MINNESOTA
OLMSTEAD
IMPLEMENTATION OFFICE

Agenda: Olmstead Subcabinet Meeting

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Date: September 26, 2025

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

1) Access check, call to order, and land acknowledgment

2) Introductory remarks

3) Agenda review

4) Introductions and roll call

- Name & pronouns
- Brief visual description
- Agency/agencies you work with
- 1 sentence about why this work is important to you

5) Discussion

6) Closing remarks

7) Approval of June 9, 2025 meeting minutes

8) Update on quarterly report

9) 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.

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Meeting Minutes: Olmstead Subcabinet (Unapproved)

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Date: June 9, 2025

Location: Department of Revenue Stassen building and Zoom Webinar online platform

Attendance

Subcabinet members and designees

- Jolene Rebertus, Minnesota Department of Corrections (DOC)
- Daron Korte, Minnesota Department of Education (MDE)
- Dee Torgerson, Minnesota Department of Employment and Economic Development (DEED)
- Colleen Wieck, Governor's Council on Developmental Disabilities (GCDD)
- Commissioner Brooke Cunningham, Minnesota Department of Health (MDH)
- Commissioner Jennifer Ho, Minnesota Housing (MHFA)
- Commissioner Rebecca Lucero, Minnesota Department of Human Rights (MDHR)
- Commissioner Shireen Gandhi, Minnesota Department of Human Services (DHS)
- Wendy Wulff, Metropolitan Council (MetC)
- Lisa Harrison-Hadler, Ombudsman for Mental Health and Developmental Disabilities (OMHDD)
- Kim Babine, Minnesota Department of Public Safety (DPS)
- Commissioner Nancy Daubenberger, Minnesota Department of Transportation (MnDOT)
- Eric Meittenun, Minnesota Department of Veterans Affairs (MDVA)

Inclusion Consultants

- Alesha Alexcee
- Mercedes Elder
- Angela Harper
- Adam Harrington
- Nikki Huelsman
- Riss Leitzke
- Sandy'Ci M.
- Dee Martineau

- Taylor O'Shea
- Rich Pennington
- Kevin Pone
- James Poteet
- Madam Robinson
- Ken Rodgers
- Ivory Taylor
- Abraham Tieman
- Bob Wagner
- Mao Yang

Other state staff and guests

- Erik Adolphson, Direct Care and Treatment (DCT)
- Chloe Ahlf, Olmstead Implementation Office (OIO)
- Katharine Alsop, Department of Children, Youth and Families (DCYF)
- Lisa Anthony-Thomas, OMHDD
- Erica Alley, MDH
- Holly Andersen, MDE
- Ryan Baumtrog, MHFA
- Kristie Billiar, MnDOT
- Rebecca Boss, Technical Assistance Collaborative (TAC)
- Commissioner Tikki Brown, DCYF
- Jonathan Bucki, Dendros Group
- Angela Carter, Dendros Group
- Koko Chino, Dendros Group
- Nora Cronin, MDVA
- Tom Delaney, MDE
- Rilyn Eischens, OIO
- Aisha Elmquist, OIO
- Heidi Hamilton, DHS
- Irene Kao, MHFA
- Maya Larson, Dendros Group
- Makenzie Nolan, Governor's Office (GOV)
- Ashley Oolman, GOV
- John Patterson, MHFA
- Gloria Smith, DHS
- Dez Sobiech, OIO
- Gerri Sutton, MetC

- Mike Tessneer, DHS
- Rosalie Vollmar, DHS
- Bharti Wahi, DCYF
- Lauren Webber, DOC
- Madi Wegener, OIO
- Amanda Welliver, MHFA
- Leah Wilson, DCYF
- Kristy Zack, MHFA

Call to order and agenda review

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

Approval of meeting minutes

Action: Approve the April 9, 2025, Subcabinet meeting minutes

Motion: Collleen Wieck Second: Wendy Wulff

In favor: Roll call vote was taken with 13 Ayes and 0 Nays. Motion carried.

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

OIO and Olmstead Compliance Update

Aisha Elmquist gave updates on the planning process for the next Minnesota Olmstead Plan. The Olmstead Implementation Office (OIO) contracted with Dendros Group to bring on 18 Inclusion Consultants. The Inclusion Consultants are people with lived experience of disability who will work as part of the state agency teams drafting goals for the next plan. There are thirteen agency teams,

including Direct Care and Treatment (DCT) and Department of Children Youth and Families (DCYF). These two agencies are expected to formally join the Olmstead Subcabinet in the coming months.

Aisha Elmquist also shared that the Department of Human Services (DHS) has entered into a contract with the Technical Assistance Collaborative (TAC) to provide best practices reports and Policy Consultants to support agency goal-drafting teams.

