – maintain ~~current~~ performance of 95% ~~(96.3% within a half hour timeframe)~~
- Metro Transit – improve to a service level of 90% or greater
- Greater Minnesota – To be developed in 2016





## COMMUNITY ENGAGEMENT - GOAL ONE

### REASON FOR CHANGE

This is a technical change to clarify the targeted groups to track progress.

**Goal One: By June 30, 2019, the number of individuals involved in their community in ways that are meaningful to them will increase to 1,992. ~~(This includes increases in the numbers of: self-advocates and individuals involved in publicly funded projects, and Certified Peer Support Specialists.)~~**

Baseline: As of June 30, 2014, the number of individuals engaged in their community as self-advocates, in leadership roles (such as governor appointed councils) or in publicly funded projects is 1,242.

#### Self-Advocates

- **By June 30, 2019 the number of self-advocates or people with disabilities involved in leadership opportunities (such as governor-appointed boards and councils) will increase to 1,575.**

Baseline: There are 1,200 active self-advocates involved in the Self Advocates Minnesota (SAM) network statewide and participating in Tuesday's at the Capitol<sup>1</sup>.

**Annual Goals** to increase the number of self-advocates:

- By June 30, 2016, the number of self-advocates will increase by 50 for a total of 1,250.
- By June 30, 2017, the number of self-advocates will increase by 75 for a total of 1,325.
- By June 30, 2018, the number of self-advocates will increase by 100 for a total of 1,425.
- By June 30, 2019, the number of self-advocates will increase by 150 for a total of 1,575.

#### Involvement in Publicly Funded Projects

- **By June 30, 2019, the number of people with disabilities involved in planning publicly funded projects (such as stadium plans, sidewalk improvements, public infrastructure, etc.) at the Subcabinet agency level will increase to 417.**

Baseline: There were 42 individuals with disabilities involved in planning 6 publicly funded projects (such as stadium plans, sidewalk improvements, public infrastructure, etc.).

**Annual Goals** to increase the number of people involved in publicly funded planning projects:

- By June 30, 2016, the number people with disabilities involved in a publicly funded project will increase by 50 for a total of 92.
- By June 30, 2017, the number people with disabilities involved in a publicly funded project will increase by 75 for a total of 167.
- By June 30, 2018, the number people with disabilities involved in a publicly funded project will increase by 100 for a total of 267.

<sup>1</sup> Self- Advocates Minnesota is a statewide network of regional self-advocacy groups coordinated through Advocating Change Together. Tuesday's at the Capitol is coordinated by the Minnesota Consortium for Citizens with Disabilities and brings together self-advocates, families, providers, law makers and agency staff for policy discussions every Tuesday during the legislative session.

- By June 30, 2019, the number people with disabilities involved in a publicly funded project will increase by 150 for a total of 417.

## Olmstead Subcabinet Meeting Agenda Item

December 19, 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 December 2016*

DRAFT

**Workplan Compliance Report for December 2016**

Total number of workplan activities reviewed	14	
• Number of activities completed	11	79%
• Number of activities on track	3	21%
• Number of activities reporting exceptions	0	

