Olmstead Subcabinet Meeting

Monday, May 23, 2016 • 4:00 p.m. to 5:30 p.m.
Minnesota Housing Finance Agency – State Street Conference Room
400 Sibley Street, St. Paul, MN 55101

Agenda

1) Call to Order

2) Roll Call

3) Agenda Review

4) Approval of Minutes

a) Subcabinet meeting on April 25, 2016 **3**

5) Reports

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

6) Action Items

a) May 2016 Quarterly Report on Measurable Goals

1) Review and approve Quarterly Report on Measurable Goals **13**
2) Review and approve baselines and annual goals: **39**
   (a) Transportation 1.C
   (b) Community Engagement 1.C

b) May 2016 Workplan Compliance Report **45**

c) Proposed Adjustments to Workplan Activities **47**

- Community Engagement 1.A (OIO)
- Community Engagement 4A.2 (OIO)

d) Proposed New Measurable Goals

- Assistive Technology
- Prevention of Abuse & Neglect

7) Discussion Items

a) Preparation for June 6, 2016 Status Conference

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8) Information Items

a) Workplan items requiring report to Subcabinet:

- Crisis Services 2J.1-2J.2, report status of crisis services being added to waiver (DHS)
- Waiting List 1F and 2C.2, report progress on waiting list targets and recommendations (DHS)

9) Public Comments

10) Adjournment

Next Subcabinet Meeting:

June 27, 2016 - 9:30 a.m. to 11:00 a.m.

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

Olmstead Subcabinet Meeting
April 25, 2016 – 1:30 p.m. to 3:00 p.m.
Minnesota Housing,
400 Sibley Street, State Street Conference Room, Saint Paul, MN 55101

1. **Call to Order**
   Action: N/A
   The meeting was called to order at 1:31 p.m. by Chair Mary Tingerthal (Minnesota Housing).

2. **Roll Call**
   Action: N/A
   Subcabinet members present: Colleen Wieck (Governor's Council on Developmental Disabilities); Steve Dibb (Department of Education); Kevin Lindsey (Department of Human Rights); Roberta Opheim (Ombudsman for Mental Health and Developmental Disabilities); Tom Roy (Department of Corrections); Ed Ehlinger (Department of Health); Mary Tingerthal (Minnesota Housing); Jeremy Hanson Willis (Department of Employment and Economic Development) arrived at 1:34 p.m.

   Designees present: Chuck Johnson (Department of Human Services)

   Guests present: Gil Acevedo (Department of Health); Alex Bartolic, Erin Sullivan Sutton, Alice Nichols, Joe Sathe, Mari Moen, Jason Flint, Adrienne Hannert, Alice Nichols, Karen Sullivan Hook, Jennifer Blanchard, Beth Sullivan, and Greg Gray (Department of Human Services); Mike Tessneer, Rosalie Vollmar, Tristy Auger, and Darlene Zangara (Olmstead Implementation Office); Ryan Baumtrog, Tom O'Hern, Anne Smetak (Minnesota Housing); Robyn Widley, Jayne Spain, Eric Kloos, and Sara Winter (Minnesota Department of Education); Kristie Billiar (Minnesota Department of Transportation); David Sherwood-Gabrielson (Department of Employment and Economic Development); Charlie Vander Aarde (Metro Cities); Deb Kerschner, Patty Popp (Department of Corrections); Christina Schaffer (Minnesota Department of Human Rights); Elizabeth Dressel (Governor's Office); and Becky Stewart (The Improve Group) and Commissioner Tom Baden, Ellena Schoop (MN.IT)

3. **Agenda Review**
   There were no changes to the agenda.

4. Approval of Minutes

a) Subcabinet Meeting of March 28, 2016

The March 28, 2016 Subcabinet meeting minutes were provided to the Subcabinet with the meeting materials. The meeting minutes were approved as written.

Motion:	**Approve the March 28, 2016 Subcabinet meeting minutes.**
Action:	**Motion – Ehlinger. Second – Dibb.** **In Favor - All**

5. Reports

a) Chair

Commissioner Tingerthal (Minnesota Housing) reported the following:

- As a reminder to all, the August 10, 2015 Plan had two topic areas, Assistive Technology and Prevention of Abuse and Neglect, that were under development. The commitment in the Plan was that measurable goals would be established in those two areas in 2016. On April 12, 2016, the Court issued an order requiring DHS to submit a revised Olmstead Plan by June 1, 2016, incorporating the goals in those two areas. Mediation with Magistrate Judge Thorson is scheduled on May 6, 2016. A status conference with the Court is scheduled on June 6, 2016.
- The May 23, 2016 Subcabinet meeting agenda will include several items including: approval of the Assistive Technology and Prevention of Abuse & Neglect goals, review of the Second Quarterly Report, and preparation for the June 6th status conference with Judge Frank.
- The May 23, 2016 Subcabinet meeting is also the last day of the legislative session. When asked if there was a need to change the date of the Subcabinet meeting, Subcabinet members agreed to keep the Subcabinet meeting as scheduled.
- DHS will end the Interagency Agreement that provides legal counsel to the Subcabinet. Karen Sullivan–Hook (DHS) will no longer serve as legal counsel. Tom O'Hern and Anne Smitak (Minnesota Housing) will assume the role of legal counsel to the Subcabinet with the effective date to be determined.

b) Executive Director

Executive Director Darlene Zangara (OIO) reported the following:

- There were three dispute resolution cases in February and all are currently resolved. There were three dispute resolution cases in March; two of these cases were referred and are pending resolution.

