

Olmstead Subcabinet Meeting Agenda

Monday, November 27, 2017 • 4:00 p.m. to 5:30 p.m.

Minnesota Housing – Lake Superior Conference Room, 400 Wabasha Street North, Suite 400, St Paul

1) Call to Order

2) Roll Call

3) Agenda Review

4) Approval of Minutes

- a) Subcabinet meeting on October 23, 2017 3

5) Reports

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

6) Action Items

- a) Proposed Baselines for Review
 - 1) Employment Goal 2 (DHS) 15
 - 2) Transportation Goal 3 (DOT) 19
- b) November 2017 Quarterly Report 23
- c) Communications 2A.2 – Workplan for implementation of public input process (OIO) 79
- d) Workplan Compliance Report for November 87

7) Informational Items and Reports

- a) Follow up from previous meetings
 - 1) Olmstead Plan Amendment Process Timeline 95
 - 2) Questions from October 23, 2017 meeting 99
- b) Workplan activities requiring report to Subcabinet 103
(Reports 1 – 3 are carried over from the October 23, 2017 Subcabinet Meeting)
 - 1) Preventing Abuse/Neglect 2 2A–Quarterly report of citations issued- ICFs/IID (MDH) 105
 - 2) Preventing Abuse/Neglect 2 2B – Quarterly report of citations issued - SLFs (MDH) 109
 - 3) Employment 1A.7 – Focus groups on informed choice toolkit (DHS) 113
 - 4) Employment 4B.2 – Impact of Substantial Gainful Activity project (DEED) 117

8) Public Comments

9) Adjournment

Next Subcabinet Meeting: December 18, 2017 – 9:30 a.m. – 11:00 a.m.

Minnesota Housing, 400 Wabasha Street North, Suite 400

DRAFT

Olmstead Subcabinet Meeting Agenda Item

November 27, 2017

Agenda Item:

- 4) *Approval of Minutes*
 a) *Subcabinet meeting on October 23, 2017*

Presenter:

Commissioner Tingerthal (Minnesota Housing)

Action Needed:

- ☒ **Approval Needed**
- ☐ **Informational Item (no action needed)**

Summary of Item:

Approval is needed of the October 23, 2017 Subcabinet meeting minutes.

Attachment(s):

Olmstead Subcabinet meeting minutes - October 23, 2017

Olmstead Subcabinet Meeting Minutes

Monday, October 23, 2017 • 1:30 p.m. to 3:00 p.m.

Minnesota Housing – Lake Superior Conference Room, 400 Wabasha Street North, Suite 400, St Paul

1) Call to Order

Action: N/A

The meeting was called to order at 1:35 p.m. by Commissioner Mary Tingerthal (Minnesota Housing). She welcomed everyone to the new Minnesota Housing location.

2) Roll Call

Action N/A

Subcabinet members present: Mary Tingerthal, Minnesota Housing (MHFA); Ed Ehlinger, Department of Health (MDH); Shawntera Hardy, Department of Employment and Economic Development (DEED); Roberta Opheim, Ombudsman for Mental Health and Developmental Disabilities (OMHDD); Tom Roy, Department of Corrections (DOC); Colleen Wieck, Governor's Council on Developmental Disabilities (GCDD); Emily Johnson Piper, Department of Human Services (DHS) joined the meeting at 2:00 p.m.

Designees present: Tim Henkel, Department of Transportation (DOT); Daron Korte, Department of Education (MDE); Rowzat Shipchandler, Department of Human Rights (MDHR)

Guests present: Mike Tessneer, Rosalie Vollmar, Darlene Zangara, Diane Doolittle, Melody Johnson, Shannon Eckman and Sue Hite-Kirk, Olmstead Implementation Office (OIO); Eric Mattson, Anne Smetak and Ryan Baumtrog (Minnesota Housing); Carol LaBine, Alex Bartolic, Carol Anthony, Linda Wolford, Adrienne Hannert, Erin Sullivan Sutton and Maisha Giles (DHS); Mai Thor (MDHR); Tom Delaney, Sarah Knoph, MariKay Litzau and Jayne Spain (MDE); Christen Donley (DOC); Kristie Billiar (DOT); Stephanie Lenartz, Martha Burton Santibanez, Nicole Stockert and Mary Cahill (MDH); Leigh Benvenuti and Maura McNellis-Kubat (OMHDD); Ellena Schoop (MN.IT); John Harper (Met Council); Roseann Faber (Member of the public).

Guests present via telephone: Christina Schaffer (MDHR), Mika Baer (U-Care), David Sherwood-Gabrielson (DEED), Lindalee Soderstrom (member of the public/parent).

Sign Language and Captioning providers: Mary Catherine (Minnesota Housing); ASL Interpreting Services, Inc.; Paradigm Captioning and Reporting, Inc.

3) Agenda Review

Commissioner Tingerthal asked if there were any changes to the agenda and there were none requested.

4) Approval of Minutes

- a) Executive Committee meeting on September 25, 2017
- b) Subcabinet meeting on September 25, 2017

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Commissioner Tingerthal asked if there were any edits needed to two sets of meeting minutes to be approved and there were none requested.

Motion: Motion to approve the September 25th Subcabinet and Executive Committee meeting minutes

Action: Motion – Henkel

Second – Wieck

In Favor - All

5) Reports

a) Chair

There was no report from Commissioner Tingerthal.

b) Executive Director

Darlene Zangara reported on the following:

- OIO has two new staff members, Mary Catherine, staff interpreter and Shannon Eckman, temporary Communications and Community Engagement Specialist.
- Work continues to make the Subcabinet meetings as accessible and inclusive as possible. Input forms are available at the back table to provide feedback. There was a recent request for language interpreter services and OIO is looking into how best to accommodate that request.
- The Quality of Life Survey update is included in the reports section [agenda item 7b.1].

c) Legal Office

There was no report from the Legal Office.

d) Compliance Office

There was no report from the Compliance Office.

6) Action Items

a) Olmstead Workplan Refresh

Mike Tessner (OIO) introduced the draft workplan document. He noted there was a supplemental handout, which included changes made to workplan activities since the packet was emailed to the Subcabinet. The draft revised workplan document includes:

- Completed activities – These activities were completed during the past year and are shaded in grey. If the Subcabinet approves the refreshed workplans, the completed activities will be moved into a separate document. The document containing the completed activities will be posted on the Olmstead website for reference.
- Continuing activities – These include recurring activities or activities that have not reached their due date.
- New activities – These are activities that were added as a follow-up to a completed activity or as an activity to improve progress on the measurable goals.
- Deleted activities – These are activities that are being discontinued because the activity was moved within the workplans or the responsible agency determined the activity is no longer the best way to achieve progress on the measurable goal.

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The agency sponsors and leads presented the draft workplans, highlighting the new and revised activities as follows.

Person-Centered Planning Workplan - Presented by: Erin Sullivan Sutton and Alex Bartolic (DHS) and Tom Delaney (MDE)

Erin Sullivan Sutton indicated that the workplan activities outline how DHS will continue to provide information and trainings on person-centeredness and ensure the information and trainings are available to people with disabilities and providers throughout the state.

Comments regarding Person-Centered Planning included:

- For completed activity 1B.8b, Colleen Wieck (GCDD) asked how many students were involved in the pilot program and how many are expected in the next year's pilot. Tom Delaney (MDE) did not have that information available but will report back at the next Subcabinet meeting with those numbers.
- For completed activity 1C.2b, Assistant Commissioner Shipchandler asked which culturally and racially diverse communities they met with. Alex Bartolic (DHS) did not have the details available but will report back at the next meeting with that information.
- Commissioner Tingerthal noted that there a number of activities that were completed and are being moved out. She asked whether any of those completed activities should continue or be made recurring.

Erin Sullivan Sutton commented that DHS has learned a great deal over the past year about which engagement activities worked and how to expand on those. For instance the new workplan activities related to the Disability Hub are expanding on the engagement activities.

Commissioner Tingerthal stated that it may be beneficial to have a more in depth presentation on the Disability Hub at a future meeting to bring awareness about what is available on the new website. Commissioner Hardy (DEED) agreed that presentation would be beneficial as the Subcabinet provides an opportunity for partnerships. Alex Bartolic (DHS) agreed to come back at a future meeting to present more information on the Disability Hub. She also confirmed that the Disability Hub was a result of interagency efforts.

- Assistant Commissioner Shipchandler, Commissioner Hardy and Roberta Opheim all noted that workplan items that note that a particular action "will increase" without including a more specific numerical measure makes it difficult to measure progress. Commissioner Tingerthal reminded the Subcabinet that, within the Olmstead Plan, every

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goal is measurable and the numbers are reported in quarterly reports. The workplans are the day-to-day plans and action items that agencies use to reach the measurable goals. The agencies have been encouraged to put measurement into the workplans where appropriate but the main measure is found in the measurable goals.

Commissioner Tingerthal asked Assistant Commissioner Shipchandler and Commissioner Hardy to contact OIO to indicate areas throughout the workplans where more specificity would be helpful. OIO will then work with individual agencies to insert specifics.

- Colleen Wieck (GCDD) asked if activities 1H and 1I could be amended. In addition to reporting the number of training activities and the number of people trained, the report would include evaluation results if available.

Commissioner Johnson Piper (DHS) suggested it would be helpful if the workplan activities had more specific references to the measurable goals.

Transition Services - Presented by Erin Sullivan Sutton (DHS)

- Erin Sullivan Sutton stated that the goals are on track for people moving to more integrated settings. The goals are not on track for people leaving Anoka Metro Regional Treatment Center (AMRTC) and Minnesota Security Hospital (MSH). A new activity is being added to convene a cross-division, cross-administration working group to improve timely discharge of individuals and identify barriers.
- Colleen Wieck (GCDD) asked for clarification of “cross-division” and “cross-administration”. Erin Sullivan Sutton clarified the workgroup would include DHS divisions within the Community Supports Administration, Mental Health and Housing divisions, as well as Direct Care and Treatment. Commissioner Johnson Piper further explained that the counties will be included in the process as they are ultimately responsible for placing people outside of MSH and AMRTC. The Governor brought forward significant funding to DHS to invest in community placement support services. DHS is also working on an individual basis, knowing that there are individualized barriers.

Housing and Services - Presented by Erin Sullivan Sutton (DHS)

- No significant changes were proposed and there were no questions or concerns.

Employment - Presented by Erin Sullivan Sutton (DHS)

- No significant changes were proposed and there were no questions or concerns.

Lifelong Learning and Education - Presented by Tom Delaney (MDE)

- Tom Delaney reviewed the recurring activities that will continue throughout the upcoming year. He also highlighted a new activity regarding successful post-secondary

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transitioning for students with disabilities. Some revisions were made to the workplans regarding Assistive Technology to clarify the activities.

- Colleen Wieck (GCDD) requested that when reporting on the number of outreach activities that they also report on the number of students involved in the outreach activities. Mr. Delaney responded that they will include that in their reporting.

Waiting List - Presented by Erin Sullivan Sutton (DHS)

- No significant changes were proposed and there were no questions or concerns.

Transportation - Presented by Kristie Billiar (DOT)

- Kristie Billiar reported on a revision to an activity regarding an on-board survey of public transit riders. The activity is being expanded to reach 50% of Greater Minnesota systems in the first year and the remaining 50% in the second year. It is also being recommended to move these activities under Strategy 2 which is to increase involvement in transportation planning by people with disabilities.

Healthcare and Healthy Living - Presented by Stephanie Lenartz (MDH) and Erin Sullivan Sutton (DHS)

- Stephanie Lenartz reported that the activities are continuing under the first three strategies.
- Colleen Wieck (GCDD) noted that workplan activities under Strategy Four, evaluating health outcomes, is being reported as complete. There was supposed to be a follow-up meeting related to evaluating health outcomes and that meeting never occurred. Erin Sullivan Sutton (DHS) agreed that a follow-up meeting will be scheduled with health care staff at DHS.

Colleen Wieck also stressed that whenever the topic of disparities is being discussed in State reports, disparities related to disability need to be included.

Positive Supports - Presented by Erin Sullivan Sutton (DHS) and Tom Delaney (MDE)

- Erin Sullivan Sutton reported that the recurring activities are continuing in this area.
- Mike Tessneer (OIO) asked for clarification on any changes under Strategy Three. Tom Delaney responded that they continue to gather data from schools regarding the use of seclusion.

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Crisis Services - Presented by Erin Sullivan Sutton (DHS)

- No significant changes were proposed and there were no questions or concerns.

Community Engagement - Presented by Darlene Zangara (OIO)

- Darlene Zangara reviewed changes related to the training for Governor appointed Councils and Boards.
- Commissioner Hardy (DEED) asked what is meant by input in the expected outcome for activity 4D.3. Darlene Zangara stated they will be working with other state agencies and commissions to obtain lessons learned on how they engage the community on publicly funded projects.

Preventing Abuse and Neglect

Goal One

- Commissioner Tingerthal reported that this workplan relates to initiating the Specialty Committee. The Specialty Committee recommendations will be presented to the Subcabinet in December.

Goal Two – Presented by Nicole Stockert (MDH)

- Nicole Stockert (MDH) reported that a new activity was added to report on the progress of the public education campaign that began in July. There was also a slight modification to Strategy Three regarding the collecting and analysis of Minnesota Hospital Association data. It was found that the data reported was underreported more than expected. Once the best practices are shared with all the hospitals, the expectation is that reporting will increase.
- Roberta Opheim (OMHDD) commented on the underreporting by hospitals. She has noticed that complaints within the hospital about potential abuse and neglect aren't consistently being reported. She asked whether this is something MDH has seen or is tracking. Nicole Stockert indicated that the data being collected is to determine the reason individuals are going to the hospital.

Goal 3

- Commissioner Tingerthal reported there were no new activities in this area.

Goal 4 – Presented by Tom Delaney (MDE)

- Tom Delaney reported that the changes to these activities are related to operationalizing definitions. There were no questions or concerns.

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Quality of Life Survey

- Commissioner Tingerthal reported that the revisions to this topic were approved at the last Subcabinet meeting.

Cross Agency Data Strategy – Presented by Mike Tessneer (OIO)

- Mike Tessneer reported that this workplan was substantially modified to no longer implement a use case strategy, but to focus on a single consent form process.

Communications: Darlene Zangara (OIO)

- No significant changes were proposed and there were no questions or concerns.

Dispute Resolution:

- Commissioner Tingerthal reported that there were no changes to this topic.

Motion: Motion to approve Workplans subject to discussed revisions

Action: Motion – Piper Second – Korte In Favor - All

b) Workplan Compliance Report for October

Mary Tingerthal reported that there were no exceptions to report.

Motion: Approve Workplan Compliance Report

Action: Motion – Korte Second – Henkel In Favor - All

c) Communications 2A.1 –Recommendations for public input process (OIO)

Darlene Zangara walked through the Community Engagement Workgroup recommendations regarding public input processes. OIO will develop an implementation workplan and submit to the Subcabinet for review at the November meeting.

Commissioner Hardy (DEED) asked for clarification of “meet people where they are” as it relates to Greater Minnesota. Darlene explained the Community Engagement Workgroup feels understanding a community would be enhanced by meeting them where they are personally and within their communities.

Colleen Wieck (GCDD) suggested anchoring the recommendations in the ADA Guidelines, the Code of Federal Regulations, and other accessibility guidelines that already exist. The Community Engagement Workgroup could make recommendations based on whichever set of guidelines they choose to follow.

Commissioner Tingerthal suggested adding that into the recommendations for workplans that will be presented to the Subcabinet next month.

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Darlene Zangara added that the workgroup was also very concerned about inclusiveness. “Best Practices” may assure more equitable opportunities for people with disabilities to be involved.

Assistant Commissioner Shipchandler (MDHR) reported that her staff have been working on the topic of making meetings more accessible and will continue to partner with OIO on this area.

Motion: Approve the recommendations with suggested edits.

Action: Motion - Roy

Second – Ehlinger

In Favor – All

7) Informational Items and Reports

a) Informational Items

1) Olmstead Plan Amendment Process

Mike Tessneer (OIO) presented a draft Plan amendment process. A revised handout was provided and available at the meeting. The process is similar to last year, however there are only two public comment periods instead of three. Once the specific dates are identified the timeline will be shared with the agencies.

2) Proposed 2018 Subcabinet Meeting Schedule

Mike Tessneer (OIO) reviewed the proposed schedule of Subcabinet meetings for 2018. All meetings will begin at 3:00 p.m. The meeting times for February, May, August and November will be extended to two hours to allow for review of Quarterly Reports. Meeting invitations will be sent out within the next few weeks.

Assistant Commissioner Shipchandler (MDHR) suggested that one or two Subcabinet meetings could be held in Greater Minnesota. Commissioner Tingerthal indicated there had been discussion about that. Instead of holding Subcabinet meetings in Greater Minnesota, it might be a more productive outcome to hold topic Listening Sessions and have Subcabinet members attend.

b) Workplan activities requiring report to Subcabinet

1) Quality of Life 3A.3 – Monthly report on survey implementation (OIO)

Darlene Zangara (OIO) reported on Quality of Life Survey implementation. As of today, and as an update to the numbers reported in the packet, there are 1,600 surveys completed; 100 surveys scheduled; and 50 – 60 recruited each week. There are some issues with guardianship services that are currently being addressed.

