



Minnesota Department of Human Services
Commissioner's Office
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St. Paul, MN 55164-0998

August 27, 2019

The Honorable Donovan W. Frank
United States District Court
District of Minnesota
724 Federal Building
316 North Robert Street
St. Paul, Minnesota 55101

Re: *Jensen, et al. v. Minnesota Department of Human Services, et al.*
Court File No.: 09-CV-01775 DWF/BRT
August 2019 Olmstead Plan Quarterly Report

Dear Judge Frank:

Enclosed please find the August 26, 2019 Quarterly Report on Olmstead Plan Measurable Goals, which includes data acquired by the Olmstead Implementation Office through July 31, 2019. This report is filed pursuant to this Court's Order for Reporting on Olmstead Plan dated February 22, 2016 (Doc. No. 544), the Court's Order dated June 21, 2016 (Doc. No. 578), and the Court's Order dated July 19, 2018 (Doc. No. 693).

This report was approved by the Olmstead Subcabinet on August 26, 2019 and is filed by the Department on its behalf.

Sincerely,

A handwritten signature in black ink, appearing to read 'Claire Wilson', with a long, flowing horizontal line extending to the right.

Claire Wilson
Deputy Commissioner for Policy

cc: Magistrate Judge Becky R. Thorson
Shamus O'Meara, Attorney for Plaintiffs
Colleen Wieck, Executive Director for the Governor's Council on Developmental Disabilities
Roberta Opheim, Ombudsman for Mental Health and Developmental Disabilities
Jennifer Ho, Chair, Olmstead Subcabinet

Minnesota Olmstead Subcabinet

Quarterly Report on Olmstead Plan Measurable Goals



REPORTING PERIOD

Data acquired through July 31, 2019

DATE APPROVED BY SUBCABINET

August 26, 2019

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I. PURPOSE OF REPORT

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

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

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

This quarterly report includes data acquired through July 31, 2019. Progress on each measurable goal will be reported quarterly, semi-annually, or annually. Reports are reviewed and approved by the Olmstead Subcabinet. After reports are approved they are made available to the public on the Olmstead Plan website at Mn.gov/Olmstead.ⁱ

This quarterly report also includes Olmstead Implementation Office (OIO) compliance summary reports on the status of workplans.

EXECUTIVE SUMMARY

This quarterly report covers nineteen measurable goals.ⁱⁱ As shown in the chart below, four of those goals were either met or on track to be met. Eight goals were categorized as not on track, or not met. For those seven goals, the report documents how the agencies will work to improve performance on each goal. Seven goals are in process.

Status of Goals – August 2019 Quarterly Report	Number of Goals
Met annual goal	1
On track to meet annual goal	3
Not on track to meet annual goal	3
Did not meet annual goal	5
In process	7
Goals Reported	19

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

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

- During this quarter, 66 individuals left ICF/DD programs to more integrated settings. After two quarters, the total number is 114 which exceeds the annual goal of 72. (Transition Services Goal One A)
- During this quarter, 290 individuals with disabilities under age 65 in a nursing facility longer than 90 days moved to more integrated settings. After two quarters, 56% of the annual goal of 750 has been achieved. (Transition Services Goal One B)
- During this quarter, 322 individuals moved from other segregated settings to more integrated settings. After two quarters, the total number is 612 which exceeds the annual goal of 500. (Transition Services Goal One C)

Timeliness of Waiver Funding Goal One

- There are fewer individuals waiting for access to a DD waiver. At the end of the current quarter 76% of individuals were approved for funding within 45 days. Another 21% had funding approved after 45 days.

The following measurable goals have been targeted for improvement:

- Transition Services Goal Two to decrease the percent of people at AMRTC who no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting.
- Transition Services Goal Three to increase the number of individuals leaving the MSH to a more integrated setting.
- Positive Supports Three to reduce the number of reports of emergency use of mechanical restraints with approved individuals.
- Employment Goal Three to increase the number of students with Developmental Cognitive Disabilities (DCD) in competitive, integrated employment.
- Community Engagement Goal One to increase the number of individuals with disabilities participating in Governor's appointed Boards and Commissions, and the Olmstead Subcabinet Community Engagement Workgroup.
- Preventing Abuse and Neglect Goal Four to decrease the number of students with disabilities identified as victims in determinations of maltreatment.

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 the 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)	Oct – Dec 2018	66
• Nursing Facilities (individuals under age 65 in facility > 90 days)	Oct – Dec 2018	189
• Other segregated settings	Oct – Dec 2018	290
• Anoka Metro Regional Treatment Center (AMRTC)	Apr – June 2019	20
• Minnesota Security Hospital (MSH)	Apr – June 2019	21
Total	--	586

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 impacted by the goal. The number provides context as it relates to the measure.

TRANSITION SERVICES GOAL ONE: By June 30, 2020, the number of people who have moved from segregated settings to more integrated settingsⁱⁱⁱ will be 7,138.

Annual Goals for the number of people moving from ICFs/DD, nursing facilities and other segregated housing to more integrated settings are set forth in the following table:

	2014 Baseline	June 30, 2015	June 30, 2016	June 30, 2017	June 30, 2018	June 30, 2019
A) Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD)	72	84	84	84	72	72
B) Nursing Facilities (NF) under age 65 in NF > 90 days	707	740	740	740	750	750
C) Segregated housing other than listed above	1,121	50	250	400	500	500
Total		874	1,074	1,224	1,322	1,322

A) INTERMEDIATE CARE FACILITIES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES (ICFs/DD)

2019 goal

- For the year ending June 30, 2019 the number of people who have moved from ICFs/DD to a more integrated setting will be **72**

Baseline: January - December 2014 = 72

RESULTS:

The goal is **on track** to meet the 2019 goal of 72.

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 Quarter 1 (July – September 2018)	65	4	13	48
2019 Quarter 2 (October – December 2018)	86	8	12	66

ANALYSIS OF DATA:

From October – December 2018, the number of people who moved from an ICF/DD to a more integrated setting was 66. This is 28 more people than in the previous quarter. After two quarters, the total number is 114 which exceeds the annual goal of 72. The goal is on track.

COMMENT ON PERFORMANCE:

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

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

DHS continues to work with private providers and Minnesota State Operated Community Services (MSOCS) that have expressed interest in voluntary closure of ICFs/DD. Providers are working to develop service delivery models that better reflect a community-integrated approach requested by people seeking services. A total of 15 out of 15 MSOCS ICFs/DD converted since January 2017 for a reduction of 96 state-operated ICF/DD beds. The last MSOCS ICF/DD converted as of August 2, 2019. For the period of January through June 2019, there were 96 ICF/DD beds closed in 17 sites.

UNIVERSE NUMBER:

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.

B) NURSING FACILITIES

2019 goal

- For the year ending June 30, 2019, the number of people who have moved from Nursing Facilities (for persons with a disability under 65 in facility longer than 90 days) to a more integrated setting will be **750**.

Baseline: January - December 2014 = 707

RESULTS:

The goal is **on track** to meet the 2019 goal of 750.

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 Quarter 1 (July – September 2018)	310	28	49	233
2019 Quarter 2 (October – December 2018)	260	26	45	189

ANALYSIS OF DATA:

From October – December 2018, the number of people under 65 in a nursing facility for more than 90 days who moved to a more integrated setting was 189. This is 44 less individuals than in the previous quarter. After two quarters, the number is 56% of the annual goal of 750. The goal is on track.

COMMENT ON PERFORMANCE:

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

In July 2016, Medicaid payment for Housing Access Services was expanded across waivers. Additional providers are now able to enroll to provide this service. Housing Access Services assists people with finding housing and setting up their new place, including a certain amount of basic furniture, household goods and/or supplies and payment of certain deposits.

