Minnesota Olmstead Subcabinet

Quarterly Report on Olmstead Plan Measurable Goals

REPORTING PERIOD

Data acquired through July 31, 2018

DATE APPROVED BY SUBCABINET

August 27, 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 approved for waiver funding at a reasonable pace; 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. Timeliness of waiver funding
3. Quality of life measurement results
4. Increasing system capacity and options for integration

This quarterly report includes data acquired through July 31, 2018. Progress on each measurable goal will be reported quarterly, semi-annually, or annually. Information reported for each goal includes: the overall goal, annual goal, baseline, results for the reporting period, analysis of data, comment on performance and the universe number when available. The universe number is the total number of individuals potentially impacted by the goal. This number provides context as it relates to the measure.

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

EXECUTIVE SUMMARY

This quarterly report covers twenty-one measurable goals.[ii] As shown in the chart below, eight of those goals were either met or on track to be met. Seven goals were categorized as not on track, or not met. For those seven goals, the report documents how the agencies will work to improve performance on each goal. Six goals are in process.

Status of Goals – August 2018 Quarterly Report	Number of Goals
Met annual goal	4
On track to meet annual goal	4
Not on track to meet annual goal	4
Did not meet annual goal	3
In Process	6
Goals Reported	**21**

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

- More individuals are leaving ICF/DD programs to more integrated settings. During this quarter, 62 individuals left ICF/DD programs to more integrated settings. After two quarters, the total number is 104 which exceeds the annual goal of 72. (Transition Services Goal One A)
- More individuals with disabilities under age 65 in a nursing facility longer than 90 days, are leaving for more integrated settings. During this quarter, 201 individuals moved from nursing facilities to more integrated settings. After two quarters, 54% of the annual goal of 750, has been achieved. (Transition Services Goal One B)

- More individuals are leaving other segregated settings to more integrated settings. During this quarter, 297 individuals moved from other segregated settings to more integrated settings. After two quarters, the total number is 595 which exceeds the annual goal of 500. (Transition Services Goal One C)
- Planning for individuals experiencing a transition has improved over the last three quarters. Adherence to Transition Protocols has improved from 52.2% to 68.2% and most recently to 88.2%. (Transition Services Goal Four)
- The utilization of the Person Centered Protocols has improved over the last three quarters. Of the eight person centered elements measured in the protocols, performance on all elements improved over the 2017 baseline. Seven of the eight elements show consistent progress, and four of the eight are at 90% or greater in this quarter. (Person-Centered Planning Goal One)

Timeliness of Waiver Funding Goal One

- There are fewer individuals waiting for access to a DD waiver. At the end of the current quarter there were 94 individuals who have funding approval pending compared to 237 people the same quarter last year.

Increasing system capacity and options for integration

- The number of reports of use of emergency use of manual restraints is lower at 904 reports this quarter compared to 955 in the previous quarter. (Positive Supports Goal Two)
- The number of individuals approved for the emergency use of mechanical restraints at the end of the quarter is 13, which is on track to meet the annual goal of 13. (Positive Supports Goal Three B)
- More students with Developmental Cognitive Disabilities (DCD), ages 19 – 21 entered into competitive integrated employment. During the last year, an additional 179 students entered into competitive integrated employment. (Employment Goal Three)
- More students had active consideration of assistive technology (AT) during their Individualized Education Program team meetings. During the last year 94.9% had active consideration of AT. (Education Goal Three)
- More individuals with disabilities participated in Governor appointed Boards and Commissions and Olmstead Subcabinet workgroups. During the last year there were 197 individuals participating who self-identified as having a disability. (Community Engagement Goal One)

Listed below are measurable goals targeted for improvement. Proposed steps for improvement are included in this report.

- Transition Services Goal Two to decrease the percent of people at AMRTC who no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting.
- Transition Services Goal Three to increase the number of individuals leaving the MSH to a more integrated setting.
- Positive Supports Goal Three A to reduce the number of reports of emergency use of mechanical restraints with approved individuals.
- Crisis Services Goal One and Two to increase the percent of children and adults who remain in the community after a mental health crisis.
- Crisis Services Goal Three to decrease the number of people who discontinue disability services after a crisis.
- Community Engagement Goal Two and Preventing Abuse and Neglect Two will be modified during the Plan amendment process, as it was determined that measures were not available to gather reliable and valid data.

II. MOVEMENT FROM SEGREGATED TO INTEGRATED SETTINGS

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

QUARTERLY SUMMARY OF MOVEMENT FROM SEGREGATED TO INTEGRATED

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

Net number of individuals who moved from segregated to integrated settings during the reporting period:		
Setting	**Reporting period**	**Number moved**
• Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD)	Oct - Dec 2017	62
• Nursing Facilities	Oct - Dec 2017	201
• Other segregated settings	Oct - Dec 2017	297
• Anoka Metro Regional Treatment Center (AMRTC)	April – June 2018	12
• Minnesota Security Hospital (MSH)	April - June 2018	21
Net number who moved from segregated to integrated settings		**593**

More detailed information for each specific goal is included below. The information includes the overall goal, annual goal, baseline, results for the reporting period, analysis of the data and a comment on performance and the universe number when available. The universe number is the total number of individuals potentially impacted by the goal. This number provides context as it relates to the measure.

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 (A) ICFs/DD; (B) nursing facilities; and (C) 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	June 30, 2018
A) Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD)	72	84	84	84	72
B) Nursing Facilities (NF) under age 65 in NF > 90 days	707	740	740	740	750
C) Segregated housing other than listed above	1,121	50	250	400	500
Total		**874**	**1,074**	**1,224**	**1,322**

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

2018 goal

- For the year ending June 30, 2018 the number of people who have moved from ICFs/DD to a more integrated setting will be **72**

Baseline: January - December 2014 = 72

RESULTS:
The goal is **on track** to meet the 2018 goal of 72.