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Commissioner Tingerthal asked that the three remaining reports be carried over to next month's meeting. These include the following:

- Preventing Abuse and Neglect Goal 2 2A - Quarterly report of citations issued - ICFs/IID
- Preventing Abuse and Neglect Goal 2 2B - Quarterly report of citations issued - SLFs
- Employment 1A.7 – Focus groups on informed choice toolkit

8) Public Comments

There were no public comments.

9) Adjournment

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

Next Subcabinet Meeting: November 27, 2017 – 4:00 p.m. – 5:30 p.m.
Minnesota Housing, 400 Wabasha Street North, Suite 400

DRAFT

Olmstead Subcabinet Meeting Agenda Item

November 27, 2017

Agenda Item:

6 (a) *Proposed Baselines for Review*

(1) *Employment Goal 2*

Presenter:

Erin Sullivan Sutton (DHS)

Action Needed:

- ☒ **Approval Needed**
- ☐ **Informational Item (no action needed)**

Summary of Item:

Employment Goal 2 – When the 2014 baseline was established, a data system was not yet developed to measure the number of people in competitive integrated employment. Data is now available to establish that baseline. If the proposed baseline is approved by the Subcabinet it will be incorporated into the November 2017 Quarterly Report.

Attachment(s):

- *Proposed Baseline for Review – Employment Goal 2*

[AGENDA 6a1]

Proposed Baseline for Review

The 2014 baseline for Employment Goal Two established the number of people receiving services from certain Medicaid funded programs. However, at that time, a data system was not yet developed to measure the number of those individuals who were working in competitive integrated employment. A proxy measure is now available to track the number of individuals in competitive integrated employment. A proposed baseline that was developed using the proxy measure is being presented to the Subcabinet for review at the November 27, 2017 meeting. If approved, the baseline will be incorporated into the November 2017 Quarterly Report.

EMPLOYMENT GOAL TWO: By June 30, 2020, of the 50,157 people receiving services from certain Medicaid funded programs, there will be an increase of 5,015 or 10% in competitive integrated employment.

Baseline: In 2014, there were 50,157 people age 18-64 who received services from one of the following programs: Home and Community-Based Waiver Services, Mental Health Targeted Case Management, Adult Mental Health Rehabilitative Services, Assertive Community Treatment and Medical Assistance for Employed Persons with Disabilities (MA-EPD).

PROPOSED BASELINE:

In 2014, of the 50,157 people age 18-64 receiving services from certain Medicaid funded programs, 6,137 were in competitive integrated employment.

MA Recipients (18 -64) in Competitive Integrated Employment (CIE)

| Time period | Total MA recipients | Number in CIE (\$600+/month) | Percent of MA recipients in CIE |
|-----------------------|---------------------|------------------------------|---------------------------------|
| July 2013 – June 2014 | 50,157 | 6,137 | 12.2% |

ANALYSIS OF DATA:

The data reported is a proxy measure to track the number of individuals in competitive integrated employment from certain Medicaid programs and includes the number of people who have monthly earnings of over \$600 a month. This is calculated by dividing the annual earnings of an individual (as reported by financial eligibility workers during re-qualification for Medicaid) by the number of months they have worked in a given fiscal year. The 2014 baseline has now been calculated to be 6,137. If the Subcabinet approves the baseline, it will be incorporated into the Plan through the upcoming amendment process.

During development of the employment data dashboard in 2015, DHS tested the use of \$600 a month as a proxy measure for competitive employment. This was done by reviewing a random sample of files across the state. DHS staff verified that information from the data system matched county files and determined that when people were working and making \$600 or more, the likelihood was they were integrated competitive employment.

Progress on this goal, as measured against the proposed baseline, will be reported in the November 2017 Quarterly Report if the baseline is approved.

DRAFT

Olmstead Subcabinet Meeting Agenda Item

November 27, 2017

Agenda Item:

6 (a) Proposed Baseline for Review

(2) Transportation Goal 3

Presenter:

Kristie Billiar (MnDOT)

Action Needed:

- ☒ Approval Needed
- ☐ Informational Item (no action needed)

Summary of Item:

Transportation – Goal 3 contemplates the establishment of a baseline. If the proposed baseline is approved by the Subcabinet it will be incorporated into the November 2017 Quarterly Report.

Attachment(s):

- *Proposed Baseline for Review – Transportation Goal 3*

Proposed Baseline for Review

Transportation Goal Three provides that by April 30, 2017, a baseline be established that relates to access to expanded transit coverage in 90% of the public transportation service areas in Minnesota. Data was sought from MnDOT and the Met Council to attempt to set a baseline that would cover both Greater Minnesota and the metropolitan area.

MnDOT data was available for inclusion in the August 2017 Quarterly Report, however the Met Council data was not. After consulting with the Olmstead Implementation Office (OIO) Met Council staff determined that the existing measurable goal does not adequately apply to transportation issues in the metropolitan area. The Met Council will be proposing a new goal related to transportation in the metropolitan area in the Olmstead Plan amendment process.

The proposed baseline below uses MnDOT data to establish a baseline for access to transportation in Greater Minnesota. This proposal is being presented to the Subcabinet for review at the November 27, 2017 meeting. If approved, the baseline will be incorporated into the November 2017 Quarterly Report.

TRANSPORTATION GOAL THREE: By December 31, 2025, expand transit coverage so that 90% of the public transportation service areas in Minnesota will meet minimum service guidelines for access.

Transit access is measured against industry recognized standards for the minimal level of transit availability needed by population size. Availability is tracked as span of service, which is the number of hours during the day when transit service is available in a particular area. The measure is based on industry recognized standards and is incorporated into both the Metropolitan Council Transportation Policy Plan and the MnDOT "Greater Minnesota Transit Investment Plan."¹

Baseline: A baseline for access will be established by April 30, 2017.

RESULTS:

The 2017 goal to establish a baseline was **met**. **[PENDING APPROVAL]**

PROPOSED BASELINE:

In December 2016, public transportation in Greater Minnesota was meeting minimum service guidelines for access 47% on weekdays, 12% on Saturdays and 3% on Sundays.

| Public transportation meeting minimum service guidelines for access | |
|---|-----|
| Weekday | 47% |
| Saturday | 12% |
| Sunday | 3% |

ADDITIONAL INFORMATION

Minimum service guidelines for Greater Minnesota are established based on service population (see table below). In Greater Minnesota the larger communities are attaining the weekday span of service. Smaller communities (less than 7,500) are not yet meeting the weekday level of access in all instances. Very few transit systems in Greater Minnesota operate Saturday or Sunday Service. This is mainly due to limited demand for service.

¹ Greater Minnesota Transit Investment Plan is available at www.dot.state.mn.us/transitinvestment.

[AGENDA 6a2]**Minimum Service Guidelines for Greater Minnesota²**

| Service Population | Number of Hours in Day that Service is Available | | |
|-----------------------|--|----------|--------|
| | Weekday | Saturday | Sunday |
| Cities over 50,000 | 20 | 12 | 9 |
| Cities 49,999 – 7,000 | 12 | 9 | 9 |
| Cities 6,999 – 2,500 | 9 | 9 | N/A |
| County Seat Town | 8 (3 days per week)* | N/A | N/A |

*As systems performance standards warrant

COMMENT ON PERFORMANCE:

Each year in January the transit systems will be analyzed for the level of service they have implemented. Transit systems do include unmet needs in their applications, but the actual service implemented can vary based on a host of factors including; lack of drivers and limited local funding share. The performance should increase as the span of service is established as the priority service expansion for transit systems to consider.

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.

² Source: MnDOT Greater Minnesota Transit Investment Plan, 2017

Olmstead Subcabinet Meeting Agenda Item

November 27, 2017

Agenda Items:

6 (b) November 2017 Quarterly Report

Presenter:

Agency Sponsors and Leads

Action Needed:

☒ Approval Needed

☐ Informational Item (no action needed)

Summary of Item:

This is a draft of the November 2017 Quarterly Report on progress of Olmstead Plan measurable goals.

Attachment(s):

6b – November 2017 Quarterly Report on Olmstead Plan Measurable Goals

Minnesota Olmstead Subcabinet

Quarterly Report on Olmstead Plan Measurable Goals



REPORTING PERIOD

Data acquired through October 31, 2017

DATE REVIEWED BY SUBCABINET

November 27, 2017

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[AGENDA ITEM 6b]**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 October 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. ⁱ

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

EXECUTIVE SUMMARY

This quarterly report covers twenty-six measurable goals. ⁱⁱ As shown in the chart below, fourteen of those goals were either met or on track to be met. Ten goals were categorized as not on track, or not met. For those ten goals, the report documents how the agencies will work to improve performance on each goal. Three goals are in process.

| Status of Goals - November 2017 Quarterly Report | Number of Goals |
|---|------------------------|
| Met annual goal | 9 |
| On track to meet annual goal | 5 |
| Not on track to meet annual goal | 2 |
| Did not meet annual goal | 7 |
| In Process | 3 |
| Goals Reported | 26 |

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

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

- More individuals are leaving ICF/DD programs for more integrated settings. After three quarters, 143 individuals left ICF/DD programs to more integrated settings. This exceeds the annual goal of 84.
- More individuals are leaving nursing facilities for more integrated settings. After three quarters, 590 individuals moved from nursing facilities. This is 80% of the annual projected goal.
- More individuals are leaving other segregated settings to more integrated settings. After three quarters, 780 individuals moved from other segregated settings to more integrated settings. This exceeds the annual goal of 400.

[AGENDA ITEM 6b]

- There is an increase in the number of individuals exiting the AMRTC timely. The percent of individuals at the AMRTC who do not need a hospital level of care has trended down over the past three quarters.
- There is an increase in the number of individuals leaving the MSH to a more integrated setting. Over the past two quarters, the average number of individuals leaving to a more integrated setting has increased.

Movement of individuals from waiting lists

- There continues to be no need for a waiting list for the CADI waiver. Successful efforts to provide individuals access to the CADI waiver have prevented the need for a waiting list.
- There are fewer individuals waiting for access to a DD waiver. At the end of the current quarter there were 152 individuals on the waiting list compared to 237 the previous quarter.

Increasing system capacity and options for integration

- More people gained access to integrated housing. There was an increase of 998 individuals accessing housing or 98% of the annual goal.
- There was an increase in the number of individuals obtaining competitive integrated employment. Over 2066 individuals found employment exceeding the annual goal of 1,500.
- Fewer people are experiencing the use of emergency use of manual restraint. There was a reduction of 69 individuals or 9% from the previous year.

The following measurable goals have been targeted for improvement:

- Transition Services Four to increase the percent of individual's transition plans that meet the required protocols.
- Waiting List Three to eliminate the waiting list for persons in the Institutional Exit and Defined Need categories.
- Person Centered Planning One to increase the percent of individual's plans that meet the required protocols.
- Positive Supports Three A to reduce the number of reports of emergency use of mechanical restraints with approved individuals.
- Housing and Services One to increase the number of individuals living in integrated housing.
- Lifelong Learning and Education Two to increase the number of students with disabilities enrolling in an integrated postsecondary education setting.
- Crisis Services Four A to increase the percent of people housed five months after being discharged from the hospital.

Two goals (Crisis Services One and Two) are included in the Addendum to update data previously reported. The newly report data provides more complete information and did not change the previously reported status of the goals.

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) | Jan – March 2017 | 74 |
| • Nursing Facilities | Jan – March 2017 | 210 |
| • Other segregated settings | Jan – March 2017 | 267 |
| • Anoka Metro Regional Treatment Center (AMRTC) | July - August 2017 | 21 |
| • Minnesota Security Hospital (MSH) | July - August 2017 | 23 |
| Net number who moved from segregated to integrated settings | | 495 |

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 settingsⁱⁱⁱ will be 7,138.

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

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

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

2017 goal

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

Baseline: January - December 2014 = 72

RESULTS:

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

| Time period | Total number of individuals leaving | Transfers ^{iv} (-) | Deaths (-) | Net moved to integrated setting |
|--|--|--------------------------------|---------------|------------------------------------|
| July 2014 – June 2015 | 138 | 18 | 62 | 58 |
| July 2015 – June 2016 | 180 | 27 | 72 | 81 |
| Quarter 1 (July – September 2016) | 51 | 8 | 9 | 34 |
| Quarter 2 (October – December 2016) | 57 | 7 | 15 | 35 |
| Quarter 3 (January – March 2017) | 100 | 5 | 21 | 74 |

ANALYSIS OF DATA:

From January – March 2017, the number of people who moved from an ICF/DD to a more integrated setting was 74. During the first three quarters, 143 individuals moved to a more integrated setting which exceeds 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,

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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. A total of 11 out of 15 MSOCS ICFs/DD converted since January 2017, for a reduction of 66 state-operated ICF/DD beds. One additional facility, serving two people is scheduled to convert in November. DHS is working with one county to determine whether the state or another provider will serve individuals in three more state-operated ICFs. No timeline for conversion of these homes has been confirmed.

TIMELINESS OF DATA:

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

[AGENDA ITEM 6b]**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 | 749 |
| July 2015 – June 2016 | 1,018 | 91 | 198 | 729 |
| Quarter 1 (July – September 2016) | 283 | 29 | 53 | 201 |
| Quarter 2 (October – December 2016) | 260 | 24 | 57 | 179 |
| Quarter 3 (January – March 2017) | 259 | 8 | 41 | 210 |

ANALYSIS OF DATA:

From January – March 2017, the number of people under 65 in a nursing facility for more than 90 days who moved to a more integrated setting was 210. This is 31 more people than in the previous quarter. During the first three quarters, 590 individuals moved to a more integrated setting, which is 80% 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.

[AGENDA ITEM 6b]**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 | 1,137 (19.9%) | 502 (8.8%) | 3,805 (66.7%) | 259 (4.6%) |
| July 2015 – June 2016 | 5,603 | 1,051 (18.8%) | 437 (7.8%) | 3,692 (65.9%) | 423 (7.5%) |
| Quarter 1 (July – September 2016) | 1,254 | 245 (19.5%) | 99 (7.9%) | 790 (63%) | 120 (9.6%) |
| Quarter 2 (October – December 2016) | 1,313 | 268 (20.4%) | 128 (9.8%) | 817 (62.2%) | 100 (7.6%) |
| Quarter 3 (January – March 2017) | 1,463 | 267 (18.2%) | 131 (9%) | 936 (64%) | 129 (8.8%) |

ANALYSIS OF DATA:

From January – March 2017, of the 1,463 individuals moving from segregated housing, 267 individuals (18.2%) moved to a more integrated setting. During the first three quarters, 780 individuals moved to a more integrated setting 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 in this quarter (18.2%) than who moved to congregate settings (9%). This analysis also illustrates the number of individuals who are no longer on MA and who are not receiving residential services as defined below.

The data indicates that a large percentage (64%) 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.

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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.

[AGENDA ITEM 6b]

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^y will be reduced to 30% (based on daily average). [Revised in February 2017]

2018 goal

- By June 30, 2018, the percent of people at AMRTC awaiting discharge will be $\leq 32\%$

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

RESULTS:

This goal is **not on track** to meet the 2018 goal of $\leq 32\%$.

| Time period | Percent awaiting discharge (daily average) | |
|---|--|-----------------------|
| July 2015 – June 2016 | Daily Average = 42.5% ² | |
| | 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% |
| Annual Total (July 2016 – June 2017) | 44.9% | 29.3% |
| Quarter 1 (July – September 2017) | 34.8% | 28.2% |

*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 – September 2017, 34.8% 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 percentage of individuals awaiting discharge under mental health commitment decreased from 44.3% in the previous quarter to 34.8% this quarter. The percentage of individuals awaiting discharge under restore to competency increased from 20.3% in the previous quarter 4 to 28.2% this quarter.

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

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

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From July – September 2017, 21 individuals at AMRTC under mental health commitment left and moved to an integrated setting. The table below provides information about those individuals who left AMRTC. It includes the number of individuals under mental health commitment and under restore to competency who moved to integrated settings.

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

COMMENT ON PERFORMANCE:

AMRTC continues to serve a large number of individuals who no longer need hospital level of care, including those who need competency restoration services prior to discharge. There is a higher percentage of individuals awaiting discharge under mental health commitment (34.8%) than those who are at AMRTC under restore to competency (28.2%). Multiple efforts may be contributing to the decrease in percentage of individuals awaiting discharge under mental health commitment from the previous quarter, including an increase in the frequency of collaborative meetings with county partners and improvements in AMRTC's treatment and discharge planning procedures. While the percentage of individuals awaiting discharge has declined, it is difficult to determine whether this is a trend.

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

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- Unwillingness to take medication in the community.

