

## Agenda: Olmstead Subcabinet Meeting

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Date: April 9, 2025

Time: 2:00 to 3:30 PM

### **1) Call to order, land acknowledgment, and roll call**

### **2) Approval of the agenda**

### **3) Approval of the December 16, 2024 meeting minutes**

### **4) Quarterly Report**

### **5) OIO and Dendros update on planning process**

### **6) Discussion**

- Taking a moment to reflect on interagency work that you've done, what are some characteristics of an effective interagency plan?
- What exists in the current Olmstead Plan that is important to continue? Where have we made progress?
- As we embark on the next Olmstead Plan, how will we know if we have an effective Plan? What else should we consider in creating the next Plan?
- What are some of the biggest challenges the disability community and your agency are facing right now that the Olmstead Plan might address?
  - What can the state specifically do to address these challenges?
  - How can other Subcabinet agencies help your agency to address these challenges?

### **7) Adjournment**

# Land Acknowledgement

We collectively acknowledge that we are located on the traditional land of Indigenous people that once and still is occupied by the Ojibwe, Dakota and other Native peoples from the time immemorial. These lands hold great historical, spiritual, cultural and personal significance for these Native nations. We recognize, support and advocate for the sovereignty of these nations in this territory and beyond. By offering this land acknowledgement, we affirm tribal sovereignty and will hold ourselves accountable to the American Indian people and nations.

## Meeting Minutes: Olmstead Subcabinet (Unapproved)

Date: December 16, 2024, 2:30 to 4:00 p.m.

Location: Zoom Webinar online platform

### Attendance

#### Subcabinet members and designees

- Jolene Rebertus, Department of Corrections (DOC)
- Commissioner Willie Jett, Department of Education (MDE)
- Commissioner Matt Varilek, Department of Employment and Economic Development (DEED)
- Colleen Wieck, Governor's Council on Developmental Disabilities (GCDD)
- Commissioner Brooke Cunningham, Department of Health (MDH)
- Commissioner Jennifer Ho, Minnesota Housing (MHFA)
- Commissioner Rebecca Lucero, Department of Human Rights (MDHR)
- Natasha Merz, Department of Human Services (DHS)
- Wendy Wulff, Metropolitan Council (MetC)
- Lisa Harrison-Hadler, Ombudsman for Mental Health and Developmental Disabilities (OMHDD)
- Timothy Lynaugh, Department of Public Safety (DPS)
- Commissioner Nancy Daubenberger, Department of Transportation (MnDOT)
- Ben Johnson, Department of Veterans Affairs (MDVA)

#### Other State staff

- Chloe Ahlf, Olmstead Implementation Office (OIO)
- Lisa Anthony-Thomas, OMHDD
- Erica Alley, MDH
- Holly Andersen, MDE
- Kim Babine, DPS
- Ryan Baumtrog, MHFA
- Kristie Billiar, MnDOT
- Nora Cronin, MDVA
- Tom Delaney, MDE
- David Dively, Minnesota Council on Disability (MCD)
- Diane Doolittle, OIO

- Rilyn Eischens, OIO
- Aisha Elmquist, OIO
- Kate Frykman, DOC
- Tom Gottfried, DOT
- Heidi Hamilton, DHS
- Derek Holt, MDVA
- Nima Hussein, DEED
- Irene Kao, MHFA
- Daron Korte, MDE
- Alicia Munson, DHS
- Caitlin Netzer, MCD
- Makenzie Nolan, Governor's Office
- John Patterson, MHFA
- Dez Sobiech, OIO
- Mike Tessneer, DHS
- Dee Torgerson, DEED
- Rosalie Vollmar, DHS
- Kate Weeks, DPS
- Madi Wegener, OIO

### **Guest presenters**

- Kamarrie Coleman, ACET
- Megan Pinkowski, ACET
- Stacy Rassel, Improve Group
- Elisa Rucker, ACET

### **Call to order and agenda review**

Commissioner Ho called the meeting to order and welcomed attendees. Madi Wegener from OIO took roll call. Commissioner Ho reviewed the agenda, and no changes were requested.

### **Approval of July 23, 2024 meeting minutes**

Commissioner Ho asked if there were any changes to the meeting minutes. No changes were requested. Commissioner Ho called for a motion to approve the July 23, 2024 Subcabinet meeting minutes.

Motion: Lucero      Second: Varilek

In favor: Roll call vote was taken with 11 Ayes and 0 Nays. Motion carried.

- DOC: Aye
- MDE: Aye
- DEED: Aye
- GCDD: Aye
- MHFA: Aye
- MDHR: Aye
- DHS: Aye
- MetC: Aye
- OMHDD: Aye
- DPS: Aye
- MDVA: Aye

## **Goal Amendments for the current Olmstead Plan**

Mike Tessneer (DHS) presented proposed amendments to three goals in the current Olmstead Plan related to improving the measurements of outcomes.

Heidi Hamilton (DHS) explained that DHS is seeking to update their goal regarding timeliness of waiver services. The current goal focuses on time for approval, and there is no longer a waiting list for people interested in accessing waivers. Instead, DHS proposes to focus on the time from when a person is assessed and authorized to receive services until they actually begin to receive services. This measure will also help DHS align with new federal regulations on reporting. Additionally, DHS seeks to update its data tracking on Peer Support Specialists to report on number of billable units provided, pointing out that the current reporting data doesn't effectively track growth.

Tom Delaney (MDE) explained that MDE is seeking to combine two of its Olmstead goals related to post-secondary outcomes for students with disabilities to better align with data collected and monitored by the federal Department of Education. Rather than measuring the percentage of post-high school students with disabilities enrolled in higher education and those in integrated employment separately, these measures would be grouped together.

These amendments were accepted by the Olmstead Leadership Forum in June and then OIO shared for public comment. No public comments were received.

Mike Tessneer gave an update regarding reporting on the Olmstead Plan goals. Due to staff turnover in the Olmstead Compliance office (DHS), the quarterly reports have been combined. The reports for both November 2024 and February 2025 will be presented in early spring of 2025.

Commissioner Ho called for a motion to accept the three proposed goal amendments.

Motion: Jett Second: Daubenberger

In favor: Roll call vote was taken with 11 Ayes and 0 Nays. Motion carried.

- DOC: Aye
- MDE: Aye
- DEED: Aye
- GCDD: Aye
- MHFA: Aye
- DHS: Aye
- MetC: Aye
- OMHDD: Aye
- DPS: Aye
- MnDOT: Aye
- MDVA: Aye

## **Overview of reports and common themes**

Commissioner Ho noted that participants would be hearing about four reports regarding public input on inclusion, integration and choice for people with disabilities. Approximately 1,800 people, the majority of whom were people with disabilities, were reached across the four reports. Some common themes include the need for more meaningful inclusion and choice, a desire for people to know their rights and have them respected, and a desire for people with disabilities to be involved in state decisions that directly affect them.

### **Presentation by ACET on Community Conversations report**

Megan Pinkowski, Kamarrie Coleman, and Elisa Rucker from ACET presented on their Community Conversations Report. ACET conducted Small Community Conversations about disability, inclusion and choice, with a focus on underrepresented communities and reaching people with disabilities. There were 304 total participants across the conversations. The final report and its findings will be posted on OIO's website.

### **Presentation by Improve Group on Quality of Life report**

Stacy Rassel from Improve Group presented on the Quality of Life Survey Report. The baseline for this survey was done in 2017, and this is the third follow-up survey. The final report and its findings will be posted on OIO's website.

A question was posed regarding how Olmstead member agencies' work might affect access to leisure activities. One example given was transportation; to attend activities and have true community access, people with disabilities need reliable and affordable transportation options.

Commissioner Ho explained that because the Quality of Life report is a part of the Olmstead Executive Order, the Subcabinet will vote to accept it. She called for a motion to accept the Quality of Life report.

Motion: Lucero          Second: Varilek

In favor: Roll call vote was taken with 12 Ayes and 0 Nays. Motion carried.

- DOC: Aye
- MDE: Aye
- DEED: Aye
- MDH: Aye
- MHFA: Aye
- DHS: Aye
- MDHR: Aye
- MetC: Aye
- OMHDD: Aye
- DPS: Aye
- MnDOT: Aye
- MDVA: Aye

### **Presentation by OIO on Written Survey Report and Governor's Council on Developmental Disabilities Conversation report**

Rilyn Eischens (OIO) presented findings from the Disability Inclusion and Choice written survey and a community conversation with the Governor's Council on Developmental Disabilities (GCDD). The final reports on the survey and conversation will be posted on OIO's website.

Three examples of predominant themes that arose from the Disability Inclusion and Choice survey were the importance of collaboration and interagency work in improving systems for people with disabilities, the desire of people with disabilities to be directly involved with state agencies in the work of integration and inclusion, and a sense of urgency regarding this work as it directly affects the day-to-day life of people with disabilities.

In the community conversation with the GCDD, participants shared stories about the importance of integration not only in more formal settings like school and work, but also in social and recreational settings, such as field trips for students. Colleen Wieck (GCDD) agreed that the themes of GCDD's discussion mirrored those of the other reports being discussed and reiterated the negative effects of segregation on people with disabilities and their families, such as being separated at events.

Aisha Elmquist (OIO) then gave a brief update for the Olmstead Implementation Office. OIO is very close to entering into a contract to bring on consultants with lived experience of disability to work directly with the agencies in creating goals for the next Plan. Additionally, DHS recently put out a

request for proposal to bring on policy consultants, or subject matter experts, to also work with the agencies on drafting the goals.

## Discussion

Two questions were shared and posted in the chat to participants:

- What are some key insights from these reports?
- Where do you identify intersecting issues that call for cross-agency efforts?

Some of the insights raised in response were:

- The need for a true sense of belonging in the community for people with disabilities. One member suggested making integration and diversity the norm in spaces for young people as a potential focus. Another member noted that having one or two options to choose from is not the same as agency, the ability to make decisions for oneself independently.
- Staffing shortages have a major effect on the lives of people with disabilities. This includes not only direct care service workers but also staff for services such as public transportation. One member suggested that people with disabilities who have transitioned out of provider-controlled settings might be able to support or mentor those who are considering a similar transition. Kamarrie Coleman from ACET directed members to page 23 of their report, which discusses community mutual aid.

Areas for cross-agency work that were identified included:

- Infrastructure. One example was the need for affordable, accessible housing paired with the need for safe and reliable transportation. MnDOT and Minnesota Housing can work together in the early stages of development planning to ensure that both of these needs are addressed.
- Lack of resources. Agencies will need to work together to make the best use of limited funding.
- Intersectionality. Many of the issues faced by people with disabilities are also faced by other underrepresented groups, and many people have intersectional identities within those groups. Working together to provide programs or services that lift up one group of people will lift up the entire community.

## Adjournment

Commissioner Ho adjourned the meeting at 3:30 p.m.

The next Olmstead Subcabinet meeting will be on February 21, 2025, at 10:00 a.m. on Zoom Webinar.

## **Minnesota Olmstead Subcabinet**

### **November 2024 and February 2025 Quarterly Reports on Olmstead Plan Measurable Goals**



#### **REPORTING PERIOD:**

**Data acquired through January 31, 2025**

#### **DATE REVIEWED BY LEADERSHIP FORUM:**

**March 21, 2025**

## Contents

NOVEMBER 2024 AND FEBRUARY 2025 QUARTERLY REPORTS ON OLMSTEAD PLAN MEASURABLE GOALS.....	1
I. PURPOSE OF REPORT .....	3
EXECUTIVE SUMMARY .....	3
II. MOVEMENT FROM SEGREGATED TO INTEGRATED SETTINGS.....	6
TRANSITION SERVICES GOAL ONE.....	7
TRANSITION SERVICES GOAL TWO.....	11
TRANSITION SERVICES GOAL THREE .....	13
III. QUALITY OF LIFE MEASUREMENT RESULTS.....	16
OLMSTEAD PLAN QUALITY OF LIFE SURVEY .....	16
IV. INCREASING SYSTEM CAPACITY AND OPTIONS FOR INTEGRATION .....	17
PERSON-CENTERED PLANNING GOAL ONE .....	17
POSITIVE SUPPORTS GOAL ONE .....	20
POSITIVE SUPPORTS GOAL TWO .....	22
POSITIVE SUPPORTS GOAL THREE.....	24
HOUSING AND SERVICES GOAL ONE .....	27
EMPLOYMENT GOAL ONE .....	28
EMPLOYMENT GOAL TWO .....	33
TRANSPORTATION GOAL ONE.....	37
TRANSPORTATION GOAL THREE .....	40
TRANSPORTATION GOAL FOUR.....	41
TRANSPORTATION GOAL FIVE.....	42
HEALTH CARE AND HEALTHY LIVING GOAL ONE.....	43
HEALTH CARE AND HEALTHY LIVING GOAL TWO.....	45
POSITIVE SUPPORTS GOAL FOUR .....	47
POSITIVE SUPPORTS GOAL FIVE .....	49
CRISIS SERVICES GOAL ONE.....	50
CRISIS SERVICES GOAL TWO.....	51
CRISIS SERVICES GOAL FOUR.....	53
COMMUNITY ENGAGEMENT GOAL ONE.....	54
COMMUNITY ENGAGEMENT GOAL TWO.....	55
PREVENTING ABUSE AND NEGLECT GOAL TWO .....	56
ENDNOTES.....	58

## 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 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 three categories:

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

This quarterly report includes data acquired through January 31, 2024 and covers two quarters. 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.<sup>i</sup>

## EXECUTIVE SUMMARY

This report covers thirty measurable goals.<sup>ii</sup> As shown in the chart below, fourteen goals met or are on track to meet the annual goal and fifteen did meet or are not on track to meet the goals. One goal is in process as it is too soon to determine its status toward the overall goal.

