Addendum to Annual Report on Olmstead Plan Implementation

Draft Potential Amendments to Measurable Goals

February 26, 2018

This addendum includes the draft potential amendments to Olmstead Plan measurable goals that were proposed by the Olmstead Subcabinet agencies. The Olmstead Subcabinet reviewed these amendments on December 18, 2017 and they were included with the December 18, 2017 Annual Report.

The Olmstead Subcabinet conducted the first round of public comments on these draft amendments. Redline changes indicate the edits to the original language from the Plan. Changes made after the first round of public comment are highlighted. The measurable goals appear in the order that they occur in the Plan, with the page number and the reason for the change noted.

These amendments were reviewed by the Subcabinet on February 26, 2018 and provisionally approved to be released for a final public comment period.

Contents

PERSON-CENTERED PLANNING GOAL ONE (page 37 of Plan)

REASON FOR CHANGE

The current standard used to measure this goal is in effect a pass-fail score. The current standard requires that **8** items listed below are present in the support plan (or in supporting documents) held by the lead agency (assessment, case notes, etc.).

DHS monitors lead agency implementation of the Person-Centered, Informed Choice and Transition Protocol. Lead agencies are responsible to ensure each person has a support plan that includes all required person-centered elements. The Lead Agency Review focuses on key areas of the protocol. A more effective strategy of working towards true achievement of person-centered practices is to evaluate and report the ***progress*** of lead agencies on all of eight protocol items identified.

Beginning January 2018, DHS will require individual remediation when lead agencies do not comply with person-centered protocols. When findings from the case file review indicate. The file did not contain all required documentation, the agency is required to bring all cases into full compliance by obtaining or correcting the documentation. Compliance is attested to by the lead agency supervisor or manager. Additionally if a pattern of non-compliance exists for any one individual measure/item (less than 85% compliance across the sample in any particular program), the lead agency must develop a corrective action plan to bring their practice into compliance.

Goal One: By June 30, 2020, plans for people using disability home and community-based waiver services will meet ~~required~~ protocols. Protocols are ~~will be~~ based on the principles of person-centered planning and informed choice.

Baseline: In state fiscal year 2014, 38,550 people were served on the disability home and community-based services. From July 1, 2016 – June 30, 2017 1,201 disability cases were reviewed during the Lead Agency Reviews. -From April – June 2017, of the 213 cases reviewed, each of the eight required criteria were present in the percentage of files specified below.

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

DHS will report quarterly on the presence of each of the 8 required person-centered protocol items. DHS will focus technical assistance and other strategies toward those items that have the lowest compliance.

~~**Annual Goals** to increase the percent of plans that meet the required protocol:~~

- ~~By June 30, 2016, the percent of plans that meet the required protocols will increase to 30%~~
- ~~By June 30, 2017, the percent of plans that meet the required protocols will increase to 50%~~
- ~~By June 30, 2018, the percent of plans that meet the required protocols will increase to 70%~~
- ~~By June 30, 2019, the percent of plans that meet the required protocols will increase to 85%~~
- ~~By June 30, 2020, any plans that do not meet the required protocols will be revised to contain required elements of person-centered plans.~~

TRANSITION SERVICES GOAL ONE (page 42 of Plan)

REASON FOR CHANGE

An interim baseline was established and approved by the Subcabinet on February 22, 2017. During July 2013 – June 2014, of the 5,694 individuals moving, 1,121 moved to a more integrated setting. The baseline needs to be incorporated into the Plan.

Goal One: By June 30, 2020, the number of people who have moved from segregated settings to more integrated settings[i] will be 7,138.

Annual Goals for the number of people moving from: **(A)** ICFs/DD; **(B)** nursing facilities; and **(C)** other segregated housing to more integrated settings are set forth in the following table.

