DEPARTMENT OF HUMAN SERVICES

Minnesota Department of Human Services
Commissioner's Office
P.O. Box 64998
St. Paul, MN 55164-0998

May 12, 2020

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
May 2020 Olmstead Plan Quarterly Report

Dear Judge Frank:

Enclosed please find the May 11, 2020 Quarterly Report on Olmstead Plan Measurable Goals, which includes data acquired by the Olmstead Implementation Office through April 30, 2020. 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 May 11, 2020 and is filed by the Department on its behalf.

Sincerely,

Charles E. Johnson
Deputy Commissioner
(electronic signature)

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 April 30, 2020

DATE APPROVED BY SUBCABINET

May 11, 2020

Contents

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 March 31, 2020. 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 thirteen measurable goals.[ii] As shown in the chart below, five of those goals were either met or are on track to be met. Three goals were categorized as not on track, or not met. For those three goals, the report documents how the agencies will work to improve performance on each goal. Five goals are in process.

Status of Goals – May 2020 Quarterly Report	Number of Goals
Met annual goal	1
On track to meet annual goal	4
Not on track to meet annual goal	3
Did not meet annual goal	0
In process	5
Goals Reported	**13**

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, 24 individuals left ICF/DD programs to more integrated settings. After one quarter, 33% of the annual goal of 72 has been achieved. (Transition Services Goal One A)
- During this quarter, 211 individuals with disabilities under age 65 in a nursing facility longer than 90 days moved to more integrated settings. After one quarter, 28% of the annual goal of 750 has been achieved. (Transition Services Goal One B)
- During this quarter, 284 individuals moved from other segregated settings to more integrated settings. After one quarter, 57% of the annual goal of 500 has been achieved. (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 59% of individuals were approved for funding within 45 days. Another 31% had funding approved after 45 days.

Increasing system capacity and options for integration

- The utilization of the Person Centered Protocols continues to show improvement. During this quarter, of the eight person centered elements measured in the protocols, performance on all elements improved over the 2017 baseline. Six of the eight elements improved over the previous quarter. Five of the eight elements show consistent progress performing at 96% or greater. (Person-Centered Planning Goal One)
- The adherence to transition protocol continues to show improvement. During this quarter, 81.8% of case files adhered to transition protocols. (Transition Services Four)
- The number of transit service hours in Greater Minnesota increased by 242,652 over baseline. (Transportation Goal Two)

The following measurable goals have been targeted for improvement:

- Transition Services Goal Two to decrease the percent of people at Anoka Metro Regional Treatment Center (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 Minnesota Security Hospital (MSH) to a more integrated setting.
- Positive Supports Three to reduce the number of reports of emergency use of mechanical restraints with approved individuals.

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)	July - Sept 2019	24
• Nursing Facilities (individuals under age 65 in facility > 90 days)	July - Sept 2019	211
• Other segregated settings	July - Sept 2019	284
• Anoka Metro Regional Treatment Center (AMRTC)	Jan - Mar 2020	28
• Minnesota Security Hospital (MSH)[1]	Jan - Mar 2020	14
Total	--	**561**

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

[1] For the purposes of this report Minnesota Security Hospital (MSH) refers to individuals residing in the facility and committed as Mentally Ill and Dangerous and other civil commitment statuses and individuals under competency restoration treatment, Minn. R. Crim. R. 20.01.

TRANSITION SERVICES GOAL ONE: By June 30, 2020, the number of people who have moved from segregated settings to more integrated settings[iii] 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	June 30, 2020
A) Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD)	72	84	84	84	72	72	72
B) Nursing Facilities (NF) under age 65 in NF > 90 days	707	740	740	740	750	750	750
C) Segregated housing other than listed above	1,121	50	250	400	500	500	500
Total		**874**	**1,074**	**1,224**	**1,322**	**1,322**	**1,322**

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

2020 goal

- For the year ending June 30, 2020 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 2020 goal to move 72 people from ICFs/DD to a more integrated setting.