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

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

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

TIMELINESS OF DATA:

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

[AGENDA ITEM 6b]

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

2017 goal

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

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

RESULTS:

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

| Time period | Total number of individuals leaving | Transfers ^{iv} (-) | Deaths (-) | Net moved to integrated setting |
|--------------------------------------|-------------------------------------|--------------------------------|---------------|---------------------------------|
| January – December 2015 | 188 | 107 | 8 | 73 Average = 6.1 |
| January – December 2016 | 184 | 97 | 3 | 84 Average = 7.0 |
| Quarter 1 (January – March 2017) | 45 | 22 | 3 | 20 Average = 6.7 |
| Quarter 2 (April – June 2017) | 51 | 27 | 3 | 21 Average = 7.0 |
| Quarter 3 (July – September 2017) | 52 | 28 | 1 | 23 Average = 7.7 |

ANALYSIS OF DATA:

From July – September 2017, the average monthly number of individuals leaving Forensic Services³ to a more integrated setting was 7.7. The average number moving to an integrated setting increased from 7.0 in Quarter 2 to 7.7 in Quarter 3. Despite the increases in the last two quarters, this goal is not on track to meet the 2017 goal of 8 or more.

Beginning January 2017, Forensic Services began categorizing discharge data into three 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).

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

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

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).

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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
- Individuals who are undocumented.

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

- Collaboration with county partners to identify those individuals who have reached maximum benefit from treatment.
- Collaboration with county partners to identify community providers and expand community capacity (with specialized providers/utilization of Minnesota State Operated Community Services).
- Utilization of the Forensic Review Panel, an internal administrative group, whose role is to review individuals served for reductions in custody (under MI&D Commitment), and who may be served in a more integrated setting.
 - The Forensic Review Panel also serves to offer treatment recommendations that could assist the 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 a 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. These individuals would be served at MSH, and in rare circumstances Transition Services or the Forensic Nursing Home. For this report, the "Restore to Competency" category represents any individual who had been under court ordered competency restoration treatment, though not under commitment as MI&D (as transitions to more integrated settings for those under MI&D requires Special Review Board review and Commissioner's Order).

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

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

[AGENDA ITEM 6b]**TIMELINESS OF DATA:**

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

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

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:

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

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

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 4, DHS reviewed 213 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, 34 indicated a transition had occurred. Two cases (6%) of the 34 case files met the criteria of person-centered planning and informed choice. The 2017 annual goal to increase to 30 percent of plans that adhere to transition protocol standards was not met.

[AGENDA ITEM 6b]**COMMENT ON PERFORMANCE:**

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

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

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

Of the seven counties reviewed during this reported time period, 23 of the 34 transition cases used the “My Move Plan” document which includes many of the key elements required. The three counties in the MN Prairie Alliance had 100% compliance with the My Move Plan, while the remaining counties used the document about half the time.

DHS conducted regional day-long training and technical assistance sessions with counties and tribes during May through September 2017. Due to high demand, DHS has scheduled an additional five training sessions through December 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.

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

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

TIMELINESS OF DATA:

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

III. MOVEMENT OF INDIVIDUALS FROM WAITING LISTS

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

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

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

RESULTS:

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

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

ANALYSIS OF DATA:

As of October 1, 2016 the Community Access for Disability Inclusion (CADI) waiver waiting list was eliminated. As of September 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.

[AGENDA ITEM 6b]

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

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

Assessments between January – December 2016

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

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

Time period: January – March 2017

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

Time period: April – June 2017

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

ANALYSIS OF DATA:

From April – June 2017, of the 506 individuals assessed for the Developmental Disabilities (DD) waiver, 241 individuals (48%) had funding approved within 45 days of the assessment date. In the previous quarter, of the 409 individuals assessed, 237 individuals (58%) had funding approved within 45 days of assessment. This quarter there was a lower percentage of individuals moving off the waiting list at a reasonable pace, however there was a smaller percentage who remained on the waiting list.

[AGENDA ITEM 6b]**COMMENT ON PERFORMANCE:**

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

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

While a smaller proportion of people moved off the waiting list at a reasonable pace, compared to the previous quarter, a higher percentage had funding approved overall. This quarter, 83 percent of people had funding approved, an increase from 76 percent during the previous quarter.

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

Below is a summary table with the number of people still on the waiting list as of the first day of April, July and October, 2017. Also included is the average and median days waiting of those individuals who are still on the waiting list. The average days and median days information 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. The total number of people still on the waiting list as of October 1, 2017 (152) has decreased since July 1, 2017 (237).

Waiting List Status as of April 1, 2017

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

Waiting List Status as of July 1, 2017

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

[AGENDA ITEM 6b]**Waiting List Status as of October 1, 2017**

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

TIMELINESS OF DATA:

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

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

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

INSTITUTIONAL EXIT CATEGORY

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

IMMEDIATE NEED CATEGORY

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

ANALYSIS OF DATA:

From April - June 2017, for persons in the Institutional Exit category, five individuals (14%) remained on the DD waiver waiting list at the end of the reporting period. For persons in the Immediate Need category, seventeen individuals (14%) 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.

[AGENDA ITEM 6b]**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 and has added staff resources to monitor compliance with reasonable pace goals.

The proportion of people in the Institutional Exit category who were still on the waiting list in this quarter remained relatively constant from previous quarters. The overall goal to eliminate the Institutional Exit and Immediate Need categories was not met. Demonstrating complete elimination of these categories is challenging as, because of the process used to screen new DD waiver recipients, most new recipients will appear on the waiting list prior to accessing the waiver. DHS plans to recommend updates to this goal during the Olmstead Plan amendment process 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.

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

RESULTS: This goal is in process.

DEFINED NEED CATEGORY

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

ANALYSIS OF DATA:

From April – June 2017, for persons in the Defined Need category, 63 people (18%) out of 353 people remained on the DD waiver waiting list.

[AGENDA ITEM 6b]**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 decreased from the previous quarter.

TIMELINESS OF DATA:

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

IV. QUALITY OF LIFE MEASUREMENT RESULTS

NATIONAL CORE INDICATORS (NCI) SURVEY

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

QUALITY OF LIFE SURVEY

The Quality of Life 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
- Continues to interview individuals for the Quality of Life Survey
- Continues to strategically navigate through various barriers to obtain access and consents from guardianship services, guardians and providers
- Continues strategic outreach efforts in partnership with DHS and DEED to secure consents

Data as of October 25, 2017:

- More than 1,600 interviews have been completed
- 161 interviews have been scheduled

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.

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.

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:

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

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

ANALYSIS OF DATA:

From June 2016 - July 2017, 1,199 files were reviewed. Of those files, 167 (13.9%) were identified as having plans that were person-centered. The 2017 goal of 50% was not met. Because different counties are reviewed each quarter, the change in percent from one quarter to the next does not mean the counties from the previous quarter are doing better or worse.

In July 2016, the DHS Lead Agency Review began monitoring lead agency implementation of the Person-Centered, Informed Choice and Transition Protocol⁴. 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.

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

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

The eight key areas are listed below. Also included are the results of the Quarter 4 review to indicate the percentage of plans that met the criteria for that item.

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

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

If the requirement for item 2 were removed and only seven items were required, the compliance for Quarter 4 would increase from 7% to 33%. DHS is evaluating the method for reporting data collected via the lead agency review process and whether the current way of requiring all eight items is an accurate reflection of what is happening in lead agencies. DHS will make recommendations during the Olmstead Plan amendment process on any changes necessary.

Counties Participating in Audits*

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

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

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

COMMENT ON PERFORMANCE:

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

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

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

DHS conducted regional day-long training and technical assistance sessions with counties and tribes during May through September 2017. Due to high demand, DHS has scheduled an additional five training sessions through December 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.

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.

⁵ The MN Prairie Alliance includes Dodge, Steele, and Waseca counties.

⁶ The SW Alliance includes Lincoln, Lyon, Murray, Pipestone, Redwood, and Rock counties.

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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.

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 2017 goal was **met**.

| Time period | Individuals who experienced restrictive procedure | Reduction from previous year |
|--|---|---------------------------------------|
| 2015 Annual (July 2014 – June 2015) | 867 (unduplicated) | 209 |
| 2016 Annual (July 2015 – June 2016) | 761 (unduplicated) | 106 |
| 2017 Annual (July 2016 - June 2017) | 692 (unduplicated) | 69 |
| Quarter 1 (July - September 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 |
| Quarter 4 (April – June 2017) | 263 (duplicated) | NA – quarterly status of annual goal |

ANALYSIS OF DATA:

The 2017 goal to reduce the number of people experiencing a restrictive procedure by 5% from the previous year or 49 individuals was met. From July 2016 to June 2017, the number of individuals who experienced a restrictive procedure decreased from 761 to 692. This was a 9% reduction of 69 from the previous year. It's important to note that the June 30, 2018 overall goal to reduce the number of people experiencing restrictive procedures by 200 has already been reached.

COMMENT ON PERFORMANCE:

There were 263 individuals who experienced a restrictive procedure this quarter:

- 239 individuals were subjected to Emergency Use of Manual Restraint (EUMR) only. Such EUMRs are permitted and not subject to phase out requirements like all other “restrictive” procedures. These reports are monitored and technical assistance is available when necessary.
- 24 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

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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.

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, 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:

The 2017 goal was **met**.

| Time period | Number of BIRF reports | Reduction from previous year |
|--|------------------------|---------------------------------------|
| 2015 Annual (July 2014 – June 2015) | 5,124 | 3,478 |
| 2016 Annual (July 2015 – June 2016) | 4,008 | 1,116 |
| 2017 Annual (July 2016 - June 2017) | 3,583* | 425 |
| Quarter 1 (July – September 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 |
| Quarter 4 (April – June 2017) | 805 | N/A – quarterly status of annual goal |
| Total (Q1 + Q2 + Q3 + Q4) | 3,521 | |

*The annual total of 3,583 is greater than the sum of the four quarters or 3,521. This is due to late submissions of 62 BIRF reports of restrictive procedures throughout the four quarters.

[AGENDA ITEM 6b]**ANALYSIS OF DATA:**

The 2017 goal to reduce the number of reports of restrictive procedures by 388 was met. From July 2016 to June 2017, the number of restrictive procedure reports decreased from 4,008 to 3,583 or 425. It's important to note that the June 30, 2018 overall goal to reduce the number of reports people by 1,596 has already been reached.

COMMENT ON PERFORMANCE:

There were 805 reports of restrictive procedures this quarter.

- 636 reports were for emergency use of manual restraint (EUMR). Such EUMRs are permitted and not subject to phase out requirements like all other “restrictive” procedures. These reports are monitored and technical assistance is available when necessary.
 - Under the Positive Supports Rule, the External Program Review Committee has the duty to review and respond to BIRF reports involving EUMRs. Convened in February 2017, the Committee’s work will help to reduce the number of people who experience EUMRs through the guidance they provide to license holders regarding specific uses of EUMR.
 - Beginning in May 2017, the External Program Review Committee conducted outreach to providers in response to EUMR reports. The impact of this work toward reducing the number of EUMR reports will be tracked and monitored over the next several quarterly reports.
 - This quarter shows a decrease of 102 reports of EUMR from the previous quarter. 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.
- 169 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 non-EUMR restrictive procedure reports decreased by 47 over the previous quarter.
- 10 uses of seclusion involving 6 people were reported this quarter:
 - 8 uses involving 5 people occurred at Minnesota Security Hospital, in accordance with the Positive Supports Rule (i.e., not implemented as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for staff convenience).
 - 2 uses involving one person occurred as part of an approved Positive Support Transition Plan during the 11-month phase out period.
 - One use of penalty consequences was unapproved, with technical assistance provided by DHS staff to prevent further occurrence.
 - One reported use of time out was found upon technical assistance follow-up to be miscoded and did not include the use of time out as defined under 245D.

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

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

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 2017 goal for number of reports was **not met**.
 (B) The 2017 goal for number of individuals was **met**.

| Time period | (A) Number of reports during the time period | (B) Number of individuals at end of time period |
|--|--|---|
| 2015 Annual (July 2014 – June 2015) | 912 | 21 |
| 2016 Annual (July 2015 – June 2016) | 691 | 13 |
| 2017 Annual (July 2016 – June 2017) | 664* | 16 |
| | | |
| Quarter 1 (July – September 2016) | 161 | 13 |
| Quarter 2 (October – December 2016) | 133 | 16 |
| Quarter 3 (January – March 2017) | 197 | 16 |
| Quarter 4 (April – June 2017) | 157 | 16 |
| Total (Q1 + Q2 + Q3 + Q4) | 648 | --- |

*The annual total of 664 is greater than the sum of the four quarters or 648. This is due to late submissions of 16 BIRF reports of mechanical restraints throughout the four quarters.

ANALYSIS OF DATA:

This goal has two measures. One of the measures met the 2017 goal, and the second did not.

From July 2016 to June 2017, the number of reports of mechanical restraints was 664. Although the number of reports decreased by 40 in Quarter 4 and by 27 from 2016, the 2017 goal to reduce the number of reports to 277 was not met.

At the end of the reporting period (July 2016 – June 2017), the number of individuals for whom the EUMR was approved was 16. The 2017 goal to reduce the number of individuals approved to 19 was met.

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

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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 157 BIRFs reporting use of mechanical restraint in Quarter 4:

- 144 reports involved 11 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.
 - This is a decrease of 31 from Quarter 3.
 - 5 people approved for emergency use reported no uses of mechanical restraint during this quarter.
- 1 report was inaccurately coded as mechanical restraint. The reported intervention consisted of temporary withholding or removal of objects being used to hurt self or others, which is a specific procedure permitted under MN Rule 9544.0050 Subp. 1.
- 12 reports, involving 6 people, were submitted by Minnesota Security Hospital for uses of mechanical restraint that were not implemented as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for staff convenience.

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]**

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) |
| Quarter 3 (January –March 2017) | 16 (duplicated) |

ANALYSIS OF DATA:

From January – March 2017, the number of people who discontinued disability waiver services after a crisis was 16. 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 16 people who discontinued waiver services because of a behavior crisis in this reporting period:

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

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.

[AGENDA ITEM 6b]**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.

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

2017 Goal

- By June 30, 2017, the number of people with disabilities who live in the most integrated housing of their choice where they have a signed lease and receive financial support to pay for the cost of their housing will increase by 2,638 over baseline to 8,655 (about 44% increase).

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

RESULTS:

The 2017 annual goal to increase by 2,638 over baseline was **not met**.

| Time period | People in integrated housing | Change from previous year | Increase over baseline |
|--------------------------------------|------------------------------|---------------------------|------------------------|
| 2015 Annual (July 2014 – June 2015) | 6,920 | +903 | 903 (15%) |
| 2016 Annual (July 2015 – June 2016) | 7,608 | +688 | 1,591 (26.4%) |
| 2017 Annual (July 2016 – June 2017) | 8,606 | +998 | 2,589 (43%) |

ANALYSIS OF DATA:

From July 2016 through June 2017 the number of people living in integrated housing increased by 2,589 (43%) over baseline to 8,606. Although the 2017 goal was not met, the increase of 2,589 was 98% of the annual goal. The increase in the number of people living in integrated housing from July 2016 to June 2017 was 998 compared to an increase of 688 in the previous year.

COMMENT ON PERFORMANCE:

Although the 2017 annual goal was not met, the growth was larger than the previous year. A contributing factor to missing the goal may be the tight housing market. When there is a tight housing market, access to housing is reduced and landlords are more unwilling to rent to individuals with limited rental history or other similar factors.

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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EMPLOYMENT GOAL TWO: By June 30, 2020, of the 50,157 people receiving services from certain Medicaid funded programs, there will be an increase of 5,015 or 10% in competitive integrated employment.

2017 Goal

- By June 30, 2017, a data system will be developed to measure the following: the number of individuals who are working in competitive integrated employment; the number of individuals not working in competitive integrated employment; and the number of individuals not working in competitive integrated employment who would choose or not oppose competitive integrated employment.
- By June 30, 2017, the number of individuals in competitive integrated employment will increase by 1,500 individuals

Baseline: In 2014, there were 50,157 people age 18-64 who received services from one of the following programs: Home and Community-Based Waiver Services, Mental Health Targeted Case Management, Adult Mental Health Rehabilitative Services, Assertive Community Treatment and Medical Assistance for Employed Persons with Disabilities (MA-EPD). **[PENDING APPROVAL]** Of the 50,157 total MA recipients, there were 6,137 in competitive integrated employment.

RESULTS:

- The 2017 goal to develop a data system is **in process**. **[PENDING APPROVAL]**.
- The 2017 annual goal to increase by 1,500 over baseline was **met**.

MA Recipients (18 -64) in Competitive Integrated Employment (CIE)

| Time period | Total MA recipients | Number in CIE (\$600+/month) | Percent of MA recipients in CIE | Change from previous year | Increase over baseline |
|----------------------------------|---------------------|------------------------------|---------------------------------|---------------------------|------------------------|
| July 2013 – June 2014 (Baseline) | 50,157 | 6,137 | 12.2% | -- | -- |
| July 2014 – June 2015 | 49,922 | 6,596 | 13.2% | 459 | 459 |
| July 2015 – June 2016 | 52,383 | 8,203 | 15.7% | 1,607 | 2,066 |

ANALYSIS OF DATA:

The 2014 baseline has now been established to be 6,137. As of June 2016 an additional 2,066 people in certain Medicaid programs are earning at least \$600 a month as compared to baseline data. Most notably, the increase between June 2015 and June 2016 is more than three times greater than the increase between June 2014 and June 2015. The results from the first three reporting periods show strong progress towards an increase of 5,015 (10%) in the number people in competitive integrated employment by June 30, 2020.

