

Agenda: Olmstead Leadership Forum Meeting

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Date: September 5, 2025

Time: 12:30-2:30 p.m.

1) Access check, roll call and land acknowledgment

2) Approval of agenda

3) Approval of May 22, 2025 meeting minutes

4) Quarterly report

5) Vote on quarterly report

6) Olmstead Plan agency team updates

7) Discussion

- What comments or ideas do you have related to the presentations just provided?

8) 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: Leadership Forum (Unapproved)

Date: May 22, 2025

Location: Zoom Webinar online platform

Attendance

Leadership Forum members and designees

- Lauren Webber, Minnesota Department of Corrections (DOC)
- Daron Korte, Minnesota Department of Education (MDE)
- Chris McVey, Minnesota Department of Employment and Economic Development (DEED)
- Colleen Wieck, Governor's Council on Developmental Disabilities (GCDD)
- Erica Alley, Minnesota Department of Health (MDH)
- Ryan Baumtrog, Minnesota Housing (MHFA)
- Heidi Hamilton, Minnesota Department of Human Services (DHS)
- Gerri Sutton, Metropolitan Council (MetC)
- Lisa Harrison-Hadler, Ombudsman for Mental Health and Developmental Disabilities (OMHDD)
- Timothy Lynaugh, Department of Public Safety (DPS)
- Kristie Billiar, Minnesota Department of Transportation (MnDOT)
- Eric Meittunen, Minnesota Department of Veterans Affairs (MDVA)

Inclusion Consultants

- Alesha Alexcee
- Angela Harper
- Adam Harrington
- Nikki Huelsman
- Riss Leitzke
- Sandy'Ci M.
- Dee Martineau
- Rico Morales
- Kevin Pone
- James Poteet
- Ken Rodgers
- Ivory Taylor

- Abraham Tieman
- Mao Yang
- Rich Pennington

Other state staff and guests

- Erik Adolphson, Direct Care and Treatment (DCT)
- Chloe Ahlf, Olmstead Implementation Office (OIO)
- Holly Andersen, MDE
- Lisa Anthony-Thomas, OMHDD
- Rebecca Boss, Technical Assistance Collaborative (TAC)
- Jonathan Bucki, Dendros Group
- Angela Carter, Dendros Group
- Yoshiko Chino, Dendros Group
- Nora Cronin, MDVA
- Tom Delaney, MDE
- Rilyn Eischens, OIO
- Aisha Elmquist, OIO
- Maya Larson, Dendros Group
- Jon Moler, MHFA
- Makenzie Nolan, Governor's Office (GOV)
- John Patterson, MHFA
- Kris Rhodes, MDH
- Gloria Smith, DHS
- Dez Sobiech, OIO
- Mike Tessneer, DHS
- Bharti Wahi, Department of Children, Youth and Families (DCYF)
- Madi Wegener, OIO
- Leah Wilson, DCYF

Call to order and agenda review

Daron Korte (MDE) called the meeting to order, welcomed attendees and read a land acknowledgment. Madi Wegener (OIO) took roll call, and Daron Korte reviewed the agenda.

Introduction of Minnesota Department of Children, Youth and Families (DCYF)

Bharti Wahi and Leah Wilson from the Minnesota Department of Children, Youth and Families (DCYF) introduced themselves. DCYF is planning to join the Olmstead work and be added to the Subcabinet, pending approval via Executive Order.

Approval of meeting minutes

Action: Approve the March 21, 2025, Leadership Forum meeting minutes

Motion: Eric Meittunen (MDVA) Second: Colleen Wieck (GCDD)

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

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

Compliance update

Mike Tessneer (DHS) gave two updates regarding Olmstead Compliance:

- Olmstead Compliance staff is currently housed at DHS, but there is a plan to move it to Minnesota Housing as part of the Olmstead Implementation Office. This change will not mean a change in the function of the Compliance role.
- Due to continued staff shortages in Compliance, the next two quarterly reports will be combined into a single report.

Introduction of TAC

Rebecca Boss from the Technical Assistance Collaborative (TAC) briefly introduced herself. TAC will be creating a Best Practices Report as well as consulting with agency staff and Inclusion Consultants as

they co-create the next Minnesota Olmstead Plan. TAC will not be involved in writing the goals for the plan but will be available as a resource.

Introduction of Inclusion Consultants

Consultant Rich Pennington facilitated the introduction of the Inclusion Consultants. These consultants will be working with state agency staff to co-create goals for the next Minnesota Olmstead Plan. Each consultant shared the perspectives that they are bringing, as well as what excites them about the project.

Focus Area Report

Aisha Elmquist (OIO) introduced the presentation of the Focus Area Report, created by the Inclusion Consultants through a series of meetings with Dendros. Rich Pennington facilitated the presentation of the report. Consultants Adam Harrington, Ken Rodgers, Rico Morales, Mao Yang, and Dee Martineau presented the report.

