

Agenda: Leadership Forum Meeting

Date: 05/23/2022

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

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

Call to Order

Roll Call and Question

Agenda Review

Approval of March 31, 2022 Minutes

Agenda Items

Reports

Director's Report

[Workgroup Update](#)

May 2022 Quarterly Report

Upcoming Meeting Schedule

Adjournment

Next Meeting

Date: 08/22/2022

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

Location: Zoom online meeting platform

Submit proposed agenda items to mnolmsteadplan@state.mn.us

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Leadership Forum: Meeting Minutes (unapproved)

Date: March 31, 2022 at 2:00 to 4:00 p.m.

Location: Zoom online meeting platform

Call to Order

Co-chair Curtis Shanklin (DOC) began the meeting, welcomed everyone, and thanked them for attending. Mr. Shanklin reviewed the agenda and discussed its items.

Attendance

Leadership Forum members

- Lisa Harrison-Hadler, Co-Chair, Office of the Ombudsman for Mental Health and Developmental Disabilities (OMHDD)
- Curtis Shanklin, Co-Chair, Department of Corrections (DOC)
- Dan Baker, Department of Human Services (DHS)
- Scott Beutel, Department of Human Rights (MDHR)
- Bud Rosenfield, Office of the Ombudsman for Mental Health and Developmental Disabilities (OMHDD)
- Dave Bellefeuille, Department of Veterans Affairs (MDVA)
- Chris McVey, Department of Employment and Economic Development (DEED)
- Colleen Wieck, Governor's Council on Developmental Disabilities (GCDD)
- Tim Henkel, Department of Transportation (DOT)
- Gerri Sutton, Metropolitan Council

Designees

- Robyn Widley, Department of Education (MDE)
- Dee Torgerson, Department of Employment and Economic Development (DEED)

Guests

- Shelley Madore (OIO)
- Rosalie Vollmar (OIO)
- Diane Doolittle (OIO)
- Chloe Ahlf (OIO)
- Caitlin Arreola (OIO)
- Mike Tessneer (OIO)
- John Patterson (MHFA)

- Kate Erickson (DOC)
- Gloria Smith (DHS)
- Katrinna Dexter (DOC)
- Daniel Gulya (Guest)
- Tom Delaney (MDE)
- Holly Andersen (MDE)
- Kristie Billiar (DOT)
- Heidi Hamilton (DHS)
- Michelle Chmielewski (workgroup member)

Agenda Review

Co-chair Curtis Shanklin (DOC) began the agenda review. The agenda consisted of approving the December 6, 2021 meeting minutes, accepting the February Quarterly Report, and reviewing draft plan amendments.

Approval of Minutes

Motion

Approve December 6, 2021, Leadership Forum Meeting Minutes.

Action: Motion – Wieck. Second – Beutel.

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

- DHS – Aye
- DEED - Aye
- MDHR – Aye
- MDE - Aye
- OMHDD – Aye
- DOT – Aye
- MDVA – Aye
- DOC – Aye
- GCDD – Aye

Reports

Director's Report

Shelley Madore (OIO) presented the director's report for the Minnesota Olmstead Implementation Office. OIO has seen a tremendous increase in the number of engagement opportunities. At the next Leadership Forum meeting, OIO will take time to better explain the engagement measures and how they are measuring against

other industry performance numbers. One reason there is an increase in engagement is that many state agencies are resharing posts and encouraging activity on engagement events.

OIO also highlighted their first Lunch and Learn event on March 30, 2022. The Office of the Governor and Lieutenant Governor had asked OIO to promote an event on serving on boards and commissions. The event had 43 registrants and was co-hosted by a staff member in the Office of the Governor and Lieutenant Governor and Dr. Nerita Hughes, chair of the Minnesotans of African Heritage Council. A video of the meeting will be posted on OIO's website.

Workgroups Update

Diane Doolittle (OIO) presented a workgroup update. Workgroups met on December 8, 2021, for a leads meeting to mark six months of meeting as workgroups. It was an opportunity for Commissioner Ho to provide best wishes and congratulate the members. Group members also set goals for the remainder of the year.

The workgroups have now been meeting for a total of nine months. The workgroups have provided an opportunity to get input from the community and discuss successes and processes.

- Data Collection workgroup highlighted that a survey was created to develop an inventory of available data sets in each agency.
- The Prevention of Abuse and Neglect workgroup has used surveys and community input events to help narrow down the recommendations to the top five areas to address prevention and education in the community.
- The Workforce Shortage and People with Disabilities Workgroup had a community input event on February 23, 2022. They continue to use survey outreach to learn more on how to support employment for people with disabilities.
- The Affordable, Safe, and Accessible Housing Workgroup launched a survey to get information from the public. There were 80 respondents. They determined the top three priorities were: locating available housing, financial assistance to pay rent, and housing to accommodate wheelchairs, walkers, and other assistive technology.
- The Juvenile Justice and Special Education Workgroup engaged with the Institute on Community Integration at the University of Minnesota to help determine data that has already been compiled to develop recommendations to the Leadership Forum on next steps.

