

Olmstead Subcabinet Meeting Agenda

Monday, December 21, 2020 • 3:00 p.m. to 4:30 p.m.

Please register for the December 21st Subcabinet Meeting at
<https://attendee.gotowebinar.com/register/6861719326644353551>

1) Call to Order

2) Roll Call / Question

The COVID-19 response has created a disruption in the normal way we do business. In this disruption there may be opportunities for systemic strategic change. Can you talk about possible areas in your agency where opportunity may exist?

3) Agenda Review

4) Approval of Minutes

[3]

a) Subcabinet meeting on August 24, 2020

[5]

b) Executive Committee meeting on November 13, 2020

[11]

5) Reports

a) Chair

b) Director

[15]

c) Compliance Office

6) Agenda Items

a) November 2020 Quarterly Report on Olmstead Plan Measurable Goals

[separate handout]

b) 2020 Annual Report on Olmstead Plan Implementation

[separate handout]

c) 2021 Olmstead Plan amendment process / 2021 Meeting Schedule

[19]

d) OIO Compliance Recommendations on 2021 Olmstead Plan amendments

[23]

e) Quality of Life Survey preliminary findings

[43]

7) Adjournment

Next Subcabinet Meeting: January 25, 2021 – 3:00 p.m. – 4:30 p.m.

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Olmstead Subcabinet Meeting Agenda Item

December 21, 2020

Agenda Item:*4) Approval of Minutes*

- a) Subcabinet meeting on August 24, 2020*
- b) Executive Committee meeting on November 13, 2020*

Presenter:

Commissioner Ho (Minnesota Housing)

Action Needed:

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

Summary of Item:

Approval is needed of the minutes from the August and November meetings.

Attachment(s):

- 4a- Olmstead Subcabinet meeting minutes – August 24, 2020*
- 4b- Olmstead Executive Committee meeting minutes – November 13, 2020*

Olmstead Subcabinet Meeting Agenda - ANNOTATED

Monday, August 24, 2020 • 3:00 p.m. to 4:30 p.m.

1) Call to Order

The meeting was held using GoTo Webinar. Commissioner Ho welcomed everyone and thanked them for attending. Those present included:

Subcabinet members present: Jennifer Lemaille Ho, Minnesota Housing (MHFA); Jodi Harpstead, Department of Human Services (DHS); Larry Herke, Minnesota Department of Veterans Affairs (MDVA); Roberta Opheim, Office of Ombudsman for Mental Health and Developmental Disabilities (OMHDD); Mary Catherine Ricker, Minnesota Department of Education (MDE); Colleen Wieck, Governor's Council on Developmental Disabilities (GCDD); Rebecca Lucero, Minnesota Department of Human Rights (MDHR)

Designees present: Kate Erickson, Department of Corrections (DOC); Tim Henkel, Minnesota Department of Transportation (MNDOT); Joseph Kelly, Department of Public Safety (DPS); Daron Korte, MDE; Mary Manning, Minnesota Department of Health (MDH); Dee Torgerson, Department of Employment and Economic Development (DEED); and Wendy Wulff, Metropolitan Council (Met Council)

Guests present: Mike Tessneer, Rosalie Vollmar, Shelley Madore and Diane Doolittle, Olmstead Implementation Office (OIO); Anne Smetak, Ryan Baumtrog and Vi Bergquist (MHFA); Kristie Billiar (MnDOT); Erin Sullivan Sutton, Natasha Merz, Adrienne Hannert, Catherine Courcy Whitney Terrill and Linda Wolford (DHS); Tom Delaney and Holly Anderson (MDE); Stephanie Lenartz, Ann Schulte and Mark Kinde (MDH); Beth Fondell, University of Minnesota Institute on Community Integration (ICI); Daniel Gulya (North Dakota Olmstead Commission); Sue Schettle (ARRM); Mary Fenske, Dayna Schaefer, Jessica Cambronne, Elizabeth Hannan, Kara Carlson and Katheryn Ware (members of the public)

CART provider: Paradigm Captioning and Reporting Services, Inc.

2) Commissioner Ho asked that as the roll call is being done, if the members have any good news related to our Olmstead work and disability issues, to share it with the group. The highlights included:

Commissioner Ho (Minnesota Housing)

- In partnership with DHS, Minnesota Housing received a \$6.9 million federal section 811 grant. This creates 183 new integrated housing opportunities for people who are living in an institution, at risk of living in an institution, or are currently unsheltered.
- COVID-19 housing assistance program was launched. This includes \$100 million of housing assistance available for people across the state if they have overdue unpaid housing related bills which includes rent or utilities or mortgage payments.

[AGENDA ITEM 4a] DRAFT MINUTES ARE SUBJECT TO CHANGE BY FINAL APPROVAL OF SUBCABINET

- The housing assistance application and other housing resources are available at 211unitedway.org or by calling 211 or texting MNRENT or MNHOME to 898-211.

Commissioner Harpstead (DHS)

- Many large residential providers for people with disabilities in Minnesota have no or low number of COVID cases. This includes state-operated homes.
- More day services for people with disabilities have reopened with more flexible services.

Dee Torgerson (DEED)

- Reopening plans have been submitted for CareerForce locations. The DEED operated locations are closed to the public but holding virtual events including one-on-one assistance and job fairs.
- State Services for the Blind – about half of the people served are students, so many adjustments to services and using a hybrid model just like the schools.
- For several years, Vocational Rehabilitation Services has had only one of four categories open due to funding and capacity of staffing. Since intakes are down, 317 people were moved off the waiting list in May and the expectation is that an additional 318 will be moved off waiting list soon.

Tim Henkel (DOT)

- Transportation accessibility is a need during the pandemic.
- Transit providers across the state have been able to continue providing services.
- There has been a dramatic decrease in ridership, but it is beginning to increase.
- Some state funds were acquired specified for COVID-19 transportation for medical care, etc.

Kate Erickson (DOC)

- Several facilities are being relocated. A person-centered approach is being used across the board, and we are working with community partners and the impacted people on correctional supervision in the community.

Mary Manning (MDH)

- MDH has been working a lot more intensely with the disability community as a priority population and working with people needing housing and special assistance. We are partnering with DHS assisting people with special needs as it relates to violence prevention and connecting people experiencing domestic abuse and homelessness with services and short-term housing.

Commissioner Ricker (MDE)

- MDE learned a lot during the emergency distance learning last spring. We know that disparities grew and we had some gaps to close. Issues identified included internet connectivity, access to technology devices and access to mental health services. Those are were prioritized for the CARES Act money coming to the schools.

[AGENDA ITEM 4a] DRAFT MINUTES ARE SUBJECT TO CHANGE BY FINAL APPROVAL OF SUBCABINET

- MDE is making sure that we have ways of very specifically addressing our special needs population so that we can continue meeting the needs of students with IEPs, meeting the needs of students with 504 plans and building in those equitable learning opportunities from the beginning.

Commissioner Herke (MDVA)

- Veteran Affairs received about 5,000 COVID-19 grant requests from veterans, many for housing. We have one of the lowest unsheltered rates for veterans because of the federal funding that helped put veterans in hotels or temporary housing until they can find permanent housing.

3) Agenda Review

Commissioner Ho reviewed the agenda. There were no changes needed to the agenda.

4) Olmstead Showcase

“Mail Your Vote” YouTube Video [<https://vote.selfadvocacy.org/>]

OIO Director Shelley Madore wanted to share a YouTube video “Mail Your Vote,” however there were some technical difficulties with this meeting platform. The video features people with disabilities instructing others on how to utilize the absentee ballot process to vote in the November election. The link will be shared with and posted on Facebook.

5) Approval of Minutes**a) Subcabinet meeting on May 11, 2020****b) Executive Committee meeting on July 29, 2020**

Commissioner Ho asked if there were any changes needed to the minutes for the May 11, 2020 and July 29, 2020 meetings. No edits were requested.

Motion: Approve May 2020 and July 2020 meeting minutes

Action: Motion – Henkel Second – Erickson

In Favor: A roll call vote was conducted with 13 Ayes and 0 Nays

MHFA – Aye

DOC – Aye

DPS – Aye

DHS – Aye

MDH – Aye

Met Council – Aye

DEED – Aye

MDE – Aye

OMHDD – Aye

MNDOT – Aye

MDVA – Aye

GCDD – Aye by email

MDHR – Aye by text

6) Reports**a) Chair - Report was provided above.****b) Director**

Shelley Madore (OIO) reviewed the Director’s Report on page 13 of the packet which provided an overview of the work being completed by OIO. The final page summarizes the work underway on OIO’s strategic plan.

Questions/Comments:

- Roberta Opheim (OMHDD) had a question about the Quality of Life Survey. She asked if the questions remain the same from previous years, since it is a longitudinal study. Shelley Madore (OIO) confirmed that the questions remain the same, but they are adding some questions about COVID-19.

c) **Legal Office** – There was no report.

d) Compliance Office

- Mike Tessneer (OIO) reminded the Subcabinet that some of the roles of the Subcabinet will be changing beginning with the October Executive Committee meeting.
- Mr. Tessneer discussed the Prevention of Abuse and Neglect campaign and stated that he will be reaching out to agencies that offered to financially contribute to the campaign.

Commissioner Ho affirmed the importance of this campaign and encouraged the Subcabinet to reach out to Mr. Tessneer for further discussion.

7) Action Items

a) August 2020 Quarterly Report

Mike Tessneer (OIO) reviewed the Executive Summary of the August 2020 Quarterly Report (page 21 of the packet). This quarterly report covered twenty measurable goals: six were met or on track; nine were not on track, or not met; and five goals are in process.

Questions/Comments:

No questions

Motion: Approve the August 2020 Quarterly Report

Action: Motion - Ricker Second - Lucero

In Favor: A roll call vote was conducted with 13 Ayes and 0 Nays

MHFA – Aye

DOC – Aye

DPS – Aye

DHS – Aye

MDH – Aye

Met Council – Aye

DEED – Aye

MDE – Aye

OMHDD – Aye

MNDOT – Aye

MDVA – Aye

GCDD – Aye by email

MDHR – Aye by text

8) Discussion Item

How has COVID-19 and the demands of our societal shift to address inequities and disparities, impacted your agency's work and the challenges you encounter in developing policy for the disability community?

Commissioner Ho (Minnesota Housing) kicked off the discussion on the previously agreed on six areas of focus of intersectional work. The Executive Committee met in July and reflected on

whether these areas were still the right priorities in a COVID world. The consensus was that these were still the priorities.

Commissioner Ho asked Shelley Madore (OIO) to talk about the next steps in pulling together workgroups. Ms. Madore reviewed the information on page 68 of the handout and answered questions about the process.

Questions/Comments:

- Kate Erickson (DOC) asked if the agency leads should attend the meetings or if it should be the subject matter expert. Shelley Madore responded that this will be one of the items to address in the first meeting, determining who should be on the workgroups.
- Kate Erickson (DOC) asked if there was going to be a repository of information or data collection during the community engagement phase or throughout the process. Shelley Madore responded that it was not yet clear what platform we would be using for the meetings but the desire is to record the sessions or have transcripts available to capture all the information.
- Commissioner Ho (Minnesota Housing) asked the Subcabinet to review the six areas of focus and consider what each agency can contribute.

9) Adjournment

The meeting was adjourned at 4:08 p.m.

Next Subcabinet Meeting: November 23, 2020 – 3:00 p.m. – 4:30 p.m.

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Olmstead Executive Committee Meeting Minutes

Friday, November 13, 2020, 3:30 p.m. to 4:30 p.m.

1) Call to Order/Roll Call

Commissioner Ho welcomed everyone and asked the agency attendee to identify themselves.

Subcabinet members present: Jennifer Leimaile Ho, Minnesota Housing; Jodi Harpstead, Department of Human Services (DHS); Mary Catherine Ricker, Minnesota Department of Education (MDE); Colleen Wieck, Governors Council on Developmental Disabilities (GCDD)

Designees present: Michelle Smith, Department of Corrections (DOC); Blake Chaffee, Department of Employment and Economic Development (DEED)

Guests present: Shelley Madore, Mike Tessneer, Rosalie Vollmar, Diane Doolittle, Carolyn Sampson, Sue Hite-Kirk, Olmstead Implementation Office (OIO); John Patterson, Minnesota Housing; Erin Sullivan Sutton, Karen Sullivan Hook and Catherine Courcy, (DHS); Daniel Gulya, North Dakota Olmstead

Note: In the interest of time, all attendees to the GoToWebinar were not identified.

CART provider: Paradigm Captioning and Reporting Services, Inc.

2) Agenda Review

Commissioner Ho reviewed the agenda. She asked Commissioner Harpstead (DHS) to talk about how DHS is addressing the end of court jurisdiction on the Jensen case.

Commissioner Harpstead stated that DHS remains committed to the Olmstead Plan and the elements of the Jensen Settlement. DHS will continue to track their goals and milestones and will continue to support OIO in producing quarterly reports as well as continuing to track the metrics for the Subcabinet. Her only concern at this time is to clarify whether the approval of the Quarterly Report happens with the Executive Committee or with the full Subcabinet. Commissioner Harpstead also suggested that in addition to using the quarterly reports to measure progress that we also continue working to track the Big 6 Issues.

Commissioner Ho asked Shelley Madore, OIO Director to talk about the Big 6 workgroups.

Shelley Madore (OIO) provided a summary of the framework that will be used to support the Big 6 Workgroups. She will be reaching out to agency leads to develop workgroup membership to include external members. A Zoom waiver has been requested so that community members can be more involved in the public engagement meetings. She will provide a walk through of the new website at the December meeting.

3) November 2020 Quarterly Report

Commissioner Ho asked Mike Tessneer (OIO) to present the November 2020 Quarterly Report. Mr. Tessneer reviewed the Executive Summary of the November 2020 Quarterly Report (pgs. 7-8 of the packet)

Questions/Comments

Commissioner Harpstead (DHS) requested that this quarterly report make reference to the COVID-19 pandemic. She has been carefully tracking cases of COVID-19 among people with disabilities in group homes. Commissioner Harpstead stated she is thrilled with the performance of providers of group homes who have found ways to keep individuals safe. It is also worth mentioning that opening the adult day centers has not caused major outbreaks in group homes at this time.

Mr. Tessneer stated that COVID-19 is referenced in the report for goals that are reporting data since March 2020. Agency leads will be meeting to further discuss how the pandemic has affected the goals.

Commissioner Ho asked Shelley Madore (OIO) to present on the Quality of Life Survey update (pg. 28 of the packet).

Commissioner Ho stated that at this point she recommends that the action taken by the Executive Committee is to review the Quarterly Report and recommend that the Subcabinet approve it at the next meeting.

Questions/Comments: None

Motion: Recommend that the Subcabinet approve the November 2020 Quarterly Report

Action: Motion – Chaffee Second - Ricker

In Favor: A roll call vote was conducted with 5 Ayes and 0 Nays

MHFA -Aye

DHS – Aye

DEED – Aye

MDE – Aye

DOC - Aye

4) Proposed 2021 Meeting Schedule

Commissioner Ho asked Mike Tessneer (OIO) to present the meeting schedule for 2021. Mr. Tessneer reviewed the document and pointed out any highlights from the handout.

Questions/Concerns: None

Commissioner Ho stated a vote was not needed to accept the meeting schedule.

[AGENDA ITEM 4b] DRAFT MINUTES ARE SUBJECT TO CHANGE BY FINAL APPROVAL OF SUBCABINET**5) Proposed Plan Amendment Process**

Commissioner Ho asked Mike Tessneer (OIO) to present the proposed Plan Amendment process. Mr. Tessneer reviewed the process and pointed out the proposal to move out final approval of the Plan Revision from March to April.

Questions/Comments:

Shelley Madore (OIO) further added having a later timeline will allow for more engagement from people with disabilities. This will be done through a robust social media campaign. She will be sharing more details of this at upcoming Subcabinet meetings.

Motion: Recommend that the Subcabinet Approve the Proposed Plan Amendment Process

Action: Motion – Ricker Second - Harpstead

In Favor: A roll call vote was conducted with 5 Ayes and 0 Nays

MHFA -Aye

DHS – Aye

DEED – Aye

MDE – Aye

DOC - Aye

6) Adjournment

Commissioner Ho asked if there were any further items for discussion.

Shelley Madore (OIO) asked for clarification about expectations for the Executive Committee going forward.

Comments:

Commissioner Ho's initial thought were for the Executive Committee to minimize the technical, required and more focused work of the Subcabinet meeting to allow for more creativity and robust conversations in that space. The intent was also to reduce the number of Subcabinet meetings in a year and aim for the highest use of their time.

Commissioners Harpstead and Ricker both suggested blending the metrics currently used with the Big 6 Issues and bringing that plan to the Executive Committee. Planning the Subcabinet meetings could be one of the purposes of this committee so that roles can be determined to further engage Subcabinet members and intentionally set a new tone at those meetings.

Ms. Madore asked if the Subcabinet would have interest in looking at "hot topics" and "stories" captured from the new website as a way of being more engaged with the challenges and successes of people with disabilities.

Executive Committee members agreed this approach will help the Subcabinet to have focused energy in accomplishing cross-sector opportunities.

Commissioner Ho adjourned the meeting at 4:21 p.m.

Next Subcabinet Meeting: December 21, 2020 – 3:00 to 4:30 p.m.

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Olmstead Subcabinet Meeting Agenda Item

December 21, 2020

Agenda Item:

- 5) *Reports*
 - b) *Director*

Presenter:

Shelley Madore (OIO)

Action Needed:

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

Summary of Item:

The OIO Director will provide the report on the work of the Olmstead Implementation Office.

Attachment(s):

5b) Director's Report

[AGENDA ITEM 5b]

**Olmstead Implementation Office
Director's Report to Subcabinet Members
December 21, 2020**

Director's Summary

I am happy to announce that OIO has met significant milestones:

- OIO Strategic Plan is complete and includes measurable and accountable goals for the department, staffing alignment, and significant community engagement improvements that embrace the virtual environment. These improvements will allow OIO to support the Subcabinet in new and innovative ways.
- The Communications Strategic Plan is finalized, and outreach is continuing by our communication staff to build relationships with Subcabinet agency communication staff. A Social Media Specialist has been hired to implement our social media plan. Chloe Ahlf has extensive experience in the disability community and comes to us from ARC Minnesota. Our Social Media sites will launch on or around January 25 to announce the new website and the public input into the plan amendment process.
- The Plain Language version of the Olmstead Plan is completed, and final editing is underway. Following the last edits, the document will be available for download from the OIO website.
- OIO website will launch on Tuesday, January 26. I am scheduling a meeting with the agency leads on January 4 to preview the site before the launch. I will demonstrate the website at our next Subcabinet meeting on January 25.
- OIO has received a ZOOM waiver to host community engagement meetings beginning in late January. This waiver is necessary to allow for maximum participation for the public. We are happy to have this option as we begin hosting our 2021 public engagement meetings.
- Workgroup webpages will be available for our launch scheduled now for February 1. These pages will give the public information on meetings and resources.

As OIO explores the next phase of our work under Executive Order 19-13, I expect OIO to increase collaborations with internal and external stakeholders substantially. The website will house tutorials, a video hub, an easily searchable database of resources, and multiple engagement opportunities. Additionally, the Communications calendar will include up to one year's worth of programming.

Olmstead Plan Amendments

The Plan amendment process will begin following the launch of the new website. Three public meetings are planned and will be held beginning on or around February 15. Public comment will also be collected on the website and through email.

Quality of Life Survey

The survey is nearly complete, and a brief presentation is planned for today's meeting.

I appreciate this effort to give you an update on the work of the OIO staff. Thank you.



Director

Olmstead Implementation Office

Olmstead Subcabinet Meeting Agenda Item

December 21, 2020

Agenda Item:

6c) 2021 Plan amendment process and 2021 Meeting Schedule

Presenter:

Mike Tessneer (OIO)

Action Needed:

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

Summary of Item:

This document includes the Plan amendment process for 2021 and the meeting schedule for the next year including the primary agenda items for each meeting.

Attachment(s):

6c) 2021 Plan amendment process and 2021 meeting schedule

[AGENDA ITEM 6c]**2021 Olmstead Plan Amendment Process**

- Plan amendment process takes place from December 2020 through April 2021; Public engagement will occur throughout
- December Subcabinet reviews 2020 Annual report and goals progress chart
 - Identify goals that have not performed well;
 - Identify goals that need to continue;
 - Identify goals that have been met and no longer need to be in the Plan as they are part of day to day operations
- January Subcabinet - Based on December discussion, agencies submit proposed amendments and proposed quality improvement process for goals not progressing
- February Executive Committee reviews public comments and propose changes to draft amendments
- March Subcabinet reviews public comments and propose changes to draft amendment
- April Subcabinet reviews April 2021 Revision of the Plan for approval

2021 Subcabinet / Executive Committee Meetings

Meeting Date	Who	Primary Agenda Items
December 21	Subcabinet	Approve November 2020 Quarterly Report Approve 2020 Annual report Review goals progress chart Quality of Life Survey Report (preliminary review)
January 25	Subcabinet	Review Olmstead Plan amendments Big 6 workgroups update
February 22	Exec Committee	Review February 2021 Quarterly Report Review Olmstead Plan Revision draft Preview Quality of Life Survey Report (final report)
March 23	Subcabinet	Approve February 2021 Quarterly Report Presentation of Quality of Life Survey Final Report Review Olmstead Plan Revision draft
April 26	Subcabinet	Approve Olmstead Plan April 2021 Revision Big 6 workgroups update
May 24	Exec Committee	Review May 2021 Quarterly Report
July 26	Subcabinet	Approve May 2021 Quarterly Report Big 6 workgroups update
August 23	Exec Committee	Review August 2021 Quarterly Report
October 25	Subcabinet	Approve August 2021 Quarterly Report
November 22	Exec Committee	Review November 2021 Quarterly Report
December 20	Subcabinet	Approve November 2021 Quarterly Report Approve 2021 Annual report Review goals progress chart

Olmstead Subcabinet Meeting Agenda Item

December 21, 2020

Agenda Item:

6d) OIO Compliance recommendations on 2021 Plan amendments

Presenter:

Mike Tessneer (OIO)

Action Needed:

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

Summary of Item:

This document includes OIO Compliance's annual review of the Olmstead Plan measurable goals. It also includes the status of each measurable goal since 2015. Based on this review OIO Compliance is making recommendations for Plan amendments. Progress charts are included for 12 of the most critical goals. These documents will be added as an Addendum to the 2020 Annual Report.

