

Agenda: Olmstead Leadership Forum

Date: 03/31/2022

Time: 2:00 PM to 4:00 PM

Please contact Caitlin Arreola at MNOlmsteadPlan@state.mn.us if you are having trouble registering for this meeting.

Call to Order and Roll Call

Agenda Review

Approval of December 6, 2021 Meeting Minutes

Agenda Items

Reports

Director's Report – Shelley Madore

Workgroup Update – Diane Doolittle

February 2022 Quarterly Report – Mike Tessneer

Draft Plan Amendments – Mike Tessneer

Upcoming Meeting Schedule

Adjournment

Leadership Forum: Meeting Minutes (unapproved)

Date: December 6, 2021 at 3:00 p.m. – 4:30 p.m.

Location: Zoom online meeting platform

Call to Order

Co-chair Lisa Harrison-Hadler (OMHDD) began the meeting by introducing the new co-chair Curtis Shanklin (DOC). She then welcomed Dan Baker (DHS) who has replaced Erin Sullivan Sutton from DHS. Curtis Shanklin welcomed everyone and thanked them for attending.

Attendance

Leadership Forum members

- Dan Baker, Department of Human Services (DHS)
- Ryan Baumtrog, Minnesota Housing (MHFA)
- Scott Beutel, Department of Human Rights (MDHR)
- Lisa Harrison-Hadler, Co-Chair, Office of the Ombudsman for Mental Health and Developmental Disabilities (OMHDD)
- Tim Henkel, Department of Transportation (DOT)
- Tim Lynaugh, Department of Public Safety (DPS)
- Mike McElhiney, Department of Veteran Affairs (MDVA)
- Chris McVey, Department of Employment and Economic Development (DEED)
- Curtis Shanklin, Co-Chair, Department of Corrections (DOC)
- Gerri Sutton, Metropolitan Council (Met Council)
- Colleen Wieck, Governor's Council on Developmental Disabilities (GCDD)

Designees

- Robyn Widley, Department of Education (MDE)

Guests

- Shelley Madore, Olmstead Implementation Office (OIO)
- Rosalie Vollmar (OIO)
- Diane Doolittle (OIO)
- Carolyn Sampson (OIO)
- Chloe Ahlf (OIO)
- Caitlin Arreola (OIO)
- Mike Tessneer (OIO)

- John Patterson (MHFA)
- Curtis Buhman (DHS)
- Heidi Hamilton (DHS) and Workgroup Member
- Mariam Egal (DHS) and Workgroup Member
- Gloria Smith (DHS)
- Neerja Singh (DHS)
- Kate Erickson (DOC) and Workgroup Member
- Katrinna Dexter (DOC) and Workgroup Member
- Kate Weeks (DPS)
- Katie Knutson (DPS)
- Michelle Chmielewski (DEED)
- Jessica Leonard, CART
- Lauri Krouse, ASL Captioner
- Andrea Zuber, Workgroup Member
- Brent Krocak, Workgroup Member
- Georgann Rumsey, Workgroup Member
- JoAnn Brown, Workgroup Member
- Kellie Schmidt, Workgroup Member
- JoAnn Brown, Workgroup Member
- Ryan Van Gundy, Workgroup Member
- Sue Hankner, Workgroup Member
- Beth Fondell, Guest
- Daniel Gulya, Guest
- Hilary Lovelace, Guest
- Julia Washenberger, Guest
- Julie Bershadsky, Guest

Guest Agenda Review

Co-chair Curtis Shanklin (DOT) began the agenda review. The agenda consisted of reviewing the November 2021 Quarterly Report, 2021 Annual Report on Olmstead Plan Implementation, and the Addendum to the 2021 Annual Report.

Approval of Minutes

Motion

Approve September 27, 2021, Leadership Forum Meeting Minutes.

Action: Motion Carried – Beutel. Second – Baumtrog.

In favor: Roll call vote was taken with 10 Ayes and 0 Nays

- DHS – Aye
- MHFA – Aye
- MDHR – Aye

- OMHDD – Aye
- DOT – Aye
- DPS – Aye
- MDVA – Aye
- DOC – Aye
- MetC – Aye
- GCDD – Aye

Reports

Director's Report

There was no director's report.

Agenda Items

Review of November 2021 Quarterly report

Mike Tessneer (OIO) presented this agenda item. Mr. Tessneer gave a brief overview of how the report would be presented and began with a PowerPoint presentation. The first slide focused on the status of goals in the November 2021 Quarterly Report. There were 19 total goals. Two were met, nine were on track to meet annual goal, four were not on track to meet the annual goal, three did not meet the annual goal. One was still in process.

Transition Services Goals

- 25 individuals left Intermediate Care Facilities for Individuals with Developmental Disabilities (ICF/DD) programs to more integrated settings. After Q3, total of 93 exceeds the annual goal of 72.
- 180 individuals with disabilities under age 65 in a nursing facility longer than 90 days moved to more integrated settings. After Q3, total of 488 is 65% of the annual goal of 750.
- 820 individuals moved from other segregated settings to more integrated settings. After Q3, total of 1,548 exceeds the annual goal of 500.

Transition Services Goal Three

During the last three quarters, the number of individuals at Forensic Services who moved to a less restrictive setting averaged 7.3 per month. This is on track to meet the annual goal of four or more. Timeliness of Waiver Funding Goal One:

- There are fewer individuals waiting for access to a Developmental Disabilities waiver.
- During the last year, 66% of individuals were approved for funding within 45 days. Another 25% had funding approved after 45 days.

Person-Centered Planning Goal One:

- 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 96%.

- Four of the eight elements achieved 100%.

Positive Supports Goal One and Two

- The number of individuals experiencing a restrictive procedure is lower, at 456 individuals this year compared to 561 in the previous year.
- The number of reports of use of restrictive procedures is lower, at 2,636 reports this year compared to 3,126 in the previous year.

Housing and Services One

- The number of people living in the most integrated housing of their choice increased by 1,095 from the previous year.
- The 2021 annual goal to increase the number of people living in integrated housing by 569 was met.

Health Care and Healthy Living Goals One and Two

- During the last year, for adults with disabilities, there was a 17.7% re-admission rate after an acute inpatient hospital stay. That was an improvement of 3.1%. The goal is on track to meet the 2022 goal.
- During the last year, there was a decrease in the number of emergency department visits for non-traumatic dental care for children and adults with disabilities. The goal is on track.
- Performance on these goals may have been impacted by Covid-19.

Crisis Services Goal Four

- During the last year, 80.5% of individuals had stable housing within 5 months of being discharged from the hospital due to a crisis. This is an increase from 77.4% the previous year.
- The 2021 goal of 79% or higher was met.

Transition Services Goal Two

- During the past quarter, 31.4% of people at Anoka Metro Regional Treatment Center no longer meet hospital-level care and are currently awaiting discharge to the most integrated setting.
- This is not on track to decrease to meet the goal of 30% or less.

Transition Services Goal Four

- During the last year, 75% of files reviewed, adhered to the transition protocols.
- This was a decrease of 3.3% compared to 78.3% the previous year. This is not on track to meet the 2022 goal of 90%.

Positive Supports Goal Three

- During the past year, the number of reports of mechanical restraints other than auxiliary devices was 153. This was a decrease of 120 from the previous year.
- This did not meet the 2021 goal to reduce to 93.
- The goal is improving in the number of individuals for whom the use of mechanical restraint use was approved. The last quarter decreased to 8, which is a decrease of 1 from the last quarter.

Employment Goal Two

- During the last year there were 10,488 people in competitive integrated employment earning at least \$600 a month.
- This was an increase of 68 from the previous year and 932 below the 2021 goal of 11,420. The 2021 goal was not met.
- Performance on this goal was impacted by the Covid-19 pandemic.

Education Goal Two

- Of the 7,564 students with disabilities who graduated in 2019, there were 1,953 students (25.8%) who enrolled in an accredited institution of higher education in fall 2019.
- This was a decrease of 4.0% from the baseline. The 2021 goal to increase to 30.8% was not met.

Comments and Questions

Lisa Harrison-Hadler (OMHDD) noted the first bullet point that the annual goal of 72 is a little flat. She was wondering if they could get the updated universal number for individuals in ICFs. She also discussed looking at the number of people who were asked and either want to or don't oppose moving to a more integrated setting. Dan Baker (DHS) responded they could get that information.

Person-Centered Planning Goal

Lisa Harrison-Hadler (OMHDD) noted that the protocols are being documented but asked how they are impacting people and impacting the quality of life.

Housing and Services Goal

Ms. Harrison-Hadler (OMHDD) noted it is great the housing almost doubled. She asked if there is a sense of how many people actually want housing. Ryan Baumtrog (MHFA) replied that number is not really known but he will work with Dan Baker (DHS) to see what can be done to get to that number.

Curtis Shanklin (DOC) asked why we are looking at a goal of 569 if the goal has been increasing and more than doubling over the years. Should we be looking to increase this goal?

Health Care Goals

Mr. Shanklin (DOC) asked if there are other potential impacts aside from Covid-19. Mr. Baker (DHS) explained that with emergency services being full, people may be delaying their visits.

Transition Services Goal Four

Lisa Harrison-Hadler (OMHDD) asked about the impact on people during this process. Mr. Baker (DHS) responded that measures and processes are built as best practices and are intended to demonstrate that best practices are used during this process.

Employment Goal Two

Colleen Wieck (GCDD) asked if they could revisit the \$600 proxy measure, based on new guidance out from the U.S. Department of Education defining competitive integrated employment. It stated that DHS did a sample that

there was a high chance that the \$600 would be a likely measure. Colleen Wieck (GCDD) asked if there is an approach to share data?

Mr. Baker (DHS) discussed the many factors affecting employment during the past year, with COVID being the main reason. He said they will be looking into it. Shelley Madore (OIO) asked if we could find out in the future how many positions were lost due to COVID. What are some of the things we need to do in the future to find opportunities? This information would be helpful to bring to the Workforce Workgroup.

Education Goal Two

Tom Delaney (MDE) noted that the data is a two-year lag. In 2019, there was a general decline in enrollment in post-secondary schools due to numerous reasons including student debt. There are also ethnicity differences within enrollment which are included in the report.

Approve November 2021 Quarterly Report

Action: Motion Carried – Henkel. Second – Beutel.

In favor: Roll call vote was taken with 10 Ayes and 0 Nays

- DHS – Aye
- MHFA – Aye
- MDHR – Aye
- OMHDD – Aye
- DOT – Aye
- DPS – Aye
- MDVA – Aye
- DOC – Aye
- MetC – Aye
- GCDD – Aye

2021 Annual Report on Olmstead Plan Implementation

Mike Tessneer (OIO) provided a draft of the 2021 Annual Report on Olmstead Plan Implementation. The Annual Report is a compilation of the past four Quarterly Reports that have been reviewed and accepted by the Subcabinet or Leadership Forum. This is the central place for all the data compiled over the past year. The formatting is a little different. The Leadership Forum is being asked to accept the report.

Addendum to the 2012 Annual Report

The purpose of the Plan amendment process is to keep the report fresh and targeted. Changes must be for good cause. There are expectations that changes will need approval from the Subcabinet.

The major recommendations are about making the plan align more closely with the Governor's Executive Order, which was very specific around moving towards better inclusion of people with disabilities in Black and Indigenous communities and communities of color. This includes everything from healthcare to education to employment to housing.

Mike Tessneer (OIO) walked through the document and at the end asked the agencies to talk about anything they are currently considering for planned amendments. Following the meeting, all the recommendations working with agencies, will be drafted. They are due to OIO the first week of January.

Mr. Tessneer (OIO) reviewed the current goals in the plan. Out of the 39 goals in the plan, there were 24 that are either meeting or on track to meet the goal. One did not meet the overall goal. Nine are not on track and there are five in process. Based on the review of the measurable goals over time, compliance is making recommendations for 39 measurable goals.

Recommendations were shared with Subcabinet agencies in November. The agencies are considering what can be done to amend the plan in a way that will address those things.

In doing so, a couple of things were looked at. One is last year's performance in the plan, but also looking at the Executive Order, along with the Quality-of-Life Survey to determine the risks and problems to pay attention to. Going back to the Executive Order, Mike outlined four bullet points that are relevant. First is working to identify and address various services and meaningful opportunities with person with disabilities throughout Minnesota. Second to identify and address areas of disparity in individuals with disabilities to live, work, and engage in the most integrated setting. The third bullet was specific to health outcomes.

Questions and Comments

Mr. Tessneer (OIO) then invited the agencies to talk about where they are in these broad spectrums. Each agency provided Addendum Discussion of possible amendments as shown below.

Department of Human Services (DHS)

- Transition Services Goal 2 – Reset and extend the goal
- Transition Services Goal 4 – change the measure used

Department of Employment and Economic Development (DEED)

- Employment Goal 1 – begin reporting demographic info by gender, race, and disability type
- Continue interagency work with MDE and DHS through E1MN to improve how data is reported

Department of Transportation (DOT)

- Transportation 1 – Reset and extend targets

Department of Commerce (DOC)

- Looking at goals in areas of accessibility, access to services, and transition planning
- Working on gathering data to set baseline for the goal areas for next year
- Hope to have output from Juvenile Justice workgroup by next year

Minnesota Department of Veterans Affairs (MDVA)

- Gathering data on the primary disabling conditions for the people they serve and best ways to address their needs

Metropolitan Council (METC)

- No changes at this time, but they are interested in developing goals that are alternatives to system-wide goals

Minnesota Department of Education (MDE)

- Looking at how to measure choice

Department of Public Service (DPS)

- Looking at several areas:
 - strengthening jail capabilities to properly support detainees with mental illness
 - ensuring crime victims with disabilities have access to support services
 - strengthening the ability of domestic violence shelters to provide service and supports to people with disabilities
 - increase accessibility to 911 services

Governor's Council on Developmental Disability

- Requests that the goals in the Plan use a standard format and baselines and universe numbers updated.

Approve 2021 Annual Report on Olmstead Plan Implementation

Action: Motion Carried – Sutton. Second – Henkel.

In favor: Roll call vote was taken with 10 Ayes and 0 Nays

- MDH - Aye
- MnDOT – Aye
- DOC – Aye
- MDHR – Aye
- MHFA – Aye
- MDVA – Aye
- DPS – Aye
- MetC – Aye
- OMHDD – Aye
- GCDD - Aye

Adjournment

The meeting was adjourned at 4:32 p.m.

Alternate forms of this document

To request alternate formats of this document, please email mnolmsteadplan@state.mn.us.

Olmstead Leadership Forum Director's Report

Date: March 31, 2022

Engagement Highlights

Engagement activities saw an uptick during the last few months driven by workgroup Community Input Events, Olmstead Plan Survey, and Plan Amendments Public Comment.

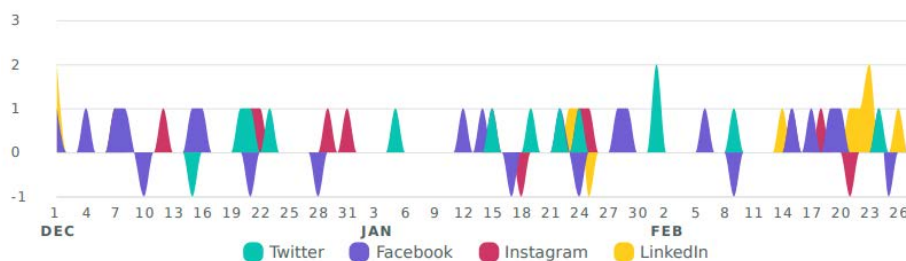
As we move into the next quarter, we will be adding monthly Lunch and Learn engagement events. They will start this month with a presentation by the Office of the Governor and Lieutenant Governor about applying for Boards and Commissions. That event is Wednesday, March 30 at 12:00 noon.

Social Media Analytics

Audience Growth

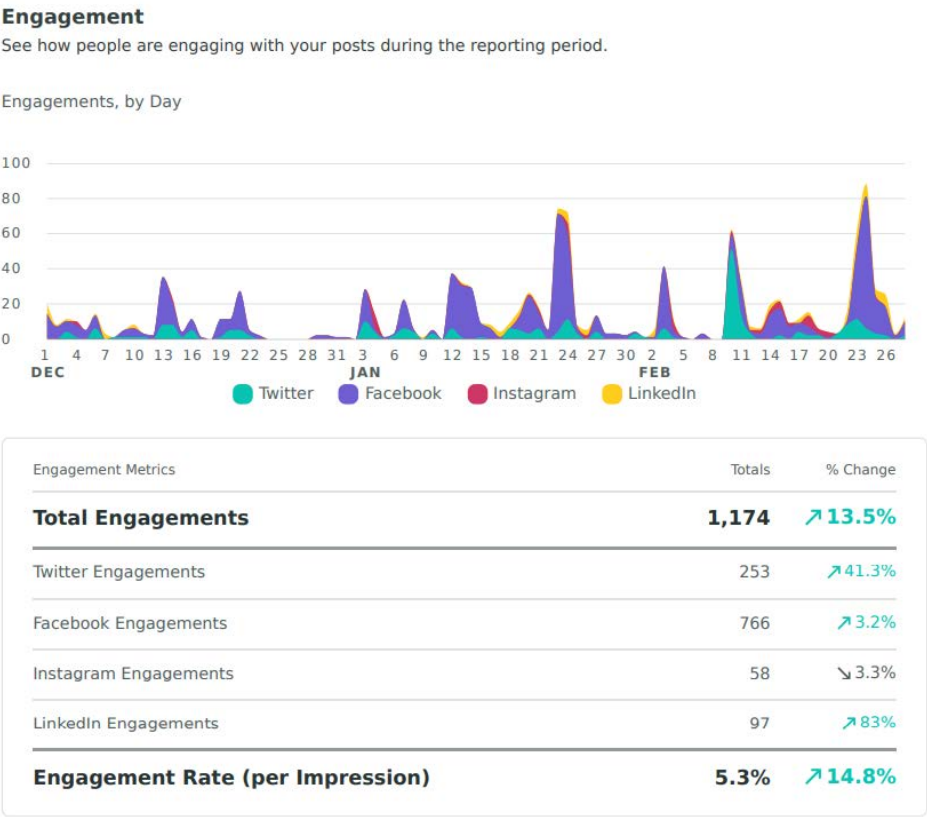
See how your audience grew during the reporting period.

Net Audience Growth, by Day



Audience Metrics	Totals	% Change
Total Audience	964	↗3.9%
Total Net Audience Growth	40	↗5.3%
Twitter Net Follower Growth	11	↗37.5%
Facebook Net Page Likes	10	↘41.2%
Instagram Net Follower Growth	9	↘25%
LinkedIn Net Follower Growth	10	↗900%

From December 1 to February 28, OIO saw an increase of nearly 4% in our total audience across social media platforms. The total net audience growth was 5.3% with 40 new followers across Facebook, Twitter, LinkedIn, and Instagram.



OIO saw an increase of 13.5% in engagement across all social media platforms. This means more people were interacting with our content.

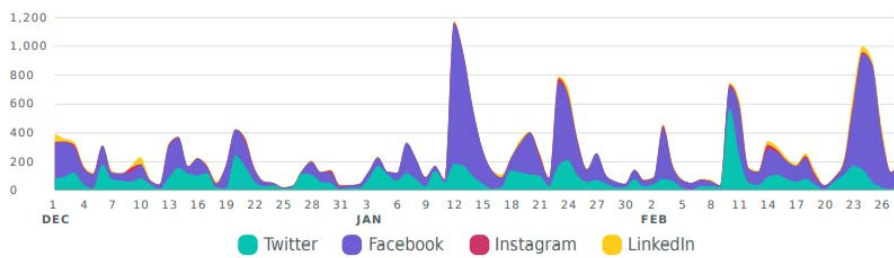
Of special note, Twitter engagements were up by 41.3%. This was in part because state agencies were re-Tweeting posts, which meant more people were able to see our content. Generally, a 1% engagement rate on Twitter is considered great.

LinkedIn also saw a large increase in engagements during this three month period. 83% more people were liking, commenting, and clicking on our content.

Impressions

Review how your content was seen across networks during the reporting period.

Impressions, by Day



Impression Metrics	Totals	% Change
Total Impressions	22,317	↘ 1.1%
Twitter Impressions	7,107	↗ 19.2%
Facebook Impressions	13,803	↘ 11.3%
Instagram Impressions	454	↗ 16.1%
LinkedIn Impressions	953	↗ 48.9%

Impressions are how many people were exposed to our content across social media platforms. Overall, there were a total of 22,317 impressions, which is only a decrease of 1.1% from the three months prior. Twitter and LinkedIn again had the greatest growth. Twitter impressions grew 19.2% and LinkedIn impressions grew 48.9%.

Plan Amendments

OIO conducted a plan amendments survey asking for the public to comment on the proposed amendments. This process was advertised through the Access Press website. The survey was open from February 15 through March 10, 2022. A total of 34 community members participated. The survey questions, answers, and public comments are available on our website at: [2022 Olmstead Plan Public Comment](#).

In December, OIO asked for general comments on the Olmstead Plan through a survey. This survey was advertised on the Access Press website as well as in their print edition, using a QR code that linked people to the survey. 199 people took the survey, leaving 400 comments. These comments were used by Compliance to update the amendments in conjunction with the February public comments. The report is on our website at: [2021 Olmstead Plan Survey](#).

Workgroups Update

Workgroups celebrated six months of meetings during a leads meeting on December 8. Commissioner Ho joined the meeting to celebrate and provide best wishes. Workgroups have discussed getting back to basics regarding processes that were decided on when workgroups started. Attached is more information on the Workgroups' progress.

Year to Date

- Workgroups have now met for nine months to have open dialogue and share information and experiences to determine recommendations that will be presented to the Leadership Forum in May.
- OIO has provided resource materials including webinar opportunities to Workgroup members.
- OIO has hosted six Community Input Events, two events for each of the following Workgroups:
 1. Prevention of Abuse and Neglect
 2. Workforce Shortage for People with Disabilities
 3. Affordable, Safe, and Accessible Housing
- OIO conducted three community surveys for the aforementioned Workgroups. Surveys were promoted on social media.

Upcoming Activities

March 30: Lunch and Learn – [Serving on Boards and Commissions](#)

April 7: Autism Awareness Month Public Engagement

April Workgroup Recommendations due: Presentation to Leadership Forum scheduled for May 23 meeting

I appreciate your time and consideration of this report on the work of the OIO staff.