Status of Goals – February 2025 Report	Number of Goals
Met annual goal	5
On track to meet annual goal	9
Not on track to meet annual goal	10
Did not meet annual goal	5
In process	1
<b>Goals Reported</b>	<b>30</b>

### Listed below is a performance summary of Plan goals in this report:

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

- During FY 2024, 49 individuals left ICF/DD programs to more integrated settings. The goal of 81 was not met. (Transition Services Goal One A)
- During FY 2024, 737 individuals with disabilities under age 65 in a nursing facility longer than 90 days moved to more integrated settings. The goal of 750 was not met. (Transition Services Goal One B)
- During FY 2024, 1,471 individuals moved from other segregated settings to more integrated settings. The goal of 1,200 was met. (Transition Services Goal One C)
- During the last two quarters, 29% of people at AMRTC no longer meet hospital level of care and are awaiting discharge to the most integrated setting. The goal is not on track to meet the 2025 target to reduce to 25% or lower. (Transition Services Goal Two)
- During 2024, the number of individuals at Forensic Services who moved to a less restrictive setting averaged 4.0 per month. The goal of 5 per month was not met. (Transition Services Goal Three)

Increasing system capacity and options for integration

- During the last two quarters, 95.6% of cases utilized the Person-Centered Protocols. The goal is on track to meet the 2026 target of 95%. (Person-Centered Planning Goal One)

- During FY 2024, 396 individuals experienced a restrictive procedure. The goal is on track to meet the 2025 target to not exceed 451. (Positive Supports Goal One).
- During FY 2024, there were 1,866 Behavior Intervention Reporting Form (BIRF) reports of restrictive procedures. The goal is on track to meet the 2025 target to not exceed 2,680. (Positive Supports Goal Two).
- During FY 2024, there were 133 reports of emergency use of mechanical restraints other than use of an auxiliary device with approved individuals. The goal is not on track to meet the 2025 target to not exceed 88 reports. (Positive Supports Goal Three).
- During FY 2024, there were 1,530 individuals moving into integrated housing. The goal of 655 was met. (Housing and Services Goal One)
- During FFY 24, the number of people with disabilities working in competitive integrated employment through Vocational Rehabilitation Services (VRS) and State Services for the Blind (SSB) was 2,048. The goal of 1,998 was met. (Employment Goal One).
- During FY 2023, there were 1,0922 MA recipients in competitive integrated employment. The goal is not on track to meet the 2026 target of 14,420. (Employment Goal Two)
- Using the 2023 Child Count, the percent of students receiving instruction in the most integrated setting was 64.42%. The goal is on track to meet the 2025 target of 64%. (Lifelong Learning and Education Goal One).
- During 2023, accessibility improvements were made to 1,200 curb ramps, bringing the total curb ramp improvements to 10,088. The goal of 10,299 was not met. (Transportation Goal One A)
- During 2024, accessibility improvements were made to 52 accessible pedestrian signals, bringing the total improvements to 972. The goal of 935 was met. (Transportation Goal One B)
- During 2023, accessibility improvements were made to 15 miles of sidewalks, bringing the total to 154.37 miles. The goal of 113 was met. (Transportation Goal One C)
- During the last six months, on-time performance for Greater Minnesota Transit was 90%. This is on track to meet the 2025 target of 90%. (Transportation Goal Four B)
- During 2023, the readmission rate of adults with disabilities was 20.6%. This is not on track to meet the 2025 target to reduce to 20% or less. (Health Care and Healthy Living Goal One)
- During 2023, the rate of children using an emergency department for non-traumatic dental care was 0.24%. This is not on track to meet the 2025 target to reduce to 0.20% or less. (Health Care and Healthy Living Goal Two A)
- During 2023, the rate of adults using an emergency department for non-traumatic dental care was 1.12%. This is not on track to meet the 2025 target to reduce to 1.0% or less. (Health Care and Healthy Living Goal Two B)
- During the 2023-24 school year, the number of students experiencing emergency use of restrictive procedures decreased by 24 from the previous year. The goal to decrease by 147 was not met. (Positive Supports Goal Four).
- During the 2023-24 school year, the number of incidents of students experiencing an emergency use of restrictive procedure increased by 1,121 over the previous year. The goal to reduce by 723 was not met. (Positive Supports Goal Five).
- During FY 2024, 67.0% of children remained in their community after a crisis. This is not on track to meet the 2026 goal of 75%. (Crisis Services One)
- During FY 2024, 53.7% of adults remained in their community after a crisis. This is not on track to meet the 2026 goal of 55%. (Crisis Services Goal Two)
- During FY 2023, 81.3% of individuals hospitalized due to a crisis were housed within five months of discharge. This is not on track to meet the 2026 goal of 82%. (Crisis Services Goal Four)

- During 2024, 284 individuals with disabilities participated in Governor appointed Boards and Commissions. This is on track to meet the 2025 goal of 278. (Community Engagement Goal One)
- During 2024, 1,279 people participated in public input opportunities related to the Olmstead Plan and provided 2,251 comments. This is on track to meet the 2025 goal to increase by 25% over baseline. (Community Engagement Goal Two)
- During 2023, there were 34 emergency room visits and hospitalizations due to abuse and neglect, a 24% decrease from baseline. This is on track to meet the 2025 target to decrease by 15% from baseline. (Preventing Abuse and Neglect Goal Two A)

## 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 – June 2024	28
Nursing Facilities (individuals under age 65 in facility > 90 days)	Jan – June 2024	392
Other segregated settings	Jan – June 2024	768
Anoka Metro Regional Treatment Center (AMRTC)	July – Dec 2024	35
Forensic Services <sup>1</sup>	July – Dec 2024	20
<b>Total</b>	--	<b>1,243</b>

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.

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<sup>1</sup> For the purposes of this report Forensic Services refers to individuals residing in the facility and committed as Mentally Ill and Dangerous and other civil commitment statuses. This goal measures moves to a less restrictive setting.

## TRANSITION SERVICES GOAL ONE

By June 30, 2026, the annual number of people who have moved from segregated settings to more integrated settings<sup>iii</sup> will be 2,031. 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.  
(Updated in 2024)

### SETTING A: INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES

By June 30, 2026, the annual number of people who have moved from Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD) to more integrated settings will be 81.

#### 2024 Annual Goal

- By June 30, 2024, the number of people moving from ICFs/DD to more integrated settings will be **81**.

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

#### RESULTS:

The 2024 goal to move 81 people annually from ICFs/DD to a more integrated setting was **not met**.

Time period	Total number of individuals leaving	Transfers <sup>iv</sup> (-)	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 Annual (July 2021 – June 2022)	177	12	59	106
2023 Annual (July 2022 – June 2023)	151	9	43	99
2024 Quarter 1 (July – September 2023)	29	5	11	13
2024 Quarter 2 (October – December 2023)	18	5	5	8
2024 Quarter 3 (January – March 2024)	38	3	19	16
2024 Quarter 4 (April – June 2024)	28	6	10	12
2024 Annual (July 2023 – June 2024)	113	19	45	49

#### ANALYSIS OF DATA:

From July 2023 – June 2024, the total number of people who moved from an ICF/DD to a more integrated setting was 49. This is 50 less than the year before. The annual goal of 81 was not met.

It is important to note that there are fewer ICFs/DD settings than in previous years, so the number of individuals leaving is expected to be less over time.

Additionally, as the population of people served in ICF/DD settings continues to age in place, the likelihood that people will want to move from their home late in their life could also slow the pace of transitions. Finally, community providers continue to report experiencing staffing shortages because of

the direct care workforce shortage. All of these reasons likely impact people’s ability to move from institutional settings into more integrated settings.

**UNIVERSE NUMBER:**

- In Fiscal Year 2024, there were 731 individuals receiving services in an ICF/DD on a monthly average.
- 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.

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**SETTING B: NURSING FACILITIES**

By June 30, 2026, the annual 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 750.

**2024 Annual Goal**

- By June 30, 2024, 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 2024 goal to move 750 people under 65 in a nursing facility for more than 90 days to a more integrated setting was **not met**.

Time period	Total number of individuals leaving	Transfers (-)	Deaths (-)	Net moved to integrated setting
2015 Annual (July 2014 – June 2015)	1,043	70	224	<b>749</b>
2016 Annual (July 2015 – June 2016)	1,018	91	198	<b>729</b>
2017 Annual (July 2016 – June 2017)	1,097	77	196	<b>824</b>
2018 Annual (July 2017 – June 2018)	1,114	87	197	<b>830</b>
2019 Annual (July 2018 – June 2019)	1,176	106	190	<b>880</b>
2020 Annual (July 2019 – June 2020)	1,241	86	240	<b>915</b>
2021 Annual (July 2020 – June 2021)	981	86	214	<b>681</b>
2022 Annual (July 2021 – June 2022)	1,058	61	198	<b>799</b>
2023 Annual (July 2022 – June 2023)	888	69	183	<b>636</b>
2024 Quarter 1 (July – Sept 2023)	223	17	43	<b>163</b>
2024 Quarter 2 (Oct – Dec 2023)	234	15	47	<b>182</b>
2024 Quarter 3 (Jan – March 2024)	262	17	52	<b>193</b>
2024 Quarter 4 (April – June 2024)	278	32	47	<b>199</b>
2024 Annual (July 2023 – June 2024)	997	81	179	<b>737</b>

**ANALYSIS OF DATA:**

From July 2023 – June 2024, the number of people under age 65 in a nursing facility for more than 90 days who moved to a more integrated setting was 737. Although, this is an increase of 101 from the previous year, the annual goal of 750 was not met.

A variety of factors impact transitions to community including the cost of housing, utilities and food. During the last quarter of this reporting period the cost of living decreased. According to the [U.S. Bureau of Labor Statistics](#), the consumer price index (an inflationary value) dropped to 1 percent by July 2023. Housing, food and utilities were the most affordable in Quarter 4 and were the lowest since May 2021.

The number of successful moves with transition support services have increased. In calendar year 2023, 215 people were moved from [qualified institutions](#) to their own home in the community with [Moving Home Minnesota](#) (MHM) transition services. This is the most moves that have occurred in a year since the program began as Moving Home Minnesota helps people on Medical Assistance (MA) move out of institutions. Moving Home Minnesota helps pay for services that MA or MA-Waiver benefits will not pay for, provides housing counseling, and makes sure that transitions to living in the community go smoothly.

**UNIVERSE NUMBER:**

- In Fiscal Year 2024, there were 2,459 individuals with disabilities under age 65 (including developmental disabilities) who received services in nursing facilities for longer than 90 days.
- 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.

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**SETTING C: OTHER SEGREGATED HOUSING**

By June 30, 2026, the annual number of people who have moved from other segregated housing to a more integrated setting will be 1,200.

**2024 Annual Goal**

- By June 30, 2024, the number of people moving from other segregated housing to more integrated settings will be 1,200.

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

**RESULTS:**

The 2024 goal to move 1,200 people from other segregated housing to more integrated settings **was met**.

