Minnesota Olmstead Subcabinet

Quarterly Report on Olmstead Plan Measurable Goals

REPORTING PERIOD

Data acquired through January 31, 2018

DATE APPROVED BY SUBCABINET

February 26, 2018

Contents

I. PURPOSE OF REPORT

This quarterly report provides the status of work being completed by State agencies to implement the Olmstead Plan. The goals related to the number of people moving from segregated settings into more integrated settings; the number of people who are no longer on the waiting list; and the quality of life measures will be reported in every quarterly report.

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

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

This quarterly report includes data acquired through January 31, 2018. Progress on each measurable goal will be reported quarterly, semi-annually, or annually. Reports are reviewed and approved by the Olmstead Subcabinet. After reports are approved they are made available to the public on the Olmstead Plan website at Mn.gov/Olmstead. [i]

This quarterly report also includes Olmstead Implementation Office (OIO) compliance summary reports on the status of workplans.

EXECUTIVE SUMMARY

This quarterly report covers thirty measurable goals.[ii] As shown in the chart below, fifteen of those goals were either met or on track to be met. Twelve goals were categorized as not on track, or not met. For those twelve goals, the report documents how the agencies will work to improve performance on each goal. Three goals are in process.

Status of Goals – February 2018 Quarterly Report	Number of Goals
Met annual goal	11
On track to meet annual goal	4
Not on track to meet annual goal	5
Did not meet annual goal	7
In Process	3
Goals Reported	**30**

Listed below are areas critical to the Plan where measurable progress is being made.

Progress on movement of people with disabilities from segregated to integrated setting

- More individuals are leaving ICF/DD programs to more integrated settings. During the last four quarters, 182 individuals left ICF/DD programs to more integrated settings. This exceeds the annual goal of 84.
- More individuals are leaving nursing facilities for more integrated settings. During the last four quarters, 824 individuals moved from nursing facilities to more integrated settings. This exceeds the annual goal of 740.
- More individuals are leaving other segregated settings to more integrated settings. During the last four quarters, 1,054 individuals moved from other segregated settings to more integrated settings. This exceeds the annual goal of 400.

- There is an increase in the number of individuals exiting the AMRTC timely. The percent of individuals at the AMRTC who do not need a hospital level of care has trended down over the past three quarters.

Movement of individuals from waiting lists

- There continues to be no need for a waiting list for the CADI waiver. Successful efforts to provide individuals access to the CADI waiver have prevented the need for a waiting list.
- There are fewer individuals waiting for access to a DD waiver. At the end of the current quarter there were 89 individuals on the waiting list compared to 152 the previous quarter.

Increasing system capacity and options for integration

- There was an increase in the number of individuals obtaining competitive integrated employment. Over 2,807 individuals found employment. This was just short of the annual goal of 2,969.
- There was an increase in the number of peer support specialists who are employed. There are 46 peer support specialists employed. This was an increase of 30 which exceeded the annual goal to increase by 14.
- Fewer people are experiencing the use of emergency use of manual restraint. The number reported was lower than all of the previous four quarters.
- There was an increase in the number of students with disabilities in the most integrated setting.
- Accessibility improvements were made to 1,015 curb ramps, 100 accessible pedestrian signals, and 18.8 miles of sidewalks in the last year.
- The number of transit service hours increased by 254,701 hours in Greater Minnesota during the last year.
- There was an improvement in transit systems' on-time performance.

The following measurable goals have been targeted for improvement:

- Transition Services Three to increase the number of individuals leaving the MSH to a more integrated setting.
- Transition Services Four to increase the percent of individual's transition plans that meet the required protocols.
- Waiting List Three to eliminate the waiting list for persons in the Institutional Exit and Defined Need categories.
- Person Centered Planning One to increase the percent of individual's plans that meet the required protocols.
- Positive Supports Three to reduce the number of reports of emergency use of mechanical restraints with approved individuals and the number of individuals approved.
- Positive Supports Four and Five to reduce the number of students experiencing emergency use of restrictive procedures and the number of incidents of emergency use of restrictive procedures.
- Crisis Services One and Two to increase the percent of children and adults who remain in the community after a crisis episode.
- Crisis Services Three to decrease the number of people who discontinue disability services after a crisis.

II. MOVEMENT FROM SEGREGATED TO INTEGRATED SETTINGS

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

QUARTERLY SUMMARY OF MOVEMENT FROM SEGREGATED TO INTEGRATED

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

Net number of individuals who moved from segregated to integrated settings during the reporting period:		
Setting	**Reporting period**	**Number moved**
• Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD)	Apr – June 2017	39
• Nursing Facilities	Apr – June 2017	234
• Other segregated settings	Apr – June 2017	274
• Anoka Metro Regional Treatment Center (AMRTC)	Sept - Nov 2017	17
• Minnesota Security Hospital (MSH)	Sept - Nov 2017	12
Net number who moved from segregated to integrated settings		**576**

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

TRANSITION SERVICES GOAL ONE: By June 30, 2020, the number of people who have moved from segregated settings to more integrated settings[iii] will be 7,138.

Annual Goals for the number of people moving from ICFs/DD, nursing facilities and other segregated housing to more integrated settings are set forth in the following table:

	2014 Baseline	June 30, 2015	June 30, 2016	June 30, 2017
A) Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD)	72	84	84	84
B) Nursing Facilities (NF) under age 65 in NF > 90 days	707	740	740	740
C) Segregated housing other than listed above	1,121	50	250	400
Total		**874**	**1,074**	**1,224**

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

2017 goal

- For the year ending June 30, 2017 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 2017 goal of 84 was **met**.

Time period	Total number of individuals leaving	Transfers[iv] (-)	Deaths (-)	Net moved to integrated setting
July 2014 – June 2015	138	18	62	**58**
July 2015 – June 2016	180	27	72	**81**
Quarter 1 (July – September 2016)	51	8	9	**34**
Quarter 2 (October – December 2016)	57	7	15	**35**
Quarter 3 (January – March 2017)	100	5	21	**74**
Quarter 4 (April – June 2017)	55	5	11	**39**
Annual Total (July 2016 – June 2017)	263	25	56	**182**

ANALYSIS OF DATA:
From July 2016 – June 2017, the number of people who moved from an ICF/DD to a more integrated setting was 182. The annual goal of 84 was met. During Quarter 4, the number of people who moved from an ICF/DD to a more integrated setting was 39.

COMMENT ON PERFORMANCE:
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. Some individuals who expressed an interest in moving changed their minds, or they would like a longer planning period before they move.

For those leaving an institutional setting, such as an ICF/DD, the Olmstead Plan reasonable pace goal 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 approved by the Olmstead Executive Committee in February 2016. A revision including minor edits was approved by the Olmstead Subcabinet in March 2017. Trainings and presentations are being provided 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.

DHS continues to work with private providers and Minnesota State Operated Community Services (MSOCS) that have expressed an interest in voluntary closures of ICFs/DD. A total of 12 out of 15 MSOCS ICFs/DD converted since January 2017, for a reduction of 72 state-operated ICF/DD beds. DHS is working with one county to determine whether the state or another provider will serve individuals in three more state-operated ICFs. No timeline for conversion of these homes has been confirmed.

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

B) NURSING FACILITIES

2017 goal

- For the year ending June 30, 2017, 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 2017 goal of 740 was **met**.

Time period	Total number of individuals leaving	Transfers (-)	Deaths (-)	Net moved to integrated setting
July 2014 – June 2015	1,043	70	224	**749**
July 2015 – June 2016	1,018	91	198	**729**
Quarter 1 (July – September 2016)	283	29	53	**201**
Quarter 2 (October – December 2016)	260	24	57	**179**
Quarter 3 (January – March 2017)	259	8	41	**210**
Quarter 4 (April – June 2017)	295	16	45	**234**
Annual Total (July 2016 – June 2017)	1,097	77	196	**824**

ANALYSIS OF DATA:
From July 2016 – June 2017, the number of people under 65 in a nursing facility for more than 90 days who moved to a more integrated setting was 824. The annual goal of 740 was met. During Quarter 4, the number of people under 65 in a nursing facility for more than 90 days who moved to a more integrated setting was 234, which continues to increase from the previous three quarters.

COMMENT ON PERFORMANCE:
DHS reviews data and notifies lead agencies of people who accepted or did not oppose a move to 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.

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 and setting up their new place, including a certain amount of basic furniture, household goods and/or supplies and payment of certain deposits.

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

C) SEGREGATED HOUSING

2017 goal

- For the year ending June 30, 2017, the number of people who have moved from other segregated housing to a more integrated setting will be **400.**

INTERIM BASELINE: During July 2013 – June 2014, of the 5,694 individuals moving, 1,121 moved to a more integrated setting. A standardized informed choice process is being implemented. When data from this process is deemed reliable and valid, baseline and goals will be re-evaluated and revised as appropriate.

RESULTS:
The 2017 goal of 400 was **met**.

		Receiving Medical Assistance (MA)			
Time period	**Total moves**	**Moved to more integrated setting**	**Moved to congregate setting**	**Not receiving residential services**	**No longer on MA**
July 2014 – June 2015	5,703	**1,137 (19.9%)**	502 (8.8%)	3,805 (66.7%)	259 (4.6%)
July 2015 – June 2016	5,603	**1,051 (18.8%)**	437 (7.8%)	3,692 (65.9%)	423 (7.5%)
Quarter 1 (July – September 2016)	1,254	**245 (19.5%)**	99 (7.9%)	790 (63.0%)	120 (9.6%)
Quarter 2 (October – December 2016)	1,313	**268 (20.4%)**	128 (9.8%)	817 (62.2%)	100 (7.6%)
Quarter 3 (January – March 2017)	1,463	**267 (18.2%)**	131 (9.0%)	936 (64.0%)	129 (8.8%)
Quarter 4 (April – June 2017)	1,474	**274 (18.6%)**	134 (9.1%)	923 (63.0%)	143 (9.7%)
Annual Total (July 2016 – June 2017)	5,504	**1,054 (19.2%)**	492 (8.9%)	3,466 (63.0%)	492 (8.9%)

ANALYSIS OF DATA:
From July 2016 – June 2017, of the 5,504 individuals moving from segregated housing, 1,054 individuals (19.2%) moved to a more integrated setting. The annual goal of 400 was met.

COMMENT ON PERFORMANCE:
There were significantly more individuals who moved to more integrated settings this year (19.2%) than who moved to congregate settings (8.9%). This analysis also illustrates the number of individuals who are no longer on MA and who are not receiving residential services as defined below.

The data indicates that a large percentage (63%) of individuals who moved from segregated housing are not receiving publicly funded residential services. Based on trends identified in data development for Crisis Services Goal Four, it is assumed the majority of those people are housed in their own or their family's home and are not in a congregate setting.

COMMENT ON TABLE HEADINGS:
The language below provides context and data definitions for the headings in the table above.