Mike Tessneer (DHS) reminded attendees that the current Olmstead Plan is still in effect, and the next reporting period will be in September 2025.

Introduction of Inclusion Consultants

Inclusion Consultants Alesha Alexcee, Bob Wagner, Ivory Taylor, Mercedes Elder, Madame Robinson, Abraham Tieman, Kevin Pone, Nikki Huelsman, Sandy'Ci M., Angela Harper, and Riss Leitzke introduced themselves and shared the agency teams they will be working with on goal drafting.

Focus Area Report

Aisha Elmquist introduced the presentation of the Focus Area Report, created by the Inclusion Consultants through a series of meetings with Dendros Group. Rich Pennington facilitated the presentation of the report. Consultants Adam Harrington, Ken Rodgers, James Poteet, Mao Yang, Dee Martineau and Taylor O'Shea presented the report. As part of their presentation, the Consultants introduced themselves and shared their personal experiences related to the focus areas and vision statement in the report.

Discussion

Participants provided feedback on the Focus Area Report and expressed gratitude for the time and thoughtfulness of the Inclusion Consultants in creating it. Discussion themes included:

- The focus areas reflect the importance of community access and inclusion, which includes reliable and accessible transportation, affordable and accessible housing, employment, education and public awareness about disabilities and ableism.
- Many of the focus areas apply to the work of multiple agencies, and collaboration will be vital to creating an effective plan.
- Agencies are working to shift from systems thinking to people-centered thinking.
- The report presents many challenges, and challenges provide opportunities for creativity. Staff are curious to learn more from the Inclusion Consultants and their lived experiences.
- Agencies should consider how we spread the word about the programs and services available to people. How do we make the information accessible? Could there be a "front door" that directs individuals to everything they need in one place?

- It’s important to include goals related to abuse, seclusion and restraint so as not to lose ground in those areas. It’s also important to consider equity and recognize historical disparities in services. The next Plan should reflect the Employment First policy and the Olmstead Comprehensive Plan for Prevention of Abuse and Neglect of People with Disabilities.

Commissioner Ho wrapped up the discussion with the reminder that state staff and Inclusion Consultants will be co-creating the next Minnesota Olmstead Plan, and she thanked the Inclusion Consultants for making this “first move.” She encouraged the leaders of Subcabinet agencies to consider what they can do within the scope of their agencies as well as how they can provide influence in areas outside of that scope.

Adjournment

Commissioner Ho adjourned the meeting at 4:56 p.m.

Synthesis of Community Input and Recommended Olmstead Planning Focus Areas

May 13, 2025

Introduction

Context
The Minnesota Olmstead Plan has always been rooted in a simple but powerful belief: people with disabilities deserve to live, work, and thrive in their chosen communities, with real choices and real belonging.

Since the Plan's creation in 2015, the Olmstead Implementation Office (OIO) has gathered the voices of Minnesotans with disabilities through surveys, conversations, and public engagement. Again and again, those voices have pointed to the same truth: while progress has been made, many barriers—physical, social, attitudinal, and systemic—still stand in the way of full inclusion.

In 2024, OIO set out to learn from community members about disability inclusion, integration, and choice. OIO engaged the public through small community conversations and multiple surveys. In 2025, Inclusion Consultants—disabled leaders with diverse lived experiences—came on board. In a community conversation in April 2025, Minnesotans shared with the Inclusion Consultants and OIO what is still missing, where systems are falling short, and what a better future could look like.

A lot of people said it felt good to finally have lived experience centered, that meetings were accessible, and that their voices were genuinely heard. But others didn't hold back: frustration came through loud and clear. Some spoke about how tiring it is to keep giving feedback without meaningful changes to the Plan, asking why real change hasn't arrived yet. Others reminded us that true barriers aren't just about inaccessible buildings or

broken systems—they are about attitudes, about being seen as “less than,” about facing bias that limits opportunity before the conversation even begins.

This report doesn't smooth over those tensions. Instead, it lifts them up. It captures the reality that while progress matters, it’s not enough until people with disabilities can shape their lives without fighting every step of the way.

The work ahead must be different. It must be built through co-creation, not just consultation. It must focus not only on services, but also on dignity, choice, and true community belonging. This document offers a synthesis of what Minnesotans with disabilities have said they need—and a call to action to finally deliver it.

Methodology
This report uses a qualitative, narrative approach to understand and uplift the lived experiences of Minnesotans with disabilities. Instead of treating stories as isolated anecdotes or reducing experiences to data points, this process centered meaning: the deeper truths that emerge when people are given the space to speak fully, in their own words.