Attachment(s):

6d) OIO Compliance recommendations and progress charts of selected goals

[AGENDA ITEM 6d]**Olmstead Plan Amendment Process**

As stated in the Updating and Extending the Olmstead Plan section of the March 2020 Revision:

“The Olmstead Plan is not intended to be a static document that simply establishes a one-time set of goals for state agencies as they provide services for people with disabilities. Rather, it is intended to serve as a vital, dynamic roadmap that will help realize the Subcabinet’s vision of people with disabilities living, learning, working, and enjoying life in the most integrated settings.

As the Subcabinet agencies continue to implement the processes and improvements described in the measurable goals, much will be learned regarding what practices are having a positive impact on the quality of life for people with disabilities. As improvements are made in the ability to gather and use better data, there will likely be opportunities to adjust the goals to accomplish improvements more quickly or in a better way.” (pages 108-109)

The Subcabinet and State agencies undertake an annual review process to evaluate whether the measurable goals and strategies should be amended for future years. The OIO Compliance completed the annual review of the Plan measurable goals. This included: compilation of the 2020 Annual Report; an analysis on goal performance since 2015; and recommendations for Olmstead Plan amendments.

This document includes the status of performance of each measurable goal since 2015. The goals are identified as having one of five statuses: met overall goal; on track to meet overall goal; did not meet overall goal; not on track to meet the overall goal; and in process. In process means there is not sufficient data to determine progress.

This table provides a summary of the status of the goals as detailed in the pages below.

Status of Goals	Number
Met overall goal	8
On track to meet overall goal	5
Did not meet overall goal	17
Not on track to meet overall goal	9
In process	8
Goals Reported	47

Based on the review of the measurable goals over time, OIO Compliance is making recommendations for the 47 measurable goals. The table below provides a summary of the recommendations.

Recommendations for Olmstead Plan Goals	Number
Extend goal date and reset targets	29
Continue	6
Consider new measure	5
Add overall goal date/target	2
Continue to monitor / Discontinue from Plan	5
Goals Reviewed	47

Below is a list of each Olmstead Plan Goal, a summary of progress, and the recommendation for Plan amendments. More detailed information is included in the 2020 Annual Report.

OIO Compliance Analysis and Recommendations for Olmstead Plan Amendments

(Goals listed in the order reported in 2020 Annual Report. Highlighted goals are graphed in attached document.)

Olmstead Plan Goal	Agency	Summary of progress	Recommendation
Transition Services 1A Move to integrated setting from ICFs/DD	DHS	<ul style="list-style-type: none"> Overall goal report in Feb 2021 Annual goals on track 	<ul style="list-style-type: none"> Extend and reset targets
Transition Services 1B Move to integrated setting from nursing facilities	DHS	<ul style="list-style-type: none"> Overall goal report in Feb 2021 Annual goals on track 	<ul style="list-style-type: none"> Extend and reset targets
Transition Services 1C Move to integrated setting from other segregated settings	DHS	<ul style="list-style-type: none"> Overall goal report in Feb 2021 Annual goals on track 	<ul style="list-style-type: none"> Extend and reset targets
Transition Services 2 Awaiting discharge from AMRTC	DHS	<ul style="list-style-type: none"> Overall goal not met 	<ul style="list-style-type: none"> Consider new measure/strategies
Transition Services 3 Leaving MSH to integrated setting	DHS	<ul style="list-style-type: none"> Overall goal report in Feb 2021 Annual goals not on track 	<ul style="list-style-type: none"> Consider new measure/strategies
Transition Services 4 Plans meet protocols	DHS	<ul style="list-style-type: none"> Overall goal was not met 	<ul style="list-style-type: none"> Extend and reset targets
Timeliness of Waiver 1 Timeliness of waiver funding	DHS	<ul style="list-style-type: none"> Goal in process No overall goal date or target Consistent progress 	<ul style="list-style-type: none"> Add overall goal date and target to achieve
Person-Centered Planning 1 Plans meet protocols	DHS	<ul style="list-style-type: none"> Goal in process No goal target Making progress 	<ul style="list-style-type: none"> Extend and reset target
Person-Centered Planning 2A NCI survey – Report input into major decisions	DHS	<ul style="list-style-type: none"> Overall goal was met Data no longer available 	<ul style="list-style-type: none"> Discontinue in Plan Annually report full NCI survey findings
Person-Centered Planning 2B NCI survey – Report input into everyday decisions	DHS	<ul style="list-style-type: none"> Overall goal was met Data no longer available 	<ul style="list-style-type: none"> Discontinue in Plan Annually report full NCI survey findings
Person-Centered Planning 2C NCI survey – Report always in charge of life	DHS	<ul style="list-style-type: none"> Overall goal was not met Data no longer available 	<ul style="list-style-type: none"> Discontinue in Plan Annually report full NCI survey findings
Housing Services 1 Integrated housing with signed lease	DHS/ MHFA	<ul style="list-style-type: none"> Overall goal not met 	<ul style="list-style-type: none"> Extend and reset targets
Employment 1 VRS/SSB employed	DEED	<ul style="list-style-type: none"> Overall goal not met 	<ul style="list-style-type: none"> Extend and reset targets Consider new strategies
Employment 2 – Medicaid recipients employed	DHS	<ul style="list-style-type: none"> Overall goal not met 	<ul style="list-style-type: none"> Extend and reset targets Consider new strategies
Employment 3 Students employed	MDE	<ul style="list-style-type: none"> Overall goal not met 	<ul style="list-style-type: none"> Extend and reset targets Consider new strategies
Employment 4 Peer support specialists employed	DHS	<ul style="list-style-type: none"> Overall goal not met 	<ul style="list-style-type: none"> Extend and reset targets Consider new strategies

[AGENDA ITEM 6d]

Olmstead Plan Goal	Agency	Summary of progress	Recommendation
Education 1 Integrated classroom	MDE	<ul style="list-style-type: none"> Overall goal report in Feb 2022 Annual goals on track although growth is minimal 	<ul style="list-style-type: none"> Extend and reset targets to achieve greater growth Consider new strategies
Education 2 Integrated post-secondary	MDE	<ul style="list-style-type: none"> Overall goal report in Nov 2021 Annual goals not on track 	<ul style="list-style-type: none"> Extend and reset targets Consider new strategies
Education 3A Assistive technology training for school districts	MDE	<ul style="list-style-type: none"> Overall goal met 	<ul style="list-style-type: none"> Extend and reset targets to achieve greater growth
Education 3B Students in districts trained in assistive technology	MDE	<ul style="list-style-type: none"> Overall goal not met 	<ul style="list-style-type: none"> Extend and reset targets to achieve greater growth
Transportation 1A Curb ramp improvements	DOT	<ul style="list-style-type: none"> Overall goal report in Feb 2021 Annual goals on track 	<ul style="list-style-type: none"> Extend and reset targets
Transportation 1B Accessible Pedestrian Signals	DOT	<ul style="list-style-type: none"> Overall goal report in Feb 2021 Annual goals on track 	<ul style="list-style-type: none"> Extend and reset targets
Transportation 1C Sidewalk improvements	DOT	<ul style="list-style-type: none"> Overall goal report in Feb 2021 Annual goals on track 	<ul style="list-style-type: none"> Extend and reset targets
Transportation 2 Service hours increased	DOT	<ul style="list-style-type: none"> Overall goal date is 2025 Annual goals on track 	<ul style="list-style-type: none"> Continue
Transportation 3 Transit coverage Greater Minnesota	DOT	<ul style="list-style-type: none"> Overall goal date is 2025 Goal in process 	<ul style="list-style-type: none"> Continue
Transportation 4A On-time performance Metro	METC	<ul style="list-style-type: none"> Overall goal date is 2025 Goal in process 	<ul style="list-style-type: none"> Continue
Transportation 4B On-time Greater Minnesota	DOT	<ul style="list-style-type: none"> Overall goal date is 2025 Goal in process 	<ul style="list-style-type: none"> Continue
Transportation 5 Metro service routes	METC	<ul style="list-style-type: none"> Overall goal date is 2040 Goal in process 	<ul style="list-style-type: none"> Continue
Health Care 1 Adult readmission rate	DHS	<ul style="list-style-type: none"> Overall goal not met 	<ul style="list-style-type: none"> Extend and reset targets
Health Care 2A Dental services at ED - children	DHS	<ul style="list-style-type: none"> Overall goal not met 	<ul style="list-style-type: none"> Extend and reset targets
Health Care 2B Dental services at ED - adults	DHS	<ul style="list-style-type: none"> Overall goal not met 	<ul style="list-style-type: none"> Extend and reset targets
Positive Supports 1 - People restrictive procedures	DHS	<ul style="list-style-type: none"> Overall goal met 	<ul style="list-style-type: none"> Extend and reset targets
Positive Supports 2 - Reports of restrictive procedures	DHS	<ul style="list-style-type: none"> Overall goal met 	<ul style="list-style-type: none"> Extend and reset targets
Positive Supports 3 Reports of mechanical restraints	DHS	<ul style="list-style-type: none"> Overall goal not met 	<ul style="list-style-type: none"> Extend and reset targets Consider new strategies
Positive Supports 4 - Students restrictive procedures	MDE	<ul style="list-style-type: none"> Overall goal report in Feb 2021 Annual goals not on track 	<ul style="list-style-type: none"> Extend and reset targets Consider new strategies
Positive Supports 5 Reports of restrictive procedures	MDE	<ul style="list-style-type: none"> Overall goal report in Feb 2021 Annual goals not on track 	<ul style="list-style-type: none"> Extend and reset targets Consider new strategies

Olmstead Plan Goal	Agency	Summary of progress	Recommendation
Crisis Services 1 - Children stay in community after crisis	DHS	<ul style="list-style-type: none"> Overall goal not met 	<ul style="list-style-type: none"> Extend and reset targets Consider new strategies
Crisis Services 2 Adults stay in community after crisis	DHS	<ul style="list-style-type: none"> Overall goal report in Feb 2021 Annual goals not on track 	<ul style="list-style-type: none"> Extend and reset targets Consider new strategies
Crisis Services 4A Stable housing within 5 months of hospital discharge	DHS	<ul style="list-style-type: none"> Overall goal not met 	<ul style="list-style-type: none"> Extend and reset targets Consider new strategies
Crisis Services 4B Within 5 months of crisis community services		<ul style="list-style-type: none"> Overall goal met 96% for last 2 years 	<ul style="list-style-type: none"> Discontinue in Plan Continue to monitor
Crisis Services 5 Short term services	DHS	<ul style="list-style-type: none"> Overall goal met 94% last 2 years 	<ul style="list-style-type: none"> Discontinue in Plan Continue to monitor
Community Engagement 1 Boards and Councils	OIO	<ul style="list-style-type: none"> Overall goal not met 	<ul style="list-style-type: none"> Extend and reset targets Consider new strategies
Community Engagement 2 Public input process	OIO	<ul style="list-style-type: none"> Overall goal met 	<ul style="list-style-type: none"> Consider new measure to align with upcoming community engagement efforts
Community Engagement 3 Increase engagement activities	OIO	<ul style="list-style-type: none"> Overall goal report in 2022 Goal in process Baseline not yet established 	<ul style="list-style-type: none"> Consider new measure to align with upcoming community engagement efforts
Preventing Abuse 2 ER visits / other medical treatment	MDH	<ul style="list-style-type: none"> Overall goal report in 2022 Goal in process Baseline/targets not yet established 	<ul style="list-style-type: none"> Add baseline reset annual targets
Preventing Abuse 3 Reduce repeat abuse	DHS	<ul style="list-style-type: none"> Overall goal report in 2022 Annual goals on track 	<ul style="list-style-type: none"> Continue
Preventing Abuse 4 Student maltreatment	MDE	<ul style="list-style-type: none"> Overall goal not met 	<ul style="list-style-type: none"> Consider new measure and strategies

Progress Charts of Select Goals

This document includes charts that illustrate progress for goals that are critical to the implementation of the Olmstead Plan. The selected goals are included due to their importance or due to their lack of sufficient progress.

More detailed information for each goal is included in the 2020 Annual Report on Olmstead Plan Implementation.

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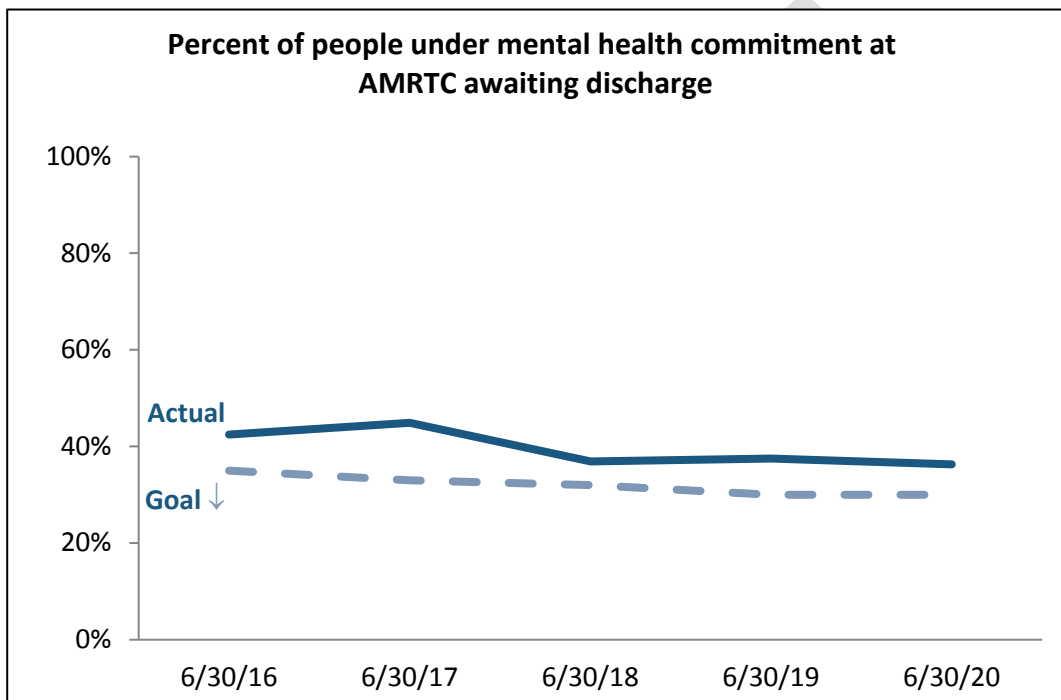
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[AGENDA ITEM 6d]**Transition Services Goal Two**

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 will be reduced to 30% (based on daily average).

Status: overall goal not met

Recommendation: Consider new measure/strategies



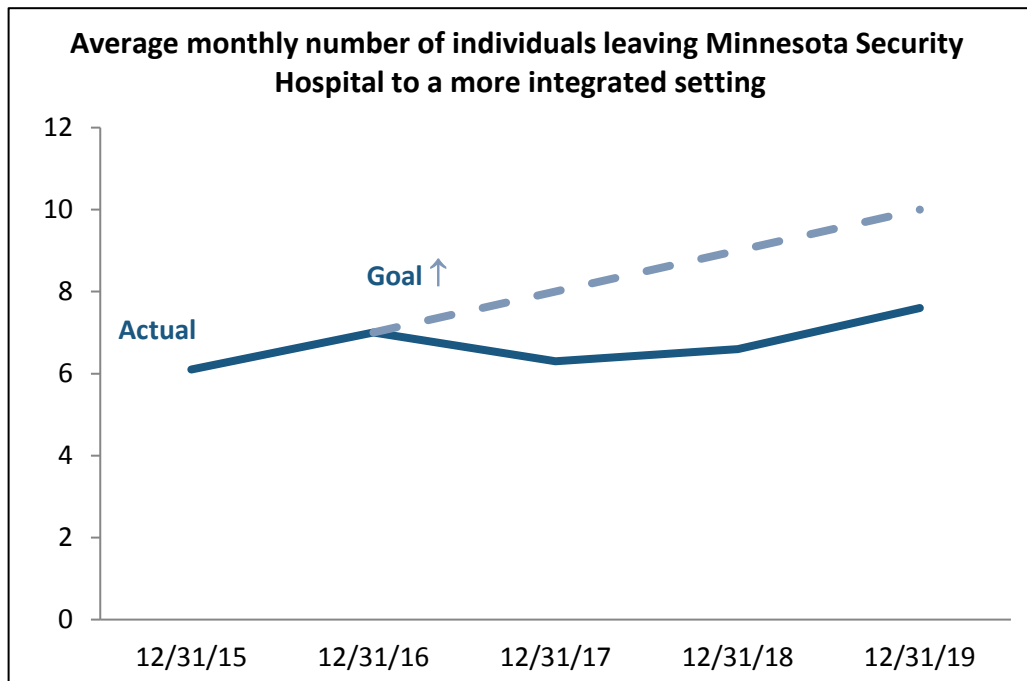
Date	Goal: equal to or less than	Actual	Goal Met?
FY2015 Baseline	-	42.5%	-
June 30, 2016	35%	42.5%	No
June 30, 2017	33%	44.9%	No
June 30, 2018	32%	36.9%	No
June 30, 2019	30%	37.5%	No
June 30, 2020	30%	36.3%	No

Transition Services Goal Three

By December 31, 2020, the average monthly number of individuals leaving Minnesota Security Hospital to a more integrated setting will increase to 10 individuals per month.

Status: not on track to meet goal

Recommendation: Consider new measure/strategies



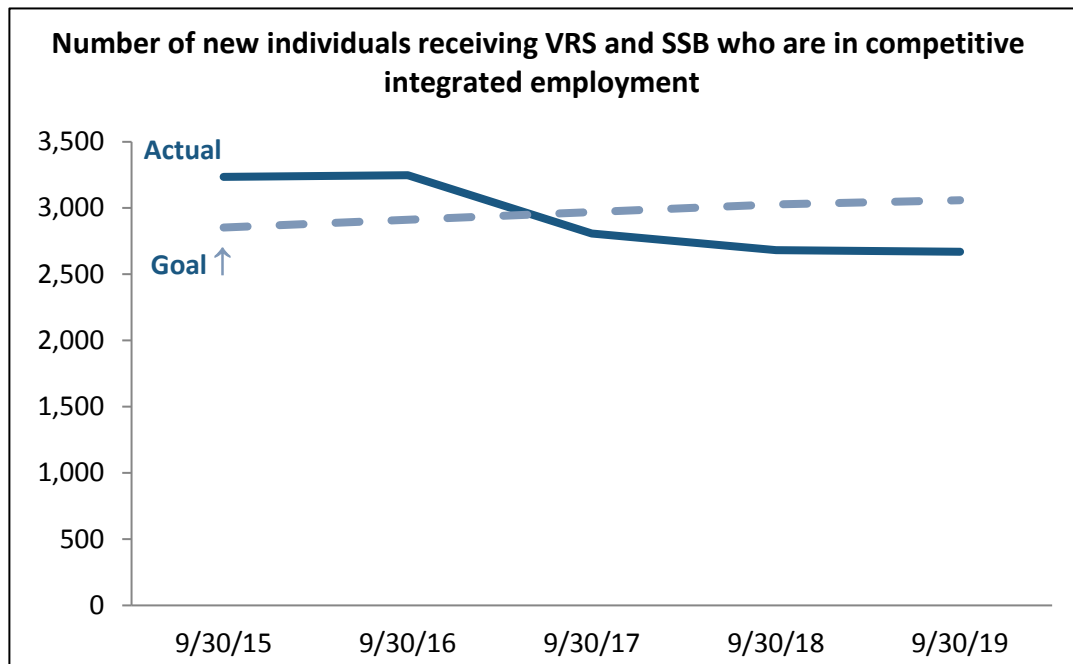
Date	Goal: equal to or greater than	Actual	Goal Met?
2014 Baseline	-	4.6	-
December 31, 2015		6.1	
December 31, 2016	7	7.0	Yes
December 31, 2017	8	6.3	No
December 31, 2018	9	7	No
December 31, 2019	10	8	No
December 31, 2020	10		

[AGENDA ITEM 6d]**Employment Goal One**

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

Status: overall goal not met

Recommendation: Extend and reset targets; Consider new strategies



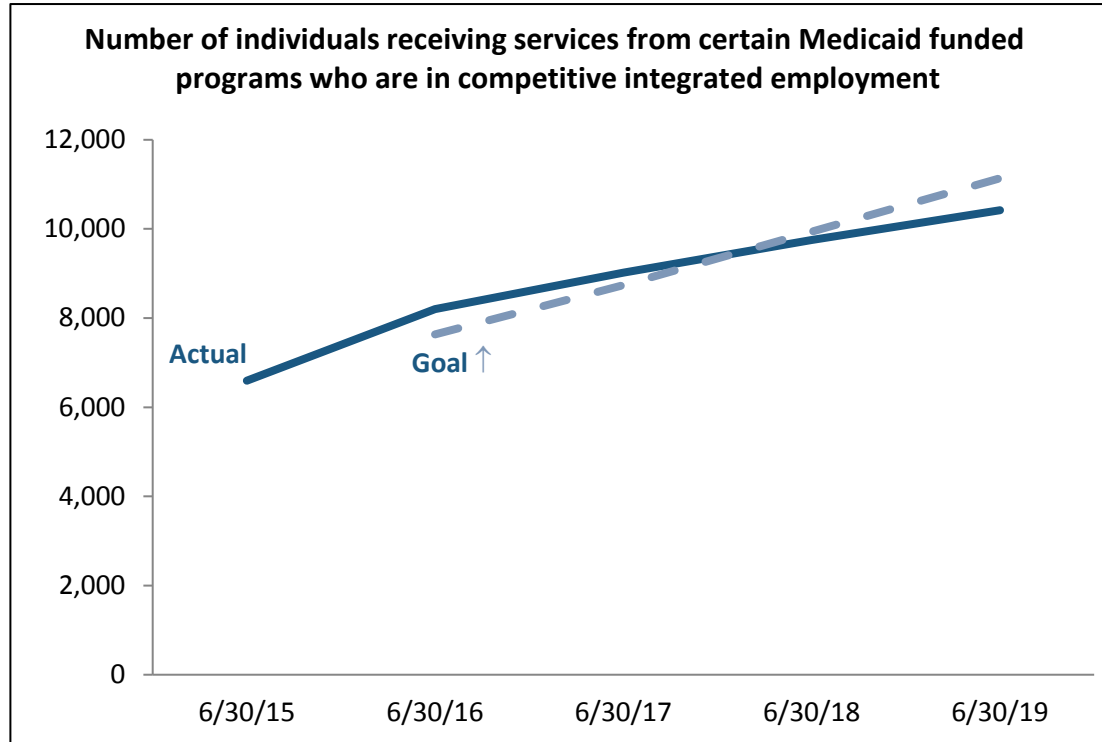
Date	Goal: equal to or greater than	Actual	Goal Met?
2014 Baseline	-	2,738	-
September 30, 2015	2,853	3,236	Yes
September 30, 2016	2,911	3,248	Yes
September 30, 2017	2,969	2,807	No
September 30, 2018	3,028	2,682	No
September 30, 2019	3,059	2,670	No

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.