**Exception Reporting**

There are no activities reporting exceptions

DRAFT

## Olmstead Subcabinet Meeting Agenda Item

November 21, 2016

**Agenda Item:**

*6 (d) Proposed Adjustment to Workplan Activities*

**Presenter:**

*Mike Tessneer (OIO)*

**Action Needed:**

- ☒ **Approval Needed**
- ☐ **Informational Item (no action needed)**

**Summary of Item:**

*This is a 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*

DRAFT



## ADJUSTMENTS NEEDED TO WORKPLAN ACTIVITIES

Workplan activity, deadline and description	Sponsor, Reason for Adjustment, Adjustment needed
<p><b>Preventing Abuse and Neglect – Goal One Activities 2A – 2E</b></p> <ul style="list-style-type: none"> <li>• <b>2A</b> - Agencies will solicit public input on the development of educational campaign on the prevention of abuse and neglect of people with disabilities. Input will be solicited from mandated reporters, professional caregivers, people with disabilities, families, and advocates.</li> <li>• <b>2B</b> - Define key objectives of the educational campaign.</li> <li>• <b>2C</b> - Identify the target audiences for the educational campaign.</li> <li>• <b>2D</b> - Develop the key messages for the educational campaign.</li> <li>• <b>2E</b> - Design the optimal channels of communication to be used.</li> </ul> <p>Deadline for 2A - 2E is December 31, 2016</p> <p><b>Preventing Abuse and Neglect – Goal One Activity 2F</b></p> <ul style="list-style-type: none"> <li>• <b>2F</b> - Implement campaign on the prevention of abuse and neglect.</li> </ul> <p>Deadline for 2F is August 31, 2017</p>	<p>OIO – Sponsor – Mike Tessneer</p> <p><b>Reason for Adjustment</b> The OIO project manager position was projected to be filled in September but it is now expected to be filled in January. The OIO project manager will lead the process to establish the Specialty Committee. Because the Specialty Committee is not yet in place the following deadlines must be adjusted.</p> <p><b>Adjustments Needed</b> Move 2A – 2E deadline from December 31, 2016 to <b>April 30, 2017</b></p> <p>Move 2F deadline from August 31, 2017 to <b>December 31, 2017</b></p>

DRAFT

## Olmstead Subcabinet Meeting Agenda Item

December 19, 2016

### Agenda Item:

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

- Waiting List 2C.2 – Progress on lead agency waiting list targets

### 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*

DRAFT

## OLMSTEAD PLAN WORKPLAN REPORT TO OLMSTEAD SUBCABINET

<b>Topic Area</b>	Waiting List
<b>Strategy</b>	Strategy 2. Implement initiatives to speed up movement from waiting lists
<b>Workplan Activity</b>	2 C.2
<b>Workplan Description</b>	Measure and report progress on lead agency targets and provide recommendations to the Subcabinet semi-annually.
<b>Deadline</b>	December 1, 2016 and semi-annually thereafter
<b>Agency Responsible</b>	DHS
<b>Date Reported to Subcabinet</b>	December 19, 2016

### WAITING LIST OVERVIEW

The number of people on disability waiver waiting lists has decreased significantly since waiting list baselines were established in May 2014. Lead agencies have increased new waiver recipient enrollment, because of additional flexibility granted to DHS to manage waiver dollars (Minn. Stat. 256B.0916, subd. 12.) and increased funding authorized by the legislature in 2015. Lead agencies are also verifying people's urgency of need for waiver services as they complete reassessments. As a result, there no longer are people waiting for Community Access for Disability Inclusion (CADI) waiver services because of lead agency financial limitations for the CADI waiver. The Brain Injury (BI) and Community Alternative Care (CAC) waiver service also have been available when needed, so there have not been waiting lists for those services.

DHS anticipates fewer people will be on the Developmental Disabilities (DD) waiver waiting list after one year of implementation of new urgency factors and reasonable pace standards, which concludes in December 2016. During this time, DHS expects lead agencies to approve waiver funding for people on a waiting list in a timely manner based on the priorities in the plan. DHS tracks these actions with quarterly reports to the Olmstead.

### DHS TECHNICAL ASSISTANCE

The reasonable pace standards are the targets for lead agencies. This allows uniform targets for all lead agencies. Adequate resources continue to be available to meet those targets.

Additionally, the systems that were put in place for waitlist reform implementation naturally supported the standards as a goal for lead agencies to meet. Doing so also allowed DHS to be consistent with messaging to agencies ("Meet reasonable pace for institutional and immediate categories"), as opposed to telling lead agencies to meet two goals.

Because the targets are the reasonable pace standards, tracking and reporting for this is done through the Waiting List Goals in the quarterly reports.

Lead agencies receive monthly updates regarding the people who are on the DD waiver waitlist. Using this information, lead agencies see the number of days a person has been on a waitlist and whether reasonable pace targets are being met. If reasonable pace standards are not met for people in the

**[AGENDA ITEM 7a1]**

institutional exit or immediate need categories, DHS directly contacts the lead agency seeking remediation. If lead agencies require additional funding resources in order to serve people in these categories, DHS makes those resources available.

**DATA**

The table below provides information related to the movement of individuals off the DD waiting list, between April and June 2016. This is the most recent, valid data available.