	2014 Baseline	June 30, 2015	June 30, 2016	June 30, 2017	June 30, 2018	June 30, 2019	June 30, 2020	Cumulative Total
(A) Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD)	72*	84	84	84	72	72	72	468
(B) Nursing Facilities (NF) under age 65 in NF > 90 days	707*	740	740	740	750	750	750	4,470
(C) Segregated housing other than listed above	~~Not Available~~ 1,121[ii]	50	250	400	500	500	500	2,200
Total	**1,900**	**874**	**1,074**	**1,224**	**1,322**	**1,322**	**1,322**	**7,138**

*Calendar Year 2014

TRANSITION SERVICES GOAL FOUR (page 44 of Plan)

REASON FOR CHANGE

The current measure for this goal used the same measure from Person-Centered Goal One in addition to a separate measure for Transition Services Goal Four. Because the measure for Person-Centered Goal One is changing, the measure for this goal is also impacted. The current standard required the case to meet the criteria for the Person-Centered Goal One (**8** items present) **and** the **10** items on the My Move Plan Summary document.

The new measure will measure adherence to transition protocols for individuals who had a transition in their place of residence. A case will be determined adherent if the 10 elements in the My Move Plan Summary are present. In addition, the presence of each of the 8 required person-centered protocol items (from Person-Centered Goal One) will be included in the reporting for the goal. The report will also include the number of individuals who opted out from completing a My Move Plan Summary, or who moved without informing the case manager or support planner.

~~A baseline was established and approved by the Subcabinet on February 27, 2017. The baseline needs to be incorporated into the Plan~~

Goal Four: By June 30, 2020, ~~18, 50% of~~ people who experience a transition ~~from a segregated setting~~ will engage in a ~~person-centered planning~~ process that adheres to the Person-Centered, Informed Choice and T~~t~~ransition protocol. Adherence to the transition protocol will be determined by the presence of the ten elements from the My Move Plan Summary document listed below. ~~s that meet the principles of person-centered planning and informed choice.~~

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.

DHS will also report quarterly on the presence of each of the 8 required person-centered protocol items for the cases being reviewed. DHS will focus technical assistance and other strategies toward those items that have the lowest compliance.

Baseline: From July – December 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. The baseline of the quality of transition plans will be established as the new transition protocols are implemented.

Annual Goals to increase the percent of plans that adhere to transition protocol standards:

- By June 30, 2016, 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 15%.
- 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%.
- By June 30, 2018, 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 50%.

EMPLOYMENT GOAL TWO (page 53 of Plan)

REASON FOR CHANGE

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 was developed using the proxy measure and approved by the Subcabinet on November 27, 2017. The Subcabinet requested that the goal be rewritten to use the number of individuals instead of percentage. The baseline needs to be incorporated into the Plan.

Goal Two: By June 30, 2020, of the 50,157 people receiving services from certain Medicaid funded programs, there will be an increase of 5,00~~15~~ over baseline to 11,137 ~~or 10%~~ in competitive integrated employment.

Baseline: In 2014, ~~there were~~ of the 50,157 people age 18-64 in Medicaid funded programs, 6,137 were in competitive integrated employment. ~~who received services from one of the following~~ Medicaid funded programs include: 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).

Annual Goals to increase the number of individuals in competitive integrated employment

- 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[iii] to 7,637
- By June 30, 2018, the number of individuals in competitive integrated employment will increase by 1,100 individuals to 8,737
- By June 30, 2019, the number of individuals in competitive integrated employment will increase by 1,200 individuals to 9,937
- By June 30, 2020, the number of individuals in competitive integrated employment will increase by 1,200 individuals to 11,137

LIFELONG LEARNING AND EDUCATION GOAL TWO (page 58 of Plan)

REASON FOR CHANGE

The February 2017 Revision of the Olmstead Plan established a baseline for this goal using newly available Statewide Longitudinal (SLEDS) data. However, the baseline used does not align to publicly accessible data reports from SLEDS for this goal, and does not include data from the Minnesota Office of Higher Education.

In addition, MDE defines ideal performance for this goal as students with disabilities enrolling in an accredited institution of higher education in the fall of the same year as their graduation (as opposed to delayed enrollment to the next year). The proposed change will use public SLEDS data which more closely aligns with tracking the successful same-year transition of students from high school graduation directly into fall enrollment in institutions of higher education. The public SLEDS data also includes enrollment in accredited certificate and one year programs.

