



Minnesota Department of **Human Services**

February 29, 2016

The Honorable Donovan W. Frank
United States District Court
District of Minnesota
724 Federal Building
316 North Robert Street
St. Paul, Minnesota 55101

Re: *Jensen, et al v. Minnesota Department of Human Services, et al.*
Court File No.: 09-CV-01775 DWF/BRT

Dear Judge Frank:

Enclosed please find the initial Quarterly Report on Olmstead Plan Measurable Goals, which includes data acquired by the Olmstead Implementation Office through the last day of January 2016. This report is filed pursuant to Paragraph 2 of the Court's Order for Reporting on Olmstead Plan dated February 22, 2016 (Doc. No. 544). This report was approved by the Olmstead Subcabinet on February 22, 2016, and is filed by the Department on its behalf.

Sincerely,



Charles E. Johnson
Deputy Commissioner

cc: Shamus O'Meara, Attorney for Plaintiffs
Roberta Opheim, Ombudsman for Mental Health and Developmental Disabilities
Colleen Wieck, Executive Director for the Governor's Council on Developmental Disabilities
Mary Tingerthal, Chair, Olmstead Subcabinet

Minnesota Olmstead Subcabinet

Quarterly Report on Olmstead Plan Measurable Goals



REPORTING PERIOD

Data acquired through January 31, 2016

DATE REPORT APPROVED BY SUBCABINET

February 22, 2016

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I. PURPOSE OF REPORT

This quarterly report to the Court and the public provides the status of work being done by state agencies to implement the August 10, 2015 Olmstead Plan. As directed by the Court, the goals related to the number of people moving from segregated settings into more integrated settings; the number of people who are no longer on the waiting list; and the quality of life measures will be reported in every quarterly report.

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

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

This report includes data acquired through January 31, 2016. The reporting period is defined for each goal in order to ensure the data collected is reliable and valid and the overall report is complete, accurate, timely and verifiable. Progress on each measurable goal will be reported either quarterly, semi-annually, or annually based on the schedule listed in Exhibit A entitled "Quarterly Reporting Schedule for Olmstead Plan Measurable Goals" filed with the Court on February 12, 2016 (Doc. 540-2). Exhibit A includes the timing and frequency of reporting for each measurable goal and the rationale/authority for the reporting frequency. It also includes the timing for mid-year reviews for goals reported annually.

This quarterly report also include Olmstead Implementation Office Compliance summary reports on mid-year reviews of measurable goals, status of workplans, and any adjustments needed to workplans.

II. MOVEMENT FROM SEGREGATED TO INTEGRATED SETTINGS

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

QUARTERLY SUMMARY OF MOVEMENT FROM SEGREGATED TO INTEGRATED

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

Net number of individuals who moved from segregated to integrated settings during the reporting period:		
Setting	Reporting period	Number moved
• Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD)	Apr – June 2015	21
• Nursing Facilities	Apr – June 2015	207
• Other segregated settings	Apr – June 2015	226
• Anoka Metro Regional Treatment Center	Oct – Dec 2015	59
• Minnesota Security Hospital (MSH)	Oct – Dec 2015	19
Net number who moved from segregated to integrated settings		532

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

During March 2016, the Olmstead Implementation Office Compliance staff will conduct a verification audit to ensure data being reported in this section is reliable and valid. The findings from the verification audit will be reported to the Subcabinet in April 2016.

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

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

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

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

2015 goal

- For the year ending June 30, 2015 the number of people who have moved from ICFs/DD to a more integrated setting will be **84**

Baseline: January - December 2014 = 72

RESULTS:

The June 30, 2015 goal of 84 was not met.

Time Period	Total number of individuals leaving	(-)Transfers ⁱⁱⁱ	(-)Deaths	Net moved to integrated setting*
Quarter 1 (July – Sept 2014)	34	5	10	19
Quarter 2 (Oct – Dec 2014)	42	3	19	20
Quarter 3 (Jan – March 2015)	36	4	21	11
April 2015	12	4	1	7
May 2015	18	4	6	8
June 2015	16	4	6	6
Totals	158	24	63	71

*Only those individuals moving from a segregated setting to an integrated setting will be used to measure progress on the goal.