**[Receiving Medical Assistance]**

<b>Time period</b>	<b>Total moves</b>	<b>Moved to more integrated setting</b>	<b>Moved to congregate setting</b>	<b>Not receiving residential services</b>	<b>No longer on MA</b>
2015 Annual (July 14 – June 15)	5,703	<b>1,137 (19.9%)</b>	502 (8.8%)	3,805 (66.7%)	259(4.6%)
2016 Annual (July 15 – June 16)	5,603	<b>1,051 (18.8%)</b>	437 (7.8%)	3,692 (65.9%)	423 (7.5%)
2017 Annual (July 16 – June 17)	5,504	<b>1,054 (19.2%)</b>	492 (8.9%)	3,466 (63.0%)	492 (8.9%)
2018 Annual (July 17 – June 18)	5,967	<b>1,188 (19.9%)</b>	516 (8.7%)	3,737 (62.6%)	526 (8.8%)
2019 Annual (July 18 – June 19)	5,679	<b>1,138 (20.0%)</b>	484 (8.5%)	3,479 (61.3%)	578 (10.2%)
2020 Annual (July 19 – June 20)	5,967	<b>1,190 (19.9%)</b>	483 (8.1%)	3,796 (63.6%)	498 (8.4%)
2021 Annual (July 20 – June 21)	5,261	<b>2,482 (47.2%)</b>	364 (6.9%)	2,257 (42.9%)	158 (3.0%)
2022 Annual (July 21 – June 22)	5,971	<b>2,127 (35.6%)</b>	349 (5.8%)	3,273 (54.8%)	222 (3.7%)
2023 Annual (July 22 – June 23)	4,659	<b>1,332 (28.6%)</b>	284 (6.1%)	2,863 (61.5%)	180 (3.9%)
2024 Quarter 1 (July – Sept 2023)	1,421	<b>368 (25.9%)</b>	73 (5.1%)	904 (63.6%)	76 (5.3%)
2024 Quarter 2 (Oct – Dec 2023)	1,341	<b>335 (25.0%)</b>	66 (4.9%)	831 (62.0%)	109 (8.1%)
2024 Quarter 3 (Jan – Mar 2024)	1,320	<b>386 (29.2%)</b>	74 (5.6%)	776 (58.8%)	84 (6.4%)
2024 Quarter 4 (April – June 2024)	1,360	<b>382 (28.1%)</b>	83 (6.1%)	811 (59.6%)	84 (6.2%)
2024 Annual (July 23 – June 24)	5,442	<b>1,471 (27.0%)</b>	296 (5.4%)	3,322 (61.0%)	353 (6.5%)

**ANALYSIS OF DATA:**

From July 2023 – June 2024, of the 5,442 individuals moving from segregated housing, 1,471 individuals (27.0%) moved to a more integrated setting. This is an increase of 139 people from 1,332 the previous year. This is also an increase of 1.6% from the previous year. The annual goal of 1,200 was met.

**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 December 31, 2025, the percent of people who remain at Anoka Metro Regional Treatment Center (AMRTC) who are committed as persons with a mental illness, chemically dependent, and/or a developmental disability with a mental health commitment and no longer in need of hospital care will be reduced to 25% or lower (based on daily average). (Updated in 2024)**

**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.<sup>2</sup>

### RESULTS:

The goal is **not on track** to meet the 2025 goal to reduce the percent of people awaiting discharge from AMRTC 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 Annual (July 2022 – June 2023)	46.0%	45.1%	45.1%
2024 Annual (July 2023 – June 2024)	50.7%	46.1%	46.8%
2025 Quarter 1 (July – September 2024)	27.8%	33.8%	32.7%
2025 Quarter 2 (October – December 2024)	24.0%	25.5%	25.3%

### ANALYSIS OF DATA:

From July – September 2024, the combined rate of all individuals at AMRTC who no longer meet hospital level of care and are awaiting discharge was 32.7%. This was a decrease of 14.1% from the previous quarter, which is a move in the right direction.

For those under mental health commitment at AMRTC, 27.8% no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting, this includes those awaiting a bed at the Forensic Mental Health Program (FMHP). During the same period, the percentage of individuals awaiting discharge who were civilly committed after being found incompetent was 33.8.

From October - December 2024, the combined rate of all individuals at AMRTC who no longer meet hospital level of care and are awaiting discharge was 25.3%. This was a decrease of 7.4% from the previous quarter, which is a move in the right direction.

<sup>2</sup> 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).

For those under mental health commitment at AMRTC, 24.0% no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting, this includes those awaiting a bed at the Forensic Mental Health Program (FMHP). During the same period, the percentage of individuals awaiting discharge who were civilly committed after being found incompetent was 25.5%.

From July – September 2024, 18 individuals at AMRTC moved to an integrated setting. From October – December 2024, 17 individuals at AMRTC moved into 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 Annual (July 22 – June 23)	274	184	1	89	16	73
2024 Annual (July 23 – June 24)	297	211	0	86	20	66
2025 Quarter 1 (July – Sept 2024)	75	57	0	18	4	14
2025 Quarter 2 (Oct – Dec 2024)	73	56	0	17	4	13

#### 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, 2025, the average monthly number of individuals at Forensic Services<sup>3</sup> moving to a less restrictive setting will increase to an average of 5 individuals per month. (Updated in 2024)**

**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 2025 goal to increase the average number of individuals moving out of Forensic Services to 5 per month.

Time period	Total number of individuals leaving	Transfers <sup>4</sup> (-)	Deaths (-)	Net moved to less restrictive	Monthly average
2021 Annual (Jan – Dec 2021)	111	24	12	75	6.3
2022 Annual (Jan – Dec 2022)	75	24	8	43	3.6
2023 Annual (Jan – Dec 2023)	88	19	12	57	4.8
2024 Quarter 1 (Jan – Mar 2024)	26	12	2	12	4.0
2024 Quarter 2 (Apr – Jun 2024)	23	7	0	16	5.3
2024 Quarter 3 (Jul – Sept 2024)	24	14	2	8	2.6
2024 Quarter 4 (Oct – Dec 2024)	24	11	1	12	4.0
2024 Annual (Jan – Dec 2024)	97	44	5	48	4.0

#### ANALYSIS OF DATA:

From January – December 2024, the total number people who moved to a less restrictive setting was 48. The monthly average number of individuals who moved to a less restrictive setting was 4.0. This was a decrease of 9 total people and a decrease of 0.8 from than the previous year. The goal is not on track.

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.

<sup>3</sup> 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.

<sup>4</sup> 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).

Time period	Type	Total moves	Transfers	Deaths	Moves to less restrictive settings
<b>2021 Annual</b>					
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
<b>Total</b>	<b>N/A</b>	<b>111</b>	<b>24</b>	<b>12</b>	<b>(Avg. = 6.3) 75</b>
<b>2022 Annual</b>					
Jan – Dec 2022	Committed after finding of incompetency	3	2	0	1
Jan – Dec 2022	MI&D committed	62	22	8	32
Jan – Dec 2022	Other committed	10	0	0	10
<b>Total</b>	<b>N/A</b>	<b>75</b>	<b>24</b>	<b>8</b>	<b>(Avg. = 3.6) 43</b>
<b>2023 Annual</b>					
Jan – Dec 2023	Committed after finding of incompetency	6	3	1	2
Jan – Dec 2023	MI&D committed	69	16	10	43
Jan – Dec 2023	Other committed	13	0	1	12
<b>Total</b>	<b>N/A</b>	<b>88</b>	<b>19</b>	<b>12</b>	<b>(Avg. = 4.8) 57</b>
<b>2024 Quarter 1</b>					
Jan – Mar 2024	Committed after finding of incompetency	1	0	0	1
Jan – Mar 2024	MI&D committed	22	12	2	8
Jan – Mar 2024	Other committed	3	0	0	3
<b>Total</b>	<b>N/A</b>	<b>26</b>	<b>12</b>	<b>2</b>	<b>(Avg = 4.0) 12</b>
<b>2024 Quarter 2</b>					
Apr – Jun 2024	Committed after finding of incompetency	2	0	0	2
Apr – Jun 2024	MI&D committed	19	7	0	12
Apr – Jun 2024	Other committed	2	0	0	2
<b>Total</b>	<b>N/A</b>	<b>23</b>	<b>7</b>	<b>0</b>	<b>(Avg = 5.3) 16</b>
<b>2024 Quarter 3</b>					
Jul – Sep 2024	Committed after finding of incompetency	3	2	0	1
Jul – Sep 2024	MI&D committed	19	11	2	6
Jul – Sep 2024	Other committed	2	1	0	1
<b>Total</b>	<b>N/A</b>	<b>24</b>	<b>14</b>	<b>2</b>	<b>(Avg = 2.6) 8</b>
<b>2024 Quarter 4</b>					
Oct – Dec 2024	Committed after finding of incompetency	2	1	0	1
Oct – Dec 2024	MI&D committed	19	9	1	9
Oct – Dec 2024	Other committed	3	1	0	2
<b>Total</b>	<b>N/A</b>	<b>24</b>	<b>11</b>	<b>1</b>	<b>(Avg = 4.0) 12</b>
<b>2024 Annual</b>					
Jan – Dec 2024	Committed after finding of incompetency	8	3	0	5
Jan – Dec 2024	MI&D committed	79	39	5	35
Jan – Dec 2024	Other committed	10	2	0	8
<b>Total</b>	<b>N/A</b>	<b>97</b>	<b>44</b>	<b>5</b>	<b>(Avg =4.0) 48</b>

#### UNIVERSE NUMBER:

In Fiscal Year 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. QUALITY OF LIFE MEASUREMENT RESULTS

This section includes report on the Olmstead Plan Quality of Life Survey.

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#### OLMSTEAD PLAN QUALITY OF LIFE SURVEY

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Minnesota's Olmstead Plan outlines what the State of Minnesota must do to ensure people with disabilities live, learn, work, and enjoy life in the most integrated setting statewide. As part of this effort, Executive Order 19-13 requires the State to measure quality of life for some people with disabilities through the Olmstead Quality of Life Survey. The survey measures change over time for a group of people with disabilities eligible to get services in potentially segregated settings at the time of the first survey, in 2017. The intention of the survey is to communicate directly with Minnesotans with disabilities about their lives over time.

In 2024, the Olmstead Implementation Office contracted with the Improve Group to conduct the third follow-up survey. The process began in March and was completed in October. In 2024, 506 people took the survey. 87% of participants lived in a potentially segregated setting, with half living in a Community Residential Setting. 32% of participants received day services. 75% of participants had a guardian. The survey report includes demographic information and findings compared to past years.

#### Key findings from the 2024 survey

- Over time, the average quality of life score for all participants has increased slightly. The average quality of life score at the time of the second follow-up survey in 2020 was 78, compared to 79 in 2024.
- The average quality of life score for participants who are Black, Indigenous and people of color (BIPOC) has decreased since 2017. In 2017, the average quality of life score for BIPOC participants was 78. It declined to 75 in 2024.
- Over time, participants' average decision-making control has not changed much. The average decision-making control score held steady at 67 in 2020 and 2024, compared to 66 in 2017 and 68 in 2018.
- The average interaction score for BIPOC participants decreased from 41 out of 100 in 2017 to 38 out of 100 in 2024. The average interaction score for all participants increased from 38 to 42 during the same time period.
- The average number of close relationships has decreased since 2017. In 2017, participants named an average of 4.1 close relationships, compared to 3.5 in 2024. (Note: Participants could name up to five close relationships.)

For more information about the Quality of Life Survey visit:  
<https://mn.gov/olmstead/documents/quality-of-life-surveys/>.

#### IV. 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 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

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**Plans for people using disability home and community-based waiver services will meet protocols based on the presence of eight required criteria. Protocols are based on principles of person-centered planning and informed choice. By June 30, 2026, the eight required criteria will be present at a combined rate of 95%. (Updated in 2024)**

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**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 <b>preferences</b> .	74%
2	The support plan includes a global statement about the person's <b>dreams and aspirations</b> .	17%
3	Opportunities for <b>choice</b> in the person's current environment are described.	79%
4	The person's current <b>rituals and routines</b> are described.	62%
5	<b>Social</b> , leisure, or religious <b>activities</b> 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 <b>living</b> setting is identified.	80%
8	The person's preferred <b>work</b> activities are identified.	71%
ALL	Combined average of all 8 elements	67%

**RESULTS:**

The goal is **on track** to meet the 2026 goal of 95% compliance rate.

