

Meeting Minutes: Olmstead Leadership Forum

Date: 08/23/2021

Location: Zoom meeting platform

Attendance

Leadership Forum Members

- Ryan Baumtrog, Minnesota Housing (MHFA)
- Erin Sullivan Sutton, Department of Human Services (DHS)
- Chris McVey and Dee Torgerson, Department of Employment and Economic Development (DEED)
- Tim Henkel, Department of Transportation (DOT)
- Brian Collins, Department of Corrections (DOC)
- Ann Schulte, Minnesota Department of Health (MDH)
- Daron Korte, Minnesota Department of Education (MDE)
- Gerri Sutton, Metropolitan Council (MetC)
- Lisa Harrison-Hadler, Office of Ombudsman for Mental Health and Developmental Disabilities (OMHDD)
- Colleen Wieck, Governor's Council on Developmental Disabilities (GCDD)
- Katie Knutson, Department of Public Safety (DPS) joined at 3:21 p.m.

Olmstead Implementation Office Staff

- Shelley Madore
- John Patterson
- Diane Doolittle
- Chloe Ahlf
- Carolyn Sampson
- Mike Tessneer
- Rosalie Vollmar

Guests

- Natasha Merz (DHS)
- Shireen Gandhi (DHS)
- Gloria Smith (DHS)

- Tom Delaney (MDE)
- JP Mahoehney (MDH)
- Toni Malone, member of the public
- Chris Bray, member of the public
- Veritext Captioning and Reporting Services, Inc. (CART provider)

Workgroup Members

- Amber McCort (Juvenile Justice)
- Beau RaRa (Juvenile Justice)
- Katrina Dexter (Juvenile Justice)
- Judy Moe (Housing)
- Sara Huffman (Housing)
- TJay Middlebrook (Workforce Shortage)
- Nicole Edwards (Workforce Shortage)

Agenda Review

Co-chair Collins reviewed the agenda and proceeded with no changes.

Reports

Director

There was no report from the OIO Director.

Workgroups

The first workgroups report will be at the September meeting.

Agenda Items

Leadership Forum Charter approved

Shelley Madore (OIO) presented the charter approved by the Subcabinet at the July 26, 2021 meeting. Two changes were made to the charter since it was reviewed by the Leadership Forum on June 28, 2021. One change included new language that states the co-chairs will serve a two-year term. The second change included clarifying language regarding engagement activities with communities with the greatest disparities in health outcomes and access to services.

Questions and Comments

None

August 2021 Quarterly Report on Olmstead Plan Measurable Goals

Mike Tessneer presented an overview of the August 2021 Quarterly Report Executive Summary and goals where progress is being made. Erin Sullivan Sutton (DHS), Shelley Madore (OIO) and Tom Delaney (MDE) reported on the goals targeted for improvement.

Questions and Comments

Positive Supports Goal One

The Executive summary needs to clarify that the quarterly reporting for this goal includes duplicated numbers. Progress for this goal cannot be determined until all four quarters are reported and the numbers are unduplicated.

Person-Centered Planning Goal One

The Executive Summary needs to clarify that this quarter only included one county as Lead agency reviews were paused due to the pandemic.

Employment Goal Three

Is there an identified reason for the decline in performance that started prior to the COVID pandemic?

- The cohorts serve students ages 19 to 21, so it's possible that only one-third of them are in their third year and prepared for employment, so 33% might be a realistic target number.
- The coaching model has been underway for three years. It takes time to build capacity and implement evidence-based practices with fidelity.
- The recruited Employment Capacity Building Cohort (ECBC) teams include schools that are in Greater Minnesota. They may not have been involved in continuous improvement processes with MDE such as Positive Behavioral Interventions and Support.
- The plan is to scale up this goal statewide, but that will take more resources and time.

Is it possible to know how many students wanted jobs compared to how many people got jobs?

- Workforce Innovation and Opportunity Act (WIOA) involves collaborative work with MDE, DEED and DHS.
- ECBC is just one program that is part of WIOA goals.

Is it possible to breakdown the data for BIPOC students to identify disparities?

- MDE stated that it will be able to get some of those demographics in the future.

Who is on the Special Review Board and can one of the recommendations be clarified?

- DHS will follow up on the question.

Motion

Accept the May 2021 Quarterly Report

Action: Motion – Wieck Second – Sullivan Sutton

In favor: Roll call vote was taken with 9 Ayes and 0 Nays

- MHFA - Aye
- DHS - Aye
- DEED - Aye
- MnDOT - Aye
- DOC - Aye
- MDH - Aye
- MetC - Aye
- OMHDD - Aye
- GCDD – Aye
- MDE – Left meeting before vote

2020 Olmstead Plan Quality of Life Survey Results

Colleen Wieck (GCDD) provided a presentation on the background of the Quality of Life Survey and an overview of some of the results.

Questions and Comments

- It is critical to understand what decision-making means for those under guardianship. It seems that in the survey report when they talk about public guardianship they mean anybody who is paid for guardianship services. This is much broader than the legal definition of public guardianship. Public guardianship is much more restrictive than that.
- As the amendment process approaches, we need to keep in mind these QOL survey findings. Soliciting and honoring choices has a great impact on quality of life.

Adjournment

The meeting was adjourned at 4:20 p.m.

Next Meeting

Date: September 27, 2021

Time: 3:00 to 4:30 p.m.

Location: Zoom meeting platform

Agenda items: (submit proposed agenda items to diane.doolittle@state.mn.us)

- Olmstead Plan Amendment Process
- Update on Workgroups

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Olmstead Leadership Forum Meeting Agenda

Monday, August 23, 2021 • 3:00 to 4:30 p.m.

(Draft agendas are subject to change by the Leadership Forum)

Register to attend the Subcabinet Meeting at [Olmstead Implementation Office Events Calendar](https://mn.gov/olmstead/calendar) or <https://mn.gov/olmstead/calendar>. All other details available through registration process.

1) Call to Order/Roll Call

2) Agenda Review

3) Reports

- a) OIO Director
- b) Workgroups

4) Agenda Items

- a) Leadership Forum Approved Charter 5
- b) August 2021 Quarterly Report on Olmstead Plan Measurable Goals Report – 9
PowerPoint – 59
- c) 2020 Olmstead Plan Quality of Life Survey 73

5) Adjournment

Next Meeting: September 27, 2021 from 3:00 p.m. to 4:30 p.m.

Next Meeting Topics:

- Olmstead Plan Amendment Process
- Update on Workgroups

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Leadership Forum Meeting Agenda Item

August 23, 2021

Agenda Item:

4a) Leadership Forum Approved Charter

Presenter:

Shelley Madore

Action Needed:

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

Summary of Item:

This is the Leadership Forum Charter reviewed and approved by the Subcabinet on July 26, 2021.

Attachment(s):

4a - Leadership Forum Charter

Olmstead Subcabinet Workgroup Charter

Workgroup Name:	Date: July 26, 2021
Olmstead Leadership Forum	Subcabinet Approval: July 26, 2021
	Subcabinet to Review: July 25, 2022
Workgroup Chairs: Brian Collins (DOC) and Lisa Harrison-Hadler (OMHDD)	
Workgroup Members <i>(include agency or organization, if applicable):</i> Ryan Baumtrog (MHFA), Scott Beutel (MDHR), Tim Henkel (DOT), Daron Korte (MDE), Mike Mc Elhiney (MDVA), Ann Schulte (MDH), Erin Sullivan Sutton (DHS), Gerri Sutton (MetC), Dee Torgerson (DEED), Colleen Wieck (GCDD), and a designee from DPS.	
OIO Staff <i>(lead OIO staff, if applicable):</i>	
Workgroup Purpose / Objective: The Olmstead Leadership Forum will have the following responsibilities: <ol style="list-style-type: none"> 1. A Leadership Forum will be convened to carry out designated responsibilities of the Subcabinet. <ol style="list-style-type: none"> a) The Leadership Forum will include from each agency, a designee with decision-making authority. b) The Subcabinet chair shall approve co-chairs for a two-year term. c) The Leadership Forum will review performance results for every Olmstead goal, review reports from workgroups, review public input to amend the Olmstead Plan and prepare recommendations to be considered by the Subcabinet. (See Article VII – Section B for more details) d) The Leadership Forum will have a charter to include information such as membership, alternative members, scope of duties, meeting frequency, and meeting minutes. Responsibilities delegated to the Leadership Forum by the Subcabinet <ol style="list-style-type: none"> 1) Work to identify and address barriers to providing services and meaningful opportunities within the most integrated settings for persons with disabilities throughout Minnesota; 2) Work to identify and address areas of disparity in opportunities for individuals with disabilities including individuals from racial and ethnic communities. The desired outcome is the opportunity to live, work, and engage in the most integrated settings; and 3) Provide ongoing recommendations for further amendment of the Olmstead Plan. 	
Relationship to Olmstead Plan <i>(include applicable measurable goals, strategies, workplan action items, etc.)</i> The Leadership Forum has the primary responsibility to monitor the operational implementation of the Olmstead Plan, identify areas where insufficient progress is being made and work to modify the Plan to improve progress. This may include adoption of continuous improvement processes. The Leadership Forum members are responsible to make recommendations to the Subcabinet on Plan progress as it relates to their specific agencies. The Subcabinet will authorize changes to the Olmstead Plan as needed.	
Plan to engage people with disabilities, families and the public <i>(include plan for including Black, Indigenous and People of Color)</i> The Leadership Forum will actively participate in conjunction with workgroup leaders, in periodic community engagement activities organized by the Olmstead Implementation Office. These engagement activities will include communities with the greatest disparities in health outcomes and access to services.	

6 of 82

Scope:

The primary focus of the Leadership Forum is the evolution of the Olmstead Plan. This will be accomplished through monitoring and implementation of the Olmstead Plan and ensuring its alignment with the integration mandate as specified in the Statement of the Department of Justice on Enforcement of the Integration Mandate of Title II of the Americans with Disabilities Act and *Olmstead v. L.C.*

https://www.ada.gov/olmstead/q&a_olmstead.htm

Implementation Timeframe:

Implementation of the Olmstead Plan is authorized by Executive Order 19-13 and will continue until the Order is modified or rescinded.

Anticipated Outcome / Deliverables:

The faithful implementation of the Olmstead Plan with active engagement of people with disabilities and their supporters in modifying the Plan over time.

Key Measures:

The key measures are the measurable goals identified in the Olmstead Plan.

Reporting Schedule:

The Leadership Forum will convene up to six times per year to monitor the Plan implementation quarterly and review the entire Plan for modifications annually.

Action Plan for Implementing Charter

Activity	Responsibility	Due Date
Gather measurable goal performance data and complete quarterly and annual reports	Compliance	Quarterly
Organize and implement workgroups as directed by the Subcabinet on specified topics.	OIO	Annually
Review workgroup progress and make recommendations to workgroup leaders and report progress to Subcabinet	Leadership Forum	Semi-annually
Convene Leadership Forum meetings, post meeting schedule and meeting minutes on the website.	Leadership Forum Co-chairs	Up to 6 times each year

This Workgroup is authorized by Executive Order 19-13 and created pursuant to the July 26, 2021 Olmstead Subcabinet Procedures. Any material changes to the Charter must be approved by the Olmstead Subcabinet to be effective. The Olmstead Subcabinet may withdraw or amend approval of this Charter at any time. All Charters should be brought back to the Olmstead Subcabinet for review and update at least annually.