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**
July 2016 – June 2017	263	25	56	**182**
Quarter 1 (July – September 2017)	48	1	5	**42**
Quarter 2 (October – December 2017)	81	2	17	**62**
Totals (Q1 + Q2)	129	3	22	**104**

ANALYSIS OF DATA:
From October – December 2017, the number of people who moved from an ICF/DD to a more integrated setting was 62. This is 20 more people than in the previous quarter. During the first two quarters, the total number is 104 which exceeds the annual goal of 72. The goal is on track.

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.

DHS continues to work with private providers and Minnesota State Operated Community Services (MSOCS) that have expressed interest in voluntary closure of ICFs/DD. Providers are working to develop service delivery models that better reflect a more community–integrated approach requested by people seeking services. A total of 12 out of 15 MSOCS ICFs/DD converted since January 2017. DHS is working with one county to determine the best way to serve the 12 adults currently being served in these three settings. No timeline for conversion of these homes has been confirmed.

During calendar year 2017, 191 ICF/DD beds were closed. This total includes a number of beds that were vacant. Of the 191 beds closed in 2017, 54 closed during the current reporting period. Forty-one (41) were converted to adult foster care settings serving 4 or fewer people.

UNIVERSE NUMBER:
In June 2017, there were 1,383 individuals receiving services in an ICF/DD.

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

2018 goal

- For the year ending June 30, 2018, 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 **750.**

Baseline: January - December 2014 = 707

RESULTS:
The goal is **on track** to meet the 2018 goal of 750.

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**
July 2016 – June 2017	1,097	77	196	**824**
Quarter 1 (July – September 2017)	264	14	48	**202**
Quarter 2 (October – December 2017)	276	21	54	**201**
Totals (Q1 + Q2)	540	35	102	**403**

ANALYSIS OF DATA:
From October – December 2017, the number of people under 65 in a nursing facility for more than 90 days who moved to a more integrated setting was 201. This is 1 fewer person than in the previous quarter. After two quarters, the number is 54% of the annual goal of 750. The goal is on track.

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.

UNIVERSE NUMBER:
In June 2017, there were 1,502 individuals with disabilities under age 65 who received services in a nursing facility for longer than 90 days.

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

2018 goal

- For the year ending June 30, 2018, the number of people who have moved from other segregated housing to a more integrated setting will be **500.**

BASELINE: During July 2013 – June 2014, of the 5,694 individuals moving, 1,121 moved to a more integrated setting.

RESULTS:
The goal is **on track** to meet the 2018 annual goal of 500.

		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%)
July 2016 – June 2017	5,504	**1,054 (19.2%)**	492 (8.9%)	3,466 (63.0%)	492 (8.9%)
Quarter 1 (July – Sept 2017)	1,461	**298 (20.4%)**	110 (7.5%)	922 (63.1%)	131 (9%)
Quarter 2 (Oct – Dec 2017)	1,381	**297 (21.5%)**	116 (8.4%)	854 (61.8%)	114 (8.3%)
Total (Q1 + Q2)	2,842	**595 (20.9%)**	226 (8.0%)	1,776 (62.5%)	245 (8.6%)

ANALYSIS OF DATA:
From October – December 2017, of the 1,381 individuals moving from segregated housing, 297 individuals (21.5%) moved to a more integrated setting. During the first two quarters, the total number is 595 which exceeds the annual goal of 500. The goal is on track.

COMMENT ON PERFORMANCE:
There were significantly more individuals who moved to more integrated settings (21.5%) than who moved to congregate settings (8.4%). 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 (61.8%) 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).

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:
The 2018 goal of ≤ 32% was **not met**.

Time period	Percent awaiting discharge (daily average)	
July 2015 – June 2016	Daily Average = 42.5%[2]	
	Mental health commitment	**Committed after finding of incompetency**
July 2016 – June 2017	**44.9%**	29.3%
Quarter 1 (July – September 2017)	**34.8%**	28.2%
Quarter 2 (October – December 2017)	**32.3%**	22.2%
Quarter 3 (January – March 2018)	**38.1%**	20.3%
Quarter 4 (April – June 2018)	**42.5%**	24.3%
July 2017 – June 2018 Annual Average	**36.9%**	23.8%

ANALYSIS OF DATA:
From July 2017 – June 2018, 36.9% 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. The annual goal for June 30, 2018 (the percent awaiting discharge will be reduced to **≤ 32**%) was not met. However the annual average of 36.9% was an 8% improvement from 44.9% the previous year. In addition, the percentage of individuals awaiting discharge who were civilly committed after being found incompetent improved by 5.5% from 29.3% in the previous year to 23.8% this year.

From July 2017 – June 2018, 46 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 those who were civilly committed after being found incompetent on a felony or gross misdemeanor charge who moved to integrated settings.

[1] The baseline included individuals at AMRTC under mental health commitment and individuals committed after being found incompetent on a felony or gross misdemeanor charge (restore to competency).
[2] This data for July 2015 - June 2016 was reported as a combined percentage for individuals under mental health commitment and individuals committed after being found incompetent on a felony or gross misdemeanor charge (restore to competency). After July 2016, the data is reported for the two categories.

Time period	Total number of individuals leaving	Transfers	Deaths	Net moved to integrated setting	Moves to integrated setting by	
					Mental health commitment	Committed after finding of incompetency[vi]
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
Quarter 3 (Jan – March 2018)	60	42	0	18	10	8
Quarter 4 (April – June 2018)	66	54	0	12	9	3
Annual Totals July 2017 – June 2018	274	197	0	**77**	**46**	31

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. During the last year there was a higher percentage of individuals awaiting discharge for those under mental health commitment (36.9%) than for those who were civilly committed to AMRTC after being found incompetent (23.8%). However, the percentage of patients hospitalized at AMRTC who are civilly committed after being found incompetent continues to increase and is currently around 75%.

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.
- Improvements in AMRTC's notification process to courts and parties in criminal cases for individuals who were civilly committed after a finding of incompetency who no longer meet hospital criteria of care.