Throughout 2024 and 2025, stories were gathered through multiple channels—including the Quality of Life Survey, community conversations, targeted surveys like the Disability Inclusion and Choice Survey, and the Community Conversation Launch Event in April 2025. Across all these spaces, participants shared not only the barriers they face but also the dreams, frustrations, and solutions they carry.

Inclusion Consultants—disabled leaders from across Minnesota—led the interpretation and synthesis of this information. Their work honored the stories by looking beyond surface-level feedback to the underlying patterns, emotions, and realities people described. Rather than forcing experiences into rigid categories, the Consultants used a thematic approach, listening for what mattered most in people’s lives: freedom, safety, belonging, opportunity, access, and respect.

The goal was not to create a technical report full of statistics, but to protect the authenticity of what people shared—to hear the meaning behind the words, to hold the context that shapes each story, and to allow that truth to guide the development of the seven focus areas outlined in this report.

In doing so, this report stays rooted in what Minnesotans with disabilities told us directly: *Our lives are not data points. Our stories are our expertise.*

As part of this process, Inclusion Consultants also reviewed and synthesized historic Olmstead research, recent survey data, and findings from past community engagement efforts. The next section summarizes that body of work—the foundation on which this new vision is being built.

Historic OIO Research
The Olmstead Implementation Office (OIO) was created in 2013 to bring the real voices of Minnesotans with disabilities into decisions about how the state works. OIO helps state leaders understand what people actually need to live, work, and participate in their communities—not just what the system assumes they need.

Over the years, OIO has gathered input in a lot of ways: surveys, conversations, listening sessions. Across all these efforts, one thing is clear: people with disabilities know what's needed—and systems need to do a better job of listening and acting.

The next sections pull together what Minnesotans have been saying, loud and clear, to help shape the next Olmstead Plan.

Quality of Life Survey (2024)
The Quality of Life Survey asked people with disabilities about their lives—housing, work, community, and choice. Some people said they were doing okay. But a lot of people—especially Black, Indigenous, and people of color, people with higher support needs, and folks in rural areas—said the same barriers were still getting in their way.

What would improve their quality of life?

- More access to leisure activities
- Closer personal relationships
- Changes to their living situation
- More opportunities to be out in their communities
- Better program staffing and capacity
- More freedom to make decisions
- Better personal health and wellbeing
- More access to transportation
- Better financial security
- Improvement in healthcare, health insurance, medical devices or assistive technology
- More opportunities to work.

The survey showed that even after years of work, a lot of people still feel stuck—and that real change has to center dignity, access, and choice, not just services.

Small Community Conversations (2024)
The Small Community Conversations were raw, honest, and powerful. Across Minnesota, people with disabilities shared hard truths:

- Services are often built for the system's convenience, not for real life.
- Racism, poverty, language barriers, and isolation make it even harder.
- Engagement has to be *authentic* — not just "checking a box."

One big theme kept coming up: people want to help build solutions, not just give feedback. They want a future where disabled voices are at the center, not the sidelines.

Disability Inclusion and Choice Survey Summary (June 2024)
The Disability Inclusion and Choice Survey was open in June 2024. Almost 1,000 people filled it out to tell the state what life is really like for Minnesotans with disabilities—and what needs to change. Their message was clear: there's a long way to go before people with disabilities have real choice, real belonging, and real access to live how and where they want.

Across the survey, people shared a few main ideas again and again:

- **Ableism and stigma** are still major roadblocks. People want more education in schools, workplaces, and the community about what disability really means—and what inclusion really looks like.
- **Choice and self-determination** matter. Too many systems still make decisions *for* people with disabilities, instead of supporting them to make their own choices.
- **Intersectionality** matters. Race, culture, language, gender, and other identities affect people's experiences of disability. Services have to be culturally relevant and affirming.
- **The shortage of support staff**—like personal care assistants and job coaches—is breaking the system. Without enough workers, people can't get the help they need to live independently or work community jobs.
- **Government systems are too complicated.** People are tired of jumping through hoops, filling out endless forms, and dealing with long wait times to get basic services.
- **Housing, transportation, and healthcare** are still big gaps. People want affordable, accessible housing in their chosen communities, transportation they can actually use, and healthcare that respects and understands disability.

People also said loud and clear: it's not enough to "gather input" and then go back to business as usual. Disabled people want real seats at the table—not just to be heard, but to be co-creators of what comes next.

Top Priorities People Named for the New Olmstead Plan:

- **Housing** that is affordable, accessible, and located where people want to live.
- **Stronger home- and community-based services** (like waivers) that are truly flexible and person-centered.
- **Jobs**: More real jobs, not dead-end programs. And employers who actually understand accommodations.
- **Healthcare and mental health care** that are affordable, accessible, and culturally responsive.
- **Transportation** that connects people to work, health care, friends, and life in the community.