Thank you.



Director
Olmstead Implementation Office



Leadership Forum Meeting: Workgroup Progress Report

March 31, 2022

Leads Meeting

- Workgroup leads meeting was conducted on December 8.
- Commissioner Ho joined to provide best wishes and congratulatory remarks.
- Each Workgroup was represented at the meeting.
- Goals of the meeting were met (next slide).

Meeting Goals

- Celebrate six months of collaborating across agencies, community partners, and community members to accomplish what we have so far
- Opportunity for input and questions
- Discuss successes and best practices
- Discuss opportunities
- Discuss “getting back to basics” regarding processes that were communicated when the Workgroups started along with some adjustments that have been made
- Share tools for meeting planning and facilitation
- Share changes in the registration process for meetings
- Communicate updated timeline

Data Collection Practices

- Interagency Disability Data Survey was created based on information discussed in previous Workgroup meetings.
- Purpose of survey: To develop an inventory of datasets from all state agencies in Minnesota to highlight the presence or absence of disability related data and to determine the ways the data may align with OIO.
- Pilot survey disseminated to DEED to test and provide feedback.
- A DEED Workgroup member provided lessons learned during the Workgroup meeting and some edits are currently being made before sending to other agencies.
- Agency champions were identified to orchestrate the data within their respective agencies. Responsible for working through the data, point of contact, answer questions, etc.
- Survey results will be used to determine recommendations to the Leadership Forum.

Prevention of Abuse and Neglect

- Helped planned the Community Input event on 2/23/22.
- Survey was administered to the Workgroup members to narrow down the recommendations to the **top 5** and that information was used to gather additional feedback at the Community Input Event.
- Narrowed down the recommendations to the top 3 after the Community Input Event.
- Outcome: Used the Housing survey as a model to launch a survey on the OIO website and social media platforms to gather information from the public. This information will also be beneficial to conclude recommendations that will be presented to the Leadership Forum.

Workforce Shortage and People with Disabilities

- Provided feedback on the planning of the Community Input Event on 2/23/22.
- Members were encouraged to attend the Employment First 2.0: Developing a Foundation for Excelling Systems Change Efforts through Legislative Action Confirmation Webinar that was held immediately after January's meeting. It was presented by AoD Disability Employment TA Center. Valuable information was shared and OIO plans to reach out to possible speakers to invite them to share information at a future Workgroup meeting.
- Survey similar to one that DEED created will be sent out to gather information from the public; possible opportunity to collaborate with DEED in the future.
- This information will also be beneficial to conclude recommendations that will be presented to the Leadership Forum.

Affordable, Safe, and Accessible Housing

- Housing survey was launched on the OIO website, newsletter, and social media platforms to gather information from the public regarding Housing (i.e., barriers, type, etc).
- The summary of the survey was discussed in breakout rooms during the January meeting.
- Workgroup members provided feedback for planning the January Community Input Event.
- The summary of the survey information was valuable and useful during the Community Input Event.
- The survey information and community input was critical to determine the recommendations to the Leadership Forum.

Affordable, Safe, and Accessible Housing Survey Summary

- Goal of survey: To gather feedback from people with disabilities on the current state of their housing situations and needs.
- 80 respondents participated.
- Survey was open for the entire month of November.
- Topics included: Finding affordable, safe, accessible housing; time required to find current housing; housing near accessible public transportation, etc.
- Results were tabulated by MAD consultant.
- Top three housing priorities
 - Help to locate available housing – 73%
 - Financial assistance to pay rent – 54%
 - Accessible housing to accommodate wheelchair, walker, etc. – 50%
- Priorities were used to gather additional feedback at the Community Input Event.

Juvenile Justice and Special Education

- Small group discussions were held in November.
- Looked at ways that the Institute of Community Integration (University of Minnesota) and MNLINK can help determine data that has already been compiled and how can we use it.
- Discussed how to develop a plan for identifying and tapping into existing sources of data that could inform their recommendations.

Community Input Updates

Affordable, Safe and Accessible Housing | 1/22/22

- Attendees: 30 (includes 9 staff and 5 Workgroup members)
- Comments:
 - Access must be for ALL types of disability.
 - People want to become partners and advocates to help support disability services.

Prevention of Abuse and Neglect | 3/23/22

- Attendees: 24
- Comments:
 - Digital Technology
 - Bullying
 - Eliminate why abuse and neglect occur
 - Afraid how autistic/non-verbal child will be treated in school

Community Input Updates (continued)

Workforce Shortage and People with Disabilities | 3/26/22

- Attendees (12 – mostly staff & Workgroup Members. All remarks from one attendee)
- Comments:
 - Unable to find employment
 - “I am older, but I am not dead”
 - “Would like for them to talk to us about what our dreams are”

Next Steps

- Use survey results, small group conclusions, and community input to narrow the recommendations from each group.
- Present recommendations to the Leadership Forum for approval on May 23, 2022.
- Present approved recommendations to the Subcabinet on July 25, 2022.

Minnesota Olmstead Subcabinet

DRAFT

February 2022 Quarterly Report on Olmstead Plan Measurable Goals



REPORTING PERIOD:

Data acquired through January 31, 2022

DATE REVIEWED BY LEADERSHIP FORUM:

March 31, 2022

Contents

FEBRUARY 2022 QUARTERLY REPORT ON OLMSTEAD PLAN MEASURABLE GOALS	1
I. PURPOSE OF REPORT	3
EXECUTIVE SUMMARY	3
II. MOVEMENT FROM SEGREGATED TO INTEGRATED SETTINGS.....	5
TRANSITION SERVICES GOAL ONE.....	6
TRANSITION SERVICES GOAL TWO.....	12
TRANSITION SERVICES GOAL THREE	14
TRANSITION SERVICES GOAL FOUR.....	20
III. TIMELINESS OF WAIVER FUNDING	22
TIMELINESS OF WAIVER FUNDING GOAL ONE	22
IV. QUALITY OF LIFE MEASUREMENT RESULTS	26
NATIONAL CORE INDICATOR SURVEY	26
OLMSTEAD PLAN QUALITY OF LIFE SURVEY.....	26
V. INCREASING SYSTEM CAPACITY AND OPTIONS FOR INTEGRATION	29
PERSON-CENTERED PLANNING GOAL ONE.....	29
POSITIVE SUPPORTS GOAL ONE.....	32
POSITIVE SUPPORTS GOAL TWO	33
POSITIVE SUPPORTS GOAL THREE.....	35
EMPLOYMENT GOAL ONE	37
EMPLOYMENT GOAL FOUR.....	41
LIFELONG LEARNING AND EDUCATION GOAL ONE	44
TRANSPORTATION GOAL ONE	46
TRANSPORTATION GOAL FOUR	49
POSITIVE SUPPORTS GOAL FOUR.....	50
POSITIVE SUPPORTS GOAL FIVE	53
CRISIS SERVICES GOAL ONE.....	57
CRISIS SERVICES GOAL TWO.....	59
PREVENTING ABUSE AND NEGLECT GOAL TWO.....	61
PREVENTING ABUSE AND NEGLECT GOAL THREE.....	63
VI. ADDENDUM	66
TRANSITION SERVICES GOAL THREE	66
ENDNOTES	67

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 January 31, 2022. 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 twenty-five measurable goals. ⁱⁱ As shown in the chart below, nineteen of those goals were either met or are on track to be met. Four goals were categorized as not on track, or not met. For those four goals, the report documents how the agencies will work to improve performance on each goal. Two goals are in process.

Status of Goals – February 2022 Quarterly Report	Number of Goals
Met annual goal	14
On track to meet annual goal	5
Not on track to meet annual goal	2
Did not meet annual goal	2
In process	2
Goals Reported	25

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

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

- During the last four quarters, 119 individuals left ICF/DD programs to more integrated settings. This met the annual goal of 72. (Transition Services Goal One A)
- During the last four quarters, 681 individuals with disabilities under age 65 in a nursing facility longer than 90 days moved to more integrated settings. This did not meet the annual goal of 750. (Transition Services Goal One B)
- During the last four quarters, 2,482 individuals moved from other segregated settings to more integrated settings. This met the annual goal of 500. (Transition Services Goal One C)
- During the last quarter, 28.0% of people at AMRTC no longer meet hospital level of care and are awaiting discharge to the most integrated setting. This is on track to meet the annual goal of 30% or lower. (Transition Services Goal Two)

- During the last four quarters, the number of individuals at Forensic Services who moved to a less restrictive setting averaged 6.3 per month. This met 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. During the last quarter, 63% of all individuals were approved for funding within 45 days. The approval rate for each urgency category was 78% for Institutional Exit, 67% for Immediate Need, and 60% for Defined Need. This is not on track to meet the target goals.

Increasing system capacity and options for integration

- The utilization of the Person Centered Protocols continues to show improvement. Of the 165 cases reviewed during this quarter, the combined average of presence of the eight person centered elements measured in the protocols was 94.2%. Four of the eight elements achieved 100%. This is on track to meet the 2022 goal of 90%. (Person-Centered Planning Goal One)
- The number of individuals experiencing a restrictive procedure is lower, at 169 individuals in the last quarter compared to 177 in the previous quarter. (Positive Supports Goal One)
- The number of reports of use of restrictive procedures is lower, at 534 reports in the last quarter compared to 604 in the previous quarter. (Positive Supports Goal Two)
- The number of reports of emergency use of mechanical restraints with approved individuals is lower, at 21 reports in the last quarter compared to 32 in the previous quarter. After one quarter, the total is 24% of the annual goal of 88 and is on track to meet the goal. (Positive Supports Three)
- The number of people with disabilities working in competitive integrated employment through VRS and SSB services was 1,660. This met the annual goal of 1,495. (Employment Goal One)
- The number of employed peer support specialists was 77, which met the annual goal of 76. (Employment Goal Four)
- The percent of students receiving instruction in the most integrated setting was 63.38%. This met the annual goal of 63%. (Education Goal One)
- During the last year, accessibility improvements were made to 509 curb ramps, 52 accessible pedestrian signals, and 17.57 miles of sidewalks, meeting the annual goal. (Transportation Goal One)
- On-time performance for Greater Minnesota Transit improved to 95.3% from 95.1%. This is on track to meet the overall goal of 90%. (Transportation Goal Four B)
- The number of students experiencing emergency use of restrictive procedures and the number of incidents were greatly reduced. This met the annual goals, although the numbers were substantially affected by COVID-19 school closures. (Positive Supports Four and Five)
- During the last year 57.1% of adults remained in their community after a crisis, which met the annual goal of 55%. (Crisis Services Goal Two)
- There were 9 fewer cases of vulnerable individuals being treated in emergency rooms due to abuse and neglect. This was a 22% reduction from baseline and met the annual goal to reduce by 5% compared to baseline. (Preventing Abuse and Neglect Goal Two)
- There were 9 fewer individuals who experienced a repeated abuse or neglect repeat episode. This was a 54% reduction from baseline and met the annual goal to reduce by 15% from baseline. (Preventing Abuse and Neglect Goal Three)

The following measurable goals have been targeted for improvement:

- Transition Services Four to adhere to transition protocol for individuals experiencing a transition.
- Crisis Services One to increase the percent of children who remain in the community after a crisis.

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)	Apr-June 2021	26
Nursing Facilities (individuals under age 65 in facility > 90 days)	Apr-June 2021	193
Other segregated settings	Apr-June 2021	934
Anoka Metro Regional Treatment Center (AMRTC)	Oct – Dec 2021	28
Forensic Services ¹	Oct – Dec 2021	9
Total	--	1,190

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]

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:

Segregated Setting	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 2021 goal to move 72 people from ICFs/DD to a more integrated setting was **met**.

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
2021 Quarter 3 (January – March 2021)	44	6	13	25
2021 Quarter 4 (April – June 2021)	33	0	7	26
2021 Annual (July 2020 – June 2021)	194	13	62	119

ANALYSIS OF DATA:

From July 1, 2020 – June 30, 2021, the number of people who moved from an ICF/DD to a more integrated setting was 119. This is 33 more people moved than in the previous year. The annual goal of 72 was met.

From April – June 2021, the number of people who moved from an ICF/DD to a more integrated setting was 26. This is an increase of 1 from the previous quarter. It is important to note that there are fewer ICFS/DD settings than in previous years, so the number of individuals leaving is expected to be less over time.

COMMENT ON PERFORMANCE:

Transitions to more integrated settings continued through the timeframe of the COVID-19 pandemic. 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 September 2021, there were 779 individuals receiving services in an ICF/DD. 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 2021 goal to move 750 people under 65 in a nursing facility for more than 90 days to a more integrated setting was **not met**.

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
2021 Quarter 3 (Jan – Mar 2021)	254	28	46	180
2021 Quarter 4 (Apr – Jun 2021)	270	33	44	193
2021 Annual (July 2020 – June 2021)	981	86	214	681

ANALYSIS OF DATA:

From July 1, 2020 – June 30, 2021, the number of people under 65 in a nursing facility for more than 90 days who moved to a more integrated setting was 681. This is 234 fewer individuals than the previous year. The annual goal of 750 was not met.

From April – June 2021, the number of people under 65 in a nursing facility for more than 90 days who moved to a more integrated setting was 193. This is an increase of 13 from 180 the previous quarter.

COMMENT ON PERFORMANCE:

Transitions to more integrated settings continued through the timeframe of the COVID-19 pandemic. 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 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.

Since July 2020, the [Housing Stabilization Services](#)² benefit is in 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.

UNIVERSE NUMBER:

In January 2020, there were 2,379 individuals with disabilities under age 65 (including developmental disabilities) who received services in nursing facilities for longer than 90 days. 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. It's important to note that even though the number has grown since June 2017, the number of individuals served in HCBS has grown faster.

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.

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

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 2021 goal to move 500 people from other segregated settings to a more integrated setting was **met**.

[Receiving Medical Assistance]

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%)
2021 Quarter 3 (Jan – Mar 2021)	1,763	820 (46.5%)	104 (5.9%)	790 (44.8%)	49 (2.8%)
2021 Quarter 4 (Apr – Jun 2021)	1,926	934 (48.5%)	113 (5.9%)	823 (42.7%)	56 (2.9%)
2021 Annual (July 20 – June 21)	5,261	2,482 (47.2%)	364 (6.9%)	2,257 (42.9%)	158 (3.0%)

ANALYSIS OF DATA:

From July 1, 2020 – June 30, 2021, of the 5,261 individuals moving from segregated housing, 2,482 individuals (47.2%) moved to a more integrated setting. This is an increase of 1,292 people from 1,190 the previous year. This is an increase of 27.3% from the previous year. The annual goal of 500 was met.

From April – June 2021, of the 1,926 individuals moving from segregated housing, 934 individuals (48.5%) moved to a more integrated setting. This is an increase of 114 people (2%) from the previous quarter.

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. The rate of moves picked up dramatically in the third quarter and is now exceeding last year's pace (which included the pandemic) and 2019 (pre-pandemic).

Focus shifted to managing the pandemic: staffing shortages, adhering to new protocols, shift in or suspension of services, COVID-19 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 past year, there were significantly more individuals who moved to more integrated settings (47.2%) than who moved to congregate settings (6.9%). The data indicates that a large percentage (42.9%) of individuals who moved from segregated housing are not receiving publicly funded residential services. Based on trends identified in data 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 setting^v will be reduced to 30% (based on daily average). *[Measure revised in April 2021]*

2022 goal

- By June 30, 2022 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 2022 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 Annual (July 2020 – June 2021)	32.6%	24.9%	27.6%
2022 Quarter 1 (July – September 2021)	41.6%	28.5%	31.4%
2022 Quarter 2 (October – December 2021)	39.8%	24.8%	28.0%

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).

ANALYSIS OF DATA:

From October - December 2021, the combined rate of all individuals at AMRTC who no longer meet hospital level of care and are awaiting discharge was 28.0%. This quarter showed a decrease of 3.4% from the previous quarter, which is a move in the right direction. The goal is on track to meet the 2022 goal of 30% or lower.

For those under mental health commitment at AMRTC, 39.8% 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 24.8%. The percentages were lower for both populations and moving in the right direction.

From October - December 2021, 8 individuals at AMRTC 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	Moved to integrated	Moved to integrated
					Mental health commitment	Committed after Finding of Incompetency
2017 Annual (July 16 – June 17)	267	155	2	110	54	56
2018 Annual (July 17 – June 18)	274	197	0	77	46	31
2019 Annual (July 18 – June 19)	317	235	1	81	47	34
2020 Annual (July 19 – June 20)	347	243	0	104	66	38
2021 Annual (July 20 – June 21)	383	259	0	124	66	58
2022 Quarter 1 (July – Sept 2021)	98	72	0	26	4	22
2022 Quarter 2 (Oct – Dec 2021)	95	67	0	28	8	20

COMMENT ON PERFORMANCE:

During this reporting period, COVID-19 precautions impacted the ability to admit and discharge patients on all units at AMRTC. This also included the temporary consolidation of one unit due to staffing shortages. Nevertheless, AMRTC achieved its goal of less than 30% of individuals no longer need hospital level of care, which includes both individuals under a mental health commitment and those who need competency restoration services. Those committed after a finding of incompetency, accounted for approximately 85% of AMRTC's census by the end of the quarter (an increase from 73% compared to the last 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 2021, 388 patients received services at AMRTC. This may include individuals who were admitted more than once during the year. The average daily census was 89.5.

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]*

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:

The 2021 goal of 4 or more individuals per month moving to a less restrictive setting was **met**.

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
2021 Quarter 3 (Jul – Sep 2021)	25	9	0	16	5.3
2021 Quarter 4 (Oct – Dec 2021)	17	3	5	9	3.0
2021 Annual (Jan – Dec 2021)	111	24	12	75	6.3

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).

ANALYSIS OF DATA:

From January to December 2021, the number of people who moved to a less restrictive setting was 75. The monthly average number of individuals who left the facility to a less restrictive setting was 6.3. This is more than 3 above baseline. The 2021 goal of 4 or more was met.

From October to December 2021, the number of people who moved to a less restrictive setting was 9. The average number of individuals who left the facility to a less restrictive setting was 3. This was 7 people less than the previous quarter and the monthly average was 2.3 less than the previous quarter.

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.

Time period	Type	Total moves	Transfers	Deaths	Moves to less restrictive settings
2021 Quarter 1 Jan – Mar 2021	Committed after finding of incompetency	*19	3	1	15
Jan – Mar 2021	MI&D committed	*9	3	3	*3
Jan – Mar 2021	Other committed	*9	1	0	8
Total	N/A	37	7	4	(Avg. = 8.7) 26
2021 Quarter 2 Apr – June 2021	Committed after finding of incompetency	*14	2	0	12
Apr – June 2021	MI&D committed	*17	3	3	11
Apr – June 2021	Other committed	*1	0	0	1
Total	N/A	32	5	3	(Avg. = 8.0) 24
2021 Quarter 3 Jul – Sep 2021	Committed after finding of incompetency	4	1	0	3
Jul – Sep 2021	MI&D committed	19	8	0	11
Jul – Sep 2021	Other committed	2	0	0	2
Total	N/A	25	9	0	(Avg. = 5.3) 16
2021 Quarter 4 Oct – Dec 2021	Committed after finding of incompetency	0	0	0	0
Oct – Dec 2021	MI&D committed	8	2	4	2
Oct – Dec 2021	Other committed	9	1	1	7
Total	N/A	17	3	5	(Avg. = 3.0) 9
2021 Annual Jan – Dec 2021	Committed after finding of incompetency	37	6	1	30
Jan – Dec 2021	MI&D committed	53	16	10	27
Jan – Dec 2021	Other committed	21	2	1	18
Total	N/A	111	24	12	(Avg. = 6.3) 75

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

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 movement is now monitored 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 (MSOP), and/or between the Forensic Mental Health Program (FMHP) and Forensic Nursing Home (FNH). That number is currently at 9 for this reporting period, with most reflecting movement from the FNH to the FMHP or MSOP.

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 was lifted in July 2021, after 16 months. The facility continues to evaluate and respond to fluctuations in COVID-19, Delta Variant prevalence within Nicollet County. All off campus is evaluated for safety of the patients and based on treatment need. This includes 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.

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 SRB recommendations and offer additional input. 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 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.
 - From July to September 2021: Reviewed 63 cases; recommended reductions for 28 cases and 26 have been granted.
 - From October to December 2021: Reviewed 69 cases; recommended reductions for 24 cases and 19 have been granted and 5 are pending SRB results.
- 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 be 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.

TIMELINESS OF DATA:

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

TRANSITION SERVICES GOAL FOUR: By June 30, 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]*

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 Q3 and Q4 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%)
Fiscal Year 21 (July 2020 – June 2021)	83	20	11	52	13 of 52 (25.0%)	39 of 52 (75.0%)
FY 2022 Quarter 1 July – Sept 2021	25	8	2	15	5 of 15 (33.3%)	10 of 15 (66.7%)

ANALYSIS OF DATA:

From July – September 2021, of the 25 transition case files reviewed, 8 people opted out of using the My Move Plan documents and 2 individuals did not inform their case managers that they were moving. Of the remaining 15 case files, 10 files (66.7%) adhered to the transition protocols. This was a decrease of 8.3% compared to fiscal year 2021. This goal is not on track to meet the 2022 goal of 90%.

Four lead agencies were reviewed during this reporting period. Of the 5 case files that did not adhere to the transition protocol, 4 were because My Move Plan Summary form was not present in the case file during the time of the review. One case had a My Move Plan Summary present but did not contain all the ten elements to be considered compliant.

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:

Due to the COVID-19 pandemic, in April 2020, the Lead Agency Review team modified its onsite process to conducting virtual reviews. The evaluation protocols for lead agency reviews remain unchanged. The Lead Agency Review team paused data collection in January 2021 due to COVID-19 response assignments. The team resumed lead agency review in late March 2021 with one county.

