

Minnesota Olmstead Subcabinet

November 2022 Quarterly Report on Olmstead Plan Measurable Goals



REPORTING PERIOD:

Data acquired through October 31, 2022

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I. PURPOSE OF REPORT

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

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

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

This quarterly report includes data acquired through October 31, 2022. Progress on each measurable goal will be reported quarterly, semi-annually, or annually. This report will be reviewed by the Olmstead Leadership Forum for acceptance. After reports are accepted they are made available to the public on the Olmstead Plan website at Mn.gov/Olmstead. ⁱ

EXECUTIVE SUMMARY

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

Status of Goals – November 2022 Quarterly Report	Number of Goals
Met annual goal	4
On track to meet annual goal	4
Not on track to meet annual goal	4
Did not meet annual goal	5
In process	1
Goals Reported	18

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

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

- During this quarter, 23 individuals left ICFs/DD to more integrated settings. After three quarters, 108% of the annual goal of 72 was achieved. The goal is on track. (Transition Services Goal One A)
- During this quarter, 189 individuals with disabilities under age 65 in a nursing facility longer than 90 days moved to more integrated settings. After three quarters, 80% of the annual goal of 750 has been achieved. The goal is on track. (Transition Services Goal One B)
- During this quarter, 307 individuals moved from other segregated settings to more integrated settings. After three quarters, 357% of the annual goal of 750 has been achieved. The goal is on track. (Transition Services Goal One C)

Timeliness of Waiver Funding Goal One

- During the last year, 62% of all individuals assessed for the Developmental Disabilities waiver were approved for funding within 45 days. An additional 24% had funding approved after 45 days. The approval rate for each urgency category was 79% for Institutional Exit, 67% for Immediate Need,

and 59% for Defined Need. The 71% goal for Institutional Exit was met, while the Immediate Need goal of 74% and Defined Need goal of 66% were not met.

Increasing system capacity and options for integration

- Of the 953 case files reviewed during the last year, the eight required person centered elements were present 95.3% of the time. Three of the eight elements achieved 100%. The 2022 goal of 90% was met. (Person-Centered Planning Goal One)
- During the last year, 388 individuals experienced a restrictive procedure compared to 456 in the previous year. This met the goal to not exceed 506. (Positive Supports Goal One)
- During the last year, there were 1,800 reports of use of restrictive procedures compared to 2,636 in the previous year. The 2022 goal to not exceed 2,821 was met. (Positive Supports Goal Two)
- During the last year, of the 93,796 children with disabilities, the number with emergency department visits for non-traumatic dental care was 198 (0.21%). This is on track to meet the goal to reduce to 0.20% or less. (Health Care and Healthy Living Goal Two A)
- During the last year, of the 13,392 individuals hospitalized due to a crisis, 10,955 (81.8%) were housed within five months of discharge. The 2022 goal to increase to 80% or higher was met. (Crisis Services Four)

The following measurable goals have been targeted for improvement:

- During this quarter, 37.4% of people at Anoka Metro Regional Treatment Center no longer meet hospital level of care and are awaiting discharge to the most integrated setting. This is not on track to meet the annual goal of 25% or lower. (Transition Services Goal Two)
- During this quarter, the monthly average number of individuals at Forensic Services who moved to a less restrictive setting was 3.3. After three quarters, the monthly average is 3.7. The goal is not on track to meet the annual goal of 5 or more. (Transition Services Goal Three)
- During the past year, there were 138 reports of emergency use of mechanical restraints other than auxiliary devices. The 2022 goal to reduce to no more than 88 reports was not met. (Positive Supports Three)
- During the past year, the number of people living in integrated housing increased by 419 from the previous year. The 2022 goal to increase by 598 was not met. (Housing and Services Goal One)
- During the past year, there were 8,851 people in competitive integrated employment earning at least \$600 a month. The 2022 goal of 12,420 was not met. (Employment Goal Two)
- Of the 7,634 students with disabilities who graduated in 2020, 1,614 (21.1%) enrolled in an accredited institution of higher education. The goal to increase to 30.8% was not met. (Lifelong Learning and Education Goal Two)
- During the past year, 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%. This is above baseline and not on track to meet the goal of 20% or less. (Health Care and Healthy Living Goal One)
- During the past year, of the 201,933 adults with disabilities, the number with emergency department visits for non-traumatic dental care was 2,231 (1.10%). This is not on track to meet the goal to reduce to 1.0% or less. (Health Care and Healthy Living Goal Two B)

