

Minnesota Olmstead Subcabinet

2022 Annual Report on Olmstead Plan Implementation



REPORTING PERIOD:

Data acquired through October 31, 2022

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I. PURPOSE OF REPORT

This Annual Report provides the status of work being completed by State agencies to implement the Olmstead Plan April 2022 Revision. The Annual Report summarizes measurable goal results and analysis of data as reported in the previous four quarterly reports (February, May, August and November 2022).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 includes data acquired through October 31, 2022. Progress on each measurable goal is reported when data is reliable and valid in order to ensure the overall report is complete, accurate, timely and verifiable. More details on the progress of the goals can be found in the quarterly reports.

EXECUTIVE SUMMARY

This Annual Report covers 39 measurable goals in the April 2022 Olmstead Plan.ⁱ As shown in the chart below, 21 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. Three goal are in process.

Status of Goals* – 2022 Annual Report	Number of Goals
Met annual goal	19
On track to meet annual goal	2
Not on track to meet annual goal	3
Did not meet annual goal	12
In process	3
Goals Reported	39

*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:

- In the first three quarters of Fiscal Year 2022, the number of people who moved from Intermediate Care Facilities for Individuals with Developmental Disabilities (ICF/DD) to a more integrated setting was 78. This was a decrease of 15 compared to the same time period last year. (Transition Services Goal One A)
- In the first three quarters of Fiscal Year 2022, the number of people who have moved from Nursing Facilities (for persons with a disability under 65 in facility longer than 90 days) to a more integrated setting was 603. This is an increase of 115 compared to the same time period last year. (Transition Services Goal One B)
- In the first three quarters Fiscal Year 2022, the number of people who moved from other segregated housing to a more integrated setting was 1,784. This is an increase of 236 compared to the same time period last year. (Transition Services Goal One C)

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

Timeliness of Waiver Funding Goal One

- During Fiscal Year 2022, of the 911 individuals assessed for the Developmental Disabilities (DD) waiver, 563 individuals (62%) had funding approved within 45 days of the assessment date. This was a decrease of 4% compared to the previous year.

Increasing system capacity and options for integration

- The utilization of the Person Centered Protocols continues to show improvement. During Fiscal Year 2022, the eight required criteria were present at a combined average of 95.3%. This was an improvement of 2.5% compared to the previous year. (Person-Centered Planning Goal One)
- The number of people with disabilities who live in the most integrated housing of their choice increased by 419 individuals over the last year. This was 676 less individuals compared to the previous year. (Housing and Services Goal One)
- An additional 1,660 individuals receiving services from Vocational Rehabilitation Services and State Services for the Blind are in competitive integrated employment during the last year. This was 411 less than the previous year. (Employment Goal One)
- During the past year, there were 65 students with developmental cognitive disabilities in competitive integrated employment through the Employment Capacity Building Cohort. This was 13 more than the previous year. (Employment Goal Three)
- The number of peer support specialists who are employed is 77. This was an increase of 6 compared to the previous year. (Employment Goal Four)
- There was an increase in the number and percent of students with disabilities in the most integrated setting. (Education Goal One)
- Accessibility improvements were made to 509 curb ramps, 52 accessible pedestrian signals, and 17.57 miles of sidewalks in the last year. (Transportation Goal One)
- The number of individuals experiencing a restrictive procedure was reduced by 68 from the previous year. (Positive Supports Goal One)
- The number of reports of restrictive procedures was reduced by 836 from the previous year. (Positive Supports Goal Two)
- There was a reduction in the number of students experiencing emergency use of restrictive procedures and the number of incidents of emergency use of restrictive procedures. (Positive Supports Four and Five)
- There was an increase of 1.3% of people who are housed five months after discharge from the hospital (due to a crisis). (Crisis Services Four)
- Compared to baseline, there were fewer cases of vulnerable individuals with emergency room visits and hospitalizations due to abuse or neglect. . (Preventing Abuse and Neglect Goal Two)
- There was a 42.8% reduction in the number of vulnerable adults who experienced more than one episode of the same type of abuse or neglect within six months compared to baseline. (Preventing Abuse and Neglect Goal Three)
- The number of students with disabilities identified as victims in determinations of maltreatment was reduced by 34.4% compared to baseline. (Preventing Abuse and Neglect Goal Four)

The following measurable goals have been targeted for improvement:

- Transition Services Goal Two to reduce the percent of people at Anoka Metro Regional Treatment Center (AMRTC) who do not require hospital level of care and are currently awaiting discharge to the most integrated setting.
- Transition Services Goal Three to increase the average monthly number of individuals at Forensic Services moving to a less restrictive setting.

- Employment Goal Two to increase the number of people receiving services from certain Medicaid funded programs in competitive integrated employment.
- Education Goal Two to increase the percent of students with disabilities enrolling in integrated postsecondary education settings.
- Transportation Goal Two to increase the number of transit service hours in Greater Minnesota.
- Health Care and Healthy Living Goal One to decrease the rate of adults with disabilities who had an unplanned readmission after an acute inpatient hospital stay.
- Health Care and Healthy Living Goal Two to decrease the rate of children and adults who used an emergency department for non-traumatic dental services.
- Positive Supports Three to reduce the number of reports of emergency use of mechanical restraints (other than auxiliary devices) with approved individuals.
- 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 other workgroups and committees established by the Olmstead Subcabinet.
- Community Engagement Goal Two to increase the number of individuals participating in public input opportunities increased and the number of comments received.

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

ANNUAL SUMMARY OF MOVEMENT FROM SEGREGATED TO INTEGRATED

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

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

Setting	Reporting period	Number moved
Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD)	July 2020 – June 2021	119
Nursing Facilities (individuals under age 65 in facility > 90 days)	July 2020 – June 2021	681
Other segregated settings	July 2020 – June 2021	2,482
Anoka Metro Regional Treatment Center (AMRTC)	July 2021 – June 2022	99
Forensic Services ²	January – December 2021	75
Total	--	3,456

Cumulative number of individuals moving from segregated to integrated settings reported annually

Annual Report Year	ICFs/DD	Nursing Facilities	Other segregated settings	AMRTC	Forensic Services	Total
2017	81	729	1,051	110	84	2,055
2018	182	824	1,054	77	76	2,213
2019	150	830	1,188	81	79	2,328
2020	220	880	1,138	104	91	2,433
2021	86	915	1,190	124	94	2,409
2022	119	681	2,482	99	75	3,456
Totals to Date	838	4,859	8,103	595	499	14,894

² For the purposes of this report Forensic Services (formerly known as Minnesota Security Hospital) refers to individuals residing in the facility and committed as Mentally Ill and Dangerous and other civil commitment statuses.

TRANSITION SERVICES GOAL ONE

By June 30, 2022, the number of people who have moved from segregated settings to more integrated settingsⁱⁱ will be 9,782. The segregated settings include: (A) Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD); (B) individuals with disabilities under age 65 receiving services in a nursing facility for longer than 90 days; and (C) other segregated housing.

SETTING A: INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES

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

Annual Goals for the number of people moving from ICFs/DD to more integrated settings:

- By June 30, 2021 the number of people moving will be **72**
- By June 30, 2022 the number of people moving will be **72**

Baseline: During Calendar Year 2014, the number of people moving from ICFs/DD was 72.

RESULTS:

- The 2021 goal to move 72 people was **met**. [Reported in February 2022]
- The 2022 goal to move 72 people is **on track**. [Reported in November 2022]

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 Annual (July 2018 – June 2019)	298	20	58	220
2020 Annual (July 2019 – June 2020)	174	13	75	86
2021 Annual (July 2020 – June 2021)	194	13	62	119
2022 Quarter 1 (July – September 2021)	49	3	14	32
2022 Quarter 2 (October – December 2021)	50	7	20	23
2022 Quarter 3 (January – March 2022)	39	2	14	23
Totals (Q1 + Q2 + Q3)	138	12	48	78

ANALYSIS OF DATA:

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

For the 2022 goal, during the first three quarters, the number of people who moved from an ICF/DD to a more integrated setting was 78, which exceeds the annual goal of 72. The 2022 goal is on track to be met.

COMMENT ON PERFORMANCE:

Transitions to more integrated settings continued through the timeframe of the COVID-19 pandemic. In addition, the Moving Home Minnesota program was granted an exception to the 180 days limit of

transition coordination for people moving from institutional settings. This allowed additional time for the transition if it was delayed due to the pandemic, e.g. facility on lockdown, individual tested positive for COVID-19.

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

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

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

DHS continues to work with private providers that have expressed interest in voluntary closure of ICFs/DD. Providers are working to develop service delivery models that better reflect a community-integrated approach requested by people seeking services. As of 2019, Minnesota State Operated Community Services (MSOCS) no longer has any ICF/DD settings.

UNIVERSE NUMBER:

In September 2021, there were 779 individuals receiving services in an ICF/DD. In June 2017, there were 1,383 individuals receiving services in an ICF/DD.

TIMELINESS OF DATA:

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

SETTING B: NURSING FACILITIES

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

Annual Goals for the number of people moving from nursing facilities to more integrated settings

- By June 30, 2021, the number of people moving will be **750**
- By June 30, 2022, the number of people moving will be **750**

Baseline: During Calendar Year 2014, the number of individuals moving from nursing facilities was 707.

RESULTS:

- The 2021 goal to move 750 people was **not met**. [Reported in February 2022]
- The 2022 goal to move 750 is **on track**. [Reported in November 2022]

Time period	Total number of individuals leaving	Transfers (-)	Deaths (-)	Net moved to integrated setting
2015 Annual (July 2014 – June 2015)	1,043	70	224	749
2016 Annual (July 2015 – June 2016)	1,018	91	198	729
2017 Annual (July 2016 – June 2017)	1,097	77	196	824
2018 Annual (July 2017 – June 2018)	1,114	87	197	830
2019 Annual (July 2018 – June 2019)	1,176	106	190	880
2020 Annual (July 2019 – June 2020)	1,241	86	240	915
2021 Annual (July 2020 – June 2021)	981	86	214	681
2022 Quarter 1 (July – Sept 2021)	259	11	40	208
2022 Quarter 2 (Oct – Dec 2021)	283	8	69	206
2022 Quarter 3 (Jan – March 2022)	258	18	51	189
Totals (Q1 + Q2 + Q3)	800	37	160	603

ANALYSIS OF DATA:

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

For the 2022 goal, during the first three quarters, the number of people under 65 in a nursing facility for more than 90 days who moved to a more integrated setting was 603. This is 80% of the annual goal of 750 and is on track to meet the 2022 goal.

COMMENT ON PERFORMANCE:

Transitions to more integrated settings continued through the timeframe of the COVID-19 pandemic. In addition, the Moving Home Minnesota program was granted an exception to the 180 days limit of transition coordination for people moving from institutional settings. This allowed additional time for the transition if it was delayed due to the pandemic, e.g. facility on lockdown, individual tested positive for COVID-19.

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

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

In July 2020, the [Housing Stabilization Services](#)³ benefit went into effect. These services include housing search and support services for individuals moving from homelessness (or other housing instability) to more stable housing situations. Because these are State plan services, people do not need to be on a waiver to access them. Minnesota is the first state in the nation to offer such a service through its Medicaid program.

UNIVERSE NUMBER:

In January 2020, there were 2,379 individuals with disabilities under age 65 (including developmental disabilities) who received services in nursing facilities for longer than 90 days. In June 2017, there were 1,502 individuals with disabilities under age 65 who received services in a nursing facility for longer than 90 days. It's important to note that even though the number has grown since June 2017, the number of individuals served in HCBS has grown faster.

TIMELINESS OF DATA:

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

³ This was formerly called Housing Access Services and Housing Access Coordination.

SETTING C: OTHER SEGREGATED HOUSING

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

Annual Goals for the number moving from other segregated housing to more integrated settings

- By June 30, 2021, the number of people moving will be **500**
- By June 30, 2022, the number of people moving will be **500**

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

RESULTS:

- The 2021 goal to move 500 people was **met**. [Reported in February 2022]
- The 2022 goal to move 500 is **on track**. [Reported in November 2022]

[Receiving Medical Assistance]

Time period	Total moves	Moved to more integrated setting	Moved to congregate setting	Not receiving residential services	No longer on MA
2015 Annual (July 14 – June 15)	5,703	1,137 (19.9%)	502 (8.8%)	3,805 (66.7%)	259 (4.6%)
2016 Annual (July 15 – June 16)	5,603	1,051 (18.8%)	437 (7.8%)	3,692 (65.9%)	423 (7.5%)
2017 Annual (July 16 – June 17)	5,504	1,054 (19.2%)	492 (8.9%)	3,466 (63.0%)	492 (8.9%)
2018 Annual (July 17 – June 18)	5,967	1,188 (19.9%)	516 (8.7%)	3,737 (62.6%)	526 (8.8%)
2019 Annual (July 18 – June 19)	5,679	1,138 (20.0%)	484 (8.5%)	3,479 (61.3%)	578 (10.2%)
2020 Annual (July 19 – June 20)	5,967	1,190 (19.9%)	483 (8.1%)	3,796 (63.6%)	498 (8.4%)
2021 Annual (July 20 – June 21)	5,261	2,482 (47.2%)	364 (6.9%)	2,257 (42.9%)	158 (3.0%)
2022 Quarter 1 (July – Sept 2021)	1,907	906 (47.5%)	95 (5.0%)	845 (44.3%)	61 (3.2%)
2022 Quarter 2 (Oct – Dec 2021)	1,443	571 (39.6%)	100 (6.9%)	714 (49.5%)	58 (4.0%)
2022 Quarter 3 (Jan – Mar 2022)	1,279	307 (24.0%)	74 (5.8%)	839 (65.6%)	59 (4.6%)
Totals (Q1 + Q2 + Q3)	4,629	1,784 (38.5%)	269 (5.8%)	2,398 (51.9%)	178 (3.8%)

ANALYSIS OF DATA:

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

For the 2022 goal, during the first three quarters, 1,784 moved to a more integrated setting which exceeds the annual goal of 500. The 2022 goal is on track to be met.

COMMENT ON PERFORMANCE:

Currently, the COVID-19 pandemic is having less of an impact on transitions. However, the state is still experiencing a severe workforce shortage which is impacting staffing at all levels, settings and agencies. Counties are reporting difficulty in completing assessments in a timely manner. This has in turn increased the barriers for people seeking to transition. The staffing shortage also continues to negatively impact people seeking to live in their own homes with staff supporting them on an individual basis.

As a result, more complex planning is needed to meet the needs of individuals including a higher reliance on informal caregivers, remote support or monitoring, assistive technology and generally seeing a greater need to think outside the box in order to meet their needs. Due to the increased complexity, people and their caregivers have a higher aversion to risk as returning to previous supports and services is also more difficult.