What People Want in Their Own Words:

- "More real choice."
- "More control over their lives."
- "Less red tape."
- "Services that respect all parts of who they are."
- "Leadership that listens — and acts."

Community Conversation: Governor's Council on Developmental Disabilities
In 2024, the Governor's Council on Developmental Disabilities (GCDD) hosted a community conversation and found the following from the perspectives:

- The systems to apply for and receive benefits and services are too complicated.
- People with disabilities don't feel they have choices in many areas of life.
- Children with disabilities experience segregation, as well as lack of inclusion and choice, from a young age, including in educational settings.
- Physical inaccessibility is a barrier to integration, choice and inclusion.
- Integration, choice, and inclusion are just as important in recreational activities.
- Integration and inclusion require active allyship from non-disabled people.

OIO Surveys and Past Reports
Since 2015, Minnesota's Olmstead Plan and its updates have pointed out the same problems:

- Systems don't talk to each other.
- Services are siloed.
- People have to fight way too hard for basic access.

There's been some progress but a lot of the deep structural barriers haven't moved. The older reports remind us: it's not about tweaking policies. It's about rethinking how systems work—and who gets to shape them.

Overall
Minnesotans with disabilities have been crystal clear: they want more than services. They want respect, real choice, belonging, and leadership that *shows up* when it matters.

Vision and Key Focus Areas Introduction

Per the direction of the Olmstead Implementation Office (OIO) in their leadership of the Olmstead planning for the state, "Olmstead Plan goals should center on the concerns, preferences, and needs of people with disabilities. The goals should align with the insights and direction provided by the community and people with disabilities."

We believe this vision is grounded in the foundational mandate of the Olmstead Decision—that people must be supported to live, work, and enjoy life in the most integrated settings possible. Integration is not simply a legal requirement; it is a moral and practical imperative that reflects the dignity, autonomy, and aspirations of all Minnesotans:

> **We imagine a world where all Minnesota State Agencies care about our perspectives, listen to us, and make decisions with us in authentic collaboration so we can live, learn, work, and enjoy life with everyone else.**

Additionally, to guide the next Olmstead Plan, OIO asked the Inclusion Consultants to recommend focus areas for the planning process. OIO gave further guidance that the focus areas should have specific outcomes stemming from the vision statement above. These focus areas incorporate the role that state government programs and systems play in the lives of people with disabilities, especially those in segregated settings.

In developing the next iteration of the Olmstead Plan, we do not accept the false dichotomy that the needs of people with disabilities are separate from or in opposition to the needs of non-disabled people. Disability is a natural part of the human experience, and at some point in their lives, nearly everyone will navigate a temporary or permanent change in ways of functioning. One in four Minnesotans already lives with a disability. What we hope for disabled Minnesotans—freedom, opportunity, equity, and belonging—is what we want for every resident of our state.

Through statewide community engagement, lived experience leadership, and deep reflection, five strategic areas of focus have emerged from the reflections of the Inclusion Consultants. Each is designed to advance the vision above while responding directly to the core themes identified by Inclusion Consultants and disability advocates. These areas are not isolated initiatives—they are interconnected strategies meant to reshape the fabric of Minnesota's public systems.

The following pages outline each focus area, related subthemes, and actionable next steps for state agencies. Together, these five priorities provide a blueprint for building a truly integrated Minnesota where every person has the right to thrive.

Focus Area One: Freedom, Belonging, and Self-Determination

Minnesotans with disabilities have freedom, belonging and self-determination.

Overview

One of the most explicit messages we heard from Minnesotans with disabilities is this: freedom means having control over your own life. That includes choosing where to live, what kind of work to do, how to spend your time, and who you spend it with. These choices are deeply connected to identity, dignity, and the ability to belong—to feel rooted in a community where your presence, needs, and contributions are respected.

Outcomes

- People with disabilities can participate fully in civic life and local leadership.
- People have the right to live in the most integrated housing settings and to refuse placements that don't reflect their choices.

Subthemes

- Trust in people's ability to make their own decisions, even when those decisions involve risk
- Full participation in civic life, local leadership, and public decision-making
- Cultural and personal identity are welcomed—not hidden or silenced
- Belonging is not just about being included; it's about being wanted and supported
- Access to the people, spaces, and supports that allow personal choice to be real
- Interdependence and mutual aid as valid forms of community support

Possible Action Steps

Support self-determination through programs that center lived experience.
State agencies should expand peer-led planning, supported decision-making, and self-directed services so that people choose the supports that fit their lives—rather than fitting their lives around services.

Expand civic engagement opportunities by removing participation barriers.
State agencies should work with disability-led organizations to make public meetings accessible, promote disability-inclusive candidate recruitment, and support voting access across all environments—including prisons, treatment facilities, and group homes.