The next steps for workgroups are to finalize their recommendations in April 2022 and then present them to the Leadership Forum on May 23, 2022. Those approved recommendations will be presented at the Subcabinet Meeting on July 25, 2022.

Agenda Items

Review of February 2022 Quarterly Report

There was no formal presentation of the February Quarterly Report. Leadership Forum members received the report in pre-meeting materials. Bud Rosenfield (OMHDD) began the review by discussing the way the reports are different from agency to agency and how terminology can vary between the agencies.

Mr. Rosenfield noted the need to address the readability and flow of the report especially with members of the public. He also discussed the need for baselines to be reviewed. For example, the report's focus shifts, and the use of both "integrated settings" and "least restrictive settings" could be confusing. He noted it is very difficult

for the public to know what is being accomplished and how underlying principles like person-centered planning and informed choice are included.

Colleen Wieck (GCDD) suggested setting up another meeting to have a discussion on making the report more user-friendly.

Approve February 2022 Quarterly Report

Action: Motion – Baker. Second – McVey.

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

- DHS – Aye
- DEED - Aye
- MDHR – Aye
- MDE - Aye
- OMHDD – Aye
- DOT – Aye
- MDVA – Aye
- DOC – Aye
- GCDD – Aye
- MetC - Aye

Plan Amendments

Transition Services Goal One

The language was changed to “informed choice” based on comments from other Leadership Forum members. A new strategy was added in March to plan for and begin the development of informed choice training for the agencies. This includes requirements for meeting the individual’s needs, tools, information, and opportunities. This will help the person understand their options. A plan for including these milestones will be developed by March 31, 2023. This is a way to promote a more person-centered planning process with additional monitoring and compliance.

Lisa Harrison-Hadler (OMHDD) noted that the use of person-centered protocols is being documented but asked how they are impacting people and impacting the quality of life. Ms. Harrison-Hadler (OMHDD) asked if the person-centered plans, once generated, result in the individual being able to make major life decisions? Mr. Baker responded that this would be addressed with the My Move Plan, which is being rethought and piloted during the next year.

Mr. Rosenfield asked how they came up with the March 31, 2023, date and if it was possible to get it done earlier. Mr. Baker said the agency is focusing on staffing new positions to support this work.

Housing and Services Goal One

DHS and Minnesota Housing are extending this goal for two more years and will look at the information regarding informed choice and race and ethnicity as it relates to housing. Additional changes include improving access to Housing Stabilization Services through Medical Assistance. This includes implementing the moving

expenses option by December 31, 2022, and developing resources and making them available on the HB 101 website.

Mr. Baker linked to the HB 101 website, Moving Expenses Option A: <https://mn.hb101.org/a/42/a5.htm>. He also referenced Housing Stabilization Services A: <https://mn.hb101.org/a/47>.

Ms. Wieck asked if DHS is setting up a tracking system for monitoring Housing Stabilization Services. Mr. Baker replied that they will collaborate with Minnesota Housing to report progress.

Mr. Rosenfield asked how DHS will focus on people with disabilities as opposed to people who are homeless or experiencing homelessness and using that service. Mr. Baker responded DHS can investigate the idea of more generic services.

Ms. Lisa Harrison-Hadler commented that one barrier to integrated housing is related to workforce support staff shortage. Mr. Baker responded that staffing is one of the primary issues for DHS. He also provided a link to the DHS website: <https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/long-term-services-and-supports/workforce>.

Employment Goal Two

Chris McVey (DEED) presented this item. DEED proposed a change to combine the Medicaid-funded programs with Employment First Minnesota efforts by June 30, 2024. A baseline will be established that includes the number of individuals served on a Medicaid waiver. DEED wants to ensure people who are earning subminimum wages can provide input about their interest in working in competitive, integrated employment.

Ms. Harrison-Hadler asked what are the efforts to minimize or eliminate subminimum wage?

- Ms. McVey (DEED) responded that DEED and DHS are already helping Medicaid Waiver recipients learn about their options for competitive employment.
- Ms. McVey (DEED) noted that the Vocational Rehabilitation agency exists to help people with disabilities prepare and plan for, obtain, maintain, and advance in competitive, integrated employment. DEED has increased its outreach to transition age students.
- Ms. Wieck (GCDD) asked when this new process will be implemented and if the Centers for Independent Living staff will be tracking this information?
- Ms. McVey (DEED) DEED will be tracking individuals who want competitive, integrated employment based on their current annual meetings. DEED is partnering with DHS and State Services for the Blind (SSB).