ANALYSIS OF DATA:

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

Factors that may contribute to the goal not being met include:

- Over the past year, lack of affordable, accessible housing, and a reliable direct support workforce have been more noticeable as reasons for delays in service development or transitions, especially in greater Minnesota communities.
- Many people who live in an ICF/DD have lived in this setting, even the same home, for many years.
- In some situations, when families made the decision to arrange for a relative to move to an ICF/DD, the decision was made with the assumption that the person would be able to live in that setting for the rest of his or her life.
- People often have long-term established relationships with housemates and with care givers.
- Families may not always be aware of the kinds of supports that are now available in the community.
- The population served in these settings is aging. Particularly as people age, it can be difficult for family members to move a loved one from a safe and secure setting where he or she has lived with many years.
- For these reasons, transition planning that leads to more people choosing more integrated options may require more time to develop.

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.

COMMENT ON PERFORMANCE:

The state is increasing its reporting to counties about persons in ICFs/DD, and persons who are not opposed to moving with community services. The new reasonable pace guidelines measure timely access to waiver services within 45 days of requesting community services, and place, as a priority for services, those leaving an institutional setting or having an immediate need. The Department of Human Services (DHS) will be monitoring and providing technical assistance to counties in providing timely access to the funding and planning necessary to facilitate a transition to community services.

Lead agencies must ensure that people and their families have a full understanding of the types of community supports and housing that are available. New person-centered planning and transition protocols are being introduced, and technical assistance through different venues will be focused on those who are helping people leaving ICFs/DD. Additionally, work is being done to increase education and technical assistance on housing subsidies, and ways to work with landlords, or services available to do so. Housing Access Services will also be expanded to be available across the different waivers by Medical Assistance enrolled providers in July of 2016.

DHS will continue to seek providers interested in voluntary closures and support the planning process for community service development. These closures permanently reduce bed capacity.

B) NURSING FACILITIES**2015 goal**

- For the year ending June 30, 2015 the number of people who have moved from Nursing Facilities (for persons with a disability under 65 in facility longer than 90 days) to a more integrated setting will be **740**

Baseline: January - December 2014 = 707

RESULTS:

The June 30, 2015 goal of 740 was met.

Time period	Total number of individuals leaving	(-) Transfers ⁱⁱⁱ	(-) Deaths	Net moved to integrated setting*
Quarter 1 (July – Sept 2014)	385	56	125	204
Quarter 2 (Oct – Dec 2014)	386	63	142	181
Quarter 3 (Jan – March 2015)	374	44	143	187
April 2015	131	10	39	82
May 2015	109	14	37	58
June 2015	124	16	41	67
Totals	1509	203	527	779

*Only those individuals moving from a segregated setting to an integrated setting will be used to measure progress on the goal.

ANALYSIS OF DATA:

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

COMMENT ON PERFORMANCE:

To continue progress on this goal, the State needs to assure that residents of Nursing Facilities and their families have a full understanding of the options available to access long term services and supports in community settings. The State will affirmatively offer more integrated options and the individual has the right to refuse or the right to oppose. DHS will review data and notify lead agencies of people who have not refused or opposed more integrated options to begin to plan their moves. In addition, work will continue with partners in other agencies to improve the supply of affordable housing.

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**2015 goal**

- For the year ending June 30, 2015 the number of people who have moved from other segregated housing to a more integrated setting will be **50**

RESULTS:

The June 30, 2015 goal was met, using the interim measure detailed below.

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

ANALYSIS OF DATA:

Interim reporting on progress will report the movement of individuals into independent housing options, beginning with the February 2016 quarterly report.

From July 1, 2014 through June 30, 2015 the number of people living in integrated housing increased by 903 over baseline to 6,920. This is an interim measure which will be used until more comprehensive data sources are available. This interim measure is the same data that is used to measure Housing and Services Goal One.

A number of data sources will be used to monitor progress on this goal. These sources will be analyzed and validated and an appropriate baseline will be proposed to the Subcabinet at the August 2016 meeting.

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.

COMMENT ON PERFORMANCE:

The 2015 goal was met.

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

2016 goal

- By June 30, 2016 the percent of people at AMRTC awaiting discharge will be $\leq 35\%$

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

RESULTS:

The goal is not on track to meet the June 30, 2016 goal.

Time Period	Total number of individuals leaving	(-) Transfers ⁱⁱⁱ	(-) Deaths	Net moved to integrated setting*	% awaiting discharge
Quarter 1 (July – Sept 2015)	54	11	0	43	40.3%
October 2015	23	4	0	19	44.9%
November 2015	26	6	0	20	
December 2015	26	6	0	20	
Totals	129	27	0	102	Average = 42.6%

*Only those individuals moving from a segregated setting to an integrated setting will be used to measure progress on the goal.