Total Moves: Total number of people in one of the following settings for 90 days or more and had a change in status during the reporting period:

- Adult corporate foster care
- Supervised living facilities
- Supported living services (DD waiver foster care or in own home)
- Board and Care or Board and Lodge facilities

Moves are counted when someone moves to one of the following:

- More Integrated Setting (DHS paid)
- Congregate Setting (DHS paid)
- No longer on Medical Assistance (MA)
- Not receiving residential services (DHS paid)
- Deaths are not counted in the total moved column

Moved to More Integrated Setting: Total number of people that moved from a congregate setting to one of the following DHS paid settings for at least 90 days:

- Adult family foster care
- Adult corporate foster care (when moving from Board and Care or Board and Lodge facilities)
- Child foster care waiver
- Housing with services
- Supportive housing
- Waiver non-residential
- Supervised living facilities (when moving from Board and Care or Board and Lodge facilities)

Moved to Congregate Setting: Total number of people that moved from one DHS paid congregate setting to another for at least 90 days. DHS paid congregate settings include:

- Board and Care or Board and Lodge facilities
- Intermediate Care Facilities (ICFs/DD)
- Nursing facilities (NF)

No Longer on MA: People who currently do not have an open file on public programs in MAXIS or MMIS data systems.

Not Receiving Residential Services: People in this group are on Medical Assistance to pay for basic care, drugs, mental health treatment, etc. This group does not use other DHS paid services such as waivers, home care or institutional services. The data used to identify moves comes from two different data systems: Medicaid Management Information System (MMIS) and MAXIS. People may have addresses or living situations identified in either or both systems. DHS is unable to use the address data to determine if the person moved to a more integrated setting or a congregate setting; or if a person's new setting was obtained less than 90 days after leaving a congregate setting.

Based on trends identified in data development for Crisis Services Goal Four, it is assumed the majority of these people are housed in their own or their family's home and are not in a congregate setting.

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.

TRANSITION SERVICES 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[v] will be reduced to 30% (based on daily average). [Revised in February 2017]

2018 goal

- By June 30, 2018, the percent of people at AMRTC awaiting discharge will be reduced to **≤ 32%**

Baseline: From July 2014 - June 2015, 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 36% on a daily average. [1]

RESULTS:
This goal is **not on track** to meet the 2018 goal of ≤ 32%.

Time period	Percent awaiting discharge (daily average)	
July 2015 – June 2016*	Daily Average = 42.5%[2]	
	Mental health commitment	**Restore to competency**
July 2016 – June 2017	**44.9%**	29.3%
Quarter 1 (July – September 2017)	**34.8%**	28.2%
Quarter 2 (October – December 2017)	**31.3%**	26.3%

ANALYSIS OF DATA:
From October – December 2017, 31.3% of those under mental health commitment at AMTRC no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting. This is a decrease from 34.8% in the previous quarter. The average of the first two quarters is 33.1%. Although the goal is moving in the right direction, it is not on track to meet the annual goal of 32%.

The percentage of individuals awaiting discharge under restore to competency also decreased from 28.2% in the previous quarter to 26.3% this quarter.

From October – December 2017, 6 individuals at AMRTC under mental health commitment left and moved to an integrated setting. The table below provides information about those individuals who left AMRTC. It includes the number of individuals under mental health commitment and under restore to competency who moved to integrated settings.

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[1] The baseline included individuals at AMRTC under mental health commitment and restore to competency.
[2] The data for July 2015 - June 2016 was reported as a combined percentage for individuals under mental health commitment and under restore to competency. The goal was revised in February 2017 to include only those under mental health commitment. The data is now being reported separately for each group.

Time period	Total number of individuals leaving	Transfers	Deaths	Net moved to integrated setting	Moves to integrated setting by	
					Mental health commitment	Restore to competency
Quarter 1 (July - Sept 2016)	61	27	0	34	5	29
Quarter 2 (Oct - Dec 2016)	57	38	1	18	7	11
Quarter 3 (Jan - Mar 2017)	81	53	1	27	18	9
Quarter 4 (April – June 2017)	68	37	0	31	24	7
Annual Totals July 2016 – June 2017	267	155	2	110	54	56
Quarter 1 (July – Sept 2017)	65	35	0	30	21	9
Quarter 2 (Oct – Dec 2017)	83	66	0	17	**6**	11

COMMENT ON PERFORMANCE:
AMRTC continues to serve a large number of individuals who no longer need hospital level of care, including those who need competency restoration services prior to discharge. There is a higher percentage of individuals awaiting discharge under mental health commitment (31.3%) than those who are at AMRTC under restore to competency (26.3%).

It remains unclear why the percentage remains significantly higher for those under mental health commitment. One contributing factor for the growing difference in percentage for those awaiting discharge under restore to competency is the expansion of the Community Competency Restoration Program in St. Peter, allowing for the transfer of individuals at AMRTC who no longer meet hospital level of care criteria resulting in a reduction in the length of stay.

Individuals under mental health commitment have more complex mental health and behavioral support needs. When they move to the community, they may require 24 hour per day staffing or 1:1 or 2:1 staffing. Common barriers that can result in delayed discharges for those at AMRTC include a lack of housing vacancies and housing providers no longer accepting applications for waiting lists.

Community providers often lack capacity to serve individuals who exhibit these behaviors:

- 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); and
- Unwillingness to take medication in the community.

Ongoing efforts are facilitated to improve the discharge planning process for those served at AMRTC:

- Improvements in the treatment planning process to better facilitate collaboration with county partners. AMRTC has increased collaboration efforts to foster participation with county partners to aid in identifying more applicable community placements and resources for individuals awaiting discharge.

- Improvements in AMRTC's notification process for individuals who no longer meet hospital criteria of care to county partners and other key stakeholders to ensure that all parties involved are informed of changes in the individual's status and resources are allocated towards discharge planning.

In order to meet timely discharge, individual treatment planning is necessary for individuals under mental health commitment who no longer need hospital level of care. This can involve the development of living situations tailored to meet their individualized needs which can be a very lengthy process. AMRTC continues to collaborate with county partners to identify, expand, and develop integrated community settings.

DHS is convening a cross-division, cross-administration working group to improve the timely discharge of individuals at MSH and AMRTC to identify: barriers, current and future strategies, and any needed efficiencies that could be developed between AMRTC and MSH to support movement to community. Counties and community providers will be consulted and engaged in this effort as well. DHS will report back to the Olmstead Subcabinet on these efforts annually starting December 31, 2018.

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

TRANSITION SERVICES GOAL THREE: By December 31, 2019, the average monthly number of individuals leaving Minnesota Security Hospital to a more integrated setting will increase to 10 individuals per month. [Revised in February 2017]

2017 goal

- By December 31, 2017 the average monthly number of individuals leaving to a more integrated setting will increase to **≥ 8**

Baseline: From January – December 2014, the average monthly number of individuals leaving Minnesota Security Hospital (MSH) to a more integrated setting was 4.6 individuals per month.

RESULTS:
The 2017 goal of 8 was **not met**.

Time period	Total number of individuals leaving	Transfers [iv] (-)	Deaths (-)	Net moved to integrated setting
January – December 2015	188	107	8	73 Average = 6.1
January – December 2016	184	97	3	84 Average = 7.0
Quarter 1 (January – March 2017)	45	22	3	20 Average = 6.7
Quarter 2 (April – June 2017)	51	27	3	21 Average = 7.0
Quarter 3 (July – September 2017)	52	28	1	23 Average = 7.7
Quarter 4 (October – December 2017)	51	37	2	12 Average = 4.0
Annual Totals January – December 2017	199	114	9	**76 Average = 6.3**

ANALYSIS OF DATA:
During 2017, the average monthly number of individuals leaving Forensic Services[3] to a more integrated setting was 6.3. The annual goal of 8 was not met. The average number moving to an integrated setting decreased from 7.7 in Quarter 3 to 4.0 in Quarter 4.

Beginning January 2017, Forensic Services began categorizing discharge data into three areas. These categories allow analysis surrounding continued barriers to discharge. The table below provides detailed information regarding individuals leaving Forensic Services, including the number of individuals who moved to integrated settings (under restore to competency, Mentally Ill and Dangerous (MI&D) committed, and Other committed).

[3] MSH includes individuals leaving MSH, Transition Services, Forensic Nursing Home, and the Competency Restoration Program at St Peter. These four programs are collectively referred to as Forensic Services.

Time period	Type	Total moves	Transfers	Deaths	Moves to integrated	
January – December 2015	Restore to competency	99	67	1		31
	MI&D committed	66	24	7		35
	Other committed	23	16	0		7
	Total	**188**	**107**	**8**	**(Avg. 6.1)**	**73**
January – December 2016	Restore to competency	93	62	0		31
	MI&D committed	69	23	3		43
	Other committed	25	15	0		10
	Total	**187**	**100**	**3**	**(Avg. 7.0)**	**84**
Quarter 1 (Jan – March 2017)	Restore to competency	23	15	1		7
	MI&D committed	19	7	1		11
	Other committed	3	0	1		2
	Total	**45**	**22**	**3**	**(Avg. 6.7)**	**20**
Quarter 2 (April – June 2017)	Restore to competency	31	24	1		6
	MI&D committed	16	2	2		12
	Other committed	4	1	0		3
	Total	**51**	**27**	**3**	**(Avg. 7.0)**	**21**
Quarter 3 (July – Sept 2017)	Restore to competency	39	24	0		15
	MI&D committed	12	3	1		8
	Other committed	0	0	0		0
	Total	**52**	**27**	**1**	**(Avg. 7.7)**	**23**
Quarter 4 (Oct – Dec 2017)	Restore to competency	40	31	0		9
	MI&D committed	7	4	2		1
	Other committed	4	2	0		2
	Total	**51**	**37**	**2**	**(Avg. 4.0)**	**12**

COMMENT ON PERFORMANCE:
MSH, Transition Services, Forensic Nursing Home, and the Competency Restoration Program (CRP) at St. Peter serve different populations for different purposes. Together the four programs are known as Forensic Services. DHS efforts continue to expand community capacity. In addition, Forensic Services continues to work towards the mission of Olmstead through identifying individuals who could be served in more integrated settings.

Legislation this past session increases the base funding to improve clinical direction and support to direct care staff treating and managing clients with complex conditions, some of whom engage in aggressive behaviors. The funding will enhance the current staffing model to achieve a safe, secure and therapeutic treatment environment. Of the 53.4 additional funded positions, 32 FTE's have been filled as of December 29, 2017. These positions are primarily in direct care positions such as registered nurses, forensic support specialists and human services support specialists. The positions that remain to be filled are in professional areas such as psychologists, social workers, recreational and occupational therapists.