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 has convened 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 the community. Counties and community providers will be consulted and engaged in this effort as well. DHS will provide a status update to the Subcabinet on the working group efforts by September 30, 2018. Annual reporting to the Olmstead Subcabinet on these efforts will begin by December 31, 2018.

UNIVERSE NUMBER:
In Calendar Year 2017, 383 patients received services at AMRTC. This may include individuals who were admitted more than once during the year. The average daily census was 91.9.

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.

2018 goal

- By December 31, 2018 the average monthly number of individuals leaving to a more integrated setting will increase to **≥ 9**

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 goal is **not on track** to meet the 2018 goal of 9.

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
January – December 2017	199	114	9	76 Average = 6.3
Quarter 1 (January – March 2018)	64	47	2	**15 Average = 5.0**
Quarter 2 (April – June 2018)	53	32	0	**21 Average = 7.0**

ANALYSIS OF DATA:
From April – June 2018, the average monthly number of individuals leaving Forensic Services[3] to a more integrated setting was 7. The average number moving to an integrated setting increased from 5 in the previous quarter. The goal is not on track to meet the annual goal of 9.

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 (those civilly committed after being found incompetent on a felony or gross misdemeanor charge, those who are committed as Mentally Ill and Dangerous (MI&D), 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 called Forensic Services.

Time period	Type [vi]	Total moves	Transfers	Deaths	Moves to integrated
January – December 2015	Committed after finding of incompetency	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	Committed after finding of incompetency	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**
January – December 2017	Committed after finding of incompetency	133	94	2	27
	MI&D committed	55	17	6	32
	Other committed	11	3	1	7
	Total	**199**	**114**	**9**	**(Avg. 6.3) 76**
Quarter 1 (Jan – March 2018)	Committed after finding of incompetency	45	36	0	9
	MI&D committed	19	11	2	6
	Other committed	0	0	0	0
	Total	**64**	**47**	**2**	**(Avg. 5.0) 15**
Quarter 2 (April – June 2018)	Committed after finding of incompetency	31	24	0	7
	MI&D committed	21	8	0	13
	Other committed	1	0	0	1
	Total	**53**	**32**	**0**	**(Avg. 7.0) 21**

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 in 2017 increased the base funding for state operated facilities 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 65 additional funded positions, 54 FTEs have been filled as of June 22, 2018. 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.
- Individuals whose county case management staff has refused or failed to adequately participate in developing an appropriate provisional discharge plan for the individual

Some barriers to discharge identified by the Special Review Board (SRB), in their 2017 MI&D Treatment Barriers Report as required by Minnesota Statutes 253B.18 subdivision 4c(b) included:

- The patient lacks an appropriate provisional discharge plan
- A placement that would meet the patient's needs is being developed
- Funding has not been secured

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 2018, Forensic Services recommended reductions-in-custody to the Special Review Board for 14 individuals, 12 of which were granted.
- Collaboration within DHS to expand community capacity and individualized services for a person's transitioning.

Committed after finding of incompetency

Forensics also admits and treats individuals who are civilly committed after being found incompetent on felony or gross misdemeanor charges. These individuals are provided mental health treatment and competency education.

DHS has convened 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 provide

a status update to the Subcabinet on the working group efforts by September 30, 2018. Annual reporting to the Olmstead Subcabinet on these efforts will begin by December 31, 2018.

UNIVERSE NUMBER:
In Calendar Year 2017, 581 patients received services at MSH. This may include individuals who were admitted more than once during the year. The average daily census was 358.4.

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, 2020, 100% of people who experience a transition will engage in a process that adheres to the Person-Centered, Informed Choice and Transition protocol. Adherence to the transition protocol will be determined by the presence of the ten elements from the My Move Plan Summary document listed below. [People who opted out of using the My Move Summary document or did not inform their case manager that they moved are excluded from this measure.] [Revised March 2018]

Baseline: For the period from October 2017 – December 2017, of the 26 transition case files reviewed, 3 people opted out of using the My Move Plan Summary document and 1 person did not inform their case manager that they moved. Of the remaining 22 case files, 15 files (68.2%) adhered to the transition protocol.

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

Time period	Number of transition case files reviewed	Number opted out	Number not informing case manager	Number of remaining files reviewed	Number not adhering to protocol	Number adhering to protocol
Quarter 1 July – Sept 2017	29	6	0	23	11 of 23 (47.8%)	**12 of 23 (52.2%)**
Quarter 2 Oct – Dec 2017	26	3	1	22	7 of 22 (31.8%)	**15 of 22 (68.2%)**
Quarter 3 Jan – March 2018	25	5	3	17	2 of 17 (11.8%)	**15 of 17 (88.2%)**

ANALYSIS OF DATA:
For the period from January – March 2018, of the 25 transition case files reviewed, 5 people opted out of using the My Move Plan document and 3 people did not inform their case manager that they were moving. Of the remaining 17 case files, 15 files (88.2%) adhered to the transition protocol. Adherence to the transition protocols has improved over the last three quarters.

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 will the person 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.

In addition to reviewing for adherence to the transition protocols (use of the My Move Plan document), case files are reviewed for the presence of person-centered elements. This is reported in Person-Centered Planning Goal One.

COMMENT ON PERFORMANCE:
In January 2018, Lead Agency Review began requiring lead agencies to remediate missing or non-compliant 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. Corrective action plans will be required when patterns of non-compliance are evident. Because the move occurred prior to the Lead Agency site review, transition measures related to the contents of the My Move Plan Summary cannot be remediated. However, Lead Agencies are provided information about which components of the My Move Plan were compliant/non-compliant for each of the transition cases that were reviewed.

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. TIMELINESS OF WAIVER FUNDING

This section reports progress of individuals being approved for home and community-based services waiver funding. An urgency categorization system for the Developmental Disabilities (DD) waiver waiting list was implemented on December 1, 2015. The 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. The goal reports the number of individuals that have funding approved at a reasonable pace and those pending funding approval.

