

Minnesota Olmstead Subcabinet

Quarterly Report on Olmstead Plan Measurable Goals



REPORTING PERIOD

Data acquired through October 31, 2020

Reviewed By Olmstead Executive Committee on November 13, 2020

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I. PURPOSE OF REPORT

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

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

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

This quarterly report includes data acquired through October 31, 2020. Progress on each measurable goal will be reported quarterly, semi-annually, or annually. This report was reviewed by the Olmstead Subcabinet Executive Committee and recommended for acceptance by the Olmstead Subcabinet. After reports are accepted 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-five measurable goals.ⁱⁱ As shown in the chart below, ten of those goals were either met or are on track to be met. Eleven 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. Four goals are in process.

Status of Goals – November 2020 Quarterly Report	Number of Goals
Met annual goal	7
On track to meet annual goal	3
Not on track to meet annual goal	1
Did not meet annual goal	10
In process	4
Goals Reported	25

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 settings

- During this quarter, 32 individuals left ICF/DD programs to more integrated settings. After three quarters, the total number of 77 exceeds the annual goal of 72. (Transition Services Goal One A)
- During this quarter, 249 individuals with disabilities under age 65 in a nursing facility longer than 90 days moved to more integrated settings. After three quarters, 92% of the annual goal of 750 has been achieved. (Transition Services Goal One B)
- During this quarter, 309 individuals moved from other segregated settings to more integrated settings. After three quarters, the total number of 913 exceeds the annual goal of 500. (Transition Services Goal One C)

Timeliness of Waiver Funding Goal One

- There are fewer individuals waiting for access to a DD waiver. At the end of the current quarter 59% of individuals were approved for funding within 45 days. Another 30% had funding approved after 45 days.

Increasing system capacity and options for integration

- The utilization of the Person Centered Protocols continues to show improvement. During this quarter, of the eight person centered elements measured in the protocols, performance on all elements improved over the 2017 baseline. Five of the eight elements achieved 100%. (Person-Centered Planning Goal One)
- The adherence to transition protocol continues to show improvement. During this quarter, 76% of case files adhered to transition protocols. (Transition Services Four)
- The number of individuals experiencing a restrictive procedure is lower, at 561 individuals this year compared to 642 in the previous year. (Positive Supports Goal One)
- The number of reports of use of restrictive procedures is lower, at 3,126 reports this year compared to 3,223 in the previous year. (Positive Supports Goal Two)
- The number of people living in the most integrated housing of their choice increased by 1,132 from the last year. (Housing and Services Goal One)
- The number of individuals in competitive integrated employment increased by 669 in the past year. (Employment Goal Two)
- The percentage of people receiving community services within 30 days after discharge from the hospital was 94.6% and met the annual goal of 91%. (Crisis Service Four B)
- The percentage of people receiving crisis services within ten days of referral was 96.5%. This met the annual goal of 90%. (Crisis services Goal Five)
- The number of individuals with disabilities participating in public input opportunities increased by 11.5% and the number of comments increased by 173% over baseline. (Community Engagement Goal Two)

The following measurable goals have been targeted for improvement:

- Transition Services Goal Three to increase the number of individuals leaving the Minnesota Security Hospital (MSH) to a more integrated setting.
- Positive Supports Three to reduce the number of reports of emergency use of mechanical restraints with approved individuals.
- Lifelong Learning and Education Goal Two to increase the number of students with disabilities enrolling in integrated postsecondary education settings.
- Healthcare and Healthy Living Goal One to reduce the rate of readmission for children and adults with disabilities after an acute inpatient hospital stay.
- Healthcare and Healthy Living Goal Two to reduce the rate for children and adults with disabilities who use an emergency department for non-traumatic dental services.
- Crisis Services Goal Four A to increase the percent of people who are housed five months after discharge from the hospital (due to a crisis).

The following measurable goals are in process and have no current annual goals:

- Transition Services Goal Two to decrease the percent of people at Anoka Metro Regional Treatment Center (AMRTC) who no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting.

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 reporting period

Setting	Reporting period	Number moved
• Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD)	Jan – Mar 2020	32
• Nursing Facilities (individuals under age 65 in facility > 90 days)	Jan – Mar 2020	249
• Other segregated settings	Jan – Mar 2020	309
• Anoka Metro Regional Treatment Center (AMRTC)	July - Sept 2020	23
• Minnesota Security Hospital (MSH) ¹	July - Sept 2020	16
Total	--	629

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 and the universe number when available. The universe number is the total number of individuals potentially affected by the goal. The universe number provides context as it relates to the measure.

¹ For the purposes of this report Minnesota Security Hospital (MSH) refers to individuals residing in the facility and committed as Mentally Ill and Dangerous and other civil commitment statuses and individuals under competency restoration treatment, Minn. R. Crim. R. 20.01.

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	June 30, 2018	June 30, 2019	June 30, 2020
A) Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD)	72	84	84	84	72	72	72
B) Nursing Facilities (NF) under age 65 in NF > 90 days	707	740	740	740	750	750	750
C) Segregated housing other than listed above	1,121	50	250	400	500	500	500
Total		874	1,074	1,224	1,322	1,322	1,322

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

2020 goal

- For the year ending June 30, 2020 the number of people who have moved from ICFs/DD to a more integrated setting will be **72**

Baseline: January - December 2014 = 72

RESULTS:

The goal is **on track** to meet the 2020 goal to move 72 people from ICFs/DD to a more integrated setting.

Time period	Total number of individuals leaving	Transfers ^{iv} (-)	Deaths (-)	Net moved to integrated setting
2015 Annual (July 2014 – June 2015)	138	18	62	58
2016 Annual (July 2015 – June 2016)	180	27	72	81
2017 Annual (July 2016 – June 2017)	263	25	56	182
2018 Annual (July 2017 – June 2018)	216	15	51	150
2019 Annual (July 2018 – June 2019)	298	20	58	220
2020 Quarter 1 (July – September 2019)	39	3	12	24
2020 Quarter 2 (October – December 2019)	47	5	21	21
2020 Quarter 3 (January – March 2020)	63	5	26	32

ANALYSIS OF DATA:

From January – March 2020, the number of people who moved from an ICF/DD to a more integrated setting was 32. This is 11 people more than the previous quarter. After three quarters, the total number is 77 which exceeds the annual goal of 72. The goal is on track.

COMMENT ON PERFORMANCE:

DHS provides reports to counties about persons in ICFs/DD who are not opposed to moving with community services, as based on their last assessment. As part of the current reassessment process, individuals are being asked whether they would like to explore alternative community services in the next 12 months. Some individuals who expressed an interest in moving changed their minds, or they would like a longer planning period before they move.

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

DHS continues to work with private providers and Minnesota State Operated Community Services (MSOCS) that have expressed interest in voluntary closure of ICFs/DD. Providers are working to develop service delivery models that better reflect a community-integrated approach requested by people seeking services.

UNIVERSE NUMBER:

In June 2017, there were 1,383 individuals receiving services in an ICF/DD.

TIMELINESS OF DATA:

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

B) NURSING FACILITIES**2020 goal**

- For the year ending June 30, 2020, 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 **750**.

Baseline: January - December 2014 = 707

RESULTS:

The goal is **on track** to meet the 2020 goal to move 750 people (under age 65) from Nursing Facilities to a more integrated setting.

Time period	Total number of individuals leaving	Transfers (-)	Deaths (-)	Net moved to integrated setting
2015 Annual (July 2014 – June 2015)	1,043	70	224	749
2016 Annual (July 2015 – June 2016)	1,018	91	198	729
2017 Annual (July 2016 – June 2017)	1,097	77	196	824
2018 Annual (July 2017 – June 2018)	1,114	87	197	830
2019 Annual (July 2018 – June 2019)	1,176	106	190	880
2020 Quarter 1 (July – September 2019)	289	29	49	211
2020 Quarter 2 (October – December 2019)	314	27	54	233
2020 Quarter 3 (January – March 2020)	329	20	60	249

ANALYSIS OF DATA:

From January – March 2020, the number of people under 65 in a nursing facility for more than 90 days who moved to a more integrated setting was 249, which is 16 more individuals than the previous quarter. After three quarters, the number is 92% of the annual goal of 750. The goal is on track.

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, supplies and payment of certain deposits.

UNIVERSE NUMBER:

In June 2017, there were 1,502 individuals with disabilities under age 65 who received services in a nursing facility for longer than 90 days.

TIMELINESS OF DATA:

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

C) SEGREGATED HOUSING**2020 goal**

- For the year ending June 30, 2020, the number of people who have moved from other segregated housing to a more integrated setting will be **500**.

BASELINE: During July 2013 – June 2014, of the 5,694 individuals moving, 1,121 moved to a more integrated setting.

RESULTS:

The goal is **on track** to meet the 2020 goal to move 500 people from segregated housing to a more integrated setting.

[Receiving Medical Assistance (MA)]

Time period	Total moves	Moved to more integrated setting	Moved to congregate setting	Not receiving residential services	No longer on MA
2015 Annual (July 14 – June 15)	5,703	1,137 (19.9%)	502 (8.8%)	3,805 (66.7%)	259 (4.6%)
2016 Annual (July 15 – June 16)	5,603	1,051 (18.8%)	437 (7.8%)	3,692 (65.9%)	423 (7.5%)
2017 Annual (July 16 – June 17)	5,504	1,054 (19.2%)	492 (8.9%)	3,466 (63.0%)	492 (8.9%)
2018 Annual (July 17 – June 18)	5,967	1,188 (19.9%)	516 (8.7%)	3,737 (62.6%)	526 (8.8%)
2019 Annual (July 18 – June 19)	5,679	1,138 (20.0%)	484 (8.5%)	3,479 (61.3%)	578 (10.2%)
2020 Quarter 1 (July – Sept 2019)	1,520	284 (18.7%)	122 (8%)	954 (62.6%)	160 (10.5%)
2020 Quarter 2 (Oct – Dec 2019)	1,465	320 (21.8%)	120 (8%)	892 (61.0%)	133 (9.0%)
2020 Quarter 3 (Jan – Mar 2020)	1,520	309 (20.3%)	152 (10%)	952 (62.7%)	107 (7.0%)

ANALYSIS OF DATA:

From January – March 2020, of the 1,520 individuals moving from segregated housing, 309 individuals (20.3%) moved to a more integrated setting. This is a decrease of 11 (1.5%) from the previous quarter. After three quarters, the total number of 913 exceeds the annual goal of 500. The goal is on track.

COMMENT ON PERFORMANCE:

During the last quarter, there were significantly more individuals who moved to more integrated settings (20.3%) than who moved to congregate settings (10). This analysis also illustrates the number of individuals who are no longer on MA and who are not receiving residential services as defined below.