ANALYSIS OF DATA:

From July 2015 – December 2015, the average percent of people at AMRTC awaiting discharge was 42.6%. The goal is not on track to meet the 2016 goal of 35%. In the second quarter (October – December 2015), there was an upward trend in the percentage of patients at AMRTC who do not meet criteria for continued stay.

Long term potential risks which may delay or block progress with AMRTC achieving this goal include:

- Limits in Direct Care and Treatment (DCT) bed capacity impact the greater community. Delays in admitting civilly committed patients from other hospitals contributes to a reported statewide shortage of inpatient psychiatric beds to treat individuals in crisis with the right level of care at the right time. The reduction in bed capacity also reduces the number of persons who can be potentially diverted from AMRTC.
- Fewer AMRTC “safety net” beds are available as a resource for individuals with serious and persistent mental illness.
- AMRTC is experiencing difficulty in recruiting and retaining staff.
- There is a greater demand for Treat to Competency inpatient hospital beds than there is dedicated bed capacity in DCT to serve those individuals. This results in the use of acute inpatient psychiatric bed capacity to provide Competency Restoration Services to individuals who no longer meet criteria for continued stay.
- There is presently no outpatient capacity to serve individuals with a Treat to Competency / Rule 20.01 commitment who do not need hospital level of care in an outpatient setting.

- There are a limited number of providers with capacity to support individuals being discharged from AMRTC to the community.

Short term potential risks impacting the goal:

- The 48 Hour law gives priority to individuals in jails for admission to AMRTC. The result is greater waiting times for admission of other patients committed to AMRTC.
- Backups in the local inpatient mental health system of care is resulting in overcrowding and “boarding” in Emergency Rooms and other delays for individuals needing access to acute mental health treatment.
- Other impacts include limited or delayed access to AMRTC for emergency admissions within DCT Mental Health and Substance Abuse Treatment Services.

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.

COMMENT ON PERFORMANCE:

Some actions that may help to achieve the goal include:

- Explore feasibility of community-based competency restoration services for individuals with a Treat to Competency / Rule 20.01 commitment who do not require acute inpatient care.
- Continue AMRTC’s monitoring and reporting on the number, percent, and length of stay for AMRTC patients under Treat to Competency / Rule 20.01 commitments on a monthly basis as part of the Olmstead workplan process.
- Optimize lengths of stay through care management strategies, initiatives and transition protocols to promote timely patient flow and throughput.

Implement DHS action plan based upon the Office of the Legislative Auditor report. The Legislature should clarify in state law the role of State-Operated Services’ residential and inpatient facilities, which states a mission of serving individuals who cannot be adequately served by other providers. State may need to re-evaluate the mission of AMRTC and its role in the greater mental health and DCT system.

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

2015 goal

- For year ending December 31, 2015 the average monthly number of discharges will increase to ≥ 10

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

RESULTS:

The December 31, 2015 goal was not met.

Time period	Total number of individuals leaving	Transfers ⁱⁱⁱ	Deaths	Net moved to integrated setting*
Quarter 1 (Jan – March 2015)	42	19	3	20
Quarter 2 (April – June 2015)	52	13	2	37
Quarter 3 (July – Sept 2015)	47	14	2	31
October 2015	14	9	0	5
November 2015	11	4	1	7
December 2015	12	5	0	7
Totals	178	64	8	107
				Average = 8.9

*Only those individuals moving from a segregated setting to an integrated setting will be used to measure progress on the goal.

ANALYSIS OF DATA:

From January – December, 2015, the average number of discharges from Minnesota Security Hospital to a more integrated setting was 8.9. The 2015 goal of ≥ 10 was not met.

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.

COMMENT ON PERFORMANCE:

Current efforts to increase the number of transitions include working with the counties, in particular, Hennepin and Ramsey Counties, to increase the number of providers that are willing and able to serve individuals transitioning into the community from MSH. Hennepin County issued a Request for Interest and is working with respondents on placements / potential placements.

If the transition numbers appear to be plateauing, we will identify additional strategies to increase transitions. Other challenges relate to specific individual circumstances that make them more difficult to place -- those needing Adult Foster Care but only qualifying for the elderly waiver, which has a lower reimbursement rate; those with sex offense histories; and those without legal citizenship status who are not eligible for transition to community resources.