Goal Two: By June 30, 2020 the number of students with disabilities who have enrolled in an integrated postsecondary education setting within one year of leaving high school will increase by 492 ~~425 (39%)~~ (from ~~2,174~~ 2,107 to 2,599).

Baseline: Based on ~~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 2,107 ~~4 (32.2%)~~ enrolled in the fall of 2014 into ~~attended~~ an integrated postsecondary institution. ~~from August 2014 to July 2015.~~

Annual Goals to increase the number of students enrolling in an integrated postsecondary education setting in the fall after graduating are:

- By June 30, 2018, the number will increase to 2,337.
- By June 30, 2019, the number will increase to 2,467.
- By June 30, 2020, the number will increase to 2,599.

- ~~By June 30, 2017 there will be an increase of 100 (34%) over baseline to 2,274~~
- ~~By June 30, 2018 there will be an increase of 225 (36%) over baseline to 2,399~~
- ~~By June 30, 2019 there will be an increase of 325 (37%) over baseline to 2,499~~
- ~~By June 30, 2020 there will be an increase of 425 (39%) over baseline to 2,599~~

LIFELONG LEARNING AND EDUCATION GOAL THREE (page 58 of Plan)

REASON FOR CHANGE

A baseline and annual goals for the number of students for whom there is effective consideration of Assistive Technology were established and approved by the Subcabinet on August 28, 2017. At the same time, the Subcabinet asked for clarification on the term effective consideration. It was determined at that time, that active consideration is a more accurate term. MDE is requesting amendment of the goal to replace "effective consideration" with "active consideration."

Goal Three: By June 30, 2020, ~~80~~96% of students with disabilities in 31 target school districts will ~~meet required protocols for effective~~have annual active consideration of assistive technology (AT) during ~~in~~ the student's individualized education program (IEP) team meeting. ~~Protocols~~The framework to measure active consideration will be based upon the "Special factors" requirement as described in Individuals with Disabilities Education Act (IDEA) of 2004.

Baseline:

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

Annual Goals

- ~~By December 31, 2016, pilot teams will establish a baseline and annual goals of the number of students for whom there is effective consideration of AT.~~
- By June 30, 2018, increase to 94% of students whose IEP meet required protocols for active consideration of AT.
- By June 30, 2019, increase to 95% of students whose IEP meet required protocols for active consideration of AT.
- By June 30, 2020, increase to 96% of students whose IEP meet required protocols for active consideration of AT.

WAITING LIST GOALS ONE - FIVE (page 64 of Plan)

REASON FOR CHANGE

After implementing the reasonable pace goals for two years, DHS would like to shift the focus of the measurable goals to timeliness of funding approval for waivered services. The proposal is to combine Goals Two, Three, Four, and Five into one goal. This is in line with how the goal has been cumulatively reported in the quarterly reports since August 2016. Goal One is being deleted as it has already been met.

A new baseline was established to measure progress of individuals accessing waivered services at a reasonable pace. The baseline was approved by the Subcabinet on May 22, 2017 and needs to be incorporated into the Plan.

~~**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.~~

Goal **One**~~**Two**~~**: Lead agencies will approve funding at a reasonable pace for persons (A) exiting institutional settings; (B) with an immediate need; and (C) with a defined need for the Developmental Disabilities (DD) waiver.**

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 (34%)
Immediate Need	393	243 **(62%)**	113 (29%)
Defined Need	1,018	427 **(42%)**	290 (28%)
Totals	**1,500**	**707 (47%)**	433 (29%)

~~**By December 1, 2015, the Developmental Disabilities (DD) waiver waiting list will move at a reasonable pace.**~~

~~Baseline: In April 2015, there were 3,586 individuals on the DD waiver waiting list.~~

(A) Persons exiting institutional settings will have funding approved ~~move off the waiting list~~ at a reasonable pace, which means that:

- Beginning December 1, 2015, as people residing in an institutional setting are assessed, waiver service planning and funding will be authorized as soon as possible, but no later than 45 days after the person makes an informed choice of alternative community services that are more integrated, appropriate to meet their individual needs, and the person is not opposed to moving, and would like to receive home and community-based services.