Time period	Total number of individuals leaving	Transfers[iv] (-)	Deaths (-)	Net moved to integrated setting
2015 Annual (July 2014 – June 2015)	138	18	62	**58**
2016 Annual (July 2015 – June 2016)	180	27	72	**81**
2017 Annual (July 2016 – June 2017)	263	25	56	**182**
2018 Annual (July 2017 – June 2018)	216	15	51	**150**
2019 Annual (July 2018 – June 2019)	298	20	58	**220**
2020 Quarter 1 (July – September 2019)	39	3	12	**24**

ANALYSIS OF DATA:

From July – September 2019, the number of people who moved from an ICF/DD to a more integrated setting was 24. This is 50 people less than the previous quarter. After one quarter, the number is 33% of 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. From 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

2020 goal

- For the year ending June 30, 2020, 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 2020 goal to move 750 people (under age 65) from Nursing Facilities to a more integrated setting.

Time period	Total number of individuals leaving	Transfers (-)	Deaths (-)	Net moved to integrated setting
2015 Annual (July 2014 – June 2015)	1,043	70	224	**749**
2016 Annual (July 2015 – June 2016)	1,018	91	198	**729**
2017 Annual (July 2016 – June 2017)	1,097	77	196	**824**
2018 Annual (July 2017 – June 2018)	1,114	87	197	**830**
2019 Annual (July 2018 – June 2019)	1,176	106	190	**880**
2020 Quarter 1 (July – September 2019)	289	29	49	**211**

ANALYSIS OF DATA:
From July – September 2019, the number of people under 65 in a nursing facility for more than 90 days who moved to a more integrated setting was 211, which is 38 fewer individuals than the previous quarter. After one quarter, the number is 28% 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, 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

2020 goal

- For the year ending June 30, 2020, 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 2020 goal to move 500 people from segregated housing to a more integrated setting.

[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 Annual (July 18 – June 19)	5,679	**1,138 (20.0%)**	484 (8.5%)	3,479 (61.3%)	578 (10.2%)
2020 Quarter 1 (July – Sept 2019)	1,520	**284 (18.7%)**	122 (8%)	954 (62.6%)	160 (10.5%)

ANALYSIS OF DATA:
From July – September 2019, of the 1,520 individuals moving from segregated housing, 284 individuals (18.7%) moved to a more integrated setting. This is an increase of 14 from the previous quarter. After one quarter, the number is 57% of the annual goal of 500. The goal is on track.

COMMENT ON PERFORMANCE:
During the last quarter, there were significantly more individuals who moved to more integrated settings (18.7%) than who moved to congregate settings (8%). 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 (62.6%) 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, 2020, 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). [Revised March 2020]

2020 goal

- By June 30, 2020 the percent awaiting discharge will be reduced to **30%** or lower

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. [2]

RESULTS:

The goal is **not on track** to meet the 2020 goal to reduce the percent awaiting discharge to 30%.

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%[3]	
2017 Annual (July 2016 – June 2017)	**44.9%**	29.3%
2018 Annual (July 2017 – June 2018)	**36.9%**	23.8%
2019 Annual (July 2018 – June 2019)	**37.5%**	28.2%
2020 Quarter 1 (July – September 2019)	**31.0%**	22.5%
2020 Quarter 2 (October – December 2019)	**34.9%**	25.9%
2020 Quarter 3 (January – March 2020)	**37%**	19%

ANALYSIS OF DATA:

From January – March 2020, 37% 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. During this quarter the percentage of individuals awaiting discharge who were civilly committed after being found incompetent was 19%. The combined total of individuals awaiting discharge from AMRTC is 28.5%.

From January – March 2020, 17 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.

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

[3] 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.

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 Annual (July 2018 – June 2019)	317	235	1	**81**	**47**	34
2020 Quarter 1 (July – September 2019)	91	63	0	**28**	**21**	7
2020 Quarter 2 (October – December 2019)	81	57	0	**24**	**14**	10
2020 Quarter 3 (January – March 2020)	88	60	0	**28**	**17**	11

COMMENT ON PERFORMANCE:
Approximately one quarter of individuals at AMRTC 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 40% of AMRTC's census in this quarter.

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

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

- Violent or aggressive behavior (i.e. hitting others, property destruction, past criminal acts);
- Predatory or sexually inappropriate behavior;
- High risk for self-injury (i.e. swallowing objects, suicide attempts); and
- Unwillingness to take medication in the community.

UNIVERSE NUMBER:
In Calendar Year 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, 2020, the average monthly number of individuals leaving Minnesota Security Hospital[4] to a more integrated setting will increase to 10 individuals per month.