Approval of Charter:

DocuSigned by:

Jennifer Ho

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8/12/2021

Commissioner Ho
Chair, Olmstead Subcabinet

Date

Leadership Forum Meeting Agenda Item

August 23, 2021

Agenda Item:

4b) August 2021 Quarterly Report on Olmstead Plan Measurable Goals

Presenter:

Agency staff

Action Needed:

☒ Acceptance Needed

☐ Informational Item (no action needed)

Summary of Item:

This is a draft of the August 2021 Quarterly Report. An overview of the Executive Summary of the Report will be provided using a PowerPoint presentation. Agency staff will present on goals needing improvement.

Attachment(s):

4b - August 2021 Quarterly Report on Olmstead Plan Measurable Goals and PowerPoint presentation handouts.

Minnesota Olmstead Subcabinet

Quarterly Report on Olmstead Plan Measurable Goals



REPORTING PERIOD

Data acquired through July 31, 2021

Date to be Reviewed by Leadership Forum

August 23, 2021

Contents

I.	PURPOSE OF REPORT	3
	EXECUTIVE SUMMARY	3
II.	MOVEMENT FROM SEGREGATED TO INTEGRATED SETTINGS	5
	QUARTERLY SUMMARY OF MOVEMENT FROM SEGREGATED TO INTEGRATED.....	5
	TRANSITION SERVICES GOAL ONE	6
	TRANSITION SERVICES GOAL TWO	12
	TRANSITION SERVICES GOAL THREE.....	14
	TRANSITION SERVICES GOAL FOUR	19
III.	TIMELINESS OF WAIVER FUNDING	21
	TIMELINESS OF WAIVER FUNDING GOAL ONE	21
IV.	QUALITY OF LIFE MEASUREMENT RESULTS	26
V.	INCREASING SYSTEM CAPACITY AND OPTIONS FOR INTEGRATION	28
	PERSON-CENTERED PLANNING GOAL ONE.....	28
	POSITIVE SUPPORTS GOAL ONE	30
	POSITIVE SUPPORTS GOAL TWO	32
	POSITIVE SUPPORTS GOAL THREE.....	34
	EMPLOYMENT GOAL THREE	37
	TRANSPORTATION GOAL FOUR	39
	TRANSPORTATION GOAL FIVE.....	40
	CRISIS SERVICES GOAL ONE.....	41
	CRISIS SERVICES GOAL TWO.....	43
	COMMUNITY ENGAGEMENT GOAL ONE	45
	COMMUNITY ENGAGEMENT GOAL TWO	46
	PREVENTING ABUSE AND NEGLECT GOAL FOUR	47
	ENDNOTES	49

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 April 30, 2021. Progress on each measurable goal will be reported quarterly, semi-annually, or annually. This report will be reviewed by the Olmstead Leadership Forum for acceptance. After reports are accepted they are made available to the public on the Olmstead Plan website at Mn.gov/Olmstead.ⁱ

EXECUTIVE SUMMARY

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

Status of Goals – August 2021 Quarterly Report	Number of Goals
Met annual goal	2
On track to meet annual goal	7
Not on track to meet annual goal	4
Did not meet annual goal	4
In process	2
Goals Reported	19

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, 31 individuals left ICF/DD programs to more integrated settings. After two quarters, total of 68 is 94% of the annual goal of 72. (Transition Services Goal One A)
- During this quarter, 185 individuals with disabilities under age 65 in a nursing facility longer than 90 days moved to more integrated settings. After two quarters, total of 308 is 41% of the annual goal of 750. (Transition Services Goal One B)
- During this quarter, 469 individuals moved from other segregated settings to more integrated settings. After two quarters, total of 728, exceeds the annual goal of 500. (Transition Services Goal One C)
- During the past year, 27.6% percent of people at AMRTC no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting. This met the goal to decrease to 30%. (Transition Services Goal Two)

- During the last two quarters, the number of individuals at Forensic Services who moved to a less restrictive setting averaged 8.4 per month. This is on track to meet the annual goal of 4 or more. (Transition Services Goal Three)

Timeliness of Waiver Funding Goal One

- There are fewer individuals waiting for access to a DD waiver. At the end of the current quarter 67% of individuals were approved for funding within 45 days. Another 24% 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, the combined average of presence of the eight person centered elements measured in the protocols was 90.0%. Six of the eight elements achieved 100%. (Person-Centered Planning Goal One)
- The number of individuals experiencing a restrictive procedure is higher, at 190 individuals this quarter compared to 183 in the previous quarter. (Positive Supports Goal One)
- The number of reports of use of restrictive procedures is higher, at 721 reports this quarter compared to 573 in the previous quarter. (Positive Supports Goal Two)
- During January – June 2021 on-time performance improved for Greater Minnesota to 95.1% from 92.6% during the last reporting period. (Transportation Goal Four B)
- From July – December 2020, the percent of adults who remained in their community after a crisis was 56.9%. This is above the goal of 55%. (Crisis Services Goal Two)
- From July 2018 – June 2019 the number of students with disabilities identified as victims in determinations of maltreatment decreased by 4, a 12.5% reduction from baseline. This exceeds the annual goal to reduce by 5%. (Preventing Abuse and Neglect Goal Four)

The following measurable goals have been targeted for improvement:

- Transition Services Four to adhere to transition protocol for individuals experiencing a transition.
- Positive Supports Three to reduce the number of reports of emergency use of mechanical restraints with approved individuals.
- Employment Goal Three to increase the number of students with developmental cognitive disabilities, ages 19-21 that enter into competitive integrated employment through the Employment Capacity Building Cohort (ECBC).
- Transportation Goal Five to increase regular route service in the seven county metropolitan area.
- Crisis Services One to increase the number of children who remain in their community following a crisis.
- Community Engagement Goal One to increase the number of individuals with disabilities who participate in Governor appointed Boards and Commissions and other Workgroups and Committees established by the Olmstead Subcabinet.
- Community Engagement Goal Two to increase the number of individuals with disabilities to participate in public input opportunities related to the Olmstead Plan, and the number of comments received by individuals with disabilities (including comments submitted on behalf of individuals with disabilities).

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 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)	Oct - Dec 2020	31
• Nursing Facilities (individuals under age 65 in facility > 90 days)	Oct - Dec 2020	185
• Other segregated settings	Oct - Dec 2020	469
• Anoka Metro Regional Treatment Center (AMRTC)	Jan - Mar 2021	53
• Forensic Services ¹	Jan - Mar 2021	19
Total	--	757

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 Forensic Services (formerly known as Minnesota Security Hospital) refers to individuals residing in the facility and committed as Mentally Ill and Dangerous and other civil commitment statuses.

TRANSITION SERVICES GOAL ONE: By June 30, 2022, the number of people who have moved from segregated settings to more integrated settingsⁱⁱⁱ will be 9,782. [Extended in April 2021 Revision]

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 Base line	June 30, 2015	June 30, 2016	June 30, 2017	June 30, 2018	June 30, 2019	June 30, 2020	June 30, 2021	June 30, 2022
A) Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD)	72	84	84	84	72	72	72	72	72
B) Nursing Facilities (NF) under age 65 in NF > 90 days	707	740	740	740	750	750	750	750	750
C) Segregated housing other than listed above	1,121	50	250	400	500	500	500	500	500
Total		874	1,074	1,224	1,322	1,322	1,322	1,322	1,322

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

2021 goal

- For the year ending June 30, 2021 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 2021 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 Annual (July 2019 – June 2020)	174	13	75	86
2021 Quarter 1 (July – September 2020)	58	1	20	37
2021 Quarter 2 (October – December 2020)	59	6	22	31
Totals (Q1 + Q2)	117	7	42	68

ANALYSIS OF DATA:

From October – December 2020, the number of people who moved from an ICF/DD to a more integrated setting was 31. This is a decrease of 6 from 37 the previous quarter. After two quarters, the total number of 68 is 94% of the annual goal of 72. The goal is on track to meet the 2021 annual goal.

COMMENT ON PERFORMANCE:

Transitions to more integrated settings continued through the timeframe of the COVID-19 pandemic. While some transitions slowed in the spring, there was a trend of increased transitions from early summer to late fall as pandemic restrictions loosened. In addition, the Moving Home Minnesota program was granted an exception to the 180 days limit of transition coordination for people moving from institutional settings. This allowed additional time for the transition if it was delayed due to the pandemic, e.g. facility on lockdown, individual tested positive for COVID-19.

The pandemic has severely impacted the already statewide workforce shortage, particularly for direct support professionals. This has in turn increased the barriers for people seeking to live in their own homes with staff supporting them on an individual basis.

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 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. As of 2019, Minnesota State Operated Community Services (MSOCS) no longer has any ICFs/DD settings.

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

2021 goal

- For the year ending June 30, 2021, 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 **not on track** to meet the 2021 goal to move 750 people under 65 in a nursing facility for more than 90 days 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 Annual (July 2019 – June 2020)	1,241	86	240	915
2021 Quarter 1 (July – Sept 2020)	180	7	50	123
2021 Quarter 2 (Oct – Dec 2020)	277	18	74	185
Totals (Q1 + Q2)	457	25	124	308

ANALYSIS OF DATA:

From October – December 2020, the number of people under 65 in a nursing facility for more than 90 days who moved to a more integrated setting was 185. This is an increase of 62 from 222 the previous quarter. After two quarters, the total number of 308 is 41% of the annual goal of 750. The goal is not on track to meet the 2021 annual goal.

COMMENT ON PERFORMANCE:

During this quarter, nursing facilities were in lock down due to COVID-19. This resulted in a reduced number of admissions and discharges.

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 2020, the [Housing Stabilization Services](#)² benefit went into effect. These services include housing search and support services for individuals moving from homelessness (or other housing instability) to more stable housing situations. Because these are State plan services, people do not need to be on a waiver to access them. Minnesota is the first state in the nation to offer such a service through its Medicaid program.

² This was formerly called Housing Access Services and Housing Access Coordination.

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**2021 goal**

- For the year ending June 30, 2021, 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 2021 goal to move 500 people from other segregated settings 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 Annual (July 19 – June 20)	5,967	1,190 (19.9%)	483 (8.1%)	3,796 (63.6%)	498 (8.4%)
2021 Quarter 1 (July – Sept 2020)	424	259 (61.1%)	56 (13.2%)	105 (24.8%)	4 (0.9%)
2021 Quarter 2 (Oct – Dec 2020)	1,148	469 (40.9%)	91 (7.9%)	539 (46.9%)	49 (4.3%)
Totals (Q1 + Q2)	1,572	728 (46.3%)	147 (9.4%)	644 (40.9%)	53 (3.4%)

ANALYSIS OF DATA:

From October – December 2020, of the 1,148 individuals moving from segregated housing, 469 individuals (40.9%) moved to a more integrated setting. This is an increase of 210 people from the previous quarter. After two quarters, the total number of 728 has surpassed the annual goal of 500. The goal is on track to meet the 2021 annual goal.