UNIVERSE NUMBER:

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.

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.

C) SEGREGATED HOUSING**2019 goal**

- For the year ending June 30, 2019, the number of people who have moved from other segregated housing to a more integrated setting will be **500**.

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

RESULTS:

The goal is **on track** to meet the 2019 goal of 500.

[Receiving Medical Assistance (MA)]

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 Quarter 1 (July – Sept 2018)	1,585	322 (20.3%)	123 (7.8%)	987 (62.3%)	153 (9.6%)
2019 Quarter 2 (Oct – Dec 2018)	1,167	290 (24.8%)	128 (11%)	639 (54.8%)	110 (9.4%)

ANALYSIS OF DATA:

From October – December 2018, of the 1,167 individuals moving from segregated housing, 290 individuals (24.8%) moved to a more integrated setting. After two quarters, the total number is 612 which exceeds the annual goal of 500. The goal is on track.

COMMENT ON PERFORMANCE:

During the quarter, there were significantly more individuals who moved to more integrated settings (24.8%) than who moved to congregate settings (11%). This analysis also illustrates the number of individuals who are no longer on MA and who are not receiving residential services as defined below.

The data indicates that a large percentage (54.8%) of individuals who moved from segregated housing are not receiving publicly funded residential services. Based on trends identified in data development for Crisis Services Goal Four, it is assumed the majority of those people are housed in their own or their family's home and are not in a congregate setting.

COMMENT ON TABLE HEADINGS:

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

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

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

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

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

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

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

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

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

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

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

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

TIMELINESS OF DATA:

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

TRANSITION SERVICES GOAL TWO: By June 30, 2019, the percent of people under mental health commitment at Anoka Metro Regional Treatment Center (AMRTC) who do not require hospital level of care and are currently awaiting discharge to the most integrated setting^v will be reduced to 30% (based on daily average).

2019 goal

- By June 30, 2019, the percent of people at AMRTC awaiting discharge will be reduced to $\leq 30\%$

Baseline: From July 2014 - June 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.¹

RESULTS:

This 2019 goal of $\leq 30\%$ was **not met**.

Percent awaiting discharge (daily average)

Time period	Mental health commitment	Committed after finding of incompetency
2016 Annual (July 2015 – June 2016)	Daily Average = 42.5% ²	
2017 Annual (July 2016 – June 2017)	44.9%	29.3%
2018 Annual (July 2017 – June 2018)	36.9%	23.8%
2019 Quarter 1 (July – September 2018)	50.9%	27.7%
2019 Quarter 2 (October – December 2018)	35.3%	41.6%
2019 Quarter 3 (January – March 2019)	34.8%	23.9%
2019 Quarter 4 (April – June 2019)	29.0%	19.4%
2019 Annual (July 2018 – June 2019)	37.5%	28.2%

¹ 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).

² The data for July 2015 - June 2016 was reported as a combined percentage for individuals under mental health commitment and individuals committed after being found incompetent on a felony or gross misdemeanor charge (restore to competency). After July 2016, the data is reported separately for the two categories.

ANALYSIS OF DATA:

From July 2018 – June 2019, 37.5% of those under mental health commitment at AMRTC no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting. Although there has been improvement in each of the last three quarters, the 2019 annual goal to reduce the percent awaiting discharge to 30% was not met.

From July 2018 – June 2019, 47 individuals at AMRTC under mental health commitment left and moved to an integrated setting. The table below provides information about those individuals who left AMRTC. It includes the number of individuals under mental health commitment and those who were civilly committed after being found incompetent on a felony or gross misdemeanor charge who moved to integrated settings.

Time Period	Total number of individuals leaving	Transfers	Deaths	Net moved to integrated setting	Moves to integrated setting	
					Mental health commitment	Committed after finding of incompetency
2017 Annual (July 2016 – June 2017)	267	155	2	110	54	56
2018 Annual (July 2017 – June 2018)	274	197	0	77	46	31
2019 Quarter 1 (July – Sept 2018)	71	51	0	20	8	12
2019 Quarter 2 (Oct –Dec 2018)	76	56	1	19	11	8
2019 Quarter 3 (Jan – March 2018)	84	62	0	22	11	11
2019 Quarter 4 (April – June 2019)	86	66	0	20	17	3
2019 Annual (July 2018 – June 2019)	317	235	1	81	47	34

COMMENT ON PERFORMANCE:

AMRTC continues to serve a large number of individuals who no longer need hospital level of care, including those under a mental health commitment and those who need competency restoration services. Those committed after a finding of incompetency, accounted for approximately 43% of AMRTC's census in this quarter.

During this quarter there was a higher percentage of individuals awaiting discharge under mental health commitment (29%) than for those who were civilly committed after being found incompetent (19.4%).

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

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

- Violent or aggressive behavior (i.e. hitting others, property destruction, past criminal acts);
- Predatory or sexually inappropriate behavior;

- High risk for self-injury (i.e. swallowing objects, suicide attempts); and
- Unwillingness to take medication in the community.

Ongoing efforts are facilitated to improve the discharge planning process for those served at AMRTC:

- Improvements in the treatment and discharge planning processes to better facilitate collaboration with county partners. AMRTC has increased collaboration efforts to foster participation with county partners to aid in identifying more applicable community placements and resources for individuals awaiting discharge.
- Improvements in AMRTC's notification process for individuals who no longer meet hospital criteria of care to county partners and other key stakeholders to ensure that all parties involved are informed of changes in the individual's status and resources are allocated towards discharge planning.
- Improvements in AMRTC's notification process to courts and parties in criminal cases for individuals who were civilly committed after a finding of incompetency who no longer meet hospital criteria of care.

DHS has convened a cross-division, cross-administration working group to improve the timely discharge of individuals at MSH and AMRTC to identify: barriers, current and future strategies, and any needed efficiencies that could be developed between AMRTC and MSH to support movement to community. Counties and community providers will be consulted and engaged in this effort as well.

UNIVERSE NUMBER:

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, 2019, the average monthly number of individuals leaving Minnesota Security Hospital to a more integrated setting will increase to 10 individuals per month.

2019 goal

- By December 31, 2019 the average monthly number of individuals leaving to a more integrated setting will increase to ≥ 10

Baseline: From January – December 2014, the average monthly number of individuals leaving Minnesota Security Hospital (MSH) to a more integrated setting was 4.6 individuals per month.

RESULTS:

This goal is **not on track** to meet the 2019 goal of ≥ 10 .

Time period	Total number of individuals leaving	Transfers ^{iv} (-)	Deaths (-)	Net moved to integrated setting	Monthly average
2015 Annual (Jan – Dec 2015)	188	107	8	73	6.1
2016 Annual (Jan – Dec 2016)	184	97	3	84	7.0
2017 Annual (Jan – Dec 2017)	199	114	9	76	6.3
2018 Annual (Jan – Dec 2018)	212	130	3	79	6.6
2019 Quarter 1 (Jan – Mar 2019)	58	32	2	24	8.0
2019 Quarter 2 (Apr – June 2019)	57	36	0	21	7.0

ANALYSIS OF DATA:

During April – June 2019, the average monthly number of individuals leaving Forensic Services³ to a more integrated setting was 7. The average number moving to an integrated setting decreased from 8 the previous quarter. This goal is not on track to meet the annual goal of at least 10 per month.

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

Time period	Type	Total moves	Transfers	Deaths	Moves to integrated
2015 Annual (January – December 2015)	Committed after finding of incompetency	99	67	1	31
	MI&D committed	66	24	7	35
	Other committed	23	16	0	7
	Total	188	107	8	(Avg. = 6.1) 73
2016 Annual (January – December 2016)	Committed after finding of incompetency	93	62	0	31
	MI&D committed	69	23	3	43
	Other committed	25	15	0	10
	Total	187	100	3	(Avg. = 7.0) 84

³ MSH includes individuals leaving MSH, Transition Services, Forensic Nursing Home, and the Forensic Mental Health Program (formerly known as Competency Restoration Program). These four programs are collectively referred to as Forensic Services.