II. MOVEMENT FROM SEGREGATED TO INTEGRATED SETTINGS

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

QUARTERLY SUMMARY OF MOVEMENT FROM SEGREGATED TO INTEGRATED

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

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

Setting	Reporting period	Number moved
Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD)	Jan – March 2022	23
Nursing Facilities (individuals under age 65 in facility > 90 days)	Jan – March 2022	189
Other segregated settings	Jan – March 2022	307
Anoka Metro Regional Treatment Center (AMRTC)	July – Sept 2022	25
Forensic Services ¹	July – Sept 2022	10
Total	--	554

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

¹ For the purposes of this report Forensic Services (formerly known as Minnesota Security Hospital) refers to individuals residing in the facility and committed as Mentally Ill and Dangerous and other civil commitment statuses.

TRANSITION SERVICES GOAL ONE

By June 30, 2022, the number of people who have moved from segregated settings to more integrated settingsⁱⁱⁱ will be 9,782. The 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.

2022 annual goal

- By June 30, 2022 the number of people moving from ICFs/DD to more integrated settings will be **72**

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

RESULTS:

The 2022 goal to move 72 people from ICFs/DD to a more integrated setting is **on track**.

Time period	Total number of individuals leaving	Transfers ^{iv} (-)	Deaths (-)	Net moved to integrated setting
2015 Annual (July 2014 – June 2015)	138	18	62	58
2016 Annual (July 2015 – June 2016)	180	27	72	81
2017 Annual (July 2016 – June 2017)	263	25	56	182
2018 Annual (July 2017 – June 2018)	216	15	51	150
2019 Annual (July 2018 – June 2019)	298	20	58	220
2020 Annual (July 2019 – June 2020)	174	13	75	86
2021 Annual (July 2020 – June 2021)	194	13	62	119
2022 Quarter 1 (July – September 2021)	49	3	14	32
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 January – March 2022, the number of people who moved from an ICF/DD to a more integrated setting was 23. This is unchanged from the previous quarter. After three quarters, the total number of 78 exceeds the annual goal of 72. The goal is on track to meet the 2022 goal.

COMMENT ON PERFORMANCE:

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

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

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

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

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

2022 annual goal

- By June 30, 2022, the number of people moving from nursing facilities to more integrated settings will be **750**.

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

RESULTS:

The 2022 goal to move 750 people under 65 in a nursing facility for more than 90 days to a more integrated setting is **on track**.

Time period	Total number of individuals leaving	Transfers (-)	Deaths (-)	Net moved to integrated setting
2015 Annual (July 2014 – June 2015)	1,043	70	224	749
2016 Annual (July 2015 – June 2016)	1,018	91	198	729
2017 Annual (July 2016 – June 2017)	1,097	77	196	824
2018 Annual (July 2017 – June 2018)	1,114	87	197	830
2019 Annual (July 2018 – June 2019)	1,176	106	190	880
2020 Annual (July 2019 – June 2020)	1,241	86	240	915
2021 Annual (July 2020 – June 2021)	981	86	214	681
2022 Quarter 1 (July – Sept 2021)	259	11	40	208
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 January – March 2022, the number of people under 65 in a nursing facility for more than 90 days who moved to a more integrated setting was 189. This is a decrease of 17 from the previous quarter. After three quarters, the total number of 603 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](#)² benefit went into effect. These services include housing search and support services for individuals moving from homelessness (or other housing instability) to more stable housing situations. Because these are State plan services, people do not need to be on a waiver to access them. Minnesota is the first state in the nation to offer such a service through its Medicaid program.

UNIVERSE NUMBER:

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

TIMELINESS OF DATA:

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

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

SETTING C: OTHER SEGREGATED HOUSING

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

2022 annual goal

- By June 30, 2022, the number of people moving from other segregated housing to more integrated settings will be **500**.

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

RESULTS:

The 2022 goal to move 500 people from segregated settings to a more integrated setting is **on track**.