2020 goal

- By December 31, 2020 the average monthly number of individuals leaving to a more integrated setting will increase to 10 or more

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:

The goal is **not on track** to meet the 2020 goal to increase the monthly number of individuals leaving to a more integrated setting to 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 Annual (Jan – Dec 2019)	217	121	5	**91**	**7.6**
2020 Quarter 1 (Jan – Mar 2020)	32	16	2	**14**	**4.7**

ANALYSIS OF DATA:

From January – March 2020, the average monthly number of individuals leaving the facility to a more integrated setting was 4.7. The average number moving to an integrated setting increased from 8 the previous quarter. The goal is not on track.

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

[4] For the purposes of this report Minnesota Security Hospital (MSH) refers to individuals residing in the facility and committed as Mentally Ill and Dangerous and other civil commitment statuses and individuals under competency restoration treatment, Minn. R. Crim. P. 20.01.

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**
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 Annual (January – December 2019)	Committed after finding of incompetency	138	89	1	48
	MI&D committed	73	33	4	36
	Other committed	6	1	0	5
	Total	**217**	**123**	**5**	**(Avg. = 7.4) 89**
2020 Quarter 1 (Jan – Mar 2020)	Committed after finding of incompetency	19	13	0	6
	MI&D committed	**11**	**3**	**2**	**6**
	Other committed	**2**	**0**	**0**	**2**
	Total	**32**	**16**	**2**	**(Avg. = 4.7) 14**

COMMENT ON PERFORMANCE:
The facility is seeing an increase in psychiatric acuity in individuals who are Mentally Ill and Dangerous (MI&D) which is one factor in the reduction of total moves. Another factor to consider would be the beginning of COVID-19 Shelter in Place order in March 2020, which will reduce the number of community placements available.

Individuals committed to the facility are provided services tailored to their individual needs. DHS efforts continue to expand community capacity and continues to work towards the mission of the Olmstead Plan or decision by identifying individuals who could be served in more integrated settings.

MI&D committed and Other committed
Persons committed as Mentally Ill and Dangerous (MI&D), are provided acute psychiatric care and stabilization, as well as psychosocial rehabilitation and treatment services. The MI&D commitment is for an indeterminate period of time, and requires a Special Review Board recommendation to the Commissioner of Human Services, prior to approval for community-based placement (Minnesota Stat.

253B.18). Persons under other commitments receive services at the St Peter facility. Other commitments include Mentally Ill (MI), Mentally Ill and Chemically Dependent (MI/CD), Mentally Ill and Developmentally Disabled (MI/DD).

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 or utilization of Minnesota State Operated Community Services);
- Utilization of the Forensic Review Panel, an internal administrative group, whose role is to review individuals served for reductions in custody (under MI&D Commitment), and who may be served in a more integrated setting;
- The Forensic Review Panel also serves to offer treatment recommendations that could assist the individual's growth or skill development, when necessary, to aid in preparing for community reintegration. A summary of the Forensic Review Panel efforts include:
    - From January to March 2019: Reviewed 48 cases; recommended reductions for 17 cases with 14 being granted, and one case pending.
    - From April to June 2019: Reviewed 52 cases; recommended reductions for 28 cases. To date, 26 have been granted.
    - From July to September 2019: Reviewed 49 cases; recommended reductions for 18 cases. To date, 17 have been granted and one case is pending.
    - From October to December 2019: Reviewed 47 cases; recommended reductions for 20 cases. To date, 11 have been granted, 1 denied, and 8 are still pending.

- Collaboration with DHS/Direct Care and Treatment entities to expand community capacity and individualized services for a person's transitioning.

Committed after finding of incompetency

Individuals under competency restoration treatment, Minn. R. Crim. P. 20.01, may be served in any program at the facility. The majority of individuals are placed under a concurrent civil commitment to the Commissioner, as Mentally Ill. The limited purpose for this population 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).

- Programming has been expanded to individuals under "treat to competency," by opening a 32-bed unit.
- While AMRTC continues to provide care to those who may be under this legal status, individuals referred to the facility in St Peter are determined to no longer require hospital-level care.

DHS has convened a cross-division, cross-administration working group to improve the timely discharge of individuals at the St Peter facility and AMRTC who fall into this unique category of "Committed after findings of incompetency" Minn. R. Crim. P. 20.01. The focus is to identify barriers, current and future strategies to develop a continuum of care delivery in Minnesota as well as any needed efficiencies that could be developed to support movement to community, specifically from the St Peter facility and AMRTC. Counties, community providers, advocacy groups have been engaged in this effort as well.