Time period	Type	Total moves	Transfers	Deaths	Moves to integrated
2017 Annual (January – December 2017)	Committed after finding of incompetency	133	94	2	27
	MI&D committed	55	17	6	32
	Other committed	11	3	1	7
	Total	199	114	9	(Avg. = 6.3) 76
2018 Annual (January – December 2018)	Committed after finding of incompetency	136	97	0	39
	MI&D committed	73	31	3	39
	Other committed	3	2	0	1
	Total	212	130	3	(Avg. = 6.6) 79
2019 Quarter 1 (Jan – Mar 2019)	Committed after finding of incompetency	41	28	0	13
	MI&D committed	13	3	2	8
	Other committed	4	1	0	3
	Total	58	32	2	(Avg. = 8.0) 24
2019 Quarter 2 (Apr – June 2019)	Committed after finding of incompetency	32	24	0	8
	MI&D committed	24	12	0	12
	Other committed	1	0	0	1
	Total	57	36	0	(Avg. = 7.0) 21

COMMENT ON PERFORMANCE:

MSH, Transition Services, Forensic Nursing Home, and the Forensic Mental Health Program (formerly known as Competency Restoration Program) serve different populations for different purposes. Together the four programs are known as Forensic Services. DHS efforts continue to expand community capacity. In addition, Forensic Services continues to work towards the mission of Olmstead by identifying individuals who could be served in more integrated settings.

MI&D committed and Other committed

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

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

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

Some barriers to discharge identified by the Special Review Board (SRB), in their 2017 MI&D Treatment Barriers Report as required by Minnesota Statutes 253B.18 subdivision 4c(b) included:

- The patient lacks an appropriate provisional discharge plan;
- A placement that would meet the patient's needs is being developed; and
- Funding has not been secured.

Ongoing efforts are facilitated to enhance discharges for those served at Forensic Services, including:

- Collaboration with county partners to identify those individuals who have reached maximum benefit from treatment;
- Collaboration with county partners to identify community providers and expand community capacity (with specialized providers/utilization of Minnesota State Operated Community Services);
- Utilization of the Forensic Review Panel, an internal administrative group, whose role is to review individuals served for reductions in custody (under MI&D Commitment), and who may be served in a more integrated setting;
- The Forensic Review Panel also serves to offer treatment recommendations that could assist the individual's growth/skill development, when necessary, to aid in preparing for community reintegration. As a result of these efforts from April- June 2019, Forensic Review Panel reviewed 52 cases, recommended reductions-in-custody to the Special Review Board for 28, with 14 approved and 14 still pending decision from the Special Review Board; and
- Collaboration with DHS/Direct Care and Treatment entities to expand community capacity and individualized services for a person's transitioning.

Committed after finding of incompetency

Individuals under competency restoration treatment, Minn. R. Crim. R. 20.01, may be served in any program at Forensic Services. Primarily the Forensic Mental Health Program serves this population, and the majority of individuals are placed under a concurrent civil commitment to the Commissioner, as Mentally Ill. The limited purpose of the Forensic Mental Health Program is to stabilize the individual's mental health symptoms such that they can be served in a lower level of care.

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

- Forensic Services has expanded programming to individuals under "treat to competency," by opening a 32-bed unit called Forensic Mental health Program – North Campus in the St. Peter community.
- While AMRTC continues to provide care to those who may be under this legal status, individuals referred to CRP in St Peter are determined to no longer require hospital-level care.

DHS is convening a cross-division, cross-administration working group to improve the timely discharge of individuals at MSH and AMRTC to identify barriers, current and future strategies, and any needed efficiencies that could be developed between AMRTC and MSH to support movement to community. Counties and community providers will be consulted and engaged in this effort as well. DHS will report back to the Olmstead Subcabinet on these efforts annually starting December 31, 2018.

UNIVERSE NUMBER:

In Calendar Year 2017, 581 patients received services at MSH. This may include individuals who were admitted more than once during the year. The average daily census was 358.4.

TIMELINESS OF DATA:

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

TRANSITION SERVICES GOAL FOUR: By June 30, 2020, 100% of people who experience a transition will engage in a process that adheres to the Person-Centered, Informed Choice and Transition protocol. Adherence to the transition protocol will be determined by the presence of the ten elements from the My Move Plan Summary document listed below. [People who opted out of using the My Move Summary document or did not inform their case manager that they moved are excluded from this measure.]

Baseline: For the period from October 2017 – December 2017, of the 26 transition case files reviewed, 3 people opted out of using the My Move Plan Summary document and 1 person did not inform their case manager that they moved. Of the remaining 22 case files, 15 files (68.2%) adhered to the transition protocol.

RESULTS:

This goal is in process.

Time period	Number of transition case files reviewed	Number opted out	Number not informing case manager	Number of remaining files reviewed	Number not adhering to protocol	Number adhering to protocol
FY18 Quarter 1 July – Sept 2017	29	6	0	23	11 of 23 (47.8%)	12 of 23 (52.2%)
FY18 Quarter 2 Oct – Dec 2017	26	3	1	22	7 of 22 (31.8%)	15 of 22 (68.2%)
FY18 Quarter 3 Jan – March 2018	25	5	3	17	2 of 17 (11.8%)	15 of 17 (88.2%)
FY18 Quarter 4 April – June 2018	34	6	2	26	3 of 26 (11.5%)	23 of 26 (88.5%)
FY19 Quarter 1 July – Sept 2018	19	6	0	13	5 of 13 (38.5%)	8 of 13 (61.5%)
FY19 Quarter 2 Oct – Dec 2018	36	5	0	31	10 of 31 (32.3%)	21 of 31 (67.7%)
FY 19 Quarter 3 Jan – Mar 2019	N/A	N/A	N/A	N/A	N/A	N/A

ANALYSIS OF DATA:

Lead Agency Review completed Round 3 of site visits to all lead agencies administering HCBS programs in November 2018. The results of those reviews were included in the May 2019 Quarterly Report. No site visits took place between January and March 2019 to allow for Round 3 summaries and reports to

be created and to prepare a new database for the start of Round 4. Site visits resumed in April of 2019. The November 2019 Quarterly Report will include data from the April – June 2019 agency reviews.

The plan is considered to meet the transition protocols if all ten items below (from “My Move Plan” document) are present:

1. Where is the person moving?
2. Date and time the move will occur.
3. Who will help the person prepare for the move?
4. Who will help with adjustment during and after the move?
5. Who will take the person to new residence?
6. How will the person get his or her belongings?
7. Medications and medication schedule.
8. Upcoming appointments.
9. Who will provide support after the move; what they will provide and how to contact those people (include informal and paid support), including supporting the person to adjust to the changes?
10. Back-up plans for what the person will do in emergencies, such as failure of service provider to show up on schedule, unexpected loss of provider or mental health crisis.

In addition to reviewing for adherence to the transition protocols (use of the My Move Plan document), case files are reviewed for the presence of person-centered elements. This is reported in Person-Centered Planning Goal One.

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.

III. TIMELINESS OF WAIVER FUNDING

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

TIMELINESS OF WAIVER FUNDING GOAL ONE: Lead agencies will approve funding at a reasonable pace for persons: (A) exiting institutional settings; (B) with an immediate need; and (C) with a defined need for the Developmental Disabilities (DD) waiver. [Revised March 2018]

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

Assessments between January – December 2016

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

RESULTS:

This goal is in process.