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%). *[Added targets in April 2021]*
-

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 **not on track** 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 (July 2020 - June 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	63	48 (76%)	15 (24%)	0 (0%)
Immediate Need	224	155 (69%)	61 (27%)	8 (4%)
Defined Need	660	423 (64%)	160 (24%)	77 (12%)
Totals	947	626 (66%)	236 (25%)	85 (9%)

Time Period: Fiscal Year 2022 Quarter 1 (July – September 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	18	14 (78%)	4 (22%)	0 (0%)
Immediate Need	48	32 (67%)	15 (31%)	1 (2%)
Defined Need	141	85 (60%)	33 (24%)	23 (16%)
Totals	207	131 (63%)	52 (25%)	24 (12%)

ANALYSIS OF DATA:

From July – September 2021, of the 207 individuals assessed for the Developmental Disabilities (DD) waiver, 131 individuals (63%) had funding approved within 45 days of the assessment date. An additional 52 individuals (25%) had funding approved after 45 days. Only 24 individuals (12%) assessed are pending funding approval.

For individuals in each urgency category, funding was approved within 45 days as follows:

- Institutional exit had 78% individuals approved. This is on track for the 2022 goal of 71%.
- Immediate need had 67% of individuals approved. This is not on track for the 2022 goal of 74%.
- Defined need had 60% of individuals approved. This is not on track for the 2022 goal of 66%.

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. Data for 2017 through 2020 is available in the 2021 Annual Report on Olmstead Plan Implementation.

Number of People Pending Funding Approval by Category

As of Date	Total Number	Institutional Exit	Immediate Need	Defined Need
January 1, 2021	97	5	17	75
April 1, 2021	100	4	15	81
July 1, 2021	123	4	20	99
October 1, 2021	125	6	17	102
January 1, 2022	125	7	13	105

Average Number of Days Individuals are Pending Funding Approval by Category

As of Date	Institutional Exit	Immediate Need	Defined Need
January 1, 2021	447	345	283
April 1, 2021	310	342	327
July 1, 2021	388	287	334
October 1, 2021	324	328	326
January 1, 2022	367	486	376

Median Number of Days Individuals are Pending Funding Approval by Category

As of Date	Institutional Exit	Immediate Need	Defined Need
January 1, 2021	413	346	189
April 1, 2021	287	332	220
July 1, 2021	377	120	251
October 1, 2021	179	172	228
January 1, 2022	197	543	297

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 SURVEY

The results for the 2019 National Core Indicator (NCI) survey for individuals with intellectual and developmental disabilities were published in March 2020 and 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.

NCI Survey results are expected to be reported in the August 2022 Quarterly Report.

OLMSTEAD PLAN QUALITY OF LIFE SURVEY

The following status report was included in the November 2021 Quarterly Report.

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 Olmstead 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 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 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)

- From August 2020 through February 2021, 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 (oversampled) to allow a more nuanced understanding of experiences of people who are Black, Indigenous and People of Color.
- 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.

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

A selection of results from the Quality of Life Survey is summarized below for each report to date.

Results from each Survey	Baseline Survey 2017	First follow-up 2018	Second follow-up 2020
Timeframe of survey interviews	2 – 11/2017	6 – 11/2018	8/2020 – 2/2021
Number of survey participants	2,005	511	561
Overall quality of life (out of 100)	76.6	77.4	77.6
Power over decision-making (out of 100)	66.2	67.6	67.4
Average number of close relationships	4.1	3.7	3.4
Percent of participants who said they had at least 5 close relationships	62	50	39
Participation in work, day programs or school	83	80	44
Average outings per month	31.9	30.5	16.9
Interactions with people in the community	37.7	36.5	20.1

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 overall quality of life score remains unchanged since 2017 (76.6 in 2017 compared to 77.6 in 2020). Despite millions of dollars in investments and well-intentioned initiatives, the needle on quality of life has not moved since 2017. 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, although Black and multiracial participants reported the lowest quality of life scores.
- Participants had the same amount of power over decisions that affect them as in previous years (66.2 in 2017 compared to 67.4 in 2020). On average, paid staff made big decisions. Participants with publicly-funded guardians had less decision-making control and less integration on their outings than those with no guardian or a private (usually family) guardian.
- The average number of close relationships for participants decreased from 4.1 in 2017 to 3.4 in 2020. This decrease may have been impacted by COVID-19.
- The percent of participants who said they had at least five close relationships decreased from 62% in 2017 to 39% in 2020.

The survey aims to understand participants' daily activities and opportunities for engagement in the four weeks leading up to the survey. This includes 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 work, day programs and school declined dramatically, from 80 in 2018 to 44 in 2020.
- Participants engaged with their communities far less. On average, participants had 16.9 outings per month in 2020 compared to 30.5 in 2018.
- Individuals interacted with people in the community far less, from 36.5 in 2018 to 20.1 in 2020.

COVID-19 Impacts

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% took the survey by phone rather than video call.

When asked specifically about COVID-19, 54% of participants said their life got worse during the pandemic because of lost income, fewer opportunities to be social, loss of community, restrictions on visitors, day program closures, and other pandemic-related restrictions. On the other hand, 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

- Future surveys will continue to oversample to include people who are Black, Indigenous and People of Color.
- Planning for the next Quality of Life Survey will begin in the fall of 2022.

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: Plans for people using disability home and community-based waiver services will meet protocols based on the presence of eight required criteria. Protocols are based on 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%. *[Extended in April 2021]*

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. The combined rate was 67%.

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 (July 20 – June 21)	96.1	75.9	99.6	72.8	99.2	99.6	99.4	99.7	92.8
FY22 Q1 (July – Sept 21)	95.1	86.7	99.4	72.7	100	100	100	100	94.2

ANALYSIS OF DATA:

From July – Sept 2021, of the 165 case files reviewed, the eight required elements were present in the percentage of files shown above. The combined average of the eight elements was 94.2%, an increase of 1.4% from the previous fiscal year. Five of the eight elements achieved above 99%. Five elements showed an increase and 3 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
Fiscal Year 21 (July 2020 - June 2021)	7,900	812
FY 22 Quarter 1 (July – September 2021)	1,163	165

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) Mahnomen, Koochiching, Wabasha, Goodhue, Traverse, Douglas, Pope, Grant, Stevens, Isanti, Olmsted, St. Louis, Hennepin, Carver, Wright, Crow Wing, Renville, Lac Qui Parle, Chippewa, Otter Tail
Fiscal Year 21 (July 2020 - June 2021)	(11) Mower, Norman, Houston, Freeborn, Nobles, SWHHS Alliance (Lincoln, Lyon, Murray, Pipestone, Redwood, Rock), Washington, Fillmore, Anoka, Clearwater, Sherburne
FY 22 Q1 (July – Sept 2021)	(4) Chisago, Hubbard, Aitkin, Beltrami

COMMENT ON PERFORMANCE:

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

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

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

COVID-19 Impact

Due to the COVID pandemic, in April 2020, the Lead Agency Review team modified its onsite process to conducting virtual reviews. The evaluation protocols for lead agency reviews remain unchanged. 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 March 2021.

Of the four lead agencies reviewed, only Chisago County was required to develop corrective action plans in one of the categories of person-centered practices for the CADL program. In general it was observed in case file reviews that lead agencies perform higher in compliance on the person-centered practice elements when they develop tools and resources for support planners. This includes lead agency developed checklist or other forms to ensure that support planners incorporate the person-centered elements into the assessment and support planning process. Performance on all eight elements has continued to improve over the 2017 baseline, with six of the eight elements achieving 95% or above. However, there continues to be room for growth with the two remaining elements: dreams and aspirations, and rituals and routines. Although these two elements have shown consistent progress, they have not done so at the achievement level of the other elements.

The lead agency review team has noted a number of challenges in relation to dreams and aspirations. This includes the element being captured within the assessment but not incorporated into the support plan. There are also situations where the lead agency believes a dream is present in the support plan, however the statement does not meet compliance standards. Often these situations include information on what the person is already doing or a past accomplishment. In some instances the dream may be based on what the guardian wants and not the wants of the person.

Additionally, feedback from lead agencies has noted the concept of dreams and aspirations, along with the term “dreams”, may not be culturally appropriate for some. The terminology is not easily translated into a concept that can be captured within the support plan. It was also noted that dreams and aspirations are more challenging for individuals to focus on when they have urgent needs for their health and safety.

Another element that lead agency review team has seen as challenging based on sample case file reviews is the identification of a person’s rituals and routines. Lead agencies staff are having difficulty deciphering social leisure activity and preference from rituals and routines. Common issues with non-compliance include documentation of historical rituals and routines that no longer occur or implying a ritual and routine without description of the actual ritual and routine.

Although compliance level for these two elements are behind when compared to the other six, it’s evident that lead agencies are committed to improving their person-centered practices as evidenced by the issuing of fewer corrective actions related to the person-centered measures.

UNIVERSE NUMBER:

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

TIMELINESS OF DATA:

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

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 April 2021]*

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 2022 annual goal is to not exceed 506. This 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 Annual (July 2020 - June 2021)	456 (unduplicated)	105
2022 Q1 (July - September 2021)	169 (duplicated)	N/A – quarterly number

ANALYSIS OF DATA:

From July – September, the total number of people who experienced a restrictive procedure was 169. This was a decrease of 8 from the previous quarter of 177. 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:

From July – September 2021, there were 169 individuals who experienced a restrictive procedure:

- 150 individuals were subjected to Emergency Use of Manual Restraint (EUMR) only. This was a decrease of 7 people from the previous quarter. Such EUMRs are permitted and not subject to phase out requirements like all other “restrictive” procedures. These reports are monitored and technical assistance is available when necessary.
- 19 individuals experienced restrictive procedures other than EUMRs (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures). This was a decrease of 1 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 33 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 April 2021]*

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 Annual (July 2020 - June 2021)	2,636	490
2022 Q1 (July – September 2021)	534	N/A – quarterly number

ANALYSIS OF DATA:

From July 2020 – September 2021, the number of restrictive procedure reports was 534. That is a decrease of 70 from 604 the previous quarter. This goal is on track to meet the 2022 goal to not exceed 2,821 reports.

COMMENT ON PERFORMANCE:

From July – September 2021 there were 534 reports of restrictive procedures quarter. Of those reports:

- 457 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 a decrease of 41 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.
- 77 reports involved restrictive procedures other than EUMR (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures).
 - This is a decrease of 29 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.
- 13 uses of seclusion were reported this quarter. This is unchanged from last quarter.
 - 11 reports of seclusion involving 7 people occurred at the Forensic Mental Health Program in St Peter (formerly known as Minnesota Security Hospital).
 - This is a decrease of 14 uses and a decrease of 1 person from the previous quarter.
 - 1 report of seclusion involving 1 person was an unapproved use by a community provider.
 - As necessary, DHS Licensing Division investigates and issues correction orders for any violations of the Positive Supports Rule associated with use of mechanical restraint.
- There was 1 report of timeout this quarter. Technical assistance was provided and it was determined that this was a coding error and time out did not occur.
- There was 1 use of penalty consequences reported this quarter for 1 person. Technical assistance was provided and it was determined that this was a coding errors.

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 April 2021]*

2022 Goal

- By June 30, 2022, reduce mechanical restraints, other than use of auxiliary devices, to no more than 88 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:

This goal is **on track** to meet the 2022 goal of no more than 88.

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

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 Annual (July 2020 – June 2021)	153	220	373	8
2022 Q1 (July – Sept 2021)	21	42	63	5

ANALYSIS OF DATA:

From July – September 2021, the number of reports of mechanical restraints other than auxiliary devices was 21. This was a decrease of 11 from 32 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 5. This is a

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

decrease of 3 from 8 the last quarter. During this quarter the total number of reports of mechanical restraints (including auxiliary devices), was 63. This is a decrease of 14 from 77 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 63 BIRFs reporting use of mechanical restraint in this quarter:

- 42 reports involved auxiliary devices to prevent a person from unbuckling their seatbelt during travel. This is a decrease of 3 reports from 45 the previous quarter.
- 21 reports involved use of another type of mechanical restraint. This is a decrease of 11 from 32 the previous quarter.
 - 9 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 11 the previous quarter.
 - 4 reports involving 4 people, were submitted by the Forensic Mental Health Program in St Peter (formerly called Minnesota Security Hospital). Compared to the previous quarter, this was a decrease of 5 reports and a decrease of 2 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.
 - 8 reports involving 1 person was submitted by a provider whose use was within the 11 month phase out period. This was a decrease of 4 reports and a decrease of 1 person from the previous quarter. 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.

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 ONE: By September 30, 2022, the number of individuals⁹ who are in competitive integrated employment as a result of receiving Vocational Rehabilitation Services (VRS) and State Services for the Blind (SSB) will increase by 5,667 (during 2020, 2021 and 2022). *[Extended in April 2021]*

2021 Goal

- By September 30, 2021, the number of individuals in competitive integrated employment will increase by 1,495.

Baseline: In 2014, Vocational Rehabilitation Services and State Services for the Blind helped 2,738 people with significant disabilities find competitive integrated employment. In 2019, VRS and SSB helped 2,670 people find competitive integrated employment.

RESULTS:

The 2021 annual goal of 1,495 individuals in competitive integrated employment was **met**.

Number of Individuals Achieving Employment Outcomes			
Time period Federal Fiscal Year (FFY)	Vocational Rehabilitation Services (VRS)	State Services for the Blind (SSB)	Annual Total
2015 Annual (FFY 15) October 2014 – September 2015	3,104	132	3,236
2016 Annual (FFY 16) October 2015 – September 2016	3,115	133	3,248
2017 Annual (FFY 17) October 2016 – September 2017	2,713	94	2,807
2018 Annual (FFY 18) October 2017 – September 2018	2,577	105	2,682
Reset Baseline and Goals			
Baseline 2019 Annual (FFY 19) October 2018 – September 2019	2,578	92	2,670
2020 Annual (FFY 20) October 2019 – September 2020	2,005	66	2,071
2021 Annual (FFY 21) October 2020 – September 2021	1,591	69	1,660

⁹ This includes individuals who were closed successfully from the Vocational Rehabilitation program. This is an unduplicated count of people working successfully in competitive, integrated jobs. These numbers are based on a historic trend for annual successful employment outcomes.

ANALYSIS OF DATA:

From October 2020 – September 2021, the number of people with disabilities working in competitive integrated employment was 1,660. This is a decrease of 411 from the previous year and is 1,010 under the 2019 baseline. The 2021 annual goal of 1,495 was met.

2021 is the first full year that was completely impacted by the COVID-19 pandemic. During the 2021 Plan Amendment process, the 2021 annual goal was adjusted to about 55% of the 2014 baseline due to the ongoing pandemic and the resulting reduction in the number of VRS participants and successful exits.

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

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

Pre-Employment Transition Services (Pre-ETS)

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

In the 2020-2021 school year, this statewide mandate for services covers more than 45,000 students, ages 14 through 21 in Minnesota who are eligible for and receiving special education and related services based on information from the Minnesota Automated Reporting Student System (MARSS) and reported by the Minnesota Department of Education.

From October 1, 2020 to September 30, 2021 a total of 3,394 students received VRS Pre-Employment Transition Services. About \$3.1 million pre-ETS in services were provided through community providers and VR staff provided over 6,000 services to 3,063 students.

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

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

Young people who historically have been placed into subminimum wage employment – typically youth with developmental disabilities – are required to apply for VRS before they can be hired into a job that pays less than minimum wage. As a result, the number of youth with developmental disabilities referred to VRS increased significantly when WIOA Section 511 took effect in July 2016. In Federal Fiscal Year 2021, the percentage of youth with a developmental disability rose to 49%, but the number of youth referred decreased as a result of fewer referrals overall due to pandemic conditions.

Youth Age 24 and Younger Referred for VR Services by Federal Fiscal Year (FFY)

FFY	All Youth Referrals	Youth with Autism	Youth with Intellectual Disabilities	Total	% of Total Referrals for Youth with DD
2015	2,833	581	367	948	33.5%
2016	3,064	680	517	1,197	39.1%
2017	3,425	873	826	1,699	49.6%
2018	3,192	888	594	1,482	46.4%
2019	3,029	852	543	1,395	46.1%
2020	2,465	732	411	1,143	46.4%
2021	2,261	712	398	1,110	49.1%

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

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

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

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

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

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

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

Year Four numbers as reported by the CILs for the period of July 23, 2019 – July 22, 2020:

- 8,265 individuals participated in the CC&I&R conversation
- Of that total, 999 (12%) expressed interest in competitive integrated employment
- Due to the pandemic, many individuals were not working due to 14 (c) employers closing. This had a significant impact on the CILs being able to conduct CCI&R interviews with individuals. Any CCI&R conversations occurring after the pandemic were held virtually.

Year Five first half numbers as reported by the CILs for the period of July 23, 2020 – July 31, 2021:

- 5,716 individuals participated in the CC&I&R conversation
- Of that total, 562 (10%) expressed interest in competitive integrated employment

- Due to the pandemic, many individuals were not working due to 14 (c) employers closing. This had a significant impact on the CILs being able to conduct CCI&R interviews with individuals. Any CCI&R conversations occurring after the pandemic were held virtually.

Year Six: First half numbers as reported by the CILs for the period of July 23 – December 31, 2021:

- 2,521 individuals participated in the CC&I&R conversation
- Of that total, 378 (15%) expressed interest in competitive integrated employment
- Due to the pandemic, many individuals were not working due to 14 (c) employers closing or because of staffing shortages. This continues to have a significant impact on the CILs being able to conduct CCI&R interviews with individuals. Virtual and in person conversations have continued during this period.

WIOA impact on State Services for the Blind (SSB)

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

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

MDE has indicated in their “Unduplicated Child Count” report in 2021, that there are approximately 185 students in secondary education who are blind, visually impaired, or DeafBlind. This number only includes those students whose primary disability is blindness or DeafBlindness. Additionally some Pre-ETS students enrolled in post-secondary options are also served. Based on the current numbers, there is an estimate of 41 additional students, for a total of 226 students.

MDE is able to provide SSB with additional information about the 226 students except for their name. The report included the school district and contact information for the district special education director. The SSB Pre-ETS Transition Coordinator is reaching out by phone to ask the special education directors to share information with the students about SSB and our services. Historically, we have found teachers to be the critical linking point for students accessing SSB services and so have high expectations for success with this effort. Based on this year’s numbers, there are 49 students in secondary education who are not yet receiving services from SSB.

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

For the time period of this report (October 1, 2020 through September 30, 2021) a total of 116 students received Pre-Employment Transition Services. It’s important to note that some students received more than just one of the five required services.

COMMENT ON PERFORMANCE:**COVID-19 impact on services**

Due to COVID-19, VRS and SSB quickly adjusted services to remote only beginning March 16, 2020 and is again only providing remote services. In-person services were provided to about 150 VRS participants during the summer and fall of 2021.

Applications for services have significantly decreased, from 6,990 in Program Year 2018 to 4,293 in Program Year 2020 (July 1, 2020 to June 30, 2021), the first full year of pandemic effect. The reduction in applications has resulted in about 19% fewer participants in those two years, and therefore fewer successful employment outcomes.

Many persons who were participants prior to the start of the COVID-19 pandemic have multiple disabilities including compromised immune systems and are not comfortable working in the community due to the resulting health risk. This significant impact of decreased new applications and those choosing to postpone employment will affect the next several years.

Order of Selection

The DEED/VRS Order of Selection process is based on federal regulations, which require that a state VR agency that cannot serve ALL persons with disabilities who are seeking services must establish an Order of Selection that defines a priority system for who will be served first. VRS determines the number of functional limitations on an individual basis through the application and intake process. Since 2014, three of four categories had been closed.

Throughout 2019, VRS began a systematic attempt to contact all of the individuals on the waiting list to determine whether they were still interested, available, and in need of services. This effort reduced the number of people on the waiting list in Categories 2, 3 and 4 from more than 2,000 to 846 individuals. In September 2020, the VR program began offering services to individuals and taking them off the waiting list in order of category and date of application. On November 30, 2020 VRS reopened Category 2 and Category 3 which had been closed since the fall of 2014. The reopening allowed VRS staff to immediately begin offering employment-related services to Minnesotans with disabilities. As of January 19, 2022, there are two people on the waiting list.

Of individuals found eligible for VRS services between October 1, 2020 and September 30, 2021, eighty-six percent (86%) met Category 1 Priority for service, compared to ninety-three percent (93%) from October 1, 2019 to December 31, 2020.

Number of Individuals Served

From October 1, 2020 to September 30, 2021, Vocational Rehabilitation Services provided employment related services to 12,811 individuals (defined as VRS participants with an employment plan who are receiving services). The percentage of participants who are youth under the age of 25 continues to increase, now nearly 59% compared to 50% five years ago. Students receive a variety of services and the focus is on obtaining paid work experience. Many students choose to go on to post-secondary schooling as part of their employment plan. It typically takes several years of VRS/SSB services to a new student before they achieve CIE.

TIMELINESS OF DATA:

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

EMPLOYMENT GOAL FOUR: By December 31, 2022, the number of Peer Support Specialists who are employed by mental health service providers will increase to 82. *[Extended in April 2021]*

2021 Goal

- By December 31, 2021, the number of employed peer support specialists will increase to 76.

Baseline: As of April 30, 2016, there are 16 certified peer support specialists employed by Assertive Community Treatment (ACT) teams or Intensive Residential Treatment Services (IRTS) throughout Minnesota. As of December 31, 2020, there were 71 employer peer support specialists

RESULTS:

The 2021 goal to increase to 76 employed peer support specialists was **met**.

Time Period	Number of employed peer support specialists	Increase from previous year	Increase over baseline
Baseline (as of April 30, 2016)	16	--	N/A
2017 Annual (as of December 31, 2017)	46	30	30
2018 Annual (as of December 31, 2018)	76	30	60
2019 Annual (as of December 31, 2019)	76	0	60
2020 Annual (as of December 31, 2020)	71	<5>	55
2021 Annual (as of December 31, 2021)	77	6	61

ANALYSIS OF DATA:

As of December 31, 2021, there were 77 certified peer support specialists employed by Assertive Community Treatment (ACT) teams, Intensive Residential Treatment Services (IRTS), and crisis residential facilities. This is an increase of 6 from the previous year. The annual goal to increase to 76 was met.

Of the 77 employed peer support specialists, 31 are employed by ACT teams and 46 are working in IRTS and crisis residential facilities. Many of the positions that were full time became two positions filled by part time peers. This is a point in time study which means the number employed increases and decreases over time. These numbers do not reflect the number of peers working in Adult Rehabilitative Mental Health Services (ARMHS), advocacy organizations, or community support programs. The number of billable hours in ARMHS has been steadily increasing until recently.