At the close of the allotted meeting time, Daron Korte encouraged members to send feedback on the focus area report to Aisha Elmquist or other OIO staff for consideration before the June 9 Olmstead Subcabinet meeting.

Adjournment

Daron Korte adjourned the meeting at 3:32 p.m.

The next Leadership Forum meeting is To Be Scheduled.

Minnesota Olmstead Subcabinet

May and August 2025 Quarterly Reports on Olmstead Plan Measurable Goals



REPORTING PERIOD:
Data acquired through July 31, 2025

DATE REVIEWED BY LEADERSHIP FORUM:
September 5, 2025

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I. PURPOSE OF REPORT

This 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 report.

Reports are compiled on a regular basis. 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 report includes data acquired through July 31, 2025, 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.ⁱ

EXECUTIVE SUMMARY

This report covers fifteen measurable goals.ⁱⁱ As shown in the chart below, six goals met or are on track to meet the annual goal and nine did meet or are not on track to meet the goals.

Status of Goals – February 2025 Report	Number of Goals
Met annual goal	0
On track to meet annual goal	6
Not on track to meet annual goal	6
Did not meet annual goal	3
In process	0
Goals Reported	15

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 the last two quarters, 42 individuals left ICF/DD programs to more integrated settings. This is on track to meet the 2025 goal of 81. (Transition Services Goal One A)
- During the last two quarters, 367 individuals with disabilities under age 65 in a nursing facility longer than 90 days moved to more integrated settings. This is not on track to meet the 2025 goal of 750. (Transition Services Goal One B)
- During the last two quarters, 1,471 individuals moved from other segregated settings to more integrated settings. This is on track to meet the 2025 goal of 1,200. (Transition Services Goal One C)
- During FY 2025, 30.4% of people at AMRTC no longer meet hospital level of care and are awaiting discharge to the most integrated setting. The 2025 goal to reduce to 25% or lower was not met. (Transition Services Goal Two)
- During the last two quarters, the number of individuals at Forensic Services who moved to a less restrictive setting averaged 3.7 per month. This is not on track to meet the 2025 goal of 5 per month. (Transition Services Goal Three)

Increasing system capacity and options for integration

- During the last two quarters, 97.3% 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 the last two quarters, 294 individuals experienced a restrictive procedure. The goal is on track to meet the 2025 goal to not exceed 451. (Positive Supports Goal One).
- During the last two quarters, there were 825 Behavior Intervention Reporting Form (BIRF) reports of restrictive procedures. The goal is on track to meet the 2025 goal to not exceed 2,680. (Positive Supports Goal Two).
- During the last two quarters, there were 45 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 goal to not exceed 88 reports. (Positive Supports Goal Three).
- The 2024 goal to increase to 1,656,000 service hours was not met (Transportation Goal Two).
- During Calendar Year 2024, the goal to have the on-time performance being 90% or greater is not on track. (Transportation Goal Four A)
- 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)
- In the last six months, children remained in the community for an average of 69.5% of the time. The goal is not on track to meet the 2026 goal of 75% or more. (Crisis Services Goal One)
- In the last six months, adults remained in their community after a crisis 55.7% of the time. The goal is on track to meet the 2026 goal of 55%. (Crisis Services Goal Two)
- During Fiscal Year 2023, 28 students were identified as alleged victims of abuse or neglect in Minnesota public schools. This was a reduction of 12.5% from baseline. The goal to decrease by 25% compared to baseline was not met. (Preventing Abuse and Neglect Goal Four)

II. MOVEMENT FROM SEGREGATED TO INTEGRATED SETTINGS

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

QUARTERLY SUMMARY OF MOVEMENT FROM SEGREGATED TO INTEGRATED

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

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

Setting	Reporting period	Number moved
Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD)	July – Dec 2024	42
Nursing Facilities (individuals under age 65 in facility > 90 days)	July – Dec 2024	367
Other segregated settings	July – Dec 2024	734
Anoka Metro Regional Treatment Center (AMRTC)	Jan – June 2025	135
Forensic Services ¹	Jan – June 2025	22
Total	--	1,300

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

¹ For the purposes of this report Forensic Services 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 settingsⁱⁱⁱ 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.

2025 Annual Goal

- By June 30, 2025, the number of people moving from nursing facilities to more integrated settings will be **750**.

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

RESULTS:

The 2025 goal to move 81 people annually from ICFs/DD to a more integrated setting is **on track**.

Time period	Total number of individuals leaving	Transfers ^{iv} (-)	Deaths (-)	Net moved to integrated setting
2015 Annual (July 2014 – June 2015)	138	18	62	58
2016 Annual (July 2015 – June 2016)	180	27	72	81
2017 Annual (July 2016 – June 2017)	263	25	56	182
2018 Annual (July 2017 – June 2018)	216	15	51	150
2019 Annual (July 2018 – June 2019)	298	20	58	220
2020 Annual (July 2019 – June 2020)	174	13	75	86
2021 Annual (July 2020 – June 2021)	194	13	62	119
2022 Annual (July 2021 – June 2022)	177	12	59	106
2023 Annual (July 2022 – June 2023)	151	9	43	99
2024 Annual (July 2023 – June 2024)	113	19	45	49
2025 Quarter 1 (July – September 2024)	30	1	5	24
2025 Quarter 2 (October – December 2024)	27	1	8	18

ANALYSIS OF DATA:

From July – September 2024, the number of people who moved from an ICF/DD to a more integrated setting was 24. This is 12 more than the quarter before.