The data reported is a proxy measure to track the number of individuals in competitive integrated employment from certain Medicaid programs and includes the number of people who have monthly earnings of over \$600 a month. This is calculated by dividing the annual earnings of an individual (as reported by financial eligibility workers during re-qualification for Medicaid) by the number of months

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they have worked in a given fiscal year. The Olmstead Plan amendment process will incorporate that number into the baseline for this goal.

During development of the employment data dashboard in 2015, DHS tested the use of \$600 a month as a proxy measure for competitive employment. This was done by reviewing a random sample of files across the state. DHS staff verified that information from the data system matched county files and determined that when people were working and making \$600 or more, the likelihood was they were integrated competitive employment.

COMMENT ON PERFORMANCE:

Possible contributing factors to explain the increase in the number of people in certain Medicaid programs in competitive integrated employment include:

- **Improving economy:** During the same time period of this data, the overall unemployment rate in Minnesota fell from 4.2% in June of 2014 to 3.4% in June of 2016.⁷
- **Increased awareness and interest:** Providers and lead agencies are paying attention to the goals of people to work in competitive integrated employment.
- **Implementation of the Workforce Innovation and Opportunities Act (WIOA):** Signed into law in July 2014, this act amended Section 511 of the Rehabilitation Act and placed additional requirements on employers who hold special wage certificates to pay people with disabilities subminimum wages. In response to WIOA requirements, some employers may have increased wages to above minimum wage or some service providers may have put greater emphasis on services leading to competitive, integrated employment. During this time period, however, there was not a similar growth in employment among people with disabilities at the national level.⁸
- **Interagency efforts to increase integrated competitive employment:** During the time period of this data, DHS, DEED, and MDE have all made efforts to meet Minnesota's Employment First Policy and Olmstead Plan goals. This included interagency coordination and projects contained as part of the employment section of Minnesota's Olmstead Plan.

Moving Forward

Moving forward, DHS continues to work to ensure that all Minnesotans with disabilities have the option of competitive integrated employment. DHS seeks to meet its Olmstead Plan measurable goal and continuously improve efforts around employment. Part of these efforts include:

- **Providing three new employment services in the Medicaid Home and Community Based Services (HCBS) waivers:** Minnesota has submitted HCBS waiver amendments to CMS that would allow the state to offer three new employment services: Exploration, Development, and Support. These services will provide new options and resources behind competitive, integrated employment.
- **Improving communication to people with disabilities and training for service professionals:** DHS will be undertaking several efforts in the coming year to improve its communication, training, and guidance around employment. These efforts include mailings to people receiving HCBS services,

⁷ Minnesota Unemployment Statistics. Labor Market Information - Minnesota Department of Employment and Economic Development. Accessed September 27, 2017 <https://mn.gov/deed/data/>

⁸ nTide Jobs Report: Steady Job Numbers May Signal Start of Turnaround for People with Disabilities. Accessed September 27, 2017 <http://researchondisability.org/home/ntide/ntide-news-item/2016/04/01/ntide-jobs-report-steady-job-numbers-may-signal-start-of-turnaround-for-people-with-disabilities>

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improvements in employment data dashboards, trainings for service professionals, and website updates.

- **Releasing and Implementing employment innovation grants:** DHS is currently implementing innovation grants totaling \$1.8 million to promote innovative ideas to improve outcomes for people with disabilities in the areas of work, living, and connecting with others in their communities. Additionally, over the next year, DHS will be selecting grant recipients for \$2 million of grant money to provide innovation solutions for youth with disabilities to achieve competitive integrated employment.

Data Improvement

DHS seeks to continuously improve its data and measures around competitive integrated employment. These efforts will allow DHS to refine its proxy measure for competitive integrated employment to more completely capture the definition of competitive, integrated employment found in Minnesota's Employment First Policy.⁹ Some of these efforts include:

- **Informed Choice Data:** DHS added Informed Choice Employment questions to both the MnCHOICES and Mental Health Information Systems (MHIS) to determine those working in competitive integrated employment, those not working, and those interested in Competitive Integrated Employment (CIE). DHS is in the process of analyzing and validating the data from both sources in order to integrate the information to get an unduplicated count of the number of individuals in CIE or wanting CIE. This new data is important because it will allow DHS to look at the provision of services and employment outcomes according to a person's informed choice decision about employment.
- **Employment Data Dashboards:** DHS is refining dashboards to display employment outcome information for people in certain Medicaid programs. As part of these efforts, DHS is looking at the "employer of record" for people earning wages to help greater clarify who is employed through competitive employers and who is employed through special, subminimum wage certificate holders. Currently this is a manual process for validating the "employer of record".
- **Interagency Data Sharing and Coordination:** DHS is working with MDE and DEED to share and create consistency across the employment data in each agency. These efforts are included in the Olmstead Plan workplans.

⁹ Minnesota's Employment First Policy is available at:

http://www.dhs.state.mn.us/main/groups/olmstead/documents/pub/dhs16_190416.pdf

[AGENDA ITEM 6b]

EDUCATION GOAL TWO: By June 30, 2020, the number of students who have enrolled in an integrated postsecondary education setting within one year of leaving high school will increase by 425 (39%) (from 2,174 to 2,599). [Revised in February 2017]

2017 Goal

- By June 30, 2017 there will be an increase of 100 (34%) over baseline to 2,274.

Baseline: Using the 2014 Minnesota's Statewide Longitudinal Education Data System (SLEDs), of the 6,749 students with disabilities who graduated statewide in 2014, a total of 2,174 (32.2%) attended an integrated postsecondary institution from August 2014 to July 2015.

RESULTS:

The 2017 goal was **not met**.

| Time Period | Students graduating | Students entering an accredited institution of higher education | Change from baseline |
|--|---------------------|---|----------------------|
| 2014 SLEDs [Baseline] (August 2014 – July 2015) | 6,749 | 2,174 (32.2%) | -- |
| 2015 SLEDs Data (August 2015 – July 2016) | 6,747 | 2,154 (31.9%) | <20> |

ANALYSIS OF DATA:

Of the 6,747 student with disabilities who graduated in 2015, there were 2,154 students (31.9%) who enrolled in an accredited institution of higher education in fall 2015, spring 2016, or both. This was a decrease of 20 students from the 2014 baseline.

COMMENT ON PERFORMANCE:

The SLEDs data that was available and used for this report did not include data provided by the Minnesota Office of Higher Education, and is not publicly accessible at the SLEDs website. In addition, MDE defines ideal performance as immediate enrollment in an accredited institution of higher education in the fall after graduation in the spring (as opposed to delayed enrollment) and the data used for this report includes spring enrollment data by students who delayed enrollment. MDE will propose changes to this goal through the Olmstead Plan amendment process to use SLEDs data to be consistent in publicly reporting results.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it will be reported 16 months after the end of the reporting period.

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HEALTHCARE AND HEALTHY LIVING GOAL ONE: By December 31, 2018, the number/percent of individuals with disabilities and/or serious mental illness accessing appropriate preventive care¹⁰ focusing specifically on cervical cancer screening and follow up care for cardiovascular conditions will increase by 833 people compared to the baseline.

2016 Goal

- By December 31, 2016 the number accessing appropriate care will increase by 205 over baseline

Baseline: In 2013 the number of women receiving cervical cancer screenings was 21,393 and the number of individuals accessing follow up care for cardiovascular conditions was 1,589.

RESULTS:

The 2016 goal was **met**.

| Time Period | Number receiving cervical cancer screenings | Change from previous year | Change from baseline |
|-------------------------|---|---------------------------|----------------------|
| January – December 2013 | 21,393 | Baseline Year | Baseline Year |
| January – December 2014 | 28,213 | 6,820 | 6,820 |
| January – December 2015 | 29,284 | 1,071 | 7,891 |
| January – December 2016 | 27,902 | <1,382> | 6,509 |

The beta blocker measure for follow up care for cardiovascular conditions is no longer reflective of current clinical practice and has been discontinued.

ANALYSIS OF DATA:

During calendar year 2016 the number of women with disabilities and/or serious mental illness who had a cervical cancer screening was 27,902. The 2016 annual goal to increase by 205 was met. The number accessing cervical cancer screenings increased steadily from the 2013 baseline through the 2015 reporting period. The number decreased from 29,284 in 2015 to 27,902 in 2016, a difference of 1,382. It's important to note that the December 31, 2018 overall goal to increase by 833 has already been reached.

COMMENT ON PERFORMANCE:

2014 changes in state law regarding Medicaid eligibility resulted in a large increase in overall Medicaid enrollment as compared to the 2013 baseline.

DHS will continue to work on improving access and quality of preventive care for people with disabilities. DHS plans to recommend an additional health care measure during the Olmstead Plan amendment process.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it will be reported 8 months after the end of the reporting period.

¹⁰ Appropriate care will be measured by current clinical standards.

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HEALTHCARE AND HEALTHY LIVING GOAL TWO: By December 31, 2018, the number of individuals with disabilities and/or serious mental illness accessing dental care will increase by (A) 1,229 children and (B) 1,055 adults over baseline.

A) CHILDREN ACCESSING DENTAL CARE**2016 Goal**

- By December 31, 2016 the number of children accessing dental care will increase by 410 over baseline

Baseline: In 2013, the number of children with disabilities continuously enrolled in Medicaid coverage during the measurement year accessing annual dental visits was 16,360.

RESULTS:

The 2016 goal was **met**.

| Time period | Number of children with disabilities who had annual dental visit | Change from previous year | Change from baseline |
|-------------------------|--|---------------------------|----------------------|
| January – December 2013 | 16,360 | Baseline Year | Baseline Year |
| January – December 2014 | 25,395 | 9,035 | 9,035 |
| January – December 2015 | 26,323 | 928 | 9,963 |
| January – December 2016 | 25,990 | <333> | 9,630 |

ANALYSIS OF DATA:

During calendar year 2016 the number of children with disabilities who had an annual dental visit was 25,990. This was an increase of 9,630 over baseline. The 2016 annual goal to increase by 410 was met. There were significant gains between the 2013 baseline year and 2014 reporting period. The number of children with disabilities accessing dental care has leveled off and has not seen appreciable increases since 2014. It's important to note that the December 31, 2018 overall goal to increase by 1,229 has already been reached.

COMMENT ON PERFORMANCE:

2014 changes in state law regarding Medicaid eligibility resulted in a large increase in overall Medicaid enrollment as compared to the 2013 baseline. DHS plans to recommend an additional health care measure during the Olmstead Plan amendment process.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it will be reported 8 months after the end of the reporting period.

[AGENDA ITEM 6b]**B) ADULTS ACCESSING DENTAL CARE****2016 Goal**

- By December 31, 2016 the number of adults accessing dental care will increase by 335 over baseline

Baseline: In 2013, the number of adults with disabilities continuously enrolled in Medicaid coverage during the measurement year accessing annual dental visits was 21,393.

RESULTS:

The 2016 goal was **met**.

| Time period | Number of adults with disabilities who had annual dental visit | Change from previous year | Change from baseline |
|-------------------------|--|---------------------------|----------------------|
| January – December 2013 | 21,393 | Baseline Year | Baseline Year |
| January – December 2014 | 52,139 | 30,746 | 30,746 |
| January – December 2015 | 55,471 | 3,332 | 34,078 |
| January – December 2016 | 51,410 | <4,061> | 30,017 |

ANALYSIS OF DATA:

During calendar year 2016 the number of adults with disabilities who had an annual dental visit was 51,410. This was an increase of 30,017 over baseline. The 2016 annual goal to increase by 355 was met. The number of adults accessing dental care increased steadily between the 2013 baseline period and the 2015 reporting period. The number decreased from 55,481 in 2015 to 51,410 in 2016, a difference of 4,071. It's important to note that the December 31, 2018 overall goal to increase by 1,055 has already been reached.

COMMENT ON PERFORMANCE:

2014 changes in state law regarding Medicaid eligibility resulted in a large increase in overall Medicaid enrollment as compared to the 2013 baseline.

DHS plans to recommend an additional health care measure during the Olmstead Plan amendment process.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it will be reported 8 months after the end of the reporting period.

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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.

A) STABLE HOUSING**2017 Goal**

- By June 30, 2017, the percent of people who are housed five months after discharge from the hospital will increase to 83%.

Baseline: From July 2014 – June 2015, 81.9% of people discharged from the hospital due to a crisis were housed five months after the date of discharge compared to 80.9% in the previous year.

RESULTS:

This 2017 goal was **not met**.

| Time period | Discharged from hospital | Status five months after discharge from hospital | | | | | |
|-----------------------|--------------------------|--|------------|--------------------|---------------------------|----------|-------------------------------------|
| | | Housed | Not housed | Treatment facility | Not using public programs | Deceased | Unable to determine type of housing |
| July 2014 – June 2015 | 13,786 | 11,290 | 893 | 672 | 517 | 99 | 315 |
| | | 81.9% | 6.5% | 4.9% | 3.7% | 0.7% | 2.3% |
| July 2015 – June 2016 | 15,027 | 11,809 | 1,155 | 1,177 | 468 | 110 | 308 |
| | | 78.6% | 7.7% | 7.8% | 3.1% | 0.7% | 2.1% |

- “**Housed**” is defined as a setting in the community where DHS pays for services including ICFs/DD, Single Family homes, town homes, apartments, or mobile homes.
[NOTE: For this measure, settings were not considered as integrated or segregated.]
- “**Not housed**” is defined as homeless, correction facilities, halfway house or shelter.
- “**Treatment facility**” is defined as institutions, hospitals, mental and chemical health treatment facilities, except for ICFs/DD.

ANALYSIS OF DATA:

From July 2015 – 2016, of the 15,027 individuals hospitalized due to a crisis, 11,809 (78.6%) were housed within five months of discharge. This was a 3.3% decrease from the previous year. In the same time period there was a 2.9% increase of individuals in a treatment facility within five months of discharge. The 2017 goal to increase to 83% was not met.

COMMENT ON PERFORMANCE:

There has been an overall increase in the number of individuals receiving services. In June 2016, the number of people receiving services in a treatment facility was nearly double the amount of people receiving treatment in a treatment facility at baseline. This indicates more people are receiving a higher level of care after discharge. This includes Intensive Residential Treatment Services (IRTS) and chemical dependency treatment programs that focus on rehabilitation and the maintenance of skills needed to live in a more independent setting.

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Additionally, a contributing factor to missing the goal may be the tight housing market. When there is a tight housing market, access to housing is reduced and landlords are more unwilling to rent to individuals with limited rental history or other similar issues. DHS is expanding the number of grantees for the Housing with Supports for Adults with Serious Mental Illness grants. These grants support people living with a serious mental illness and residing in a segregated setting, experiencing homelessness or at risk of homelessness, to find and maintain permanent supportive housing. The first round of grants began in June of 2016, with additional rounds occurring every six months. DHS expects to see the impact of this work in later data.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported 16 months after the end of the reporting period.

B) COMMUNITY SERVICES**2017 Goal**

- By June 30, 2017, the percent of people who receive appropriate community services within 30-days from a hospital discharge will increase to 90%.

Baseline: From July 2014 – June 2015, 89.2% people received follow-up services within 30-days after discharge from the hospital compared to 88.6% in the previous year.

RESULTS:

This 2017 goal was **met**.

| Time period | # of people who went to a hospital due to crisis and were discharged | # and percentage of individuals who received community services within 30-days after discharge | |
|-----------------------|--|--|-------|
| July 2014 – June 2015 | 13,786 | 12,298 | 89.2% |
| July 2015 – June 2016 | 15,027 | 14,153 | 94.2% |

ANALYSIS OF DATA:

From July 2015 – 2016, of the 15,027 individuals hospitalized due to a crisis, 14,153 (94.2%) received community services within 30 days after discharge. This was a 5% increase over the previous year. The 2017 goal to increase to 90% was met.

COMMENT ON PERFORMANCE:

Follow-up services include mental health services, home and community-based waiver services, home care, physician services, pharmacy, and chemical dependency treatment.

Mental health services that are accessible in local communities allow people to pursue recovery while remaining integrated in their community. People receiving timely access to services at the right time, throughout the state, help people remain in the community. Strengthening resources and services across the continuum of care, from early intervention to inpatient and residential treatment, are key for people getting the right supports when they need them. Community

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rehabilitation supports like Adult Rehabilitative Mental Health Services (ARMHS), Assertive Community Treatment (ACT), and Adult Day Treatment provide varying intensity of supports within the community. Intensive Residential Rehabilitative Treatment Services (IRTS) and Residential Crisis services can be used as a stepdown or diversion from in-patient, hospital services. DHS continues to fund grants and initiatives aimed at providing community-based mental health services throughout the state and across the care continuum.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported 16 months after the end of the reporting period.