TIMELINESS OF WAIVER FUNDING GOAL ONE: Lead agencies will approve funding at a reasonable pace for persons: (A) exiting institutional settings; (B) with an immediate need; and (C) with a defined need for the Developmental Disabilities (DD) waiver. [Revised March 2018]

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 **in process**.

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	Pending funding approval
Institutional Exit	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	Pending funding approval
Institutional Exit	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	Pending funding approval
Institutional Exit	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%)**

Time Period: October – December 2017

Urgency of Need Category	Total number of people assessed	Reasonable Pace Funding approved within 45 days	Funding approved after 45 days	Pending funding approval
Institutional Exit	28	14 (50%)	12 (43%)	2 (7%)
Immediate Need	110	74 (67%)	34 (31%)	2 (2%)
Defined Need	229	141 (62%)	71 (31%)	17 (7%)
Totals	**367**	**229 (62%)**	**117 (32%)**	**21 (6%)**

Time Period: January 2018 - March 2018

Urgency of Need Category	Total number of people assessed	Reasonable Pace Funding approved within 45 days	Funding approved after 45 days	Pending funding approval
Institutional Exit	19	16 (84%)	2 (11%)	1 (5%)
Immediate Need	114	79 (69%)	26 (23%)	9 (8%)
Defined Need	256	177 (69%)	63 (25%)	16 (6%)
Totals	**389**	**272 (70%)**	**91 (24%)**	**26 (7%)**

ANALYSIS OF DATA:

From January – March 2018, of the 389 individuals assessed for the Developmental Disabilities (DD) waiver, 272 individuals (70%) had funding approved within 45 days of the assessment date. In the previous quarter, of the 367 individuals assessed, 229 individuals (62%) had funding approved within 45 days of assessment. This quarter achieved the highest proportion of people being approved for funding within 45 days since the measure has been in place.

COMMENT ON PERFORMANCE:
Lead agencies receive monthly updates regarding the people who are still waiting for DD funding approval through a web-based system. Using this information, lead agencies can view the number of days a person has been waiting for DD funding approval 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 individuals pending funding approval on an intermittent basis, requiring DHS to engage with each agency to resolve individual situations. When these issues arise, 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 pending funding approval issues occur and has added staff resources to monitor compliance with reasonable pace goals.

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 waiting for funding approval at specific points of time. Also included is the average and median days waiting of those individuals who are still waiting for funding approval. 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 waiting for funding approval as of July 1, 2018 (94) has decreased since October 1, 2017 (152).

People Pending Funding Approval as of April 1, 2017

Category	Number of people pending funding approval	Average days pending	Median days pending
Institutional Exit	13	91	82
Immediate Need	16	130	93
Defined Need	172	193	173
Total	**201**		

People Pending Funding Approval as of July 1, 2017

Category	Number of people pending funding approval	Average days pending	Median days pending
Institutional Exit	13	109	103
Immediate Need	26	122	95
Defined Need	198	182	135
Total	**237**		

People Pending Funding Approval as of October 1, 2017

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

People Pending Funding Approval as of January 1, 2018

Category	Number of people pending funding approval	Average days pending	Median days pending
Institutional Exit	1	144	144
Immediate Need	22	108	74
Defined Need	66	184	140
Total	**89**		

People Pending Funding Approval as of April 1, 2018

Category	Number of people pending funding approval	Average days pending	Median days pending
Institutional Exit	5	65	61
Immediate Need	20	109	73
Defined Need	35	154	103
Total	**60**		

People Pending Funding Approval as of July 1, 2018*

Category	Number of people pending funding approval	Average days pending	Median days pending
Institutional Exit	6	360	118
Immediate Need	26	115	85
Defined Need	62	120	70
Total	**94**		

*During the verification process in preparing this report, DHS identified a data discrepancy for this time period. DHS is working to resolve the issue and will report the updated data in the November 2018 Quarterly Report.

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 will be reported in the November 2018 Quarterly Report.

QUALITY OF LIFE SURVEY

The Quality of Life Survey is designed to be a longitudinal survey, which means participants will be re-surveyed in the future. The Quality of Life Baseline Survey was conducted between February 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 in all settings. In Minnesota, the survey was targeted to people who are authorized to receive state-paid services in potentially segregated settings. This survey sought to talk directly with individuals to get their own perceptions and opinions about what affects their quality of life.

The Olmstead Plan Quality of Life Survey Baseline Report was accepted by the Olmstead Subcabinet on March 26, 2018. Key baseline results were included in the May 2018 Quarterly Report and the full report was attached as an exhibit.

It is expected that subsequent Quality of Life Surveys will be conducted two or three times during the following three years to measure changes from the baseline. The next survey will be completed in December of 2018. Future surveys are subject to adequate funding.

The difference between the baseline survey and follow-up surveys will be used to better understand whether increased community integration and self-determination are occurring for people with disabilities receiving services in selected settings.

The first follow-up survey is currently underway. The 2018 Quality of Life Survey began in June 2018 and will continue throughout October 2018. The goal is to capture 500 completed surveys. The surveys will be analyzed and compared to the results from the baseline survey.

As of August 7, 2018, 21% of the 500 individuals have been interviewed or are scheduled for an interview. This includes the following activities:

- 750 calls made
- 347 guardians and/or individuals reached
- 105 consents received
- 71 interviews completed
- 33 interviews scheduled

Other key activities that have occurred to date include:

- Outreach to providers, guardians and individuals with disabilities to establish interviews;
- Interviews are currently being conducted;
- Regular meetings with Olmstead Implementation Office, DHS, DEED, Quality of Life Advisory Group and the Improve Group to monitor progress; and
- Development of research questions and analysis plan for the final report.

The Quality of Life Survey Results final report is expected to be presented to the Olmstead Subcabinet by December 31, 2018.

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. The information for each goal includes the overall goal, annual goal, baseline, results for the reporting period, analysis of the data and a comment on performance and the universe number, when available. The universe number is the total number of individuals potentially impacted by the goal. This number provides context as it relates to the measure.

