

Minnesota Olmstead Subcabinet

Annual Report on Olmstead Plan Implementation



REPORTING PERIOD

Data acquired through October 31, 2019

DATE APPROVED BY SUBCABINET

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Contents

I. PURPOSE OF REPORT	4
EXECUTIVE SUMMARY	4
II. MOVEMENT FROM SEGREGATED TO INTEGRATED SETTINGS	7
QUARTERLY SUMMARY OF MOVEMENT FROM SEGREGATED TO INTEGRATED.....	7
TRANSITION SERVICES GOAL ONE	8
TRANSITION SERVICES GOAL TWO	13
TRANSITION SERVICES GOAL THREE.....	16
TRANSITION SERVICES GOAL FOUR.....	19
III. TIMELINESS OF WAIVER FUNDING	22
TIMELINESS OF WAIVER FUNDING GOAL ONE.....	22
IV. QUALITY OF LIFE MEASUREMENT RESULTS	25
V. INCREASING SYSTEM CAPACITY AND OPTIONS FOR INTEGRATION	27
PERSON-CENTERED PLANNING GOAL ONE	27
PERSON-CENTERED PLANNING GOAL TWO	29
HOUSING AND SERVICES GOAL ONE	33
EMPLOYMENT GOAL ONE.....	34
EMPLOYMENT GOAL TWO	35
EMPLOYMENT GOAL THREE	38
EMPLOYMENT GOAL FOUR.....	39
LIFELONG LEARNING AND EDUCATION GOAL ONE	40
LIFELONG LEARNING AND EDUCATION GOAL TWO	41
LIFELONG LEARNING AND EDUCATION GOAL THREE	43
TRANSPORTATION GOAL ONE.....	45
TRANSPORTATION GOAL TWO	47
TRANSPORTATION GOAL THREE.....	48
TRANSPORTATION GOAL FOUR.....	49
TRANSPORTATION GOAL FIVE	51
HEALTHCARE AND HEALTHY LIVING GOAL ONE	52
HEALTHCARE AND HEALTHY LIVING GOAL TWO	54
POSITIVE SUPPORTS GOAL ONE	57
POSITIVE SUPPORTS GOAL TWO	58
POSITIVE SUPPORTS GOAL THREE	60

POSITIVE SUPPORTS GOAL FOUR	62
POSITIVE SUPPORTS GOAL FIVE	64
CRISIS SERVICES GOAL ONE	67
CRISIS SERVICES GOAL TWO	69
CRISIS SERVICES GOAL FOUR	71
CRISIS SERVICES GOAL FIVE	74
COMMUNITY ENGAGEMENT GOAL ONE	75
COMMUNITY ENGAGEMENT GOAL TWO	76
COMMUNITY ENGAGEMENT GOAL THREE	77
PREVENTING ABUSE AND NEGLECT GOAL TWO	77
PREVENTING ABUSE AND NEGLECT GOAL THREE	78
PREVENTING ABUSE AND NEGLECT GOAL FOUR	80
VI. COMPLIANCE REPORT ON WORKPLANS AND MID-YEAR REVIEWS	82
VII. ANALYSIS OF TRENDS AND RISK AREAS	83
VIII. POTENTIAL AMENDMENTS TO THE PLAN	85
ENDNOTES	86
ADDENDUM.....	87

I. PURPOSE OF REPORT

This Annual Report provides the status of work being done by State agencies to implement the Olmstead Plan. The Annual Report summarizes measurable goal results and analysis of data as reported in the previous four quarterly reports (February, May, August and November 2019).¹

For the purpose of reporting, the measurable goals are grouped in four categories:

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

This Annual Report dated December 16, 2019 includes data acquired through October 31, 2019. Progress on each measurable goal is reported when data is reliable and valid in order to ensure the overall report is complete, accurate, timely and verifiable. More details on the progress of the goals can

This Annual Report includes Olmstead Implementation Office (OIO) compliance summary reports on status of workplans, and an analysis of trends and risk areas. The report also includes potential Plan amendments that are being considered as part of the ongoing Olmstead Plan amendment process.

EXECUTIVE SUMMARY

This Annual Report covers the forty-seven measurable goals¹ in the Olmstead Plan. As shown in the chart below, 16 of those goals were either met or are on track to be met. Fifteen goals were categorized as not on track, or not met. For those fifteen goals, the report documents how the agencies will work to improve performance on each goal. Sixteen goals were in process. Seven of the goals that were reported as in process had no current annual goals. Annual goals are being proposed and are included in the Addendum of draft potential amendments.

Status of Goals* – 2019 Annual Report	Number of Goals
Met annual goal	15
On track to meet annual goal	1
Not on track to meet annual goal	0
Did not meet annual goal	15
In process	16
Goals Reported	47

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

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

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

- In the first three quarters of the 2019 goal, 146 individuals left Intermediate Care Facilities for Individuals with Developmental Disabilities (ICF/DD) programs to more integrated settings. This exceeds the 2019 annual goal of 72. (Transition Services Goal One A)

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

- In the first three quarters of the 2019 goal, 849 individuals with disabilities under age 65 in a nursing facility longer than 90 days moved to more integrated settings. This exceeds the 2019 annual goal of 750. (Transition Services Goal One B)
- In the first three quarters of the 2019 goal, 868 individuals moved from other segregated settings to more integrated settings. This exceeds the 2019 annual goal of 500. (Transition Services Goal One C)

Timeliness of Waiver Funding Goal One

- There are fewer individuals waiting for access to a DD waiver. In the last quarter reported. Over the last four quarters, 72% of individuals were approved for funding within 45 days. Another 24% had funding approved after 45 days.

Increasing system capacity and options for integration

- The utilization of the Person Centered Protocols continues to show improvement. Over the last four quarters, of the eight person centered elements measured in the protocols, performance on all elements improved over the 2017 baseline. Seven of the eight elements show progress over the previous Annual Report, and six of the eight have been above 90% over the last year, and three have been above 95% in all quarters reported. (Person-Centered Planning Goal One)
- The number of women with disabilities and/or serious mental illness who had a cervical cancer screening was 33,786, which is an increase of 12,393 over baseline. (Health Care and Health Living Goal One)
- There was an increase in the number of peer support specialists who are employed. There are 76 peer support specialists employed. This was an increase of 60 which exceeded the annual goal to increase by 30. (Employment Goal Four)
- There was an increase in the number and percent of students with disabilities in the most integrated setting. (Education Goal One)
- There was an increase in the number of school districts that completed training in active consideration of assistive technology. (Education Goal Three A)
- Accessibility improvements were made to 1,658 curb ramps, 85 accessible pedestrian signals, and 28.34 miles of sidewalks in the last year. (Transportation Goal One)
- The number of transit service hours in Greater Minnesota increased by 169,316 over baseline during the last year (Transportation Goal Two)
- The number of women with disabilities and/or serious mental illness who had a cervical cancer screening was 33,786, which is an increase of 12,393 over baseline. (Health Care and Healthy Living Goal One)
- The number of children and adults with disabilities who had an annual dental visit was 51,898 over baseline. (Health Care and Healthy Living Goal Two)
- The percentage of people receiving crisis services within ten days of referral was 96.6%. This met the annual goal of 88%. (Crisis Services Goal Five)

The following measurable goals have been targeted for improvement:

- Transition Services Goal Three to increase the number of individuals leaving the MSH to a more integrated setting.
- Housing and Services Goal One to increase the number of people with disabilities who live in the most integrated housing of their choice.
- Employment Goal One and Two to increase the number of people receiving services from Vocational Rehabilitation Services and State Services for the Blind and certain Medicaid funded programs in competitive integrated employment.

- Employment Goal Three to increase the number of students with Developmental Cognitive Disabilities (DCD) in competitive integrated employment.
- Education Goal Two to increase the percent of students with disabilities enrolling in integrated postsecondary education settings.
- Education Goal Three B to increase the percent of students with disabilities in districts trained in active consideration of assistive technology.
- Positive Supports Three to reduce the number of reports of emergency use of mechanical restraints with approved individuals.
- Positive Supports Four and Five to reduce the number of students experiencing emergency use of restrictive procedures and the number of incidents of emergency use of restrictive procedures.
- Crisis Services One and Two to increase the percent of children and adults who remain in the community after a crisis episode.
- Community Engagement Goal One to increase the number of individuals with disabilities participating in Governor's appointed Boards and Commissions, and the Olmstead Subcabinet Community Engagement Workgroup.
- Preventing Abuse and Neglect Goal Four to decrease the number of students with disabilities identified as victims in determinations of maltreatment.

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

- Transition Services Goal Two to decrease the percent of people at AMRTC who no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting.
- Person-Centered Planning Goal Two (A/B/C) to increase the percent of individuals reporting they have input in major life decisions, everyday decisions, and their supports and services as measured by the National Core Indicators Survey.
- Positive Supports Goal One to reduce the number of individuals experiencing a restrictive procedure.
- Positive Supports Goal Two to reduce the number of reports of restrictive procedures.
- Crisis Services Four A to increase the percent of people who are housed five months after discharge from the hospital (due to a crisis).
- Crisis Services Four B to increase the percent of people who receive appropriate community services within thirty days of discharge from the hospital (due to a crisis).

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

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

II. MOVEMENT FROM SEGREGATED TO INTEGRATED SETTINGS

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

QUARTERLY SUMMARY OF MOVEMENT FROM SEGREGATED TO INTEGRATED

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

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

Setting	Reporting period	Number moved
• Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD)	July 2017 – June 2018	150
• Nursing Facilities (individuals under age 65 in facility > 90 days)	July 2017 – June 2018	830
• Other segregated settings	July 2017 – June 2018	1,188
• Anoka Metro Regional Treatment Center (AMRTC)	July 2018 – June 2019	81
• Minnesota Security Hospital (MSH)	January – December 2018	79
Total	--	2,328

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

TRANSITION SERVICES GOAL ONE: By June 30, 2020, the number of people who have moved from segregated settings to more integrated settingsⁱⁱ will be 7,138.

Annual Goals for the number of people moving from ICFs/DD, nursing facilities and other segregated housing to more integrated settings are set forth in the following table:

	2014 Baseline	June 30, 2015	June 30, 2016	June 30, 2017	June 30, 2018	June 30, 2019
A) Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD)	72	84	84	84	72	72
B) Nursing Facilities (NF) under age 65 in NF > 90 days	707	740	740	740	750	750
C) Segregated housing other than listed above	1,121	50	250	400	500	500
Total		874	1,074	1,224	1,322	1,322

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

Annual Goals

- **2018 goal:** For the year ending June 30, 2018 the number of people who have moved from ICFs/DD to a more integrated setting will be **72**
- **2019 goal:** For the year ending June 30, 2019 the number of people who have moved from ICFs/DD to a more integrated setting will be **72**

Baseline: January - December 2014 = 72

RESULTS:

The 2018 goal of 72 was **met**. [Reported in February 2019]

The 2019 goal of 72 is **on track**. [Last reported in November 2019]

Time period	Total number of individuals leaving	Transfers ⁱⁱⁱ (-)	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 Quarter 1 (July – September 2018)	65	4	13	48
2019 Quarter 2 (October – December 2018)	86	8	12	66
2019 Quarter 3 (January – March 2019)	52	4	16	32
Totals (Q1 + Q2 + Q3)	203	16	41	146

ANALYSIS OF DATA:

The 2018 goal of 72 was met. From July 2017 – June 2018, the number of people moving from an ICF/DD to a more integrated setting was 150. For the 2019 goal, during the first three quarters, 146 people moved from an ICF/DD to a more integrated setting which exceeds the annual goal of 72.

COMMENT ON PERFORMANCE:

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

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

DHS continues to work with private providers and Minnesota State Operated Community Services (MSOCS) that have expressed interest in voluntary closure of ICFs/DD. Providers are working to develop service delivery models that better reflect a community-integrated approach requested by people seeking services. A total of 15 out of 15 MSOCS ICFs/DD converted since January 2017 for a reduction of 96 state-operated ICF/DD beds. The last MSOCS ICF/DD converted as of August 2, 2019. For the period of January through June 2019, there were 96 ICF/DD beds closed in 17 sites.

UNIVERSE NUMBER:

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

TIMELINESS OF DATA:

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

B) NURSING FACILITIES

Annual Goals

- **2018 Goal:** For the year ending June 30, 2018 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**
- **2019 goal:** For the year ending June 30, 2019, the number of people who have moved from Nursing Facilities (for persons with a disability under 65 in facility longer than 90 days) to a more integrated setting will be **750**.

Baseline: January - December 2014 = 707

RESULTS:

The 2018 goal of 750 was **met**. [Reported in February 2019]

The 2019 goal of 750 is **on track**. [Last reported in November 2019]

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 Quarter 1 (July – September 2018)	310	28	49	233
2019 Quarter 2 (October – December 2018)	260	26	45	189
2019 Quarter 3 (January – March 2019)	279	24	46	209
Totals (Q1 + Q2 + Q3)	849	78	140	631

ANALYSIS OF DATA:

The 2018 goal of 750 was met. From July 2017 – June 2018, the number of people under 65 in a nursing facility for more than 90 days who moved to a more integrated setting was 830.

For the 2019 goal, during the first three quarters, 631 people under the age of 65 moved to a more integrated settings. This is 84% of the annual goal of 750. If moves continue at approximately the same rate, the 2019 goal is on track to be met.

COMMENT ON PERFORMANCE:

DHS reviews data and notifies lead agencies of people who accepted or did not oppose a move to more integrated options. Lead agencies are expected to work with these individuals to begin to plan their moves. DHS continues to work with partners in other agencies to improve the supply of affordable housing and knowledge of housing subsidies.

In July 2016, Medicaid payment for Housing Access Services was expanded across waivers. Additional providers are now able to enroll to provide this service. Housing Access Services assists people with finding housing and setting up their new place, including a certain amount of basic furniture, household goods and/or supplies and payment of certain deposits.

UNIVERSE NUMBER:

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

TIMELINESS OF DATA:

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

C) SEGREGATED HOUSING**Annual Goals**

- **2018 Goal:** For the year ending June 30, 2018, the number of people who have moved from other segregated housing to a more integrated setting will be **500**.
- **2019 Goal:** For the year ending June 30, 2019, the number of people who have moved from other segregated housing to a more integrated setting will be **500**.

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

RESULTS:

The 2018 goal of 500 was **met**. [Reported in February 2019]

The 2019 goal of 500 is **on track**. [Last reported in November 2019]

[Receiving Medical Assistance (MA)]

Time period	Total moves	Moved to more integrated setting	Moved to congregate setting	Not receiving residential services	No longer on MA
2015 Annual (July 14 – June 15)	5,703	1,137 (19.9%)	502 (8.8%)	3,805 (66.7%)	259 (4.6%)
2016 Annual (July 15 – June 16)	5,603	1,051 (18.8%)	437 (7.8%)	3,692 (65.9%)	423 (7.5%)
2017 Annual (July 16 – June 17)	5,504	1,054 (19.2%)	492 (8.9%)	3,466 (63.0%)	492 (8.9%)
2018 Annual (July 17 – June 18)	5,967	1,188 (19.9%)	516 (8.7%)	3,737 (62.6%)	526 (8.8%)
2019 Quarter 1 (July – Sept 2018)	1,585	322 (20.3%)	123 (7.8%)	987 (62.3%)	153 (9.6%)
2019 Quarter 2 (Oct – Dec 2018)	1,167	290 (24.8%)	128 (11%)	639 (54.8%)	110 (9.4%)
2019 Quarter 3 (Jan – Mar 2019)	1,390	256 (18.4%)	115 (8.3%)	849 (61.1%)	170 (12.2%)
Totals (Q1 + Q2 + Q3)	4,142	868 (20.9%)	366 (8.8%)	2,475 (59.8%)	433 (10.5%)

ANALYSIS OF DATA:

The 2018 goal of 500 was met. From July 2017 – June 2018, of the 5,967 individuals moving from segregated housing, 1,188 individuals (19.9%) moved to a more integrated setting. For the 2019 goal, during the first three quarters, 868 individuals moved to a more integrated setting which exceeds the annual goal of 500.

COMMENT ON PERFORMANCE:

During the first three quarters reported for the 2019 goal, there were significantly more individuals who moved to more integrated settings (20.9%) than who moved to congregate settings (8.8%). This analysis also illustrates the number of individuals who are no longer on MA and who are not receiving residential services as defined below.

The data indicates that a large percentage (59.8%) of individuals who moved from segregated housing are not receiving publicly funded residential services. Based on trends identified in data development for Crisis Services Goal Four, it is assumed the majority of those people are housed in their own or their family's home and are not in a congregate setting.

COMMENT ON TABLE HEADINGS:

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

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

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

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

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

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

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

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

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

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

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

TIMELINESS OF DATA:

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

TRANSITION SERVICES GOAL TWO: By June 30, 2019, the percent of people under mental health commitment at Anoka Metro Regional Treatment Center (AMRTC) who do not require hospital level of care and are currently awaiting discharge to the most integrated setting^{iv} will be reduced to 30% (based on daily average).

Annual Goal

- **2019 Goal:** By June 30, 2019 the percent of people at AMRTC awaiting discharge will be reduced to no more than **33%**

Baseline: From July 2014 - June 2015, the percent of people at AMRTC who no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting was 36% on a daily average. ²

RESULTS:

The 2019 overall goal to reduce to no more than 33% was **not met**. [Reported in August 2019]
 Progress on this goal will continue to be reported as **in process**. [Last reported in November 2019]
 An amendment to this goal is being proposed and is included in the Addendum.

Time period	Percent awaiting discharge (daily average)	
	Mental health commitment	Committed after finding of incompetency
2016 Annual (July 2015 – June 2016)	Daily Average = 42.5% ³	
2017 Annual (July 2016 – June 2017)	44.9%	29.3%
2018 Annual (July 2017 – June 2018)	36.9%	23.8%
2019 Annual (July 2018 – June 2019)	37.5%	28.2%
2020 Quarter 1 (July – September 2019)	31.0%	22.5%

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

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

ANALYSIS OF DATA:

The 2019 overall goal to reduce the percent of individuals awaiting discharge to 30% was not met. From July 2018 – June 2019, 37.5% of those under mental health commitment at AMTRC no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting.

During the first quarter of 2020, there was a higher percentage of individuals awaiting discharge under mental health commitment (31.0%) than for those who were civilly committed after being found incompetent (22.5%). The combined total of individuals awaiting discharge from AMTRC is 26.5%.

Although the 2019 annual goal to reduce the percent awaiting discharge to 30% was not met, improvement was made during the last quarter reported.

From July 2018 – June 2019, 81 individuals at AMTRC under mental health commitment left and moved to an integrated setting. An additional 28 individuals moved to an integrated setting in Quarter 1.

The table below provides information about those individuals who left AMTRC. It includes the number of individuals under mental health commitment and those who were civilly committed after being found incompetent on a felony or gross misdemeanor charge who moved to integrated settings.

Time period	Total number of individuals leaving	Transfers	Deaths	Net moved to integrated setting	Moves to integrated setting	
					Mental health commitment	Committed after finding of incompetency
2017 Annual (July 2016 – June 2017)	267	155	2	110	54	56
2018 Annual (July 2017 – June 2018)	274	197	0	77	46	31
2019 Annual (July 2018 – June 2019)	317	235	1	81	47	34
2020 Quarter 1 (July – Sept 2019)	91	63	0	28	21	7

COMMENT ON PERFORMANCE:

Approximately one quarter of individuals at AMTRC no longer need hospital level of care, including those under a mental health commitment and those who need competency restoration services. Those committed after a finding of incompetency, accounted for approximately 43% of AMTRC's census in this quarter.