The data indicates that a large percentage (62.7%) of individuals who moved from segregated housing are not receiving publicly funded residential services. Based on trends identified in data development for Crisis Services Goal Four, it is assumed the majority of those people are housed in their own or their family's home and are not in a congregate setting.

COMMENT ON TABLE HEADINGS:

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

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

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

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

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

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

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

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

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

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

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

TIMELINESS OF DATA:

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

TRANSITION SERVICES GOAL TWO: By June 30, 2020, 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). [Extended March 2020]

2020 goal

- By June 30, 2020 the percent awaiting discharge will be reduced to **30%** or lower

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.²

RESULTS:

The 2020 overall goal was reported as not met in the August 2020 Quarterly Report. Progress on this goal will continue to be reported in as **in process**.

Percent awaiting discharge (daily average)

Time period	Mental health commitment	Committed after finding of incompetency
2016 Annual (July 2015 – June 2016)	Daily Average = 42.5% ³	
2017 Annual (July 2016 – June 2017)	44.9%	29.3%
2018 Annual (July 2017 – June 2018)	36.9%	23.8%
2019 Annual (July 2018 – June 2019)	37.5%	28.2%
2020 Annual (July 2019 – June 2020)	36.3%	22.7%
2021 Quarter 1 (July – September 2020)	29.9%	25.2%

ANALYSIS OF DATA:

The 2019 overall goal to reduce the percent of individuals awaiting discharge to 30% was not met. From July 2019 – June 2020, 36.3% 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. During the same period, the percentage of individuals awaiting discharge who were civilly committed after being found incompetent was 22.7%. The combined total of all individuals at AMRTC awaiting discharge was 29.5%. Although the combined total met the 30% or less target, the 2020 goal for people under mental health commitment was not met.

From July – September 2020, 29.9% of those under mental health commitment at AMRTC no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting. This is an improvement of 6.4% from the 2020 annual percentage. During the same period, the percentage of individuals awaiting discharge who were civilly committed after being found incompetent was 25.2%. The combined total of all individuals at AMRTC awaiting discharge was 27.3%. This goal is being

² The baseline included individuals at AMRTC under mental health commitment and individuals committed after being found incompetent on a felony or gross misdemeanor charge (restore to competency).

³ The data for July 2015 - June 2016 was reported as a combined percentage for individuals under mental health commitment and individuals committed after being found incompetent on a felony or gross misdemeanor charge (restore to competency). After July 2016, the data is reported separately for the two categories.

reported as in process. DHS believes that improvement on this measure is due to enhanced county partnerships, collaboration efforts across DHS to optimize patient flow and the restructuring of the social work department to improve patient care.

From July – September 2020, 14 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 those who were civilly committed after being found incompetent on a felony or gross misdemeanor charge who moved to integrated settings.

Time period	Total number of individuals leaving	Transfers	Deaths	Net moved to integrated setting	Moves to integrated setting	
					Mental health commitment	Committed after finding of incompetency
2017 Annual (July 2016 – June 2017)	267	155	2	110	54	56
2018 Annual (July 2017 – June 2018)	274	197	0	77	46	31
2019 Annual (July 2018 – June 2019)	317	235	1	81	47	34
2020 Annual (July 2019 – June 2020)	347	243	0	104	66	38
2021 Quarter 1 (July – September 2020)	100	77	0	23	14	9

COMMENT ON PERFORMANCE:

Approximately one third of individuals at AMRTC no longer need hospital level of care, including those under a mental health commitment and those who need competency restoration services. Those committed after a finding of incompetency, accounted for approximately 50% of AMRTC's census in this quarter.

For individuals under mental health commitment, complex mental health and behavioral support needs often create challenges to timely discharge. When they move to the community, they may require 24 hour per day staffing or 1:1 or 2:1 staffing. Common barriers that can result in delayed discharges for those at AMRTC include a lack of housing vacancies and housing providers no longer accepting applications for waiting lists.

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

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

UNIVERSE NUMBER:

In Calendar Year 2017, 383 patients received services at AMRTC. This may include individuals who were admitted more than once during the year. The average daily census was 91.9.

TIMELINESS OF DATA:

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

TRANSITION SERVICES GOAL THREE: By December 31, 2020, the average monthly number of individuals leaving Minnesota Security Hospital⁴ to a more integrated setting will increase to 10 individuals per month. [Extended March 2020]

2020 goal

- By December 31, 2020 the average monthly number of individuals leaving to a more integrated setting will increase to 10 or more

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 2020 goal to increase the monthly number of individuals leaving to a more integrated setting to 10.

Time period	Total number of individuals leaving	Transfers ^{iv} (-)	Deaths (-)	Net moved to integrated setting	Monthly average
2015 Annual (Jan – Dec 2015)	188	107	8	73	6.1
2016 Annual (Jan – Dec 2016)	184	97	3	84	7.0
2017 Annual (Jan – Dec 2017)	199	114	9	76	6.3
2018 Annual (Jan – Dec 2018)	212	130	3	79	6.6
2019 Annual (Jan – Dec 2019)	217	121	5	91	7.6
2020 Quarter 1 (Jan – Mar 2020)	32	16	2	14	4.7
2020 Quarter 2 (Apr – June 2020)	38	23	4	11	3.7
2020 Quarter 3 (July – Sept 2020)	26	9	1	16	5.3

ANALYSIS OF DATA:

From July – September 2020, the average monthly number of individuals leaving the facility to a more integrated setting was 5.3. The average number moving to an integrated setting increased by 1.6 from the previous quarter and is 4.7 below the goal of 10. The goal is not on track.

Discharge data is categorized into three areas to allow analysis around possible barriers to discharge. The table below provides a breakdown of the number of individuals leaving the facility by category. The categories include: committed after being found incompetent on a felony or gross misdemeanor charge, committed as Mentally Ill and Dangerous (MI&D) and Other committed.

⁴ For the purposes of this report Minnesota Security Hospital (MSH) refers to individuals residing in the St Peter facility and committed as Mentally Ill and Dangerous and other civil commitment statuses and individuals under competency restoration treatment, Minn. R. Crim. P. 20.01.

Time period	Type	Total moves	Transfers	Deaths	Moves to integrated
2015 Annual (January – December 2015)	Committed after finding of incompetency	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
2016 Annual (January – December 2016)	Committed after finding of incompetency	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
2017 Annual (January – December 2017)	Committed after finding of incompetency	133	94	2	27
	MI&D committed	55	17	6	32
	Other committed	11	3	1	7
	Total	199	114	9	(Avg. = 6.3) 76
2018 Annual (January – December 2018)	Committed after finding of incompetency	136	97	0	39
	MI&D committed	73	31	3	39
	Other committed	3	2	0	1
	Total	212	130	3	(Avg. = 6.6) 79
2019 Annual (January – December 2019)	Committed after finding of incompetency	138	89	1	48
	MI&D committed	73	33	4	36
	Other committed	6	1	0	5
	Total	217	123	5	(Avg. = 7.4) 89
2020 Quarter 1 (Jan – Mar 2020)	Committed after finding of incompetency	19	13	0	6
	MI&D committed	11	3	2	6
	Other committed	2	0	0	2
	Total	32	16	2	(Avg. = 4.7) 14
2020 Quarter 2 (April – June 2020)	Committed after finding of incompetency	25	17	1	7
	MI&D committed	13	6	3	4
	Other committed	0	0	0	0
	Total	38	23	4	(Avg. = 3.7) 11
2020 Quarter 3 (July – Sept 2020)	Committed after finding of incompetency	13	6	0	7
	MI&D committed	11	3	1	7
	Other committed	2	0	0	2
	Total	26	9	1	(Avg. = 5.3) 16

COMMENT ON PERFORMANCE:

The St Peter facility continues to experience increased challenges in discharging individuals to more integrated settings due to the COVID-19 pandemic. Many community providers are unable to accept new admissions at this time, most often because they are experiencing staffing shortages due to illness.

In addition to community provider's inability to serve new admissions, The St Peter facility has needed to restrict individual access to the community both in outings and passes. This has resulted in individuals being unable to practice community reintegration skills that are often required by the Forensic Review Panel, the Special Review Board, and/or community providers prior to an individual's discharge. In addition to COVID-related barriers, staff have noted challenges with finding placements that will accept individuals with criminal sexual conduct histories and meet accessibility needs for individuals who use a wheelchair.

Individuals committed to the facility are provided services tailored to their individual needs. DHS efforts continue to expand community capacity and continues to work towards the mission of the Olmstead Plan or decision by identifying individuals who could be served in more integrated settings.

MI&D committed and Other committed

Persons committed as Mentally Ill and Dangerous (MI&D), are provided 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 approval for community-based placement (Minnesota Stat. 253B.18). Persons under other commitments receive services at the St Peter facility. Other commitments include Mentally Ill (MI), Mentally Ill and Chemically Dependent (MI/CD), Mentally Ill and Developmentally Disabled (MI/DD).

One identified barrier to discharge is the limited number of providers with the capacity to serve:

- Individuals with Level 3 predatory offender designation;
- Individuals over age 65 who require adult foster care, skilled nursing, or nursing home level care;
- Individuals with DD/ID with high behavioral acuity;
- Individuals who are undocumented; and
- Individuals whose county case management staff has refused or failed to adequately participate in developing an appropriate provisional discharge plan for the individual.

Some barriers to discharge identified by the Special Review Board (SRB), in their 2017 MI&D Treatment Barriers Report as required by Minnesota Statutes 253B.18 subdivision 4c(b) included:

- The patient lacks an appropriate provisional discharge plan;
- A placement that would meet the patient's needs is being developed; and
- Funding has not been secured.

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 or 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 individual's growth or skill development, when necessary, to aid in preparing for community reintegration.

A summary of the Forensic Review Panel efforts include:

- From January to March 2020: Reviewed 60 cases; recommended reductions for 9 cases with 10 being granted. (There are times the Special Review Board supports a reduction that the Forensic Review Board did not recommend).
- From April to June 2020: Reviewed 60 cases; recommended reductions for 25 cases. To date, 17 have been granted and 19 reviews are pending.
- From July to September 2020: Reviewed 74 cases; recommended reductions for 29 cases. To date, 21 were not granted, 3 petitions were withdrawn and 50 reviews are pending.
- Collaboration with DHS/Direct Care and Treatment entities to expand community capacity and individualized services for a person's transitioning.

Committed after finding of incompetency

Individuals under competency restoration treatment, Minn. R. Crim. P. 20.01, may be served in any program at the facility. The majority of individuals are placed under a concurrent civil commitment to the Commissioner, as Mentally Ill. The limited purpose for this population is to stabilize the individual's mental health symptoms such that they can be served in a lower level of care.

Competency restoration treatment may occur with any commitment type, but isn't the primary decision factor for discharge. For this report, the "Committed after finding of incompetency" category represents any individual who had been determined by the court to be incompetent to proceed to trial, 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).