Employment Goal Three

- Tom Delaney (MDE) clarified some information for Employment Goal Three. The goal focuses on the Employment Capacity Building Cohort (ECBC). There are 31 ECBC community teams that include school districts, vocational rehabilitation, and case managers. This ensures students with cognitive disabilities between the ages of 19 and 21 have more workplace experiences and opportunities for competitive, integrated employment.

Department of Corrections

Kate Erickson (DOC) reviewed the draft amendment. The first draft amendment is focused on a comprehensive review of policies and practices as well as improvement related to person-centeredness, inclusivity, accessibility, and equity. DOC is looking to do an equity review of policies.

Adjournment

The meeting was adjourned at 4:06 p.m.

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Director's Report to Leadership Forum

Date: May 23, 2022

Director's Summary

I am pleased to announce that OIO has two major staffing announcements effective May 25. Chloe Ahlf has been promoted to Communications Specialist and Rilyn Eischens will be joining our team as a Data Utilization and Visualization Specialist. The Social Media Specialist role that Chloe currently holds has been posted and will close on June 6.

In the coming months, OIO will be expanding our outreach through new products, participation in the State Fair, and our annual Plan Satisfaction Survey. Look for information about all these activities in our newsletter and on our website.

Digital Engagement Highlights

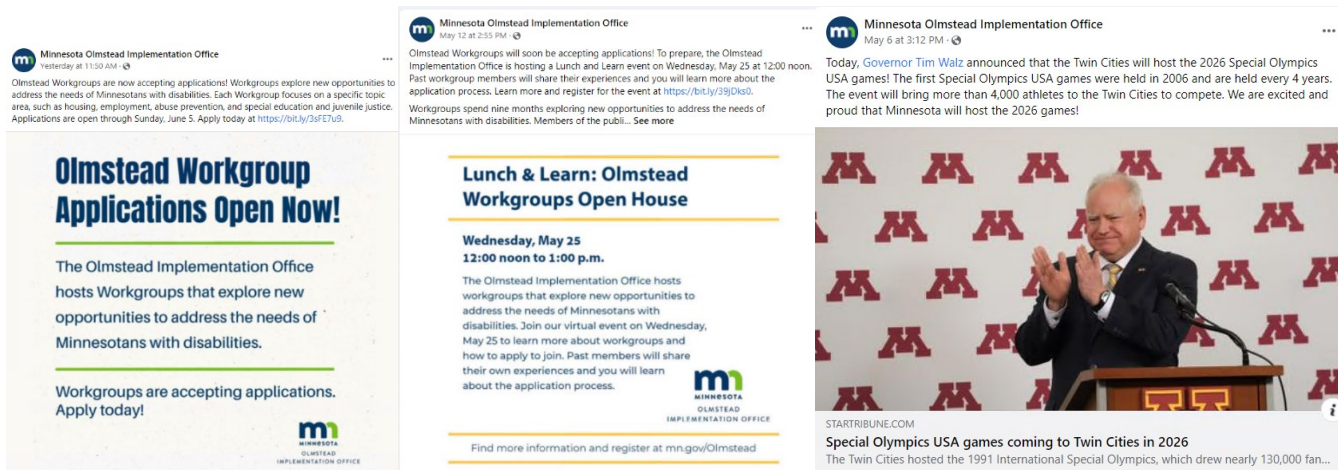
Website Improvements

Our website is undergoing some changes over the next few months. We've updated all our forms to include an audio posting function. This option helps to give members of the public the most flexibility to communicate with us. We now offer email, online forms, audio upload, phone messaging, and video upload.

We are exploring the addition of posting more pages and documents translated into Spanish, Hmong, and Somalian. We are in the process of translating the 2022 Olmstead Plan into these languages and the digital copies will be made available by mid-July on our website. As we finalize the translations of the plain language version of the 2022 Olmstead Plan, that will made available as well.

Social Media

Here are some examples of recent posts on our social media channels. We have successfully used social media to promote our upcoming Lunch and Learn events, as well as Workgroup applications. We were among the first to share news that the Twin Cities will host the 2026 Special Olympics U.S. Games. Fun, informational posts about disability-related news see a lot of engagement.



Workgroups Summary

Workgroups have completed their first round of information gathering. We have a full presentation today highlighting the recommendations for the next cohort of workgroups.

The workgroups were directed to include State Agency staff, service providers, and people with disabilities who can share life experiences on the topic. To help to gather information, we hosted public surveys, community engagements, and brought in subject matter experts from state agencies and research facilities. All our meetings are supported by CART and accessible.