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
FY19 Quarter 4 April – June 2019	23	9	4	10	4 of 10 (40%)	**6 of 10 (60%)**
FY20 Quarter 1 July –Sept 2019	27	0	0	27	5 of 27 (18.5%)	**22 of 27 (81.5%)**
FY 20 Quarter 2 Oct – Dec 2019	61	12	5	44	8 of 44 (18.2%)	**36 of 44 (81.8%)**

ANALYSIS OF DATA:
For the period of October - December 2019, of the 61 transition case files reviewed, 12 people opted out of using the My Move Plan document and 5 individuals did not inform their case manager that they were moving. Of the remaining 44 files, 36 files (81.8%) adhered to the transition protocol. This remains relatively unchanged from the previous quarter.

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.

COMMENT ON PERFORMANCE:
In April 2019, Lead Agency Review changed the sampling methodology utilized to identify transition cases. Instead of pulling a specific sample of people who have moved based on claims data, the Lead Agency Review team now looks for My Move plans for anyone within the overall sample that has moved during the review period.

When findings from case file review indicate files did not contain all required documentation, the agency is required to bring all cases into full compliance by obtaining or correcting the documentation. Corrective action plans will be required when patterns of non-compliance are evident. Because the move occurred prior to the Lead Agency site review, transition measures related to the contents of the My Move Plan Summary cannot be remediated.

However, Lead Agencies are provided information about which components of the My Move Plan were compliant/non-compliant for each of the transition cases that were reviewed.

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.

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 (July 2018 - June 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	105	84 (80%)	18 (17%)	3 (3%)
Immediate Need	451	339 (75%)	98 (21.7%)	14 (3%)
Defined Need	903	621 (69%)	235 (26%)	47 (5%)
Totals	**1,459**	**1,044 (72%)**	**351 (24%)**	**64 (4%)**

Time Period: Fiscal Year 2020 Quarter 1 (July - September 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	15	10 (67%)	4 (27%)	1 (7%)
Immediate Need	71	47 (66%)	19 (27%)	5 (7%)
Defined Need	162	89 (55%)	56 (35%)	17 (10%)
Totals	**248**	**146 (59%)**	79 (32%)	23 (9%)

Time Period: Fiscal Year 2020 Quarter 2 (October - December 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	9 (53%)	7 (41%)	1 (6%)
Immediate Need	74	51 (69%)	19 (26%)	4 (5%)
Defined Need	188	105 (56%)	60 (32%)	23 (12%)
Totals	**279**	**165 (59%)**	**86 (31%)**	**28 (10%)**

ANALYSIS OF DATA:

From October – December 2019, of the 279 individuals assessed for the Developmental Disabilities (DD) waiver, 165 individuals (59%) had funding approved within 45 days of the assessment date. An additional 86 individuals (31%) had funding approved after 45 days. Only 28 individuals (10%) 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 infrequent nature of this issue at their particular agency. DHS continues to provide training and technical assistance to lead agencies as pending funding approval issues occur and has added staff resources to monitor compliance with reasonable pace goals.

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

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
October 1, 2019	**125**	9	29	87
January 1, 2020	**117**	7	23	87
April 1, 2020	**135**	9	33	93

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
October 1, 2019	262	132	197
January 1, 2020	216	167	205
April 1, 2020	252	152	198

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
October 1, 2019	166	103	103
January 1, 2020	104	119	105
April 1, 2020	195	78	121

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 2018 National Core Indicator (NCI) survey for individuals with intellectual and developmental disabilities were published in March 2019. The national results of the NCI survey with state-to-state comparison are available at www.nationalcoreindicators.org. The Minnesota state reports are also available at www.nationalcoreindicators.org/states/MN.

QUALITY OF LIFE SURVEY

The Olmstead Plan Quality of Life Survey: First Follow-Up 2018[5] 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. The second follow-up survey is planned for summer of 2020.

[5] 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 affected 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.