- Programming has been expanded to individuals under "treat to competency," by opening a 32-bed unit.
- While AMRTC continues to provide care to those who may be under this legal status, individuals referred to the facility in St Peter are determined to no longer require hospital-level care.

DHS has convened a cross-division, cross-administration working group to improve the timely discharge of individuals at the St Peter facility and AMRTC who fall into this unique category of "Committed after findings of incompetency" Minn. R. Crim. P. 20.01. The focus is to identify barriers, current and future strategies to develop a continuum of care delivery in Minnesota as well as any needed efficiencies that could be developed to support movement to community, specifically from the St Peter facility and AMRTC. The group is reviewing discharge processes across AMRTC and the Forensic Mental health program with the aim of standardization in these sites resulting in improved outcomes for our patients.

UNIVERSE NUMBER:

In Calendar Year 2017, 581 patients received services at MSH. This may include individuals who were admitted more than once during the year. The average daily census was 358.4.

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, 2020, 100% of people who experience a transition will engage in a process that adheres to the Person-Centered, Informed Choice and Transition 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. [People who opted out of using the My Move Summary document or did not inform their case manager that they moved are excluded from this measure.]

Baseline: For the period from October 2017 – December 2017, of the 26 transition case files reviewed, 3 people opted out of using the My Move Plan Summary document and 1 person did not inform their case manager that they moved. Of the remaining 22 case files, 15 files (68.2%) adhered to the transition protocol.

RESULTS:

The 2020 goal of 100% was **not met**.

Time period	Number of transition case files reviewed	Number opted out	Number not informing case manager	Number of remaining files reviewed	Number not adhering to protocol	Number adhering to protocol
Baseline Oct – Dec 2017	26	3	1	22	7 of 22 (31.8%)	15 of 22 (68.2%)
FY 18 Qtr 3 and 4 Jan – June 2018	59	11	5	43	5 of 43 (11.6%)	38 of 43 (88.4%)
FY 19 (July 18 – June 20)	78	20	4	54	19 of 54 (35.2%)	35 of 54 (64.8%)
FY 20 (July 19 – June 20)	158	27	11	120	26 of 120 (21.7%)	94 of 120 (78.3%)
FY20 Quarter 1 July –Sept 2019	27	0	0	27	5 of 27 (18.5%)	22 of 27 (81.5%)
FY 20 Quarter 2 Oct – Dec 2019	61	12	5	44	8 of 44 (18.2%)	36 of 44 (81.8%)
FY 20 Quarter 3 Jan – Mar 2020	41	4	5	32	9 of 32 (28.1%)	23 of 32 (71.9%)
FY20 Quarter 4 April – June 2020	29	11	1	17	4 of 17 (24%)	13 of 17 (76%)

ANALYSIS OF DATA:

From July 2019 – June 2020, of the 158 transition case files reviewed, 27 people opted out of using the My Move Plan documents and 11 individuals did not inform their case managers that they were moving. Of the remaining 120 case files, 94 files (78%) adhered to the transition protocols. Although this was an improvement over the previous year when 35 (65%) of 54 files adhered to the transition protocols, the overall goal of 100% was not met.

For the period of April – June 2020, of the 29 transition case files reviewed, 11 people opted out of using the My Move Plan document and 1 individual did not inform their case manager that they were moving.

Of the remaining 17 files, 13 files (76%) adhered to the transition protocol. This is an increase of 4.1% from the previous quarter.

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 will the person 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.

In addition to reviewing for adherence to the transition protocols (use of the My Move Plan document), case files are reviewed for the presence of person-centered elements. This is reported in Person-Centered Planning Goal One.

COMMENT ON PERFORMANCE:

Three of the five lead agencies reviewed consistently used the My Move Plan Summary document to help facilitate the person’s move, 100% of the time when the case manager was aware of the move. The 4 cases that did not adhere to protocol were because a My Move Plan Summary form was not present in the case file during the time of the review.

In April 2019, Lead Agency Review implemented changes to the sampling methodology utilized to identify transition cases. Prior to April 2019, a discrete transition sample was selected based on claims data for people who had moved within 18 months of the case file review period. As of April 2019, the Lead Agency Review team now reviews transition protocol compliance for anyone within the overall case file review sample who moved during the 18 month review period.

When findings from case file review indicate files do not contain all required documentation, the lead agency is required to bring all cases into full compliance by obtaining or correcting the documentation. Corrective action plans are required when patterns of non-compliance are evident. Because the move occurred prior to the lead agency site review, transition measures related to the contents of the My Move Plan Summary cannot be remediated.

However, lead agencies are provided information about which components of the My Move Plan were compliant/non-compliant for each of the transition cases that were reviewed.

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. TIMELINESS OF WAIVER FUNDING

This section reports progress of individuals being approved for home and community-based services waiver funding. An urgency categorization system for the Developmental Disabilities (DD) waiver waiting list was implemented on December 1, 2015. The 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. The goal reports the number of individuals that have funding approved at a reasonable pace and those pending funding approval.

TIMELINESS OF WAIVER FUNDING GOAL ONE: 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	<u>Reasonable Pace</u> Funding approved within 45 days	Funding approved after 45 days
Institutional Exit	89	37 (42%)	30 (37%)
Immediate Need	393	243 (62%)	113 (29%)
Defined Need	1,018	427 (42%)	290 (30%)
Totals	1,500	707 (47%)	433 (30%)

RESULTS:

This goal is in process.

Time period: Fiscal Year 2018 (July 2017 – June 2018)

Urgency of Need Category	Total number of people assessed	<u>Reasonable Pace</u> Funding approved within 45 days	Funding approved after 45 days	Pending funding approval
Institutional Exit	96	63 (66%)	26 (27%)	7 (7%)
Immediate Need	467	325 (70%)	118 (25%)	24 (5%)
Defined Need	1,093	734 (67%)	275 (25%)	84 (8%)
Totals	1,656	1,122 (68%)	419 (25%)	115 (7%)

Time period: Fiscal Year 2019 (July 2018 - June 2019)

Urgency of Need Category	Total number of people assessed	Reasonable Pace Funding approved within 45 days	Funding approved after 45 days	Pending funding approval
Institutional Exit	105	84 (80%)	18 (17%)	3 (3%)
Immediate Need	451	339 (75%)	98 (21.7%)	14 (3%)
Defined Need	903	621 (69%)	235 (26%)	47 (5%)
Totals	1,459	1,044 (72%)	351 (24%)	64 (4%)

Time Period: Fiscal Year 2020 Quarter 1 (July - September 2019)

Urgency of Need Category	Total number of people assessed	Reasonable Pace Funding approved within 45 days	Funding approved after 45 days	Pending funding approval
Institutional Exit	15	10 (67%)	4 (27%)	1 (7%)
Immediate Need	71	47 (66%)	19 (27%)	5 (7%)
Defined Need	162	89 (55%)	56 (35%)	17 (10%)
Totals	248	146 (59%)	79 (32%)	23 (9%)

Time Period: Fiscal Year 2020 Quarter 2 (October - December 2019)

Urgency of Need Category	Total number of people assessed	Reasonable Pace Funding approved within 45 days	Funding approved after 45 days	Pending funding approval
Institutional Exit	17	9 (53%)	7 (41%)	1 (6%)
Immediate Need	74	51 (69%)	19 (26%)	4 (5%)
Defined Need	188	105 (56%)	60 (32%)	23 (12%)
Totals	279	165 (59%)	86 (31%)	28 (10%)

Time Period: Fiscal Year 2020 Quarter 3 (January - March 2020)

Urgency of Need Category	Total number of people assessed	Reasonable Pace Funding approved within 45 days	Funding approved after 45 days	Pending funding approval
Institutional Exit	25	18 (72%)	4 (16%)	3 (12%)
Immediate Need	82	47 (58%)	33 (40%)	2 (2%)
Defined Need	226	126 (56%)	69 (30%)	31 (14%)
Totals	333	191 (57%)	106 (32%)	36 (11%)

Time Period: Fiscal Year 2020 Quarter 4 (April - June 2020)

Urgency of Need Category	Total number of people assessed	Reasonable Pace Funding approved within 45 days	Funding approved after 45 days	Pending funding approval
Institutional Exit	14	6 (43%)	7 (50%)	1 (7%)
Immediate Need	46	29 (63%)	13 (28%)	4 (9%)
Defined Need	210	123 (59%)	62 (30%)	25 (12%)
Totals	270	158 (59%)	82 (30%)	30 (11%)

ANALYSIS OF DATA:

From April – June 2020, of the 270 individuals assessed for the Developmental Disabilities (DD) waiver, 158 individuals (59%) had funding approved within 45 days of the assessment date. An additional 82 individuals (30%) had funding approved after 45 days. Only 30 individuals (11%) assessed are pending funding approval.

COMMENT ON PERFORMANCE:

Lead agencies receive monthly updates regarding the people who are still waiting for DD funding approval through a web-based system. Using this information, lead agencies can view the number of days a person has been waiting for DD funding approval 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 individuals pending funding approval on an intermittent basis, requiring DHS to engage with each agency to resolve individual situations. When these issues arise, a lead agency may be unfamiliar with the reasonable pace funding requirement due to the infrequent nature of this issue at their particular agency. DHS continues to provide training and technical assistance to lead agencies as pending funding approval issues occur and has added staff resources to monitor compliance with reasonable pace goals.

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 an immediate reassessment or information will be collected during a future assessment.

Below is a summary table with the number of people pending funding approval at a specific point of time. Also included is the average and median days waiting of those individuals pending funding approval. The average days and median days information has been collected since December 1, 2015. This data does not include those individuals who had funding approved within the 45 days reasonable pace goal.

Number of People Pending Funding Approval by Category

As of Date	Total Number	Institutional Exit	Immediate Need	Defined Need
April 1, 2017	201	13	16	172
July 1, 2017	237	13	26	198
October 1, 2017	152	12	36	104
January 1, 2018	89	1	22	66
April 1, 2018	60	5	20	35
July 1, 2018	94	6	26	62
October 1, 2018	114	12	26	76
January 8, 2019	93	10	18	65
April 1, 2019	79	3	15	61
July 1, 2019	96	10	22	64
October 1, 2019	125	9	29	87
January 1, 2020	117	7	23	87
April 1, 2020	135	9	33	93
July 1, 2020	132	8	16	108
October 1, 2020	113	4	24	85

Average Number of Days Individuals are Pending Funding Approval by Category

As of Date	Institutional Exit	Immediate Need	Defined Need
April 1, 2017	91	130	193
July 1, 2017	109	122	182
October 1, 2017	136	120	183
January 1, 2018	144	108	184
April 1, 2018	65	109	154
July 1, 2018	360	115	120
October 1, 2018	112	110	132
January 8, 2019	138	115	144
April 1, 2019	278	113	197
July 1, 2019	155	125	203
October 1, 2019	262	132	197
January 1, 2020	216	167	205
April 1, 2020	252	152	198
July 1, 2020	318	239	228
October 1, 2020	504	223	289

Median Number of Days Individuals are Pending Funding Approval by Category

As of Date	Institutional Exit	Immediate Need	Defined Need
April 1, 2017	82	93	173
July 1, 2017	103	95	135
October 1, 2017	102	82	137
January 1, 2018	144	74	140
April 1, 2018	61	73	103
July 1, 2018	118	85	70
October 1, 2018	74	78	106
January 8, 2019	101	79	88
April 1, 2019	215	88	147
July 1, 2019	75	86	84
October 1, 2019	166	103	103
January 1, 2020	104	119	105
April 1, 2020	195	78	121
July 1, 2020	257	165	148
October 1, 2020	367	100	197

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 2018 National Core Indicator (NCI) survey for individuals with intellectual and developmental disabilities were reported in the February 2020 Quarterly Report. The national results of the NCI survey with state-to-state comparison are available at www.nationalcoreindicators.org. The Minnesota state reports are also available at www.nationalcoreindicators.org/states/MN.