MI&D committed and Other committed
MSH and Transition Services primarily serve persons committed as Mentally Ill and Dangerous (MI&D), providing acute psychiatric care and stabilization, as well as psychosocial rehabilitation and treatment

services. The MI&D commitment is for an indeterminate period of time, and requires a Special Review Board recommendation to the Commissioner of Human Services, prior to approval for community-based placement (Minnesota Stat. 253B.18). MSH also serves persons under other commitments. Other commitments include Mentally Ill (MI), Mentally Ill and Chemically Dependent (MI/CD), Mentally Ill and Developmentally Disabled (MI/DD).

One identified barrier is the limited number of providers with the capacity to serve:

- Individuals with Level 3 predatory offender designation;
- Individuals over the age of 65 who require either adult foster care, skilled nursing, or nursing home level care;
- Individuals with DD/ID with high behavioral acuity; and
- Individuals who are undocumented.

Ongoing efforts are facilitated to enhance discharges for those served at Forensic Services, including:

- Collaboration with county partners to identify those individuals who have reached maximum benefit from treatment.
- Collaboration with county partners to identify community providers and expand community capacity (with specialized providers/utilization of Minnesota State Operated Community Services).
- Utilization of the Forensic Review Panel, an internal administrative group, whose role is to review individuals served for reductions in custody (under MI&D Commitment), and who may be served in a more integrated setting.
- The Forensic Review Panel also serves to offer treatment recommendations that could assist the individual's growth/skill development, when necessary, to aid in preparing for community reintegration. As a result of these efforts, in 2017, Forensic Services recommended reductions-in-custody to the Special Review Board for 18 individuals, 12 of which were granted."
- Collaboration with DHS/Direct Care and Treatment entities to expand community capacity and individualized services for a person's transitioning (Whatever It Takes, Licensing Division, and Disability Services Division).

Restore to Competency

Individuals under competency restoration treatment, Minn. R. Crim. R. 20.01, may be served in any program at Forensic Services. Primarily CRP serves this population, and the majority of individuals are placed under a concurrent civil commitment to the Commissioner, as Mentally Ill. The limited purpose of CRP services is to restore a person's capacity to meaningfully participate in criminal proceedings, and his/her discharge is governed by the criminal court.

Competency restoration treatment may also be paired with a civil commitment of MI&D. These individuals would be served at MSH, and in rare circumstances Transition Services or the Forensic Nursing Home. For this report, the "Restore to Competency" category represents any individual who had been under court ordered competency restoration treatment, though not under commitment as MI&D (as transitions to more integrated settings for those under MI&D requires Special Review Board review and Commissioner's Order).

- All individuals at CRP competency entered the program under "treat to competency" orders.
- Forensic Services has expanded programming to individuals under "treat to competency", by opening a Community Competency Restoration Program in the St. Peter community.

- While AMRTC continues to provide care to those who may be under this legal status, individuals referred to CRP in St Peter are determined to no longer require hospital-level care.

DHS is convening a cross-division, cross-administration working group to improve the timely discharge of individuals at MSH and AMRTC to identify barriers, current and future strategies, and any needed efficiencies that could be developed between AMRTC and MSH to support movement to community. Counties and community providers will be consulted and engaged in this effort as well. DHS will report back to the Olmstead Subcabinet on these efforts annually starting December 31, 2018.

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

TRANSITION SERVICES GOAL 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.

2018 Goal

- By June 30, 2018, 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 50%.

Baseline: From July – September 2016, of the 31 transition cases reviewed, four cases (12.9%) adhered to transition protocols that meet the principles of person-centered planning and informed choice.

RESULTS:
The goal is **not on track** to meet the 2018 goal of 50%.

Time period	Total number of cases reviewed (disability waivers)	Number of transition cases reviewed (disability waivers)	Number of cases meeting protocols	% of cases meeting protocols
Quarter 1* July – Sept 2016	290	31	3	9.7%
Quarter 2* Oct – Dec 2016	296	21	4	19.0%
Quarter 3* Jan – March 2017	386	27	1	3.7%
Quarter 4* April – June 2017	215	35	2	5.7%
Annual* July 2016 – June 2017	1,187	113	10	8.8%
Quarter 1 July – Sept 2017	172	25	0	**0%**

*See the Addendum for information about discrepancies in these reporting periods from previously reported data.

ANALYSIS OF DATA:
The DHS Lead Agency Review implemented case file review protocols beginning July 2016 to monitor lead agencies implementation of the Person-Centered, Informed Choice and Transition Protocol. A sample of people who have been identified as having a transition in their living setting were added to the case file review.

During Quarter 1, DHS reviewed 172 case files through the lead agency review process to determine the percent of people 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". Of these case files, 25 indicated a transition had occurred. None of the cases (0%) of the 25 case files met the criteria of person-centered planning and informed choice. The goal is not on track to meet the 2018 annual goal to increase to 50 percent of plans that adhere to transition protocol standards.

COMMENT ON PERFORMANCE:
The Person-Centered, Informed Choice and Transition Protocols were initiated with lead agencies in July of 2016. Since the lead agency review looks at documentation completed up to 364 days prior to the site visit, reviews through the first three quarters of 2017 included plans that were written before the protocol was issued.

Since July 2016, the Lead Agency Review Team has made recommendations to each county visited on how to improve their person-centered practices. Counties are in varying stages on their person-centered journey. The recommendations encourage lead agencies to set expectations for the quality and content of support plans as well as to seek out and provide training for their staff on providing person-centered practices. This may involve changes in agency practices as well as changes to how agencies work with their community partners.

Beginning in January 2018, DHS will require individual remediation when lead agencies do not comply with the person-centered protocols. When findings from a case file review indicate that files do not contain all required documentation, the agency will be required to bring all cases into full compliance by obtaining or correcting the documentation. All corrections must be made within 60 days of the Lead Agency Review site visits. Corrective action plans will be required when patterns of non-compliance are evident.

DHS conducted regional day-long training and technical assistance sessions with counties and tribes during May through September 2017. Due to high demand, DHS has scheduled an additional five training sessions through February 2018. In total 15 training sessions were offered to lead agency staff across the state. A supervisor tool kit is being developed to support counties, tribes and contracted case management providers in the oversight of plan development according to the protocol. The expectation is that the number of plans that adhere to the protocols will increase over time and during 2018.

Criteria used in case file reviews
The plan is considered to meet the person-centered protocols if all eight items below are present:
1. The support plan describes goals or skills that are related to the person's preferences.
2. The support plan includes a global statement about the person's dreams and aspirations.
3. Opportunities for choice in the person's current environment are described.

4. The person's current rituals and routines are described.
5. Social, leisure, or religious activities the person wants to participate in are described.
6. Action steps describing what needs to be done to assist the person in achieving his/her goals or skills are described.
7. The person's preferred living setting is identified.
8. The person's preferred work activities are identified.

The plan is considered to meet the transition protocols if all ten items below (from "My Move Plan" document) are present:

1. Where is the person moving?
2. Date and time the move will occur.
3. Who will help the person prepare for the move?
4. Who will help with adjustment during and after the move?
5. Who will take the person to new residence?
6. How the person will get his or her belongings.
7. Medications and medication schedule.
8. Upcoming appointments.
9. Who will provide support after the move; what they will provide and how to contact those people (include informal and paid support), including supporting the person to adjust to the changes.
10. Back-up plans for what the person will do in emergencies, such as failure of service provider to show up on schedule, unexpected loss of provider or mental health crisis.

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.

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 goals have been established for each of these categories.

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

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

RESULTS:
The CADI waiting list remains at zero and is **on track** to stay at zero. CADI waiver services continues to show that no one is on the waiting list.

Time period	Number on CADI waiver waiting list at end of quarter	Change from previous quarter
April – June 2015	1,254	<174>
July – September 2015	932	<322>
October – December 2015	477	<455>
January – March 2016	193	<284>
April – June 2016	7	<186>
July – September 2016	0	<7>
October – December 2016	0	0
January – March 2017	0	0
April – June 2017	0	0
July – September 2017	0	0
October – December 2017	0	0

ANALYSIS OF DATA:
As of October 1, 2016 the Community Access for Disability Inclusion (CADI) waiver waiting list was eliminated. As of December 31, 2017 the CADI waiver waiting list remains at zero.

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

DHS will continue to monitor data and work with lead agencies to ensure that eligible individuals are allocated the CADI waiver and do not end up on the waiting list.

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

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

Baseline: From January – December 2016, of the 1,500 individuals assessed, 707 individuals or 47% moved off the DD waiver waiting list at a reasonable pace. The percent by urgency of need category was: Institutional Exit (42%); Immediate Need (62%); and Defined Need (42%).

Assessments between January – December 2016

Urgency of Need Category	Total number of people assessed	Reasonable Pace Funding approved within 45 days	Funding approved after 45 days
Institutional Exit	89	37 **(42%)**	30 (37%)
Immediate Need	393	243 **(62%)**	113 (29%)
Defined Need	1,018	427 **(42%)**	290 (30%)
Totals	**1,500**	**707 (47%)**	433 (30%)

RESULTS: This goal is **on track**.

Time period: January – March 2017

Urgency of Need Category	Total number of people assessed	Reasonable Pace Funding approved within 45 days	Funding approved after 45 days	Still on waiting list
Leaving an Institution	31	22 (71%)	5 (16%)	4 (13%)
Immediate Need	90	60 (67%)	18 (20%)	12 (13%)
Defined Need	288	155 (54%)	52 (18%)	81 (28%)
Totals	**409**	**237 (58%)**	**75 (18%)**	**97 (24%)**

Time period: April – June 2017

Urgency of Need Category	Total number of people assessed	Reasonable Pace Funding approved within 45 days	Funding approved after 45 days	Still on waiting list
Leaving an Institution	36	15 (42%)	16 (44%)	5 (14%)
Immediate Need	117	63 (54%)	37 (32%)	17 (14%)
Defined Need	353	163 (46%)	127 (36%)	63 (18%)
Totals	**506**	**241 (48%)**	**180 (35%)**	**85 (17%)**

Time period: July – September 2017

Urgency of Need Category	Total number of people assessed	Reasonable Pace Funding approved within 45 days	Funding approved after 45 days	Still on waiting list
Leaving an Institution	29	21 (72%)	6 (21%)	2 (7%)
Immediate Need	122	83 (68%)	32 (26%)	7 (6%)
Defined Need	297	189 (64%)	80 (27%)	28 (9%)
Totals	**448**	**293 (66%)**	**118 (26%)**	**37 (8%)**

ANALYSIS OF DATA:
From July – September 2017, of the 448 individuals assessed for the Developmental Disabilities (DD) waiver, 293 individuals (66%) had funding approved within 45 days of the assessment date. In the previous quarter, of the 506 individuals assessed, 241 individuals (48%) had funding approved within 45 days of assessment. This quarter more individuals were approved for funding within 45 days, and there was a smaller percentage who remained on the waiting list.