The data indicates that a large percentage (51.9%) of individuals who moved from segregated housing are not receiving publicly funded residential services. Based on trends identified in data for Crisis Services Goal Four, it is assumed the majority of those people are housed in their own or their family's home and are not in a congregate setting.

COMMENT ON TABLE HEADINGS:

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

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

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

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

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

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

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

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

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

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

Not Receiving Residential Services: People in this group are on Medical Assistance to pay for basic care, drugs, mental health treatment, etc. This group does not use other DHS paid services such as waivers,

home care or institutional services. The data used to identify moves comes from two different data systems: Medicaid Management Information System (MMIS) and MAXIS. People may have addresses or living situations identified in either or both systems. DHS is unable to use the address data to determine if the person moved to a more integrated setting or a congregate setting; or if a person’s new setting was obtained less than 90 days after leaving a congregate setting. Based on trends identified in data development for Crisis Services Goal Four, it is assumed the majority of these people are housed in their own or their family’s home and are not in a congregate setting.

TIMELINESS OF DATA:

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

TRANSITION SERVICES GOAL TWO

By June 30, 2023, the percent of people at Anoka Metro Regional Treatment Center (AMRTC) who do not require hospital level of care and are currently awaiting discharge to the most integrated setting^{iv} will be reduced to 25% or lower (based on daily average). [Extended in April 2022]

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

- By June 30, 2022 the percent awaiting discharge will be maintained at 30% or lower
- By June 30, 2023 the percent awaiting discharge will be reduced to 25% or lower

Baseline: In State Fiscal Year 2015, the percent of people at AMRTC who no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting was 36% on a daily average. In State Fiscal Year 2021, the percentage of people at AMRTC who no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting was 27.6% on a daily average. ⁴

RESULTS:

- The 2022 goal to maintain at 30% or lower was **not met**. [Reported in August 2022]
- The 2023 goal to reduce to 25% is **not on track**. [Reported in November 2022]

Percent awaiting discharge (daily average)

Time period	Mental health commitment	Committed after finding of incompetency	Combined
2016 Annual (July 2015 – June 2016)	41.8%	44.7%	42.5%
2017 Annual (July 2016 – June 2017)	44.9%	29.3%	37.1%
2018 Annual (July 2017 – June 2018)	36.9%	23.8%	28.3%
2019 Annual (July 2018 – June 2019)	37.5%	28.2%	26.5%
2020 Annual (July 2019 – June 2020)	36.3%	22.7%	29.5%
2021 Annual (July 2020 – June 2021)	32.6%	24.9%	27.6%
2022 Annual (July 2021 – June 2022)	37.5%	20.6%	31.1%
2023 Quarter 1 (July – September 2022)	30.1%	38.8%	37.4%

⁴ The baseline included individuals at AMRTC under mental health commitment and individuals committed after being found incompetent on a felony or gross misdemeanor charge (restore to competency).

ANALYSIS OF DATA:

From July 2021 – June 2022, 37.5 % of those under mental health commitment at AMRTC no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting. During the same period, the percentage of individuals awaiting discharge who were civilly committed after being found incompetent was 20.6%. The combined total of all individuals at AMRTC awaiting discharge was 31.1%. The 2022 goal of 30% or lower was not met.

For the 2023 goal, after one quarter, the combined rate of all individuals at AMRTC who no longer meet hospital level of care and are awaiting discharge was 37.4%. This is moving in the wrong direction and the goal is not on track.

From July – September 2022, 25 individuals at AMRTC moved to an integrated setting. The table below provides information about those individuals who left AMRTC. It includes the number of individuals under mental health commitment and those who were civilly committed after being found incompetent on a felony or gross misdemeanor charge who moved to integrated settings.

Time Period	Total number of individuals leaving	Transfers	Deaths	Net moved to integrated setting	Moved to integrated Mental health commitment	Moved to integrated Committed after finding of Incompetency
2017 Annual (July 16 – June 17)	267	155	2	110	54	56
2018 Annual (July 17 – June 18)	274	197	0	77	46	31
2019 Annual (July 18 – June 19)	317	235	1	81	47	34
2020 Annual (July 19 – June 20)	347	243	0	104	66	38
2021 Annual (July 20 – June 21)	383	259	0	124	66	58
2022 Annual (July 21 – June 22)	351	252	0	99	25	74
2023 Quarter 1 (July – Sept 2022)	80	55	0	25	4	21

COMMENT ON PERFORMANCE:

For individuals with mental health commitments, barriers to discharge include approval of rates for discharge and a lack of community providers to take patients with complex needs. There is continuous collaboration with county partners to help move patients to discharge efficiently including weekly meeting with two metro counties.

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

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

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

UNIVERSE NUMBER:

In Calendar Year 2021, 388 patients received services at AMRTC. This may include individuals who were admitted more than once during the year. The average daily census was 89.5.

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

TIMELINESS OF DATA:

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

TRANSITION SERVICES GOAL THREE

By December 31, 2022, the average monthly number of individuals at Forensic Services⁵ moving to a less restrictive setting will increase to an average of 5 individuals per month.

Annual Goals to increase the average monthly number of individuals moving to a less restrictive setting

- By December 31, 2021 the average monthly number will be 4 or more
- By December 31, 2022 the average monthly number will be 5 or more

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

RESULTS:

- The 2021 goal to move 4 or more to a less restrictive setting was **met**. [Reported in February 2022]
- The 2022 goal to move 5 or more to a less restrictive setting is **not on track**. [Reported in November 2022]

Time period	Total number of individuals leaving	Transfers ⁶ (-)	Deaths (-)	Net moved to less restrictive	Monthly average
2021 Annual (Jan – Dec 2021)	111	24	12	75	6.3
2022 Quarter 1 (Jan – Mar 2022)	18	4	1	13	4.3
2022 Quarter 2 (Apr – Jun 2022)	16	3	3	10	3.3
2022 Quarter 3 (Jul – Sept 2022)	18	6	2	10	3.3
Total (Q1 + Q2 + Q3)	52	13	6	33	3.7

⁵ For the purpose of this goal, Forensic Services (formerly known as Minnesota Security Hospital) refers to individuals residing in the facility and committed as mentally ill and dangerous and other commitment statuses.

⁶ Transfers reflect movement to other secure settings (i.e. Department of Corrections, jail, Minnesota Sex Offender Program, and/or between the Forensic Mental Health Program and Forensic Nursing Home).

ANALYSIS OF DATA:

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

For the 2023 goal, during the first two quarters the monthly average is 3.8. The goal is not on track to meet the 2022 goal of 5 or more.

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

Time period	Type	Total moves	Transfers	Deaths	Moves to less restrictive settings
2021 Annual					
Jan – Dec 2021	Committed after finding of incompetency	37	6	1	30
Jan – Dec 2021	MI&D committed	53	16	10	27
Jan – Dec 2021	Other committed	21	2	1	18
Total	N/A	111	24	12	(Avg. = 6.3) 75
2022 Quarter 1					
Jan – Mar 2022	Committed after finding of incompetency	0	0	0	0
Jan – Mar 2022	MI&D committed	15	4	1	10
Jan – Mar 2022	Other committed	3	0	0	3
Total	N/A	18	4	1	(Avg. = 4.3) 13
2022 Quarter 2					
Apr – Jun 2022	Committed after finding of incompetency	1	0	0	1
Apr – Jun 2022	MI&D committed	13	3	3	7
Apr – Jun 2022	Other committed	2	0	0	2
Total	N/A	16	3	3	(Avg. = 3.3) 10
2022 Quarter 3					
Jul – Sept 2022	Committed after finding of incompetency	1	1	0	0
Jul – Sept 2022	MI&D committed	14	5	2	7
Jul – Sept 2022	Other committed	3	0	0	3
Total	N/A	18	6	2	(Avg. = 3.3) 10

COMMENT ON PERFORMANCE:

This goal measures moves out of the facility from the most restricted setting to less restrictive settings, even if the new setting isn't fully community integrated. For example, moving to treatment facilities in the community is counted as moving to a less restrictive setting. While those facilities aren't fully community-integrated, they are less restrictive than Forensic Services. It is believed that from a quality of life perspective, it is valid to track the people who move from the facility to a more integrated setting. Forensic Services is considered one of the most restrictive settings in the State. Therefore, transition to any other non-secure setting out of a Forensic Services facility is a move to a less restrictive setting. The definition of Transfer reflects movement to other secure settings (i.e. Department of Corrections, jail, Minnesota Sex Offender Program (MSOP), and/or between the Forensic Mental Health Program (FMHP) and Forensic Nursing Home (FNH).

Discharge data is categorized into three areas to allow analysis around possible barriers to discharge. The table below provides a breakdown of the number of individuals leaving the facility by category. The categories include: committed after being found incompetent on a felony or gross misdemeanor charge, committed as Mentally Ill and Dangerous (MI&D) and Other committed. During this reporting period, there were no provisional discharges for anyone who was committed after being found incompetent on felony or gross misdemeanor charges as noted in the table.

The pandemic continues to impact the facility. During the period of April through June 2022, eight different treatment units were under isolation with no movement occurring from those units. There was also a significant increase in staff testing positive for COVID-19. During that same time, the prevalence of COVID in the surrounding communities remained elevated. Movement opportunities to off campus locations was reviewed weekly and parameters adjusted based on community case incident rates within the county of destination. This impacts patients being able to demonstrate readiness for transition into the community.

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

MI&D committed and Other committed

Persons committed as Mentally Ill and Dangerous (MI&D), are provided acute psychiatric care and stabilization, as well as psychosocial rehabilitation and treatment services. The MI&D commitment is for an indeterminate period of time and requires a Special Review Board recommendation to the Commissioner of Human Services, prior to approval for community-based placement (Minnesota Stat. 253B.18). Persons under other commitments receive services at the St Peter facility. Other commitments include Mentally Ill (MI), Mentally Ill and Chemically Dependent (MI/CD), Mentally Ill and Developmentally Disabled (MI/DD).

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

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

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

SRB Recommendations – 2020

- Patients who are not supported by the County (Case Management team) often don't have a Provisional Discharge Plan in place. It is important for the county team to work with the petitioner on creating a plan, regardless if it is supported at the time.
- There are often cases brought before the SRB in which the county and hospital staff have

differing opinions whether a patient is ready for a provisional discharge.

- At times, the patient is not progressing in treatment. Explore options that could be added within treatment to assist the patient in being successful. Clear communication between staff and patient regarding expectations for advancement.
- Challenges for patients that are dually committed with Department of Human Services and the Department of Corrections. Explore options of the Department of Corrections to meet the mental health needs of patients while in the custody of the Department of Corrections.
- At times, the hospital is “failing the patient”, the treatment plan is not working and needs to be re-thought. Everyone’s failures are included, except for the hospital.
- Some patients require additional services, alternative services, innovative approaches or the use of new advances in the field, but not always available to the hospital.
- Certain medications are not always available to the hospital, due to budgetary reasons. Some patients require these alternative options.

The Commissioner of DHS requested that Forensic Services review the SRB recommendations and offer additional input. Ongoing efforts are facilitated to enhance discharges for those served at Forensic Services, including:

- Collaboration with county partners to identify those individuals who have reached maximum benefit from treatment;
- Collaboration with county partners to identify community providers and expand community capacity (with specialized providers or utilization of Minnesota State Operated Community Services);
- Utilization of the Forensic Review Panel, an internal administrative group, whose role is to review individuals served for reductions in custody (under MI&D Commitment), and who may be served in a more integrated setting;
- The Forensic Review Panel also serves to offer treatment recommendations that could assist the individual’s growth or skill development, when necessary, to aid in preparing for community reintegration. A summary of the Forensic Review Panel efforts includes:
 - From January to December 2021: Reviewed 257 cases; recommended reductions for 101 cases and 90 were granted and 5 were pending SRB results.
 - From January to March 2022: Reviewed 36 cases; recommended reductions for 18 cases and 17 have been granted; 4 are pending SRB results; and 1 case was withdrawn before the SRB hearing.
 - From April to June 2022: Reviewed 60 cases; recommended reductions for 18 cases and 16 have been granted; 2 are pending SRB results; and 1 case was withdrawn before the SRB hearing.
 - From July to September 2022: Reviewed 49 cases; recommended reductions for 23 cases; 19 of the 23 cases have been granted by the SRB; 4 are pending SRB results.
- Collaboration with DHS/Direct Care and Treatment entities to expand community capacity and individualized services for a person’s transitioning.

Committed after finding of incompetency

Individuals under competency restoration treatment, Minn. R. Crim. P. 20.01, may be served in any program at the facility. The majority of individuals are placed under a concurrent civil commitment to the Commissioner.

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

UNIVERSE NUMBER:

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

TIMELINESS OF DATA:

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

TRANSITION SERVICES GOAL FOUR

By June 30, 2024, 90% of people who experience a transition will engage in a process that adheres to the Person-Centered, Informed Choice and Transition protocol. Adherence to the transition protocol will be determined by the presence of the person's support needs, how and when those needs will be met by completing the My Move Plan Summary with the person or their legal representative, when applicable. [People who did not inform their case manager that they moved are excluded from this measure.] [Revised in April 2022]

2023 Goal

- By March 31, 2023, 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.

III. TIMELINESS OF WAIVER FUNDING

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

TIMELINESS OF WAIVER FUNDING GOAL ONE

Lead agencies will approve funding at a reasonable pace for persons with a need for the Developmental Disabilities (DD) waiver. By June 30, 2022, the percentage of persons approved for funding at a reasonable pace for each urgency of need category will be: (A) institutional exit (71%); (B) immediate need (74%); and (C) defined need (66%).