*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 (Apr – June 17)	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 23 (July 22 – June 23)	96.4	89.8	100	90.3	99.8	99.7	99.9	99.8	96.3
FY 24 (July 23 – June 24)	97.4	83.1	100	85.6	100	99.7	100	100	95.7
FY 24 Q1 (July – Sept 23)	97.6	89.9	100	89.9	100	100	100	100	97.2
FY 24 Q2 (Oct – Dec 23)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FY 24 Q3 (Jan – Mar 24)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FY 24 Q4 (Apr – June 24)	97.1	76.3	100	81.3	100	99.3	100	100	94.2
FY 25 Q1 (July – Sept 24)	99.7	87.5	100	89.8	100	99.2	100	100	97.0

**ANALYSIS OF DATA:**

During Fiscal Year 24 (July 2023 – June 2024), of the 307 case files reviewed, the eight required elements were present in the percentage of files shown above. The combined average of the eight elements was 95.7%, a decrease of 0.6% from the previous year. Four of the eight elements achieved 100%. Four elements showed an increase and four showed a decrease in their level of compliant performance compared to the previous year. The combined compliance rate is on track to meet the 2026 goal of 95%.

From July - September 2024, of the 392 case files reviewed, the eight required elements were present in the percentage of files shown above. The combined average of the eight elements was 97.0%, an increase of 2.8% from 94.2% from the previous quarter. Four of the eight elements achieved 100%. Three elements showed improvement, and one showed a decrease in their level of compliant performance compared to the previous quarter. The combined compliance rate meets and exceeds the 2026 goal of 95%.

**Total number of cases and sample of cases reviewed**

<b>Time period</b>	<b>Total number of cases in counties reviewed (disability waivers)</b>	<b>Sample of cases reviewed (disability waivers)</b>
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
Fiscal Year 23 (July 2022 – June 2023)	16,562	1,214
Fiscal Year 24 (July 2023 – June 2024)	2,397	307
Fiscal Year 24 Q1 (July – September 2023)	1,337	168
Fiscal Year 24 Q2 (October – December 2023)	NA	No cases were reviewed
Fiscal Year 24 Q3 (January – March 2024)	NA	No cases were reviewed
Fiscal Year 24 Q4 (April – June 2024)	1,060	139
Fiscal Year 25 Q1 (July – September 2024)	3,070	392

**Lead Agencies Participating in the Audit <sup>5</sup>**

<b>Time period</b>	<b>Lead agencies</b>
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) Mahnomen, Koochiching, Wabasha, Goodhue, Traverse, Douglas, Pope, Grant, Stevens, Isanti, Olmsted, St. Louis, Hennepin, Carver, Wright, Crow Wing, Renville, Lac Qui Parle, Chippewa, Otter Tail
Fiscal Year 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
Fiscal Year 2023 (July 2022 – June 2023)	(21) Kanabec, Kandiyohi, Ramsey, Rice, Scott, Big Stone, Nicollet, Sibley, Wilkin, Benton, DVHHS Alliance (Cottonwood and Jackson), Meeker, Pine, Swift, Dakota, Leech Lake Tribe, Le Sueur, Red Lake Nation, Watonwan, White Earth Nation
Fiscal Year 2024 (July 2023 – June 2024)	(6) Blue Earth, Brown, Carlton, Isanti, Koochiching, Itasca
FY25 Q1 (July – Sept 2024)	(7) Red Lake, Mahnomen, Goodhue, Wadena, Faribault and Martin, Mille Lacs, Olmsted

<sup>5</sup> Agency visits are sequenced in a specific order approved by Centers for Medicare and Medicaid Services (CMS)

**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, 2025, 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 451. (Updated in 2024)**

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

**RESULTS:**

The goal is **on track** to meet the 2025 goal to not exceed 451 individuals receiving restrictive procedures.

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
2023 Annual (July 2022 – June 2023)	406 (unduplicated)	+18
2024 Annual (July 2023 – June 2024)	396 (unduplicated)	10
2024 Q1 (July – September 2023)	141	N/A – quarterly number
2024 Q2 (October – December 2023)	149	N/A – quarterly number
2024 Q3 (January – March 2024)	153	N/A – quarterly number
2024 Q4 (April – June 2024)	162	N/A – quarterly number
2025 Q1 (July – September 2024)	140	N/A – quarterly number

**ANALYSIS OF DATA:**

From July 2023 – June 2024, the total number of people who experienced a restrictive procedure was 396. This was a decrease of 10 from the previous year and a decrease of 680 from baseline. The goal is on track to meet the 2025 goal not to exceed 451.

From July – September 2024, the total number of people who experienced a restrictive procedure was 140. This was a decrease of 22 from the previous quarter of 162. 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.

**From April - June 2024**, there were 162 individuals who experienced a restrictive procedure:

- 150 individuals were subjected to Emergency Use of Manual Restraint (EUMR) only. This was an increase of 6 people from the previous quarter.
- 12 individuals experienced restrictive procedures other than EUMRs (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures). This was an increase of 3 people from the previous quarter.

**From July 2023 – June 2024**, there were 396 individuals who experienced a restrictive procedure:

- 368 individuals were subjected to Emergency Use of Manual Restraint (EUMR) only. This was an increase of 2 people from the previous year.
- 28 individuals experienced restrictive procedures other than EUMRs (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures). This was a decrease of 12 from the previous year.

**From July – September 2024**, there were 140 individuals who experienced a restrictive procedure:

- 128 individuals were subjected to Emergency Use of Manual Restraint (EUMR) only. This was a decrease of 22 people from the previous quarter.
- 12 individuals experienced restrictive procedures other than EUMRs (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures). There was no change in this number from the previous quarter.

The External Program Review Committee conducted EUMR-related assistance involving 30 people from April – June 2024, 49 people from July – September 2024, and 69 people from July 2023 - June 2024. This number does not include people who are receiving similar support from other DHS groups.

#### **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, 2025, 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 2,680.**

*(Updated in 2024)*

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

### RESULTS:

The goal is **on track** to meet the 2025 goal to not exceed 2,680 restrictive procedures.

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
2023 Annual (July 2022 – June 2023)	1,916	+116
2024 Annual (July 2023 – June 2024)	1,866 (unduplicated)	50
2024 Q1 (July – September 2023)	523	N/A – quarterly number
2024 Q2 (October – December 2023)	483	N/A – quarterly number
2024 Q3 (January – March 2024)	429	N/A – quarterly number
2024 Q4 (April – June 2024)	407	N/A – quarterly number
2025 Q1 (July – September 2024)	416	N/A – quarterly number

### ANALYSIS OF DATA:

From July 2023—June 2024, the number of restrictive procedure reports was 1,866. That is a decrease of 50 from the previous year and a decrease of 6,736 from baseline. This is on track to meet the 2025 goal not to exceed 2,680.

From July – September 2024, the number of restrictive procedure reports was 416. That is an increase of 9 reports from previous quarter.

From April – June 2024 there were 407 reports of restrictive procedures this quarter. Of those reports:

- 356 reports were for emergency use of manual restraint (EUMR). This is a decrease of 24 reports of EUMR from the previous quarter.
  - 51 reports involved restrictive procedures other than EUMR (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures). This is an increase of 2 from the previous quarter.
  - 5 uses of seclusion involving 10 or fewer people were reported this quarter. This is an increase of 3 reports from last quarter.

- 2 reports of seclusion occurred at the Forensic Mental Health Program in St Peter (formerly known as Minnesota Security Hospital).
- 3 reports came from community providers. DHS followed up with the provider for each report to review the use:
  - 2 reports were determined to be coding errors and no use of seclusion actually occurred
  - 1 report was an unapproved use and licensing was made aware.
- There were no reports of penalty consequences reported this quarter.
- There were 2 reports of timeout this quarter that were coding errors. This was reported by a community provider. DHS followed up with the provider to review the use and determined the report was a coding error.

From July – September 2024 there were 416 reports of restrictive procedures quarter. Of those reports:

- 362 reports were for emergency use of manual restraint (EUMR). This is an increase of 6 reports of EUMR from the previous quarter. Such
  - 54 reports involved restrictive procedures other than EUMR (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures). This is an increase of 3 from the previous quarter.
  - 4 uses of seclusion involving 10 or fewer people were reported this quarter. This is a decrease of 1 report from the previous quarter.
    - All 4 reports of seclusion occurred at the Forensic Mental Health Program in St Peter.
- There was 1 report of penalty consequences reported this quarter that was a coding error by a community provider. DHS followed with the provider to review the use and determined the report was a coding error. This coding error resulted in 1 more report of penalty consequences than the previous quarter.
- There were no reports of timeout this quarter. This is a decrease in 2 reports.

#### **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<sup>v</sup>, 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, 2025, the emergency use of mechanical restraints, other than the use of an auxiliary device<sup>6</sup> will be reduced to no more than 88 reports. *(Updated in 2024)*

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

#### RESULTS:

The goal is **not on track** to meet the 2025 goal to not exceed 88 reports.

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
FY 2020 (July '19 – June '20)	273	257	530	10
FY 2021 (July '20 – June '21)	153	220	373	8
FY 2022 (July '21 – June '22)	138	120	258	6
FY 2023 (July '22 – June '23)	151	49	200	6
FY 2024 (July '23 – June '24)	133	51	184	10 or fewer
2024 Q1 (July – Sept 2023)	32	11	43	10 or fewer
2024 Q2 (Oct – Dec 2023)	37	14	51	10 or fewer
2024 Q3 (Jan – Mar 2024)	33	13	46	10 or fewer
2024 Q4 (Apr – June 2024)	31	13	44	10 or fewer
2025 Q1 (Jul – Sept 2024)	36	13	49	10 or fewer

<sup>6</sup> 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 2023 – June 2024, the number of reports of mechanical restraints other than auxiliary devices was 133. This was a decrease of 18 reports from the previous year. At the end of the reporting period, the number of individuals for whom the use of mechanical restraint use was approved was 10 or fewer people. During this year the total number of reports of mechanical restraints (including auxiliary devices), was 184. This is a decrease of 16 from the previous year. This is a decrease of 1,899 reports from baseline.

From July – September 2024, the number of reports of mechanical restraints other than auxiliary devices was 36. This was an increase of 5 reports 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 10 or fewer. The goal is in progress.

The number of individuals who had approval from the commissioner to use restraints to protect against serious self-injury remained at 10 or fewer through both quarters so further detailed information and categorization of restraints cannot be provided.

### **April – June 2024**

Of the 44 BIRFs reporting use of mechanical restraint in this quarter:

- 13 reports involved auxiliary devices to prevent a person from unbuckling their seatbelt during travel. All 13 reports were for restraint use in which the use of auxiliary devices was approved by the Commissioner. Compared to the previous quarter, there was no change.
- 31 reports involved use of another type of mechanical restraint. This is a decrease of 2 reports from the previous quarter. Of these reports of another type of mechanical restraint:
  - 30 reports involved 10 or fewer people who had the use of self-injury protection equipment (examples include helmets, splints, braces, mitts, and gloves) reviewed by the EPRC (External Program Review Committee) and approved by the Commissioner for the emergency use of mechanical restraint. This was an increase in 1 report from the previous quarter.
  - There were no reports from the Forensic Mental Health Program in St. Peter (formally known as the Minnesota Security Hospital).
  - There was 1 report from a community provider. DHS followed up with the provider each time to review the use and determined the report was a coding error and no mechanical restraint occurred.

### **July – September 2024**

Of the 49 BIRFs reporting use of mechanical restraint in this quarter:

- 13 reports involved auxiliary devices to prevent a person from unbuckling their seatbelt during travel. All 13 were for restraint use in which the use of auxiliary devices was approved by the Commissioner. Compared to the previous quarter, this was no change.
- 36 reports involved use of another type of mechanical restraint. This is a decrease of 4 reports from the previous quarter. Of these reports involving another type of mechanical restraint:
  - 28 reports involved 10 or fewer people who had the use of self-injury protection equipment (examples include helmets, splints, braces, mitts, and gloves) reviewed by the EPRC and approved by the Commissioner for the emergency use of mechanical restraint. This was a decrease of 2 reports from the previous quarter.
  - There were 3 reports submitted by the Forensic Mental Health Program in St Peter. This was an increase of 3 reports from the previous quarter.