COMMENT ON PERFORMANCE:
Lead agencies receive monthly updates regarding the people who are on the DD waiver waiting list through a web-based system. Using this information, lead agencies can view the number of days a person has been on a waiting list and whether reasonable pace goals are met. If reasonable pace goals are not met for people in the Institutional Exit or Immediate Need categories, DHS directly contacts the lead agency and seeks remediation. DHS continues to allocate funding resources to lead agencies to support funding approval for people in the Institutional Exit and Immediate Need categories.

Lead agencies may encounter waiting list situations on an intermittent basis, requiring DHS to engage with each agency to resolve individual situations. When a waiting list issue arises, a lead agency may be unfamiliar with the reasonable pace funding requirement due to the infrequency of this issue at their particular agency. DHS continues to provide training and technical assistance to lead agencies as waiting list issues occur and has added staff resources to monitor compliance with reasonable pace goals.

While a smaller proportion of people moved off the waiting list at a reasonable pace, compared to the previous quarter, a higher percentage had funding approved overall. This quarter, 92 percent of people had funding approved, an increase from 83 percent during the previous quarter.

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.

Below is a summary table with the number of people still on the waiting list at specific points of time. Also included is the average and median days waiting of those individuals who are still on the waiting list. The average days and median days information has been collected since December 1, 2015. This data does not include those individuals who had funding approved within the 45 days reasonable pace goal. The total number of people still on the waiting list as of January 1, 2018 (89) has decreased since October 1, 2017 (152).

Waiting List Status as of April 1, 2017

Category	Number of people on waiting list	Average days on waiting list	Median days on waiting list
Institutional Exit	13	91	82
Immediate Need	16	130	93
Defined Need	172	193	173
Total	201		

Waiting List Status as of July 1, 2017

Category	Number of people on waiting list	Average days on waiting list	Median days on waiting list
Institutional Exit	13	109	103
Immediate Need	26	122	95
Defined Need	198	182	135
Total	237		

Waiting List Status as of October 1, 2017

Category	Number of people on waiting list	Average days on waiting list	Median days on waiting list
Institutional Exit	12	136	102
Immediate Need	36	120	82
Defined Need	104	183	137
Total	**152**		

Waiting List Status as of January 1, 2018

Category	Number of people on waiting list	Average days on waiting list	Median days on waiting list
Institutional Exit	1	144	144
Immediate Need	22	108	74
Defined Need	66	184	140
Total	**89**		

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

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

RESULTS: This goal to eliminate the waiting list was **not met.**

INSTITUTIONAL EXIT CATEGORY

Time period	Number of people assessed	Still on waiting list at end of period
January – March 2016	14	1 (7%)
April – June 2016	31	9 (29%)
July – September 2016	20	7 (35%)
October – December 2016	29	5 (17%)
January – March 2017	31	4 (13%)
April – June 2017	36	5 (14%)
July – September 2017	29	2 (7%)

IMMEDIATE NEED CATEGORY

Time period	Number of people assessed	Still on waiting list at end of period
January – March 2016	93	10 (11%)
April – June 2016	126	10 (8%)
July – September 2016	100	14 (14%)
October – December 2016	89	7 (8%)
January – March 2017	90	12 (13%)
April – June 2017	117	17 (14%)
July – September 2017	122	7 (6%)

ANALYSIS OF DATA:
From July – September 2017, for persons in the Institutional Exit category, two individuals (7%) remained on the DD waiver waiting list at the end of the reporting period. For persons in the Immediate Need category, seven individuals (6%) remained on the DD waiver waiting list at the end of the reporting period. The goal to eliminate the waiting list for these two categories was not met.

COMMENT ON PERFORMANCE:
DHS focuses its 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 provide technical assistance to the lead agency to approve funding for persons in these categories.

Lead agencies may encounter waiting list situations on an intermittent basis, requiring DHS to engage with each agency to resolve individual situations. When a waiting list issue arises, a lead agency may be unfamiliar with the reasonable pace funding requirement due to the infrequency of this issue at their particular agency. DHS continues to provide training and technical assistance to lead agencies as waiting list issues occur and has added staff resources to monitor compliance with reasonable pace goals.

The proportion of people in the Institutional Exit category who were still on the waiting list in this quarter decreased from previous quarters. The overall goal to eliminate the Institutional Exit and Immediate Need categories was not met. Demonstrating complete elimination of these categories is challenging as, because of the process used to screen new DD waiver recipients, most new recipients will appear on the waiting list prior to accessing the waiver. DHS is recommending updates to this goal during the 2018 Olmstead Plan amendment process to better define success as people in these two categories accessing waiver funding at a reasonable pace. Additionally, DHS will work with lead agencies to continue to approve funding according to the reasonable pace goals.

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

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

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

DEFINED NEED CATEGORY

Time period	Number of people assessed	Still on waiting list
January – March 2016	217	74 (34%)
April – June 2016	323	102 (32%)
July – September 2016	285	88 (31%)
October – December 2016	257	65 (25%)
January – March 2017	288	81 (28%)
April – June 2017	353	63 (18 %)
July – September 2017	297	28 (9%)

ANALYSIS OF DATA:
From July – September 2017, for persons in the Defined Need category, 28 people (9%) out of 297 people remained on the DD waiver waiting list. In this quarter, the proportion of people who were still on the waiting list in the Defined Need category decreased from the previous quarter.

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.

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

IV. QUALITY OF LIFE MEASUREMENT RESULTS

NATIONAL CORE INDICATORS (NCI) SURVEY

The results for the 2016 NCI survey for individuals with intellectual and developmental disabilities were reported in the August 2017 Quarterly Report.

QUALITY OF LIFE SURVEY

The Quality of Life Baseline Survey was conducted between February 2017 and November 2017. At completion, 2,005 people, selected by random sample, participated in the survey. This survey was designed specifically for people with disabilities of all ages who are authorized to receive state-paid services in potentially segregated settings. This survey seeks to talk directly with individuals to get their own perceptions and opinions about what affects their quality of life.

The primary groups included in the survey sample are:

- People with physical disabilities
- People with intellectual/developmental disabilities
- People with mental health needs/dual diagnosis (mental health diagnosis and chemical dependency)
- People who are deaf or hard of hearing
- People who are blind or visually impaired
- People with brain injuries

The settings from which the survey sample was drawn were selected based on a 2014 report developed by the Minnesota Department of Human Services for the Olmstead Subcabinet. The report highlighted potentially segregated settings.

These settings include:

- Center Based Employment
- Day Training and Habilitation (DT&H)
- Board and Lodging
- Supported Living Facilities (SLF)
- Boarding Care
- Nursing Facilities and Customized Living Facilities
- Community Residential Services (Adult Foster Care and Supported Living Services)
- Intermediate Care Facilities for Persons with Developmental Disabilities (ICF/DD)

The data collected from the 2,005 survey participants are extensive. More analysis is needed to paint a clearer picture about quality of life and its potential indicators. There are more questions to ask and the data collected in this survey provides a deep well from which to draw answers. As a subsequent analysis, The Improve Group will explore whether weighting the data would improve the descriptive power of the results in this report. The feasibility of weighting by key variables such as region, setting or disability will be considered.

The further data analysis in the areas of type of disabilities, type of setting, and geographic location is anticipated to be completed and reported at the March 26, 2018 Subcabinet meeting. Upon completion of the further data analysis, OIO will initiate a communication plan on the Report to the public and in particular people with disabilities, families and their supporters.

V. INCREASING SYSTEM CAPACITY AND OPTIONS FOR INTEGRATION

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

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

2018 goal

- By June 30, 2018, the percent of plans that meet the required protocols will increase to 70%.

Baseline: From July – September 2016, 289 cases were reviewed. Of those cases, 47 (16.3%) were identified as having plans that met the person-centered protocols. During the period July 2014 – June 2015, there were 38,550 people served by disability home and community based services.

RESULTS:

The goal is **not on track** to meet the 2018 goal of 70%.

Time Period	Total number of cases (disability waivers)	Sample of cases reviewed (disability waivers)	Number of cases meeting protocols	Percent of cases meeting protocols
Quarter 1* (July – Sept 2016)	1,682	290	39	13.4%
Quarter 2* (Oct – Dec 2016)	2,030	296	41	13.9%
Quarter 3* (Jan – March 2017)	3,411	386	20	5.2%
Quarter 4* (April – June 2017)	1,357	215	11	5.1%
Annual July 2016 – June 2017	8,480	1,187	111	9.4%
Quarter 1 (July – Sept 2017)	892	172	13	**7.6%**

* See the Addendum for information about discrepancies in these reporting periods from previously reported data.

ANALYSIS OF DATA:

From July – September 2017, there were 172 files reviewed. Of those files, 13 (7.6%) were identified as having plans that were person-centered. The goal is not on track to meet the annual goal of 70%. Because different counties are reviewed each quarter, the change in percent from one quarter to the next does not mean the counties from the previous quarter are doing better or worse.

In July 2016, the DHS Lead Agency Review began monitoring lead agency implementation of the Person-Centered, Informed Choice and Transition Protocol[4]. Though lead agencies are responsible to ensure each person has a support plan that includes all required person-centered elements, the Lead Agency Review is focusing on key areas of the protocol.

The Lead Agency Review team looks at twenty-five person-centered items for the disability waiver programs (Brain Injury (BI), Community Alternative Care (CAC), Community Alternatives for Disability Inclusion (CADI) and Developmental Disabilities (DD)). Of those twenty-five items, eight were identified as being cornerstones of a person-centered plan. If all eight items are present, the plan is considered to meet the person-centered protocols.

The eight key areas are listed below. Also included are the results of the Quarter 1 review to indicate the percentage of plans that met the criteria for that item.

1. The support plan describes goals or skills that are related to the person's preferences. (76%)
2. The support plan includes a global statement about the person's dreams and aspirations. (15%)
3. Opportunities for choice in the person's current environment are described. (83%)
4. The person's current rituals and routines are described. (42%)
5. Social, leisure, or religious activities the person wants to participate in are described. (81%)
6. Action steps describing what needs to be done to assist the person in achieving his/her goals or skills are described. (76%)
7. The person's preferred living setting is identified. (67%)
8. The person's preferred work activities are identified. (91%)

Current DHS standard requires that **all eight** items are present in the support plan (or in supporting documents, i.e. assessment or case notes) held by the lead agency. If **one** of the eight items is missing, the support plan is considered as not meeting the protocols of a person-centered plan. The item most commonly missing is item two, "The support plan includes a global statement about the person's dreams and aspirations."

DHS is evaluating the method for reporting data collected via the lead agency review process and whether the current way of requiring all eight items is an accurate reflection of what is happening in lead agencies. DHS has recommended changes in the measure through the ongoing Olmstead Plan amendment process.