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

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

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

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

- Improvements in the treatment and discharge planning processes to better facilitate collaboration with county partners. AMRTC has increased collaboration efforts to foster participation with county partners to aid in identifying more applicable community placements and resources for individuals awaiting discharge.
- Improvements in AMRTC's notification process for individuals who no longer meet hospital criteria of care to county partners and other key stakeholders to ensure that all parties involved are informed of changes in the individual's status and resources are allocated towards discharge planning.
- Improvements in AMRTC's notification process to courts and parties in criminal cases for individuals who were civilly committed after a finding of incompetency who no longer meet hospital criteria of care.

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

UNIVERSE NUMBER:

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

TIMELINESS OF DATA:

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

TRANSITION SERVICES GOAL THREE: By December 31, 2019, the average monthly number of individuals leaving Minnesota Security Hospital to a more integrated setting will increase to 10 individuals per month.

Annual Goals

- **2018 Goal:** By December 31, 2016 the average monthly number of individuals leaving to a more integrated setting will increase to **9 or more**
- **2019 Goal** By December 31, 2019 the average monthly number of individuals leaving to a more integrated setting will increase to **10 or more**

Baseline: From January – December 2014, the average monthly number of individuals leaving Minnesota Security Hospital (MSH) to a more integrated setting was 4.6 individuals per month.

RESULTS:

The 2018 goal to increase to 9 or more was **not met**. [Reported in February 2019]

The 2019 goal to increase to 10 or more is **not on track**. [Last reported in November 2019]

An amendment to this goal is being proposed and is included in the Addendum.

Time period	Total number of individuals leaving	Transfers ^{iv} (-)	Deaths (-)	Net moved to integrated setting	Monthly average
2015 Annual (Jan – Dec 2015)	188	107	8	73	6.1
2016 Annual (Jan – Dec 2016)	184	97	3	84	7.0
2017 Annual (Jan – Dec 2017)	199	114	9	76	6.3
2018 Annual (Jan – Dec 2018)	212	130	3	79	6.6
2019 Quarter 1 (Jan – Mar 2019)	58	32	2	24	8.0
2019 Quarter 2 (Apr – June 2019)	57	36	0	21	7.0
2019 Quarter 3 (July – Sept 2019)	53	30	1	22	7.3
Totals (Q1 + Q2 + Q3)	168	98	3	67	7.4

ANALYSIS OF DATA:

The 2018 goal of 9 or more was not met. From January – December, 2018, the average monthly number of individuals leaving Forensic Services⁴ to a more integrated setting was 6.6.

For the 2019 goal, in the first three quarters, the average monthly number of individuals leaving Forensic Services to a more integrated setting was 7.4. This goal is not on track to meet the 2019 goal of 9 or more.

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

⁴ MSH includes individuals leaving MSH, Transition Services, Forensic Nursing Home, and the Competency Restoration Program at St Peter. These four programs are collectively referred to as Forensic Services.

Time period	Type	Total moves	Transfers	Deaths	Moves to integrated
2015 Annual (January – December 2015)	Committed after finding of incompetency	99	67	1	31
	MI&D committed	66	24	7	35
	Other committed	23	16	0	7
	Total	188	107	8	(Avg. = 6.1) 73
2016 Annual (January – December 2016)	Committed after finding of incompetency	93	62	0	31
	MI&D committed	69	23	3	43
	Other committed	25	15	0	10
	Total	187	100	3	(Avg. = 7.0) 84
2017 Annual (January – December 2017)	Committed after finding of incompetency	133	94	2	27
	MI&D committed	55	17	6	32
	Other committed	11	3	1	7
	Total	199	114	9	(Avg. = 6.3) 76
2018 Annual (January – December 2018)	Committed after finding of incompetency	136	97	0	39
	MI&D committed	73	31	3	39
	Other committed	3	2	0	1
	Total	212	130	3	(Avg. = 6.6) 79
2019 Quarter 1 (Jan – Mar 2019)	Committed after finding of incompetency	41	28	0	13
	MI&D committed	13	3	2	8
	Other committed	4	1	0	3
	Total	58	32	2	(Avg. = 8.0) 24
2019 Quarter 2 (Apr – June 2019)	Committed after finding of incompetency	32	24	0	8
	MI&D committed	24	12	0	12
	Other committed	1	0	0	1
	Total	57	36	0	(Avg. = 7.0) 21
2019 Quarter 3 (July – Sept 2019)	Committed after finding of incompetency	33	20	0	13
	MI&D committed	19	12	1	6
	Other committed	1	0	0	1
	Total	53	30	1	(Avg. = 7.3) 22

COMMENT ON PERFORMANCE:

MSH, Transition Services, Forensic Nursing Home, and the Forensic Mental Health Program (formerly known as Competency Restoration Program) serve different populations for different purposes. Together the four programs are known as Forensic Services. DHS efforts continue to expand community capacity. In addition, Forensic Services continues to work towards the mission of Olmstead by identifying individuals who could be served in more integrated settings.

MI&D committed and Other committed

MSH and Transition Services primarily serve persons committed as Mentally Ill and Dangerous (MI&D), providing 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). MSH also serves persons under other commitments. Other commitments include Mentally Ill (MI), Mentally Ill and Chemically Dependent (MI/CD), Mentally Ill and Developmentally Disabled (MI/DD).

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

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

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

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

Ongoing efforts are facilitated to enhance discharges for those served at Forensic Services, including:

- Collaboration with county partners to identify those individuals who have reached maximum benefit from treatment;
- Collaboration with county partners to identify community providers and expand community capacity (with specialized providers/utilization of Minnesota State Operated Community Services);
- Utilization of the Forensic Review Panel, an internal administrative group, whose role is to review individuals served for reductions in custody (under MI&D Commitment), and who may be served in a more integrated setting;
- The Forensic Review Panel also serves to offer treatment recommendations that could assist the individual's growth/skill development, when necessary, to aid in preparing for community reintegration. A summary of the Forensic Review Panel efforts include:
 - From January to March 2019: Reviewed 48 cases; recommended reductions for 17 cases with 14 being granted, and one case pending.
 - From April to June 2019: Reviewed 52 cases; recommended reductions for 28 cases. To date, 26 have been granted.
 - From July to September 2019: Reviewed 49 cases; recommended reductions for 18 cases. To date, 17 have been granted and one case is pending.
- Collaboration with DHS/Direct Care and Treatment entities to expand community capacity and individualized services for a person's transitioning.

Committed after finding of incompetency

Individuals under competency restoration treatment, Minn. R. Crim. R. 20.01, may be served in any program at Forensic Services. Primarily the Forensic Mental Health Program serves this population, and

the majority of individuals are placed under a concurrent civil commitment to the Commissioner, as Mentally Ill. The limited purpose of the Forensic Mental Health Program is to stabilize the individual's mental health symptoms such that they can be served in a lower level of care.

Competency restoration treatment may occur with any commitment type, but isn't the primary decision factor for discharge. For this report, the "Committed after finding of incompetency" category represents any individual who had been determined by the court to be incompetent to proceed to trial, though not under commitment as MI&D (as transitions to more integrated settings for those under MI&D requires Special Review Board review and Commissioner's Order).

- Forensic Services has expanded programming to individuals under "treat to competency," by opening a 32-bed unit called Forensic Mental health Program – North Campus in the St. Peter community.
- While AMRTC continues to provide care to those who may be under this legal status, individuals referred to CRP in St Peter are determined to no longer require hospital-level care.

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

UNIVERSE NUMBER:

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

TIMELINESS OF DATA:

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

TRANSITION SERVICES GOAL FOUR: By June 30, 2020, 100% of people who experience a transition will engage in a process that adheres to the Person-Centered, Informed Choice and Transition protocol. Adherence to the transition protocol will be determined by the presence of the ten elements from the My Move Plan Summary document listed below. [People who opted out of using the My Move Summary document or did not inform their case manager that they moved are excluded from this measure.]

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

RESULTS:

This goal is **in process**. [Last reported in November 2019]

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
FY18 Quarter 1 July – Sept 2017	29	6	0	23	11 of 23 (47.8%)	12 of 23 (52.2%)
FY18 Quarter 2 Oct – Dec 2017	26	3	1	22	7 of 22 (31.8%)	15 of 22 (68.2%)
FY18 Quarter 3 Jan – March 2018	25	5	3	17	2 of 17 (11.8%)	15 of 17 (88.2%)
FY18 Quarter 4 April – June 2018	34	6	2	26	3 of 26 (11.5%)	23 of 26 (88.5%)
FY19 Quarter 1 July –Sept 2018	19	6	0	13	5 of 13 (38.5%)	8 of 13 (61.5%)
FY19 Quarter 2 Oct – Dec 2018	36	5	0	31	10 of 31 (32.3%)	21 of 31 (67.7%)
FY 19 Quarter 3 Jan – Mar 2019	N/A	N/A	N/A	N/A	N/A	N/A
FY19 Quarter 4 April – June 2019	23	9	4	10	4 of 10 (40%)	6 of 10 (60%)

ANALYSIS OF DATA:

For the last quarter reported (April - June 2019), of the 23 transition case files reviewed, 9 people opted out of using the My Move Plan document and four people did not inform their case manager that they were moving. Of the remaining 10 case files, 6 files (60%) adhered to the transition protocol.

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:

In April 2019, Lead Agency Review changed the sampling methodology utilized to identify transition cases. Instead of pulling a specific sample of people who have moved based on claims data, the Lead Agency Review team now looks for My Move plans for anyone within the overall sample that has moved during the review period. In shifting the sampling methodology utilized, the Lead Agency Review team hopes to gain better insights into lead agency practices in the facilitation of moves for individuals. Because the lead agencies reviewed during this time period are smaller in program enrollment sizes, the total numbers of transition case files reviewed were as expected.

Lead Agencies are provided information about which components of the My Move Plan were compliant/non-compliant for each of the transition cases that were reviewed.

TIMELINESS OF DATA:

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

III. TIMELINESS OF WAIVER FUNDING

This section reports progress of individuals being approved for home and community-based services waiver funding. An urgency categorization system for the Developmental Disabilities (DD) waiver waiting list was implemented on December 1, 2015. The system categorizes urgency into three categories including Institutional Exit, Immediate Need, and Defined Need. Reasonable pace goals have been established for each of these categories. The goal reports the number of individuals that have funding approved at a reasonable pace and those pending funding approval.

TIMELINESS OF WAIVER FUNDING GOAL ONE: Lead agencies will approve funding at a reasonable pace for persons: (A) exiting institutional settings; (B) with an immediate need; and (C) with a defined need for the Developmental Disabilities (DD) waiver.

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

Assessments between January – December 2016

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

RESULTS:

This goal is **in process**. [Last reported in November 2019]

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

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

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

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

ANALYSIS OF DATA:

From July 2018 – June 2019, of the 1,459 individuals assessed for the Developmental Disabilities (DD) waiver, 1,044 individuals (72%) had funding approved within 45 days of the assessment date. An additional 351 individuals (24%) had funding approved after 45 days. Only 64 individuals (4%) assessed are pending funding approval.

COMMENT ON PERFORMANCE:

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

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

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

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

Number of People Pending Funding Approval by Category

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

Average Number of Days Individuals are Pending Funding Approval by Category

As of Date	Institutional Exit	Immediate Need	Defined Need
April 1, 2017	91	130	193
July 1, 2017	109	122	182
October 1, 2017	136	120	183
January 1, 2018	144	108	184
April 1, 2018	65	109	154
July 1, 2018	360	115	120
October 1, 2018	112	110	132
January 8, 2019	138	115	144
April 1, 2019	278	113	197
July 1, 2019	155	125	203
October 1, 2019	262	132	197

Median Number of Days Individuals are Pending Funding Approval by Category

As of Date	Institutional Exit	Immediate Need	Defined Need
April 1, 2017	82	93	173
July 1, 2017	103	95	135
October 1, 2017	102	82	137
January 1, 2018	144	74	140
April 1, 2018	61	73	103
July 1, 2018	118	85	70
October 1, 2018	74	78	106
January 8, 2019	101	79	88
April 1, 2019	215	88	147
July 1, 2019	75	86	84
October 1, 2019	166	103	103

TIMELINESS OF DATA:

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

IV. QUALITY OF LIFE MEASUREMENT RESULTS

NATIONAL CORE INDICATORS (NCI) SURVEY

The results for the 2017 NCI survey for individuals with intellectual and developmental disabilities were reported in the November 2018 Quarterly Report.

QUALITY OF LIFE SURVEY

The [Olmstead Plan Quality of Life Survey: First Follow-Up 2018⁵](#) report was accepted by the Olmstead Subcabinet on January 28, 2019. This report was a follow-up to the “[Olmstead Plan Quality of Life Survey Baseline Report](#)” conducted in 2017, which is the first study in the country that includes people with disabilities of all types and ages in segregated settings, or at risk of being placed in segregated settings.

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

Key Facts about the First Follow-up Survey (2018)

- A total of 511 people completed the survey. Follow-up survey respondents were selected from a random sample of 2,005 baseline survey respondents.
- The Olmstead Quality of Life Survey is a multi-year effort to assess the quality of life for people with disabilities who receive state services in potentially segregated settings. Minnesota Department of Human Services identified places such as group homes, nursing facilities and center-based employment as having the potential to be segregated settings.
- The results in this report reflect the experiences of the respondents and speak directly to the settings from which the sample was drawn. Therefore, results cannot be generalized to all people with disabilities in Minnesota.

Highlights from the First Follow-up Survey

The goal of the survey is to track progress of quality of life over an extended period of time. Researchers caution noticeable change is difficult to detect in a short period. When comparing data from the baseline to the follow-up survey, which took place in the span of one year, the results have not yet significantly shifted. Using a scale from “very bad” to “very good,” people with disabilities reported their overall quality of life to be “good.” Minnesota’s average baseline score (76.6) and follow-up score (77.4) were similar.

Researchers detected no definitive changes but some interesting information surfaced.

- The data showed the more people get out and are allowed to interact with the broader community, their quality of life increases. Outing interaction scores are low. Minnesota’s baseline average score (37.7) and follow-up (36.5) were similar. This indicates people are generally segregated from the

⁵ [Olmstead Plan Quality of Life Survey: First Follow-up 2018](#) Report is available on the Olmstead Plan website at www.mn.gov/olmstead and was attached as an Exhibit to the February 2019 Quarterly Report.

broader community during daily activities. Finding ways to further integrate daily activities will help to improve quality of life for the focus population.

- The data also showed there are differences in quality of life for different regions of the state. Depending on where people live, they will have different experiences. For example, while there are fewer outing interactions in the Metro Area, this area has a higher score for decision control. Variables impacting these scores may range from how agencies provide services to how providers network with each other.
- Respondents' perceived they have a moderate ability to make their own choices. Minnesota's average baseline score (66.2) and follow-up score (67.6) remained close. Further analysis showed that respondents without guardians reported more decision control and a higher quality of life than respondents with a guardian. In addition. Those with private guardians had a higher quality of life than those with public guardianship.

The analysis of the follow-up survey results shows that this long-term study is valuable and has helped to identify important characteristics affecting overall quality of life. Researchers recommend waiting a longer period of time before resurveying respondents. It is recommended that the second follow-up survey should occur in summer of 2020.

V. INCREASING SYSTEM CAPACITY AND OPTIONS FOR INTEGRATION

This section reports on the progress of measurable goals related to increasing capacity of the system and options for integration that are being reported in each quarterly report. The information for each goal includes the overall goal, annual goal, baseline, results for the reporting period, analysis of the data and a comment on performance and the universe number, when available. The universe number is the total number of individuals potentially impacted by the goal. This number provides context as it relates to the measure.

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

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

Element	Required criteria	Percent
1	The support plan describes goals or skills that are related to the person's preferences .	74%
2	The support plan includes a global statement about the person's dreams and aspirations .	17%
3	Opportunities for choice in the person's current environment are described.	79%
4	The person's current rituals and routines are described.	62%
5	Social , leisure, or religious activities the person wants to participate in are described.	83%
6	Action steps describing what needs to be done to assist the person in achieving his/her goals or skills are described.	70%
7	The person's preferred living setting is identified.	80%
8	The person's preferred work activities are identified.	71%

RESULTS:

This goal is **in process**. [Last reported in November 2019]

Table amounts are percentages

Time period	(1) Preferences	(2) Dreams Aspirations	(3) Choice	(4) Rituals Routines	(5) Social Activities	(6) Goals	(7) Living	(8) Work
Fiscal Year (Months)								
Baseline (April – June 2017)	74	17	79	62	83	70	80	71
FY18 Q1 (July – Sept 2017)	75.9	6.9	93.1	37.9	93.1	79.3	96.6	93.1
FY18 Q2 (Oct – Dec 2017)	84.6	30.8	92.3	65.4	88.5	76.9	92.3	92.3
FY18 Q3 (Jan – Mar 2018)	84.6	47.3	91.6	68.9	93.5	79.6	97.5	94.1
FY18 Q4 (Apr – June 2018)	80.2	40.1	92.8	67.1	94.5	89.5	98.7	78.9
FY19 Q1 (July – Sept 2018)	90.0	53.8	96.2	52.3	93.8	90.8	98.5	98.5
FY19 Q2 (Oct – Dec 2018)	91.5	62.1	98.1	60.7	94.8	96.7	98.6	98.6
FY19 Q3 (Jan – Mar 2019)	--	--	--	--	--	--	--	--
FY19 Q4 (Apr – June 2019)	94	59.2	99.5	66.3	99.5	98.4	98.9	100

ANALYSIS OF DATA:

During the last quarter reported (April – June 2019), in the 184 case files reviewed, the eight required elements were present in the percentage of files shown in the table above. Performance on all eight elements has continued to improve over the 2017 baseline. Six of the eight elements show consistent progress performing at 94 or greater. One element (work) reached 100 compliance the last quarter.

No site visits took place between January and March 2019 to allow for Round 3 summaries and reports to be created and to prepare a new database for the start of Round 4. Site visits resumed in April of 2019.

Total number of cases and sample of cases reviewed

Time period	Total number of cases (disability waivers)	Sample of cases reviewed (disability waivers)
FY19 Quarter 1 (July – September 2018)	832	130
FY19 Quarter 2 (October – December 2018)	2,087	201
FY19 Quarter 3 (January – March 2019)	--	--
FY19 Quarter 4 (April – June 2019)	1,321	184

Lead Agencies Participating in the Audit ⁶

Time period	Lead agencies
FY19 Quarter 1 (July – Sept 2018)	(4) Brown, Carlton, Pine, Watonwan
FY19 Quarter 2 (Oct – Dec 2018)	(5) Benton, Blue Earth, Le Sueur, Meeker, Swift
FY19 Quarter 3 (Jan – March 2019)	(0) No agency reviews completed during this quarter
FY19 Quarter 4 (April – June 2019)	(6) Faribault, Itasca, Martin, Mille Lacs, Red Lake, Wadena

COMMENT ON PERFORMANCE:

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

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

This is the first time that these six lead agencies participated in a lead agency review to monitor the person-centered elements. Their last lead agency review occurred prior to the implementation and monitoring of person-centered elements. Despite not having gone through an educational review period before, their performance was good. Three of the six lead agencies were required to develop corrective

⁶ Agency visits are sequenced in a specific order approved by Centers for Medicare and Medicaid Services (CMS)

action plans in the category of support plan using record keeping process for at least one of the disability waiver program.