From October – December 2024, the number of people who moved from an ICF/DD to a more integrated setting was 18. This was 6 people less than the previous quarter. After two quarters, the total number of 42 is 51.8% of the annual goal of 81. The goal is on track to meet the 2025 goal of 81.

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.

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.

2025 Annual Goal

- By June 30, 2025, 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 2025 goal to move 750 people under 65 in a nursing facility for more than 90 days to a more integrated setting is **not on track**.

Time period	Total number of individuals leaving	Transfers (-)	Deaths (-)	Net moved to integrated setting
2015 Annual (July 2014 – June 2015)	1,043	70	224	749
2016 Annual (July 2015 – June 2016)	1,018	91	198	729
2017 Annual (July 2016 – June 2017)	1,097	77	196	824
2018 Annual (July 2017 – June 2018)	1,114	87	197	830
2019 Annual (July 2018 – June 2019)	1,176	106	190	880
2020 Annual (July 2019 – June 2020)	1,241	86	240	915
2021 Annual (July 2020 – June 2021)	981	86	214	681
2022 Annual (July 2021 – June 2022)	1,058	61	198	799
2023 Annual (July 2022 – June 2023)	888	69	183	636
2024 Annual (July 2023 – June 2024)	997	81	179	737
2025 Quarter 1 (July – Sept 2024)	270	24	47	199
2025 Quarter 2 (October – Dec 2024)	232	13	51	168

ANALYSIS OF DATA:

From July – September 2024, the number of people under 65 in a nursing facility for more than 90 days who moved to a more integrated setting was 199. This was the same as the previous quarter of 199.

From October – December 2024, the number of people under 65 in a nursing facility for more than 90 days who moved to a more integrated setting was 168. This is a decrease of 33 from the previous quarter. After two quarters, the total number of 367 is 48.9% of the annual goal of 750 and is not on track to meet the 2026 goal.

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.

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.

2025 Annual Goal

- By June 30, 2025, 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 2025 goal to move 1,200 people from other segregated housing to more integrated settings is **on track**.

Time period	Total moves	[Receiving Medical Assistance]			
		Moved to more integrated setting	Moved to congregate setting	Not receiving residential services	No longer on MA
2015 Annual (July 14 – June 15)	5,703	1,137 (19.9%)	502 (8.8%)	3,805 (66.7%)	259(4.6%)
2016 Annual (July 15 – June 16)	5,603	1,051 (18.8%)	437 (7.8%)	3,692 (65.9%)	423 (7.5%)
2017 Annual (July 16 – June 17)	5,504	1,054 (19.2%)	492 (8.9%)	3,466 (63.0%)	492 (8.9%)
2018 Annual (July 17 – June 18)	5,967	1,188 (19.9%)	516 (8.7%)	3,737 (62.6%)	526 (8.8%)
2019 Annual (July 18 – June 19)	5,679	1,138 (20.0%)	484 (8.5%)	3,479 (61.3%)	578 (10.2%)
2020 Annual (July 19 – June 20)	5,967	1,190 (19.9%)	483 (8.1%)	3,796 (63.6%)	498 (8.4%)
2021 Annual (July 20 – June 21)	5,261	2,482 (47.2%)	364 (6.9%)	2,257 (42.9%)	158 (3.0%)
2022 Annual (July 21 – June 22)	5,971	2,127 (35.6%)	349 (5.8%)	3,273 (54.8%)	222 (3.7%)
2023 Annual (July 22 – June 23)	4,659	1,332 (28.6%)	284 (6.1%)	2,863 (61.5%)	180 (3.9%)
2024 Annual (July 23 – June 24)	5,442	1,471 (27.0%)	296 (5.4%)	3,322 (61.0%)	353 (6.5%)
2025 Quarter 1 (July – Sept 2024)	1,355	352 (25.9%)	73 (5.4%)	852 (62.9%)	78 (5.8%)
2025 Quarter 2 (Oct – Dec 2024)	1,240	382 (30.8%)	59 (4.8%)	716 (57.7%)	83 (6.7%)

ANALYSIS OF DATA:

From July – September 2024, of the 1355, individuals moving from segregated housing, 352 individuals (25.9%) moved to a more integrated setting. This is a decrease of 30 people and a difference of 2.2% from the previous quarter.

From October – December 2024, of the 1,240 individuals moving from segregated housing, 382 individuals (30.8%) moved to a more integrated setting. This is an increase of 30 people and 4.9% from the previous quarter. After two quarters, the total number of 734 is on track to meet the annual goal.