- The OIO hosted visitors from the International Leadership Program. Darlene Zangara and Colleen Wieck provided presentations on the history of disabilities in Minnesota and the Olmstead Plan.
- The Governor's new Chief Inclusion Officer is James Burroughs.
- The OIO is engaged with the Governor's Accelerating Olmstead work. The governor's office is currently working with the communications representatives from each state agency to develop plans on how to effectively communicate and disseminate information that will support the Olmstead Plan.

c) Legal Office

Karen Sullivan Hook (DHS) stated that she had no additions to what Chair Tingerthal had already provided. As this is the last meeting for Ms. Sullivan Hook as legal counsel to the Subcabinet, Chair Tingerthal expressed gratitude for all the work that she has done in supporting the Subcabinet.

d) Compliance Office

Mike Tessneer (OIO) reported the following:

- The Compliance office will have completed two agency verifications of work plans and measurable goals by the end of April (DHS and MDE).
- The mid-year review of annual measurable goals will begin in May 2016.
- May quarterly report data is due to the compliance office on April 27, 2016.
- Based on the upcoming mediation and Court deadlines, a draft timeline was proposed which included the following:
    - April 25, 2016, Assistive Technology workgroup meeting.
    - April 27, 2016, Prevention of Abuse & Neglect workgroup meeting.
    - April 29, 2016 Notify public of upcoming public comment period.
    - May 6, 2016, mediation meeting with Judge Thorson.
    - May 16, 2016, draft measurable goals sent to Subcabinet and posted on website for public comments. Email sent to notify public.
    - May 19, 2016, deadline to receive public comments.
    - May 23, 2016, Subcabinet approves draft measurable goals and reviews public comments.
    - May 26, 2019, Tentative Executive Committee meeting (if further review and approval of Plan revisions are needed).

Commissioner Roy asked whether staff knew the number of hits on the website and if there is an active email list for those interested in the website. Rosalie Vollmar (OIO) reported that staff can identify the number of hits received on the Olmstead

website and there is an email list available to be used to solicit input. Commissioner Tingerthal reported that communicating the expected timeline for public comments ahead of time, staff hope to reduce concerns about the short time frame. State agency communications teams will work together to disseminate the plan for public comment.

Mike Tessneer reminded the Subcabinet that there is a workplan for cross-agency coordination of data strategies. A workgroup has been meeting on this. A project lead from MN.IT will work with MDE, DEED, and DHS to complete a workplan and help design the data governance structure used to expand beyond single agencies and provide support around key data elements.

Commissioner Baden (MN.IT) explained he would like MN.IT staff to be informed during the process to assure that staff is meeting the needs and objectives that the Subcabinet would like achieved.

6. Action Items

a) Workplan Compliance Report

Mike Tessneer (OIO Compliance) reported on the Workplan Compliance Report. There were 30 items reviewed in March. Of the 30 total items:

- 13 items (43%) were completed
- 15 items (50%) were on track
- 2 items (7%) were reported as exceptions

Agency sponsors/leads presented on the following exceptions identified in the Workplan Compliance Report, which was provided with the meeting materials.

- **Healthcare, 2A.4**

  Jennifer Blanchard (DHS) reported on the Healthcare 2A.4 workplan item to add behavioral health home services to DHS's Health Care Provider Manual and develop a companion policy guide. The deadline was missed because federal approval was needed before moving forward with the Behavioral Health Home (BHH) items and approval was not granted until late March. Updates will be made to the Health Care Provider Manual and companion policy guides by June 1, 2016.

  Because of the delay in 2A.4, subsequent workplan activity deadlines will be adjusted as follows:

  - 2A.5 – Complete consumer materials – move from 4/1/16 to 6/1/16
  - 2A.6 – Release training – move from 5/1/16 to 7/1/16

- 2A.7 – Complete system changes – move from 6/1/16 to 7/1/16
- 2A.8 – Begin Behavioral health home services – stays at 7/1/16

Ms. Blanchard recommended that no Subcabinet action was needed and Subcabinet members agreed.

- **Community Engagement, 3A.1**

  Darlene Zangara (OIO) reported on Community Engagement, 3A.1 workplan item to survey 300 Certified Peer Support Specialist that have completed the Peer Support Specialists Certification program to establish a baseline for how many have current employment in the field and what barriers may be preventing employment. The March 30, 2016 deadline was missed. Adjustments are being made to the survey for peer specialists and outreach efforts will take place in April, May and June, including three listening sessions (1 metro, 2 non-metro sessions). The sessions will be advertised on websites. The new deadline for completion will be October 31, 2016.

  In response to comments made by Roberta Opheim (OMHDD), Darlene Zangara stated that there are 385 certified peer specialists and the goal is to survey this group. Staff hope to gather additional information to help identify gaps by hosting listening sessions.

  Commissioner Lindsey (MDHR) asked whether one of the gaps that might exist for individuals trying to get gainfully employed is understanding their legal rights. He encouraged this to be included in the workplan and offered assistance. Darlene Zangara agreed to follow-up with Commissioner Lindsey.

  Assistant Commissioner Hanson Willis (DEED) raised questions about the reason for the delay and if the remedy is a good solution. Darlene Zangara (OIO) explained the delay was because the last two surveys were not successful and the recommended listening session will help identify information to fill the gap and get better results.

  Colleen Wieck (Governor's Council on Developmental Disabilities) pointed out that this workplan activity has subsequent later activities that need to be reviewed. If this item is delayed, the later activities will most likely be affected.

  Chair Tingerthal recommended that Darlene Zangara review the subsequent workplan activities and report back to the Subcabinet any adjustments needed to the workplan.

Motion: **Approve the Workplan Compliance Report.**
Action: **Motion – Lindsey. Second – Hanson Willis.**
In Favor - All

b) Adjustments to Workplan Activities

- **Person Centered Planning 2A.1 – 2A.3**
  Alex Bartolic (DHS), reported that adjustments are needed to the deadlines for Person Centered Planning, 2A.1-2A.3, workplan activities.
  - PC 2A.1 – Because the National Core indicators (NCI) interviews took longer than expected the completion date will be moved from April 30, 2016 to June 30, 2016.
  - PC 2A.2 – The delay in the surveys will result in delay in the analysis so the completion date will be moved from August 31, 2016 to December 31, 2016.
  - PC 2A.3 – The national organization is responsible for posting the data and it is taking longer than expected to get the national results. The Minnesota results will be available by the deadline of December 31, 2016, but the national results will not be.