Currently, four of the five workgroups are accepting applications for the 2022 groups beginning the week of August 8. The Data Collection Workgroup is not accepting public members currently. The four other groups are:

- Affordable, Safe, Accessible Housing
- Juvenile Justice and Special Education
- Workforce Shortage and People with Disabilities
- Prevention of Abuse and Neglect

The presentation today will highlight lessons learned, recommendations to jumpstart the next cohort group, and new strategies to engage more people with disabilities throughout the state of Minnesota. A link to the registration page is <https://mn.gov/olmstead/mn-olmstead-plan-work-groups/apply/>

Subcabinet Update

At the April 25 Subcabinet Meeting, members were asked for ideas regarding a refocus of the Plan on critical goal areas and the inclusion of new goal areas for the 2023 Olmstead Plan. The discussion will continue to evolve at the next Subcabinet meeting on June 6 at 3:00 p.m. Remaining Subcabinet

Meetings for 2022 are July 25 and October 24. These meetings are open to the public. Please visit our website to register at mn.gov/olmstead/get-involved/subcabinet-meetings

2022 Olmstead Plan Satisfaction Survey

Every year, citizens are asked to give their opinion about the goals of the Olmstead Plan. We call this the Annual Plan Satisfaction Survey. The information gathered will be used to help the state agencies to develop plan amendments for the 2023 Olmstead Plan.

The survey will be available to the public in July, and comments will be accepted through August 29. As part of the outreach effort, we will be offering the survey in multiple languages and partnering with others to promote the survey. A summary report will be presented to the Leadership Forum at the September 19 meeting.

A full copy of the 2021 report is available on our website at mn.gov/olmstead/mn-olmstead-plan/mn-olmstead-plan-survey-results

Next Quarter OIO Public Engagement Events

May 25 – Lunch and Learn – Workgroup Open House

June 8 – Lunch and Learn – Subminimum Wage Taskforce Discussion – Cohosted with DHS

June 22 – Special Event – Olmstead Day Celebration

July 6 – Lunch and Learn – Subminimum Wage Taskforce Discussion – Cohosted with DHS

July 27 – Lunch and Learn – Plan Satisfaction Survey Announcement

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

Thank you.



Director
Olmstead Implementation Office

Minnesota Olmstead Subcabinet

DRAFT

May 2022 Quarterly Report on Olmstead Plan Measurable Goals



REPORTING PERIOD:

Data acquired through April 30, 2022

DATE REVIEWED BY LEADERSHIP FORUM:

May 23, 2022

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I. PURPOSE OF REPORT

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

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

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

This quarterly report includes data acquired through April 30, 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 twelve measurable goals.ⁱⁱ As shown in the chart below, seven of those goals were either met or are on track to be met. Three goals were categorized as not on track, or not met. For those three goals, the report documents how the agencies will work to improve performance on each goal. Two goals are in process.

Status of Goals – May 2022 Quarterly Report	Number of Goals
Met annual goal	0
On track to meet annual goal	7
Not on track to meet annual goal	3
Did not meet annual goal	0
In process	2
Goals Reported	12

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

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

- During this quarter, 32 individuals left ICF/DD programs to more integrated settings. After one quarter, 44% of the annual goal of 72 has been achieved. The goal is on track. (Transition Services Goal One A)
- During this quarter, 208 individuals with disabilities under age 65 in a nursing facility longer than 90 days moved to more integrated settings. After one quarter, 28% of the annual goal of 750 has been achieved. The goal is on track. (Transition Services Goal One B)
- During this quarter, 906 individuals moved from other segregated settings to more integrated settings. After one quarter, 181% of the annual goal of 750 has been achieved. The goal is on track. (Transition Services Goal One C)
- After three quarters, 30.4% 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 to reduce to 30% or lower. (Transition Services Goal Two)

- During this quarter, the number of individuals at Forensic Services who moved to a less restrictive setting averaged 4.3 per month. This is not on track to meet the annual goal of 5 or more. (Transition Services Goal Three)

Timeliness of Waiver Funding Goal One

- During the last quarter, 58% of all individuals assessed for the Developmental Disabilities waiver were approved for funding within 45 days. The approval rate for each urgency category was 100% for Institutional Exit, 64% for Immediate Need, and 54% 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 309 case files reviewed during this quarter, the combined average of presence of the eight person centered elements measured in the protocols was 95.2%. Five 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 152 individuals in the last quarter compared to 169 in the previous quarter. (Positive Supports Goal One)
- The number of reports of use of restrictive procedures is lower, at 417 reports in the last quarter compared to 534 in the previous quarter. (Positive Supports Goal Two)
- The number of reports of emergency use of mechanical restraints with approved individuals was 24 reports in the last quarter compared to 21 in the previous quarter. After two quarters, the total is 51.1% of the annual goal to reduce to 88. The goal is on track. (Positive Supports Three)
- During Calendar Year 2021, on-time performance improved for Transit Link (98% up from 96%). On-time service decreased for Metro Mobility (94.8% from 96.4%) and Metro Transit (84.8% from 87.8%). The goal is in process to achieve the 2025 goal of 90%. (Transportation Goal Four A)

The following measurable goals have been targeted for improvement:

- Transition Services Four to adhere to transition protocol for individuals experiencing a transition.