COMMENT ON PERFORMANCE:

In 2021, 86 people were trained and certified bringing the total number of peers to 372. Class size is limited to 17 now that the classes are virtual. In addition to meeting the goal this year, there continues to be some progress in the number of employed mental health peers in a number of services. Some, but not all, Certified Community Behavioral Health Clinics have peers at their clinics. Peers are also being hired as (non-reimbursable) staff in Community Support programs and a number of housing programs include a peer support specialist.

COVID impact: Many of the full time positions were split into part time positions because of full time worker shortage. Many peers prefer to work part time in some cases to protect benefits and issues with COVID. There is anticipation that January through March 2022 may see a reduction of peer workers until spring 2022, with school and child care options limited. IRTS providers are having a more challenging

time keeping peers due to in person service. Many ACT teams have been providing some of their services virtually.

A survey was completed in December 2021 of ACT and IRTS providers regarding the barriers in hiring peers and what DHS could do to lessen the burden. Unfortunately the response was limited but there were common themes noted.

Barriers experienced included:

- Workforce shortage (58%)
- Waitlist for training
- Some clients too difficult to work with (ACT team) resulting in triggering for peer
- Peer specialists have not stayed in position

What DHS could do to help:

- Provide supervision training (50%)
- Only train peers vetted for work readiness (65%)
- Grant fund internships (42%)
- Grant fund supervision time for a year (39%)
- Legislative change to background studies (8%)

TIMELINESS OF DATA:

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

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

2021 Goal

- By December 1, 2021, the percent of students receiving instruction in the most integrated settings will increase to 63%

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

RESULTS:

Using the 2020 Child Count, the 2021 goal to increase to 63% was **met**.

Time Period	Total number of students with disabilities (ages 6 – 21)	Number of students with disabilities in most integrated setting	Percent of students with disabilities in most integrated setting
Baseline January – December 2013	109,332	67,917	62.11%
January – December 2014 (Dec 2014 Child Count)	110,141	68,434	62.13%
January – December 2015 (Dec 2015 Child Count)	112,375	69,749	62.07%
January – December 2016 (Dec 2016 Child Count)	115,279	71,810	62.29%
January – December 2017 (Dec 2017 Child Count)	118,800	74,274	62.52%
January – December 2018 (Dec 2018 Child Count)	123,101	77,291	62.79%
January – December 2019 (Dec 2019 Child Count)	126,693	79,595	62.83%
January – December 2020 (Dec 2020 Child Count)	127,314	80,688	63.38%

ANALYSIS OF DATA:

During 2020, of the 127,314 students with disabilities, 80,688 (63.38%) received instruction in the most integrated setting. This was an increase of 0.55% from the previous year and an increase of 1.27% over baseline. Using the 2020 Child count, the 2021 goal to increase to 63% was met.

Beginning in 2021, additional data is being provided by student race and ethnicity. This information includes the percentage of students with disabilities within seven racial or ethnic groups receiving education in the most integrated setting. The information below is from IDEA Section 618 Data Products <https://www2.ed.gov/programs/osepidea/618-data> (retrieved on January 25, 2020).

Percentage of Students with Disabilities Receiving Education in the Most Integrated Setting by Racial or Ethnic Group

Racial or Ethnic Group	2019
American Indian or Alaskan Native	59.44%
Asian or Pacific Islander	61.05%
Black or African American	43.95%
Hispanic or Latino	58.67%
Native Hawaiian or Other Pacific Islander	50.52%
Two or More Races	60.18%
White	65.36%

COMMENT ON PERFORMANCE:

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

TIMELINESS OF DATA:

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

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

A) Curb Ramps

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

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

RESULTS:

The 2020 goal of 6,600 improvements was **met**. A new target goal is being proposed in the 2022 Plan amendment process.

Time Period	Curb Ramp Improvements	Total curb ramp Improvements	PROW Compliance Rate
Baseline - Calendar Year 2012	--		19%
Calendar Year 2014	1,139	1,139	24.5%
Calendar Year 2015	1,594	2,733	28.5%
Calendar Year 2016	1,015	3,748	35.0%
Calendar Year 2017	1,658	5,406	42.0%
Calendar Year 2018	1,188	6,594	51.7%
Calendar Year 2019	358	6,952	52.2%
Calendar Year 2020	327	7,279	57.0%
Calendar Year 2021	509	7,788	61.0%

ANALYSIS OF DATA:

In 2020, the total number of curb ramps improved was 327, bringing the total improvements to 7,279 and a 57.0% compliance under PROW. The 2020 goal of 6,600 was met. In 2021, an additional 509 curb ramps were improved bringing the total to 7,788 and a 61.0% PROW Compliance Rate. A new target goal is being proposed in the 2022 Plan amendment process.

COMMENT ON PERFORMANCE:

Performance is consistent with previous years.

TIMELINESS OF DATA:

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

B) Accessible Pedestrian Signals

By December 31, 2020, an additional 430 Accessible Pedestrian Signals (APS) installations will be provided on MnDOT owned and operated signals bringing the number to 875 and the percentage to 74%.

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

RESULTS:

The 2020 goal to bring the number of APS to 875 (74% of system) was **met** in 2021. A new target goal is being proposed in the 2022 Plan amendment process.

Time Period	Total APS in place	Increase over previous year	Increase over baseline
Baseline Calendar Year 2009	118 of 1,179 APS (10% of system)	N/A	N/A
Calendar Year 2014	454 of 1,179 APS (38% of system)	40	336
Calendar Year 2015	523 of 1,179 APS (44% of system)	69	405
Calendar Year 2016	595 of 1,179 APS (50% of system)	72	477
Calendar Year 2017	695 of 1,179 APS (59% of system)	100	577
Calendar Year 2018	770 of 1,179 APS (65% of system)	86	652
Calendar Year 2019	824 of 1,179 APS (70% of system)	43	706
Calendar Year 2020	840 of 1,174 APS (71% of system)	16	722
Calendar Year 2021	892 of 1,174 APS (76% of system)	52	774

ANALYSIS OF DATA:

In Calendar Year 2021, an additional 52 APS installations were provided, bringing the number of APS signals to 892 and the percentage to 76% of the system. The 2020 overall goal of 875 has now been met. A new target goal is being proposed in the 2022 Plan amendment process.

COMMENT ON PERFORMANCE:

MnDOT did not meet the 74% target for 2020, but did achieve it in 2021. A new target goal is being proposed in the 2022 Plan amendment process.

TIMELINESS OF DATA:

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

C) Sidewalks

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

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

RESULTS:

The 2021 overall goal of improvements to an additional 55 miles of sidewalks was **met**. A new target goal is being proposed in the 2022 Plan amendment process.

Time Period	Sidewalk Improvements	Cumulative sidewalk improvements	PROW Compliance Rate
Baseline - Calendar Year 2012	N/A		46%
Calendar Year 2015	12.41 miles	12.41 miles	47.3%
Calendar Year 2016	18.80 miles	31.21 miles	49%
Calendar Year 2017	28.34 miles	59.55 miles	56%
Calendar Year 2018	33.24 miles	92.79 miles	60%
Calendar Year 2019	5.6 miles	98.3 miles	62%
Calendar Year 2020	11.5 miles	109.8 miles	63%
Calendar Year 2021	17.57 miles	127.37 miles	66%

ANALYSIS OF DATA:

In Calendar Year 2020 and 2021, improvements were made to an additional 29.07 miles of sidewalks. This brings the Public Right of Way compliance rate to 66%. The goal met the 2021 overall goal. A new target goal is being proposed in the 2022 Plan amendment process.

Due to COVID-19 hiring restrictions MnDOT was not able to provide a complete data set for the 2019 construction season. MnDOT completed the collection of the 2020 and 2021 construction this year.

COMMENT ON PERFORMANCE:

While this is not a complete data set the sample indicates that performance is consistent with previous years.

TIMELINESS OF DATA:

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

TRANSPORTATION GOAL 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)
Baseline - Calendar Year 2014	76%
Calendar Year 2016	76%
Calendar Year 2017	78%
Calendar Year 2018	Not available
Calendar Year 2019	Not available
January – February 2020	91.3%
July – December 2020	92.6%
January – June 2021	95.1%
July – December 2021	95.3%

ANALYSIS OF DATA:

During July – December 2021, on-time performance for Greater Minnesota Transit was 95.3%. This was an increase of 0.2% 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.

POSITIVE SUPPORTS GOAL FOUR: By June 30, 2024, the number of students receiving special education services who experience an emergency use of restrictive procedures at school will decrease by 735 students or decrease to 1.94% of the total number of students receiving special education services. *[Extended, reset targets and updated baseline in April 2021]*

2021 Goal

By June 30, 2021, the number of students experiencing emergency use of restrictive procedures will be reduced by 147 students or 0.1% of the total number of students receiving special education services.

Baseline: During school year 2018-2019, school districts (which include charter schools and intermediate districts) reported to MDE that 3,603 students receiving special education services experienced at least one emergency use of a restrictive procedure in the school setting. In 2018-2019, the number of reported students receiving special education services was 147,605 students. Accordingly, during school year 2018-2019, 2.4% of students receiving special education services experienced at least one emergency use of a restrictive procedure in the school setting.

RESULTS:

The 2021 goal to reduce by 147 students was **met**.

Time period (School Year)	Students receiving special education services	Students who experienced restrictive procedure	Change from previous year
2015-16 school year	133,742	3,034 (2.3%)	N/A
2017 Annual 2016-17 school year	137,601	3,476 (2.5%)	+ 442 (+0.2%)
2018 Annual 2017-18 school year	142,270	3,546 (2.5%)	+ 70 (+0.0%)
2019 Annual (Baseline) 2018-19 school year	147,605	3,603 (2.4%)	+ 71 (-0.1%)
2020 Annual 2019-20 school year ¹⁰	152,012	3,052 (2.0%)	<551> (-15.3%)
2021 Annual 2020-21 school year	149,382	1,689 (1.1%)	<550> (-44.8) ¹¹

ANALYSIS OF DATA:

School districts reported that of the 149,382 students receiving special education services, restrictive procedures were used with 1,689 of those students (1.1%). This was a decrease of 550 students from the previous year and the percentage decreased by 44.8%. The 2021 goal to reduce by 147 students was met. The actual number of reported special education students increased by 4,407 from the 2018-2019 school year.

The restrictive procedure summary data is self-reported to MDE by July 15 for the prior school year. The data included for 2015-16 through 2019-20 school years has been reviewed and confirmed as needed. The data includes all public schools, including intermediate districts, charter schools and special

¹⁰ Data from 2019-20 was substantially affected by Covid-19-related school closures.

¹¹ Data from 2020-21 was affected by the COVID-19 pandemic, with Minnesota public schools using a variety of learning models at different times, switching between learning models based on public health guidelines and local COVID-19 case counts.

education cooperatives. The data for the 2020-21 school year is described in more detail in the 2022 Restrictive Procedures Workgroup legislative report. The data includes all public schools, including intermediate districts, charter schools, and special education cooperatives.

The 2022 MDE report to the Legislature, “[A Report on Districts’ Progress in Reducing the Use of Restrictive Procedures in Minnesota Schools](https://education.mn.gov/MDE/about/rule/leg/rpt/index.htm)” includes more detailed reporting on the 2020-21 school year data. The legislative report is available at <https://education.mn.gov/MDE/about/rule/leg/rpt/index.htm>

2020-21 school year:

- Physical holds were used with 1,576 students down from 2,828 students in 2019-20.
- Seclusion was used with 463 students, down from 753 students in 2019-20.
- Compared to the 2019-20 school year, the average number of physical holds per physically held student is 4.2, down from 4.5; the average number of uses of seclusion per secluded student was 4.0, down from 5.3.

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

School year	Number of students experiencing physical holds	Average number of holds per held student	Number of students experiencing seclusions	Average number of seclusions per secluded student
2015-16	2,743	5.7	848	7.6
2016-17	3,127	5.5	976	7.3
2017-18	3,465	5.4	824	7.6
2018-19	3,357	5.1	861	6.5
2019-20	2,828	4.5	753	5.3
2020-21	1,576	4.2	463	4.0

COMMENT ON PERFORMANCE:

The 2016 through 2021 Restrictive Procedures Workgroups and MDE made significant progress in implementing the statewide plans developed by the Restrictive Procedures Workgroup stakeholders. The following sections on data quality and workgroup progress provide further detail.

Data Quality

Because of the global COVID-19 pandemic, throughout the 2020-21 school year, Minnesota public schools used a variety of learning models at different times, switching between learning models based on public health guidelines and local COVID-19 case counts. While some districts in Minnesota operated in distance learning for the majority of the school year, other districts were in-person for most or all of the year, and in many districts, learning models varied between grade levels and individual programs and schools. Because of this variation between and within districts throughout the course of the school year, it is difficult to summarize where and how students learned during the 2020-21 school year, and it is challenging to understand the impact of the COVID-19 pandemic on restrictive procedures use during the 2020-21 school year. Although data from the 2020-21 school year shows a marked decrease in the use of both seclusion and physical holds among Minnesota students with disabilities, caution should be used when comparing 2019-20 and 2020-21 data to similar data from previous years, due to the effect of the COVID-19 pandemic.

For data reliability purposes, the student enrollment data is based on the state enrollment counts for students receiving special education services. MDE has transitioned to a new data collection and analysis system that is expected to improve data quality. Between March and December 2021, MDE developed a new data collection and analysis tool, Stepwell MN. Physical holding data was first collected via Stepwell MN in July 2021 (for data from the 2020-21 school year) and seclusion data collection began at the start of the 2021-22 school year. The Stepwell MN system is expected to streamline data collection and analysis.

Restrictive Procedures Workgroup Progress

MDE and the Workgroup continue to compile strategies and resources to assist school districts in reducing the use of restrictive procedures, eliminating seclusion, and addressing disproportionalities in the use of restrictive procedures. These strategies and resources include the increased use of Positive Behavioral Interventions and Supports (PBIS) and other strategies to address behaviors; the distribution of the Olmstead Local Improvement Grant funding for three districts to reduce the rates of restrictive procedures; and MDE training sessions to enhance school districts' understanding of restrictive procedures laws and strategies to reduce the use of restrictive procedures. Further recommendations include federal resources discussing civil rights, potential discrimination, and disproportionalities in the use of restrictive procedures on students with disabilities and students of color with disabilities.

Based on information collected by MDE, school districts continue to recommend trauma-informed practices, relationship building, de-escalation training, collaboration and/or team meetings, social emotional learning, restorative practices, and mental health supports to reduce the use of restrictive procedures, work towards eliminating seclusion, and address disproportionalities in the use of restrictive procedures.

MDE and the Workgroup continue to identify strategies and resources to assist school districts in reducing the use of restrictive procedures, eliminating seclusion, and addressing disproportionalities in the use of restrictive procedures. In addition, as part of its new data collection process, MDE began collecting information from districts about what each district is doing to reduce the number of restrictive procedures in the district, and which strategies they would recommend to other districts. These questions were developed in consultation with the Workgroup, and districts were asked to provide narrative responses to these qualitative questions for the first time in July 2021. This information will be valuable going forward.

In addition, MDE conducted two trainings, with a total of 50 participants, to assist districts in understanding restrictive procedures laws and to assist them in developing processes to have more consistent understanding for terms and reporting. MDE also provided three school discipline training sessions to nearly 50 individuals and eight due process training sessions to nearly 200 individuals.

2021 Restrictive Procedures Workgroup

MDE continues working with a consultant from Minnesota Management and Budget's Management Analysis and Development to facilitate the Workgroup meetings and to increase stakeholder engagement in recommending to the commissioner specific and measurable implementation and outcome goals for reducing the use of restrictive procedures. The Workgroup worked on the action items outlined in the February 2021 Two Year Statewide Plan to achieve the identified goals. The action items emphasize that recommendations will specifically consider disproportionalities, family engagement, and mental health trauma.

The February 2021 Two Year Statewide Plan includes three measurable goals along with seven MDE actions to support the goals and three Workgroup actions to support the goals. The three measurable goals are:

Goal: 1: By February 1, 2022, and annually thereafter, MDE will submit a report to the Minnesota Legislature summarizing the state's progress on reducing the use of restrictive procedures, working toward the elimination of seclusion, and identifying disproportionalities in the use of restrictive procedures.

Goal 2: By December 31, 2022, the Workgroup will compile strategies to recommend to school districts for reducing the use of restrictive procedures, working toward eliminating seclusion, and addressing disproportionalities in the use of restrictive procedures.

Goal 3: Through the combined efforts of all those involved in this work, there will be at least a 10 percent reduction in seclusion from July 1, 2019 to June 30, 2022, and annually thereafter. Specifically, there will be at least a 10 percent reduction in the number of students experiencing seclusion and at least a 10 percent reduction in the number of uses of seclusion as reported to MDE by Minnesota school districts.

An update on progress towards the three measurable goals and a copy of the 2021 Two Year Statewide Plan may be found in the 2022 legislative report, [A Report on Districts' Progress in Reducing the Use of Restrictive Procedures in Minnesota Schools](#).

TIMELINESS OF DATA:

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

POSITIVE SUPPORTS GOAL FIVE: By June 30, 2024, the number of incidents of emergency use of restrictive procedures occurring in schools will decrease by 3,615 or by 1.0 incidents of restrictive procedures per student who experienced the use of restrictive procedures in the school setting.

[Extended and baseline reset in April 2021]

2021 Goal

- By June 30, 2021, the number of incidents of emergency use of restrictive procedures will be reduced by 723 incidents, or by 0.2 incidents of restrictive procedures per student who experienced the use of a restrictive procedure.

Baseline: During school year 2018-2019, school districts (which include charter schools and intermediate districts) reported 22,772 incidents of emergency use of a restrictive procedure in the school setting. In school year 2018-2019, the number of reported students who had one or more emergency use of restrictive procedure incidents in the school setting was 3,603 students receiving special education services. Accordingly, during school year 2018-2019, there were 6.3 incidents of restrictive procedures per student who experienced the use of a restrictive procedures in the school setting.

RESULTS:

The 2021 goal to reduce by 723 incidents or 0.2 incidents per student was **met**.

Time period	Incidents of emergency use of restrictive procedures	Students who experienced use of restrictive procedure	Rate of incidents per student	Change from previous year
2015-16 school year	22,028	3,034	7.3	N/A
2017 Annual 2016-17 school year	24,307	3,476	7.0	+ 2,257 incidents <0.3> rate
2018 Annual 2017-18 school year	25,052	3,546	7.1	+ 70 incidents +0.1 rate
2019 Annual (Baseline) 2018-19 school year	22,772	3,603	6.3	<2,280> incidents <0.8> rate
2020 Annual 2019-20 school year ¹²	16,656	3,052	5.5	<5,872> incidents <0.8> rate
2021 Annual 2020-21 school year ¹³	8,537	1,689	5.1	<8,119> incidents <0.4> rate

ANALYSIS OF DATA:

During the 2020-21 school year there were 8,537 incidents of emergency use of restrictive procedures. There were 5.1 incidents of restrictive procedures per student who experienced the use of a restrictive procedure. There was a decrease of 8,119 incidents from the previous year. There was a decrease of students experiencing the use of a restrictive procedure and a decrease in the rate (0.4 incidents per student). The 2021 goal to reduce by 723 or 0.2 incidents per student was met. This data was substantially affected by COVID-19 school closures.

The restrictive procedure summary data is self-reported to MDE by July 15 for the prior school year. The data included for 2015-16 through 2019-20 school years has been reviewed and confirmed as needed. The data includes all public schools, including intermediate districts, charter schools and special education cooperatives. The data for the 2020-21 school year is described in more detail in the 2022 Restrictive Procedures Workgroup legislative report. The data includes all public schools, including intermediate districts, charter schools, and special education cooperatives.

The 2022 MDE report to the Legislature, "[A Report on Districts' Progress in Reducing the Use of Restrictive Procedures in Minnesota Schools](https://education.mn.gov/MDE/about/rule/leg/rpt/index.htm)" includes more detailed reporting on the 2020-21 school year data. The legislative report is available at <https://education.mn.gov/MDE/about/rule/leg/rpt/index.htm>

2020-21 school year:

- Based upon MDE enrollment data, 149,382 students received special education services, a decrease of 2,630 students, or 1.7% from the 2019-20 school year.
- During the 2020-21 school year, Minnesota school districts reported a total of 6,687 physical holds and 1,850 seclusion uses for a total of 8,357 restrictive procedures uses.

¹² Data from 2019-20 was substantially affected by Covid-19-related school closures.

¹³ Data from 2020-21 was substantially affected by Covid-19-related school closures during the spring of 2020.

- The total number of uses of restrictive procedures decreased by 8,119 or 48.7% from the 2020-21 school year, while the number of students who experienced a restrictive procedure decreased by 1,363, or 44.7%, to a total of 1,689. Consequently, the rate of use of restrictive procedures per student who experienced a restrictive procedure decreased from 5.5 during the previous school year to 5.1.
- The average number of physical holds per physically held student decreased from 4.5 in 2019-20 to 4.2 in 2020-21. The number of seclusion uses decreased by 53.6%, the number of students who were secluded decreased by 35% to 463 and the average number of seclusion uses per secluded student decreased from 5.6 to 4.0.

COMMENT ON PERFORMANCE:

The 2016 through 2021 workgroups and MDE made significant progress in implementing the statewide plans developed by the Restrictive Procedures Workgroup stakeholders. The following sections on quality and workgroup progress provide further detail:

Data Quality

Because of the global COVID-19 pandemic, throughout the 2020-21 school year, Minnesota public schools used a variety of learning models at different times, switching between learning models based on public health guidelines and local COVID-19 case counts. While some districts in Minnesota operated in distance learning for the majority of the school year, other districts were in-person for most or all of the year, and in many districts, learning models varied between grade levels and individual programs and schools. Because of this variation between and within districts throughout the course of the school year, it is difficult to summarize where and how students learned during the 2020-21 school year, and it is challenging to understand the impact of the COVID-19 pandemic on restrictive procedures use during the 2020-21 school year. Although data from the 2020-21 school year shows a marked decrease in the use of both seclusion and physical holds among Minnesota students with disabilities, caution should be used when comparing 2019-20 and 2020-21 data to similar data from previous years, due to the effect of the COVID-19 pandemic.