PERSON-CENTERED PLANNING GOAL ONE: **By June 30, 2020, plans for people using disability home and community-based waiver services will meet protocols. Protocols are based on the principles of person-centered planning and informed choice. [Revised March 2018]**

Baseline: In state fiscal year 2014, 38,550 people were served on the disability home and community-based services. From July 1, 2016 – June 30, 2017 there were 1,201 disability files reviewed during the Lead Agency Reviews. For the period from April – June 2017, in the 215 case files reviewed, the eight required criteria were present in the percentage of files shown below.

1. The support plan describes goals or skills that are related to the person's **preferences**. (74%)
2. The support plan includes a global statement about the person's **dreams and aspirations**. (17%)
3. Opportunities for **choice** in the person's current environment are described. (79%)
4. The person's current **rituals and routines** are described. (62%)
5. **Social**, leisure, or religious **activities** the person wants to participate in are described. (83%)
6. Action steps describing what needs to be done to assist the person in achieving his/her **goals** or skills are described. (70%)
7. The person's preferred **living** setting is identified. (80%)
8. The person's preferred **work** activities are identified. (71%)

RESULTS:

This goal is **in process.**

Time Period	(1) Preferences	(2) Dreams Aspirations	(3) Choice	(4) Rituals Routines	(5) Social Activities	(6) Goals	(7) Living	(8) Work
BASELINE April – June 2017	74%	17%	79%	62%	83%	70%	80%	71%
Quarter 1 July – Sept 2017	75.9%	6.9%	93.1%	37.9%	93.1%	79.3%	96.6%	93.1%
Quarter 2 Oct –Dec 2017	84.6%	30.8%	92.3%	65.4%	88.5%	76.9%	92.3%	92.3%
Quarter 3 Jan – March 2018	84.6%	47.3%	91.6%	68.9%	93.5%	79.6%	97.5%	94.1%

ANALYSIS OF DATA:

For the period from January – March 2018, in the 628 case files reviewed, the eight required criteria were present in the percentage of files shown above. Performance on all eight elements has improved over the 2017 baseline. Seven of the eight elements show consistent progress, and four of the eight are at 90% or greater this quarter.

Total number of cases and sample of cases reviewed

Time Period	Total number of cases (disability waivers)	Sample of cases reviewed (disability waivers)
Quarter 1 (July – September 2017)	934	192
Quarter 2 (October –December 2017)	1,419	186
Quarter 3 (January – March 2018)	8,613	628

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[4]
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[5]		51. Beltrami

July – September 2017	October – December 2017	January – March 2018
52. Pennington	58. Stearns	61. Dakota
53. Winona	59. McLeod	62. Scott
54. Roseau	60. Kandiyohi	63. Ramsey
55. Marshall		
56. Kittson		
57. Lake of the Woods		

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

COMMENT ON PERFORMANCE:

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, DHS selected eight items as being cornerstones of a person-centered plan.

[4] The MN Prairie Alliance includes Dodge, Steele, and Waseca counties.

[5] The SW Alliance includes Lincoln, Lyon, Murray, Pipestone, Redwood, and Rock counties.

In January 2018, Lead Agency Review began requiring lead agencies to remediate missing or non-compliant 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. Corrective action plans will be required when patterns of non-compliance are evident. For the purposes of corrective action person-centered measures are grouped into two categories: development of a person-centered plan and support plan record keeping.

For the lead agencies reviewed during this time period, all three counties reviewed were required to develop corrective action plans in at least one category for at least one disability waiver program.

UNIVERSE NUMBER:
In Fiscal year 2017 (July 2016 – June 2017), 47,272 individuals received disability home and community-based services.

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: 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	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
Quarter 2 (October - December 2017)	265 (duplicated)	N/A – quarterly status of annual goal
Quarter 3 (January - March 2018)	267 (duplicated)	N/A – quarterly status of annual goal

ANALYSIS OF DATA:
From January – March 2018, the number of individuals who experienced a restrictive procedure was 267. This is an increase of 2 from the previous quarter. 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. The quarterly numbers are duplicated counts. Individuals may experience restrictive procedures during multiple quarters in a year. The quarterly numbers can be used as indicators of direction, but cannot be used to measure annual progress.

COMMENT ON PERFORMANCE:
There were 267 individuals who experienced a restrictive procedure this quarter:

- 239 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.
- 28 individuals experienced restrictive procedures other than EUMRs (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures). DHS staff and the External Program Review Committee (EPRC) 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 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.

During this quarter, the EPRC offered technical assistance to the treatment teams of 17 individuals identified as having high-frequency use of EUMR as reported through BIRF reports.

UNIVERSE NUMBER:
In Fiscal Year 2017 (July 2016 – June 2017), 42,272 individuals received services in licensed disability services, e.g., home and community-based services.

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
Quarter 2 (October – December 2017)	955	N/A – quarterly status of annual goal
Quarter 3 (January – March 2018)	904	N/A – quarterly status of annual goal

ANALYSIS OF DATA:

From January – March 2018, the number of restrictive procedure reports was 904. This was a decrease of 51 from 955 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 904 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 904 reports:

- 706 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 a decrease of 23 reports of EUMR from the previous quarter.

- 198 reports involved restrictive procedures other than EUMR (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures). DHS has monitoring and outreach functions in place to identify and engage with providers. 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.
    - There was a decrease of 28 non-EUMR restrictive procedure reports from the previous quarter.

- 40 uses of seclusion involving 10 people were reported this quarter:
    - 19 uses involving 5 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).
    - 17 uses involving 1 person occurred as part of an approved Positive Support Transition Plan during the 11-month phase out period.
    - 1 use involved an individual at the Minnesota Sex Offender Program
    - 3 reports involving 3 different people were inaccurately coded and did not involve the use of seclusion by a DHS license holder.

UNIVERSE NUMBER:
In Fiscal Year 2017 (July 2016 – June 2017), 42,272 individuals received services in licensed disability services, e.g., home and community-based services.

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[vii], 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 goal is **not on track** to meet the 2018 goal to reduce to 185 reports.
(B) The goal is **on track** to meet the 2018 goal to reduce to no more than 13 individuals.