- There were 5 reports of mechanical restraints that were coding errors. These were reported by community providers. DHS followed up with the provider each time to review the use and determined the report was a coding error.

**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 goal includes the overall goal, the annual goal, baseline, results for the reporting period, and analysis of data.

### HOUSING AND SERVICES GOAL ONE

**By June 30, 2026, 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 3,797 (from 2021 through 2026). (Updated in 2024)**

#### 2024 Goal

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

**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 2024 goal of 665 individuals moving into integrated housing was **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	<b>1,095</b>	6,483	108.1
2022 Annual (July 2021 – June 2022)	12,897	<b>419</b>	6,902	115.1
2023 Annual (July 2022 – June 2023)	13,735	<b>838</b>	7,740	129
2024 Annual (July 2023 – June 2024)	15,265	<b>1,530</b>	9,270	155

#### ANALYSIS OF DATA:

From July 2023 – June 2024 the number of people living in integrated housing increased by 1,530 from the previous year and an increase of 9,270 over baseline. The 2024 goal to increase by 665 was met.

#### TIMELINESS OF DATA:

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

## EMPLOYMENT GOAL ONE

**By September 30, 2025, the number of individuals<sup>7</sup> who are in competitive integrated employment as a result of receiving Vocational Rehabilitation Services (VRS) and State Services for the Blind (SSB) will increase by 11,631 (from 2020 through 2025). (Updated in 2024)**

### 2024 Goal

- By September 30, 2024, the number of individuals in competitive integrated employment will increase by 1,998.

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

### RESULTS:

The 2024 goal to increase the number of individuals in competitive integrated employment by 1,998 was met.

### Number of Individuals Achieving Employment Outcomes

Time period Federal Fiscal Year (FFY)	Vocational Rehabilitation Services (VRS)	State Services for the Blind (SSB)	Annual Total
2015 Annual (FFY 15) October 2014 – September 2015	3,104	132	3,236
2016 Annual (FFY 16) October 2015 – September 2016	3,115	133	3,248
2017 Annual (FFY 17) October 2016 – September 2017	2,713	94	2,807
2018 Annual (FFY 18) October 2017 – September 2018	2,577	105	2,682
<b>Reset Baseline and Goals</b>			
Baseline 2019 Annual (FFY 19) October 2018 – September 2019	2,578	92	2,670
2020 Annual (FFY 20) October 2019 – September 2020	2,005	66	2,071
2021 Annual (FFY 21) October 2020 – September 2021	1,591	69	1,660
2022 Annual (FFY 22) October 2021 – September 2022	1,925	81	2,006
2023 Annual (FFY 23) October 2022 – September 2023	1,856	75	1,931
2024 Annual (FFY 24) October 2023 – September 2024	1,991	57	2,048

<sup>7</sup> This includes individuals who were closed successfully from the Vocational Rehabilitation program. This is an unduplicated count of people working successfully in competitive, integrated jobs. These numbers are based on historical trends for annual successful employment outcomes.

**ANALYSIS OF DATA:**

From October 2023 – September 2024, the number of people with disabilities working in competitive integrated employment was 2,048. This is an increase of 117 from the previous year and is 622 under the 2019 baseline.

From October 1, 2023, to September 30, 2024, Vocational Rehabilitation Services provided employment related services to 13,880 participants, an increase of 1,110 (8.7%) from the previous year.

While the number of participants served is nearing pre-COVID-19 pandemic levels, the number of people who exit with employment has not yet recovered, due to the average time of program participation, roughly two years (VRS).

**Demographics of Individuals Achieving Employment Outcomes**

Consistent with 2023 data, close to half of the individuals (46%) who found employment through SSB and VRS services last year were under the age of 25, reflecting a continued increase in services to youth. The percentage of participants under the age of 25 is 60% compared to 50% seven years ago.

In general, the racial and ethnic demographics of individuals achieving employment outcomes are similar to participants and the overall population of Minnesotans with disabilities. The percentage of individuals identifying as Asian/Pacific Islander achieving their employment outcomes increased in 2024 over the year before. The tables below provide demographic information of the individuals achieving employment outcomes in this reporting period.

**Percentage of All Individuals Achieving Employment Outcomes by Race/Ethnicity**

<b>Race/Ethnicity</b>	<b>2022 (FFY 23) Oct 2021 – Sept 2022</b>	<b>2023 (FFY 23) Oct 2022 – Sept 2023</b>	<b>2024 (FFY 24) Oct 2023 – Sept 2024</b>
More than 1 Race	4%	5%	4%
American Indian/Native American	1%	2%	1%
Asian/Pacific Islander	4%	3%	4%
Black/African American	8%	7%	7%
Did not report	1%	2%	2%
Hispanic/Latinx	5%	7%	7%
White	76%	74%	75%

**Age of Individuals Achieving Employment Outcomes by Age Group**

<b>Age Group</b>	<b>2022 (FFY 23) Oct 2021 – Sept 2022</b>	<b>2023 (FFY 23) Oct 2022 – Sept 2023</b>	<b>2024 (FFY 24) Oct 2023 – Sept 2024</b>
18 and under	25%	25%	24%
19-24	23%	22%	22%
25-30	11%	11%	11%
31-40	12%	14%	17%
41-50	12%	13%	11%
51-60	13%	11%	11%
61 and Older	4%	4%	4%

## Additional information

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

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

### ***Pre-Employment Transition Services (Pre-ETS)***

WIOA requires VRS to have Pre-ETS available statewide to all students with disabilities, ages 14 through 21. The five required Pre-Employment Transition Services are: (1) job exploration counseling; (2) work-based learning experiences; (3) post-secondary education counseling; (4) workplace readiness experiences; and (5) instruction in self-advocacy.

In the 2023-2024 school year, this statewide mandate for services covers more than 55,000 students, ages 14 through 21 in Minnesota who are eligible for and receiving special education and related services based on information from the Minnesota Automated Reporting Student System (MARSS) and reported by the Minnesota Department of Education.

From October 1, 2023 to September 30, 2024 a total of 5,300 students received VRS Pre-Employment Transition Services. About \$8.4 million in pre-ETS services were provided through community providers and VR staff provided 11,300 services to students.

<b>Time period Federal Fiscal Year (FFY)</b>	<b>Students Receiving VRS Pre-ETS</b>	<b>Community Provider Pre-ETS Expenditures</b>	<b>VR Staff Provided Pre- ETS Count</b>
2020 Annual (FFY 20) October 2019 – September 2020	3,270	\$1.0m	6,000
2021 Annual (FFY 21) October 2020 – September 2021	3,394	\$3.1m	6,000
2022 Annual (FFY 22) October 2021 – September 2022	3,981	\$4.7m	8,300
2023 Annual (FFY 23) October 2022 – September 2023	4,415	\$5.8m	9,850
2024 Annual (FFY 24) October 2023 – September 2024	5,300	\$8.4m	11,300

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

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

In September 2022, VRS was awarded a Disability Innovation Fund (DIF) grant from the U.S. Department of Education was successful. The five-year \$13 million DIF grant award, known as GoMN! creates an opportunity for Minnesota to connect with persons with disabilities who currently earn, or are contemplating, subminimum wages and to meet the workforce needs of the transportation industry. In 2025, Go MN! is expanding to the Rochester, Monticello, Winona, St. Cloud areas of the state.

**Young people** who historically have been placed into subminimum wage employment – typically youth with developmental disabilities – are required to apply for VRS before they can be hired into a job that pays less than minimum wage. As a result, the number of youth with developmental disabilities

referred to VRS increased significantly when WIOA Section 511 took effect in July 2016. In Federal Fiscal Year 2024, the number of youth referred surpassed pre-COVID-19 pandemic levels, with an increased number of youth on the autism spectrum.

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

FFY	All Youth Referrals	Youth with Autism	Youth with Intellectual Disabilities	Total	% of Total Referrals for Youth with DD
2015	2,833	581	367	948	33.5%
2016	3,064	680	517	1,197	39.1%
2017	3,425	873	826	1,699	49.6%
2018	3,192	888	594	1,482	46.4%
2019	3,029	852	543	1,395	46.1%
2020	2,465	732	411	1,143	46.4%
2021	2,261	712	398	1,110	49.1%
2022	2,755	883	492	1,375	49.9%
2023	2,797	894	461	1,355	48.4%
2024	3,334	1,027	462	1,489	44.7%

**Adults** currently working in jobs below the federal minimum wage in segregated settings must receive career counseling, information, and referral services, and discuss opportunities to pursue competitive, integrated employment in the community. These services are to be offered at six-month intervals during the first year and annually thereafter. Minnesota's eight Centers for Independent Living (CILs) are the VRS designated representatives to provide the initial career counseling and information and referral (CC&I&R) services to adults working at minimum wage for 14(c) employers.

CIL staff provide career counseling and information and referral services to adults working at sub-minimum wage, as listed in the table below. Due to the pandemic, many individuals were not working due to 14 (c) employers closing. This had a significant impact on the CILs being able to conduct CCI&R interviews with individuals. CCI&R conversations were held virtually starting in March 2020 in order to continue the work during the COVID-19 pandemic. The pandemic continues to play a role in staff shortages and people choosing not to work; however currently virtual and in-person conversations are occurring. The most recent decline in individuals participating in the CCI&R conversations is due primarily to providers moving away from offering subminimum wage.

#### **Career Counseling and Information and Referral Services (CC&I&R)**

Time Period	Participants in CC&I&R	Number Interested in CIE	Percent Interested in CIE
Year 1 (July 23, 2016 – July 22, 2017)	11,991	2,010	17%
Year 2 (July 23, 2017 – July 22, 2018)	10,237	1,452	14%
Year 3 (July 23, 2018 – July 22, 2019)	9,901	1,635	17%
Year 4 (July 23, 2019 – July 22, 2020)	8,265	999	12%
Year 5 (July 23, 2020 – July 22, 2021)	5,716	562	10%
Year 6 (July 23, 2021 – July 22, 2022)	4,800	521	11%
Year 7 (July 23, 2022 – July 22, 2023)	4,500	609	14%

### **WIOA impact on State Services for the Blind (SSB)**

WIOA has significantly broadened the scope of services that SSB is required to provide to people with disabilities. Pre-Employment Transition Services (Pre-ETS), as required by WIOA, continues to have the greatest impact on SSB administered programs. WIOA requires SSB to have Pre-ETS available statewide to all students with disabilities, ages 14 through 21. The five required Pre-Employment Transition Services are: (1) job exploration counseling; (2) work-based learning experiences; (3) post-secondary education counseling; (4) workplace readiness experiences; and (5) instruction in self-advocacy.

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

MDE has indicated in their “Unduplicated Child Count” report that there are approximately 253 students in secondary education who are blind, visually impaired, or DeafBlind. This number only includes those students whose primary disability is blindness or DeafBlindness. Additionally, SSB serves some Pre-ETS students enrolled in post-secondary options. Based on SSB’s current numbers, SSB estimates there to be 55 additional students in post-secondary, for a total of 308 students, 193 of whom are connected to SSB.

The SSB Pre-ETS Transition Coordinator is reaching out by email to ask MDE’s special education directors to share information with the students about SSB and our services. Historically, we have found teachers to be the critical linking point for students accessing SSB services and have high expectations for success with this effort. Based on this year’s numbers, there are 114 students in secondary education who are not yet receiving services from SSB.

SSB has a small student population but is required to spend approximately 1.3 million dollars on Pre-ETS each Federal Fiscal Year. A concerted effort is made to provide outreach to every student statewide. SSB’s Pre-ETS Blueprint lays out the yearly plan to provide those services. For the time period of this report (October 1, 2023 through September 30, 2024) a total of 170 students received Pre-ETS. Of important note, some students received more than just one of the five required services.

### **Order of Selection**

In October 2023, VRS opened Category 4, which allows a broader group of individuals with disabilities to receive services. November 30, 2020, VRS reopened Category 2 and Category 3 which had been closed since the fall of 2014. The reopening allowed VRS staff to immediately begin offering employment-related services to a broader group of Minnesotans with disabilities.

Of individuals found eligible for VRS services between October 1, 2023, and September 30, 2024, 5,231 (80%) met Category 1 Priority for service, compared to 93% four years before.

### **TIMELINESS OF DATA:**

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

## EMPLOYMENT GOAL TWO

**By June 30, 2026, 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.**

*(Updated in 2024)*

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

### RESULTS:

The goal is **not on track** to meet the 2026 goal to increase the number of individuals in competitive integrated employment by 8,283 over baseline.

