

# **Minnesota Olmstead Subcabinet**

## **Quarterly Report on Olmstead Plan Measurable Goals**



### **REPORTING PERIOD**

**Data acquired through July 31, 2017**

### **DATE APPROVED BY SUBCABINET**

**August 28, 2017**

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## I. PURPOSE OF REPORT

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

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

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

This quarterly report includes data acquired through July 31, 2017. Progress on each measurable goal will be reported quarterly, semi-annually, or annually. Reports are reviewed and approved by the Olmstead Subcabinet. After reports are approved they are made available to the public on the Olmstead Plan website at Mn.gov/Olmstead. <sup>i</sup>

This quarterly report also includes Olmstead Implementation Office (OIO) compliance summary reports on mid-year reviews of measurable goals and status of workplans.

### EXECUTIVE SUMMARY

This quarterly report covers twenty measurable goals.<sup>ii</sup> As shown in the chart below, eight of those goals were either met or on track to be met. Eight goals were categorized as not on track, or not met. For those eight goals, the report documents how the agencies will work to improve performance on each goal. Four goals are in process.

Status of Goals - August 2017 Quarterly Report	Number of Goals
Met annual goal	2
On track to meet annual goal	6
Not on track to meet annual goal	4
Did not meet annual goal	4
In Process	4
<b>Goals Reported</b>	<b>20</b>

Two annual goals were reported as met this quarter. This includes Employment Goal Three to increase the number of students in competitive integrated employment. In addition, a baseline was established for Lifelong Learning and Education Goal Three. For Waiting List Goal One, monitoring of the CADI waiver services continues to show that no one is on the waiting list.

Significant progress was made in Transition Services Goal One. Transition Services Goal One A increased movement of individuals from ICFs/DD to more integrated settings and 82 percent of the annual goal was met in the first two quarters. Additionally, after two quarters, Transition Services Goal One C has already met the annual goal number of people moving from segregated settings to more integrated settings. The number moving to an integrated setting was more than double the number moving to a congregate setting.

Goals reported this quarter that need improvement include: Transition Services Goal Two to decrease the percentage of people at Anoka Metro Regional Treatment Center awaiting discharge; Transition Services Goal Three to increase the number of individuals leaving Minnesota Security Hospital to a more integrated setting; Positive Supports Goal Three A to decrease the number of reports of mechanical restraints.

## II. MOVEMENT FROM SEGREGATED TO INTEGRATED SETTINGS

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

### QUARTERLY SUMMARY OF MOVEMENT FROM SEGREGATED TO INTEGRATED

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

Net number of individuals who moved from segregated to integrated settings during the reporting period:		
Setting	Reporting period	Number moved
• Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD)	Oct – Dec 2016	35
• Nursing Facilities	Oct – Dec 2016	179
• Other segregated settings	Oct – Dec 2016	268
• Anoka Metro Regional Treatment Center (AMRTC)	April - June 2017	24
• Minnesota Security Hospital (MSH)	April - June 2017	21
Net number who moved from segregated to integrated settings		527

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

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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<sup>iii</sup> will be 7,138.

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

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

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

**2017 goal**

- For the year ending June 30, 2017 the number of people who have moved from ICFs/DD to a more integrated setting will be **84**

**Baseline:** January - December 2014 = 72

**RESULTS:**

The goal is **on track** to meet the 2017 goal of 84.

Time Period	Total number of individuals leaving	Transfers <sup>iv</sup> (-)	Deaths (-)	Net moved to integrated setting
July 2014 – June 2015	138	18	62	<b>58</b>
July 2015 – June 2016	180	27	72	<b>81</b>
Quarter 1 (July – September 2016)	51	8	9	<b>34</b>
Quarter 2 (October – December 2016)	57	7	15	<b>35</b>

**ANALYSIS OF DATA:**

From October – December 2016, the number of people who moved from an ICF/DD to a more integrated setting was 35. During the first two quarters, 69 individuals moved which is 82% of the annual goal of 84.

**COMMENT ON PERFORMANCE:**

DHS provides reports to counties about persons in ICFs/DD who are not opposed to moving with community services, as based on their last assessment. As part of the current reassessment process, individuals are being asked whether they would like to explore alternative community services in the

next 12 months. Some individuals who expressed an interest in moving changed their minds, or they would like a longer planning period before they move.

For those leaving an institutional setting, such as an ICF/DD, the Olmstead Plan reasonable pace goal is to ensure access to waiver services funding within 45 days of requesting community services. DHS monitors and provides technical assistance to counties in providing timely access to the funding and planning necessary to facilitate a transition to community services.

A Person-Centered Planning, Informed Choice and Transition Protocol was approved by the Olmstead Executive Committee in February 2016. A revision including minor edits was approved by the Olmstead Subcabinet in March 2017. Trainings and presentations are being provided to increase education and technical assistance on housing subsidies, methods of working with landlords, and services available to do so, as well as different services that are available to support people as they move from an ICF/DD to an integrated setting.

DHS continues to work with private providers and Minnesota State Operated Community Services (MSOCS) who have expressed an interest in voluntary closures of ICFs/DD. Since April 2017, MSOCS has converted 3 additional ICFs/DD to 4-bed adult foster care residential community settings, resulting in the closure of 18 more beds, affecting 12 people. Individuals who were affected by these changes went through a person-centered planning process and had a MnCHOICES assessment. They chose to receive services through the DD waiver.

A total of 9 MSOCS ICFs/DD converted since January, for a reduction of 54 beds. In addition, since April, a private provider has closed an ICF/DD for a reduction of 6 additional beds. A total of 103 ICF/DD beds have been closed since January. This is a permanent reduction in bed capacity.

**TIMELINESS OF DATA:**

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

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## B) NURSING FACILITIES

### 2017 goal

- For the year ending June 30, 2017, the number of people who have moved from Nursing Facilities (for persons with a disability under 65 in facility longer than 90 days) to a more integrated setting will be **740**

**Baseline:** January - December 2014 = 707

### RESULTS:

The goal is **on track** to meet the 2017 goal of 740.