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)	July – Sept 2021	32
Nursing Facilities (individuals under age 65 in facility > 90 days)	July – Sept 2021	208
Other segregated settings	July – Sept 2021	906
Anoka Metro Regional Treatment Center (AMRTC)	Jan – Mar 2022	21
Forensic Services ¹	Jan – Mar 2022	13
Total	--	1,180

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. The settings are (A) Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD); (B) individuals with disabilities under age 65 receiving services in a nursing facility for longer than 90 days; and (C) other segregated housing. *[Extended in April 2021]*

SETTING A: INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES

By June 30, 2022, the number of people who have moved from Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD) to more integrated settings will be 612.

2022 annual goal

- For the year ending June 30, 2022 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 2022 goal to move 72 people from ICFs/DD to a more integrated setting is **on track**.

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 Annual (July 2020 – June 2021)	194	13	62	119
2022 Quarter 1 (July – September 2021)	49	3	14	32

ANALYSIS OF DATA:

From July – September 2021, the number of people who moved from an ICF/DD to a more integrated setting was 32. This is an increase of 6 from 26 during the previous quarter. After one quarter, the number is 44% of the annual goal of 72 and is on track to meet the 2022 goal.

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.

SETTING B: NURSING FACILITIES

By June 30, 2022, the number of people with a disability under age 65 in a nursing facility (for longer than 90 days) who have moved to a more integrated setting will be 5,970.

2022 annual goal

- For the year ending June 30, 2022, 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 2022 goal to move 750 people under 65 in a nursing facility for more than 90 days to a more integrated setting is **on track**.

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 Annual (July 2020 – June 2021)	981	86	214	681
2022 Quarter 1 (July – Sept 2021)	259	11	40	208

ANALYSIS OF DATA:

From July - September 2021, the number of people under 65 in a nursing facility for more than 90 days who moved to a more integrated setting was 208. This is an increase of 15 from 193 during the previous quarter. After one quarter, the number is 28% of the annual goal of 750 and is on track to meet the 2022 goal.

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.

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

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.

SETTING C: OTHER SEGREGATED HOUSING

By June 30, 2022, the number of people who have moved from other segregated housing to a more integrated setting will be 3,200.

2022 annual goal

- For the year ending June 30, 2022, 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 2022 goal to move 500 people from segregated settings to a more integrated setting is **on track**.

[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 Annual (July 20 – June 21)	5,261	2,482 (47.2%)	364 (6.9%)	2,257 (42.9%)	158 (3.0%)
2022 Quarter 1 (July – Sept 2021)	1,907	906 (47.5%)	95 (5.0%)	845 (44.3%)	61 (3.2%)

ANALYSIS OF DATA:

From July – September 2021, of the 1,907 individuals moving from segregated housing, 906 individuals (47.5%) moved to a more integrated setting. This is a decrease of 26 people from 934 during the previous quarter. After one quarter, the number is 181% of the annual goal of 500 and is on track to meet the 2022 goal.

COMMENT ON PERFORMANCE:

Transitions to more integrated settings continued through the timeframe of the COVID-19 pandemic. While some transitions slowed at the start of the pandemic, there was a trend of increased transitions 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 this quarter, there were significantly more individuals who moved to more integrated settings (47.5%) than who moved to congregate settings (5.0%). 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%
2022 Quarter 3 (January – March 2022)	41.4%	29.4%	31.8%

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 January – March 2022, the combined rate of all individuals at AMRTC who no longer meet hospital level of care and are awaiting discharge was 31.8%. This quarter showed an increase of 3.8% from the previous quarter, which is a move in the wrong direction. After three quarters, the combined rate is 30.4%. The goal is not on track to meet the 2022 goal of 30% or lower.

AMRTC serves two patient populations: those strictly under civil commitment and those civilly committed after being found incompetent to stand trial. During this reporting period, 41.4% of those under mental health commitment at AMRTC no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting. During the same period, the percentage of individuals awaiting discharge who were civilly committed after being found incompetent was 29.4%. The percentages were higher for both populations and moving in the wrong direction.

From January – March 2022, 21 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
2022 Quarter 3 (Jan – Mar 2022)	66	45	0	21	4	17

COMMENT ON PERFORMANCE:

During this reporting period, COVID-19 precautions at receiving facilities impacted the ability to swiftly discharge patients from AMRTC. In addition, due to staffing shortages at AMRTC, the hospital made the difficult decision to suspend services on one of six units. Not using a hospital unit reduced the total census. The reduced census, along with slower discharges created a higher percentage of patients who no longer require hospital level of care and are awaiting discharge.