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

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

Time Period: Fiscal Year 2019 Quarter 1 (July - September 2018)

Urgency of Need Category	Total number of people assessed	Reasonable Pace Funding approved within 45 days	Funding approved after 45 days	Pending funding approval
Institutional Exit	22	17 (77%)	4 (18%)	1 (5%)
Immediate Need	102	81 (79%)	18 (18%)	3 (3%)
Defined Need	227	163 (72%)	57 (25%)	7 (3%)
Totals	351	261 (74%)	79 (23%)	11 (3%)

Time Period: Fiscal Year 2019 Quarter 2 (October - December 2018)

Urgency of Need Category	Total number of people assessed	Reasonable Pace Funding approved within 45 days	Funding approved after 45 days	Pending funding approval
Institutional Exit	42	32 (76%)	10 (24%)	0 (0%)
Immediate Need	108	84 (78%)	24 (22%)	0 (0%)
Defined Need	232	154 (66%)	63 (27%)	15 (6%)
Totals	382	270 (71%)	97 (25%)	15 (4%)

Time Period: Fiscal Year 2019 Quarter 3 (January – March 2019)

Urgency of Need Category	Total number of people assessed	Reasonable Pace Funding approved within 45 days	Funding approved after 45 days	Pending funding approval
Institutional Exit	17	16 (94%)	0	1 (6%)
Immediate Need	121	90 (74%)	28 (23%)	3 (2%)
Defined Need	201	151 (75%)	43 (21%)	7 (3%)
Totals	339	257 (76%)	71 (21%)	11 (3%)

ANALYSIS OF DATA:

From January – March 2019, of the 339 individuals assessed for the Developmental Disabilities (DD) waiver, 257 individuals (76%) had funding approved within 45 days of the assessment date. An additional 71 individuals (21%) had funding approved after 45 days. Only 11 individuals (3%) assessed are pending funding approval.

COMMENT ON PERFORMANCE:

Lead agencies receive monthly updates regarding the people who are still waiting for DD funding approval through a web-based system. Using this information, lead agencies can view the number of days a person has been waiting for DD funding approval and whether reasonable pace goals are met. If reasonable pace goals are not met for people in the Institutional Exit or Immediate Need categories, DHS directly contacts the lead agency and seeks remediation. DHS continues to allocate funding resources to lead agencies to support funding approval for people in the Institutional Exit and Immediate Need categories.

Lead agencies may encounter individuals pending funding approval on an intermittent basis, requiring DHS to engage with each agency to resolve individual situations. When these issues arise, a lead agency

may be unfamiliar with the reasonable pace funding requirement due to the infrequency of this issue at their particular agency. DHS continues to provide training and technical assistance to lead agencies as pending funding approval issues occur and has added staff resources to monitor compliance with reasonable pace goals.

Not all persons who are assessed are included in the above tables. Only individuals who meet the criteria of one of the three urgency categories are included in the table. If an individual's need for services changes, they may request a reassessment or information will be collected during a future assessment.

Below is a summary table with the number of people pending funding approval at a specific point of time. Also included is the average and median days waiting of those individuals pending funding approval. The average days and median days information has been collected since December 1, 2015. This data does not include those individuals who had funding approved within the 45 days reasonable pace goal.

Number of People Pending Funding Approval by Category

As of Date	Total Number	Institutional Exit	Immediate Need	Defined Need
April 1, 2017	201	13	16	172
July 1, 2017	237	13	26	198
October 1, 2017	152	12	36	104
January 1, 2018	89	1	22	66
April 1, 2018	60	5	20	35
July 1, 2018	94	6	26	62
October 1, 2018	114	12	26	76
January 8, 2019	93	10	18	65
April 1, 2019	79	3	15	61
July 1, 2019	96	10	22	64

Average Number of Days Individuals are Pending Funding Approval by Category

As of Date	Institutional Exit	Immediate Need	Defined Need
April 1, 2017	91	130	193
July 1, 2017	109	122	182
October 1, 2017	136	120	183
January 1, 2018	144	108	184
April 1, 2018	65	109	154
July 1, 2018	360	115	120
October 1, 2018	112	110	132
January 8, 2019	138	115	144
April 1, 2019	278	113	197
July 1, 2019	155	125	203

Median Number of Days Individuals are Pending Funding Approval by Category

As of Date	Institutional Exit	Immediate Need	Defined Need
April 1, 2017	82	93	173
July 1, 2017	103	95	135
October 1, 2017	102	82	137
January 1, 2018	144	74	140
April 1, 2018	61	73	103
July 1, 2018	118	85	70
October 1, 2018	74	78	106
January 8, 2019	101	79	88
April 1, 2019	215	88	147
July 1, 2019	75	86	84

TIMELINESS OF DATA:

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

IV. QUALITY OF LIFE MEASUREMENT RESULTS

NATIONAL CORE INDICATORS (NCI) SURVEY

The results for the 2017 NCI survey for individuals with intellectual and developmental disabilities were reported in the November 2018 Quarterly Report.

QUALITY OF LIFE SURVEY

The [Olmstead Plan Quality of Life Survey: First Follow-Up 2018⁴](#) report was accepted by the Olmstead Subcabinet On January 28, 2019. The analysis of the follow-up survey results shows that this long-term study is valuable and has helped to identify important characteristics affecting overall quality of life. Researchers recommend waiting a longer period of time before resurveying respondents. It is recommended that the second follow-up survey should occur in summer of 2020.

⁴ [Olmstead Plan Quality of Life Survey: First Follow-up 2018](#) Report is available on the Olmstead Plan website at www.mn.gov/olmstead

V. INCREASING SYSTEM CAPACITY AND OPTIONS FOR INTEGRATION

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

PERSON-CENTERED PLANNING GOAL ONE: By June 30, 2020, plans for people using disability home and community-based waiver services will meet protocols. Protocols are based on the principles of person-centered planning and informed choice.

Baseline: In state Fiscal Year (FY) 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.

- | | |
|--|-----|
| (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% |

RESULTS:

This goal is **in process**.

Time Period	(1) Preferences	(2) Dreams Aspirations	(3) Choice	(4) Rituals Routines	(5) Social Activities	(6) Goals	(7) Living	(8) Work
Baseline April – June 2017	74%	17%	79%	62%	83%	70%	80%	71%
FY18 Quarter 1 July – Sept 2017	75.9%	6.9%	93.1%	37.9%	93.1%	79.3%	96.6%	93.1%
FY18 Quarter 2 Oct – Dec 2017	84.6%	30.8%	92.3%	65.4%	88.5%	76.9%	92.3%	92.3%
FY18 Quarter 3 Jan – March 2018	84.6%	47.3%	91.6%	68.9%	93.5%	79.6%	97.5%	94.1%
FY18 Quarter 4 April – June 2018	80.2%	40.1%	92.8%	67.1%	94.5%	89.5%	98.7%	78.9%
FY19 Quarter 1 July – Sept 2018	90.0%	53.8%	96.2%	52.3%	93.8%	90.8%	98.5%	98.5%
FY19 Quarter 2 Oct – Dec 2018	91.5%	62.1%	98.1%	60.7%	94.8%	96.7%	98.6%	98.6%
FY 19 Quarter 3 Jan – Mar 2019	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

ANALYSIS OF DATA:

Lead Agency Review completed Round 3 of site visits to all lead agencies administering HCBS programs in November 2018. The results of those reviews were included in the May 2019 Quarterly Report. No site visits took place between January and March 2019 to allow for Round 3 summaries and reports to be created and to prepare a new database for the start of Round 4. Site visits resumed in April of 2019. The November 2019 Quarterly Report will include data from the April – June 2019 agency reviews.