Restrictive Procedures Workgroup Progress

MDE and the Workgroup continue to compile strategies and resources to assist school districts in reducing the use of restrictive procedures, eliminating seclusion, and addressing disproportionalities in the use of restrictive procedures. These strategies and resources include the increased use of Positive Behavioral Interventions and Supports (PBIS) and other strategies to address behaviors; the distribution of the Olmstead Local Improvement Grant funding for three districts to reduce the rates of restrictive procedures; and MDE training sessions to enhance school districts' understanding of restrictive procedures laws and strategies to reduce the use of restrictive procedures. Further recommendations include federal resources discussing civil rights, potential discrimination, and disproportionalities in the use of restrictive procedures on students with disabilities and students of color with disabilities.

Based on information collected by MDE, school districts continue to recommend trauma-informed practices, relationship building, de-escalation training, collaboration and/or team meetings, social emotional learning, restorative practices, and mental health supports to reduce the use of restrictive procedures, work towards eliminating seclusion, and address disproportionalities in the use of restrictive procedures.

MDE and the Workgroup continue to identify strategies and resources to assist school districts in reducing the use of restrictive procedures, eliminating seclusion, and addressing disproportionalities in the use of restrictive procedures. In addition, as part of its new data collection process, MDE began collecting information from districts about what each district is doing to reduce the number of restrictive procedures in the district, and which strategies they would recommend to other districts. These questions were developed in consultation with the Workgroup, and districts were asked to provide narrative responses to these qualitative questions for the first time in July 2021. This information will be valuable going forward.

In addition, MDE conducted two trainings, with a total of 50 participants, to assist districts in understanding restrictive procedures laws and to assist them in developing processes to have more consistent understanding for terms and reporting. MDE also provided three school discipline training sessions to nearly 50 individuals and eight due process training sessions to nearly 200 individuals.

2021 Restrictive Procedures Workgroup

MDE continues working with a consultant from Minnesota Management and Budget's Management Analysis and Development to facilitate the Workgroup meetings and to increase stakeholder engagement in recommending to the commissioner specific and measurable implementation and outcome goals for reducing the use of restrictive procedures. The Workgroup worked on the action items outlined in the February 2021 Two Year Statewide Plan to achieve the identified goals. The action items emphasize that recommendations will specifically consider disproportionalities, family engagement, and mental health trauma.

The February 2021 Two Year Statewide Plan includes three measurable goals along with seven MDE actions to support the goals and three Workgroup actions to support the goals. The three measurable goals are:

Goal: 1: By February 1, 2022, and annually thereafter, MDE will submit a report to the Minnesota Legislature summarizing the state's progress on reducing the use of restrictive procedures, working toward the elimination of seclusion, and identifying disproportionalities in the use of restrictive procedures.

Goal 2: By December 31, 2022, the Workgroup will compile strategies to recommend to school districts for reducing the use of restrictive procedures, working toward eliminating seclusion, and addressing disproportionalities in the use of restrictive procedures.

Goal 3: Through the combined efforts of all those involved in this work, there will be at least a 10 percent reduction in seclusion from July 1, 2019 to June 30, 2022, and annually thereafter. Specifically, there will be at least a 10 percent reduction in the number of students experiencing seclusion and at least a 10 percent reduction in the number of uses of seclusion as reported to MDE by Minnesota school districts.

An update on progress towards the three measurable goals and a copy of the 2021 Two Year Statewide Plan may be found in the 2022 legislative report, [A Report on Districts' Progress in Reducing the Use of Restrictive Procedures in Minnesota Schools](#).

TIMELINESS OF DATA:

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

CRISIS SERVICES GOAL ONE: By June 30, 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 April 2021]*

2021 Goal

- 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 2021 goal to increase the percent of children who remain in their community after a crisis to 85% was not **met**.

Time period	Total Episodes	Community	Treatment	Other
Baseline (July 2013 – June 2014)	3,793	2,997 (79%)	--	--
2016 Annual (January – June 2016)	1,318	1,100 (83.5%)	172 (13.2%)	46 (3.5%)
2017 Annual (July 2016 – June 2017)	2,653	2,120 (79.9%)	407 (15.3%)	126 (4.8%)
2018 Annual (July 2017 – June 2018)	2,736	2,006 (73.3%)	491 (18.0%)	239 (8.7%)
2019 Annual (July 2018 – June 2019)	3,809	2,724 (71.5%)	847 (22.2%)	220 (5.8%)
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%)
January – June 2021	1,827	1,340 (73.3%)	345 (18.9%)	142 (7.8%)
2021 Annual (July 2020 – June 2021)	3,318	2,439 (73.5%)	651 (19.6%)	228 (6.9%)

- 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 2020 – June 2021, of the 3,318 crisis episodes, the child remained in their community after the crisis 2,439 times or 73.5% of the time. Although this is an increase of 0.9% from the previous year, it is 5.5% below baseline. The June 30, 2021 overall goal to increase the percent of children who receive children's mental health crisis services and remain in the community to 85% was not met.

From January – June 2021, of the 1,827 crisis episodes, the child remained in their community after the crisis 1,340 times or 73.3% of the time. This was a 0.4% decrease from the previous reporting period.

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. During 2020 and 2021, there were higher percentages of episodes with depression as the primary reason. There is a higher percentage of episodes where individuals remain in the community when depression is the primary reason for intervention. During the same time period (2020 and 2021) there were decreasing percentage of episodes for primary reasons that are more associated with treatment settings for disposition, such as dysregulated behavior and suicidal ideation. This may speak to the slight increase in children remaining in the community. Children continue to face complex issues that may result in need for mobile crisis services, including the continued pandemic. While there were increased episodes citing depression as the primary reason for intervention, the top reasons remained suicidal ideation and dysregulated behavior.

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 provide 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, 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 children who were doing remote learning. It seems likely that phone and video continue to be utilized at higher rates than prior to the pandemic, as evidenced by the data on location of initial face to face assessment. In 2020 and 2021, "other location" which includes phone and video, was cited as the location for 17% and 18% of episodes; school on the other hand dropped to only 9% of episodes.

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 April 2021]*

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 2021 goal to increase the percent of adults who remain in their community after a crisis to 55% was met.

Time period	Total Episodes	Community	Treatment	Other
2016 Annual (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%)
January – June 2021	5,947	3,413 (57.4%)	1,730 (29.1%)	804 (13.5%)
2021 Annual (July 2020 – June 2021)	11,911	6,805 (57.1%)	3,392 (28.5%)	1,714 (14.4%)

- 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 2020 – June 2021, of the 11,911 crisis episodes, the adult remained in their community after the crisis 6,805 times or 57.1% of the time. This was an increase of 3.6% from the previous year and 0.6% below baseline. The 2021 goal to increase to 55% was met.

From January – June 2021, of the 5,947 crisis episodes, the adult remained in their community after the crisis 3,413 times or 57.4% of the time. This was an increase of 0.5% from the previous report.

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. Since the pandemic began, there has been a decrease in episodes with emergency department as the location of initial face to face assessment. Additionally, there were more episodes with anxiety/panic or depression as the primary reason for intervention. In both of these cases, there is an association with remaining in the community. To further support this as a possible reason for the increase in adults remaining in the community, suicidal ideation, which is more likely to result in a treatment setting, decreased as the primary reason for episodes in 2020 and 2021.

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. It appears that phone and video continue to be utilized regularly for crisis calls as evidenced by the data on location of initial face to face assessment. In 2020 and 2021, "other location" which includes phone and video, represented more than 30% of episodes, up from 6% in 2019.

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.

PREVENTING ABUSE AND NEGLECT GOAL TWO: By December 31, 2022, the number of cases of vulnerable individuals being treated due to abuse and neglect will decrease by 15% compared to baseline. *[Modified in April 2021]*

There are two measures for this goal:

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

2020 Goal

- By December 31, 2020, the number of emergency room visits and hospitalizations due to abuse and neglect will be reduced by 5% compared to baseline.

Baseline: During Calendar Year 2019, there were 39 cases of vulnerable individuals who were treated in an emergency room or hospital due to abuse or neglect. After the baseline was established, an additional case was found bringing the baseline to 40.

RESULTS:

The 2020 goal to reduce the number of emergency room visits and hospitalizations due to abuse and neglect by 5% compared to baseline was **met**.

Time Period	(A) Number of emergency room visits and hospitalizations	Change from baseline	Percentage change from baseline
Calendar Year 2019 (Baseline)	40	N/A	N/A
Calendar Year 2020	31	9	22%

ANALYSIS OF DATA:

During calendar year 2020, there were 31 cases of emergency room visits and hospitalizations due to abuse and neglect. This was a decrease of 9 which is a 22% decrease from baseline. The 2020 goal to reduce by 5% was met.

Further analysis of the data is included below and shows that in 2020, by age group 58% of cases are with individuals 18 – 64 and 39% are with individuals 0-17. By geography, the cases are evenly distributed between the Metro area and Greater Minnesota.

Cases by age group:

Time Period	Total	0 – 17	18 – 64	65 and over
Calendar Year 2019	40	8	29	3
Calendar Year 2020	31	12	18	1

Cases by geography (Metro vs. Greater MN):

Time Period	Total	Metro	Greater Minnesota
Calendar Year 2019	40	28	12
Calendar Year 2020	31	16	15

COMMENT ON PERFORMANCE:

Cases are identified using clinical coding in the hospital discharge data base. The data was obtained from the Minnesota Hospital Association and includes nearly all hospitals and emergency departments in Minnesota.

The influence of COVID-19 during 2020 and 2021 is being reviewed. There are reports, both anecdotal and scientific, that emergency room visits for conditions other than COVID-19 declined during 2020 and 2021. This is because of the limited availability of resources at hospitals, resulting in people staying away from hospitals when they otherwise would have come, unless they had COVID-19. The 2022 hospital data may be more reflective of the actual decrease in visits due to abuse and neglect in vulnerable individuals.

MDH staff continue to emphasize recognition, documentation and reporting of cases. Accurate documentation and reporting will allow for better tracking of progress and description of the true epidemiology of injury due to abuse and neglect. Epidemiologists continue to study the case definition of “vulnerable individual.”

The public education campaign was initiated on July 1, 2017 and targeted providers who serve individuals with disabilities, individuals with disabilities, their families, and advocates who represent and assist them. Targeted prevention efforts will be conducted in areas with higher rates of hospitalizations and ER visits due to abuse and neglect of vulnerable individuals.

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

2021 Goal

- By December 31, 2021, establish a baseline and annual goals

RESULTS:

The 2021 goal to establish a baseline is **in process**.

Due to the COVID-19 pandemic, access to data has been limited due to emergency staff deployments. MDH expects to report on this by the end of 2022.

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

2020 Goal

- By December 31, 2019, the number of vulnerable adults who experience more than one episode of the same type of abuse or neglect within six months will be reduced by 15% compared to the baseline.

Baseline:

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

RESULTS:

The 2020 goal to reduce the number of vulnerable adults who experience more than one episode of the same type of abuse or neglect within six months by 15% was **met**.

Time Period	Total number of people	Number of repeat episode	Change from baseline
Baseline (July 2015 - June 2016)	2,835	126 (4.4%)	N/A
July 2016 – June 2017	2,777	114 (4.1%)	<12> <9.5%>
July 2017 – June 2018	2,484	94 (3.8%)	<32> <25.4%>
July 2018 – June 2019	2,452	81 (3.3%)	<45> <37.5%>
July 2019 – June 2020	2,144	72 (3.4%)	<54> <42.8%>

ANALYSIS OF DATA:

From July 2019 – June 2020, there were 2,144 people with a substantiated or inconclusive abuse or neglect episode¹⁴. Of those people, 72 (3.4%) experienced a substantiated or inconclusive abuse or neglect had a repeat episode of the same type within six months. This is a decrease of 9 from the previous year and 54 from baseline which is a reduction of 42.8%. The 2020 goal to reduce by 15% compared to baseline was met.

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

¹⁴ Episodes include physical abuse, sexual abuse, emotional abuse, financial exploitation, caregiver or self-neglect.

Demographic Data for July 2019 – June 2020

Episode Types

Fiscal Year (FY)	Total Episodes	Emotional/ Mental	Physical	Sexual	Fiduciary Relationship	Not Fiduciary Relationship	Caregiver Neglect	Self - Neglect
2016	134	18	4	0	8	16	24	64
2017	124	14	12	2	3	13	28	52
2018	103	12	8	4	7	10	14	48
2019	98	15	10	2	4	10	13	44
2020	77	3	3	1	3	18	14	35

Victim Gender

FY	Total	Female	Male
2016	126	73	53
2017	114	77	37
2018	94	52	42
2019	81	51	30
2020	72	39	33

Victim Age Range

FY	Total	18 – 22	23 – 39	40 – 64	65 – 74	75 – 84	85 and over
2016	126	9	8	35	21	32	21
2017	114	5	5	32	20	27	25
2018	94	5	6	27	26	17	13
2019	81	5	7	23	11	17	18
2020	72	2	6	21	12	20	11

Victim Race/Ethnicity

FY	Total	Caucasian	African American	American Indian	2 or more	Hispanic	Asian/Pacific Islander	Unknown
2016	126	112	3	5	4	1	0	1
2017	114	91	9	7	2	5	0	0
2018	94	79	6	3	0	1	1	4
2019	81	64	6	3	6	0	2	0
2020	72	59	4	2	3	1	2	1

Offender Gender

FY	Total	Female	Male
2016	70	33	37
2017	74	30	44
2018	96	43	53
2019	94	42	51
2020	76	30	45

Offender Age Range

FY	Total	18 – 22	23 – 39	40 – 64	65 – 74	75 – 84	85 and over
2016	70	3	14	38	7	6	2
2017	74	5	16	39	4	7	0
2018	96	1	12	41	41	12	9
2019	94	6	10	37	12	17	9
2020	76	0	13	30	12	12	6

Offender Race/Ethnicity

FY	Total	Caucasian	African American	American Indian	2 or more	Hispanic	Asian/Pacific Islander	Unknown
2016	70	56	3	2	3	2	1	3
2017	74	52	4	4	3	5	0	6
2018	96	77	6	3	0	1	1	5
2019	94	71	11	3	6	0	2	1
2020	76	61	6	2	3	1	1	2

COMMENT ON PERFORMANCE:

Counties have responsibility under the state’s vulnerable adult reporting statute to assess and offer adult protective services to safeguard the welfare of adults who are vulnerable and have experienced maltreatment. The number of substantiated and inconclusive allegations is affected by the number of maltreatment reports opened for investigation.

The number of reports opened by counties for investigation of allegation and protective services for the vulnerable adult has progressively decreased during the goal period. Both maltreatment reports and the number of vulnerable adults accepted by counties for adult protective services decreased during the COVID-19 state emergency.

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

TIMELINESS OF DATA:

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

VI. ADDENDUM

Data Discrepancy: Transition Services Goal Three

While preparing the numbers for the February 2022 Quarterly Report, DHS detected an issue with the numbers reported in a table in the Analysis of Data section for 2021 Quarters 1 and 2. The numbers previously reported in the Total Moves column were entered from the wrong column of the worksheet of raw data. The data did not impact the results of the goal.

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

ANALYSIS OF DATA:

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.

Previously Reported data in August and November 2021 Quarterly Reports

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
Jan – Mar 2021	MI&D committed	10	3	3	13
Jan – Mar 2021	Other committed	13	1	0	8
Total	N/A	37	7	4	(Avg. = 8.7) 26
2021 Quarter 2 Apr – June 2021	Committed after finding of incompetency	16	2	0	12
Apr – June 2021	MI&D committed	6	3	3	11
Apr – June 2021	Other committed	10	0	0	1
Total	N/A	32	5	3	(Avg. = 8.0) 24

Updated Reported data in February 2022 Quarterly Report

Time period	Type	Total moves	Transfers	Deaths	Moves to less restrictive settings
2021 Quarter 1 Jan – Mar 2021	Committed after finding of incompetency	*19	3	1	15
Jan – Mar 2021	MI&D committed	*9	3	3	*3
Jan – Mar 2021	Other committed	*9	1	0	8
Total	N/A	37	7	4	(Avg. = 8.7) 26
2021 Quarter 2 Apr – June 2021	Committed after finding of incompetency	*14	2	0	12
Apr – June 2021	MI&D committed	*17	3	3	11
Apr – June 2021	Other committed	*1	0	0	1
Total	N/A	32	5	3	(Avg. = 8.0) 24

* indicates updated numbers

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.

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

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

Review of Draft Plan Amendments

Person-Centered Planning 1 – Plans meet protocols.....	2
Transition Services Goal 2 – Awaiting discharge from AMRTC.....	4
Transition Services Goal 4 – Transition plans meet protocols.....	5
Housing and Services Goal 1 – Moves to integrated housing	6
Employment Goal 2 – Medicaid recipients employed.....	8
Employment Goal 3 – Students with disabilities employed.....	10
Lifelong Learning and Education 1 – Students in integrated classrooms	11
Transportation 1 – Accessibility improvements.....	12
Crisis Services 1 and 2 – Children and adults stay in community after crisis	13
Preventing Abuse and Neglect 3 – Reduce repeat abuse	14
Assistive Technology.....	15
Minnesota Department of Veterans Affairs (MDVA)	16
Department of Public Safety (DPS).....	17
Minnesota Department of Health (MDH)	19
Department of Corrections (DOC).....	20

Text in red indicates changes to Plan amendments since their review at the January 24th Subcabinet meeting.

Person-Centered Planning 1 – Plans meet protocols

Summary of Goal:

Person-centered planning is about finding out what's important to and for a person with a disability to help them make decisions about their education, their job, or where they live.

Proposed Change:

- New strategies to identify ways to measure individual choices in major life decisions

Improve the Ability to Gather Information about **Informed** Choice in Decision Making

- DHS will conduct a review of how the Department currently gathers **data** ~~information~~ regarding **informed** choice in decision making. The review will:
 - identify existing projects related to assessing and measuring **informed** choice in decision making;
 - document the ways information regarding **informed** choice is currently collected;
 - prepare a summary analysis of the consistency and variation in data collected among tools and methodologies;
 - conduct an analysis of current tools as data collection instruments; and
 - identify recommendations regarding the assessment of **informed** choice in decision making by June 30, 2023.
- DHS will conduct a review of how the Department currently gathers information regarding race and ethnicity. The review will:
 - identify existing data on race and ethnicity across the Department;
 - prepare a summary analyzing consistency and variation in data collected between systems;
 - participate in DHS data standards project on race and ethnicity; and
 - identify recommendations regarding assessment of race and ethnicity in Olmstead reporting related to choice in decision making by June 30, 2023.

New strategy added in March

- Identify and continue the development of informed choice training for lead agencies. Training will include the requirements of providing a person, in an accessible format and manner that meets the individual's needs, the tools, information, and opportunities that the individual requires to understand all of their options. This will be achieved by March 31, 2023.

Current Status:

- February 2022 (pg 29): This Quarter at 94.2%; Goal of 90% **on track**

January 25th Subcabinet Comments:

- Can language be amended to “informed choice” to align with the state statute passed in 2021 special session? [Chapter 7 \(mn.gov\)](#) [pages 155-157, 238-248 and 258-261]
- New statute also requires other things such as development of curriculum and training for case managers and assessors [pages 298 – 300]. Can this be included along with timeframes?

- There is an over reliance of reporting on person centered performance form the lead agency staff and not the individual.

Public Comment Themes:

- Agreement that this should be a goal in the plan.
- Agreement that person-centered planning is not resulting in individuals having choices about the individual's major life decisions.
- Increase awareness of the public and providers on necessity of informed choice for people with disabilities.

Transition Services Goal 2 – Awaiting discharge from AMRTC

Summary of Goal:

- After getting the care they need, people get to leave the Anoka Metro Regional Treatment Center and move somewhere more integrated.

Proposed Change:

- The goal is being extended and the target reset to continue progress.

Goal Two: By June 30, ~~2022~~, the percent of people under commitment at Anoka Metro Regional Treatment Center (AMRTC) who do not require hospital level of care and are currently awaiting discharge to the most integrated setting¹ will be reduced to ~~30%~~ 25% (based on daily average).

Baseline: In State Fiscal Year 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.

In State Fiscal Year 2021, the percentage of people at AMRTC who no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting was 27.6% on a daily average.

- By June 30, 2023 the percent awaiting discharge will be reduced to 25% or lower

Current Status:

- February 2022 (pg 12): The last 2 Quarters average 29.7% Goal of 30% is **on track**

January 25th Subcabinet Comments:

- No comments

Public Comment Themes:

No comments

¹ 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.

Transition Services Goal 4 – Transition plans meet protocols

Summary of Goal:

- Anyone with a disability who moves gets to use person-centered planning.
- Person-centered planning is about finding out what's important to and for a person with a disability to help them make decisions about their education, their job, or where they live.

Proposed Change:

- The measure for the goal is being changed and a new baseline will be established. New strategies are being added to develop the new measure and baseline.

Goal Four: By June 30, ~~2022~~ 2024, 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 person's support needs, how and when those needs will be met by completing ten elements from the My Move Plan Summary with the person or their legal representative, when applicable document listed below. [People who ~~opted out of using the My Move Plan summary document~~ or did not inform their case manager that they moved are excluded from this measure.]

- By March 31, 2023, establish a baseline

Strategies

- Develop and publish ~~improvements~~ enhancements to the My Move Plan Summary form, identified through stakeholder engagement, which will promote a more person-centered planning process, maintaining the ten elements previously used in the My Move Plan summary.
- Revise the monitoring and compliance process of the My Move Plan Summary form to be individualized based on the ~~assessed~~ needs of the person moving, rather than the simple presence of all ten elements. For a period of 6 months upon implementation of the revised My Move Plan Summary form, DHS Lead Agency Review will validate the new monitoring and compliance process, including the current form and revised form in the data collection. Technical assistance, on the forms will continue to be provided at lead agency reviews and by request of the lead agency.

Current Status:

- February 2022 (pg 20): Last Quarters at 66.7%. Goal of 90% is **not on track**

January 25th Subcabinet Comments:

- What process is used to ensure there was informed choice regarding the move?
- How is the measure validated/verified? Is this a paper file review?
- Second strategy: Can you clarify, is the individual being asked or is it the case manager?

Public Comment Themes:

- Agreement that this should be a goal in the plan.
- Person-centered planning is not resulting in individuals having choices about their major life decisions.
- Increase awareness of the public and providers on necessity of informed choice for people with disabilities

Housing and Services Goal 1 – Moves to integrated housing

Summary of Goal:

- People with disabilities get to choose where to live and get the help they need to live there.

