DEPARTMENT OF HUMAN SERVICES

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

August 28, 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
August 2020 Olmstead Plan Quarterly Report

Dear Judge Frank:

Enclosed please find the August 24, 2020 Quarterly Report on Olmstead Plan Measurable Goals, which includes data acquired by the Olmstead Implementation Office through July 31, 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 August 24, 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 July 31, 2020**

**DATE APPROVED BY SUBCABINET**

**August 24, 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 July 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 twenty measurable goals.[ii] As shown in the chart below, six of those goals were either met or are on track to be met. Nine goals were categorized as not on track, or not met. For those nine goals, the report documents how the agencies will work to improve performance on each goal. Five goals are in process.

| Status of Goals – August 2020 Quarterly Report | Number of Goals |
|---|---|
| Met annual goal | 1 |
| On track to meet annual goal | 5 |
| Not on track to meet annual goal | 3 |
| Did not meet annual goal | 6 |
| In process | 5 |
| **Goals Reported** | **20** |

**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, 21 individuals left ICF/DD programs to more integrated settings. After two quarters, 62% of the annual goal of 72 has been achieved. (Transition Services Goal One A)
- During this quarter, 233 individuals with disabilities under age 65 in a nursing facility longer than 90 days moved to more integrated settings. After two quarters, 59% of the annual goal of 750 has been achieved. (Transition Services Goal One B)
- During this quarter, 320 individuals moved from other segregated settings to more integrated settings. After two quarters, the annual goal of 500 has already 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 57% of individuals were approved for funding within 45 days. Another 32% 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. Four 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, 71.9% of case files adhered to transition protocols. (Transition Services Four)
- The number of school districts that completed assistive technology training during the last year was 32. There are 18,702 students in those districts. (Education Goal Three A)
- The percentage of target population served by regular route level of service increased for each market area. (Transportation Goal Five)

**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.
- Employment Goal Three to increase the number of students with developmental cognitive disabilities that enter into competitive integrated employment.
- Education Goal Three B to increase the percentage of students in school districts that have completed assistive technology training.
- Crisis Services Goals One and Two to increase the percent of children and adults who remain in their community after receiving crisis services.
- Community Engagement Goal One to increase the number of individuals with disabilities to participate in Governor appointed Boards and Commissions.
- Preventing Abuse and Neglect Goal Four to decrease the number of students with a disability 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 2019 | 21 |
| • Nursing Facilities (individuals under age 65 in facility > 90 days) | Oct- Dec 2019 | 233 |
| • Other segregated settings | Oct- Dec 2019 | 320 |
| • Anoka Metro Regional Treatment Center (AMRTC) | April - June 2020 | 24 |
| • Minnesota Security Hospital (MSH)[1] | April - June 2020 | 11 |
| **Total** | -- | **609** |

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** |
| 2020 Quarter 2 (October – December 2019) | 47 | 5 | 21 | **21** |

**ANALYSIS OF DATA:**
From October – December 2019, the number of people who moved from an ICF/DD to a more integrated setting was 21. This is 3 people less than the previous quarter. After two quarters, the number is 62% 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.

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**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** |
| 2020 Quarter 2 (October – December 2019) | 314 | 27 | 54 | **233** |

**ANALYSIS OF DATA:**
From October – December 2019, the number of people under 65 in a nursing facility for more than 90 days who moved to a more integrated setting was 233, which is 22 more individuals than the previous quarter. After two quarters, the number is 59% 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.

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## 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%) |
| 2020 Quarter 2 (Oct – Dec 2019) | 1,465 | **320 (21.8%)** | 120 (8%) | 892 (61%) | 133 (9%) |

**ANALYSIS OF DATA:**
From October – December 2019, of the 1,465 individuals moving from segregated housing, 320 individuals (21.8%) moved to a more integrated setting. This is an increase of 36 from the previous quarter. After two quarters, the number exceeds 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 (21.8%) 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 (61%) 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 2020 goal to reduce the percent awaiting discharge to 30% or less 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%[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 Annual (July 2019 – June 2020) | **36.3%** | 22.7% |
| 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) | **37.0%** | 19.0% |
| 2020 Quarter 4 (April – June 2020) | **42.3%** | 23.4% |

**ANALYSIS OF DATA:**

From July 2019 – June 2020, 36.3% 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 the same period, the percentage of individuals awaiting discharge who were civilly committed after being found incompetent was 22.7%. The combined total of all individuals at AMRTC awaiting discharge was 29.5%. Although the combined total met the 30% or less target, the 2020 goal for people under mental health commitment was not met.