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

RESULTS:

This goal is **in process.**

Time period Fiscal Year (Months)	(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 Q1 (July – Sept 2017)	75.9%	6.9%	93.1%	37.9%	93.1%	79.3%	96.6%	93.1%
FY18 Q2 (Oct –Dec 2017)	84.6%	30.8%	92.3%	65.4%	88.5%	76.9%	92.3%	92.3%
FY18 Q3 (Jan – Mar 2018)	84.6%	47.3%	91.6%	68.9%	93.5%	79.6%	97.5%	94.1%
FY18 Q4 (Apr – June 2018)	80.2%	40.1%	92.8%	67.1%	94.5%	89.5%	98.7%	78.9%
FY19 Q1 (July – Sept 2018)	90.0%	53.8%	96.2%	52.3%	93.8%	90.8%	98.5%	98.5%
FY19 Q2 (Oct – Dec 2018)	91.5%	62.1%	98.1%	60.7%	94.8%	96.7%	98.6%	98.6%
FY19 Q3 (Jan – Mar 2019)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FY19 Q4 (Apr – June 2019)	94%	59.2%	99.5%	66.3%	99.5%	98.4%	98.9%	100%
FY20 Q1 (July – Sept 2019)	85.5%	72%	97.5%	77%	98.5%	97%	98.5%	98.2%
FY20 Q2 (Oct – Dec 2019)	94.8%	78.4%	99.5%	75.4%	99.2%	96.2%	99.5%	99.5%

ANALYSIS OF DATA:
For the period from October – December 2019, in the 366 case files reviewed, the eight required elements were present in the percentage of files shown above. Performance on all eight elements has continued to improve over the 2017 baseline. Six of the eight elements improved over the previous quarter. Five of the eight elements show consistent progress performing at 96% or greater. Element 1 (preferences) and Element 2 (dreams/aspirations) showed the greatest improvement when compared to the previous quarter.

Total number of cases and sample of cases reviewed

Time period	Total number of cases (disability waivers)	Sample of cases reviewed (disability waivers)
FY19 Quarter 4 (April – June 2019)	1,321	184
FY20 Quarter 1 (July – September 2019)	973	200
FY20 Quarter 2 (October – December 2019)	3,180	366

Lead Agencies Participating in the Audit [6]

Time period	Lead agencies
FY19 Quarter 4 (April – June 2019)	(6) Faribault, Itasca, Martin, Mille Lacs, Red Lake, Wadena
FY20 Quarter 1 (July – Sept 2019)	(9) Mahnomen, Koochiching, Wabasha, Goodhue, Traverse, Douglas, Pope, Grant, Stevens
FY20 Quarter 2 (Oct – Dec 2019)	(3) Isanti, Olmsted, St. Louis

COMMENT ON PERFORMANCE:
The Lead Agency Review team looks at twenty-five person-centered items for the disability waiver programs (Brain Injury (BI), Community Alternative Care (CAC), Community Alternatives for Disability Inclusion (CADI) and Developmental Disabilities (DD). Of those twenty-five items, DHS selected eight items as being cornerstones of a person-centered plan.

In January 2018, the Lead Agency Review process began requiring lead agencies to remediate all areas of non-compliance with the required person-centered elements. When the findings from case file review indicate files did not contain all required documentation, the lead agency is required to bring all cases into full compliance by obtaining or correcting the documentation. Corrective action plans are required when patterns of non-compliance are evident. For the purposes of corrective action, the person-centered measures are grouped into two categories: development of a person-centered plan and support plan record keeping.

During this time period one of the three lead agencies reviewed was issued corrective action plans for the person-centered development measures.

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.

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

POSITIVE SUPPORTS GOAL ONE: By June 30, 2020, the number of individuals receiving services licensed under Minn. Statute 245D, or within the scope of Minn. Rule, Part 9544, (for example, home and community based services) who experience a restrictive procedure, such as the emergency use of manual restraint when the person poses an imminent risk of physical harm to themselves or others and it is the least restrictive intervention that would achieve safety, will not exceed 650. [Revised March 2020]

2020 goal

- By June 30, 2020 the number of people experiencing a restrictive procedure will not exceed 650 individuals

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 goal is **in process**.

Time period	Individuals who experienced restrictive procedure	Reduction from previous year
2014 Baseline (July 2013 – June 2014)	1,076 (unduplicated)	N/A
2015 Annual (July 2014 – June 2015)	867 (unduplicated)	209
2016 Annual (July 2015 – June 2016)	761 (unduplicated)	106
2017 Annual (July 2016 - June 2017)	692 (unduplicated)	69
2018 Annual (July 2017 - June 2018)	644 (unduplicated)	48
2019 Annual (July 2018 - June 2019)	642 (unduplicated)	2
Quarter 1 (July - September 2019)	270 (duplicated)	N/A – quarterly number
Quarter 2 (October- December 2019)	210 (duplicated)	N/A – quarterly number

ANALYSIS OF DATA:

The total number of people experiencing a restrictive procedure from October to December 2019 was 210. That is a decrease of 60 from 270 the previous quarter. The quarterly numbers are duplicated counts. Individuals may experience restrictive procedures during multiple quarters in a year.