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
Quarter 2 (October – December 2017)	167	13
Quarter 3 (January – March 2018)	158	13

ANALYSIS OF DATA:
This goal has two measures.

- From January to March 2018, the number of reports of mechanical restraints was 158. This is a decrease of 9 from 167 in Quarter 2. This is not on track to meet the annual goal to reduce to 185.
- At the end of the reporting period (March 2018), the number of individuals for whom the emergency use of mechanical restraint was approved was 13. This remains unchanged from the previous quarter, and is 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 158 BIRFs reporting use of mechanical restraint in Quarter 3:

- 127 reports involved 11 of the 13 people with review by the EPRC and approval by the Commissioner for the emergency use of mechanical restraints during the reporting quarter.
  - This is a decrease of 16 reports from Quarter 2.
  - For 2 people approved for emergency use reported, there were no uses of mechanical restraint during this quarter.

- There were 2 reports of unapproved use of mechanical restraints this quarter. Technical assistance was provided by DHS in both cases.
- 28 reports, involving 4 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 submitted by a provider whose use was within the 11-month phase out period.

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.)

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 overall goal was reported in the February 2018 Quarterly Report. The status of the goal will continue to be reported.

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)
2017 Annual (July 2016 – June 2017)	62 (unduplicated)
Quarter 1 (July – September 2017)	17 (duplicated)
Quarter 2 (October – December 2017)	17 (duplicated)

ANALYSIS OF DATA:
From October – December 2017, the number of people who discontinued disability waiver services after a crisis was 17. 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.

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 17 people who discontinued waiver services because of a behavior crisis in Quarter 2:

- 13 people have since reopened to waiver services
- 2 people and/or their guardian have chosen to receive services in an ICF/DD.
- 1 person exited the nursing facility, returned to a housing facility in the community, and declined a health risk assessment and therefore did not reopen waiver services.
- 1 person planned to return to the community and had been screened for relocation assistance but passed away while still in the nursing facility.

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

2018 Goal

- By June 30, 2018, the number of additional students with Developmental Cognitive Disabilities (DCD) in competitive, integrated employment will be 150.

Baseline: 2014 group total in competitive, integrated employment = 313 (35%) (N=894)
2017 group total in competitive, integrated employment = 450 (50%) (N=900)

RESULTS:
The 2018 goal of 150 was **met**.

Time Period	Number of students with DCD, ages 19-21 that enter into competitive, integrated employment
October 2015 to June 2016	137
October 2016 to June 2017	192
October 2017 to June 2018	**179**

ANALYSIS OF DATA:
During the 2017 - 2018 school year, 179 students with developmental cognitive disabilities (101 males and 78 females), ranging in ages from 19-21 participated in competitive, integrated employment. The 2018 goal of 150 was met.

All students worked part-time vs. full-time as their primary job was that of being a secondary student. Students were employed in a variety of businesses with wages ranging from $9.50 an hour to $14.00 an hour. Students received a variety of supports including: employment skills training, job coaching, interviewing skill development, assistive technology, job placement and the provision of bus cards.

COMMENT ON PERFORMANCE:
Twenty school districts provided supports to students through the Employment Capacity Building Cohort (ECBC) during the 2017-2018 school year. The ECBC teams surpassed the competitive, integrated employment goal by 29 students because they used multiple strategies learned during the ECBC training sessions. Impactful team activities included: information sessions on Workforce Innovation and Opportunity Act (WIOA) and limitations on the use of subminimum wages; Pre-Employment Transition Services; DB101 estimator sessions; utilization of the Informed Choice Conversation and Informed Choice Toolkit materials; piloting a new customized Minnesota Career Information System (MCIS) for students with disabilities; conducting individual career interest and learning style inventories; and learning about essential job development strategies.

The local ECBC teams are ensuring that students with developmental cognitive disabilities, ages 19-21 have choices and opportunities for competitive, meaningful, and sustained employment in the most integrated setting before exiting from secondary education. All of the 2017-2018 ECBC teams have expressed interest in continuing in the cohort model. In addition, two additional district teams will be invited to the ECBC for the 2018-2019 school years.

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.

EDUCATION GOAL THREE: By June 30, 2020, 96% of students with disabilities in 31 target school districts will have active consideration of assistive technology (AT) during the student's annual individualized education program (IEP) team meeting. The framework to measure active consideration will be based upon the "Special factors" requirement as described in Individuals with Disabilities Education Act (IDEA) of 2004. [Revised March 2018]

2018 Goal

- By June 30, 2018, the percent of students who have active consideration of assistive technology during the annual IEP team meeting will increase to 94%.

Baseline: From October – December 2016, of the 28 students with IEPs, 26 (92.8%) had active consideration of assistive technology during their annual IEP team meeting.

RESULTS:
The 2018 goal to increase to 94% was **met.**

Time period	Number of student IEP team meetings	Number with active consideration of AT	Percent with active consideration
Baseline (Oct – Dec 2016)	28	26	92.8%
January – June 2017	80	77	96.3%
July 2017 – June 2018	274	260	**94.9%**

ANALYSIS OF DATA:
During the 2017-2018 school year, Assistive Technology Teams Project (ATTP) members in 21 school districts completed a total of 274 *Assistive Technology (AT) Consideration Surveys* with all district teams responding. Almost ninety-five percent (94.9%) of the completed surveys reported that the IEP teams met the criteria for active consideration of AT during the IEP meeting. The 2018 annual goal of 94% was met. During the 2017-2018 school year, there were 38,547 students with IEPs in the 21 school districts.

Active consideration is defined as IEP team consideration of at least one element of the *Student, Environments, Tasks and Tools (SETT) Framework* as measured by the *AT Consideration Survey*. For the 5.1% in which the criteria for active consideration were not met, ATTP team members reported that teams considered the student, environment, task(s), and/or tool(s) of the *SETT Framework* but not specifically in the context of AT. This is the first full school year that specific data was collected regarding active consideration including student factors, environment(s), task(s) and tool(s) in the *SETT Framework*.