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 Services⁴ moving to a less restrictive setting will increase to an average of 5 individuals per month. [Measure revised in April 2021]

2022 goal

- By December 31, 2022 the average monthly number of individuals moving to a less restrictive setting will be 5 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 goal is **not on track** to meet the annual goal of 5 or more individuals per month moving to a less restrictive setting.

Time period	Total number of individuals leaving	Transfers ⁵ (-)	Deaths (-)	Net moved to less restrictive	Monthly average
2021 Annual (Jan – Dec 2021)	111	24	12	75	6.3
2022 Quarter 1 (Jan – Mar 2022)	18	4	1	13	4.3

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 March 2022, the number of people who moved to a less restrictive setting was 13. This is an increase of 4 from 9 in the previous quarter. The monthly average number of individuals who left the facility to a less restrictive setting was 4.3. The goal is not on track to meet the 2022 goal of 5 or more.

Discharge data is categorized into three areas to allow analysis around possible barriers to discharge. The table below provides a breakdown of the number of individuals leaving the facility by category. The 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 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
2022 Quarter 1 Jan – Mar 2022	Committed after finding of incompetency	0	0	0	0
Jan – Mar 2022	MI&D committed	15	4	1	10
Jan – Mar 2022	Other committed	3	0	0	3
Total	N/A	18	4	1	(Avg. = 4.3) 13

COMMENT ON PERFORMANCE:

This goal measures 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 is 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. The definition of Transfer reflects 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).

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. During this reporting period, there were no provisional discharges for anyone who was committed after being found incompetent on felony or gross misdemeanor charges as noted in the table.

The pandemic continues to impact the facility. During the period of January – March 2022, four different treatment units were under isolation with no movement occurring off of those units. There was also a significant increase in staff testing positive for COVID-19. During that same time, the prevalence of COVID in the surrounding communities was high and movement off campus was intermittently stopped. This impacts patients being able to demonstrate readiness for transition into the community.

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 – 2020

- Patients who 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", the 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.
 - From January to March 2022: Reviewed 36 cases; recommended reductions for 18 cases and 17 have been granted; 4 are pending SRB results; and 1 case was withdrawn before the SRB hearing.
- 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. Transitions to more integrated settings for those under MI&D requires Special Review Board review and Commissioner's Order.

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%)
FY 2022 Quarter 2 Oct – Dec 2021	38	13	7	18	2 of 18 (11.1%)	16 of 18 (88.9%)

ANALYSIS OF DATA:

From October – December 2021, of the 38 transition case files reviewed, 13 people opted out of using the My Move Plan documents and 7 individuals did not inform their case managers that they were moving. Of the remaining 18 case files, 16 files (88.9%) adhered to the transition protocols. This was an increase of 22.2% from the previous quarter. After two quarters, the combined average is 78.3% and not on track to meet the 2022 goal of 90%.

Seven lead agencies were reviewed during this reporting period with a total of 38 case files identified as having a move in the last 18 months period. Of the 2 cases that did not adhere to the transition protocol, one did not have the My Move Plan Summary form present in the case file. The other non-compliant case did not complete all of the required fields of the My Move Plan Summary.

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

RESULTS:

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

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

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

Time Period: Fiscal Year 2020 (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%)

Time Period: Fiscal Year 2022 Quarter 2 (October – December 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	9	9 (100%)	0	0
Immediate Need	39	25 (64%)	14 (36%)	0
Defined Need	174	94 (54%)	45 (26%)	35 (20%)
Totals	222	128 (58%)	59 (26%)	35 (16%)

ANALYSIS OF DATA:

From July – September 2021, of the 222 individuals assessed for the Developmental Disabilities (DD) waiver, 128 individuals (58%) had funding approved within 45 days of the assessment date. An additional 59 individuals (26%) had funding approved after 45 days. Only 35 individuals (16%) assessed are pending funding approval.

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

- Institutional exit had 100% individuals approved. This is on track for the 2022 goal of 71%.
- Immediate need had 64% of individuals approved. This is not on track for the 2022 goal of 74%.