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

Assessments between January – December 2016

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

RESULTS:

This 2022 goal was **not met**. [Reported in November 2022]

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

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

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

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

Time Period: Fiscal Year 2020 (July 2019 – June 2020)

Urgency of Need Category	Total number of people assessed	Reasonable Pace Funding approved within 45 days	Funding approved after 45 days	Pending funding approval
Institutional Exit	71	43 (61%)	22 (31%)	6 (8%)
Immediate Need	273	174 (64%)	84 (31%)	15 (5%)
Defined Need	786	443 (56%)	247 (32%)	96 (12%)
Totals	1,130	660 (59%)	353 (31%)	117 (10%)

Time Period: Fiscal Year 2021 (July 2020 - June 2021)

Urgency of Need Category	Total number of people assessed	Reasonable Pace Funding approved within 45 days	Funding approved after 45 days	Pending funding approval
Institutional Exit	63	48 (76%)	15 (24%)	0 (0%)
Immediate Need	224	155 (69%)	61 (27%)	8 (4%)
Defined Need	660	423 (64%)	160 (24%)	77 (12%)
Totals	947	626 (66%)	236 (25%)	85 (9%)

Time Period: Fiscal Year 2022 (July 2021– June 2022)

Urgency of Need Category	Total number of people assessed	Reasonable Pace Funding approved within 45 days	Funding approved after 45 days	Pending funding approval
Institutional Exit	57	45 (79%)	12 (20%)	0 (0%)
Immediate Need	175	118 (67%)	49 (28%)	8 (5%)
Defined Need	679	400 (59%)	163 (24%)	116 (17%)
Totals	911	563 (62%)	224 (24%)	124 (14%)

ANALYSIS OF DATA:

From July 2021 – June 2022, of the 911 individuals assessed for the Developmental Disabilities (DD) waiver, 563 individuals (62%) had funding approved within 45 days of the assessment date. An additional 224 individuals (24%) had funding approved after 45 days. Only 124 individuals (14%) were pending funding approval. The percentage of individuals with funding approved within 45 days showed progress for two categories. One of the three urgency categories (institutional exit) met the 2022 goal.

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

- Institutional exit had 79% individuals approved. This met the 2022 goal of 71%.
- Immediate need had 67% of individuals approved. This did not meet the 2022 goal of 74%.
- Defined need had 59% of individuals approved. This did not meet the 2022 goal of 66%.

COMMENT ON PERFORMANCE:

DHS continues to allocate funding resources to lead agencies to support funding approval for people in the Institutional Exit and Immediate Need categories. The Lead Agency may already be planning waiver services for the person but they can't document funding approval until the monthly Waiver Management System update.

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

Not all persons who are assessed are included in the above tables. Only individuals who meet the criteria of one of the three urgency categories are included in the table. If an individual's need for services changes, they may request an immediate reassessment or information will be collected during a future assessment. Additionally, the very small number of people involved may create the appearance of exaggerated percentages in summaries of findings.

Below is a summary table with the number of people pending funding approval at a specific point of time. Also included is the average and median days waiting of those individuals pending funding approval. The average days and median days information has been collected since December 1, 2015. This data does not include those individuals who had funding approved within the 45 days reasonable pace goal. Data for 2017 through 2020 is available in the 2021 Annual Report on Olmstead Plan Implementation.

Number of People Pending Funding Approval by Category

As of Date	Total Number	Institutional Exit	Immediate Need	Defined Need
January 1, 2021	97	5	17	75
April 1, 2021	100	4	15	81
July 1, 2021	123	4	20	99
October 1, 2021	125	6	17	102
January 1, 2022	125	7	13	105
April 1, 2022	159	10	15	134
July 1, 2022	151	5	14	132
October 1, 2022	163	7	21	135

Average Number of Days Individuals are Pending Funding Approval by Category

As of Date	Institutional Exit	Immediate Need	Defined Need
January 1, 2021	447	345	283
April 1, 2021	310	342	327
July 1, 2021	388	287	334
October 1, 2021	324	328	326
January 1, 2022	367	486	376
April 1, 2022	337	488	335
July 1, 2022	336	502	387
October 1, 2022	365	409	419

Median Number of Days Individuals are Pending Funding Approval by Category

As of Date	Institutional Exit	Immediate Need	Defined Need
January 1, 2021	413	346	189
April 1, 2021	287	332	220
July 1, 2021	377	120	251
October 1, 2021	179	172	228
January 1, 2022	197	543	297
April 1, 2022	244	392	230
July 1, 2022	256	426	233
October 1, 2022	348	211	271

TIMELINESS OF DATA:

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

IV. QUALITY OF LIFE MEASUREMENT RESULTS

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

NATIONAL CORE INDICATOR SURVEY

The results for the 2021 National Core Indicator (NCI) survey for individuals with intellectual and developmental disabilities were published in September 2022 and reported in the November 2022 Quarterly Report. The national results of the NCI survey with state-to-state comparison are available at www.nationalcoreindicators.org. The Minnesota state reports are available at www.nationalcoreindicators.org/states/MN.

Summary of National Core Indicator Survey Results from Minnesota in 2019-2020 and 2020-2021

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

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

Each year a random sample of the people DHS supports with intellectual and/or developmental disabilities are invited to participate in this optional survey. The COVID-19 pandemic affected data collection in 2019-2020. Midway through data collection, all in-person interviews stopped due to the public health emergency. One hundred sixty-two (162) people completed interviews prior to halting data collection. This was not enough interviews to meet confidence thresholds for analysis and reporting.

In 2021, 406 people completed an interview. Prior to 2020, people who participated met the interviewer where and with whom they felt comfortable. In 2021, people completed interviews via Zoom. For some questions, people that have a difficult time responding may choose to have another person answer for them. The chart below summarizes a selection of NCI results from 2016 to 2021. Data for 2019-2020 are not included for the reasons outlined above.

Selection of NCI Results
(Numbers indicate percentage)

Question	2015-2016		2016-2017		2017-2018		2018-2019		2020-2021	
	Yes	No								
1. Do you have a paid job in your community?	41	59	35	65	39	61	34	66	N/A	***
2. Would you like a job in the community	52	48	47	53	50	50	50	50	N/A	***
3. Do you like where you work?	92	8	89	11	88	12	92	8	N/A	***
4. Do you want to work somewhere else?	34	66	28	72	32	68	26	74	N/A	***
5. Did you go out shopping in the past month?*	92	8	92	8	91	9	89	11	75	25
6. Did you go out on errands in the past month?*	91	9	89	11	90	10	89	11	81	19
7. Did you go out for entertainment in the past month? *	83	17	82	18	78	12	73	27	52	48
8. Did you go out to eat in the past month?*	86	14	89	11	88	12	87	13	79	21
9. Did you go out for a religious or spiritual service in the past month?*	46	54	47	53	44	56	43	57	28	72
10. Did you participate in community groups or other activities in community in past month?	37	63	43	57	42	58	41	59	34	66
11. Did you go on vacation in the past year?	58	42	48	52	50	50	52	48	27	73
12. Did you have input in choosing your home?	56	44	45	55	59	41	N/A	**	N/A	**
13. Did you have input in choosing your housemates?	34	66	22	78	35	65	N/A	**	N/A	**
14. Do you have friends other than staff and family?	83	17	82	18	80	20	84	16	62	38
15. Can you see your friends when you want to?	77	23	81	19	86	14	80	20	79	21
16. Can you see and/or communicate with family whenever you want?	94	6	87	13	90	10	89	11	92	8
17. Do you often feel lonely?	11	89	10	90	12	88	9	91	10	90
18. Do you like your home?	89	11	88	12	88	12	89	11	92	8
19. Do you want to live somewhere else?	29	71	26	74	25	75	23	77	21	79
20. Does your case manager ask what you want?	89	11	84	16	82	18	85	15	89	11
21. Are you able to contact case manager when you want?	87	13	89	11	86	14	88	12	93	7
22. Is there at least one place you feel afraid or scared?	30	70	18	82	26	74	22	78	17	83
23. Can you lock your bedroom?	42	58	45	55	53	47	58	42	64	36
24. Do you have a place to be alone at home?	99	1	98	2	98	2	97	3	98	2
25. Have you gone to a self-advocacy meeting?	30	70	29	71	29	71	26	74	32	68

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

**Questions 12 and 13 were removed from the survey beginning in 2019.

***Employment data is not available for 2020-2021 because employment service data was impacted by the COVID-19 pandemic. This data will be available in future years.

Analysis of Data

Results related to case management, housing preference, and ability to spend time with family and friends remained fairly consistent over time. However, results indicate that community access declined from 2019 to 2021. These declines are likely related to the COVID-19 pandemic, including health risks to vulnerable individuals, staffing shortages, and public health emergency restrictions on restaurants and other public gatherings. During the same time, 2019 to 2021, results showed some notable improvement related to safety and feelings of safety in the home, satisfaction with access to case managers, and attendance at self-advocacy events.

NOTE: Results from 2021 should be interpreted within the context of the COVID-19 pandemic, and may not accurately represent past or future trends.

Questions with a **DECREASE** of 5% or greater from 2019 to 2021 include:

- Question 5: Did you go out shopping in the past month? 89% to 75%
- Question 6: Did you go out on errands in the past month? 89% to 81%
- Question 7: Did you go out for entertainment in the past month? 73% to 52%
- Question 8: Did you go out to eat in the past month? 87% to 79%
- Question 9: Did you go out for a religious or spiritual service in the past month? 43% to 28%
- Question 10: Did you participate in community groups or other activities in community in past month? 41% to 34%
- Question 11: Did you go on vacation in the past year? 52% to 27%
- Question 14: Do you have friends other than staff and family? 84% to 62%
- Question 22: Is there at least one place you feel afraid or scared? 22% to 17%

Questions with an **INCREASE** of 5% or greater from 2019 to 2021 include:

- Question 21: Are you able to contact your case manager when you want? 88% to 93%
- Question 23: Can you lock your bedroom? 58% to 64%
- Question 25: Have you gone to a self-advocacy meeting? 26% to 32%

OLMSTEAD PLAN QUALITY OF LIFE SURVEY

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

The [Olmstead Plan Quality of Life Survey: Second Follow-Up 2020 Final Report](#)⁷ was accepted by the Olmstead Subcabinet on April 26, 2021. This report is a follow-up to the [Olmstead Plan Quality of Life Survey: First Follow-Up 2018](#) in 2018 and the [Olmstead Plan Quality of Life Survey Baseline Report](#) conducted in 2017. This study includes people with disabilities of all types and ages in segregated settings, or at risk of being placed in segregated settings.

The Olmstead Subcabinet authorized this longitudinal survey to track progress of the quality of life (QOL) of Minnesotans with disabilities as the Olmstead Plan is being implemented. The Quality of Life Survey is a multi-year effort to assess the quality of life for people with disabilities who receive state services in potentially segregated settings. Minnesota Department of Human Services identified places such as group homes, nursing facilities and center-based employment as having the potential to be segregated settings.

The results of the QOL surveys are shared with state agencies implementing the plan so they can evaluate their efforts and better serve Minnesotans with disabilities.

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

- From August 2020 through February 2021, a total of 561 people completed the survey. This included 509 who participated in the baseline survey and 52 who were added to the sample (oversampled) to allow a more nuanced understanding of experiences of people who are Black, Indigenous and People of Color.
- The results in this report reflect the experiences of the respondents and speak directly to the settings from which the sample was drawn. Therefore, results cannot be generalized to all people with disabilities in Minnesota.

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

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

⁷ More information about the Quality Of Life Survey is available online at www.mn.gov/olmstead.

Highlights from the Second Follow-up Survey

- The survey measures quality of life over time for a specific population in Minnesota: people who access services in potentially segregated settings. The overall quality of life score remains unchanged since 2017 (76.6 in 2017 compared to 77.6 in 2020). Despite millions of dollars in investments and well-intentioned initiatives, the needle on quality of life has not moved since 2017. In many areas, this data indicates a continued decline in integration that the State must reverse.
- The survey detected no definitive changes in the key elements measuring quality of life, although Black and multiracial participants reported the lowest quality of life scores.
- Participants had the same amount of power over decisions that affect them as in previous years (66.2 in 2017 compared to 67.4 in 2020). On average, paid staff made big decisions. Participants with publicly-funded guardians had less decision-making control and less integration on their outings than those with no guardian or a private (usually family) guardian.
- The average number of close relationships for participants decreased from 4.1 in 2017 to 3.4 in 2020. This decrease may have been impacted by COVID-19.
- The percent of participants who said they had at least five close relationships decreased from 62% in 2017 to 39% in 2020.

The survey aims to understand participants' daily activities and opportunities for engagement in the four weeks leading up to the survey. This includes how many hours they work, how much time they spend volunteering, how often they visit with friends and family, and how often they participate in community events.

- Participation in work, day programs and school declined dramatically, from 80 in 2018 to 44 in 2020.
- Participants engaged with their communities far less. On average, participants had 16.9 outings per month in 2020 compared to 30.5 in 2018.
- Individuals interacted with people in the community far less, from 36.5 in 2018 to 20.1 in 2020.

COVID-19 Impacts

COVID-19 had a clear impact on survey participants and findings. At the same time, we know from the 2017 and 2018 surveys that the pandemic is not the only factor that has stalled progress. Previous surveys show that segregation was a problem before the pandemic disrupted day programs and social opportunities. In some instances, participants shared how providers and staff enforcing COVID-19 restrictions lowered their quality of life. We must document these impacts because this may be the only statewide survey that captured the experiences of people with disabilities in Minnesota during the pandemic.

Participants engaged with their communities far less during COVID-19. Only some could turn to the internet in place of in-person activities. This is partly because access to technology required to join online events is not universal. The survey did not ask whether participants had access to the internet, but 84% took the survey by phone rather than video call.

When asked specifically about COVID-19, 54% of participants said their life got worse during the pandemic because of lost income, fewer opportunities to be social, loss of community, restrictions on

visitors, day program closures, and other pandemic-related restrictions. On the other hand, roughly 7% of participants said life was better or much better during the pandemic. One reason they shared was reduced stress from not having to participate in day activities and outings. This shows that people's quality of life could be better if they could make these decisions for themselves.

Next Steps

- Future surveys will continue to oversample individuals who are Black, Indigenous and People of Color.
- The Quality of Life Survey steering committee resumed meeting in October 2022. The group is reviewing the most recent Request for Proposal (RFP) and discussing potential amendments for the next survey.

Background

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

V. INCREASING SYSTEM CAPACITY AND OPTIONS FOR INTEGRATION

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

PERSON-CENTERED PLANNING GOAL ONE

Plans for people using disability home and community-based waiver services will meet protocols based on the presence of eight required criteria. Protocols are based on principles of person-centered planning and informed choice. By June 30, 2022, the eight required criteria will be present at a combined rate of 90%.

Baseline: In state Fiscal Year 2014, 38,550 people were served on the disability home and community-based services. From July 1, 2016 – June 30, 2017 there were 1,201 disability files reviewed during the Lead Agency Reviews. For the period from April – June 2017, in the 215 case files reviewed, the eight required criteria were present in the percentage of files shown below. The combined rate was 67%.