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Proposed Baseline for Review

Transportation Goal Three provides that by April 30, 2017, a baseline be established that relates to access to expanded transit coverage in 90% of the public transportation service areas in Minnesota. Data was sought from MnDOT and the Met Council to attempt to set a baseline that would cover both Greater Minnesota and the metropolitan area.

MnDOT data was available for inclusion in the August 2017 Quarterly Report, however the Met Council data was not. After consulting with the Olmstead Implementation Office (OIO) Met Council staff determined that the existing measurable goal does not adequately apply to transportation issues in the metropolitan area. The Met Council will be proposing a new goal related to transportation in the metropolitan area in the Olmstead Plan amendment process.

The proposed baseline below uses MnDOT data to establish a baseline for access to transportation in Greater Minnesota. This proposal is being presented to the Subcabinet for review at the November 27, 2017 meeting. If approved, the baseline will be incorporated into the November 2017 Quarterly Report.

TRANSPORTATION GOAL THREE: By December 31, 2025, expand transit coverage so that 90% of the public transportation service areas in Minnesota will meet minimum service guidelines for access.

Transit access is measured against industry recognized standards for the minimal level of transit availability needed by population size. Availability is tracked as span of service, which is the number of hours during the day when transit service is available in a particular area. The measure is based on industry recognized standards and is incorporated into both the Metropolitan Council Transportation Policy Plan and the MnDOT "Greater Minnesota Transit Investment Plan."¹¹

Baseline: A baseline for access will be established by April 30, 2017.

RESULTS:

The 2017 goal to establish a baseline was **met**. **[PENDING APPROVAL]**

PROPOSED BASELINE:

In December 2016, public transportation in Greater Minnesota was meeting minimum service guidelines for access 47% on weekdays, 12% on Saturdays and 3% on Sundays.

| Public transportation meeting minimum service guidelines for access | |
|---|-----|
| Weekday | 47% |
| Saturday | 12% |
| Sunday | 3% |

ADDITIONAL INFORMATION

Minimum service guidelines for Greater Minnesota are established based on service population (see table below). In Greater Minnesota the larger communities are attaining the weekday span of service. Smaller communities (less than 7,500) are not yet meeting the weekday level of access in all instances. Very few transit systems in Greater Minnesota operate Saturday or Sunday Service. This is mainly due to limited demand for service.

¹¹ Greater Minnesota Transit Investment Plan is available at www.dot.state.mn.us/transitinvestment.

[AGENDA ITEM 6b]**Minimum Service Guidelines for Greater Minnesota¹²**

| Service Population | Number of Hours in Day that Service is Available | | |
|-----------------------|--|----------|--------|
| | Weekday | Saturday | Sunday |
| Cities over 50,000 | 20 | 12 | 9 |
| Cities 49,999 – 7,000 | 12 | 9 | 9 |
| Cities 6,999 – 2,500 | 9 | 9 | N/A |
| County Seat Town | 8 (3 days per week)* | N/A | N/A |

*As systems performance standards warrant

COMMENT ON PERFORMANCE:

Each year in January the transit systems will be analyzed for the level of service they have implemented. Transit systems do include unmet needs in their applications, but the actual service implemented can vary based on a host of factors including; lack of drivers and limited local funding share. The performance should increase as the span of service is established as the priority service expansion for transit systems to consider.

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.

¹² Source: MnDOT Greater Minnesota Transit Investment Plan, 2017

VI. COMPLIANCE REPORT ON WORKPLANS AND MID-YEAR REVIEWS

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

WORKPLAN ACTIVITIES

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

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 |
| August 2017 | 26 | 22 | 1 | 3 | 0 |
| September 2017 | 18 | 16 | 2 | 0 | 0 |
| October 2017 | 29 | 28 | 8 | 0 | 0 |

[AGENDA ITEM 6b]**MID-YEAR REVIEW OF MEASURABLE GOALS REPORTED ON ANNUALLY**

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

OIO Compliance staff regularly monitors agency progress under the workplans and uses that review as an opportunity to identify any concerns related to progress on the measurable goals. OIO Compliance staff report on any concerns identified through the reviews to the Subcabinet. The Subcabinet approves any corrective action as needed. If a measurable goal is reflecting insufficient progress, the quarterly report identifies the concerns and how the agency intends to rectify the issues. This process has evolved and mid-year reviews are utilized when necessary, but the current review process is a more efficient mechanism for OIO Compliance staff to monitor ongoing progress under the measurable goals.

VII. ADDENDUM

CRISIS SERVICES GOALS ONE AND TWO

Data Discrepancies

In a recent data maturity and validation review for Crisis Services Goals One and Two, DHS learned that several crisis providers were not reporting data in a timely fashion to meet the 3 month data validation window. Approximately 10% of the data was being received after the due date.

After conferring with the Olmstead Implementation Office, DHS reran the data for January - December 2016 to get a more accurate count of episodes and provided the updated numbers below. Included below is the data reported in the May 2017 Quarterly Report (three months after the reporting period) and the updated data (six months after the reporting period).

The data for January –June 2017 data will be reported in the February 2018 Quarterly Report. DHS is working with providers so that reports are submitted on time in the future.

Crisis Services One – Percent of children who receive children's mental health crisis services and remain in their community

Previously reported in May 2017 (Data as of 3 months after reporting period)

- The 2016 annual goal of increase to 81% was met based on 6 months data.
- The goal is **on track** to meet the 2017 goal of 83%.

| Time period | Total Episodes | Community | Treatment | Other |
|----------------------|----------------|---------------|-------------|-----------|
| January – June 2016 | 1,302 | 1,085 (83.3%) | 172 (13.2%) | 45 (3.5%) |
| | | | | |
| July – December 2016 | 998 | 825 (82.7%) | 119 (11.9%) | 54 (5.4%) |

Updated Reporting (Data as of 6 months after the reporting period)

- The 2016 annual goal of increase to 81% was met based on 6 months data.
- The goal is **on track** to meet the 2017 goal of 83%.

| Time period | Total Episodes | Community | Treatment | Other |
|----------------------|----------------|---------------|-------------|-----------|
| January – June 2016 | 1,318 | 1,100 (83.5%) | 172 (13.0%) | 46 (3.5%) |
| | | | | |
| July - December 2016 | 1,128 | 922 (81.7%) | 142 (12.6%) | 64 (5.7%) |

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

[AGENDA ITEM 6b]**Crisis Services Two – Percent of adults who receive adult mental health crisis services and remain in their community****Previously reported in May 2017 (Data as of 3 months after reporting period)**

- The 2016 annual goal of increase to 84% was not met based on 6 months data.
- The goal is **on track** to meet the 2017 goal of 60%.

| Time period | Total Episodes | Community | Treatment | Other |
|----------------------|----------------|---------------|---------------|-------------|
| January – June 2016 | 5,206 | 3,008 (57.8%) | 1,463 (28.1%) | 735 (14.1%) |
| July – December 2016 | 4,859 | 2,661 (55%) | 1,497 (31%) | 701 (14%) |

Updated Reporting (Data as of 6 months after the reporting period)

- The 2016 annual goal of increase to 84% was not met based on 6 months data.
- The goal is **on track** to meet the 2017 goal of 60%.

| Time period | Total Episodes | Community | Treatment | Other |
|----------------------|----------------|---------------|---------------|-------------|
| January – June 2016 | 5,436 | 3,136 (57.7%) | 1,492 (27.4%) | 808 (14.9%) |
| July - December 2016 | 5,554 | 3,006 (55.2%) | 1,657 (29.8%) | 831 (15.0%) |

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

ENDNOTES

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

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

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

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

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

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

^{vii} 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.

Olmstead Subcabinet Meeting Agenda Item

November 27, 2017

Agenda Item:

*6 (c) Proposed Olmstead Plan Workplans
Communications 2A.2 – Workplans on Public input process*

Presenter:

Darlene Zangara (OIO)

Action Needed:

- ☒ **Approval Needed**
- ☐ **Informational Item (no action needed)**

Summary of Item:

Attached is an overview of the Olmstead Plan Amendment Public Input Plan. Also attached is the workplan for Communications Activity 2A.2 that required the OIO to develop an implementation workplan for soliciting and utilizing public comment on Olmstead Plan implementation and submit to the Subcabinet by November 30, 2017. The draft workplan activities are 2 A.3 – 2A.9.

The workplan needs to be reviewed for approval by the Subcabinet.

Attachment(s):

Olmstead Plan Workplan – Communications– Activity 2A.2

Olmstead Plan Amendment Public Input Plan

Overview

In preparation for the annual amendment process of the Olmstead Plan, the Olmstead Implementation Office (OIO) has created the Public Input Plan for gathering and receiving input from people with disabilities, their families and the general public to ensure that feedback is utilized in the amendment process. Additionally, the Public Input Plan includes ways to report back to the public as a way to cultivate reciprocal, accessible, and inclusive communication between the Subcabinet, OIO, state agencies, people with disabilities, and the general public.

Summary of the Plan

Based in the recommendations of the Olmstead Community Engagement Workgroup, OIO has created a Public Input Plan for the Olmstead Plan Amendment Process. The Public Input Plan will include the following activities:

- Five listening sessions throughout the state
- Three focus groups with traditionally under-represented communities; the focus groups may be goal-specific dialogues with special interest groups (employment, housing, etc.) or general discussions regarding the Plan
- One video/phone conference call listening session to gather statewide feedback
- Two online input opportunities to gather focused feedback
- Ongoing public input through social media, email, phone, etc.

This public input process will include strategies for building a statewide communications platform, culturally competent outreach practices, and an accessible and inclusive meeting planning checklist, to reach the widest and most diverse audience possible to provide feedback on Olmstead Plan amendments.

The two periods for public input will be from December 20, 2017-January 31, 2018 and February 27-March 11, 2018. The first period will encompass both general comments and amendment-specific comments. This first period will include five listening sessions, focus groups, online input form, phone and email input. The second period will pertain to amendment-specific comments only during the video/phone conference call listening session; online input form, phone and email input.

OIO will collaborate with all Subcabinet agencies to compile and address public comments on Plan amendments, and to implement a strategy for reporting back to the public about main themes of public comments and how the comments influenced plan amendments.

Next Steps

OIO will roll out a series of communications, including tool kits and information for Subcabinet agencies and the general public. OIO will work collaboratively with Subcabinet agencies to identify ways in which agencies and the OIO can collaborate to receive public comments and close the feedback loop.

DRAFT

[AGENDA ITEM 6c]

Strategy 2: Strengthen two-way, reciprocal, and responsive communication among the Subcabinet, OIO, state agencies, people with disabilities, and the general public.

| 2 | Key Activity | Expected Outcome | Deadline | Other Agency(s) or Partners |
|-----|--|--|--|-----------------------------|
| A.2 | OIO will develop an implementation workplan for soliciting and utilizing public comment on Olmstead Plan implementation and submit to the Subcabinet. | Workplan will be submitted to the Subcabinet for approval. | Submit to Subcabinet by November 30, 2017 | OIO |

The proposed workplan for soliciting and utilizing public comment on Olmstead Plan implementation is included below.

| 2 | Key Activity | Expected Outcome | Deadline | Other Agency(s) or Partners |
|------|---|--|--|-----------------------------|
| A.3a | OIO, in consultation with Subcabinet agencies, will develop a public input process for use during the Plan amendment process. | The Subcabinet agencies will understand the process to be used in gathering public input on the Plan amendments. | Develop plan by December 4, 2017 | OIO, Agencies |
| A.3b | Identify key messages to be used throughout the public input process. The messages will include: an overview of the Olmstead Plan; the Plan amendment process; and opportunities for input. | Communications will have a clear, consistent message regarding the purpose of the public input and the ways the input will be gathered and considered. | Identify message by December 4, 2017 | OIO |
| A.3c | OIO will identify targeted groups and use strategic communications tools (social media, E-news, website, etc.) to invite written public input from people with disabilities and the general public. | Statewide awareness of the public input process and how to participate will grow through online tools and platforms. | Identify targeted groups and begin outreach by December 4, 2017 | OIO |
| A.4a | OIO will identify and implement specific strategies to reach people with disabilities and family members in under-represented communities. | People with disabilities and family members from under-represented communities (such as communities of color, LGBTQ communities, religious minorities, immigrants and refugees, etc.) will have opportunities to provide input into the Olmstead Plan amendment process. | Identify strategies by December 15, 2017 | OIO |
| A.4b | OIO will establish a process to analyze the comments received and make them available to the Subcabinet agencies and the public. | Comments will be made available to Subcabinet agencies and the public. | Establish process by December 15, 2017 | OIO |

| 2 | Key Activity | Expected Outcome | Deadline | Other Agency(s) or Partners |
|------|--|--|---|-----------------------------|
| A.4c | OIO will submit weekly summaries of public input to Subcabinet agencies. | Comments will be sent to the Subcabinet agencies and OIO Compliance. | Weekly beginning December 27, 2017 | OIO |
| A.4d | OIO will adopt an accessibility and inclusion checklist for planning meetings with the public. The checklist will adhere to the ADA and applicable regulations. | Checklist will include: both community engagement workgroup framework for public input/community engagement plan and accessibility according to ADA regulations. | Adopt checklist by December 15, 2017 | OIO |
| A.5a | OIO will post an online form to gather feedback on the first draft of Olmstead Plan amendments. | People with disabilities will have multiple opportunities to participate in the public input process for amending and extending the Olmstead Plan. | Online form posted by December 20, 2017 thru January 31, 2018 | OIO |
| A.5b | OIO will post an online form to gather feedback on the second draft of Olmstead Plan amendments. | People with disabilities will have multiple opportunities to participate in the public input process for amending and extending the Olmstead Plan. | Online form posted by February 27, 2018 thru March 13, 2018 | OIO |
| A.6 | OIO will facilitate as many as five listening sessions in various regions of the state to gather public input on Olmstead Plan amendments. The listening sessions will be either in person or video. | Communities throughout the state will have the opportunity to provide input into the Olmstead Plan amendments. | Complete listening sessions by January 31, 2018 | OIO |
| A.7 | OIO will conduct one videoconference or conference call to engage people with disabilities and stakeholders from various regions of the state for the second round of public input. | People with disabilities will have multiple opportunities to participate in the public input process for amending and extending the Olmstead Plan. | Complete videoconference/conference call by March 2, 2018 | OIO |
| A.8 | OIO will conduct three focus groups with people with disabilities and family members from one or more racially and ethnically diverse communities. | OIO will identify and implement specific strategies for conducting culturally competent outreach with under-represented communities. | Complete focus groups by March 11, 2018 | OIO |

| 2 | Key Activity | Expected Outcome | Deadline | Other Agency(s) or Partners |
|-----|--|--|--|-----------------------------|
| A.9 | <p>OIO will report to the Subcabinet on the engagement opportunities held throughout the state for people with disabilities and the general public to provide input into Olmstead Plan amendments. The report will include:</p> <ul style="list-style-type: none"> • Summary of activities • Number of individuals participating • Analysis of responses including themes • Demographic data collected for participants in public input process • Appendix including public comments • Recommendations for improvement | <p>The Subcabinet will understand the types of engagement activities held and the number participating to gather public input on the Plan amendment process.</p> | <p>Report to Subcabinet by April 30, 2018</p> | <p>OIO</p> |

DRAFT

Olmstead Subcabinet Meeting Agenda Item

November 27, 2017

Agenda Item:

6 (d) Workplan Compliance Report for November

Presenter:

Mike Tessneer (OIO Compliance) and Darlene Zangara (OIO)

Action Needed:

- ☒ **Approval Needed**
- ☐ **Informational Item (no action needed)**

Summary of Item:

This is a report from OIO Compliance on the monthly review of workplan activities. There is one exception to report this month.

For the first time, this Workplan Compliance Report includes the list of activities with deadlines in October that were reviewed by OIO Compliance and verified as completed.