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.²

RESULTS:

The 2025 goal to reduce the people awaiting discharge from AMRTC to 25% or lower was **not met**.

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 Annual (July 2024 – June 2025)	28.1 %	31.0%	30.4 %
2025 Quarter 1 (July – September 2024)	27.8%	33.8%	32.7%
2025 Quarter 2 (October – December 2024)	24.0%	25.5%	25.3%
2025 Quarter 3 (January – March 2025)	31.4%	32.5%	32.2%
2025 Quarter 4 (April – June 2025)	29.1%	32.1%	31.3%

ANALYSIS OF DATA:

From January – March 2025, the combined rate of all individuals at AMRTC who no longer meet hospital level of care and are awaiting discharge was 32.2%. This was an increase of 6.9% from the previous quarter, which is a move in the wrong direction.

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

For those under mental health commitment at AMRTC, 31.4% no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting, including 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 32.5%.

From April - June 2025, the combined rate of all individuals at AMRTC who no longer meet hospital level of care and are awaiting discharge was 31.3%. This was a decrease of 0.9% from the previous quarter, which is a move in the right direction.

For those under mental health commitment at AMRTC, 29.1% no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting, including 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 32.1%.

From January – March 2025, 67 individuals at AMRTC moved to an integrated setting. From April – June 2025, 68 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 Annual (July 24 – June 25)	320	150	0	170	51	119
2025 Quarter 1 (July – Sept 2024)	75	57	0	18	4	14

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
2025 Quarter 2 (Oct – Dec 2024)	73	56	0	17	4	13
2025 Quarter 3 (Jan – Mar 2025)	78	11	0	67	21	46
2025 Quarter 4 (April – June 2025)	94	26	0	68	22	46

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 Services³ 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 ⁴ (-)	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 Annual (Jan – Dec 2024)	97	44	5	48	4.0
2025 Q1 (January – March 2025)	20	4	0	12	4.0
2025 Q2 (April – June 2025)	14	3	0	10	3.3

ANALYSIS OF DATA:

From January – March 2025, the total number people who moved to a less restrictive setting was 12. The monthly average number of individuals who moved to a less restrictive setting was 4.0. This is unchanged from the previous quarter.

From April – June 2025, the total number people who moved to a less restrictive setting was 10. The monthly average number of individuals who moved to a less restrictive setting was 3.3. After two quarters the average number of individuals is 3.7. This is not on track to meet the 2025 goal of 5.

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.

³ 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.

⁴ 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
2021 Annual	Committed after finding of incompetency	37	6	1	30
Jan – Dec 2021	MI&D committed	53	16	10	27
Jan – Dec 2021	Other committed	21	2	1	18
Total	N/A	111	24	12	(Avg. = 6.3) 75
2022 Annual	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
Total	N/A	75	24	8	(Avg. = 3.6) 43
2023 Annual	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
Total	N/A	88	19	12	(Avg. = 4.8) 57
2024 Annual	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
Total	N/A	97	44	5	(Avg = 4.0) 48
2025 Q1	Committed after finding of incompetency	1	0	0	1
Jan – Mar 2025	MI&D committed	22	12	2	8
Jan – Mar 2025	Other committed	3	0	0	3
Total	N/A	26	12	2	(Avg. = 4.0) 12
2025 Q2	Committed after finding of incompetency	0	0	0	0
Apr - Jun 2025	MI&D committed	11	3	1	7
Apr - Jun 2025	Other committed	3	0	0	3
Total	N/A	14	3	1	(Avg. =3.3) 10

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.

OLMSTEAD PLAN QUALITY OF LIFE SURVEY

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

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

In 2024, the Olmstead Implementation Office contracted with the Improve Group to conduct another survey. The process began in March and was completed in October. The survey report includes demographic information and findings compared to past years. 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

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)

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

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

RESULTS:

The 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 25 Q1 (July – Sept 24)	99.7	87.5	100	89.8	100	99.2	100	100	97.0
FY 25 Q2 (Oct – Dec 24)	99.0	84.8	100	93.8	100	98.6	100	100	97.0
FY 25 Q3 (Jan – Mar 25)	98.7	85.1	100	97.4	99.7	99.3	100	100	97.5

ANALYSIS OF DATA:

From October – December 2024, of the 290 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%, consistent with the previous quarter. Three of the eight elements achieved 100%. One element showed notable improvement, and three elements experienced slight decreases in compliance. The combined compliance rate is on track to meet the 2026 goal of 95%.

From January – March 2025, of the 303 case files reviewed, the eight required elements were present in the percentage of files shown above. The combined average of the eight elements was 97.5%, an increase of 0.5% from the previous quarter. Three elements demonstrated positive gains and two showed minor declines in performance. The combined compliance rate is on track to meet the 2026 goal of 95%.