(B) Persons with an immediate need will have funding approved~~move off the waiting list~~ at a reasonable pace, which means that:

- Beginning December 1, 2015, as people are assessed, waiver service planning and funding will be authorized as soon as possible, but no later than 45 days after the person meets criteria under Minn. Statutes, sections 256B.49, subdivision 11a(b) and 256B.092, subdivision 12(b)**.**

  The current statutory criteria are: The person has an unstable living situation due to age, incapacity, or sudden loss of primary caregivers; is moving from an institution due to bed closure; experiences a sudden closure of their current living arrangement; requires protection from confirmed abuse, neglect, or exploitation; experiences a sudden change in need that can no longer be met through state plan services or other funding resources alone or meet other priorities established by DHS.

(C) Persons with a defined need of requiring services within a year of assessment will have funding approved ~~move off the waiting list~~ at a reasonable pace, which means that:

- Beginning December 1, 2015, as people are assessed as having a defined need for waiver services within a year from the date of assessment, and within available funding limits, waiver service planning and funding will be authorized as soon as possible, but no later than 45 days of determining the defined need.

~~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).~~

~~Goal Four: By December 31, 2018, within available funding limits, waiver funding will be authorized for persons who are assessed and have a defined need on or after December 1, 2015, and have been on the waiting list for more than three years.~~

~~Goal Five: By June 30, 2020, the DD waiver waiting list will be eliminated, within available funding limits, for persons with a defined need.~~

TRANSPORTATION GOAL THREE AND FIVE (page 69 of Plan)

REASON FOR CHANGE

A proposed baseline for access to transportation in Greater Minnesota using MnDOT data was established and approved by the Subcabinet on November 27, 2017. The baseline needs to be incorporated into the Plan.

Goal Five is being added to address access to transit service in the seven county metropolitan area. Metro Area Public Transit measures the percent of population served by regular route transit. This proposal is to adopt the baseline and measurable goal currently used by Metro Area Public Transit.

Goal Three: By 2025, expand transit coverage so that 90% of the public transportation service areas in Greater Minnesota will meet minimum service guidelines for access.

Greater Minnesota t~~T~~ransit 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."[iv]

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

Goal Five: By 2040, 100% percent of the target population will be served by regular route level of service for prescribed market areas 1, 2, and 3 in the seven county metropolitan area.

Metro Area Public Transit utilization is measured by distinct market areas for regular route level of service. This measure estimates demand potential for all users of the regular route system. The market area is created based on analysis that show the demand for regular route service is driven primarily by population density, automobile availability, employment density and intersection density (walkable distance to transit). This measure is based on industry standards incorporated into the Transportation Policy Plan's - Regional Transit Design Guidelines and Performance Standards[v]. The Metro Area also provides non-regular route services in areas that are not suitable for regular routes, such as dial-a-ride transit.

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

Annual Goal:

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

HEALTHCARE AND HEALTHY LIVING GOALS ONE and TWO (page 74-75 of Plan)

REASON FOR CHANGE

For Goal One, the measure related to follow up care for cardiovascular conditions is being removed as this is no longer reflective of current clinical practice.

Initial data analysis has shown that there is a significant difference in outcomes between people with disabilities and those without. In order to address this, two measures are being added under two strategies. These include monitoring and reporting health care measures related to quality of coordination of care for adults with disabilities.

Goal One: By December 31, 2018, the number/percent of individuals with disabilities and/or serious mental illness accessing appropriate preventive care[vi] focusing specifically on cervical cancer screening ~~and follow up care for cardiovascular conditions~~ will increase by 833 people compared to the baseline.

As specific indicators that individuals with disabilities are accessing appropriate care, cervical cancer screening ~~and follow up care for cardiovascular conditions~~ will be tracked. Th is is an area ~~ese are two areas~~ where a health care outcome disparit ~~ies have been~~ was identified.