Time Period	Total number of individuals leaving	Transfers (-)	Deaths (-)	Net moved to integrated setting
July 2014 – June 2015	1,043	70	224	<b>749</b>
July 2015 – June 2016	1,018	91	198	<b>729</b>
Quarter 1 (July – September 2016)	283	29	53	<b>201</b>
Quarter 2 (October – December 2016)	260	24	57	<b>179</b>

### ANALYSIS OF DATA:

From October – December 2016, the number of people under 65 in a nursing facility for more than 90 days who moved to a more integrated setting was 179. This is 22 fewer people than in the previous quarter. During the first two quarters, 380 individuals moved, which is 51% of the annual goal of 740.

### COMMENT ON PERFORMANCE:

DHS reviews data and notifies lead agencies of people who accepted or did not oppose a move to more integrated options. Lead agencies are expected to work with these individuals to begin to plan their moves. DHS continues to work with partners in other agencies to improve the supply of affordable housing and knowledge of housing subsidies.

In July 2016, Medicaid payment for Housing Access Services was expanded across waivers. Additional providers are now able to enroll to provide this service. Housing Access Services assists people with finding housing and setting up their new place, including a certain amount of basic furniture, household goods and/or supplies and payment of certain deposits.

### TIMELINESS OF DATA:

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



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## C) SEGREGATED HOUSING

### 2017 goal

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

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

### RESULTS:

The goal is **on track** to meet the 2017 goal of 400.

Time Period	Total moves	Receiving Medical Assistance (MA)			
		Moved to more integrated setting	Moved to congregate setting	Not receiving residential services	No longer on MA
July 2014 – June 2015	5,703	<b>1,137 (19.9%)</b>	502 (8.8%)	3,805 (66.7%)	259 (4.6%)
July 2015 – June 2016	5,603	<b>1,051 (18.8%)</b>	437 (7.8%)	3,692 (65.9%)	423 (7.5%)
Quarter 1 (July – September 2016)	1,254	<b>245 (19.5%)</b>	99 (7.9%)	790 (63%)	120 (9.6%)
Quarter 2 (October – December 2016)	1,313	<b>268 (20.4%)</b>	128 (9.8%)	817 (62.2%)	100 (7.6%)

### ANALYSIS OF DATA:

From October – December 2016, of the 1,313 individuals moving from segregated housing, 268 individuals (20.4%) moved to a more integrated setting. During the first 2 quarters, 513 individuals moved which exceeds the annual goal of 400.

### COMMENT ON PERFORMANCE:

Among the moves that can be identified there were significantly more individuals who moved to more integrated settings (20.4%) than who moved to congregate settings (9.8%). This analysis also illustrates the number of individuals who are no longer on MA and who are not receiving residential services as defined below.

The data indicates that a large percentage (62.2%) of individuals who moved from segregated housing are not receiving publicly funded residential services. Based on trends identified in data development for Crisis Services Goal Four, it is assumed the majority of those people are housed in their own or their family's home and are not in a congregate setting.

### COMMENT ON TABLE HEADINGS:

The language below provides context and data definitions for the headings in the table above.

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

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

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

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

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

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

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

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

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

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

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

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

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

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**TRANSITION SERVICES GOAL TWO:** By June 30, 2019, the percent of people under mental health commitment at Anoka Metro Regional Treatment Center (AMRTC) who do not require hospital level of care and are currently awaiting discharge to the most integrated setting<sup>v</sup> will be reduced to 30% (based on daily average). [Revised in February 2017]

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**2017 goal**

- By June 30, 2017, the percent of people at AMRTC awaiting discharge will be ≤ 33%

**Baseline:** From July 2014 - June 2015, the percent of people at AMRTC who no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting was 36% on a daily average. <sup>1</sup>

**RESULTS:**

This 2017 goal of ≤ 33% was **not met**.

Time Period	Percent awaiting discharge (daily average)	
July 2015 – June 2016	Daily Average = 42.5% <sup>2</sup>	
	Mental health commitment	Restore to competency
Quarter 1 (July – September 2016)*	40.5%	33.0%
Quarter 2 (October – December 2016)*	44.0%	35.1%
Quarter 3 (January – March 2017)	50.9%	28.8%
Quarter 4 (April – June 2017)	44.3%	20.3%
<b>Annual Total (Average)</b>	<b>44.9%</b>	<b>29.3%</b>

\*Data for July – December 2016 was previously reported as a combined percentage for individuals under mental health commitment and under restore to competency. The goal was revised in February 2017 to include only those under mental health commitment. The data is now being reported separately for each group.

**ANALYSIS OF DATA:**

From July 2016 – June 2017, 44.9% of those under mental health commitment at AMRTC no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting. The 2017 goal of less than or equal to 33% was not met. During the four quarters the percentage numbers are moving in the wrong direction, but recovered slightly in the final quarter.

The percentage of individuals awaiting discharge under mental health commitment decreased from 50.9% in Quarter 3 to 44.3% in Quarter 4. The percentage of individuals under restore to competency continues to decrease from 28.8% in Quarter 3 to 20.3% in Quarter 4.

From July 2016 – June 2017, 54 individuals at AMRTC under mental health commitment left and moved to an integrated setting. The table below provides information about those individuals who left AMRTC.

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<sup>1</sup> The baseline included individuals at AMRTC under mental health commitment and restore to competency.

<sup>2</sup> The data for July 2015 - June 2016 included individuals at AMRTC under mental health commitment and restore to competency.

It includes the number of individuals under mental health commitment and under restore to competency who moved to integrated settings.

Time Period	Total number of individuals leaving	Transfers	Deaths	Net moved to integrated setting	Moves to integrated setting by	
					Mental health commitment	Restore to competency
Quarter 1 (July - Sept 2016)	61	27	0	34	5	29
Quarter 2 (Oct - Dec 2016)	57	38	1	18	7	11
Quarter 3 (Jan - Mar 2017)	81	53	1	27	18	9
Quarter 4 (April - June 2017)	68	37	0	31	24	7
<b>Annual Totals</b>	267	155	2	110	<b>54</b>	56

#### COMMENT ON PERFORMANCE:

AMRTC continues to serve large numbers of individuals who no longer need hospital level of care, including those who need competency restoration services prior to discharge. There is a higher percentage of individuals awaiting discharge under mental health commitment (44.3%) than those who are at AMRTC under restore to competency (20.3%).

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

Individuals under mental health commitment have more complex mental health and behavioral support needs when they move to the community, which may require 24 hour per day staffing or 1:1 or 2:1 staffing. A lack of housing vacancies and closed waiting lists for housing is another common barrier that can result in delayed discharges for those at AMRTC.