COMMENT ON PERFORMANCE:

There were 210 individuals who experienced a restrictive procedure this quarter:

- 184 individuals were subjected to Emergency Use of Manual Restraint (EUMR) only. This was a reduction of 59 people from last quarter. Such EUMRs are permitted and not subject to phase out requirements like all other "restrictive" procedures. These reports are monitored and technical assistance is available when necessary.
- 26 individuals experienced restrictive procedures other than EUMRs (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures). This was a decrease of 1 from the previous quarter. DHS staff and the 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 looks at trends in EUMR over six months to identify which providers currently need additional support. They also look at trends in 911 calls to monitor that decreases in EUMR are not replaced by increases in 911 calls.

During this quarter, the EPRC reviewed BIRFs, positive support transition plans, and functional behavior assessments. Based on the content within those documents, the committee conducted EUMR-related assistance involving 45 people. This number does not include people who are receiving similar support from other DHS groups. Some examples of guidance provided by committee members include discussions about the function of behaviors, helping providers connect with local behavior professionals or other licensed professionals, providing ideas on positive support strategies, and explaining rules and the law.

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

POSITIVE SUPPORTS GOAL TWO: **By June 30, 2020, the number of Behavior Intervention Reporting Form (BIRF) reports of restrictive procedures for people receiving services licensed under Minn. Statute 245D, or within the scope of Minn. Rule, Part 9544, (for example, home and community based services) will not exceed 3,500. [Revised March 2020]**

2020 goal

- By June 30, 2020 the number of reports of restrictive procedure will not exceed 3,500.

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 goal is **on track** to meet the 2020 goal that the number of reports not exceed 3,500.

Time period	Number of BIRF reports	Reduction from previous year
2014 Baseline (July 2013 – June 2014)	8,602	N/A
2015 Annual (July 2014 – June 2015)	5,124	3,478
2016 Annual (July 2015 – June 2016)	4,008	1,116
2017 Annual (July 2016 - June 2017)	3,583	425
2018 Annual (July 2017 - June 2018)	3,739	+156
2019 Annual (July 2018 - June 2019)	3,223	516
Quarter 1 (July – September 2019)	880	N/A – quarterly number
Quarter 2 (October- December 2019)	784	N/A – quarterly number

ANALYSIS OF DATA:
From October – December 2019, the number of restrictive procedure reports was 784. This was a decrease of 96 from the previous quarter. After two quarters the total number of reports is 1,644, which is 47% of the annual goal of 3,500. The goal is on track.

COMMENT ON PERFORMANCE:
There were 784 reports of restrictive procedures this quarter. Of the 784 reports:

- 625 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.
    - This is a decrease of 46 reports of EUMR from the previous quarter.

- 159 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 decreased by 50 from the previous quarter.

- 24 uses of seclusion or timeout involving 11 people were reported this quarter:
    - 18 reports of seclusion involving 8 people occurred at the St Peter facility (formerly known as Minnesota Security Hospital). As necessary, DHS Licensing Division investigates and issues correction orders for any violations of the Positive Supports Rule associated with use of mechanical restraint.
    - 1 report of time out was from the St. Peter facility (formerly known as Minnesota Security Hospital) and should have been coded as seclusion. This BIRF was for a person who also had seclusion BIRFS at the St. Peter facility.
    - 2 reports of time out were coding errors for 1 individual.
    - 3 reports of seclusion for 2 people were classified as an unapproved use of seclusion. DHS staff provided technical assistance in both cases.
    - The combined number of seclusion or time out reports decreased by 6 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, 2020, the emergency use of mechanical restraints, other than the use of an auxiliary device[7] will be reduced to no more than 93 reports. [Revised March 2020]**

2020 Goal

- By June 30, 2020, reduce mechanical restraints, other than use of auxiliary devices, to no more than 93 reports

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

RESULTS:

The goal is **not on track** to meet the 2020 goal to reduce to no more than 93 reports of mechanical restraints, other than the use of auxiliary devices. [This goal was revised in the March 2020 Olmstead Plan. Beginning in Fiscal Year 2020, the use of auxiliary devices will be counted separately and will continue to be reported.]