III. MOVEMENT OF INDIVIDUALS FROM WAITING LISTS

This section reports progress on the movement of individuals from the home and community based services waiting lists. A new urgency categorization system for the Developmental Disabilities (DD) waiver waiting list was implemented on December 1, 2015. The new system categorizes urgency in four categories including: institutional exit; immediate need; defined need; and future need. Reasonable pace standards have been established for each of the four categories. Data will be available from the new urgency categorization system beginning in June 2016 to be included in the August 2016 quarterly report. The baseline will be established at the end of the first full year of collecting urgency data in December 2016, and will be included in the February 2017 quarterly report.

In the interim, the quarterly reports to the Subcabinet, beginning in February 2016 will report the number of persons on the Community Access for Disability Inclusion (CADI) and Developmental Disabilities (DD) waiting lists each quarter. Certain tables in the Quarterly Report on Olmstead Plan Measurable Goals Template listed as Attachment C in the filing with the Court on February 12, 2016 (Doc. 540) will not be included during this interim period.

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

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

RESULTS:

The goal appears to be on track to meet the October 1, 2016 goal of eliminating this waiting list.

Time period	Number on CADI waiver waiting list at end of quarter	Reduction from previous quarter
April – June 2015	1,254	174
July – September 2015	932	322
October – December 2015	477	455

ANALYSIS OF DATA:

The October 1, 2016 goal is to eliminate the CADI waiver waiting list. From October 1 – December 31, 2015, the statewide CADI waiver waiting list decreased by 455 people, compared to the previous quarter when it decreased by slightly more than 300 people.

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.

COMMENT ON PERFORMANCE:

Through DHS direction, more lead agencies are eliminating their CADI waiting lists and decreasing the overall size of the statewide waiting list. Additionally, 13 lead agencies eliminated their CADI waiting list between October 1 and December 31, 2015 compared to 9 that eliminated their CADI waiting lists in the previous quarter.

Number of Individuals on Developmental Disabilities (DD) Waiver Waiting Lists

This table shows an estimate of progress towards the reduction in the size of the waiting lists quarter by quarter. The number is pulled once at the end of the time period and serves as an estimate of waiting list size over that time period. This interim measure does not indicate the number of individuals moving on and off the waiting list during that period.

Time period	Number on DD waiver waiting list at end of quarter	Change during quarter
April – June 2015	3,576	+40
July – September 2015	3,480	<96>
October – December 2015	3,198	<282>

ANALYSIS OF DATA:

From October – December 2015, the statewide DD waiting list decreased by 282 people, compared to the previous quarter, which showed a decrease of 96 people.

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.

COMMENT ON PERFORMANCE:

As referenced above, the waiting list reporting that includes urgency information will begin in August 2016. This DD waiting list report showing change from the previous quarter will serve as an interim measure of progress.

IV. QUALITY OF LIFE MEASUREMENT RESULTS

This section will include the results of any and all quality of life assessments. Initially this will include National Core Indicators (NCI) survey results as they become available.

The results for the 2015 NCI survey for individuals with intellectual and developmental disabilities are not yet available. Once the results are available, they will be reported in the quarterly report immediately following the availability.

V. INCREASING SYSTEM CAPACITY AND OPTIONS FOR INTEGRATION

This section will include 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. 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.

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

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

RESULTS:

The Person Centered Planning, Informed Choice and Transition Protocol was approved by the Subcabinet Executive Committee on February 10, 2016. The audit process to measure progress is in place. The first year's data will be used to set a baseline. This baseline will be proposed to the Subcabinet at the February 2017 meeting.

Interim quarterly reporting will begin with the May 2016 Quarterly report. At a minimum, the interim report will include identification of the counties participating in the audit, total pool of participants, size of the audit sample.

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.

2015 Goal

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

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

RESULTS:

The June 30, 2015 goal was met.

Time period	Individuals who experienced restrictive procedure	Reduction from previous year
2015 Annual - July 2014 – June 2015	867 (unduplicated)	209
2016 Quarter 1 – July - September 2015	299 (duplicated)	NA – quarterly status of annual goal

ANALYSIS OF DATA:

From July 1, 2014 through June 30, 2015 the number of individuals who experienced a restrictive procedure was 867 (a 19.4% reduction of 209 from previous year). The annual numbers are unduplicated counts, however the quarterly numbers are duplicated. The 2015 goal to reduce the number of people experiencing restrictive procedure by 5% from the previous year or 54 individuals was met.