[4] A Person-Centered Planning, Informed Choice and Transition Protocol was approved by the Olmstead Executive Committee in February 2016. A revision including minor edits was approved by the Olmstead Subcabinet in March 2017.

Counties Participating in Audits*

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

July – September 2016	October – December 2016	January – March 2017	April – June 2017
30. Hubbard	38. Cook	44. Chisago	47. MN Prairie Alliance[5]
31. Cass	39. Fillmore	45. Anoka	48. Morrison
32. Nobles	40. Houston	46. Sherburne	49. Yellow Medicine
33. Becker	41. Lake		50. Todd
34. Clearwater	42. SW Alliance[6]		51. Beltrami

July – September 2017
52. Pennington
53. Winona
54. Roseau
55. Marshall
56. Kittson

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

COMMENT ON PERFORMANCE:
The Person-Centered, Informed Choice and Transition Protocols were initiated with lead agencies in July of 2016. Since the lead agency review looks at documentation completed up to 364 days prior to the site visit, reviews through the first three quarters of 2017 included plans that were written before the protocol was issued.

Since July 2016, the Lead Agency Review Team has made recommendations to each county visited on how to improve their person-centered practices. Counties are in varying stages on their person-centered journey. The recommendations encourage lead agencies to set expectations for the quality and content of support plans as well as to seek out and provide training for their staff on providing person-centered practices. This may involve changes in agency practices as well as changes to how agencies work with their community partners.

[5] The MN Prairie Alliance includes Dodge, Steele, and Waseca counties.
[6] The SW Alliance includes Lincoln, Lyon, Murray, Pipestone, Redwood, and Rock counties.

Beginning in January 2018, DHS will require individual remediation when lead agencies do not comply with the person-centered review protocols. When findings from case file review indicate files did not contain all required documentation, the agency is required to bring all cases into full compliance by obtaining or correcting the documentation. All corrections must be made within 60 days of the Lead Agency Review site visits. Corrective action plans will be required when patterns of non-compliance are evident.

DHS conducted regional day-long training and technical assistance sessions with counties and tribes during May through September 2017. Due to high demand, DHS has scheduled an additional five training sessions through February 2018. In total 15 training sessions were offered to lead agency staff across the state. A supervisor tool kit is being developed to support counties, tribes and contracted case management providers in the oversight of plan development according to the protocol. The expectation is that the number of plans that adhere to the protocols will increase over time and during 2018.

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

POSITIVE SUPPORTS GOAL ONE: By June 30, 2018, the number of individuals receiving services licensed under Minn. Statute 245D, or within the scope of Minn. Rule, Part 9544, (for example, home and community based services) who experience a restrictive procedure, such as the emergency use of manual restraint when the person poses an imminent risk of physical harm to themselves or others and it is the least restrictive intervention that would achieve safety, will decrease by 5% or 200.

2018 Goal

- By June 30, 2018, the number of people experiencing a restrictive procedure will be **reduced by 5% from the previous year or 46 individuals**

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

RESULTS:
The 2018 goal is **in process**.

Time period	Individuals who experienced restrictive procedure	Reduction from previous year
2015 Annual (July 2014 – June 2015)	867 (unduplicated)	209
2016 Annual (July 2015 – June 2016)	761 (unduplicated)	106
2017 Annual (July 2016 - June 2017)	**692 (unduplicated)**	**69**
Quarter 1 (July - September 2017)	260 (duplicated)	N/A – quarterly status of annual goal

ANALYSIS OF DATA:
From July - September 2017, the number of individuals who experienced a restrictive procedure was 260. This is a decrease of 3 from the previous quarter and the lowest number in the last four quarters.

It's important to note that the June 30, 2018 overall goal to reduce the number of people experiencing restrictive procedures by 200 has already been reached.

COMMENT ON PERFORMANCE:
There were 260 individuals who experienced a restrictive procedure this quarter:

- 230 individuals were subjected to Emergency Use of Manual Restraint (EUMR) only. Such EUMRs are permitted and not subject to phase out requirements like all other "restrictive" procedures. These reports are monitored and technical assistance is available when necessary.
- 30 individuals experienced restrictive procedures other than EUMRs (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures). DHS staff and the Interim Review Panel provide follow up and technical assistance for all reports involving restrictive procedures *other than* EUMR. It is anticipated that focusing technical assistance with this subgroup will reduce the number of individuals experiencing restrictive procedures and the number of reports (see Positive Supports Goal Three).

Under the Positive Supports Rule, the External Program Review Committee (EPRC) convened in February 2017 has the duty to review and respond to Behavior Intervention Reporting Form (BIRF) reports involving EUMRs. Beginning in May 2017, the EPRC conducted outreach to providers in response to EUMR reports. It is anticipated the EPRC's work will help to reduce the number of people who experience EUMRs through the guidance they provide to license holders regarding specific uses of EUMR. The purpose of EPRC engagement in these cases is to provide guidance to help reduce the frequency and/or duration of future emergency uses of manual restraint. The EPRC is training new members on the EUMR guidance and follow up process and beginning to look at "post guidance" intervention data to identify results/trends. During this quarter, the EPRC conducted EUMR-related outreach involving seven people.

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

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

Annual Goals

- By June 30, 2018, the number of reports of restrictive procedures will be reduced by **369.**

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 2018 goal is **in process**.

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
2017 Annual (July 2016 - June 2017)	3,583	425
Quarter 1 (July – September 2017)	991	N/A – quarterly status of annual goal

ANALYSIS OF DATA:
From July - September 2017, the number of restrictive procedure reports was 991. This was an increase of 186 from 805 during the previous quarter. It is important to note that the June 30, 2018 overall goal to reduce the number of reports people by 1,596 has already been reached.

COMMENT ON PERFORMANCE:
There were 991 reports of restrictive procedures this quarter. Although the overall number of people experiencing restrictive procedures continues to decrease, there are more instances of increased use with specific people. The biggest driver is the increase in emergency use of manual restraint; this is where engagement/intervention by the External Program Review Committee is increasing.

Of the 991 reports:

- 758 reports were for emergency use of manual restraint (EUMR). Such EUMRs are permitted 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 has the duty to review and respond to BIRF reports involving EUMRs. Convened in February 2017, the Committee's work will help to reduce the number of people who experience EUMRs through the guidance they provide to license holders regarding specific uses of EUMR.
  - Beginning in May 2017, the External Program Review Committee conducted outreach to providers in response to EUMR reports. The impact of this work toward reducing the number of EUMR reports will be tracked and monitored over the next several quarterly reports.
  - This quarter shows an increase of 122 reports of EUMR from the previous quarter. Follow up by the External Program Review Committee began in Fiscal Year 2017, Quarter 3, and will be monitored for its impact on the number of reports received.

- 233 reports involved restrictive procedures other than EUMR (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures). DHS is aware of where the increase this quarter came from and has monitoring and outreach functions in place to identify and engage with providers to reduce their use. The close monitoring and engagement by the EPRC with the approved cases of emergency use of procedures enables DHS to help providers work through some of the most difficult cases of ongoing use of mechanical restraints. DHS staff provide follow up and technical assistance for all reports involving restrictive procedures that are not implemented according to requirements under 245D or the Positive Supports Rule. The External Program Review Committee provides ongoing monitoring over restrictive procedures being used by providers with persons under the committee's purview. 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 Three.
  - The number of non-EUMR restrictive procedure reports decreased by 64 over the previous quarter.

- 41 uses of seclusion involving 12 people were reported this quarter:
  - 23 uses involving 9 people occurred at Minnesota Security Hospital, in accordance with the Positive Supports Rule (i.e., not implemented as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for staff convenience).
  - 18 uses involving 3 people occurred as part of an approved Positive Support Transition Plan during the 11-month phase out period.
  - There were no reported use of time out or penalty consequences this quarter.

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

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

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

2018 Goal

- By June 30, 2018, reduce mechanical restraints to no more than
  - **(A) 185** reports of mechanical restraint
  - **(B) 13** individuals approved for emergency use of mechanical restraint

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

RESULTS:
(A) The 2018 goal for number of reports is **not on track**.
(B) The 2018 goal for number of individuals is **not on track**.

Time period	(A) Number of reports during the time period	(B) Number of individuals at end of time period
2015 Annual (July 2014 – June 2015)	912	21
2016 Annual (July 2015 – June 2016)	691	13
2017 Annual (July 2016 – June 2017)	664	16
Quarter 1 (July – September 2017)	192	15

ANALYSIS OF DATA:
This goal has two measures. Neither measure is on track to meet the 2018 goal.

- From July to September 2017, the number of reports of mechanical restraints was 192. This was an increase of 35 from 157 in Quarter 4.
- At the end of the reporting period (September 2017), the number of individuals for whom the EUMR was approved was 15. Although this is a decrease from 16 during the previous quarter, it is not on track to meet the 2018 goal of 13.

COMMENT ON PERFORMANCE:
Under the requirements of the Positive Supports Rule, in situations where mechanical restraints have been part of an approved Positive Support Transition Plan to protect a person from imminent risk of serious injury due to self-injurious behavior and the use of mechanical restraints has not been successfully phased out within 11 months, a provider must submit a request for the emergency use of these procedures to continue their use.

These requests are reviewed by the External Program Review Committee (EPRC) to determine whether or not they meet the stringent criteria for continued use of mechanical restraints. The EPRC consists of members with knowledge and expertise in the use of positive supports strategies. The EPRC 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 EPRC includes a written list of person-specific recommendations to assist the provider to reduce the need for use of mechanical restraints. In situations where the EPRC believes a license holder needs more intensive technical assistance, phone and/or in-person consultation is provided by panel members. Prior to February 2017, the duties of the ERPC were conducted by the Interim Review Panel.

Of the 192 BIRFs reporting use of mechanical restraint in Quarter 1:

- 165 reports involved 10 of the 15 people with review by the EPRC and approval by the Commissioner for the emergency use of mechanical restraints during the reporting quarter.
  - This is an increase of 21 reports from Quarter 4.
  - For 5 people approved for emergency use reported, there were no uses of mechanical restraint during this quarter.
- 3 reports were submitted for 2 people who have been determined by the EPRC to apply and use a restraint device on themselves voluntarily and independently. The EPRC continues to monitor these cases although the devices are not used against them as a restraint.
- 2 reports, involving 2 people, included the unapproved use of mechanical restraint. Both came from providers that had identified the use as unauthorized prior to TA from DHS and taken corrective action (staff retraining, revising behavior intervention protocols) to prevent reoccurrence.
- 21 reports, involving 6 people, were submitted by Minnesota Security Hospital for uses of mechanical restraint that were not implemented as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for staff convenience.
- 1 report involving 1 person was inaccurately coded and did not involve the use of mechanical restraint by a DHS license holder.

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

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

2017 Goal

- By June 30, 2017, the number will decrease to **no more than 45 people**.

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 2017 goal was **not met**.