COMMENT ON PERFORMANCE:

While transitions to more integrated settings continued through the timeframe of the COVID-19 pandemic, they have been slower this year than last. While case managers continue to work with individuals, they were not meeting in person. People had less opportunity to explore housing options.

Focus shifted to managing the pandemic: staffing shortages, adhering to new protocols, shift in or suspension of services, COVID outbreaks, finding meaningful new routines and ways to connect, etc. As pandemic restrictions loosen, it is anticipated that more individuals will seek more integrated settings. Also notable, a statewide restriction on eviction during the pandemic has reduced the turnover in housing which resulted in fewer housing options.

The COVID-19 pandemic has severely impacted the already statewide workforce shortage, particularly for direct support professionals. This has in turn increased the barriers for people seeking to live in their own homes with staff supporting them on an individual basis.

During the quarter, there were significantly more individuals who moved to more integrated settings (40.9%) than who moved to congregate settings (7.9%). The data indicates that a large percentage (46.9%) of individuals who moved from segregated housing are not receiving publicly funded residential services. Based on trends identified in data development for Crisis Services Goal Four, it is assumed the majority of those people are housed in their own or their family's home and are not in a congregate setting.

COMMENT ON TABLE HEADINGS:

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

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

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

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

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

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

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

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

- Board and Care or Board and Lodge facilities

- Intermediate Care Facilities (ICFs/DD)
- Nursing facilities (NF)

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

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

TIMELINESS OF DATA:

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

TRANSITION SERVICES GOAL TWO: By June 30, 2022, the percent of people at Anoka Metro Regional Treatment Center (AMRTC) who do not require hospital level of care and are currently awaiting discharge to the most integrated setting³ will be reduced to 30% (based on daily average).
[Measure revised in April 2021 Revision]

2021 goal

- By June 30, 2021 the percent awaiting discharge will be 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.³

RESULTS:

The goal is **on track** to meet the new 2021 goal of 30% or lower.

Percent awaiting discharge (daily average)

Time period	Mental health commitment	Committed after finding of incompetency	Combined
2016 Annual (July 2015 – June 2016)	41.8%	44.7%	42.5%
2017 Annual (July 2016 – June 2017)	44.9%	29.3%	37.1%
2018 Annual (July 2017 – June 2018)	36.9%	23.8%	28.3%
2019 Annual (July 2018 – June 2019)	37.5%	28.2%	26.5%
2020 Annual (July 2019 – June 2020)	36.3%	22.7%	29.5%
2021 Quarter 1 (July – September 2020)	29.9%	25.2%	27.3%
2021 Quarter 2 (October – December 2020)	41.7%	28.4%	33.6%
2021 Quarter 3 (January – March 2021)	27.7%	20.4%	22.5%
2021 Quarter 4 (April – June 2021)	31.0%	25.8%	27.1%
2021 Annual (July 2020 – June 2021)	32.6%	24.9%	27.6%

ANALYSIS OF DATA:

From July 2019 – June 2021, 32.6 % of those under mental health commitment at AMRTC no longer meet hospital level of care and are 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 24.9%. The combined rate of all individuals at AMRTC awaiting discharge was 27.6%. The annual goal of 30% or lower was met.

From April - June 2021, 31.0% 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 25.8%. The combined rate of all individuals at AMRTC awaiting discharge was 27.5%, which is an increase of 4.6% from the previous quarter.

³ 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).

From April – June 2021, 19 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
2021 Quarter 2 (Oct – December 2020)	80	59	0	21	19	2
2021 Quarter 3 (Jan – March 2021)	90	63	0	27	14	13
2021 Quarter 4 (April – June 2021)	113	60	0	53	19	34
2021 Annual (July 2020 – June 2021)	383	259	0	124	66	58

COMMENT ON PERFORMANCE:

COVID-19 precautions have not had an impact on the ability to admit or discharge patients at AMRTC during this 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 during this quarter.

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

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

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

UNIVERSE NUMBER:

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

TIMELINESS OF DATA:

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

TRANSITION SERVICES GOAL THREE: By December 31, 2022, the average monthly number of individuals at Forensic Services ⁴ moving to a less restrictive setting will increase to an average of 5 individuals per month. *[Measure revised in April 2021 Revision]*

2021 goal

- By December 31, 2021 the average monthly number of individuals moving to a less restrictive setting will be 4 or more.

Baseline: During 2017-2020, for individuals committed under MI&D and other commitments, the average number of individuals moving to a less restrictive setting was approximately 3 per month.

RESULTS:

This goal was amended in the April 2021 Olmstead Plan Revision, to change the measure being used. This goal is **on track** to meet the 2021 goal of 4 or more individuals per month moving to a less restrictive setting.

Time period	Total number of individuals leaving	Transfers ⁵ (-)	Deaths (-)	Net moved to less restrictive	Monthly average
2021 Quarter 1 (Jan – Mar 2021)	37	7	4	26	8.7
2021 Quarter 2 (Apr – Jun 2021)	32	5	3	24	8.0

ANALYSIS OF DATA:

From January to March 2021, the number of people who moved to a less restrictive setting was 26. The average number of individuals who left the facility to a less restrictive setting was 8.7. From April to June 2021, the number of people who moved to a less restrictive setting was 24. This was 2 people less than the previous quarter. The average number of people who left the facility this quarter was 8.0 which is 0.7 less than the previous quarter. The total number of individuals who moved to a less restricted setting for the two quarters is 50. Compared to the annual goal of 4 or more, the goal has been exceeded in both the first and second quarters.

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 purpose of this goal, Forensic Services (formerly known as Minnesota Security Hospital) refers to individuals residing in the facility and committed as mentally ill and dangerous and other commitment statuses.

⁵ Transfers reflect movement to other secure settings (ie. Department of Corrections, jail, Minnesota Sex Offender Program, and/or between the Forensic Mental Health Program and Forensic Nursing Home).

Time period	Type	Total moves	Transfers	Deaths	Moves to less restrictive settings
2021 Quarter 1 (Jan – Mar 2021)	Committed after finding of incompetency	14	3	1	15
	MI&D committed	10	3	3	13
	Other committed	13	1	0	8
	Total	37	7	4	(Avg. = 8.7) 26
2021 Quarter 2 (Apr – June 2021)	Committed after finding of incompetency	16	2	0	12
	MI&D committed	6	3	3	11
	Other committed	10	0	0	1
	Total	32	5	3	(Avg. = 8.0) 24

COMMENT ON PERFORMANCE:

In the April 2021 Plan Revision, the measure for this goal was amended to individuals leaving to a less restrictive setting. As reflected above, Forensic Services has exceeded the goal of an average of 4 individuals moving to less restrictive settings. This is likely related to an influx of discharges that occurred of individuals under civil commitment of Mental Illness during January through April 2021. It is believed that those rates may decrease in future reports. This is anticipated because the majority of individuals in the program are under civil commitment of MI&D and require a much lengthier transition process and approval by the Special Review Board (SRB).

The prior goal measured individuals leaving Forensic Services (formerly known as Minnesota Security Hospital) to a more integrated setting. Transitioning out of Forensic Services can be a lengthy process. An amendment was approved by the Olmstead Subcabinet. This goal will now measure moves out of the facility from the most restricted setting to less restrictive settings, even if the new setting isn't fully community integrated. For example, moving to treatment facilities in the community will be counted as moving to a less restrictive setting. While those facilities aren't fully community-integrated, they are less restrictive than Forensic Services. It is believed that from a quality of life perspective, it is valid to track the people who move from the facility to a more integrated setting. Forensic Services is considered one of the most restrictive settings in the State. Therefore, transition to any other non-secure setting out of a Forensic Services facility is a move to a less restrictive setting.

This update subsequently impacts how Transfers are defined. Historically, data surrounding Transfer would convey a move to any setting identified as a treatment setting and not long-term residential in nature. As integration is a continuum, and we are now monitoring movement to more integrated settings (to include treatment settings), the definition of Transfer will reflect movement to other secure settings (ie. Department of Corrections, jail, Minnesota Sex Offender Program, and/or between the Forensic Mental Health Program and Forensic Nursing Home). It is projected that this number will decrease and is currently at 5 for this reporting period.

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.

The COVID-19 Shelter in Place order in March 2020 reduced opportunities for individuals at Forensic Services to demonstrate readiness to reintegrate back into the community. All off campus movement was discontinued. This included staff escorted community re-integration programming to independent pass planning into the community. Having those experiences to demonstrate readiness is critical and without it, there is less support for reduction in custody. As pandemic restrictions were lifted, some movement with staff supervision into the community was intermittently allowed. This expanded to local counties but was then pulled back based on COVID positive rates.

This movement varied greatly since and throughout the pandemic. During summer of 2020, some staff escorts were allowed to outdoor areas (parks, biking in community). By late fall and winter of 2020-2021, those activities were discontinued. In February 2021, outdoor outings were resumed as well as allowing some independent movement into the community for those assessed as clinically ready. To date overnight passes have not been allowed. As noted above having community access with staff and independently is important in treatment and assessment of readiness to provisionally discharge individuals. In addition, community placements for individuals have been impacted by COVID-19 as admissions have been put on hold at times. Community facilities are impacted by employee shortages.

Individuals committed to the facility are provided services tailored to their individual needs. DHS efforts continue to expand community capacity and work towards the mission of the Olmstead Plan by identifying individuals who could be served in more integrated settings. Forensics meets with Hennepin County and other metro counties as the majority of individuals are committed from these counties. The meetings are focused on both individuals where there is a difference of opinion on readiness to discharge as well as barriers such as are identified below.

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).

An 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 with undocumented citizenship status; and
- Individuals whose county case management staff has refused or failed to adequately participate in developing an appropriate provisional discharge plan for the individual.

The Special Review Board (SRB) identified barriers to discharge in their 2019 and 2020 MI&D Treatment Barriers Report as required by Minnesota Statutes 253B.18 subdivision 4c(b) which include:

SRB Recommendations – 2019

- Patients with cognitive impairments merit careful evaluation and programming within the campus and in the community to develop placements. Criteria should be taken into consideration for these individuals' special needs.
- Develop additional community options to increase provisional discharge of patients. Often times, this is in the preliminary stages and the board is unable to support without additional information.
- Some patients are not engaged in treatment.
- Medical issues are currently preventing more aggressive treatment for an individual.
- Some patients require non-traditional placements/plan as not all can handle large group settings. Individualized provisional discharge plans and unique placements may be required for successful progress.