UNIVERSE NUMBER:

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

TIMELINESS OF DATA:

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

PERSON-CENTERED PLANNING GOAL TWO: By 2017, increase the percent of individuals with disabilities who report that they exercised informed choice, using each individual's experience regarding their ability: to make or have input into (A) major life decisions and (B) everyday decisions, and to be (C) always in charge of their services and supports, as measured by the National Core Indicators (NCI) survey.

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

(A) INPUT INTO MAJOR LIFE DECISIONS

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

RESULTS:

The 2017 overall goal to increase to 55% was reported as not met in the November 2018 Quarterly Report. Progress on this goal will continue to be reported as **in process**. [Reported in November 2019] An amendment to this goal is being proposed and is included in the Addendum.

Time period	Number Surveyed	Percent reporting they have input into major life decisions
2014 survey (Baseline)	--	40%
2015 survey	400	44.3%
2016 survey	427	64%
2017 survey	1,987	51%
2018 survey	374	59%

ANALYSIS OF DATA:

The 2017 overall goal to increase the percent of people reporting they have input into major life decisions to 55% or higher was not met. DHS is continuing to report progress past the 2017 goal date. The 2018 NCI survey results indicated that 59% of people reported they have input into major life decisions. This is an increase of 8% over last year and has surpassed the final goal of 55% or higher.

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

COMMENT ON PERFORMANCE:

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

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

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

TIMELINESS OF DATA:

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

(B) INPUT INTO EVERYDAY DECISIONS

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

RESULTS:

The 2017 overall goal to increase to 85% was reported as not met in the November 2018 Quarterly Report. Progress on this goal will continue to be reported as **in process**. [Reported in November 2019] An amendment to this goal is being proposed and is included in the Addendum.

Time period	Number Surveyed	Percent reporting they have input in everyday decisions
2014 survey (Baseline)	--	79%
2015 survey	400	84.9%
2016 survey	427	87%
2017 survey	2,043	92%
2018 survey	391	92%

ANALYSIS OF DATA:

The 2017 overall goal to increase the percent of people reporting they have input into everyday decisions to 85% or higher was met. DHS is continuing to report progress past the 2017 goal date. The

2018 NCI survey results indicated that 92% of people reported they have input into everyday decisions. This is unchanged from last year.

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

COMMENT ON PERFORMANCE:

The 2017 goal of 85% or greater was achieved regardless of living arrangement. People living with parents/family were the least likely to report control over everyday decisions (86%) compared with 92% of people who live in their own home or apartment. Eighty-eight percent of the people living in ICFs/DD and 89% of those living in community-based group residential settings report having input into everyday decisions.

TIMELINESS OF DATA:

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

(C) ALWAYS IN CHARGE OF THEIR SERVICES AND SUPPORTS

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

RESULTS:

The 2017 overall goal to increase to 80% was reported as not met in the November 2018 Quarterly Report. Progress on this goal will continue to be reported as **in process**. [Reported in November 2019] An amendment to this goal is being proposed and is included in the Addendum.

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

ANALYSIS OF DATA:

The overall goal to increase the percent of people reporting they were always in charge of their services and supports to 80% or higher by 2017 was not met. DHS is continuing to report progress past the 2017 goal date.

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

The data for this measure was taken from the NCI-AD survey. The population surveyed included adults with a physical disability as identified on a long-term services and supports assessment for Community Alternative Care (CAC), Community Access for Disability Inclusion (CADI), Brain Injury (BI) waivers, Home

Care services or Developmental Disability screening document and who receive case management and at least one other service. In even numbered years the NCI-AD is used to look for trends at the regional level. This requires a larger sample. Therefore the sample size in even numbered years will be substantially larger than the sample size in odd numbered years.

COMMENT ON PERFORMANCE:

The percent of individuals reporting they are always in charge of their services and supports increased from 2016 and is above baseline. Further investigation was conducted on this measure. There are variations based on where a person resides. When testing the changes by the different residential setting, the only change that is statistically significant is the change in 'Group Home'. Therefore, the primary driver of the decrease in the percent of people who feel that they are always in control of their services and supports appears to be the change in the people who reside in Group Homes.

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

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

TIMELINESS OF DATA:

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

HOUSING AND SERVICES GOAL ONE: By June 30, 2019, the number of people with disabilities who live in the most integrated housing of their choice where they have a signed lease and receive financial support to pay for the cost of their housing will increase by 5,569 (from 5,995 to 11,564 or about a 92 increase). [Revised in March 2019]

2019 Goal

- By June 30, 2019, the number of people with disabilities who live in the most integrated housing of their choice where they have a signed lease and receive financial support to pay for the cost of their housing will increase by 5,569 over baseline to 11,564 (about 92 increase).

Baseline: In State Fiscal Year 2014 (July 2013 – June 2014), there were an estimated 38,079 people living in segregated settings. Over the last 10 years, 5,995 individuals with disabilities moved from segregated settings into integrated housing of their choice where they have a signed lease and receive financial support to pay for the cost of their housing.

RESULTS:

The 2019 annual goal to increase by 5,569 over baseline to 11,564 was **not met**. [Reported in November 2019] An amendment to this goal is being proposed and is included in the Addendum.

Time period	People in integrated housing	Change from previous year	Increase over baseline	Percent change over baseline
2014 Baseline (July 2013 – June 2014)	5,995	--	--	--
2015 Annual (July 2014 – June 2015)	6,910	+915	915	15.3
2016 Annual (July 2015 – June 2016)	7,605	+695	1,610	26.8
2017 Annual (July 2016 – June 2017)	8,745	+1,140	2,750	45.8
2018 Annual (July 2017 – June 2018)	9,869	+1,263	3,852	64.2
2019 Annual (July 2018 – June 2019)	10,214	+345	4,219	70.4

ANALYSIS OF DATA:

From July 2018 through June 2019 the number of people living in integrated housing increased by 4,219 (70.4) over baseline to 9,869. The 2019 goal was not met. The increase in the number of people living in integrated housing from July 2018 to June 2019 was 345 compared to an increase of 1,263 in the previous year.

COMMENT ON PERFORMANCE:

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

TIMELINESS OF DATA:

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

EMPLOYMENT GOAL ONE: By September 30, 2019, the number of new individuals⁷ receiving Vocational Rehabilitation Services (VRS) and State Services for the Blind (SSB) who are in competitive integrated employment will increase by 14,820.

2018 Goal

- By September 30, 2018, the number of new individuals with disabilities working in competitive integrated employment will be **3,028**.

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

RESULTS:

The 2018 goal of 3,028 was **not met**. [Reported in February 2019]

Time period Federal Fiscal Year (FFY)	Number of Individuals Achieving Employment Outcomes		
	Vocational Rehabilitation Services (VRS)	State Services for the Blind (SSB)	Total
2015 Annual (FFY 15) October 2014 – September 2015	3,104	132	3,236
2016 Annual (FFY 16) October 2015 – September 2016	3,115	133	3,248
2017 Annual (FFY 17) October 2016 – September 2017	2,713	94	2,807
2018 Annual (FFY 18) October 2017 – September 2018	2,577	105	2,682

ANALYSIS OF DATA:

From October 2017 – September 2018, the number of people with disabilities working in competitive integrated employment was 2,682. The 2018 annual goal of 3,028 was not met. This number represents a decrease from the previous year, and a decrease of 56 under baseline.

VRS: In FFY 18, the number of applications and completed plans decreased from FFY 17 (applications decreased 6.0%; plans completed decreased 7.5%). The number of employment outcomes for FFY 18 dropped to 2,577, a 5.0% decrease from FFY 17.

SSB: In FFY 18 the total number of customers served was 1,285. This is an increase from FFY17 (1,054), and in line with FFY16 (1,289). SSB continues to receive a steady number of applications: 273 in FFY 18 and served a higher proportion of first time customers (68.5%) compared to 38.3% in FFY 17 and 36% in FFY 16. SSB also served a higher proportion of youth 14-21 years (31.9%) in FFY 18, compared to 26.5%

⁷ "New individuals" mean individuals who were closed successfully from the Vocational Rehabilitation program. This is an unduplicated count of people working successfully in competitive, integrated jobs. These numbers are based on a historic trend for annual successful employment outcomes.

in FFY 17, and 19.5% in FFY 16. This is a shift that will likely continue under WIOA's emphasis on transition students.

COMMENT ON PERFORMANCE:

VRS: The reduction in the number of individuals who achieved competitive integrated employment is a reflection of the changing demographics of persons being served and the increased complexity of their circumstances. The VRS program has had an increase of 59.1% of clients with intellectual disabilities and an increase of 39.9% of people with autism. This population requires intensive and long term services in order to achieve an employment outcome.

The Workforce Innovation and Opportunity Act (WIOA) mandates have led to dramatic changes in the demographics of persons being served and have also reduced the dollars available to assist participants in securing and maintaining competitive integrated employment. WIOA has also implemented new federal performance measures which move away from counting the number of employment outcomes and instead, focus on credential attainment and measurable skill gains.

SSB: The data provided in the table above must be interpreted within the context of the current customer demographics and policies. The time and effort needed to obtain employment depends upon each customer's specific circumstances and the policies that define the processes that staff must adhere to. The total number of SSB customers who obtained employment in FFY 18 increased slightly from the prior year and the, the data shows that, under recent policy changes, SSB is serving customers with more complex and longer-term needs.

SSB operates in a dynamic environment in which its customers and guiding policies are constantly changing. WIOA's impacts will continue to unfold as time goes on. Federal reporting requirements and performance indicators continue to be adjusted, which requires resources and staff time to adapt internal procedures.

TIMELINESS OF DATA:

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

EMPLOYMENT GOAL TWO: By June 30, 2020, of the 50,157 people receiving services from certain Medicaid funded programs, there will be an increase of 5,000 over baseline to 11,137 in competitive integrated employment.

2019 Goal

- By June 30, 2019, the number of individuals in competitive integrated employment will increase by 1,200 individuals to 9,937.

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

RESULTS:

The 2019 annual goal to increase the number of individuals in competitive integrated employment to 9,937 was **not met**. [Reported in November 2019]

MA Recipients (18 -64) in Competitive Integrated Employment (CIE)

Time period	Total MA recipients	Number in CIE (\$600+/month)	Percent of MA recipients in CIE	Change from previous year	Increase over baseline
Baseline (July 2013 – June 2014)	50,157	6,137	12.2	--	--
July 2014 – June 2015	49,922	6,596	13.2	459	459
2017 Annual Goal (July 2015 – June 2016)	52,383	8,203	15.7	1,607	2,066
2018 Annual Goal (July 2016 – June 2017)	54,923	9,017	16.4	814	2,880
2019 Annual Goal (July 2017 – June 2018)	58,711	9,751	16.6	734	3,614

ANALYSIS OF DATA:

During July 2017 – June 2018, there were 9,751 people in competitive integrated employment earning at least \$600 a month. The 2019 goal to increase the number of individuals in competitive integrated employment to 9,937 was not met.

The data reported is a proxy measure to track the number of individuals in competitive integrated employment from certain Medicaid programs and includes the number of people who have monthly earnings of over \$600 a month. This is calculated by dividing the annual earnings of an individual (as reported by financial eligibility workers during re-qualification for Medicaid) by the number of months they have worked in a given fiscal year.

During development of the employment data dashboard in 2015, DHS tested the use of \$600 a month as a proxy measure for competitive integrated employment. This was done by reviewing a random sample of files across the state. DHS staff verified that information from the data system matched county files and determined that when people were working and making \$600 or more, the likelihood was they were in competitive integrated employment.

COMMENT ON PERFORMANCE:

Possible contributing factors to explain the increase in the number of people in certain Medicaid programs in competitive integrated employment include:

- **Improving economy:** During the same time period of this data, the overall unemployment rate in Minnesota fell from 4.2 in June of 2014 to 3.5 in June of 2017 to 2.9 in June 2018.
- **Increased awareness and interest:** Providers and lead agencies are paying attention to the goals of people to work in competitive integrated employment.
- **Implementation of the Workforce Innovation and Opportunities Act (WIOA):** Signed into law in July 2014, this act amended Section 511 of the Rehabilitation Act and placed additional requirements on employers who hold special wage certificates to pay people with disabilities subminimum wages. In

response to WIOA requirements, some employers may have increased wages to above minimum wage or some service providers may have put greater emphasis on services leading to competitive integrated employment. During this time period, however, there was not a similar growth in employment among people with disabilities at the national level.

- ***Interagency efforts to increase competitive integrated employment:*** During the time period of this data, DHS, DEED, and MDE have all made efforts to meet Minnesota's Employment First Policy and Olmstead Plan goals. This included interagency coordination and projects contained as part of the employment section of Minnesota's Olmstead Plan.

Moving Forward

Moving forward, DHS continues to work to ensure that all Minnesotans with disabilities have the option of competitive integrated employment. DHS seeks to meet its Olmstead Plan measurable goal and continuously improve efforts around employment. Part of these efforts include:

- ***Carrying out The Minnesota Technical Assistance Project (MN-TAP):*** Launched in 2018, MN-TAP is a 2-year project funded by DHS, and designed to improve employment outcomes for people with disabilities. As part of the project, the Institute for Community Inclusion at the University of Massachusetts Boston, in partnership with the Institute on Community Integration at the University of Minnesota, will be providing technical assistance (TA) to 2 cohorts of provider agencies, each cohort with 6 agencies. A total of 12 organizations will participate over the course of the 2 years. The goal of the TA is to help providers expand their capacity to support people with intellectual/developmental disabilities (I/DD) in obtaining and succeeding in competitive, integrated employment opportunities.
- ***Providing three new employment services in the Medicaid Home and Community Based Services (HCBS) waivers:*** As of September, 2019 Minnesota has fully transitioned HCBS waiver services to include three new employment services: Exploration, Development, and Support. These services not only help better identify what employment supports someone is receiving, but they also provide new resources to support competitive, integrated employment for people receiving waiver services.
- ***Implement memorandum of understanding with DHS and DEED***
In September, 2019 DHS and DEED signed a memorandum of understanding(MOU) outlining how the two agencies will work together in supporting common customers (people receiving waiver services who want employment) to be successful in finding and maintaining competitive, integrated employment as well as in making informed choices about employment. This MOU grounds the agencies in shared values, clarifies federal guidance, and explains: how they will coordinate efforts, how services sequence, how they will increase shared service providers, and how they will work to create seamless referrals/transitions between programs.

TIMELINESS OF DATA:

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

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

2019 Goal

- By June 30, 2019, the number of additional students with Developmental Cognitive Disabilities (DCD) in competitive, integrated employment will be 150.

RESULTS:

The 2019 goal of 150 was **not met**. [Reported in August 2019]

Time Period	Number of students with DCD, ages 19-21 that enter into competitive integrated employment
2016 Annual (October 2015 to June 2016)	137
2017 Annual (October 2016 to June 2017)	192
2018 Annual (October 2017 to June 2018)	179
2019 Annual (October 2018 to June 2019)	138
Total	646

ANALYSIS OF DATA:

During the 2018 - 2019 school year, 138 students with developmental cognitive disabilities (58 males and 59 females and 21 unspecified), ranging in ages from 19-21 participated in competitive integrated employment. The 2019 goal of 150 was not met. Since 2016, the total number of students with developmental cognitive disabilities in competitive integrated employment is 646. Even though the annual goal was not met, this goal is on track to meet the overall goal of 763.

All but one of these students worked part-time vs. full-time as their primary job was that of being a secondary student. Students were employed in a variety of businesses with wages ranging from \$7.75 an hour to \$17.50 an hour. Students received a variety of supports including: employment skills training, job coaching, interviewing skill development, assistive technology, job placement and the provision of bus cards.

COMMENT ON PERFORMANCE:

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

Twenty school districts and local partner teams provided supports to students through the ECBC during the 2018-2019 school year. The ECBC teams team activities included: information sessions on Workforce Innovation and Opportunity Act (WIOA) and limitations on the use of subminimum wages; Pre-Employment Transition Services; DB101 estimator sessions; utilization of the Informed Choice Conversation and Informed Choice Toolkit materials; piloting a new customized Minnesota Career Information System (MCIS) for students with disabilities; conducting individual career interest and learning style inventories; and learning about essential job development strategies.

The 2018-2019 number of students continues an observed annual decline that began in 2017-2018. The factors involved in this annual measure are complex. MDE, DEED and DHS have identified the quality of local level partnerships between school districts, vocational rehabilitation (VR) services, and disability

services as an important factor, and are involved in planning for how to improve these partnerships statewide.

In the summer of 2019, MDE, DEED and DHS staff convened an ECBC Design Team including local-level representatives of schools, vocational rehabilitation services and disability services. The state agency staff and Design Team are reviewing data collected from current ECBC teams that indicates possible improvements in the design of ECBC, as well as identifying options for scale-up of ECBC participation by moving more ECBC training, team planning, and networking between teams to an online platform accessible to outstate Minnesota. It is expected that including more Minnesota school districts in training, network support from other successful school districts, and customized technical assistance from state agencies (MDE, DEED and DHS) will improve the statewide rate of competitive integrated employment.

TIMELINESS OF DATA:

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

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

2018 Goal

- By December 31, 2018, the number of employed peer support specialists will increase by 30.

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

RESULTS:

The 2018 goal to increase by 30 over baseline was **met**. [Reported in February 2019]

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

ANALYSIS OF DATA:

As of December 31, 2018 there were 76 certified peer support specialists employed by Assertive Community Treatment (ACT) teams, Intensive Residential Treatment Services (IRTS), and crisis residential facilities. The 2018 goal to increase the number of peer support specialists by 30 over baseline (to 46) was met.

Of the 76 employed peer support specialists, 26 are employed by ACT teams and 50 are working in IRTS and crisis residential facilities. Most of these positions are part time and the peers are level one peers. These numbers do not reflect the number of peers working in Adult Rehabilitative Mental Health Services (ARMHS), advocacy organizations, or community support programs. The number of billable hours in ARMHS has been steadily increasing until recently.

COMMENT ON PERFORMANCE:

Since fall of 2009, 875 individuals have successfully completed the peer training. Based on several surveys over the last couple of years, it is estimated that approximately 30% of certified peers worked at one time. Many leave after a short time, citing poor pay, lack of understanding of their role, discrimination by fellow employees, and unwillingness to work as a contract worker.

It is apparent that agencies that hire several peers have a more committed workforce and it is a more cost neutral service. Providers state that they need more training to implement the service but that has proved difficult because of constant turnover in staff.

The Behavioral Health Division is part of the Community Supports Administration at DHS. It includes adult mental health services, children's mental health services and alcohol and drug abuse services. The division works to integrate mental health with physical health care, to promote successful treatments, and to serve people close to their communities, families and other supports. The division was integrated the mental health and substance abuse divisions to form an integrated division in 2017; previously each area was a separate division. In light of this shift it is recommended that this goal include the number of Recovery Peers in the future. There are 33 ACT teams, 32 IRTS and 25 residential crisis beds that provide employment opportunities for peer support specialists.

TIMELINESS OF DATA:

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

LIFELONG LEARNING AND EDUCATION GOAL ONE: By December 1, 2019, the number of students with disabilities^v, receiving instruction in the most integrated setting^{vi}, will increase by 1,500 (from 67,917 to 69,417)

2017 Goal

- By December 1, 2017, the number of students receiving instruction in the most integrated settings will increase by 900 over baseline to 68,817

Baseline: In 2013, of the 109,332 students with disabilities, 67,917 (62.11%) received instruction in the most integrated setting.