Element	Required criteria	Percent
1	The support plan describes goals or skills that are related to the person's preferences .	74%
2	The support plan includes a global statement about the person's dreams and aspirations .	17%
3	Opportunities for choice in the person's current environment are described.	79%
4	The person's current rituals and routines are described.	62%
5	Social , leisure, or religious activities the person wants to participate in are described.	83%
6	Action steps describing what needs to be done to assist the person in achieving his/her goals or skills are described.	70%
7	The person's preferred living setting is identified.	80%
8	The person's preferred work activities are identified.	71%
ALL	Combined average of all 8 elements	67%

RESULTS:

The 2022 goal of 90% was **met**. [Reported in November 2022]

Table amounts are percentages

Time period	(1) Prefer- ences	(2) Dreams Aspirations	(3) Choice	(4) Rituals Routines	(5) Social Activities	(6) Goals	(7) Living	(8) Work	Avg of all 8
Baseline (April – June 2017)	74	17	79	62	83	70	80	71	67
FY 18 (July 17 – June 18)	81.3	31.3	92.5	59.8	92.4	81.3	96.3	89.6	78.1
FY 19 (July 18 – June 19)	91.8	58.4	97.9	59.8	96.0	95.3	98.7	99.0	87.1
FY 20 (July 19 – June 20)	91.1	77.2	98.9	77.1	98.8	97.0	99.1	98.7	92.2
FY 21 (July 20 – June 21)	96.1	75.9	99.6	72.8	99.2	99.6	99.4	99.7	92.8
FY 22 (July 21 – June 22)	94.6	85.0	99.9	82.9	100	99.9	100	100	95.3

ANALYSIS OF DATA:

From July 2021 – June 2022, of the 953 case files reviewed, the eight required elements were present in the percentage of files shown above. The combined average of the eight elements was 95.3%, an increase of 2.5% from the previous year. Three of the eight elements achieved 100%. Seven of the eight showed improvement from the previous year. The 2022 goal of 90% was met.

Total number of cases and sample of cases reviewed

Time period	Total number of cases (disability waivers)	Sample of cases reviewed (disability waivers)
Fiscal Year 18 (July 2017 - June 2018)	12,192	1,243
Fiscal Year 19 (July 2018 - June 2019)	4,240	515
Fiscal Year 20 (July 2019 - June 2020)	18,992	1,245
Fiscal Year 21 (July 2020 - June 2021)	7,900	812
Fiscal Year 22 (July 2021 - June 2022)	7,004	953

Lead Agencies Participating in the Audit ⁸

Time period	Lead agencies
Fiscal Year 2018 (July 2017 – June 2018)	(19) Pennington, Winona, Roseau, Marshall, Kittson, Lake of the Woods, Stearns, McLeod, Kandiyohi, Dakota, Scott, Ramsey, Big Stone, Des Moines Valley Alliance, Kanabec, Nicollet, Rice, Sibley, Wilkin
Fiscal Year 2019 (July 2018 – June 2019)	(15) Brown, Carlton, Pine, Watonwan, Benton, Blue Earth, Le Sueur, Meeker, Swift, Faribault, Itasca, Martin, Mille Lacs, Red Lake, Wadena
Fiscal Year 2020 (July 2019 – June 2020)	(20) Mahnomon, Koochiching, Wabasha, Goodhue, Traverse, Douglas, Pope, Grant, Stevens, Isanti, Olmsted, St. Louis, Hennepin, Carver, Wright, Crow Wing, Renville, Lac Qui Parle, Chippewa, Otter Tail
Fiscal Year 2021 (July 2020 - June 2021)	(11) Mower, Norman, Houston, Freeborn, Nobles, SWHHS Alliance (Lincoln, Lyon, Murray, Pipestone, Redwood, Rock), Washington, Fillmore, Anoka, Clearwater, Sherburne
Fiscal Year 2022 (July 2021 - June 2022)	(24) Chisago, Hubbard, Aitkin, Beltrami, Cook, Becker, Polk, Yellow Medicine, Clay, Lake, MN Prairie Alliance (Dodge, Steele, Waseca), Cass, Lake of the Woods, Stearns, Todd, Kittson, Marshall, McLeod, Morrison, Pennington, Roseau, Winona

COMMENT ON PERFORMANCE:

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

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

⁸ Agency visits are sequenced in a specific order approved by Centers for Medicare and Medicaid Services (CMS)

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

COVID-19 Impact

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

Of the twenty-four lead agencies reviewed this year, five were required to develop corrective action plans. In general it was observed in case file reviews that lead agencies perform higher in compliance on the person-centered practice elements when they develop tools and resources for support planners. This includes lead agency developed checklist or other forms to ensure that support planners incorporate the person-centered elements into the assessment and support planning process. Performance on all eight elements has continued to improve over the 2017 baseline, with five of the eight elements achieving 100%. However, there continues to be room for growth for two elements: dreams and aspirations, and rituals and routines. Although these two elements have shown consistent progress, they have not done so at the achievement level of the other elements.

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

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

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

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

UNIVERSE NUMBER:

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

TIMELINESS OF DATA:

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

HOUSING AND SERVICES GOAL ONE

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

2022 Goal

- By June 30, 2022, the number of individuals moving into integrated housing will be 598

Baseline: In State Fiscal Year 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. From July 2014 – June 2020, an additional 5,388 individuals moved into integrated housing of their choice (an annual average of 898).

RESULTS:

The 2022 goal of 598 was **not met**. [Reported in November 2022]

Time period	People in integrated housing	Increase from previous year	Increase over baseline	Percent change over baseline
2014 Baseline (July 2013 – June 2014)	5,995	--	--	--
2015 Annual (July 2014 – June 2015)	6,910	915	915	15.3
2016 Annual (July 2015 – June 2016)	7,605	695	1,610	26.8
2017 Annual (July 2016 – June 2017)	8,745	1,140	2,750	45.8
2018 Annual (July 2017 – June 2018)	9,869	1,263	3,852	64.2
2019 Annual (July 2018 – June 2019)	10,251	382	4,256	70.4
2020 Annual (July 2019 – June 2020)	11,383	1,132	5,388	89.9
2021 Annual (July 2020 – June 2021)	12,478	1,095	6,483	108.1
2022 Annual (July 2021 – June 2022)	12,897	419	6,902	115.1

ANALYSIS OF DATA:

From July 2021 – June 2022 the number of people living in integrated housing increased by 419 from the previous year and an increase of 6,902 over baseline. The annual growth of 419 was less than half the annual average of 898. The 2022 goal to increase by 598 was not met.

COMMENT ON PERFORMANCE:

During Fiscal Year 2022, the number of Housing Support units likely decreased for the following reasons:

- Recertification started for public assistance programs and people did not complete in a timely manner resulting in benefit disruption.
- During the peace time emergency in 2020, the Governor issued an Executive Order that prevented people from being evicted from their homes during the emergency. During the eviction moratorium, some Housing Support recipients may have stopped paying their individual obligation toward housing because there was no threat of eviction. An eviction off ramp went into effect on June 31, 2021 and the moratorium ended on June 1, 2022. After the moratorium ended, the entire state of Minnesota observed a surge in evictions. Some of those likely impacted people with disabilities and disabling conditions.

- The eviction moratorium likely impacted the number of housing units available due to people not moving. As a result, fewer people receiving Housing Support were able to locate affordable housing to meet their housing needs and wants.

Additional factors that may have had an impact on this performance measure during fiscal year 2022 include additional federal funding and increased efforts to move people from homelessness to housing due to the pandemic.

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, 2022, the number of individuals⁹ who are in competitive integrated employment as a result of receiving Vocational Rehabilitation Services (VRS) and State Services for the Blind (SSB) will increase by 5,667 (during 2020, 2021 and 2022).

2021 Goal

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

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

RESULTS:

The 2021 annual goal of 1,495 individuals in competitive integrated employment was **met**. [Reported in February 2022]

Number of Individuals Achieving Employment Outcomes

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

ANALYSIS OF DATA:

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

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

Additional information

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

The Workforce Innovation and Opportunity Act (WIOA) has significantly broadened the scope of services that VRS is required to provide to people with disabilities. Two categories of service required by WIOA

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

have the greatest impact on VRS administered programs: Pre-Employment Transition Services and Limitations on the Use of Subminimum Wage (WIOA Section 511).

Pre-Employment Transition Services (Pre-ETS)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- 5,716 individuals participated in the CC&I&R conversation
- Of that total, 562 (10%) expressed interest in competitive integrated employment
- Due to the pandemic, many individuals were not working due to 14 (c) employers closing. This had a significant impact on the CILs being able to conduct CCI&R interviews with individuals. Any CCI&R conversations occurring after the pandemic were held virtually.

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

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

WIOA impact on State Services for the Blind (SSB)

WIOA has significantly broadened the scope of services that SSB is required to provide to people with disabilities. Pre-Employment Transition Services, as required by WIOA, continues to have the greatest impact on SSB administered programs. WIOA requires SSB to have Pre-ETS available statewide to all students with disabilities, grade nine through age 21. The five required Pre-Employment Transition

Services are: (1) job exploration counseling; (2) work-based learning experiences; (3) post-secondary education counseling; (4) workplace readiness experiences; and (5) instruction in self advocacy.

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

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

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

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

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

COMMENT ON PERFORMANCE:

COVID-19 impact on services

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

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

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

Order of Selection

The DEED/VRS Order of Selection process is based on federal regulations, which require that a state VR agency that cannot serve ALL persons with disabilities who are seeking services must establish an Order of Selection that defines a priority system for who will be served first. VRS determines the number of

functional limitations on an individual basis through the application and intake process. Since 2014, three of four categories had been closed.

Throughout 2019, VRS began a systematic attempt to contact all of the individuals on the waiting list to determine whether they were still interested, available, and in need of services. This effort reduced the number of people on the waiting list in Categories 2, 3 and 4 from more than 2,000 to 846 individuals.

In September 2020, the VR program began offering services to individuals and taking them off the waiting list in order of category and date of application. On November 30, 2020 VRS reopened Category 2 and Category 3 which had been closed since the fall of 2014. The reopening allowed VRS staff to immediately begin offering employment-related services to Minnesotans with disabilities. As of January 19, 2022, there are two people on the waiting list.

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

Number of Individuals Served

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

TIMELINESS OF DATA:

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

EMPLOYMENT GOAL TWO:

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

[Extended in April 2022]

2022 Goal

- By June 30, 2022, the number of individuals in competitive integrated employment will increase to 12,420.

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

RESULTS:

Based on Fiscal Year 2021 data, the 2022 annual goal to increase the number of individuals in competitive integrated employment to 12,420 was **not met**. [Reported in November 2022]

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

Time period	Total MA recipients	Number in CIE (\$600+/month)	Percent of MA recipients in CIE	Change from previous year	Increase over baseline
Baseline (July 2013 – June 2014)	50,157	6,137	12.2	--	--
July 2014 – June 2015	49,922	6,596	13.2	459	459
2017 Annual Goal (July 2015 – June 2016)	52,383	8,203	15.7	1,607	2,066
2018 Annual Goal (July 2016 – June 2017)	54,923	9,017	16.4	814	2,880
2019 Annual Goal (July 2017 – June 2018)	58,711	9,751	16.6	734	3,614
2020 Annual Goal (July 2018 – June 2019)	57,640	10,420	18.1	669	4,283
2021 Annual (July 2019 – June 2020)	59,080	10,488	17.8%	68	4,351
2022 Annual (July 2020 – June 2021)	58,513	8,851	15.1%	<1,637>	2,714

ANALYSIS OF DATA:

During July 2020 – June 2021 there were 8,851 people in competitive integrated employment earning at least \$600 a month. This is a decrease of 1,637 from the previous year and 3,569 below the 2022 goal of 12,420. The 2022 goal 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:

During July 2020 – June 2021 there was a stark decrease in the number of MA recipients in competitive integrated employment, as well as a decrease in the percentage of MA recipients in competitive integrated employment. This percentage decrease is likely the result of the impact of the COVID-19 pandemic. The entire FY 2022 (July 2021 through June 2021) was a public health emergency when measures to curb the spread of COVID-19 were being implemented and many people may have been furloughed, lost employment, or chose to leave employment due to risk of exposure.

This decrease is deeply concerning and threatens years of progress Minnesota has made in expanding the number of people who receive waiver supports who are participating in competitive integrated

employment. To ensure people with disabilities maintained access to employment services and maintained ability to make informed choices, DHS released [Bulletin #20-56-01](#) on June 9, 2020 titled “Employment services and the right to make informed choices during the peacetime emergency.”

Nationally, when looking at employment to population ratio data from the [national Trends in Disability Employment \(nTIDE\)](#) team as part of the Center for Research on Disability, we see a similar marked decline of people with disabilities in employment beginning in April, 2020. Encouragingly, employment has rebounded in subsequent years, with the most recent data indicating employment rates surpassing pre-pandemic levels.

Moving Forward

Moving forward, DHS continues to work to ensure that all Minnesotans with disabilities have the option of competitive integrated employment. One of the greatest challenges facing this goal is increasing employment in the context of a shortage of direct support professionals who can support people with disabilities in employment. Anticipating a rebound from pandemic employment levels, DHS seeks to build upon the momentum of individuals returning to work and take the opportunity to improve employment outcomes through the following efforts:

- **Carry out and strengthen the E1MN partnership with DHS, DEED, and MDE:** In January 2021, DHS, DEED, and MDE launched an E1MN state agency partnership to advance employment first outcomes. This partnership grounds our agencies in shared values, clarifies federal guidance, and explains: how we will coordinate efforts, how services sequence, how we will increase shared service providers, and how we will work to create seamless referrals/transitions between programs. Ongoing E1MN efforts include:
 - **Interagency Coordination:** Our agencies have established structures to coordinate our efforts and implement agreements as well as elicit stakeholder feedback
 - **Service provider alignment:** Our agencies are aligning our shared network of employment service providers to improve access to employment services and support seamless transitions between services.
 - **Aligning employment services:** Our agencies have clarified the sequencing of our employment services
 - **Service experiences and transitions:** Our agencies are developing clear referral processes between programs and clarifying the roles and responsibilities of support professionals at each stage of a person’s employment journey.
 - **E1 Youth:** Our agencies are putting focused energy into outlining how programs work together to support transition age youth as well as provide guidance and resource to support professionals in working together across programs.
- **Resources and training to support employment:** As part of the E1MN partnership, DHS and DEED have built on demand training and resources in a [Work Toolkit](#) and a [Youth in Transition Toolkit](#) on the Disability Hub MN. These resources include on demand E1MN trainings by support professional roles with additional training in the works.
- **Administer the Task Force on Eliminating Subminimum Wages:** DHS is currently administering this task force to develop a plan and make recommendations to phase out payment of subminimum wages to people with disabilities on or before August 1, 2025. As part of this work, DHS conducted extensive public engagement, community education (including participating in four Olmstead Implementation Office lunch and learn sessions on the topic), and research to identify the best

strategies and most needed areas of focus for strengthening employment supports and ending use of subminimum wages. More information can be found at [Task Force on Eliminating Subminimum Wages](#).