- Cervical cancer screening - Reduce disparities in cervical cancer screening by 10% (increase of 616 more women being screened).
- ~~Follow up care for cardiovascular conditions - Reduce disparities in appropriate follow up care for cardiovascular conditions by 5% (increase of 217 more people receiving appropriate follow up care).~~

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.~~ [vii]

Annual Goals to increase the number of individuals accessing appropriate care:

- By December 31, 2016 the number accessing appropriate care will increase by 205 over baseline
- By December 31, 2017 the number accessing appropriate care will increase by 518 over baseline
- By December 31, 2018 the number accessing appropriate care will increase by 833 over baseline

Goal Two: By December 31, 2018, the number of individuals with disabilities and/or serious mental illness accessing dental care will increase by 1,229 children and 1,055 adults over baseline.

(A) Children accessing dental care

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.

Annual Goals to increase the number of children accessing dental care:

- By December 31, 2016 the number of children accessing dental care will increase by 410 over baseline
- By December 31, 2017 the number of children accessing dental care will increase by 820 over baseline

- By December 31, 2018 the number of children accessing dental care will increase by 1,229 over baseline

(B) Adults accessing dental care

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.

Annual Goals to increase the number of adults accessing dental care:

- By December 31, 2016 the number of adults accessing dental care will increase by 335 over baseline
- By December 31, 2017 the number of adults accessing dental care will increase by 670 over baseline
- By December 31, 2018 the number of adults accessing dental care will increase by 1,055 over baseline.

Strategies (1 and 4)

Improve Dental Care for People with Disabilities

- Monitor the implementation of the increase in dental payment rates in January 2016 and thereafter. Increase in dental rates has historically resulted in increased access to dental care for people with disabilities.
- Implement the recommendations from the "Recommendations for Improving Oral Health Services Delivery System" Report and the follow up report, "Delivery System for Oral Health."
- Implement the "Minnesota Oral Health Plan."
- Increase the number of providers and the level of access of people with disabilities to providers.
- Monitor and report the number of adult enrollees who used an emergency department for non-traumatic dental services to give a more complete picture of the level of access of people with disabilities to dental care.

Develop and Implement Measures for Health Outcomes

- ~~Develop and implement health outcome measures. Studying health outcomes will indicate the effectiveness of the health care delivery system and identify potential opportunities for improvement.~~
- Monitor and report the number and percentage of adult public program enrollees [with disabilities] who had an acute inpatient hospital stay that was followed by an unplanned acute readmission to a hospital within 30 days.

CRISIS SERVICES GOAL FIVE (page 87 of Plan)

REASON FOR CHANGE

The original measure for this goal focused on a small population including people with developmental disabilities accessing the Single Point of Entry. Because the numbers were quite small, the data did not adequately report progress across all crisis services.

DHS is proposing using a broader measure to include system wide mental health crisis services data. This is reflective of people accessing crisis residential, crisis stabilization and inpatient hospital stays after receiving crisis service referrals.

Goal Five: By June ~~23~~30, 2020, 90% of people experiencing a crisis will have access to clinically appropriate short term crisis services, and when necessary placement within ten days.

Baseline: ~~Between September 1, 2015 and January 31, 2016, the average length of a crisis episode was 81.3 days.~~
In fiscal year 2016, of the people on Medical Assistance who were referred for clinically appropriate crisis services, 85.4% received those services within 10 days. The average number of days was 2.3.

Annual Goals

- By June 30, 2018, the percent of people who receive crisis services within 10 days will increase to 87%.
- By June 30, 2019, the percent of people who receive crisis services within 10 days will increase to 88%.
- By June 30, 2020, the percent of people who receive crisis services within 10 days will increase to 90%.