Total number of cases and sample of cases reviewed

Time Period	Total number of cases (disability waivers)	Sample of cases reviewed (disability waivers)
FY16 (July 2015 – June 2016)	14,759	1,466
FY17 (July 2016– June 2017)	8,380	1,199
FY18 (July 2017– June 2018)	12,192	1243
FY19 Quarter 1 (July – September 2018)	832	130
FY19 Quarter 2 (October – December 2018)	2,087	201
FY19 Quarter 3 (January – March 2019)	N/A	N/A
TOTALS	38,250	4,239

UNIVERSE NUMBER:

In Fiscal year 2017 (July 2016 – June 2017), there were 47,272 individuals receiving disability home and community-based services.

TIMELINESS OF DATA:

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

POSITIVE SUPPORTS GOAL ONE: By June 30, 2018, 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 decrease by 5% or 200.

Annual 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 2018 overall goal was met and reported in the November 2018 Quarterly Report. Progress on this goal will continue to be reported as **in process**.

Time period	Individuals who experienced restrictive procedure	Reduction from previous year
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
Quarter 1 (July - September 2018)	265 (duplicated)	N/A – quarterly number
Quarter 2 (October – December 2018)	258 (duplicated)	N/A – quarterly number
Quarter 3 (January – March 2019)	231 (duplicated)	N/A – quarterly number

ANALYSIS OF DATA:

The overall goal to reduce the number of individuals who experienced a restrictive procedure from the baseline of 1,076 to 876, or less, by June 30, 2018 was met. The total number of people experiencing a restrictive procedure from July 1, 2017 – June 30, 2018 was 644. That is a reduction of 432 from the baseline. This outperformed the overall goal of 200 by 216%. DHS is continuing to report progress past the goal end date of June 30, 2018.

From January – March 2019, the number of individuals who experienced a restrictive procedure was 231. This is a decrease of 27 from the previous quarter. The quarterly numbers are duplicated counts. Individuals may experience restrictive procedures during multiple quarters in a year. The quarterly numbers can be used as indicators of direction, but cannot be used to measure annual progress.

COMMENT ON PERFORMANCE:

There were 231 individuals who experienced a restrictive procedure this quarter:

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

individuals experiencing restrictive procedures and the number of reports (see Positive Supports Goal Three).

Under the Positive Supports Rule, the External Program Review Committee (EPRC) convened in February 2017 has the duty to review and respond to Behavior Intervention Reporting Form (BIRF) reports involving EUMRs. Beginning in May 2017, the EPRC conducted outreach to providers in response to EUMR reports. It is anticipated the EPRC's work will help to reduce the number of people who experience EUMRs through the guidance they provide to license holders regarding specific uses of EUMR. The purpose of EPRC engagement in these cases is to provide guidance to help reduce the frequency and/or duration of future emergency uses of manual restraint. The EPRC is training new members on the EUMR guidance and follow up process and beginning to look at "post guidance" intervention data to identify results/trends.

During this quarter (January – March 2019), the EPRC reviewed BIRFs, positive support transition plans, and functional behavior assessments. Based on the content within those documents, the committee conducted EUMR-related outreach involving 19 people. This number does not include people who are receiving similar support from other DHS groups. Some examples of guidance provided by committee members include discussions about the function of behaviors, helping providers connect with local behavior professionals or other licensed professionals, providing ideas on positive support strategies, and explaining rules and law.

TIMELINESS OF DATA:

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

POSITIVE SUPPORTS GOAL TWO: By June 30, 2018, 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 decrease by 1,596.

Annual 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 2018 overall goal was reported as met in the November 2018 Quarterly Report. Progress on this goal will continue to be reported as **in process**.

Time period	Number of BIRF reports	Reduction from previous year
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
Quarter 1 (July – September 2018)	781	N/A – quarterly number
Quarter 2 (October – December 2018)	780	N/A – quarterly number
Quarter 3 (January – March 2019)	753	N/A – quarterly number

ANALYSIS OF DATA:

The overall goal to reduce the number of restrictive procedure reports from the baseline of 8,602 to 7,006, or less, by June 30, 2018 was met. The total number of BIRF reports of restrictive procedures from July 1, 2017 – June 30, 2018 was 3,739. That is a reduction of 4,863 from the baseline. This outperformed the goal by 304%. DHS is continuing to report progress past the goal end date of June 30, 2018. From January – March 2019, the number of restrictive procedure reports was 753. This was a decrease of 27 from the previous quarter.

COMMENT ON PERFORMANCE:

A portion of the increase from 2017 to 2018 was due to technical assistance that involved helping providers understand what is expected to be reported and how often to report different types of interventions, and not necessarily a reflection of an increase in the use of restrictive procedures.

There were 753 reports of restrictive procedures this quarter. Of the 753 reports:

- 579 reports were for emergency use of manual restraint (EUMR). Such EUMRs are permitted and not subject to phase out requirements like all other “restrictive” procedures. These reports are monitored and technical assistance is available when necessary.
 - Under the Positive Supports Rule, the External Program Review Committee (EPRC) has the duty to review and respond to BIRF reports involving EUMRs. Convened in February 2017, the Committee’s work will help to reduce the number of people who experience EUMRs through the guidance they provide to license holders regarding specific uses of EUMR.
 - Beginning in May 2017, the EPRC conducted outreach to providers in response to EUMR reports. The impact of this work toward reducing the number of EUMR reports will be tracked and monitored over the next several quarterly reports.
 - This is a decrease of 41 reports of EUMR from the previous quarter.
- 174 reports involved restrictive procedures other than EUMR (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures). The EPRC provides ongoing monitoring over restrictive procedures being used by providers with persons under the committee’s purview. DHS staff provide follow up and technical assistance for all reports involving restrictive procedures that are not implemented according to requirements under 245D or the Positive Supports Rule. The close monitoring and engagement by the EPRC with the approved cases of emergency use of procedures enables DHS to help providers work through some of the most difficult cases of ongoing use of mechanical restraints. Focusing existing capacity for technical assistance primarily on reports involving these restrictive procedures is expected to reduce the number of people experiencing these procedures, as well as reduce the number of reports seen here and under Positive Supports Goal Three.
 - The number of non-EUMR restrictive procedure reports increased by 14 from the previous quarter. The increase is believed to a result of better understanding by providers on what needs to be reported and not necessarily a reflection of an increase in usage
- 9 uses of seclusion or timeout involving 6 people were reported this quarter:
 - 8 reports of seclusion involving 5 people occurred at Minnesota Security Hospital, in accordance with the Positive Supports Rule (i.e., not implemented as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for staff convenience).
 - 1 report of timeout involving one person was a coding error and was discovered when DHS contacted the provider to provide technical assistance.
 - The number of seclusion or time out reports decreased by 4 from the previous quarter.

TIMELINESS OF DATA:

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

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

- By June 30, 2019, the emergency use of mechanical restraints will be reduced to no more than 93 reports. [Revised March 2019]
-

2019 Goal

- By June 30, 2019, reduce mechanical restraints to no more than **93** reports of mechanical restraint

Baseline: From July 2013 - June 2014, there were 2,038 BIRF reports of mechanical restraints involving 85 unique individuals.

RESULTS:

The 2019 goal for number of reports is **not on track**.

Time period	Number of reports during the time period	Number of individuals at end of time period
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
Quarter 1 (July – September 2018)	137	12
Quarter 2 (October – December 2018)	147	11
Quarter 3 (January –March 2019)	163	12

ANALYSIS OF DATA:

From January – March 2019, the number of reports of mechanical restraints was 163. This was an increase of 16 from the previous quarter. This goal is not on track to meet the annual goal of no more than 93. At the end of the reporting period (March 31, 2019), the number of individuals for whom the use of mechanical restraint use was approved was 12. This is an increase of 1 from the previous quarter. The increase is for short term approval of a device that prevents the person from unbuckling their seatbelt during travel.