- **Administer the Provider Reinvention Grant Program:** DHS is administering a provider reinvention grant program to promote independence and increase opportunities for people with disabilities to earn competitive wages. This program has provided over \$10 million in grant funding to help service providers expand employment supports and end their use of subminimum wages.
- **Statewide Employment Technical Assistance Center:** As part of the Provider Reinvention Grant program, DHS funded the Institute on Community Integration at the University of Minnesota as a statewide technical assistance center throughout the Minnesota Transformation Initiative (MTI). MTI is carrying out wide ranging activities to support competitive employment including:
 - Peer-to-peer mentoring program: MTI is training peer mentors and connecting people with disabilities in subminimum wages to others who have moved to competitive wages
 - Family engagement: MTI is developing a family engagement program
 - Technical assistance to service providers
 - Statewide quarterly trainings
- **Case Management eLearning pilot:** DHS conducted a pilot in the summer of 2022 through offering an eLearning *supporting a Vision for Employment* to case managers in the state. Feedback from the pilot was positive and DHS is exploring wider adoption of trainings for case managers on employment.

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, 2025, the number of students with developmental cognitive disabilities, ages 19-21 that enter into competitive, integrated employment through the Employment Capacity Building Cohort (ECBC) will be 1,513.

2022 Goal

- By June 30, 2022, the number of additional students with Developmental Cognitive Disabilities (DCD) in competitive, integrated employment will be 150.

RESULTS:

The 2022 goal of 150 was **not met**. [Reported in August 2022]

Students with Developmental Cognitive Disabilities, ages 19 -21

Time Period	Number of students that enter into competitive integrated employment at participating schools	Number of students at participating schools	Percent of students at participating schools that enter into competitive, integrated employment
2016 Annual (Oct 2015 to June 2016)	137	508	27.0%
2017 Annual (Oct 2016 to June 2017)	192	516	37.6%
2018 Annual (Oct 2017 to June 2018)	179	467	38.3%
2019 Annual (Oct 2018 to June 2019)	138	483	28.6%
2020 Annual (Oct 2019 to June 2020)	66	452	14.6%
2021 Annual (Oct 2020 to June 2021)	52	406	12.8%
2022 Annual (Oct 2021 to June 2022)	65	426	15.3%

ANALYSIS OF DATA:

During the 2021-2022 school year, 65 students with developmental cognitive disabilities, ranging in ages from 19-21 participated in competitive integrated employment through the Employment Capacity Building Cohort (ECBC). The 2022 goal of 150 was not met.

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

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.

When the pandemic started in March 2020, the goal numbers drastically decreased. Businesses were slower to hire students given other staff in the companies were put on furlough and the need to bring employees back to work took precedent. While businesses are still recovering from the impact of the pandemic, during the 2021-2022 school year, they have been eager to hire students again. In the last several months, community resource providers, contracted through DEED, have been able to provide in-person support to students. The return of in-person supports is a contributing factor to the growth in students obtaining competitive integrated employment. There has also been an increase in families feeling more comfortable with their children gaining competitive integrated employment.

Thirty school districts and local partner teams provided supports to students through the Employment Capacity Building Cohort (ECBC) during the 2021-2022 school year. The community teams received professional development and coaching on the following topics: the Workforce Innovation and Opportunity Act (WIOA) and limitations on the use of subminimum wages; Pre-Employment Transition Services; DB101 estimator; My Vault through Disability HUB, Person Centered Practices for students with disabilities; business engagement strategies; engaging families using a person-centered approach; high quality transition programming and planning and customized employment.

The 2021-2022 number of students had an observed increase from the previous year, though the number remains significantly lower than it was before the COVID-19 pandemic. The factors involved in this lower number are multi-layered, and have a direct correlation to the pandemic. Due to the previous decline, we are now seeing an increase in employment across home, school and community. MDE, DEED and DHS have identified the quality of local level partnerships between school districts, vocational rehabilitation (VR) services/State Services for the Blind (SSB), and disability services as an important factor, and are involved in planning for how to continue to grow these partnerships statewide. DEED, DHS and MDE continue to work together to identify and define high quality local partnerships based on state data and qualitative data from ECBC participants.

Data collected is being reviewed from current ECBC teams that indicate possible improvements for ECBC in the 2022-23 school year. It is expected that continuing to grow the capacity and add more Minnesota school districts in training, network support from other successful school districts, and customized technical assistance from state agencies (MDE, DEED and DHS) will improve the statewide rate of competitive integrated employment. The efforts around building systems in the local level school district community teams are showing to be sustainable with our returning community teams each year.

TIMELINESS OF DATA:

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

EMPLOYMENT GOAL FOUR:

By December 31, 2022, the number of Peer Support Specialists who are employed by mental health service providers will increase to 82.

2021 Goal

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

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

RESULTS:

The 2021 goal to increase to 76 employed peer support specialists was **met**. [Reported in February 2022]

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

ANALYSIS OF DATA:

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

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

COMMENT ON PERFORMANCE:

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

COVID impact: Many of the full time positions were split into part time positions because of full time worker shortage. Many peers prefer to work part time in some cases to protect benefits and issues with COVID. There is anticipation that January through March 2022 may see a reduction of peer workers until

spring 2022, with school and child care options limited. IRTS providers are having a more challenging time keeping peers due to in person service. Many ACT teams have been providing some of their services virtually.

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

Barriers experienced included:

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

What DHS could do to help:

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

TIMELINESS OF DATA:

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

LIFELONG LEARNING AND EDUCATION GOAL ONE:

By December 1, 2021, the percent of students with disabilities^v, receiving instruction in the most integrated setting^{vi}, will increase to 63%

2021 Goal

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

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

RESULTS:

Using the 2020 Child Count, the 2021 goal to increase to 63% was **met**. [Reported in February 2022]

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

ANALYSIS OF DATA:

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

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

LIFELONG LEARNING AND EDUCATION GOAL TWO

By June 30, 2025, 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 34.8% (from the 2020 baseline of 29.8%)

2022 Goal

- By June 30, 2022, the percent of students with disabilities who have enrolled in an integrated postsecondary setting in the fall after graduating will increase to 31.8%.

Baseline: Based on 2020 Minnesota’s Statewide Longitudinal Education Data System (SLEDS), of the 7,212 students with disabilities who graduated statewide in 2018, a total of 2,151 (29.8%) enrolled in the fall of 2018 into an integrated postsecondary institution.

RESULTS:

The 2022 goal (using 2019 SLEDS data) of 31.8% was **not met**. [Reported in November 2022]

Time period	Students with disabilities graduating	Students enrolling in accredited institution of higher education	Percent of students
2016 – 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%
2018 Annual Goal – 2016 SLEDS (August 2016 – July 2017 Data)	6,648	2,282	34.3%
2019 Annual Goal – 2017 SLEDS (August 2017 – July 2018 Data)	6,792	2,259	33.3%
Reset Baseline and goals			
Baseline 2020 – 2018 SLEDS (August 2017 – July 2018 Data)	7,212	2,151	29.8%
2021 Annual Goal – 2019 SLEDS (August 2018 – July 2019 Data)	7,564	1,953	25.8%
2022 Annual Goal – 2020 SLEDS (August 2019 – July 2020 Data)	7,634	1,614	21.1%

ANALYSIS OF DATA:

Of the 7,634 students with disabilities who graduated in 2020, there were 1,614 students (21.1%) who enrolled in an accredited institution of higher education in fall 2020. This was a decrease of 4.7% from the previous year and a decrease of 8.7% from baseline. The 2022 goal to increase to 30.8% was not

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 enrolling in accredited institutions of higher education by graduation year and racial or ethnic group

Time period	American Indian or Alaskan Native	Asian or Pacific Islander	Hispanic	Black, not of Hispanic origin	White, not of Hispanic origin
2015 SLEDS (Aug 2015 – July 2016)	22%	35%	27%	28%	35%
2016 SLEDS (Aug 2016 – July 2017)	23%	35%	28%	28%	36%
2017 SLEDS (Aug 2017 – July 2018)	16%	42%	29%	28%	36%
2018 SLEDS (Aug 2018 – July 2019)	17%	26%	32%	24%	32%
2019 SLEDS (Aug 2019 – July 2020)	15%	36%	25%	23%	32%
2020 SLEDS (Aug 2020 – July 2021)	12%	30%	21%	18%	22%

COMMENT ON PERFORMANCE:

Minnesota saw a decrease in the percentage of students with disabilities enrolling in institutions of higher education through the fall of 2020. The trend for students with disabilities coincides with a trending decrease in enrollment for all students in general. During the same time period, enrollment in an accredited institution of higher education for students without disabilities declined from 66% in 2019 to 62% in 2020. 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 academic 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 45% of students with disabilities who graduated in 2020 were subsequently employed in competitive integrated employment, which is an increase from 44% in 2019. While Minnesota saw a decrease in the percentage of students with disabilities enrolling in accredited institutions of higher, the data suggests the possibility that students may be choosing employment and access to “on the job” training and certificate programs, including those available from employers and technical colleges.

With recovery from the COVID-19 pandemic, Minnesota has a strong employment outlook and despite the 8.7% decline from baseline, it is still valid to consider that this is a general trend observed for all graduates, and that many students with disabilities may be choosing to enter the job market in entry-level positions as higher education expenses continue to rise annually. In addition, pandemic-related uncertainties for students considering college enrollment in fall of 2020 may also have had a probable impact ([Minneapolis Federal Reserve, 2022](https://www.federalreserve.gov/newswriters/pressreleases/20220113a.htm)).

Based on a review of disaggregated data in 2015, the State Systemic Improvement Plan (SSIP) was designed by MDE to improve graduation rates for American Indian and Black students with disabilities as a way to increase successful postsecondary enrollment rates for these students.

MDE staff continue a partnership with the career and technical education staff of Minnesota State (formerly Minnesota State Colleges and Universities), including disability supports coordinators in the Minnesota State system. MDE also continued ensuring ongoing print and online accessibility of the Postsecondary Resource Guide. MDE staff publicize online training resources that are currently located on Normandale Community College website at <http://www.normandale.edu/osdresources>.

MDE is a state agency partner in the Minnesota Inclusive Higher Education Consortium (MIHEC), an initiative to expand Minnesota inclusive postsecondary education options. The Minnesota Inclusive Higher Education Consortium (MIHEC) is a collaborative group of stakeholders including inclusive higher education institutions, local education agencies, key state agencies, advocates, families, legislators and nonprofit organizations. MIHEC is committed to expanding Minnesota postsecondary education opportunities to all interested youth, young adults and adults with intellectual and developmental disabilities, including students from diverse ethnic, cultural, linguistic, geographic and socio-economic backgrounds.

MDE is a state agency partner in the Administration for Community Living (ACL) Project of National Significance (PNS) at the University of Minnesota's Institute on Community Integration (ICI). Projects of National Significance focus on the most pressing issues affecting people with developmental disabilities and their families, creating and enhancing opportunities for these individuals to contribute to, and participate in, all facets of community life. Through PNS, ACL and its grantee partners support the development of national and state policy and awards grants and contracts that enhance the independence, productivity, inclusion, and integration of people with developmental disabilities. The goal of the collaborative between the University of Minnesota's Institute on Community Integration, MDE, DEED, DHS, school districts, community employment providers, the Minnesota Inclusive Higher Education Consortium (MIHEC), and self-advocacy organizations is to increase participation of youth with intellectual and developmental disabilities in postsecondary education.

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.

TRANSPORTATION GOAL ONE:

By December 31, 2023, accessibility improvements will be made to (A) 10,299 curb ramps (increase from base of 19% to 79%); (B) 490 Accessible Pedestrian Signals (increase from base of 10% to 79%); and (C) 113 miles of sidewalks. [Extended in April 2022]

A) Curb Ramps

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

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

RESULTS:

The 2020 goal of 6,600 improvements was **met**. [Reported in February 2022]

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

ANALYSIS OF DATA:

In 2020, the total number of curb ramps improved was 327, bringing the total improvements to 7,279 and a 57.0% compliance under PROW. The 2020 goal of 6,600 was met. In 2021, an additional 509 curb ramps were improved bringing the total to 7,788 and a 61.0% PROW Compliance Rate.

COMMENT ON PERFORMANCE:

Performance is consistent with previous years.

TIMELINESS OF DATA:

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

B) Accessible Pedestrian Signals

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

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

RESULTS:

The 2020 goal to bring the number of APS to 875 (74% of system) was **met** in 2021. [Reported in February 2022]

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

ANALYSIS OF DATA:

In Calendar Year 2021, an additional 52 APS installations were provided, bringing the number of APS signals to 892 and the percentage to 76% of the system. The 2020 goal of 875 has now been met.

COMMENT ON PERFORMANCE:

MnDOT did not meet the 74% target for 2020, but did achieve it in 2021. A 2023 goal was added in the 2022 Plan amendment process.

TIMELINESS OF DATA:

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

C) Sidewalks

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

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

RESULTS:

The 2021 overall goal of improvements to an additional 55 miles of sidewalks was **met**. [Reported in February 2022]

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

ANALYSIS OF DATA:

In Calendar Year 2020 and 2021, improvements were made to an additional 29.07 miles of sidewalks. This brings the Public Right of Way compliance rate to 66%. The goal met the 2021 overall goal. A 2023 goal was added during the 2022 Plan amendment process.

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

COMMENT ON PERFORMANCE:

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

TIMELINESS OF DATA:

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

TRANSPORTATION GOAL 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).

2021 Goal

- By December 31, 2021, the annual number of service hours will increase to 1,485,000.

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

RESULTS:

The 2021 goal to increase to 1,485,000 service hours was **not met** (using Calendar Year 2020 data).
[Reported in August 2022]

Time Period	Service Hours	Change from baseline
Baseline – Calendar Year 2014	1,200,000	N/A
Calendar Year 2015	1,218,787	18,787
Calendar Year 2016	1,418,908	218,908
Calendar Year 2017	1,369,316	169,316
Calendar Year 2018	1,442,652	242,652
Calendar Year 2019	1,451,000	251,000
Calendar Year 2020	1,164,758	<35,242>

ANALYSIS OF DATA:

During 2020, the total number of service hours was 1,164,758. This was a decrease of 35,242 service hours from the previous year. The 2021 goal to increase to 1,485,000 was not met.