~~to decrease the average length of a crisis episode:~~

- ~~By June 30, 2017, decrease the average length of a crisis episode to **79** days.~~
- ~~By June 30, 2018, decrease the average length of a crisis episode to **77** days.~~
- ~~By June 30, 2019, decrease the average length of a crisis episode to **75** days.~~
- ~~By June 30, 2019, develop and establish a baseline and measurable goals that reflect the broader community crisis services.~~

COMMUNITY ENGAGEMENT GOAL ONE (page 92 of Plan)

REASON FOR CHANGE

The proposed changes specify areas where people with disabilities can be involved. The goal measures were separated into two independent goals. One will measure the participation of people with disabilities in Governor appointed Boards and Commissions, Community Engagement Workgroup, Specialty Committee and other OIO Workgroups and Committees. The second goal will measure involvement in planning publicly funded projects.

Goal One: By June 30, 2020, the number of individuals with disabilities who participate in Governor appointed Boards and Commissions, the Community Engagement Workgroup, Specialty Committee and other Olmstead Implementation Office Workgroups and Committees will increase to 245 members ~~(8%)~~.

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

Annual Goals to increase the number of individuals with disabilities participating in~~of~~ Governor's appointed Boards and Commissions, Community Engagement Workgroup, Specialty Committee, and other OIO Workgroups and Specialty Committees:

- By June 30, 2018, the number will increase to 184 ~~or 6% of~~ members.
- By June 30, 2019, the number will increase to 215 ~~or 7% of~~ members.
- By June 30, 2020, the number will increase to 245 ~~or 8% of~~ members.

Goal Two: By June 30, 2020, the number of individuals with disabilities involved in planning publicly funded projects identified through bonding bills will increase by 5% over baseline.

Annual Goals to increase the number of individuals involved in planning publicly funded projects:

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

~~**Goal One: By June 30, 2019, the number of individuals involved in their community in ways that are meaningful to them will increase to 1,992. (This includes increases in the numbers of: (A) self-advocates; and (B) individuals involved in publicly funded projects.)**~~

~~Baseline: As of June 30, 2014, the number of individuals engaged as self-advocates, in leadership roles (such as Governor appointed councils) or in publicly funded projects is 1,242.~~

~~**(A) Self-Advocates**~~

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

~~Baseline: There are 1,200 active self-advocates involved in the Self Advocates Minnesota (SAM) network statewide and participating in Tuesday's at the Capitol.~~[viii]

~~**Annual Goals** to increase the number of self-advocates:~~

- ~~By June 30, 2016, the number of self-advocates will increase by 50 for a total of 1,250.~~

- By June 30, 2017, the number of self-advocates will increase by 75 for a total of 1,325.
- By June 30, 2018, the number of self-advocates will increase by 100 for a total of 1,425.
- By June 30, 2019, the number of self-advocates will increase by 150 for a total of 1,575.

Involvement in Publicly Funded Projects

By June 30, 2019, the number of people with disabilities involved in planning publicly funded projects

Annual Goals to increase the number of people involved in public planning projects**: (such as stadium plans, sidewalk improvements, public infrastructure, etc.) at the Subcabinet agency level will increase to 417.** Baseline: There were 42 individuals with disabilities involved in planning 6 publicly funded projects (such as stadium plans, sidewalk improvements, public infrastructure, etc.).

- **Annual Goals** to increase the number of people involved in public planning projects**:**By June 30, 2016, the number people with disabilities involved in a publicly funded project will increase by 50 for a total of 92.
- By June 30, 2017, the number people with disabilities involved in a publicly funded project will increase by 75 for a total of 167.
- By June 30, 2018, the number people with disabilities involved in a publicly funded project will increase by 100 for a total of 267.
- By June 30, 2019, the number people with disabilities involved in a publicly funded project will increase by 150 for a total of 417.

PREVENTING ABUSE AND NEGLECT GOAL TWO (page 96 of Plan)

REASON FOR CHANGE
A baseline was established and approved by the Subcabinet on May 22, 2017. The baseline needs to be incorporated into the Plan.

Goal Two: By January 31, 2020, the number of emergency room (ER) visits and hospitalizations of vulnerable individuals due to abuse and neglect will decrease by 50% compared to baseline.