QUALITY OF LIFE SURVEY

The [Olmstead Plan Quality of Life Survey: First Follow-Up 2018⁵](#) report was accepted by the Olmstead Subcabinet on January 28, 2019. The analysis of the follow-up survey results shows that this long-term study is valuable and has helped to identify important characteristics affecting overall quality of life. Researchers recommend waiting a longer period of time before resurveying respondents.

Olmstead Plan Quality of Life Survey Second Follow-Up

The second follow-up survey is being conducted throughout 2020. This survey will engage 500 individuals who participated in the longitudinal study. In addition this year's survey includes a new sample of 50 Minnesotans with disabilities who identify Black, Indigenous, and People of Color (BIPOC). As of November 4, 2020 there are 267 surveys completed for the longitudinal study and 7 for the BIPOC survey. As completed interviews are under target, the Olmstead Implementation Office is working closely with the vendor to ensure completion of the survey.

As part of the Second Follow-Up survey, four briefs are being released throughout. These briefs address specific topics and along with survey results, can inform efforts to improve quality of life for Minnesotans with disabilities. Three of the four have been released to date⁶. The fourth brief will be released in November 2020.

The briefs relate to the following areas:

1. Social integration and engagement - This brief speaks to opportunities to meaningfully interact with people outside of the disability system.
2. Freedom to make choices - This brief focuses on what the survey tells us about the decisions people make, the choices they have, and how policies can better support individual choice.
3. Perceived qualities of life - This brief focuses on what survey participants themselves tell us about their quality of life and what that suggests for areas of improvement.
4. Presence of close and valued relationships – The remaining brief will focus on how we all deserve the ability to develop friendships, but for some of us who receive services in settings designed to have control over us, it can be hard to develop these close relationships.

⁵ [Olmstead Plan Quality of Life Survey: First Follow-up 2018](#) Report is available on the Olmstead Plan website at www.mn.gov/olmstead

⁶ Olmstead Quality of Life Survey briefs are available on the Olmstead Quality of Life website at <http://theimprovegroup.com/olmstead-quality-life-survey>

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. The information for each goal includes the overall goal, annual goal, baseline, results for the reporting period, analysis of the data and a comment on performance and the universe number, when available. The universe number is the total number of individuals potentially affected by the goal. This number provides context as it relates to the measure.

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

Baseline: In state Fiscal Year (FY) 2014, 38,550 people were served on the disability home and community-based services. From July 1, 2016 – June 30, 2017 there were 1,201 disability files reviewed during the Lead Agency Reviews. For the period from April – June 2017, in the 215 case files reviewed, the eight required criteria were present in the percentage of files shown below.

Element	Required criteria	Percent
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%

RESULTS:

This goal is **in process**.

Time period	(1) Preferences	(2) Dreams Aspirations	(3) Choice	(4) Rituals Routines	(5) Social Activities	(6) Goals	(7) Living	(8) Work
Fiscal Year (Months)								
Baseline (April – June 2017)	74%	17%	79%	62%	83%	70%	80%	71%
FY18 Q1 (July – Sept 2017)	75.9%	6.9%	93.1%	37.9%	93.1%	79.3%	96.6%	93.1%
FY18 Q2 (Oct – Dec 2017)	84.6%	30.8%	92.3%	65.4%	88.5%	76.9%	92.3%	92.3%
FY18 Q3 (Jan – Mar 2018)	84.6%	47.3%	91.6%	68.9%	93.5%	79.6%	97.5%	94.1%
FY18 Q4 (Apr – June 2018)	80.2%	40.1%	92.8%	67.1%	94.5%	89.5%	98.7%	78.9%
FY19 Q1 (July – Sept 2018)	90.0%	53.8%	96.2%	52.3%	93.8%	90.8%	98.5%	98.5%
FY19 Q2 (Oct – Dec 2018)	91.5%	62.1%	98.1%	60.7%	94.8%	96.7%	98.6%	98.6%
FY19 Q3 (Jan – Mar 2019)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FY19 Q4 (Apr – June 2019)	94.0%	59.2%	99.5%	66.3%	99.5%	98.4%	98.9%	100%
FY20 Q1 (July – Sept 2019)	85.5%	72%	97.5%	77%	98.5%	97%	98.5%	98.2%
FY20 Q2 (Oct – Dec 2019)	94.8%	78.4%	99.5%	75.4%	99.2%	96.2%	99.5%	99.5%
FY20 Q3 (Jan – Mar 2020)	86.8%	74.7%	98.4%	76.6%	97.6%	94.9%	98.2%	97.1%
FY20 Q4 (Apr – June 2020)	97.3%	83.5%	100%	79.3%	100%	100%	100%	100%

ANALYSIS OF DATA:

For the period from April – June 2020, in the 188 case files reviewed, the eight required elements were present in the percentage of files shown above. Performance on all eight elements has continued to improve over the 2017 baseline. Five of the eight elements achieved 100%. The remaining three show consistent progress.

Total number of cases and sample of cases reviewed

Time period	Total number of cases (disability waivers)	Sample of cases reviewed (disability waivers)
FY19 Quarter 4 (April – June 2019)	1,321	184
FY20 Quarter 1 (July – September 2019)	973	200
FY20 Quarter 2 (October – December 2019)	3,180	366
FY20 Quarter 3 (January – March 2020)	13,607	491
FY20 Quarter 4 (April – June 2020)	1,232	188

Lead Agencies Participating in the Audit ⁷

Time period	Lead agencies
FY19 Quarter 4 (April – June 2019)	(6) Faribault, Itasca, Martin, Mille Lacs, Red Lake, Wadena
FY20 Quarter 1 (July – Sept 2019)	(9) Mahnomen, Koochiching, Wabasha, Goodhue, Traverse, Douglas, Pope, Grant, Stevens
FY20 Quarter 2 (Oct – Dec 2019)	(3) Isanti, Olmsted, St. Louis
FY20 Quarter 3 (Jan – March 2020)	(3) Hennepin, Carver, Wright
FY20 Quarter 4 (April – June 2020)	(5) Crow Wing, Renville, Lac Qui Parle, Chippewa, Otter Tail

COMMENT ON PERFORMANCE:

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 (CADi) and Developmental Disabilities (DD). Of those twenty-five items, DHS selected eight items as being cornerstones of a person-centered plan.

In January 2018, the Lead Agency Review process began requiring lead agencies to remediate all areas of non-compliance with the required person-centered elements. When the findings from case file review indicate files did not contain all required documentation, the lead agency is required to bring all cases into full compliance by obtaining or correcting the documentation. Corrective action plans are required when patterns of non-compliance are evident. For the purposes of corrective action, the person-centered measures are grouped into two categories: development of a person-centered plan and support plan record keeping.

None of the five counties reviewed during this period were required to develop a corrective action plan for the person-centered measures. Their compliance level on these two measures exceeded the CMS benchmark of 86% or higher.

UNIVERSE NUMBER:

In Fiscal year 2017 (July 2016 – June 2017), there were 47,272 individuals receiving disability home and community-based services.

⁷ Agency visits are sequenced in a specific order approved by Centers for Medicare and Medicaid Services (CMS)

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.

POSITIVE SUPPORTS GOAL ONE: By June 30, 2020, 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 not exceed 650. [Revised March 2020]

2020 goal

- By June 30, 2020 the number of individuals experiencing a restrictive procedure will not exceed 650 individuals

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 2020 overall goal for the number of people experiencing a restrictive procedure to not exceed 650 individuals was **met**.

Time period	Individuals who experienced restrictive procedure	Reduction from previous year
2014 Baseline (July 2013 – June 2014)	1,076 (unduplicated)	N/A
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
2018 Annual (July 2017 - June 2018)	644 (unduplicated)	48
2019 Annual (July 2018 - June 2019)	642 (unduplicated)	2
2020 Annual (July 2019 - June 2020)	561 (unduplicated)	81
Quarter 1 (July - September 2019)	270 (duplicated)	N/A – quarterly number
Quarter 2 (October- December 2019)	210 (duplicated)	N/A – quarterly number
Quarter 3 (January – March 2020)	228 (duplicated)	N/A – quarterly number
Quarter 4 (April – June 2020)	210 (duplicated)	N/A– quarterly number

ANALYSIS OF DATA:

From July 2019 – June 2020, the total number of people experiencing a restrictive procedure was 561. That is a decrease of 81 from 642 the previous year and a decrease of 515 from baseline. The overall goal to not exceed 650 individuals was met.

From April – June 2020, the total number of people who experienced a restrictive procedure was 210. This was a decrease of 18 from the previous quarter. The quarterly numbers are duplicated counts. Individuals may experience restrictive procedures during multiple quarters in a year.

COMMENT ON PERFORMANCE:

There were 210 individuals who experienced a restrictive procedure this quarter:

- 191 individuals were subjected to Emergency Use of Manual Restraint (EUMR) only. This was a decrease of 13 people from last quarter. 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.
- 19 individuals experienced restrictive procedures other than EUMRs (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures). This was a decrease of 5 from the previous quarter. DHS staff and the External Program Review Committee provide follow up and technical assistance for all reports involving restrictive procedures *other than* EUMR. It is anticipated that focusing technical assistance with this subgroup will reduce the number of individuals experiencing restrictive procedures and the number of reports (see Positive Supports Goal Three).

Under the Positive Supports Rule, the External Program Review Committee (EPRC) 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 EPRC conducted outreach to providers in response to EUMR reports. It is anticipated the EPRC’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 purpose of EPRC engagement in these cases is to provide guidance to help reduce the frequency and/or duration of future emergency uses of manual restraint. The EPRC looks at trends in EUMR over six months to identify which providers currently need additional support. They also look at trends in 911 calls to monitor that decreases in EUMR are not replaced by increases in 911 calls.