COMMENT ON PERFORMANCE:

The decline reflects the impact of COVID on Greater Minnesota Transit providers in the form of increased costs, labor shortages, and shifts among services in the Day Training and Rehabilitation sector. Early numbers for 2021 suggest that the decline is not permanent, but it is not clear how quickly numbers will recover and regain their previous rates of growth.

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 2022]

Percentage of public transportation meeting minimum service guidelines for access

	Weekday	Saturday	Sunday
2016 Baseline	47%	12%	3%
2017	47%	16%	5%
2018	53.3%	13.3%	8.5%
2019	53.3%	16%	8%
2020	62.5%	23.3%	18.8%
2021	72.2%	20.0%	22.9%

ANALYSIS OF DATA:

The percentage of Greater Minnesota Public Transit that is meeting minimum service guidelines has shown improvement in two of three categories from the last reporting period.

COMMENT ON PERFORMANCE:

The performance level is consistent with expectations based on available funding. Much of the Saturday and Sunday service increase is the result of federal New Starts dollars that are continuing to come online. The initial bump and plateau of the weekday service is an accurate reflection of New Starts dollars and no subsequent increases.

Additional Information

Minimum service guidelines for Greater Minnesota are established based on service population (see table below). In Greater Minnesota larger communities are attaining the weekday span of service. However, smaller communities (less than 7,500) are not 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?clD=435>.

There are approximately 115 cities with populations greater than 2,500. Of those 115 cities:

- 32 (27.8%) are not being provided a minimum weekday span of service compared to the baseline (based on population).
- 92 (80%) are not being provided a minimum Saturday span of service compared to the baseline (based on population).
- 48 meet the service guidelines for Sunday span of service requirements. 39 of those (78.1%) are not being provided a minimum Sunday span of service compared to the baseline (based on population).
- 67 do not have Sunday span of service requirements because populations are too low.

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.

¹¹ Source: MnDOT Greater Minnesota Transit Investment Plan, 2017

TRANSPORTATION GOAL FOUR A

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

(A) Metro Transit System

Ten year goals to improve on-time performance:

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

Baseline for on-time performance in 2014 was:

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

RESULTS:

The goal is **in process**. [Reported in May 2022]

On-time performance percentage by transit system¹²

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

ANALYSIS OF DATA:

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

On-time performance percentage for Metro Transit system

Time Period	Bus	Light Rail (Blue/Green line)	Northstar Commuter Rail	Metro Transit System ¹³
Baseline - Calendar Year 2014	--	--	--	86%
Calendar Year 2016	85.8%	82.9%	93.2%	85.1%
Calendar Year 2017	85.1%	89.5%	93.2%	86.4%
Calendar Year 2018	83.7%	86.7%	94.7%	84.8%
Calendar Year 2019	82.2%	83.4%	93.3%	82.7%
Calendar Year 2020	87.5%	88.3%	96.8%	87.8%
Calendar Year 2021	86.2%	81.7%	95.3%	84.8%

¹²On-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.

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.

COMMENT ON PERFORMANCE:

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

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

TIMELINESS OF DATA:

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

TRANSPORTATION GOAL FOUR B

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

(B) Greater Minnesota Transit

Ten year goals to improve on time performance:

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

Baseline for on time performance in 2014 was:

- Greater Minnesota – 76% within a 45 minute timeframe

RESULTS:

The 2025 goal to improve Greater Minnesota transit system on time performance to 90% is **on track**.
[Reported in August 2022]

Time Period	On-time performance (within a 45-minute timeframe)
Baseline - Calendar Year 2014	76%
Calendar Year 2016	76%
Calendar Year 2017	78%
Calendar Year 2018	Not available
Calendar Year 2019	Not available
January – February 2020	91.3%
July – December 2020	92.6%
January – June 2021	95.1%
July – December 2021	95.3%
January – June 2022	94%

ANALYSIS OF DATA:

During January – June 2022, on-time performance for Greater Minnesota Transit was 94%. This was a decrease of 1.3% and is on track to meet the 2025 goal.

COMMENT ON PERFORMANCE:

In aggregate, providers are meeting the established performance requirement. On-time performance is showing a very minor decrease and is remaining consistent with the overall performance trend. This is in part due to driver shortages at some providers.

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

TIMELINESS OF DATA:

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

TRANSPORTATION GOAL FIVE

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

2025 Goal

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

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

RESULTS:

This goal is **not on track** to meet the 2025 goal. {Reported in August 2022}

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

Time Period	Transit Market Area 1	Transit Market Area 2	Transit Market Area 3
Baseline (June 2017)	95%	91%	67%
As of March 2019	94%	93%	70%
As of March 2020	98%	94%	72%
As of March 2021	93%	92%	69%
As of March 2022	92%	87%	69%

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

ANALYSIS OF DATA:

Data is based on March 2022 service levels. Market areas one and two dropped slightly in service coverage due to the pandemic and operator shortages resulting in service level adjustments necessary to match ridership demand and deliver reliable service. If performance continues at the same rate, the goal is not on track to meet the 2025 benchmark.

COMMENT ON PERFORMANCE:

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

TIMELINESS OF DATA:

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

HEALTH CARE AND HEALTHY LIVING GOAL ONE

By December 31, 2022, 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.

RESULTS:

The 2022 goal of a 20% or less readmission rate of adults with disabilities is **not on track**. [Reported in November 2022]

Adults with disabilities

Time period	Acute inpatient hospital stay	Unplanned acute readmission within 30 days	Readmission rate
January – December 2014 (Baseline)	28,773	5,887	20.5%
January – December 2015	31,628	6,369	20.1%
January – December 2016	25,294	5,142	20.3%
January – December 2017	26,126	5,053	19.3%
January – December 2018	30,896	6,376	20.6%
January – December 2019	31,965	6,654	20.8%
January – December 2020	27,857	4,929	17.7%
January – December 2021	37,319	7,664	20.5%

ANALYSIS OF DATA:

From January – December 2021, of the 37,319 acute inpatient hospital stays for adults with disabilities, 7,664 individuals had an unplanned acute readmission within 30 days, for a rate of 20.5%. The goal is above baseline and not on track to meet the 2022 goal of a 20% readmission rate of adults with disabilities. During the same time period, of the 7,905 acute inpatient hospital stays for adults without disabilities, 596 individuals had an unplanned acute readmission, for a rate of 7.2%.

For further analysis the tables below provide the information separated into three categories: adults with disabilities with serious mental illness; adults with disabilities without serious mental illness; and adults without disabilities.

Adults with disabilities with serious mental illness (SMI)

Time period	Acute inpatient hospital stay	Unplanned acute readmission within 30 days	Readmission rate
January – December 2014	14,796	3,107	21.0%
January – December 2015	16,511	3,438	20.8%
January – December 2016	12,701	2,673	21.1%
January – December 2017	12,659	2,504	19.8%
January – December 2018	15,353	3,156	20.6%
January – December 2019	16,211	3,358	20.7%
January – December 2020	15,240	3,027	19.9%
January – December 2021	19,465	3,996	20.5%

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	19.9%
January – December 2015	15,117	2,931	19.4%
January – December 2016	12,593	2,469	19.6%
January – December 2017	13,467	2,549	18.9%
January – December 2018	15,543	3,220	20.7%
January – December 2019	15,754	3,296	20.9%
January – December 2020	9,617	1,902	19.8%
January – December 2021	17,854	3,668	20.5%

Adults without disabilities

Time period	Acute inpatient hospital stay	Unplanned acute readmission within 30 days	Readmission rate
January – December 2014	3,735	295	7.9%
January – December 2015	5,351	386	7.2%
January – December 2016	2,522	159	6.3%
January – December 2017	3,109	239	7.7%
January – December 2018	4,469	311	7.0%
January – December 2019	4,885	734	6.4%
January – December 2020	10,318	1,620	15.7%
January – December 2021	7,905	596	7.2%

COMMENT ON PERFORMANCE:

The number and rate of all-cause readmissions among people with disabilities, with and without Serious Mental Illness (SMI), fell in 2020 and rose significantly in 2021. An increasing rate of hospital readmissions is not a negative trend until a few more years of increase are seen. This probably indicates that people with disabilities are experiencing a “bounce-back” to the hospital stay rates as they were in previous years. No single cause has been pinpointed for the increase in 2021, but it appears that the number of people with disabilities going into acute inpatient has grown.

It is believed that people delayed elective surgeries during the COVID-19 pandemic, but presumably this would have had an upward pressure on readmissions because only those people too sick to delay care would have been hospitalized. 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.

HEALTH CARE AND HEALTHY LIVING GOAL TWO

By December 31, 2022, the rate of enrollees with disabilities who used an emergency department for non-traumatic dental services will be (A) 0.20% or less for children with disabilities and (B) 1% or less for adults with disabilities.

A) CHILDREN USING EMERGENCY DEPARTMENT FOR 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.

RESULTS:

The 2022 goal of 0.20% rate of children with disabilities using an ED for dental care is **on track**.
[Reported in November 2022]

Time period	Total number of children with disabilities	Number of children with ED visit for non-traumatic dental care	Rate of children using ED for dental care
January – December 2014 (Baseline)	75,774	314	0.41%
January – December 2015	81,954	330	0.40%
January – December 2016	84,141	324	0.38%
January – December 2017	87,724	185	0.21%
January – December 2018	91,126	188	0.21%
January – December 2019	93,701	199	0.21%
January – December 2020	88,748	174	0.20%
January – December 2021	93,796	198	0.21%

ANALYSIS OF DATA:

During January – December 2021, of the 93,796 children with disabilities, the number with emergency department visits for non-traumatic dental care was 198 (0.21%). The goal is on track to meet the 2022 goal to reduce to 0.20% or less.

COMMENT ON PERFORMANCE:

After 2016, there was a significant decrease in the number of children using emergency departments for non-traumatic dental care from previous years, and decreased further in 2020. This may be a result of a dental collaborative that incentivizes managed care plans to closely monitor and assist in helping people find preventative dental care. It may also be because people avoided the emergency departments during COVID-19.

The total number of enrolled children with disabilities showed an upward trend in 2021, likely reflecting the policy strictly limiting loss of Medicaid eligibility reviews during the public health emergency. The rate of ED use observed in 2021 returned to the level seen prior to the pandemic, indicating that although previous improvement was retained, additional improvement is not being realized.

TIMELINESS OF DATA:

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

B) ADULTS USING EMERGENCY DEPARTMENT FOR DENTAL SERVICES

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

RESULTS:

The 2022 goal of 1.0% rate for adults with disabilities using an ED for dental care is **not on track**. [Reported in November 2022]

Time period	Total number of adults with disabilities	Number of adults with ED visit for non-traumatic dental care	Rate of adults using ED for dental care
January – December 2014 (Baseline)	166,852	3,884	2.33%
January – December 2015	174,215	4,233	2.43%
January – December 2016	185,701	4,110	2.21%
January – December 2017	187,750	2,685	1.43%
January – December 2018	191,650	2,455	1.28%
January – December 2019	192,352	2,415	1.26%
January – December 2020	164,096	1,725	1.05%
January – December 2021	201,933	2,231	1.10%

ANALYSIS OF DATA:

During January – December 2021, of the 201,933 adults with disabilities, the number with emergency department visits for non-traumatic dental care was 2,231 (1.10%). If progress continues at the same pace, the goal is not on track to meet the 2022 goal to reduce to 1.0% or less.

COMMENT ON PERFORMANCE:

After 2016, there was a reduction in the number of adults using emergency departments for non-traumatic dental care. The reduction accelerated in 2020. This may be due to the fact that people avoided the emergency departments during COVID-19. These reductions may also be a result of a dental collaborative that incentivizes managed care plans to closely monitor and assist in helping people find preventative dental care. A multi-year dental program in managed care for persons with disabilities created a number of helpful information and best practices but additional work continues to be needed. The enrolled population increased in 2021, likely due to CMS policy limiting Medicaid eligibility redeterminations during the public health emergency. Despite more adults enrolled, there was not a large increase in non-traumatic dental care in the emergency department. The rate remained below that seen prior to the public health emergency.

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, 2022, the number of individuals receiving services licensed under Minn. Statute 245D, or within the scope of Minn. Rule, Part 9544, (for example, home and community based services) who experience a restrictive procedure, such as the emergency use of manual restraint when the person poses an imminent risk of physical harm to themselves or others and it is the least restrictive intervention that would achieve safety, will not exceed 506.

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

RESULTS:

The 2022 annual goal to not exceed 506 was **met**. [Reported in November 2022]

Time period	Individuals who experienced restrictive procedure	Reduction from previous year
2014 Baseline (July 2013 – June 2014)	1,076 (unduplicated)	N/A
2015 Annual (July 2014 – June 2015)	867 (unduplicated)	209
2016 Annual (July 2015 – June 2016)	761 (unduplicated)	106
2017 Annual (July 2016 – June 2017)	692 (unduplicated)	69
2018 Annual (July 2017 – June 2018)	644 (unduplicated)	48
2019 Annual (July 2018 – June 2019)	642 (unduplicated)	2
2020 Annual (July 2019 – June 2020)	561 (unduplicated)	81
2021 Annual (July 2020 – June 2021)	456 (unduplicated)	105
2022 Annual (July 2021 – June 2022)	388 (unduplicated)	68

ANALYSIS OF DATA:

From July 2021 – June 2022, the total number of people who experienced a restrictive procedure was 388. This was a decrease of 68 from the previous year and a decrease of 688 from baseline. The 2022 annual goal to not exceed 506 people who have experienced a restrictive procedure was met.

COMMENT ON PERFORMANCE:

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

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

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

The EPRC reviews BIRFs, positive support transition plans, and functional behavior assessments. Based on the content within those documents, during the last four quarters, the committee conducted EUMR-related assistance involving 165 people. This number does not include people who are receiving similar support from other DHS groups. Some examples of guidance provided by committee members include discussions about the function of behaviors, helping providers connect with local behavior professionals or other licensed professionals, providing ideas on positive support strategies, and explaining rules and the law.

TIMELINESS OF DATA:

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

POSITIVE SUPPORTS GOAL TWO

By June 30, 2022, the number of Behavior Intervention Reporting Form (BIRF) reports of restrictive procedures for people receiving services licensed under Minn. Statute 245D, or within the scope of Minn. Rule, Part 9544, (for example, home and community based services) will not exceed 2,821.