Status: overall goal not met

Recommendation: Extend and reset targets; Consider new strategies



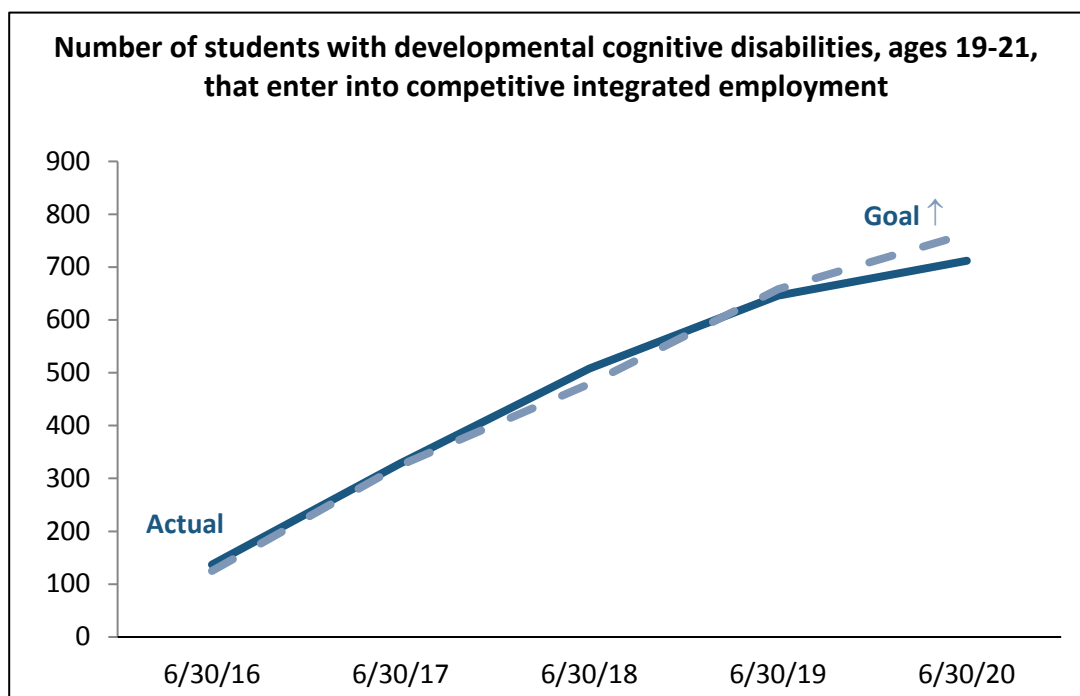
Date	Goal: equal to or greater than	Actual	Goal Met?
2014 Baseline	-	6,137	-
June 30, 2015		6,596	
June 30, 2016 (2017 Annual)	7,637	8,203	
June 30, 2017 (2018 Annual)	8,737	9,017	Yes
June 30, 2018 (2019 Annual)	9,937	9,751	No
June 30, 2019 (2020 Annual)	11,137	10,420	No

[AGENDA ITEM 6d]**Employment Goal Three**

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

Status: overall goal not met

Recommendation: Extend and reset targets; Consider new strategies



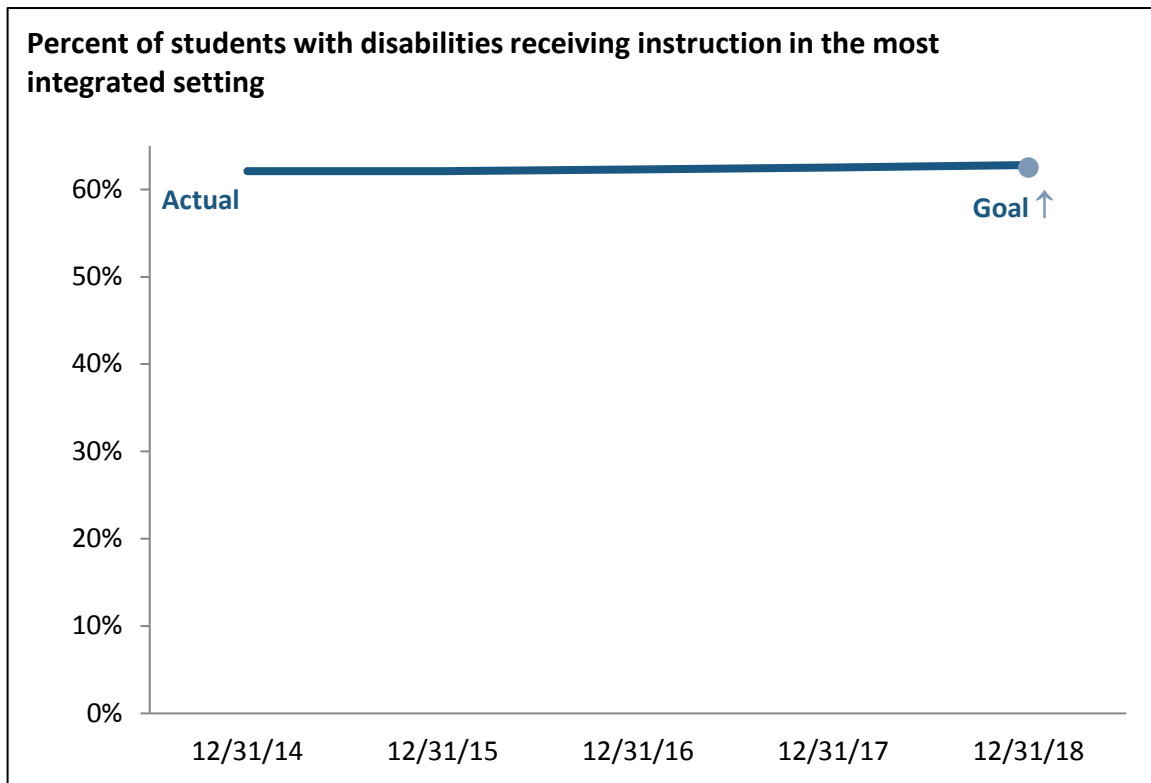
Date	Goal: equal to or greater than	Actual	Goal Met?
2014 Baseline	-	313	-
June 30, 2016	125	137	Yes
June 30, 2017	325	329	Yes
June 30, 2018	479	508	Yes
June 30, 2019	658	646	No
June 30, 2020	763	712	No

Lifelong Learning and Education Goal One

Goal One: By December 1, 2021, the percent of students with disabilities, receiving instruction in the most integrated setting, will increase to 63%.

Status: on track to meet goal

Recommendation: Extend and reset targets to achieve greater growth; consider new strategies



Date	Goal: equal to or greater than	Actual	Goal Met?
2013 Baseline	-	62.1%	-
December 31, 2014		62.1%	
December 31, 2015		62.1%	Yes
December 31, 2016		62.3%	Yes
December 31, 2017		62.5%	Yes
December 31, 2018	62.5%	62.8%	Yes
December 31, 2019			
December 31, 2020	63%		

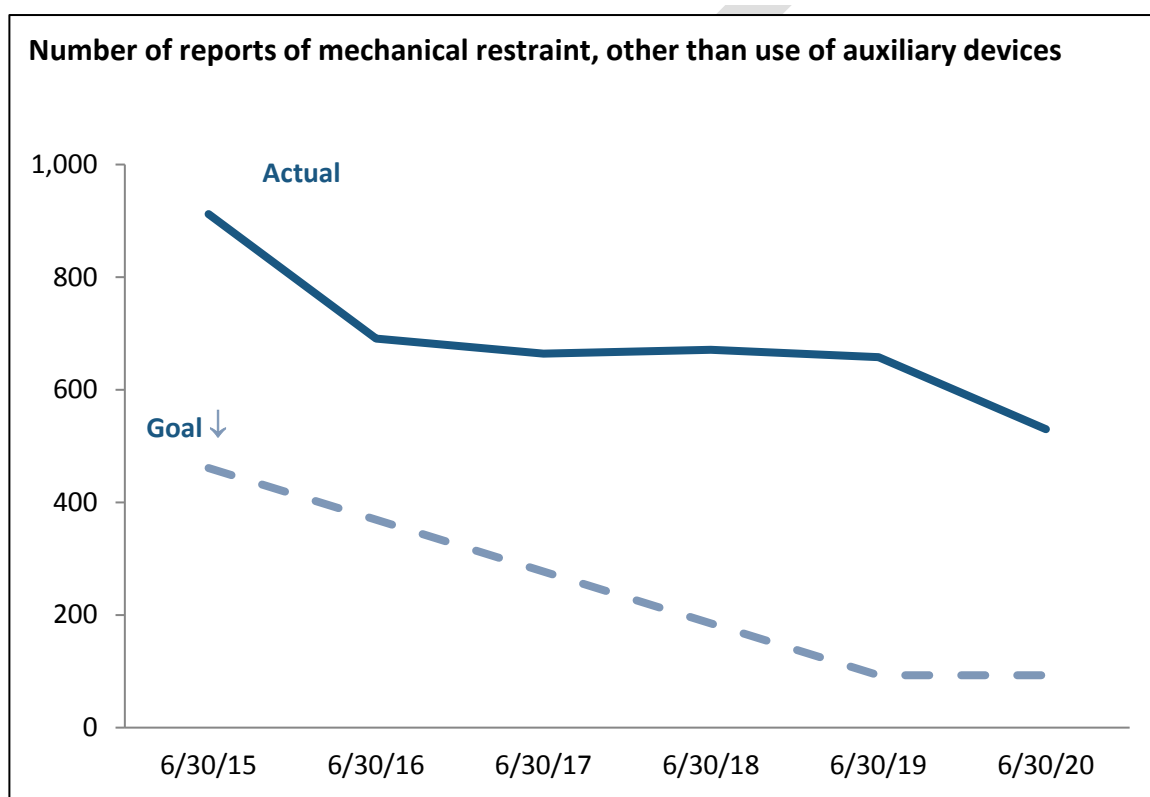
[AGENDA ITEM 6d]**Positive Supports Goal Three**

Use of mechanical restraint is prohibited in services licensed under Minn. Statute 245D, or within the scope of Minn. Rule, Part 9544, 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 will be reduced to no more than 93 reports.

Status: overall goal not met

Recommendation: Extend and reset targets; consider new strategies



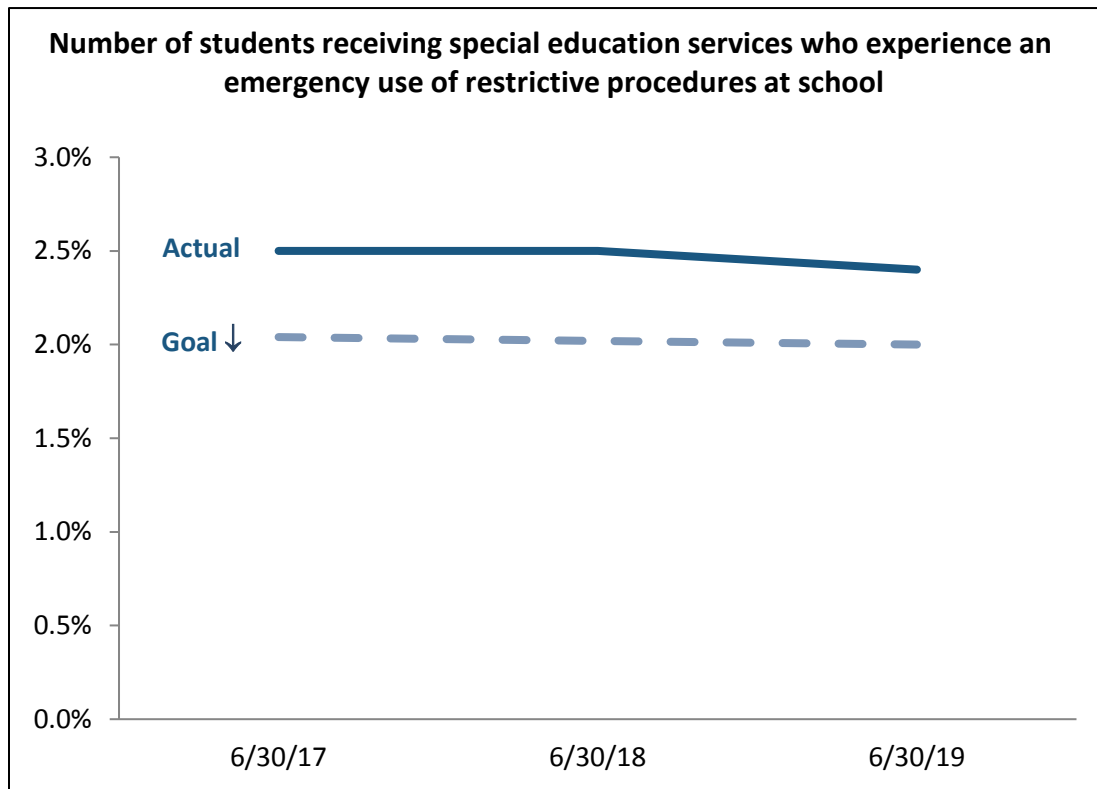
Time period	Goal: equal to or less than	Actual	Goal met?
June 30, 2015	461	912	No
June 30, 2016	369	691	No
June 30, 2017	277	664	No
June 30, 2018	185	671	No
June 30, 2019	93	658	No
June 30, 2020	93	530	No

Positive Supports Goal Four

By June 30, 2020, the number of students receiving special education services who experience an emergency use of restrictive procedures at school will decrease by 318 students or decrease to 1.98% of the total number of students receiving special education services.

Status: not on track to meet goal

Recommendation: Extend and reset targets; consider new strategies



Date	Goal: equal to or less than	Actual	Goal Met?
2016 Baseline	-	2.3%	-
June 30, 2017	2.04%	2.5%	No
June 30, 2018	2.02%	2.5%	No
June 30, 2019	2.00%	2.4%	No
June 30, 2020	1.98%		

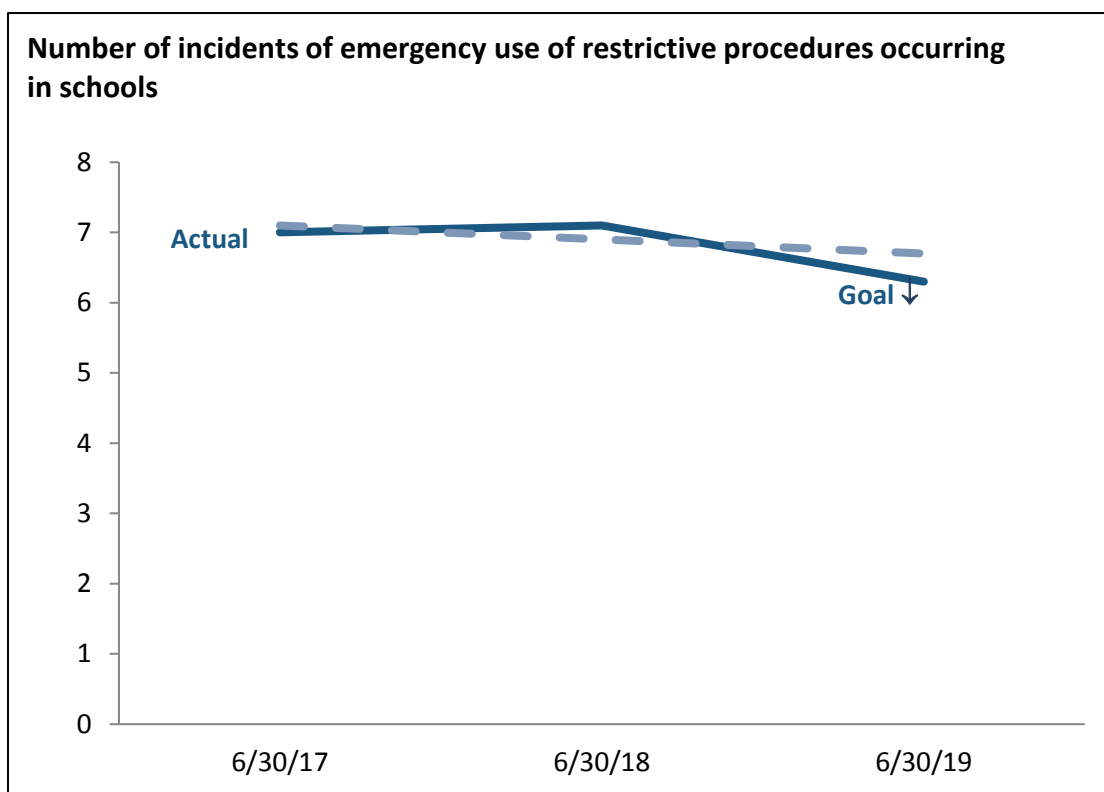
[AGENDA ITEM 6d]

Positive Supports Goal Five

By June 30, 2020, the number of incidents of emergency use of restrictive procedures occurring in schools will decrease by 2,251 or by 0.8 incidents of restrictive procedures per student who experienced the use of restrictive procedures in the school setting.

Status: on track to meet goal

Recommendation: Extend and reset targets; consider new strategies



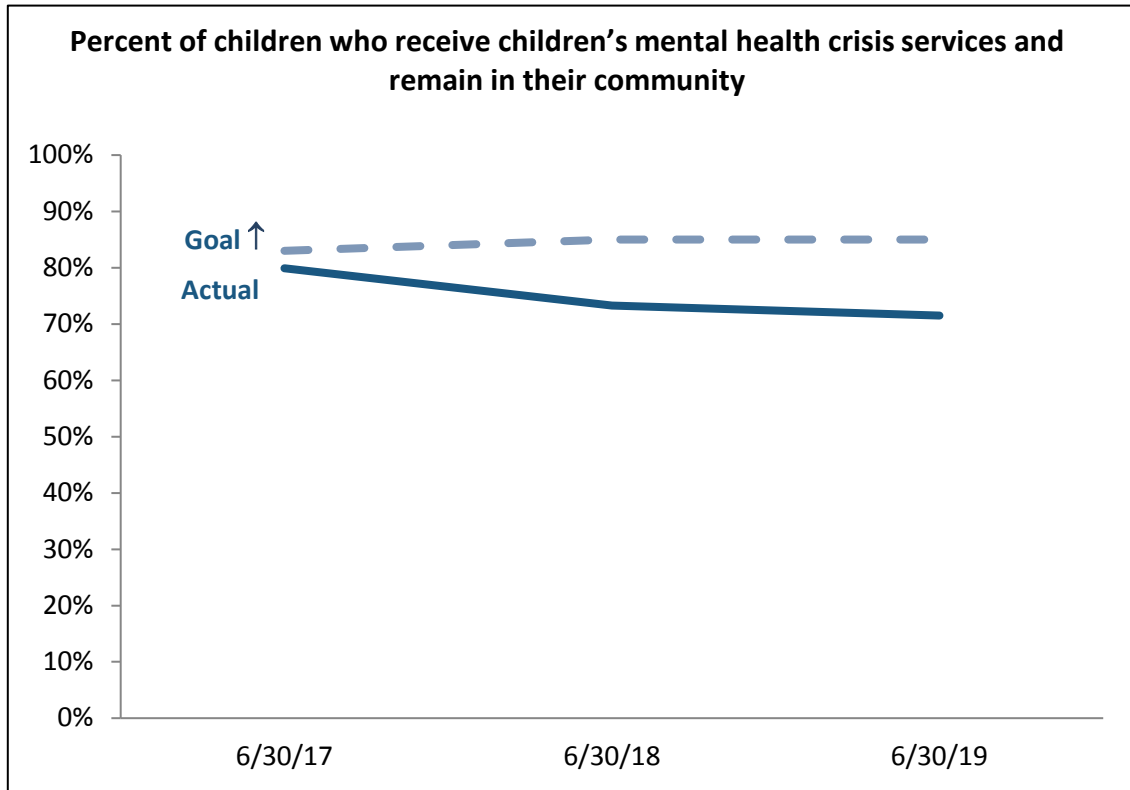
Date	Goal: equal to or less than	Actual	Goal Met?
2016 Baseline	-	7.3	-
June 30, 2017	7.1	7.0	Yes
June 30, 2018	6.9	7.1	No
June 30, 2019	6.7	6.3	Yes
June 30, 2020	6.5		

Crisis Services Goal One

By June 30, 2019, the percent of children who receive children's mental health crisis services and remain in their community will increase to 85% or more.