[Receiving Medical Assistance]

Time period	Total moves	Moved to more integrated setting	Moved to congregate setting	Not receiving residential services	No longer on MA
2015 Annual (July 14 – June 15)	5,703	1,137 (19.9%)	502 (8.8%)	3,805 (66.7%)	259 (4.6%)
2016 Annual (July 15 – June 16)	5,603	1,051 (18.8%)	437 (7.8%)	3,692 (65.9%)	423 (7.5%)
2017 Annual (July 16 – June 17)	5,504	1,054 (19.2%)	492 (8.9%)	3,466 (63.0%)	492 (8.9%)
2018 Annual (July 17 – June 18)	5,967	1,188 (19.9%)	516 (8.7%)	3,737 (62.6%)	526 (8.8%)
2019 Annual (July 18 – June 19)	5,679	1,138 (20.0%)	484 (8.5%)	3,479 (61.3%)	578 (10.2%)
2020 Annual (July 19 – June 20)	5,967	1,190 (19.9%)	483 (8.1%)	3,796 (63.6%)	498 (8.4%)
2021 Annual (July 20 – June 21)	5,261	2,482 (47.2%)	364 (6.9%)	2,257 (42.9%)	158 (3.0%)
2022 Quarter 1 (July – Sept 2021)	1,907	906 (47.5%)	95 (5.0%)	845 (44.3%)	61 (3.2%)
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 January – March 2022, of the 1,279 individuals moving from segregated housing, 307 individuals (24.0%) moved to a more integrated setting. This is a decrease of 264 people and 15.6% from the previous quarter. After three quarters, the total number of 1,784 exceeds the annual goal of 500 and is on track to meet the 2022 goal.

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.

Even though the number of transitions is decreased from the previous quarter, there continues to be a higher number of individuals who moved to a more integrated setting (24.0%) than who moved to a congregate setting (5.8%).

The data indicates that a large percentage (65.6%) 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^v will be reduced to 25% or lower (based on daily average). [Extended in April 2022]

2023 goal

- By June 30, 2023 the percent awaiting discharge will be maintained at 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. ³

RESULTS:

The goal is **not on track** to meet the 2023 goal to reduce to 25% or lower.

Percent awaiting discharge (daily average)

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

³ The baseline included individuals at AMRTC under mental health commitment and individuals committed after being found incompetent on a felony or gross misdemeanor charge (restore to competency).

ANALYSIS OF DATA:

From July – September 2022, the combined rate of all individuals at AMRTC who no longer meet hospital level of care and are awaiting discharge was 37.4%. This was an increase of 4.4% from the previous quarter, which is a move in the wrong direction.

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 Services⁴ moving to a less restrictive setting will increase to an average of 5 individuals per month.

2022 goal

- By December 31, 2022 the average monthly number of individuals moving to a less restrictive setting will be 5 or more.

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

RESULTS:

The goal is **not on track** to meet the 2022 goal of 5 or more individuals per month moving to a less restrictive setting.

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

ANALYSIS OF DATA:

From July to September 2022, the number of people who moved to a less restrictive setting was 10. This is unchanged from the previous quarter. The monthly average number of individuals who left the facility to a less restrictive setting was 3.3. After three quarters the monthly average is 3.7. 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

⁴ For the purpose of this goal, Forensic Services (formerly known as Minnesota Security Hospital) refers to individuals residing in the facility and committed as mentally ill and dangerous and other commitment statuses.

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

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 July through September 2022, four different treatment units were under intermittent periods of isolation with no movement occurring from those units. Approximately 73 staff and 19 patients tested 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 March 2021: Reviewed 66 cases; recommended reductions for 18 cases and 14 were granted.
 - From April to June 2021: Reviewed 59 cases; recommended reductions for 31 cases and 31 have been granted.
 - From July to September 2021: Reviewed 63 cases; recommended reductions for 28 cases and 26 have been granted.
 - From October to December 2021: Reviewed 69 cases; recommended reductions for 24 cases and 19 have been granted and 5 are pending SRB results.
 - From January to March 2022: Reviewed 36 cases; recommended reductions for 18 cases and 17 have been granted; 4 are pending SRB results; and 1 case was withdrawn before the SRB hearing.
 - 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.

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

RESULTS:

The 2022 goal was **not met**.

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

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

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

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

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

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

Time Period: Fiscal Year 2022 Quarter 1 (July – September 2021)

Urgency of Need Category	Total number of people assessed	<u>Reasonable Pace</u> Funding approved within 45 days	Funding approved after 45 days	Pending funding approval
Institutional Exit	18	14 (78%)	4 (22%)	0 (0%)
Immediate Need	48	32 (67%)	15 (31%)	1 (2%)
Defined Need	141	85 (60%)	33 (24%)	23 (16%)
Totals	207	131 (63%)	52 (25%)	24 (12%)

Time Period: Fiscal Year 2022 Quarter 2 (October – December 2021)