Time period	Total number of reports (includes auxiliary devices)	Number of individuals at end of time period
2014 Baseline (July 2013 – June 2014)	2,083	85
2015 Annual (July 2014 – June 2015)	912	21
2016 Annual (July 2015 – June 2016)	691	13
2017 Annual (July 2016 – June 2017)	664	16
2018 Annual (July 2017 – June 2018)	671	13
2019 Annual (July 2018 – June 2019)	658	12

Time period	Reports (other than seat belt devices)	Reports on use of auxiliary devices	Total number of reports (includes auxiliary devices)	Number of individuals at end of time period
2020 Annual -Quarter 1 (July – Sept 2019)	**97**	81	178	11
2020 Annual Quarter 2 (Oct – Dec 2019)	**62**	73	135	11

ANALYSIS OF DATA:

From October – December 2019, the number of reports of mechanical restraints other than auxiliary devices was 62. This was a decrease of 35 from the previous quarter. After 2 quarters the number of reports other than auxiliary devices is 157. This exceeds the annual goal of 93. The goal is not on track.

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

During this quarter the total number of reports of mechanical restraints (including auxiliary devices), was 135. This is a decrease of 43 from the previous quarter. At the end of the reporting period, the number of individuals for whom the use of mechanical restraint use was approved was 11. This is the same number as the last quarter.

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

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

Of the 135 BIRFs reporting use of mechanical restraint in Quarter 2:

- 73 reports involved auxiliary devices to prevent a person from unbuckling their seatbelt during travel. This is a decrease of 8 from the previous quarter.
- 62 reports involved use of another type of mechanical restraint.
    - 28 reports involved 5 people who had the use of self-injury protection equipment (examples include helmets, splints, braces, mitts, and gloves) reviewed by the EPRC and approved by the Commissioner for the emergency use of mechanical restraint.
    - 29 reports involving 7 people, were submitted by the St Peter (formerly called Minnesota Security Hospital). This was a decrease of 5 reports from the facility. As necessary, DHS Licensing Division investigates and issues correction orders for any violations of the Positive Supports Rule associated with use of mechanical restraint.
    - 4 reports involving 1 person, were submitted by a provider whose use was within the 11-month phase out period.
    - 1 report was a coding error for 1 person.

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.

TRANSPORTATION GOAL TWO: By 2025, the annual number of service hours will increase to 1.71 million in Greater Minnesota (approximately 50% increase). By 2025, the annual number of service hours will increase to 1.71 million in Greater Minnesota (approximately 50% increase).

2019 Goal

- By December 31, 2019, the annual number of service hours will increase to 1,371,000.

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

RESULTS:
The 2019 goal was **met** (using Calendar Year 2018 data).

Time Period	Service Hours	Change from baseline
Baseline – Calendar Year 2014	1,200,000	N/A
Calendar Year 2015	1,218,787	18,787
Calendar Year 2016	1,418,908	218,908
Calendar Year 2017	1,369,316	169,316
Calendar Year 2018	1,442,652	242,652

ANALYSIS OF DATA:
During 2018, the total number of service hours was 1,445,652. This was an increase of 73,336 service hours from the previous year. The 2019 goal to increase to 1,371,000 was met.

COMMENT ON PERFORMANCE:
The 2018 numbers have increased over 2017 and the downward adjustment in 2016. The 2018 number reflects an overall service increase show a substantial increase in service over the last year. Much of the increase is reflecting the new service being funded under New Starts. The 2018 numbers reflect an upward trend and recovered and surpassed the losses in 2017. MnDOT is on track to meet the 2025 goal.

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

TRANSPORTATION GOAL FOUR: By 2025, transit systems' on time performance will be 90% or greater statewide.

Ten year goals to improve on time performance:

- Transit Link – maintain performance of 95% within a half hour
- Metro Mobility – maintain performance of 95% within a half hour
- Metro Transit – improve to 90% or greater within one minute early – four minutes late
- Greater Minnesota– improve to a 90% within a 45-minute timeframe

Baseline for on time performance in 2014 was:

- Transit Link – 97% within a half hour
- Metro Mobility – 96.3% within a half hour timeframe
- Metro Transit – 86% within one minute early – four minutes late
- Greater Minnesota– 76% within a 45 minute timeframe

RESULTS:

The goal is **in process**.