Time period	Number of people who discontinued disability waiver services after a crisis
2015 Annual (July 2014 – June 2015)	54 (unduplicated)
2016 Annual (July 2015 – June 2016)	71 (unduplicated)
Quarter 1 (July – September 2016)	16 (duplicated)
Quarter 2 (October – December 2016)	10 (duplicated)
Quarter 3 (January –March 2017)	16 (duplicated)
Quarter 4 (April – June 2017)	18 (duplicated)
Annual Total (July 2016 – June 2017)	**62 (unduplicated)**

ANALYSIS OF DATA:
From July 2016 – June 2017, the number of people who discontinued disability waiver services after a crisis was 62. The 2017 annual goal of 45 or fewer was not met. The quarterly numbers are duplicated counts. People may discontinue and resume disability waiver services after a crisis in multiple quarters in a year. The quarterly numbers can be used as indicators of direction, but cannot be used to measure annual progress. The annual number reported represents an unduplicated count of people who discontinue disability waiver services after a crisis during the four quarters.

COMMENT ON PERFORMANCE:
Given the small number of people identified in any given quarter as part of this measure, as of March 2017, DHS staff is conducting person-specific research to determine the circumstances and outcome of each identified waiver exit. This will enable DHS to better understand the reasons why people are exiting the waiver within 60 days of receiving a service related to a behavioral crisis and target efforts where needed most to achieve this goal.

Of the 18 people who discontinued waiver services because of a behavior crisis in Quarter 4:

- 10 people have since reopened to waiver services
- 2 people are no longer in institutional settings but have chosen not to reopen to the waiver
- 2 people have chosen to receive services in institutional settings (1 in an ICF/DD, the other in a nursing facility)
- 1 person passed away after entering a nursing facility

- 1 person did not exit the waiver during the reporting quarter (this person had crisis services authorized for the next quarter which were never billed before they went to a nursing facility).
- 1 person remains hospitalized and has chosen to return to the community without waiver services
- 1 person remains hospitalized, is receiving services from CSS, and is on waiting lists for state-operated crisis, state-operated long-term residential, and Minnesota Life Bridge placement

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

SEMI-ANNUAL AND ANNUAL GOALS

This section includes reports on the progress of measurable goals related to increasing capacity of the system and options for integration that are being reported semi-annually or annually. Each specific goal includes: the overall goal, the annual goal, baseline, results for the reporting period, analysis of the data and a comment on performance.

EMPLOYMENT GOAL ONE: By September 30, 2019, the number of new individuals[7] receiving Vocational Rehabilitation Services (VRS) and State Services for the Blind (SSB) who are in competitive integrated employment will increase by 14,820.

2017 Goal

- By September 30, 2017, the number of new individuals with disabilities working in competitive integrated employment will be **2,969.**

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 2017 goal was **not met**.

	Number of Individuals Achieving Employment Outcomes		
Time period Federal Fiscal Year (FFY)	**Vocational Rehabilitation Services (VRS)**	**State Services for the Blind (SSB)**	**Total**
October 2014 – September 2015 (FFY 15)	3,104	132	3,236
October 2015 – September 2016 (FFY 16)	3,115	133	3,248
October 2016 – September 2017 (FFY 17)	2,713	94	**2,807**

ANALYSIS OF DATA:
From October 2016 – September 2017, the number of people with disabilities working in competitive integrated employment was 2,807. The 2017 annual goal of 2,969 was not met. This number represents a decrease from the previous year, and an increase of 69 over baseline.

VRS: In FFY 17, the number of applications and completed plans increased over FFY 16 (applications increased 2.8%; plans completed increased 6%). Despite those increases, the number of employment outcomes for FFY 17 dropped to 2,713, a 12.9% decrease from FFY 16.

SSB: In FFY 17 the total number of customers served was 1,054. This is a decrease from the two previous years, (1,289 in FFY 16 and 1,265 in FFY 15). SSB continues to receive a steady number of applications, 279 in FFY 17. In FFY 17 SSB served a higher proportion of first time customers (38.3%) compared to 36.0% in FFY 16 and 35.4% in FFY 15. SSB also served a higher proportion of youth 14-21

[7] "New individuals" mean individuals who were closed successfully from the Vocational Rehabilitation program. This is an unduplicated count of people working successfully in competitive, integrated jobs. These numbers are based on a historic trend for annual successful employment outcomes.

years (26.5%) in FFY 17, compared to 19.5% in FFY 16 and 23.8% in FFY 15. This is a shift that will likely continue under WIOA's emphasis on transition students.

COMMENT ON PERFORMANCE:
VRS: This reduction in the number of individuals who achieved competitive integrated employment is a reflection of the changing demographics of persons being served and the increased complexity of their circumstances. Since the passage of the Workforce Innovation and Opportunity Act (WIOA), VRS has only been able to serve persons in category 1—those with the most significant disabilities. Additionally, the number of youth with intellectual and developmental disabilities being served has increased by 93% since FFY 15, largely due to the WIOA Section 511 mandate. This population requires intensive and long-term services in order to achieve an employment outcome.

The performance targets for this goal were set in early 2015, well before it was possible to fully comprehend the impact that WIOA would have on the public VR program. WIOA mandates have led to dramatic changes in the demographics of persons being served and have reduced the dollars available to assist participants in securing and maintaining competitive integrated employment. WIOA has also implemented new federal performance measures which focus on the individual's attainment of credentials and measurable skill gains.

SSB: The data provided in the table above must be interpreted within the context of the current customer demographics and policies. The time and effort needed to obtain employment depends upon each customer's specific circumstances and the policies that define the processes that staff must adhere to. Although the total number of SSB customers who obtained employment in FFY 17 decreased, the data show that, under recent policy changes, SSB is serving customers with more complex and longer-term needs.

In mid-FFY 17, SSB received guidance from Rehabilitation Services Administration that cases could not be closed until a customer maintained employment for at least 90 days without any substantive services and expanded upon the previous services that were permitted during this time. SSB immediately changed its policy and directed staff to hold closures and return customers to active enrollment status where appropriate. SSB operated under these guidelines for much of FFY 17, during which case closures were delayed. Following a recent consultation with WINTAC (a federal technical assistance center), SSB overturned the policy. This may have contributed to reducing the number individuals who were counted as achieving competitive integrated employment.

Additionally, SSB has been operating under an Order of Selection for two years, which prioritizes applicants with more functional limitations and higher needs. First time customers, youth, and those with more functional limitations typically require more services and training than repeat customers or adults, leading to longer enrollment times and a slower turnover rate.

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.

EMPLOYMENT GOAL FOUR: By December 31, 2019, the number of Peer Support Specialists who are employed by mental health service providers will increase by 82.

2017 Goal

- By December 31, 2017, the number of employed peer support specialists will increase by **14.**

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

RESULTS:
The 2017 goal was **met**.

Time Period ending	Number of employed peer support specialists	Increase over baseline
December 31, 2017	46	30

ANALYSIS OF DATA:
As of December 31, 2017 there were 46 certified peer support specialists employed by Assertive Community Treatment (ACT) teams or Intensive Residential Treatment Services (IRTS). The 2017 goal to increase the number of peer support specialists to 30 (14 over baseline) was met.

COMMENT ON PERFORMANCE:
During the month of December 2017, DHS contacted all of the Assertive Community Treatment (ACT) team or Intensive Residential Treatment Services (IRTS) providers to get a count of the number of employed certified peer support specialists.

DHS continues to refine the application and interview approach and are more successful in getting individuals who are more "work ready" than in the past. In the current peer training class, 6 of the 24 participants have a promise of employment upon successful completion of the training.

Contracted facilitators will be piloting a new format for the training. This training will be offered evenings and weekends for 3-4 weeks for working individuals to accommodate parents who have day care considerations.

DHS staff are meeting with providers to offer technical assistance for the implementation of peer services.

TIMELINESS OF DATA:
In order for this data to be reliable and valid, it is reported the month after it is collected. The data is collected for a point in time only.

EDUCATION GOAL ONE: By December 1, 2019, the number of students with disabilities[vii], receiving instruction in the most integrated setting[viii], will increase by 1,500 (from 67,917 to 69,417)

2016 Goal

- By December 1, 2016, the number of students receiving instruction in the most integrated settings will increase by 600 over baseline to 68,517

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

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

Time Period	Students with disabilities in most integrated setting	Total number of students with disabilities (ages 6 – 21)
January – December 2014	68,434 (62.1%) (517 over baseline)	110,141
January – December 2015	69,749 (62.1%) (1,832 over baseline)	112,375
January – December 2016	71,810 (62.3%) (3,893 over baseline)	115,279

ANALYSIS OF DATA:
During 2016, the number of students with disabilities receiving instruction in the most integrated setting increased by 3,893 over baseline to 71,810. The 2016 goal of an increase of 600 over baseline to 68,517 was met. Although the number of students in the most integrated setting increased, the percentage of students in the most integrated setting when compared to all students with disabilities ages 6 – 21 remains almost unchanged from the previous year. This is due to an increase in the total number of students with disabilities.

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.

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.

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 October 31, 2021, improvements will made to 30 miles of sidewalks.

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 **on track** to meet the 2020 goal.

Time Period	Curb Ramp Improvements	PROW Compliance Rate
Calendar Year 2014	1,139	24.5%
Calendar Year 2015	1,594	28.5%
Calendar Year 2016	1,015	35.0%

ANALYSIS OF DATA:

In 2016, the total number of curb ramps improved was 1,015, bringing the system to 35.0% compliance under PROW.

COMMENT ON PERFORMANCE:

In 2016, MnDOT constructed fewer curb ramps than in the previous construction season, but the implementation of the plan remains consistent with required ADA improvements. Based on variations within the pavement program, it is anticipated that there will be seasons when the number of curb ramps installed will be lower.

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.

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%.

2017 Goal

- By December 31, 2017, 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 intersections where APS signals were installed was 118.

RESULTS:

The 2017 goal was **met** (using Calendar Year 2016 data).

Time Period	Total APS in place	Increase over previous year	Increase over 2009 baseline
Calendar Year 2014	523 of 1,179 APS (44% of system)	--	405
Calendar Year 2015	592 of 1,179 APS (50% of system)	69	474
Calendar Year 2016	692 of 1,179 APS (59% of system)	100	574

ANALYSIS OF DATA:
In Calendar Year 2016, an additional 100 APS installations were provided. Based on the 2016 data, the 2017 goal to increase by 50 was met.

COMMENT ON PERFORMANCE:
MnDOT has already met its goal of 50% system compliance.

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

2017 Goal:

- By October 31, 2017, improvements will be made to an additional 6 miles of sidewalks.

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

RESULTS:
The 2017 goal was **met** (using Calendar Year 2016 data).