**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
2023 Annual (July 2021 – June 2022)	60,303	10,141	16.8%	1,290	4,004
2024 (July 2022 – June 2023)	62,413	10,922	17.5%	781	4,785

### ANALYSIS OF DATA:

During July 2022 – June 2023 there were 10,922 people in competitive integrated employment earning at least \$600 a month. This is an increase of 781 from the previous year and 4,785 above baseline. The goal is not on track to increase by 8,283 over baseline to 14,420 by 2026.

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.

Following 2023 legislation, DHS now has, for the first time, a list of all people who are paid subminimum wages in Minnesota. DHS will be retiring the proxy measure and will update reporting measures, dashboards, etc. to reflect the actual number of people paid subminimum wages, which will in turn provide more accurate data on those who have competitive integrated 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 ONE

**By March 1, 2025, the percent of students with disabilities<sup>vi</sup>, receiving instruction in the general education setting, will increase to 64%. (Updated in 2024)**

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

### RESULTS:

The goal is **on track** to meet the 2025 goal to increase the percent of students with disabilities receiving instruction in the general education setting to 64%.

Time Period	Total number of students with disabilities (ages 6 – 21)	Number of students with disabilities in most integrated setting	Percent of students with disabilities in most integrated setting
Baseline (Jan – Dec 2013)	109,332	67,917	62.11%
January – December 2014 (Dec 2014 Child Count)	110,141	68,434	62.13%
January – December 2015 (Dec 2015 Child Count)	112,375	69,749	62.07%
January – December 2016 (Dec 2016 Child Count)	115,279	71,810	62.29%
January – December 2017 (Dec 2017 Child Count)	118,800	74,274	62.52%
January – December 2018 (Dec 2018 Child Count)	123,101	77,291	62.79%
January – December 2019 (Dec 2019 Child Count)	126,693	79,595	62.83%
January – December 2020 (Dec 2020 Child Count)	127,314	80,688	63.38%
January – December 2021 (Dec 2021 Child Count)	128,980	82,476	63.94%
January – December 2022 (Dec 2022 Child Count)	133,048	85,186	64.03%
January – December 2023 (Dec 2023 Child Count)	138,304	89,093	64.42%

### ANALYSIS OF DATA:

During 2023, the number of students with disabilities receiving instruction in the most integrated setting was 89,093, an increase of 2.31% over baseline to 64.42%. This was an increase of 3,907 as well as an increase of 0.39% from the previous year. Under federal law [IDEA Section 1414](#) and [Minnesota Statute §125A.08](#), the extent to which a student can be included in the least restrictive environment is determined by their individualized education program team, including parents, as well as the student when possible.

Beginning in 2021, additional data is being provided by student race and ethnicity. This information includes the percentage of students with disabilities within seven racial or ethnic groups receiving education in the most integrated setting. In order to report this disaggregated data, MDE uses publicly available published by the Office of Special Education Programs (OSEP). This data is typically updated

annually in January. However, as of the data of this report, the 2023 data has not yet been published. This information will be included the next time this goal is reported.

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

<b>Racial or Ethnic Group</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
American Indian or Alaskan Native	59.44%	59.71%	59.20%	58.87%
Asian or Pacific Islander	61.05%	62.46%	60.83%	59.42%
Black or African American	43.95%	45.24%	45.88%	44.82%
Hispanic or Latino	58.67%	59.73%	59.88%	59.50%
Native Hawaiian or Other Pacific Islander	50.52%	52.73%	54.92%	51.97%
Two or More Races	60.18%	61.65%	61.83%	61.29%
White	65.36%	66.36%	66.92%	67.57%

\*IDEA Section 618 Data Products

**TIMELINESS OF DATA:**

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

## TRANSPORTATION GOAL ONE

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

### A) Curb Ramps

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

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

#### RESULTS:

The 2023 goal of accessibility improvements to 10,299 curb ramps was **not met**.

Time Period	Curb Ramp Improvements	Total curb ramp Improvements	PROW Compliance Rate
Baseline - Calendar Year 2012	--		19%
Calendar Year 2014	1,139	1,139	24.5%
Calendar Year 2015	1,594	2,733	28.5%
Calendar Year 2016	1,015	3,748	35.0%
Calendar Year 2017	1,658	5,406	42.0%
Calendar Year 2018	1,188	6,594	51.7%
Calendar Year 2019	358	6,952	52.2%
Calendar Year 2020	327	7,279	57.0%
Calendar Year 2021	509	7,788	61.0%
Calendar Year 2022	1,100	8,888	45.6%
Calendar Year 2023	1,200	10,088	41%

#### ANALYSIS OF DATA:

In 2023, the total number of curb ramps improved was 1,200, bringing the total improvements to 10,088 and a 41% compliance under PROW. The goal of 10,299 was not met. From 2020 – 2022 MnDOT conducted a reassessment of the baseline for ADA assets which includes assets not been previously counted in the baseline. This resulted in the decrease in the PROW compliance rate.

#### TIMELINESS OF DATA:

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

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## B) Accessible Pedestrian Signals

### 2023 Goal:

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

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

### RESULTS:

The 2023 goal to bring the number of APS to 935 (79% of system) was reported as not met in February 2024. Using Calendar Year 2024 data, the 2023 goal **was met**.

Time Period	Total APS in place	Increase over previous year	Increase over baseline
Baseline Calendar Year 2009	118 of 1,179 APS (10% of system)	N/A	N/A
Calendar Year 2014	454 of 1,179 APS (38% of system)	40	336
Calendar Year 2015	523 of 1,179 APS (44% of system)	69	405
Calendar Year 2016	595 of 1,179 APS (50% of system)	72	477
Calendar Year 2017	695 of 1,179 APS (59% of system)	100	577
Calendar Year 2018	770 of 1,179 APS (65% of system)	86	652
Calendar Year 2019	824 of 1,179 APS (70% of system)	43	706
Calendar Year 2020	840 of 1,179 APS (71% of system)	16	722
Calendar Year 2021	892 of 1,179 APS (76% of system)	52	774
Calendar Year 2022	905 of 1,179 APS (76% of system)	13	787
Calendar Year 2023	920 of 1,179 APS (78% of system)	15	802
Calendar Year 2024	972 of 1174 APS (82% of system)	52	854

### ANALYSIS OF DATA:

In Calendar Year 2024, MnDOT constructed 52 signals with APS, bringing the number of APS signals to 972 and the percentage to 82% of the system. Using Calendar Yer 2024 data, the 2023 goal to bring the number of APS to 935 (79% of system) was met.

### TIMELINESS OF DATA:

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

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**(C) Sidewalks**

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

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

**RESULTS:**

The 2023 goal of improvements to an additional 113 miles of sidewalks was **met**.

Time Period	Sidewalk Improvements	Cumulative sidewalk improvements	PROW Compliance Rate
Baseline - Calendar Year 2012	N/A		46%
Calendar Year 2015	12.41 miles	12.41 miles	47.3%
Calendar Year 2016	18.80 miles	31.21 miles	49%
Calendar Year 2017	28.34 miles	59.55 miles	56%
Calendar Year 2018	33.24 miles	92.79 miles	60%
Calendar Year 2019	5.6 miles	98.3 miles	62%
Calendar Year 2020	11.5 miles	109.8 miles	63%
Calendar Year 2021	17.57 miles	127.37 miles	66%
Calendar Year 2022	12 miles	139.37 miles	56%
Calendar Year 2023	15 miles	154.37 miles	54%

**ANALYSIS OF DATA:**

In Calendar Year 2023, improvements were made to an additional 15 miles of sidewalks. This brings the PROW compliance rate to 54%. From 2020 – 2022 MnDOT conducted a reassessment of the baseline for ADA assets which includes assets not been previously counted in the baseline. This resulted in the decrease in the PROW compliance rate.

**TIMELINESS OF DATA:**

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

### TRANSPORTATION GOAL THREE

**By 2026, expand transit coverage so that 90% of the public transportation service areas in Minnesota will meet minimum service guidelines for access. (Updated in 2024)**

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.”<sup>8</sup>

#### 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** as it is too early to determine progress towards the 2026 target.

**Percentage of public transportation meeting minimum service guidelines for access**

	<b>Weekday</b>	<b>Saturday</b>	<b>Sunday</b>
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%
2022	76.9%	29.2%	13.7%
2023	73.8%	28.5%	13.7%

#### ANALYSIS OF DATA:

A minor drop has been seen in the Weekday and Saturday service. The decline is attributed to the ongoing driver shortage in Greater MN.

#### 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.

<sup>8</sup> Greater Minnesota Transit Investment Plan is available at <http://minnesotago.org/index.php?cid=435>.

## TRANSPORTATION GOAL FOUR

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

### (B) Greater Minnesota Transit

**Ten-year goals** to improve on time performance:

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

**Baseline** for on time performance in 2014 was:

- Greater Minnesota – 76% within a 45-minute timeframe.

### RESULTS:

The goal is **on track** to meet the 2025 goal to improve Greater Minnesota transit system on time performance to 90% or greater.

### Greater Minnesota on-time performance percentage

Time Period	On-Time Performance (Within a 45-Minute Timeframe)
Baseline - Calendar Year 2014	76%
Calendar Year 2016	76%
Calendar Year 2017	78%
Calendar Year 2018	Not available
Calendar Year 2019	Not available
January – February 2020*	91.3%
July – December 2020	92.6%
January – June 2021	95.1%
July – December 2021	95.3%
January – June 2022	94%
July – December 2022	90%
January – June 2023	92%
July – December 2023	89.4%
January – June 2024	94%
July – December 2024	90%

\*A new data collection methodology began in January of 2020 with providers reporting monthly. However, due to the COVID-19 pandemic, shifts in funding sources and reporting requirements, reporting was put on hold. Reporting resumed in July 2020.

### ANALYSIS OF DATA:

During July – December 2024, on-time performance for Greater Minnesota Transit was 90%. This was a decrease of 4% as compared to the previous reporting period in January – June of 2024. While there has been a drop in performance it is still on track to meet the 2025 goal. Providers are continuing to deal with a shortage of available drivers which directly impacts on-time performance.

### TIMELINESS OF DATA:

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

## TRANSPORTATION GOAL FIVE

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

### 2025 Goal

By 2025, the percentage of target population served by regular route level of service for each market area will be:

- Market Area 1 will be 100%
- Market Area 2 will be 95%
- Market Area 3 will be 70%

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

### RESULTS:

The goal is **on track** to meet the 2025 goal.

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

Time Period	Transit Market Area 1	Transit Market Area 2	Transit Market Area 3
Baseline (June 2017)	95%	91%	67%
As of March 2019	94%	93%	70%
As of March 2020	98%	94%	72%
As of March 2021	93%	92%	69%
As of March 2022	92%	87%	69%
As of March 2023	93%	96%	80%
As of March 2024	93%	97%	76%

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

### ANALYSIS OF DATA:

New data is based on March 2024 service levels. Geographic coverage stayed relatively flat from 2023 but service frequency improved on some routes not reflected in this measure. Metro Transit is in the final stages of adopting the *Network Now* plan; establishing a roadmap for public transit expansion over the next few years.

### TIMELINESS OF DATA:

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

## HEALTH CARE AND HEALTHY LIVING GOAL ONE

**By December 31, 2025, 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. (Updated in 2024)**

**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 2025 goal to reduce to 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%
January – December 2022	33,810	6,883	20.4%
January – December 2023	35,599	7,332	20.6%

### ANALYSIS OF DATA:

From January – December 2023, of the 35,599 acute inpatient hospital stays for adults with disabilities, 7,332 individuals had an unplanned acute readmission within 30 days, for a rate of 20.6%. The goal is not on track to meet the 2025 goal of a 20% readmission rate of adults with disabilities.

During the same time period, of the 8,372 acute inpatient hospital stays for adults without disabilities, 620 individuals had an unplanned acute readmission, for a rate of 7.4%.