On time performance percentage by transit system[8]

Time Period	Transit Link	Metro Mobility	Metro Transit	Greater MN
Calendar Year 2014 (Baseline)	97%	96.3%	86%	76%
Calendar Year 2016	98%	95.3%	85.1%	76%
Calendar Year 2017	98.5%	96.8%	86.4%	78%
Calendar Year 2018	98%	95.3%	84.8%	Not available
Calendar Year 2019	97%	93.0%	82.7%	Not available

ANALYSIS OF DATA:

During 2019, the on time performances for Transit Link, Metro Mobility and Metro Transit were lower than 2018. The on time performance for Transit Link at 97% is above the 95% goal. The on time performance for Metro Transit was 82.7% which was lower than any of the previous years. The Metro Transit system is made up of three types of services: bus, light rail (Blue and Green lines) and the Northstar commuter rail. The on-time performance for each service type is shown below.

Greater Minnesota Transit has provided the information through 2017. As the transition to a new methodology was made, information for on time performance was not collected for 2018 or 2019. Data collection resumed in January of 2020 and under the new methodology on time performance is now reported by providers monthly. To minimize the reporting period gap this part of the goal will be reported separately and semiannually beginning in August of 2020.

[8] Beginning in 2017, on-time performance for the Metro Transit system was defined as up to 1 minute early and 5 minutes late. This is the preferred methodology when on-time performance is reported for the entire system. The 2016 results previously reported were updated to use this methodology. This did not change the goal status.

On time performance percentage for Metro Transit system

Time Period	Bus	Light Rail (Blue/Green line)	Northstar Commuter Rail	Metro Transit System[9]
Calendar Year 2014 (Baseline)	--	--	--	86%
Calendar Year 2016	85.8%	82.9%	93.2%	85.1%
Calendar Year 2017	85.1%	89.5%	93.2%	86.4%
Calendar Year 2018	83.7%	86.7%	94.7%	84.8%
Calendar Year 2019	82.2%	83.4%	93.3%	82.7%

All three components of the Metro Transit system dropped from 2018. Accordingly, Metro Transit's system-wide on-time performance also dropped from 2018.

COMMENT ON PERFORMANCE:
During 2019, greater emphasis was placed on meeting appointment times resulting in greater balance between service quality metrics. Metro Transit bus performance dropped slightly due to the continued construction projects and detours along the 35W corridor and in downtown Minneapolis. The bus operator shortage limited Metro Transit's ability to mitigate on-time performance issues related to special events or detours where extra buses have been deployed in the past to protect service.

Metro Transit light rail performance declined from 2018 to 2019; factors that can impact on-time performance include signal projects and responses to customer events such as medical calls. Transit system-wide on-time performance is weighted by ridership so bus and light rail performance drive the result. Note: the significant improvement from 2016 to 2017 for Metro Transit light rail was due to the change in methodology."

TIMELINESS OF DATA:
In order for this data to be reliable and valid, it is reported three months after it is collected.

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

VI. COMPLIANCE REPORT ON WORKPLANS

This section summarizes the ongoing review of workplan activities completed by OIO Compliance staff.

WORKPLAN ACTIVITIES

In order to achieve the measurable goals, the OIO and State agencies develop specific strategies and workplans. The OIO Compliance staff and the Subcabinet agencies use the workplans throughout the year to review the progress of the work and to direct any adjustments to the work if progress is not timely, or if changes to the workplans are needed based on actual experience in the field. The OIO Compliance staff notify the Subcabinet of any exceptions to the implementation of workplans on a quarterly and annual basis.

The first review of workplan activities occurred in December 2015. Ongoing 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
August 2019	7	7	0	0	0
September 2019	7	7	0	0	0
October 2019	2	2	0	0	0
November 2019	3	3	0	0	0
December 2019	2	2	0	0	0
January 2020	10	10	0	0	0
February 2020	7	7	0	0	0
March 2020	3	3	0	0	0
April 2020	3	3	0	0	0

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.

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

[iv] Transfers 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.

UNITED STATES DISTRICT COURT

DISTRICT OF MINNESOTA

James and Lorie Jensen, et al.,

Plaintiffs,

vs.

Minnesota Department of Human Services, et al.,

Defendants.

Case No. 09-cv-01775 DWF/BRT

VERIFICATION OF MICHAEL TESSNEER

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, May 11, 2020" 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

May 12, 2020

Subscribed and sworn to before me on

May 12, 2020

Denise K. Flock

NOTARY PUBLIC

Denise K. Flock
Notary Public
Minnesota
My Commission Expires January 31, 2022