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

- Violent or aggressive behavior (i.e. hitting others, property destruction, past criminal acts);
- Predatory or sexually inappropriate behavior;
- High risk for self-injury (i.e. swallowing objects, suicide attempts); and
- Unwillingness to take medication in the community.

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

- Improvements in the treatment planning process to better facilitate collaboration with county partners. Increased collaboration and participation with county partners will aid in identifying more applicable community placements and resources for patients awaiting discharge.
- Improvements in AMRTC's notification process for patients who no longer meet hospital criteria of care to county partners and other key stakeholders to ensure that all parties involved are informed of changes in the patient's status and resources are allocated towards discharge planning.

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

Additionally, new legislation requires that \$1 million in general fund revenues collected by the AMRTC and the Community Behavioral Health Hospitals (CBHHs) will be used to award grants to improve the access to and quality of community-based outpatient mental health services. Increased funding will help reduce the number of patients admitted to regional treatment centers and CBHHs and improve community resources for patients awaiting discharge.

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

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

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

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#### **2017 goal**

- For year ending December 31, 2017 the average monthly number of discharges will increase to  $\geq 8$

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

#### **RESULTS:**

The goal is **not on track** to meet the 2017 goal of 8.

Time period	Total number of individuals leaving	Transfers <sup>iv</sup> (-)	Deaths (-)	Net moved to integrated setting
January – December 2015	188	107	8	73 Average = 6.1
January – December 2016	184	97	3	84 Average = 7.0
Quarter 1 (January – March 2017)	45	22	3	20 Average = 6.7
Quarter 2 (April – June 2017)	51	27	3	21 Average = 7

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

From April – June 2017, the average monthly number of individuals leaving Forensic Services<sup>3</sup> to a more integrated setting was 7. The average monthly number of discharges in the previous quarter was 6.7. Despite the increase in Quarter 2, if the current trend continues, this goal is not on track to meet the 2017 goal of 8.

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

Beginning January 2017, Forensic Services began categorizing discharge data into 3 areas in the effort to refine analysis surrounding continued barriers to discharge. The table below provides detailed information regarding individuals leaving Forensic Services, including the number of individuals who moved to integrated settings (under restore to competency, Mentally Ill and Dangerous (MI&D) committed, and Other committed).

Time Period	Type	Total Moves	Transfers	Deaths	Moves to integrated
January – December 2015	Restore to competency	99	67	1	31
	MI&D committed	66	24	7	35
	Other committed	23	16	0	7
	<b>Total</b>	<b>188</b>	<b>107</b>	<b>8</b>	<b>(Avg. 6.1) 73</b>
January – December 2016	Restore to competency	93	62	0	31
	MI&D committed	69	23	3	43
	Other committed	25	15	0	10
	<b>Total</b>	<b>187</b>	<b>100</b>	<b>3</b>	<b>(Avg. 7) 84</b>
Quarter 1 (Jan – March 2017)	Restore to competency	23	15	1	7
	MI&D committed	19	7	1	11
	Other committed	3	0	1	2
	<b>Total</b>	<b>45</b>	<b>22</b>	<b>3</b>	<b>(Avg. 6.7) 20</b>
Quarter 2 (April – June 2017)	Restore to competency	31	24	1	6
	MI&D committed	16	2	2	12
	Other committed	4	1	0	3
	<b>Total</b>	<b>51</b>	<b>27</b>	<b>3</b>	<b>(Avg. 7) 21</b>

#### COMMENT ON PERFORMANCE:

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

Legislation this past session increases the base funding to improve clinical direction and support to direct care staff treating and managing clients with complex conditions, some of whom engage in aggressive behaviors. The funding will enhance the current staffing model to achieve a safe, secure and therapeutic treatment environment.

#### MI&D committed and Other committed

MSH and Transition Services primarily serve persons committed as Mentally Ill and Dangerous (MI&D), providing acute psychiatric care and stabilization, as well as psychosocial rehabilitation and treatment services. The MI&D commitment is for an indeterminate period of time, and requires a Special Review Board recommendation to the Commissioner of Human Services, prior to approvals for community-based placement (Minnesota Stat. 253B.18). MSH also serves persons under other commitments. Other commitments include Mentally Ill (MI), Mentally Ill and Chemically Dependent (MI/CD), Mentally Ill and Developmentally Disabled (MI/DD).

Some identified barriers to transition for these individuals include those:

- With Level 3 predatory offender designation,
- Over the age of 65 who required either adult foster care, skilled nursing, or nursing home level care,
- With DD/ID with high behavioral acuity, and
- Undocumented individuals.

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

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

### **Restore to Competency**

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

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

- All individuals at CRP competency have come to the program under "treat to competency" orders.
- It should be noted that Forensic Services has expanded programming to individuals under "treat to competency", by opening a Community Competency Restoration Program in the St. Peter community.
- While AMRTC continues to provide care to those who may be under this legal status, individuals referred to CRP in St Peter are determined to no longer require hospital-level care.

### **TIMELINESS OF DATA:**

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

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

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A Person-Centered Planning, Informed Choice and Transition Protocol was approved by the Olmstead Executive Committee in February 2016. A revision including minor edits was approved by the Olmstead Subcabinet in March 2017. When people express an interest and are making a transition, lead agency staff are required to apply the protocol. Data first became available for this goal in July 2016. A baseline was established and approved by the Subcabinet on February 27, 2017 and is included below.

**2017 Goal**

- By June 30, 2017, the percent of those choosing to move to a more integrated setting who have a plan that adheres to transition protocols that meet the principles of person-centered planning and informed choice will increase to 30%.

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

**RESULTS:**

This goal is **not on track**.

<b>Time Period</b>	<b>Total Number of Cases Reviewed (Disability Waivers)</b>	<b>Number of Transition Cases Reviewed (Disability Waivers)</b>	<b>Number of Cases Meeting Protocols</b>	<b>Percent of Cases Meeting Protocols</b>
Quarter 1 July – Sept 2016	289	31	4	12.9%
Quarter 2 Oct – Dec 2016	311	23	6	26%
Quarter 3 Jan – March 2017	386	27	2	7%

**ANALYSIS OF DATA:**

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

During Quarter 3, DHS reviewed 386 case files through the lead agency review process to determine the percent of people choosing to move to a more integrated setting who have a plan that “adheres to transition protocols that meet the principles of person-centered planning and informed choice”. Of these case files, 27 indicated a transition had occurred. Two cases (7%) of the 27 case files met the criteria of person-centered planning and informed choice.