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%
January – December 2022	17,995	3,566	19.8%
January – December 2023	19,042	3,661	19.2%

**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%
January – December 2022	15,815	3,317	21.0%
January – December 2023	16,557	3,671	22.2%

**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%
January – December 2022	7,147	524	7.3%
January – December 2023	8,372	620	7.4%

**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, 2025, 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. (Updated in 2024)**

### 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.

#### 2025 Goal

- By December 31, 2025, the rate for children with disabilities using an ED for non-traumatic dental services will be 0.20% or less

#### RESULTS:

The goal is **not on track** to meet the 2025 goal to reduce to a 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%
January – December 2022	99,132	232	0.23%
January – December 2023	106,166	258	0.24%

#### ANALYSIS OF DATA:

During January – December 2023, of the 106,166 children with disabilities, the number with emergency department visits for non-traumatic dental care was 258 (0.24%). This was an increase of 0.01%. The goal is not on track to meet the 2025 goal to reduce to 0.20% or less.

#### 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.

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## 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.

### 2025 Goal

- By December 31, 2025, the rate for adults with disabilities using an ED for non-traumatic dental services will be 1.0% or less

### RESULTS:

The goal is **not on track** to meet the 2025 goal to reduce to a 1.0% rate of 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%
January – December 2022	213,993	2,334	1.09%
January – December 2023	226,693	2,539	1.12%

### ANALYSIS OF DATA:

During January – December 2023, of the 226,693 adults with disabilities, the number with emergency department visits for non-traumatic dental care was 2,539 (1.12%). If performance continues at the same pace, the goal is not on track to meet the 2025 goal to reduce to 1.0% or less.

### TIMELINESS OF DATA:

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

## POSITIVE SUPPORTS GOAL FOUR

**By June 30, 2025, the number of students receiving special education services who experience an emergency use of restrictive procedures at school will decrease by 882 students or decrease to 1.8% of the total number of students receiving special education services. (Updated in 2024)**

### 2024 Goal

By June 30, 2024, the number of students experiencing emergency use of restrictive procedures will be reduced by 147 students or 0.1% of the total number of students receiving special education services.

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

### RESULTS:

The 2024 goal to reduce the number of students with disabilities who experienced a restrictive procedure by 147 students or to reduce the percentage of such students by 0.1% was **not met**.

Time period (School Year)	Students receiving special education services	Students who experienced restrictive procedure
2019 Annual (Baseline) 2018-19 school year	147,605	3,603 (2.4%)
2020 Annual 2019-20 school year <sup>9</sup>	152,012	3,052 (2.0%)
2021 Annual 2020-21 school year <sup>10</sup>	149,382	1,689 (1.1%)
2022 Annual 2021-22 school year <sup>11</sup>	151,532	2,341 (1.5%)
2023 Annual 2022-23 school year	158,057	2,956 (1.9%)
2024 Annual 2023-24 school year	165,285	2,932 (1.8%)

### ANALYSIS OF DATA:

School districts reported that of the 165,285 students receiving special education services, restrictive procedures were used with 2,932 of those students (1.8%). This was a decrease of 24 students from the previous year and a percentage decrease of 0.1%. During the 2023-24 school year, MDE did not reach its numeric goal of reducing the total number of students experiencing restrictive procedures, by 147

<sup>9</sup> Data from 2019-20 was substantially affected by Covid-19-related school closures.

<sup>10</sup> Data from 2020-21 continued to be affected by the COVID-19 pandemic, with Minnesota public schools using a variety of learning models at different times, switching between learning models based on public health guidelines and local COVID-19 case counts.

<sup>11</sup> Data from 2021-22 continues to be affected by the COVID-19 pandemic, including interruptions due to quarantines, staff shortages, and the continued effect of learning loss, mental health needs, and trauma experienced by students in recent years.

students, but it did meet the goal of reducing by 0.1% the percentage of students in special education experiencing restrictive procedures.

Although the 2024 goal was not met, MDE is on track to meet the 2025 overall goal of reducing the total number of students experiencing restrictive procedures by 882 students or by 1.8% of students in special education. Compared to 2018-2019 baseline, the annual number of students experiencing restrictive procedures has been reduced by 671 students or 0.6% of students in special education in 2023-2024.

The restrictive procedures summary data is self-reported by school districts and the deadline for reporting the data to the Minnesota Department of Education (MDE) is July 15 for the prior school year. The data included for the 2015-16 through the 2023-24 school years has been reviewed as needed. The data is described in more detail for the respective years in the Restrictive Procedures Workgroup legislative report [School Districts' Progress in Reducing the Use of Restrictive Procedures in Minnesota Schools](#). The 2025 report to the legislature will include more detailed reporting of data for the 2023-24 school year. The data includes all public schools, including intermediate districts, charter schools, and special education cooperatives.

In the 2023-24 school year:

- Physical holds were used with 2,777 students, an increase of 27 holds from 2022-23 school year.
- Seclusion was used with 553 students, a decrease of 177 uses from 2022-23 school year.
- Compared to the 2022-23 school year, the average number of physical holds per physically held student is 5.0, up by .5; the average number of uses of seclusion per secluded student was 6.2, up by 0.8.

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

School year	Number of students experiencing physical holds	Average number of holds per held student	Number of students experiencing seclusions	Average number of seclusions per secluded student
2015-16	2,743	5.7	848	7.6
2016-17	3,127	5.5	976	7.3
2017-18	3,465	5.4	824	7.6
2018-19	3,357	5.1	861	6.5
2019-20	2,828	4.5	753	5.3
2020-21	1,576	4.2	463	4.0
2021-22	2,001	5.0	716	6.4
2022-23	2,750	4.5	730	5.4
2023-24	2,777	5.0	553	6.2

#### **TIMELINESS OF DATA:**

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

## POSITIVE SUPPORTS GOAL FIVE

**By June 30, 2025, the number of incidents of emergency use of restrictive procedures occurring in schools will decrease by 3,615 or by 1.0 incidents of restrictive procedures per student who experienced the use of restrictive procedures in the school setting. (Updated in 2024)**

### 2024 Goal

- By June 30, 2024, the number of incidents of emergency use of restrictive procedures will be reduced by 723 incidents, or by 0.2 incidents of restrictive procedures per student who experienced the use of a restrictive procedure.

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

### RESULTS:

The 2024 annual goal to reduce the number of incidents of emergency use of restrictive procedures by 723 incidents or 0.2 incidents per student was **not met**.

Time period	Incidents of emergency use of restrictive procedures	Students who experienced use of restrictive procedure	Rate of incidents per student	Change from previous year
2019 Annual (Baseline) 2018-19 school year	22,772	3,603	6.3	<2,280> incidents <0.8> rate
2020 Annual 2019-20 school year <sup>12</sup>	16,656	3,052	5.5	<5,872> incidents <0.8> rate
2021 Annual 2020-21 school year <sup>13</sup>	8,537	1,689	5.1	<8,119> incidents <0.4> rate
2022 Annual 2021-22 school year <sup>14</sup>	14,684	2,341	6.2	+6,147 incidents +1.1 rate
2023 Annual 2022-23 school year	16,343	2,956	5.5	+1,659 incidents <0.7> rate
2024 Annual 2023-24 school year	17,464	2,932	6.0	+1,121 incidents +0.5 rate

### ANALYSIS OF DATA:

During the 2023-24 school year, there were 17,464 incidents of emergency use of restrictive procedures. This is an increase of 1,121 incidents from the previous year. There were 6.0 incidents of restrictive procedures per student who experienced the use of a restrictive procedure. This was a decrease of 0.5 incidents per student. The 2024 goal to reduce by 723 or 0.2 incidents per student was not met. MDE is in process towards meeting the 2025 overall goal of reducing the total incidents of restrictive

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

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

<sup>14</sup> Data from 2021-22 continues to be impacted by the Covid-19 pandemic.

procedures by 3,615 incidents or by 1.0 incident of restrictive procedures per student who experienced the use of a restrictive procedure. Compared to the 2018-2019 baseline, the number of incidents of restrictive procedures reduced by 5,308 incidents or 0.3 incident per student.

The restrictive procedures summary data is self-reported by school districts and the deadline for reporting the data to MDE is July 15 for the prior school year. The data included for the 2015-16 through the 2023-24 school years has been reviewed as needed. The data is described in more detail for the respective years in the Restrictive Procedures Workgroup legislative report [School Districts' Progress in Reducing the Use of Restrictive Procedures in Minnesota Schools](#). The 2025 report to the legislature will include more detailed reporting of data for the 2023-24 school year. The data includes all public schools, including intermediate districts, charter schools, and special education cooperatives.

#### **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 (February of each year).

#### **CRISIS SERVICES GOAL ONE**

**By June 30, 2026, the percent of children who receive children's mental health crisis services and remain in their community will increase to 75% or more. (Updated in 2024)**

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

#### **RESULTS:**

The goal is **not on track** to meet the 2026 goal to increase the percent of children who remain in their community after a crisis to 75%.

<b>Time period</b>	<b>Total Episodes</b>	<b>Community</b>	<b>Treatment</b>	<b>Other</b>
2016 Annual (6 months data) January – June 2016	1,318	1,100 (83.5%)	172 (13.2%)	46 (3.5%)
2017 Annual (July 2016 – June 2017)	2,653	2,120 (79.9%)	407 (15.3%)	126 (4.8%)
2018 Annual (July 2017 – June 2018)	2,736	2,006 (73.3%)	491 (18.0%)	239 (8.7%)
2019 Annual (July 2018 – June 2019)	3,809	2,742 (72.0%)	847 (22.2%)	220 (5.8%)
2020 Annual (July 2019 – June 2020)	3,639	2,643 (72.6%)	832 (22.9%)	164 (4.5%)
2021 Annual (July 2020 – June 2021)	3,318	2,439 (73.5%)	651 (19.6%)	228 (6.9%)
2022 Annual (July 2021 – June 2022)	3,431	2,483 (72.4%)	797 (23.2%)	151 (4.4%)
2023 Annual (July 2022 – June 2023)	3,181	2,189 (68.8%)	754 (23.7%)	238 (7.5%)
July – December 2023	1,598	1,034 (64.7%)	401 (25.1%)	163 (10.2%)
January – June 2024	1,996	1,341 (67.2%)	430 (21.5%)	225 (11.3%)
2024 Annual (July 2023 – June 2024) *	3,832	2,567 (67.0%)	855 (23.3%)	410 (10.7%)

\* The annual totals are greater than the sum of the 2 semi-annual amounts. This is due to late submissions of reports throughout the year.

- Community = emergency foster care, remained in current residence (foster care, self or family), remained in school, temporary residence with relatives/friends.
- Treatment = chemical health residential treatment, emergency department, inpatient psychiatric unit, residential crisis stabilization, residential treatment (Children's Residential Treatment).

- Other = children’s shelter placement, domestic abuse shelter, homeless shelter, jail or corrections, other.

#### ANALYSIS OF DATA:

From January – June 2024, of the 1,996 crisis episodes, the child remained in their community after the crisis 1,341 times or 67.2% of the time. This was a 2.5% increase from the previous reporting period.

From July 2023 – June 30, 2024, of the 3,832 crisis episodes, the child remained in their community after the crisis 2,567 times or 67.0% of the time. This was a decrease of 0.2% from the previous year and 12.0% below baseline. The goal is not on track to meet the 2026 goal of 75%.

#### TIMELINESS OF DATA:

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

#### CRISIS SERVICES GOAL TWO

**By June 30, 2026, the percent of adults who receive adult mental health crises services and remain in their community (e.g., home or other setting) will increase to 55% or more. (Updated in 2024)**

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

#### RESULTS:

The goal is **not on track** to meet the 2026 goal to increase the percent of adults who remain in their community after a crisis to 55%.

Time period	Total Episodes	Community	Treatment	Other
2016 Annual (6 months data) January – June 2016	5,436	3,136 (57.7%)	1,492 (27.4%)	808 (14.9%)
2017 Annual (July 2016 - June 2017)	10,825	5,848 (54.0%)	3,444 (31.8%)	1,533(14.2%)
2018 Annual (July 2017 – June 2018)	11,023	5,619 (51.0%)	3,510 (31.8%)	1,894 (17.2%)
2019 Annual (July 2018 – June 2019)	12,599	6,143 (48.8%)	4,421 (35.1%)	2,035 (16.2%)
2020 Annual (July 2019 – June 2020)	11,247	6,019 (53.5%)	3,864 (34.2%)	1,364 (12.1%)
2021 Annual (July 2020 – June 2021)	11,911	6,805 (57.1%)	3,392 (28.5%)	1,714 (14.4%)
2022 Annual (July 2021 – June 2022)	10,138	5,504 (54.3%)	3,253 (32.1%)	1,381 (13.6%)
2023 Annual (July 2022 – June 2023)	10,193	5,318 (52.2%)	3,912 (38.4%)	963 (9.4%)
July – December 2023	5,462	2,711 (49.6%)	2,074 (38.0%)	677 (12.4%)
January – June 2024	7,277	3,904 (53.6%)	2,479 (34.1%)	894 (12.3%)
2024 Annual (July 2023 – June 2024)	14,253	7,647 (53.7%)	4,856 (34.1%)	1,750 (12.2%)

\* The annual totals are greater than the sum of the 2 semi-annual amounts. This is due to late submissions of reports throughout the year.