    In response to comments made by Roberta Opheim (OMHDD), Alex Bartolic agreed to report back to the Subcabinet with detailed information on comparison data between Minnesota to other states. Roberta Opheim also pointed out a concern that NCI interviews do not include people with mental illness.

- **Person Centered Planning 2C.2**
  Alex Bartolic (DHS), reported on Person Centered Planning 2C.2, setting up contracts with Regional Quality Councils to identify what is happening with services in a the local community. A request for proposal was sent to all counties and it is expected that three regions will be funded. The original timeline did not account for the time it would take selected respondents to move the contracts through their processes. For example, a county would need to meet with their county board for any contract approval and many counties meet once a month thus causing the delay. The deadline of May 31, 2016 needs to be moved to July 31, 2016.

Motion: **Approve the adjusted dates to workplan activities.**
Action: **Motion – Lindsey. Second – Hanson Willis.**
In Favor - All

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7. Information Items

a) Workplan items requiring reports to Subcabinet

- **Community Engagement 1D, report on informing the community on collaborative work on Olmstead**
  Darlene Zangara (OIO) reported on informing the community on collaborative work on Olmstead. A quarterly review is due in April 2016. OIO staff is working with Governor Appointed Councils providing presentations to all of the councils and working to align goals. Staff presented to over 600 individuals with disabilities, consumers, and stakeholders from January 1, 2016 to March 31, 2016.

- **Quality of life 3A.1, survey implementation workplan on Quality of Life Update regarding first benchmark progress**
  Becky Stewart (The Improve Group) reported on the attainment of the first benchmark of the Quality of Life survey scope of work. With the input of the Quality of Life workgroup, the insights were taken under advisement. In addition to Sampling Strategy, the Administration planning for survey implementation is near completion. The first part of the planning process was to think about what kind of sampling strategy would work for the survey. The simple random sample strategy will be tested as the administration strategy is developed. The second part of the planning process (second benchmark) is researching data sharing agreements in order to access individual-level data and research review by DHS Institutional Review Board (IRB).

- **Transportation 4A.4, follow-up on regional coordinating council membership**
  Kristie Billiar (DOT) reported on regional coordinating council membership and explained that transit users will participate on boards and advocacy groups, as well as individuals who provide support services at the county level and who participate on Governor Appointed Councils. A detailed list of the final membership will be provided to the Subcabinet in January 2017. Roberta Opheim (ODMHDD) asked if outreach had been completed and Kristie Billiar said that outreach would occur in June and July, 2016.

- **Crisis Services 2D.1, follow-up on recruitment of ethnically and racially diverse providers**
  Alice Nichols (DHS) reported on recruitment of ethnically and racially diverse providers and how to recruit responders from diverse communities. DHS staff from the Office of Indian Policy and Community & Partners Relations will help support and assist in these efforts. Presently, two tribes have applied for funding.

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- **Crisis Services 2J.1-2J.2, report on status of crisis services being added to waiver**
  Alex Bartolic (DHS) reported on the status of crisis services being added to waivers. DHS has a service called crisis respite that provides in-home support as well as out-of-home crisis support to help stabilize clients and keep them home. The amendments are ready but DHS is not able to submit them to Centers for Medicare and Medicaid Services (CMS) while other actions are pending. She also reported that in the meantime, the waivers have expired and renewals are underway.

8. Monthly Topic Report

a) Positive Supports with Minnesota Department of Education – Robyn Widley (MDE) and Department of Human Services - Erin Sullivan Sutton

Robyn Widley (MDE), Sara Winter (MDE), Eric Kloos (MDE), Alex Bartolic (DHS), and Jason Flint (DHS) gave a presentation on Positive Supports. The PowerPoint presentation is available on the Minnesota's Olmstead Plan website.

In response to a question by Commissioner Tingerthal, Alex Bartolic (DHS) stated that approximately 4,000 people have been trained on positive supports. Sara Winter (MDE) stated that 160 school personnel have received targeted technical assistance.

In response to questions from Roberta Opheim (Ombudsman's Office), Alex Bartolic (DHS) explained the difference between the words "prohibited" and "restricted".

In response to questions from Commissioner Tingerthal (Minnesota Housing), Commissioner Dibb (MDE), and Commissioner Lindsey (MDHR), Sara Winter (MDE) explained that as of August 2015, prone restraint is no longer allowed for use in schools. MDE issued grants to six school districts to provide technical assistance on elimination of prone restraints. The grants were open to eight districts that were using prone restraints. Six of those districts applied for and received the grants.

In response to questions from Commissioner Lindsey (MDHR), Sara Winter (MDE) stated that they did see an increase of special education complaints filed by parents, but they did not see an increase of reports under the Maltreatment of Minors Act.

The reports also contain summary data by district. Commissioner Lindsey inquired if they could break out data by type of disability and race to explore if other restrictive procedures increased when prone restraint was no longer allowed.

In response to a question by Deputy Commissioner Dibb (MDE), Eric Kloos (MDE) reported that training in Positive Behavioral Intervention Supports (PBIS) have been ongoing since 2015. At this point, 543 or 27% of the schools have been trained.

9. Public Comments

There were no public comments.

10. Adjournment

The meeting was adjourned at 3:08 p.m.