**COMMENT ON PERFORMANCE:**

The Person-Centered, Informed Choice and Transition Protocols were initiated with lead agencies in July of 2016. DHS will monitor implementation between July 2016 and December 2017 and will provide lead agencies feedback on each file reviewed. Lead agencies will be provided technical assistance and training to ensure the protocol is applied effectively and entirely.



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

Of the three counties reviewed during this reported time period, one county consistently used the “My Move Plan” document which includes many of the key elements required. Another county used the document inconsistently, and the third county did not use the document at all.

To address these issues, DHS is conducting regional day long training and technical assistance sessions with counties and tribes during May through September 2017. A supervisor tool kit is being developed to support counties, tribes and contracted case management providers in the oversight of plan development according to the protocol. The expectation is that the number of plans that adhere to the protocols will increase over time and during 2018.

#### **Criteria used in case file reviews**

The plan is considered to meet the person-centered protocols if all eight items below are present:

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

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

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

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

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

### III. MOVEMENT OF INDIVIDUALS FROM WAITING LISTS

This section reports progress on the movement of individuals from the home and community-based services waiting lists. A new urgency categorization system for the Developmental Disabilities (DD) waiver waiting list was implemented on December 1, 2015. The new system categorizes urgency into three categories including Institutional Exit, Immediate Need, and Defined Need. Reasonable pace goals have been established for each of these categories.

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

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

**RESULTS:**

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

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

**ANALYSIS OF DATA:**

As of October 1, 2016 the Community Access for Disability Inclusion (CADI) waiver waiting list was eliminated. As of June 30, 2017 the CADI waiver waiting list remains at zero.

**COMMENT ON PERFORMANCE:**

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

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

**TIMELINESS OF DATA:**

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

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

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

**Assessments between January – December 2016**

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

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

**Reporting Period: January – March 2017**

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

**ANALYSIS OF DATA:**

From January – March 2017, of the 409 individuals assessed for the Developmental Disabilities (DD) waiver, 237 individuals (58%) had funding approved within 45 days of the assessment date. In the previous quarter, of the 375 individuals assessed, 187 individuals (50%) had funding approved within 45 days of assessment. There has been overall improvement in the percent of individuals moving off the waiting list at a reasonable pace.

**COMMENT ON PERFORMANCE:**

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

Lead agencies may encounter waiting list situations on an intermittent basis, requiring DHS to engage with each agency to resolve individual situations. When a waiting list issue arises, a lead agency may be unfamiliar with the reasonable pace funding requirement due to the infrequency of this issue at their

particular agency. DHS continues to provide training and technical assistance to lead agencies as waiting list issues occur.

While the number of people on the waiting list increased this quarter, the proportion of people who were approved for funding increased. This quarter saw funding approvals 11 percentage points above the 2016 baseline and six percentage points higher than the previous quarter. Additionally, the proportion of people in the Institutional Exit category who were approved for funding within 45 days was 29 percentage points higher than the 2016 baseline. This demonstrates improved lead agency compliance with the technical assistance DHS has provided.

Not all persons who are assessed are included in the above tables. Only individuals who meet the criteria of one of the three urgency categories are included in the table. If an individual's need for services changes, they may request a reassessment or information will be collected during a future assessment.

Below is a summary table with the number of people still on the waiting list as of April 1, 2017 and July 1, 2017. Also included is the average days waiting, and median days waiting of those individuals who are still on the waiting list. The average days and median days information was collected since December 1, 2015. This data does not include those individuals who moved off the waiting list within the 45 days reasonable pace goal.

**Waiting List Status as of April 1, 2017**

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

**Waiting List Status as of July 1, 2017**

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

**TIMELINESS OF DATA:**

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

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

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**RESULTS:** This goal was **not met**.

**INSTITUTIONAL EXIT CATEGORY**

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

**IMMEDIATE NEED CATEGORY**

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

**ANALYSIS OF DATA:**

From January – March 2017, for persons in the Institutional Exit category, four individuals (13%) remained on the DD waiver waiting list at the end of the reporting period. For persons in the Immediate Need category, twelve individuals (13%) remained on the DD waiver waiting list at the end of the reporting period. The goal to eliminate the waiting list for these two categories was not met.

**COMMENT ON PERFORMANCE:**

DHS focuses its technical assistance on approving waiver funding for persons in the Institutional Exit and Immediate Need categories. DHS directly contacts lead agencies if people in these categories have been waiting longer than 45 days. If this goal is not met, DHS continues to provide technical assistance to the lead agency to approve funding for persons in these categories.

Lead agencies may encounter waiting list situations on an intermittent basis, requiring DHS to engage with each agency to resolve individual situations. When a waiting list issue arises, one reason is often that a lead agency is unfamiliar with the reasonable pace funding requirement or not trusting the ability to obtain additional resources from DHS on a real time basis due to the infrequency of this issue at their particular agency. DHS continues to provide training and technical assistance to lead agencies as waiting list issues occur.

The proportion of people in the Institutional Exit category who were still on the waiting list in this quarter decreased from previous quarters. This demonstrates improved lead agency compliance with

the technical assistance DHS has provided. However, the proportion of people in the Immediate Need category who were still on the waiting list increased. The overall goal to eliminate the Institutional Exit and Immediate Need categories was not met. Demonstrating complete elimination of these categories is challenging as, because of the process used to screen new DD waiver recipients, most new recipients will appear on the waiting list prior to accessing the waiver. DHS plans to update this goal during the next available opportunity to better define success as people in these two categories accessing waiver funding at a reasonable pace. Going forward, DHS will work with lead agencies to continue to approve funding according to the reasonable pace goals.

**TIMELINESS OF DATA:**

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

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

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

**DEFINED NEED CATEGORY**

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

**ANALYSIS OF DATA:**

From January – March 2017, for persons in the Defined Need category, 81 people (28%) out of 288 people remained on the Developmental Disabilities waiver waiting list.

**COMMENT ON PERFORMANCE:**

DHS encourages lead agencies to approve funding for persons in the Defined Need category following approval of persons in the Institutional Exit and Immediate Need categories and as waiver budget capacity allows. If a lead agency makes a determination that it does not have sufficient capacity to approve funding for persons in the Defined Need category, DHS expects the lead agency to maintain a budget reserve of 3% or less, pursuant to Minnesota statute.