Time Period	Sidewalk Improvements	PROW Compliance Rate
Calendar Year 2014	N/A	46%
Calendar Year 2015	12.41 miles	47.3%
Calendar Year 2016	18.8 miles	49%

ANALYSIS OF DATA:
In Calendar Year 2016, improvements were made to 18.8 miles of sidewalks. This brings the Public Right of Way compliance rate to 49%. The 2017 goal was met.

COMMENT ON PERFORMANCE:
Based on the current trend this goal will be reevaluated against planned projects to determine new overall and annual goals.

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.

TRANSPORTATION GOAL TWO: By 2025, the annual number of service hours will increase to 1.71 million in Greater Minnesota (approximately 50% increase).

2017 Goal:

- By December 31, 2017, the annual number of service hours will increase to 1,257,000.

Baseline: In 2014 the annual number of service hours was 1,200,000.

RESULTS:
The 2017 goal was **met** (using Calendar Year 2016 data).

Time Period	Service Hours	Change from baseline
Baseline – Calendar Year 2014	1,200,000	N/A
Calendar Year 2015	1,218,787	18,787
Calendar Year 2016	1,454,701	254,701

ANALYSIS OF DATA:
During 2016, the total number of service hours increased to 1,454,701. The 2017 goal was met. The increase in the number of service hours is ahead of the 2020 goal of 1,428,000.

COMMENT ON PERFORMANCE:
The rapid increase in service hours was due in part to an off year solicitation to expand service under the New Starts Program in which operational and capital funds were provided to introduce new routes.

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.

TRANSPORTATION GOAL FOUR: By 2025, transit systems' on time performance will be 90% or greater statewide.

Reliability will be tracked at the service level, because 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 – 76% within a 45 minute timeframe**

Ten year goals to improve on time performance:

- Transit Link – maintain performance of 95% within a half hour
- Metro Mobility – maintain performance of 95% within a half hour
- Metro Transit – improve to 90% or greater within one minute early – four minutes late
- **Greater Minnesota – improve to a 90% within a 45 minute timeframe**

RESULTS:
This goal is **on track** to meet the 2025 on time performance goal of 90%.

Service level	2014 baseline	2016 on-time performance	Increase over baseline
Transit Link	97%	98.5%	1.5%
Metro Mobility	96.3%	96.8%	0.5%
Metro Transit • Bus • Green light rail • Blue light rail • Commuter rail	86%	87.1% • Bus…….. 85.1% • Green…….. 82.9% • Blue…….. 87.2% • Commuter… 93.2%	1.1%
Greater Minnesota	76%	76%	No change

ANALYSIS OF DATA:
The 2016 on-time performance improved from 2014 for transit link, Metro Mobility and Metro Transit. The on-time performance stayed the same in Greater Minnesota.

COMMENT ON PERFORMANCE:
The average on-time performance for 2016 was 89.6%. If this trend continues, this goal is on track to meet the 2025 goal.

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.

POSITIVE SUPPORTS GOAL FOUR: By June 30, 2020, the number of students receiving special education services who experience an emergency use of restrictive procedures at school will decrease by 318 students or decrease to 1.98% of the total number of students receiving special education services.

2017 Goal

- 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.

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.

RESULTS:
The 2017 goal was **not met**.

Time period	Students receiving special education services	Students who experienced restrictive procedure	Change from previous year
Baseline 2015-16 school year	147,360	3,034 (2.1%)	N/A
2016-17 school year	151,407	3,476 (2.3%)	+ 442 (0.2%)

ANALYSIS OF DATA:
School districts reported that of the 151,407 students receiving special education services, restrictive procedures were used with 3,476 of those students (2.3%). This was an increase of 442 students from the previous year and an increase of 0.2 percent. The 2017 goal to reduce by 80 students was not met. The actual number of reported special education students increased by 4,047 from the 2015-16 school year.

The restrictive procedure summary data is self-reported to MDE by July 15 for the prior school year. The data included for 2016-17 has been reviewed and clarified as needed. The data includes all public schools, including intermediate districts, charter schools and special education cooperatives.

The 2018 MDE report to the Legislature, "School Districts' Progress in Reducing the Use of Restrictive Procedures in Minnesota Schools" includes more detailed reporting on the 2016-17 school year data. The legislative report is available at:
http://education.state.mn.us/MDE/about/rule/leg/rpt/2018reports/

2016-17 school year:
- Physical holds were used with 3,172 students, up from 2,743 students in 2015-2016.
- Seclusion was used with 976 students, up from 848 students in 2015-2016.
- Compared to the 2015-16 school year, the average number of physical holds per physically held student is 5.5, down from 5.7; the average number of uses of seclusion per secluded student was 7.3, down from 7.6; and the average number of restrictive procedures per restricted student was 7.0, down from 7.3.

While the number of students who have experienced the use of restrictive procedures has increased from the previous year, the percentage of students went up very slightly in 2016-17. This is due in part to better and more consistent data reporting by districts, and the increase in the number of students receiving special education services.

COMMENT ON PERFORMANCE:
- The MDE Restrictive Procedures Stakeholders Workgroup (2017 Workgroup) is focusing its attention on reducing the use of restrictive procedures, and specifically to eliminate the use of seclusion. Districts are requesting more tools to avoid the need for restrictive procedures.
- The 2017 Workgroup and MDE made significant progress in implementation of the 2016 statewide plan. See the 2018 legislative report for more details.
- The 2017 Workgroup and MDE continue to work toward ensuring the accuracy of data reporting for use in its development of improvement strategies.
- The 2017 Workgroup and MDE continue to work toward availability of mental health services across the state; and improving the capacity of school districts to provide professional development in support of progress toward this activity's annual goals.

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.

POSITIVE SUPPORTS GOAL FIVE: By June 30, 2020, 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.

2017 Goal

- 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.

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.

RESULTS:
The 2017 goal to reduce by 0.2 incidents per student was **met**.

Time period	Incidents of emergency use of restrictive procedures	Students who experienced use of restrictive procedure	Rate of incidents per student	Change from previous year
Baseline (2015-16 school year)	22,028	3,034	7.3	N/A
2016-17 school year	24,285	3,476	7.0	+ 2,257 incidents <0.3> rate

ANALYSIS OF DATA:
During the 2016-17 school year there were 24,285 incidents of emergency use of restrictive procedures. There were 7.0 incidents of restrictive procedures per student who experienced the use of a restrictive procedure. Although there was an increase of 2,257 incidents from the previous year, there was a decrease of 0.3 incidents per student. The 2017 goal to reduce by 0.2 incidents per student was met.

The restrictive procedure summary data is self-reported to MDE by July 15 for the prior school year. The data included for 2016-17 has been reviewed and clarified as needed. The data includes all public schools, including intermediate districts, charter schools and special education cooperatives.

The 2018 MDE report to the Legislature, "School Districts' Progress in Reducing the Use of Restrictive Procedures in Minnesota Schools" includes more detailed reporting on the 2016-17 school year data. The legislative report is available at:
http://education.state.mn.us/MDE/about/rule/leg/rpt/2018reports/

2016-17 school year:

- There were 24,285 restrictive procedures incidents. This was an increase of approximately 10.2 percent up from the 22,028 reported in 2015-16.
- There were 17,200 physical holds reported, up from 15,584 in 2015-16.
- There were 7,085 uses of seclusion, up from 6,425 in 2015-16.
- The total number of reported students with disabilities increased by 3,625 from 2015-16.

COMMENT ON PERFORMANCE:

- The MDE Restrictive Procedures Stakeholders Workgroup (2017 Workgroup) is focusing its attention on reducing the use of restrictive procedures, and specifically to eliminate the use of seclusion. Districts are requesting more tools to avoid the need for restrictive procedures.
- The 2017 Workgroup and MDE made significant progress in implementation of the 2016 statewide plan. See the 2018 legislative report for more details.
- The 2017 Workgroup and MDE continue to work toward ensuring the accuracy of data reporting for use in its development of improvement strategies.
- The 2017 Workgroup and MDE continue to work toward availability of mental health services across the state; and improving the capacity of school districts to provide professional development in support of progress toward this activity's annual goals.

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.

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.

2017 Goal

- By June 30, 2017, the percent who remain in their community after a crisis will increase to 83%

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

RESULTS:

The 2017 goal was **not met**.

Time period	Total Episodes	Community	Treatment	Other
Annual Goal (6 months data) January – June 2016	1,318	1,100 (83.5%)	172 (13.2%)	46 (3.5%)
July – December 2016	1,128	922 (81.7%)	142 (12.6%)	64 (5.7%)
January – June 2017	1,521	1,196 (78.6%)	264 (17.4%)	61 (4%)
Annual Total* July 2016 – June 2017	2,653	**2,120 (79.9%)**	407 (15.3%)	126 (4.8%)

*The Annual totals are greater than the sum of the two semi-annual reports. This is due to the late submission of four reports during the last reporting period.

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

ANALYSIS OF DATA:
From July 2016 to June 2017, of the 2,653 crisis episodes, the child remained in their community after the crisis 2,120 times or 79.9% of the time. This is slightly above the baseline. The annual goal of 83% was not met.

COMMENT ON PERFORMANCE:
There has been an overall increase in the number of episodes of children receiving mental health crisis services, with likely more children being seen by crisis teams. In particular the number of children receiving treatment services after their mental health crisis has increased by more than 30% since baseline and by almost 50% since December of 2016. While children remaining in the community after crisis is preferred, it is important for children to receive the level of care necessary to meet their needs at the time. DHS will continue to work with mobile crisis teams to identify training opportunities for serving children in crisis, and to support the teams as they continue to support more children with complex conditions and living situations.

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.

Mobile crisis teams focus on minimizing disruption in the life of a child during a crisis. This is done by utilizing a child's natural supports the child already has in their home or community whenever possible. DHS has worked with mobile crisis teams to identify training opportunities that would help increase their capacity to address the complexities they are seeing and has committed to providing trainings in identified areas specific to crisis response. This increases the teams' ability to work with individuals with complex conditions/situations effectively.

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.

CRISIS SERVICES GOAL TWO: By June 30, 2019, 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 64% or more.

2017 Goal
- By June 30, 2017, the percent who remain in their community after a crisis will increase to 60%

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

RESULTS:
The 2017 goal was **not met**.

Time period	Total Episodes	Community	Treatment	Other
Annual Goal (6 months data) January – June 2016	5,436	3,136 (57.7%)	1,492 (27.4%)	808 (14.9%)
July – December 2016	5,554	3,066[8] (55.2%)	1,657 (29.8%)	831 (15.0%)
January – June 2017	5,263	2,778 (52.8%)	1,785 (33.9%)	700 (13.3%)
Annual Total* July 2016 – June 2017	10,825	**5,848 (54.0%)**	3,444 (31.8%)	1,533 (14.2%)

*The Annual totals are greater than the sum of the two semi-annual reports. This is due to the late submission of eight reports during the last reporting period.