Motion:	**Adjournment.**	
Action:	**Motion – Dibb.**	**Second - Johnson.**
	In Favor - All	

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Minnesota Olmstead Subcabinet

Quarterly Report on Olmstead Plan Measurable Goals

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REPORTING PERIOD

Data acquired through April 30, 2016

DATE REPORT APPROVED BY SUBCABINET

May 23, 2016

Contents

I. PURPOSE OF REPORT 3

II. MOVEMENT FROM SEGREGATED TO INTEGRATED SETTINGS 4

QUARTERLY SUMMARY OF MOVEMENT FROM SEGREGATED TO INTEGRATED 4

TRANSITION SERVICES GOAL ONE 5

TRANSITION SERVICES GOAL TWO 8

TRANSITION SERVICES GOAL THREE 9

III. MOVEMENT OF INDIVIDUALS FROM WAITING LISTS 12

WAITING LIST GOAL ONE 12

IV. QUALITY OF LIFE MEASUREMENT RESULTS 13

V. INCREASING SYSTEM CAPACITY AND OPTIONS FOR INTEGRATION 14

PERSON CENTERED PLANNING GOAL ONE 14

POSITIVE SUPPORTS GOAL ONE 16

POSITIVE SUPPORTS GOAL TWO 17

POSITIVE SUPPORTS GOAL THREE 18

CRISIS SERVICES GOAL THREE 19

EMPLOYMENT GOAL ONE 20

POSITIVE SUPPORTS GOAL FOUR 21

POSITIVE SUPPORTS GOAL FIVE 22

TRANSPORTATION GOAL ONE 23

CRISIS SERVICES GOAL FOUR 23

CRISIS SERVICES GOAL FIVE 23

COMMUNITY ENGAGEMENT GOAL ONE 24

VI. COMPLIANCE REPORT ON WORKPLANS AND MID-YEAR REVIEWS 25

VII. ADDENDUM 25

ENDNOTES 26

DRAFT

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 April 30, 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) and approved for use in the Court Order issued February 22, 2016. 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.

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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)	July – Sept 2015	16
• Nursing Facilities	July – Sept 2015	180
• Other segregated settings	Next report in August 2016	N/A
• Anoka Metro Regional Treatment Center	Jan – Mar 2016	29
• Minnesota Security Hospital (MSH)	Jan – Mar 2016	16
Net number who moved from segregated to integrated settings		**241**

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.

Special note regarding possible data discrepancies: In the February 2016 Quarterly Report, a possible discrepancy was noted in the data reporting on Transition Services goals 2 and 3. A verification review conducted with Department of Human Services (DHS) staff by Olmstead Implementation Office (OIO) Compliance found that in compiling the data for the 2015 time period, data was manually edited and the data definition was inconsistent. This resulted in an inaccurate report. The result was the total number of individuals leaving the facility was under reported, the number of transfers was under reported, and the number of individuals moving to an integrated setting was over reported. The corrected numbers are included in this report.

DHS has adopted the following protocols to ensure consistency in reporting in this and future reports: the data definition has been clarified. The data collection system at DHS has been automated to extract data directly from the electronic medical record. Manual editing of the data will be prohibited.

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TRANSITION SERVICES GOAL ONE: By June 30, 2020, the number of people who have moved from segregated settings to more integrated settings[i] 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 Goal	June 30, 2016 Goal
A) Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD)	72	84	84
B) Nursing Facilities (NF) under age 65 in NF > 90 days	707	740	740
C) Segregated housing other than listed above	Not Available[ii]	50	250
Total		**874**	**1,074**

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

2016 goal

- For the year ending June 30, 2016 the number of people who have moved from ICFs/DD to a more integrated setting will be **84**

Baseline: January - December 2014 = 72

RESULTS:
The goal is not on track to meet the 2016 goal of 84.

Time Period	Total number of individuals leaving	(-)Transfers	(-)Deaths	Net moved to integrated setting
July 2014 - June 2015	158	24	63	**71**
Quarter 1 (July – September 2015)	37	7	14	**16**

ANALYSIS OF DATA:
From July 2015 – September, 2015, the number of people moving from an ICF/DD to a more integrated setting was 16, five fewer people than in the previous quarter. If this trend continues, it is anticipated that the 2016 goal of 84 will not be met.

COMMENT ON PERFORMANCE:
Performance on this goal is not moving in the right direction. The following efforts are underway to help improve performance:

- DHS provides reports 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

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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. As counties are currently doing reassessments and asking these questions, we are learning that people originally on the reports as not opposed to moving do not want to move at this time.

- Department of Human 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 is on track to complete reassessments by December 2016. At that time, we will have up-to-date information to evaluate the goas about who would like to move (not opposed to moving), what people want and will have worked with counties to identify barriers to be addressed.

- A person-centered planning, informed choice and transition protocol was introduced in February 2016. Technical assistance through different venues is focused on those who are helping people leaving ICFs/DD. Work is being done to increase education and technical assistance on housing subsidies, methods of working with landlords, and services available to do so.

- Several providers have expressed an interest in voluntary closures of ICFs/DD. DHS is working to support the planning process for integrated community service development. These closures will permanently reduce bed capacity.

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

B) NURSING FACILITIES

2016 goal

- For the year ending June 30, 2016 the number of people who have moved from Nursing Facilities (for persons with a disability under 65 in facility longer than 90 days) to a more integrated setting will be **740**

Baseline: January - December 2014 = 707

RESULTS:
This goal is not on track to meet the 2016 goal of 740.

Time Period	Total number of individuals leaving	(-)Transfers	(-)Deaths	Net moved to integrated setting
July 2014 – June 2015	1,509	203	527	**779**
Quarter 1 (July – September 2015)	374	23	171	**180**

DRAFT

ANALYSIS OF DATA:
From July 2015 – September 2015, the number of people under 65 in a nursing facility for more than 90 days who moved to a more integrated setting was 180, compared to 207 people in the previous quarter. If this trend continues, it is anticipated that the 2016 goal of 740 will not be met.

COMMENT ON PERFORMANCE:
To continue progress on this goal, the department reviews data and notifies lead agencies of people who have not refused or opposed more integrated options to begin to plan their moves. Work will continue with partners in other agencies to improve the supply of affordable housing and knowledge of housing subsidies. Housing Access Services will be expanded in July 2016, to a broader array of providers. This service provides assistance in finding and obtaining suitable, affordable, accessible housing, finding household furnishings and moving.

TIMELINESS OF DATA:

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

C) SEGREGATED HOUSING

2016 goal

- For the year ending June 30, 2016 the number of people who have moved from other segregated housing to a more integrated setting will be **250.**

RESULTS:
Quarterly reporting on this goal will begin in August 2016.