From April – June 2020, 14 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

[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.

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 Annual (July 2018 – June 2019) | 317 | 235 | 1 | **81** | **47** | 34 |
| 2020 Annual (July 2019 – June 2020) | 347 | 243 | 0 | **104** | **66** | 38 |
| 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 |
| 2020 Quarter 4 (April – June 2020) | 87 | 63 | 0 | **24** | **14** | 10 |

**COMMENT ON PERFORMANCE:**
Approximately one third 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 54% 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. [Revised March 2020]**

**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 |
| 2020 Quarter 2 (Apr – June 2020) | 38 | 23 | 4 | **11** | **3.7** |

**ANALYSIS OF DATA:**

From April – June 2020, the average monthly number of individuals leaving the facility to a more integrated setting was 3.7. The average number moving to an integrated setting decreased by 1 from the previous quarter and is 6.3 below the goal of 10. 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 St Peter 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** |
| 2020 Quarter 2 (April – June 2020) | Committed after finding of incompetency | 25 | 17 | 1 | 7 |
| | MI&D committed | 13 | 6 | 3 | 4 |
| | Other committed | 0 | 0 | 0 | 0 |
| | **Total** | **38** | **23** | **4** | **(Avg. = 3.7) 11** |

**COMMENT ON PERFORMANCE:**

The COVID-19 Shelter in Place order in March 2020 greatly reduced opportunities for individuals at the St Peter facility to demonstrate readiness to reintegrate back into the community. All off campus movement was discontinued. This included staff escorted community re-integration programming to independent pass planning into the community. Having those experiences to demonstrate readiness is critical and without it, there is less support for reduction in custody. In addition, community placements for individuals have also been impacted by COVID-19 as admissions have been put on hold at times.

Another impact on reduced discharges, although not as prominent, was the death of George Floyd while in the custody of Minneapolis police and the impact of all the unrest in Minneapolis and elsewhere in

the country. The St Peter facility serves a very diverse population and the coverage of this event has retriggered trauma for many individuals. Traumatic events can de-stabilize individuals and this has been the case for some of the individuals served. It is too early to measure the impact of all of this, but certainly it is impacting the readiness for provisional discharge.

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 2020: Reviewed 60 cases; recommended reductions for 9 cases with 10 being granted. (There are times the Special Review Board supports a reduction that the Forensic Review Board did not recommend).

  - From April to June 2020: Reviewed 60 cases; recommended reductions for 25 cases. To date, 17 have been granted and 19 reviews are 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. The group is reviewing discharge processes across AMRTC and the Forensic Mental health program with the aim of standardization in these sites resulting in improved outcomes for our patients.

**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%)** |
| FY 20 Quarter 3 Jan – Mar 2020 | 41 | 4 | 5 | 32 | 9 of 32 (28.1%) | **23 of 32 (71.9%)** |

**ANALYSIS OF DATA:**
For the period of January – March 2020, of the 41 transition case files reviewed, 4 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 32 files, 23 files (71.9%) adhered to the transition protocol. This is a decrease of almost 10% 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:**
Due to the COVID-19 pandemic, two of the five counties scheduled for Lead Agency Review during this reporting period were postponed. Of the 3 counties reviewed, 1 county consistently used the My Move Plan Summary document to help facilitate the person's move 100% of the time when the case manager was aware of the move.

For the 9 non-compliant cases, a My Move Plan Summary documentation was not present in the case file during the time of the review. This occurred across both counties that did not adhere to the protocol.