Status: overall goal not met

Recommendation: Extend and reset targets; consider new strategies



Date	Goal: equal to or greater than	Actual	Goal Met?
2014 Baseline	-	79.0%	-
June 30, 2016	81.0%		
June 30, 2017	83.0%	79.9%	No
June 30, 2018	85.0%	73.3%	No
June 30, 2019	85.0%	71.5%	No

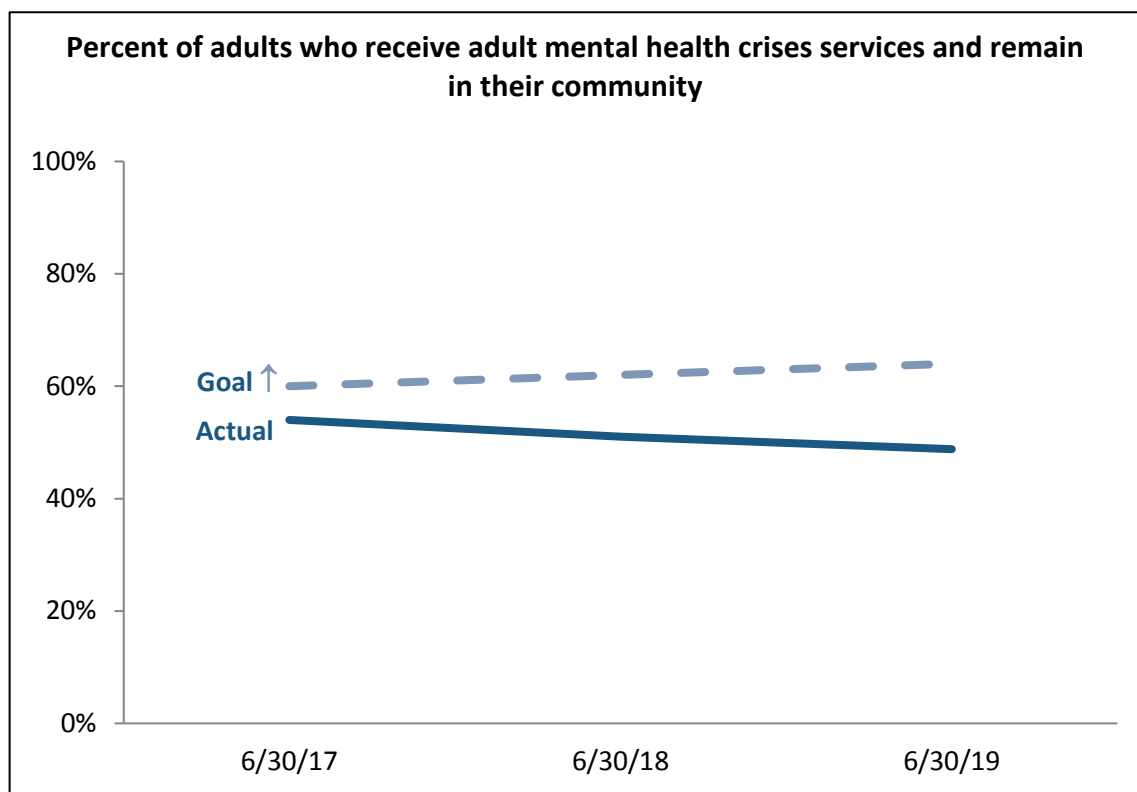
[AGENDA ITEM 6d]

Crisis Services Goal Two

By June 30, 2020, the percent of adults who receive adult mental health crises services and remain in their community (e.g., home or other setting) will increase to 64% or more.

Status: not on track to meet goal

Recommendation: Extend and reset targets; consider new strategies



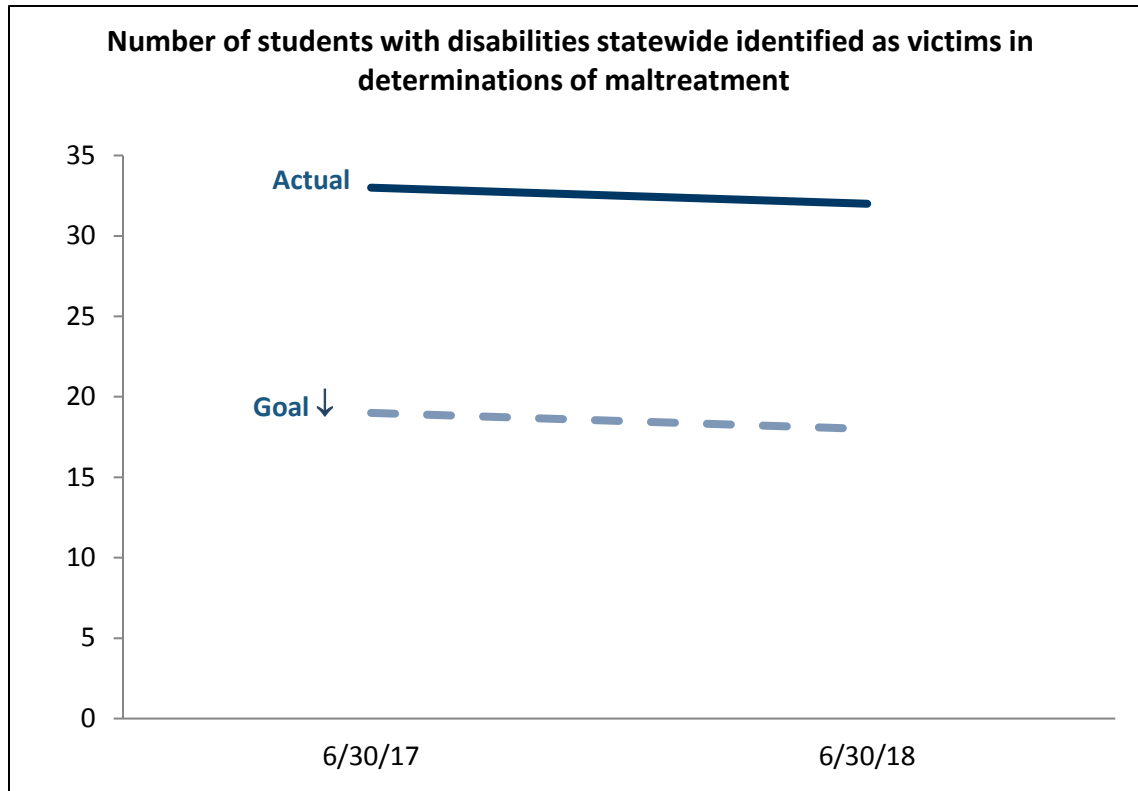
Date	Goal: equal to or greater than	Actual	Goal Met?
2016 Baseline	-	57.8%	-
June 30, 2017	60.0%	54.0%	No
June 30, 2018	62.0%	51.0%	No
June 30, 2019	64.0%	48.8%	No

Preventing Abuse and Neglect Goal Four

By July 31, 2020, the number of students with disabilities statewide identified as victims in determinations of maltreatment will decrease by 10% compared to baseline.

Status: overall goal not met

Recommendation: consider new measure and strategies



Time period	Goal: equal to or less than	Actual	Goal met?
2016 Baseline	-	20	-
June 30, 2017 (2019 Annual)	19	33	No
June 30, 2018 (2020 Annual)	18	32	No

Olmstead Subcabinet Meeting Agenda Item

December 21, 2020

Agenda Item:

6e) Quality of Life Survey preliminary findings

Presenter:

Shelley Madore (OIO)

Action Needed:

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

Summary of Item:

This document includes preliminary findings from the Quality of Life Survey.

Attachment(s):

6e) Quality of life Preliminary findings

Olmstead Quality of Life Second Follow-up Survey - 2020

Preliminary results overview

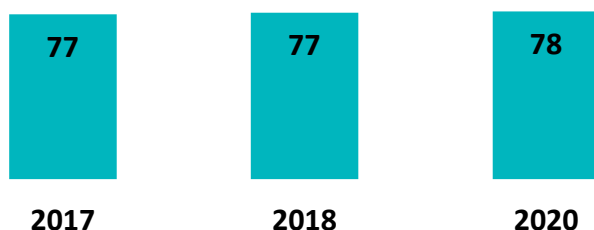
These findings are based on 283 surveys completed between August and November 11, 2020. The final report with detailed results and findings from an additional sample of people who are Black, Indigenous, or People of Color (BIPOC) will be presented in February 2021.

Key takeaways

The preliminary results are unfortunately reflective of a consistency we are sorry to report. Whether you look at objective measures of quality of life or ask participants themselves about their experiences, overall, the needle has not moved.

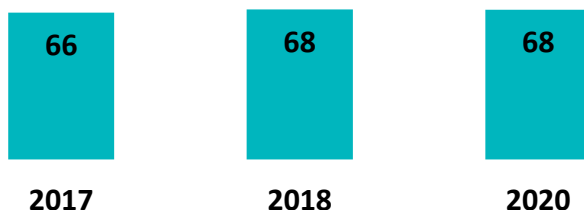
1. **Participants' overall quality of life, according to their own ratings of 14 factors, has essentially remained flat since 2017.** When specifically asked about COVID, most participants said their quality of life is worse during the pandemic. Reasons for this included lost income, fewer opportunities for socialization, and loss of a sense of community.

Average **quality of life scores** are essentially unchanged since the survey began in 2017.



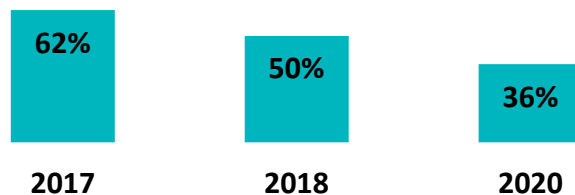
2. **Overall, participants have the same amount of power about decisions affecting them as in previous years.** When looking at specific types of decisions, participants have more control over day-to-day decisions than decisions that can have longer-term impact. For example, they are more likely to decide what they wear and when they go to bed. But participants have less power in what can be more life-changing decisions, like what work or day program they frequent and who their support staff are. When participants have less decision-making power, it may mean paid staff have more control.

Participants' **decision-making power** has not substantially increased since 2017.



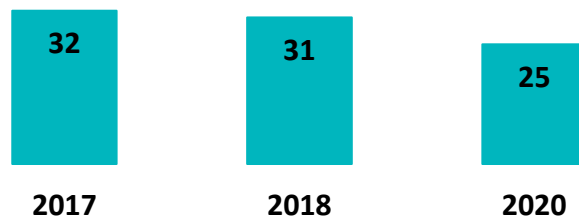
3. **Participants' numbers of close relationships continue to decline.** Participants were asked to name up to five close relationships. Restrictions on activities outside the home have limited opportunities to connect with people outside their home such as significant others, family, friends and other close relationships.

The percent of participants who provided **five close relationships** has declined significantly since 2017.



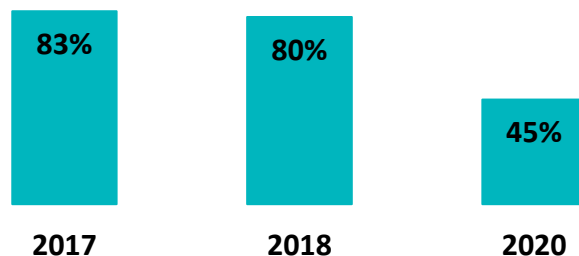
4. **People engaged with their community far less; only some could turn to the internet.** Social activities outside the home decreased sharply but were partially replaced by virtual experiences. Access to the technology to take part in virtual engagement opportunities is not universal. Although we did not ask participants whether they had access to internet, 88 percent took the survey by phone when they had the option for a video call.

On average, participants have far fewer **outings per month** because of the COVID-19 pandemic.



5. **Participation in formal activities such as work, day programs, and school declined dramatically, as did the number of hours spent in these activities.** People who are taking part in formal activities reported half the hours at work or day programs as in previous years. An exception is people in more integrated day settings, such as competitive employment. These participants reported similar levels of activity and higher weekly earnings as in previous years.

Fewer than half of participants are **going to work, day programs, or school** in 2020.



Supplemental Handouts for

December 21, 2021

Olmstead Subcabinet Meeting

This handout includes the following meeting materials:

- Agenda item 6a - November 2020 Quarterly Report (page 3)
- Agenda Item 6b - 2020 Annual Report on Olmstead Plan Implementation (page 63)

Olmstead Subcabinet Meeting Agenda Item

December 21, 2020

Agenda Items:

6(a) November 2020 Quarterly Report

Presenter:

Mike Tessneer (OIO)

Action Needed:

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

Summary of Item:

This November 2020 Quarterly Report on progress of Olmstead Plan measurable goals was reviewed by the Executive Committee on November 13, 2020. They are recommending that the Subcabinet approve the report.

Attachment(s):

6a – November 2020 Quarterly Report on Olmstead Plan Measurable Goals

Minnesota Olmstead Subcabinet

Quarterly Report on Olmstead Plan Measurable Goals



REPORTING PERIOD

Data acquired through October 31, 2020

DATE REVIEWED BY OLMSTEAD EXECUTIVE COMMITTEE

November 13, 2020

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[AGENDA ITEM 6a]**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. Reports are reviewed and approved by the Olmstead Subcabinet Executive Committee. After reports are approved they are made available to the public on the Olmstead Plan website at Mn.gov/Olmstead. ⁱ

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

EXECUTIVE SUMMARY

This quarterly report covers twenty-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)

[AGENDA ITEM 6a]**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.

[AGENDA ITEM 6a]**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

[AGENDA ITEM 6a]**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%)

[AGENDA ITEM 6a]**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)

[AGENDA ITEM 6a]

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

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

TIMELINESS OF DATA:

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

[AGENDA ITEM 6a]

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.

[AGENDA ITEM 6a]

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.

[AGENDA ITEM 6a]**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.

[AGENDA ITEM 6a]

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.

[AGENDA ITEM 6a]

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.

[AGENDA ITEM 6a]

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.

[AGENDA ITEM 6a]

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.

[AGENDA ITEM 6a]

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%)

[AGENDA ITEM 6a]**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.

[AGENDA ITEM 6a]**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

[AGENDA ITEM 6a]**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://theimprovetgroup.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%

[AGENDA ITEM 6a]**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) Mahnomon, 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 (CADL) 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)

[AGENDA ITEM 6a]**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.

[AGENDA ITEM 6a]

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.

[AGENDA ITEM 6a]

- 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.

[AGENDA ITEM 6a]**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.

[AGENDA ITEM 6a]

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.

[AGENDA ITEM 6a]**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.

[AGENDA ITEM 6a]**(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.

[AGENDA ITEM 6a]**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.

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EMPLOYMENT GOAL TWO: By June 30, 2020, of the 50,157 people receiving services from certain Medicaid funded programs, there will be an increase of 5,000 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.

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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.

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- ***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>.

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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.

[AGENDA ITEM 6a]**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

[AGENDA ITEM 6a]**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

[AGENDA ITEM 6a]

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.

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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.

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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.

[AGENDA ITEM 6a]**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.

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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

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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.

Olmstead Subcabinet Meeting Agenda Item

December 21, 2020

Agenda Items:

6(b) 2020 Annual Report on Olmstead Plan Implementation

Presenter:

Mike Tessneer (OIO)

Action Needed:

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

Summary of Item:

This is a draft of the Annual Report on progress of Olmstead Plan measurable goals. It provides a summary of progress on the Olmstead Plan measurable goals over the last year as reported in the 2020 Quarterly Reports of February, May, August and November.

Attachment(s):

6b – 2020 Annual Report on Olmstead Plan Implementation

Minnesota Olmstead Subcabinet

Annual Report on Olmstead Plan Implementation



REPORTING PERIOD

Data acquired through October 31, 2020

DATE REVIEWED BY SUBCABINET

December 21, 2020

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I. PURPOSE OF REPORT

This Annual Report provides the status of work being done by State agencies to implement the Olmstead Plan. The Annual Report summarizes measurable goal results and analysis of data as reported in the previous four quarterly reports (February, May, August and November 2020).¹

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 Annual Report dated December 21, 2020 includes data acquired through October 31, 2020. Progress on each measurable goal is reported when data is reliable and valid in order to ensure the overall report is complete, accurate, timely and verifiable. More details on the progress of the goals can be found in the quarterly reports.

This Annual Report includes Olmstead Implementation Office (OIO) compliance summary reports on status of workplans, and an analysis of trends and risk areas.

EXECUTIVE SUMMARY

This Annual Report covers the forty-seven measurable goals¹ in the Olmstead Plan. As shown in the chart below, eighteen of those goals were either met or are on track to be met. Twenty-one goals were categorized as not on track, or not met. For those twenty-one goals, the report documents how the agencies will work to improve performance on each goal. Eight goals were in process.

Status of Goals* – 2020 Annual Report	Number of Goals
Met annual goal	15
On track to meet annual goal	3
Not on track to meet annual goal	0
Did not meet annual goal	21
In process	8
Goals Reported	47

*The status for each goal is based on the most recent annual goal reported. Each goal is counted only once in the table.

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

- In the first three quarters of the 2020 goal, 77 individuals left Intermediate Care Facilities for Individuals with Developmental Disabilities (ICF/DD) programs to more integrated settings. This exceeds the 2020 annual goal of 72. (Transition Services Goal One A)
- In the first three quarters of the 2020 goal, 693 individuals with disabilities under age 65 in a nursing facility longer than 90 days moved to more integrated settings. This is 92% of the 2020 annual goal of 750. (Transition Services Goal One B)

¹ Quarterly Reports and other related documents are available on the Olmstead Plan website at [Mn.gov/Olmstead](https://mn.gov/Olmstead).

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- In the first three quarters of the 2020 goal, 913 individuals moved from other segregated settings to more integrated settings. This exceeds the 2020 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. In the last quarter reported. Over the last four quarters, 59% of individuals were approved for funding within 45 days. Another 31% had funding approved after 45 days.

Increasing system capacity and options for integration

- The utilization of Transition Protocols continues to show improvement. Over the last four quarters, the number of cases adhering to protocols averaged 78.3%, which is an increase from 64.8% from the previous year. (Transition Services Goal Four)
- The utilization of the Person Centered Protocols continues to show improvement. Over the last four quarters, of the eight person centered elements measured in the protocols, performance on all elements improved over the 2017 baseline. Six of the eight elements show progress over the previous year, and five of the eight are at or above 97%. (Person-Centered Planning Goal One)
- The number of people with disabilities who live in the most integrated housing of their choice increased by 1,132 individuals over the last year. (Housing and Services Goal One)
- An additional 3,405 individuals receiving services from Vocational Rehabilitation Services and State Services for the Blind, certain Medicaid funded programs, and students are in competitive integrated employment during the last year. (Employment Goal One, Two and Three)
- The number of peer support specialists who are employed remained unchanged at 76. This was an increase of 60 over baseline. (Employment Goal Four)
- There was an increase in the number and percent of students with disabilities in the most integrated setting. (Education Goal One)
- There was an increase in the number of school districts that completed training in active consideration of assistive technology. (Education Goal Three A)
- Accessibility improvements were made to 1,188 curb ramps, 43 accessible pedestrian signals, and 33.24 miles of sidewalks in the last year. (Transportation Goal One)
- The number of transit service hours in Greater Minnesota increased by 242,652 over baseline during the last year. (Transportation Goal Two)
- The number of individuals experiencing a restrictive procedure was reduced by 81 from the previous year and a reduction of 515 from baseline. (Positive Supports Goal One)
- The number of reports of restrictive procedures was reduced by 97 from the previous year and a reduction of 5,476 from baseline. (Positive Supports Goal Two)
- The percent of people receiving appropriate community services within 30 days of discharge from the hospital (due to a crisis) was 94.6%, which met the annual goal of 92%. (Crisis Services Four B)
- The percentage of people receiving crisis services within ten days of referral was 96.5%, which met the annual goal of 90%. (Crisis Services Goal Five)
- The number of individuals participating in public input opportunities increased by 11.5% over the previous year. The number of comments received increased by 173% over the previous year. (Community Engagement Goal Two)
- The number of vulnerable adults who experienced more than one episode of the same type of abuse or neglect within six months was reduced by 25.4% from baseline. (Preventing Abuse and Neglect Goal Three)

The following measurable goals have been targeted for improvement:

- Transition Services Goal Three to increase the number of individuals leaving the MSH to a more integrated setting.
- Education Goal Two to increase the percent of students with disabilities enrolling in integrated postsecondary education settings.
- Education Goal Three B to increase the percent of students with disabilities in districts trained in active consideration of assistive technology.
- Health Care and Healthy Living Goal One to decrease the rate of adults with disabilities who had an unplanned readmission after an acute inpatient hospital stay.
- Health Care and Healthy Living Goal Two to decrease the rate of children and adults who used an emergency department for non-traumatic dental services.
- Positive Supports Three to reduce the number of reports of emergency use of mechanical restraints (other than auxiliary devices) with approved individuals.
- Positive Supports Four and Five to reduce the number of students experiencing emergency use of restrictive procedures and the number of incidents of emergency use of restrictive procedures.
- Crisis Services One and Two to increase the percent of children and adults who remain in the community after a crisis episode.
- Crisis Services Four A to increase the percent of people who are housed five months after discharge from the hospital (due to a crisis).
- Community Engagement Goal One to increase the number of individuals with disabilities participating in Governor's appointed Boards and Commissions, and the Olmstead Subcabinet Community Engagement Workgroup.
- Preventing Abuse and Neglect Goal Four to decrease the number of students with disabilities identified as victims in determinations of maltreatment.