Proposed Change:

- The goal is being extended and annual targets are being reset based on current performance. New strategies are being added related to gathering information about housing choices

Goal One: By June 30, ~~2024~~, ~~2022~~, the number of people with disabilities who live in the most integrated housing of their choice where they have a signed lease and receive financial support to pay for the cost of their housing will increase by ~~2,467~~ ~~1,167~~ (from 2021 through 2024).

- By June 30, 2023, the number of individuals moving into integrated housing will be 635
- By June 30, 2024, the number of individuals moving into integrated housing will be 665

Strategies

- DHS will conduct a review of how the Department currently gathers information regarding **informed choice** in housing services. The review will:
 - identify existing projects related to assessing and measuring **informed choice** in housing;
 - document the ways information regarding **informed choice** is currently collected;
 - prepare a summary analysis of the consistency and variation in data collected among tools and methodologies;
 - conduct an analysis of current tools as data collection instruments; and
 - identify recommendations regarding the assessment of **informed choice** in housing decisions by June 30, 2023.
- DHS will conduct a review of how the Department currently gathers information regarding race and ethnicity. The review will:
 - identify existing data on race and ethnicity across the Department;
 - prepare a summary analyzing consistency and variation in data collected between systems;
 - participate in DHS data standards project on race and ethnicity; and
 - identify recommendations regarding assessment of race and ethnicity in Olmstead reporting related to housing services by June 30, 2023.

Changes to strategies in March

~~Implement new Medicaid Housing Stabilization Services Benefit for People with Disabilities or Disabling Conditions who have Housing Instability.~~

Improve access to Housing Stabilization Services through Medical Assistance

- Implement Moving Expenses option by December 31, 2022, to assure more people with disabilities or disabling conditions who have housing instability have access to the necessary funding and goods to help them move, within available federal funding
- Develop resources and make them available on the HB101 website. The resources and tools will provide information about Housing Stabilization Services to people with disabilities and the people who support them
- Seek input from providers on barriers to enrollment and service delivery, with a particular focus on providers from diverse communities.

Current Status:

- November 2021 Quarterly Report: Fiscal Year 2021 achieved 1,095. Goal of 569 was **met.**

January 25th Subcabinet Comments:

- No Comments

Public Comment Themes:

- There is not sufficient housing.
- There is not sufficient funding to secure housing.
- There is a shortage accessible housing.

Employment Goal 2 – Medicaid recipients employed

Summary of Goal:

- More people with disabilities who receive services from some Medicaid funded programs will get competitive integrated employment.

Proposed Change:

- A new measure is being developed. A new baseline will be established. New strategies are being added related to gathering information about employment choices

By September 30, 2022 establish an E1MN baseline to include:

- The number of individuals served with a Medicaid waiver
- The number of waiver recipients who received competitive integrated employment outcomes
- The numbers by age, race and ethnicity

Changes to goal in March to extend goal 2 years while new measure is being developed

Goal Two: By June 30, ~~2024~~, ~~2022~~ of the 50,157 people receiving services from certain Medicaid funded programs, there will be an increase of ~~8,283~~ ~~6,283~~ over baseline to ~~14,420~~ ~~12,420~~ in competitive integrated employment.

- By June 30, 2023, the number in competitive integrated employment will increase to 13,420
- By June 30, 2024, the number in competitive integrated employment will increase to 14,420

Strategies

- Implement E1MN (launched July 1, 2021) that works to deliver a seamless and timely employment support system for youth and adults with disabilities so they understand their options and get what they need to achieve and maintain competitive integrated employment.
- Continue providing services under the Engage, Plan, Find, Keep Framework for people who receive a Medicaid waiver. The framework supports people at different phases of employment. The person's thoughts about competitive integrated work define where to start and how they progress through the phases of the framework.
- DHS will conduct a review of how the Department currently gathers information regarding **informed** choice in employment. The review will:
 - identify existing projects related to assessing and measuring **informed** choice in employment;
 - document the ways information regarding **informed** choice is currently collected;
 - prepare a summary analysis of the consistency and variation in data collected among tools and methodologies;
 - conduct an analysis of current tools as data collection instruments; and
 - identify recommendations regarding the assessment of **informed** choice in employment decisions by June 30, 2023.
- DHS will conduct a review of how the Department currently gathers information regarding race and ethnicity. The review will:
 - identify existing data on race and ethnicity across the Department;
 - prepare a summary analyzing consistency and variation in data collected between systems;
 - participate in DHS data standards project on race and ethnicity; and
 - identify recommendations regarding assessment of race and ethnicity in Olmstead reporting related to employment services by June 30, 2023.

Current Status:

- November 2021 Quarterly Report: Fiscal Year 2020 achieved 10,488. Goal of 11,420 was **not met**.

January 25th Subcabinet Comments:

- Can you clarify whether the proposed new measure replaces the \$600 proxy measure currently in use?
- Can you add to the strategies, the parallel efforts underway such as the subminimum wage task force?

Public Comment Themes:

- There are not enough jobs for people with disabilities, especially in Greater Minnesota.
- There are not jobs close to where I live.
- There is not sufficient transportation to and from a job.

Employment Goal 3 – Students with disabilities employed

Summary of Goal:

- More people with developmental cognitive disabilities will go from high school into competitive integrated employment, where they work with people who don't have disabilities and get the same pay and benefits.

Proposed Change:

- No changes are being proposed to the goal. New strategies are being added to develop new metrics about choices related to employment.

Strategies

Promote Self-Determination in Education in the Most Integrated Setting

- MDE will explore development of metrics (e.g. educational setting, self-determination metric, race/ethnicity disaggregation) and a process for measuring self-determination of students with cognitive and developmental disabilities in relation to educational setting placements by their Individualized Education Program (IEP) teams according to Minnesota Rule 3525.3010 (January through October 2022).
- MDE will partner with school districts in using the Arc Self-Determination Scale – Adolescent Version (Wehmeyer & Kelchner (Arc), 2014) to measure student self-determination in relation to educational setting placement (October 2022, through September 2023).
- MDE will use the results of measurement to begin developing a combined framework for self-determination and education in the most integrated setting for students with cognitive and developmental disabilities (October 2023 through June 2024).
- MDE will field validate the developed framework for self-determination and education in the most integrated setting for students with cognitive and developmental disabilities with partnering school districts (July 2024 through September 2025).

Change in March to add contextual information

- The Employment Capacity Building Cohort (ECBC) is an interagency activity of MDE, DEED, and DHS **and SSB. This project** 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. **As of 2020-2021, ECBC included 31 community teams. The number of community teams fluctuates each year with addition or exit of ECBC teams.**

Current Status:

- August 2021 Quarterly Report: School Year 2021 achieved 52. Goal of 150 was **not met**.

January 25th Subcabinet Comments:

- Can you include contextual information about the cohorts? How many participating districts/schools/students?
- Do the community teams stay the same every year or do they change?

Public Comment Themes:

- There are not sufficient supports in school to find and secure a job.

Lifelong Learning and Education 1 – Students in integrated classrooms

Summary of Goal:

- More students with disabilities will spend most of their time in school learning in the same classrooms as students who don't have disabilities.

Proposed Change:

- No changes are being proposed to the goal. New strategies are being added to develop new metrics about choices related to education

Strategies

Promote Self-Determination in Education in the Most Integrated Setting

- MDE will explore development of metrics (e.g. educational setting, self-determination metric, race/ethnicity disaggregation) and a process for measuring self-determination of students with cognitive and developmental disabilities in relation to educational setting placements by their Individualized Education Program (IEP) teams according to Minnesota Rule 3525.3010 (January through October 2022).
- MDE will partner with school districts in using the Arc Self-Determination Scale – Adolescent Version (Wehmeyer & Kelchner (Arc), 2014) to measure student self-determination in relation to educational setting placement (October 2022, through September 2023).
- MDE will use the results of measurement to begin developing a combined framework for self-determination and education in the most integrated setting for students with cognitive and developmental disabilities (October 2023 through June 2024).
- MDE will field validate the developed framework for self-determination and education in the most integrated setting for students with cognitive and developmental disabilities with partnering school districts (July 2024 through September 2025).

Current Status:

- February 2022 Quarterly Report: School Year 2020 achieved 63.38%. Goal of 63% was **met**.

January 25th Subcabinet Comments:

- No comments

Public Comment Themes:

- There is insufficient opportunity to get into integrated classrooms.
- The rate of growth for the goal is too low.

Transportation 1 – Accessibility improvements

Summary of Goal:

- More curb ramps, crosswalk signals, and sidewalks will be made so people with disabilities can use them.

Proposed Change:

- The goal is being extended and targets reset based on current performance levels.

Goal One: By December 31, 2020 ~~2023~~, accessibility improvements will be made to: (A) ~~10,299~~ ~~6,600~~ curb ramps (increase from base of 19% to ~~49%~~ ~~79%~~); (B) ~~430~~ ~~490~~ accessible pedestrian signals (increase from base of 10% to ~~74%~~ ~~79%~~); and (C) by ~~October 31, 2021~~ ~~December 31, 2023~~, improvements will be made to ~~113~~ ~~55~~ miles of sidewalks.

(A) Curb Ramps

- By December 31, 2023 accessibility improvements will be made to an additional 10,299 curb ramps bringing the percentage of compliant ramps to approximately 79%.

(B) Accessible Pedestrian Signals

- By December 31, 2023, an additional 490 Accessible Pedestrian Signals (APS) installations will be provided on MnDOT owned and operated signals bringing the number to 935 and the percentage to 79%.

(C) Sidewalks

- By December 31, 2023 improvements will be made to an additional 113 miles of sidewalks bringing total system compliance to 64%.

Current Status:

- February 2022 Quarterly Report:
 - (A) 7,788 curb ramps – Goal of 6,600 was **met**.
 - (B) 892 Pedestrian signals – Goal of 875 was **met**.
 - (C) 127 miles of sidewalks – Goal of 55 was **met**.

January 25th Subcabinet Comments:

- Is this goal being achieved from new federal infrastructure funding?

Public Comment Themes:

- No comments

Crisis Services 1 and 2 – Children and adults stay in community after crisis

Summary of Goal:

- More children and adults with disabilities will get the mental health services they need without having to leave their community.

Proposed Change:

- There are no changes to the goals. Strategies are being added to improve performance on the goals.

Strategies

Develop Infrastructure of Crisis Services System

- DHS will expand Mobile Crisis Services by strengthening the state's mobile crisis infrastructure through ongoing increases in financial support to counties and tribes to staff 24-hour mobile crisis lines and increase capacity to take more calls. With this increase in infrastructure there will be additional tracking of call volume in the Minnesota Health Information System (MHIS) as well as additional data from the Suicide Lifeline centers who will be tracking the calls that result in a mobile crisis warm transfer. Collaboration with the Minnesota Department of Health for data sharing.
- DHS will increase capacity for children crisis response and community stabilization to increase outpatient access, including same-day or next-day appointments, for those in crisis. To aid in keeping children in the community, but with support until further long term mental health services are available.

Current Status:

- February 2022 Quarterly Report: (Goal 1) 73.5% of children stayed in community. Goal of 85% was **not met**. (Goal 2) 57.1% of adults stayed in community. Goal of 55% was **met**.

January 25th Subcabinet Comments:

- No comments

Public Comment Themes:

- Agreement that the goals are important.

Preventing Abuse and Neglect 3 – Reduce repeat abuse

Summary of Goal:

- Fewer people with disabilities who have been abused or neglected will be abused or neglected again.

Proposed Change:

- The goal is being extended and keeping the same target. The overall goal of reducing by 20% compared to baseline has already been achieved. The new goals are intended to maintain current performance.

Goal Three: By December 31, ~~2021~~, [2022](#), the number of vulnerable adults who experience more than one episode of the same type of abuse or neglect within six months will be reduced by 20% compared to the baseline.

- [By December 31, 2022, the number of people who experience more than one episode will be reduced by 20% compared to baseline](#)

Current Status:

- February 2022 Quarterly Report: 42.8 reduction from baseline. Goal to reduce by 15% was **met**.

January 25th Subcabinet Comments:

- Why is the goal remaining the same from last year?

Public Comment Themes:

- Agreement that the goal is important

Assistive Technology

Summary of Goal:

- People with disabilities get the assistive technology they need to learn, work, and live life to the fullest in the most integrated setting.

Proposed Change:

- Updates are being made to the strategies the System of Technology to Achieve Results (STAR) Program.
- [Minnesota Assistive Technology for All website: As of October 2021, Minnesotans can access the Minnesota Assistive Technology for All website² to learn about equipment that is available for short or long-term loans. After creating an account on this online device library, borrowers can request device demonstrations or loans online.](#)
- **Minnesota's Guide to Assistive Technology website:** In June 2018, a cross-agency assistive technology workgroup launched [Minnesota's Guide to Assistive Technology website³](#) created to increase awareness of assistive technology and provide information to help Minnesotans with disabilities consider, select, and use assistive technology at home, school, work and in their communities. In 2021, the cross-agency assistive technology workgroup [was reconvened and meets regularly.](#) ~~will be reconvened and updates will be made to the site.~~ [Website reviews are ongoing and revisions will be made as appropriate.](#)

Current Status:

- The goals for assistive technology are found in other parts of the Olmstead Plan.

January 25th Subcabinet Comments:

- No comments

Public Comment Themes:

- Please support schools like the Minnesota State Academies, Metro Deaf School, Anne Sullivan, and mainstream programs to ensure that people who are deaf, deaf blind, and hard of hearing have options.
- Assistive technology needs to be available and support staff need to know how to use it.

² [Minnesota AT for All website is available at https://mn.at4all.com/](https://mn.at4all.com/)

³ Minnesota's Guide to Assistive Technology website is available at <https://mn.gov/admin/at/>

Minnesota Department of Veterans Affairs (MDVA)

Summary of Strategy:

- Identify the primary disabling conditions that veterans who are chronically homeless, experience and determine how those needs can be better addressed.

Proposed Change:

- MDVA is developing a strategy to understand and analyze the data that is currently being collected through the Homeless Veteran Registry.

Action steps and timeline

- 1) Analyze the disability data available in the Homeless Veteran Registry and identify system improvements to ensure sufficient data is being collected. (Quarter 1, 2022)
- 2) Roll-out Homeless Veteran Registry improvements; start the collection of data to create and define the benchmark; and assign a Homeless Programs Coordinator to the Olmstead Plan to advance these efforts. (Quarter 2, 2022)
- 3) Analyze initial benchmark data and start to develop and define a goal and initial strategies to meet the goal. (Quarter 3, 2022)
- 4) Finalize benchmark data, goal, and strategies to be implemented to meet the goal in subsequent years. (Quarter 4, 2022)

Current Status:

- This is a new proposed strategy.

January 25th Subcabinet Comments:

- No comments

Public Comment Themes:

- No comments

Department of Public Safety (DPS)

Summary of Strategies:

- **Topic Area 1 Rationale** - People with disabilities experience victimization at a higher rate than non-disabled peers. It is important that they have equal access to crime victim services that support their recovery. In order to achieve this it will be necessary to understand what crime victim services/programs are available, the capacity of those services and programs to effectively support victims of crimes who have a disability. Additionally it is important to identify the barriers that prevent access to these services/programs.
- **Topic Area 2 Rationale** - Youth in juvenile facilities will benefit from collaborative mental health case management, ensuring services and placement that best benefits the mental health needs of each individual.

Proposed Change:

Topic Area 1: Ensure crime victims with disabilities have access to support services.

Strategies

- Provide training to programs serving crime victims so they will have a better understanding of the broad scope of disabilities, and a common understanding of how their program can improve safe, accessible options for crime victims.
- Conduct a needs assessment to identify accessibility barriers in crime victims service program sites, and then create a plan to enhance accessibility in collaboration with Office of Justice Programs, crime victims and crime victim service providers.
- Programs will develop capability to define accessibility, understand what services are needed for crime victims with disabilities, and how to evaluate their program strengths and areas needing improvement to better serve crime victims with disabilities.
- Shelter programs will have a better understanding of disabilities survivors experience and a common understanding of how their shelter programs can improve safe, accessible options for survivors.

Topic Area 2: Develop a Juvenile Justice-Mental Health Continuum of Care that aids juvenile justice facilities and child welfare service staff in coordinating their response to mental health crisis.

Strategies

- Identify and address geographic, racial, cultural and socioeconomic gaps in mental health services.
- Develop process for consistent, collaborative communication and follow-up between facilities and treatment providers.
- Develop and distribute an updated inventory of all available service and placement options to facilities and providers
- Develop process to ensure placement and treatment is determined by criteria specific to each individual.
- Minnesota Juvenile Justice Advisory Committee's (JJAC) Mental Health Subcommittee will collaborate with DHS and MDH to develop the model.
- This work will begin January of 2022.
- Facilities and service providers will be provided the continuum tool and JJAC, DHS, and MDH will provide technical assistance.

Current Status:

- This is a new proposed strategy.

January 25th Subcabinet Comments:

- No comments

Public Comment Themes:

- No comments

Minnesota Department of Health (MDH)

MDH current priorities are focused on the pandemic. This includes ensuring that people with disabilities have access to resources including accessible testing, vaccines, and care during COVID 19, and commit to continuing those efforts.

MDH is currently working to identify key questions regarding people with disabilities and include them in to the agency's data collections standards. MDH anticipates that this will help identify disparate health outcomes for people with disabilities and lead to interventions.

Department of Corrections (DOC)

The Department of Corrections (DOC) is proposing two new strategies related to reentry and transition.

New Strategies added in March

- DOC will conduct a comprehensive review of policies and practices. The focus of the review will identify areas that need improvement related to person-centeredness, inclusivity, accessibility and equity.
- DOC will develop a system to respond to the needs of individuals with disabilities on correctional supervision and experiencing unsheltered homelessness.
 - Develop a process to track the number of persons with disabilities or disabling conditions who are on correctional supervision and are currently experiencing unsheltered homelessness.
 - Develop a response strategy to meet the needs of these individuals. This strategy will be included in the Homeless Mitigation Plan to be reported to the legislature by October 2022.

Draft Plan Amendments to Olmstead Plan Measurable Goals

March 24, 2022 update

of January 18, 2022 version

This document includes draft amendments to the Olmstead Plan that were reviewed by the Olmstead Subcabinet on January 24, 2022.

The measurable goals appear in the order that they occur in the Plan, with the page number and the reason for the change noted. Blackline changes indicate the edits to the original language from the Plan.

Updates to the January 24th amendments are indicated with red bold underlined text.

There are changes on the following pages: 4, 7, 9, 10, 11, 12, 14, and 30.

Contents

PERSON-CENTERED PLANNING GOAL ONE (page 35 of Plan)	3
TRANSITION SERVICES GOAL TWO (page 40 of Plan)	5
TRANSITION SERVICES GOAL FOUR (page 41 of Plan)	6
HOUSING SERVICES GOAL ONE (page 46 of Plan)	9
EMPLOYMENT GOAL TWO (page 51 of Plan)	11
EMPLOYMENT GOAL THREE (page 51 of Plan)	14
LIFELONG LEARNING AND EDUCATION GOAL ONE (page 56 of Plan)	17
TRANSPORTATION GOAL ONE (page 66 of Plan)	20
CRISIS SERVICES GOAL ONE AND TWO (page 83 of Plan)	21
PREVENTING ABUSE AND NEGLECT GOAL THREE (page 93 of Plan)	24
ASSISTIVE TECHNOLOGY (page 99 of Plan)	25
AREAS UNDER DEVELOPMENT	27
Minnesota Department of Veterans Affairs	27
Department of Public Safety	28
Minnesota Department of Health	29
Department of Corrections	30

PERSON-CENTERED PLANNING GOAL ONE (page 35 of Plan)

REASON FOR CHANGE

There are no changes to the goal. Two new strategies are being added to identify ways to measure whether individual choices in major life decisions are being honored.

Goal One: Plans for people using disability home and community-based waiver services will meet protocols based on the presence of eight required criteria. Protocols are based on the principles of person-centered planning and informed choice.

- **By June 30, 2022, the eight required criteria will be present at a combined rate of 90%.**

Baseline: In state fiscal year 2014, 38,550 people were served on the disability home and community-based services. From July 1, 2016 – June 30, 2017 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. The combined rate was 67%.

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%)

Strategies

Broaden the Effective Use of Person-Centered Planning Principles and Techniques for People with Disabilities

- Define and initiate person-centered planning services to assist people with disabilities in expressing their needs and preferences about quality of life.
- Expand person-centered planning principles across more populations to include Medical Assistance recipients using mental health or home care services, those served through DEED, MDE, those leaving correctional facilities, and those requiring a coordinated plan between education, human services, and/or health. Provide training on person-centered planning practices and informed choice to people with disabilities and their families, counties, tribes, and providers.
- Actively promote and encourage implementation of best practices and person-centered strategies that support individualized service and housing options through, for example, Housing Options Best Practices Forum and communities of practice on person-centered planning and transition protocols.
- Evaluate progress towards goals, and determine if additional strategies will be necessary to provide everyone receiving services through one of the four disability home and community-based service waivers with person-centered plans, that include meaningful informed choice.
- Develop materials and training to guide professionals who inform people with disabilities about their rights and their individual abuse prevention plans to increase understanding of rights and the effectiveness of planning. [Note: professionals include providers (who are responsible for abuse prevention plans), case managers, qualified professionals overseeing Personal Care Assistance services, etc.]

- Identify and continue the development of informed choice training for lead agencies. Training will include the requirements of providing a person, in an accessible format and manner that meets the individual's needs, the tools, information, and opportunities that the individual requires to understand all of their options. This will be achieved by March 31, 2023.

Evaluate the Effectiveness of Person-Centered Planning Principles and Techniques

- Use the established protocols to measure the quality of plans and the extent to which they contain required elements of person-centered planning through regular county and state audits. These audits will include technical assistance and/or improvement plans as indicated.
- Through the MnCHOICES assessment tool, assess whether assistive technology will be considered as part of an individual's support plan, and at reassessments, monitor access to and effective use of technology.
- DHS will work with System of Technology to Achieve Results (STAR) Program on strategies to increase awareness of, and monitor effective use of assistive technology as a means to increase quality of life and outcomes for people with disabilities.

Incorporate Assistive Technology Assessment into Person-Centered Planning Processes

- Person-centered planning processes will be enhanced through a common process across DHS, MDE, DEED and ADM. This process will increase awareness of Assistive Technology, related services, resources and funding sources.