Urgency of Need Category	Total number of people assessed	<u>Reasonable Pace</u> Funding approved within 45 days	Funding approved after 45 days	Pending funding approval
Institutional Exit	9	9 (100%)	0 (0%)	0 (0%)
Immediate Need	39	25 (64%)	14 (36%)	0 (0%)
Defined Need	174	94 (54%)	45 (26%)	35 (20%)
Totals	222	128 (58%)	59 (26%)	35 (16%)

Time Period: Fiscal Year 2022 Quarter 3 (January – March 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	15	10 (67%)	5 (33%)	0 (0%)
Immediate Need	36	22 (61%)	11 (31%)	3 (8%)
Defined Need	174	110 (63%)	35 (20%)	29 (17%)
Totals	225	142 (63%)	51 (23%)	32 (14%)

Time Period: Fiscal Year 2022 Quarter 4 (April – 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	15	12 (80%)	3 (20%)	0 (0%)
Immediate Need	52	39 (75%)	9 (17%)	4 (8%)
Defined Need	190	111 (58%)	50 (26%)	29 (15%)
Totals	257	162 (63%)	62 (24%)	33 (13%)

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 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%.

From April – June 2022, of the 257 individuals assessed for the Developmental Disabilities (DD) waiver, 162 individuals (63%) had funding approved within 45 days of the assessment date. An additional 62 individuals (24%) had funding approved after 45 days. Only 33 individuals (13%) assessed were pending funding approval.

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. The national results of the NCI survey with state-to-state comparison are available at <https://www.nationalcoreindicators.org/>. The Minnesota state reports are available at <https://legacy.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	Yes	No	Yes	No	Yes	No	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](#)⁶ was accepted by the Olmstead Subcabinet on April 26, 2021. This report is a follow-up to the [Olmstead Plan Quality of Life Survey: First Follow-Up 2018](#) in 2018 and the [Olmstead Plan Quality of Life Survey Baseline Report](#) conducted in 2017. This study includes people with disabilities of all types and ages in segregated settings, or at risk of being placed in segregated settings.

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

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

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

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

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

⁶ 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 committee 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 20, 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**.

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
FY 22 Q1 (July – Sept 21)	95.1	86.7	99.4	72.7	100	100	100	100	94.2
FY 22 Q2 (Oct – Dec 21)	93.2	86.7	100	81.8	100	100	100	100	95.2
FY 22 Q3 (Jan – Mar 22)	91.0	77.8	100	88.0	100	100	100	100	94.6
FY 22 Q4 (Apr – June 22)	98.8	87.8	100	86.1	100	99.6	100	100	96.5

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.

From April – June 2022, of the 245 case files reviewed, the eight required elements were present in the percentage of files shown above. The combined average of the eight elements was 96.5%, an increase of 1.9% from the previous quarter. Four of the eight elements achieved 100%. Two elements showed improvement and two showed a decrease in their level of compliant performance.

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
FY 22 Quarter 1 (July – September 2021)	1,163	165
FY 22 Quarter 2 (October – December 2021)	2,274	309
FY 22 Quarter 3 (January – March 2022)	1,874	234
FY 22 Quarter 4 (April – June 2022)	1,693	245

Lead Agencies Participating in the Audit ⁷

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
FY 2022 Q1 (Jul – Sep 2021)	(4) Chisago, Hubbard, Aitkin, Beltrami
FY 2022 Q2 (Oct – Dec 21)	(9) Cook, Becker, Polk, Yellow Medicine, Clay, Lake, MN Prairie Alliance (Dodge, Steele, Waseca)
FY 2022 Q3 (Jan – Mar 2022)	(4) Cass, Lake of the Woods, Stearns, Todd
FY 2022 Q4 (Apr – June 22)	(7) 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-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.

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

Of the seven lead agencies reviewed this quarter, only Morrison County was required to develop corrective action for the category of the development of a person centered plan. In addition Winona and Kittson County were both required to develop corrective action plans for the category of support plan record keeping. In all three counties the level of noncompliance was the result of invalid support plans or missing documentation. Support plans are considered invalid when they are not signed by the person and or their legal representative.

General observations of case file reviews continue to indicate that lead agencies perform higher in compliance with 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 four of the eight elements achieving 100%. However, there continues to be room for growth with two elements: dreams and aspirations, and rituals and routines. Although these two elements have shown consistent progress, they have not done so at the same rate the other elements.

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

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

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

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

UNIVERSE NUMBER:

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

TIMELINESS OF DATA:

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

POSITIVE SUPPORTS GOAL ONE

By June 30, 2022, the number of individuals receiving services licensed under Minn. Statute 245D, or within the scope of Minn. Rule, Part 9544, (for example, home and community based services) who experience a restrictive procedure, such as the emergency use of manual restraint when the person poses an imminent risk of physical harm to themselves or others and it is the least restrictive intervention that would achieve safety, will not exceed 506.