The following measurable goals are in process and have no current annual goals. New annual goals are being proposed and included in the Addendum for the following goals:

- Transition Services Goal Two to decrease the percent of people at AMRTC who no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting.
- Person-Centered Planning Goal Two (A/B/C) to increase the percent of individuals reporting they have input in major life decisions, everyday decisions, and their supports and services as measured by the National Core Indicators Survey.

The Olmstead Plan is not intended to be a static document that establishes a one-time set of goals for State agencies. Rather, it is intended to serve as a vital, dynamic roadmap that will help realize the Subcabinet's vision of people with disabilities living, learning, working, and enjoying life in the most integrated settings. The dynamic nature of the Plan means that the Olmstead Subcabinet regularly examines the goals, strategies, and workplan activities to ensure that they are the most effective means to achieve meaningful change.

The ultimate success of the Olmstead Plan will be measured by an increase in the number of people with disabilities who, based upon their choices, live close to their friends and family, and as independently as possible, work in competitive, integrated employment, are educated in integrated school settings, and fully participate in community life. While there is much work to be done to achieve the goals of the Olmstead Plan, significant strides have been made in the last year. It is anticipated that future reports will include additional indicators of important progress towards these larger goals.

II. MOVEMENT FROM SEGREGATED TO INTEGRATED SETTINGS

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

QUARTERLY SUMMARY OF MOVEMENT FROM SEGREGATED TO INTEGRATED

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

Net number of individuals who moved from segregated to integrated settings during reporting period

Setting	Reporting period	Number moved
• Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD)	July 2018 – June 2019	220
• Nursing Facilities (individuals under age 65 in facility > 90 days)	July 2018 – June 2019	880
• Other segregated settings	July 2018 – June 2019	1,138
• Anoka Metro Regional Treatment Center (AMRTC)	July 2019 – June 2020	104
• Minnesota Security Hospital (MSH)	January – December 2019	91
Total	--	2,433

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 impacted by the goal. The number provides context as it relates to the measure.

TRANSITION SERVICES GOAL ONE: By June 30, 2020, the number of people who have moved from segregated settings to more integrated settingsⁱⁱ 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)

Annual Goals

- **2019 goal:** For the year ending June 30, 2019 the number of people who have moved from ICFs/DD to a more integrated setting will be **72**
- **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 2019 goal to move 72 people from ICFs/DD to a more integrated setting was **met**. [Reported in February 2020]
- The 2020 goal of 72 is **on track**. [Last reported in November 2020]

Time period	Total number of individuals leaving	Transfers ⁱⁱⁱ (-)	Deaths (-)	Net moved to integrated setting
Baseline (January – December 2014)	--	--	--	72
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
Totals (Q1 + Q2 + Q3)	149	13	59	77

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

From July 2018 – June 2019, the number of people moving from an ICF/DD to a more integrated setting was 220. The 2019 goal of 72 was met.

For the 2020 goal, during the first three quarters, 77 people moved from an ICF/DD to a more integrated setting which exceeds the annual goal of 72. The 2020 goal is on track to be met.

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

Annual Goals

- **2019 goal:** For the year ending June 30, 2019, 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**.
- **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 2019 goal to move 750 people (under age 65) from Nursing Facilities to a more integrated setting was **met**. [Reported in February 2020]
- The 2020 goal of 750 is **on track**. [Last reported in November 2020]

Time period	Total number of individuals leaving	Transfers (-)	Deaths (-)	Net moved to integrated setting
Baseline (January – December 2014)	--	--	--	707
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
Totals (Q1 + Q2 + Q3)	932	76	163	693

ANALYSIS OF DATA:

From July 2018 – June 2019, the number of people under 65 in a nursing facility for more than 90 days who moved to a more integrated setting was 880. The 2019 goal of 750 was met.

For the 2020 goal, during the first three quarters, 693 people under the age of 65 moved to a more integrated settings. This is 92% of the annual goal of 750. If moves continue at approximately the same rate, the 2020 goal is on track to be met.

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

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finding housing and setting up their new place, including a certain amount of basic furniture, household goods and/or supplies and payment of certain deposits.

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**Annual Goals**

- **2019 Goal:** For the year ending June 30, 2019, the number of people who have moved from other segregated housing to a more integrated setting will be **500**.
- **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 2019 goal to move 500 people from segregated housing to a more integrated setting was **met**. [Reported in February 2020]
- The 2020 goal of 500 is **on track**. [Last reported in November 2020]

[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
Baseline (July 2013 – June 2014)	5,694	1,121 (19.7%)	--	--	--
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%)
Totals (Q1 + Q2 + Q3)	4,505	913 (20.3%)	394 (8.7%)	2,798 (62.1%)	400 (8.9%)

ANALYSIS OF DATA:

From July 2018 – June 2019, of the 5,679 individuals moving from segregated housing, 1,138 individuals (20.0%) moved to a more integrated setting. The 2019 goal of 500 was met.

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For the 2020 goal, during the first three quarters, 913 individuals moved to a more integrated setting which exceeds the annual goal of 500. The 2020 goal is on track to be met.

COMMENT ON PERFORMANCE:

During the first three quarters reported for the 2019 goal, there were significantly more individuals who moved to more integrated settings (20.3%) than who moved to congregate settings (8.7%). 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 (62.1%) 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)

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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^{iv} will be reduced to 30% (based on daily average). [Extended March 2020]

Annual Goal

- **2020 Goal:** By June 30, 2020 the percent of people at AMRTC 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 goal to reduce the percent awaiting discharge to 30% or less was **not met**. [Reported in August 2020]
- Progress on this goal will continue to be reported as **in process**. [Last reported in November 2020]

Time period	Percent awaiting discharge (daily average)	
	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:

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 overall goal to reduce the percent of individuals under mental health commitment awaiting discharge to 30% was not met.

During the first quarter of 2021, there was a higher percentage of individuals awaiting discharge under mental health commitment 29.9% than for those who were civilly committed after being found incompetent 25.2%. The combined total of individuals awaiting discharge from AMRTC is 27.3%. This goal is being reported as in process. DHS believes that improvement on this measure for this reporting

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.

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period, 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.

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 – Sept 2020)	100	77	0	23	14	9

COMMENT ON PERFORMANCE:

During the last reporting period, 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.

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.

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

- Improvements in the treatment and discharge planning processes to better facilitate collaboration with county partners. AMRTC has increased collaboration efforts to foster participation with county partners to aid in identifying more applicable community placements and resources for individuals awaiting discharge.
- Improvements in AMRTC's notification process for individuals who no longer meet hospital criteria of care to county partners and other key stakeholders to ensure that all parties involved

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are informed of changes in the individual's status and resources are allocated towards discharge planning.

- Improvements in AMRTC's notification process to courts and parties in criminal cases for individuals who were civilly committed after a finding of incompetency who no longer meet hospital criteria of care.

DHS has convened a cross-division, cross-administration working group to improve the timely discharge of individuals at MSH and AMRTC to identify: barriers, current and future strategies, and any needed efficiencies that could be developed between AMRTC and MSH to support movement to community. Counties and community providers will be consulted and engaged in this effort as well.

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.

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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]

Annual Goals

- **2019 Goal** By December 31, 2019 the average monthly number of individuals leaving to a more integrated setting will increase to **10 or more**
- **2020 Goal:** By December 31, 2016 the average monthly number of individuals leaving to a more integrated setting will increase to **9 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 2019 goal of a monthly average of 10 individuals leaving to a more integrated setting was **not met**. [Reported in February 2020]
- The 2020 goal to increase to 9 or more is **not on track**. [Last reported in November 2020]

Time period	Total number of individuals leaving	Transfers ^{iv} (-)	Deaths (-)	Net moved to integrated setting	Monthly average
Baseline (Jan – Dec 2014)	--	--	--	55	4.6
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
Totals (Q1 + Q2 + Q3)	96	48	7	41	4.6

ANALYSIS OF DATA:

From January – December 2019, the average monthly number of individuals leaving the facility to a more integrated setting was 7.6. The 2019 goal of 10 or more was not met.

For the 2020 goal, in the first three quarters, the average monthly number of individuals leaving the facility to a more integrated setting was 4.6. This goal is not on track to meet the 2020 goal of 9 or more.

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

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.

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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).

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 – September 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

[AGENDA ITEM 6b]**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/utilization of Minnesota State Operated Community Services);

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- 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/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.

[AGENDA ITEM 6b]

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 overall goal of 100% was not met. [Reported in November 2020]

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%)

ANALYSIS OF DATA:

Over the last four quarters (July 2019 – June 2020), of the 158 transition case files reviewed, 27 people opted out of using the My Move Plan document 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 from the previous year when 35 (65%) of 54 case files reviewed adhered to the transition protocols, the overall goal was not met.

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?

[AGENDA ITEM 6b]

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:

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%).

Baseline: 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**. [Last reported in November 2020]

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	<u>Reasonable Pace</u> 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 (July 2019 – June 2020)

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	71	43 (61%)	22 (31%)	6 (8%)
Immediate Need	273	174 (64%)	84 (31%)	15 (5%)
Defined Need	786	443 (56%)	247 (32%)	96 (12%)
Totals	1,130	660 (59%)	353 (31%)	117 (10%)

ANALYSIS OF DATA:

From July 2019 – June 2020, of the 1,130 individuals assessed for the Developmental Disabilities (DD) waiver, 660 individuals (59%) had funding approved within 45 days of the assessment date. An additional 353 individuals (31%) had funding approved after 45 days. Only 117 individuals (10%) 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 infrequency 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 a reassessment or information will be collected during a future assessment.

[AGENDA ITEM 6b]

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 published in March 2019 and were included 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. In 2018, the sample size in Minnesota was 401.

Summary of National Core Indicator Survey Results from Minnesota in 2017 - 2018

Each year, NCI asks people with intellectual and developmental disabilities and their families about the services they get and how they feel about them. The results, along with other efforts, support data informed decision making and improvement efforts. The Minnesota Department of Human Services likes the NCI survey because:

- It allows a comparison of Minnesota's results with other states' results;
- The survey was designed for the specific populations interviewed or surveyed;
- It gathers feedback directly from people; and
- It is independently administered.

Each year a random sample of the people DHS supports with intellectual and/or developmental disabilities are invited to participate in this optional survey. In 2018, 401 people completed an interview. People who agree to participate meet the interviewer where and with whom they feel comfortable. For some questions, people that have a difficult time responding may choose to have another person answer for them. A selection of NCI results from 2016 to 2018 is summarized below.

Question	2015 - 2016		2016-2017		2017-2018	
	Yes	No	Yes	No	Yes	No
1. Do you have a paid job in your community?	41%	59%	35%	65%	39%	61%
2. Would you like a job in the community	52%	48%	47%	53%	50%	50%
3. Do you like where you work?	92%	8%	89%	11%	88%	12%
4. Do you want to work somewhere else?	34%	66%	28%	72%	32%	68%
5. Did you go out shopping in the past month?*	92%	8%	92%	8%	91%	9%
6. Did you go out on errands in the past month?*	91%	9%	89%	11%	90%	10%
7. Did you go out for entertainment in the past month?*	83%	17%	82%	18%	78%	12%
8. Did you go out to eat in the past month?*	86%	14%	89%	11%	88%	12%
9. Did you go out for a religious or spiritual service in the past month?*	46%	54%	47%	53%	44%	56%
10. Did you participate in community groups or other activities in community in past month?	37%	63%	43%	57%	42%	58%
11. Did you go on vacation in the past year?	58%	42%	48%	52%	50%	50%
12. Did you have input in choosing your home?	56%	44%	45%	55%	59%	41%
13. Did you have input in choosing your housemates?	34%	66%	22%	78%	35%	65%
14. Do you have friends other than staff and family?	83%	17%	82%	18%	80%	20%
15. Can you see your friends when you want to?	77%	23%	81%	19%	86%	14%

[AGENDA ITEM 6b]

Question	2015 - 2016		2016-2017		2017-2018	
	Yes	No	Yes	No	Yes	No
16. Can you see and/or communicate with family whenever you want?	94%	6%	87%	13%	90%	10%
17. Do you often feel lonely?	11%	89%	10%	90%	12%	88%
18. Do you like your home?	89%	11%	88%	12%	88%	12%
19. Do you want to live somewhere else?	29%	71%	26%	74%	25%	75%
20. Does your case manager ask what you want?	89%	11%	84%	16%	82%	18%
21. Are you able to contact case manager when you want?	87%	13%	89%	11%	86%	14%
22. Is there at least one place you feel afraid or scared?	30%	70%	18%	82%	26%	74%
23. Can you lock your bedroom?	42%	58%	45%	55%	53%	47%
24. Do you have a place to be alone at home?	99%	1%	98%	2%	98%	2%
25. Have you gone to a self-advocacy meeting?	30%	70%	29%	71%	29%	71%

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

Analysis

The results of most questions remained fairly consistent. The questions with the most difference in results over the three surveys included:

- Question 11: Did you go on vacation in the past year? Decreased from 58% to 50%
- Question 15: Can you see your friends when you want to? Increased from 77% to 86%
- Question 20: Does your case manager ask what you want? Decreased from 89% to 82%
- Question 23: Can you lock your bedroom? Increased from 42% to 53%

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 reported in the November 2020 Quarterly Report, 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

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

[AGENDA ITEM 6b]

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.

⁶ Olmstead Quality of Life Survey briefs are available on the Olmstead Quality of Life website at <http://theimprovetgroup.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 impacted 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**. [Last reported in November 2020]

Table amounts are percentages

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 (July 17 – June 18)	81.3	31.3	92.5	59.8	92.4	81.3	96.3	89.6
FY19 (July 18 – June 19)	91.8	58.4	97.9	59.8	96.0	95.3	98.7	99.0
FY20 (July 19 – June 20)	91.1	77.2	98.9	77.1	98.8	97.0	99.1	98.7

ANALYSIS OF DATA:

During the last four quarters, (July 2019 - June 2020), in the 1,245 case files reviewed, the eight required elements were present in the percentage of files shown in the table above. Performance on all eight elements show significant improvement over the 2017 baseline. Six of the eight elements improved over the previous year. Five of the eight elements are at or above 97%.

[AGENDA ITEM 6b]**Total number of cases and sample of cases reviewed**

Time period	Total number of cases (disability waivers)	Sample of cases reviewed (disability waivers)
Fiscal Year 18 (July 2017 – June 2018)	12,192	1,243
Fiscal Year 19 (July 2018 – June 2019)	4,240	515
Fiscal Year 20 (July 2019 – June 2020)	18,992	1,245

Lead Agencies Participating in the Audit ⁷

Time period	Lead agencies
Fiscal Year 18 (July 2017 – June 2018)	(19) Pennington, Winona, Roseau, Marshall, Kittson, Lake of the Woods, Stearns, McLeod, Kandiyohi, Dakota, Scott, Ramsey, Big Stone, Des Moines Valley Alliance, Kanabec, Nicollet, Rice, Sibley, Wilkin
Fiscal Year 19 (July 2018 – June 2019)	(15) Brown, Carlton, Pine, Watonwan, Benton, Blue Earth, Le Sueur, Meeker, Swift, Faribault, Itasca, Martin, Mille Lacs, Red Lake, Wadena
Fiscal Year 20 (July 2019 – June 2020)	(20) Mahnomon, Koochiching, Wabasha, Goodhue, Traverse, Douglas, Pope, Grant, Stevens, Isanti, Olmsted, St. Louis, Hennepin, Carver, Wright, 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, Lead Agency Review 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.

During the last four quarters, seven of the twenty lead agencies were required to develop corrective action plans for the person-centered measures.

UNIVERSE NUMBER:

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

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.

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

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. [Extended 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

Annual Goals

- **2018 Goal:** By 2018, the percent of people with intellectual and developmental disabilities (I/DD) who report they have input into major life decisions^v will be 58% or higher.
- **2019 Goal:** By 2019, the percent of people with intellectual and developmental disabilities (I/DD) who report they have input into major life decisions 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 to 58% or higher was **met**. [Reported in November 2020]
- The 2019 goal data is not available. [Reported in November 2020]

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

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

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. The 2018 goal to increase to 58% or higher was met.

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

Annual Goals

- **2018 Goal:** By 2018, the percent of people with intellectual and developmental disabilities who make or have input in everyday decisions^{vi} to 90% or higher.
- **2019 Goal:** By 2019, the percent of people with intellectual and developmental disabilities who make or have input in everyday decisions to 93% or higher.

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

RESULTS:

- The 2018 goal to increase to 90% or higher was **met**. [Reported in November 2020]
- The 2019 goal data is not available. [Reported in November 2020]

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.

[AGENDA ITEM 6b]**(C) ALWAYS IN CHARGE OF THEIR SERVICES AND SUPPORTS****Annual Goals**

- **2018 Goal:** By 2018, the percent of people with disabilities other than I/DD who are always in charge of their services and supports^{viii} will be 80% or higher.
- **2019 Goal:** By 2019, the percent of people with disabilities other than I/DD who are always in charge of their services and supports 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 to 80% or higher was **not met**. [Reported in November 2020]
- The 2019 goal to increase to 80% or higher was **not met**. [Reported in November 2020]

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 with 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**. [Reported in November 2020]

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

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.

[AGENDA ITEM 6b]**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 ONE: By September 30, 2019, the number of new individuals⁸ receiving Vocational Rehabilitation Services (VRS) and State Services for the Blind (SSB) who are in competitive integrated employment will increase by 14,820.

2019 Goal

- By September 30, 2019, the number of new individuals with disabilities working in competitive integrated employment will be **3,059**.

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

RESULTS:

The 2019 annual goal of 3,059 new individuals in competitive integrated employment was **not met**. In addition, the 2019 overall goal to increase the number of individuals in competitive integrated employment by 14,820 was not met. [Reported in February 2020]

Number of Individuals Achieving Employment Outcomes

Time period Federal Fiscal Year (FFY)	Vocational Rehabilitation Services (VRS)	State Services for the Blind (SSB)	Annual Total	Cumulative Total
2015 Annual (FFY 15) October 2014 – September 2015	3,104	132	3,236	3,236
2016 Annual (FFY 16) October 2015 – September 2016	3,115	133	3,248	6,484
2017 Annual (FFY 17) October 2016 – September 2017	2,713	94	2,807	9,291
2018 Annual (FFY 18) October 2017 – September 2018	2,577	105	2,682	11,973
2019 Annual (FFY 19) October 2018 – September 2019	2,578	92	2,670	14,643

ANALYSIS OF DATA:

From October 2018 – September 2019, the number of people with disabilities working in competitive integrated employment was 2,578. The 2019 annual goal of 3,059 was not met. This number represents a decrease of 12 from the previous year, and is 68 under baseline. In addition, the overall goal to increase the number in competitive integrated employment by 14,820 was not met.

Additional information

The Workforce Innovation and Opportunity Act (WIOA) impact on Vocational Rehabilitation Services

The Workforce Innovation and Opportunity Act (WIOA) has significantly broadened the scope of services that VRS is required to provide to people with disabilities. Two categories of service required by WIOA have the greatest impact on VRS administered programs: Pre-Employment Transition Services and Limitations on the Use of Subminimum Wage (WIOA Section 511).

⁸ “New individuals” mean individuals who were closed successfully from the Vocational Rehabilitation program. This is an unduplicated count of people working successfully in competitive, integrated jobs. These numbers are based on a historic trend for annual successful employment outcomes.

[AGENDA ITEM 6b]***Pre-Employment Transition Services (Pre-ETS)***

WIOA requires VRS to have Pre-ETS available statewide to all students with disabilities, grade nine through age 21. The five required Pre-Employment Transition Services are: (1) job exploration counseling; (2) work-based learning experiences; (3) post-secondary education counseling; (4) workplace readiness experiences; and (5) instruction in self advocacy.

In the 2018-2019 school year, this statewide mandate for services covered more than 40,000 students, ninth grade through age 21 with Individualized Education Programs (IEPs). Students on 504 plans are also included in this mandate but the exact number of students on 504 plans is not known because of limitations in available data.

From October 1, 2018 to September 30, 2019 a total of 3,201 students received Pre-Employment Transition Services. It's important to note that many students received more than just one of the five required services.

Limitations on the Use of Subminimum Wage (WIOA Section 511)

Section 511 of WIOA addresses the subject of subminimum wage jobs, usually in segregated work settings such as sheltered workshops.

Young people who historically have been placed into subminimum wage employment – typically youth with developmental disabilities – are required to apply for VRS before they can be hired into a job that pays less than minimum wage. As a result, the number of youth with developmental disabilities referred to VRS increased significantly when WIOA Section 511 took effect in July 2016. In Federal Fiscal Year 2019 that number dropped again, for the second year in a row.

Youth Age 24 and Younger Referred for VR Services by Federal Fiscal Year (FFY)					
FFY	All Youth Referrals	Youth with Autism	Youth with Intellectual Disabilities	Total	% of Total Referrals for Youth with DD
2015	2,833	581	367	948	33.5%
2016	3,064	680	517	1,197	39.1%
2017	3,425	873	826	1,699	49.6%
2018	3,192	888	594	1,482	46.4%
2019	3,029	852	543	1,395	46.1%

Adults currently working in jobs below the federal minimum wage in segregated settings must receive career counseling, information, and referral services, and discuss opportunities to pursue competitive, integrated employment in the community. These services are to be offered at six-month intervals during the first year and annually thereafter.