RESULTS:

The 2017 goal to increase by 900 over baseline to 68,817 was **met**. [Reported in February 2019]

Time Period	Students with disabilities in most integrated setting	Total number of students with disabilities (ages 6 – 21)
January – December 2014	68,434 (62.1%) (517 over baseline)	110,141
2015 Goal January – December 2015	69,749 (62.1%) (1,832 over baseline)	112,375
2016 Goal January – December 2016	71,810 (62.3%) (3,893 over baseline)	115,279
2017 Goal January – December 2017	74,274 (62.5%) (6,387 over baseline)	118,800

ANALYSIS OF DATA:

During 2017, the number of students with disabilities receiving instruction in the most integrated setting increased by 6,387 over baseline to 74,274. The 2017 goal of an increase of 900 over baseline to 68,817 was met. Although the number of students in the most integrated setting increased, the percentage of students in the most integrated setting when compared to all students with disabilities ages 6 – 21 increased 0.2% from the previous year.

COMMENT ON PERFORMANCE:

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

TIMELINESS OF DATA:

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

LIFELONG LEARNING AND EDUCATION GOAL TWO: By June 30, 2020, the percent of students with disabilities who have enrolled in an integrated postsecondary education setting within one year of leaving high school will increase to 36 (from the 2016 baseline of 31.) [Revised in March 2019]

2019 Goal

- By June 30, 2019, the percent of students with disabilities who have enrolled in an integrated postsecondary setting in the fall after graduating will increase to 35.

Baseline: Based on the 2014 Minnesota’s Statewide Longitudinal Education Data System (SLEDs), of the 6,749 students with disabilities who graduated statewide in 2014, a total of 2,107 (31) enrolled in the fall of 2014 into an integrated postsecondary institution.

RESULTS:

The 2019 goal (using 2017 data) of 35 was **not met**. [Reported in November 2019]

Time period	Students with disabilities graduating	Students enrolling in accredited institution of higher education	Percent of students	Change from baseline
2016 Baseline – 2014 SLEDs (August 2014 – July 2015 data)	6,749	2,107	31.2	--
2017 Annual Goal – 2015 SLEDs (August 2015 – July 2016 data)	6,722	2,241	33.3	2.1
2018 Annual Goal – 2016 SLEDs (August 2016 – July 2017 Data)	6,648	2,282	34.3	3.1
2019 Annual Goal – 2017 SLEDs ⁸ (August 2017 – July 2018 Data)	6,792	2,259	33.3	<1.0>

⁸ SLEDs data retrieved October 10, 2019 from <http://sleds.mn.gov>.

ANALYSIS OF DATA:

Of the 6,792 students with disabilities who graduated in 2017, there were 2,259 students (33.3) who enrolled in an accredited institution of higher education in fall 2017. This was a decrease of 1 from the baseline. The 2019 goal to increase to 35 was not met.

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

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

Racial or Ethnic Group	2015 SLEDs	2016 SLEDs	2017 SLEDs ⁹
American Indian or Alaskan Native	22	23	16
Asian or Pacific Islander	35	35	42
Hispanic	27	28	29
Black, not of Hispanic Origin	28	28	28
White, not of Hispanic Origin	35	36	36

COMMENT ON PERFORMANCE:

Minnesota saw a decrease in the percentage of students with disabilities enrolling in institutions of higher education through the fall of 2017. The trend for students with disabilities follows the trend for all students in general. During the same time period, enrollment in an accredited institution of higher education for students without disabilities declined by 1.6 (from 74.5 in 2014 to 72.9 in 2017). To be considered enrolled in an accredited institution of higher education for the purposes of SLEDs reporting, a student must be on a credit earning track towards a certificate, diploma, two or four year degree, or other formal award.

Analysis of the reported data included comparisons with other postsecondary outcomes data for students with disabilities available in SLEDs. Current SLEDs data indicates that 3,090 (45) of students with disabilities who graduated in 2017 were subsequently employed in competitive integrated employment, which is an increase from 44 in 2016. While Minnesota saw a decrease in the percentage of students with disabilities enrolling in accredited institutions of higher, the data suggests the possibility that other students may be accessing work-related job-specific skills training and certificate programs, including those available from technical colleges. Minnesota continues to have a strong employment outlook and many students with disabilities may be choosing to enter the job market in entry-level positions, gaining experience and independence, or saving money for college as higher education expenses continue to be on the rise.

Based on a review of disaggregated data, a targeted activity was designed to increase successful postsecondary enrollment results for Black and American Indian students with disabilities. This aligns with MDE's current federal State Systemic Improvement Plan (SSIP). For the last two school years, 2017-18 and 2018-19, MDE staff have partnered with TRIO Student Support Services currently serving students at institutions of higher education.

⁹ SLEDs data retrieved October 8, 2019 from <http://sleds.mn.gov/>.

During the school year 2019-20, MDE will work to scale up these efforts by ensuring ongoing print and online accessibility of the *Minnesota Postsecondary Resource Guide*. MDE staff will also widely publicize online training resources that are currently located on Normandale Community College website at <http://www.normandale.edu/osdresources>.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it will be reported 16 months after the end of the reporting period.

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

(A) School districts trained in active consideration

2019 Goal

- By June 30, 2019, the number of school districts that completed AT training will increase to 21.

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

RESULTS:

The 2019 goal to increase to 21 school districts was **met**. [Reported in August 2019]

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

ANALYSIS OF DATA:

In 2018-2019, nine school districts completed training in active consideration of assistive technology, bringing the total to 22 school districts. The 2019 goal to increase to 21 trained school districts was met. The following districts completed the AT training during the 2018-2019 school year: Bemidji Regional Interdistrict Council, Faribault, Minnesota State Academies, Nay Ah Shing, Owatonna, River Bend Education District, Roseville, Stillwater, and Waseca.

COMMENT ON PERFORMANCE:

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

MDE is formalizing the use of the *QIAT Matrix* as a fidelity measure that can be used for evaluating implementation and scale up within and across school districts during the second and third years of the three-year cohort training. The QIAT Matrix measures the extent to which school districts apply the training they received in Year 1 of the cohort, in IEP meetings during Year 2 and Year 3 of the cohort.

For the 2019-2020 school year, MDE is working to recruit an additional 9 districts to participate in ATTP and complete Year 1 training. This would bring the total number of school districts who have completed training since the 2016-2017 school year to 31.

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

2019 Goal

- By June 30, 2019, the percent of students with disabilities in school districts that have completed MDE assistive technology training will increase to 15%.

Baseline: From December 2016 – December 2018, 11.1% (15,106 of 136,245) of students with disabilities statewide (K-12) are served in school districts have completed MDE training in active consideration of assistive technology (AT) during the student’s annual individualized education program (IEP) meeting to ensure education in the most integrated setting.

RESULTS:

The 2019 goal to increase to 15% was **not met**. [Reported in August 2019]

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

ANALYSIS OF DATA:

In 2018-2019, the percentage of students with disabilities in Minnesota who were served by school districts that have participated in the Assistive Technology Teams Project (ATTP) increased by 3.0% over new adjusted baseline of 5.6%. The 2018-19 goal of an increase to 15% was not met. As reported in the Addendum, a new methodology was used to recalculate the baseline. The goal of 15% was set with the previous baseline in mind. A change to the baseline will be proposed through the Olmstead Plan amendment process beginning in December 2019.

COMMENT ON PERFORMANCE:

MDE will continue the expansion of ATTP to increase the number of students with disabilities, ages 3 – 21, who are served by districts that have participated in schools trained in assistive technology consideration practices. For the 2019-2020 school year, MDE is working to recruit an additional 9 districts to participate in ATTP and complete Year 1 training.

TIMELINESS OF DATA:

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

TRANSPORTATION GOAL ONE: By December 31, 2020, accessibility improvements will be made to 4,200 curb ramps (increase from base of 19% to 38%) and 250 Accessible Pedestrian Signals (increase from base of 10% to 50%). By October 31, 2021, improvements will be made to 30 miles of sidewalks.
[March 2018 Plan goal]

A) Curb Ramps

By December 31, 2020, accessibility improvements will be made to 4,200 curb ramps bringing the percentage of compliant ramps to approximately 38%.

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

RESULTS:

Based on Calendar Year 2017 data, the 2020 overall goal to make 4,200 improvements was **met**.
[Reported in February 2019]

Time Period	Curb Ramp Improvements	PROW Compliance Rate
Calendar Year 2014	1,139	24.5%
Calendar Year 2015	1,594	28.5%
Calendar Year 2016	1,015	35.0%
Calendar Year 2017	1,658	42.0%
Total	5,406	42.0%

ANALYSIS OF DATA:

In 2017, the total number of curb ramps improved was 1,658, bringing the system to 42.0% compliance under PROW. The 2020 overall goal of 4,200 curb ramps was achieved. The goal was revised in the March 2019 Olmstead Plan to reset the overall goal to 6,600 curb ramps.

COMMENT ON PERFORMANCE:

In 2017, MnDOT constructed fewer curb ramps than in the previous construction season, but the implementation of the plan remains consistent with required ADA improvements. Based on variations within the pavement program, it is anticipated that there will be seasons when the number of curb ramps installed will be lower.

TIMELINESS OF DATA:

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

B) Accessible Pedestrian Signals

By December 31, 2019, an additional 250 Accessible Pedestrian Signals (APS) installations will be provided on MnDOT owned and operated signals bringing the percentage to 50%.

2018 Goal

- By December 31, 2018, an additional 50 APS installations will be provided.

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

RESULTS:

The 2018 annual goal to install 50 APS was **met**. In addition, the 2019 overall goal to install 250 APS has been achieved. [Reported in February 2019] An amendment to this goal is being proposed and is included in the Addendum.

Time Period	Total APS in place	APS installations in time period	Cumulative APS installations
Calendar Year 2014	523 of 1,179 APS (44% of system)	--	--
Calendar Year 2015	592 of 1,179 APS (50% of system)	69	69
Calendar Year 2016	692 of 1,179 APS (59% of system)	100	169
Calendar Year 2017	770 of 1,179 APS (65% of system)	85	254

ANALYSIS OF DATA:

In Calendar Year 2017, there were an additional 85 APS installations. Based on the 2017 data, the 2018 goal to increase by 50 was met. The 2019 overall goal of 250 additional APS has been achieved. The goal was revised in the March 2019 Olmstead Plan to reset the overall goal to an additional 380 APS installations bringing the percentage to 70%.

COMMENT ON PERFORMANCE:

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

TIMELINESS OF DATA:

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

C) Sidewalks

By October 31, 2021, improvements will be made to an additional 30 miles of sidewalks.

2018 Goal:

- By October 31, 2018, improvements will be made to an additional 6 miles of sidewalks.

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

RESULTS:

The 2018 goal to improve 6 miles of sidewalk was **met** (using Calendar Year 2017 data). The 2021 overall goal to improve 30 miles of sidewalk was **met**. [Reported in February 2019]

Time Period	Sidewalk improvements in time period	Cumulative sidewalk improvements	PROW compliance rate
Calendar Year 2014	--	--	46%
Calendar Year 2015	12.41 miles	12.41 miles	47.3%
Calendar Year 2016	18.80 miles	31.21 miles	49%
Calendar Year 2017	28.34 miles	59.55 miles	56%

ANALYSIS OF DATA:

In Calendar Year 2017, improvements were made to an additional 28.34 miles of sidewalks. This brings the Public Right of Way compliance rate to 56%. The 2018 goal was met. In addition the 2021 overall goal of improvements to 30 miles of sidewalks was achieved. The goal was revised in the March 2019 Olmstead Plan to reset the overall goal to an additional 55 miles of sidewalks to 60% total system compliance.

COMMENT ON PERFORMANCE:

Based on the trend of the previous construction seasons MnDOT has proposed a new goal to complete 9 mile of sidewalk per construction season. The proposed goal takes into account past performance and programmed projects. The trend line will be monitored and adjustments will be made as needed.

TIMELINESS OF DATA:

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

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

2018 Goal

By December 31, 2018, the annual number of service hours will increase to 1,314,000.

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

RESULTS:

The 2018 goal to increase service hours to 1,314,000 was **met**. [Reported in May 2019]

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

ANALYSIS OF DATA:

During 2017, the total number of service hours was 1,369,316. Although this was a decrease from the previous year, the 2018 goal to increase to 1,314,000 was met.

COMMENT ON PERFORMANCE:

The 2017 numbers downward trend is the result of seven providers merging into a consolidated service area. There has been no loss of coverage as the result of the mergers and the lower service hours reflect efficiency of provider consolidation. While the 2016 -2017 numbers are reflecting a downward trend MnDOT is on track to meet the 2025 goal.

TIMELINESS OF DATA:

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

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

Greater Minnesota transit access is measured against industry recognized standards for the minimal level of transit availability needed by population size. Availability is tracked as span of service, which is the number of hours during the day when transit service is available in a particular area. The measure is based on industry recognized standards and is incorporated into both the Metropolitan Council Transportation Policy Plan and the MnDOT “Greater Minnesota Transit Investment Plan.”¹⁰

BASELINE:

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

RESULTS:

This goal is **in process**. [Reported in November 2019]

Percentage of public transportation meeting minimum service guidelines for access

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

ANALYSIS OF DATA:

In Greater Minnesota the larger communities providing fixed route and complimentary para-transit are attaining the weekday span of service. Smaller communities (less than 7,500) are not yet meeting the weekday level of access in all instances. Very few transit systems in Greater Minnesota operate Saturday or Sunday service. This is mainly due to limited demand for service. The increase in Sunday service is attributed to the addition of service through the New Starts grants.

COMMENT ON PERFORMANCE:

Each year in January the transit systems will be analyzed for the level of service they have implemented. Transit systems do include unmet needs in their applications, but the actual service implemented can vary based on a host of factors including; lack of drivers and limited local funding share and local service priorities. Transit systems are in the process of developing their Five Year Plans which will provide greater detail on future service design.

Additional Information

Minimum service guidelines for Greater Minnesota are established based on service population (see table below). In Greater Minnesota the larger communities are attaining the weekday span of service. Smaller communities (less than 7,500) are not yet meeting the weekday level of access in all instances. Very few transit systems in Greater Minnesota operate Saturday or Sunday Service. This is mainly due to limited demand for service.

¹⁰ Greater Minnesota Transit Investment Plan is available at <http://minnesotago.org/index.php?cID=435>.

Minimum Service Guidelines for Greater Minnesota¹¹

Service Population	Number of Hours in Day that Service is Available		
	Weekday	Saturday	Sunday
Cities over 50,000	20	12	9
Cities 49,999 – 7,000	12	9	9
Cities 6,999 – 2,500	9	9	N/A
County Seat Town	8 (3 days per week)*	N/A	N/A

*As systems performance standards warrant

TIMELINESS OF DATA:

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

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

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

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
- Greater Minnesota – 76% within a 45 minute timeframe

RESULTS:

The goal is **in process**. [Reported in May 2019]

On time performance percentage by transit system¹²

Time Period	Transit Link	Metro Mobility	Metro Transit	Greater MN
Calendar Year 2014 (Baseline)	97%	96.3%	86%	76%
Calendar Year 2016	98%	95.3%	85.1%	76%
Calendar Year 2017	98.5%	96.8%	86.4%	Pending
Calendar Year 2018	98%	95.3%	84.8%	Pending

¹¹ Source: MnDOT Greater Minnesota Transit Investment Plan, 2017

¹² Beginning in 2017, on-time performance for the Metro Transit system was defined as up to 1 minute early and 5 minutes late. This is the preferred methodology when on-time performance is reported for the entire system. The 2016 results previously reported were updated to use this methodology. This did not change the goal status.

ANALYSIS OF DATA:

During 2018, the on time performance for Transit Link and Metro Mobility was the same as 2016 but slightly lower than 2017. The on time performance for Metro Transit was 84.8% which was lower than any of the previous years. The Greater Minnesota transit on time performance data is not yet available. It will be available and reported upon the adoption and release of the Five Year Plan.

The Metro Transit system is made up of three types of services: bus, light rail (Blue and Green lines) and the Northstar commuter rail. The on-time performance for each service type is shown below.

On time performance percentage for Metro Transit system

Time Period	Bus	Light Rail (Blue/Green line)	Northstar Commuter Rail	Metro Transit System¹³
Calendar Year 2014 (Baseline)	--	--	--	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%

Metro Transit bus and light rail on time performance dropped from 2017, while commuter rail improved. Metro Transit's system-wide on-time performance dropped from 2017 as it is weighted by ridership, and bus and light rail performance drive the result.

COMMENT ON PERFORMANCE:

Metro Transit bus on-time performance dropped due to 35W road construction projects leading into downtown Minneapolis and the impact to bus service. Metro Transit light rail performance declined from 2017 to 2018 due to the signal improvement projects that were underway in downtown Minneapolis and Bloomington in 2018. The significant improvement from 2016 to 2017 for Metro Transit light rail was due to the change in methodology on measuring on-time performance.

TIMELINESS OF DATA:

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

¹³ 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.

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

2025 Goal

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

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

RESULTS:

This goal is **in process**. [Reported in August 2019]

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

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

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

COMMENT ON PERFORMANCE:

Metro Area Public Transit utilization is measured by distinct market areas for regular route level of service. This measure estimates demand potential for all users of the regular route system. The market area is created based on analysis that shows the demand for regular route service is driven primarily by population density, automobile availability, employment density and intersection density (walkable distance to transit). This measure is based on industry standards incorporated into the Transportation Policy Plan's - Regional Transit Design Guidelines and Performance Standards. The Metro Area also provides non-regular route services in areas that are not suitable for regular routes, such as dial-a-ride transit. Policy Plan Guidelines/Standards <https://metro council.org/METC/files/63/6347e827-e9ce-4c44-adff-a6afd8b48106.pdf>

TIMELINESS OF DATA:

Data will be collected in January of each year. In order for this data to be reliable and valid, it will be reported four months after the end of the reporting period.

HEALTHCARE AND HEALTHY LIVING GOAL ONE: By December 31, 2018, the number/percent of individuals with disabilities and/or serious mental illness accessing appropriate preventive care¹⁴ focusing specifically on cervical cancer screening and follow up care for cardiovascular conditions will increase by 833 people compared to the baseline.

2018 Goal

- By December 31, 2018 the number accessing appropriate care will increase by 833 over baseline

Baseline: In 2013 the number of women receiving cervical cancer screenings was 21,393.

RESULTS:

The 2018 goal to increase by 833 over baseline was **met**. [Reported in November 2019]

Time period	Number receiving cervical cancer screenings	Change from previous year	Change from baseline
January – December 2013	21,393	Baseline Year	Baseline Year
January – December 2014	28,213	6,820	6,820
January – December 2015	29,284	1,071	7,891
January – December 2016	27,902	<1,382>	6,509
January – December 2017	27,270	<632>	5,877
January – December 2018	33,786	6,516	12,393

ANALYSIS OF DATA:

During calendar year 2018 the number of women with disabilities and/or serious mental illness who had a cervical cancer screening was 33,786, an increase of 12,393 over baseline. The 2018 annual goal to increase by 833 over baseline was met. The number accessing cervical cancer screenings increased steadily from the 2013 baseline through the 2015 reporting period. Although, the number decreased in 2016 and 2017 from the 2015 reporting period, the number has increased from 2017 to 2018 and the December 31, 2018 overall goal to increase by 833 was reached.