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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[iii] 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 **≤ 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	(-) Deaths	Net moved to integrated setting	% awaiting discharge
Quarter 1 (July – Sept 2015)	65*	41*	0	24*	40.4%
Quarter 2 (October – Dec 2015)	75	41*	0	34*	44.9%
Quarter 3 (January – March 2016)	67	38	0	29	46.6%
Totals	**207**	**120**	**0**	**87**	**Avg = 44.0%**

* In the February 2016 Quarterly Report, a possible discrepancy was noted in the data reporting on this goal. A verification review conducted by OIO compliance found that in compiling the data for the 2015 time period, data was manually edited and the data definition was inconsistent. This resulted in an inaccurate report. The result was the total number of individuals leaving the facility was under reported by 11, the number of transfers was under reported by 55 and the number of individuals moving to an integrated setting was over reported by 44. The corrected numbers are included in this table.

DHS has adopted the following protocols to ensure consistency in reporting in this and future reports: the data definition has been clarified. The data collection system at DHS has been automated to extract data directly from the electronic medical record. Manual editing of the data will be prohibited.

ANALYSIS OF DATA:
During quarter 3, from January 2016 – March 2016, the average percent of people at AMRTC awaiting discharge was 46.6%. This is higher than the previous two quarters. The average of the last three quarters is 44.0%.

There was an upward trend in the percentage of patients at AMRTC who do not meet criteria for continued stay in the first quarter of calendar year 2016. The goal is not on track to meet the 2016 goal of ≤ 35%.

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COMMENT ON PERFORMANCE:
There remain multiple barriers to successful discharge to the community. Discharge delays associated with accessing resources within a continuum of care and housing resources on a timely basis due to:

- Limited provider ability and willingness to meet the needs of individuals served by AMRTC due to risk management, public safety concerns or other concerns;
- Insufficient availability of a spectrum of community resources to meet the needs of individuals served.
- There is presently no outpatient Competency Restoration Program capacity to serve individuals who do not need hospital level of care outside of a secure, inpatient setting, despite the increasing demand for services.
- Individuals with a Treat to Competency / Rule 20.01 commitment have longer lengths of stay as compared to individuals who are not under Rule 20.01 commitment, contributing to patient flow issues.
- Lack of open beds at AMRTC results in decreased availability of AMRTC as a "safety net" resource for individuals with serious and persistent mental illness.

To help reduce the number of people awaiting discharge, AMRTC staff use management tools to be proactive about length of stay and prevent unnecessary delays. Staff track individual cases: anticipated discharge date and barriers to discharge at AMRTC in the seven county metro area, Southeast Minnesota 10 County Region and Southwest Minnesota 18 County Region. AMRTC regularly shares information with and meets with stakeholders to ensure that appropriate and timely discharge planning are in place for individuals served.

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

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

2016 goal

- For year ending December 31, 2016 the average monthly number of discharges will increase to **≥ 11**

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

RESULTS:
The goal is not on track to meet the 2016 goal.

Time period	Total number of individuals leaving	Transfers	Deaths	Net moved to integrated setting
January – December 2015	188*	107*	8	73* (Average = 6.1)
Quarter 1 (January – March 2016)	40	23	1	16 **Average =** 5.3

* In the February 2016 Quarterly Report, a possible discrepancy was noted in the data reporting on this goal. A verification review conducted by OIO compliance found that in compiling the data for the 2015 time period, data was manually edited and the data definition was inconsistent. This resulted in an inaccurate report. The result was the total number of individuals leaving the facility was under reported by 10, the number of transfers was under reported by 43, and the number of individuals moving to an integrated setting was over reported by 34. The corrected numbers are included in the table above.

  DHS has adopted the following protocols to ensure consistency in reporting in this and future reports: the data definition has been clarified. The data collection system at DHS has been automated to extract data directly from the electronic medical record. Manual editing of the data will be prohibited.

ANALYSIS OF DATA:
From January – March, 2016, the monthly average of individuals leaving MSH was 13.3. Of those leaving MSH, the monthly average number of individuals leaving to a more integrated setting was 5.3. This goal is not on track to meet the 2016 goal.

COMMENT ON PERFORMANCE:
To help increase the number of individuals leaving the Minnesota Security Hospital to a more integrated setting, the following activities are underway:

- 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.

- The Minnesota Security Hospital continues to participate in quarterly collaboration meetings with Hennepin, Dakota and Ramsey counties. The focus is on identifying individuals who are able to be served in more integrated settings, while working to expand community capacity.

- The Minnesota Security Hospital continues to partner with grant recipients to create more opportunities to successfully transition individuals from MSH to the community. The grantees include selected counties and providers. For example:
    - The Transition to Community Initiative was established to reduce the time that individuals remain at the Anoka Metro Regional Treatment Center (AMRTC) or the Minnesota Security Hospital (MSH) after they no longer need the services provided there. By providing additional funding to cover community-based services and address the unique discharge barriers faced by some individuals, the initiative promotes recovery, allows individuals to move to integrated settings of their choice, and opens up beds at AMRTC and MSH for other individuals who need them.
    - Between July 1, 2013 and February 29, 2016, there were 99 individuals discharged from AMRTC and MSH who received services or supports through the Transition to Community Initiative; 85 individuals used the additional waiver dollars or allocations, 19

individuals used grants to counties and 24 used Whatever It Takes grant funding. Technical assistance was provided for 247 individuals. Some individuals used grants to counties and Whatever It Takes grant funding in addition to their waiver allocations. The three community providers contracted through the Whatever It Takes grants are helping 89 individuals to manage their transitions and building community capacity to support people with complex needs

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.

DRAFT

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	Change from previous quarter
April – June 2015	1,254	<174>
July – September 2015	932	<322>
October – December 2015	477	<455>
January – March 2016	193	<284>

ANALYSIS OF DATA:
From January 1 – March 31, 2016, the statewide CADI waiver waiting list decreased to 193 people, compared to 477 people from the previous quarter. During the same time period, ten lead agencies eliminated their CADI waiting list.