Total number of cases and sample of cases reviewed

Time period	Total number of cases in counties reviewed (disability waivers)	Sample of cases reviewed (disability waivers)
Fiscal Year 18 (July 2017 - June 2018)	12,192	1,243
Fiscal Year 19 (July 2018 - June 2019)	4,240	515
Fiscal Year 20 (July 2019 - June 2020)	18,992	1,245
Fiscal Year 21 (July 2020 - June 2021)	7,900	812
Fiscal Year 22 (July 2021 – June 2022)	7,004	953
Fiscal Year 23 (July 2022 – June 2023)	16,562	1,214
Fiscal Year 24 (July 2023 – June 2024)	2,397	307
Fiscal Year 25 Q1 (July – September 2024)	3,070	392
Fiscal Year 25 Q2 (October – December 2024)	2,968	290
Fiscal Year 25 Q3 (January – March 2025)	2,439	303

Lead Agencies Participating in the Audit ⁵

Time period	Lead agencies
Fiscal Year 2018 (July 2017 – June 2018)	(19) Pennington, Winona, Roseau, Marshall, Kittson, Lake of the Woods, Stearns, McLeod, Kandiyohi, Dakota, Scott, Ramsey, Big Stone, Des Moines Valley Alliance, Kanabec, Nicollet, Rice, Sibley, Wilkin
Fiscal Year 2019 (July 2018 – June 2019)	(15) Brown, Carlton, Pine, Watonwan, Benton, Blue Earth, Le Sueur, Meeker, Swift, Faribault, Itasca, Martin, Mille Lacs, Red Lake, Wadena
Fiscal Year 2020 (July 2019 – June 2020)	(20) 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
Fiscal Year 2025 Q1 (July – Sept 2024)	(7) Red Lake, Mahnomen, Goodhue, Wadena, Faribault and Martin, Mille Lacs, Olmsted
Fiscal Year 2025 Q2 (October – Dec 2024)	(6) Horizon Public Health (Grant, Pope, Traverse, Douglas, Stevens (CCB only)), Western Prairie Human Services (Pope, Grant, Traverse (DD only)), Douglas-DD only, Stevens - DD only, St. Louis
Fiscal Year 2025 Q3 (January – March 2025)	(6) Freeborn, Wabasha, Mower, Carver, Renville, Crow Wing

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.

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

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 **not 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
2025 Q1 (July – September 2024)	140	N/A – quarterly number
2025 Q2 (October – December 2024)	136	N/A – quarterly number
2025 Q3 (January – March 2025)	158	N/A – quarterly number

ANALYSIS OF DATA:

From October - December 2024, the total number of people who experienced a restrictive procedure was 136. This was a decrease of 4 from the previous quarter.

From January – March 2025, the total number of people who experienced a restrictive procedure was 158. This was an increase of 22 from the previous quarter.

The quarterly numbers are duplicated counts. Individuals may experience restrictive procedures during multiple quarters in a year. Progress on the annual goal cannot be determined until the numbers for the four quarters are unduplicated.

From October - December 2024, there were 136 individuals who experienced a restrictive procedure:

- 124 individuals were subjected to Emergency Use of Manual Restraint (EUMR) only. This was a decrease 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 unchanged from the previous quarter.

From January – March 2025, there were 158 individuals who experienced a restrictive procedure:

- 145 individuals were subjected to Emergency Use of Manual Restraint (EUMR) only. This was an increase of 21 people from the previous year.
- 13 individuals experienced restrictive procedures other than EUMRs (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures). This was an increase of 1 from the previous year.

Emergency Use of Manual Restraint are permitted procedures and not subject to phase out requirements like all other “restrictive” procedures. These reports are monitored, and technical assistance is available when necessary.

During this quarter, the External Program Review Committee (EPRC) reviewed BIRFs, positive support transition plans, and functional behavior assessments for people who met the requirements for EPRC involvement. The Committee conducted EUMR-related assistance involving 43 people from October – December 2024 and 49 people from January – March 2025. 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	50
2025 Q1 (July – September 2024)	416	N/A – quarterly number
2025 Q2 (October – December 2024)	414	N/A – quarterly number
2025 Q3 (January – March 2025)	411	N/A – quarterly number

ANALYSIS OF DATA:

From October - December 2024, the number of restrictive procedure reports was 414. That is a decrease of 2 from the previous quarter.

From January – March 2025, the number of restrictive procedure reports was 411. That is a decrease of 3 reports from the previous quarter.

From October - December 2024, there were 414 reports of restrictive procedures. Of those reports:

- 370 reports were for emergency use of manual restraint (EUMR). This is an increase of 8 reports of EUMR from the previous quarter.
 - 44 reports involved restrictive procedures other than EUMR (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures). This is a decrease of 10 from the previous quarter.
 - 9 uses of seclusion involving 10 or fewer people were reported this quarter. This is an increase of 5 reports from last quarter.
 - 7 reports of seclusion occurred at the Forensic Mental Health Program in St Peter (formerly known as Minnesota Security Hospital).

- 2 reports came from community providers. DHS followed up with the provider for each report to review the use:
 - 1 report was determined to be a coding error, and no seclusion occurred.
 - 1 report of seclusion was determined to be an unapproved use and was reported as maltreatment.
- There were no reports of penalty consequences reported this quarter.
- There were no reports of timeout this quarter.