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**.

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
2022 Q1 (July – September 2021)	169 (duplicated)	N/A – quarterly number
2022 Q2 (October – December 2021)	152 (duplicated)	N/A – quarterly number
2022 Q3 (January – March 2022)	149 (duplicated)	N/A – quarterly number
2022 Q4 (April – June 2022)	154 (duplicated)	N/A – quarterly number

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.

From April – June 2022, the total number of people who experienced a restrictive procedure was 154. This was an increase of 5 from the previous quarter. The quarterly numbers are duplicated counts. Individuals may experience restrictive procedures during multiple quarters in a year. Progress on the annual goal cannot be determined until the numbers for the four quarters are unduplicated.

COMMENT ON PERFORMANCE:

From April – June 2022, there were 154 individuals who experienced a restrictive procedure:

- 141 individuals were subjected to Emergency Use of Manual Restraint (EUMR) only. This was an increase of 6 people from the previous quarter. Such EUMRs are permitted and not subject to phase out requirements like all other “restrictive” procedures. These reports are monitored and technical assistance is available when necessary.

- 13 individuals experienced restrictive procedures other than EUMRs (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures). This was a decrease of 1 from the previous quarter. DHS staff and the External Program Review Committee provide follow up and technical assistance for all reports involving restrictive procedures *other than* EUMR. It is anticipated that focusing technical assistance with this subgroup will reduce the number of individuals experiencing restrictive procedures and the number of reports (see Positive Supports Goal Three).

Under the Positive Supports Rule, the External Program Review Committee (EPRC) 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.

During this quarter, the EPRC reviewed BIRFs, positive support transition plans, and functional behavior assessments. Based on the content within those documents, the committee conducted EUMR-related assistance involving 40 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**.

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
2022 Q1 (July – September 2021)	534	N/A – quarterly number
2022 Q2 (October – December 2021)	417	N/A – quarterly number
2022 Q3 (January – March 2022)	363	N/A – quarterly number
2022 Q4 (April – June 2022)	440	N/A – quarterly number

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.

From April – June 2022, the number of restrictive procedure reports was 440. That was an increase of 77 reports from the previous quarter.

COMMENT ON PERFORMANCE:

From April – June 2022 there were 440 reports of restrictive procedures quarter. Of those reports:

- 371 reports were for emergency use of manual restraint (EUMR). Such EUMRs are permitted and not subject to phase out requirements like all other “restrictive” procedures. These reports are monitored and technical assistance is available when necessary.
 - This is an increase of 55 reports of EUMR from the previous quarter.
 - Under the Positive Supports Rule, the External Program Review Committee (EPRC) has the duty to review and respond to BIRF reports involving EUMRs. Convened in February 2017, the Committee’s work will help to reduce the number of people who experience EUMRs through the guidance they provide to license holders regarding specific uses of EUMR.

- 69 reports involved restrictive procedures other than EUMR (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures).
 - This is an increase of 22 non-EUMR restrictive procedure reports from the previous quarter.
 - The EPRC provides ongoing monitoring over restrictive procedures being used by providers with persons under the committee's purview. DHS staff provide follow up and technical assistance for all reports involving restrictive procedures that are not implemented according to requirements under 245D or the Positive Supports Rule. The close monitoring and engagement by the EPRC with the approved cases of emergency use of procedures enables DHS to help providers work through some of the most difficult cases of ongoing use of mechanical restraints. Focusing existing capacity for technical assistance primarily on reports involving these restrictive procedures is expected to reduce the number of people experiencing these procedures, as well as reduce the number of reports seen here and under Positive Supports Goal Three.
- 4 uses of seclusion involving 4 people were reported this quarter.
 - All 4 reports of seclusion involving 4 people occurred at the Forensic Mental Health Program in St Peter (formerly known as Minnesota Security Hospital). This is a decrease of 4 reports and a decrease of 2 people from the previous quarter.
 - As necessary, DHS Licensing Division investigates and issues correction orders for any violations of the Positive Supports Rule associated with use of mechanical restraint.
- There were no reports of penalty consequences reported this quarter for 1 person.
 - This is a decrease in 1 report.
 - As necessary, DHS Licensing Division investigates and issues correction orders for any violations of the Positive Supports Rule.
- There were no reports of timeout this quarter.
 - This is a decrease in 1 report.