Train public agencies in cultural humility, disability identity, and inclusive leadership.
State agencies should require statewide training led by people with disabilities, focused on intersectionality, dignity of risk, and how to build welcoming spaces where people can show up fully and safely.

Ensure the presence of people with disabilities in visible and leadership roles in state systems.

State agencies should lead in ensuring people with disabilities are seen in meaningful roles in state agencies, and find ways to encourage schools and other cultural institutions to do the same.

Reform policies that limit personal freedom, such as restrictive guardianship and service eligibility rules.
State agencies should collaborate to replace guardianship with supported decision-making, increase access to legal aid, and reduce red tape that forces people to prove their disability to access basic support.

Fund community-rooted programs that reflect Minnesota's full disability community.
State agencies should expand grants and contracting opportunities to small, culturally specific disability organizations—especially those led by Black, Indigenous, rural, queer, refugee or immigrant Minnesotans with disabilities.

Acknowledge and support mutual aid networks and informal community supports as core to self-determined lives.
State agencies should create new funding streams that recognize and strengthen mutual aid networks and culturally rooted support models.

Focus Area Two: Health, Safety, and Healing

Minnesotans with disabilities are healthy, safe and have the resources they want and need for healing.

Overview

Minnesotans with disabilities told us that health is more than access to doctors—it's about feeling safe in your body, being treated with dignity, and having the resources to heal from trauma. Safety includes protection from abuse and neglect, while healing means access to physical and mental health supports that are culturally responsive, trauma-informed, and rooted in trust. For many, it also means being believed.

Outcomes

- People with disabilities are safe from harm and can access timely, trusted healing support.
- Services address trauma and support whole-person well-being, not just physical health.

Subthemes

- Culturally responsive and trauma-informed health care
- Prevention of abuse, neglect, exploitation, and coercion
- Mental health supports that affirm disability identity and lived experience
- Safety as a condition for healing—not a privilege to be earned
- Respect for bodily autonomy and personal dignity in all care settings
- Healing justice and restorative community care

Possible Action Steps

Include disabled voices in designing mental health and substance use services.
State agencies should fund co-created models for mental health support that reflect the lived experience of trauma, racial injustice, and disability, including dual-diagnosis services and survivor-informed models.

Expand access to trauma-informed care and mental health services tailored to disability communities.
State agencies should fund community-rooted programs led by disabled practitioners and prioritize culturally specific services that reflect the lived experience of disabled Minnesotans.

Create community-rooted healing spaces beyond clinical care.
State agencies should invest in culturally specific, non-medical healing supports led by disability communities—such as peer wellness collectives, talking circles, expressive arts therapy, and spaces for grief, trauma, and joy.

Prevent harm by building accountability into all settings where disabled people receive care.
State agencies should strengthen monitoring of congregate settings, increase funding for ombudsman and advocacy programs, and promote community-based alternatives to institutional care.

Protect the privacy and dignity of disabled people's health and personal information.
State agencies should ensure informed consent and data sovereignty by reviewing and revising health data sharing practices, particularly in behavioral health, housing, and school settings.

Fund peer-led crisis response and emotional support networks.
Instead of relying solely on law enforcement or clinical crisis teams, State agencies should pilot peer-run mental health supports modeled after alternatives like warmlines, drop-in spaces, and community responder programs.

Train first responders and health professionals in disability competence and cultural humility.
State agencies should partner with disability-led groups to deliver training in trauma response, crisis de-escalation, and the social model of disability.

Support community healing and peer-led health initiatives.
State agencies should increase grants to grassroots groups offering wellness, harm reduction, and healing services that go beyond traditional clinical care.

Integrate healing circles and restorative practices into responses to harm and institutional trauma.
State agencies should fund pilot programs that embed healing justice practices in schools, jails, treatment centers, and congregate settings.

Ensure oral health, prescription access, and telehealth are included in equitable care models.
State agencies must revise Medicaid and managed care contracts to explicitly cover dental, telehealth, and affordable prescription needs.

Focus Area Three: Income, Work, and The Opportunity to Thrive

Minnesotans with disabilities have income, work, and the opportunity to thrive

Overview

Minnesotans with disabilities want more than survival—they want to thrive. That means having access to meaningful work, fair pay, and the freedom to make their own choices about how they live, learn, and contribute. But too many people are still locked out of the workforce, stuck in poverty, or pushed into jobs that don't reflect their strengths or goals.

People also shared their fear: if they try to work, they could lose health care or housing. And if they can't work due to their disability, they feel punished by a system that makes them prove they're "disabled enough" just to receive support. This isn't equity—it's a trap.