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.

COMMENT ON PERFORMANCE:

It is important to note that the overall goal is to reduce the number of people by 200 by June 30, 2018. As of this reporting period, the State has met the overall goal.

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

Annual Goals

- By June 30, 2015 the number of reports of restrictive procedures will be reduced by 430.
- By June 30, 2016 the number of reports of restrictive procedure will be reduced by 409

Annual Baseline: From July 2013 – June 2014 of the 35,668 people receiving services in licensed disability services, e.g., home and community based services, there were 8,602 BIRF reports of restrictive procedures, involving 1,076 unique individuals.

RESULTS:

The June 30, 2015 annual goal was met.

Time period	Number of BIRF Reports	Reduction from previous year
2015 Annual - July 2014 – June 2015	5,124	3,478
2016 Quarter 1 - July – September 2015	907	NA – Quarterly status of annual goal

ANALYSIS OF DATA:

From July 1, 2014 through June 30, 2015 the number of BIRF reports was 5,124 (a reduction of 3,478 from previous year). The 2015 goal to reduce the number of reports by 430 was met.

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.

COMMENT ON PERFORMANCE:

As of this reporting period the overall 2018 goal to decrease by 1,596 reports has been met. The period from July – September 2015 had a slight increase in the number of BIRF reports compared to the previous quarter. Effective August 21, 2015, all DHS licensed providers must comply with the Positive Supports Rule.

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^v, with limited exceptions to protect the person from imminent risk of serious injury. (Examples of a limited exception include the use of a helmet for protection of self-injurious behavior and safety clips for safe vehicle transport).

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

2015 Goal

- By June 30, 2015, reduce mechanical restraints to no more than
 - 461 reports of mechanical restraint
 - 31 individuals approved for emergency use of mechanical restraint

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

RESULTS:

The June 30, 2015 goal has two parts. The goal was not met for the number of reports, but the goal was met for the number of individuals approved for emergency use of mechanical restraint.

Time period	Number of Reports during the time period	Number of individuals at end of time period
2015 Annual - July 2014 – June 2015	912	21
2016 Quarter 1 - July – September 2015	144	19

ANALYSIS OF DATA:

From July 1, 2014 through June 30, 2015 the number of BIRF reports of mechanical restraints was 912. The number of individuals approved for emergency use of mechanical restraint was 21. The June 30, 2015 goal of reducing to 461 reports was not met, however the goal to reduce the number of approved individuals to 31 was met.

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.

COMMENT ON PERFORMANCE:

The primary factor in the goal not being met relates to a change to Chapter 245D, restricting the use of mechanical restraints. From July 1 to December 31, 2014, providers were required to phase out the use of mechanical restraints. During that time the number of reports was 648.

Beginning January 1, 2015, only mechanical restraints within limited exceptions were allowed. From January 1 to June 30, 2015 the number of reports was 264. The total number of reports from July 2014 to June 2015 was 912 (648 + 264). Although the annual goal of 461 was not met, there was a reduction in the reported use of mechanical restraints following the change to Chapter 245D.

DHS will increase outreach through technical assistance, training, and consultation to people with the limited exception and their teams to support greater reductions in the use mechanical restraints.

From July 1 to September 30, 2015 there were 144 reports of emergency use of mechanical restraints. This was an increase from the previous quarter (April – June 2015) which had 117 reports. Considering the small number of people with a limited exception for the use of mechanical restraints, quarterly variations may occur. These may result from changes in individual circumstances or programming (e.g., personal, service, or environmental changes). DHS will increase outreach through technical assistance, training, and consultation to people with the limited exceptions and their teams to support greater reductions in the use mechanical restraints.

Effective August 31, 2015, all other DHS licensed providers must also comply with the Positive Supports Rule^{vi}, which includes reporting the use of mechanical restraints when used with people with developmental disabilities. Among this set of providers now required to report behavioral interventions, existing behavioral programs that included the use of mechanical restraints prior to August 31, 2015 are permitted, but they must be discontinued after a 30-day Positive Support Transition Plan development process and subsequent 11-month phase out period ending August 31, 2016. DHS will continue to monitor quarterly report numbers to determine how mechanical restraint reports from DHS licensed providers covered by the Positive Supports Rule could impact the State's ability to meet the June 30, 2016 goals.