Minnesota's eight Centers for Independent Living (CILs) are the VRS designated representatives to provide the initial career counseling and information and referral (CC&I&R) services to adults working at minimum wage for 14(c) employers.

Year One of Section 511 implementation (July 23, 2016 – July 22, 2017), CIL staff provided career counseling and information and referral services to 11,991 adults working at sub-minimum wage. Of the adults who were provided these services 2,010 adults (16.76%) said they were interested in competitive integrated employment.

[AGENDA ITEM 6b]

Year Two numbers as reported by the CILs for the period of July 23, 2017 – July 22, 2018:

- 10,237 individuals participated in the CC&I&R
- Of that total, 1,452 (14.18%) expressed interest in competitive integrated employment

Year Three numbers as reported by the CILs for the period of July 23, 2018 – July 22, 2019:

- 9,901 individuals participated in the CC&I&R conversation
- Of that total, 1,635 (17%) expressed interest in competitive integrated employment
- The most notable change for year three was the elimination of the guardian signature on the required Section 511 documentation. This change was implemented successfully and has allowed for easy access to the CC&I&R process.

Year Four first half numbers are reported by the CILs for the period of July 23 – December 31, 2019:

- 4,399 individuals participated in the CC&I&R conversation
- Of that total, 704 (16%) expressed interest in competitive integrated employment

WIOA impact on State Services for the Blind (SSB)

WIOA has significantly broadened the scope of services that SSB is required to provide to people with disabilities. Pre-Employment Transition Services, as required by WIOA, continues to have the greatest impact on SSB administered programs. WIOA requires SSB to have Pre-ETS available statewide to all students with disabilities, grade nine through age 21. The five required Pre-Employment Transition Services are: (1) job exploration counseling; (2) work-based learning experiences; (3) post-secondary education counseling; (4) workplace readiness experiences; and (5) instruction in self advocacy.

SSB considers a student with a disability to be: between the ages of 14 and 21; is in an educational program; and is eligible for and receiving special education or related services under Individuals with Disabilities Education Act or is an individual with a disability for purposes of section 504 of the act.

MDE has indicated in their “Unduplicated Child Count” report that there are approximately 229 students in secondary education who are blind, visually impaired, or DeafBlind. This number only includes those students whose primary disability is blindness or DeafBlindness. During the 2018-2019 school year SSB reached a total of 190 students, including secondary and post-secondary students.

MDE is able to provide SSB with additional information about the 229 students except for their name. The report included the school district and contact information for the district special education director. The SSB Pre-ETS Transition Coordinator is reaching out by phone to ask the special education directors to share information with the students about SSB and our services. Historically, we have found teachers to be the critical linking point for students accessing SSB services and so have high expectations for success with this effort. Based on this year’s numbers, there are 49 students in secondary education who are not yet receiving services from SSB.

SSB has a small student population but are required to spend approximately 1.3 million dollars each Federal Fiscal Year. A concerted effort is made to provide outreach to every student statewide. SSB’s Pre-ETS Blueprint lays out the yearly plan to provide those services.

For the time period of this report (October 1, 2018, through September 30, 2019) a total of 190 students received Pre-Employment Transition Services. It’s important to note that some students received more than just one of the five required services.

[AGENDA ITEM 6b]**COMMENT ON PERFORMANCE:****The number of referrals is going down**

Under the Order of Selection the Vocational Rehabilitation (VR) program has been operating with three of four service categories closed for several years. Only individuals in category one, those with the most significant disabilities, are currently being accepted for service. Individuals in categories two, three, and four, with fewer functional limitations, who apply for services are being placed on an indefinite waiting list. The predictable result is that, because there is no expectation of receiving VR services soon, fewer individuals in those categories are being referred for services or are choosing not to apply.

For youth with disabilities, referrals are dropping slightly after increasing fairly rapidly during the first few years of Workforce Innovation and Opportunity Act (WIOA) implementation. The reason is a shift in priority to reaching students at a younger age, as early as grade nine, to provide pre-employment transition services (Pre-ETS), as required by WIOA. Students that young are not yet ready for intensive VR services, since they won't be ready to enter into employment for several years. Accordingly, we are seeing fewer students being referred for intensive VR services, while at the same time providing more non-intensive Pre-ETS services to younger students who are "potentially eligible," but not yet ready for intensive VR services.

Employment outcomes are going down

As a result of WIOA the VR program is seeing an increase in the number of individuals with the most significant disabilities. More than 93 percent of people currently receiving services have three or more functional limitations. These individuals require more intensive services that take a longer time to provide in order to achieve competitive integrated employment. As a result, more individuals are spending more time receiving more intensive services before exiting the program. This is true of both adult populations and youth populations, for many of the same reasons as were discussed in the question about referrals above.

As described in the report, the number of individuals on the waiting list has dropped from more than 2,000 people to about 800 who are still interested, available, and in need of services. VRS plans to begin removing individuals from the waiting list later in 2020, beginning with individuals in category two who have been on the list for the longest period of time. If all goes well, we hope to clear the waiting list by the end of the year. This will bring individuals with fewer functional limitations into the program, who will receive the VR services they need to achieve their employment goals. The hope and expectation is that over a period of months this will result in more successful employment outcomes.

SSB: The data provided in the table above must be interpreted within the context of the current customer demographics and policies. The time and effort needed to obtain employment depends upon each customer's specific circumstances and the policies that define the processes that staff must follow. Under recent policy changes, SSB is now serving customers with more complex and long-term needs.

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.

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**. [Reported in November 2020]

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.

[AGENDA ITEM 6b]

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.

[AGENDA ITEM 6b]

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

2020 Goal

- By June 30, 2020, the number of additional students with Developmental Cognitive Disabilities (DCD) in competitive, integrated employment will be 150.

RESULTS:

The 2020 goal of 150 was **not met**. [Reported in August 2020]

Time Period	Number of students with DCD, ages 19-21 that enter into competitive integrated employment
2016 Annual (October 2015 to June 2016)	137
2017 Annual (October 2016 to June 2017)	192
2018 Annual (October 2017 to June 2018)	179
2019 Annual (October 2018 to June 2019)	138
2020 Annual (October 2019 to June 2020)	66
Total	712

ANALYSIS OF DATA:

During the 2019-2020 school year, 66 students with developmental cognitive disabilities, ranging in ages from 19-21 participated in competitive integrated employment through the Employment Capacity Building Cohort (ECBC). The 2020 goal of 150 was not met. Since 2016, the total number of students with developmental cognitive disabilities in competitive integrated employment is 712. The 2020 overall goal of 763 was not met.

Students were employed in a variety of businesses with wages ranging from \$9.50 an hour to \$17.50 an hour. Students received a variety of supports including: employment skills training, job coaching, interviewing skill development, assistive technology, job placement and the provision of bus cards.

COMMENT ON PERFORMANCE:

The Employment Capacity Building Cohort (ECBC) is an interagency activity of MDE, DEED and DHS which engages local level school district and county teams in professional development and technical assistance focused on continuous improvement in rates of competitive integrated employment for students with cognitive disabilities ages 19 to 21 years.

The ECBC Cohort was on track to meet the 2020 annual goal of 150 students to obtain competitive integrated employment. In January 2020, community teams reported 73 students had competitive integrated employment. Given the current COVID-19 pandemic, the number reduced by June 30, 2020. Several businesses were unable to hire students as other staff in the companies were put on furlough. Another factor that greatly affected the lower number was some of the community resource providers, contracted through DEED, were unable to support the students in the community due to COVID-19. There were also families who were concerned for their health and well-being and disengaged in the employment process for their youth. The data for unemployment in Minnesota rose 5.7% from March to June, as reported by the U.S. Bureau of Labor Statistics.

Twenty-five school districts and local partner teams provided supports to students through the ECBC during the 2019-2020 school year. The ECBC teams received professional development and coaching on the following topics: Workforce Innovation and Opportunity Act (WIOA) and limitations on the use of subminimum wages; Pre-Employment Transition Services; DB101 estimator; utilization of the Informed Choice Conversation; Minnesota Career Information System (MCIS) for students with disabilities; business engagement strategies; engaging families using a person-centered approach; high quality transition programming and planning and customized employment.

The 2019-2020 number of students had an observed decline. The factors involved in this decline are multi-layered, and have a direct correlation to the COVID-19 pandemic. However MDE, DEED and DHS have identified the quality of local level partnerships between school districts, vocational rehabilitation (VR) services, and disability services as an important factor, and are involved in planning for how to improve these partnerships statewide. DEED, DHS and MDE will work together to identify and define high quality local partnerships based on state data and qualitative data from ECBC participants.

The Steering Committee is reviewing data collected from current ECBC teams for possible improvements for ECBC in the 2020-21 school year. It is expected that the number and capacity of ECBC teams will continue to grow, adding more Minnesota school districts and community partners in training, networking support from other successful school districts, and customizing technical assistance from state agencies (MDE, DEED and DHS) so as to improve the statewide rate of competitive integrated employment.

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.

EMPLOYMENT GOAL FOUR: By December 31, 2019, the number of Peer Support Specialists who are employed by mental health service providers will increase by 82.

2019 Goal

- By December 31, 2019, the number of employed peer support specialists will increase by **38**.

Baseline: As of April 30, 2016, there are 16 certified peer support specialists employed by Assertive Community Treatment (ACT) teams or Intensive Residential Treatment Services (IRTS) throughout Minnesota.

RESULTS:

The 2019 annual goal to increase by 38 was **not met**. The overall 2019 goal to increase by 82 over baseline was not met. [Reported in February 2020]

Time Period	Number of employed peer support specialists	Increase from previous year	Increase over baseline
Baseline (as of April 30, 2016)	16	--	N/A
2017 Annual (as of December 31, 2017)	46	30	30
2018 Annual (as of December 31, 2018)	76	30	60
2019 Annual (as of December 31, 2019)	76	0	60

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

As of December 31, 2019 there were 76 certified peer support specialists employed by Assertive Community Treatment (ACT) teams, Intensive Residential Treatment Services (IRTS), and crisis residential facilities. The 2019 goal to increase the number of peer support specialists by 38 was not met. Because the total increase over baseline was 60 specialists, the overall goal to increase by 82 was also not met.

Of the 76 employed peer support specialists, 28 are employed by ACT teams and 48 are working in IRTS and crisis residential facilities. Most of these positions are part time and the peers are level one peers. These numbers do not reflect the number of peers working in Adult Rehabilitative Mental Health Services (ARMHS), advocacy organizations, or community support programs. The number of billable hours in ARMHS has been steadily increasing until recently.

COMMENT ON PERFORMANCE:

As of December 2019, 1,175 individuals have successfully completed the peer training. Though the goal was not met, there has been some progress in the number of employed mental health peers in a number of services. Certified Community Behavioral Health Clinics all have added peers to their clinics and the hours of service that peers provide in ARMHS has increased slightly over 2018. Peers are also being hired as (non-reimbursable) staff in Community Support programs and a number of housing programs including the VA housing programs. DHS will continue to identify the barriers of employment for certified peer specialists, and possible strategies to address the barriers.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported the month after it is collected. The data is collected for a point in time only.

LIFELONG LEARNING AND EDUCATION GOAL ONE: By December 1, 2021, the percent of students with disabilities^{viii}, receiving instruction in the most integrated setting^{ix}, will increase to 63%

2019 Goal

- By December 1, 2019, the percent of students receiving instruction in the most integrated settings will increase to 62.5%

Baseline: In 2013, of the 109,332 students with disabilities, 67,917 (62.1%) received instruction in the most integrated setting.

RESULTS:

Using the 2018 Child Count, the 2019 goal to increase to 62.5% was **met**. [Reported in February 2020]

Time Period	Total number of students with disabilities (ages 6 – 21)	Number of students with disabilities in most integrated setting	Percent of students with disabilities in most integrated setting
Baseline January – December 2013	109,332	67,917	62.1%
January – December 2014 (Dec 2014 Child Count)	110,141	68,434	62.1%
January – December 2015 (Dec 2015 Child Count)	112,375	69,749	62.1%
January – December 2016 (Dec 2016 Child Count)	115,279	71,810	62.3%
January – December 2017 (Dec 2017 Child Count)	118,800	74,274	62.5%
January – December 2018 (Dec 2018 Child Count)	123,101	77,291	62.8%

ANALYSIS OF DATA:

During 2018, of the 123,101 students with disabilities, 77,291 (62.8%) received instruction in the most integrated setting. This was an increase of 0.3% from the previous year. The 2019 goal to increase to 62.5% was met.

COMMENT ON PERFORMANCE:

MDE will continue the supporting statewide implementation of Positive Behavioral Interventions and Supports (PBIS) and implementation of Regional Low Incidence Disability Projects (RLIP). These projects provide access to qualified educators, technical assistance and professional development to increase the number of students with disabilities, ages 6 – 21, who receive instruction in the most integrated setting.

TIMELINESS OF DATA:

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

[AGENDA ITEM 6b]

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:

Based on 2018 SLEDs data, the 2020 goal of 36% was **not met**. [Reported in November 2020]

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 SLEDs ¹²
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/>.

[AGENDA ITEM 6b]

LIFELONG LEARNING AND EDUCATION GOAL THREE: By June 30, 2020, students with disabilities will have active consideration of assistive technology (AT) during the student's annual individualized education program (IEP) team meeting. Active consideration is based upon the "Special factors" requirement as described in Individuals with Disabilities Education Act (IDEA) of 2004.
[Revised March 2019]

(A) School districts trained in active consideration**2019 Goal**

- By June 30, 2020, the number of school districts that completed AT training will increase to 31.

Baseline: From December 2016 to December 2018, thirteen school districts have completed MDE training in active consideration of assistive technology (AT) during the student's annual individualized education program (IEP) meeting to ensure education in the most integrated setting¹³.

RESULTS:

The 2020 goal to increase to 31 school districts was **met**. [Reported August 2020]

Time period	Number of school districts trained in active consideration	Number of students with IEPs in those districts
Baseline (Dec 2016 – Dec 2018)	13	7,659
2019 Annual (December 2018 – June 2019)	22	12,226
2020 Annual (July 2019 – June 2020)	32	18,702

ANALYSIS OF DATA:

In 2019-2020, ten school districts completed training in active consideration of assistive technology, bringing the total to 32 school districts. The 2020 goal to increase to 31 trained school districts was met. The following districts completed the AT training during the 2019-2020 school year: Belle Plaine, Cambridge-Isanti, Forest Lake, Goodhue County Education District, Grand Rapids, Hibbing, Itasca Area School Cooperative, Paul Bunyan Education Cooperative, Prior Lake-Savage and Spring Lake Park.

COMMENT ON PERFORMANCE:

To support the implementation of the *SETT Framework*, MDE offers the AT Teams Project (ATTP), an intensive, three-year project to support schools and districts to meet their AT needs through a cohort design that includes professional development. Participating school districts complete training in the first year of the three-year AT Teams Project cohort. MDE recruits school districts by publicizing the opportunity in networks and events that include Regional Low Incidence Facilitators, MDE Special Education Directors Forums, and the Special Education Advisory Panel.

MDE is using the Quality Indicators for Assistive Technology (QIAT) Matrix as a fidelity measure for evaluating implementation and scaling up identification, acquisition and use of AT within and across school districts during the second and third years of the three-year cohort training. The QIAT Matrix

¹³Updated in August 2019 Quarterly Report Addendum and differs from March 2020 Olmstead Plan.

measures the extent to which school districts apply the training they received in Year 1 of the cohort, in IEP meetings during Year 2 and Year 3 of the cohort.

For the 2020-2021 school year, MDE will pilot the AT Teams training in an online format. Developing the content as an online option can provide just-in-time access and resources to individuals with disabilities, parents and guardians, and district staff regarding AT. Districts would be able to identify a local cadre and use the information and materials included on MDE's site to access the information and content to evaluate and improve AT provision and use in their district. Due to the COVID-19 pandemic, the ATTP will not expand to new schools during the 2020-2021 school year. Instead, building the online content will serve as a way to scale-up the project.

It is anticipated that the AT Teams project will continue with much of the same content that was provided in previous years with an anticipated change in delivery method, activities and timing. Fully converting to an online format will take multiple years to complete with the content from Year 1 being targeted for the next two years. In 2020-2021 AT Teams will be in the exploration and implementation phases of providing an online option for the AT Teams project.

(B) Students with disabilities in districts trained in active consideration

2020 Goal

- By June 30, 2020, the percent of students with disabilities in school districts that have completed MDE assistive technology training will increase to 20%.

Baseline: From December 2016 – December 2018, 5.6% (7,659 of 136,245) of students with disabilities statewide (K-12) are served in school districts have completed MDE training in active consideration of assistive technology (AT) during the student's annual individualized education program (IEP) meeting to ensure education in the most integrated setting¹⁴.

RESULTS:

The 2020 goal to increase to 20% was **not met**. [Reported August 2020]

Time period	Number of students with disabilities statewide (K-12)	Number of students with disabilities in trained school districts	Percent of statewide students with disabilities in trained school districts
Baseline (Dec 2016 – Dec 2018)	136,245	7,659	5.6%
2019 Annual (Dec 2018 – June 2019)	141,454	12,226	8.6%
2020 Annual (July 2019 – June 2020)	145,884	18,702	12.8%

¹⁴ Updated in August 2019 Quarterly Report Addendum and differs from March 2020 Olmstead Plan.

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

In 2019-2020, the percentage of students with disabilities in Minnesota who were served by school districts that have participated in the Assistive Technology Teams Project (ATTP) increased by 4.2% over 2019. The 2019-20 goal of an increase to 20% was not met.

It is important to note that the goal of 20% was set based on previous baseline data that was corrected by MDE to a lower percentage (from 11.1% to 5.62%), increasing the magnitude of improvement required to meet the goal of 20%.

COMMENT ON PERFORMANCE:

For the 2020-2021 school year, MDE will pilot the AT Teams training in an online format. Developing the content as an online option can provide just-in-time access and resources to individuals with disabilities, parents and guardians, and district staff regarding AT. Districts would be able to identify a local cadre and use the information and materials included on MDE's site to access the information and content to evaluate and improve AT provision and use in their district. Due to the COVID-19 pandemic, the ATTP will not expand to new schools during the 2020-2021 school year. Instead, building the online content will serve as a way to scale-up the project.

It is anticipated that the AT Teams project will continue with much of the same content that was provided in previous years with an anticipated change in delivery method, activities and timing. Fully converting to an online format will take multiple years to complete with the content from Year 1 being targeted for the next two years. In 2020-2021 AT Teams will be in the exploration and implementation phases of providing an online option for the AT Teams project.

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.

TRANSPORTATION GOAL ONE: By December 31, 2020, accessibility improvements will be made to (A) 6,600 curb ramps (increase from base of 19% to 49%); (B) 380 Accessible Pedestrian Signals (increase from base of 10% to 70%). By October 31, 2021, improvements will made to 55 miles of sidewalks.

A) Curb Ramps

By December 31, 2020, accessibility improvements will be made to 6,600 curb ramps bringing the percentage of compliant ramps to approximately 49%.

Baseline: In 2012: 19% of curb ramps on MnDOT right of way met the Access Board's Public Right of Way (PROW) Guidance.

RESULTS:

The goal is **on track** to meet the 2020 goal of 6,600 improvements. [Reported in February 2020]

Time Period	Curb Ramp Improvements	PROW Compliance Rate
Baseline - Calendar Year 2012	--	19%
Calendar Year 2014	1,139	24.5%
Calendar Year 2015	1,594	28.5%
Calendar Year 2016	1,015	35.0%
Calendar Year 2017	1,658	42.0%
Calendar Year 2018	1,188	51.7%
Total	6,594	51.7%

ANALYSIS OF DATA:

In 2018, the total number of curb ramps improved was 1,188, bringing the total improvements to 6,594 and a 51.7% compliance under PROW. The goal is on track to meet the 2020 goal of 6,600.

COMMENT ON PERFORMANCE:

In 2018, MnDOT constructed fewer curb ramps than in the previous construction season, but the implementation of the plan remains consistent with required ADA improvements. Based on variations within the pavement program, it is anticipated that there will be seasons when the number of curb ramps installed will be less.

TIMELINESS OF DATA:

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

[AGENDA ITEM 6b]**B) Accessible Pedestrian Signals**

By December 31, 2020, an additional 380 Accessible Pedestrian Signals (APS) installations will be provided on MnDOT owned and operated signals bringing the percentage to 70% (and the number to 825 APS).

[This goal was revised in the March 2020 Olmstead Plan to an additional 430 APS installations bringing the number to 875 and the percentage to 74%.]

Baseline: In 2009: 10% of 1,179 eligible state highway intersections with accessible pedestrian signals (APS) were installed. The number of intersections where APS signals were installed was 118.

RESULTS:

The goal is **on track** to meet the 2020 goal to bring the number of APS to 825 (70% of system).
[Reported in February 2020]

Time Period	Total APS in place	Increase over previous year	Increase over baseline
Baseline Calendar Year 2009	118 of 1,179 APS (10% of system)	N/A	N/A
Calendar Year 2014	454 of 1,179 APS (38% of system)	40	336
Calendar Year 2015	523 of 1,179 APS (44% of system)	69	405
Calendar Year 2016	595 of 1,179 APS (50% of system)	72	477
Calendar Year 2017	695 of 1,179 APS (59% of system)	100	577
Calendar Year 2018	770 of 1,179 APS (65% of system)	86	652
Calendar Year 2019	824 of 1,179 APS (70% of system)	43	706

ANALYSIS OF DATA:

In Calendar Year 2019, an additional 43 APS installations were provided, bringing the number of APS signals to 824 and the percentage to 70% of the system. The goal is on track to meet the 2020 overall goal. The goal was revised in the March 2020 Olmstead Plan to reset the overall goal to an additional 430 APS installations bringing the number to 875 and the percentage to 74%.