Outcomes

- Disabled Minnesotans can access meaningful work, living wages, and career growth.
- Income supports do not trap people in poverty or force tradeoffs between work and basic needs.

Subthemes

- Fair pay and benefits, including for people in supported or nontraditional employment
- Opportunities for entrepreneurship and leadership
- Economic systems that reward growth instead of penalizing it
- Access to vocational and higher education
- Recognition of unpaid work, caregiving, and community contribution
- Right to not work without stigma or economic insecurity
- Elimination of job segregation into the "five F's": food, filth, flowers, folding, fetching.

Possible Action Steps

Remove income and asset limits that penalize work or advancement.
State agencies should work with federal partners and advocates to modernize rules for Medical Assistance (MA), Supplemental Security Income (SSI), and other programs so that working doesn't mean losing needed support.

Expand access to inclusive employment and career pathways.
State agencies should increase funding for competitive integrated employment, inclusive apprenticeships, and higher education programs designed by and for disabled people.

Build pipelines to entrepreneurship and small business ownership.

State agencies should provide grants, training, and mentorship to disabled entrepreneurs, especially from rural and BIPOC communities.

Reform wage systems that devalue disabled labor.
State agencies should eliminate subminimum wages and invest in integrated employment opportunities that reflect people's goals, talents, and identities.

Remove penalties for getting married.
State agencies should review policies that reduce or revoke benefits when disabled people marry and work with federal partners to advocate for reforms that support family stability and autonomy.

Recognize and support unpaid labor and community contribution.
State agencies should include caregiving, advocacy, creative work, and mutual aid in definitions of meaningful participation, and create programs that offer stipends, credits, or benefits for non-waged contributions.

Expand economic opportunities for people re-entering from incarceration or treatment.
State agencies should provide targeted job placement, entrepreneurship funding, and skill-building programs for disabled people with lived experience of institutionalization or incarceration.

Fund disability-led creative and cultural work as legitimate economic participation.
State agencies should expand grants, fellowships, and residencies that value creative, cultural, and educational contributions from disabled artists, historians, and community builders.

Prioritize disabled applicants in state job postings.
State agencies should issue statewide directives requiring affirmative recruitment of disabled applicants in all public job announcements.

Focus Area Four: Functional Systems and Inclusive Services

Minnesotans with disabilities have access to functional systems and inclusive services.

Overview

People with disabilities told us clearly: the systems that are supposed to help them often make life harder. Whether trying to apply for services, get clear information, or solve a problem, the process is confusing, inconsistent, and exhausting. Many said they feel like they have to fight for everything—just to get what they're already supposed to have.

How you access services should not depend on where you live. Allowing each county to have its own way of doing things, its own process, and its own timelines, creates dysfunction. And this patchwork approach leads to delays, denial of care, and uneven support, especially for those who move, live near county borders, or need help immediately.

Outcomes

- Public systems are coordinated, easy to navigate, and grounded in trust.
- People receive timely, appropriate services that reflect their needs, not agency convenience.

Subthemes

- Forms and processes that are understandable and accessible
- Help from someone who actually knows how the system works
- Less duplication between agencies and programs
- Consistency across counties in how services are accessed and delivered
- Opportunities to give feedback that leads to real change
- People-centered, compassionate support

Possible Action Steps

Create walk-in, peer-led Disability Resource Centers.
State agencies should fund drop-in centers statewide that provide real-time, person-centered guidance with benefits, housing, mental health, and legal rights—without requiring appointments or documentation up front.

Reduce the emotional and bureaucratic burden of navigating systems.
State agencies should pilot presumptive eligibility, longer benefit recertification periods, and plain language communication to reduce the paperwork load that drains time and dignity.

Simplify and align how people apply for services.
All state agencies should work together with people who use these systems to reduce paperwork, clarify requirements, and create one clear entry point.

Make case management work better.
All state agencies should increase support for navigators, advocates, and peer support—especially in communities where trust in the system is low.

Abolish redundant re-verification processes that erode trust.
State agencies should streamline eligibility reviews by accepting cross-agency documentation and recognizing disability determinations across programs.

Require consistent standards across counties.
State agencies should develop and enforce statewide access standards so that services don't depend on your ZIP code. This includes shared timelines, uniform forms, and equal access regardless of location.

Use inclusive communication practices.
State agencies should commit to plain language and accessible formats. This includes ASL, captioning, large print, and translations that reflect Minnesota's full diversity.

Build systems that are truly co-created with disabled people.
State agencies should integrate people with lived experience into design, review, and evaluation teams—not just advisory boards—to ensure systems reflect community realities and priorities.

Create real accountability when systems fall short.
State agencies should lead efforts to make feedback easier to give and more likely to lead to action—then share what changed as a result.