Attachment(s):

Workplan Compliance Report for November 2017

Workplan Compliance Report for November 2017

| | | |
|---|----|-----|
| Total number of workplan activities reviewed (see attached) | 15 | |
| • Number of activities completed | 14 | 93% |
| • Number of activities on track | 0 | 0% |
| • Number of activities reporting exception | 1 | 7% |

Exception Reporting

| Workplan Activity, Deadline and Agency |
|--|
| <p>Community Engagement 5D.1 Community Engagement Workgroup will review and revise the Community Engagement Plan and present the Plan in a report to the Subcabinet.</p> <p>Deadline: November 30, 2017</p> <p>Agency: OIO</p> |
| Status Reported and Reason for Exception |
| <p>This activity is not complete.</p> <p>Over several months, the Olmstead Community Engagement Workgroup engaged in brainstorm activities, critical conversations, reviewed strategic community engagement plans and designed a framework for an updated Olmstead Community Engagement Plan. The framework includes expected outcomes and key strategies.</p> <p>OIO believes that the Community Engagement Plan will be most effective if developed in close consultation with state agencies. OIO needs more time to consult with Subcabinet agencies.</p> |
| Plan to Remedy, Action Needed and New Deadline |
| <ul style="list-style-type: none"> OIO recommends the Olmstead Subcabinet to adopt the outcomes on the next page as the basis for the revised Olmstead Community Engagement Plan. Once adopted, OIO will work with the Subcabinet agencies to identify best practices, barriers to engagement, and provide input on how to measure the effectiveness of engagement across all agencies. OIO staff will develop a revised Olmstead Community Engagement Plan, with measurable and actionable strategies for advancing equitable engagement between state agencies and people with disabilities. OIO proposes to amend activity CE 5D.1 to OIO will develop a workplan to create a new Community Engagement Plan and report to the Subcabinet by December 31, 2017. |

Olmstead Community Engagement Outcomes

Below is a framework for the Olmstead Community Engagement Outcomes, which places people with disabilities at the center of any engagement activity, and describes the key results that the state agencies should work to achieve when conducting engagement with disability communities. Key strategies are described for each of the five community engagement outcomes, laying out a framework for the revised Olmstead Community Engagement Plan.

| Outcomes | Key Strategies |
|--|---|
| Humanity, Dignity and Empowerment | <p><i>“We are the experts on our own lives.”</i></p> <ul style="list-style-type: none"> • Shift systemic attitudes, biases, and assumptions about people with disabilities. • Change the low expectations of the potential of people with disabilities. • Take the time to listen and understand our voices, experiences, abilities and ideas. |
| Person-Centered Listening and Learning | <p><i>“Listen to each individual person and what they dream and hope for their life and community.”</i></p> <ul style="list-style-type: none"> • Take the time to listen, have tough conversations, build relationships, make connections, and learn about and understand the culture and identity of each person. • The input and ideas of diverse people with disabilities must be heard, valued, and used to shape decisions. |
| Diversity, Accessibility and Equity | <p><i>“Be intentional and proactive about bringing under-represented communities at the decision-making table and taking down barriers to engagement and participation.”</i></p> <ul style="list-style-type: none"> • Make engagement accessible and equitable (location, accommodation, transportation, interpretation, cultural competency, remote access, etc.), establish standards for accessibility in meetings and events. |
| Transparency and Accountability | <p><i>“Be clear about how decisions are made, how our feedback informed those decisions, and who is accountable for implementing those decisions.”</i></p> <ul style="list-style-type: none"> • Be transparent about who is accountable for implementing and evaluating the Olmstead Plan; engage people with disabilities in evaluation efforts. • Work to close the “feedback loop” in a timely and meaningful way at all levels, from an individual complaint to a large-scale engagement effort. |
| Active Leadership and Inclusion | <p><i>“People with disabilities must be involved in decision-making that directly affects our lives.”</i></p> <ul style="list-style-type: none"> • Involve people with disabilities throughout the whole process. • Make sure that decision-making tables are inclusive and accessible for diverse people with disabilities to participate. • Cultivate leaders with disabilities at every level of government. |

Workplan Activities Reviewed in November 2017

| Activity | Key Activity | Expected Outcome | Deadline | Agency | Status |
|----------|--|---|---|----------------|--|
| CE 5D.1 | Community Engagement workgroup will review and revise the Community Engagement Plan and present the Plan in a report to the Subcabinet . | Strengthen the community engagement between members of the disability communities and the OIO and state agencies on matters impacting the implementation of the Olmstead Plan. | Report to Subcabinet by November 30, 2017 | OIO | Exception Plan to remedy included above |
| CM 2A.2 | OIO will develop an implementation workplan for soliciting and utilizing public comment on Olmstead Plan implementation and submit to the Subcabinet . | Workplan will be submitted to the Subcabinet for approval. | Submit to Subcabinet by November 30, 2017 | OIO | Report included in November 2017 Subcabinet packet |
| CM 2D.2 | Maintain a monthly calendar to monitor and implement communication activities. | Audiences will be engaged in the Olmstead Plan implementation through communications. | Begin by August 31, 2017 and monthly thereafter | OIO | Verified as complete for October 2017 occurrence |
| CR 2G | Conduct quarterly reviews of crisis providers to identify problems in response times. Provide technical assistance to children and adult mental health crisis providers in the areas of intake screening, triage and dispatch system in order to improve response time. | Improve response times for children and adult mental health crisis providers. Quick response time increases the likelihood the crisis response can reach the following goals: (1) promote the safety and emotional stability; (2) minimize further deterioration of people in crises; (3) help people obtain ongoing care and treatment; and (4) prevent placement in settings that are more intensive, costly, or restrictive. | Conduct reviews beginning October 1, 2017 and semi-annually thereafter | DHS | Verified as beginning by October 1, 2017 |
| DT 1A.4 | Create the necessary interim data systems to address the identified gaps in existing data systems in the following Topic Areas: Education and Lifelong Learning | Existing data systems lack the necessary focus on measures critical to determining progress on Plan implementation. Modifying current data systems or creating new data systems is necessary as an interim step to measure progress until a more comprehensive process can be achieved. | Education and Lifelong Learning by October 31, 2017 | MDE | Verified as complete |
| DT 2B.3 | Develop a single consent form to authorize the release of private data for individuals seeking competitive integrated employment | Individuals with disabilities will be able to authorize release of their private data for the purpose of securing competitive integrated employment across the various agencies. | Develop single consent form by October 31, 2017 | MDE, DEED, DHS | Verified as complete |

| Activity | Key Activity | Expected Outcome | Deadline | Agency | Status |
|----------|--|--|--|-----------------------|--|
| ED 6B | MDE will provide professional development to each AT Project school district, with a specific curriculum delivered to Years 1, 2 and 3 participants. There will be a minimum of quarterly activities each school year. | Participating school districts will increase skills and knowledge in the provision of assistive technology services to students with IEP, with a specific focus on consideration of AT during the IEP team meeting. | Begin professional development activities by October 31, 2017 and annually thereafter | MDE | Verified as beginning by October 31, 2017 |
| ED 6C.1 | MDE will develop and use an AT consideration framework for schools to use during the 2017-2018 school year. Annually report on the use of the framework. | Participating school districts will have an AT consideration framework to monitor efforts. The AT consideration framework for Year 1 school districts will include specifications for: (1) identification of student needs; (2) discussion of the student's environment; (3) identification of relevant student tasks; and (4) discussion of appropriate tools. | Develop and use framework by October 31, 2017 and annually thereafter | MDE, school districts | Verified as complete for October 2017 occurrence |
| EM 3A.2 | If approved by the 2017 legislative session, submit to Center for Medicaid Services (CMS) proposed changes to federal Medicaid waiver plan to include revised employment service definitions. Waiver amendment process includes public comment period. | By realigning employment-related policies and funding priorities across DHS, DEED and MDE, it will be possible to meet the expectations of individuals with disabilities who choose competitive, integrated employment. People who choose competitive, integrated employment will have access to it. | Submit waiver amendments to CMS by October 1, 2017 | DHS | Verified as complete |
| EM 4B.2 | Use the Substantial Gainful Activity (SGA) project to assess the impact of rapid engagement in competitive, integrated employment, and financial and benefit planning on employment outcomes. Report to the Subcabinet on the impact of SGA project. | Individual Placement and Supports (IPS) Employment has proven to increase employment for people with disabilities. Examining other evidence-based practices such as rapid engagement and financial and benefits planning will assist individuals with disabilities in achieving their employment goals. Using these best practices will lead to an increase in integrated, competitive employment for individuals with disabilities. | Report to Subcabinet by November 30, 2017 | DHS, DEED, MDE | Report included in November 2017 Subcabinet packet |

| Activity | Key Activity | Expected Outcome | Deadline | Agency | Status |
|----------|--|---|---|--------------------------|---|
| HS 4A.5 | Develop an interactive map on HB101 for people experiencing homelessness to be able to contact coordinated entry, and/or referral to shelter in their area. | People with disabilities will be able to make informed choices when they understand what options are available to them. These activities will give people with disabilities multiple ways to access information regarding affordable housing options. | Post maps on HB101 by October 31, 2017 | MHFA, DHS | Verified as complete |
| PR1 2G.4 | The Specialty Committee will <ul style="list-style-type: none"> Gather input and feedback from people with disabilities and their families, on the topic of abuse and to identify disincentives and barriers to reporting abuse and neglect and plans to remediate. Conduct surveys of other states to find best practices in involving people with disabilities. Identify risk factors and associated protective strategies. | The Specialty Committee will reach out to groups that are either not represented or underrepresented on the Specialty Committee at listening sessions throughout Greater Minnesota. Reviewing best practices and input from the public will inform the development of the abuse/neglect prevention plan. | Review input and best practices by October 31, 2017 | OIO, Specialty Committee | Verified as complete |
| PR4 1B | Train program staff on database entry requirements to ensure all necessary information for specified goal is collected and stored in system. | Increase integrity and accuracy of data. | Begin training by October 1, 2017 and annually thereafter | MDE | Verified as beginning by October 1, 2017 |
| QL A.3 | Provide a monthly report to the Subcabinet on the progress of survey implementation. | The Subcabinet will be apprised of action steps, benchmarks and deliverables of the Quality of Life Survey. | Report to Subcabinet by June 30, 2017 and monthly thereafter | OIO | Verified as complete Included in November 2017 Quarterly Report |
| TR 3E | On a quarterly basis, MnDOT and the Met Council will dedicate time on their agenda to discuss progress on transportation goals and workplan development. | MnDOT and Met Council will review progress of Olmstead transportation goals and workplans on a quarterly basis. | Add Olmstead goals to Met Council meeting agendas by June 30, 2017 and quarterly thereafter | MnDOT, Met Council | Verified as complete for September 2017 occurrence |

Olmstead Subcabinet Meeting Agenda Item

November 27, 2017

Agenda Item:

(7) Informational Items and Reports

(a) Follow up from previous meetings

(1) Olmstead Plan Amendment Process Timeline

Presenter:

Mike Tessneer (OIO)

Action Needed:

☐ Approval Needed

☒ Informational Item (no action needed)

Summary of Item:

This report includes the Plan amendment process that was provided at the October 23, 2017 meeting. The specific dates are now included in the timelines and has been shared with the agency sponsors and leads. This is informational only.

Attachment(s):

7a- Follow up from previous Subcabinet meetings

1) Olmstead Plan Amendment Process Timeline

[AGENDA ITEM 7a1]**Process to Amend the Olmstead Plan**

The Minnesota Olmstead Plan contains a provision for reviewing and updating the Plan annually. The 40 measurable goals in the February 2017 Plan are the product of extensive work between the state agencies, the consultants, the Court, and also incorporates input from the public. Once adopted by the Subcabinet, the measurable goals were submitted to the Court. The Olmstead Subcabinet is committed to ensuring that the ongoing work under the existing measurable goals continues in order to move towards a future where people with disabilities experience lives of inclusion and integration in the community.

Beginning in October, the Subcabinet agencies will conduct reviews of the 40 measurable goals to determine if there is justification to propose amendments. Proposed amendments must be for good cause, which means modifying the Plan to address obstacles that hinder progress or modifying the Plan with new ways to increase progress.

The Olmstead Plan lays out the parameters to be used in amending the measurable goals:

Excerpt from “Updating and Extending the Olmstead Plan” (page 108)

“As the subcabinet agencies work to accomplish the improvements described in the measurable goals, much will be learned regarding what practices are having a positive impact on the quality of life for people with disabilities. As improvements are made in the ability to gather and use better data, there will likely be opportunities to adjust the goals to accomplish improvements more quickly or in a better way. In addition to its on-going oversight of workplans, the Subcabinet and State agencies will undertake an annual review process to evaluate whether the measurable goals should be amended for future years. The Subcabinet will seek public comment regarding the existing measurable goals. Based on that feedback and the experience of the agencies over the preceding year, State agencies will develop a set of proposed amendments to the measurable goals and present them to the Subcabinet for review and approval. Any amendments that are provisionally approved by the Subcabinet will be posted for review by the public and the Court, and will allow for a specific public comment period of at least 30 days. Following the comment period, the Subcabinet will consider whether any changes to the proposed amendments are warranted as a result of the public comments. Any subsequent changes to the proposed amendments will be posted for a brief public review period prior to adoption of the amendments to the Plan by the Subcabinet.”

The process to accomplish updating and extending of the Olmstead Plan will use the following criteria:

- The amendment process will focus on quantifiable measures of the 40 goals and associated strategies in the February 2017 Olmstead Plan.
- People with disabilities, families, and the public will have multiple opportunities to comment throughout the amendment process.
- Amendments will be for good cause and informed by public comments and lessons learned during the implementation of the Plan. Proposed amendments to the goals and/or strategies will improve progress.

[AGENDA ITEM 7a1]**Timeline for Amending the Plan**

| DATE | TASK |
|--------------------------|--|
| October 23 | Subcabinet approves the proposed amendment process. |
| November 30 | Agencies submit to OIO potential amendments to the Plan |
| December 1 - 11 | OIO prepares: <ul style="list-style-type: none"> • Annual Report (including a summary of potential amendments); and • First draft of proposed amendments to the Plan. |
| December 11 | OIO sends to the Subcabinet: <ul style="list-style-type: none"> • Annual Report (including a summary of potential amendments); • First draft of proposed amendments to the Plan. |
| December 18 | Subcabinet approves the Annual Report and approves releasing proposed amendments to the Plan for public comment. |
| December 20 – January 31 | Public comment period to solicit feedback on proposed amendments. OIO sends comments to agencies weekly. |
| December 27 | DHS submits Annual Report to the Court |
| February 2 | Agencies submit to OIO: <ul style="list-style-type: none"> • Any revisions to the proposed amendments to the Plan; and • A summary of how public comments were taken into consideration. |
| February 16 | OIO sends to the Subcabinet: <ul style="list-style-type: none"> • Revised proposed amendments to the Plan; • Summary of public comments and how they were taken into consideration in the proposed amendments to the Plan. |
| February 26 | Subcabinet approves proposed amendments to the Plan. |
| February 27 – March 13 | Public comment period to solicit final feedback on proposed amendments. OIO sends comments to agencies weekly. |
| March 13 | OIO sends final public comments to agencies for consideration. |
| March 14 | Agencies send final draft of proposed amendments to OIO. |
| March 19 | OIO sends Final draft of the amended Plan to the Subcabinet. |
| March 26 | Subcabinet approves the amendments to the Plan. |
| March 30 | DHS submits amended Plan to the Court. |

Olmstead Subcabinet Meeting Agenda Item

November 27, 2017

Agenda Item:

- (7) Informational Items and reports*
 - (a) Follow up from previous meetings*
 - (2) Questions from October 23, 2017 Subcabinet meeting*

Presenter:

Tom Delaney (MDE) and Erin Sullivan Sutton (DHS)

Action Needed:

- ☐ Approval Needed
- ☒ Informational Item (no action needed)

Summary of Item:

This report includes responses to two questions raised at the October Subcabinet Meeting regarding Person-Centered Planning workplan activities. This is informational only.

Attachment(s):

7a- Follow up from previous Subcabinet meetings

- 2) Follow up to October Subcabinet Meeting – Person Centered Planning workplan activities 1B.8a and 1C.2b*

[AGENDA ITEM 7a2]**Follow-up from Previous Subcabinet Meetings**

Date of Subcabinet Meeting: October 23, 2017

Agenda Item: 6a – Olmstead Workplan Refresh - Follow-up was requested for two Person-Centered Workplan activities being reported as complete.

| 1- Question asked at meeting |
|---|
| <p>Colleen Wieck (GCDD) asked a question about workplan activity PC 1B.8a that was reported as complete. She asked how many people were in the pilot program for the last year and how many are anticipated to be in the upcoming year.</p> <ul style="list-style-type: none"> Person-Centered Planning workplan activity 1B.8a (Completed by June 30, 2017 Deadline) Pilot Minnesota State Interagency Committee (MNSIC) Interagency Coordination Model in two community areas during the 2016-2017 and 2018-2019 school year. This incorporates person-centered planning practices into the Individual Education Program (IEP) process. |
| Agency Response |
| <p>MDE reported that the first year of the Interagency Coordination model was piloted in West St Paul and Mankato during the 2016-2017 school year. The MNSIC team hosted two days of trainings with fifty (50) local interagency staff across the two pilot sites. Twenty-seven (27) students and their teams participated in the pilot. Initial evaluations are positive.</p> <p>The second year of the pilot during school year 2017-2018 will focus on strengthening the implementation of the model to fidelity, based on recommended changes from the first year. Fifty (50) staff members have been trained or updated either directly or through their coordinators. Thirty (30) students are expected to experience Interagency IEPs this year.</p> |
| 2 - Question asked at meeting |
| <p>Rowzat Shipchandler (MDHR) asked a question about workplan activity PC 1C.2b that was reported as complete. She asked which communities were met with during these community events.</p> <ul style="list-style-type: none"> Person-Centered Planning workplan activity 1C.2b (Completed by November 30, 2016 deadline) Design and conduct a series of events with people who use long-term services and supports and their families to better understand their experiences with services and their ideas about community integration and quality of life. These events will be designed to engage with culturally and racially diverse communities. |
| Agency Response |
| <p>DHS has provided a number of avenues for engaging people who use services and their families from a wide variety of backgrounds. Specific efforts have been made to engage people from diverse communities.</p> <p>Community outreach work with the new autism benefit has been the most focused on reaching diverse communities; specifically Hmong, Latino, Somali and other east African communities. These efforts include public meetings, focus groups, and engagement events with targeted populations, councils and surveys. Staff have also provided technical assistance and recruitment of culturally diverse providers to provide service. Additionally, the Multicultural Autism Action Network (MAAN) workgroup was created; a listening session with Somali elders was held; and the Virtual Insight Panel on the Disability HUB has been intentional about including members on the Panel with a wide variety of experiences, from various cultures.</p> |

Olmstead Subcabinet Meeting Agenda Item

November 27, 2017

Agenda Item:

- 7 (b) *Workplan activities requiring report to Subcabinet*
- 1) *Preventing Abuse/Neglect 2 2A—Quarterly report of citations issued - ICFs/IID (MDH)*
 - 2) *Preventing Abuse/Neglect 2 2B – Quarterly report of citations issued - SLFs (MDH)*
 - 3) *Employment 1A.7 – Focus groups on informed choice toolkit (DHS)*
 - 4) *Employment 4B.2 – Impact of Substantial Gainful Activity project (DEED)*

Presenter:

Reports 1, 2, and 3 were carried over from the October Subcabinet Meeting and will be presented to the Subcabinet.