COMMENT ON PERFORMANCE:

When considering the achievability of the goal of 93 reports, it should be noted that a provider would need to submit 52 reports per year for a single person when using a preventative restraint like a seat belt buckle guard.

Under the requirements of the Positive Supports Rule, in situations where mechanical restraints have been part of an approved Positive Support Transition Plan to protect a person from imminent risk of

serious injury due to self-injurious behavior and the use of mechanical restraints has not been successfully phased out within 11 months, a provider must submit a request for the emergency use of these procedures to continue their use.

These requests are reviewed by the External Program Review Committee (EPRC) to determine whether they meet the stringent criteria for continued use of mechanical restraints. The EPRC consists of members with knowledge and expertise in the use of positive supports strategies. The EPRC sends its recommendations to the DHS Commissioner's delegate for final review and either time-limited approval or rejection of the request. The EPRC provides person-specific recommendations as appropriate to assist the provider to reduce the need for use of mechanical restraints. In situations where the EPRC believes a license holder needs more intensive technical assistance, phone and/or in-person consultation is provided by panel members. Prior to February 2017, the duties of the EPRC were conducted by the Interim Review Panel.

Of the 163 BIRFs reporting use of mechanical restraint in Quarter 3:

- 126 reports involved 11 of the 12 people with review by the EPRC and approval by the Commissioner for the emergency use of mechanical restraints during the reporting quarter.
 - This is an increase of 3 reports from Quarter 2.
 - For 1 person with an approved plan including the use of mechanical restraint, there were no uses of mechanical restraint during this quarter.
- 76 reports involved devices to prevent a person from unbuckling their seatbelt during travel.
- 16 reports involving 3 people, were submitted by Minnesota Security Hospital for uses of mechanical restraint that were not implemented as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for staff convenience.
- 16 reports involving 2 people were submitted by a provider whose use was within the 11-month phase out period.
- 5 reports were a coding error for 1 of the EPRC approved people and were discovered when the provider contacted the EPRC coordinator to report the error. The coordinator instructed the provider to redo the reports, resulting in an increase in the total number of reports.

TIMELINESS OF DATA:

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

SEMI-ANNUAL AND ANNUAL GOALS

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

EMPLOYMENT GOAL THREE: By June 30, 2020, the number of students with developmental cognitive disabilities, ages 19-21 that enter into competitive integrated employment will be 763.

2019 Goal

- By June 30, 2019, the number of additional students with Developmental Cognitive Disabilities (DCD) in competitive, integrated employment will be 150.

RESULTS:

The 2019 goal of 150 was **not met**.

Time Period	Number of students with DCD, ages 19-21 that enter into competitive integrated employment
2016 Annual (October 2015 to June 2016)	137
2017 Annual (October 2016 to June 2017)	192
2018 Annual (October 2017 to June 2018)	179
2019 Annual (October 2018 to June 2019)	138
Total	646

ANALYSIS OF DATA:

During the 2018 - 2019 school year, 138 students with developmental cognitive disabilities (58 males, 59 females and 21 unspecified), ranging in ages from 19-21 participated in competitive integrated employment. The 2019 goal of 150 was not met. Since 2016, the total number of students with developmental cognitive disabilities in competitive integrated employment is 646. Even though the annual goal was not met, this goal is on track to meet the overall goal of 763.

All but one of these students worked part-time vs. full-time as their primary job was that of being a secondary student. Students were employed in a variety of businesses with wages ranging from \$7.75 an hour to \$17.50 an hour. Students received a variety of supports including: employment skills training, job coaching, interviewing skill development, assistive technology, job placement and the provision of bus cards.

COMMENT ON PERFORMANCE:

The Employment Capacity Building Cohort (ECBC) is an interagency activity of MDE, DEED and DHS which engages local level school district and county teams in professional development and technical assistance focused on continuous improvement in rates of competitive integrated employment for students with cognitive disabilities ages 19 to 21 years.

Twenty school districts and local partner teams provided supports to students through the ECBC during the 2018-2019 school year. The ECBC teams team activities included: information sessions on Workforce Innovation and Opportunity Act (WIOA) and limitations on the use of subminimum wages; Pre-Employment Transition Services; DB101 estimator sessions; utilization of the Informed Choice

Conversation and Informed Choice Toolkit materials; piloting a new customized Minnesota Career Information System (MCIS) for students with disabilities; conducting individual career interest and learning style inventories; and learning about essential job development strategies.

The 2018-2019 number of students continues an observed annual decline that began in 2017-2018. The factors involved in this annual measure are complex. MDE, DEED and DHS have identified the quality of local level partnerships between school districts, vocational rehabilitation (VR) services, and disability services as an important factor, and are involved in planning for how to improve these partnerships statewide.

In the summer of 2019, MDE, DEED and DHS staff convened an ECBC Design Team including local-level representatives of schools, vocational rehabilitation services and disability services. The state agency staff and Design Team are reviewing data collected from current ECBC teams that indicates possible improvements in the design of ECBC, as well as identifying options for scale-up of ECBC participation by moving more ECBC training, team planning, and networking between teams to an online platform accessible to outstate Minnesota. It is expected that including more Minnesota school districts in training, network support from other successful school districts, and customized technical assistance from state agencies (MDE, DEED and DHS) will improve the statewide rate of competitive integrated employment.

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.

EDUCATION GOAL THREE: By June 30, 2020, students with disabilities will have active consideration of assistive technology (AT) during the student's annual individualized education program (IEP) team meeting. Active consideration is based upon the "Special factors" requirement as described in Individuals with Disabilities Education Act (IDEA) of 2004. [Revised March 2019]

(A) School districts trained in active consideration

2019 Goal

- By June 30, 2019, the number of school districts that completed AT training will increase to 21.

Baseline: From December 2016 to December 2018, fifteen school districts have completed MDE training in active consideration of assistive technology (AT) during the student's annual individualized education program (IEP) meeting to ensure education in the most integrated setting.

RESULTS:

The 2019 goal to increase to 21 school districts was **met**.

Time period	Number of school districts trained in active consideration	Number of students with IEPs in those districts
Baseline (Dec 2016 – Dec 2018)	*13	*7,659
2019 Annual (December 2018 – June 2019)	22	12,226

* See the Addendum for information about discrepancies from previously reported data.

ANALYSIS OF DATA:

In 2018-2019, nine school districts completed training in active consideration of assistive technology, bringing the total to 22 school districts. The 2019 goal to increase to 21 trained school districts was met. The following districts completed the AT training during the 2018-2019 school year: Bemidji Regional Interdistrict Council, Faribault, Minnesota State Academies, Nay Ah Shing, Owatonna, River Bend Education District, Roseville, Stillwater, and Waseca.

COMMENT ON PERFORMANCE:

To support the implementation of the *SETT Framework*, MDE offers the AT Teams Project (ATTP), an intensive, three-year project to support schools and districts to meet their AT needs through a cohort design that includes professional development. Participating school districts complete training in the first year of the three-year AT Teams Project cohort. MDE recruits school districts by publicizing the opportunity in networks and events that include Regional Low Incidence Facilitators, MDE Special Education Directors Forums, and the Special Education Advisory Panel.

MDE is formalizing the use of the *QIAT Matrix* as a fidelity measure that can be used for evaluating implementation and scale up within and across school districts during the second and third years of the three-year cohort training. The QIAT Matrix measures the extent to which school districts apply the training they received in Year 1 of the cohort, in IEP meetings during Year 2 and Year 3 of the cohort.