In this quarter, the proportion of people who were still on the waiting list in the Defined Need category slightly increased from the previous quarter. However, this quarter was lower than the average of previous quarters. Going forward, DHS will work with lead agencies to maintain funding approvals even during months with a large number of assessments where workload may effect performance.

**TIMELINESS OF DATA:**

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

## IV. QUALITY OF LIFE MEASUREMENT RESULTS

The results for the 2016 National Core Indicator (NCI) survey for individuals with intellectual and developmental disabilities were published in June 2017. The national results of the NCI survey are available on their website at [www.nationalcoreindicators.org](http://www.nationalcoreindicators.org). The Minnesota state reports are also available on the NCI website at [www.nationalcoreindicators.org/states/MN](http://www.nationalcoreindicators.org/states/MN). In Minnesota, 428 individuals were interviewed for the 2016 survey.

### Summary of National Core Indicator Survey Results from Minnesota in 2015 - 2016

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

Question	2015 - 2016	
	Yes	No
Do you have a paid job in your community?	41%	59%
Would you like a job in the community	52%	48%
Do you like where you work?	92%	8%
Do you want to work somewhere else?	34%	66%
Did you go out shopping in the past month?*	92%	8%
Did you go out on errands in the past month?*	91%	9%
Did you go out for entertainment in the past month?*	83%	17%
Did you go out to eat in the past month?*	86%	14%
Did you go out for a religious or spiritual service in the past month?*	46%	54%
Did you participate in community groups or other activities in community in past month?	37%	63%
Did you go on vacation in the past year?	58%	42%
Did you have input in choosing your home?	56%	44%
Did you have input in choosing your roommates?	34%	66%
Do you have friends other than staff and family?	83%	17%
Can you see your friends when you want to?	77%	23%
Can you see and/or communicate with family whenever you want?	94%	6%
Do you often feel lonely?	11%	89%
Do you like your home?	89%	11%
Do you want to live somewhere else?	29%	71%
Does your case manager ask what you want?	89%	11%
Are you able to contact case manager when you want?	87%	13%
Is there at least one place you feel afraid or scared?	30%	70%
Can you lock your bedroom?	42%	58%
Do you have a place to be alone at home?	99%	1%
Have you gone to a self-advocacy meeting?	30%	70%

\*Asked the number of times an activity occurred in the past month. The "No" percentage indicates an answer of 0 times.

## **QUALITY OF LIFE SURVEY**

The Quality of Life survey process has been reviewed and approved by the Institutional Review Board (IRB). The Olmstead Implementation Office (OIO) issued an RFP on August 8, 2016 for the next phase of the survey process. The Improve Group was selected and a contract was entered into on October 6, 2016. The Quality of Life Survey Administration Plan is currently being implemented by The Improve Group. The survey is expected to include 2,000 surveys.

The Improve Group:

- Continues to obtain consent releases and schedule appointments
- Maintains communications with lead agencies and service providers and coordinated communications with OIO and the agencies
- Conducted outreach efforts to recruit and train interviewers and trained all interviewers
- Continues to interview individuals for the Quality of Life Survey

Data as of July 31, 2017:

- More than 1,000 interviews have been completed
- 80 interviews have been scheduled
- 700 letters have been sent as part of strategic outreach

The OIO and the Improve Group are meeting weekly to provide support, troubleshoot problems, and monitor survey implementation.



## V. INCREASING SYSTEM CAPACITY AND OPTIONS FOR INTEGRATION

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

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

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

### 2017 goal

- By June 30, 2017, the percent of plans that meet the required protocols will increase to 50%.

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

### RESULTS:

This goal is **not on track**.

Time Period	Total Number of Cases (Disability Waivers)	Sample of Cases Reviewed (Disability Waivers)	Number of Cases Meeting Protocols	Percent of Cases Meeting Protocols
Quarter 1 July – Sept 2016	1,682	289	47	16.3%
Quarter 2 Oct – Dec 2016	2,030	311	57	18.3%
Quarter 3 Jan – March 2017	3,311	386	48	12.4%

### ANALYSIS OF DATA:

From January - March 2017, 386 files were reviewed. Of those files, 48 (12.4%) were identified as having plans that were person-centered. The goal is not on track to meet the 2017 goal.

The DHS Lead Agency Review implemented new person-centered case file review protocols beginning July 2016 to monitor lead agency implementation of the Person-Centered, Informed Choice and Transition Protocol. Though lead agencies are responsible to ensure each person has a support plan that includes all required person-centered elements, the Lead Agency Review is focusing on key areas of the protocol.

Twenty-five person-centered items were added to the case file review protocols for the disability waiver programs (Brain Injury (BI), Community Alternative Care (CAC), Community Alternatives for Disability Inclusion (CADI) and Developmental Disabilities (DD)). Of those twenty-five items, eight were identified

as being cornerstones of a person-centered plan. If all eight items are present, the plan is considered to meet the person-centered protocols.

The eight key areas include:

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

The Lead Agency Review looks at documentation dated up to 364 days prior to the site visit. Many support plans reviewed will not be in compliance with the Person-Centered, Informed Choice, and Transition Protocol because they were written prior to the implementation of the protocol. DHS is conducting regional day long training and technical assistance sessions with counties and tribes during May through September 2017. A supervisor tool kit is being developed to support counties, tribes and contracted case management providers in the oversight of plan development according to the protocol. The expectation is that the number of plans that adhere to the protocols will increase over time and during 2018.

#### Counties Participating in Audits\*

July – Sept 2015	Oct – Dec 2015	Jan – March 2016	April – June 2016	July – Sept 2016	Oct – Dec 2016	Jan – March 2017
1. Koochiching	7. Mille Lacs	13. Hennepin	19. Renville	30. Hubbard	38. Cook	44. Chisago
2. Itasca	8. Faribault	14. Carver	20. Traverse	31. Cass	39. Fillmore	45. Anoka
3. Wadena	9. Martin	15. Wright	21. Douglas	32. Nobles	40. Houston	46. Sherburne
4. Red Lake	10. St. Louis	16. Goodhue	22. Pope	33. Becker	41. Lake	
5. Mahnommen	11. Isanti	17. Wabasha	23. Stevens	34. Clearwater	42. SW Alliance <sup>4</sup>	
6. Norman	12. Olmsted	18. Crow Wing	24. Grant	35. Polk	43. Washington	
			25. Freeborn	36. Clay		
			26. Mower	37. Aitkin		
			27. Lac Qui Parle			
			28. Chippewa			
			29. Ottertail			

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

<sup>4</sup> The SW Alliance includes Lincoln, Lyon, Murray, Pipestone, Redwood, and Rock counties.