Report 4 will be presented to the Subcabinet.

Action Needed:

- ☐ Approval Needed
- ☒ Informational Item (no action needed)

Summary of Item:

These reports to the Subcabinet provide an update on a workplan activity.

Attachment(s):

- 7b1 – 7b4 - Olmstead Plan Workplan - Report to Olmstead Subcabinet

OLMSTEAD PLAN WORKPLAN REPORT TO OLMSTEAD SUBCABINET

| | |
|------------------------------------|---|
| Topic Area | Preventing Abuse and Neglect |
| Strategy | Monitor and improve accountability of providers |
| Workplan Activity | 2A |
| Workplan Description | Report quarterly to the Subcabinet, the number of citations issued to Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID) that document failure to report abuse, neglect and other maltreatment. |
| Deadline | January 1, 2017 and quarterly thereafter |
| Agency Responsible | MDH |
| Date Reported to Subcabinet | October 23, 2017 |

OVERVIEW

This key activity requires MDH to report quarterly to the Olmstead Subcabinet the number of citations issued to Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID) that document **failure to report maltreatment** (this includes abuse, neglect and financial exploitation). This report was developed by counting citations that were issued to ICFs/IID during this reporting period as a result of failure to report maltreatment.

The Vulnerable Adults Act mandates providers to report maltreatment to the Common Entry Point (MAARC). Thus, this report reflects how often reportable maltreatment was found to *have not been* reported by ICF/IID providers to the Common Entry Point.

Citations may be issued due to a standard federal certification and/or state licensing survey, or they may be issued as a result of a complaint investigation. MDH conducts a survey to ensure compliance with the federal certification requirements for ICFs/IID annually, and conducts a licensing survey every other year (the federal and state survey are conducted at the same time during those years).

Complaint investigations occur based on allegations received either from the Common Entry Point (MAARC) or directly from providers as reportable maltreatment.

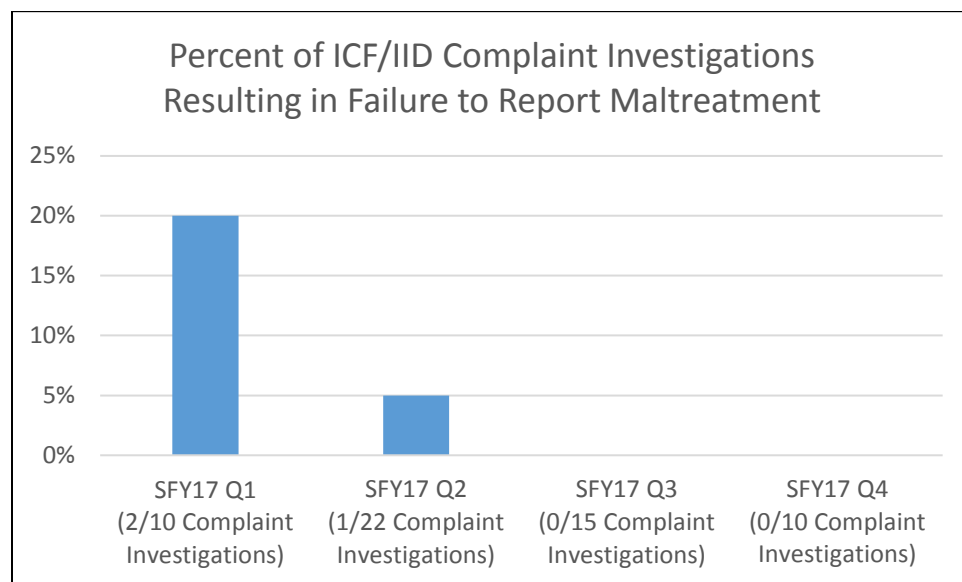
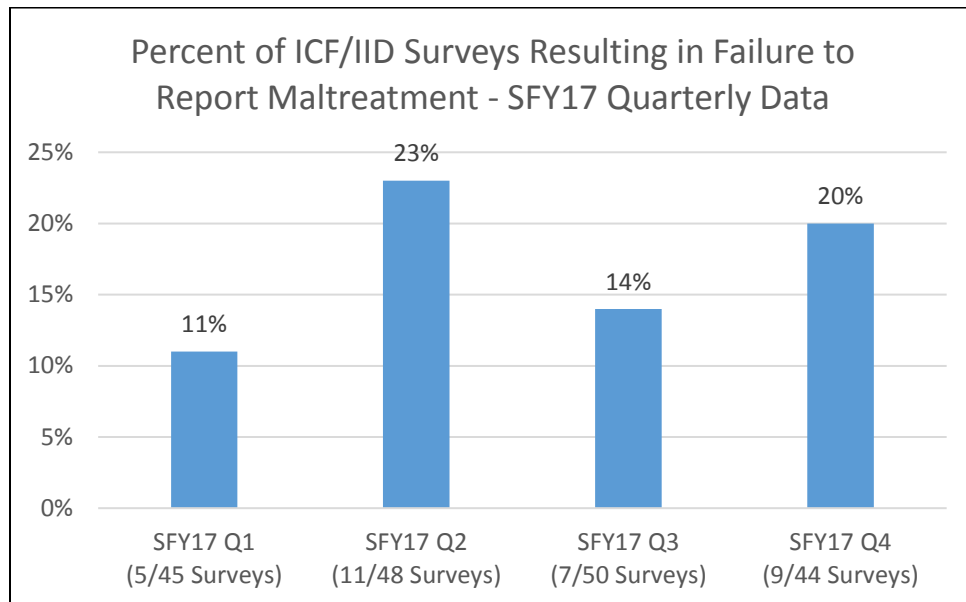
REPORT

During April 1 – June 30, 2017 (SFY17 Q4):

- MDH conducted 44 surveys and 10 complaint investigations for ICFs/IID. Of those, **MDH found failure to report maltreatment on 20% of the surveys** (9 of the 44 surveys conducted) **and on 0% of the complaint investigations** (none of the 10 complaints).
- MDH issued a citation to an ICF/IID that documents failure to report maltreatment **ten** times (any maltreatment, could be abuse, neglect or financial exploitation).
- The citations involved **nine** different ICF/IID providers.

[AGENDA ITEM 7b1]

| Time Period | Number of ICF/IID Surveys Conducted | Number of ICF/IID Complaint Investigations | Percent of ICF/IID Surveys Resulting in Failure to Report Maltreatment | Percent of ICF/IID Complaint Investigations Resulting in Failure to Report Maltreatment | Number of ICF/IID Providers Cited for Failure to Report Maltreatment |
|-----------------|-------------------------------------|--|--|---|--|
| SFY17 Q1 | 45 | 10 | 11% (5/45) | 20% (2/10) | 7 |
| SFY17 Q2 | 48 | 22 | 23% (11/48) | 5% (1/22) | 12 |
| SFY17 Q3 | 50 | 15 | 14% (7/50) | 0% (0/15) | 7 |
| SFY17 Q4 | 44 | 10 | 20% (9/44) | 0% (0/10) | 9 |

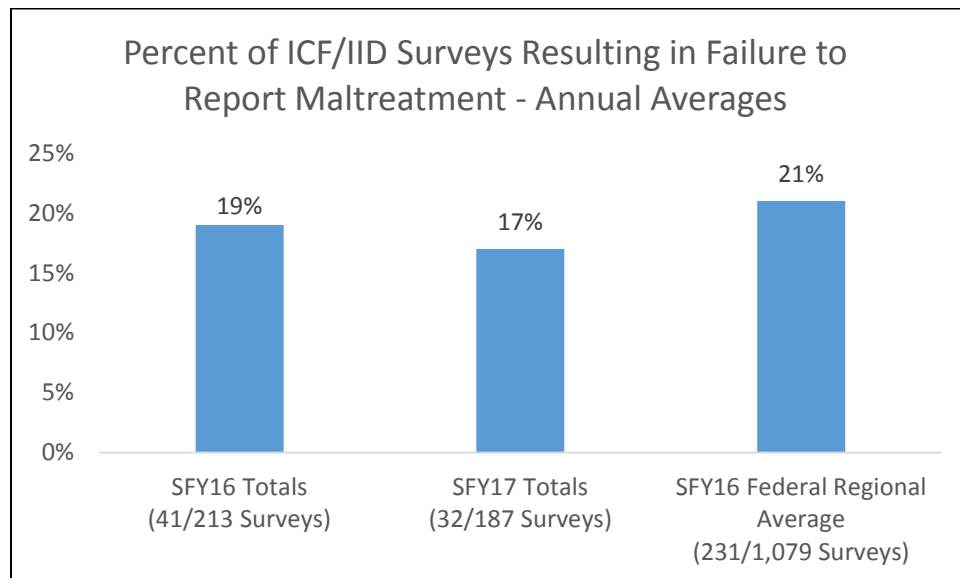


[AGENDA ITEM 7b1]**SFY17 CUMULATIVE REPORT**

During July 1, 2016 – June 30, 2017 (State Fiscal Year 2017):

- MDH conducted 187 surveys and 57 complaint investigations for ICFs/IID.
- Of those surveys and complaints, **MDH found failure to report maltreatment on 17% of the surveys** (32 of the 187 surveys conducted) **and on 5% of the complaint investigations** (three of the 57 complaints).
- SFY17 was consistent with the averages from SFY16 (17% compared to 19%), though reflecting a slight improvement and involving 5 fewer providers (35 compared to 40).
- There were seven providers cited for this deficiency in both SFY16 and SFY17.
- Both SFY16 and SFY17 Minnesota averages were lower (better) than the Federal Regional¹ average of 21% for SFY16.

| Time Period | Number of ICF/IID Surveys Conducted | Number of ICF/IID Complaint Investigations | Percent of ICF/IID Surveys Resulting in Failure to Report Maltreatment | Percent of ICF/IID Complaint Investigations Resulting in Failure to Report Maltreatment | Number of ICF/IID Providers Cited for Failure to Report Maltreatment |
|--------------------|-------------------------------------|--|--|---|--|
| SFY16 Total | 213 | 29 | 19% (41/213) | 3% (1/29) | 40 |
| SFY17 Total | 187 | 57 | 17% (32/187) | 5% (3/57) | 35 |



¹ Minnesota belongs to CMS Region V, which also includes Wisconsin, Ohio, Illinois, Indiana and Michigan (though Michigan did not report their numbers and were therefore not included in the regional average).

[AGENDA ITEM 7b1]

Planning for a public education campaign began in July 2017. The campaign will be launched in 2018 and will be targeted to providers serving individuals with disabilities, and focusing on how to recognize and prevent maltreatment. Through tracking and analysis of data, MDH can identify areas where prevention strategies can be applied that improve the safety and quality of life for people with disabilities.

Therefore, this data should help serve as a starting baseline on how frequently non-reporting of maltreatment is found on surveys or complaint investigations. Eventually, as a result of the education campaign on how to recognize and report suspected maltreatment, it is expected that the number of citations issued reflecting failure to report maltreatment will decrease.

OLMSTEAD PLAN WORKPLAN REPORT TO OLMSTEAD SUBCABINET

| | |
|------------------------------------|---|
| Topic Area | Preventing Abuse and Neglect Goal 2 |
| Strategy | Monitor and improve accountability of providers |
| Workplan Activity | 2B |
| Workplan Description | The number of citations issued to Supervised Living Facilities that document failure to comply with the development of an individualized abuse prevention plan. |
| Deadline | January 1, 2017 and quarterly thereafter |
| Agency Responsible | MDH |
| Date Reported to Subcabinet | October 23, 2017 |

OVERVIEW

This key activity requires MDH report quarterly to the Olmstead Subcabinet the number of citations issued to providers who are licensed as a Supervised Living Facility, that document **failure to develop an individualized abuse prevention plan**, as required Minnesota Statute 626.557 subd.14 (b).

Citations may be issued due to a standard federal certification and/or state licensing survey, or they may be issued as a result of a complaint investigation. MDH conducts a survey to ensure compliance with the federal certification requirements for ICFs/IID annually, and conducts a licensing survey every other year (the federal and state survey are conducted at the same time during those years).

Complaint investigations occur based on allegations received either from the Common Entry Point (MAARC) or directly from providers as reportable maltreatment.

REPORT

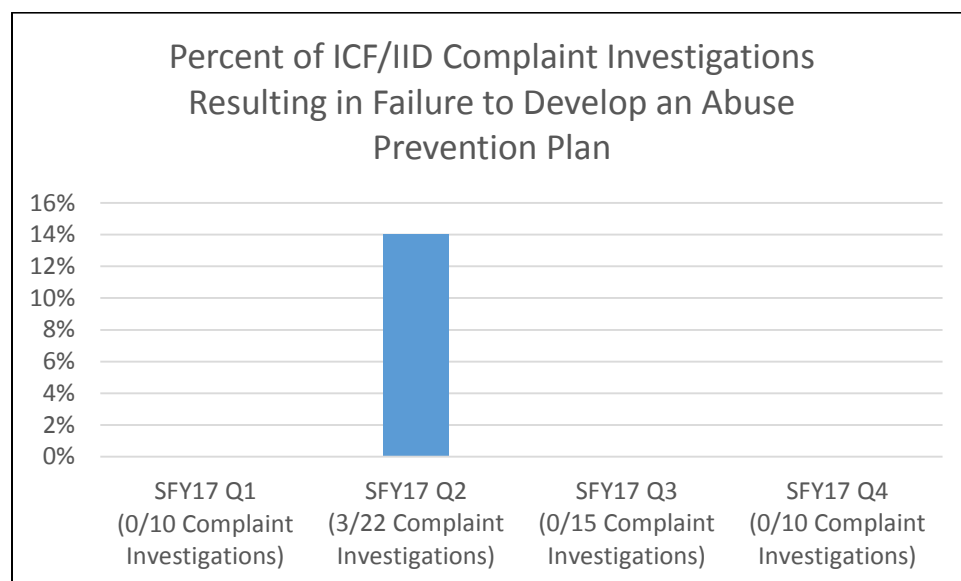
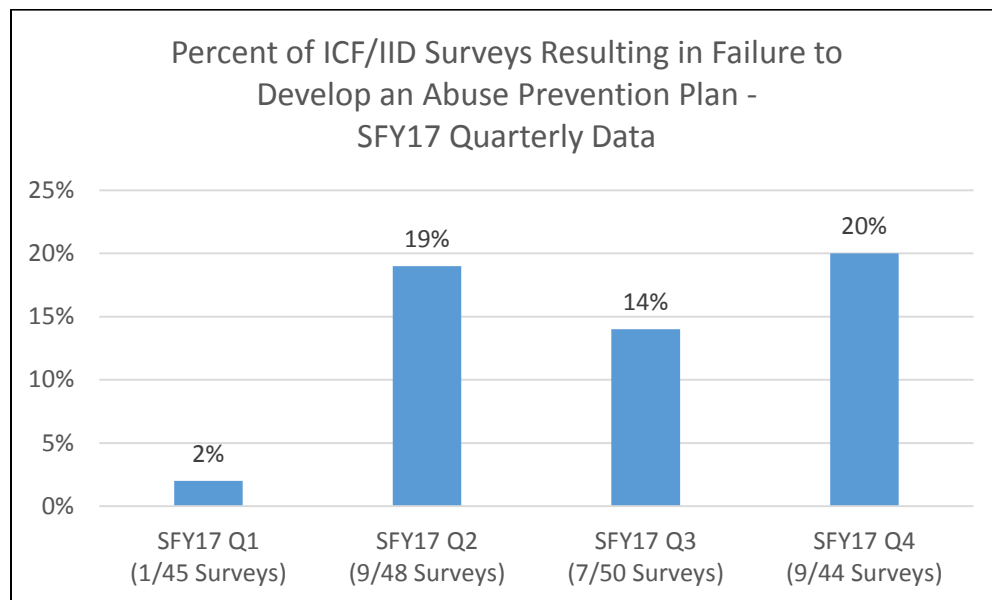
During April 1 – June 30, 2017 (SFY17 Q4):