For the 2019-2020 school year, MDE is working to recruit an additional 9 districts to participate in ATTP and complete Year 1 training. This would bring the total number of school districts who have completed training since the 2016-2017 school year to 31.

(B) Students with disabilities in districts trained in active consideration**2019 Goal**

- By June 30, 2019, the percent of students with disabilities in school districts that have completed MDE assistive technology training will increase to 15%.

Baseline: From December 2016 – December 2018, 11.1% (15,106 of 136,245) of students with disabilities statewide (K-12) are served in school districts have completed MDE training in active consideration of assistive technology (AT) during the student's annual individualized education program (IEP) meeting to ensure education in the most integrated setting.

RESULTS:

The 2019 goal to increase to 15% was **not met**.

Time period	Number of students with disabilities statewide (K-12)	Number of students with disabilities in trained school districts	Percent of statewide students with disabilities in trained school districts
Baseline (Dec 2016 – Dec 2018)	136,245	*7,659	*5.6%
2019 Annual (Dec 2018 – June 2019)	141,454	12,226	8.6%

* See the Addendum for information about discrepancies from previously reported data.

ANALYSIS OF DATA:

In 2018-2019, the percentage of students with disabilities in Minnesota who were served by school districts that have participated in the Assistive Technology Teams Project (ATTP) increased by 3.0% over new adjusted baseline of 5.6%. The 2018-19 goal of an increase to 15% was not met. As reported in the Addendum, a new methodology was used to recalculate the baseline. The goal of 15% was set with the previous baseline in mind. A change to the baseline will be proposed through the Olmstead Plan amendment process beginning in December 2019.

COMMENT ON PERFORMANCE:

MDE will continue the expansion of ATTP to increase the number of students with disabilities, ages 3 – 21, who are served by districts that have participated in schools trained in assistive technology consideration practices. For the 2019-2020 school year, MDE is working to recruit an additional 9 districts to participate in ATTP and complete Year 1 training.

TIMELINESS OF DATA:

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

CRISIS SERVICES GOAL ONE: By June 30, 2018, the percent of children who receive children's mental health crisis services and remain in their community will increase to 85% or more.

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

RESULTS:

The 2018 goal to increase to 85% was not met and was reported in the February 2019 Quarterly Report. Progress on this goal will continue to be reported as **in process**.

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%)
July – December 2018	1,395	1,019 (73.1%)	299 (21.4%)	77 (5.5%)

- 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:

The June 30, 2018 overall goal to increase the percent of children who receive children's mental health crisis services and remain in the community to 85% or more was not met. From July 2017 – June 2018, of the 2,736 crisis episodes, the child remained in their community after the crisis 2,006 times or 73.3% of the time. This is below the baseline and is a 6.6% decrease from the 2017 annual goal performance of 79.9%. DHS will continue to report progress past the goal end date of June 30, 2018.

From July – December 2018, of the 1,395 crisis episodes, the child remained in their community after the crisis 1,019 times or 73.1% of the time. This continues to be below baseline and is moving in the wrong direction.

COMMENT ON PERFORMANCE:

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

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

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

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

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

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, 2019, the percent of adults who receive adult mental health crisis services and remain in their community (e.g., home or other setting) will increase to 64% or more.

2019 Goal

- By June 30, 2019, the percent who remain in their community after a crisis will increase to 64%

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:

This goal is **not on track** to meet the 2019 goal to increase to 64%.

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%)
July – December 2018	5,832	2,763 (47.4%)	2,077 (35.6%)	992 (17.0%)

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

ANALYSIS OF DATA:

For the reporting period of July – December 2018, of the 5,832 crisis episodes, the adult remained in their community after the crisis 2,763 times or 47.4% of the time. This is below the baseline and is a 3.6% decrease from the 2018 annual goal performance of 51.0%. This goal is not on track to meet the 2019 goal to increase to 64%.

COMMENT ON PERFORMANCE:

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

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

developed that will help them stay in the most integrated setting possible. DHS has worked with mobile crisis teams to identify training opportunities that would help increase their capacity to address the complexities they are seeing and has committed to providing trainings in identified areas specific to crisis response. This increases the teams' ability to work with more complex clients/situations effectively.

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

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

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.

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

2025 Goal

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

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

RESULTS:

This goal is in process.

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

Time Period	Transit Market Area 1	Transit Market Area 2	Transit Market Area 3
Baseline (June 2017)	95%	91%	67%
As of March 2019	94%	93%	70%

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

COMMENT ON PERFORMANCE:

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

TIMELINESS OF DATA:

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

COMMUNITY ENGAGEMENT GOAL ONE: By June 30, 2020, the number of individuals with disabilities who participate in Governor appointed Boards and Commissions, the Community Engagement Workgroup, Specialty Committee and other Workgroups and Committees established by the Olmstead Subcabinet will increase to 245 members.

2019 Goal

- By June 30, 2018, the number of individuals with disabilities participating in Governor's appointed Boards and Commissions, Community Engagement Workgroup, Specialty Committee, and other Workgroups and Specialty Committees established by the Olmstead Subcabinet will increase to 215.

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

RESULTS:

The 2019 goal of 215 was **not met**.

Time Period	Number of individuals with a disability on Boards / Commissions	Number of individuals with a disability on Olmstead Subcabinet workgroups	Total number
Baseline (June 30, 2017)	159	16	175
2018 Annual (as of July 31, 2018)	171	26	197
2019 Annual (as of July 31, 2019)	167	20	187

ANALYSIS OF DATA:

Of the 3,254 members listed on the Secretary of State's Boards and Commissions website, 167 members (approximately 5.1%) self-identify as an individual with a disability. In addition, 20 individuals on the Olmstead Subcabinet Community Engagement Workgroup self-identified as individuals with a disability. The 2019 goal to increase the number to 215 was met. While, the number of individuals on Boards and Commissions with a disability decreased, the percentage of members with disabilities increased from 5% to 5.1%).

The number of individuals may contain duplicates if a member participated in more than one group throughout the year. There may also be duplicates from year to year if an individual was a member of a group during the previous year and the current year.

COMMENT ON PERFORMANCE:

During 2017 and 2018, the Minnesota Department of Human Rights and the Olmstead Implementation Office (OIO) collaborated on a project to improve the representation and recruitment of individuals with disabilities on boards and councils. This included outreach and recruitment efforts in both the Metro area and Greater Minnesota. In 2017, there were five informational sessions held throughout the state with people of color and individuals with disabilities. The purpose was to help participants learn more about serving on Governor-appointed Boards and Councils and the process for applying for and receiving an appointment. In addition, a facilitated training session was held for members of Governor's appointed Boards and Commissions on strategies for creating more accessible and inclusive Boards and Councils. There were no information sessions held in 2018 or 2019. The project with MDHR concluded in December 2018. OIO will identify new partners to facilitate further learning opportunities for people

with disabilities who are interested in applying for membership on Governor appointed boards and councils.

TIMELINESS OF DATA:

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

PREVENTING ABUSE AND NEGLECT GOAL FOUR: By July 31, 2020, the number of students with disabilities statewide identified as victims in determinations of maltreatment will decrease by 10% compared to baseline.

2019 Goal

- By July 31, 2019, the number of students with disabilities identified as victims in determinations of maltreatment will decrease by 5% from baseline to 19 students.

Baseline: From July 2015 to June 2016, there were 20 students with a disability statewide identified as victims in determinations of maltreatment.

RESULTS:

The 2019 goal to decrease to 19 was **not met**.

Time Period	Number of students with disabilities determined to have been maltreated	Change from baseline	Percent of change
Baseline (July 2015 – June 2016)	20	N/A	N/A
2019 Annual (July 2016 – June 2017)	33	+ 13	+ 60%

ANALYSIS OF DATA:

During the 2016 – 17 school year, there were 259 students identified as alleged victims of abuse of neglect in Minnesota public schools. Of those, 59 students were determined to have been maltreated. 33 of those were students with a disability. This was an increase of 13 students over baseline. The 2019 goal to reduce to 19 was not met.