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

RESULTS:

The 2022 goal to not exceed 2,821 was **met**. [Reported in November 2022]

Time period	Number of BIRF reports	Reduction from previous year
2014 Baseline (July 2013 - June 2014)	8,602	N/A
2015 Annual (July 2014 - June 2015)	5,124	3,478
2016 Annual (July 2015 - June 2016)	4,008	1,116
2017 Annual (July 2016 - June 2017)	3,583	425
2018 Annual (July 2017 - June 2018)	3,739	+156
2019 Annual (July 2018 - June 2019)	3,223	516
2020 Annual (July 2019 - June 2020)	3,126	97
2021 Annual (July 2020 - June 2021)	2,636	490
2022 Annual (July 2021 - June 2022)	1,800	836

ANALYSIS OF DATA:

From July 2021 – June 2022, the number of restrictive procedure reports was 1,800. That is a decrease of 836 from 2,636 from the previous year and a decrease of 6,802 from baseline. The 2022 goal to not exceed 2,821 reports was met.

COMMENT ON PERFORMANCE:

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

- The number of reports for emergency use of manual restraint (EUMR). Such EUMRs are permitted and not subject to phase out requirements like all other “restrictive” procedures. These reports are monitored and technical assistance is available when necessary.
 - Under the Positive Supports Rule, the External Program Review Committee has the duty to review and respond to BIRF reports involving EUMRs. Convened in February 2017, the Committee’s work will help to reduce the number of people who experience EUMRs through the guidance they provide to license holders regarding specific uses of EUMR.
 - Beginning in May 2017, the External Program Review Committee conducted outreach to providers in response to EUMR reports. The impact of this work toward reducing the number of EUMR reports will be tracked and monitored over the next several quarterly reports.
- The number of reports that involved restrictive procedures other than EUMR (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures). DHS staff provide follow up and technical assistance for all reports involving restrictive procedures that are not implemented 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, 2022, the emergency use of mechanical restraints, other than the use of an auxiliary device¹⁴ will be reduced to no more than 88 reports.

2022 Goal

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

Baseline: From July 2013 - June 2014, there were 2,038 BIRF reports of mechanical restraints involving 85 unique individuals. In SFY 2019, of the 658 reports of mechanical restraints, 336 were for use of auxiliary devices to ensure a person does not unfasten a seatbelt in a vehicle. The number of reports other than use of auxiliary devices were 322.

RESULTS:

The 2022 goal of no more than 88 was **not met**. [Reported in November 2022]

Time period	Total number of reports (includes auxiliary devices)	Number of individuals at end of time period
2014 Baseline (July 2013 – June 2014)	2,083	85
2015 Annual (July 2014 – June 2015)	912	21
2016 Annual (July 2015 – June 2016)	691	13
2017 Annual (July 2016 – June 2017)	664	16
2018 Annual (July 2017 – June 2018)	671	13

Time period	Reports (other than seat belt devices)	Reports on use of auxiliary devices	Total number of reports (includes auxiliary devices)	Number of individuals at end of time period
2019 Annual Baseline (July 2018 – June 2019)	332	336	658	12
2020 Annual (July 2019 – June 2020)	273	257	530	10
2021 Annual (July 2020 – June 2021)	153	220	373	8
2022 Annual (July 2021 – June 2022)	138	120	258	6

ANALYSIS OF DATA:

From July 2021 – June 2022, the number of reports of mechanical restraints other than auxiliary devices was 138. That is a decrease of 15 from 153 the previous year. The 2022 goal to reduce to no more than

¹⁴ Auxiliary devices ensure a person does not unfasten a seat belt in a vehicle and includes seatbelt guards, harnesses and clips.

88 reports was not met. At the end of the reporting period, the number of individuals for whom the use of mechanical restraint use was approved was 6.

COMMENT ON PERFORMANCE:

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

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

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

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

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

Licensing Reports and Imminent Risk

DHS Licensing has a fully effective method for determining if there is compliance with applicable standards for restraint and seclusion. Licensing has found instances of non-compliance with these rules, notably including the use of restraint and seclusion in the absence of imminent risk to self or others. A correction order dated February 6, 2020 identified restrictive procedures being used in the absence of imminent risk. As a result of these findings, a comprehensive training on imminent risk was developed to address employee errors regarding imminent risk.

Beginning in January 2021, Forensic Services implemented a competency-based training in identification of imminent risk. All staff must complete this training prior to interacting with patients. The training emphasizes consideration of a patient’s individual risk for imminent harm to self and others in the

context of other factors such as personal history, verbal and physical indications that harm is imminent, and presence of other patients or potential targets. Staff must pass a written exam in which they respond to various scenarios and identify whether or not imminent risk is present and the correct methods to document this.

Forensic Services continues to review uses of restraint and seclusion and to engage in follow-up as needed following that review. This follow-up may include re-training, support to improve documentation, etc. Events in which staff may have engaged in misconduct are investigated as Forensics would investigate any other allegation of employee misconduct. Licensing has found additional instances of non-compliance with the standards regarding imminent risk and use the restraint and seclusion, and the cases are handled in a similar manner.

On April 4, 2022, DHS Licensing issued a correction order that identified use of restraint in the absence of imminent risk. The Forensic Mental Health Program's plan of correction included staff specific training. To supplement the corrective action and to respond more fully to the correction order in June 2022, in partnership with licensing, Forensic Services' Restraint and Seclusion policy was updated. The update clarifies that touching a patient for the reasons of a medical transport and brief, non-controlling touch used to guide a patient away from a trigger and/or towards a safe place do not constitute restraint. Additional information was included looking at how various levels of intervention align with the crisis cycle, as taught in Mandt; the evidence-based de-escalation curriculum taught to staff annually. This information was distributed via a system-wide CHAT process (Continuously Helpful Awareness Talks), which is a series of structured discussions with staff. In addition, a video review process is being piloted, in which a cross-section of restraint and seclusion events are reviewed via video by supervisors to ensure that policy is being followed and that documentation accurately reflects the event.

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, 2024, the number of students receiving special education services who experience an emergency use of restrictive procedures at school will decrease by 735 students or decrease to 1.94% of the total number of students receiving special education services.

2021 Goal

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

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

RESULTS:

The 2021 goal to reduce by 147 students was **met**. [Reported in February 2022]

Time period (School Year)	Students receiving special education services	Students who experienced restrictive procedure	Change from previous year
2015-16 school year	133,742	3,034 (2.3%)	N/A
2017 Annual 2016-17 school year	137,601	3,476 (2.5%)	+ 442 (+0.2%)
2018 Annual 2017-18 school year	142,270	3,546 (2.5%)	+ 70 (+0.0%)
2019 Annual (Baseline) 2018-19 school year	147,605	3,603 (2.4%)	+ 71 (-0.1%)
2020 Annual 2019-20 school year ¹⁵	152,012	3,052 (2.0%)	<551> (-15.3%)
2021 Annual 2020-21 school year	149,382	1,689 (1.1%)	<550> (-44.8) ¹⁶

ANALYSIS OF DATA:

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

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

¹⁵ Data from 2019-20 was substantially affected by Covid-19-related school closures.

¹⁶ Data from 2020-21 was affected by the COVID-19 pandemic, with Minnesota public schools using a variety of learning models at different times, switching between learning models based on public health guidelines and local COVID-19 case counts.

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

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

2020-21 school year:

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

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

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

COMMENT ON PERFORMANCE:

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

Data Quality

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

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

Restrictive Procedures Workgroup Progress

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

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

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

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

2021 Restrictive Procedures Workgroup

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

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

- Goal 1: By February 1, 2022, and annually thereafter, MDE will submit a report to the Minnesota Legislature summarizing the state’s progress on reducing the use of restrictive procedures, working toward the elimination of seclusion, and identifying disproportionalities in the use of restrictive procedures.
- Goal 2: By December 31, 2022, the Workgroup will compile strategies to recommend to school districts for reducing the use of restrictive procedures, working toward eliminating seclusion, and addressing disproportionalities in the use of restrictive procedures.
- Goal 3: Through the combined efforts of all those involved in this work, there will be at least a 10 percent reduction in seclusion from July 1, 2019 to June 30, 2022, and annually thereafter. Specifically, there will be at least a 10 percent reduction in the number of students experiencing seclusion and at least a 10 percent reduction in the number of uses of seclusion as reported to MDE by Minnesota school districts.

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

TIMELINESS OF DATA:

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

POSITIVE SUPPORTS GOAL FIVE:

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

2021 Goal

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

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

RESULTS:

The 2021 goal to reduce by 723 incidents or 0.2 incidents per student was **met**. [Reported in February 2022]

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

ANALYSIS OF DATA:

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

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

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

2020-21 school year:

- Based upon MDE enrollment data, 149,382 students received special education services, a decrease of 2,630 students, or 1.7% from the 2019-20 school year.
- During the 2020-21 school year, Minnesota school districts reported a total of 6,687 physical holds and 1,850 seclusion uses for a total of 8,357 restrictive procedures uses.
- The total number of uses of restrictive procedures decreased by 8,119 or 48.7% from the 2020-21 school year, while the number of students who experienced a restrictive procedure decreased by 1,363, or 44.7%, to a total of 1,689. Consequently, the rate of use of restrictive procedures per

¹⁷ Data from 2019-20 was substantially affected by Covid-19-related school closures.

¹⁸ Data from 2020-21 was substantially affected by Covid-19-related school closures during the spring of 2020.

student who experienced a restrictive procedure decreased from 5.5 during the previous school year to 5.1.

- The average number of physical holds per physically held student decreased from 4.5 in 2019-20 to 4.2 in 2020-21. The number of seclusion uses decreased by 53.6%, the number of students who were secluded decreased by 35% to 463 and the average number of seclusion uses per secluded student decreased from 5.6 to 4.0.

COMMENT ON PERFORMANCE:

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

Data Quality

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

Restrictive Procedures Workgroup Progress

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

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

MDE and the Workgroup continue to identify strategies and resources to assist school districts in reducing the use of restrictive procedures, eliminating seclusion, and addressing disproportionalities in the use of restrictive procedures. In addition, as part of its new data collection process, MDE began collecting information from districts about what each district is doing to reduce the number of restrictive procedures in the district, and which strategies they would recommend to other districts. These questions were developed in consultation with the Workgroup, and districts were asked to

provide narrative responses to these qualitative questions for the first time in July 2021. This information will be valuable going forward.

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

2021 Restrictive Procedures Workgroup

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

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

- Goal 1: By February 1, 2022, and annually thereafter, MDE will submit a report to the Minnesota Legislature summarizing the state's progress on reducing the use of restrictive procedures, working toward the elimination of seclusion, and identifying disproportionalities in the use of restrictive procedures.
- Goal 2: By December 31, 2022, the Workgroup will compile strategies to recommend to school districts for reducing the use of restrictive procedures, working toward eliminating seclusion, and addressing disproportionalities in the use of restrictive procedures.
- Goal 3: Through the combined efforts of all those involved in this work, there will be at least a 10 percent reduction in seclusion from July 1, 2019 to June 30, 2022, and annually thereafter. Specifically, there will be at least a 10 percent reduction in the number of students experiencing seclusion and at least a 10 percent reduction in the number of uses of seclusion as reported to MDE by Minnesota school districts.

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

TIMELINESS OF DATA:

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

CRISIS SERVICES GOAL ONE

By June 30, 2022, the percent of children who receive children’s mental health crisis services and remain in their community will increase to 85% or more.

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

- By June 30, 2021, the percent who remain in their community will increase to 85%
- By June 30, 2022, the percent who 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.

RESULTS:

- The 2021 goal to increase to 85% was **not met**. [Reported in February 2022]
- The 2022 goal to increase to 85% or more is **not on track**. [Reported in August 2022]

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%)
2019 Annual (July 2018 – June 2019)	3,809	2,742 (72.0%)	847 (22.2%)	220 (5.8%)
2020 Annual (July 2019 – June 2020)	3,639	2,643 (72.6%)	832 (22.9%)	164 (4.5%)
2021 Annual (July 2020 – June 2021)	3,318	2,439 (73.5%)	651 (19.6%)	228 (6.9%)
July – December 2021	1,811	1,312 (72.5%)	415 (22.9%)	84 (4.6%)

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

ANALYSIS OF DATA:

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

From July – December 2021, of the 1,811 crisis episodes, the child remained in their community after the crisis 1,312 times or 72.5% of the time. This is a decrease of 1.0% from the previous year, and 6.5% below baseline. The 2022 goal to increase to 85% is not on track.

COMMENT ON PERFORMANCE:

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

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

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

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

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

Due to COVID-19 pandemic, there was a hesitancy in families requesting mobile crisis response services for a face-to-face mobile response, and families requesting phone support. Mobile crisis teams have the ability to utilize telehealth for mobile crisis services if needed to avoid parents and caregivers seeking support from the Emergency Departments. In addition, the crisis teams have struggled to hire and maintain staff during the pandemic. As a result, there may be delays for face-to-face response if there are multiple calls needing intervention simultaneously. Mobile crisis services received additional funding that can be utilized to address the workforce shortage.

TIMELINESS OF DATA:

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

CRISIS SERVICES GOAL TWO

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

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

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

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 2021 goal to increase to 55% was **met**. [Reported in February 2022]
- The 2022 goal to increase to 65% is **not on track**. [Reported in August 2022]

Time period	Total Episodes	Community	Treatment	Other
2016 Annual (6 months data) January – June 2016	5,436	3,136 (57.7%)	1,492 (27.4%)	808 (14.9%)
2017 Annual (July 2016 - June 2017)	10,825	5,848 (54.0%)	3,444 (31.8%)	1,533(14.2%)
2018 Annual (July 2017 – June 2018)	11,023	5,619 (51.0%)	3,510 (31.8%)	1,894 (17.2%)
2019 Annual (July 2018 – June 2019)	12,599	6,143 (48.8%)	4,421 (35.1%)	2,035 (16.2%)
2020 Annual (July 2019 – June 2020)	11,247	6,019 (53.5%)	3,864 (34.2%)	1,364 (12.1%)
2021 Annual (July 2020 – June 2021)	11,911	6,805 (57.1%)	3,392 (28.5%)	1,714 (14.4%)
July – December 2021	5,480	3,065 (55.9%)	1576 (28.8%)	839 (15.3%)

- 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, residential treatment (IRTS)
- Other: homeless shelter, jail or corrections, other.

ANALYSIS OF DATA:

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

From July – December 2021, of the 5,480 crisis episodes, the adult remained in their community after the crisis 3,065 times or 55.9% of the time. This was a decrease of 1.2% from the previous year and 1.9% below baseline. The 2022 goal to increase to 65% is not on track.

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. Examples of trainings provided by DHS include suicidology training, clinical work with the suicide bereaved, firearms safety, and working with LGBTQ+ individuals and families. This increases the teams' ability to work with more complex clients/situations effectively.