COMMENT ON PERFORMANCE:

2014 changes in state law regarding Medicaid eligibility resulted in a large increase in overall Medicaid enrollment as compared to the 2013 baseline. DHS will continue to work on improving access and quality of preventive care for people with disabilities.

The March 2019 Olmstead Plan included a strategy to develop and implement measures for health outcomes. The health outcome includes monitoring and reporting the number and percentage of adult public program enrollees (with disabilities) who had an acute inpatient hospital stay that was followed by an unplanned acute readmission to a hospital within 30 days. The reporting of that measure is included below. The information is broken down in three groupings. A new goal is being proposed and is included in the Addendum related to this measure.

¹⁴ Appropriate care will be measured by current clinical standards.

Adults with disabilities with serious mental illness (SMI)

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

Adults with disabilities without serious mental illness (SMI)

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

Adults without disabilities

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

The number and rate of all-cause readmissions among people with disabilities, with and without Serious Mental Illness (SMI), increased slightly from 2017 to 2018. An increasing rate of hospital readmissions is a negative trend. This means that people with disabilities are experiencing a “bounce-back” to the hospital as frequently as they were in previous years. No single cause has been pinpointed for the increase between 2017 and 2018. Health plans and hospitals have many reasons to strive toward improving these numbers, including the Integrated Care Systems Partnership initiative in Special Needs Basic Care.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it will be reported 8 months after the end of the reporting period.

HEALTHCARE AND HEALTHY LIVING GOAL TWO: By December 31, 2018, the number of individuals with disabilities and/or serious mental illness accessing dental care will increase by (A) 1,229 children and (B) 1,055 adults over baseline.

A) CHILDREN ACCESSING DENTAL CARE

2018 Goal

- By December 31, 2018 the number of children accessing dental care will increase by 1,229 over baseline

Baseline: In 2013, the number of children with disabilities continuously enrolled in Medicaid coverage during the measurement year accessing annual dental visits was 16,360.

RESULTS:

The 2018 goal to increase by 1,229 children was **met**. [Reported in November 2019]

Time period	Number of children with disabilities who had annual dental visit	Change from previous year	Change from baseline
January – December 2013	16,360	Baseline Year	Baseline Year
January – December 2014	25,395	9,035	9,035
January – December 2015	26,323	928	9,963
January – December 2016	25,990	<333>	9,630
January – December 2017	21,439	<4,551>	5,079
January – December 2018	31,032	9,593	14,672

ANALYSIS OF DATA:

During calendar year 2018 the number of children with disabilities who had an annual dental visit was 31,032. This was an increase of 14,672 over baseline. The 2018 annual goal to increase by 1,229 over baseline was met. There were significant gains between the 2013 baseline year and 2014 reporting period. The number of children with disabilities accessing dental care increased slightly in 2015 and then decreased by 4,884 in 2016 and 2017. The number increased by 9,593 from 2017 to 2018. The December 31, 2018 overall goal to increase by 1,229 has been reached.

COMMENT ON PERFORMANCE:

2014 changes in state law regarding Medicaid eligibility resulted in a large increase in overall Medicaid enrollment as compared to the 2013 baseline. During 2017, the reduction in the number of children with an annual dental visit is likely due to how they are counted. The annual dental visit measure only counts children who were continuously enrolled with a Managed Care Organization (MCO) or as a Fee-for-Service recipient for 11 of a 12 month period. During this time frame a large MCO ended its contract with DHS in many counties. This resulted in families switching health plans and not being counted in the measure. The measure counted only people with continuous coverage in a single health plan. In 2018 DHS introduced a dental service utilization withhold measure for the managed care health plans which may have resulted in the improved annual dental visits rates seen for children. The dental service utilization withhold measure looks at dental services being provided through managed care for any three month span during the measurement year versus looking at the year in total.

The March 2019 Olmstead Plan includes a strategy to develop and implement measures for health outcomes. This measure includes monitoring and reporting the number of enrollees (adults and children with disabilities) who used an emergency department for non-traumatic dental services. The intention is to get a more complete picture of level of access of people with disabilities to dental care. A new goal is being proposed and is included in the Addendum related to this measure.

Time period	Number of children with emergency department visit for non-traumatic dental care	Change from previous year
January – December 2014	314	
January – December 2015	330	16
January – December 2016	324	<6>
January – December 2017	185	<139>
January – December 2018	188	3

During 2017 and 2018, there was a significant decrease in the number of children using emergency departments for non-traumatic dental care from previous years. This may be as a result of a dental collaborative that incentivizes managed care plans to closely monitor and assist in helping people find preventative dental care.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it will be reported 8 months after the end of the reporting period.

B) ADULTS ACCESSING DENTAL CARE

2018 Goal

- By December 31, 2018 the number of adults accessing dental care will increase by 1,055 over baseline

Baseline: In 2013, the number of adults with disabilities continuously enrolled in Medicaid coverage during the measurement year accessing annual dental visits was 21,393.

RESULTS:

The 2018 goal to increase by 1,055 over baseline was **met**.

Time period	Number of adults with disabilities who had annual dental visit	Change from previous year	Change from baseline
January – December 2013	21,393	Baseline Year	Baseline Year
January – December 2014	52,139	30,746	30,746
January – December 2015	55,471	3,332	34,078
January – December 2016	51,410	<4,061>	30,017
January – December 2017	50,060	<1,350>	28,667
January – December 2018	58,619	8,559	37,226

ANALYSIS OF DATA:

During calendar year 2018 the number of adults with disabilities who had an annual dental visit was 58,619. This was an increase of 37,226 over baseline. The 2018 annual goal to increase by 1,055 over baseline was met. There were significant gains between the 2013 baseline year and the 2014 reporting period. The number of adults accessing dental care increased slightly in 2015 and then decreased by 5,411 in 2016 and 2017. The number increased by 8,559 from 2017 to 2018. The December 31, 2018 overall goal to increase by 1,055 has been reached.

COMMENT ON PERFORMANCE:

2014 changes in state law regarding Medicaid eligibility resulted in a large increase in overall Medicaid enrollment as compared to the 2013 baseline. During 2017, the reduction in the number of adults with an annual dental visit is likely due to how they are counted. The annual dental visit measure only counts adults who were continuously enrolled with a Managed Care Organization (MCO) or as a Fee-for-Service recipient for 11 of a 12 month period. During this time frame a large MCO ended its contract with DHS in many counties. This resulted in families switching health plans and not being counted in the measure. The measure counted only people with continuous coverage in a single health plan.

In 2018 DHS introduced a dental service utilization withhold measure for the managed care health plans which may have resulted in the improved annual dental visits rates seen for children. The dental service utilization withhold measure looks at dental services being provided through managed care for any three month span during the measurement year versus looking at the year in total.

The March 2018 Olmstead Plan added a new strategy to develop and implement measures for health outcomes. This measure includes monitoring and reporting the number of enrollees (adults and children with disabilities) who used an emergency department for non-traumatic dental services. The intention is to get a more complete picture of level of access of people with disabilities to dental care. A new goal is being proposed and is included in the Addendum related to this measure.

Time period	Number of adults with emergency department visit for non-traumatic dental care	Change from previous year
January – December 2014	3,884	--
January – December 2015	4,233	349
January – December 2016	4,110	<123>
January – December 2017	2,685	<1,425>
January – December 2018	2,455	<230>

During 2016 and 2017, there was a reduction in the number of adults using emergency departments for non-traumatic dental care. The reduction continued in 2018. These reductions may be as a result of a dental collaborative that incentivizes managed care plans to closely monitor and assist in helping people find preventative dental care.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it will be reported 8 months after the end of the reporting period.

POSITIVE SUPPORTS GOAL ONE: By June 30, 2018, 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 decrease by 5% or 200.

Annual Baseline: From July 2013 – June 2014 of the 35,668 people receiving services in licensed disability services, e.g., home and community based services, there were 8,602 BIRF reports of restrictive procedures, involving 1,076 unique individuals.

RESULTS:

The 2018 overall goal was met and reported in the November 2018 Quarterly Report. Progress on this goal will continue to be reported as **in process**. [Last reported in November 2019] An amendment to this goal is being proposed and is included in the Addendum.

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

ANALYSIS OF DATA:

The 2018 overall goal to reduce the number of individuals who experienced a restrictive procedure from the baseline of 1,076 to 876, or less was met. DHS is continuing to report progress past the goal end date of June 30, 2018.

The total number of people experiencing a restrictive procedure from July 1, 2018 – June 30, 2019 was 642. That is a reduction of 2 from the previous year and 434 from the baseline. This outperformed the overall goal of 200 by 234.

COMMENT ON PERFORMANCE:

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

- The number of individuals who were subjected to Emergency Use of Manual Restraint (EUMR) only. Such EUMRs are permitted and not subject to phase out requirements like all other “restrictive” procedures. These reports are monitored and technical assistance is available when necessary.
- The number of individuals who experienced restrictive procedures other than EUMRs (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures). DHS staff and the External Program Review Committee (EPRC) provide follow up and technical assistance for all reports involving restrictive procedures *other than* EUMR. It is anticipated that focusing technical assistance with this subgroup will reduce the number of individuals experiencing restrictive procedures and the number of reports (see Positive Supports Goal Three).

Under the Positive Supports Rule, the External Program Review Committee (EPRC) convened in February 2017 has the duty to review and respond to Behavior Intervention Reporting Form (BIRF) reports involving EUMRs. Beginning in May 2017, the EPRC conducted outreach to providers in response to EUMR reports. It is anticipated the EPRC's work will help to reduce the number of people who experience EUMRs through the guidance they provide to license holders regarding specific uses of EUMR. The purpose of EPRC engagement in these cases is to provide guidance to help reduce the frequency and/or duration of future emergency uses of manual restraint. The EPRC is training new members on the EUMR guidance and follow up process and beginning to look at "post guidance" intervention data to identify results/trends.

The EPRC reviews BIRFs, positive support transition plans, and functional behavior assessments. Based on the content within those documents, during the last four quarters, the committee conducted EUMR-related outreach involving 69 people. This number does not include people who are receiving similar support from other DHS groups. Some examples of guidance provided by committee members include discussions about the function of behaviors, helping providers connect with local behavior professionals or other licensed professionals, providing ideas on positive support strategies, and explaining rules and law.

TIMELINESS OF DATA:

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

POSITIVE SUPPORTS GOAL TWO: By June 30, 2018, 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 decrease by 1,596.

Annual Baseline: From July 2013 – June 2014 of the 35,668 people receiving services in licensed disability services, e.g., home and community based services, there were 8,602 BIRF reports of restrictive procedures, involving 1,076 unique individuals.

RESULTS:

The 2018 overall goal was reported as met in the November 2018 Quarterly Report. Progress on this goal will continue to be reported as **in process**. [Last reported in November 2019] An amendment to this goal is being proposed and is included in the Addendum.

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

ANALYSIS OF DATA:

The 2018 overall goal to reduce the number of restrictive procedure reports from the baseline of 8,602 to 7,006 (or less) was met. DHS is continuing to report progress past the goal end date of June 30, 2018.

The total number of BIRF reports of restrictive procedures from July 1, 2018 – June 30, 2019 was 3,223. That is a reduction of 516 from the previous year and 5,379 from the baseline. This outperformed the goal by 337.

COMMENT ON PERFORMANCE:

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

- The number of reports for emergency use of manual restraint (EUMR). Such EUMRs are permitted and not subject to phase out requirements like all other “restrictive” procedures. These reports are monitored and technical assistance is available when necessary.
 - Under the Positive Supports Rule, the External Program Review Committee has the duty to review and respond to BIRF reports involving EUMRs. Convened in February 2017, the Committee’s work will help to reduce the number of people who experience EUMRs through the guidance they provide to license holders regarding specific uses of EUMR.
 - Beginning in May 2017, the External Program Review Committee conducted outreach to providers in response to EUMR reports. The impact of this work toward reducing the number of EUMR reports will be tracked and monitored over the next several quarterly reports.
- The number of reports that involved restrictive procedures other than EUMR (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures). DHS staff provide follow up and technical assistance for all reports involving restrictive procedures that are not implemented according to requirements under 245D or the Positive Supports Rule. The External Program Review Committee provides ongoing monitoring over restrictive procedures being used by providers with persons under the committee’s purview. Focusing existing capacity for technical assistance primarily on reports involving these restrictive procedures is expected to reduce the number of people experiencing these procedures, as well as reduce the number of reports seen here and under Positive Supports Goal Three.
- The number of uses of seclusion or timeout and the number of individuals involved.

TIMELINESS OF DATA:

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

POSITIVE SUPPORTS GOAL THREE: Use of mechanical restraint is prohibited in services licensed under Minn. Statute 245D, or within the scope of Minn. Rule, Part 9544^{vii}, 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, 2019, the emergency use of mechanical restraints will be reduced to no more than 93 reports. [Revised March 2019]
-

2019 Goal

- By June 30, 2019, reduce mechanical restraints to no more than **93** reports of mechanical restraint

Baseline: From July 2013 - June 2014, there were 2,038 BIRF reports of mechanical restraints involving 85 unique individuals.

RESULTS:

The 2019 goal for number of reports was **not met**.

An amendment to this goal is being proposed and is included in the Addendum.

Time period	Number of reports during the time period	Number of individuals at end of time period
2014 Baseline (July 2013 – June 2014)	2,083	85
2015 Annual (July 2014 – June 2015)	912	21
2016 Annual (July 2015 – June 2016)	691	13
2017 Annual (July 2016 – June 2017)	664	16
2018 Annual (July 2017 – June 2018)	671	13
2019 Annual (July 2018 – June 2019)	658	12

ANALYSIS OF DATA:

From July 2018 – June 2019, the number of reports of mechanical restraints was 658. This was a decrease of 13 from the previous year. Of the 201 reports, 105 of them were for seat belt buckle guards. This goal did not meet the annual goal of no more than 93.

At the end of the reporting period (June 30, 2019), the number of individuals for whom the use of mechanical restraint use was approved was 12. This remains unchanged from the previous quarter.

COMMENT ON PERFORMANCE:

When considering the achievability of the goal of 93 reports, it should be noted that a provider would need to submit 52 reports per year for a single person when using a preventative restraint like a seat belt buckle guard.

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. Prior to February 2017, the duties of the EPRC were conducted by the Interim Review Panel.

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

- The number of reports that involve the individuals with review by the EPRC and approval by the Commissioner for the emergency use of mechanical restraints during the reporting quarter.
- The number of reports that involve devices to prevent a person from unbuckling their seatbelt during travel.
- The number of reports and individuals submitted by Minnesota Security Hospital for uses of mechanical restraint that were not implemented as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for staff convenience.
- The number of reports submitted by a provider whose use was within the 11-month phase out period.

TIMELINESS OF DATA:

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

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

2018 Goal

- By June 30, 2018, the number of students experiencing emergency use of restrictive procedures will be reduced by 80 students or .02% of the total number of students receiving special education services.

Baseline: During school year 2015-2016, school districts (which include charter schools and intermediate districts) reported to MDE that 3,034 students receiving special education services experienced at least one emergency use of a restrictive procedure in the school setting. In 2015-2016, the number of reported students receiving special education services was 133,742 students. Accordingly, during school year 2015-2016, 2.3% students receiving special education services experienced at least one emergency use of a restrictive procedure in the school setting. [Revised March 2019]

RESULTS:

The 2018 goal was **not met**. [Reported in February 2019]

An amendment to strategies related to this goal are being proposed and are included in the Addendum.

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

ANALYSIS OF DATA:

School districts reported that of the 142,270 students receiving special education services, restrictive procedures were used with 3,546 of those students (2.5%). This was an increase of 70 students from the previous year but the percentage remained unchanged. The 2018 goal to reduce by 80 students was not met. The actual number of reported special education students increased by 4,669 from the 2016-2017 school year.

As of February 2019, a new methodology is being used to report some of the data in this measure. All previously reported numbers dating back to 2015-16 were recalculated using the new method. Data was corrected back to the beginning of reporting of this measure and is included above. The baseline was changed accordingly in the March 2019 Olmstead Plan revision.

The restrictive procedure summary data is self-reported to MDE by July 15 for the prior school year. The data included for 2015-16 and 2016-17 school years has been reviewed and confirmed as needed. The data includes all public schools, including intermediate districts, charter schools and special education cooperatives.

The 2019 MDE report to the Legislature, “School Districts’ Progress in Reducing the Use of Restrictive Procedures in Minnesota Schools” includes more detailed reporting on the 2017-18 school year data. The legislative report will be available at:

<http://education.state.mn.us/MDE/about/rule/leg/rpt/2019reports/>

2017-18 school year:

- Physical holds were used with 3,465 students, up from 3,127 students in 2016-17.
- Seclusion was used with 824 students, down from 976 students in 2016-17.
- Compared to the 2016-17 school year, the average number of physical holds per physically held student is 5.4, down from 5.5; the average number of uses of seclusion per secluded student was 7.6, up from 7.3; and the average number of restrictive procedures per restricted student was 7.1, up from 7.0.

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

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

COMMENT ON PERFORMANCE:

The 2016, 2017 and 2018 Restrictive Procedures Workgroups and MDE made significant progress in implementing the statewide plans developed by the Restrictive Procedures Workgroup stakeholders. The following sections on data quality and workgroup progress provide further detail.

Data Quality

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

Data on the staff development work activities and outcomes is described in more detail in the 2019 Restrictive Procedures Workgroup Legislative Report. Multiple districts reported a reduction in the use of restrictive procedures after implementing professional development grant activities over the 2016-17 and 2017-18 school years. For the 2017-18 school year, while the use of physical holding increased, the use of seclusion decreased by 11.6% and the number of students experiencing the use of a seclusion decreased by 15.1%.

To improve data consistency and quality, MDE updated the seclusion reporting form based upon feedback from the 2018 Restrictive Procedures Workgroup. In addition, MDE conducted 12 trainings throughout the state to assist districts in understanding restrictive procedure laws and to assist them in developing processes to have more consistent understanding of terms and reporting. MDE also hired a

data analyst in September of 2018 and her duties include analysis of restrictive procedures data. Data quality improvements also included a transition to improved software for data analysis.

2018 Restrictive Procedures Workgroup

MDE obtained the services of a facilitator from Management Analysis and Development (MAD) to facilitate the restrictive procedure stakeholder workgroup meetings beginning in December of 2018. Facilitation focused on increasing stakeholder engagement in developing recommendations to the Commissioner, specific and measurable implementation, and outcome goals for reducing the use of restrictive procedures statewide.

The 2018 workgroup reached consensus on a revised statewide plan which includes specific targets to reduce the use of seclusion and number of students experiencing the use of seclusion in the school setting. In addition, the revised plan includes stakeholder support and goals for recommendations to the Commissioner and the legislature in three areas: funding for staff development grants, expansion of mental health services, and additional funding for technical assistance. These recommendations address identified needs for: improved availability of mental health services across the state; improving staff capacity to implement evidence based practices/positive supports; and providing time for staff to meet and discuss student needs related to reducing emergencies that result in the use of a restrictive procedure.

TIMELINESS OF DATA:

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

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

2018 Goal

- By June 30, 2018, the number of incidents of emergency use of restrictive procedures will be reduced by 563 incidents, or by 0.2 incidents of restrictive procedures per student who experienced the use of a restrictive procedure.

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

RESULTS:

The 2018 goal to reduce by 563 or 0.2 uses per student was **not met**. [Reported in February 2019]

An amendment to strategies related to this goal are being proposed and are included in the Addendum.