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.

RESULTS:

The Mental Health Information System has been modified to include reporting data on this measurable goal. This report is completed two times each year covering the periods of January-June and July-December. Data from these reports is reviewed and verified over a 90 day period. The first report on progress will be included in the quarterly report to the Subcabinet in November of 2016 and every six months thereafter.

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

RESULTS:

The Mental Health Information System has been modified to include reporting data on this measurable goal. This report is completed two times each year covering the periods of January-June and July-December. Data from these reports is reviewed and verified over a 90 day period. The first report on progress will be included in the quarterly report to the Subcabinet in November of 2016 and every six months thereafter.

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

RESULTS:

Data sources have been identified and are being analyzed to assure the data will be reliable and valid. The first report on progress will be included in the quarterly report to the Subcabinet at the May 2016 meeting and quarterly thereafter.

SEMI-ANNUAL AND ANNUAL GOALS

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

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

SUBGOAL A:

- By 2017, increase the percent of people with intellectual and developmental disabilities (I/DD) who report they have input into major life decisions to 55% or higher.

2015 Goal

- By 2015, the percent reporting they have input into major life decisions will increase to > 45%

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

RESULTS:

The 2015 goal was not met.

ANALYSIS OF DATA:

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

TIMELINESS OF DATA:

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

COMMENT ON PERFORMANCE:

Given the variable nature of survey data, it is reasonable to expect that in some years the annual goal will be exceeded while in other years it may fall somewhat short as we work toward the 2017 goal. Although the 2015 results did not meet the annual goal, gains were made showing progress toward the 2017 goal.

SUBGOAL B:

- By 2017, increase the percent of people with intellectual and developmental disabilities who make or have input in everyday decisions to 85% or higher.

2015 Goal

- By 2015, the percent reporting they have input in everyday decisions will increase to $\geq 84\%$

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

RESULTS:

The 2015 goal was met.

ANALYSIS OF DATA:

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

TIMELINESS OF DATA:

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

COMMENT ON PERFORMANCE:

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

SUBGOAL C:

- By 2017, increase the percent of people with disabilities other than I/DD who are always in charge of their services and supports to 80% or higher.

2015 Goal

- By 2015, the percent reporting they are always in charge of their services and supports will increase to $\geq 70\%$

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

RESULTS:

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

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

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

2015 Goal

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

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

RESULTS:

The June 30, 2015 goal was met.

Time period	People in integrated housing	Increase over baseline
2015 Annual - July 2014 – June 2015	6,920	903 (15%)

ANALYSIS OF DATA:

From July 1, 2014 through June 30, 2015 the number of people living in integrated housing increased by 903 (15%) over baseline to 6,920, which met the goal of 617 (10%) above the baseline. The 2015 goal of an increase of 617 (10%) to 6,634 was met.

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.

COMMENT ON PERFORMANCE:

The State met the June 30, 2015 goal.

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

2015 Goal

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

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

RESULTS:

The December 1, 2015 goal was met.

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

ANALYSIS OF DATA:

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

TIMELINESS OF DATA:

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

COMMENT ON PERFORMANCE:

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

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

2016 Goal

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

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

RESULTS:

The October 1, 2016 goal was not met.

Time Period	Students Entering Integrated Post-Secondary Setting (2 and 4 year college/university)
2015 Post School Outcome Survey ^{ix}	182 (29.3%) Decrease of 43 from baseline

ANALYSIS OF DATA:

MDE is required to report on this goal in November, 2016. However, because the data is available we agreed to report on this goal in February, 2016. Using data from the 2015 Post School Outcome Survey, 621 out of 1,322 students with disabilities completed the survey for a response rate of 47.0%. Of the 621 students surveyed, 182 (29.3%) were enrolled in an integrated two or four year college/university.

The October 1, 2016 annual goal of increasing the number of students entering integrated postsecondary education settings from 225 to 275 will not be met. The goal will be off target by 93 students. The overall number will not be met but the percent (based on the number of students responding to the survey) will increase from 23.3% to 29.3%.

Worth noting:

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

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

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it will be reported once a year on February 1st of the following year.