<b>Urgency of need category</b>	<b>Total number of people assessed</b>	<b>REASONABLE PACE Funding approved within 45 days</b>	<b>Funding approved after 45 days</b>	<b>Still on waiting list</b>
Institutional exit	31	9	13	9
Immediate need	126	82	34	10
Defined need	323	121	100	103
<b>TOTALS</b>	<b>480</b>	<b>212</b>	<b>147</b>	<b>121</b>

**RECOMMENDATION**

DHS will continue to implement Olmstead Plan waiting list reforms. By March 2017, DHS will have enough information to determine the complete size of the DD waiting list. At this time, DHS will have a more accurate cost estimate of what would be needed to eliminate the remaining DD waiting list. DHS will also be able to report on the total number of people assessed, including those who have stated that they have a future need, but do not need waiver services within the next twelve months.

## Olmstead Subcabinet Meeting Agenda Item

December 19, 2016

**Agenda Item:**

7 (a) (2) Workplan activities requiring report to Subcabinet

- Community Engagement 1A.2a – Summary of work with Governor's Councils

**Presenter:**

Darlene Zangara (OIO)

**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*

DRAFT



## OLMSTEAD PLAN WORKPLAN REPORT TO OLMSTEAD SUBCABINET

<b>Topic Area</b>	Community Engagement
<b>Strategy</b>	1 - Increase the number of leadership opportunities for people with disabilities.
<b>Workplan Activity</b>	1A.2a
<b>Workplan Description</b>	Provide a summary of four Councils which have adopted aligned goals including: the type of goal; the type of work plan activities; and the timing of the work plans. Report to the Subcabinet.
<b>Deadline</b>	December 31, 2016
<b>Agency Responsible</b>	OIO
<b>Date Reported to Subcabinet</b>	December 19, 2016

### OVERVIEW

This activity involves coordinating with Governor's appointed councils, groups and boards to align Olmstead goals with the goals of the council, groups and boards. As a result, 23 councils were selected to work closely with OIO. These councils received a thorough Olmstead 101 presentation with opportunity for discussion regarding the value of aligning goals. In addition, OIO also met independently with the Chair or staff member of the council to delve into the strategic work of aligning goals.

The purpose of this report is provide a summary of the first four councils that have adopted aligned goals including the type of goal, the type of work plan activities, and the timing of the work plan. This report includes recommendations to amend the strategy with the intent to gain a better outcome with the remaining related work plan activities.

### REPORT

Summary of the first four Governor Appointed Councils

- **Statewide Independent Living Council**

The Minnesota Statewide Independent Living Council (MNSILC) provides statewide planning and policies necessary to provide independent living services to people with disabilities. OIO met with the MNSILC's Executive Director, Pam Taylor on two occasions to discuss goal alignment. OIO presented Olmstead 101 to the Council. After the meetings, OIO was invited to participate in their Housing Initiative. A committee focused on the Home Accessibility Modification Services and published a report. In addition, OIO reviewed the Minnesota State Plan for Independent Living. The next strategy is to present the Home Accessibility Report to the Subcabinet and begin work to enhance the current State Plan.

**[AGENDA ITEM 7a2]**

- **Minnesota Board on Aging**

The Minnesota Board on Aging (MBA) is the gateway to services for Minnesota seniors and their families. MBA listens to senior concerns, researches for solutions, and proposes policy to address senior needs. OIO met with MBA's Executive Director, Kari Benson on two occasions to discuss goal alignment. OIO presented Olmstead 101 to the MBA. The focal point of the meeting was the 2016 legislative priorities. Olmstead is embedded in the work of the MBA and their State Plan FFY2015-2017. Two of the four goals align with the Olmstead Plan goals. Goal 1: Educate and empower older adults and their families to make informed decisions about, and be able to easily access, home and community-based services and Goal 3: Ensure the rights of older adults and prevent their abuse, neglect and exploitation.

- **State Quality Council**

The State Quality Council in collaboration with DHS, exists to support a system of quality assurance and improvement for person-directed services for people with disabilities.

OIO met twice with the State Quality Council's leadership team including the newly hired director. OIO has been invited to the Council's meeting and presented on Olmstead 101. The State Quality Council was particularly interested in aligning efforts with the Quality of Life Survey Administration. This will be explored further. The State Quality Council, at this time is re-establishing their initiatives and exploring the tools to incorporate into their system improvement work. Presently their key goals that align with the Olmstead Plan include:

- Person-centered
- Optimize choice of community-based services
- Outcome-based
- Quality-driven
- Effective in its use of public funds

- **DHS Traumatic Brain Injury Advisory Committee**

The Traumatic Brain Injury Advisory Committee provides recommendations to DHS on program development and issues concerning the health and human services needs of people with traumatic brain injuries. OIO met with the leadership of the DHS Traumatic Brain Injury Advisory Committee, Christina Kollman. The process of aligning goals was conducted in reverse. We had a meeting to plan for the upcoming meeting on February 9, 2016. While, the group had a presentation more than 18 months ago; it was agreed that a new presentation is necessary for the new members. The Committee published the 2015-2016 Annual Report and currently working on current and new priorities and recommendations. OIO is invited to work in collaboration with the Committee on the new goals. Additional report will be submitted after February 9, 2016.