COMMENT ON PERFORMANCE:
The department is providing active technical assistance to the remaining lead agencies that have CADI waiver waiting lists.

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.

DRAFT

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>
January – March 2016	3,051	<147>

ANALYSIS OF DATA:
From January – March 2016, the statewide DD waiting list decreased to 3,051 people, compared to the 3,198 people from the previous quarter.

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.

The department monitors county progress, and provides technical assistance and direction to counties to assist them in managing their waiting list. Additionally, the lead agency waiver review process provides analysis of waiver spending, and includes recommendations for increasing access to waiver services. Waiver reviews were conducted in the following six counties this past Quarter (January –March 2016): Carver; Crow Wing; Goodhue; Hennepin; Wabasha; and Wright.

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.

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 were published on May 5, 2016. The national results of the National Core Indicators survey are available on their website at www.nationalcoreindicators.org.

The Minnesota state reports are also available on the NCI website at www.nationalcoreindicators.org/states/MN.

DRAFT

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 beginning in this report, includes the total number of cases, the number of cases reviewed, and identification of the counties participating in the audit.

Audit Sample

Time Period	Total Number of Cases (Disability Waivers)	Sample of Cases Reviewed (Disability Waivers)
Quarter 1 July – September 2015	617	155
Quarter 2 October – December 2015	3,005	432
Quarter 3 January – March 2016	9,375	556
Totals	**12,997**	**1,143**

Counties Participating in the Audit*

Quarter 1	Quarter 2	Quarter 3
1. Koochiching County	7. Mille Lacs County	13. Hennepin County
2. Itasca County	8. Faribault County	14. Carver County
3. Wadena County	9. Martin County	15. Wright County
4. Red Lake County	10. St. Louis County	16. Goodhue County
5. Mahnomen County	11. Isanti County	17. Wabasha County
6. Norman County	12. Olmsted County	18. Crow Wing County

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

DRAFT

ANALYSIS OF DATA:
From August 2015 through March 2016, a total of 1,143 case files have been reviewed throughout the disability waiver programs (Brain Injury (BI), Community Alternative Care (CAC), Community Alternatives for Disability Inclusion (CADI) and Developmentally Disabled (DD)) across 18 lead agencies. Lead agencies include counties and tribes.

COMMENT ON PERFORMANCE:
The review process uses multiple methods to gather and review data, such as Medicaid Management Information Systems (MMIS) downloads, review of case files, interviews with agency leadership, and focus groups with agency staff. Part of the onsite activities is case file review, where a sample of case files from each program is reviewed using a sampling strategy prescribed and approved by the Center for Medicare and Medicaid Service (CMS). This sampling methodology allows us to determine the presence or absence of compliance within and across all programs. The purpose of the case file review is to identify areas of non-compliance with technical requirements and to identify tools and practices used by the lead agency that contribute to both strong technical compliance and improved outcomes for individuals, including person-centered practices. The results of case file review are then reported to CMS.

As a result of new regulations such as CMS Home and Community-Based Services (HCBS) Settings Rule, an increased focus has been placed on person-centered practices during this round of Lead Agency Reviews including those required in the Person-Centered, Informed Choice and Transition Protocol. There have been changes and updates to Lead Agency Review protocols to respond to person-centered requirements in order to assure consistent practices across all lead agencies. This includes the evaluation of items in individuals' care plans such as strengths, dreams and aspirations, a person's preference for working, living, and learning and documentation of their satisfaction with services and supports. Once the final analysis is complete, a report is prepared for each lead agency and recommendations are given. Of the 18 agencies reviewed, all have received recommendations relating to person-centered planning and thinking. Recommendations include:

- Adding critical content to each individuals support plan ensure it is person-centered (people should be asked about their aspirations, where they want to live, what kind of work they want to do, and how they want to spend their free time –goals and monitoring plans should be created specific to these desires).
- Providing additional supports for waiver case managers.
- Reducing staff caseload sizes.
- Expanding employment opportunities to ensure people with disabilities have choices for competitive, meaningful, and sustained employment.

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

DRAFT

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.

2016 Goal

- By June 30, 2016 the number of people experiencing a restrictive procedure will be **reduced by 5% from the previous year or 51 individuals**

Annual Baseline: In 2014 the number of individuals who experienced a restrictive procedure was 1,076.
In 2015 the number of individuals who experienced a restrictive procedure was 867.

RESULTS:

Time period	Individuals who experienced restrictive procedure	Reduction from previous year
2015 Annual - July 2014 – June 2015	867 (unduplicated)	209
Quarter 1 – July - September 2015	299 (duplicated)	N/A – quarterly status of annual goal
Quarter 2 - October – December 2015	297 (duplicated)	N/A - quarterly status of annual goal

ANALYSIS OF DATA:
The number of individuals who experienced a restrictive procedure is two less than the previous quarter. Compared to the same quarter in the previous year the number is 104 less.

COMMENT ON PERFORMANCE:
On August 31, 2015, when the Positive Supports Rule went into effect, the number of Department of Human Services licensed programs required to report restrictive procedures via the Behavior Intervention Report Form (BIRF) increased by more than 16,000. Despite the dramatic increase in licensed programs required to submit the BIRFs, the number of unique individuals reported to have experienced a restrictive procedure remained steady compared to the previous quarter.

The June 30, 2018 overall goal to reduce the number of people by 200 was met by June 30, 2015. Adjustments to the annual goals will be considered during the amendment process in December 2016.

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.

DRAFT

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 goal is on track to meet the 2016 goal.

Time period	Number of BIRF Reports	Reduction from previous year
2015 Annual – July 2014 – June 2015	5,124	3,478
Quarter 1 – July – September 2015	907	N/A – Quarterly status of annual goal
Quarter 2 – October – December 2015	1,019	N/A- Quarterly status of annual goal
Total (Q1 + Q2)	**1,926**	N/A- Quarterly status of annual goal

ANALYSIS OF DATA:
From October 1, 2015 to December 31, 2015 the number of BIRF reports was 1,019 compared to 907 in the previous quarter.