During this quarter, the EPRC reviewed BIRFs, positive support transition plans, and functional behavior assessments. Based on the content within those documents, the committee conducted EUMR-related assistance involving 46 people. This number does not include people who are receiving similar support from other DHS groups. Some examples of guidance provided by committee members include discussions about the function of behaviors, helping providers connect with local behavior professionals or other licensed professionals, providing ideas on positive support strategies, and explaining rules and the law.

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, 2020, 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 not exceed 3,500. [Revised March 2020]

2020 goal

- By June 30, 2020 the number of reports of restrictive procedure will not exceed 3,500.

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 2020 overall goal that the number of reports not exceed 3,500 was **met**.

Time period	Number of BIRF reports	Reduction from previous year
2014 Baseline (July 2013 – June 2014)	8,602	N/A
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
2018 Annual (July 2017 - June 2018)	3,739	+156
2019 Annual (July 2018 - June 2019)	3,223	516
2020 Annual (July 2019 - June 2020)	3,126	97
Quarter 1 (July – September 2019)	880	N/A – quarterly number
Quarter 2 (October- December 2019)	784	N/A – quarterly number
Quarter 3 (January – March 2020)	799	N/A – quarterly number
Quarter 4 (April – June 2020)	650	N/A – quarterly number

ANALYSIS OF DATA:

From July 2019 – June 2020, the number of restrictive procedure reports was 3,126. That is a decrease of 97 from 3,223 the previous year and a decrease of 5,476 from baseline. The overall goal to not exceed 3,500 reports was met.

From April – June 2020, the number of restrictive procedure reports was 650. This was a decrease of 149 from the previous quarter. The quarterly numbers are duplicated counts. Individuals may experience restrictive procedures during multiple quarters in a year.

COMMENT ON PERFORMANCE:

There were 650 reports of restrictive procedures this quarter. Of the 650 reports:

- 551 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 (EPRC) 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.
 - This is a decrease of 90 reports of EUMR from the previous quarter.

- 99 reports involved restrictive procedures other than EUMR (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures). The EPRC provides ongoing monitoring over restrictive procedures being used by providers with persons under the committee's purview. 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 close monitoring and engagement by the EPRC with the approved cases of emergency use of procedures enables DHS to help providers work through some of the most difficult cases of ongoing use of mechanical restraints. 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 59 from the previous quarter.
- 13 uses of seclusion or timeout involving 6 people were reported this quarter:
 - 12 reports of seclusion involving 5 people occurred at the St Peter facility (formerly known as Minnesota Security Hospital). This was a decrease of 16 from the previous quarter. As necessary, DHS Licensing Division investigates and issues correction orders for any violations of the Positive Supports Rule associated with use of mechanical restraint.
 - There was 1 report of time out this quarter. This was determined to be a coding error.
 - The combined number of seclusion or time out reports decreased by 15 from the previous quarter.

TIMELINESS OF DATA:

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

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 June 30, 2020, the emergency use of mechanical restraints, other than the use of an auxiliary device⁸ will be reduced to no more than 93 reports. [Revised March 2020]
-

2020 Goal

- By June 30, 2020, reduce mechanical restraints, other than use of auxiliary devices, to no more than 93 reports

Baseline: From July 2013 - June 2014, there were 2,038 BIRF reports of mechanical restraints involving 85 unique individuals. In SFY 2019, of the 658 reports of mechanical restraints, 336 were for use of auxiliary devices to ensure a person does not unfasten a seatbelt in a vehicle. The number of reports other than use of auxiliary devices were 322.

⁸ Auxiliary devices ensure a person does not unfasten a seat belt in a vehicle and includes seatbelt guards, harnesses and clips.

RESULTS:

The 2020 overall goal to reduce to no more than 93 reports of mechanical restraints, other than the use of auxiliary devices was **not met**.

[This goal was revised in the March 2020 Olmstead Plan. Beginning in Fiscal Year 2020, the use of auxiliary devices will be counted separately and will continue to be reported.]

Time period	Total number of reports (includes auxiliary devices)	Number of individuals at end of time period
2014 Baseline (July 2013 – June 2014)	2,083	85
2015 Annual (July 2014 – June 2015)	912	21
2016 Annual (July 2015 – June 2016)	691	13
2017 Annual (July 2016 – June 2017)	664	16
2018 Annual (July 2017 – June 2018)	671	13
2019 Annual (July 2018 – June 2019)	658	12
2020 Annual (July 2019 – June 2020)	530	10

Time period	Reports (other than seat belt devices)	Reports on use of auxiliary devices	Total number of reports (includes auxiliary devices)	Number of individuals at end of time period
2019 Annual Baseline (July 2018 – June 2019)	332	336	658	12
2020 Q1 (July – Sept 2019)	97	81	178	11
2020 Q2 (Oct – Dec 2019)	62	73	135	11
2020 Q3 (Jan – Mar 2020)	58	71	129	10
2020 Q4 (Apr – June 2020)	56	28	84	10
2020 Annual (July 2019 – June 2020)	273	257	530	10

ANALYSIS OF DATA:

From July 2019 – June 2020, the number of reports of mechanical restraints other than auxiliary devices was 273. That is a decrease of 59 from 332 the previous year. The overall goal to reduce to no more than 93 reports was not met. From July 2019 – June 2020, the total number of reports of mechanical restraints including auxiliary devices was 530 which is a decrease of 128 reports from the previous year.

From April – June 2020, the number of reports of mechanical restraints other than auxiliary devices was 56. This was a decrease of 2 from the previous quarter. At the end of the reporting period, the number of individuals for whom the use of mechanical restraint use was approved was 10. This remains unchanged from the last 2 quarters.

COMMENT ON PERFORMANCE:

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

These requests are reviewed by the External Program Review Committee (EPRC) to determine whether 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. The EPRC provides person-specific recommendations as appropriate to assist the provider to reduce the need for use of mechanical restraints. In situations where the EPRC believes a license holder needs more intensive technical assistance, phone and/or in-person consultation is provided by panel members.

The EPRC annually evaluates progress and determines if there are additional measures to be taken to reduce the use of mechanical restraint. The EPRC Annual Evaluation Report is available on the following webpage under the Annual Reports tab: <https://mn.gov/dhs/partners-and-providers/program-overviews/long-term-services-and-supports/positive-supports/extension-request/eprc.jsp>

Of the 84 BIRFs reporting use of mechanical restraint in Quarter 4:

- 28 reports involved auxiliary devices to prevent a person from unbuckling their seatbelt during travel. This is a decrease of 43 from the previous quarter. It is likely that this decrease is impacted by factors related to the Covid-19 pandemic and a decrease in outings in which a seat belt auxiliary device would have been used.
- 56 reports involved use of another type of mechanical restraint. This is a decrease of 2 from the previous quarter.
 - 49 reports involved 5 people who had the use of self-injury protection equipment (examples include helmets, splints, braces, mitts, and gloves) reviewed by the EPRC and approved by the Commissioner for the emergency use of mechanical restraint. This was an increase of 16 reports from the previous quarter.
 - 6 reports involving 4 people, were submitted by the St Peter facility (formerly called Minnesota Security Hospital). This was a decrease of 19 reports from the facility. As necessary, DHS Licensing Division investigates and issues correction orders for any violations of the Positive Supports Rule associated with use of mechanical restraint.
 - 1 report involving 1 person was a coding error.

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.

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.

PERSON-CENTERED PLANNING GOAL TWO: By 2019, increase the percent of individuals with disabilities who report that they exercised informed choice, using each individual's experience regarding their ability: to make or have input into (A) major life decisions and (B) everyday decisions, and to be (C) always in charge of their services and supports, as measured by the National Core Indicators (NCI) survey. [Revised March 2020]

Areas of input	2014 Baseline	2015 Goal	2016 Goal	2017 Goal	2018 Goal	2019 Goal
(A) Major life decisions	40%	45% or higher	50% or higher	55% or higher	58% or higher	60% or higher
(B) Everyday decisions	79%	84% or higher	85% or higher	85% or higher	90% or higher	93% or higher
(C) Always in charge of their service and supports	65%	70% or higher	75% or higher	80% or higher	80% or higher	80% or higher

(A) INPUT INTO MAJOR LIFE DECISIONS

By 2019, increase the percent of people with intellectual and developmental disabilities (I/DD) who report they have input into major life decisions^{vii} will be 60% or higher.

- By 2018, the percent will be 58% or higher
- By 2019, the percent will be 60% or higher

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

RESULTS:

The 2018 goal to increase the percent of people with intellectual and developmental disabilities (I/DD) who report they have input into major life decisions to 58% or higher was **met**.

The 2019 data is not available.

Time period	Number Surveyed	Percent reporting they have input into major life decisions
2014 survey (Baseline)	--	40%
2015 survey	400	44.3%
2016 survey	427	64%
2017 survey	1,987	51%
2018 survey	374	59%
2019 survey	Not available	Not available

ANALYSIS OF DATA:

The 2018 goal to increase the percent of people reporting they have input into major life decisions to 58% or higher was met. The 2018 NCI survey results indicated that 59% of people reported they have input into major life decisions. This is an increase of 8% over the previous year.

Starting with the 2019 survey, due to changes in the data that DHS reports to NCI, NCI is no longer able to calculate the data for this measure.

The data for this measure is taken from the NCI-DD survey. The population surveyed included adults with Intellectual or Developmental Disabilities (I/DD) who get case management services and at least one other service. In odd numbered years, starting in 2017, the NCI-DD survey is used to look for trends at the regional level. This requires a larger sample. Therefore the sample size in odd numbered years is substantially larger than the sample size in even numbered years.

COMMENT ON PERFORMANCE:

It should be noted that there is substantial variation in the results of this measure based on setting. When comparing the five data points, starting with the baseline, the 64% result in 2016 appears to be an outlier. The table below shows the percentage by the setting that people live in (ICF/DD, community group residential setting, own home or parent/family home). There is substantial variation in the results of the measure based on setting.

Percent of individuals reporting they have input into major life decisions by setting per year

Residential setting	2016	2017	2018
Own home	80%	74%	97%
Live with family	77%	64%	69%
ICF/DD	61%	48%	32%
Group residence	50%	41%	51%
Foster/host	--	42%	62%

TIMELINESS OF DATA:

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

(B) INPUT INTO EVERYDAY DECISIONS

By 2019, increase the percent of people with intellectual and developmental disabilities who make or have input in everyday decisions^{viii} to 93% or higher.

- By 2018, the percent will be 90% or higher
- By 2019, the percent will be 93% or higher

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

RESULTS:

The 2018 goal to increase the percent of people with intellectual and developmental disabilities who report they have input into major life decisions to 90% or higher was **met**.

The 2019 data is not available.