**RECOMMENDATION**

To manage the large number of Councils and to maximize the efficiency and effectiveness of time needed for the remaining councils. OIO is proposing a Summit to bring all of the Councils together at one time. This opportunity will be need to be further developed. OIO is also exploring the opportunity to work collaboratively with the Civic Engagement Director from Department of Human Rights, Nick Kor.

## Olmstead Subcabinet Meeting Agenda Item

December 19, 2016

**Agenda Item:**

*7 (b) (1) Follow up from November Subcabinet Meeting*

- Schedule of County Reviews

**Presenter:**

*Erin Sullivan Sutton (DHS)*

**Action Needed:**

- ☐ Approval Needed
- ☒ Informational Item (no action needed)

**Summary of Item:**

*This report to the Subcabinet is in response to question asked at the November 21<sup>st</sup> Subcabinet meeting regarding the schedule of lead agency reviews.*

**Attachment(s):**

*Schedule for Lead Agency Reviews*

DRAFT

**[AGENDA ITEM 7b1]****SCHEDULE FOR LEAD AGENCY REVIEWS**

<b>County</b>	<b>Month of review</b>
Koochiching	Aug-15
Itasca	Aug-15
Wadena	Sep-15
Red Lake	Sep-15
Mahnomen	Sep-15
Norman	Sep-15
Mille Lacs	Oct-15
Faribault/Martin	Oct-15
St. Louis	Oct-15
Isanti	Nov-15
Olmsted	Dec-15
Hennepin	Jan-16
Carver	Feb-16
Wright	Feb-16
Goodhue	Mar-16
Wabasha	Mar-16
Crow Wing	Mar-16
Renville	Apr-16
Horizon PH	Apr-16
Traverse	Apr-16
Douglas	Apr-16
Pope	Apr-16
Stevens	Apr-16
Grant	Apr-16
Freeborn	May-15
Mower	May-16
Lac Qui Parle	Jun-16
Chippewa	Jun-16

Ottertail	Jun-16
Hubbard	Jul-16
Cass	Jul-16
Nobles	Jul-16
Becker	Aug-16
Clearwater	Aug-16
Polk	Aug-16
Clay	Sep-16
Aitkin	Sep-16
Cook	Oct-16
Lake	Oct-16
Norman follow-up	Oct-16
Houston	Oct-16
Fillmore	Oct-16
St. Louis follow-up	Nov-16
SW Alliance	Nov-16
Washington	Nov-16
Chisago	Jan-17
Anoka	Feb-17
Sherburne	Mar-17
Hennepin follow-up	Mar-17
Steele/MN Prairie	Apr-17
Waseca- EW/AC	Apr-17
Dodge EW/AC	Apr-17
Morrison	May-17
Todd	May-17
Yellow Medicine	May-17
Beltrami	Jun-17
Pennington	Jun-17
Kittson	Jul-17

Roseau	Jul-17
Lake of the Woods	Jul-17
Marshall	Aug-17
McLeod	Aug-17
Winona	Sep-17
Benton	Sep-17
Stearns	Oct-17
Meeker	Oct-17
Kandiyohi	Nov-17
Swift	Nov-17
Le Sueur	Dec-17
Rice	Dec-17
Dakota	Jan-18
Ramsey	Feb-18
Nicollet	Mar-18
Sibley	Mar-18
Blue Earth	Mar-18
Wilkin	Apr-18
Kanabec	Apr-18
Big Stone	Apr-18
DVHHS	May-18
Brown	May-18
Watonwan	May-18
Pine	Jun-18
Carlton	Jun-18
Scott	Jun-18
Leech Lake	Jul-18
White Earth	Jul-18
Mille Lacs	Jul-18



# Olmstead Subcabinet Meeting Agenda Item

December 19, 2016

## Agenda Item:

*6 (a) 2016 Annual 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:

*Updates were made to 2 sections of the Annual Report.  
Section I – Purpose of the Report including the Executive Summary (replaces page 20 of the packet)  
Section VII - Analysis of Trends and Risk Areas (replaces pages 68 and 69 of the packet)*

## Attachment(s):

*Annual Report Sections I and VII Updates*

DRAFT



## I. PURPOSE OF REPORT

This Annual Report to the Court and the public provides the status of work being done by state agencies to implement the Olmstead Plan. The Annual Report summarizes measurable goal results and analysis of data as reported in the previous four quarterly reports (February, May, August and November 2016).<sup>1</sup>

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 Annual Report dated December 19, 2016 includes data acquired through October 31, 2016. Progress on each measurable goal is reported in accordance with the Court Orders issued on February 22, 2016 (Doc. 540-2) and June 21, 2016 (Doc. 578). More details on the progress of the goals can be found in the quarterly reports.

This Annual Report includes Olmstead Implementation Office (OIO) compliance summary reports on mid-year reviews of measurable goals, status of workplans, and an analysis of trends and risk areas. The report also includes potential Plan amendments that are being considered as part of the ongoing Olmstead Plan amendment process.

## EXECUTIVE SUMMARY

This Annual Report covers the forty-eight measurable goals<sup>i</sup> in the Olmstead Plan. As shown in the chart below, thirty-eight of the annual goals were either met or are in process<sup>ii</sup>. Ten annual goals were not met. For those ten goals, the report documents how the agencies will work to improve performance on each goal.

Status of Annual Goals* 2016 Annual Report	Number of Goals
Met annual goal	21
In Process	17
Did not meet annual goal	10
<b>Goals Reported</b>	<b>48</b>

\*The status for each goal is based on the most recent Annual goal reported. Each goal is accounted for only once in the table.

In the past year, significant strides have been made in the implementation of the Olmstead Plan. There have been two milestones that represent meaningful change in the lives of people with disabilities in the State of Minnesota. The Community Access for Disability Inclusion (CADI) waiver waiting list was

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<sup>1</sup> Quarterly Reports and other related documents are available on the Olmstead Plan website [[www.Mn.gov/Olmstead](http://www.Mn.gov/Olmstead)]. The Quarterly Reports are Documents 547, 569, 588, and 602 on the Court's Docket.

## **[AGENDA ITEM 6a – Updated Sections I and VII]**

eliminated as of October 1, 2016. This represents a significant number of individuals with disabilities who gained access to housing and supports, providing the opportunity to successfully live in the community. In addition, as of the November 2016 Quarterly Report, the number of individuals approved for use of mechanical restraint was reduced to 13, an all-time low. This is a noteworthy trend in the right direction.

Achieving progress under the Olmstead Plan involves ongoing oversight, analysis, and review by the Olmstead Subcabinet and OIO. The Olmstead Plan identifies measurable goals and strategies that support the goals. Workplan activities are actions that state agencies will take to support the strategies and goals contained in the Olmstead Plan.

OIO actively reviews the performance of the agencies in making progress towards the measurable goals, strategies, and workplan activities. OIO Compliance staff reviews workplan activities on a monthly basis to determine if items are completed, on track or delayed. OIO provides monthly reports on the status of the workplan reviews to the Subcabinet. Over the course of the past year agency workplan implementation, as measured by timely completion of workplan items, has improved substantially. OIO Compliance staff has begun verification reviews with agencies to confirm that agencies have internal verification processes and that data used to measure progress is accurate, verifiable and reliable. These reviews have improved the accuracy and reliability of data used in the Quarterly Reports.

OIO also compiles Quarterly Reports on progress related to the Olmstead Plan measurable goals. Those reports include data from the state agencies that OIO Compliance staff has deemed reliable and valid. Quarterly Reports are reviewed and approved by the Olmstead Subcabinet, are made available to the public through the Olmstead website and are submitted to the Court by the Department of Human Services (DHS). There have been four Olmstead Plan Quarterly Reports submitted in the past year: February, May, August and November 2016.

The Olmstead Plan is not intended to be a static document that establishes a one-time set of goals for state agencies. Rather, it is intended to serve as a vital, dynamic roadmap that will help realize the Subcabinet's vision of people with disabilities living, learning, working, and enjoying life in the most integrated settings. The dynamic nature of the Plan means that the Olmstead Subcabinet is regularly examining the goals, strategies, and workplan activities to ensure that they are the most effective means to achieve meaningful change.