DHS has identified a few trends that might be affecting the number of adults remaining in the community. There has been an increase in individuals being seen in the Emergency Department (ED) for crisis assessments rather than in the community. With more individuals accessing crisis services from the ED there is a likelihood that they may be at a higher level of risk at the time they are seen by the crisis team and therefore more likely to need a higher level of care. There has also been an increase in the number of crisis beds added over the past few years. This allows for adults to be referred to adult residential crisis beds following a crisis rather than remaining in the community.

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

Due to COVID 19 pandemic, if individuals or families are uncomfortable with face-to-face intervention, there is a telehealth option for crisis teams to deliver services. This allowed crisis services to be available to individuals who may not be comfortable leaving their homes, and offered some help for adults who are immune compromised, and the elderly community. Due to workforce shortage, the crisis teams have struggled to hire and maintain staff. As a result, there may be delays for face-to-face response if there are multiple calls needing intervention simultaneously. Mobile crisis services received additional funding to assist with workforce shortage.

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, 2022, 80% of people in community hospital settings due to a crisis will have a stable, permanent home within 5 months after leaving the hospital.

2022 Goal

By June 30, 2022, percent of people who are housed five months after discharge from the hospital will be 80% or higher

Baseline: From July 2014 – June 2015, 81.9% of people discharged from the hospital due to a crisis were housed five months after the date of discharge compared to 80.9% in the previous year. From July 2017 - June 2018, 77.8% were housed five months after the date of discharge.

RESULTS:

The 2022 goal to increase to 80% or higher was **met**. [Reported in November 2022]

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 81.9%	893 6.5%	672 4.9%	517 3.7%	99 0.7%	315 2.3%
2017 Annual Goal July 2015 – June 2016	15,027	11,809 78.6%	1,155 7.7%	1,177 7.8%	468 3.1%	110 0.7%	308 2.1%
2018 Annual Goal July 2016 – June 2017	15,237	12,017 78.8%	1,015 6.9%	1,158 7.6%	559 3.7%	115 0.8%	338 2.2%
2019 Annual Goal July 2017 – June 2018	15,405	11,995 77.8%	1,043 6.8%	1,226 8%	652 4.2%	118 0.8%	371 2.4%
2020 Annual Goal July 2018 – June 2019	15,258	11,814 77.4%	999 6.6%	1,116 7.3%	820 5.4%	113 0.7%	396 2.6%
2021 Annual Goal July 2019 – June 2020	13,924	11,214 80.5%	820 5.9%	958 6.9%	428 3.1%	115 0.8%	389 2.8%
2022 Annual Goal July 2020 – June 2021	13,392	10,955 81.8%	739 5.5%	951 7.1%	189 1.4%	137 1.0%	421 3.1%

- **“Housed”** is defined as a setting in the community where DHS pays for services including ICFs/DD, Single Family homes, town homes, apartments, or mobile homes.
[NOTE: For this measure, settings were not considered as integrated or segregated.]
- **“Not housed”** is defined as homeless, correction facilities, halfway house or shelter.
- **“Treatment facility”** is defined as institutions, hospitals, mental and chemical health treatment facilities, except for ICFs/DD.

ANALYSIS OF DATA:

Using data from July 2020 – June 2021, the 2022 goal to increase to 80% or higher was met. During this time period, of the 13,392 individuals hospitalized due to a crisis, 10,955 (81.8%) were housed within five months of discharge. This was a 1.3% increase from the previous year.

COMMENT ON PERFORMANCE:

From July 2020 – June 2021, the number of individuals discharged from a community hospital stay due to a crisis decreased when compared to counts from July 2019 – June 2020. It is believed that the lower counts are in part due to the COVID-19 pandemic. Although mobile crisis teams have also reported

positive changes in the number of individuals who remain in the community following a mobile crisis episode during this timeframe. Preventing hospitalization contributes to stability.

The number of people receiving services in a treatment facility from July 2020 – June 2021 is similar to the number reported in the previous year. These programs remain important for their focus on rehabilitation and maintenance of skills needed to live in a more independent setting for those needing that level of care following discharge.

DHS is working to sustain the number of individuals utilizing the Housing with Supports for Adults with Serious Mental Illness (HSASMI) grants. These grants support people living with a serious mental illness and residing in a segregated setting and those experiencing homelessness or at risk of homelessness, to find and maintain permanent supportive housing. These grants began in June of 2016. In Fiscal Year 2021, there were 42 grants to 32 grantee agencies, providing services to 1,634 people. In Fiscal Year 2022 there were 28 grants to 17 grantee agencies, providing services to 767 people. Ongoing HSASMI efforts as well as the implementation of Housing Stabilization Services will be important factors in continuing to meet our housing goals moving forward.

The decision to access behavioral health treatment can mean choosing between paying for treatment and paying for housing. Accessing behavioral health treatment can jeopardize one's housing stability, even leading to homelessness. The Crisis Housing Assistance Program (formerly known as Crisis Housing Fund) financially assists with housing costs to prevent homelessness and reduce the stress of housing instability while receiving behavioral health treatment. In 2021, DHS assisted 311 people with Serious Mental Illness to maintain their housing while receiving behavioral health treatment through the Crisis Housing Assistance Program.

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, 2022, the number of individuals with disabilities who participate in Governor appointed Boards and Commissions and other Workgroups and Committees established by the Olmstead Subcabinet will increase to 245 members.

2022 Goal

By June 30, 2022, the number of individuals with disabilities participating will increase to 245.

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

RESULTS:

The 2022 goal to increase to 245 was **not met**. [Reported in August 2022]

Time Period	Number of individuals with a disability on Boards / Commissions	Number of individuals with a disability on Olmstead Subcabinet workgroups	Total number
Baseline (June 30, 2017)	159	16	175
2018 Annual (as of July 31, 2018)	171	26	197
2019 Annual (as of July 31, 2019)	167	20	187
2020 Annual (as of July 31, 2020)	182	10	192
2021 Annual (as of July 15, 2021)	199	12	211
2022 Annual (as of July 15, 2022)	224	7	231

ANALYSIS OF DATA:

Of the 3,851 members listed on the Secretary of State’s Boards and Commissions website, 224 (approximately 5.8%) self-identify as an individual with a disability. The 224 members represent 82 unique Boards and Commissions. In addition, 7 individuals on Olmstead Subcabinet Workgroups self-identified as individuals with a disability. The total number of 231 did not meet the 2022 goal of 245. Although the 2022 goal was not met, the number of individuals on Boards and Commissions with a disability increased by 20 (increase from 5.5% to 5.8%). The number of Boards and Commissions represented also increased from 75 to 82.

The total number of individuals may include duplicates if a member participated in more than one group throughout the year. In addition, the totals may be undercounted if individuals chose not to self-identify as a person with a disability.

COMMENT ON PERFORMANCE:

OIO is actively promoting opportunities for people with disabilities to participate on State Boards and Commissions. In the past year, there have been 502 visits to the OIO webpage about Boards and Commissions. In addition, OIO held two events focused on these opportunities: the Olmstead Day Celebration and a Lunch and Learn on Boards and Commissions. A total of 147 people attended these two events.

TIMELINESS OF DATA:

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

COMMUNITY ENGAGEMENT GOAL TWO

By April 30, 2022, the (A) number of individuals with disabilities to participate in public input opportunities related to the Olmstead Plan, and (B) the number of comments received by individuals with disabilities (including comments submitted on behalf of individuals with disabilities) will increase by 20% over baseline.

2022 Goal

By April 30, 2022, the numbers will increase by 20% over baseline.

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

RESULTS:

The 2022 goal to increase by 20% over baseline was **met**. [Reported in August 2022]

Participation in public input opportunities related to Olmstead Plan

Time Period	Number of individuals	Change from baseline		Number of comments	Change from baseline	
Baseline Dec 20, 2018 – Mar 11, 2019	192	N/A		249	N/A	
Oct 14, 2019 – Jan 31, 2020	214	22	11.5%	680	431	173%
Feb 10 – Apr 6, 2021	27	<165>	<85.9%>	70	<179>	<71.9%>
Nov 22, 2021 – Mar 8, 2022	233	41	21.4%	346	97	38.9%

ANALYSIS OF DATA:

During the 2022 Plan amendment process, 233 people participated in public input yielding 346 individual comments. Compared to baseline, there were 41 more individuals (21.4% increase) and 97 more comments (38.9% increase). The 2022 goal to increase by 20% over baseline was met.

COMMENT ON PERFORMANCE:

The data was based on public input received during the 2022 Olmstead Plan amendment process. The Olmstead Implementation Office (OIO) conducted an Olmstead Plan Survey from November 22, 2021 to December 31, 2021. The survey asked people to share their thoughts on how the Olmstead Plan is going. There were 199 respondents and approximately 336 comments. A second public comment period was held from February 15, 2022 to March 8, 2022. Approximately 10 comments were received from 34 respondents.

The OIO focused on developing strategies to encourage community members to participate in the Olmstead Plan Amendment by providing educational opportunities and presenting information in plain language. Additionally, the process was promoted through social media, newsletters, and advertising in the Access Press. This resulted in a total of 383 visits to the Plan amendment webpage during the public input period. We will continue fine-tuning these strategies for use in the 2023 Plan Amendment process.

TIMELINESS OF DATA:

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

PREVENTING ABUSE AND NEGLECT GOAL TWO

By December 31, 2022, the number of cases of vulnerable individuals being treated due to abuse and neglect will decrease by 15% compared to baseline

There are two measures for this goal:

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

Annual Goals to decrease number of emergency room visits and hospitalizations due to abuse and neglect:

- By December 31, 2020, the number will be reduced by 5% compared to baseline
- By December 31, 2021, the number will be reduced by 10% compared to baseline

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

RESULTS:

- The 2020 goal to reduce by 5% compared to baseline was **met**. [Reported in February 2022]
- The 2021 goal to reduce by 10% compared to baseline was **met**. [Reported in August 2022]

Time Period	(A) Number of emergency room visits and hospitalizations	Change from baseline	Percentage change from baseline
Calendar Year 2019 (Baseline)	40	N/A	N/A
Calendar Year 2020	31	9	22%
Calendar Year 2021	31	9	22%

ANALYSIS OF DATA:

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

During calendar year 2021, there were 31 cases of emergency room visits and hospitalizations due to abuse and neglect. This was a decrease of 9 which is a 22% decrease from baseline. The 2021 goal to reduce by 10% was met.

Further analysis of the data is included below and shows that in 2021, by age group 74% of cases are with individuals 18 – 64 and 23% are with individuals Birth -17. By geography, 58% of the cases were in Greater Minnesota and 42% were in the Metro area.

Cases by age group:

Time Period	Total	Birth – 17	18 – 64	65 and over
Calendar Year 2019	40	8	29	3
Calendar Year 2020	31	12	18	1
Calendar Year 2021	31	7	23	1

Cases by geography (Metro vs. Greater MN):

Time Period	Total	Metro	Greater Minnesota
Calendar Year 2019	40	28	12
Calendar Year 2020	31	16	15
Calendar Year 2021	31	13	18

COMMENT ON PERFORMANCE:

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

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

MDH staff continue to emphasize how to recognize, document and report hospital-treated cases. Accurate documentation and reporting will allow for better tracking of progress and description of the true epidemiology of injury due to abuse and neglect.

A public education campaign was initiated on July 1, 2017 and focused on providers who serve individuals with disabilities, their families, and advocates who represent and assist them. Targeted prevention efforts will focus on parts of the state with higher rates of hospitalizations and ER visits due to abuse and neglect of vulnerable individuals.

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

2021 Goal

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

RESULTS:

The 2021 goal to establish a baseline is in process. [Reported in August 2022]

COMMENT ON PERFORMANCE:

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

PREVENTING ABUSE AND NEGLECT GOAL THREE

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

2020 Goal

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

Baseline:

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

RESULTS:

The 2020 goal to reduce the number of vulnerable adults who experience more than one episode of the same type of abuse or neglect within six months by 15% was **met**. [Reported in February 2022]

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

ANALYSIS OF DATA:

From July 2019 – June 2020, there were 2,144 people with a substantiated or inconclusive abuse or neglect episode¹⁹. Of those people, 72 (3.4%) experienced a substantiated or inconclusive abuse or neglect had a repeat episode of the same type within six months. This is a decrease of 9 from the previous year and 54 from baseline which is a reduction of 42.8%. The 2020 goal to reduce by 15% compared to baseline was met.

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

¹⁹ Episodes include physical abuse, sexual abuse, emotional abuse, financial exploitation, caregiver or self-neglect.

Demographic Data for July 2019 – June 2020

Episode Types

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

Victim Gender

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

Victim Age Range

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

Victim Race/Ethnicity

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

Offender Gender

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

Offender Age Range

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

Offender Race/Ethnicity

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

COMMENT ON PERFORMANCE:

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

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

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

TIMELINESS OF DATA:

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

PREVENTING ABUSE AND NEGLECT GOAL FOUR

By July 31, 2025, the number of students with disabilities statewide identified as victims in determinations of maltreatment will decrease by 25% compared to baseline.

2022 Goal

By July 31, 2021, the number of students with disabilities identified as victims in determinations of maltreatment will decrease by 10% from baseline to 26 students.

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

RESULTS:

The 2022 goal to decrease by 10% from baseline to 26 was **met**. [Reported in August 2022]

Time Period	Number of students with disabilities determined to have been maltreated	Change from baseline	Percent of change
Baseline (July 2017 – June 2018)	32	N/A	N/A
2021 Annual (July 2018 – June 2019)	28	<4>	<12.5%>
2022 Annual (July 2019 – June 2020)	21	<11>	<34.4%>

ANALYSIS OF DATA:

During the 2019–20 school year, there were 157 students identified as alleged victims of abuse of neglect in Minnesota public schools. Of those, 38 students were determined to have been maltreated. Of those, 21 were students with a disability. This was a decrease of 11 students from baseline. The 2022 goal to reduce to 26 was met.

COMMENT ON PERFORMANCE:

During the 2018-2019 school year, the MDE Student Maltreatment Team received and assessed 675 reports of alleged maltreatment. Of those reports, the Student Maltreatment Team opened 150 cases for onsite investigations. This included approximately 162 allegations of abuse or neglect of students with and without disabilities.

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

In addition, all Minnesota public schools were operating in distance learning during several months of this reporting cycle because of the global COVID-19 pandemic. Therefore, caution should be used when comparing 2019-2020 data from previous years, due to the effect of the COVID-19 pandemic.

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

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

TIMELINESS OF DATA:

Cases involved in criminal proceedings sometimes require additional time to reach a resolution. Therefore, this data is reported 24 months after the conclusion of the applicable school year to ensure that all cases have reached a resolution and to confirm that the data is accurate.

ENDNOTES

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

^{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.