SRB Recommendations – 2020

- Patients that are not supported by the County (Case Management team) often don't have a Provisional Discharge Plan in place. It is important for the county team to work with the petitioner on creating a plan, regardless if it is supported at the time.
- There are often cases brought before the SRB in which the county and hospital staff have differing opinions whether a patient is ready for a provisional discharge.
- At times, the patient is not progressing in treatment. Explore options that could be added within treatment to assist the patient in being successful. Clear communication between staff and patient regarding expectations for advancement.
- Challenges for patients that are dually committed with Department of Human Services and the Department of Corrections. Explore options of the Department of Corrections to meet the mental health needs of patients while in the custody of the Department of Corrections.
- At times, the hospital is "failing the patient", treatment plan is not working and needs to be re-thought. Everyone's failures are included, except for the hospital.
- Some patients require additional services, alternative services, innovative approaches or the use of new advances in the field, but not always available to the hospital.
- Certain medications are not always available to the hospital, due to budgetary reasons. Some patients require these alternative options.

The Commissioner of DHS requested that Forensic Services review the recommendations provided by the SRB and offer additional input back. Collection of this input is currently in process. Ongoing efforts are facilitated to enhance discharges for those served at Forensic Services, including:

- Collaboration with county partners to identify those individuals who have reached maximum benefit from treatment;
- Collaboration with county partners to identify community providers and expand community capacity (with specialized providers or utilization of Minnesota State Operated Community Services);

- Utilization of the Forensic Review Panel, an internal administrative group, whose role is to review individuals served for reductions in custody (under MI&D Commitment), and who may be served in a more integrated setting;
- The Forensic Review Panel also serves to offer treatment recommendations that could assist the individual's growth or skill development, when necessary, to aid in preparing for community reintegration. A summary of the Forensic Review Panel efforts includes:
 - From July to September 2020: Reviewed 63 cases; recommended reductions for 22 cases and 20 were granted.
 - From October to December 2020: Reviewed 54 cases; recommended reductions for 11 cases and 10 were granted.
 - From January to March 2021: Reviewed 66 cases; recommended reductions for 18 cases and 14 were granted.
 - From April to June 2021: Reviewed 59 cases; recommended reductions for 31 cases and 31 have been granted.
- 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.

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).

In April 2021, Forensic Services shifted services on two units, which had previously offered care to those under civil commitment MI and concurrent order for competency restoration treatment. Individuals were moved to more integrated settings and/or alternative treatment programs. This adjustment was made in the effort to expand capacity for those under commitment as MI&D and correlated waiting list. While there may be situations for Forensic Services to receive a referral of a person under civil commitment MI and concurrent order for competency restoration treatment, it will less frequent, and this shift is anticipated to be identifiable in future data.

UNIVERSE NUMBER: In Fiscal Year 2021 (July 1, 2020 to June 30, 2021), 454 patients received services in the Forensic Mental Health Program. During that same timeframe 46 residents received services in the Forensic Nursing Home. This may include individuals who were admitted more than once during the year. The average daily census for the Forensic Mental Health Program was 348.8 and for the nursing home it was 25.9.

TRANSITION SERVICES GOAL FOUR: By June 30, 2022, 90% 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.] *[Extended in April 2021 Revision]*

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 goal is **not on track** to meet the 2022 goal of 90%.

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 2018 Qtr 3 and 4 Jan – June 2018	59	11	5	43	5 of 43 (11.6%)	38 of 43 (88.4%)
FY 2019 (July 2018 - June 2019)	78	20	4	54	19 of 54 (35.2%)	35 of 54 (64.8%)
FY 2020 (July 2019 - June 2020)	158	27	11	120	26 of 120 (21.7%)	94 of 120 (78.3%)
FY 2021 Quarter 1 July - Sept 2020	5	1	0	4	2 of 4 (50.0%)	2 of 4 (50.0%)
FY 2021 Quarter 2 Oct – Dec 2020	40	5	4	31	6 of 31 (19.4%)	25 of 31 (80.6%)
FY 2021 Quarter 3 Jan – March 2021	1	1	0	0	0	0 of 0 No data

ANALYSIS OF DATA:

From January – March 2021, of the 1 transition case file reviewed, that 1 individual opted out of using the My Move Plan document. There were no remaining files to review and no measure to report. Performance on this goal is inconsistent and does not appear to be on track to meet the 2022 goal of 90%.

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:

The Lead Agency Review team paused data collection in January and February of 2021 due to COVID-19 response assignments. The team resumed lead agency review in late March with Fillmore County. Therefore, only one lead agency was reviewed during this reporting period. Of the lead agency reviewed, there were no case files with a My Move Plan to 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 with a need for the Developmental Disabilities (DD) waiver.

- By June 30, 2022, the percentage of persons approved for funding at a reasonable pace for each urgency of need category will be: (A) institutional exit (71%); (B) immediate need (74%); and (C) defined need (66%). *[Amended in the April 2021 Revision to add targets.]*

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

Assessments between January – December 2016

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

RESULTS:

This goal is **in process** to meet the 2022 goals.

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

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	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 (July 2019 – 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	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%)

Time Period: Fiscal Year 2021 Quarter 1 (July – September 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	18	11 (61%)	7 (39%)	0 (0)
Immediate Need	61	41 (67%)	15 (25%)	(8%)
Defined Need	163	108 (66%)	42 (26%)	13 (8%)
Totals	242	160 (66%)	64 (27%)	18 (7%)

Time Period: Fiscal Year 2021 Quarter 2 (October - December 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	8	6 (75%)	2 (25%)	0 (0%)
Immediate Need	43	31 (72%)	11 (26%)	1 (2%)
Defined Need	161	97 (60%)	41 (26%)	23 (14%)
Totals	212	134 (63%)	54 (26%)	24 (11%)

Time Period: Fiscal Year 2021 Quarter 3 (January – March 2021)

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	20	17 (85%)	3 (15%)	0 (0%)
Immediate Need	57	42 (74%)	14 (24%)	1 (2%)
Defined Need	165	104 (63%)	41 (25%)	20 (12%)
Totals	242	163 (67%)	58 (24%)	21 (9%)

ANALYSIS OF DATA:

From January – March 2021, of the 242 individuals assessed for the Developmental Disabilities (DD) waiver, 163 individuals (67%) had funding approved within 45 days of the assessment date. An additional 58 individuals (24%) had funding approved after 45 days. Only 21 individuals (9%) assessed are pending funding approval. The goal showed improvement from the previous quarter. This goal is in process.

COMMENT ON PERFORMANCE:

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

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

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

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

Number of People Pending Funding Approval by Category

As of Date	Total Number	Institutional Exit	Immediate Need	Defined Need
April 1, 2017	201	13	16	172
July 1, 2017	237	13	26	198
October 1, 2017	152	12	36	104
January 1, 2018	89	1	22	66
April 1, 2018	60	5	20	35
July 1, 2018	94	6	26	62
October 1, 2018	114	12	26	76
January 8, 2019	93	10	18	65
April 1, 2019	79	3	15	61
July 1, 2019	96	10	22	64
October 1, 2019	125	9	29	87
January 1, 2020	117	7	23	87
April 1, 2020	135	9	33	93
July 1, 2020	132	8	16	108
October 1, 2020	113	4	24	85
January 1, 2021	97	5	17	75
April 1, 2021	100	4	15	81
July 1, 2021	123	4	20	99

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
January 1, 2021	447	345	283
April 1, 2021	310	342	327
July 1, 2021	388	287	334

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
January 1, 2021	413	346	189
April 1, 2021	287	332	220
July 1, 2021	377	120	251

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

This section includes reports on two quality of life measures. The National Core Indicator Survey and the Olmstead Plan Quality of Life Survey.

NATIONAL CORE INDICATOR (NCI) SURVEY

The results for the 2019 National Core Indicator (NCI) survey for individuals with intellectual and developmental disabilities were reported in The February 2021 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 available at www.nationalcoreindicators.org/states/MN

OLMSTEAD PLAN QUALITY OF LIFE SURVEY

The [Olmstead Plan Quality of Life Survey: Second Follow-Up 2020 Final Report](#)⁶ was accepted by the Olmstead Subcabinet on April 26, 2021. This report is a follow-up to the [Olmstead Plan Quality of Life Survey: First Follow-Up 2018](#) in 2018 and the [Olmstead Plan Quality of Life Survey Baseline Report](#) conducted in 2017. This study includes people with disabilities of all types and ages in segregated settings, or at risk of being placed in segregated settings.

The Subcabinet authorized this longitudinal survey to track progress of the quality of life (QOL) of Minnesotans with disabilities as the Olmstead Plan is being implemented. The results of the QOL surveys are shared with state agencies implementing the plan so they can evaluate their efforts and better serve Minnesotans with disabilities.

Key Facts about the Second Follow-up Survey (2020)

- A total of 561 people completed the survey. This included 509 who participated in the baseline survey and 52 who were added to the sample to allow more nuanced understanding of experiences of people who are Black, Indigenous and People of Color.
- The Olmstead Quality of Life Survey is a multi-year effort to assess the quality of life for people with disabilities who receive state services in potentially segregated settings. Minnesota Department of Human Services identified places such as group homes, nursing facilities and center-based employment as having the potential to be segregated settings.
- The results in this report reflect the experiences of the respondents and speak directly to the settings from which the sample was drawn. Therefore, results cannot be generalized to all people with disabilities in Minnesota.

Highlights from the Second Follow-up Survey

The survey measures quality of life over time for a specific population in Minnesota: people who access services in potentially segregated settings. The needle on quality of life has not moved since 2017, despite millions of dollars in investments and well-intentioned initiatives. In many areas, this data indicates a continued decline in integration that the State must reverse.

The survey detected no definitive changes in the key elements measuring quality of life, but some interesting information surfaced.

⁶ More information about the Quality Of Life Survey is available online at www.mn.gov/olmstead.

- Participants had the same amount of power over decisions that affect them as in previous years. On average, paid staff made big decisions. Participants with public guardians had less decision-making control and less integration on their outings than those with no guardian or a private (usually family) guardian.
- COVID-19 had a clear impact on survey participants and findings. At the same time, we know from the 2017 and 2018 surveys that the pandemic is not the only factor that has stalled progress. Previous surveys show that segregation was a problem before the pandemic disrupted day programs and social opportunities. In some instances, participants shared how providers and staff enforcing COVID-19 restrictions lowered their quality of life. We must document these impacts because this may be the only statewide survey that captured the experiences of people with disabilities in Minnesota during the pandemic.
- Participants engaged with their communities far less during COVID-19. Only some could turn to the internet in place of in-person activities. This is partly because access to technology required to join online events is not universal. The survey did not ask whether participants had access to the internet, but 84 percent took it by phone rather than video call.
- Roughly 7% of participants said life was better or much better during the pandemic. One reason they shared was reduced stress from not having to participate in day activities and outings. This shows that people's quality of life could be better if they could make these decisions for themselves.

Next Steps

- The OIO will be hosting public meetings on the report findings.

Background

- The Olmstead Subcabinet selected the Center for Outcome Analysis (COA) Quality of Life survey tool for the study. This tool was selected because it is reliable, valid, low-cost and could be used with all people with disabilities. The OIO then conducted a pilot survey to test the effectiveness of the tool.