**COMMENT ON PERFORMANCE:**

During July 2016 – December 2017, the review team will provide feedback to the lead agencies on each person-centered item in every file reviewed. This will assist in identifying the need for technical assistance and training to ensure that everyone is able to apply the protocol in its entirety.

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

Of the agencies reviewed in this reporting period:

- One county ranked low in the organizational design and evaluation components of the person-centered assessment. Only 15% of cases, as one example, had a dream statement.
- Another county ranked low in the assessment, discovery, exploration; organizational design; and evaluation of person-centered practices areas. Only 6% of cases, as one example, had a dream statement.
- Another county reviewed, had excellent person-centered measures, by comparison, exceeding other counties reviewed.

All counties have received recommendations relating to person-centered practices. Counties are in varying stages on their person-centered journey. The recommendations encourage lead agencies to set expectations for the quality and content of support plans as well as to seek out and provide training for their staff on providing person-centered practices. This may involve changes in agency practices as well as changes to how agencies work with their community partners.

**TIMELINESS OF DATA:**

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

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

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**2017 Goal**

- By June 30, 2017, the number of people experiencing a restrictive procedure will be **reduced by 5% from the previous year or 49 individuals**

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

**RESULTS:**

This goal is **in process**.

Time period	Individuals who experienced restrictive procedure	Reduction from previous year
2015 Annual (July 2014 – June 2015)	867 (unduplicated)	209
2016 Annual (July 2015 – June 2016)	761 (unduplicated)	106
Quarter 1 (July - September 2016)	297 (duplicated)	N/A – quarterly status of annual goal
Quarter 2 (October – December 2016)	280 (duplicated)	NA – quarterly status of annual goal
Quarter 3 (January – March 2017)	283 (duplicated)	NA – quarterly status of annual goal

#### ANALYSIS OF DATA:

From January to March 2017, the number of individuals who experienced a restrictive procedure was 283, compared to 280 in the previous quarter.

#### COMMENT ON PERFORMANCE:

There were 283 individuals who experienced a restrictive procedure this quarter:

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

Under the Positive Supports Rule, the External Program Review Committee convened in February 2017 has the duty to review and respond to Behavior Intervention Reporting Form (BIRF) reports involving EUMRs. Beginning in May 2017, the External Program Review Committee conducted outreach to providers in response to EUMR reports. It is anticipated the Committee’s work will help to reduce the number of people who experience EUMRs through the guidance they provide to license holders regarding specific uses of EUMR. The impact of this work toward reducing the number of EUMR reports will be tracked and monitored over the next several quarterly reports.

#### TIMELINESS OF DATA:

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

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

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**Annual Goals**

- By June 30, 2017, the number of reports of restrictive procedures will be reduced by **388**.

**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:**

This goal is **in process**.

Time period	Number of BIRF Reports	Reduction from previous year
2015 Annual (July 2014 – June 2015)	5,124	3,478
2016 Annual (July 2015 – June 2016)	4,008	1,116
Quarter 1 (July – September 2016)	960	N/A – quarterly status of annual goal
Quarter 2 (October – December 2016)	802	N/A – quarterly status of annual goal
Quarter 3 (January – March 2017)	954	N/A – quarterly status of annual goal

**ANALYSIS OF DATA:**

From January to March 2017, the number of BIRF reports was 954 compared to 802 in the previous quarter.

**COMMENT ON PERFORMANCE:**

There were 954 reports of restrictive procedures this quarter.

- 738 reports were for emergency use of manual restraint (EUMR). Such EUMRs are permitted and not subject to phase out requirements like all other “restrictive” procedures. These reports are monitored and technical assistance is available when necessary.
  - Under the Positive Supports Rule, the External Program Review Committee has the duty to review and respond to BIRF reports involving EUMRs. Convened in February 2017, the Committee’s work will help to reduce the number of people who experience EUMRs through the guidance they provide to license holders regarding specific uses of EUMR.
  - Beginning in May 2017, the External Program Review Committee conducted outreach to providers in response to EUMR reports. The impact of this work toward reducing the number of EUMR reports will be tracked and monitored over the next several quarterly reports.
  - This quarter shows an increase of 81 reports of EUMR. Follow up by the External Program Review Committee has begun in Quarter 4, and will be monitored for its impact on the number of reports received.
- 216 reports involved restrictive procedures other than EUMR (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures). DHS staff provide follow up and technical assistance for all reports involving restrictive procedures that are not implemented according to requirements

under 245D or the Positive Supports Rule. The External Program Review Committee provides ongoing monitoring over restrictive procedures being used by providers with persons under the committee's purview. Focusing existing capacity for technical assistance primarily on reports involving these restrictive procedures is expected to reduce the number of people experiencing these procedures, as well as reduce the number of reports seen here and under Positive Supports Goal Three.

- The number of restrictive procedure reports increased by 71 this quarter. Much of this is accounted for by an increase in reports involving mechanical restraints used with people whose cases are reviewed by the External Program Review Committee. More information on the increase in these reports is included in the Goal Report for Positive Supports Goal Three.
- 19 uses of seclusion involving 9 people were reported this quarter:
  - 16 uses involving 6 people occurred at Minnesota Security Hospital, in accordance with the Positive Supports Rule (i.e., not implemented as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for staff convenience).
  - 2 uses, involving 2 people, occurred as part of approved Positive Support Transition Plans during their 11-month phase out period.
  - 1 use was unapproved, with TA provided by DHS staff to prevent further occurrence.
- Zero reported use of either time out or penalty consequences this quarter.

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

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

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

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

#### **2017 Goal**

- By June 30, 2017, reduce mechanical restraints to no more than
  - (A) **277** reports of mechanical restraint
  - (B) **19** individuals approved for emergency use of mechanical restraint

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

#### **RESULTS:**

- (A) The goal for number of reports is **not on track** to meet the 2017 goal.
- (B) The goal for number of individuals is **on track** to meet the 2017 goal.