Expand, diversify and improve the pool of workers who provide direct care and support services in order to produce meaningful progress towards alleviating the direct care and workforce shortage in Minnesota

- Increase worker wages and/or benefits.
- Expand the worker pool to ensure that people with disabilities have the workforce they need to live, learn, work and enjoy life in the most integrated setting.
- Improve the workforce by enhancing training for direct care and support professionals.
- Increase job satisfaction (including quality of the job).
- Raise public awareness by promoting direct care and support careers.
- Promote service innovation.
- Enhance data collection.

Improve the Ability to Gather Information about Informed Choice in Decision Making

- DHS will conduct a review of how the Department currently gathers data information regarding informed choice in decision making. The review will:
 - identify existing projects related to assessing and measuring informed choice in decision making;
 - document the ways information regarding informed choice is currently collected;
 - prepare a summary analysis of the consistency and variation in data collected among tools and methodologies;
 - conduct an analysis of current tools as data collection instruments; and
 - identify recommendations regarding the assessment of informed choice in decision making by June 30, 2023.
- DHS will conduct a review of how the Department currently gathers information regarding race and ethnicity. The review will:
 - identify existing data on race and ethnicity across the Department;
 - prepare a summary analyzing consistency and variation in data collected between systems;
 - participate in DHS data standards project on race and ethnicity; and
 - identify recommendations regarding assessment of race and ethnicity in Olmstead reporting related to choice in decision making by June 30, 2023.

TRANSITION SERVICES GOAL TWO (page 40 of Plan)

REASON FOR CHANGE

The goal is being extended and a new overall goal is being reset. The new goal is based on progress being made over the past 3 years. AMRTC is establishing an aggressive goal to achieve an average daily census of **25% or less** who do not require hospital level of care and are currently awaiting discharge to the most integrated setting.

Goal Two: By June 30, ~~2022~~, the percent of people under commitment at Anoka Metro Regional Treatment Center (AMRTC) who do not require hospital level of care and are currently awaiting discharge to the most integrated setting¹ will be reduced to ~~30%~~ 25% (based on daily average).

Baseline: In State Fiscal Year 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. In State Fiscal Year 2021, the percentage of people at AMRTC who no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting was 27.6% on a daily average.

Annual Goals to reduce the percent of people at AMRTC awaiting discharge:

- By June 30, 2016 the percent awaiting discharge will be reduced to ≤ 35%
- By June 30, 2017 the percent awaiting discharge will be reduced to ≤ 33%
- By June 30, 2018 the percent awaiting discharge will be reduced to ≤ 32%
- By June 30, 2019 the percent awaiting discharge will be reduced to ≤ 30%
- By June 30, 2020 the percent awaiting discharge will be reduced to 30% or lower
- By June 30, 2021 the percent awaiting discharge will be maintained at 30% or lower
- By June 30, 2022 the percent awaiting discharge will be maintained at 30% or lower
- By June 30, 2023 the percent awaiting discharge will be reduced to 25% or lower

¹ 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.

TRANSITION SERVICES GOAL FOUR (page 41 of Plan)

REASON FOR CHANGE

DHS is updating the *My Move Plan Summary Form*, to allow the person and their case manager to complete a more dynamic form that improves their ability to identify and prepare for the needs of the person when moving. The adapted form will include the 10 elements previously missed in the measure. This process will better align with the person centered, informed choice and transition protocol by tailoring it to what is important to and for the person based on their individual support needs. The baseline will be established using the first six months of using the new form and will be available to report within 90 days.

Goal Four: By June 30, ~~2024~~, 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 [person's support needs, how and when those needs will be met by completing ten elements from the My Move Plan Summary with the person or their legal representative, when applicable](#) document listed below. [People who ~~opted out of using the My Move Plan summary document~~ or did not inform their case manager that they moved are excluded from this measure.]

- [By March 31, 2023, establish a baseline](#)

~~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 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.~~

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

Strategies

Improve Ability to Gather Information about Housing Choices

- The "[Person-Centered, Informed Choice and Transition Protocol](#)" was adopted in February 2016 and is being implemented for all people who receive long-term services and supports to determine the number of individuals who would choose or do not oppose moving to a more integrated setting.

Implement New Transition Protocols

- A “[Person-Centered, Informed Choice and Transition Protocol](#)” is being used with individuals moving to more integrated settings from segregated settings to ensure that planning includes what is important to the individual as well as for the individual. The protocol aligns with the Jensen Settlement Agreement, the five principles of transition planning, and relevant components of the final rule of Home and Community-Based Services standards.
- Implement the federal rule governing Home and Community-Based Services (HCBS) settings requiring assessment and person-centered planning practices.
- [Develop and publish improvements/enhancements to the My Move Plan Summary form, identified through stakeholder engagement, which will promote a more person-centered planning process, maintaining the ten elements previously used in the My Move Plan summary.](#)

Increase Service Options for Individuals Making Transitions

- Provide targeted technical assistance and mentoring to build statewide capacity with lead agencies and providers to successfully transition people to more integrated settings, and use innovative approaches to individualized housing and supports.
- Provide technical assistance and education about assistive technology to lead agencies and providers and provide examples of innovative uses of assistive technology to support people in making successful transitions to more integrated settings.
- Provide targets for service development, and support counties, tribes and providers in developing alternatives to segregated settings, such as alternatives to shift staff foster care.
- Evaluate the current range of services available, such as those through home and community-based service waivers, and redesign services as necessary to make available flexible options to support transitions to more integrated settings.

Monitor and Audit the Effectiveness of Transitions

- Develop materials to help people with disabilities, families and guardians understand options, answer questions and connect with those who can assist them in making an informed choice and planning for a transition.
- Lead agencies and the State will conduct audits of transition planning done by counties and providers to determine and gather the degree to which the transition meets the Person-Centered, Informed Choice and Transition protocol. DHS will monitor and report to the Subcabinet: the number of transition case files reviewed; the number of people opting out of the My Move Summary document; the number of people who did not inform their case manager of their move; the number of case files that had the My Move Summary document; and the number of those documents that ~~included the ten required elements~~ [were completed with the person or their legal representative if applicable\) and included a description of the person’s support needs, how and when those needs would be met.](#)
- [Revise the monitoring and compliance process of the My Move Plan Summary form to be individualized based on the assessed needs of the person moving, rather than the simple presence of all ten elements. For a period of 6 months upon implementation of the revised My Move Plan Summary form, DHS Lead Agency Review will validate the new monitoring and compliance process, including the current form and revised form in the data collection. Technical assistance, on the forms will continue to be provided at lead agency reviews and by request of the lead agency.](#)

- DHS will focus technical assistance and other strategies toward the areas that have the lowest compliance.
- Monitor both the number and percent of AMRTC patients under civil commitment after being found incompetent on a felony or gross misdemeanor charge and those under civil commitment for mental health treatment.
- DHS, DEED and DOC will work together to ensure efficient and successful transitions for people leaving DOC facilities and entering community services.

HOUSING SERVICES GOAL ONE (page 46 of Plan)

REASON FOR CHANGE

The goal is being extended and annual goals are being reset based on previous year's performance. New strategies related to gathering information about housing choices are also being added.

Goal One: By June 30, ~~2024, 2022~~, the number of people with disabilities who live in the most integrated housing of their choice where they have a signed lease and receive financial support to pay for the cost of their housing will increase by ~~2,467 1,167~~ (from 2021 through 2024).

Baseline: In State Fiscal Year 2014, there were an estimated 38,079 people living in segregated settings.² Over the last 10 years, 5,995 individuals with disabilities moved from segregated settings into integrated housing of their choice where they have a signed lease and receive financial support to pay for the cost of their housing.³ From July 2014 – June 2020, an additional 5,388 individuals moved into integrated housing of their choice (an annual average of 898).

Annual Goals to increase the number of individuals living in the most integrated housing with a signed lease:

- By June 30, 2021, the number of individuals moving into integrated housing will be 569
- By June 30, 2022, the number of individuals moving into integrated housing will be 598
- By June 30, 2023, the number of individuals moving into integrated housing will be 635
- By June 30, 2024, the number of individuals moving into integrated housing will be 665

Strategies

Create More Affordable Housing

- Increase the number of affordable housing opportunities for people with disabilities exiting segregated settings by re-allocating existing funding.

Improve the Ability to Gather Information about Housing Choices

- Implement a process to gather and measure choices made by people with disabilities regarding housing.
- DHS will conduct a review of how the Department currently gathers information regarding informed choice in housing services. The review will:
 - identify existing projects related to assessing and measuring informed choice in housing;
 - document the ways information regarding informed choice is currently collected;
 - prepare a summary analysis of the consistency and variation in data collected among tools and methodologies;
 - conduct an analysis of current tools as data collection instruments; and
 - identify recommendations regarding the assessment of informed choice in housing decisions by June 30, 2023.
- DHS will conduct a review of how the Department currently gathers information regarding race and ethnicity. The review will:

² Based on “[A Demographic Analysis, Segregated Settings Counts, Targets and Timelines Report](#)” and information from ICFs/DD and Nursing Facilities.

³ The programs that help pay for housing included in this measure are: Housing Support (three setting types which require signed leases), Minnesota Supplemental Aid Housing Assistance, Section 811, and Bridges.

- [identify existing data on race and ethnicity across the Department;](#)
 - [prepare a summary analyzing consistency and variation in data collected between systems;](#)
 - [participate in DHS data standards project on race and ethnicity; and](#)
 - [identify recommendations regarding assessment of race and ethnicity in Olmstead reporting related to housing services by June 30, 2023.](#)
- Once a process for capturing and measuring choice is in place, analyze the data and report annually to the Subcabinet on progress in meeting goals.

Improve Future Models for Housing in the Community

- Increase access to information about integrated housing for people with disabilities through outreach, technical assistance and improved technology.
- Actively promote and encourage counties, tribes, and other providers to implement best-practices and person-centered strategies related to housing.
- Develop policy recommendations and strategies to access Medicaid coverage for housing related activities and services for people with disabilities.
- Identify and assess barriers for individuals to obtain and maintain housing, and provide recommendations to the Subcabinet of strategies to address policy and funding barriers.

Implement new Medicaid [Housing Stabilization Services](#)⁴ Benefit for People with Disabilities or Disabling Conditions who have Housing Instability.

[Improve access to \[Housing Stabilization Services\]\(#\)⁵ through Medical Assistance](#)

- [Implement Moving Expenses option by December 31, 2022, to assure more people with disabilities or disabling conditions who have housing instability have access to the necessary funding and goods to help them move, within available federal funding](#)
- [Develop resources and make them available on the HB101 website. The resources and tools will provide information about Housing Stabilization Services to people with disabilities and the people who support them](#)
- [Seek input from providers on barriers to enrollment and service delivery, with a particular focus on providers from diverse communities.](#)

Increase use of Minnesota Supplemental Aid Housing Assistance for People with Disabilities to have more Resources to Pay for Housing.

⁴ ~~Housing Stabilization Services is a benefit that went into effect in July 2020. This was formerly called Housing Access Services and Housing Access Coordination.~~

⁵ Housing Stabilization Services is a benefit that went into effect in July 2020. This was formerly called Housing Access Services and Housing Access Coordination.

EMPLOYMENT GOAL TWO (page 51 of Plan)

REASON FOR CHANGE:

E1MN is Minnesota's state agency partnership to advance Employment First outcomes for youth and adults with disabilities. The state agency partnership evolved from Minnesota's [Employment First Policy](#) adopted by the Olmstead Subcabinet in 2014. E1MN was launched July 1, 2021 and works to deliver a seamless and timely employment support system for youth and adults with disabilities so they understand their options and get what they need to achieve and maintain competitive integrated employment. E1MN focuses on people who receive a Medicaid waiver and receiving services under the [Engage, Plan, Find, Keep Framework](#).

Lead agencies began E1MN implementation on September 1, 2021. The E1MN process for people on Medicaid waivers will initiate at their annual meeting scheduled on or after September, 2021. DEED-VRS is currently supporting hundreds of new participants on Medicaid waivers who are interested in competitive, integrated employment including youth and adults. It will take the next year and beyond to fully capture and reflect the impact of E1MN and the ability for people on Medicaid waivers who wish to work in competitive, integrated employment. After baseline data is obtained employment goals for people on waivers will be established. Data analysis will include work to identify and address areas of disparity.

The goal is being extended to continue data collection while the new measure is being developed.

Goal Two: By June 30, ~~2024~~ 2022 of the 50,157 people receiving services from certain Medicaid funded programs, there will be an increase of ~~8,283~~ 6,283 over baseline to ~~14,420~~ 12,420 in competitive integrated employment.

Baseline: In 2014, of the 50,157 people age 18-64 in Medicaid funded programs, 6,137 were in competitive integrated employment. Medicaid funded programs include: Home and Community-Based Waiver Services, Mental Health Targeted Case Management, Adult Mental Health Rehabilitative Services, Assertive Community Treatment and Medical Assistance for Employed Persons with Disabilities (MA-EPD).

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

- By June 30, 2021, the number in competitive integrated employment will increase to 11,420
- By June 30, 2022, the number in competitive integrated employment will increase to 12,420
- **By June 30, 2023, the number in competitive integrated employment will increase to 13,420**
- **By June 30, 2024, the number in competitive integrated employment will increase to 14,420**
- **By September 30, 2022 establish an E1MN baseline to include:**
 - The number of individuals served with a Medicaid waiver
 - The number of waiver recipients who received competitive integrated employment outcomes
 - The numbers by age, race and ethnicity

Strategies

Implement the Employment First Policy

- Implement the [Minnesota Employment First Policy](#) which encourages competitive integrated employment.
- Implement E1MN interagency agreements between DHS and DEED to align systems so that common customers get seamless and timely support to make informed choices and meet employment goals.

- [Implement E1MN \(launched July 1, 2021\) that works to deliver a seamless and timely employment support system for youth and adults with disabilities so they understand their options and get what they need to achieve and maintain competitive integrated employment.](#)
- [Continue providing services under the Engage, Plan, Find, Keep Framework for people who receive a Medicaid waiver. The framework supports people at different phases of employment. The person's thoughts about competitive integrated work define where to start and how they progress through the phases of the framework.](#)

Utilize Data System to Measure and Evaluate Integrated Employment

- Agencies will continue to collaborate on efforts to determine the best ways to use data and common measures to evaluate employment services and measure increases in competitive integrated employment.
- [DHS will conduct a review of how the Department currently gathers information regarding **informed choice** in employment. The review will:](#)
 - [identify existing projects related to assessing and measuring **informed choice** in employment;](#)
 - [document the ways information regarding **informed choice** is currently collected;](#)
 - [prepare a summary analysis of the consistency and variation in data collected among tools and methodologies;](#)
 - [conduct an analysis of current tools as data collection instruments; and](#)
 - [identify recommendations regarding the assessment of **informed choice** in employment decisions by June 30, 2023.](#)
- [DHS will conduct a review of how the Department currently gathers information regarding race and ethnicity. The review will:](#)
 - [identify existing data on race and ethnicity across the Department;](#)
 - [prepare a summary analyzing consistency and variation in data collected between systems;](#)
 - [participate in DHS data standards project on race and ethnicity; and](#)
 - [identify recommendations regarding assessment of race and ethnicity in Olmstead reporting related to employment services by June 30, 2023.](#)

Reform Funding Policies to Promote Competitive Integrated Employment

- As of the 2015-2016 school year, any new Special Education Transition Disabled Funds for vocational evaluations, and/or employment placement will be used in competitive integrated, employment settings.
- Redirect funds to follow and support an individual's informed choice for employment.

Develop Additional Strategies for Increasing Competitive Integrated Employment among People with Disabilities

- Adopt the evidence-based practice of engaging youth in paid work before exiting school.
- Build capacity at state/regional levels by expanding implementation of evidence-based and promising practices:
 - Project SEARCH (youth)
 - Employment Capacity Building Cohort (ECBC) (youth)
 - Pre-Employment Transition Services (Pre-ETS) (youth)
 - Individual Placements and Supports (IPS) Employment program (for adults with serious mental illness)
- Provide training, technical assistance, public information and outreach regarding competitive integrated employment to individuals and families, providers, educators, vocational rehabilitation services, staff, county and tribal case managers, and other stakeholders.

- Increase awareness of and education about ways that Assistive Technology products, services and resources can support competitive integrated employment outcomes. Increase employment opportunities for certified peer specialists by mental health service providers.

Implement the Workforce Innovation and Opportunity Act (WIOA) and Section 503

- Implement federal requirements under Workforce Innovation and Opportunity Act (WIOA), the federal law governing publicly funded workforce development programs.
- Implement federal rule Section 503 that sets a hiring goal for federal contractors and subcontractors that 7% of each job group in their workforce be qualified people with disabilities.

Implement the Home and Community-Based Services (HCBS) Rule in a Manner that Supports Competitive Integrated Employment

- Implement federal requirements regarding employment under the Centers for Medicare and Medicaid Services Home and Community-Based Services Rule, the federal rule that governs waived services for individuals with disabilities.

Promote Tools for Support Professionals and People with Disabilities to Achieve Employment Goals

- Promote tools available on the [Disability Hub MN](https://www.disabilityhubmn.org)⁶ that provide resources in exploring work options, setting goals, and achieving employment success.
 - Promote the use of the work toolkit to lead agencies as a go to place for resources and tools when supporting people in employment.
 - Promote the use of Charting the LifeCourse tool as a way to support person-centered planning in the context of employment.

Provide Technical Assistance to Support Transitions to Competitive Integrated Employment

- Provide assistance to day and employment services providers that are shifting business models to support competitive integrated employment.

Implement Upcoming Changes to Prevocational Services in a Manner that Supports Competitive Integrated Employment

- Upon federal approval, all center-based work will be transitioned to prevocational services, which will be time limited for new recipients.

⁶ Disability Hub MN at www.disabilityhubmn.org is a free statewide resource network that helps solve problems, navigate the system and plan for the future. It includes options and tools for managing health, benefits, work and housing.

EMPLOYMENT GOAL THREE (page 51 of Plan)

REASON FOR CHANGE

No changes are being made to the measurable goal. Strategies are being added to develop new metrics.

Research in special education has supported the association between self-determination and quality of life for students with disabilities ([Wehmeyer & Schalock, 2001](#)). The Minnesota Department of Education (MDE) will explore development of metrics and a process for measuring self-determination of students with cognitive and developmental disabilities in relation to secondary transition work and employment planning by their Individualized Education Program (IEP) teams according to Minnesota Rule 3525.2900. In exploring metrics and measurement, self-determination will be understood as acting as the causal agent in one's life and making choices and decisions regarding one's quality of life ([Wehmeyer, 2020](#)).

Metrics and measurement exploration will focus on secondary transition for students with cognitive and developmental disabilities. MDE plans to collaborate with [E1MN](#) state agency partners in the Department of Employment and Economic Development and the Department of Human Services, and consult with [Dr. Michael Wehmeyer](#) and the [Beach Center on Disability at the University of Kansas](#), in exploring metrics and measurement processes (January, 2022 through September, 2025).

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)⁷ will be 1,513.

Annual Goals for the number of students that enter competitive integrated employment through ECBC:

- By June 30, 2016, the number in competitive integrated employment will be 125
- By June 30, 2017, the number in competitive integrated employment will be 188
- By June 30, 2018, the number in competitive integrated employment will be 150
- By June 30, 2019, the number in competitive integrated employment will be 150
- By June 30, 2020, the number in competitive integrated employment will be 150
- By June 30, 2021, the number in competitive integrated employment will be 150
- By June 30, 2022, the number in competitive integrated employment will be 150
- By June 30, 2023, the number in competitive integrated employment will be 150
- By June 30, 2024, the number in competitive integrated employment will be 150
- By June 30, 2025, the number in competitive integrated employment will be 150

Strategies

Implement the Employment First Policy

- Implement the [Minnesota Employment First Policy which encourages competitive integrated employment](#).
- Implement E1MN interagency agreements between DHS and DEED to align systems so that common customers get seamless and timely support to make informed choices and meet employment goals.

⁷ The Employment Capacity Building Cohort (ECBC) is an interagency activity of MDE, DEED, ~~and~~ DHS [and SSB. This project 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. As of 2020-2021, ECBC included 31 community teams. The number of community teams fluctuates each year with addition or exit of ECBC teams.](#)

Utilize Data System to Measure and Evaluate Integrated Employment

- Agencies will continue to collaborate on efforts to determine the best ways to use data and common measures to evaluate employment services and measure increases in competitive integrated employment.

Reform Funding Policies to Promote Competitive Integrated Employment

- As of the 2015-2016 school year, any new Special Education Transition Disabled Funds for vocational evaluations, and/or employment placement will be used in competitive integrated, employment settings.
- Redirect funds to follow and support an individual's informed choice for employment.

Develop Additional Strategies for Increasing Competitive Integrated Employment among People with Disabilities

- Adopt the evidence-based practice of engaging youth in paid work before exiting school.
- Build capacity at state/regional levels by expanding implementation of evidence-based and promising practices:
 - Project SEARCH (youth)
 - Employment Capacity Building Cohort (ECBC) (youth)
 - Pre-Employment Transition Services (Pre-ETS) (youth)
 - Individual Placements and Supports (IPS) Employment program (for adults with serious mental illness)
- Provide training, technical assistance, public information and outreach regarding competitive integrated employment to individuals and families, providers, educators, vocational rehabilitation services, staff, county and tribal case managers, and other stakeholders.
- Increase awareness of and education about ways that Assistive Technology products, services and resources can support competitive integrated employment outcomes. Increase employment opportunities for certified peer specialists by mental health service providers.

Implement the Workforce Innovation and Opportunity Act (WIOA) and Section 503

- Implement federal requirements under Workforce Innovation and Opportunity Act (WIOA), the federal law governing publicly funded workforce development programs.
- Implement federal rule Section 503 that sets a hiring goal for federal contractors and subcontractors that 7% of each job group in their workforce be qualified people with disabilities.

Implement the Home and Community-Based Services (HCBS) Rule in a Manner that Supports Competitive Integrated Employment

- Implement federal requirements regarding employment under the Centers for Medicare and Medicaid Services Home and Community-Based Services Rule, the federal rule that governs waived services for individuals with disabilities.