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, 2022, 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.

- By June 20, 2022, the eight required criteria will be present at a combined rate of 90%.

[Amended in the April 2021 Revision to add a target]

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%
ALL	Combined average of all 8 elements	67%

RESULTS:

The goal is **on track** to meet the 2022 goal of 90%.

Table amounts are percentages

Time period	(1) Prefer- ences	(2) Dreams Aspirations	(3) Choice	(4) Rituals Routines	(5) Social Activities	(6) Goals	(7) Living	(8) Work	Avg of all 8
Fiscal Year (Months)									
Baseline (April – June 2017)	74	17	79	62	83	70	80	71	67
FY 18 (July 17 – June 18)	81.3	31.3	92.5	59.8	92.4	81.3	96.3	89.6	78.1
FY 19 (July 18 – June 19)	91.8	58.4	97.9	59.8	96.0	95.3	98.7	99.0	87.1
FY 20 (July 19 – June 20)	91.1	77.2	98.9	77.1	98.8	97.0	99.1	98.7	92.2
FY 21 Q1 (July – Sept 20)	94.0	75.9	98.8	72.3	97.6	98.8	97.6	98.8	91.7
FY 21 Q2 (Oct – Dec 20)	95.4	79.3	99.7	74.4	99.7	99.7	100	100	93.5
FY 21 Q3 (Jan – Mar 21)	100	60.0	100	60.0	100	100	100	100	90.0

ANALYSIS OF DATA:

For the period from January – March 2021, in the 25 case files reviewed, the eight required elements were present in the percentage of files shown above. The combined average of the eight elements was 90.0%, a decrease of 3.5% from the previous quarter. Six of the eight elements achieved 100%. The remaining 2 showed a decrease in their level of compliant performance. The goal is on track to meet the 2022 goal of 90%.

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
FY 21 Quarter 1 (July – September 2020)	558	83
FY 21 Quarter 2 (October – December 2020)	2,754	328
FY 21 Quarter 3 (January – March 2021)	194	25

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) Mahnommen, Koochiching, Wabasha, Goodhue, Traverse, Douglas, Pope, Grant, Stevens, Isanti, Olmsted, St. Louis, Hennepin, Carver, Wright, Crow Wing, Renville, Lac Qui Parle, Chippewa, Otter Tail
FY 21 Q1 (July – Sept 2020)	(2) Mower, Norman
FY 21 Q2 (Oct – December 2020)	(5) Houston, Freeborn, Nobles, SWHHS Alliance (Lincoln, Lyon, Murray, Pipestone, Redwood, Rock), Washington
FY 21 Q3 (Jan – Mar 21)	(1) Fillmore

COMMENT ON PERFORMANCE:

The Lead Agency Review team looks at twenty-five person-centered items for the disability waiver programs (Brain Injury (BI), Community Alternative Care (CAC), Community Alternatives for Disability Inclusion (CADI) and Developmental Disabilities (DD). Of those twenty-five items, DHS selected eight items as being cornerstones of a person-centered plan.

In January 2018, the Lead Agency Review process began requiring lead agencies to remediate all areas of non-compliance with the required person-centered elements. When the findings from case file review indicate files did not contain all required documentation, the lead agency is required to bring all cases

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

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.

COVID-19 Impact

The Lead Agency Review team paused data collection with lead agencies in January and February of 2021 due to COVID-19 response assignments. The team resumed lead agency review in late March with Fillmore County. Thus, for this reporting period, only one lead agency was reviewed. Fillmore County serves approximately 200 people on the disability waiver programs. Fillmore County was not required to develop corrective action plans in their 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.

POSITIVE SUPPORTS GOAL ONE: By June 30, 2022, 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 506. *[Extended in the April 2021 Revision]*

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:

Progress on annual goal cannot be determined using duplicated numbers. The goal is **in process**.

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
2021 Q1 (July - September 2020)	193 (duplicated)	N/A – quarterly number
2021 Q2 (October - December 2020)	183 (duplicated)	N/A – quarterly number
2021 Q3 (January – March 21)	190 (duplicated)	NA – quarterly number

ANALYSIS OF DATA:

From January – March 2021, the total number of people who experienced a restrictive procedure was 190. This was an increase of 7 from the previous quarter. The quarterly numbers are duplicated counts. Individuals may experience restrictive procedures during multiple quarters in a year. Progress on the annual goal cannot be determined until the numbers for the four quarters are unduplicated.

COMMENT ON PERFORMANCE:

There were 190 individuals who experienced a restrictive procedure this quarter:

- 165 individuals were subjected to Emergency Use of Manual Restraint (EUMR) only. This was an increase of 2 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.
- 25 individuals experienced restrictive procedures other than EUMRs (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures). This was an increase 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 37 people. This number does not include people who are receiving similar support from other DHS groups. Some examples of guidance provided by committee members include discussions about the function of behaviors, helping providers connect with local behavior professionals or other licensed professionals, providing ideas on positive support strategies, and explaining rules and the law.

TIMELINESS OF DATA:

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

POSITIVE SUPPORTS GOAL TWO: By June 30, 2022, 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 2,821. *[Extended in the April 2021 Revision]*

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 goal is **on track** to meet the 2022 goal to not exceed 2,821.

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
2021 Q1 (July – September 2020)	702	N/A – quarterly number
2021 Q2 (October – December 2020)	573	N/A – quarterly number
2021 Q3 (January – March 21)	721	N/A – quarterly number
Totals (Q1 + Q2 + Q3)	1,996	N/A

ANALYSIS OF DATA:

From January – March 2021, the number of restrictive procedure reports was 721. This was an increase of 148 from the previous quarter. After three quarters the total number of 1,996 is 71% of the annual goal to not exceed 2,821. The goal is on track to meet the 2022 goal.

COMMENT ON PERFORMANCE:

There were 721 reports of restrictive procedures this quarter. Of those reports:

- 564 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.
 - This is an increase of 84 reports of EUMR from the previous quarter.
 - 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.
- 157 reports involved restrictive procedures other than EUMR (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures).
 - This is an increase of 64 non-EUMR restrictive procedure reports from the previous quarter.
 - 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.

- 34 uses of seclusion were reported this quarter.
 - 34 reports of seclusion involving 11 people occurred at the Forensic Mental Health Program in St Peter (formerly known as Minnesota Security Hospital).
 - This is an increase of 24 uses and an increase of 6 people 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.
- 3 reports of timeout were reported this quarter.
 - 1 use of time out occurred with 1 person. DHS provided technical assistance, determined this was an unapproved use of timeout and the BIRF was sent to Licensing.
 - 2 uses of time out were reported for 1 person. DHS provided technical assistance and determined these were coding errors.
 - This is an increase of 3 uses of timeouts from the previous quarter.
- There were no uses of penalty consequences reported this quarter. This is a decrease of 2 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, 2022, the emergency use of mechanical restraints, other than the use of an auxiliary device⁸ will be reduced to no more than 88 reports. *[Extended in the April 2021 Revision]*

2021 Goal

- By June 30, 2021, 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 goal is **not on track** to meet the 2021 goal of no more than 93.

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 Annual (July 2019 – June 2020)	273	257	530	10
2021 Q1 (July – Sept 2020)	23	40	63	10
2021 Q2 (Oct – Dec 2020)	34	47	81	9
2021 Q3 (Jan – March 21)	49	71	120	9
Totals (Q1 + Q2 + Q3)	106	158	264	9

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

ANALYSIS OF DATA:

From January – March 2021, the number of reports of mechanical restraints other than auxiliary devices was 49. This was an increase of 15 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 9. This is a decrease of 1 from the last quarter. After three quarters, the total number of 106 exceeds the 2021 goal to reduce to 93. The goal is not on track.

During this quarter the total number of reports of mechanical restraints (including auxiliary devices), was 120. This is an increase of 39 from the previous quarter.

COMMENT ON PERFORMANCE:

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

These requests are reviewed by the External Program Review Committee (EPRC) to determine whether they meet the stringent criteria for continued use of mechanical restraints. The EPRC consists of members with knowledge and expertise in the use of positive supports strategies. The EPRC sends its recommendations to the DHS Commissioner's delegate for final review and either time-limited approval or rejection of the request. The EPRC provides person-specific recommendations as appropriate to assist the provider to reduce the need for use of mechanical restraints. In situations where the EPRC believes a license holder needs more intensive technical assistance, phone and/or in-person consultation is provided by panel members.

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

Of the 120 BIRFs reporting use of mechanical restraint in Quarter 3:

- 71 reports involved auxiliary devices to prevent a person from unbuckling their seatbelt during travel. This is an increase of 24 reports from the previous quarter. This increase is likely due to people going into the community more frequently as Covid-19 restrictions were relaxed in Minnesota.
- 49 reports involved use of another type of mechanical restraint. This is an increase of 15 from the previous quarter.
 - 19 reports involved 2 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 a decrease of 2 reports from the previous quarter and a decrease of 1 person.
 - 19 reports involving 10 people, were submitted by the Forensic Mental Health Program in St Peter (formerly called Minnesota Security Hospital). This was an increase of 8 reports from the facility and an increase of 4 people. As necessary, DHS Licensing Division investigates and

issues correction orders for any violations of the Positive Supports Rule associated with use of mechanical restraint.

- 10 reports involving 1 person were submitted by a provider whose use was within the 11 month phase out period. An 11 month phase out period is allowed under Minn. Stat. 245D.06, Subd.8 when a person starts services with a new provider after having previously been supported by a different caregiver who used prohibited procedures (e.g. hospitals, non-licensed providers or caregivers, services from other states, etc.)

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.

DRAFT

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.

EMPLOYMENT GOAL THREE: By June 30, 2025, the number of students with developmental cognitive disabilities, ages 19-21 that enter into competitive integrated employment through the Employment Capacity Building Cohort (ECBC) will be 1,513. *[Extended in the April 2021 Revision]*

2021 Goal

- By June 30, 2021, the number of students that enter competitive, integrated employment through the ECBC will be 150.

RESULTS:

The 2021 goal of 150 was **not met**.

Students with Developmental Cognitive Disabilities, ages 19 -21

Time Period	Number of students that enter into competitive integrated employment at participating schools	Number of students at participating schools	Percent of students at participating schools that enter into competitive, integrated employment
2016 Annual (Oct 2015 to June 2016)	137	508	27.0%
2017 Annual (Oct 2016 to June 2017)	192	516	37.6%
2018 Annual (Oct 2017 to June 2018)	179	467	38.3%
2019 Annual (Oct 2018 to June 2019)	138	483	28.6%
2020 Annual (Oct 2019 to June 2020)	66	452	14.6%
2021 Annual (Oct 2020 to June 2021)	52	406	12.8%

ANALYSIS OF DATA:

During the 2020-2021 school year, 52 students with developmental cognitive disabilities, ranging in ages from 19-21 participated in competitive integrated employment through the Employment Capacity Building Cohort (ECBC). The 2021 goal of 150 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 was on track to meet the goal of 150 students to obtain competitive integrated employment. In January, community teams reported 33 students had competitive integrated employment. Given the current pandemic, the number increased to 52 by June 30, 2021. Businesses were slower to hire students given other staff in the companies were put on furlough and the need to bring employees back to work took precedent. 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 the pandemic. The current contracted provider agencies are now predominately serving youth onsite. There were also families who were concerned for their health and well-being and disengaged in the employment process for their youth.