COMMENT ON PERFORMANCE:

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

- MDE will continue working with the National Technical Assistance Center on Transition and the Minnesota State Colleges and Universities (MnSCU) to provide capacity building training for the purpose of increasing the number of students with disabilities who are enrolled in an integrated postsecondary education setting by 2020.
- The Post School Outcome survey numbers vary every year in number of students surveyed and the number of responses. On January 26, 2016 a request was sent to the Minnesota's Statewide Longitudinal Education Data System (SLEDs) Data and Research Committee This request is to access to summary level data for the purpose of conducting statistical research on how many special education students left secondary education and entered into an integrated postsecondary institution within one year of graduation. Once the data request has been received and vetted through the SLEDs Data and Research committee, next steps will be determined and shared with the Olmstead Subcabinet at the May 2016 meeting.

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

A) Curb Ramps

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

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

RESULTS:

The goal is on track to meet the December 31, 2020 goal.

In 2014, the total number of curb ramps approved was 1,139 bringing the system to 24.5% fully compliant under PROW.

B) Accessible Pedestrian Signals

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

2015 Goal

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

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

RESULTS:

The December 31, 2015 goal was met.

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

ANALYSIS OF DATA:

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

TIMELINESS OF DATA:

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

C) Sidewalks

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

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

RESULTS:

The annual target has been identified and is scheduled to be reported in the May 2016 report.

TRANSPORTATION GOAL TWO: By December 31, 2025, additional rides and service hours will increase the annual number of passenger trips to 18.8 million in Greater Minnesota (approximately 50% increase).

RESULTS:

The data used to monitor progress on this goal is included in the Annual Transit Report. Data for 2015 is compiled, verified and will be available in November 2016. This will be included in the quarterly report to the Subcabinet in November 2016 and annually thereafter.

VI. COMPLIANCE REPORT ON WORKPLANS AND MID-YEAR REVIEWS

This section includes a report summarizing the monthly review of workplan activities and the mid-year reviews completed by OIO Compliance staff.

Workplan Activities

OIO Compliance staff reviews workplan activities on a monthly basis to determine if items are completed, on track or delayed. Any delayed items are reported to the Subcabinet as exceptions.

The first review of workplans took place in December 2015 and included a review of all activities due to be completed by November 30, 2015.

Number of workplan activities reviewed during reporting period - December 2015	67
• Number of activities completed (aggregate)	41
• Number of activities on track (at quarter end)	19
• Number of activities reporting exceptions (at quarter end)	7
• Number of exceptions requiring Subcabinet action	0

Mid-Year Review of Measurable Goals Reported on Annually

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

Mid-year reviews are scheduled to begin in February 2016 and will be first included in the May 2016 quarterly report.

VII. ADDENDUM

There is no addendum to this quarterly report.

ENDNOTES

ⁱ 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.

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

ⁱⁱⁱ 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.

^{iv} 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.

^v Minnesota Security Hospital is governed by the Positive Supports Rule when serving people with a developmental disability.

^{vi} When approving the Positive Supports Rule, the Administrative Law Judge made a finding that triggered a provision of Minnesota Statute §14.127 which would allow small providers (fewer than 50 full-time employees) to claim exemption from the Rule until the Minnesota Legislature approves the Rule. The Governor issued a waiver of the application of the statute which remains in effect until August 2016. The Department of Human Services intends to seek legislative approval of the Rule prior to the expiration of the waiver.

^{vii} "students with disabilities" are defined as students with an Individualized Education Program age 6 to 21 years;

^{viii} "most integrated setting" refers to receiving instruction in regular classes alongside peers without disabilities, for 80% or more of the school day.

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

UNITED STATES DISTRICT COURT

DISTRICT OF MINNESOTA

James and Lorie Jensen, et al.,

Case No. 09-cv-01775 DWF/BRT

Plaintiffs,

vs.

VERIFICATION OF MICHAEL TESSNEER

Minnesota Department of Human
Services, et al.,

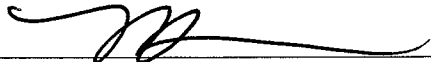
Defendants.

SUBMISSION OF REPORT AND DOCUMENTS FOR VERIFICATION

I confirm that all data included in the "Minnesota Olmstead Subcabinet Quarterly Report on Olmstead Plan Measurable Goals, February 22, 2016" is reliable and valid, and verify that all statements made in the Report are accurate, complete, timely and verified.

Affirmed and submitted to the Court.

By:



Michael Tessneer
Director of Compliance
Olmstead Implementation Office

February 26, 2016

Julie M. Stahl
2/26/16