In April 2019, Lead Agency Review implemented changes to the sampling methodology utilized to identify transition cases. Prior to April 2019, a discrete transition sample was selected based on claims data for people who had moved within 18 months of the case file review period. As of April 2019, the Lead Agency Review team now reviews transition protocol compliance for anyone within the overall case file review sample who moved during the 18 month review period.

When findings from case file review indicate files do 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. 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%)** |

**Time Period: Fiscal Year 2020 Quarter 3 (January - March 2020)**

| 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 | 25 | 18 (72%) | 4 (16%) | 3 (12%) |
| Immediate Need | 82 | 47 (58%) | 33 (40%) | 2 (2%) |
| Defined Need | 226 | 126 (56%) | 69 (30%) | 31 (14%) |
| **Totals** | **333** | **191 (57%)** | **106 (32%)** | **36 (11%)** |

**ANALYSIS OF DATA:**

From January – March 2020, of the 333 individuals assessed for the Developmental Disabilities (DD) waiver, 191 individuals (57%) had funding approved within 45 days of the assessment date. An additional 106 individuals (32%) had funding approved after 45 days. Only 36 individuals (11%) 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 |
| July 1, 2020 | **132** | 8 | 16 | 108 |

**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 |
| July 1, 2020 | 318 | 239 | 228 |

**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 |
| July 1, 2020 | 257 | 165 | 148 |

**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 to take place in 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<br><br>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% |
| FY20 Q3 (Jan – Mar 2020) | 86.8% | 74.7% | 98.4% | 76.6% | 97.6% | 94.9% | 98.2% | 97.1% |

**ANALYSIS OF DATA:**
For the period from January – March 2020, in the 491 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 and four of the eight elements show consistent progress performing at 96% or greater. However, when compared to previous reporting quarter, 7 of the 8 elements showed a decrease in their level of compliant performance. A contributing factor that may fluctuate the overall performance of this reporting quarter could be the results of Hennepin County's larger sample size. One of the eight elements improved over the previous quarter. Four of the eight elements show consistent progress performing at 96% or greater.

**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 |
| FY20 Quarter 3 (January – March 2020) | 13,607 | 491 |

**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 |
| FY20 Quarter 3 (Jan – March 2020) | (3)Hennepin, Carver, Wright |

**COMMENT ON PERFORMANCE:**
Due to the COVID-19 pandemic, two of the five counties scheduled for Lead Agency Review during this reporting period were postponed. All three counties reviewed were required to develop corrective action plans in one of the categories of person-centered practices.

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.

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

**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.

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**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]**

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**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 |
| Quarter 3 (January – March 2020) | 228 (duplicated) | N/A – quarterly number |

**ANALYSIS OF DATA:**
The total number of people experiencing a restrictive procedure from January to March 2020 was 228. That is an increase of 18 from 210 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 228 individuals who experienced a restrictive procedure this quarter:

- 228 individuals were subjected to Emergency Use of Manual Restraint (EUMR) only. This was an increase of 20 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.
- 24 individuals experienced restrictive procedures other than EUMRs (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures). This was a decrease of 2 from the previous quarter. DHS staff and the External Program Review Committee 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 38 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 |
| Quarter 3 (January – March 2020) | 799 | N/A – quarterly number |

**ANALYSIS OF DATA:**

From January – March 2020, the number of restrictive procedure reports was 799. This was an increase of 15 from the previous quarter. After three quarters the total number of reports is 2,463, which is 70% of the annual goal to not exceed 3,500. The goal is on track.

**COMMENT ON PERFORMANCE:**

There were 799 reports of restrictive procedures this quarter. Of the 799 reports:

- 641 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 an increase of 16 reports of EUMR from the previous quarter.

- 158 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 1 from the previous quarter.

- 28 uses of seclusion or timeout involving 10 people were reported this quarter:
    - 26 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.
    - 2 reports of seclusion for 2 people were classified as an unapproved use of seclusion. DHS staff provided technical assistance in both cases.
    - There were 0 reports of time out this quarter.
    - The combined number of seclusion or time out reports increased 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.

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**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]**

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**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.]