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

ANALYSIS OF DATA:
From July 2016 to June 2017, of the 10,825 crisis episodes, the person remained in their community 5,848 times or 54% of the time. This is a decrease from the baseline. The 2017 goal of 60% was not met.

COMMENT ON PERFORMANCE:
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.

Mobile crisis teams focus on minimizing disruption in the life of an adult during a crisis by utilizing the natural supports an individual already has in their home or community for support whenever possible. DHS has worked with mobile crisis teams to identify training opportunities that would help increase their capacity to address the complexities they are seeing and has committed to providing trainings in identified areas specific to crisis response. This increases the teams' ability to work with more complex clients/situations effectively.

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.

[8] During the preparation of this report, it was determined that there was a typographical error in the November 2017 Quarterly report. The previously reported number of 3,006 should have been 3,066. The corrected number did not affect the percentage or any other reported results.

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.

Preventing Abuse and Neglect Goal Three provides that 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.

The baseline below was reviewed and approved by the Subcabinet at the February 26, 2018 meeting.

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:
The 2017 goal to establish a baseline was **met**. The annual goals previously established can remain unchanged from the February 2017 Olmstead Plan.

BASELINE:
From July 2015 – June 2016, there were 2,835 individuals who experienced a substantiated or inconclusive abuse or neglect episode. Of those individuals, 126 (4.4%) had a repeat episode of the same type of abuse or neglect within six months.

Time Period	Total Number of People	Number of Repeat Episode
July 2015 - June 2016	2,835	126 (4.4%)

ANNUAL GOALS: (from the February 2017 Olmstead Plan)

- By December 31, 2018, the number of people who experience more than one episode will be reduced by 5% compared to baseline
- By December 31, 2019, the number of people who experience more than one episode will be reduced by 10% compared to baseline
- By December 31, 2020, the number of people who experience more than one episode will be reduced by 15% compared to baseline
- By December 31, 2021, the number of people who experience more than one episode will be reduced by 20% compared to baseline

ANALYSIS OF DATA:
From July 2015 – June 2016, 2835 people had a substantiated or inconclusive abuse or neglect episode. Of those people, 126 (4.44%) experienced a substantiated or inconclusive abuse or neglect had a repeat episode of the same type within six months. Episodes include physical abuse, sexual abuse, emotional abuse, financial exploitation, caregiver or self-neglect.

Data is from reports of suspected maltreatment of a vulnerable adult made to the Minnesota Adult Abuse Reporting Center (MAARC) by mandated reporters and the public when a county was responsible for response. Maltreatment reports when DHS licensing or Minnesota Department of Health (MDH)

were responsible for the investigation of an individual associated with a licensed provider involved are not included in this report.

COMMENT ON PERFORMANCE:
Counties have responsibility under the state's vulnerable adult reporting statute to assess and offer adult protective services to safeguard the welfare of adults who are vulnerable and have experienced maltreatment. The number of substantiated and inconclusive allegations is impacted by the number of maltreatment reports opened for investigation.

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

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.

Preventing Abuse and Neglect Goal Four provides that by July 31, 2017, a baseline and annual goals will be established. The baseline and annual goals below were reviewed and approved by the Subcabinet at the February 26, 2018 meeting.

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

RESULTS:
The 2017 goal to establish a baseline and measurable goals was **met *[PENDING APPROVAL]*.**

BASELINE:

Time Period	Number of schools with three or more investigations	Number of students with disabilities identified as alleged victims
July 2013 - June 2016	13	66

ANNUAL GOALS to reduce 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 and the number of students with a disability who are indentified as alleged victims of maltreatment within those schools:

- By July 31, 2018, the number of identified schools and students will decrease by 10% from baseline
- By July 31, 2019, the number of identified schools and students will decrease by 25% from baseline
- By July 31, 2020, the number of identified schools and students will decrease by 50% from baseline

ANALYSIS OF DATA:
Within the three year time period of Fiscal Year 2014 through Fiscal Year 2016, there were thirteen schools identified as having three or more investigations of alleged maltreatment in the form of physical abuse involving a student with a disability. There are sixty six (66) identified students with a disability who are named as alleged victims of an investigation in the form of physical abuse within the thirteen identified schools.

COMMENT ON PERFORMANCE:
The primary strategy for improvement from the baseline measure involves having the identified schools (above) consider applying for schoolwide MDE approved PBIS cohort training opportunities. Schools participating in PBIS cohort training will demonstrate a decreased number of students with a disability as alleged victims of maltreatment. During the timeframe of this current report, three (3) of the identified schools have participated in the PBIS training cohorts. Within those schools, there were eighteen (18) students with a disability who were identified as victims of alleged maltreatment in the form of physical abuse.

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

VI. COMPLIANCE REPORT ON WORKPLANS AND MID-YEAR REVIEWS

This section summarizes the monthly review of workplan activities and review of measurable goals completed by OIO Compliance staff.

WORKPLAN ACTIVITIES

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

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

The summary of those reviews are below.

	Number of Workplan Activities				
Reporting period	**Reviewed during time period**	**Completed**	**On Track**	**Reporting Exceptions**	**Exceptions requiring Subcabinet action**
December 2015 – December 2016	428	269	125	34	0
January 2017	40	35	2	3	0
February 2017	24	18	6	0	0
March 2017	15	10	4	1	1
April 2017	15	12	3	0	0
May 2017	11	9	2	0	0
June 2017	20	19	1	0	0
July 2017	57	54	3	0	0
August 2017	26	22	1	3	0
September 2017	18	16	2	0	0
October 2017	29	28	8	0	0
November 2017	15	14	0	1	0
December 2017	14	14	0	0	0
January 2018	46	45	0	1	0

MID-YEAR REVIEW OF MEASURABLE GOALS REPORTED ON ANNUALLY

OIO Compliance staff engages in regular and ongoing monitoring of measurable goals to track progress, verify accuracy, completeness and timeliness of data, and identify risk areas. These reviews were previously contained within a prescribed mid-year review process. OIO Compliance staff found it to be more accurate and timely to combine the review of the measurable goals with the monthly monitoring process related to action items contained in the workplans. Workplan items are the action steps that the agencies agree to take to support the Olmstead Plan strategies and measurable goals.

OIO Compliance staff regularly monitors agency progress under the workplans and uses that review as an opportunity to identify any concerns related to progress on the measurable goals. OIO Compliance staff report on any concerns identified through the reviews to the Subcabinet. The Subcabinet approves

any corrective action as needed. If a measurable goal is reflecting insufficient progress, the quarterly report identifies the concerns and how the agency intends to rectify the issues. This process has evolved and mid-year reviews are utilized when necessary, but the current review process is a more efficient mechanism for OIO Compliance staff to monitor ongoing progress under the measurable goals.

VII. ADDENDUM

Data Discrepancies: Transition Services Goal Four and Person-Centered Planning Goal One
Over the past year, DHS' Lead Agency Review (LAR) used both a database and manual counts to calculate the measures in Transition Services Goal Four and Person-Centered Planning Goal One. While doing data analysis for the Olmstead Plan amendment process, data discrepancies were discovered by DHS within the database that affected this measurable goal. A report in the LAR database was incorrectly determining Person-Centered Planning Goal One as meeting the criteria when a check box indicating that the plan was compliant was checked and not on whether all 8 person-centered elements were met.

To fix this issue going forward, a new report has been created from the LAR database to ensure that all eight person centered elements are compliant for both the Transition Services Goal Four and the Person-Centered Goal One measures. The manual process to generate the data was eliminated. Data was corrected back to the beginning of reporting of this measure and updated in the February, 2018 report.

TRANSITION SERVICES GOAL FOUR

Percent of plans for those moving that meet required protocols

Previously Reported

- The 2017 goal of 30% was **not met**.

Time period	Total number of cases reviewed (disability waivers)	Number of transition cases reviewed (disability waivers)	Number of cases meeting protocols	% of cases meeting protocols
Quarter 1 (July – Sept 2016)	289	31	4	12.9%
Quarter 2 (Oct – Dec 2016)	311	23	6	26%
Quarter 3 (Jan – March 2017)	386	27	2	7%
Quarter 4 (April – June 2017)	213	34	2	6%
Annual (July 2016 – June 2017	1,199	115	14	**12.2%**

Updated Reporting

- The 2017 goal of 30% was **not met**.

Time period	Total number of cases reviewed (disability waivers)	Number of transition cases reviewed (disability waivers)	Number of cases meeting protocols	% of cases meeting protocols
Quarter 1 (July – Sept 2016)	290	31	3	9.7%
Quarter 2 (Oct – Dec 2016)	296	21	4	19.0%
Quarter 3 (Jan – March 2017)	386	27	1	3.7%
Quarter 4 (April – June 2017)	215	35	2	5.7%
Annual July 2016 – June 2017	1,187	113	10	**8.8%**

PERSON-CENTERED PLANNING GOAL ONE

Percent of plans that meet required protocols

Previously Reported

- The 2017 goal of 50% was **not met.**

Time Period	Total number of cases (disability waivers)	Sample of cases reviewed (disability waivers)	Number of cases meeting protocols	Percent of cases meeting protocols
Quarter 1 (July – Sept 2016)	1,682	289	47	16.3%
Quarter 2 (Oct – Dec 2016)	2,030	311	57	18.3%
Quarter 3 (Jan – March 2017)	3,311	386	48	12.4%
Quarter 4 (April – June 2017)	1,357	213	15	7%
Annual July 2016 – June 2017	8,380	1,199	167	**13.9%**

Updated Reporting

- The 2017 goal of 50% was **not met.**

Time Period	Total number of cases (disability waivers)	Sample of cases reviewed (disability waivers)	Number of cases meeting protocols	Percent of cases meeting protocols
Quarter 1 (July – Sept 2016)	1,682	290	39	13.4%
Quarter 2 (Oct – Dec 2016)	2,030	296	41	13.9%
Quarter 3 (Jan – March 2017)	3,411	386	20	5.2%
Quarter 4 (April – June 2017)	1,357	215	11	5.1%
Annual July 2016 – June 2017	8,480	1,187	111	**9.4%**

ENDNOTES

[i] Reports are also filed with the Court in accordance with Court Orders. Timelines to file reports with the Court are set out in the Court's Orders dated February 12, 2016 (Doc. 540-2) and June 21, 2016 (Doc. 578). The annual goals included in this report are those goals for which data is reliable and valid in order to ensure the overall report is complete, accurate, timely and verifiable. See Doc. 578.

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

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

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

[v] As measured by monthly percentage of total bed days that are non-acute. Information about the percent of patients not needing hospital level of care is available upon request.

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

[vii] "Students with disabilities" are defined as students with an Individualized Education Program age 6 to 21 years.

[viii] "Most integrated setting" refers to receiving instruction in regular classes alongside peers without disabilities, for 80% or more of the school day.

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