COMMENT ON PERFORMANCE:

During the 2016-2017 school year, the MDE Student Maltreatment Team received and assessed 1,004 reports of alleged maltreatment. Of those reports, the Student Maltreatment Team opened 234 cases for onsite investigations. This included approximately 275 allegations of abuse or neglect of students with and without disabilities.

Because the factors in the statewide rate of student maltreatment are unique in each case and complex at all levels, it is difficult for MDE to identify any single common root cause for the observed statewide increase in incidence. In addition, it is difficult to predict this data year-to-year given the small number of cases each year in Minnesota, and this number being very small in comparison to the overall population of students with disabilities in public schools. Historically, MDE receives a higher rate of reports of alleged maltreatment involving students with disabilities (approximately 60 %), and it is

consistent that there are more determinations of maltreatment involving students with disabilities than for students without disabilities.

The increase in the number of students with disabilities determined to have been maltreated may be linked to improved reporting of student maltreatment statewide. This may be related to increased awareness of mandated reporting.

The MDE Student Maltreatment Team continues to fulfill requirements for increasing statewide awareness of mandated reporting by enhancing training, technical assistance and on-line resources for schools. MDE will continue to offer all Minnesota schools support, and to recommend opportunities for participation in Positive Behavioral Interventions and Supports to reduce and prevent incidents of abuse and neglect.

TIMELINESS OF DATA:

In order for this data to be reliable and valid 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.

VI. COMPLIANCE REPORT ON WORKPLANS AND MID-YEAR REVIEWS

This section summarizes the monthly review of workplan activities and review of measurable goals completed by OIO Compliance staff.

WORKPLAN ACTIVITIES

OIO Compliance staff reviews workplan activities on a monthly basis to determine if items are completed, on track or delayed. Any delayed items are reported to the Subcabinet as exceptions. The Olmstead Subcabinet reviews and approves workplan implementation, including workplan adjustments on an ongoing basis.^{vii}

The first review of workplan activities occurred in December 2015. Ongoing monthly reviews began in January 2016 and include activities with deadlines through the month prior and any activities previously reported as an exception. The summary of those reviews are below.

Number of Workplan Activities

Reporting period	Reviewed during time period	Completed	On Track	Reporting Exceptions	Exceptions requiring Subcabinet action
December 2015 – December 2016	428	269	125	34	0
January – December 2017	284	251	32	8	1
January – December 2018	219	207	5	7	0
January 2019	38	38	0	0	0
February 2019	17	14	3	0	0
March 2019	15	15	0	0	0
April 2019	17	17	0	0	0
May 2019	9	9	0	0	0
June 2019	16	14	2	0	0
July 2019	23	23	0	0	0

MID-YEAR REVIEW OF MEASURABLE GOALS REPORTED ON ANNUALLY

OIO Compliance staff engages in regular and ongoing monitoring of measurable goals to track progress, verify accuracy, completeness and timeliness of data, and identify risk areas. These reviews were previously contained within a prescribed mid-year review process. OIO Compliance staff found it to be more accurate and timely to combine the review of the measurable goals with the monthly monitoring process related to action items contained in the workplans. Workplan items are the action steps that the agencies agree to take to support the Olmstead Plan strategies and measurable goals.

OIO Compliance staff regularly monitors agency progress under the workplans and uses that review as an opportunity to identify any concerns related to progress on the measurable goals. OIO Compliance staff report on any concerns identified through the reviews to the Subcabinet. The Subcabinet approves any corrective action as needed. If a measurable goal is reflecting insufficient progress, the quarterly report identifies the concerns and how the agency intends to rectify the issues. This process has evolved and mid-year reviews are utilized when necessary, but the current review process is a more efficient mechanism for OIO Compliance staff to monitor ongoing progress under the measurable goals.

VII. ADDENDUM

Data Discrepancies: Education Goal Three

The Education Goal Three includes two measures and two baselines.

- Measure A includes the number of school districts that have completed MDE training in active consideration of assistive technology (AT) during the student's annual individualized education program (IEP) meeting to ensure education in the most integrated setting.
- Measure B includes the percent of students with disabilities statewide (K-12) served in school districts that have completed MDE training in active consideration of assistive technology (AT) during the student's annual individualized education program (IEP) meeting to ensure education in the most integrated setting.

While preparing the numbers for the August Quarterly 2019 Report, MDE detected an issue with how the numbers were reported for the baseline. The numbers previously reported included school districts that participated in training but had not yet completed training. The reporting going forward will include only school districts that completed training by the end of the reporting period. The baseline was recalculated using those measures and is updated in the August 2019 Quarterly Report.

EDUCATION GOAL THREE: By June 30, 2020, students with disabilities will have active consideration of assistive technology (AT) during the student's annual individualized education program (IEP) team meeting. Active consideration is based upon the "Special factors" requirement as described in Individuals with Disabilities Education Act (IDEA) of 2004. [Revised March 2019]

Previously Reported Baselines (March 2019 Olmstead Plan Revision, page 59)

Time period	Number of school districts trained in active consideration	Number of students with disabilities statewide (K-12)	Number of students with disabilities in trained school districts	Percent of statewide students with disabilities in trained school districts
Baseline Dec 2016 – Dec 2018	15	136,245	15,106	11.1%

Updated Reported Baselines (August 2019 Quarterly Report)

Time period	Number of school districts trained in active consideration	Number of students with disabilities statewide (K-12)	Number of students with disabilities in trained school districts	Percent of statewide students with disabilities in trained school districts
Baseline Dec 2016 – Dec 2018	13	136,245	7,659	5.6%

ENDNOTES

ⁱ Reports are also filed with the Court in accordance with Court Orders. Timelines to file reports with the Court are set out in the Court's Orders dated February 12, 2016 (Doc. 540-2) and June 21, 2016 (Doc. 578). The annual goals included in this report are those goals for which data is reliable and valid in order to ensure the overall report is complete, accurate, timely and verifiable. See Doc. 578.

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.

^{iv} Transfers refer to individuals exiting segregated settings who are not going to an integrated setting. Examples include transfers to chemical dependency programs, mental health treatment programs such as Intensive Residential Treatment Settings, nursing homes, ICFs/DD, hospitals, jails, or other similar settings. These settings are not the person's home, but a temporary setting usually for the purpose of treatment.

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

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

^{vii} All approved adjustments to workplans are reflected in the Subcabinet meeting minutes, posted on the website, and will be utilized in the workplan review and adjustment process.

UNITED STATES DISTRICT COURT

DISTRICT OF MINNESOTA

James and Lorie Jensen, et al.,

Case No. 09-cv-01775 DWF/BRT

Plaintiffs,

vs.

VERIFICATION OF MICHAEL TESSNEER

Minnesota Department of Human
Services, et al.,

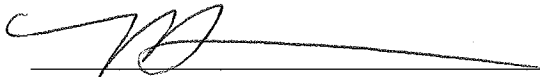
Defendants.

SUBMISSION OF REPORT AND DOCUMENTS FOR VERIFICATION

I confirm that all data included in the "Minnesota Olmstead Subcabinet Quarterly Report on Olmstead Plan Measurable Goals, August 26, 2019" is reliable and valid, and verify that all statements made in the Report are accurate, complete, timely and verified.

Affirmed and submitted to the Court.

By:



Michael Tessneer
Director of Compliance
Olmstead Implementation Office

August 27, 2019

Subscribed and sworn to before me on

August 27, 2019



NOTARY PUBLIC