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

| 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 Q1 (July – Sept 2019) | **97** | 81 | 178 | 11 |
| 2020 Q2 (Oct – Dec 2019) | **62** | 73 | 135 | 11 |
| 2020 Q3 (Jan – Mar 2020) | **58** | 71 | 129 | 10 |

**ANALYSIS OF DATA:**
From January – March 2020, the number of reports of mechanical restraints other than auxiliary devices was 58. This was a decrease of 4 from the previous quarter. After 3 quarters the number of reports other than auxiliary devices is 217. This exceeds the annual goal of 93. The goal is not on track. During this quarter the total number of reports of mechanical restraints (including auxiliary devices), was 129. This is a decrease of 6 from the previous quarter. At the end of the reporting period, the number of individuals for whom the use of mechanical restraint use was approved was 10. This is a decrease of 1 from 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.

The EPRC annually evaluates progress and determines if there are additional measures to be taken to reduce the use of mechanical restraint. The EPRC Annual Evaluation Report is available on the following webpage under the Annual Reports tab: https://mn.gov/dhs/partners-and-providers/program-overviews/long-term-services-and-supports/positive-supports/extension-request/eprc.jsp

Of the 129 BIRFs reporting use of mechanical restraint in Quarter 3:

- 71 reports involved auxiliary devices to prevent a person from unbuckling their seatbelt during travel. This is a decrease of 2 from the previous quarter.
- 58 reports involved use of another type of mechanical restraint. This is a decrease of 4 from the previous quarter.
    - 33 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. This was an increase of 5 reports from the previous quarter.
    - 25 reports involving 7 people, were submitted by the St Peter facility (formerly called Minnesota Security Hospital). This was a decrease of 4 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.

**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.

**2020 Goal**

- By June 30, 2020, the number of additional students with Developmental Cognitive Disabilities (DCD) in competitive, integrated employment will be 150.

**RESULTS:**

The 2020 goal of 150 was **not met**. In addition, the overall goal of 763 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 |
| 2020 Annual (October 2019 to June 2020) | 66 |
| **Total** | 712 |

**ANALYSIS OF DATA:**

During the 2019-2020 school year, 66 students with developmental cognitive disabilities, ranging in ages from 19-21 participated in competitive integrated employment through the Employment Capacity Building Cohort (ECBC). The 2020 goal of 150 was not met. Since 2016, the total number of students with developmental cognitive disabilities in competitive integrated employment is 712. The 2020 overall goal of 763 was not met.

Students were employed in a variety of businesses with wages ranging from $9.50 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.

The ECBC Cohort was on track to meet the 2020 annual goal of 150 students to obtain competitive integrated employment. In January 2020, community teams reported 73 students had competitive integrated employment. Given the current COVID-19 pandemic, the number reduced by June 30, 2020. Several businesses were unable to hire students as other staff in the companies were put on furlough.

Another factor that greatly affected the lower number was some of the community resource providers, contracted through DEED, were unable to support the students in the community due to COVID-19. There were also families who were concerned for their health and well-being and disengaged in the employment process for their youth. The data for unemployment in Minnesota rose 5.7% from March to June, as reported by the U.S. Bureau of Labor Statistics.

Twenty-five school districts and local partner teams provided supports to students through the ECBC during the 2019-2020 school year. The ECBC teams received professional development and coaching on the following topics: Workforce Innovation and Opportunity Act (WIOA) and limitations on the use of subminimum wages; Pre-Employment Transition Services; DB101 estimator; utilization of the Informed Choice Conversation; Minnesota Career Information System (MCIS) for students with disabilities; business engagement strategies; engaging families using a person-centered approach; high quality transition programming and planning and customized employment.

The 2019-2020 number of students had an observed decline. The factors involved in this decline are multi-layered, and have a direct correlation to the COVID-19 pandemic. However 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. DEED, DHS and MDE will work together to identify and define high quality local partnerships based on state data and qualitative data from ECBC participants.

The Steering Committee is reviewing data collected from current ECBC teams for possible improvements for ECBC in the 2020-21 school year. It is expected that the number and capacity of ECBC teams will continue to grow, adding more Minnesota school districts and community partners in training, networking support from other successful school districts, and customizing technical assistance from state agencies (MDE, DEED and DHS) so as to 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**

**2020 Goal**

- By June 30, 2020, the number of school districts that completed AT training will increase to 31.