Time period	(A) Number of Reports during the time period	(B) Number of individuals at end of time period
2015 Annual (July 2014 – June 2015)	912	21
2016 Annual (July 2015 – June 2016)	691	13
Quarter 1 (July – September 2016)	161	13
Quarter 2 (October – December 2016)	133	16
Quarter 3 (January – March 2017)	197	16

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

This goal has two measures. One of the measures is on track to meet the 2017 goal, and the other is not on track to meet the goal.

From, January – March 2017, the number of reports of mechanical restraint was 197. The goal is not on track to meet the 2017 annual goal.

From January – March 2017, the number of individuals for whom the EUMR was approved was 16. The goal is on track to meet the 2017 annual goal.

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

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

These requests are reviewed by the External Program Review Committee (EPRC) to determine whether or not they meet the stringent criteria for continued use of mechanical restraints. The EPRC consists of members with knowledge and expertise in the use of positive supports strategies. The EPRC sends its recommendations to the DHS Commissioner's delegate for final review and either time-limited approval or rejection of the request. With all approvals by the Commissioner, the EPRC includes a written list of person-specific recommendations to assist the provider to reduce the need for use of mechanical restraints. In situations where the EPRC feels a license holder needs more intensive technical assistance, phone and/or in-person consultation is provided by panel members.

Prior to February 2017, the duties of the ERPC were conducted by the Interim Review Panel.

Of the 197 BIRFs reporting use of mechanical restraint:

- 175 reports involved 14 of the 16 people with review by the EPRC and approval by the Commissioner for the emergency use of mechanical restraints during the reporting quarter. Two people under this approval had no reported uses of mechanical restraint during this period.
  - This is an increase from 71 in Quarter 2 to 175 this quarter. The primary drivers behind this increase are:
    - Providers for 2 people received new approvals late in the last quarter (November 2016). Their combined number of reports in Quarter 2 was 10. Over the first full quarter during which they had approval (this quarter), their combined number of reports was 43, which was an increase of 33 reports.

- One person's provider received a new approval during this quarter. The total number of reports for this person is 15.
  - One person with an existing approval has a second provider that was required to seek approval after their 11-month phase out period expired. The increase in the number of reports for this person this quarter was 8.
  - Providers for 3 people received technical assistance regarding BIRF reporting requirements from the EPRC Coordinator, based on submissions to the EPRC indicating that not all uses of mechanical restraint were resulting in BIRF reports. After this contact and technical assistance, the number of reports involving these 3 people increased by 45 over the prior quarter, indicating increased reporting compliance by these providers.
- 12 reports involving 1 person were submitted by providers whose use is within the 11-month phase out period.
  - 2 reports, involving 2 people, included the unapproved use of mechanical restraint.
    - 1 report was from a provider who had implemented restraint post-phase out and prior to gaining approval from the EPRC/Commissioner. Technical assistance was provided to ensure the provider and team were able to submit all necessary information to allow action by the EPRC/Commissioner on the team's request for approved use of restraint.
    - 1 report came from a provider who had identified the use as unauthorized prior to technical assistance from DHS and taken corrective action (staff retraining, revising behavior intervention protocols) to prevent reoccurrence.
  - 8 reports, involving 4 people, were submitted by Minnesota Security Hospital for uses of mechanical restraint that were not implemented as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for staff convenience.

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

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

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

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#### **2017 Goal**

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

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

#### **RESULTS:**

The goal is **in process**.



Time period	Number of People Who Discontinued Disability Waiver Services After a Crisis
2015 Annual (July 2014 – June 2015)	54 (unduplicated)
2016 Annual (July 2015 – June 2016)	71 (unduplicated)
Quarter 1 (July – September 2016)	16 (duplicated)
Quarter 2 (October – December 2016)	10 (duplicated)

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

From October – December 2016, the number of people who discontinued disability waiver services after a crisis was 10. The quarterly numbers are duplicated counts. People may discontinue and resume disability waiver services after a crisis in multiple quarters in a year. The quarterly numbers can be used as indicators of direction, but cannot be used to measure annual progress. The annual number reported represents an unduplicated count of people who discontinue disability waiver services after a crisis during the four quarters.

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

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

Of the 10 people who discontinued waiver services because of a behavior crisis in this reporting period:

- 9 people have since reopened to waiver services
- 1 person is currently in the community with no services, and has been screened to reopen on a waiver

In December 2016, DHS funded license capacity to serve 38 more people at any given time in out-of-home crisis respite services. This will increase the system's ability to provide crisis stabilization services for people on a waiver in a home and community-based services environment, rather than in more segregated settings. As of July 18, 2017, licenses to serve 21 additional people have been issued, with more capacity to follow in the coming months.

This is in addition to ongoing efforts under other Olmstead workplan activities to establish and expand training for providers, lead agencies, people with disabilities and those who support them on implementing positive support and person-centered practices.

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

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

## SEMI-ANNUAL AND ANNUAL GOALS

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

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

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### 2017 Goal

- By June 30, 2017, the number of additional students with Developmental Cognitive Disabilities (DCD) in competitive integrated employment will be 188.

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

### RESULTS:

The 2017 goal of 188 was **met**.

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

### ANALYSIS OF DATA:

During the 2016 - 2017 school year, 192 (105 males and 87 females) ranging in ages from 19-21 with developmental cognitive disabilities, participated in competitive, integrated employment. All students worked part-time vs. full-time as their primary job was that of being a secondary student. Students were employed in a variety of businesses with wages ranging from \$9.50 an hour to \$14.00 an hour. Students received a variety of supports including: employment skills training, job coaching, interviewing skill development, assistive technology, job placement and the provision of bus cards.

### COMMENT ON PERFORMANCE:

In the fall of 2016, sixteen local education agencies continued to be a part of the Employment Capacity Building Cohort (ECBC). Three additional local education agencies joined in October due to interest from their local Special Education Director. ECBC teams participated in multiple capacity building trainings.

Local ECBC Teams met and exceeded the competitive, integrated 2017 employment goal. Teams used multiple evidence-based strategies learned from the capacity building sessions. Strategies included: Career Planning using the Minnesota Career Information System, Pre-Employment Transition Services and Limitations on the use of Subminimum Wages under WIOA, using resources within DB101 such as estimator sessions, Informed Choice Conversation and Informed Choice Toolkit materials and learned about essential job development strategies. The local ECBC teams are ensuring that students with DCD, ages 19-21 have choices and opportunities for competitive, meaningful, and sustained employment in the most integrated setting before exiting from secondary education. Many of the 2015-2017 ECBC

teams have expressed interest in continuing in the cohort model. Three additional district teams will be invited to the ECBC for the 2017-2019 school years.