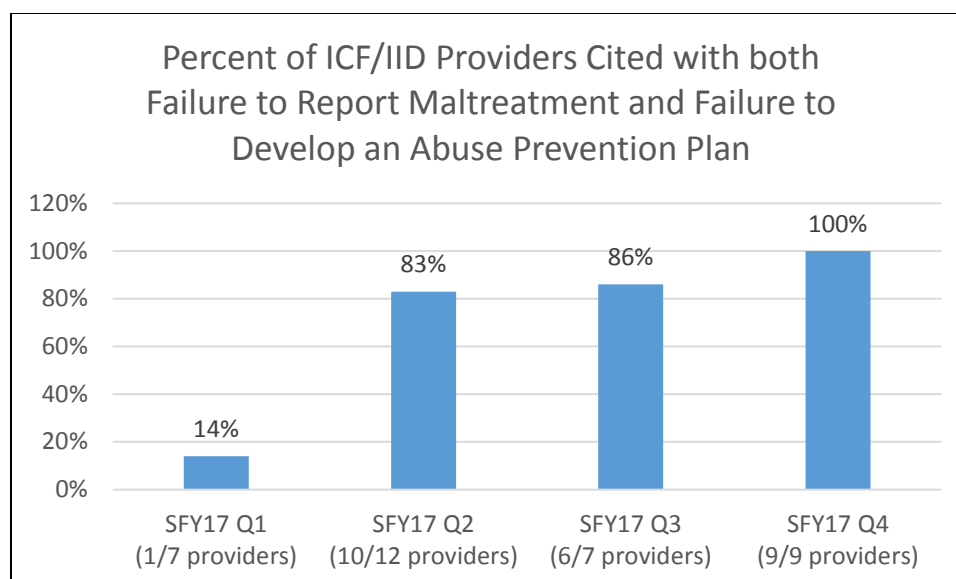
- MDH conducted 44 surveys and 10 complaint investigations for Supervised Living Facilities¹. Of those, **MDH found failure to develop an individualized abuse prevention plan on 20% of the surveys** (nine of the 44 conducted) **and on none of the complaint investigations** (zero of the 10 complaints).
- MDH issued citations that document failure to develop an individualized abuse prevention plan **nine** times.
- The citations involved **nine** providers.
- All of these providers were also cited for failure to report maltreatment, as described in Workplan Activity 2A. **One hundred percent (nine of nine) of the providers who were cited for failure to report maltreatment were also cited for failure to develop an individualized abuse prevention plan** during this reporting period.

¹ All of these licensed supervised living facilities are also federally certified as ICFs/IID in this reporting period

[AGENDA ITEM 7b2]

| Time Period | Number of ICF/IID Surveys Conducted | Number of ICF/IID Complaint Investigations | Percent of ICF/IID Surveys Resulting in Failure to Develop an Individualized Abuse Prevention Plan | Percent of ICF/IID Complaint Investigations Resulting in Failure to Develop an Individualized Abuse Prevention Plan | Number of ICF/IID Providers Cited for Failure to Develop an Individualized Abuse Prevention Plan |
|-----------------|-------------------------------------|--|--|---|--|
| SFY17 Q1 | 45 | 10 | 2% (1/45) | 0% (0/10) | 1 |
| SFY17 Q2 | 48 | 22 | 19% (9/48) | 14% (3/22) | 12 |
| SFY17 Q3 | 50 | 15 | 14% (7/50) | 0% (0/15) | 7 |
| SFY17 Q4 | 44 | 10 | 20% (9/44) | 0% (0/10) | 9 |



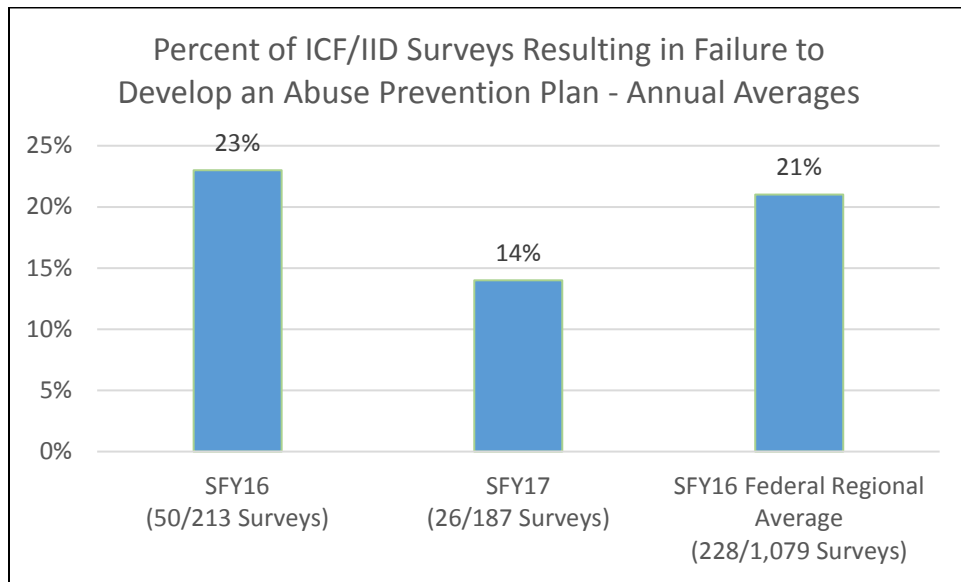
[AGENDA ITEM 7b2]**SFY17 CUMULATIVE REPORT**

During July 1, 2016 – June 30, 2017 (State Fiscal Year 2017):

- MDH conducted 187 surveys and 57 complaint investigations for Supervised Living Facilities that are federally certified as ICF/IIDs.
- Of those surveys and complaints, **MDH found failure to develop an individualized abuse prevention plan on 14% of the surveys** (26 of the 187 conducted) **and on 5% of the complaint investigations** (3 of the 57 complaints).
- SFY17 averages reflected an improvement in this deficiency when compared to SFY16 averages (14% compared to 23%), and involved 18 fewer providers (29 compared to 47).
- There were eight providers cited for this deficiency in both SFY16 and SFY17.
- While SFY16's average was consistent with the Federal Regional average for that period (23% and 21% respectively), SFY17 Minnesota average of 14% was lower (better) than the Federal Regional² average of 21% for SFY16.

| Time Period | Number of ICF/IID Surveys Conducted | Number of ICF/IID Complaint Investigations | Percent of ICF/IID Surveys Resulting in Failure to Develop an Individualized Abuse Prevention Plan | Percent of ICF/IID Complaint Investigations Resulting in Failure to Develop an Individualized Abuse Prevention Plan | Number of ICF/IID Providers Cited for Failure to Develop an Individualized Abuse Prevention Plan |
|--------------------|-------------------------------------|--|--|---|--|
| SFY16 Total | 213 | 29 | 23% (50/213) | 0% (0/29) | 47 |
| SFY17 Total | 187 | 57 | 14% (26/187) | 5% (3/57) | 29 |

² Minnesota belongs to CMS Region V, which also includes Wisconsin, Ohio, Illinois, Indiana and Michigan (though Michigan did not report their numbers and were therefore not included in the regional average).

[AGENDA ITEM 7b2]

Planning for a public education campaign began in July 2017. The campaign will be launched in 2018 and will be targeted to providers serving individuals with disabilities, and focusing on how to recognize and prevent maltreatment. Through tracking and analysis of data, we can identify areas where prevention strategies can be applied that improve the safety and quality of life for people with disabilities.

Therefore, this data should help serve as a starting baseline on how frequently failure to develop an individualized abuse prevention plan is found on surveys or complaint investigations. Eventually, as a result of an education campaign about how to recognize, report, and prevent suspected maltreatment, it is expected that the number of citations issued reflecting failure to develop an individualized abuse prevention plan will decrease.

OLMSTEAD PLAN WORKPLAN REPORT TO OLMSTEAD SUBCABINET

| | |
|------------------------------------|--|
| Topic Area | Employment |
| Strategy | Strategy 1: Implement the Employment First Policy |
| Workplan Activity | EM 1A.7 |
| Workplan Description | Hold focus groups with people with disabilities including people with mental illness, people from racially and ethnically diverse communities, and their families to inform tool and communications development. Report to the Subcabinet on the number of focus groups held and the number of people who participated. |
| Deadline | October 31, 2017 |
| Agency Responsible | DHS, MDE, DEED |
| Date Reported to Subcabinet | October 23, 2017 |

OVERVIEW

Minnesota's Employment First Policy promotes the opportunity for people with disabilities to make informed choices about employment. This policy views competitive, integrated employment as the first and preferred option for individuals with disabilities. Individuals with disabilities may choose integrated, competitive employment, or indicate that they are willing or do not object to moving to competitive, integrated employment, or they may choose day services and/or other employment options.

It is important that people with disabilities are making an informed choice about their employment options. Informed choice means that people are making decisions and choices with complete information for their situation. Ensuring informed choice means that a person understands all of their options, understands methods to overcome barriers and understands the potential risks and benefits of their decisions.

REPORT

To assist the process of having conversations containing informed choice, DHS developed the Informed Choice Toolkit. The Informed Choice Toolkit is a guide for support professionals to use in helping people with disabilities and/or mental illness consider employment as an option and develop a plan for work.

Three focus groups were held to gather feedback on the Informed Choice Toolkit, on whether it is a useful resource for consumers, what people like about it, and how it could be improved. These focus groups were facilitated by two DHS staff and included people with disabilities, people living with a mental illness, service providers, case managers, advocates, and family

[AGENDA ITEM 7b3]

members. Feedback from participants is also informing the information and communications as presented on the Disability Hub. Racially and ethnically diverse populations were represented in all of these focus groups. A summary of the focus groups and findings are included below.

Employment Learning Community

- Held on September 8, 2017 at the Department of Education in Roseville
- 15 participants, including employment providers, self-advocates, county and state employees and advocates

The Employment Learning Community was created in 2014 and is a voluntary network of persons engaged in providing employment services and supports, including people with disabilities who provide and/or receive services. Members share their experience and knowledge of emerging practices to provide feedback, input and information to advance the progress of individuals with significant disabilities in achieving their goals for competitive, integrated employment. The Employment Learning Community provides recommendations to the Interagency Employment Panel on ways to increase competitive integrated employment under Minnesota's Olmstead Plan.

The Employment Learning Community appreciated the depth of the information provided in the toolkit as well as the tips for having conversations that help people make an informed choice. Recommendations for improvement included:

- Add more success stories of people with many kinds of disabilities who are working.
- Incorporate more language about how benefits may be affected by work, as there is much fear around this
- Add more information about specific disabilities
- Include a list of employment providers as many people, especially in greater Minnesota are unaware of who may provide services
- Find ways to build awareness for Human Resources staff who may not be familiar with accommodations that may be needed for people with disabilities

Employment Capacity Building Cohort

- Held on September 19, 2017 at the Department of Education in Roseville
- 11 participants included transition counselors and employment coordinators from 7 school districts

The Employment Capacity Building Cohort is a group of 16 local education agencies focused on finding jobs for transition age youth with intellectual disabilities. In addition to the education agencies, members include vocational rehabilitation counselors and county staff. The larger goal of the group is to create competitive, integrated employment opportunities in all participating districts.

[AGENDA ITEM 7b3]

In general, this group found the toolkit to be very beneficial in meeting students where they are at. The budgeting section, benefits estimator was the most beneficial part of the toolkit. Informed choice was explained clearly and the material flowed well.

Recommendations for improvement included:

- Include additional resources, employment success stories, and information on soft skills.
- Include information for parents on how to be supportive of their child getting a job.
- Include sections that can be pulled out that are relevant for different students and where they are at.
- Include a toolkit for employers.

Certified Peer Specialist Training

- Held on September 20, 2017 at the Wellstone Center in West St Paul
- 15 participants included individuals enrolled in peer specialist training

This focus group specifically reached out to people living with mental illness. The participants are enrolled in training to become Certified Peer Specialists, a certification and training to become direct service mental health staff available to people with a lived experience of mental illness. The focus group was a voluntary option available to course enrollees during their lunch hour.

Participants found the toolkit encouraging and informative, and recommended that the toolkit include reviews from employers who have had successful experiences with hiring peer specialists. Many people were not aware of the resources available to them until reviewing the toolkit. The group also inquired about including information for people who may have a mental illness or disability but do not receive public benefits. Some of the major recommendations about how to improve services, in particular to people with mental health conditions, included working on ways to address the following:

- The benefit system is complex, difficult to understand and service providers don't often explain things accurately.
- People are often placed into entry level jobs regardless of their education level or past experience and left in those positions. Career advancement/change is not discussed.
- There is a lack of consistent services across service providers or area of the state.
- People with criminal records, which is often due to untreated mental health/chemical dependency issues, have an especially difficult time finding employment.
- There is a lack of available resources for things like professional clothing and transportation.

[AGENDA ITEM 7b3]**Summary:**

All three groups found the informed choice toolkit to be a valuable resource. Key themes across all three groups included: knowing how benefits are impacted by work, the need for a similar resource to be provided to employers, and identifying more resources that could be added to address specific populations such as transition age use, people living with mental health conditions and parents. Additionally, each group mentioned the importance of including discussions on building careers and job advancement. The feedback received will be incorporated in both the toolkit and the Disability Hub as necessary.

A complete report of the methodology of the focus group process, questions asked and complete responses can be made available upon request.

OLMSTEAD PLAN WORKPLAN REPORT TO OLMSTEAD SUBCABINET

| | |
|------------------------------------|--|
| Topic Area | Employment |
| Strategy | Strategy 4: Develop additional strategies for increasing competitive, integrated employment among people with disabilities |
| Work Plan Activity | EM 4.B2 |
| Work Plan Description | Use the Substantial Gainful Activity (SGA) Project to assess the impact of rapid engagement in competitive, integrated employment, and financial and benefit planning on employment outcomes |
| Deadline | September 30, 2017 |
| Agency Responsible | DEED in collaboration with DHS and the Disability HUB MN |
| Date Reported to Subcabinet | November 27, 2017 |

OVERVIEW:

Grant funding for the SGA project ends on September 30, 2017. Benefits planning and financial education services will continue through the collaborative efforts of DEED, DHS and the Disability HUB MN (formerly known as the Disability Linkage Line).

- The initial purpose of the Substantial Gainful Activity (SGA) project was the statewide adoption of best practices in rapidly engaging people in services by providing benefits planning and financial education services up front to people receiving Social Security Disability Insurance (SSDI).
- Substantial Gainful Activity (SGA) project was funded in August 2015 by a 1.5 million dollar Rehabilitation Services Administration (RSA) grant to DEED-Vocational Rehabilitation Services through the University of Massachusetts Boston, Institute on Community Integration (ICI).
- In FFY 2017 VRS received a no cost extension granted by RSA to both expand services statewide and to expand services to persons receiving Supplemental Security Income (SSI).
- On September 28, 2017, ICI and Mathematica released a final report reviewing the progress of individuals on SSDI seeking competitive integrated employment. This report is available upon request.

STATUS:

- On September 28, 2017, ICI and Mathematica released a final report reviewing the progress of individuals on SSDI seeking competitive integrated employment utilizing a “Treatment Team” approach which included rapid engagement, up-front benefits planning supports and business/placement services versus individuals on SSDI served by “Control” teams which utilized a business as usual approach. Preliminary results are very positive. The treatment

[AGENDA ITEM 7b4]

team participants were more likely to have a vocational goal determined and an Employment Plan implemented within 30 days of application and were less likely to have dropped out of services.

- There has not been a significant impact on wages yet, but it was noted people who received benefits planning services up-front were more likely to engage in additional training or post-secondary education instead of immediately entering job placement services. It is presumed that individuals who are currently engaged in additional training will earn higher wages when exiting VRS.
- There is consensus between DEED, DHS, and the Disability HUB that providing benefits and financial planning support services prior to Employment Plan development provides a distinct advantage for SSA beneficiaries. Starting October 1, 2017, benefits and financial education services will be available statewide to provide services to active VRS clients that are receiving either SSDI or SSI.
- Minnesota's eight Centers for Independent Living (CILs) are playing a key role in providing benefits planning and financial education services through the VR/IL Collaboration. Key Independent Living staff have been trained as benefit coaches and have begun providing benefits planning and financial education services to SSDI and SSI beneficiaries who are active VRS clients. Certified benefits planners from the Disability HUB are providing support to the new staff and will provide direct assistance to the VRS client if complex issues are identified.
- DEED Vocational Rehabilitation Services and DHS Disability Services Division are currently developing an Interagency Agreement to facilitate this collaboration, including developing a sustainable infrastructure to provide ongoing training and support to benefit coaches, developing common quality assurance measures across systems and further develop the technology infrastructure needed to integrate DHS, VRS and Disability HUB services.