**Baseline:** From December 2016 to December 2018, thirteen 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[8].

**RESULTS:**

The 2020 goal to increase to 31 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 |
| 2020 Annual (July 2019 – June 2020) | 32 | 18,702 |

**ANALYSIS OF DATA:**

In 2019-2020, ten school districts completed training in active consideration of assistive technology, bringing the total to 32 school districts. The 2020 goal to increase to 31 trained school districts was met. The following districts completed the AT training during the 2019-2020 school year: Belle Plaine, Cambridge-Isanti, Forest Lake, Goodhue County Education District, Grand Rapids, Hibbing, Itasca Area School Cooperative, Paul Bunyan Education Cooperative, Prior Lake-Savage and Spring Lake Park.

**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 using the Quality Indicators for Assistive Technology (QIAT) Matrix as a fidelity measure for evaluating implementation and scaling up identification, acquisition and use of AT 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.

[8]*Updated in August 2019 Quarterly Report Addendum and differs from March 2020 Olmstead Plan.*

For the 2020-2021 school year, MDE will pilot the AT Teams training in an online format. Developing the content as an online option can provide just-in-time access and resources to individuals with disabilities, parents and guardians, and district staff regarding AT. Districts would be able to identify a local cadre and use the information and materials included on MDE's site to access the information and content to evaluate and improve AT provision and use in their district. Due to the COVID-19 pandemic, the ATTP will not expand to new schools during the 2020-2021 school year. Instead, building the online content will serve as a way to scale-up the project.

It is anticipated that the AT Teams project will continue with much of the same content that was provided in previous years with an anticipated change in delivery method, activities and timing. Fully converting to an online format will take multiple years to complete with the content from Year 1 being targeted for the next two years. In 2020-2021 AT Teams will be in the exploration and implementation phases of providing an online option for the AT Teams project.

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

**2020 Goal**

- By June 30, 2020, the percent of students with disabilities in school districts that have completed MDE assistive technology training will increase to 20%.

**Baseline:** From December 2016 – December 2018, 5.6% (7,659 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[9].

**RESULTS:**
The 2020 goal to increase to 20% 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% |
| 2020 Annual (July 2019 – June 2020) | 145,884 | 18,702 | 12.8% |

[9] *Updated in August 2019 Quarterly Report Addendum and differs from March 2020 Olmstead Plan.*

**ANALYSIS OF DATA:**
In 2019-2020, 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 4.2% over 2019. The 2019-20 goal of an increase to 20% was not met.

It is important to note that the goal of 20% was set based on previous baseline data that was corrected by MDE to a lower percentage (from 11.1% to 5.62%), increasing the magnitude of improvement required to meet the goal of 20%.

**COMMENT ON PERFORMANCE:**
For the 2020-2021 school year, MDE will pilot the AT Teams training in an online format. Developing the content as an online option can provide just-in-time access and resources to individuals with disabilities, parents and guardians, and district staff regarding AT. Districts would be able to identify a local cadre and use the information and materials included on MDE's site to access the information and content to evaluate and improve AT provision and use in their district. Due to the COVID-19 pandemic, the ATTP will not expand to new schools during the 2020-2021 school year. Instead, building the online content will serve as a way to scale-up the project.

It is anticipated that the AT Teams project will continue with much of the same content that was provided in previous years with an anticipated change in delivery method, activities and timing. Fully converting to an online format will take multiple years to complete with the content from Year 1 being targeted for the next two years. In 2020-2021 AT Teams will be in the exploration and implementation phases of providing an online option for the AT Teams project.