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

Annual Goals to reduce the number of ER visits and hospitalizations due to abuse and neglect:

- ~~By January 31, 2017, a baseline and annual goals will be established. At that time, and on an annual basis, the goals will be reviewed and revised as needed based on the most current data.~~
- By January 31, 2018, the number of emergency room visits and hospitalizations due to abuse and neglect will be reduced by 10% compared to baseline
- By January 31, 2019, the number of emergency room visits and hospitalizations due to abuse and neglect will be reduced by 30% compared to baseline
- By January 31, 2020, the number of emergency room visits and hospitalizations due to abuse and neglect will be reduced by 50% compared to baseline

PREVENTING ABUSE AND NEGLECT GOAL THREE (page 96 of Plan)

REASON FOR CHANGE
A baseline was established and is [PENDING APPROVAL] by the Subcabinet on February 26, 2018. Upon approval, the baseline needs to be incorporated into the Plan.

Baseline:
From July 2015 – June 2016, there were 2,835 individuals who experienced a substantiated or inconclusive abuse or neglect episode. Of those individuals, 126 (4.4%) had a repeat episode of the same type of abuse or neglect within six months.

Goal Three: By December 31, 2021, the number of vulnerable adults who experience more than one episode of the same type of abuse or neglect within six months will be reduced by 20% compared to the baseline.

Annual Goals to reduce the number of people who experience more than one episode of the same type of abuse or neglect:

- ~~By December 31, 2017, a baseline will be established. At that time, and on an annual basis, the goals will be reviewed and revised as needed based on the most current data.~~
- By December 31, 2018, the number of people who experience more than one episode will be reduced by 5% compared to baseline
- By December 31, 2019, the number of people who experience more than one episode will be reduced by 10% compared to baseline
- By December 31, 2020, the number of people who experience more than one episode will be reduced by 15% compared to baseline
- By December 31, 2021, the number of people who experience more than one episode will be reduced by 20% compared to baseline

PREVENTING ABUSE AND NEGLECT GOAL FOUR (page 97 of Plan)

REASON FOR CHANGE
A baseline was established and is [PENDING APPROVAL] by the Subcabinet on February 26, 2018. Upon approval, the baseline needs to be incorporated into the Plan.

Baseline:
From July 2013 to June 2016, there were 13 identified schools that had three or more investigations of alleged maltreatment of a student with a disability within the three preceding years. There were 66 students with a disability who were indentified as alleged victims of maltreatment within those schools:

Goal Four: By July 31, 2020, the number of identified schools that have had three or more investigations of alleged maltreatment of a student with a disability within the three preceding years will decrease by 50% compared to baseline. The number of students with a disability who are identified as alleged victims of maltreatment within those schools will also decrease by 50% by July 31, 2020.

- ~~By July 31, 2017, a baseline and annual goals will be established.~~

ANNUAL GOALS to reduce the number of identified schools that have had three or more investigations of alleged maltreatment of a student with a disability within the three preceding years and the number of students with a disability who are indentified as alleged victims of maltreatment within those schools:

- By July 31, 2018, the number of identified schools and students will decrease by 10% from baseline
- By July 31, 2019, the number of identified schools and students will decrease by 25% from baseline
- By July 31, 2020, the number of identified schools and students will decrease by 50% from baseline

ENDNOTES

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

[ii] An interim baseline wasill be established in Februaryearly 2017. 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.

[iii] The projected increase of 1,500 individuals includes increases for 2016 and 2017. This is necessary as data for 2016 will not be available until 2017.

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

[v] Policy Plan Guidelines/Standards and https://metrocouncil.org/METC/files/63/6347e827-e9ce-4c44-adff-a6afd8b48106.pdf

[vi] Appropriate care will be measured by current clinical standards.

[vii] Baselines for these goals are from the 2013 "Olmstead Plan: Baseline Data for Current Care" Report.

[viii] Self- Advocates Minnesota is a statewide network of regional self-advocacy groups coordinated through Advocating Change Together. Tuesdays at the Capitol is coordinated by the Minnesota Consortium for Citizens with Disabilities and brings together self-advocates, families, providers, law makers and agency staff for policy discussions every Tuesday during the legislative session.