Time period	Number Surveyed	Percent reporting they have input in everyday decisions
2014 survey (Baseline)	--	79%
2015 survey	400	84.9%
2016 survey	427	87%
2017 survey	2,043	92%
2018 survey	391	92%
2019 survey	Not available	Not available

ANALYSIS OF DATA:

The 2018 goal to increase the percent of people reporting they have input into everyday decisions to 90% or higher by 2018 was met. The 2018 NCI survey results indicated that 92% of people reported they have input into everyday decisions. This is unchanged from the previous year.

Starting with the 2019 survey, due to changes in the data that DHS reports to NCI, NCI is no longer able to calculate the data for this measure.

The data for this measure was taken from the NCI-DD survey. The population surveyed included adults with Intellectual or Developmental Disabilities (I/DD) who get case management services and at least one other service. In odd numbered years, starting in 2017, the NCI-DD survey is used to look for trends at the regional level. This requires a larger sample. Therefore the sample size in odd numbered years will be substantially larger than the sample size in even numbered years.

COMMENT ON PERFORMANCE:

The 2018 goal of 90% or greater was achieved regardless of living arrangement. In 2018, people living with parents/family were the least likely to report control over everyday decisions (87%) compared with 92% of people who live in their own home or apartment. Eighty-eight percent of the people living in ICFs/DD and 90% of those living in community-based group residential settings report having input into everyday decisions.

TIMELINESS OF DATA:

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

(C) ALWAYS IN CHARGE OF THEIR SERVICES AND SUPPORTS

By 2019, the percent of people with disabilities other than I/DD who are always in charge of their services and supports^{ix} will be 80% or higher.

- By 2018, the percent will be 80% or higher
- By 2019, the percent will be 80% or higher

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

RESULTS:

The 2018 goal to increase the percent of people with disabilities other than I/DD who are always in charge of their services and supports to 80% was **not met**.

The 2019 goal to increase to 80% or higher was **not met**.

Time period	Number Surveyed	Percent reporting they are always in charge of their services and supports
2015 survey (Baseline)	--	65%
2016 survey	1,962	72%
2017 survey	377	63%
2018 survey	1,127	69%
2019 survey	401	67%

ANALYSIS OF DATA:

The 2018 and 2019 goals to increase the percent of people reporting they were always in charge of their services and supports to 80% was not met.

The 2018 NCI survey results indicated that 69% of people reported they were always in charge of their services and supports. This is a 6% increase from the previous year. The 2019 NCI survey results indicated that 67% of people reported they were always in charge of their services and supports. This is a 2% decrease from the previous year.

The data for this measure was taken from the NCI-AD survey. The population surveyed included adults with a physical disability as identified on a long-term services and supports assessment for Community Alternative Care (CAC), Community Access for Disability Inclusion (CADI), Brain Injury (BI) waivers, Home Care services or Developmental Disability screening document and who receive case management and at least one other service. In even numbered years the NCI-AD is used to look for trends at the regional level. This requires a larger sample. Therefore the sample size in even numbered years will be substantially larger than the sample size in odd numbered years.

COMMENT ON PERFORMANCE:

The percent of individuals reporting they are always in charge of their services and supports increased from 2018 and is above baseline.

Further investigation was conducted on this measure. There are variations based on where a person resides. When testing the changes by the different residential setting, the only change that is statistically significant is the change in 'Group Home'. Therefore, the primary driver of the decrease in the percent of people who feel that they are always in control of their services and supports appears to be the change in the people who reside in Group Homes.

Percent reporting they are always in charge of their services and supports by setting

Residential setting	2016	2017	2018	2019
Own home	74%	68%	72%	66%
Group home	71%	49%	73%	67%
Foster home	77%	65%	62%	67%

TIMELINESS OF DATA:

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

HOUSING AND SERVICES GOAL ONE: By June 30, 2020, 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 5,569 (from 5,995 to 11,564 or about a 92% increase). [Extended March 2020]

2020 Goal

- By June 30, 2020, 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 5,569 over baseline to 11,564 (about 92% increase).

Baseline: In State Fiscal Year 2014 (July 2013 – June 2014), there were an estimated 38,079 people living in segregated settings. Over the last 10 years, 5,995 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.

RESULTS:

The 2020 annual goal to increase by 5,569 over baseline to 11,564 was **not met**.

Time period	People in integrated housing	Change from previous year	Increase over baseline	Percent change over baseline
2014 Baseline (July 2013 – June 2014)	5,995	--	--	--
2015 Annual (July 2014 – June 2015)	6,910	+915	915	15.3%
2016 Annual (July 2015 – June 2016)	7,605	+695	1,610	26.8%
2017 Annual (July 2016 – June 2017)	8,745	+1,140	2,750	45.8%
2018 Annual (July 2017 – June 2018)	9,869	+1,263	3,852	64.2%
2019 Annual (July 2018 – June 2019)*	10,251	+382	4,256	70.4%
2020 Annual (July 2019 – June 2020)	11,383	+1,132	5,388	89.9%

*See Addendum for information about discrepancies in this reporting period from previously reported data.

ANALYSIS OF DATA:

From July 2019 – June 2020 the number of people living in integrated housing increased by 5,388 (89.9%) over baseline to 11,383. The increase in the number of people living in integrated housing from the previous year was 1,132 compared to an increase of 382 in the previous year. Although there was great improvement from the previous year, the 2020 overall goal was not met.

COMMENT ON PERFORMANCE:

Four months of the fiscal year were during the coronavirus pandemic which is still underway at the time of this reporting. While it is unclear what impact that had specifically on this performance measure, with time we will better understand how this major social disruption played out in both the housing market and the service delivery system.

When there is a tight housing market, access to housing is reduced and landlords may be unwilling to rent to individuals with public assistance, limited rental history or other similar factors. DHS is continuing to increase housing supports in Minnesota to address these barriers. The specific programs being measured in the above goal will not show the full picture of the impact of these supports, but some of these new services and supports include: the Community Living Infrastructure grants supporting individuals in the community to find housing; increase to Minnesota Supplemental Aid (MSA) Housing Assistance in July 2020; and the new Housing Stabilization Services Medicaid Services available in July 2020 which will allow providers to bill for housing search and other support services for an individual moving from homelessness (or other housing instability) to more stable housing situations.

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.

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 5,000 over baseline to 11,137 in competitive integrated employment.

2020 Goal

- By June 30, 2020, the number of individuals in competitive integrated employment will increase by 1,200 individuals to 11,137.

Baseline: In 2014, of the 50,157 people age 18-64 in Medicaid funded programs, 6,137 were in competitive integrated employment. 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).

RESULTS:

Based on Fiscal Year 2019 data, the 2020 annual goal to increase the number of individuals in competitive integrated employment to 11,137 was **not 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
Baseline (July 2013 – June 2014)	50,157	6,137	12.2%	--	--
July 2014 – June 2015	49,922	6,596	13.2%	459	459
2017 Annual Goal (July 2015 – June 2016)	52,383	8,203	15.7%	1,607	2,066
2018 Annual Goal (July 2016 – June 2017)	54,923	9,017	16.4%	814	2,880
2019 Annual Goal (July 2017 – June 2018)	58,711	9,751	16.6%	734	3,614
2020 Annual Goal (July 2018 – June 2019)	57,640	10,420	18.1%	669	4,283

ANALYSIS OF DATA:

During July 2018 – June 2019 there were 10,420 people in competitive integrated employment earning at least \$600 a month. The 2020 goal to increase the number of individuals in competitive integrated employment to 11,137 was not met.

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.

During development of the employment data dashboard in 2015, DHS tested the use of \$600 a month as a proxy measure for competitive integrated 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 in competitive integrated employment.

COMMENT ON PERFORMANCE:

July 2018 – June 2019 data shows an increase in the number and percentage of MA recipients in competitive integrated employment. This progress, however, continues a trend of lower new additions year to year. 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 3.5% in June of 2017 to 2.9% in June 2018. In June 2019, it was 3.2%
- **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.
- **Interagency efforts to increase competitive integrated 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 continue to work on this goal and continuously improve efforts around employment. Part of these efforts include:

- **Carrying out the Minnesota Technical Assistance Project (MN-TAP):** Launched in 2018, MN-TAP is a 2-year project funded by DHS, and designed to improve employment outcomes for people with disabilities. As part of the project, the Institute for Community Inclusion at the University of Massachusetts Boston, in partnership with the Institute on Community Integration at the University of Minnesota, will provide technical assistance (TA) to 2 cohorts of provider agencies, each cohort with 6 agencies. A total of 12 organizations participated over the course of the 2 years. The goal of the TA is to help providers expand their capacity to support people with intellectual/ developmental disabilities (I/DD) in obtaining and succeeding in competitive, integrated employment opportunities.

- ***Providing three new employment services in the Medicaid Home and Community Based Services (HCBS) waivers:*** As of September, 2019 Minnesota has fully transitioned HCBS waiver services to include three new employment services: Exploration, Development, and Support. These services not only help better identify what employment supports someone is receiving, but they also provide new resources to support competitive, integrated employment for people receiving waiver services.
- ***Implement memorandum of understanding with DHS and DEED:***
In September, 2019 DHS and DEED signed a memorandum of understanding(MOU) outlining how the two agencies will work together in supporting common customers (people receiving waiver services who want employment) to be successful in finding and maintaining competitive, integrated employment as well as in making informed choices about employment. This MOU grounds the agencies in shared values, clarifies federal guidance, and explains: how they will coordinate efforts, how services sequence, how they will increase shared service providers, and how they will work to create seamless referrals/transitions between programs.

Since signing the MOU, our agencies (alongside the Minnesota Department of Education) have been carrying out efforts to align our programs and services and fulfill MOU agreements. Here are some highlights of the work we are carrying out and will be implementing in the coming year:

- **Interagency Coordination:** Our agencies have established structures to coordinate our efforts and implement MOU agreements as well as elicit stakeholder feedback
- **Service provider alignment:** Our agencies are aligning our shared network of employment service providers to improve access to employment services and support smoother services
- **Aligning employment services:** Our agencies have clarified the sequencing of our employment services
- **Service experiences and transitions:** Our agencies are developing clear referral processes between programs and clarifying the roles and responsibilities of support professionals at each stage of a person's employment journey.

TIMELINESS OF DATA:

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

LIFELONG LEARNING AND EDUCATION GOAL TWO: By June 30, 2020, the percent of students with disabilities who have enrolled in an integrated postsecondary education setting within one year of leaving high school will increase to 36% (from the 2016 baseline of 31%.)

2020 Goal

- By June 30, 2020, the percent of students with disabilities who have enrolled in an integrated postsecondary setting in the fall after graduating will increase to 36%.

Baseline: Based on 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 (31%) enrolled in the fall of 2014 into an integrated postsecondary institution.

RESULTS:

The 2020 goal (using 2018 SLEDs data) of 36% was **not met**.