The Olmstead Subcabinet took several steps in the last year to review and update the Plan and workplan activities. With the assistance of the Court, the Subcabinet developed new Plan goals in the areas of Assistive Technology and Preventing Abuse and Neglect. The June 1, 2016 Olmstead Plan Update incorporates the adopted goals and related strategies. (Doc. 571). The Court approved the updated Plan on June 21, 2016. (Doc 578).

The Subcabinet also took a number of steps to update state agency workplan activities. The Subcabinet adopted new workplan activities for the new Assistive Technology and Preventing Abuse and Neglect goals and strategies in July of 2016. (Doc. 581). The Subcabinet also completed a full review and adjustment of all existing workplan activities, resulting in the development of an updated Olmstead Plan workplan in September 2016. (Doc. 596).

**[AGENDA ITEM 6a – Updated Sections I and VII]**

The Olmstead Subcabinet is currently in the midst of an annual Plan review and amendment process. Starting in October 2016, public comment was solicited regarding the Plan and the existing measurable goals. After the initial public comment period, the Subcabinet agencies proposed a number of potential amendments to the measurable goals, which were provisionally approved by the Subcabinet on December 19, 2016. The draft measurable goal amendments are attached to this report as an addendum. The Subcabinet is seeking additional public comment on the draft goal amendments and will review them again at the January 30, 2017 Subcabinet meeting. Any changes that are made to the goals at that meeting will again be published for a brief public comment period. The final Plan amendment, including the measurable goal amendments and updates to the supporting text, will be reviewed for approval by the Subcabinet in February 2017 and will be submitted to the Court on or by February 28, 2017.

The ultimate success of the Olmstead Plan will be measured by an increase in the number of people with disabilities who, based upon their preferences, live close to their friends and family as independently as possible, work in competitive, integrated employment, are educated in integrated school settings, and fully participate in community life. While there is much work to be done to achieve the goals of the Olmstead Plan, significant strides have been made in the last year in establishing meaningful implementation processes. It is anticipated that future reports will include additional indicators of important progress towards these larger goals.

## VII. ANALYSIS OF TRENDS AND RISK AREAS

The purpose of this section is to summarize areas of the Plan that are at risk of underperforming against the measurable goals. The topic areas are grouped by categories used in the Quarterly Reports.

### MOVEMENT FROM SEGREGATED TO INTEGRATED SETTINGS

There are six Transition Services goals in this section. Goal One B, individuals exiting nursing facilities, was met. Goal One C, individuals exiting other segregating settings, and Goal Four, person centered planning and informed choice in transitions, have not yet been reported.

Goals One A, Two and Three were not met. A common theme across these three goals is the need for housing with specialized supports. This requires an understanding of what is important to the individual, development of a plan in support of these choices and a high degree of coordination between the providers and lead agencies to implement the plan. DHS has articulated a number of ways to try to improve performance on these goals, including the February 10, 2016 adoption of a person-centered planning, informed choice and transition protocol. In addition, DHS is working to address barriers to discharge, as well as putting systems in place to monitor the effectiveness of the planning.

- **Transition Services Goal One A:** Intermediate Care Facilities for Persons with Developmental Disabilities (ICFs/DD)

The 2015 goal was reported as not met. During the first three quarters of the 2016 goal, the data shows it is on track to meet the 2016 goal. Additional information can be found on page six of this report.

- **Transition Services Goal Two:** Anoka Metro Regional Treatment Center (AMRTC) timely discharge

The 2016 goal was reported as not met. Data from the last two reported quarters shows a trend moving in a favorable direction. If this trend continues this goal is on track to meet the 2017 goal. Additional information can be found on page ten of this report.

- **Transition Services Goal Three:** Increase discharge rate at the Minnesota Security Hospital (MSH)

The 2015 goal was reported as not met. During the first three quarters of 2016, the data shows it is not on track to meet the 2016 goal. DHS is taking a number of actions to increase the rate of discharge. This is reported quarterly to the Subcabinet. Additional information can be found on page twelve of this report.

### INCREASING SYSTEM CAPACITY AND OPTIONS FOR INTEGRATION

There are five Positive Supports Goals in this section. Goals One and Two were met.