TIMELINESS OF DATA:

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

POSITIVE SUPPORTS GOAL THREE

Use of mechanical restraint is prohibited in services licensed under Minn. Statute 245D, or within the scope of Minn. Rule, Part 9544^{vi}, with limited exceptions to protect the person from imminent risk of serious injury. (Examples of a limited exception include the use of a helmet for protection of self-injurious behavior and safety clips for safe vehicle transport).

- By June 30, 2022, the emergency use of mechanical restraints, other than the use of an auxiliary device⁸ will be reduced to no more than 88 reports.

2022 Goal

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

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

RESULTS:

This 2022 goal of no more than 88 was **not met**.

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
2022 Q1 (July – Sept 2021)	21	42	63	5
2022 Q2 (Oct – Dec 2021)	24	28	52	6
2022 Q3 (Jan – Mar 2022)	18	19	37	6
2022 Q4 (Apr – June 2022)	39	26	65	6

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

ANALYSIS OF DATA:

From 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 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.

From April – June 2022, the number of reports of mechanical restraints other than auxiliary devices was 39. This was an increase of 39 from the previous quarter. At the end of the reporting period, the number of individuals for whom the use of mechanical restraint use was approved was 6. During this quarter the total number of reports of mechanical restraints (including auxiliary devices), was 65. This is an increase in 28 from the previous quarter.

COMMENT ON PERFORMANCE:

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

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

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

Of the 65 BIRFs reporting use of mechanical restraint in this quarter:

- 26 reports involved auxiliary devices to prevent a person from unbuckling their seatbelt during travel. All 26 reports involved 3 people for which the use of auxiliary devices was approved by the Commissioner. Compared to the previous quarter, this was an increase of 17 reports and 1 person which may be explained by increased time spent in the community.
- 39 reports involved use of another type of mechanical restraint. This is an increase of 21 reports from the previous quarter.
 - 28 reports involved 3 people who had the use of self-injury protection equipment (examples include helmets, splints, braces, mitts, and gloves) reviewed by the EPRC and approved by the Commissioner for the emergency use of mechanical restraint. This was an increase of 17 reports from the previous quarter and an increase of 1 person.
 - 7 reports involving 3 people, were submitted by the Forensic Mental Health Program in St Peter (formerly called Minnesota Security Hospital). This was an increase of 4 reports from the previous quarter and no change in the number of people. As necessary, DHS Licensing Division

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

- 4 reports involving 1 person was submitted by a provider whose use was within the 11 month phase out period. This was unchanged from the previous quarter. An 11 month phase out period is allowed under Minn. Stat. 245D.06, Subd.8 when a person starts services with a new provider after having previously been supported by a different caregiver that used prohibited procedures (e.g. hospitals, non-licensed providers or caregivers, services from other states, etc.) EPRC members offer assistance in these cases.

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 at the Forensic Mental Health Program (FMHP) at St Peter, 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, FMHP 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.

FMHP 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. FMHP'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.

SEMI-ANNUAL AND ANNUAL GOALS

This section includes reports on the progress of measurable goals related to increasing capacity of the system and options for integration that are being reported semi-annually or annually. Each specific goal includes: the overall goal, the annual goal, baseline, results for the reporting period, analysis of the data and a comment on performance.

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**.

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 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**.

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.

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**.

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 met.

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

Percentage of graduates with disabilities 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](#)).

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 (ICI), 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 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."⁹

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**.

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.

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).

⁹ Greater Minnesota Transit Investment Plan is available at <http://minnesotago.org/index.php?cID=435>.

- 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 Minnesota¹⁰

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.

¹⁰ Source: MnDOT Greater Minnesota Transit Investment Plan, 2017

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 goal is **not on track** to meet the 2022 goal of a 20% or less readmission rate of adults with disabilities.

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 rose slightly in 2021 to a level slightly below the rates observed in 2018 and 2019. This was after a period of slight increases in 2018 and 2019 from the lowest rate in 2017. An increasing rate of hospital readmissions is not a negative trend until a few more years of increases 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 goal is **on track** to meet the 2022 goal of 0.20% rate of children with disabilities using an ED for dental care.

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 goal is **not on track** to meet the 2022 goal to reduce to a rate of 1.0% or less for adults with disabilities using an ED for dental care.

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.

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**.

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, 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. The 2022 goal to increase to 80% or higher was met.

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.

ENDNOTES

ⁱ Olmstead Implementation Office website address is www.MN.gov/Olmstead.

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

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

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

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

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