Defined need had 54% 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
April 1, 2022	159	10	15	134

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
April 1, 2022	337	488	335

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
April 1, 2022	179	172	228

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 individuals 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
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
FY22 Q2 (Oct – Dec 21)	93.2	86.7	100	81.8	100	100	100	100	95.2

ANALYSIS OF DATA:

From October – December 2021, of the 309 case files reviewed, the eight required elements were present in the percentage of files shown above. The combined average of the eight elements was 95.2%, an increase of 1% from the previous quarter. Five of the eight elements achieved 100%. Two elements showed improvement, five were unchanged and one 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
FY22 Quarter 2 (October – December 2021)	2,274	309

Lead Agencies Participating in the Audit ⁷

Time period	Lead agencies
Fiscal Year 18 (July 2017 – June 2018)	(19) Pennington, Winona, Roseau, Marshall, Kittson, Lake of the Woods, Stearns, McLeod, Kandiyohi, Dakota, Scott, Ramsey, Big Stone, Des Moines Valley Alliance, Kanabec, Nicollet, Rice, Sibley, Wilkin
Fiscal Year 19 (July 2018 – June 2019)	(15) Brown, Carlton, Pine, Watonwan, Benton, Blue Earth, Le Sueur, Meeker, Swift, Faribault, Itasca, Martin, Mille Lacs, Red Lake, Wadena
Fiscal Year 20 (July 2019 – June 2020)	(20) Mahnommen, Koochiching, Wabasha, Goodhue, Traverse, Douglas, Pope, Grant, Stevens, Isanti, Olmsted, St. Louis, Hennepin, Carver, Wright, Crow Wing, Renville, Lac Qui Parle, Chippewa, Otter Tail
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
FY 22 Q2 (Oct – Dec 21)	(9) Cook, Becker, Polk, Yellow Medicine, Clay, Lake, MNPrairie Alliance (Dodge, Steele, Waseca)

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-

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

centered measures are grouped into two categories: development of a person-centered plan and support plan record keeping.

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 seven lead agencies reviewed, only MNPrairie Alliance was required to develop corrective action plans in both of the categories of person-centered practices for at least one of the disability programs. The other six lead agencies all performed at least 90% or higher in the person-centered practices categories. The high levels of compliance across lead agencies and across the state are good indicators that case managers understand the importance of person-centered practice elements and have fully integrated them into their support planning and documentation process.

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 2020 (July 2019 – June 2020), there were 58,289 individuals receiving disability home and community-based services. In Fiscal Year 2017, that number was 47,272.

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
2022 Q2 (October – December 2021)	152 (duplicated)	N/A – quarterly number

ANALYSIS OF DATA:

From October – December, the total number of people who experienced a restrictive procedure was 152. This was a decrease of 17 from the previous quarter of 169. 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 October – December 2021, there were 152 individuals who experienced a restrictive procedure:

- 136 individuals were subjected to Emergency Use of Manual Restraint (EUMR) only. This was a decrease of 14 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.

- 16 individuals experienced restrictive procedures other than EUMRs (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures). This was a decrease of 3 from the previous quarter. DHS staff and the External Program Review Committee provide follow up and technical assistance for all reports involving restrictive procedures *other than* EUMR. It is anticipated that focusing technical assistance with this subgroup will reduce the number of individuals experiencing restrictive procedures and the number of reports (see Positive Supports Goal Three).

Under the Positive Supports Rule, the External Program Review Committee (EPRC) convened in February 2017 has the duty to review and respond to Behavior Intervention Reporting Form (BIRF) reports involving EUMRs. Beginning in May 2017, the EPRC conducted outreach to providers in response to EUMR reports. It is anticipated the EPRC's work will help to reduce the number of people who experience EUMRs through the guidance they provide to license holders regarding specific uses of EUMR. The purpose of EPRC engagement in these cases is to provide guidance to help reduce the frequency and/or duration of future emergency uses of manual restraint. The EPRC looks at trends in EUMR over six months to identify which providers currently need additional support. They also look at trends in 911 calls to monitor that decreases in EUMR are not replaced by increases in 911 calls.

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

TIMELINESS OF DATA:

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

POSITIVE SUPPORTS GOAL TWO:

By June 30, 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
2022 Q2 (October – December 2021)	417	N/A – quarterly number

ANALYSIS OF DATA:

From October – December 2021, the number of restrictive procedure reports was 417. That is a decrease of 117 from 534 the previous quarter. After two quarters the total number is 951 which is 33.7% of the overall goal of 2,821. This goal is on track to meet the 2022 goal to not exceed 2,821 reports.

COMMENT ON PERFORMANCE:

From October – December 2021 there were 417 reports of restrictive procedures quarter. Of those reports:

- 354 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 103 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.
- 63 reports involved restrictive procedures other than EUMR (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures).
 - This is a decrease of 14 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.
- 9 uses of seclusion involving 7 people were reported this quarter.
 - 8 reports of seclusion involving 6 people occurred at the Forensic Mental Health Program in St Peter (formerly known as Minnesota Security Hospital). This is a decrease of 3 reports 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 were no reports of timeout this quarter.
- There were 2 uses of penalty consequences reported this quarter for 2 people. Technical assistance was provided and it was determined that this was a coding error.
 - 1 use of penalty consequence was an unapproved use by a community provider and 1 use of penalty consequence was a coding error.
 - As necessary, DHS Licensing Division investigates and issues correction orders for any violations of the Positive Supports Rule.