**TIMELINESS OF DATA:**

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

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

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

**B) By June 30, 2019, the number of people with disabilities involved in planning publicly funded projects (such as stadium plans, sidewalk improvements, public infrastructure, etc.) at the subcabinet agency level will increase to 417. [Revised in February 2017]**

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**A) SELF ADVOCATES**

**2017 Goal**

- By June 30, 2017, the number of self-advocates will increase by 50 for a total of 1,325.

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

**RESULTS:**

The goal was **not met** as there was no reliable and valid data to report for the 2017 goal.

**B) PUBLICLY FUNDED PROJECTS**

**2017 Goal**

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

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

**RESULTS:**

The goal was **not met** as there was no reliable and valid data to report for the 2017 goal.

**COMMENT ON PERFORMANCE (Goals 1(A) and 1(B):**

During the implementation of the goal's strategies, it was learned that the data used to measure progress could not be confirmed valid and reliable over time. A primary issue was the difficulty in obtaining data in a form that would allow for a determination of whether the number of self-advocates and the number of people with disabilities involved in publicly funded projects were unduplicated numbers.

To address this issue and improve future performance under the goal, the workplan items supporting this goal were amended in June 2017. The amended workplan includes the following:

- OIO will develop a census survey for all known self-advocacy programs and other leadership programs. The census will be completed annually. It is anticipated that the survey will help to track self-advocates and other advocates with disabilities.
- OIO, in collaboration with Minnesota Department of Human Rights Civic Engagement team, will develop a plan to train people with disabilities who are interested in participating as a member in governor-appointed boards and councils.
- Review bonding proposals approved in the 2017 legislative session to identify select projects that would be enhanced with consultation from the State Council on Disability and other governor appointed disability councils.
- As required by the workplan, a Community Engagement workgroup has been established.

## PROPOSED BASELINE AND ANNUAL GOALS

Lifelong Learning and Education Goal Three provides that by December 31, 2016, a baseline and annual goals of the number of students for whom there is effective consideration of Assistive Technology be established. The proposed baseline was established and approved by the Subcabinet at the August 28, 2017 meeting.

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

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### 2016 Goal

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

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### RESULTS:

The 2016 goal to establish a baseline and annual goals was **met**.

### Proposed Baseline:

From October – December 2016, of the 28 students with IEPs, 26 (92.8%) had active consideration<sup>5</sup> of assistive technology in their IEP.

Time Period	IEP meetings held with AT team member present	Number of IEPs with active consideration of assistive technology	Percent
October 1, 2016 – December 31, 2016	28	26	92.8%

**Proposed Annual Goals** to increase the number of students in 31 target school districts whose IEP meet the required protocols for active consideration of AT:

- By June 30, 2018, increase to 94% of students whose IEP meet required protocols for active consideration of AT.
- By June 30, 2019, increase to 95% of students whose IEP meet required protocols for active consideration of AT.
- By June 30, 2020, increase to 96% of students whose IEP meet required protocols for active consideration of AT.

### ANALYSIS OF DATA:

During the time frame for establishing a baseline, AT Team members participated in 28 IEPs. During those 28 IEP meetings, AT Team members recorded the active consideration of AT. This active consideration of AT occurred in 26 cases (92.8%). Active consideration occurred when IEP team members brought up the consideration of AT for the student without prompting or other input from the

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<sup>5</sup> The term "active consideration" more accurately reflects how the agency measures performance on this goal. An update will be made to the goal language "effective consideration" during the plan amendment process.

attending AT Teams member. In the other cases, AT Team members prompted discussion of AT, leading to consideration at all IEP team meetings (100%).

**COMMENT ON PERFORMANCE:**

Schools from around the state nominate teams of educators to engage in MDE's AT Teams Project. The AT Teams Project is a three-year cohort design that includes professional development. The AT Teams range in membership from four to six members, and include school administrators, general education teachers, special education teachers, and special education related services providers. Participants go on to serve as AT mentors and coaches in their districts.

AT Teams participate in annual face-to-face professional development and quarterly webinars to engage in coaching and to report on outcomes for their district specific action plans. Ongoing professional development includes self-analysis of current performance in eight areas of assistive technology, as defined by the Quality Indicators for AT (QIAT). [View the QIAT community for AT professional's website \(http://qiat.org/\)](http://qiat.org/).

For the 2016-17 school year, 31 AT Teams participated in MDE's AT Teams Project. Seven of those teams were additional for setting the baseline data as they were funded under a fourth year of the project. Throughout the 2016-17 school year, individual AT Team members reported data from a sample of IEP team meetings in which they participated.

AT Teams will meet again in October 2017 in order to evaluate performance. For the 2017-18 school year, 16 AT Teams will continue into the second and third year training cohorts, and 8 new AT Teams will begin the first year cohort. MDE will provide additional data under the new annual goal set for June 30, 2018.

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

This section summarizes the monthly review of workplan activities and the mid-year reviews completed by OIO Compliance staff.

### WORKPLAN ACTIVITIES

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

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

The summary of those reviews are below.

Reporting period	Number of Workplan Activities				
	Reviewed during time period	Completed	On Track	Reporting Exceptions	Exceptions requiring Subcabinet action
December 2015	67	41	19	7	0
January 2016	49	18	25	6	0
February 2016	42	24	10	8	0
March 2016	34	19	10	5	0
April 2016	30	13	15	2	0
May 2016	28	15	13	0	0
June 2016	25	19	5	1	0
July 2016	53	47	4	2	0
August 2016	30	23	6	1	0
September 2016	15	8	6	1	0
October 2016	16	10	5	1	0
November 2016	25	21	4	0	0
December 2016	14	11	3	0	0
January 2017	40	35	2	3	0
February 2017	24	18	6	0	0
March 2017	15	10	4	1	1
April 2017	15	12	3	0	0
May 2017	11	9	2	0	0
June 2017	20	19	1	0	0
July 2017	57	54	3	0	0

### 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. There were no mid-year reviews completed during this quarter.

## ENDNOTES

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

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

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

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

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

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

<sup>vii</sup> All approved adjustments to workplans are reflected in the Subcabinet meeting minutes, posted on the website, and will be utilized in the workplan review and adjustment process.