Train agencies to adopt a culture of compassion, not compliance.
State agencies must include compassion and relational care in staff performance metrics and training benchmarks. Expand inclusive teaching practices in schools, and more inclusive service policies/procedures any where people are using public resources.

Ensure systems answer calls, respond to requests, and communicate clearly with urgency and empathy.
All executive agencies should audit and publicly report on response times and satisfaction with public-facing services.

Focus Area Five: Accessible Homes, Communities, and Infrastructure

Minnesotans with disabilities have accessible homes, communities and infrastructure.

Overview

When we asked Minnesotans with disabilities about access, many talked about the basics—getting into buildings, having qualified interpreters, finding housing, using transportation, or safely crossing the street. These are not luxuries; they are the foundation of a full life. But too often, the spaces, systems, and services meant to support access are inconsistent, incomplete, or entirely missing, especially in rural areas, small towns, and low-income neighborhoods.

What people are calling for isn't a set of minor improvements. It's a complete shift toward intentional design. Cities, neighborhoods, and infrastructure across Minnesota must be created with accessibility as a baseline, not as a retrofit. That includes housing, sidewalks, crosswalks, broadband, emergency systems, and communication access in every format.

Outcomes

- People live in accessible, affordable homes in the communities of their choice.
- Transportation, digital tools, and public infrastructure are fully accessible by default, not retrofitted.
- Communication access is timely, multimodal, and universal.

Subthemes

- Access to integrated, affordable housing—not just availability
- Reliable, flexible transportation that connects all communities
- Digital inclusion and broadband access
- Climate resilience and emergency preparedness for disabled people
- Universal design in public buildings, parks, and streetscapes
- Communication access: ASL 911, visual instructions, interpreter rights
- Housing for unhoused people that doesn’t require a permanent address
- Healthy food access in all community spaces

Possible Action Steps

Require universal design and accessibility in all new housing and public construction.
State agencies should expand funding, incentives, and mandates for housing and infrastructure designed with universal access principles, co-developed with disabled community members.

Invest in accessible housing navigation and preservation.
State agencies should fund statewide programs that help people find, apply for, and keep accessible housing, including navigators, legal aid, and housing retention services.

Ensure every city and county adopts and enforces accessibility standards.
State agencies should require local governments to adopt consistent accessibility policies, update public infrastructure plans, and report on access compliance, especially around public transit, buildings, and emergency services.

Address zoning and land use barriers to integration.
Find ways to influence local zoning codes that exclude multi-unit or accessible housing, and incentivize mixed-income, mixed-ability developments.

Fund local demonstration projects that model accessible community design.
State agencies should support city- and county-level pilots that showcase inclusive parks, bus stops, sidewalks, restrooms, shelters, signage, and wayfinding technologies.

Train and diversify Minnesota's accessible construction workforce.
State agencies should partner with community colleges, unions, and disability-led organizations to train architects, builders, and tradespeople in universal design and to recruit disabled workers into these careers.

Ensure inclusive emergency and climate preparedness infrastructure.
State agencies must co-design emergency planning and climate resilience efforts with disability leaders, ensuring real-time access to alerts, evacuation routes, backup power, and emergency housing.

Require inclusive, multimodal public engagement in all infrastructure planning.
State agencies should adopt statewide rules for public meetings and planning processes that ensure communication access, such as ASL, tactile formats, captioning, plain language, and cultural translation.

Make all digital infrastructure accessible by default.
State agencies should enforce WCAG 2.1 AA standards for state websites, online applications, transit schedules, digital maps, and any public tools or communications—audited and maintained regularly.

Create a statewide access audit and improvement fund.
State agencies should establish a grant program to help cities, schools, counties, and nonprofits identify and fix physical and digital access barriers in older buildings and systems.

Ensure communication access systems (e.g., ASL 911, interpreter protections, step-by-step visuals, tactile tools) are in place for all public services.
State agencies should collaborate to implement statewide multimodal communication standards across all public platforms.

Design housing supports that include people without a fixed address.
State agencies should remove residential address requirements and fund flexible housing models.

Fund inclusive food access programs as part of housing and community life.
State agencies and local governments should include food security planning in all housing and community development initiatives.

Ensure public schools and other publicly funded learning institutions maximize accessibility.
Find ways to establish publicly funded institutions as models for accessibility and accommodation. Audit and ensure public buildings and public spaces are fully accessible.

Definitions

Accessible Physical Infrastructure
The design of buildings, transportation systems, homes, public spaces, and pathways that people with disabilities can use without barriers. True physical accessibility means spaces are built for everyone from the start, not adapted later as an afterthought.

Accessible Social Infrastructure
The networks, relationships, communication methods, and social systems that allow people to fully participate in community life. Accessible social infrastructure means not just getting into the building, but also being able to build relationships, get information, and feel connected.