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

**ANALYSIS OF DATA:**

From January – June 2024, of the 7,277 crisis episodes, the adult remained in their community after the crisis 3,904 times or 53.5% of the time. This was an increase of 1,193 people and 4.0% from the previous report.

From July 2023 – June 2024, of the 14,253 crisis episodes, the adult remained in their community after the crisis 7,647 times or 53.7% of the time. This was an increase of 1.5% from the previous year and 4.1% below the baseline. The goal is on track to meet the 2026 goal of 55%.

**TIMELINESS OF DATA:**

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

## CRISIS SERVICES GOAL FOUR

**By June 30, 2026, 82% of people in community hospital settings due to a crisis will have a stable, permanent home within 5 months after leaving the hospital. (Updated in 2024)**

**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 goal is **not on track** to meet the 2026 goal to increase to 82%.

#### 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	<b>11,290</b> <b>81.9%</b>	893 6.5%	672 4.9%	517 3.7%	99 0.7%	315 2.3%
2017 Annual Goal July 2015 – June 2016	15,027	<b>11,809</b> <b>78.6%</b>	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	<b>12,017</b> <b>78.8%</b>	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	<b>11,995</b> <b>77.8%</b>	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	<b>11,814</b> <b>77.4%</b>	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	<b>11,214</b> <b>80.5%</b>	820 5.9%	958 6.9%	428 3.1%	115 0.8%	389 2.8%
2022 Annual Goal July 2020 – June 2021	13,392	<b>10,955</b> <b>81.8%</b>	739 5.5%	951 7.1%	189 1.4%	137 1.0%	421 3.1%
2023 Annual Goal July 2021 – June 2022	12,577	<b>10,326</b> <b>82.1%</b>	749 0%	821 6.5%	172 1.4%	104 0.8%	405 3.2%
2024 Annual July 2022 – June 2023	12,470	<b>10,132</b> <b>81.3%</b>	769 6.2%	814 6.5%	230 1.8%	120 1.0%	405 3.2%

- **“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 2022 – June 2023, of the 12,470 individuals hospitalized due to a crisis, 10,132 (81.3%) were housed within five months of discharge. This was a 0.8% decrease from the previous year and 0.7% below the overall goal of 82%.

### TIMELINESS OF DATA:

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

## COMMUNITY ENGAGEMENT GOAL ONE

**By December 31, 2025, the number of individuals with disabilities who participate in Governor appointed Boards and Commissions and other Workgroups and Committees established by the Olmstead Subcabinet will increase to 278 members. (Updated in 2024)**

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

### RESULTS:

The goal is **on track** to meet the 2025 goal to increase to 278.

Time Period	Number of individuals with a disability on Boards / Commissions	Number of individuals with a disability on Olmstead Subcabinet workgroups	Total number
Baseline (June 30, 2017)	159	16	175
2018 Annual (as of July 31, 2018)	171	26	197
2019 Annual (as of July 31, 2019)	167	20	187
2020 Annual (as of July 31, 2020)	182	10	192
2021 Annual (as of July 15, 2021)	199	12	211
2022 Annual (as of July 15, 2022)	224	7	231
2023 Annual (as of July 15, 2023)	252	21	273
2024 Annual (as of December)	284	NA	284

### ANALYSIS OF DATA:

Of the 4,053 members listed on the [Secretary of State's Boards and Commissions website](#), 284 (approximately 7%) self-identified as an individual with a disability. This is an increase of 1% from the previous year. The 284 members represented 108 unique Boards and Commissions. This is an increase of 14 from the previous year.

Olmstead Subcabinet Workgroups were not active in 2024. Instead, the Olmstead Implementation Office (OIO) focused on outreach efforts that can be found on [OIO's website](#).

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

### TIMELINESS OF DATA:

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

## COMMUNITY ENGAGEMENT GOAL TWO

**By December 31, 2025, the (A) annual number of individuals with disabilities to participate in public input opportunities related to the Olmstead Plan, and (B) the annual number of comments received by individuals with disabilities (including comments submitted on behalf of individuals with disabilities) will increase by 25% over baseline. (Updated in 2024)**

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

### RESULTS:

The goal is **on track** to meet the 2025 goal to increase by 25% over baseline.

#### Participation in public input opportunities related to Olmstead Plan

Time Period	Number of individuals	Change from baseline		Number of comments	Change from baseline	
Baseline Dec 20, 2018 – Mar 11, 2019	192	N/A		249	N/A	
Oct 14, 2019 – Jan 31, 2020	214	22	11.5%	680	431	173%
Feb 10, 2021 – Apr 6, 2021	27	<165>	<85.9%>	70	<179>	<71.9%>
Nov 22, 2021 – Mar 8, 2022	233	41	21.4%	346	97	38.9%
March 2022 – Oct 31, 2023	107	<85>	<44.3%>	180	<69>	<27.7%>
January – December 2024	1,279	1,087	566.1%	2,251	2,002	804%

### ANALYSIS OF DATA:

In calendar year 2024, 1,279 people participated in public input opportunities related to the Olmstead Plan. This number includes: 304 people with disabilities, family members, and other support persons who participated in small community conversations; 18 people who participated in a conversation with the Governor's Council on Developmental Disabilities (GCDD), and 957 who responded to the Disability Inclusion and Choice Survey. This reflects an 804% increase over the prior year.

In calendar year 2024, OIO received 2,251 comments during public input about the Olmstead Plan. This reflects the total number of comments provided in the Disability Inclusion and Choice Survey. The total number of comments for small community conversations and the GCDD conversation was not available because the number of specific comments was not tallied during those conversations.

### TIMELINESS OF DATA:

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

## PREVENTING ABUSE AND NEGLECT GOAL TWO

**By December 31, 2025, the number of cases of vulnerable individuals being treated due to abuse and neglect will decrease by 15% compared to baseline. (Updated in 2024)**

There are two measures for this goal:

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

**Baseline:** During Calendar Year 2019, there were 39 cases of vulnerable individuals who were treated in an emergency room or hospital due to abuse or neglect. After the baseline was established, an additional case was found bringing the baseline to 45.

### RESULTS:

The goal is **on track** to meet the 2025 goal to reduce the number of emergency room visits and hospitalizations due to abuse and neglect by 15% compared to baseline.

Time Period	(A) Number of emergency room visits and hospitalizations	Change from baseline	Percentage change from baseline
Calendar Year 2019 (Baseline)	45	N/A	N/A
Calendar Year 2020	38	7	16%
Calendar Year 2021	41	4	9%
Calendar Year 2022	44	1	2%
Calendar Year 2023	34	11	24%

### ANALYSIS OF DATA:

During calendar year 2023, there were 34 cases of emergency room visits and hospitalizations due to abuse and neglect. This was a decrease of 10 from the previous year and a decrease of 11 (24%) from the baseline. The 2025 goal to reduce by 15% from baseline is on track.

Further analysis of the data is included below and shows that in 2023, by age group 74% of cases are with individuals 18 – 64 and 24% are with individuals Birth -17. By geography, 50% of the cases were in Greater Minnesota and 50% were in the Metro area.

### Cases by age group:

Time Period	Total	Birth – 17	18 – 64	65 and over
Calendar Year 2019	45	8	35	2
Calendar Year 2020	38	13	24	1
Calendar Year 2021	41	10	30	1
Calendar Year 2022	44	6	36	2
Calendar Year 2023	34	8	25	1

**Cases by geography (Metro vs. Greater MN):**

<b>Time Period</b>	<b>Total</b>	<b>Metro</b>	<b>Greater Minnesota</b>
Calendar Year 2019	45	23	22
Calendar Year 2020	38	13	25
Calendar Year 2021	41	12	29
Calendar Year 2022	44	20	24
Calendar Year 2023	34	17	17

Note: While hospital billing data is an efficient method for collecting information on health outcomes, there are significant weaknesses with data collected. Hospital billing data changes as it is updated and reported to the Minnesota Hospital Association. Additionally, many people with intellectual disabilities are not always documented with an ICD-10 code in hospital billing data when it is not relevant to the visit or identified by hospital staff. Similarly, the systems used for documentation of patient records, including disability status, varies between hospitals and may change over time. For this reason, the data shared in this report is representative of the most current records available at the time of analysis.

## ENDNOTES

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<sup>i</sup> Olmstead Implementation Office website address is [www.MN.gov/Olmstead](http://www.MN.gov/Olmstead).

<sup>ii</sup> 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.

<sup>iii</sup> 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.

<sup>iv</sup> 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).

<sup>v</sup> The Forensic Mental Health Program is governed by the Positive Supports Rule when serving people with a developmental disability.

<sup>vi</sup> “Students with disabilities” are defined as students with an Individualized Education Program age 6 to 21 years.



## Next Phases of Minnesota's Olmstead Plan

# Next Stages of Planning Process

1. Inclusion Consultants have been selected
2. Training of Inclusion Consultants and state agency staff will occur in April and May 2025
3. Consultants will arrive at focus areas starting in April 2025, to be
4. Draft goals and strategies for next Olmstead Plan (starting in approx. June 2025)
  - Agency teams
  - Interagency teams
5. Community conversations will continue
6. Opportunities for comments on the draft Plan

All work planned to be complete by summer 2026

# DOJ Guidance on Olmstead Plans

- An Olmstead Plan is a public entity's plan for implementing its obligation to provide people with disabilities opportunities to live, work, and be served in integrated settings.
- Must contain concrete and reliable commitments to expand integrated opportunities.
- Specific and reasonable timeframes and measurable goals for which the public entity may be held accountable, and there must be funding to support the plan.
- The plan should include commitments for each group of persons who are unnecessarily segregated, and demonstrated success in moving individuals to integrated settings.

# Current Olmstead Plan Goals

Goals focused on Olmstead integration mandate, including:

- More people with disabilities will stay in their communities after a mental health crisis.
- More students with disabilities will be taught in the most integrated settings.
- More people will get competitive, integrated jobs.
- More people with disabilities will move from living in a segregated place to an integrated place.
- More people discharged from Anoka Metro Regional Treatment Center and Forensic Services.
- More people will have their waiver funding approved more quickly.

# More Olmstead Plan Goals

Examples of other goals in current Plan include:

- Fewer people admitted to the hospital for an emergency will be hospitalized again within 30 days of discharge.
- Fewer children and adults with disabilities will go to the emergency department for non-traumatic dental care.
- The number of vulnerable people going to the emergency room or being hospitalized because of abuse or neglect will decrease.
- Fewer people with disabilities who receive Home and Community-Based Services, or students receiving special education, will experience restrictive procedures in emergencies.
- Buses and other public transportation will run on time more often, and run more hours in greater Minnesota.
- More people with disabilities will serve on State Boards/Commissions and Olmstead workgroups.

# Policy Consultant RFP

Vendor will:

- Write a best/promising practices report in approximately eight policy areas
- Engage policy experts, who will meet with agency/interagency teams and Inclusion Consultants

Review team has completed interviews and scoring; contracting process is ongoing



# DENDROS GROUP



*Communication Access*

*Organization Development*

*Business Strategy*

*Data Analytics*

*Strategic Planning*

*Professional Development*

*Culture Change*

*Facilitation*

## ***Inclusion Consultants***

- *Recruiting*
- *Training*
- *Onboarding*
- *Supervision*

## ***Community Conversations***

*30 across the state and online, targeting  
500 participants*

- Taking a moment to reflect on interagency work that you've done, what are some characteristics of an effective interagency plan?
- What exists in the current Olmstead Plan that is important to continue? Where have we made progress?
- As we embark on the next Olmstead Plan, how will we know if we have an effective Plan? What else should we consider in creating the next Plan?
- What are some of the biggest challenges the disability community and your agency are facing right now that the Olmstead Plan might address?
  - What can the state specifically do to address these challenges?
  - How can other Subcabinet agencies help your agency address these challenges?

# Thank you!

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