COMMENT ON PERFORMANCE:
On August 31, 2015, when the Positive Supports Rule went into effect, the number of Department of Human Services licensed programs required to report restrictive procedures via the Behavior Intervention Report Form increased by more than 16,000. Of the 1,019 Behavior Intervention Report Forms reporting restrictive procedures during this quarter, 91 were submitted from non-245D licensed programs newly subject to the behavior intervention reporting requirements of the Positive Supports Rule.

The June 30, 2018 overall goal to reduce the number of reports by 1,596 was met by June 30, 2015. Adjustments to the annual goals will be considered during the amendment process in December 2016.

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.

DRAFT

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[iv], 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.

2016 Goal

- By June 30, 2016, reduce mechanical restraints to no more than
  - 369 reports of mechanical restraint
  - 25 individuals approved for emergency use of mechanical restraint

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

RESULTS:
The goal for number of reports is not on track to meet the 2016 goal. The number of individuals is on track to meet the 2016 goal.

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
Quarter 1 – July – September 2015	144	19
Quarter 2 – October – December 2015	178	16
Total (Q1 + Q2)	**322**	--

ANALYSIS OF DATA:
From October 1, 2015 to December 31, 2015 the number of reports increased to 178, compared to 144 in the previous quarter. During that same time period, the number of individuals approved for use of mechanical restraint decreased by three individuals to 16.

COMMENT ON PERFORMANCE:
On August 31, 2015, when the Positive Supports Rule went into effect, the number of DHS licensed programs required to report restrictive procedures via the Behavior Intervention Report Form (BIRF) increased by more than 16,000. While the number of reports has increased since July 2015, 21 of these reports came from non-245D licensed programs newly subject to the behavior intervention reporting requirements of the Positive Supports Rule. These providers are required to develop Positive Support Transition Plans within 30 days of the implementation of the Positive Supports Rule, and to phase out the use of mechanical restraints by August 31, 2016.

When this goal was established, baseline numbers on use of mechanical restraints only included uses reported via BIRF from programs licensed under 245D; data on the use of mechanical restraint by non-245D licensed programs was not included. Since then, the pool of licensed programs required to report the use of mechanical restraint has grown from approximately 5,200 to over 21,000. We expect to see an increased number of reports from non-245D licensed programs throughout the year-long Positive Support Transition Plan development and phase out period to eliminate their use. This will cause the 2016 annual goal to be missed.

DRAFT

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 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.)

2015 Goal

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

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

RESULTS:
The 2015 goal was met.

Time period	Number of People Who Discontinued Disability Waiver Services After a Crisis
July 2014 – June 2015	54

ANALYSIS OF DATA:
From July 1, 2014 to June 30, 2015 the number of people who discontinued disability waiver services after a crisis was 54.

COMMENT ON PERFORMANCE:
During the verification process, a data collection method was discovered that will more accurately represents the measure. Adjustments to the baseline and annual goals will be considered during the amendment process in December 2016.

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

DRAFT

SEMI-ANNUAL AND ANNUAL GOALS

This section includes reports on the progress of measurable goals related to increasing capacity of the system and options for integration that are 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.

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

2015 Goal

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

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

RESULTS:

The 2015 goal was met.

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

ANALYSIS OF DATA:
The 2015 annual goal was that 2,853 people with disabilities would secure competitive, integrated employment, an increase of 115 over the baseline. During the 2015 reporting period, 3,236 people with disabilities secured competitive integrated employment, representing an increase of 498 individuals.

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

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

DRAFT

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

2015 Goal

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

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

RESULTS:
The June 30, 2015 goal was not met.

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

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

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

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

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

Other possible contributing factors to not meeting the goal:

- MDE and school districts provided training to staff to share common definitions to make reporting more consistent. Per district comments at the restrictive procedures fall workgroup meeting, the trainings resulted in some changes in how restrictive procedure incidents were counted resulting in increases in the number of incidents for the 2014 -15 school year.
- Restrictive procedure work group members believe the 2014-15 restrictive procedure data is more reflective of the actual baseline.

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

DRAFT

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

2015 Goal

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

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

RESULTS:
The 2015 goal was not met.

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

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

COMMENT ON PERFORMANCE:

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

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

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

Other possible contributing factors:

- MDE and school districts provided training to staff to share common definitions to make reporting more consistent. Per district comments at the restrictive procedures fall 2015 workgroup meeting, the trainings resulted in some changes in how restrictive procedure incidents were counted resulting in increases in the number of incidents for the 2014-15 school year.
- Restrictive procedure work group members believe the 2014-15 restrictive procedure data is more reflective of the actual baseline.
- During the transition period to eliminate prone restraint, (beginning in October of 2014), district staff may have used multiple incidents of physical holds in place of one use of prone restraint.

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

DRAFT

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.

Annual Goal

- By January 31, 2016, a target will be established for sidewalk improvements

Baseline:

RESULTS:

The proposed baseline and annual goals will be reviewed for Subcabinet approval at the May 23, 2016 Subcabinet meeting.

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

Annual Goal

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

Baseline:

RESULTS:

The proposed baseline and annual goals are currently under review. Goals will be proposed prior to the June 27, 2016 Subcabinet meeting.

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

Annual Goal

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

Baseline:

RESULTS:

The proposed baseline and annual goals are currently under review. Goals will be proposed prior to the June 27, 2016 Subcabinet meeting.

DRAFT

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

Annual Goal

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

Baseline:

RESULTS:

The proposed baseline and annual goals will be reviewed for Subcabinet approval at the May 23, 2016 Subcabinet meeting.

DRAFT

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. Monthly reviews began in January 2016.