Time period	Students with disabilities graduating	Students enrolling in accredited institution of higher education	Percent of students	Change from baseline
2016 Baseline – 2014 SLEDs (August 2014 – July 2015 data)	6,749	2,107	31.2%	--
2017 Annual Goal – 2015 SLEDs (August 2015 – July 2016 data)	6,722	2,241	33.3%	2.1%
2018 Annual Goal – 2016 SLEDs (August 2016 – July 2017 Data)	6,648	2,282	34.3%	3.1%
2019 Annual Goal – 2017 SLEDs ⁹ (August 2017 – July 2018 Data)	6,792	2,259	33.3%	<1.0%>
2020 Annual Goal – 2018 SLEDs ¹⁰ (August 2018 – July 2019 Data)	7,212	2,151	29.8%	<1.4%>

ANALYSIS OF DATA:

Of the 7,212 students with disabilities who graduated in 2018, there were 2,151 students (29.8%) who enrolled in an accredited institution of higher education in fall 2018. This was a decrease of 1.4% from the baseline. The 2020 goal to increase to 36% was not met.

Beginning in 2015, SLEDs additional data is provided by student race and ethnicity. This information includes the percentage of students with disabilities within five racial or ethnic groups that graduated and subsequently enrolled in an accredited institution of higher education in the fall of that year.

⁹ SLEDs data retrieved October 10, 2019 from <http://sleds.mn.gov>.

¹⁰ SLEDs data retrieved October 27, 2020 from <http://sleds.mn.gov>.

Percentage of graduates with disabilities in each racial/ethnic group enrolling in accredited institutions of higher education

Racial or Ethnic Group	2015 SLEDs	2016 SLEDs	2017 SLEDs ¹¹	2018 SLEDs¹²
American Indian or Alaskan Native	22%	23%	16%	17%
Asian or Pacific Islander	35%	35%	42%	26%
Hispanic	27%	28%	29%	32%
Black, not of Hispanic Origin	28%	28%	28%	24%
White, not of Hispanic Origin	35%	36%	36%	32%

COMMENT ON PERFORMANCE:

Minnesota saw a decrease in the percentage of students with disabilities enrolling in institutions of higher education through the fall of 2018. The trend for students with disabilities follows the trend for all students in general. During the same time period, enrollment in an accredited institution of higher education for students without disabilities declined by 2.9% (from 74.5% in 2014 to 71.6% in 2018). To be considered enrolled in an accredited institution of higher education for the purposes of SLEDs reporting, a student must be on a credit earning track towards a certificate, diploma, two or four year degree, or other formal award.

Analysis of the reported data included comparisons with other postsecondary outcomes data for students with disabilities available in SLEDs. Current SLEDs data indicates that 3,332 (46%) of students with disabilities who graduated in 2018 were subsequently employed in competitive integrated employment, which is an increase from 45% in 2017. While Minnesota saw a decrease in the percentage of students with disabilities enrolling in accredited institutions of higher, the data suggests the possibility that other students may be accessing work-related job-specific skills training and certificate programs, including those available from technical colleges. Minnesota continues to have a strong employment outlook and many students with disabilities may be choosing to enter the job market in entry-level positions, gaining experience and independence, or saving money for college as higher education expenses continue to be on the rise.

Based on a review of disaggregated data, a targeted activity was designed to increase successful postsecondary enrollment results for Black and American Indian students with disabilities. This aligns with MDE's current federal State Systemic Improvement Plan (SSIP). In 2019-20, MDE staff have initiated a new partnership with the career and technical education staff of Minnesota State (formerly Minnesota State Colleges and Universities), including disability supports coordinators in the Minnesota State system. During 2019-20, MDE also continued ensuring ongoing print and online accessibility of the [Postsecondary Resource Guide](#). MDE staff publicize online training resources that are currently located on Normandale Community College website at <http://www.normandale.edu/osdresources>.

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.

¹¹ SLEDs data retrieved October 8, 2019 from <http://sleds.mn.gov/>.

¹² SLEDs data retrieved October 27, 2020 from <http://sleds.mn.gov/>.

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

Greater Minnesota 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.”¹³

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

RESULTS:

This goal is **in process**.

Percentage of public transportation meeting minimum service guidelines for access

Percentage of public transportation meeting minimum service guidelines for access	2016 (Baseline)	2017	2018	2019
Weekday	47%	47%	53.3%	53.3%
Saturday	12%	16%	13.3%	16%
Sunday	3%	5%	8.5%	8%

ANALYSIS OF DATA:

The percentage of Greater Minnesota Public Transit that is meeting minimum service guidelines has generally remained static with a modest increase in Saturday service.

COMMENT ON PERFORMANCE:

The performance level is consistent with expectation based on available funding. Much of the Saturday and Sunday service increase is the result of new starts dollars that are continuing to come online. The initial bump and plateau of the weekday service is an accurate reflection of New Starts dollar and no subsequent increases.

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.

¹³ Greater Minnesota Transit Investment Plan is available at www.dot.state.mn.us/transitinvestment.

Minimum Service Guidelines for Greater Minnesota¹⁴

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

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.

HEALTHCARE AND HEALTHY LIVING GOAL ONE: By December 31, 2019, the rate of adult public enrollees (with disabilities) who had an acute inpatient hospital stay that was followed by an unplanned acute readmission to a hospital within 30 days will be 20% or less. [Adopted March 2020]

2019 Goal

- By December 31, 2019 the rate of readmission will be 20% or less

Baseline: In Calendar Year 2014, of the 28,773 adults with disabilities with an acute inpatient hospital stay, 5,887 (20.46%) had an unplanned acute readmission within 30 days. During the same time period, of the 3,735 adults without disabilities with an acute inpatient hospital stay, 295 (7.90%) had an unplanned acute readmission within 30 days.

RESULTS:

The 2019 overall goal of a 20% readmission rate of adults with disabilities was **not met**.

Adults with disabilities

Time period	Acute inpatient hospital stay	Unplanned acute readmission within 30 days	Readmission rate
January – December 2014	28,773	5,887	20.5%
January – December 2015	31,628	6,369	20.1%
January – December 2016	25,294	5,142	20.3%
January – December 2017	26,126	5,053	19.3%
January – December 2018	30,896	6,376	20.6%
January – December 2019	31,965	6,654	20.8%

¹⁴ Source: MnDOT Greater Minnesota Transit Investment Plan, 2017

ANALYSIS OF DATA:

From January – December 2019, of the 31,965 acute inpatient hospital stays for adults with disabilities, 6,654 individuals had an unplanned acute readmission within 30 days, for a rate of 20.8%. The 2019 goal was not met.

During the same time period, of the 4,885 acute inpatient hospital stays for adults without disabilities, 734 individuals had an unplanned acute readmission, for a rate of 6.35%.

For further analysis the tables below provide the information separated into three categories: adults with disabilities with serious mental illness; adults with disabilities without serious mental illness; and adults without disabilities.

Adults with disabilities with serious mental illness (SMI)

Time period	Acute inpatient hospital stay	Unplanned acute readmission within 30 days	Readmission rate
January – December 2014	14,796	3,107	21.00%
January – December 2015	16,511	3,438	20.82%
January – December 2016	12,701	2,673	21.05%
January – December 2017	12,659	2,504	19.78%
January – December 2018	15,353	3,156	20.56%
January – December 2019	16,211	3,358	20.71%

Adults with disabilities without serious mental illness (SMI)

Time period	Acute inpatient hospital stay	Unplanned acute readmission within 30 days	Readmission rate
January – December 2014	13,977	2,780	19.89%
January – December 2015	15,117	2,931	19.39%
January – December 2016	12,593	2,469	19.61%
January – December 2017	13,467	2,549	18.93%
January – December 2018	15,543	3,220	20.72%
January – December 2019	15,754	3,296	20.92%

Adults without disabilities

Time period	Acute inpatient hospital stay	Unplanned acute readmission within 30 days	Readmission rate
January – December 2014	3,735	295	7.90%
January – December 2015	5,351	386	7.21%
January – December 2016	2,522	159	6.30%
January – December 2017	3,109	239	7.69%
January – December 2018	4,469	311	6.96%
January – December 2019	4,885	734	6.35%

COMMENT ON PERFORMANCE:

The number and rate of all-cause readmissions among people with disabilities, with and without Serious Mental Illness (SMI), increased slightly in 2018 and 2019 from the lowest rate in 2017. An increasing rate of hospital readmissions is a negative trend. This means that people with disabilities are experiencing a “bounce-back” to the hospital as frequently as they were in previous years. No single

cause has been pinpointed for the increase in 2018 and 2019. Health plans and hospitals have many reasons to strive toward improving these numbers, including the Integrated Care Systems Partnership initiative in Special Needs Basic Care.

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.

HEALTHCARE AND HEALTHY LIVING GOAL TWO: By December 31, 2019, the rate of enrollees with disabilities who used an emergency department for non-traumatic dental services will be 0.20% or less for children with disabilities and 1% or less for adults with disabilities. [Adopted March 2020]

(A) CHILDREN USING EMERGENCY DEPARTMENT FOR DENTAL SERVICES

2019 Goal

- By December 31, 2019, the rate for children with disabilities using an ED for non-traumatic dental services will be 0.20% or less

Baseline: In Calendar year 2014, of the 75,774 children with disabilities, 314 (0.41%) used an emergency department for non-traumatic dental services. During the same timeframe, of the 468,631 children without disabilities, 1,216 (0.26%) used an emergency department for non-traumatic dental services.

RESULTS:

The 2019 goal of 0.20% rate of children with disabilities using an ED for dental care was **not met**.

Time period	Total number of children with disabilities	Number of children with ED visit for non-traumatic dental care	Rate of children using ED for dental care
January – December 2014	75,774	314	0.41%
January – December 2015	81,954	330	0.40%
January – December 2016	84,141	324	0.38%
January – December 2017	87,724	185	0.21%
January – December 2018	91,126	188	0.21%
January – December 2019	93,701	199	0.21%

ANALYSIS OF DATA:

During January – December 2019, of the 93,701 children with disabilities, the number with emergency department visits for non-traumatic dental care was 199 (0.21%). Although progress was made, the 2019 goal was not met.

COMMENT ON PERFORMANCE:

After 2016, there was a significant decrease in the number of children using emergency departments for non-traumatic dental care from previous years. This may be as a result of a dental collaborative that incentivizes managed care plans to closely monitor and assist in helping people find preventative dental care.

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.

(B) ADULTS USING EMERGENCY DEPARTMENT FOR DENTAL SERVICE**2019 Goal**

- By December 31, 2019, the rate for adults with disabilities using an ED for non-traumatic dental services will be 1.0% or less

Baseline: In Calendar year 2014, of the 166,852 adults with disabilities, 3,884 (2.33%) used an emergency department for non-traumatic dental services. During the same timeframe, of the 377,482 adults without disabilities, 6,594 (1.75%) used an emergency department for non-traumatic dental services.