Time period	Incidents of emergency use of restrictive procedures	Students who experienced use of restrictive procedure	Rate of incidents per student	Change from previous year
Baseline 2015-16 school year	22,028	3,034	7.3	N/A
2017 Annual 2016-17 school year	24,285	3,476	7.0	+ 2,257 incidents <0.3> rate
2018 Annual 2017-18 school year	25,175	3,546	7.1	+ 70 incidents +0.1 rate

ANALYSIS OF DATA:

During the 2017-18 school year there were 25,175 incidents of emergency use of restrictive procedures. There were 7.1 incidents of restrictive procedures per student who experienced the use of a restrictive procedure. There was an increase of 890 incidents from the previous year. There was also an increase of 70 students with an increase in the rate (0.1 incident per student). The 2018 goal to reduce by 0.2 incidents per student was not met.

The restrictive procedure summary data is self-reported to MDE by July 15 for the prior school year. The data included for 2017-18 school years has been reviewed and confirmed as needed. The data includes all public schools, including intermediate districts, charter schools and special education cooperatives.

The 2019 MDE report to the Legislature, "School Districts' Progress in Reducing the Use of Restrictive Procedures in Minnesota Schools" includes more detailed reporting on the 2017-18 school year data.

The legislative report will be available at:

<http://education.state.mn.us/MDE/about/rule/leg/rpt/2019reports/>

2017-18 school year:

- Based upon MDE enrollment data, 142,270 students received special education services, up 4,669 or 3.4% from the 2016-2017 school year.
- During the 2017-2018 school year, Minnesota school districts reported a total of 18,884 physical holds and 6,291 uses of seclusion for a total of 25,175 restrictive procedure uses.
- The total number of uses of restrictive procedures increased by 890 or 3.7% from the 2016-2017 school year, while the total number of students who experienced a restrictive procedure increased by 70 or 2.0%. Consequently, the rate of use of restrictive procedures per student who experienced a restrictive procedure increased, from 7.0 during the previous school year to 7.1.
- The average number of physical holds per physically held student decreased from 5.5 in 2016-2017 to 5.4. While the number of students who were secluded and the number of seclusion uses decreased, the average number of seclusion uses per secluded student increased, from 7.3 to 7.6.

COMMENT ON PERFORMANCE:

The 2016, 2017 and 2018 Restrictive Procedures Workgroups and MDE made significant progress in implementing the statewide plans developed by the Restrictive Procedures Workgroup stakeholders. The following sections on data quality and workgroup progress provide further detail.

Data Quality

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

Data on the staff development work activities and outcomes is described in more detail in the 2019 Restrictive Procedures Workgroup Legislative Report. Multiple districts reported a reduction in the use of restrictive procedures after implementing professional development grant activities over the 2016-17 and 2017-18 school years. For the 2017-18 school year, while the use of physical holding increased, the use of seclusion decreased by 11.6% and the number of students experiencing the use of a seclusion decreased by 15.1%.

To improve data consistency and quality, MDE updated the seclusion reporting form based upon feedback from the 2018 Restrictive Procedures Workgroup. In addition, MDE conducted 12 trainings throughout the state to assist districts in understanding restrictive procedure laws and to assist them in developing processes to have more consistent understanding of terms and reporting. MDE also hired a data analyst in September of 2018 and her duties include analysis of restrictive procedures data. Data quality improvements also included a transition to improved software for data analysis.

2018 Restrictive Procedures Workgroup

MDE obtained the services of a facilitator from Management Analysis and Development (MAD) to facilitate the restrictive procedure stakeholder workgroup meetings beginning in December of 2018. Facilitation focused on increasing stakeholder engagement in developing recommendations to the Commissioner, specific and measurable implementation, and outcome goals for reducing the use of restrictive procedures statewide.

The 2018 workgroup reached consensus on a revised statewide plan which includes specific targets to reduce the use of seclusion and number of students experiencing the use of seclusion in the school setting. In addition, the revised plan includes stakeholder support and goals for recommendations to the Commissioner and the legislature in three areas: funding for staff development grants, expansion of mental health services, and additional funding for technical assistance. These recommendations address identified needs for: improved availability of mental health services across the state; improving staff capacity to implement evidence based practices/positive supports; and providing time for staff to meet and discuss student needs related to reducing emergencies that result in the use of a restrictive procedure.

TIMELINESS OF DATA:

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

CRISIS SERVICES GOAL ONE: By June 30, 2018, the percent of children who receive children's mental health crisis services and remain in their community will increase to 85% or more.

2018 Goal

- By June 30, 2018, the percent who remain in their community after a crisis will increase to 85%

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

RESULTS:

The 2018 goal to increase to 85% was **not met**. [Reported in February 2019]

Progress on this goal will continue to be reported as **in process**. [Last reported in August 2019]

An amendment to this goal is being proposed and is included in the Addendum.

Time period	Total Episodes	Community	Treatment	Other
2016 Annual (6 months data) January – June 2016	1,318	1,100 (83.5%)	172 (13.2%)	46 (3.5%)
2017 Annual (July 2016 – June 2017)	2,653	2,120 (79.9%)	407 (15.3%)	126 (4.8%)
2018 Annual (July 2017 – June 2018)	2,736	2,006 (73.3%)	491 (18.0%)	239 (8.7%)
July – December 2018	1,395	1,019 (73.1%)	299 (21.4%)	77(5.5%)

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

ANALYSIS OF DATA:

For the reporting period of July 2017 – June 2018, of the 2,736 crisis episodes, the child remained in their community after the crisis 2,006 times or 73.3% of the time. This is below the baseline and is a 6.6% decrease from the 2017 annual goal performance of 79.9%. Although performance improved from January – June 2018, the 2018 goal of 85% was not met.

The June 30, 2018 overall goal to increase the percent of children who receive children's mental health crisis services and remain in the community to 85% or more was not met. From July 2017 – June 2018, of the 2,736 crisis episodes, the child remained in their community after the crisis 2,006 times or 73.3% of the time. This is below the baseline and is a 6.6% decrease from the 2017 annual goal performance of 79.9%. DHS will continue to report progress past the goal end date of June 30, 2018.

From July – December 2018, of the 1,395 crisis episodes, the child remained in their community after the crisis 1,019 times or 73.1% of the time. This continues to be below baseline and is moving in the wrong direction.

COMMENT ON PERFORMANCE:

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

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

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

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

TIMELINESS OF DATA:

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

CRISIS SERVICES GOAL TWO: By June 30, 2019, the percent of adults who receive adult mental health crisis services and remain in their community (e.g., home or other setting) will increase to 64% or more.

Annual Goals

- **2018 Goal:** By June 30, 2018, the percent who remain in their community after a crisis will increase to 62%
- **2019 Goal:** By June 30, 2019, the percent who remain in their community after a crisis will increase to 64%

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

RESULTS:

The 2018 goal to increase to 62% was **not met**. [Reported in February 2019]

This goal is **not on track** to meet the 2019 goal to increase to 64%. [Reported in August 2019]

An amendment to this goal is being proposed and is included in the Addendum.

Time period	Total Episodes	Community	Treatment	Other
2016 Annual (6 months data) January – June 2016	5,436	3,136 (57.7%)	1,492 (27.4%)	808 (14.9%)
2017 Annual (July 2016 - June 2017)	10,825	5,848 (54.0%)	3,444 (31.8%)	1,533(14.2%)
2018 Annual (July 2017 – June 2018)	11,023	5,619 (51.0%)	3,510 (31.8%)	1,894 (17.2%)
July – December 2018	5,832	2,763 (47.4%)	2,077 (35.6%)	992 (17.0%)

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

ANALYSIS OF DATA:

For the reporting period of July 2017 – June 2018, of the 11,023 crisis episodes, the adult remained in their community after the crisis 5,619 times or 51.0% of the time. This is below the baseline and is a 3.0% decrease from the 2017 annual goal performance of 54.0%. The 2018 goal of 85% was not met.

For the reporting period of July – December 2018, of the 5,832 crisis episodes, the adult remained in their community after the crisis 2,763 times or 47.4% of the time. This is below the baseline and is a 3.6% decrease from the 2018 annual goal performance of 51.0%. This goal is not on track to meet the 2019 goal to increase to 64%.

COMMENT ON PERFORMANCE:

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

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

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

TIMELINESS OF DATA:

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

CRISIS SERVICES GOAL FOUR: By June 30, 2018, people in community hospital settings due to a crisis, will have appropriate community services within 30 days of no longer requiring hospital level of care and, within 5 months after leaving the hospital, and they will have a stable, permanent home.

A) STABLE HOUSING

2018 Overall Goal

- By June 30, 2018, the percent of people who are housed five months after discharge from the hospital will increase to 84%.

Baseline: From July 2014 – June 2015, 81.9% of people discharged from the hospital due to a crisis were housed five months after the date of discharge compared to 80.9% in the previous year.

RESULTS:

The 2018 overall goal was reported as not met in the November 2018 Quarterly Report. Progress on this goal will continue to be reported as **in process**. [Last reported in November 2019] An amendment to this goal is being proposed and is included in the Addendum.

Status five months after discharge from hospital

Time period	Discharged from hospital	Housed	Not housed	Treatment facility	Not using public programs	Deceased	Unable to determine type of housing
2016 Baseline July 2014 – June 2015	13,786	11,290	893	672	517	99	315
		81.9%	6.5%	4.9%	3.7%	0.7%	2.3%
2017 Annual Goal July 2015 – June 2016	15,027	11,809	1,155	1,177	468	110	308
		78.6%	7.7%	7.8%	3.1%	0.7%	2.1%
2018 Annual Goal July 2016 – June 2017	15,237	12,017	1,015	1,158	559	115	338
		78.8%	6.9%	7.6%	3.7%	0.8%	2.2%
2019 July 2017 – June 2018	15,405	11,995	1,043	1,226	652	118	371
		77.8%	6.8%	8%	4.2%	0.8%	2.4%

- “**Housed**” is defined as a setting in the community where DHS pays for services including ICFs/DD, Single Family homes, town homes, apartments, or mobile homes.

[NOTE: For this measure, settings were not considered as integrated or segregated.]

- “**Not housed**” is defined as homeless, correction facilities, halfway house or shelter.
- “**Treatment facility**” is defined as institutions, hospitals, mental and chemical health treatment facilities, except for ICFs/DD.

ANALYSIS OF DATA:

The overall goal to increase the percent of people who are housed five months after discharge from the hospital to 84% by June 30, 2018 was not met. DHS is continuing to report progress past the 2018 goal date.

From July 2017 – June 2018, of the 15,405 individuals hospitalized due to a crisis, 11,995 (77.8%) were housed within five months of discharge. This was a 1% increase from the previous year. In the same time period there was a 0.4% increase of individuals in a treatment facility within five months of discharge.

COMMENT ON PERFORMANCE:

There has been an overall increase in the number of individuals receiving services. In June 2018, the number of people receiving services in a treatment facility was nearly double the amount of people receiving treatment in a treatment facility at baseline. This indicates more people are receiving a higher level of care after discharge. This includes Intensive Residential Treatment Services (IRTS) and chemical dependency treatment programs that focus on rehabilitation and the maintenance of skills needed to live in a more independent setting.

Additionally, a contributing factor to missing the goal may be the tight housing market. When there is a tight housing market, access to housing is reduced and landlords may be unwilling to rent to individuals with limited rental history or other similar factors.

DHS is working to sustain and expand the number of grantees utilizing the Housing with Supports for Adults with Serious Mental Illness grants. These grants support people living with a serious mental illness and residing in a segregated setting, experiencing homelessness or at risk of homelessness, to find and maintain permanent supportive housing. The grants began in June of 2016. The fourth round of grants are currently under contract negotiations with 18 grantees. The current funding will fund services through 2021.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported 16 months after the end of the reporting period.

B) COMMUNITY SERVICES**2018 Overall Goal**

- By June 30, 2018, the percent of people who receive appropriate community services within 30-days from a hospital discharge will increase to 91%.

Baseline: From July 2014 – June 2015, 89.2% people received follow-up services within 30-days after discharge from the hospital compared to 88.6% in the previous year.

RESULTS:

The 2018 overall goal was reported as met in the November 2018 Quarterly Report. Progress on this goal will continue to be reported as **in process**. [Last reported in November 2019]
An amendment to this goal is being proposed and is included in the Addendum.

Time period	# of people who went to a hospital due to crisis and were discharged	# and percentage of individuals who received community services within 30-days after discharge	
2016 Baseline July 2014 – June 2015	13,786	12,298	89.2%
2017 Annual Goal July 2015 – June 2016	15,027	14,153	94.2%
2018 Annual Goal July 2016 – June 2017	15,237	14,343	94.1%
2019 July 2017 – June 2018	15,405	14,589	94.7%

ANALYSIS OF DATA:

The overall goal to increase the percent of people who receive appropriate community services within 30 days from a hospital discharge to 91% by June 30, 2018 was met. DHS is continuing to report progress past the 2018 goal date

From July 2017 – June 2018, of the 15,405 individuals hospitalized due to a crisis, 14,589 (94.7%) received community services within 30 days after discharge. This was a 0.6% increase from the previous year.

COMMENT ON PERFORMANCE:

Follow-up services include mental health services, home and community-based waiver services, home care, physician services, pharmacy, and chemical dependency treatment.

Mental health services that are accessible in local communities allow people to pursue recovery while remaining integrated in their community. People receiving timely access to services at the right time, throughout the state, help people remain in the community. Strengthening resources and services across the continuum of care, from early intervention to inpatient and residential treatment, are key for people getting the right supports when they need them. Community rehabilitation supports like Adult Rehabilitative Mental Health Services (ARMHS), Assertive Community Treatment (ACT), and Adult Day Treatment provide varying intensity of supports within the community. Intensive Residential Rehabilitative Treatment Services (IRTS) and Residential Crisis services can be used as a stepdown or diversion from in-patient, hospital services. DHS continues to fund grants and initiatives aimed at providing community-based mental health services throughout the state and across the care continuum.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported 16 months after the end of the reporting period.

CRISIS SERVICES GOAL FIVE: By June 30, 2020, 90% of people experiencing a crisis will have access to clinically appropriate short term crisis services, and when necessary placement within ten days.

2019 Goal

- By June 30, 2019, the percent of people who receive crisis services within 10 days will increase to 88%.

Baseline: From July 2015 – June 2016, of the people on Medical Assistance who were referred for clinically appropriate crisis services, 85.4% received those services within 10 days. The average number of days was 2.3.

RESULTS:

This 2019 goal to increase to 88% was **met**. [Reported in November 2019]

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

ANALYSIS OF DATA:

From July 2018 – June 2019, of the 2,661 people referred for crisis services, 2,571 of them (96.6%) received services within 10 days. This was an increase of 11.2% over baseline and a decrease of 7.7% from the previous year. The average number of days waiting for services was 1.1. The 2019 goal to increase to 88% was met.

COMMENT ON PERFORMANCE:

After a crisis intervention, individuals are referred to crisis stabilization services. Crisis stabilization services are mental health services to help the recipient to return to/maintain their pre-crisis functioning level. These services are provided in the community and are based on the crisis assessment and intervention treatment plan.

These services:

- consider the need for further assessment and referrals;
- update the crisis stabilization treatment plan;
- provide supportive counseling;
- conduct skills training;
- collaborate with other service providers in the community; and/or
- provide education to the recipient's family and significant others regarding mental illness and how to support the recipient.

An infusion of funding during the 2016-2017 biennium supported the expansion of crisis services to 24/7 availability across the state. These crisis services include referral to stabilization services that help ensure that clients are able to return to and maintain their pre-crisis levels of functioning. Referrals to stabilization services are often made with a "warm hand-off" that is expected to ensure that clients

access the new service to which they have been referred. For example, a crisis staff may sit with the client while they make the phone call to schedule the crisis stabilization service within 10 days following the crisis event. In addition, workforce development activities are underway to help ensure that an adequate number of providers are available to meet the needs of clients experiencing crisis and needing crisis stabilization services following an initial assessment and/or intervention.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported 16 months after the end of the reporting period.

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

2019 Goal

- By June 30, 2018, the number of individuals with disabilities participating in Governor's appointed Boards and Commissions, Community Engagement Workgroup, Specialty Committee, and other Workgroups and Specialty Committees established by the Olmstead Subcabinet will increase to 215.

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

RESULTS:

The 2019 goal of 215 was **not met**. [Reported in August 2019]

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

ANALYSIS OF DATA:

Of the 3,254 members listed on the Secretary of State's Boards and Commissions website, 167 members (approximately 5.1%) self-identify as an individual with a disability. In addition, 20 individuals on the Olmstead Subcabinet Community Engagement Workgroup self-identified as individuals with a disability. The 2019 goal to increase the number to 215 was met. While, the number of individuals on Boards and Commissions with a disability decreased, the percentage of members with disabilities increased from 5% to 5.1%).

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

COMMENT ON PERFORMANCE:

During 2017 and 2018, the Minnesota Department of Human Rights and the Olmstead Implementation Office (OIO) collaborated on a project to improve the representation and recruitment of individuals with disabilities on boards and councils. This included outreach and recruitment efforts in both the Metro area and Greater Minnesota. In 2017, there were five informational sessions held throughout the state with people of color and individuals with disabilities. The purpose was to help participants learn more about serving on Governor-appointed Boards and Councils and the process for applying for and receiving an appointment. In addition, a facilitated training session was held for members of Governor's appointed Boards and Commissions on strategies for creating more accessible and inclusive Boards and Councils. There were no information sessions held in 2018 or 2019. The project with MDHR concluded in December 2018. OIO will identify new partners to facilitate further learning opportunities for people with disabilities who are interested in applying for membership on Governor appointed boards and councils.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported one month after the end of the reporting period. Data is accessed through the Secretary of State's website.

COMMUNITY ENGAGEMENT GOAL TWO: By April 30, 2020, the (A) number of individuals with disabilities to participate in public input opportunities related to the Olmstead Plan, and (B) the number of comments received by individuals with disabilities (including comments submitted on behalf of individuals with disabilities) will increase by 5% over baseline. [Added March 2019]

2019 Goal

- By April 30, 2019, a baseline will be established using 2018-2019 Public Input opportunities data.

RESULTS:

The 2019 goal to establish a baseline was **met**. The baseline below was reviewed and approved by the Subcabinet at the May 28, 2019 meeting. The baseline will be incorporated into the March 2020 Olmstead Plan during the annual amendment process and is included in the Addendum.

BASELINE:

Time Period	Number of individuals who participated in public input opportunities related to Olmstead Plan	Number of comments received
December 20, 2018 – March 11, 2019	192	249

ANALYSIS OF DATA:

During the 2019 Plan amendment process, 192 people participated in public input yielding close to 249 individual comments. The data includes public input received during the 2018-2019 Plan amendment process. The data for the 2020 goal will be tracked and analyzed from all established public input processes and not limited to the Annual Plan Amendment Process.

COMMENT ON PERFORMANCE:

The baseline data was based on public input received during the 2018-2019 Olmstead Plan amendment process. Input was gathered in two rounds. Round One took place from December 20, 2018 to January 31, 2019 and included five listening sessions (Redwood Falls, Mankato, Hibbing, Saint Paul and a videoconference session based in St Paul), email, phone, and online comment opportunities. Round Two took place from February 26, 2019 to March 11, 2019 and included two webinar listening sessions, one teleconference listening session, email, phone and online comment opportunities. All sessions were coordinated with, and sponsored by the OIO and community partners. A report on recommendations for improvement of the public input processes was presented to the Subcabinet in July 2019.