COMMENT ON PERFORMANCE:
To support the implementation of the *SETT Framework*, MDE offers the AT Teams Project (ATTP), an intensive, three-year project to support schools and districts to meet their AT needs through a cohort design that includes professional development. For the 2018-19 school year, 14 districts will continue into the second and third year ATTP training cohorts, and 11 new districts will begin the first year cohort. All regions in Minnesota are represented within the 2018-19 cohort. Based on statewide scale-up of the ATTP, MDE expects a larger number of sampled IEP meetings, for a larger number of students with disabilities, while improving the percentage of those IEP meetings in which criteria are met for active consideration of AT. MDE looks forward to sharing additional data under the new annual goal set for June 30, 2019.

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.

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.

2018 Goal

- By June 30, 2018, the percent who remain in their community after a crisis will increase to 85%

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

RESULTS:
The 2018 goal is **not on track** to meet the goal to increase to 85%.

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 2016 – June 2017	2,653	2,120 (79.9%)	407 (15.3%)	126 (4.8%)
July – December 2017	1,176	**841 (71.5%)**	210 (17.9%)	125 (10.6%)

- 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:
For the semi-annual reporting period of July – December 2017, of the 1,176 crisis episodes, the child remained in their community after the crisis 841 times or 71.5% of the time. This is below the baseline and is 8.4% decrease from the 2017 annual goal performance of 79.9%. The goal is not on track to meet the 2018 goal of 85%.

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. It is important for the child to receive the most appropriate level of care. Sometimes that can be in the community and sometimes that may be a higher level of care. A higher level of care should not necessarily be perceived as negative if it is the appropriate level of care. There is no way to predict who will need which level of care at any given time or why. Having an assessment from the mobile crisis team will increase the likelihood that the person has the opportunity to be assessed and have a plan developed that will help them stay in the least restrictive setting possible when appropriate.

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. DHS will continue to work with providers to explore trends that might be contributing to children presenting in crisis with the need for a higher level of care.

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.

2018 Goal

- By June 30, 2018, the percent who remain in their community after a crisis will increase to 62%

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 2018 goal is **not on track** to meet the goal to increase to 62%.

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 2016 – June 2017	10,825	**5,848 (54.0%)**	3,444 (31.8%)	1,533 (14.2%)
July – December 2017	5,498	**2,874 (52.3%)**	1,673 (30.4%)	951 (17.3%)

- 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:
For the semi-annual reporting period of July – December 2017, of the 5,498 crisis episodes, the adult remained in their community after the crisis 2,874 times or 52.3% of the time. This is below the baseline and is a 1.7% decrease from the 2017 annual goal performance of 54.0%. The goal is not on track to meet the 2018 goal of 62%.

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. It is important for individuals to receive the most appropriate level of care. Sometimes that can be in the community and sometimes that may be a higher level of care. A higher level of care should not necessarily be perceived as negative if it is the appropriate level of care. There is no way to predict who will need which level of care at any given time or why. Having an assessment from the mobile crisis team will increase the likelihood that the person has the opportunity to be assessed and have a plan developed that will help them stay in the least restrictive setting possible when appropriate. 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.

DHS will continue to work with providers to ensure timely and accurate reporting and explore trends that might be contributing to individuals presenting in crisis with the need for a higher level of care. DHS will also continue to work with mobile crisis teams in order to identify training opportunities and provide support most needed for serving people in crisis.

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.

COMMUNITY ENGAGEMENT GOAL ONE: **By June 30, 2020, the number of individuals with disabilities who participate in Governor appointed Boards and Commissions, the Community Engagement Workgroup, Specialty Committee and other Workgroups and Committees established by the Olmstead Subcabinet will increase to 245 members. [Revised March 2018]**

2018 Goal

- By June 30, 2018, the number of individuals with disabilities participating in Governor's appointed Boards and Commissions, Community Engagement Workgroup, Specialty Committee, and other Workgroups and Specialty Committees established by the Olmstead Subcabinet will increase to 184.

Baseline: Of the 3,070 members listed on the Secretary of State's Boards and Commissions website, 159 members (5%) self-identified as an individual with a disability. In 2017, the Community Engagement Workgroup and the Specialty Committee had 16 members with disabilities.

RESULTS:
The 2018 goal of 184 was **met**.

Time Period	Number of individuals on Boards and Commissions with a disability	Number of individuals on Olmstead Subcabinet workgroups with a disability	Total number
June 30, 2017 (Baseline)	159	16	175
As of July 31, 2018	171	26	**197**

ANALYSIS OF DATA:
Of the 3,240 members listed on the Secretary of State's Boards and Commissions website, 171 members (approximately 5%) self-identify as an individual with a disability. In addition, 26 individuals on Olmstead Subcabinet workgroups (Community Engagement Workgroup and Preventing Abuse and Neglect Specialty Committee) self-identified as individuals with a disability. The 2018 goal to increase the number to 184 was met. While, the number of individuals on Boards and Commissions with a disability increased, the percentage of members with disabilities remained the same (at 5 percent).

The number of individuals may contain duplicates if a member participated in more than one group throughout the year. There may also be duplicates from year to year if an individual was a member of a group during the previous year and the current year.

COMMENT ON PERFORMANCE:
The Minnesota Department of Human Rights, the Olmstead Implementation Office (OIO) and the Governor's Office collaborated to engage in outreach and recruitment efforts in both the Metro area and Greater Minnesota. A project was initiated which included two types of sessions. The first included a series of five informational sessions held throughout the state with people of color and individuals with disabilities. The purpose was to help participants learn more about serving on Governor-appointed Boards and Councils and the process for applying for and receiving an appointment. The second type of session was a facilitated training session for members of Governor's appointed Boards and Commissions on strategies for creating more accessible and inclusive Boards and Councils.