RESULTS:

The 2019 goal of 1.0% rate for adults with disabilities using an ED for dental care was **not met**.

Time period	Total number of adults with disabilities	Number of adults with ED visit for non-traumatic dental care	Rate of adults using ED for dental care
January – December 2014	166,852	3,884	2.33%
January – December 2015	174,215	4,233	2.43%
January – December 2016	185,701	4,110	2.21%
January – December 2017	187,750	2,685	1.43%
January – December 2018	191,650	2,455	1.28%
January – December 2019	192,352	2,415	1.26%

ANALYSIS OF DATA:

During January – December 2019, of the 192,352 adults with disabilities, the number with emergency department visits for non-traumatic dental care was 2,415 (1.26%). Although progress was made, the 2019 goal was not met.

COMMENT ON PERFORMANCE:

After 2016, there was a reduction in the number of adults using emergency departments for non-traumatic dental care. The reduction continued in 2018. These reductions may be as a result of a dental collaborative that incentivizes managed care plans to closely monitor and assist in helping people find preventative dental care. A multi-year dental program in managed care for persons with disabilities created a number of helpful information and best practices but additional work continues to be needed.

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.

CRISIS SERVICES GOAL FOUR: By June 30, 2019, 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.
[Extended March 2020]

A) STABLE HOUSING

2019 Goal

- By June 30, 2019, the percent of people who are housed five months after discharge from the hospital will increase to 84%.

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:

The 2019 overall goal to increase the percent of people who are housed five months after discharge from the hospital will increase to 84% was **not met**. Progress on this goal will continue to be reported as in process.

Status five months after discharge from hospital

Time period	Discharged from hospital	Housed	Not housed	Treatment facility	Not using public programs	Deceased	Unable to determine type of housing
2016 Baseline 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%
2017 Annual Goal 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%
2018 Annual Goal July 2016 – June 2017	15,237	12,017	1,015	1,158	559	115	338
		78.8%	6.9%	7.6%	3.7%	0.8%	2.2%
2019 Annual Goal July 2017 – June 2018	15,405	11,995	1,043	1,226	652	118	371
		77.8%	6.8%	8%	4.2%	0.8%	2.4%
2020 July 2018 – June 2019	15,258	11,814	999	1,116	820	113	396
		77.4%	6.6%	7.3%	5.4%	0.7%	2.6%

- “**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:

Using data from July 2017 – June 2018, the 2019 overall goal to increase to 84% was not met. During this time period, of the 15,405 individuals hospitalized due to a crisis, 11,995 (77.8%) were housed within five months of discharge.

DHS is continuing to report progress past the 2019 overall goal date. From July 2018 – June 2019, of the 15,258 individuals hospitalized due to a crisis, 11,814 (77.4%) were housed within five months of discharge. This was a 0.3% decrease from the previous year.

COMMENT ON PERFORMANCE:

There has been an overall increase in the number of individuals receiving services. In June 2018, 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.

Additionally, a contributing factor to missing the goal may be the tight housing market which is still very high, and at times it was reported to be around 3% vacancy rates. When there is a tight housing market, access to housing is reduced and landlords may be unwilling to rent to individuals with limited rental history or other similar factors.

DHS is working to sustain and expand the number of grantees utilizing 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 grants began in June of 2016. The fourth round of grants are currently under contract negotiations with 18 grantees. The current funding will fund services through 2021.

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

2019 Goal

- By June 30, 2019, the percent of people who receive appropriate community services within 30-days from a hospital discharge will increase to 92 or higher%.

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:

The 2019 overall goal to increase the percent of people who receive appropriate community services within 30-days from a hospital discharge will increase to 92% 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	
2016 Baseline July 2014 – June 2015	13,786	12,298	89.2%
2017 Annual Goal July 2015 – June 2016	15,027	14,153	94.2%
2018 Annual Goal July 2016 – June 2017	15,237	14,343	94.1%
2019 Annual Goal July 2017 – June 2018	15,405	14,589	94.7%
2020 July 2018 – June 2019	15,258	14,439	94.6%

ANALYSIS OF DATA:

Using data from July 2018 – June 2019, the 2019 overall goal to increase to 92% was met. During this time frame, of the 15,258 individuals hospitalized due to a crisis, 14,439 (94.6%) received community services within 30 days after discharge.

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 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.

CRISIS SERVICES GOAL FIVE: By June 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.

2020 Goal

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

Baseline: From July 2015 – June 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.

RESULTS:

This 2020 goal to increase the percent of people who receive crisis services within 10 days to 90% was met.

Time period	Number referred for crisis services	Number receiving services within 10 days	Percentage receiving services within 10 days	Average days for service
July 2015 – June 2016 (Baseline)	808	690	85.4%	2.3
July 2016 – June 2017	938	843	89.9%	2.0
2018 Goal (July 17 – June 18)	2,258	2,008	88.9%	2.1
2019 Goal (July 18 – June 19)	2,661	2,571	96.6%	1.1
2020 Goal (July 19 – June 20)	2,738	2,643	96.5%	1.2

ANALYSIS OF DATA:

From July 2019 – June 2020, of the 2,738 people referred for crisis services, 2,643 of them (96.5%) received services within 10 days. This was an increase of 11.1% over baseline and a decrease of 0.1% from the previous year. The average number of days waiting for services was 1.2. The 2020 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.

Due to COVID-19 there has been changes on how crisis services are being performed. Telemedicine and phone support has increased for individuals and families needing crisis services. There is also additional screening questions that are needed in order for a crisis team to respond face to face due to the pandemic. 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 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. Even with these services there has been modifications due to COVID-19. 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.

COMMUNITY ENGAGEMENT GOAL TWO: By April 30, 2020, the (A) number of individuals with disabilities to participate in public input opportunities related to the Olmstead Plan, and (B) the number of comments received by individuals with disabilities (including comments submitted on behalf of individuals with disabilities) will increase by 5% over baseline.

2020 Goal

- By April 30, 2020, the (A) number of individuals with disabilities to participate in public input opportunities related to the Olmstead Plan, and (B) the number of comments received by individuals with disabilities (including comments submitted on behalf of individuals with disabilities) will increase by 5% over baseline.

Baseline: From December 20, 2018 – March 11, 2019, there were 192 individuals who participated in public input opportunities related to Olmstead Plan. The number of comments received was 249.

RESULTS:

The 2020 goal to increase by 5% over baseline was **met**.

Participation in public input opportunities related to Olmstead Plan

Time Period	Number of individuals	Change from baseline	Number of comments	Change from baseline
Baseline December 20, 2018 – March 11, 2019	192	N/A	249	N/A
October 14, 2019 – January 31, 2020	214	22 (11.5%)	680	431 (173%)

ANALYSIS OF DATA:

During the 2020 Plan amendment process, 214 people participated in public input yielding close to 680 individual comments. Compared to baseline, there was an increase of 22 individuals (11.5%) and an increase of 431 comments (173%). The 2020 goal to increase by 5% over baseline was met.

COMMENT ON PERFORMANCE:

The data was based on public input received during the 2019-2020 Olmstead Plan amendment process. Input was gathered in two rounds. Round One took place from October 14, 2019 to November 29, 2019

and included six listening sessions and written input. Approximately 142 individuals participated in the Round One and more than 380 comments were received.

Round Two took place from January 6 – January 31, 2020 and included three listening sessions, three videoconferences and written input. Approximately 72 individuals participated in Round Two and more than 300 comments were received.

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.

VI. COMPLIANCE REPORT ON WORKPLANS

This section summarizes the ongoing review of workplan activities completed by OIO Compliance staff.

WORKPLAN ACTIVITIES

In order to achieve the measurable goals, the OIO and State agencies develop specific strategies and workplans. The OIO Compliance staff and the Subcabinet agencies use the workplans throughout the year to review the progress of the work and to direct any adjustments to the work if progress is not timely, or if changes to the workplans are needed based on actual experience in the field. The OIO Compliance staff notify the Subcabinet of any exceptions to the implementation of workplans on a quarterly and annual basis.

The first review of workplan activities occurred in December 2015. Ongoing reviews began in January 2016 and include activities with deadlines through the month prior and any activities previously reported as an exception. Beginning in 2020, the review of workplan activities is completed on a quarterly basis and reported in the Quarterly Reports.

The summary of the workplan activity reviews are below.

Number of Workplan Activities

Reporting period	Reviewed during time period	Completed	On Track	Reporting Exceptions	Exceptions requiring Subcabinet action
December 2015 – December 2016	428	269	125	34	0
January – December 2017	284	251	32	8	1
January – December 2018	219	207	5	7	0
January – December 2019	156	151	5	0	0
January 2020	10	10	0	0	0
February – April 2020	13	13	0	0	0
May – July 2020	28	28	0	0	0
August – October 2020	24	24	0	0	0

VII. ADDENDUM

Data Discrepancy: Housing and Services Goal One

While preparing the numbers for the November 2020 Quarterly Report, DHS detected an issue with how the numbers were reported for 2019. In 2019 a new code was added to the MAXIS system that is used to collect data for this goal. When the data was pulled for 2019, the numbers included with that code was not included. This underreported the number by 37. Even with that increase, the 2019 goal was not met.

HOUSING AND SERVICES GOAL ONE: By June 30, 2020, 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 5,569 (from 5,995 to 11,564 or about a 92% increase). [Extended March 2020]

Previously Reported data in November 2019 Quarterly Report

- The 2019 goal to increase by 5,569 to 11,564 was **not met**.

Time period	People in integrated housing	Change from previous year	Increase over baseline	Percent change over baseline
2019 Annual (July 2018 – June 2019)	10,214	+345	4,219	70.4%

Updated reported data for November 2020 Quarterly Report

- The 2019 goal to increase by 5,569 to 11,564 was **not met**.

Time period	People in integrated housing	Change from previous year	Increase over baseline	Percent change over baseline
2019 Annual (July 2018 – June 2019)	10,251	+382	4,256	70.4%

ENDNOTES

ⁱ October 24, 2020, jurisdiction of the Federal Court ended.

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} Of those not currently living with family, percentage who chose or had input into where they live; of those not currently living with family, percentage who chose or had some input in choosing their roommates; among those with a day program or activity, percentage who chose or had some input in where they go during the day. Calculation was made by totaling the number of responders who answered the three questions, and totaling the number of affirmative responses and calculating the percentage.

^{viii} Among those with a paid community job, percentage who chose or had some input in where they work; percentage who choose or help decide their daily schedule; percentage who choose or help decide how to spend their free time. Calculation was made by totaling the number of responders who answered the three questions, and totaling the number of affirmative responses and calculating the percentage.

^{ix} The percent who respond "yes" they are in charge of the supports and services.