TIMELINESS OF DATA:

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

COMMUNITY ENGAGEMENT GOAL THREE: By March 31, 2022, the number of engagement activities for Olmstead Plan's measurable goals that are evaluated utilizing the Civic Engagement Evaluation Framework will increase by 5% over baseline. [Added March 2019]

2020 Goal

- By March 31, 2020, a baseline will be established.

RESULTS:

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

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

There are two measures for this goal:

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

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

2019 Goal

- By April 30, 2019, establish a baseline

RESULTS:

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

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

2018 Goal

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

BASELINE:

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

RESULTS: The goal is in **on track** to meet the 2018 goal. [Reported in February 2019]

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

ANALYSIS OF DATA:

From July 2016 – June 2017, 2,777 people had a substantiated or inconclusive abuse or neglect episode¹⁵. Of those people, 114 (4.1%) experienced a substantiated or inconclusive abuse or neglect had a repeat episode of the same type within six months. This is a decrease of 12 from baseline which is a reduction of 9.5%. This is on track to meet the 2018 goal.

Data is from reports of suspected maltreatment of a vulnerable adult made to the Minnesota Adult Abuse Reporting Center (MAARC) by mandated reporters and the public when a county was responsible for response. Maltreatment reports when DHS licensing or Minnesota Department of Health (MDH) were responsible for the investigation of an individual associated with a licensed provider involved are not included in this report.

Demographic Data for July 2015 – June 2016

Episode Types

	Total Episodes	Emotional/Mental	Physical	Sexual	Fiduciary Relationship	Not Fiduciary Relationship	Caregiver Neglect	Self - Neglect
FY 2016	134	18	4	0	8	16	24	64
FY 2017	124	14	12	2	3	13	28	52

Victim Gender

FY	Total	Female	Male
2016	126	73	53
2017	114	77	37

¹⁵ Episodes include physical abuse, sexual abuse, emotional abuse, financial exploitation, caregiver or self-neglect.

Victim Age Range

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

Victim Race/Ethnicity

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

Offender Gender

FY	Total	Female	Male
2016	70	33	37
2017	74	30	44

Offender Age Range

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

Offender Race/Ethnicity

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

COMMENT ON PERFORMANCE:

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

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

TIMELINESS OF DATA:

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

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

2019 Goal

- By July 31, 2019, the number of students with disabilities identified as victims in determinations of maltreatment will decrease by 5% from baseline to 19 students.

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

RESULTS:

The 2019 goal to decrease to 19 was **not met**. [Reported in August 2019]

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

ANALYSIS OF DATA:

During the 2016 – 17 school year, there were 259 students identified as alleged victims of abuse of neglect in Minnesota public schools. Of those, 59 students were determined to have been maltreated. 33 of those were students with a disability. This was an increase of 13 students over baseline. The 2019 goal to reduce to 19 was not met.

COMMENT ON PERFORMANCE:

During the 2016-2017 school year, the MDE Student Maltreatment Team received and assessed 1,004 reports of alleged maltreatment. Of those reports, the Student Maltreatment Team opened 234 cases for onsite investigations. This included approximately 275 allegations of abuse or neglect of students with and without disabilities.

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

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

The MDE Student Maltreatment Team continues to fulfill requirements for increasing statewide awareness of mandated reporting by enhancing training, technical assistance and on-line resources for schools. MDE will continue to offer all Minnesota schools support, and to recommend opportunities for

participation in Positive Behavioral Interventions and Supports to reduce and prevent incidents of abuse and neglect.

TIMELINESS OF DATA:

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

VI. COMPLIANCE REPORT ON WORKPLANS AND MID-YEAR REVIEWS

This section summarizes the monthly review of workplan activities and review of measurable goals completed by OIO Compliance staff.

WORKPLAN ACTIVITIES

OIO Compliance staff reviews workplan activities on a monthly basis to determine if items are completed, on track or delayed. Any delayed items are reported to the Subcabinet as exceptions. The Olmstead Subcabinet reviews and approves workplan implementation, including workplan adjustments on an ongoing basis.^{viii}

The first review of workplan activities occurred in December 2015. Ongoing monthly reviews began in January 2016 and include activities with deadlines through the month prior and any activities previously reported as an exception. The summary of those reviews are below.

Reporting period	Number of Workplan Activities				
	Reviewed during time period	Completed	On Track	Reporting Exceptions	Exceptions requiring Subcabinet action
Dec 2015 – December 2016	428	269	125	34	0
January – December 2017	284	251	32	8	1
January – December 2018	219	207	5	7	0
January 2019	38	38	0	0	0
February 2019	17	14	3	0	0
March 2019	15	15	0	0	0
April 2019	17	17	0	0	0
May 2019	9	9	0	0	0
June 2019	16	14	2	0	0
July 2019	23	23	0	0	0
August 2019	7	7	0	0	0
September 2019	7	7	0	0	0
October 2019	2	2	0	0	0

MID-YEAR REVIEW OF MEASURABLE GOALS REPORTED ON ANNUALLY

OIO Compliance staff engages in regular and ongoing monitoring of measurable goals to track progress, verify accuracy, completeness and timeliness of data, and identify risk areas. These reviews were previously contained within a prescribed mid-year review process. OIO Compliance staff found it to be more accurate and timely to combine the review of the measurable goals with the monthly monitoring process related to action items contained in the workplans. Workplan items are the action steps that the agencies agree to take to support the Olmstead Plan strategies and measurable goals.

OIO Compliance staff regularly monitors agency progress under the workplans and uses that review as an opportunity to identify any concerns related to progress on the measurable goals. OIO Compliance staff report on any concerns identified through the reviews to the Subcabinet. The Subcabinet approves any corrective action as needed. If a measurable goal is reflecting insufficient progress, the quarterly report identifies the concerns and how the agency intends to rectify the issues. This process has evolved and mid-year reviews are utilized when necessary, but the current review process is a more efficient mechanism for OIO Compliance staff to monitor ongoing progress under the measurable goals.

VII. ANALYSIS OF TRENDS AND RISK AREAS

The purpose of this section is to summarize areas of the Plan that are at risk of underperforming against the measurable goals. The topic areas are grouped by categories used in the Quarterly Reports.

MOVEMENT FROM SEGREGATED TO INTEGRATED SETTINGS

For the fourth year, progress continues on people with disabilities moving from segregated settings into more integrated settings. Annual goals on movement from ICF/DD, nursing facilities, and other segregated settings were achieved. However, goals for the timely movement from the AMRTC and MSH were not met.

People with disabilities are achieving competitive integrated employment in greater numbers. However, the annual goals to increase the number of people in competitive integrated employment was not met for people with disabilities in certain Medicaid funded programs, Vocational Rehabilitation Services, or State Services for the Blind programs.

These initiatives are being supported by changes in state processes such as annual review of person-centered services by Lead agencies. This process is now informed by person centered principles that are sensitive to the expressed desires of the individual about where they live and work and how services are provided.

At the federal level, changes to the home and community based services regulations and the Workforce Innovation and Opportunities Act have adopted person centered principles requiring individual choice for where people live and work. These changes will continue to positively influence people with disabilities opportunity to choose a more integrated life.

INCREASING SYSTEM CAPACITY AND OPTIONS FOR INTEGRATION

Progress continued this year on people with disabilities accessing authorization to waiver services. The number of individuals with developmental disabilities authorized for waiver services at a reasonable pace continues to show improvement.

The ability of people with disabilities to access housing continues to improve. This year 345 individuals obtained housing or 88% of the annual goal.

Fewer people with disabilities are experiencing the use of emergency manual restraint. After substantial reductions beginning in 2015 through 2019, the annual number of individuals seems to have leveled off around 650.

These positive achievements are important but more work is to be done. The following measurable goals have been targeted for improvement:

- Transition Services Goal Two to decrease the percent of people at AMRTC who no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting.
- Transition Services Goal Three to increase the number of individuals leaving the MSH to a more integrated setting.
- Positive Supports Goal Three A to reduce the number of reports of emergency use of mechanical restraints with approved individuals.

- Housing and Services Goal One to increase the number of individuals living in integrated housing.
- Lifelong Learning and Education Goal Two to increase the number of students with disabilities enrolling in an integrated postsecondary education setting.
- Crisis Services Goals One and Two to increase the percent of children and adults who remain in the community after a mental health crisis.
- Crisis Services Goal Four A to increase the percent of people housed five months after being discharged from the hospital

These areas have been highlighted for the agencies and the Subcabinet as areas in need of increased monitoring. Each agency has identified plans bring each goal into the specified performance criteria.

VIII. POTENTIAL AMENDMENTS TO THE PLAN

The Olmstead Subcabinet is engaged in the Plan review and amendment process. Agencies have developed a number of potential amendments to the measurable goals. Initial draft potential plan amendments are attached hereto as an Addendum in accordance with the Court's February 22, 2016 Order (Doc. 544). The Olmstead Subcabinet will begin obtaining public comment on the draft amendments on January 6, 2020 and the attached drafts are subject to change.

In addition to the measurable goal amendments attached hereto, there will be additional proposed changes to the Introduction and Background Information and Plan Management and Oversight sections, and supporting descriptions of the measurable goals. Public comment to the full proposed Plan will be sought throughout March. After the proposed amendments are finalized and approved by the Subcabinet, final amendments will be reported to the Court on or before March 31, 2020.

ENDNOTES

ⁱ Some Olmstead Plan goals have multiple subparts or components that are measured and evaluated separately. Each subpart or component is treated as a measurable goal in this report.

ⁱⁱ This goal measures the number of people exiting institutional and other segregated settings. Some of these individuals may be accessing integrated housing options also reported under Housing Goal One.

ⁱⁱⁱ Transfers refer to individuals exiting segregated settings who are not going to an integrated setting. Examples include transfers to chemical dependency programs, mental health treatment programs such as Intensive Residential Treatment Settings, nursing homes, ICFs/DD, hospitals, jails, or other similar settings. These settings are not the person's home, but a temporary setting usually for the purpose of treatment.

^{iv} As measured by monthly percentage of total bed days that are non-acute. Information about the percent of patients not needing hospital level of care is available upon request.

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

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

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

^{viii} All approved adjustments to workplans are reflected in the Subcabinet meeting minutes, posted on the website, and will be utilized in the workplan review and adjustment process.

Addendum to Annual Report on Olmstead Plan Implementation

Draft Potential Amendments to Measurable Goals

December 16, 2019

This addendum includes the draft potential amendments to Olmstead Plan measurable goals being proposed by the Olmstead Subcabinet agencies.

The Olmstead Subcabinet reviewed these amendments on December 16, 2019. These draft potential amendments are being included with the Annual Report in accordance with the Court's February 22, 2016 Order (Doc. 544). The Olmstead Subcabinet will begin obtaining public comment on these draft amendments on January 6, 2020 and these amendments are subject to change.

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

Contents

PERSON-CENTERED PLANNING GOAL TWO	3
TRANSITION SERVICES GOAL TWO	5
TRANSITION SERVICES GOAL THREE.....	7
HOUSING AND SERVICES GOAL ONE	9
TRANSPORTATION GOAL ONE	11
HEALTHCARE AND HEALTHY LIVING GOAL ONE.....	13
HEALTHCARE AND HEALTHY LIVING GOAL TWO.....	15
POSITIVE SUPPORTS GOAL ONE.....	17
POSITIVE SUPPORTS GOAL TWO	19
POSITIVE SUPPORTS GOAL THREE	21
POSITIVE SUPPORTS GOAL FOUR/FIVE	23
CRISIS SERVICES GOAL ONE/TWO	25
CRISIS SERVICES GOAL FOUR	27
COMMUNITY ENGAGEMENT GOAL TWO.....	29
COMMUNITY ENGAGEMENT GOAL THREE.....	31

PERSON-CENTERED PLANNING GOAL TWO (page 38 of Plan)

REASON FOR CHANGE

Progress on this goal is reported in the 2019 Annual Report, pages 29 – 32. The 2017 overall goal date has been reached. The goal is being extended by adding annual goals for 2018 and 2019. The 2018 and 2019 goals are expected to be reported in November 2020.

Goal Two: By ~~2019, 2017~~, increase the percent of individuals with disabilities who report that they exercised informed choice, using each individual's experience regarding their ability: to make or have input into major life decisions and everyday decisions, and to be always in charge of their services and supports, as measured by the National Core Indicators (NCI) survey.

(A) By ~~2019, 2017~~, increase the percent of people with intellectual and developmental disabilities (I/DD) who report they have input into major life decisions¹ ~~to 55%~~ will be 60% or higher.

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

Annual Goals to increase the percent of people reporting they have input into major life decisions:

- By 2015, the percent will increase to $\geq 45\%$
- By 2016, the percent will increase to $\geq 50\%$
- ~~By 2017, the percent will increase to $\geq 55\%$~~
- By 2018, the percent will be 58% or higher
- By 2019, the percent will be 60% or higher

(B) By ~~2019, 2017~~, increase the percent of people with intellectual and developmental disabilities who make or have input in everyday decisions² ~~to 85%~~ will be 93% or higher.

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

Annual Goals to increase the percent of people reporting they have input in everyday decisions:

- By 2015, the percent will increase to $> 84\%$
- By 2016, the percent will increase to $> 85\%$
- ~~By 2017, the percent will increase to $\geq 85\%$~~
- By 2018, the percent will be 90% or higher
- By 2019, the percent will be 93% or higher

¹ Of those not currently living with family, percentage who chose or had input into where they live; of those not currently living with family, percentage who chose or had some input in choosing their roommates; among those with a day program or activity, percentage who chose or had some input in where they go during the day. Calculation was made by totaling the number of responders who answered the three questions, and totaling the number of affirmative responses and calculating the percentage.

² Among those with a paid community job, percentage who chose or had some input in where they work; percentage who choose or help decide their daily schedule; percentage who choose or help decide how to spend their free time. Calculation was made by totaling the number of responders who answered the three questions, and totaling the number of affirmative responses and calculating the percentage.

- (C) By ~~2019, 2017, increase~~ the percent of people with disabilities other than I/DD who are always in charge of their services and supports³ ~~to~~ will be 80% or higher.

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

Annual Goals to increase the percent of people reporting they are always in charge of their services and supports:

- By 2015, the percent will increase to > 70%
- By 2016, the percent will increase to > 75%
- By 2017, the percent will increase to \geq 80%
- By 2018, the percent will be 80% or higher
- By 2019, the percent will be 80% or higher

³ The percent who respond “yes” they are in charge of the supports and services.

TRANSITION SERVICES GOAL TWO (page 42 of Plan)

REASON FOR CHANGE

Progress on this goal is reported in the 2019 Annual Report, pages 13 – 15. The 2019 overall goal was not met. The goal is being repeated and progress will continue to be reported.

Goal Two: By June 30, ~~2020~~ 2019, the percent of people under mental health commitment at Anoka Metro Regional Treatment Center (AMRTC) who do not require hospital level of care and are currently awaiting discharge to the most integrated setting⁴ will be reduced to 30% (based on daily average).

Baseline: In State Fiscal Year 2015, the percent of people at AMRTC who no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting was 36% on a daily average.

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

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

⁴ 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.

DRAFT

TRANSITION SERVICES GOAL THREE (page 43 of Plan)

REASON FOR CHANGE

Progress on this goal is reported in the 2019 Annual Report, pages 16 – 19. The 2019 overall goal was not met. The goal is being repeated and progress will continue to be reported.

Goal Three: By December 31, ~~2020~~ 2019, the average monthly number of individuals leaving Minnesota Security Hospital to a more integrated setting will increase to 10 individuals per month.

Baseline: In Calendar Year 2014, the average monthly number of individuals leaving Minnesota Security Hospital (MSH) to a more integrated setting was 4.6 individuals per month.

Annual Goals to increase the average monthly number of individuals leaving Minnesota Security Hospital to a more segregated setting:

- By December 31, 2016 the average monthly number of individuals leaving to a more integrated setting will increase to ≥ 7
- By December 31, 2017 the average monthly number of individuals leaving to a more integrated setting will increase to ≥ 8
- By December 31, 2018 the average monthly number of individuals leaving to a more integrated setting will increase to ≥ 9
- By December 31, 2019 the average monthly number of individuals leaving to a more integrated setting will increase to ≥ 10
- By December 31, 2020 the average monthly number of individuals leaving to a more integrated setting will increase to 10 or more

DRAFT

HOUSING AND SERVICES GOAL ONE (page 48 of Plan)

REASON FOR CHANGE

Progress on this goal is reported in the 2019 Annual Report, page 33. The 2019 overall goal was not met. The goal is being repeated and progress will continue to be reported.

Goal One: By June 30, ~~2020, 2019~~, the number of people with disabilities who live in the most integrated housing of their choice where they have a signed lease and receive financial support to pay for the cost of their housing will increase by 5,569 (from 5,995 to 11,564 or about a 92% increase).

Baseline: In State Fiscal Year 2014, there were an estimated 38,079 people living in segregated settings.⁵ Over the last 10 years, 5,995 individuals with disabilities moved from segregated settings into integrated housing of their choice where they have a signed lease and receive financial support to pay for the cost of their housing.⁶

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

- By June 30, 2019, there will be an increase of 5,569 over baseline to 11,564 (about 92% increase)
- By June 30, 2020, there will be an increase of 5,569 over baseline to 11,564 (about 92% increase)

⁵ Based on "[A Demographic Analysis, Segregated Settings Counts, Targets and Timelines Report](#)" and information from ICFs/DD and Nursing Facilities.

⁶ The programs that help pay for housing included in this measure are: Housing Support (three setting types which require signed leases), Minnesota Supplemental Aid Housing Assistance, Section 811, and Bridges.

DRAFT

TRANSPORTATION GOAL ONE (page 67 of Plan)

REASON FOR CHANGE

Progress on this goal is reported in the 2019 Annual Report, pages 45 – 47. The 2020 overall goal for accessible pedestrian signals has been achieved. The overall goal is being reset and progress will continue to be reported.

Goal One: By December 31, 2020, accessibility improvements will be made to: (A) 6,600 curb ramps (increase from base of 19% to 49%); (B) ~~430 380~~ accessible pedestrian signals (increase from base of 10% to ~~74%70%~~); and (C) by October 31, 2021, improvements will be made to 55 miles of sidewalks.

(A) Curb Ramps

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

- By December 31, 2020 accessibility improvements will be made to an additional 6,600 curb ramps⁷ bringing the percentage of compliant ramps to approximately 49%.

(B) Accessible Pedestrian Signals

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

- By December 31, 2020, an additional ~~430 380~~ Accessible Pedestrian Signals (APS) installations will be provided on MnDOT owned and operated signals bringing the number to 875 and the percentage to ~~74%. 70%~~.

(C) Sidewalks

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

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

⁷ ADA Title II Requirements for curb ramps at www.fhwa.dot.gov/civilrights/programs/doj_fhwa_ta_glossary.cfm

DRAFT

HEALTHCARE AND HEALTHY LIVING GOAL ONE (page 74 of Plan)

REASON FOR CHANGE

Progress on this goal is reported in the 2019 Annual Report, pages 52 – 53. The 2018 overall goal has been achieved and greatly exceeded the targets. A new goal and baseline related to a health outcome measure is being proposed. The 2019 goal is expected to be reported in November 2020.