The unemployment rate for all Minnesotans is currently 4.0%, which remains higher than it was pre-pandemic. The unemployment rate for all Minnesotans was 3.3% in February 2020. (Department of Numbers)

Thirty-two school districts and local partner teams provided supports to students through the Employment Capacity Building Cohort (ECBC) during the 2020-2021 school year. The community teams received professional development and coaching on the following topics: the 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 2020-2021 number of students had an observed decline. The factors involved in this decline are multi-layered, and have a direct correlation to the pandemic. However MDE, DEED and DHS have identified the quality of local level partnerships between school districts, vocational rehabilitation (VR) services/State Services for the Blind (SSB), and disability services as an important factor, and are involved in planning for how to continue to grow 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.

Data collected is being reviewed from current ECBC teams that indicate possible improvements for ECBC in the 2021-22 school year. It is expected that continuing to grow the capacity and add more Minnesota school districts in training, network support from other successful school districts, and customized technical assistance from state agencies (MDE, DEED and DHS) will improve the statewide rate of competitive integrated employment. The efforts around building systems in the local level school district community teams are showing to be sustainable with our returning community teams each year.

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.

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

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 **on track**.

Time Period	On-time performance (within a 45-minute timeframe)
Calendar Year 2014 (Baseline)	76%
Calendar Year 2016	76%
Calendar Year 2017	78%
Calendar Year 2018	Not available
Calendar Year 2019	Not available
January – February 2020	91.3%
July – December 2020	92.6%
January – June 2021	95.1%

ANALYSIS OF DATA:

During January – June 2021, on-time performance for Greater Minnesota Transit was 95.1%. This was an increase of 2.5% and is on track to meet the 2025 goal.

COMMENT ON PERFORMANCE:

In aggregate, providers are meeting the established performance requirement.

Information for on-time performance was not collected for 2018 or 2019 as the transition to the new methodology was being made. A new data collection methodology began in January of 2020 with providers reporting monthly. However, due to the COVID-19 pandemic, shifts in funding sources and reporting requirements, reporting was put on hold. Reporting resumed in July 2020.

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 **not on track** to meet the 2025 goal.

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
Baseline (June 2017)	95%	91%	67%
As of March 2019	94%	93%	70%
As of March 2020	98%	94%	72%
As of March 2021	93%	92%	69%

- 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:

Data is based on March 2021 service levels. All market areas dropped slightly in service coverage due to the pandemic and resulting service level adjustments to match ridership demand. If performance continues at the same rate, the goal is not 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 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.

CRISIS SERVICES GOAL ONE: By June 30, 2022, the percent of children who receive children's mental health crisis services and remain in their community will increase to 85% or more. *[Extended in April 2021 Revision]*

Annual Goals

- By June 30, 2020, the percent who remain in their community after a crisis will increase to 80%
- By June 30, 2021, 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 results for 2020 were reported in the February 2021 Quarterly Report, but at that time there was no target established. The April 2021 Plan Revision added a goal for 2020. The 2020 goal to increase the percent of children who remain in their community after a crisis to 80% was **not met**. In addition, the goal is **not on track** to meet the 2021 goal to increase to 85%.

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	2,742 (72.0%)	847 (22.2%)	220 (5.8%)
2020 Annual (July 2019 – June 2020)	3,639	2,643 (72.6%)	832 (22.9%)	164 (4.5%)
July – December 2020	1,489	1,097 (73.7%)	306 (20.5%)	86 (5.8%)

- 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 2019 – June 2020, of the 3,639 crisis episodes, the child remained in their community after the crisis 2,643 times or 72.6% of the time. Although this is an increase of 0.6% from the previous year, it is 6.4% below baseline. The June 30, 2020 overall goal to increase the percent of children who receive children's mental health crisis services and remain in the community to 80% was not met.

From July – December 2020, of the 1,489 crisis episodes, the child remained in their community after the crisis 1,097 times or 73.7% of the time. Although this is a 1.1% increase from 2020, it is not on track to meet the 2021 goal of 85%.

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.

Due to COVID-19 stay at home order, there was a hesitancy in families requesting mobile crisis response services for a face to face mobile response, and families requesting phone support. If there was a need

for a face to face intervention, parents, and caregivers were seeking support from the Emergency departments.

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.

CRISIS SERVICES GOAL TWO: By June 30, 2022, 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 65% or more. *[Extended in the April 2021 Revision]*

2021 Goal

- By June 30, 2021, the percent who remain in their community after a crisis will increase to 55%.

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:

This goal is **on track** to meet the 2021 goal to increase the percent of adults who remain in their community after a crisis to 55%.

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%)
2020 Annual (July 2019 – June 2020)	11,247	6,019 (53.5%)	3,864 (34.2%)	1,364 (12.1%)
July – December 2020	5,955	3,388 (56.9%)	1,662(27.9%)	905 (15.2%)

- 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 – December 2020, of the 5,955 crisis episodes, the adult remained in their community after the crisis 3,388 times or 56.9% of the time. This was an increase of 1.7% from 55.2% the previous semi-annual report. The goal is on track to increase to 55%.

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 has identified a few trends that might be affecting the number of adults remaining in the community. There has been an increase in individuals being seen in the Emergency Department (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 to need a higher level of care. There has also been an increase in the number of crisis beds added over the past few years. This allows for adults to be referred to adult residential crisis beds following a crisis rather than remaining in the community.

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.

Due to COVID-19, there was a waiver put into place that allowed crisis assessments, and interventions to be done via phone. This allowed for crisis services to be available to individuals who may not be comfortable leaving their homes, and offered some help for adults who are immune compromised, and the elderly community.

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.

COMMUNITY ENGAGEMENT GOAL ONE: By June 30, 2022, the number of individuals with disabilities who participate in Governor appointed Boards and Commissions and other Workgroups and Committees established by the Olmstead Subcabinet will increase to 245 members. *[Extended in the April 2021 Revision]*

2021 Goal

- By June 30, 2021, the number of individuals with disabilities will increase to 215.

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 2021 goal to increase to 215 was **not met**.

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
2021 Annual (as of July 15, 2021)	199	12	211

ANALYSIS OF DATA:

Of the 3,462 members listed on the Secretary of State's Boards and Commissions website, 199 (approximately 5.5%) self-identify as an individual with a disability. The 199 members represent 75 unique Boards and Commissions. In addition, 12 individuals on Olmstead Subcabinet Workgroups self-identified as individuals with a disability. The total number of 211 did not meet the 2021 goal of 215.

Although the 2021 goal was not met, there were increases in all measures. The number of individuals on Boards and Commissions with a disability increased by 17 (increase from 5.3% to 5.5%). The number of Boards and Commissions represented also increased from 64 to 75.

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:

OIO is actively promoting opportunities for people with disabilities to participate on State boards and commissions since the OIO website launch in February 2021. To date, there have been 173 visitors to the webpage. In addition there were announcements in two OIO monthly newsletters as well as social media promotion. In August 2021, OIO will begin tracking clicks from the OIO webpage to the Secretary of State website to analyze the effectiveness of the promotional plans.

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, 2022, 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 20% over baseline. *[Extended in the April 2021 Revision]*

2021 Goal

- By April 30, 2021, the numbers will increase by 15% 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 2021 goal to increase by 15% over baseline was **not 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 Dec 20, 2018 – Mar 11, 2019	192	N/A		249	N/A	
Oct 14, 2019 – Jan 31, 2020	214	22	11.5%	680	431	173%
Feb 10 – Apr 6, 2021	27	<165>	<85.9%>	70	<179>	<71.9%>

ANALYSIS OF DATA:

During the 2021 Plan amendment process, 27 people participated in public input yielding 70 individual comments. Compared to baseline, there were 165 fewer individuals (85.9% decrease) and 179 fewer comments (71.9% decrease). The 2021 goal to increase by 15% over baseline was met.

COMMENT ON PERFORMANCE:

The data was based on public input received during the 2021 Olmstead Plan amendment process. Input was gathered in two rounds. Round One took place from February 10 to March 12, 2021 and included one listening session and written input. Approximately 20 individuals participated in the Round One and more than 49 comments were received.

Round Two took place from March 23 – April 6, 2021 and included written input. Approximately 7 individuals participated in Round Two and more than 21 comments were received.

COVID-19 prevented OIO from holding public meetings in the community which significantly impacted the results. To prevent similar situations in the future, a process to collect comments throughout the year is being promoted through social media and our newsletter. Since the OIO website launch in February 2021, of the Minnesota Olmstead Plan Amendment page has had 761 visitors. OIO believes this trend will carry through to the next plan amendment comment period and should result in a significant increase in public engagement.

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.

PREVENTING ABUSE AND NEGLECT GOAL FOUR: By July 31, 2025, the number of students with disabilities statewide identified as victims in determinations of maltreatment will decrease by 25% compared to baseline. *[Extended and reset baseline in the April 2021 Revision]*

2021 Goal

- By July 31, 2021, the number of students with disabilities identified as victims in determinations of maltreatment will decrease by 5% from baseline to 29 students.

Baseline: From July 2017 to June 2018, there were 32 students with a disability statewide identified as victims in determinations of maltreatment.

RESULTS:

The 2021 goal to decrease by 5% from baseline was **met**.

Time Period	Number of students with disabilities determined to have been maltreated	Change from baseline	Percent of change
Baseline (July 2017 – June 2018)	32	N/A	N/A
2021 Annual (July 2018 – June 2019)	28	<4>	<12.5%>

ANALYSIS OF DATA:

During the 2018–19 school year, there were 224 students identified as alleged victims of abuse of neglect in Minnesota public schools. Of those, 49 students were determined to have been maltreated. Of those, 28 were students with a disability. This was a decrease of 4 students from baseline. The 2020 goal to reduce to 29 was met.

COMMENT ON PERFORMANCE:

During the 2018-2019 school year, the MDE Student Maltreatment Team received and assessed 959 reports of alleged maltreatment. Of those reports, the Student Maltreatment Team opened 195 cases for onsite investigations. This included approximately 230 allegations of abuse or neglect of students with and without disabilities.

During the 2018-2019 school year, the MDE Student Maltreatment Team received and assessed 959 reports of alleged maltreatment. Of those reports, the Student Maltreatment Team opened 195 cases for onsite investigations. This included approximately 230 allegations of abuse or neglect of students with and without disabilities.

Once again, there are many factors to consider in the statewide rate of student maltreatment and each case situation are unique and complex at all levels, which makes it is difficult for MDE to identify any single common root cause for the increase in incidents from baseline data.

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.