COMMENT ON PERFORMANCE:

MnDOT continues to exceed the target set for APS which is largely based on MnDOT's signal replacement schedule. The increase is a result of signals being added to projects later in the project development.

TIMELINESS OF DATA:

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

C) Sidewalks

By October 31, 2021, improvements will be made to an additional 55 miles of sidewalks bringing total system compliance to 60%.

Baseline: In 2012: MnDOT maintained 620 miles of sidewalks. Of the 620 miles, 285.2 miles (46%) met the 2010 ADA Standards and Public Right of Way (PROW) guidance.

RESULTS:

In Calendar Year 2018, an additional 33.24 miles of sidewalks were improved, bringing the total improvements to 92.79 miles of sidewalks. The goal is **on track** to meet the 2021 overall goal and has already achieved the goal. [Reported in February 2020]

Time Period	Sidewalk Improvements	PROW Compliance Rate
Baseline - Calendar Year 2012	N/A	46%
Calendar Year 2015	12.41 miles	47.3%
Calendar Year 2016	18.80 miles	49%
Calendar Year 2017	28.34 miles	56%
Calendar Year 2018	33.24 miles	68%
Total	92.79 miles	68%

ANALYSIS OF DATA:

In Calendar Year 2018, improvements were made to an additional 33.24 miles of sidewalks. This brings the Public Right of Way compliance rate to 68%. The goal is on track to meet the 2021 overall and has already achieved the overall goal.

COMMENT ON PERFORMANCE:

MnDOT revised this goal in 2019 to complete 9 mile of sidewalk per construction season. This took into account past performance and programmed projects. The trend line will be monitored and future adjustments will be made as needed.

TIMELINESS OF DATA:

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

[AGENDA ITEM 6b]

TRANSPORTATION GOAL TWO: By 2025, the annual number of service hours will increase to 1.71 million in Greater Minnesota (approximately 50% increase). By 2025, the annual number of service hours will increase to 1.71 million in Greater Minnesota (approximately 50% increase).

2019 Goal

By December 31, 2019, the annual number of service hours will increase to 1,371,000.

Baseline: In 2014 the annual number of service hours was 1,200,000.

RESULTS:

The 2019 goal to increase service hours to 1,371,000 was **met** (using Calendar Year 2018 data).

[Reported in May 2020]

Time Period	Service Hours	Change from baseline
Baseline – Calendar Year 2014	1,200,000	N/A
Calendar Year 2015	1,218,787	18,787
Calendar Year 2016	1,418,908	218,908
Calendar Year 2017	1,369,316	169,316
Calendar Year 2018	1,442,652	242,652

ANALYSIS OF DATA:

During 2018, the total number of service hours was 1,442,652. This was an increase of 73,336 service hours from the previous year. The 2019 goal to increase to 1,371,000 was met.

COMMENT ON PERFORMANCE:

The 2018 numbers have increased over 2017 and the downward adjustment in 2016. The 2018 number reflects an overall service increase show a substantial increase in service over the last year. Much of the increase is reflecting the new service being funded under New Starts. The 2018 numbers reflect an upward trend and recovered and surpassed the losses in 2017. MnDOT is on track to meet the 2025 goal.

TIMELINESS OF DATA:

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

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.”¹⁵

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**. [Reported in November 2020]

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.

¹⁵ Greater Minnesota Transit Investment Plan is available at <http://minnesotago.org/index.php?cID=435>.

[AGENDA ITEM 6b]**Minimum Service Guidelines for Greater Minnesota¹⁶**

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.

TRANSPORTATION GOAL FOUR: By 2025, transit systems' on time performance will be 90% or greater statewide.

(A) Metro Transit System

Ten year goals to improve on time performance:

- Transit Link – maintain performance of 95% within a half hour
- Metro Mobility – maintain performance of 95% within a half hour
- Metro Transit – improve to 90% or greater within one minute early – four minutes late

Baseline for on time performance in 2014 was:

- Transit Link – 97% within a half hour
- Metro Mobility – 96.3% within a half hour timeframe
- Metro Transit – 86% within one minute early – four minutes late

RESULTS:

The goal is **in process**. [Reported in May 2020]

On time performance percentage by transit system¹⁷

Time Period	Transit Link	Metro Mobility	Metro Transit
Baseline - Calendar Year 2014	97%	96.3%	86%
Calendar Year 2016	98%	95.3%	85.1%
Calendar Year 2017	98.5%	96.8%	86.4%
Calendar Year 2018	98%	95.3%	84.8%
Calendar Year 2019	97%	93.0%	82.7%

¹⁶ Source: MnDOT Greater Minnesota Transit Investment Plan, 2017

¹⁷ Beginning in 2017, on-time performance for the Metro Transit system was defined as up to 1 minute early and 5 minutes late. This is the preferred methodology when on-time performance is reported for the entire system. The 2016 results previously reported were updated to use this methodology. This did not change the goal status.

ANALYSIS OF DATA:

During 2019, the on time performances for Transit Link, Metro Mobility and Metro Transit were lower than 2018. The on time performance for Transit Link at 97% is above the 95% goal. The on time performance for Metro Transit was 82.7% which was lower than any of the previous years. The Metro Transit system is made up of three types of services: bus, light rail (Blue and Green lines) and the Northstar commuter rail. The on-time performance for each service type is shown below.

On time performance percentage for Metro Transit system

Time Period	Bus	Light Rail (Blue/Green line)	Northstar Commuter Rail	Metro Transit System ¹⁸
Baseline - Calendar Year 2014	--	--	--	86%
Calendar Year 2016	85.8%	82.9%	93.2%	85.1%
Calendar Year 2017	85.1%	89.5%	93.2%	86.4%
Calendar Year 2018	83.7%	86.7%	94.7%	84.8%
Calendar Year 2019	82.2%	83.4%	93.3%	82.7%

All three components of the Metro Transit system dropped from 2018. Accordingly, Metro Transit's system-wide on-time performance also dropped from 2018.

COMMENT ON PERFORMANCE:

During 2019, greater emphasis was placed on meeting appointment times resulting in greater balance between service quality metrics. Metro Transit bus performance dropped slightly due to the continued construction projects and detours along the 35W corridor and in downtown Minneapolis. The bus operator shortage limited Metro Transit's ability to mitigate on-time performance issues related to special events or detours where extra buses have been deployed in the past to protect service.

Metro Transit light rail performance declined from 2018 to 2019; factors that can impact on-time performance include signal projects and responses to customer events such as medical calls. Transit system-wide on-time performance is weighted by ridership so bus and light rail performance drive the result. Note: the significant improvement from 2016 to 2017 for Metro Transit light rail was due to the change in methodology."

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported three months after it is collected.

¹⁸ Metro transit (weighted) represents on-time performance for the Metro transit modes combined. The percentage is weighted based on ridership, and is not an average of the three modes.

[AGENDA ITEM 6b]**(B) Greater Minnesota Transit**

Ten year goals to improve on time performance:

- Greater Minnesota – improve to a 90% within a 45-minute timeframe

Baseline for on time performance in 2014 was:

- Greater Minnesota – 76% within a 45 minute timeframe

RESULTS:

The 2025 goal to improve Greater Minnesota transit system on time performance to 90% is **in process**.
[Reported in August 2020]

Time Period	On-time performance (within a 45-minute timeframe)
Baseline - Calendar Year 2014	76%
Calendar Year 2016	76%
Calendar Year 2017	78%
Calendar Year 2018	Not available
Calendar Year 2019	Not available
January – February 2020*	91.3%

ANALYSIS OF DATA:

Greater Minnesota Transit provided the information through 2017. As the transition to a new methodology was made, information for on time performance was not collected for 2018 or 2019. Data collection resumed in January of 2020 and under the new methodology on time performance is now reported by providers monthly. To minimize the reporting period gap this part of the goal will be reported separately and semiannually beginning in August of 2020.

During January and February 2020, on-time performance for Greater Minnesota Transit was 91.3%. A new data collection methodology began in January of 2020 with the providers now reporting monthly. However, due to the COVID-19 pandemic and shifts in funding sources and reporting requirements, reporting from the providers was put on hold. Reporting is expected to resume in October 2020.

COMMENT ON PERFORMANCE:

The improvement in performance over 2017 data, was anticipated with the implementation of a more consistent reporting structure for our providers. It is not known what the impact of COVID-19 will have on overall ridership and whether the improved performance will be sustained.

Information for on-time performance was not collected for 2018 or 2019 as the transition to the new methodology was being made.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported two months after it is collected.

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

2025 Goal

- By 2025, the percentage of target population served by regular route level of service for each market area will be:
 - Market Area 1 will be 100%
 - Market Area 2 will be 95%
 - Market Area 3 will be 70%

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

RESULTS:

This goal is **in process**. [Reported in August 2020]

Percent of target population served by regular route service per Market Area

Time Period	Transit Market Area 1	Transit Market Area 2	Transit Market Area 3
As of June 2017 (Baseline)	95%	91%	67%
As of March 2019	94%	93%	70%
As of March 2020	98%	94%	72%

- Transit Market Area I has the highest density of population, employment and lowest automobile availability in the region. These are typically Urban Center communities and has the highest potential for transit ridership in the region.
- Transit Market Area II has high to moderately high population and employment densities. Much of this area is categorized as Urban but has approximately half the ridership potential of TMA I.
- Transit Market Area III has moderate density. These areas are typically Urban with large portions of Suburban and Suburban Edge communities and has approximately half the ridership potential of TMA II.

ANALYSIS OF DATA:

Improvement occurred in all three market areas. If performance continues at the same rate, the goal is on track to meet the 2025 benchmark.

COMMENT ON PERFORMANCE:

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

[AGENDA ITEM 6b]

definitions and standards can be found at <https://metro council.org/METC/files/63/6347e827-e9ce-4c44-adff-a6afd8b48106.pdf>

TIMELINESS OF DATA:

Data will be collected in January of each year. In order for this data to be reliable and valid, it will be reported four 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**. [Reported in November 2020]

Adults with disabilities

Time period	Acute inpatient hospital stay	Unplanned acute readmission within 30 days	Readmission rate
January – December 2014 (Baseline)	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%

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 to reduce to 20% 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.

[AGENDA ITEM 6b]

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 (A) 0.20% or less for children with disabilities and (B) 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 of children with disabilities using an emergency department 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**. [Reported in November 2020]

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 (Baseline)	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 to reduce to 0.20% or less 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 SERVICES

2019 Goal

- By December 31, 2019, the rate of adults with disabilities using an emergency department 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**.
[Reported in November 2020]

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 (Baseline)	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 to reduce to 1.0% or less 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.

[AGENDA ITEM 6b]

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**. [Reported in November 2020]

Time period	Individuals who experienced restrictive procedure	Reduction from previous year
July 2013 – June 2014 (Baseline)	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

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.

COMMENT ON PERFORMANCE:

DHS conducts further analysis regarding the number of individuals who experienced a restrictive procedure during the quarter. Each Quarterly Report includes the following information:

- The number of individuals who were subjected to Emergency Use of Manual Restraint (EUMR) only. Such EUMRs are permitted and not subject to phase out requirements like all other “restrictive” procedures. These reports are monitored and technical assistance is available when necessary.
- The number of individuals who experienced restrictive procedures other than EUMRs (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures). DHS staff and the External Program Review Committee (EPRC) 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.

The EPRC reviews BIRFs, positive support transition plans, and functional behavior assessments. Based on the content within those documents, during the last four quarters, the committee conducted EUMR-related outreach involving 165 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 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.

[AGENDA ITEM 6b]

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**. [Reported in November 2020]

Time period	Number of BIRF reports	Reduction from previous year
July 2013 – June 2014 (Baseline)	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

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 2020 overall goal to not exceed 3,500 reports was met.

COMMENT ON PERFORMANCE:

DHS conducts further analysis regarding the reports of restrictive procedures during the quarter. Each Quarterly Report includes the following information:

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

[AGENDA ITEM 6b]

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

- The number of uses of seclusion or timeout and the number of individuals involved.

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^x, 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 use of an auxiliary device to ensure a person does not unfasten a seatbelt in a vehicle.

- By June 30, 2020, the emergency use of mechanical restraints, other than use of an auxiliary device¹⁹ 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.

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**. [Reported in November 2020]

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 Annual (July 2019 – June 2020)	273	257	530	10

*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.

¹⁹ Auxiliary devices ensure a person does not unfasten a seat belt in a vehicle and includes seatbelt guards, harnesses and clips.

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Time period	Number of reports during the time period	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

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.

At the end of the reporting period (June 30, 2020), the number of individuals for whom the use of mechanical restraint use was approved was 10. This is a decrease of 2 from the previous year.

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>

DHS conducts further analysis regarding the reports of use of mechanical restraints during the quarter. Each Quarterly Report includes the following information:

- The number of reports that involve the individuals with review by the EPRC and approval by the Commissioner for the emergency use of mechanical restraints during the reporting quarter.
- The number of reports that involve devices to prevent a person from unbuckling their seatbelt during travel.

[AGENDA ITEM 6b]

- The number of reports and individuals submitted by Minnesota Security Hospital for uses of mechanical restraint that were not implemented as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for staff convenience.
- The number of reports submitted by a provider whose use was within the 11-month phase out period.

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 FOUR: By June 30, 2020, the number of students receiving special education services who experience an emergency use of restrictive procedures at school will decrease by 318 students or decrease to 1.98% of the total number of students receiving special education services.

2019 Goal

- By June 30, 2019, the number of students experiencing emergency use of restrictive procedures will be reduced by 80 students or .02% of the total number of students receiving special education services.

Baseline: During school year 2015-2016, school districts (which include charter schools and intermediate districts) reported to MDE that 3,034 students receiving special education services experienced at least one emergency use of a restrictive procedure in the school setting. In 2015-2016, the number of reported students receiving special education services was 133,742 students. Accordingly, during school year 2015-2016, 2.3% students receiving special education services experienced at least one emergency use of a restrictive procedure in the school setting.

RESULTS:

The 2019 goal to reduce by 80 students was **not met**. [Reported in February 2020]

Time period (School Year)	Students receiving special education services	Students who experienced restrictive procedure	Change from previous year
Baseline 2015-16 school year	133,742	3,034 (2.3%)	N/A
2017 Annual 2016-17 school year	137,601	3,476 (2.5%)	+ 442 (+0.2%)
2018 Annual 2017-18 school year	142,270	3,546 (2.5%)	+ 70 (+0.0%)
2019 Annual 2018-19 school year	147,605	3,603 (2.4%)	+ 71 (- 0.1%)

School districts reported that of the 147,605 students receiving special education services, restrictive procedures were used with 3,603 of those students (2.4%). This was an increase of 71 students from the previous year and the percentage decreased by 0.1%. The 2019 goal to reduce by 80 students was not met. The actual number of reported special education students increased by 5,335 from the 2017-2018 school year.

[AGENDA ITEM 6b]

The restrictive procedure summary data is self-reported to MDE by July 15 for the prior school year. The data included for 2015-16 through 2017-18 school years has been reviewed and confirmed as needed. The data includes all public schools, including intermediate districts, charter schools and special education cooperatives. The data for the 2018-19 school year is described in more detail in the 2020 Restrictive Procedures Workgroup legislative report. The data includes all public schools, including intermediate districts, charter schools, and special education cooperatives.

The 2020 MDE report to the Legislature, "[A Report on Districts' Progress in Reducing the Use of Restrictive Procedures in Minnesota Schools](https://education.mn.gov/MDE/about/rule/leg/rpt/index.htm)" includes more detailed reporting on the 2018-19 school year data. The legislative report is available at:

<https://education.mn.gov/MDE/about/rule/leg/rpt/index.htm>

2018-19 school year:

- Physical holds were used with 3,357 students, down from 3,465 students in 2017-18.
- Seclusion was used with 861 students, up from 824 students in 2017-18.
- Compared to the 2017-18 school year, the average number of physical holds per physically held student is 5.1, down from 5.4; the average number of uses of seclusion per secluded student was 6.5, down from 7.6; and the average number of restrictive procedures per restricted student was 6.3, down from 7.3.

The table below shows this information over the last three school years.

School year	Number of students experiencing physical holds	Average number of holds per held student	Number of students experiencing seclusions	Average number of seclusions per secluded student
2015-16	2,743	5.7	848	7.6
2016-17	3,127	5.5	976	7.3
2017-18	3,465	5.4	824	7.6
2018-19	3,357	5.1	861	6.5

COMMENT ON PERFORMANCE:

The 2016 through 2019 Restrictive Procedures Workgroups and MDE made significant progress in implementing the statewide plans developed by the Restrictive Procedures Workgroup stakeholders. The following sections on data quality and workgroup progress provide further detail.

Data Quality

For data reliability purposes, the student enrollment data is based on the state enrollment counts for students receiving special education services. It is worth noting that MDE does not have the ability to cross check the districts' reporting of students experiencing the use of physical holds with the quarterly reporting of students experiencing the use of seclusion. Accordingly, a student may be counted more than once if they are both physically held and secluded. In addition, a student may be counted more than once if they move to another district and are physically held in both districts during the same school year.

Data on the staff development work activities and outcomes is described in more detail in the 2019 Restrictive Procedures Workgroup legislative report. Multiple districts reported a reduction in the use of restrictive procedures after implementing professional development grant activities over the past three school years. For the 2018-19 school year, while the use of physical holding increased, the use of

seclusion decreased by 11% and the number of students experiencing the use of a seclusion increased by 4%.

To improve data consistency and quality, MDE updated the seclusion reporting form based upon feedback from the 2019 Restrictive Procedures Workgroup. In addition, MDE conducted six trainings throughout the state to assist districts in understanding restrictive procedures laws and to assist them in developing processes to have more consistent understanding for terms and reporting. Data quality improvement also included a transition to improved software for data analysis.

2019 Restrictive Procedures Workgroup

MDE contracted with Management Analysis and Development (MAD) to facilitate the restrictive procedures stakeholders workgroup meetings beginning in December 2018. Facilitation focused on increasing stakeholder engagement in developing recommendations to the commissioner including specific and measurable goals, implementation of strategies, and outcome measures for reducing the use of restrictive procedures statewide.

The 2019 workgroup reached consensus on a revised statewide plan, which includes specific targets to reduce the use of seclusion and number of students experiencing the use of seclusion in the school setting. In addition, the revised plan includes stakeholder support and goals for recommendations to the commissioner and the legislature in three areas: 1) funding for staff development grants, 2) expansion of mental health services, and 3) additional funding for technical assistance. These recommendations address identified needs to improve availability of mental health services across the state, increase staff capacity to implement evidence-based practices and positive support, and provide time for staff to meet and discuss student needs related to reducing emergencies and eliminating the use of a restrictive procedure.

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.

POSITIVE SUPPORTS GOAL FIVE: By June 30, 2020, the number of incidents of emergency use of restrictive procedures occurring in schools will decrease by 2,251 or by 0.8 incidents of restrictive procedures per student who experienced the use of restrictive procedures in the school setting.

2019 Goal

- By June 30, 2019, the number of incidents of emergency use of restrictive procedures will be reduced by 563 incidents, or by 0.2 incidents of restrictive procedures per student who experienced the use of a restrictive procedure.

Baseline: During school year 2015-2016, school districts (which include charter schools and intermediate districts) reported 22,028 incidents of emergency use of a restrictive procedure in the school setting. In school year 2015-2016, the number of reported students who had one or more emergency use of restrictive procedure incidents in the school setting was 3,034 students receiving special education services. Accordingly, during school year 2015-2016 there were 7.3 incidents of restrictive procedures per student who experienced the use of a restrictive procedures in the school setting.

[AGENDA ITEM 6b]**RESULTS:**

The 2019 goal to reduce by 563 incidents or 0.2 incidents per student was **met**. [Reported in February 2020]

Time period	Incidents of emergency use of restrictive procedures	Students who experienced use of restrictive procedure	Rate of incidents per student	Change from previous year
Baseline (2015-16 school year)	22,028	3,034	7.3	N/A
2017 Annual 2016-17 school year	24,307	3,476	7.0	+ 2,257 incidents <0.3> rate
2018 Annual 2017-18 school year	25,052	3,546	7.1	+ 70 incidents +0.1 rate
2019 Annual 2018-19 school year	22,772	3,603	6.3	-2,280 incidents <0.8> rate

ANALYSIS OF DATA:

During the 2018-19 school year there were 22,772 incidents of emergency use of restrictive procedures. There were 6.3 incidents of restrictive procedures per student who experienced the use of a restrictive procedure. There was a decrease of 2,280 incidents from the previous year. There was an increase of students experiencing the use of a restrictive procedure and a decrease in the rate (0.8 incidents per student). The 2019 goal to reduce by 563 or 0.2 incidents per student was met.

The restrictive procedures summary data is self-reported by school districts and the deadline for reporting the data to the Minnesota Department of Education (MDE) is July 15th for the prior school year. The data included in the 2015-16- 2018-19 school years has been reviewed and confirmed as needed. The data is described in more detail for the respective years in the reports in [A Report on Districts' Progress in Reducing the Use of Restrictive Procedures in Minnesota Schools](#).