The outcome of these efforts produced very small numbers of individuals with disabilities who attended the events and who subsequently applied for positions with Boards and Commissions. The number of individuals with disabilities appointed was extremely small. The collaborators agreed that new measures will be taken to strategically outreach and recruit people with disabilities. A revamped effort with regional forums will take place in October 2018. The planning session is currently underway for new series of targeted outreach activities. The events will obtain evaluation results and data will be analyzed for impact.

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. Data is accessed through the Secretary of State's website.

COMMUNITY ENGAGEMENT GOAL TWO: **By June 30, 2020, the number of individuals with disabilities involved in planning publicly funded projects identified through bonding bills will increase by 5% over baseline. [Adopted March 2018]**

2018 Goal to increase the number of individuals involved in planning publicly funded projects:

- By April 30, 2018, establish a baseline and annual goals

RESULTS:
The 2018 goal to establish a baseline was **not met**.

COMMENT ON PERFORMANCE:
To achieve this goal of establishing a baseline and annual goals, the Olmstead Implementation Office (OIO) reviewed the 2017 bonding bills that were approved through legislation. It was determined that the OIO would select one bonding bill to analyze and learn more about tracking the impact of the law and any engagement with people with disabilities. With this information, a baseline and annual goals would be established.

OIO identified the "accommodation for hard of hearing in state-funded capital projects" as the focus for this task. This law went into effect in January 2018.

After researching the project and meeting with a variety of experts in the area, OIO concluded that it is not possible to establish a baseline or maintain consistency with a tracking system. The findings to support this decision include:

- The law requires that commissioners or agency heads may only approve a contract for publicly funded capital improvement when it meets the conditions for accommodating hard of hearing.

- There is no requirement for this project or any bonding project to engage with people with disabilities or to track such engagement efforts.
- Because there is no requirement to track the engagement of individuals with disabilities in this process, there is no reliable or valid data available.

OIO will propose a new goal that focuses on engagement efforts with people with disabilities and the impact of those efforts. The new proposed goals and strategies are expected to be presented to the Subcabinet in December 2018.

PREVENTING ABUSE AND NEGLECT GOAL TWO: By January 31, 2020, the number of emergency room (ER) visits and hospitalizations of vulnerable individuals due to abuse and neglect will decrease by 50% compared to baseline. [Revised March 2018]

2018 GOAL:

- By January 31, 2018, the number of emergency room visits and hospitalizations due to abuse and neglect will be reduced by 10% compared to baseline.

Baseline: From 2010-2014, there were a total of 199 hospital treatments that reflect abuse and/or neglect to a vulnerable individual. The calculated annual baseline is 40 (199/5 years =40).

RESULTS:
The 2018 goal was **not met** (due to unreliable data).

COMMENT ON PERFORMANCE:
The strategy targeted in this measurable goal was to utilize data from the Minnesota hospitals to identify vulnerable individuals who had been the victim of abuse and neglect. This data would be used to identify patterns and geographic locations for targeted prevention strategies.

The Minnesota Department of Health (MDH) identified the codes used to identify cases of abuse or neglect associated with treatment provided by the hospitals. After analysis of the data, it was determined that this data source would not be valid or reliable for this purpose.

MDH is proposing a collaboration with DHS to determine which databases they maintain that could be used as a data source. The data would be utilized by MDH epidemiologists to identify patterns of abuse and neglect and geographic locations for targeted prevention strategies.

A new measurable goal, associated strategies, and a baseline will be proposed at the December, 2018 Subcabinet meeting. The intent is to describe trends across person, place and time and thus offer Minnesota a public health surveillance indicator.

PROPOSED ANNUAL GOAL

Transportation Goal Five was adopted in the March 2018 Revised Olmstead Plan provides that by April 30, 2018, annual goals will be established. The annual goal below was reviewed and approved by the Subcabinet at the August 27, 2018 meeting.

TRANSPORTATION GOAL FIVE: **By 2040, 100% percent of the target population will be served by regular route level of service for prescribed market areas 1, 2, and 3 in the seven county metropolitan area. [Adopted March 2018]**

2018 Goal to increase the number of individuals involved in planning publicly funded projects:

- By April 30, 2018, annual goals will be established

Baseline: The percentage of target population served by regular route level of service for each market area is as follows: Market Area 1 = 95%; Market Area 2 = 91%; and Market Area 3 = 67%.

Time Period	Market Area 1	Market Area 2	Market Area 3
Baseline – June 2017	95%	91%	67%

RESULTS:
The 2018 goal to establish annual goals was **met**.

Proposed Annual Goal:

- By 2025, the percentage of target population served by regular route level of service for each market area will be:
  - Market Area 1 will be 100%
  - Market Area 2 will be 95%
  - Market Area 3 will be 70%

The percentage for each market area will be reported on an annual basis to determine if progress is being made toward the goals.

COMMENT ON PERFORMANCE:
Metro Area Public Transit utilization is measured by distinct market areas for regular route level of service. This measure estimates demand potential for all users of the regular route system. The market area is created based on analysis that shows the demand for regular route service is driven primarily by population density, automobile availability, employment density and intersection density (walkable distance to transit). This measure is based on industry standards incorporated into the Transportation Policy Plan's - Regional Transit Design Guidelines and Performance Standards. The Metro Area also provides non-regular route services in areas that are not suitable for regular routes, such as dial-a-ride transit. Policy Plan Guidelines/Standards https://metrocouncil.org/METC/files/63/6347e827-e9ce-4c44-adff-a6afd8b48106.pdf

TIMELINESS OF DATA:
Data will be collected in January of each year. In order for this data to be reliable and valid, it will be reported four 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.[viii]

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
February 2018	20	16	2	2	0
March 2018	18	16	2	0	0
April 2018	21	19	1	1	0
May 2018	9	9	0	0	0
June 2018	15	15	0	0	0
July 2018	49	49	0	0	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.

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] As of the May 2018 Quarterly Report The terminology changed from "Restore to Competency" to "Committed after Finding of Incompetency." The change clarifies the status of the individual when they enter the program that works on competency (Rule 20). The population being measured in this goal did not change.

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

[viii] 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.