One quality indicator used by hospitals includes monitoring readmissions that occur within 30 days of discharge from a hospital. Historically, individuals with disabilities are readmitted to the hospital at a higher rate than people without disabilities. This measure allows for analysis of discharge planning processes and effectiveness of follow-up care. Data related to this measure is reported in the 2019 Annual Report, pages 52 – 53.

Goal One: By December 31, 2019, the rate of adult public enrollees (with disabilities) who had an acute inpatient hospital stay that was followed by an unplanned acute readmission to a hospital within 30 days will be 20% or less.

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

Adults with disabilities

<u>Time period</u>	<u>Acute inpatient hospital stay</u>	<u>Unplanned acute readmission within 30 days</u>	<u>Readmission rate</u>
<u>January – December 2014</u>	<u>28,773</u>	<u>5,887</u>	<u>20.46%</u>

Adults without disabilities

<u>Time period</u>	<u>Acute inpatient hospital stay</u>	<u>Unplanned acute readmission within 30 days</u>	<u>Readmission rate</u>
<u>January – December 2014</u>	<u>3,735</u>	<u>295</u>	<u>7.90%</u>

Goal One: By December 31, 2018, the number/percent of individuals with disabilities and/or serious mental illness accessing appropriate preventive care^{46F8} focusing specifically on cervical cancer screening will increase by 833 people compared to the baseline.

A specific indicator that individuals with disabilities are accessing appropriate care, cervical cancer screening will be tracked. This is an area where a health care outcome disparity has been identified. This will reduce disparities in cervical cancer screening by 10% (increase of 616 women being screened).

Baseline: In 2013, the number of women receiving cervical cancer screenings was 21,393.⁹

Annual Goals to increase the number of individuals accessing appropriate care:

⁸ Appropriate care will be measured by current clinical standards.

⁹ Baseline for this goal is from the 2013 “Olmstead Plan: Baseline Data for Current Care” Report.

- ~~By December 31, 2016 the number accessing appropriate care will increase by 205 over baseline~~
- ~~By December 31, 2017 the number accessing appropriate care will increase by 518 over baseline~~
- ~~By December 31, 2018 the number accessing appropriate care will increase by 833 over baseline~~

DRAFT

HEALTHCARE AND HEALTHY LIVING GOAL TWO (page 74 of Plan)

REASON FOR CHANGE

Progress on this goal is reported in the 2019 Annual Report, pages 54 – 56. The 2018 overall goal has been achieved and greatly exceeded the targets. A new goal and baseline related to a health outcome measure is being proposed. The 2019 goal is expected to be reported in November 2020.

One way to monitor access to dental care is to measure how many individuals use the emergency department for non-traumatic dental services. The desired outcome is for people to access dental services in dental clinics not emergency departments. Data related to this measure is reported in the 2019 Annual Report, pages 52 – 53.

Goal Two: By December 31, 2019, the rate of enrollees with disabilities who used an emergency department for non-traumatic dental services will be 0.20% or less for children with disabilities and 1% or less for adults with disabilities.

(A) Children using an emergency department (ED) for non-traumatic dental services

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

Children with disabilities using ED for dental services

<u>Time period</u>	<u>Total number of children with disabilities</u>	<u>Children with disabilities used ED for dental services</u>	<u>Rate</u>
<u>January – December 2014</u>	<u>75,774</u>	<u>314</u>	<u>0.41%</u>

Children without disabilities using ED for dental services

<u>Time period</u>	<u>Total number of children with disabilities</u>	<u>Children with disabilities used ED for dental services</u>	<u>Rate</u>
<u>January – December 2014</u>	<u>468,631</u>	<u>1,216</u>	<u>0.26%</u>

Annual Goal

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

(B) Adults using an emergency department (ED) for non-traumatic dental services

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

Adults with disabilities using ED for dental services

<u>Time period</u>	<u>Total number of adults with disabilities</u>	<u>Adults with disabilities used ED for dental services</u>	<u>Rate</u>
<u>January – December 2014</u>	<u>166,852</u>	<u>3,884</u>	<u>2.33%</u>

Adults without disabilities using ED for dental services

<u>Time period</u>	<u>Total number of adults without disabilities</u>	<u>Adults without disabilities used ED for dental services</u>	<u>Rate</u>
<u>January – December 2014</u>	<u>377,482</u>	<u>6,594</u>	<u>1.75%</u>

Annual Goal

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

Goal Two: By December 31, 2018, the number of individuals with disabilities and/or serious mental illness accessing dental care will increase by 1,229 children and 1,055 adults over baseline.

(A) Children accessing dental care

Baseline: In 2013, the number of children with disabilities continuously enrolled in Medicaid coverage during the measurement year accessing annual dental visits was 16,360.

Annual Goals to increase the number of children accessing dental care:

- By December 31, 2016 the number of children accessing dental care will increase by 410 over baseline
- By December 31, 2017 the number of children accessing dental care will increase by 820 over baseline
- By December 31, 2018 the number of children accessing dental care will increase by 1,229 over baseline

(B) Adults accessing dental care

Baseline: In 2013, the number of adults with disabilities continuously enrolled in Medicaid coverage during the measurement year accessing annual dental visits was 21,393.

Annual Goals to increase the number of adults accessing dental care:

- By December 31, 2016 the number of adults accessing dental care will increase by 335 over baseline
- By December 31, 2017 the number of adults accessing dental care will increase by 670 over baseline
- By December 31, 2018 the number of adults accessing dental care will increase by 1,055 over baseline.

POSITIVE SUPPORTS GOAL ONE (page 79 of Plan)

REASON FOR CHANGE

Progress on this goal is reported in the 2019 Annual Report, pages 57 – 58. The 2018 overall goal was achieved and greatly exceeded. The goal is being reset to maintain performance achieved over the last 3 years. The number reported in 2019 was 642.

Goal One: By June 30, ~~2020~~ 2018 the number of individuals receiving services licensed under Minn. Statute 245D, or within the scope of Minn. rule, Part 9544, (for example, home and community-based services) who experience a restrictive procedure, such as the emergency use of manual restraint when the person poses an imminent risk of physical harm to themselves or others and it is the least restrictive intervention that would achieve safety, will not exceed 650. ~~decrease by 5% or 200.~~

Annual Baseline: In FY 2014 of the 35,668 people receiving services in licensed disability services, e.g., home and community-based services, the number of unique individuals who experienced a restrictive procedure was 1,076.

~~Annual Goals to reduce the number of people experiencing a restrictive procedure:~~

- ~~• By June 30, 2015 the number of people experiencing a restrictive procedure will be reduced by 5% from the previous year or 54 individuals~~
- ~~• By June 30, 2016 the number of people experiencing a restrictive procedure will be reduced by 5% from the previous year or 51 individuals~~
- ~~• By June 30, 2017 the number of people experiencing a restrictive procedure will be reduced by 5% from the previous year or 49 individuals~~
- ~~• By June 30, 2018 the number of people experiencing a restrictive procedure will be reduced by 5% from the previous year or 46 individuals~~

DRAFT

POSITIVE SUPPORTS GOAL TWO (page 79 of Plan)

REASON FOR CHANGE

Progress on this goal is reported in the 2019 Annual Report, pages 58 – 59. The 2018 overall goal was achieved and greatly exceeded. The goal is being reset to maintain performance achieved over the last 3 years. The number reported in 2019 was 3,223.

Goal Two: By June 30, ~~2020, 2018~~, the number of Behavior Intervention Reporting Form (BIRF) reports of restrictive procedures for people receiving services licensed under Minn. Statute 245D, or within the scope of Minn. Rule, Part 9544 (for example, home and community- based services) will not exceed 3,500. decrease by 1,596.

Annual Baseline: In FY 2014 of the 35,668 people receiving services in licensed disability services, e.g., home and community-based services, there were 8,602 reports of restrictive procedures, involving 1,076 unique individuals.

Annual Goals to reduce the number of reports of restrictive procedures:

- ~~By June 30, 2015 the number of reports of restrictive procedure will be reduced by 430~~
- ~~By June 30, 2016 the number of reports of restrictive procedure will be reduced by 409~~
- ~~By June 30, 2017 the number of reports of restrictive procedure will be reduced by 388~~
- ~~By June 30, 2018 the number of reports of restrictive procedure will be reduced by 369~~

DRAFT

POSITIVE SUPPORTS GOAL THREE (page 80 of Plan)

REASON FOR CHANGE

Progress on this goal is reported in the 2019 Annual Report, pages 60 – 61. This goal relates to the reducing the number of reports of the emergency use of mechanical restraints.

There are limited exceptions for the use of mechanical restraints to protect the individual from imminent risk of serious injury. Examples of a limited exception include:

- (1) Use of a helmet for protection of self-injurious behavior; and
- (2) Use of an auxiliary device to ensure a person does not unfasten a seatbelt in a vehicle. This may include seatbelt guards, harnesses and clips.

The proposed change focuses the measure for the goal on the use of a helmet for protection of self-injurious behavior. DHS will continue to monitor and include in quarterly reports the use of an auxiliary device to ensure a person does not unfasten a seatbelt in a vehicle.

When considering the achievability of the goal of 93 reports, it should be noted that a provider would need to submit 52 reports per year for a single person when using a safety clip.

Goal Three: Use of mechanical restraint is prohibited in services licensed under Minn. Statute 245D, or within the scope of Minn. Rule, Part 9544¹⁰, with limited exceptions to protect the person from imminent risk of serious injury. Examples of a limited exception include the use of a helmet for protection of self-injurious behavior and use of an auxiliary device to ensure a person does not unfasten a seatbelt in a vehicle. safety clips for safe vehicle transport. By June 30, ~~2020~~ 2019 the emergency use of mechanical restraints, other than use of an auxiliary device¹¹ will be reduced to no more than 93 reports.

Baseline: In SFY 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.

Annual Goals to reduce the use of mechanical restraints:

- By June 30, 2020, reduce mechanical restraints, other than use of auxiliary devices, to no more than 93 reports.
- ~~By June 30, 2019, reduce mechanical restraints to no more than 93 reports of mechanical restraint~~

¹⁰ Minnesota Security Hospital (MSH) is governed by the Positive Supports Rule when serving people with a developmental disability.

¹¹ Auxiliary devices ensure a person does not unfasten a seat belt in a vehicle and includes seatbelt guards, harnesses and clips.

DRAFT

POSITIVE SUPPORTS GOAL FOUR/FIVE (pages 80-81 of Plan)

REASON FOR CHANGE

Progress on this goal is reported in the 2019 Annual Report, pages 62 – 66. MDE is proposing to add new strategies to improve progress in achieving Positive Supports Goals Four and Five. Amendments are based upon lessons learned during the initial plan implementation, including information gathered through the restrictive procedures workgroup.

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

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

Reduce the Use of Restrictive Procedures in Working with People with Disabilities

- Monitor data systems that: (1) assess progress in the reduction of the emergency use of restrictive procedures; (2) assess the number of individuals experiencing restrictive procedures and the number of incidents or applications of restrictive procedures; and (3) to identify situations to be targeted for technical assistance.
- Improve data reporting tools to increase the accuracy, completeness and timeliness of the information.
- Annually evaluate progress and determine if there are additional measures to be taken to reduce the use of mechanical restraints that are used to prevent imminent risk of serious injury due to self-injurious behaviors. The external review committee provides oversight and technical assistance.
- Publish annual reports on the progress in reducing the use of restrictive procedures and recommendations.
- Work with the MDH to evaluate opportunities to coordinate tracking with DHS and reduce use of restrictive procedures for people with disabilities in MDH-licensed facilities.
- Continue to implement MDE's Statewide Plan to Reduce the Use of Restrictive Procedures and eliminate the use of seclusion.
- MDE will document progress in Statewide Plan implementation and summarize restrictive procedure data in the annual legislative report submitted by March 1 of each year. MDE will track individual uses of seclusion on students receiving special education services by requiring districts to submit quarterly reports to MDE about individual students who have been secluded. These reports will assist MDE and the Restrictive Procedures Work Group in identifying areas of concern and developing strategies for eliminating the use of seclusion.
- MDE will award four districts a grant to implement positive behavior supports in an effort to reduce the rates of restrictive procedure use with students with disabilities. Participating school districts will measure the fidelity to which the defined positive behavior supports are in place. Information gathered from grantees over the course of the grant will inform schools, districts, and MDE about

measuring and making systemic changes that result in the reduction of rates of restrictive procedures use through implementing positive behavior supports.

- ~~• In alignment with the statewide plan, MDE will identify and recruit districts with the highest per capita use of physical holds and seclusion to partner with MDE to develop a district level team and conduct a district readiness assessment to initiate implementation of evidence-based practices that match the district's needs in an active implementation framework.~~
- Restrictive procedures may only be used in the school setting in an emergency, by licensed professionals, who have received training which includes positive behavioral interventions, de-escalation, alternatives to restrictive procedures, and impacts of physical holding and seclusion.
- MDE will provide evidence-based strategies to use with students with disabilities who have significant needs that result in self-injurious or physically aggressive behaviors.
- MDE will collaborate with DHS to expand the list of effective evidence-based strategies for districts to use to increase staff capacity and reduce the use of restrictive procedures.

Reduce the Use of Seclusion in Educational Settings

- Engage the Restrictive Procedures Work Group¹² at least annually to review restrictive procedure data, review progress in implementation of the Statewide Plan, and discuss further implementation efforts and revise the Statewide Plan as necessary.
- Engage the Restrictive Procedures Work Group to gather, develop, and review information to share with school districts in working toward the elimination of seclusion and to identify and consider strategies to address disproportionalities related to the use of restrictive procedures. Subgroups, composed of stakeholders, within the workgroup will use this information to inform the development of trainings and resources. These resources and other information gathered and reviewed will be posted to MDE's Restrictive Procedures webpage and/or otherwise publicly distributed.
- Engage the Restrictive Procedures Work Group to make recommendations to MDE and the legislature on how to eliminate the use of seclusion in schools for students receiving special education services and modify the Statewide Plan to reflect those recommendations. The recommendations shall include the funding, resources, and time needed to safely and effectively transition to a complete elimination of the use of seclusion on students receiving special education services.
- MDE is working with a consultant to facilitate the Restrictive Procedures Stakeholder Work Group meetings for the purpose of increased stakeholder engagement in recommending to the Commissioner specific and measurable implementation and outcome goals for reducing the use of restrictive procedures.

¹² Statute 125A.0942 states the Commissioner of MDE must consult with interested stakeholders, including representatives of advocacy organizations, special education directors, teachers, paraprofessionals, intermediate school districts, school boards, day treatment providers, county social services, state human services staff, mental health professionals, and autism experts.

CRISIS SERVICES GOAL ONE/TWO (page 85 of Plan)

REASON FOR CHANGE

Progress on this goal is reported in the 2019 Annual Report, pages 67 – 70. The overall goals were not met. The goal is being repeated and progress will continue to be reported. The 2019 goal is expected to be reported in February 2020.

Goal One: By June 30, ~~2019, 2018~~, the percent of children who receive children's mental health crisis services and remain in their community will increase to 85% or more.

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

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

- By June 30, 2016, the percent who remain in their community after a crisis will increase to 81%
- By June 30, 2017, the percent who remain in their community after a crisis will increase to 83%
- ~~By June 30, 2018, the percent who remain in their community after a crisis will increase to 85%~~
- By June 30, 2019, the percent who remain in their community after a crisis will increase to 85%

Goal Two: By June 30, ~~2020, 2019~~, the percent of adults who receive adult mental health crises services and remain in their community (e.g., home or other settings) will increase to 64% or more.

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

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

- By June 30, 2017, the percent who remain in their community after a crisis will increase to 60%
- By June 30, 2018, the percent who remain in their community after a crisis will increase to 62%
- By June 30, 2019, the percent who remain in their community after a crisis will increase to 64%
- By June 30, 2020, the percent who remain in their community after a crisis will increase to 64%

DRAFT

CRISIS SERVICES GOAL FOUR (page 86 of Plan)

REASON FOR CHANGE

Progress on this goal is reported in the 2019 Annual Report, pages 71 – 73. The overall goal dates have been reached. The overall goal for Part A was not met. The goal is being repeated and progress will continue to be reported. The 2019 goal is expected to be reported in November 2020. The overall goal for Part B was met. The goal is being reset to maintain performance achieved over the last 3 years. The 2019 goal is expected to be reported in February 2020.

Goal Four: By June 30, ~~2019, 2018~~, people in community hospital settings due to a crisis, will have appropriate community services within 30 days of no longer requiring hospital level of care and, within 5 months after leaving the hospital, and they will have a stable, permanent home.

There are two measures for this goal:

(A) Stable Housing

Baseline: From July 2014 – June 2015, 81.9% of people discharged from the hospital due to a crisis were housed five months after the date of discharge compared to 80.9% in the previous year.

Annual Goals to increase the percent of people who are housed five months after discharge from the hospital.

- By June 30, 2017, the percent of people who are housed five months after discharge from the hospital will increase to 83%.
- By June 30, 2018, the percent of people who are housed five months after discharge from the hospital will increase to 84%.
- By June 30, 2019, the percent of people who are housed five months after discharge from the hospital will be 84% or higher.

(B) Community Services

Baseline: From July 2014 – June 2015, 89.2% people received follow-up services within 30-days after discharge from the hospital compared to 88.6% in the previous year.

Annual Goal to increase the percent of people who receive appropriate community services within 30-days after discharge from the hospital.

- By June 30, 2017, the percent of people who receive appropriate community services within 30-days from a hospital discharge will increase to 90%.
- By June 30, 2018, the percent of people who receive appropriate community services within 30-days from a hospital discharge will increase to 91%.
- By June 30, 2019, the percent of people who receive appropriate community services within 30-days from a hospital discharge will be 92% or higher

DRAFT

COMMUNITY ENGAGEMENT GOAL TWO (page 92 of Plan)

REASON FOR CHANGE

Progress on this goal is reported in the 2019 Annual Report, pages 76 – 77. Community Engagement Goal Two adopted in the March 2019 Revised Olmstead Plan provides that by April 30, 2019, a baseline will be established. The baseline below was reviewed and approved by the Subcabinet at the May 2019 meeting. The baseline needs to be incorporated into the Plan.

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

- By April 30, 2019, a baseline will be established using 2018-2019 Public Input opportunities data.

BASELINE:

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

DRAFT

COMMUNITY ENGAGEMENT GOAL THREE (page 92 of Plan)

REASON FOR CHANGE

The goal is being amended to focus on increasing the number of engagement activities and to extend the deadline to establish a baseline. The strategy is being added to emphasize participation by people of color and indigenous communities. This effort is intended to identify areas of inequity for further evaluation.

Goal Three: By March 31, 2022, the number of engagement activities related to ~~for~~ Olmstead Plan's measurable goals ~~that are evaluated utilizing the Civic Engagement Evaluation Framework~~ will increase by 5% over baseline.

- By March 31, 2021, 2020, a baseline will be established.

Strategies

- Increase the Awareness of People with Disabilities of Opportunities to Participate on Governor Appointed Boards and Commissions
- Create a Process that Encourages Participation of People with Disabilities in Providing Input on the Olmstead Plan
- Strengthen communication among the Subcabinet, OIO, state agencies, people with disabilities and the general public to ensure messages are accessible and effective.
- The Community Engagement Workgroup will provide the OIO and Subcabinet with recommendations regarding key elements of the Olmstead Plan as specified by the charter.
- Design and implement community engagement activities to increase participation by people of color and indigenous communities.
- ~~Adapt the Civic Engagement Evaluation Framework to measure civic engagement work with people with disabilities to increase statewide awareness and investment in the Minnesota Olmstead Plan.~~