From January – March 2025 there were 411 reports of restrictive procedures. Of those reports:

- 363 reports were for emergency use of manual restraint (EUMR). This is a decrease of 7 reports of EUMR from the previous quarter. Such
 - 48 reports involved restrictive procedures other than EUMR (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures). This is an increase of 4 from the previous quarter.
 - 10 uses of seclusion involving 10 or fewer people were reported this quarter. This is an increase of 1 report from the previous quarter.
 - 8 reports of seclusion occurred at the Forensic Mental Health Program in St Peter. This is an increase of 1 report.
 - 1 report of seclusion was determined to be an unapproved use of seclusion and was reported as maltreatment.
 - There were 2 reports of penalty consequences reported by community providers. DHS followed up with the providers and determined both were coding errors. These coding errors resulted in 2 more reports of penalty consequences than the previous quarter.
 - There was 1 report of timeout this quarter. This occurred at the Minnesota Sex Offender Program where time out is a permitted procedure.

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^v, 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 device⁶ 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
2025 Q1 (Jul – Sept 2024)	36	13	49	10 or fewer
2025 Q2 (Oct – Dec 2024)	22	13	35	10 or fewer
2025 Q3 (Jan – March 2025)	23	12	35	10 or fewer

ANALYSIS OF DATA:

From October – December 2024, the number of reports of mechanical restraints other than auxiliary devices was 22. This was a decrease of 14 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.

⁶ Auxiliary devices ensure a person does not unfasten a seat belt in a vehicle and includes seatbelt guards, harnesses, and clips.

During this quarter the total number of reports of mechanical restraints (including auxiliary devices), was 35. This is a decrease of 14 total reports from the previous quarter.

From January – March 2025, the number of reports of mechanical restraints other than auxiliary devices was 23. This was an increase of 1 report 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. During this quarter the total number of reports of mechanical restraints (including auxiliary devices), was 35. There was no change in the total number of reports from the previous quarter.

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.

From October - December 2024 of the 35 BIRFs reporting use of mechanical restraint:

- 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. There was no change in the number of reports from the previous quarter.
- 22 reports involved use of another type of mechanical restraint. This a decrease of 14 reports from the previous quarter.
 - 17 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 11 reports from the previous quarter.
 - 4 reports were submitted by the Forensic Mental Health Program in St Peter. This was an increase of 1 report from the previous quarter.
 - There was 1 report of mechanical restraint from a community provider. DHS followed up with the provider to review the use and determined it was a coding error, and no mechanical restraint had occurred.

From January – March 2025 of the 35 BIRFs reporting use of mechanical restraint in this quarter:

- 12 reports involved auxiliary devices to prevent a person from unbuckling their seatbelt during travel. All 12 reports were for restraint use in which the use of auxiliary devices was approved by the Commissioner. Compared to the previous quarter, this was a decrease of 1 report.
- 23 reports involved use of another type of mechanical restraint, 1 more than the previous quarter.
 - 20 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 an increase in 3 reports from the previous quarter.
 - There was 1 report by the Forensic Mental Health Program in St Peter. This was a decrease in 3 reports from the previous quarter.
 - There were 2 reports of mechanical restraint use that were reported by community providers. DHS followed up with the provider each time to review the use and determined that both were coding errors, and no mechanical restraint had occurred.

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.

TRANSPORTATION GOAL TWO

By 2026, the annual number of service hours will increase to 1.71 million in Greater Minnesota (approximately 50% increase).

Annual 2024 Goal

- By December 31, 2024, the number of service hours will increase to 1,656,000, hours per year.

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

RESULTS:

The 2024 goal to increase to 1,656,000 service hours was **not met**.

Time Period	Service Hours	Change from baseline
Baseline – Calendar Year 2014	1,200,000	N/A
Calendar Year 2015	1,218,787	18,787
Calendar Year 2016	1,418,908	218,908
Calendar Year 2017	1,369,316	169,316
Calendar Year 2018	1,442,652	242,652
Calendar Year 2019	1,451,000	251,000
Calendar Year 2020	1,164,758	<35,242>
Calendar Year 2021	1,283,546	83,546
Calendar Year 2022	1,289,576	89,576
Calendar Year 2023	1,334,241	134,241
Calendar Year 2024	1,355,618	155,618

ANALYSIS OF DATA:

During 2024, the total number of service hours was 1,355,618. This was an increase of 21,377 service hours from the previous year and 155,618 hours over the baseline. The 2024 goal to increase to 1,656,000 was not met.

The Minnesota Department of Transportation (MnDOT) anticipates modest increases in service hours as individuals return to using transit and drivers are hired to provide those service hours. MnDOT has seen a year over year increase in the number of service hours. It is likely that service hours will continue to increase but at a reduced rate due to funding reductions.

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 FOUR

By December 31, 2025, transit systems' on-time performance will be 90% or greater statewide.