Comparing the data from previous years, there is a downward trend regarding the number of students with a disability determined to have been maltreated which is in alignment with the overall goal of

reducing the number of students with disabilities being identified as victims in determinations of maltreatment.

MDE will have continued focus on reducing the incidents of abuse and neglect and ensuring students with disabilities are receiving the necessary supports in the most integrated settings.

All Minnesota schools will be offered technical assistance, and continued opportunities for participation in Positive Behavioral Interventions and Support. MDE will oversee that assurance of compliance requirements are met by confirming that all mandated reporters in schools receive pertinent information about the duties of mandated reporting abuse and neglect in schools. Additionally, School Administrators are offered annual training regarding these requirement and other related topics to further ensure that schools have the necessary resources to adequately respond to student maltreatment concerns and issues.

TIMELINESS OF DATA:

Cases involved in criminal proceedings sometimes require additional time to reach a resolution. Therefore, this data 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.

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 reflect movement to other secure settings (ie. Department of Corrections, jail, Minnesota Sex Offender Program, and/or between the Forensic Mental Health Program and Forensic Nursing Home).

^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.

Agenda Item 4b

Review of August 2021 Quarterly Report on Olmstead Plan Measurable Goals

1

Status of Goals in August 2021 Quarterly Report

Status of Goals – August 2021 Quarterly Report	Number of Goals
Met annual goal	2
On track to meet annual goal	7
Not on track to meet annual goal	4
Did not meet annual goal	4
In process	2
Goals Reported	19

2

Goals where measurable progress is being made

3

Transition Services Goal One (DHS)

- 31 individuals left Intermediate Care Facilities for Individuals with Developmental Disabilities (ICF/DD) programs to more integrated settings. After 2Q, total of 68 is 94% of annual goal of 72.
- 185 individuals with disabilities under age 65 in a nursing facility longer than 90 days moved to more integrated settings. After 2Q, total of 308 is 41% of the annual goal of 750.
- 469 individuals moved from other segregated settings to more integrated settings. After 2Q, total of 728 exceeds the annual goal of 500.

4

Transition Services Goal Two (DHS)

- During the past year, 27.6% percent of people at Anoka Metro Regional Treatment Center no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting.
- This goal to decrease to 30% was met.

5

Transition Services Goal Three (DHS)

- During the last two quarters, the number of individuals at Forensic Services who moved to a less restrictive setting averaged 8.4 per month.
- This is on track to meet the annual goal of 4 or more.

6

Timeliness of Waiver Funding Goal One (DHS)

- There are fewer individuals waiting for access to a Developmental Disabilities waiver.
- At the end of the current quarter 67% of individuals were approved for funding within 45 days. Another 24% had funding approved after 45 days.

7

Person-Centered Planning Goal One (DHS)

- The utilization of the Person Centered Protocols continues to show improvement.
- During this quarter, the combined average of presence of the eight person centered elements measured in the protocols was 90.0%.
- Six of the eight elements achieved 100%.

8

Positive Supports Goal One and Two (DHS)

- The number of individuals experiencing a restrictive procedure is higher, at 190 individuals this quarter compared to 183 in the previous quarter.
- The number of reports of use of restrictive procedures is higher, at 721 reports this quarter compared to 573 in the previous quarter.

9

Transportation Goals Four B (DOT)

- During Calendar Year 2020, on-time performance for Greater Minnesota improved to 95.1% from 92.6% the previous year.

10

Crisis Services Goal Two (DHS)

- From July – December 2020, the percent of adults who remained in their community after a crisis was 56.9%.
- This is above the goal of 55%.

11

Preventing Abuse and Neglect Goal Four (MDE)

- In the past year reported, the number of students with disabilities identified as victims in determinations of maltreatment decreased by 4, which is a 12.5% reduction from baseline.
- This exceeds the annual goal to reduce by 5%.

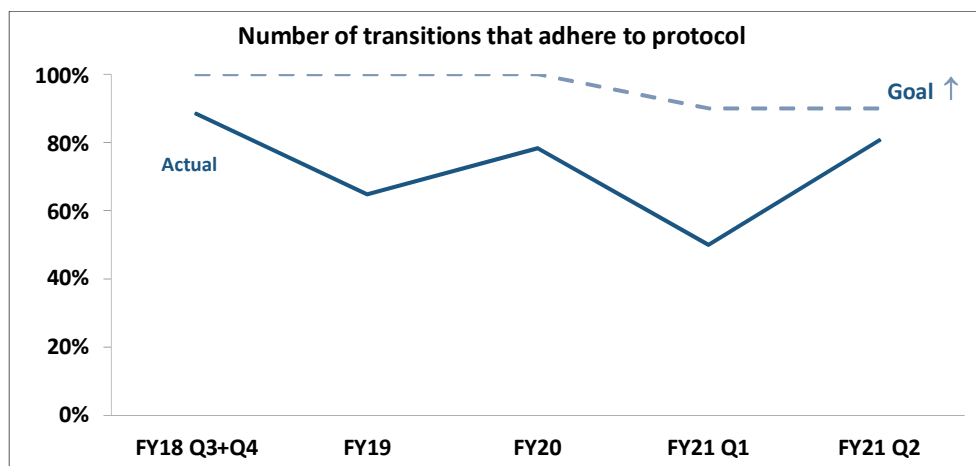
12

Goals targeted for improvement

13

Transition Services Goal Four (DHS)

- The utilization of transition protocols is inconsistent and does not appear to be on track to meet the goal of 90%.



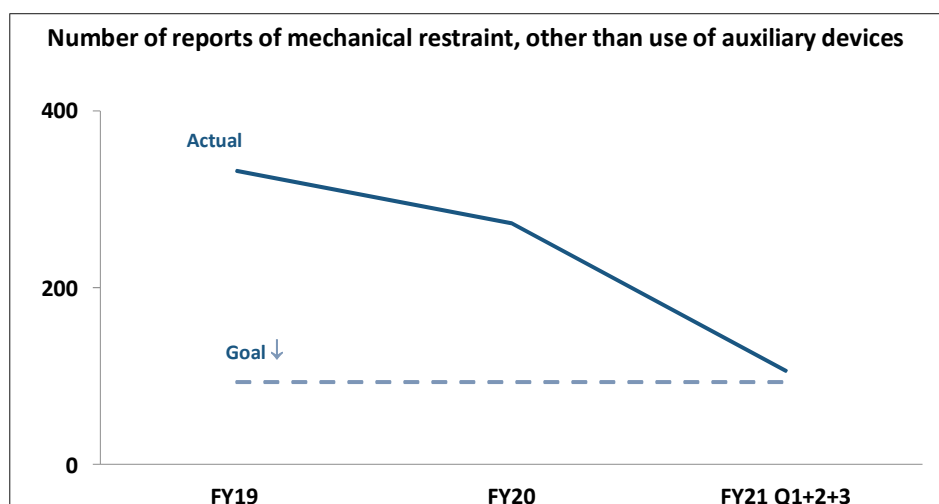
14

Positive Supports Goal Three (DHS)

- The number of reports of mechanical restraints other than auxiliary devices was 49. This was an increase of 15 from the previous quarter.
- After three quarters, the total of 106 exceeds the 2021 goal to reduce to 93. The goal is not on track.
- The goal is improving in the number of individuals for whom the use of mechanical restraint use was approved. This quarter decreased to 9, which remains unchanged from last quarter.

15

Positive Supports Goal Three



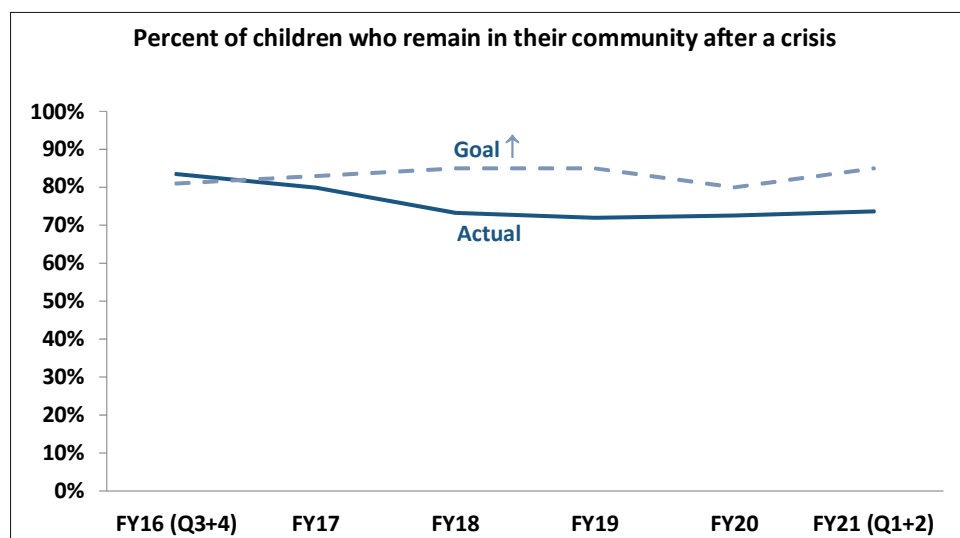
16

Crisis Services Goal One (DHS)

- The percentage of children remaining in their community after a crisis was 73.7%. This was a 1.1% increase from the previous year.
- This is not on track to meet the goal of 85%.

17

Crisis Services Goal One



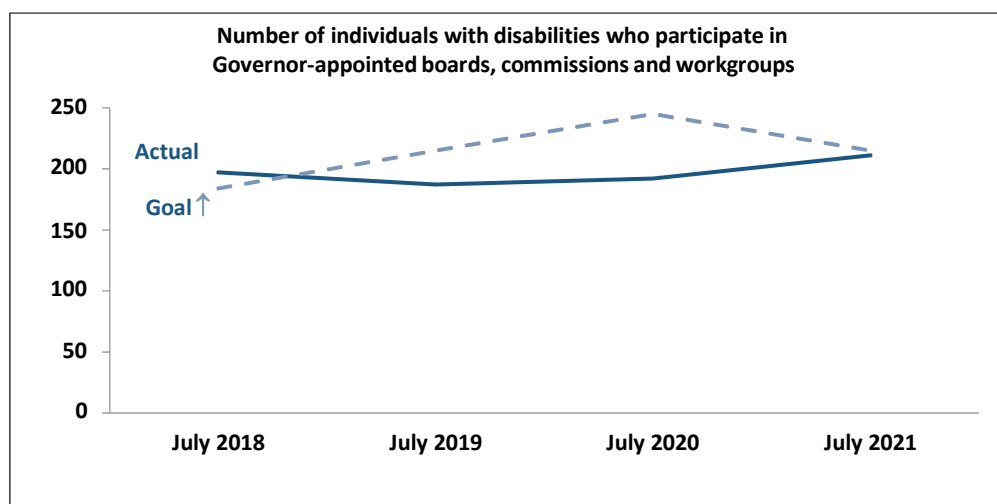
18

Community Engagement Goal One (OIO)

- Of the 3,462 members of Governor appointed Boards and Commissions website, 199 (approximately 5.5%) self-identify as an individual with a disability.
- In addition, 12 individuals on Olmstead Subcabinet Workgroups self-identified as individuals with a disability.
- The total number of 211 did not meet the goal of 215.