The 2020 MDE report to the Legislature, [A Report on Districts' Progress in Reducing the Use of Restrictive Procedures in Minnesota Schools](#) includes more detailed reporting on the 2018-19 school year data. The legislative report is available at <http://education.state.mn.us/MDE/about/rule/leg/rpt/index.htm>

2018-19 school year:

- Based upon MDE enrollment data, 147,605 students received special education services, an increase of 5,335 students, or 3.7% from the 2017-18 school year.
- During the 2018-19 school year, Minnesota school districts reported a total of 17,180 physical holds and 5,592 seclusion uses for a total of 22,772 restrictive procedures uses.
- The total number of uses of restrictive procedures decreased by 2,403, or 9.0% from the 2017-18 school year, while the number of students who experienced a restrictive procedure increased by 71, or 1.6%, to a total of 3,603. Consequently, the rate of use of restrictive procedures per student who experienced a restrictive procedure decreased from 7.1 during the previous school year to 6.3.
- The average number of physical holds per physically held student decreased from 5.4 in 2017-18 to 5.1. While the number of seclusion uses decreased by 11%, the number of students who were

secluded increased by 4.0%, from 824 to 861, and the average number of seclusion uses per secluded student decreased from 7.6 to 6.5.

COMMENT ON PERFORMANCE:

The 2016 through 2019 workgroups and MDE made significant progress in implementing the statewide plans developed by the Restrictive Procedures Workgroup stakeholders. The following sections on quality and workgroup progress provide further detail:

Data Quality

For data reliability purposes, the student enrollment data is based on the state enrollment counts for students receiving special education services. MDE does not have the ability to cross-check district reports of students experiencing the use of physical holds with quarterly reporting of students experiencing the use of seclusion. Accordingly, the total number of students who experienced a restrictive procedure shown in the table above includes students who may have been physical held and secluded, as well as students who only experienced physical holding or only seclusion. Students may be counted more than once if they move to another district and are physically held in both districts during the same school year.

Data on staff development work activities and outcomes is described in more detail in the 2020 legislative report. Multiple districts reported a reduction in the use of restrictive procedures after implementing professional development grant activities over the 2016-17, 2017-18, and 2018-19 school years. For the 2018-19 school year, physical holding uses decreased by 1,704 and seclusion uses decreased by 699.

To improve consistency and data quality, MDE updated the restrictive procedures annual summary form for school districts based upon feedback from the 2019 Restrictive Procedures Workgroup. In addition, MDE conducted six trainings throughout the state to assist districts in understanding restrictive procedures laws and to assist them in developing processes to have more consistent understanding of terms and reporting.

Restrictive Procedures Workgroup

MDE contracted with Management Analysis and Development (MAD) to facilitate the restrictive procedures stakeholder workgroup meetings beginning in December 2018. Facilitation focused on increasing stakeholder engagement in developing recommendations to the commissioner including, specific and measurable goals, implementation of strategies, and outcome measures for reducing the use of restrictive procedures statewide.

The 2019 Workgroup reached consensus on a statewide plan that includes specific targets for reducing the use of seclusion and the number of students experiencing the use of seclusion in the school setting. In addition, the revised plan includes stakeholder support and goals for recommendations to the commissioner and the legislature in three areas: 1) funding for staff development grants, 2) expansion of mental health services, and 3) additional funding for technical assistance. These recommendations address identified needs to improve availability of mental health services across the state, increase staff capacity to implement evidence-based practices and positive support, and provide time for staff to meet and discuss student needs related to reducing emergencies and eliminating the use of a restrictive procedure.

[AGENDA ITEM 6b]**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.

CRISIS SERVICES GOAL ONE: By June 30, 2019, the percent of children who receive children's mental health crisis services and remain in their community will increase to 85% or more. [Extended March 2020]

2019 Goal

- By June 30, 2019, the percent who remain in their community after a crisis will increase to 85%

Baseline: In State Fiscal Year 2014 of 3,793 episodes, the child remained in their community 79% of the time.

RESULTS:

The 2019 overall goal to increase to 85% was **not met**. Progress on this goal will continue to be reported as **in process**. [Last reported in August 2020]

Time period	Total Episodes	Community	Treatment	Other
Baseline (July 2013 – June 2014)	3,793	2,997 (79%)	--	--
2016 Annual (6 months data) January – June 2016	1,318	1,100 (83.5%)	172 (13.2%)	46 (3.5%)
2017 Annual (July 2016 – June 2017)	2,653	2,120 (79.9%)	407 (15.3%)	126 (4.8%)
2018 Annual (July 2017 – June 2018)	2,736	2,006 (73.3%)	491 (18.0%)	239 (8.7%)
2019 Annual (July 2018 – June 2019)	3,809	2,724 (71.5%)	847 (22.2%)	220 (5.8%)
July – December 2019	1,920	1,404 (73.1%)	425 (22.1%)	91 (4.7%)

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

ANALYSIS OF DATA:

From July 2018 – June 2019, of the 3,809 crisis episodes, the child remained in their community after the crisis 2,724 times or 71.5% of the time. This is 7.5% below baseline and 1.8% below the previous year. The June 30, 2019 overall goal to increase the percent of children who receive children's mental health crisis services and remain in the community to 85% or more was not met.

DHS will continue to report progress past the end date of June 30, 2019.

From July – December 2019, of the 1,920 crisis episodes, the child remained in their community after the crisis 1,404 times or 73.1% of the time. That is a 1.6% increase from the 2019 annual percentage reported.

COMMENT ON PERFORMANCE:

There has been an overall increase in the number of episodes of children receiving mental health crisis services, and more children being seen by crisis teams. The number of children receiving treatment services after their mental health crisis has increased by more than 30% since baseline and by almost 50% since December of 2016. While children remaining in the community after crisis is preferred, it is important for children to receive the level of care necessary to meet their needs at the time. DHS will continue to work with mobile crisis teams to identify training opportunities for serving children in crisis, and to support the teams as they continue to support more children with complex conditions and living situations.

When children are served by mobile crisis teams, they are provided a mental health crisis assessment in the community and receive further help based on their mental health need. Once risk is assessed and a crisis intervention is completed, a short term crisis plan is developed to assist the individual to remain in the community, if appropriate.

Mobile crisis teams focus on minimizing disruption in the life of a child during a crisis. This is done by utilizing a child's natural supports the child already has in their home or community whenever possible. It is important for the child to receive the most appropriate level of care. Sometimes that can be in the community and sometimes that may require a higher level of care. A higher level of care should not necessarily be perceived as negative if it is the appropriate level of care. There is no way to predict who will need which level of care at any given time or why. Having an assessment from the mobile crisis team will increase the likelihood that the person has the opportunity have a plan developed that will help them stay in the most integrated setting possible.

DHS has identified a trend that might be impacting the number of children remaining in the community. There has been an increase in individuals being seen in Emergency Departments (ED) for crisis assessments rather than in the community. With more individuals accessing crisis services from the ED there is a likelihood that they may be at a higher level of risk at the time they are seen by the crisis team and therefore more likely require a higher level of care.

DHS has worked with mobile crisis teams to identify training opportunities that would help increase their capacity to address the complexities they are seeing and has committed to providing trainings in identified areas specific to crisis response. This increases the teams' ability to work with individuals with complex conditions or situations effectively. DHS will continue to work with providers to explore trends that might be contributing to children presenting in crisis with the need for a higher level of care.

TIMELINESS OF DATA:

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

[AGENDA ITEM 6b]

CRISIS SERVICES GOAL TWO: By June 30, 2020, the percent of adults who receive adult mental health crisis services and remain in their community (e.g., home or other setting) will increase to 64% or more. [Extended March 2020]

Annual Goals

- **2019 Goal:** By June 30, 2019, the percent who remain in their community after a crisis will increase to 64%
- **2020 Goal:** By June 30, 2020, the percent who remain in their community after a crisis will increase to 64%.

Baseline: From January to June 2016, of the 5,206 episodes, for persons over 18 years, the person remained in their community 3,008 times or 57.8% of the time.

RESULTS:

The 2019 goal to increase to 62% was **not met**. [Reported in February 2020]

This goal is **not on track** to meet the 2020 goal to increase to 64%. [Reported in August 2020]

Time period	Total Episodes	Community	Treatment	Other
2016 Annual (6 months data) January – June 2016	5,436	3,136 (57.7%)	1,492 (27.4%)	808 (14.9%)
2017 Annual (July 2016 - June 2017)	10,825	5,848 (54.0%)	3,444 (31.8%)	1,533 (14.2%)
2018 Annual (July 2017 – June 2018)	11,023	5,619 (51.0%)	3,510 (31.8%)	1,894 (17.2%)
2019 Annual (July 2018 – June 2019)	12,599	6,143 (48.8%)	4,421 (35.1%)	2,035 (16.2%)
July – December 2019	6,107	3,191 (52.2%)	2,112 (34.6%)	804 (13.2%)

- Community = remained in current residence (foster care, self or family), temporary residence with relatives/friends.
- Treatment = chemical health residential treatment, emergency department, inpatient psychiatric unit, residential crisis stabilization, intensive residential treatment (IRTS)
- Other = homeless shelter, jail or corrections, other.

ANALYSIS OF DATA:

From July 2018 – June 2019, of the 12,599 crisis episodes, the adult remained in their community after the crisis 6,143 times or 48.8% of the time. This was a decrease of 2.2% from the previous year and 9.0% below baseline. The 2019 overall goal to increase to 64% was not met.

From July – December 2019, of the 6,107 crisis episodes, the adult remained in their community after the crisis 3,191 times or 52.2% of the time. This was an increase of 3.4% from the previous year and 5.6% below baseline. This goal is not on track to meet the 2020 overall goal to increase to 64%.

COMMENT ON PERFORMANCE:

When individuals are served by mobile crisis teams, they are provided a mental health crisis assessment in the community and receive further help based on their mental health need. Once risk is assessed and a crisis intervention is completed, a short term crisis plan is developed to assist the individual to remain in the community, if appropriate.

Mobile crisis teams focus on minimizing disruption in the life of an adult during a crisis by utilizing the natural supports an individual already has in their home or community for support whenever possible. It

is important for individuals to receive the most appropriate level of care. Sometimes that can be in the community and sometimes that may be a higher level of care. A higher level of care should not necessarily be perceived as negative if it is the appropriate level of care. There is no way to predict who will need which level of care at any given time or why. Having an assessment from the mobile crisis team will increase the likelihood that the person has the opportunity to be assessed and have a plan developed that will help them stay in the most integrated setting possible. DHS has worked with mobile crisis teams to identify training opportunities that would help increase their capacity to address the complexities they are seeing and has committed to providing trainings in identified areas specific to crisis response. This increases the teams' ability to work with more complex clients/situations effectively.

DHS will continue to work with providers to ensure timely and accurate reporting and explore trends that might be contributing to individuals presenting in crisis with the need for a higher level of care. DHS will also continue to work with mobile crisis teams in order to identify training opportunities and provide support most needed for serving people in crisis.

TIMELINESS OF DATA:

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

[AGENDA ITEM 6b]

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 Overall Goal**

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

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**. [Reported in November 2020]

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 Overall Goal

- By June 30, 2019, the percent of people who receive appropriate community services within 30-days from a hospital discharge will be 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**. [Reported in November 2020]

[AGENDA ITEM 6b]

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**. [Reported in November 2020]

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

[AGENDA ITEM 6b]

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 ONE: By June 30, 2020, the number of individuals with disabilities who participate in Governor appointed Boards and Commissions, the Community Engagement Workgroup, Specialty Committee and other Workgroups and Committees established by the Olmstead Subcabinet will increase to 245 members.

2020 Goal

- By June 30, 2020, the number of individuals with disabilities participating in Governor's appointed Boards and Commissions, Community Engagement Workgroup, Specialty Committee, and other Workgroups and Specialty Committees established by the Olmstead Subcabinet will increase to 245.

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

RESULTS:

The 2020 goal of 245 was **not met**. [Reported in August 2020]

Time Period	Number of individuals with a disability on Boards / Commissions	Number of individuals with a disability on Olmstead Subcabinet workgroups	Total number
Baseline (June 30, 2017)	159	16	175
2018 Annual (as of July 31, 2018)	171	26	197
2019 Annual (as of July 31, 2019)	167	20	187
2020 Annual (as of July 31, 2020)	182	10	192

ANALYSIS OF DATA:

Of the 3,464 members listed on the Secretary of State's Boards and Commissions website, 182 (approximately 5.3%) self-identify as an individual with a disability. The 182 members represent 64 unique Boards and Commissions. In addition, 10 individuals on the Olmstead Subcabinet Community Engagement Workgroup self-identified as individuals with a disability.

The 2020 goal to increase the number to 245 was not met. The number of individuals on Boards and Commissions with a disability increased by 15, and the percentage increased from 5.1% to 5.3%.

The number of individuals may contain duplicates if a member participated in more than one group throughout the year. There may also be duplicates from year to year if an individual was a member of a group during the previous year and the current year.

COMMENT ON PERFORMANCE:

Staff from the Governor's Office gave a brief presentation on Governor appointed Boards and Commissions to the Community Engagement Workgroup in February 2020. The Governor's staff

answered questions and asked for feedback on the process. OIO will identify new partners to facilitate further learning opportunities for people with disabilities who are interested in applying for membership on Governor appointed boards and councils.

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. Data is accessed through the Secretary of State's website.

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 the number of individuals and comments by 5% over baseline was **met**.

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.

[AGENDA ITEM 6b]**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.

COMMUNITY ENGAGEMENT GOAL THREE: By March 31, 2022, the number of engagement activities related to Olmstead Plan's measurable goals will increase by 5% over baseline. [Revised March 2020]

2021 Goal

- By March 31, 2021, a baseline will be established.

RESULTS:

This goal is **in process**. The first report on progress for this goal will be reported in the next quarterly report following both the Annual Goal measurement date and determination that the data is reliable and valid.

PREVENTING ABUSE AND NEGLECT GOAL TWO: By January 31, 2022, the number of cases of vulnerable individuals being treated due to abuse and neglect will decrease by 30% compared to baseline. [Revised March 2019]

There are two measures for this goal:

(A) Decrease the number of emergency room visits and hospitalizations due to abuse and neglect

(B) Decrease the number of medical treatments other than emergency room visits and hospitalizations due to abuse and neglect

2019 Goal

- By April 30, 2019, establish a baseline

RESULTS:

This goal is **in process**. The first report on progress for this goal will be reported in the next quarterly report following both the Annual Goal measurement date and determination that the data is reliable and valid.

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

2018 Goal

- By December 31, 2018, the number of vulnerable adults who experience more than one episode of the same type of abuse or neglect within six months will be reduced by 5% compared to the baseline.

BASELINE:

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

RESULTS: Using Fiscal Year 2018 data, the 2018 goal to reduce by 5% was **met**. [Reported in February 2020]

Time Period	Total number of people	Number of repeat episode	Change from baseline
Baseline (July 2015 - June 2016)	2,835	126 (4.4%)	N/A
July 2016 – June 2017	2,777	114 (4.1%)	<12> <9.5%>
July 2017 – June 2018	2,484	94 (3.8%)	<32> <25.4%>

ANALYSIS OF DATA:

From July 2017 – June 2018, 2,484 people had a substantiated or inconclusive abuse or neglect episode²⁰. Of those people, 94 (3.8%) experienced a substantiated or inconclusive abuse or neglect had a repeat episode of the same type within six months. This is a decrease of 32 from baseline which is a reduction of 25.4%. The 2018 goal was met.

Data is from reports of suspected maltreatment of a vulnerable adult made to the Minnesota Adult Abuse Reporting Center (MAARC) by mandated reporters and the public when a lead agency was responsible for response. Maltreatment report investigations handled by DHS Licensing or Minnesota Department of Health (MDH) are not included in this report.

Demographic Data for July 2015 – June 2016

Episode Types

Fiscal Year (FY)	Total Episodes	Emotional/ Mental	Physical	Sexual	Fiduciary Relationship	Not Fiduciary Relationship	Caregiver Neglect	Self - Neglect
2016	134	18	4	0	8	16	24	64
2017	124	14	12	2	3	13	28	52
2018	103	12	8	4	7	10	14	48

²⁰ Episodes include physical abuse, sexual abuse, emotional abuse, financial exploitation, caregiver or self-neglect.

[AGENDA ITEM 6b]**Victim Gender**

FY	Total	Female	Male
2016	126	73	53
2017	114	77	37
2018	94	52	42

Victim Age Range

FY	Total	18 – 22	23 – 39	40 – 64	65 – 74	75 – 84	85 and over
2016	126	9	8	35	21	32	21
2017	114	5	5	32	20	27	25
2018	94	5	6	27	26	17	13

Victim Race/Ethnicity

FY	Total	Caucasian	African American	American Indian	2 or more	Hispanic	Asian/Pacific Islander	Unknown
2016	126	112	3	5	4	1	0	1
2017	114	91	9	7	2	5	0	0
2018	94	79	6	3	0	1	1	4

Offender Gender

FY	Total	Female	Male
2016	70	33	37
2017	74	30	44
2018	96	43	53

Offender Age Range

FY	Total	18 – 22	23 – 39	40 – 64	65 – 74	75 – 84	85 and over
2016	70	3	14	38	7	6	2
2017	74	5	16	39	4	7	0
2018	96	1	12	41	41	12	9

Offender Race/Ethnicity

FY	Total	Caucasian	African American	American Indian	2 or more	Hispanic	Asian/Pacific Islander	Unknown
2016	70	56	3	2	3	2	1	3
2017	74	52	4	4	3	5	0	6
2018	96	77	6	3	0	1	1	5

COMMENT ON PERFORMANCE:

Counties have responsibility under the state's vulnerable adult reporting statute to assess and offer adult protective services to safeguard the welfare of adults who are vulnerable and have experienced

maltreatment. The number of substantiated and inconclusive allegations is affected by the number of maltreatment reports opened for investigation.

Protection from maltreatment is balanced with the person's right to choice. People who are vulnerable may refuse interventions offered by adult protective services or supports that could protect them from abuse or neglect. Some incidents of repeat maltreatment may demonstrate a vulnerable adult's right to make decisions about activities, relationships and services. Use of restrictive services or legal interventions, like guardianship, are minimized in those instances.

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.

PREVENTING ABUSE AND NEGLECT GOAL FOUR: By July 31, 2020, the number of students with disabilities statewide identified as victims in determinations of maltreatment will decrease by 10% compared to baseline. [Added in March 2019]

2020 Goal

- By July 31, 2020, the number of students with disabilities identified as victims in determinations of maltreatment will decrease by 10 from baseline to 18 students.

Baseline: From July 2015 to June 2016, there were 20 students with a disability statewide identified as victims in determinations of maltreatment.

RESULTS:

The 2020 goal to decrease to 18 was **not met**. [Reported in August 2020]

Time Period	Number of students with disabilities determined to have been maltreated	Change from baseline	Percent of change
Baseline (July 2015 – June 2016)	20	N/A	N/A
2019 Annual (July 2016 – June 2017)	33	+ 13	+ 60%
2020 Annual (July 2017 – June 2018)	32	+12	+60%

ANALYSIS OF DATA:

During the 2017 – 18 school year, there were 311 students identified as alleged victims of abuse of neglect in Minnesota public schools. Of those, 97 students were determined to have been maltreated. Of those, 32 were students with a disability. This was an increase of 12 students over baseline. The 2020 goal to reduce to 18 was not met.

COMMENT ON PERFORMANCE:

During the 2017-2018 school year, the MDE Student Maltreatment Team received and assessed 1,083 reports of alleged maltreatment. Of those reports, the Student Maltreatment Team opened 232 cases for onsite investigations. This included approximately 311 students identified as alleged victims of abuse or neglect. Of the 311 students, 161 were students with disabilities. Compared to the 2016-2017

[AGENDA ITEM 6b]

school year there was an increase of 79 reports of alleged maltreatment, a decrease of 2 cases investigated, and an increase of 36 students included in the onsite investigations.

Because the factors in the statewide rate of student maltreatment are unique in each case and complex at all levels, it is difficult for MDE to identify any single common root cause for the observed statewide increase in incidence. In addition, it is difficult to predict this data year-to-year given the small number of cases each year in Minnesota, and this number being very small in comparison to the overall population of students with disabilities in public schools. Historically, MDE receives a higher rate of reports of alleged maltreatment involving students with disabilities (approximately 60 %), and it is consistent that there are more determinations of maltreatment involving students with disabilities than for students without disabilities.

The increase in the number of students with disabilities determined to have been maltreated may be linked to improved reporting of student maltreatment statewide. This may be related to increased awareness of mandated reporting.

The MDE Student Maltreatment Team continues to fulfill requirements for increasing statewide awareness of mandated reporting by enhancing training, technical assistance and on-line resources for schools. MDE will continue to offer all Minnesota schools support, and to recommend opportunities for participation in Positive Behavioral Interventions and Supports to reduce and prevent incidents of abuse and neglect.

TIMELINESS OF DATA:

In order for this data to be reliable and valid is reported 24 months after the conclusion of the applicable school year to ensure that all cases have reached a resolution and to confirm that the data is accurate.

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
Dec 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. ANALYSIS OF TRENDS AND RISK AREAS

The purpose of this section is to summarize areas of the Plan that are at risk of underperforming against the measurable goals.

The Subcabinet and State agencies undertake an annual review process to evaluate whether the measurable goals and strategies should be amended for future years. The OIO Compliance completed the annual review of the Plan measurable goals. This included: compilation of the 2020 Annual Report; an analysis on goal performance since 2015; and recommendations for Olmstead Plan amendments.

The analysis on goal performance and recommendations for Olmstead Plan amendments are included in the attached Addendum.

DRAFT

ENDNOTES

ⁱ 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.

ⁱⁱ 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.

ⁱⁱⁱ 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.

^{iv} 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.

^v 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.

^{vi} 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.

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

^{viii} "Students with disabilities" are defined as students with an Individualized Education Program age 6 to 21 years.

^{ix} "Most integrated setting" refers to receiving instruction in regular classes alongside peers without disabilities, for 80% or more of the school day.

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