Accessibility
Accessibility means that environments, services, information, and opportunities are usable by everyone, with or without disability. It goes beyond technical compliance—it's about designing systems that are welcoming, inclusive, and adaptable.

Attitudinal Barriers
Biases, assumptions, and stereotypes create obstacles for people with disabilities. Attitudinal barriers can exclude people even when physical access is available by making them feel unwelcome, unseen, or undervalued.

Belonging
Belonging means being fully accepted and valued for who you are, without having to hide or change yourself to fit in. It's about being seen, respected, and included in community life—not just allowed to participate, but wanted and needed.

Choice and Self-Determination
Choice is the ability to make real decisions about your life without fear of losing support. Self-determination means having power over your own future—setting your own goals, making your own plans, and living on your own terms.

Co-Creation
A process where people with disabilities are not just giving feedback, but are leading, shaping, and making decisions alongside agencies and leaders. Co-creation shares real power, not just token invitations.

Community Integration
Living, working, learning, and participating in everyday community life alongside everyone else—not in separate or institutionalized settings. Community integration values inclusion across all aspects of society.

Dignity of Risk
The idea that everyone has the right to take chances, make mistakes, and grow. Protecting

people with disabilities doesn't mean removing their right to live freely, try new things, or learn through experience.

Framework
The structure that organizes the main themes and focus areas of the report. The framework was developed through community storytelling, visual recording, and collaborative workshops with Inclusion Consultants.

Inclusion Consultants
Disabled leaders who brought their lived experience and expertise to the Olmstead Plan process. They led the interpretation of community stories and helped define the priorities and focus areas in this report.

Intersectionality
The understanding that disability does not exist in isolation. People's experiences are shaped by multiple identities—including race, gender, language, and culture—and systems must address the full complexity of their lives.

Narrative Approach
A method that centers stories as valid, powerful sources of knowledge. Rather than reducing people's experiences to statistics, a narrative approach looks for the meaning, emotion, and context behind their words.

Safe(r) Spaces
Environments where people feel physically, emotionally, and socially safe—where they can show up as their full selves without fear of harm, dismissal, or punishment. The "(r)" acknowledges that no space can guarantee complete safety, but intentional efforts must be made.

Systems Navigation
The ability to understand, access, and move through systems of support like housing, employment, health care, and education. Good systems navigation should be simple, human-centered, and free from unnecessary barriers.

Tokenism
Including people with disabilities in a way that is symbolic rather than meaningful. Inviting them to the table but not giving them real influence or power. True inclusion means full participation, not just appearances.

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

Contents

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 settings[iii] 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.**

[Receiving Medical Assistance]

Time period	Total moves	Moved to more integrated setting	Moved to congregate setting	Not receiving residential services	No longer on MA
2015 Annual (July 14 – June 15)	5,703	**1,137 (19.9%)**	502 (8.8%)	3,805 (66.7%)	259(4.6%)
2016 Annual (July 15 – June 16)	5,603	**1,051 (18.8%)**	437 (7.8%)	3,692 (65.9%)	423 (7.5%)
2017 Annual (July 16 – June 17)	5,504	**1,054 (19.2%)**	492 (8.9%)	3,466 (63.0%)	492 (8.9%)
2018 Annual (July 17 – June 18)	5,967	**1,188 (19.9%)**	516 (8.7%)	3,737 (62.6%)	526 (8.8%)
2019 Annual (July 18 – June 19)	5,679	**1,138 (20.0%)**	484 (8.5%)	3,479 (61.3%)	578 (10.2%)
2020 Annual (July 19 – June 20)	5,967	**1,190 (19.9%)**	483 (8.1%)	3,796 (63.6%)	498 (8.4%)
2021 Annual (July 20 – June 21)	5,261	**2,482 (47.2%)**	364 (6.9%)	2,257 (42.9%)	158 (3.0%)
2022 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 Services[3] 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 Jan – Dec 2021	Committed after finding of incompetency	37	6	1	30
Jan – Dec 2021	MI&D committed	53	16	10	27
Jan – Dec 2021	Other committed	21	2	1	18
Total	**N/A**	**111**	**24**	**12**	**(Avg. = 6.3) 75**
2022 Annual 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
Total	**N/A**	**75**	**24**	**8**	**(Avg. = 3.6) 43**
2023 Annual 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**
Total	**N/A**	**88**	**19**	**12**	**(Avg. = 4.8) 57**
2024 Annual 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
Total	**N/A**	**97**	**44**	**5**	**(Avg = 4.0) 48**
2025 Q1 Jan – Mar 2025	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 Apr - Jun 2025	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 device[6] 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 system[7]

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 and 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.