19

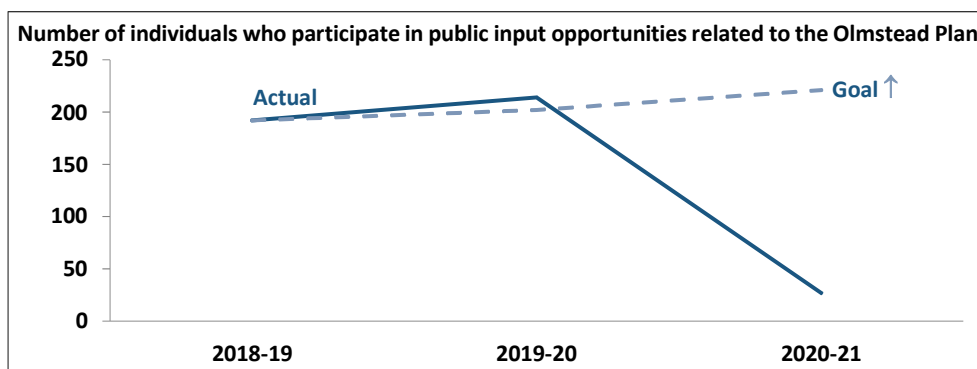
Community Engagement Goal One



20

Community Engagement Goal Two (OIO)

- During the 2021 Plan amendment process, 27 people participated in public input. This was an 85.9% decrease from baseline. The 2021 goal to increase by 15% over baseline was not met.



21

Employment Goal Three (MDE)

- The number of students achieving competitive integrated employment through the ECBC was 52. This was a decrease of 14 from the previous year.
- The 2021 goal of 150 was not met.
- Performance on this goal was impacted by the Covid-19 pandemic.

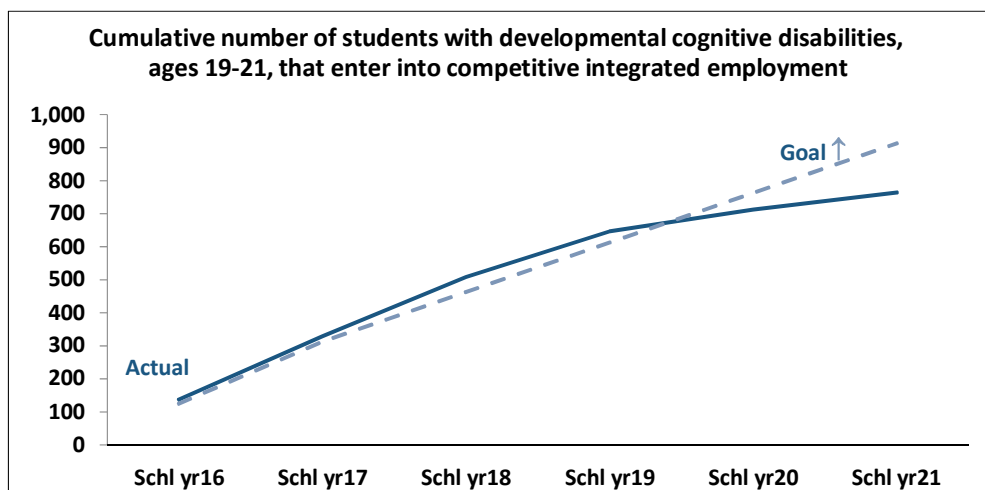
22

Employment Goal Three – Data

Time Period (October to June)	Number of students that enter into competitive integrated employment at participating schools	Number of students at participating schools	Percent of students at participating schools that enter into competitive, integrated employment
2016 Annual	137	508	27.0%
2017 Annual	192	516	37.6%
2018 Annual	179	467	38.3%
2019 Annual	138	483	28.6%
2020 Annual	66	452	14.6%
2021 Annual (Oct 2020 to June 2021)	52	406	12.8%

23

Employment Goal Three



24

Leadership Forum Meeting Agenda Item

August 23, 2021

Agenda Item:

4c) 2020 Olmstead Plan Quality of Life Survey

Presenter:

Colleen Wieck (GCDD)

Action Needed:

- ☐ Acceptance Needed
- ☒ Discussion Item (no action needed)

Summary of Item:

A PowerPoint presentation will provide a summary of the results of the 2020 Quality of Life Survey.

Attachment(s):

4c - 2020 Olmstead Plan Quality of Life Survey PowerPoint handouts



The Olmstead Quality of Life Survey



Presentation to Leadership Forum

August 23, 2021

mn.gov/olmstead



What is the Quality of Life Survey?

The Minnesota Olmstead Plan requires a survey to measure the quality of life for Minnesotans with disabilities. The Olmstead Quality of Life Survey tracks the experiences of people who receive services in potentially segregated settings.

The first survey was in 2017. 2,005 people participated from across the state. A diverse range of disability was represented.

The second follow-up in 2020 engaged 561 people. This included 509 who participated in the first survey and 52 people who were added to allow a better understanding for people with disabilities who are Black, Indigenous, or of color.

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2

Quality of Life Scores

Participants rated 14 areas of their quality of life. The scale ranged from “very bad” to “very good.”

The survey did not define “bad” or “good.” It allowed participants to draw on their own beliefs and experiences in their response.

Participants rated the quality of their health, relationships, food, and other areas.

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3

A Note About COVID-19

We cannot ignore COVID-19’s effects on survey findings. At the same time, we know that the pandemic is not the only factor that has stalled progress.

Previous surveys show that segregation was a problem before the pandemic disrupted day programs and social opportunities.

This means that while COVID-19 has affected everybody, it can have greater impacts on those who live in a place where other people make decisions about daily life.

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4

Key Findings

8/19/2021

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5

Participants' overall quality of life has remained flat since 2017

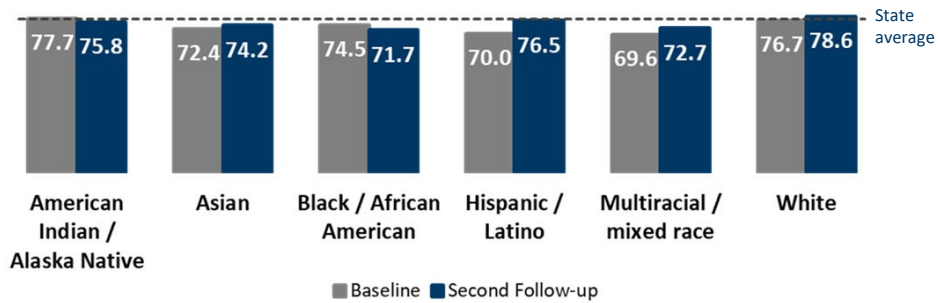


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6

Black and multiracial participants reported the lowest quality of life



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7

Most participants said their life got worse during the COVID-19 pandemic.

Reasons included:

- Job and income loss
- Fewer opportunities to be social
- Less sense of community
- Visitor restrictions
- Day program closures

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8

Social participation is an important factor in quality of life

The survey asked questions about daily activities and opportunities for engagement in the 4 weeks leading up to the survey. This included how many hours they work, how much time they spend volunteering, how often they visit with friends and family, and how often they participate in community events.

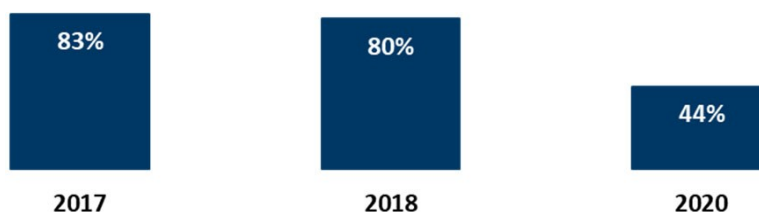
Participation in both formal and social activities declined dramatically in 2020, largely driven by the pandemic.

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9

Participation in day programs, work, and school declined dramatically in 2020.

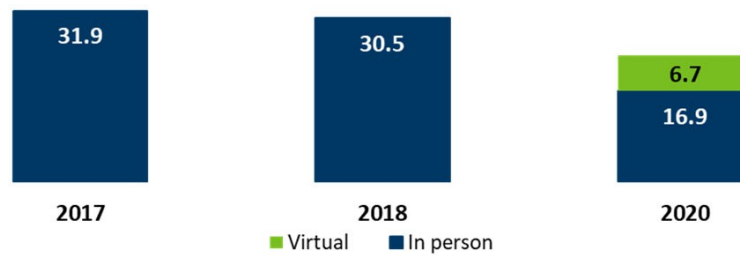


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10

On average, participants had far fewer outings per month in 2020.



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11

Interactions with community members

The survey asked participants how often they interact with community members outside the disability system during outings.

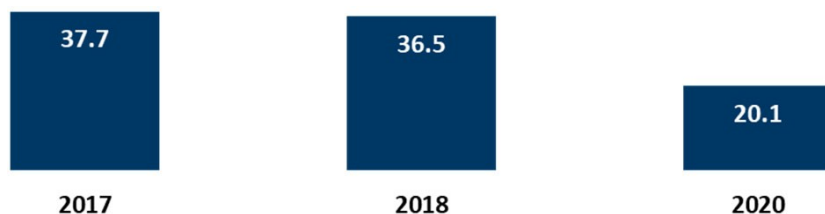
These responses were calculated into a 0 to 100 score. The closer to 100, the more interaction participants had with community members.

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12

Participants had far fewer interactions with community members in 2020

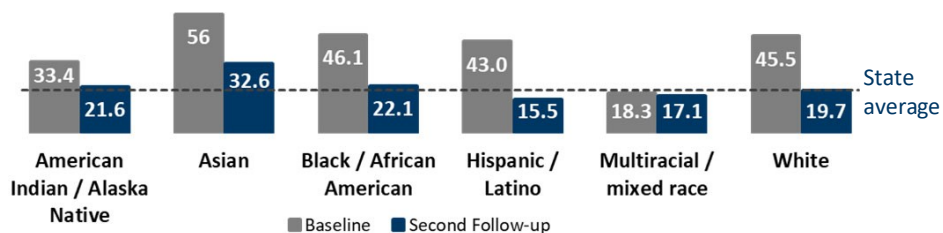


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13

Interactions with community members during outings varied by race and ethnicity



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14

Decision-making

People shared what choices they have and who makes those choices.

To understand a person's decision-making power, interviewers asked if the person, paid staff, or unpaid allies make decisions.

Higher scores indicate people themselves and unpaid allies have more decision-making power than paid staff.

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15

Overall, power over decision-making has not changed.



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16

Closest relationships

Close relationships are central to quality of life. This is why the survey asked participants about their closest family members and friends.

Participants shared how long they have known each person and how often they connect in person, by phone, over email, or in other ways.

Participants could name up to 5 people.

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17

The average number of close relationships has decreased among participants



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18



Questions or Comments

Thank you

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19