(A) Metro Transit System

Ten-year goals to improve on-time performance:

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

Baseline for on-time performance in 2014 was:

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

RESULTS:

The goal is **not on track** to have on-time performance at 90% or greater by December 31, 2025.

On time performance percentage by transit system⁷

Time Period	Transit Link	Metro Mobility	Metro Transit ⁸
Baseline - Calendar Year 2014	97%	96.3%	86%
Calendar Year 2016	98%	95.3%	85.1%
Calendar Year 2017	98.5%	96.8%	86.4%
Calendar Year 2018	98%	95.3%	84.8%
Calendar Year 2019	97%	93.0%	82.7%
Calendar Year 2020	96%	96.4%	87.8%
Calendar Year 2021	98%	94.8%	84.8%
Calendar Year 2022	99%	91.9%	81.3%
Calendar Year 2023	99%	90.1%	78.8%
Calendar Year 2024	98.4%	91.8%	77.9%

ANALYSIS OF DATA:

During 2024 of the three measures, two measures did not meet the performance standards, and the goal is not on track. During 2024, the on-time performances for Transit Link of 98.4% is above the 95% goal. The on-time performance for Metro Mobility is below the 95% goal and Metro Transit is well below the 90% goal. The Metro Transit system is made up of three types of services: bus, light rail (Blue and Green lines) and the Northstar commuter rail. The on-time performance for each service type is shown below.

⁷ Beginning in 2017, on-time performance for the Metro Transit system was defined as up to 1 minute early and 5 minutes late (-1/+5 minutes). This is the preferred methodology when on-time performance is reported for the entire system. The 2016 results were updated to use the same methodology.

⁸ Metro transit (weighted) represents on-time performance for the Metro transit modes combined. The percentage is weighted based on ridership and is not an average of the three modes.

Metro Mobility:

System wide on-time performance improved, on average, during the year driven by improvement in operator availability and an influx of new vehicles, reducing the number of fleet maintenance related disruptions to service. Federal requirement for on-time performance is 90% or higher and Council goal is 93% or higher.

Metro Transit:

System-wide Metro Transit on-time performance decreased compared to 2023 and is driven by decreases in bus performance. Bus performance is more impacted by traffic counts, detours and increased passenger loads. Light rail on-time performance was challenging due to nuisance behavior that negatively impacts dwell times at stations and progression through traffic lights as well as speed restrictions caused by rail breaks. To account for the persistent decreases in light rail on-time performance, Metro Transit added running time to the schedule to reflect current operating conditions.

On-time performance percentage for Metro Transit system

Time Period	Bus	Light Rail (Blue/Green line)	Northstar Commuter Rail	Metro Transit System ⁹
Baseline - Calendar Year 2014	--	--	--	86%
Calendar Year 2016	85.8%	82.9%	93.2%	85.1%
Calendar Year 2017	85.1%	89.5%	93.2%	86.4%
Calendar Year 2018	83.7%	86.7%	94.7%	84.8%
Calendar Year 2019	82.2%	83.4%	93.3%	82.7%
Calendar Year 2020	87.5%	88.3%	96.8%	87.8%
Calendar Year 2021	86.2%	81.7%	95.3%	84.8%
Calendar Year 2022	84.0%	75.4%	94.8%	81.3%
Calendar Year 2023	81.2%	74.1%	94.1%	78.8%
Calendar Year 2024	79.0%	75.5%	93.2%	77.9%

TIMELINESS OF DATA:

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

⁹ Metro transit (weighted) represents on-time performance for the Metro transit modes combined. The percentage is weighted based on ridership and is not an average of the three modes.

(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%
January – June 2025	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 January – June 2025, on-time performance for Greater Minnesota Transit was 90%. This was unchanged from the previous reporting period. 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.

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%.

Time period	Total Episodes	Community	Treatment	Other
2016 Annual (6 months data) January – June 2016	1,318	1,100 (83.5%)	172 (13.2%)	46 (3.5%)
2017 Annual (July 2016 – June 2017)	2,653	2,120 (79.9%)	407 (15.3%)	126 (4.8%)
2018 Annual (July 2017 – June 2018)	2,736	2,006 (73.3%)	491 (18.0%)	239 (8.7%)
2019 Annual (July 2018 – June 2019)	3,809	2,742 (72.0%)	847 (22.2%)	220 (5.8%)
2020 Annual (July 2019 – June 2020)	3,639	2,643 (72.6%)	832 (22.9%)	164 (4.5%)
2021 Annual (July 2020 – June 2021)	3,318	2,439 (73.5%)	651 (19.6%)	228 (6.9%)
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%)
2024 Annual (July 2023 – June 2024)	3,832	2,567 (67.0%)	855 (23.3%)	410 (10.7%)
July – December 2024	1,693	1,176 (69.5%)	368 (21.7%)	149 (8.8%)

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

ANALYSIS OF DATA:

From July – December 2024, of the 1,693 crisis episodes, the child remained in their community after the crisis 1,176 times or 69.5% of the time. This was a 2.3% increase from the previous reporting period and 9.5% 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 **on track** to meet the 2026 goal to increase the percent of adults who remain in their community after a crisis to 55% or more.