Promote Tools for Support Professionals and People with Disabilities to Achieve Employment Goals

- Promote tools available on the [Disability Hub MN](http://www.disabilityhubmn.org)⁸ that provide resources in exploring work options, setting goals, and achieving employment success.
 - Promote the use of the work toolkit to lead agencies as a go to place for resources and tools when supporting people in employment.

⁸ Disability Hub MN at www.disabilityhubmn.org is a free statewide resource network that helps solve problems, navigate the system and plan for the future. It includes options and tools for managing health, benefits, work and housing.

- Promote the use of Charting the LifeCourse tool as a way to support person-centered planning in the context of employment.

Provide Technical Assistance to Support Transitions to Competitive Integrated Employment

- Provide assistance to day and employment services providers that are shifting business models to support competitive integrated employment.

Implement Upcoming Changes to Prevocational Services in a Manner that Supports Competitive Integrated Employment

- Upon federal approval, all center-based work will be transitioned to prevocational services, which will be time limited for new recipients.

Promote Self-Determination in Education in the Most Integrated Setting

- MDE will explore development of metrics (e.g. educational setting, self-determination metric, race/ethnicity disaggregation) and a process for measuring self-determination of students with cognitive and developmental disabilities in relation to educational setting placements by their Individualized Education Program (IEP) teams according to Minnesota Rule 3525.3010 (January through October 2022).
- MDE will partner with school districts in using the Arc Self-Determination Scale – Adolescent Version (Wehmeyer & Kelchner (Arc), 2014) to measure student self-determination in relation to educational setting placement (October 2022, through September 2023).
- MDE will use the results of measurement to begin developing a combined framework for self-determination and education in the most integrated setting for students with cognitive and developmental disabilities (October 2023 through June 2024).
- MDE will field validate the developed framework for self-determination and education in the most integrated setting for students with cognitive and developmental disabilities with partnering school districts (July 2024 through September 2025).

LIFELONG LEARNING AND EDUCATION GOAL ONE (page 56 of Plan)

REASON FOR CHANGE

No changes are being made to the measurable goal. Strategies are being added to develop new metrics.

Research in special education has supported the association between self-determination and quality of life for students with disabilities ([Wehmeyer & Schalock, 2001](#)). The Minnesota Department of Education (MDE) will explore development of metrics and a process for measuring self-determination of students with cognitive and developmental disabilities in relation to educational setting placements by their Individualized Education Program (IEP) teams according to Minnesota Rule 3525.3010. In exploring metrics and measurement, self-determination will be understood as acting as the causal agent in one's life and making choices and decisions regarding one's quality of life ([Wehmeyer, 2020](#)).

Metrics and measurement exploration will focus on secondary transition for students with cognitive and developmental disabilities. MDE plans to collaborate with [E1MN](#) state agency partners in the Department of Employment and Economic Development and the Department of Human Services, and consult with [Dr. Michael Wehmeyer](#) and the [Beach Center on Disability at the University of Kansas](#), in exploring metrics and measurement processes.

Goal One: By December 1, 2021 the percent of students with disabilities⁹, receiving instruction in the most integrated setting¹⁰, will increase to 63%.

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

Annual Goals to increase the percent of students with disabilities receiving instruction in the most integrated settings:

- By December 1, 2019, the percent will increase to 62.5%
- By December 1, 2020, the percent will increase to 62.75%
- By December 1, 2021, the percent will increase to 63%

Strategies

Improve and Increase the Effective Use of Positive Supports in Working with Students with Disabilities

- Continue the expansion of the Positive Behavioral Interventions and Supports (PBIS) to improve the capacity of school districts to include students in integrated classrooms, and reduce the disciplinary removal of students from the classrooms. In 2016-2017, there were 137,601 students with disabilities, and 19,488 disciplinary actions involving students with disabilities (i.e. an out of school suspension for one day or more, expulsion or exclusion). MDE annually reviews disciplinary actions for disproportionality related to student disability and race/ethnicity, in an annual report to the legislature. As of August ~~2020~~ **2021**, there are ~~829 or 40%~~ **803 or 39%** of Minnesota schools implementing PBIS, impacting an estimated ~~391,272~~ **378,000** students. (~~43%~~ **44%** of all students)

Continue Strategies to Effectively Support Students with Low-Incidence Disabilities

⁹ "Students with disabilities" are defined as students with an Individualized Education Program age 6 to 21 years.

¹⁰ "Most integrated setting" refers to receiving instruction in regular classes alongside peers without disabilities, for 80% or more of the school day.

- Continue implementation of the Regional Low Incidence Disability Projects (RLIP). These projects provide equitable services to students with low incidence disabilities (those students in categorical areas comprising less than 10% of students receiving special education services) throughout the state. The projects support equity in service through professional development, technical assistance and access to qualified educators to support access to a free, appropriate public education in the student's home district.

Improve Graduation Rates for Students with Disabilities

- Continue the implementation of the IDEA State Performance Plan (SPP), including the State Systemic Improvement Plan (SSIP) and the State Identified Measurable Result (SIMR). Application of these strategies has proven successful in increasing graduation rates for students with disabilities.
- Implement Minnesota's State Personnel Development Grant, designed to reduce dropout rates and improve graduation outcomes for American Indian children and youth with disabilities through the implementation of evidence-based practices. Increase the number of American Indian teachers in special education through support of higher education partnerships.

Broaden the Effective Use of Person-Centered Planning Principles and Techniques

- Continue the Person-Centered Planning pilot of the Minnesota State Interagency Committee (MNSIC) Interagency Coordination Model. This incorporates person-centered planning practices into the Individualized Education Program (IEP) process. The cohorts will be supported with tools and practices learned from the previous rounds of pilot programming.

Continue the Expansion of Assistive Technology (AT) Teams Project

- Continue to expand AT Teams Projects, designed to support school district AT Teams in providing services that are in alignment with legal standard and best practices in AT. A matrix of potential AT determinations will be provided to each district team, which will gather data for MDE as part of the team's agreement for participation in the AT Teams Project. MDE utilizes implementation fidelity and scale-up measures to evaluate the extent to which school districts apply MDE training for active consideration of AT in individualized education program (IEP) meetings. This data will be used to evaluate implementation and impact in school districts for students with disabilities.

Analyze Minnesota Special Education Setting Data to Identify Underrepresentation of Student Groups

- Analyze Minnesota annual special education setting data to specifically identify student disability and race/ethnicity categories that are underrepresented in the state's students with disabilities educated in the most integrated setting.
- Use annual analysis of data to develop or revise strategies specifically for these underrepresented student groups to increase the proportion educated in the most integrated setting.
- Annual analysis will be reported to the Olmstead Subcabinet and be available to the public at MDE's online Data Center (under Data Reports and Analytics).

Improve Reintegration Strategies for Students Returning Back to Resident Schools

- Continue collaboration between MDE and DOC at the Minnesota Correctional Facility in Red Wing. This project will improve reintegration of students with disabilities exiting the facility to their resident district or to a more integrated setting.
- Implement a reintegration protocol statewide for students placed out of state or in juvenile correctional facilities.

Promote Self-Determination in Education in the Most Integrated Setting

- MDE will explore development of metrics (e.g. educational setting, self-determination metric, race/ethnicity disaggregation) and a process for measuring self-determination of students with cognitive and developmental disabilities in relation to educational setting placements by their Individualized Education Program (IEP) teams according to Minnesota Rule 3525.3010 (January through October 2022).
- MDE will partner with school districts in using the Arc Self-Determination Scale – Adolescent Version (Wehmeyer & Kelchner (Arc), 2014) to measure student self-determination in relation to educational setting placement (October 2022, through September 2023).
- MDE will use the results of measurement to begin developing a combined framework for self-determination and education in the most integrated setting for students with cognitive and developmental disabilities (October 2023 through June 2024).
- MDE will field validate the developed framework for self-determination and education in the most integrated setting for students with cognitive and developmental disabilities with partnering school districts (July 2024 through September 2025).

TRANSPORTATION GOAL ONE (page 66 of Plan)

REASON FOR CHANGE

The goal is being extended and targets reset based on current performance levels.

Goal One: By December 31, 2020 ~~2023~~, accessibility improvements will be made to: (A) ~~10,299~~ **6,600** curb ramps (increase from base of 19% to 49% ~~79%~~); (B) ~~430~~ **490** accessible pedestrian signals (increase from base of 10% to 74% ~~79%~~); and (C) by ~~October 31, 2021~~ **December 31, 2023**, improvements will be made to ~~113~~ **55** miles of sidewalks.

(A) Curb Ramps

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

- By December 31, 2020 accessibility improvements will be made to an additional 6,600 curb ramps ¹¹ bringing the percentage of compliant ramps to approximately 49%.
- By December 31, 2023 accessibility improvements will be made to an additional 10,299 curb ramps bringing the percentage of compliant ramps to approximately 79%.

(B) Accessible Pedestrian Signals

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

- By December 31, 2020, an additional 430 Accessible Pedestrian Signals (APS) installations will be provided on MnDOT owned and operated signals bringing the number to 875 and the percentage to 74%.
- By December 31, 2023, an additional 490 Accessible Pedestrian Signals (APS) installations will be provided on MnDOT owned and operated signals bringing the number to 935 and the percentage to 79%.

(C) Sidewalks

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

- By October 31, 2021 improvements will be made to an additional 55 miles of sidewalks bringing total system compliance to 60%.
- By December 31, 2023 improvements will be made to an additional 113 miles of sidewalks bringing total system compliance to 64%.

¹¹ ADA Title II Requirements for curb ramps at www.fhwa.dot.gov/civilrights/programs/doj_fhwa_ta_glossary.cfm

CRISIS SERVICES GOAL ONE AND TWO (page 83 of Plan)

REASON FOR CHANGE

The goals are not on track to meet the 2022 overall targets. There are no changes to the measurable goals, however new strategies have been added to improve performance on the goals.

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.

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

Annual Goals to increase the percent of children who remain in their community after a crisis:

- 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%
- By June 30, 2022, the percent who remain in their community after a crisis will increase to 85% or more

Goal Two: By June 30, 2022, the percent of adults who receive adult mental health crises services and remain in their community (e.g., home or other settings) will increase to 65% or more.

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.

Annual Goals to increase the percent of adults who remain in their community after a crisis:

- By June 30, 2021, the percent who remain in their community after a crisis will increase to 55%
- By June 30, 2022, the percent who remain in their community after a crisis will increase to 65%

Strategies

Evaluate Effectiveness of Crisis Services

- Monitor the utilization of crisis services to determine:
 - the number of individuals who use crisis services
 - the number of individuals demitted from where they live or work after a crisis episode
 - timeliness of crisis interventions
 - length of time crisis services are used, and
 - barriers to stable services, and permanent housing.
- Evaluate the capacity (strengths and barriers) of the crisis system to provide timely access to in home intervention and residential crisis services and identify solutions, including: development of additional crisis residential homes and mobile crisis services, increased specialized staffing and/or streamlined processes to efficiently authorize and access funding.
- Evaluate the length of time an individual remains in a residential crisis setting when stable, and reasons for delay in returning to their living situation. Identify solutions to expedite the development of permanent housing and service options to more quickly move people out of crisis homes when this level of service is no longer needed.

Implement Additional Crisis Services

- The implementation of the \$50 million investment in mental health services began during the 2016-2017 biennium. The expansion resulted in:
 - Increase access to children's mental health crisis services in schools (Goals 1, 2)
 - Increase capacity of mental health crisis services providers to respond to the needs of people with complex needs (i.e., co-existing mental health and intellectual/developmental disabilities) (Goal 1, 2)
 - Expand and enhance Assertive Community Treatment (ACT) teams (Goal 4)
 - Expand housing with supports (Goal 4)
 - Expand mobile crisis teams (Goals 1, 2, 4)
- Expansion of home and community-based crisis services is in process and will result in:
 - Development of residential crisis options throughout the state to have timely access to crisis services that are clinically appropriate.
 - Collaboration with counties will increase in-home respite capacity.
 - Development of additional crisis respite beds.
 - Development of additional mobile crisis intervention capacity and clinical expertise that supports providers and families so that people remain in their homes, jobs, and community.
 - Annual evaluation to determine the number of crisis respite beds that are necessary to meet the needs and develop additional capacity if necessary.
- DHS developed a single point of access and streamlined referral requirements to improve the quality of the crisis response outcomes for people with disabilities. The initial phase began September 1, 2015 and is targeted to persons with developmental or intellectual disabilities in crisis and at risk of losing their current placement.

Develop Infrastructure of Crisis Services System

- DHS will expand Mobile Crisis Services by strengthening the state's mobile crisis infrastructure through ongoing increases in financial support to counties and tribes to staff 24-hour mobile crisis lines and increase capacity to take more calls. With this increase in infrastructure there will be additional tracking of call volume in the Minnesota Health Information System (MHIS) as well as additional data from the Suicide Lifeline centers who will be tracking the calls that result in a mobile crisis warm transfer. Collaboration with the Minnesota Department of Health for data sharing.
- DHS will increase capacity for children crisis response and community stabilization to increase outpatient access, including same-day or next-day appointments, for those in crisis. To aid in keeping children in the community, but with support until further long term mental health services are available.

Develop a Set of Proactive Measures to Improve the Effectiveness of Crisis Services

- Train schools and providers, including child care centers, on positive practices and working with children who have experienced trauma in their lives. These practices have proven to reduce the use of emergency restrictive procedures and crisis episodes.
- Continue to implement Behavioral Health Homes which began in July 2016. Behavioral Health Homes provide an array of primary care and mental health services which can be accessed in managing crisis episodes.

- Implement the Forensic Assertive Community Treatment (FACT) team model. This service focuses on individuals exiting correctional facilities with serious mental illness and provides a flexible set of community-based mental health services to support the individuals in returning to the community.
- Build effective systems for use of positive practices, early intervention, crisis reduction and return to stability after a crisis.

PREVENTING ABUSE AND NEGLECT GOAL THREE (page 93 of Plan)

REASON FOR CHANGE

The goal is being extended and keeping the same target. The overall goal of reducing by 20% compared to baseline has already been achieved. The new goals are intended to maintain current performance.

*This goal includes only people served by county adult protective services. Maltreatment investigated by DHS-Office of Inspector General or MDH is not included.

Goal Three: By December 31, ~~2021~~, [2022](#), the number of vulnerable adults who experience more than one episode of the same type of abuse or neglect within six months will be reduced by 20% compared to the baseline.

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

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

- By December 31, 2018, the number of people who experience more than one episode will be reduced by 5% compared to baseline
- By December 31, 2019, the number of people who experience more than one episode will be reduced by 10% compared to baseline
- By December 31, 2020, the number of people who experience more than one episode will be reduced by 15% compared to baseline
- By December 31, 2021, the number of people who experience more than one episode will be reduced by 20% compared to baseline
- [By December 31, 2022, the number of people who experience more than one episode will be reduced by 20% compared to baseline](#)

ASSISTIVE TECHNOLOGY (page 99 of Plan)

REASON FOR CHANGE

Updates are being made to the information about the System of Technology to Achieve Results (STAR) Program.

Department of Administration, STAR Program

The System of Technology to Achieve Results (STAR) Program is Minnesota's federally funded Assistive Technology Act program and serves Minnesotans of all ages and disabilities, including older adults with functional needs. STAR partners with other state agencies and community organizations to provide assistive technology demonstrations and device loans. There is no charge for these services.

Services provided by STAR include:

- **Device loans:** The four primary purposes for a short term (30 days or less) device loan are to:
 - Assist in decision making (device trial or evaluation)
 - Serve as a loaner during device repair or while waiting for funding
 - Provide an accommodation on a short term basis for a time-limited event/situation
 - Conduct training, self-education or other professional development activity

During State Fiscal Year 2020 ~~2021~~, STAR loaned ~~482~~ 421 assistive technology devices to ~~482~~ 421 Minnesotans for short-term use. Of the device loans made, ~~400~~ 353 were to assist the individual in determining if the AT met their needs. Of that group, ~~99.6%~~ 93% made a decision on whether it met their needs.

- **Device Demonstration:** Demonstrations allow consumers to compare features and benefits of a specific device or device category. The purpose of a demonstration is to assist with decision making. A demonstration may lead to a formal evaluation or a request for a short-term loan to trial a device. During State Fiscal Year 2020 ~~2021~~, STAR demonstrated ~~209~~ 149 assistive technology devices to ~~263~~ 219 Minnesotans. Of the ~~209~~ 149 demonstrations conducted, ~~99.4%~~ 99% made a decision on whether the AT met their needs.
- **Open-Ended Device Loans:** In certain limited circumstances, open-ended device loans are for Minnesotans who need assistive technology in education, employment, and certain community environments, such as hospice or assisted living. Open-ended loans allow a borrower to keep a device for as long as it is needed. For many borrowers this is the only resource they have available. During State Fiscal Year 2020 ~~2021~~, ~~183~~ ~~246~~ Minnesotans received AT through this program, saving consumers ~~\$447,566~~ \$531,585.
- **Minnesota Assistive Technology for All website:** As of October 2021, Minnesotans can access the Minnesota Assistive Technology for All website¹² to learn about equipment that is available for short or long-term loans. After creating an account on this online device library, borrowers can request device demonstrations or loans online.

¹² [Minnesota AT for All website is available at](#)

- ◆ **Minnesota's Guide to Assistive Technology website:** In June 2018, a cross-agency assistive technology workgroup launched [Minnesota's Guide to Assistive Technology](#) website¹³ created to increase awareness of assistive technology and provide information to help Minnesotans with disabilities consider, select, and use assistive technology at home, school, work and in their communities. In 2021, the cross-agency assistive technology workgroup [was reconvened and meets regularly.](#) ~~will be reconvened and updates will be made to the site.~~ [Website reviews are ongoing and revisions will be made as appropriate.](#)

¹³ Minnesota's Guide to Assistive Technology website is available at <https://mn.gov/admin/at/>

AREAS UNDER DEVELOPMENT

This section includes concepts that three agencies are considering. Based on further work by the agencies and public feedback, it is anticipated that a more complete version will be included in the April 2022 Olmstead Plan Revision.

Minnesota Department of Veterans Affairs

The Minnesota Department of Veterans Affairs (MDVA) is developing a strategy to execute as part of the Olmstead Plan. Throughout this process, MDVA Homeless Programs team will be working to answer the following question: ***What are the primary disabling conditions chronically homeless veterans experience and how can those needs be better addressed?***

The first step to developing a strategy is to understand and analyze the data that is currently being collected through the Homeless Veteran Registry. The current measures being tracked, that will assist in this process include: the chronicity of a Veterans homelessness; whether or not a Veteran receives VA Healthcare disability pay (also known as service connection) or Social Security Disability Insurance (SSDI); and barriers to housing related to a disabling condition, such as: the need for a unit that is qualified under the Americans with Disabilities Act and those that experience severe persistent mental illnesses and/or substance use disorders.

Action steps and timeline

- 1) Analyze the disability data available in the Homeless Veteran Registry and identify system improvements to ensure sufficient data is being collected. (Quarter 1, 2022)
- 2) Roll-out Homeless Veteran Registry improvements; start the collection of data to create and define the benchmark; and assign a Homeless Programs Coordinator to the Olmstead Plan to advance these efforts. (Quarter 2, 2022)
- 3) Analyze initial benchmark data and start to develop and define a goal and initial strategies to meet the goal. (Quarter 3, 2022)
- 4) Finalize benchmark data, goal, and strategies to be implemented to meet the goal in subsequent years. (Quarter 4, 2022)

Department of Public Safety

Topic Area 1: Ensure crime victims with disabilities have access to support services.

Rationale

People with disabilities experience victimization at a higher rate than non-disabled peers. It is important that they have equal access to crime victim services that support their recovery. In order to achieve this it will be necessary to understand what crime victim services/programs are available, the capacity of those services and programs to effectively support victims of crimes who have a disability. Additionally it is important to identify the barriers that prevent access to these services/programs.

Strategies

- Provide training to programs serving crime victims so they will have a better understanding of the broad scope of disabilities, and a common understanding of how their program can improve safe, accessible options for crime victims.
 - Conduct a needs assessment to identify accessibility barriers in crime victims service program sites, and then create a plan to enhance accessibility in collaboration with Office of Justice Programs, crime victims and crime victim service providers.
 - Programs will develop capability to define accessibility, understand what services are needed for crime victims with disabilities, and how to evaluate their program strengths and areas needing improvement to better serve crime victims with disabilities.
 - Shelter programs will have a better understanding of disabilities survivors experience and a common understanding of how their shelter programs can improve safe, accessible options for survivors.
-

Topic Area 2: Develop a Juvenile Justice-Mental Health Continuum of Care that aids juvenile justice facilities and child welfare service staff in coordinating their response to mental health crisis.

Rationale

Youth in juvenile facilities will benefit from collaborative mental health case management, ensuring services and placement that best benefits the mental health needs of each individual.

Strategies

- Identify and address geographic, racial, cultural and socioeconomic gaps in mental health services.
- Develop process for consistent, collaborative communication and follow-up between facilities and treatment providers.
- Develop and distribute an updated inventory of all available service and placement options to facilities and providers
- Develop process to ensure placement and treatment is determined by criteria specific to each individual.
- Minnesota Juvenile Justice Advisory Committee's (JJAC) Mental Health Subcommittee will collaborate with DHS and MDH to develop the model.
- This work will begin January of 2022.
- Facilities and service providers will be provided the continuum tool and JJAC, DHS, and MDH will provide technical assistance.

Minnesota Department of Health

MDH current priorities are focused on the pandemic. This includes ensuring that people with disabilities have access to resources including accessible testing, vaccines, and care during COVID 19, and commit to continuing those efforts.

MDH is currently working to identify key questions regarding people with disabilities and include them in to the agency's data collections standards. MDH anticipates that this will help identify disparate health outcomes for people with disabilities and lead to interventions.

Department of Corrections

The Department of Corrections (DOC) is proposing two new strategies related to reentry and transition.

New Strategies

- DOC will conduct a comprehensive review of policies and practices. The focus of the review will identify areas that need improvement related to person-centeredness, inclusivity, accessibility and equity.
- DOC will develop a system to respond to the needs of individuals with disabilities on correctional supervision and experiencing unsheltered homelessness.
 - Develop a process to track the number of persons with disabilities or disabling conditions who are on correctional supervision and are currently experiencing unsheltered homelessness.
 - Develop a response strategy to meet the needs of these individuals. This strategy will be included in the Homeless Mitigation Plan to be reported to the legislature by October 2022.