Goal Three was met in part and not met in part. Goals Four and Five were not met. A common theme across these three goals is that the uses of restrictive procedures are long-standing practices. These practices were developed to manage difficult behaviors that can present a risk of harm to the individual and others. In order to reduce the use of restrictive procedures, state agencies adopted the use of positive supports, which are a proven set of best practices. Implementation requires training in the effectiveness of positive supports and timely access to technical assistance. Tracking of occurrences of

## [AGENDA ITEM 6a – Updated Sections I and VII]

the use of restrictive procedures will help identify areas where additional training and technical assistance is needed.

- **Positive Supports Goal Three:** Reduce the use of mechanical restraint

This goal is measured in two parts, the number of reports of mechanical restraint and the number of individuals approved for use of mechanical restraint. The 2015 and 2016 goals to reduce the number of reports of mechanical restraint were not met. However, the 2015 and 2016 goals to reduce the number of individuals approved for use of mechanical restraint was met. The agency reported that during this reporting period a policy change occurred that increased the number of services for which care givers and other personnel are required to track and report these two factors. This likely accounts for not meeting the first part of the goal. Efforts to train providers and provide technical assistance are expected to reduce the number of uses of mechanical restraint in the next reporting period. Data for this goal is collected and reported to the Subcabinet quarterly. Additional information can be found on page twenty-five of this report.

- **Positive Supports Goal Four:** Reduce the number of students who experience emergency use of restrictive procedures

The 2015 goal was reported as not met. The goal was to reduce by 110 from the baseline. Instead, there was an increase of 39 over the baseline number of students who experienced the use of restrictive procedures. This increase was likely the result of improvement in reporting and not an actual increase in the use of restrictive procedures. Additional information can be found on page forty of this report.

- **Positive Supports Goal Five:** Reduce the number of incidents of emergency use of restrictive procedures with students

The 2015 goal was reported as not met. The goal was to reduce by 781 incidents from the baseline. Instead there was an increase of 2,582 emergency incidents of restrictive procedures. The increase was primarily in the emergency use of manual restraint. This was most likely due to the elimination of the use of prone restraint mandated by state statute in 2015, causing personnel to use other emergency measures. Another contributing factor may have been increased reporting as the agency provided training and guidance to school districts that standardized the requirements for reporting. Additional information can be found on page forty-one of this report.

- **Person Centered Planning Goal Two:** Individual exercise of informed choice

The 2015 goal was reported as not met. The goal was to achieve a rate of 45% or higher for people reporting they had input into major life activities. The actual rate was 44.3%. DHS has initiated major training and technical assistance efforts that should improve performance for the next reporting period. The agency has also begun a process of verifying the performance of lead agencies regarding the utilization of person-centered and informed choice processes state wide. Progress on this measure will be reported beginning in February of 2017. Additional information can be found on page twenty-nine of this report.

## [AGENDA ITEM 6a – Updated Sections I and VII]

- **Education Goal Two:** Increase in the number of students entering into integrated post-secondary settings.

The 2016 goal was reported as not met. The goal was to increase by 50 over baseline. Instead there was a decrease of 43 from baseline. The agency reports efforts to utilize technical assistance for school districts to improve performance for the next reporting period. The agency is also seeking a more comprehensive tool to measure progress and will be proposing modifications to the baseline and measurable goals based on this new data system. Additional information can be found on page thirty-four of this report.

- **Transportation Goal Two:** Increase the number of passenger trips on public transportation

The 2015 goal was reported as not met. The goal was to increase the number of passenger trips. Instead, ridership decreased during the reporting period while hours of service remained the same. The ridership in the rural parts of the state increased. The increase, however, was offset by a large reduction in ridership in the metropolitan centers of greater Minnesota. This reduction in ridership was likely caused by lower fuel costs resulting in more trips using personal cars instead of transit. In order to provide a better measure of progress on this goal the agency will propose a modification to this goal. The modification will propose the reporting of increased hours of operation as well as ridership. These measures together will show a more complete picture of access and utilization of the transportation system. Additional information can be found on page thirty-eight of this report.

The Subcabinet and OIO will continue to monitor and report on measurable goals that do not meet expected annual performance targets. This will serve to bring attention to activities where goals are not being met and encourage agencies to take the steps necessary to improve performance.

## ENDNOTES

<sup>i</sup> 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.

<sup>ii</sup> Goals that are in process include goals that have not yet reached the annual goal date, and goals that have not been reported on to date. On track and not on track designations are not included in the table as they indicate progress on annual goals to be reported on in 2017.