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%)
2024 Annual (July 2023 – June 2024)	14,253	7,647 (53.7%)	4,856 (34.1%)	1,750 (12.2%)
July – December 2024	7,627	4,249 (55.7%)	2,419 (31.7%)	959 (12.6%)

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

ANALYSIS OF DATA:

From July – December 2024, of the 7,627 crisis episodes, the adult remained in their community after the crisis 4,249 times or 55.7% of the time. This was an increase of 2.1% from the previous report. 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.

PREVENTING ABUSE AND NEGLECT GOAL FOUR

By July 31, 2026, the number of students with disabilities statewide identified as victims in determinations of maltreatment will decrease by 30% compared to baseline.

2025 Goal

- By July 31, 2025, the number of students with disabilities identified as victims in determinations of maltreatment will decrease by 25% from baseline to 24 students.

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

RESULTS:

The 2025 goal to decrease by 25% from baseline to 24 was **not met**.

Time Period	Number of students with disabilities determined to have been maltreated	Change from baseline	Percent of change
Baseline (July 2017 – June 2018)	32	N/A	N/A
2021 Annual (July 2018 – June 2019)	28	<4>	<12.5%>
2022 Annual (July 2019 – June 2020)	21	<11>	<34.4%>
2023 Annual (July 2020 – June 2021)	7	<25>	<78.1%>
2024 Annual (July 2021 – June 2022)	22	<10>	<31.3%>
2025 Annual (July 2022 – June 2023)	28	<4>	<12.5%>

ANALYSIS OF DATA:

During the 2022-2023 school year, a total of 216 students were identified as alleged victims of abuse or neglect in Minnesota public schools with 121 students identified as having disabilities. Of the 121 students with a disability, 28 were determined by MDE investigation to have been maltreated.

The July 2022 to June 2023 school year data indicates 28 students with disabilities were identified as a victim of maltreatment as compared to 32 students identified in MDE's baseline data from the July 2017 to June 2018 school year. This was a 12.5% reduction from the baseline data which did not meet MDE's goal for 2025 of reducing the number of students with a disability who have been maltreated by 25%, based on 2022-2023 school year data. The data also shows an increase in the number of students with a disability who were determined to have been maltreated from the prior year (July 2021-June 2022). This increase from 22 to 28 students represents a 27% increase in the number of victims with a disability who have been maltreated from the previous school year.

The data indicates that the 2025 goal of decreasing the number of maltreatment cases involving students with disabilities by 25% from the baseline was not met. The data also reflects an upward trend in the annual number of students with disabilities who have been subjected to maltreatment over the preceding two years. This trend may be attributed to ongoing challenges students face in readjusting to the structured and regimented environment of in-person classrooms following the return from COVID-

19-related school closures, an increased number of students with disabilities, and an overall increase in the total number of reports of alleged maltreatment received by MDE.

It is worth noting that the number of students with disabilities increased by 21% from the baseline 2017-2018 year (124,825 students according to federal IDEA 618 data) to the 2022-2023 school year (157,950 students according to federal IDEA 618 data). At the same time, the actual percentage of students with disabilities who were confirmed to have been maltreated decreased from 0.03% to 0.02%, i.e. a 33% reduction in terms of the percent of students with disabilities who were maltreated.

Generally, it is difficult to predict the number of reports received year-to-year given the relatively small number of cases each year in Minnesota, and this number being very small in comparison to the overall population of students with disabilities in public schools. Additionally, a key variable for consideration regarding abuse and neglect reports is that these reports are not controlled, therefore, not predictive from year to year.

In the 2022–23 school year, students with disabilities accounted for the majority (56%) of alleged abuse victims in reports received. However, among confirmed cases, fewer students with disabilities were actually found to have been abused compared to their general education peers. This discrepancy may reflect the higher number of reports submitted for all students, as well as a possible increased awareness of the unique vulnerabilities of students with disabilities and the need for closer monitoring in their environments. Because this data differs from previous years, it is too early to identify a trend or determine its broader impact. A student is considered to have a disability if they have a diagnosed condition and receive special education services in public school.

The Minnesota Department of Education (MDE) will continue to prioritize reducing incidents of abuse and neglect, while ensuring that students with disabilities receive the necessary supports in the most integrated settings. Ongoing training, technical assistance, and education will be provided to reinforce mandatory reporting requirements. Additionally, MDE will strengthen collaboration with other internal programs, state and local agencies, and advocacy centers to support and expand prevention efforts that exist outside the program’s assessment and investigation authority per statute.

TIMELINESS OF DATA:

Cases involved in criminal proceedings sometimes require additional time to reach a resolution.

Therefore, this data is reported 24 months after the conclusion of the applicable school year to ensure that all cases have reached a resolution and to confirm that the data is accurate.

ENDNOTES

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

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

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

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

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