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
2022 Q2 (Oct – Dec 2021)	24	28	52	6

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

ANALYSIS OF DATA:

From October – December 2021, the number of reports of mechanical restraints other than auxiliary devices was 24. This was an increase of 3 from the previous quarter. After two quarters, the total number of 45 is 51.1% of the 2022 goal to reduce to 88. This goal is on track.

At the end of the reporting period, the number of individuals for whom the use of mechanical restraint use was approved was 6. This is an increase of 1 from the previous quarter. During this quarter the total number of reports of mechanical restraints (including auxiliary devices), was 52. This is a decrease of 11 from the previous quarter.

COMMENT ON PERFORMANCE:

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

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

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

Of the 52 BIRFs reporting use of mechanical restraint in this quarter:

- 28 reports involved auxiliary devices to prevent a person from unbuckling their seatbelt during travel. All 28 reports involved 3 people for which the use of auxiliary devices was approved by the Commissioner. This is a decrease of 14 from the previous quarter.
- 24 reports involved use of another type of mechanical restraint. This is an increase of 3 reports from the previous quarter. The total number of people who experienced a mechanical restraint decreased by 1 person.
 - 14 reports involved 3 people who had the use of self-injury protection equipment (examples include helmets, splints, braces, mitts, and gloves) reviewed by the EPRC and approved by the Commissioner for the emergency use of mechanical restraint. This was an increase of 5 reports from the previous quarter and an increase of 1 person.
 - 4 reports involving 2 people, were submitted by the Forensic Mental Health Program in St Peter (formerly called Minnesota Security Hospital). Compared to the previous quarter, there was no change in the number of reports, and there was 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.

- 6 reports involving 1 person was submitted by a provider whose use was within the 11 month phase out period. There was no change in the number of people, and there was a decrease of 2 reports 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.

TRANSPORTATION GOAL FOUR:

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

(A) Metro Transit System

Ten year goals to improve on time performance:

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

Baseline for on time performance in 2014 was:

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

RESULTS:

The goal is **in process**.

On time performance percentage by transit system⁹

Time Period	Transit Link	Metro Mobility	Metro Transit
Baseline - Calendar Year 2014	97%	96.3%	86%
Calendar Year 2016	98%	95.3%	85.1%
Calendar Year 2017	98.5%	96.8%	86.4%
Calendar Year 2018	98%	95.3%	84.8%
Calendar Year 2019	97%	93.0%	82.7%
Calendar Year 2020	96%	96.4%	87.8%
Calendar Year 2021	98%	94.8%	84.8%

ANALYSIS OF DATA:

During 2021, the on time performances for Transit Link is above the 95% goal. The on time performance for Metro Mobility and Metro Transit are below the 90% goal. The Metro Transit system is made up of three types of services: bus, light rail (Blue and Green lines) and the Northstar commuter rail. The on-time performance for each service type is shown below.

⁹ Beginning in 2017, on-time performance for the Metro Transit system was defined as up to 1 minute early and 5 minutes late. This is the preferred methodology when on-time performance is reported for the entire system. The 2016 results previously reported were updated to use this methodology. This did not change the goal status.

On time performance percentage for Metro Transit system

Time Period	Bus	Light Rail (Blue/Green line)	Northstar Commuter Rail	Metro Transit System¹⁰
Baseline - Calendar Year 2014	--	--	--	86%
Calendar Year 2016	85.8%	82.9%	93.2%	85.1%
Calendar Year 2017	85.1%	89.5%	93.2%	86.4%
Calendar Year 2018	83.7%	86.7%	94.7%	84.8%
Calendar Year 2019	82.2%	83.4%	93.3%	82.7%
Calendar Year 2020	87.5%	88.3%	96.8%	87.8%
Calendar Year 2021	86.2%	81.7%	95.3%	84.8%

COMMENT ON PERFORMANCE:

For Metro Mobility, system wide on-time performance decreased over the course of the year, driven by an increasing demand for services along with a growing operator workforce shortage. Limited operator availability impacted Metro Mobility's ability to meet performance goals during the 4th quarter of 2021.

System-wide Metro Transit on-time performance decreased compared to 2020 and is driven by decreases in both bus and light rail performance. Bus performance is more impacted by traffic counts and detours; both of which increased in 2021 relative to 2020. Light rail on-time performance was impacted by increased train traffic as ridership increased. In 2020, the light rail performance increased because of 15-minute scheduled headways which decreases delays at junctions and traffic signals. There were also increased count of train holds due to concerns about passenger safety, including medical events. Limited operator availability continued to impact Metro Transit's ability to deploy buses and trains during times of disruption.

TIMELINESS OF DATA:

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

¹⁰ Metro transit (weighted) represents on-time performance for the Metro transit modes combined. The percentage is weighted based on ridership, and is not an average of the three modes.

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.