	December 2015	January 2016	February 2016	March 2016
Number of workplan activities reviewed during time period	67	49	42	34
• Number of activities completed	41	18	24	19
• Number of activities on track	19	6	8	5
• Number of activities reporting exceptions	7	25	10	10
• Number of exceptions requiring Subcabinet action	0	0	0	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 June 2016 and will be first included in the August 2016 quarterly report.

VII. ADDENDUM

There is no addendum to this quarterly report.

DRAFT

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

DRAFT

Proposed Baselines and Measurable Goals

Transportation 1.C; and Community Engagement 1C

The Court's order of September 29, 2016 adopted the Olmstead Plan. In the Plan there are four measurable goals that lacked sufficient data to set base lines and measurable goals. The Plan required these to be set at points in the future. The attached document includes two of these four proposed baselines and measurable goals, Transportation 1C and Community Engagement 1C.

These will be presented to the Subcabinet for review and provisional approval at the May 23rd meeting.

Once provisionally approved they will be inserted into the May 2016 Quarterly Report on Olmstead Plan Measurable Goals.

These provisionally approved goals and baselines will be incorporated in the Plan modification process beginning in December of 2016.

The two remaining baselines and measurable goals, Crisis Services goal 4 and 5 are currently under review and will be proposed prior to the next Subcabinet meeting June 27th.

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

Annual Goal

- By January 31, 2016, a target will be established for sidewalk improvements

Proposed Baseline:

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

Proposed Annual Goals

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

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

Additional Background Information:

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

This year is the first major inclusion of sidewalk in a construction season and it will be cataloged in summer of 2017 and verified in October of 2017.

Rationale:

- All of the goals focus on five year timelines and are consistent with MnDOT's project planning and programming based on anticipated funding with improvements to the accessibility of the system tracked on an annual basis. The annual tracking provides the status of the system and allows us to see emerging trends and needs in how accessibility is being provided.
- Accessibility improvements are required to be delivered as part of roadway projects rather than a standalone program to ensure that accessibility is routinely provided in all projects. The mix of roadway projects in a given fiscal year is dynamic, which is why we are unable to determine a precise number of curb ramp improvements in a given year. The goal has been based on historical averages and anticipated funding.
- The goal is constrained primarily by MnDOT's budget overseen by the legislature; however accessible pedestrian facilities are identified as a portion of MnDOT's budget in the Minnesota State Highway Investment Plan (MnSHIP). MnSHIP investment policy has allocated 1.6% of MnDOT's capital budget for the first 10 years and 1.8% of MnDOT's capital budget for years 11-20 to accessible pedestrian facilities, representing a rolling average investment of $12 million a year.

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

Certified Peer Support Specialists

By January 4, 2016, the initial Survey regarding employed Certified Peer Support Specialist will have been completed to establish a baseline and set measurable goals.

Proposed Baseline:

- As of April 30, 2016, there are 27 ACT teams throughout Minnesota. Currently four ACT teams have one certified Peer Support Specialist as part of the team.
- As of April 30, 2016, there are 38 Intensive Residential Treatment Services (IRTS) throughout Minnesota. Currently there are 12 IRTS that are employing at one peer at their facility.

Proposed Overall Goal

By December 31, 2019, the number of Peer Support Specialists who are employed by ACT or IRTS providers will be 82

Proposed Annual Goals

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

Rationale:

- Certified peer specialists assist clients in identifying strengths, setting goals, and strengthening self-advocacy skills. In addition, Certified Peer Specialists provide skill building, techniques, teach accessing resources and helping individuals to build relationships and gain confidence in their ability to be active participants in treatment planning activities.
- Certified peer specialists are employed in many parts of mental health services including Adult Mental Health Rehabilitative Services, Crisis services, Intensive Rehabilitative Treatment Services(IRTS), and Assertive Community Treatment (ACT) Teams.
- This measurable goal will focus on the planned increase in use of peer support specialists in the IRTS and ACT services. There are currently 38 IRTS and 27 ACT teams that are the focus of this goals.

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AGENDA ITEM 6(b)

Workplan Compliance Report for May 2016

Total number of workplan activities reviewed	28	
• Number of activities completed	15	54%
• Number of activities on track	13	46%
• Number of activities reporting exceptions	0	0%

Exception Reporting

There were no workplan exceptions during this reporting period.

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AGENDA ITEM 6(C)

Proposed Adjustments to Workplan Activities

Workplan activity, deadline and description	**Sponsor, Adjustment needed, Reason for adjustment**
Community Engagement 1A Coordinate with Governor appointed councils, groups, etc. to align Olmstead goals with goals of the council, group, etc. Deadline: ~~12/31/2015~~ Exception in January 6/30/2016	OIO – Darlene Zangara At this time the initial training has been provided for 19 of the 22 Councils. Scheduling these activities to meet the deadline was complicated by the departure of the OIO staff who was lead on this work and limited opportunities to meet with some of the Councils. We are proposing to move the deadline for the overall goal and add some benchmarks and deadlines working toward the completion of the activity. New activities (benchmarks) • Report to the Subcabinet on the number of Councils receiving initial overview by **June 30, 2016**. • Provide a summary of 8 Councils who have adopted aligned goals including: the type of goal; the type of workplan activities; and the timing of the workplans. Report to the Subcabinet by **October 31, 2016**. • Meet with remaining Councils to align Olmstead goals with Council goals by **June 30, 2017**.
Community Engagement 4A.2 Implement pilot training with OIO advisory group (quarterly) Deadline: ~~1/31/2016~~ Exception in February 6/30/2016	OIO – Darlene Zangara This activity will not be accomplished by the 6/30/2016 deadline. Although a few members have participated in reviewing curriculum, training other individuals and advising on the Quality of Life Survey, it was determined that the advisory group needs to be restructured and reestablished. OIO proposes the formation of a chartered Workgroup (as provided in the Subcabinet Procedures). A proposal will be presented to the Subcabinet at the **August 22, 2016** meeting. This proposal will include • a draft charter, • proposed process for recruiting members • Workplan for creating the group, and • Time line for convening the group and finalizing its charter.

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