**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.

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

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**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 2025 goal to improve Greater Minnesota transit system on time performance to 90% is **in process**. Results for Transit Link, Metro Mobility and Metro Transit was reported in the May 2020 Quarterly Report. Beginning with this August 2020 Quarterly Report, results for Greater Minnesota will be reported separately and on a semi-annual basis.

| Time Period | On-time performance (within a 45-minute timeframe) |
|---|---|
| Calendar Year 2014 (Baseline) | 76% |
| Calendar Year 2016 | 76% |
| Calendar Year 2017 | 78% |
| Calendar Year 2018 | Not available |
| Calendar Year 2019 | Not available |
| January – February 2020* | 91.3% |

**ANALYSIS OF DATA:**
During January and February 2020, on-time performance for Greater Minnesota Transit was 91.3%. A new data collection methodology began in January of 2020 with the providers now reporting monthly. However, due to the COVID-19 pandemic and shifts in funding sources and reporting requirements, reporting from the providers was put on hold. Reporting is expected to resume in October 2020.

**COMMENT ON PERFORMANCE:**
The improvement in performance over 2017 data, was anticipated with the implementation of a more consistent reporting structure for our providers. It is not known what the impact of COVID-19 will have on overall ridership and whether the improved performance will be sustained.

Information for on-time performance was not collected for 2018 or 2019 as the transition to the new methodology was being made.

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

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**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.**

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

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

| Time Period | Transit Market Area 1 | Transit Market Area 2 | Transit Market Area 3 |
|---|---|---|---|
| Baseline (June 2017) | 95% | 91% | 67% |
| As of March 2019 | 94% | 93% | 70% |
| As of March 2020 | 98% | 94% | 72% |

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

**ANALYSIS OF DATA:**
Improvement occurred in all three market areas. If performance continues at the same rate, the goal is on track to meet the 2025 benchmark.

**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 Metropolitan Council also provides non-regular route services in areas that are not suitable for regular routes. Market area definitions and standards can be found at https://metrocouncil.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.

**CRISIS SERVICES GOAL ONE: By June 30, 2019, the percent of children who receive children's mental health crisis services and remain in their community will increase to 85% or more. [Revised March 2020]**

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

**2019 Goal**

- By June 30, 2019, the percent of percent of children who receive children's mental health crisis services and remain in their community will increase to 85% or more.

**RESULTS:**

The 2019 overall goal to increase to 85% was **not met**. 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%) |
| 2019 Annual (July 2018 – June 2019) | 3,809 | 2,724 (71.5%) | 847 (22.2%) | 220 (5.8%) |
| July – December 2019 | 1,920 | **1,404 (73.1%)** | 425 (22.1%) | 91 (4.7%) |

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

**ANALYSIS OF DATA:**

From July 2018 – June 2019, of the 3,809 crisis episodes, the child remained in their community after the crisis 2,724 times or 71.5% of the time. This is 7.5% below baseline and 1.8% below the previous year. The June 30, 2019 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.

DHS will continue to report progress past the end date of June 30, 2019.

From July – December 2019, of the 1,920 crisis episodes, the child remained in their community after the crisis 1,404 times or 73.1% of the time. That is a 1.6% increase from the 2019 annual percentage reported.

**COMMENT ON PERFORMANCE:**

There has been an overall increase in the number of episodes of children receiving mental health crisis services, and more children being seen by crisis teams. 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 require 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 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 Emergency Departments (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 require 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 or 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, 2020, 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. [Revised March 2020]**

**2020 Goal**

- By June 30, 2020, 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:**

The 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%) |
| 2019 Annual (July 2018 – June 2019) | 12,599 | 6,143 (48.8%) | 4,421 (35.1%) | 2,035 (16.2%) |
| July – December 2019 | 6,107 | 3,191 (52.2%) | 2,112 (34.6%) | 804 (13.2%) |

- 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:**

From July – December 2019, of the 6,107 crisis episodes, the adult remained in their community after the crisis 3,191 times or 52.2% of the time. This was an increase of 3.4% from the previous year and 5.6% below baseline. This goal is not on track to meet the 2020 overall 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 training increases the teams' ability to work with more complex clients/situations effectively.

DHS has identified a few trends that might be affecting 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.

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**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.**

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**2020 Goal**

- By June 30, 2020, 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 245.

**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 2020 goal to increase to 245 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 |
| 2020 Annual (as of July 31, 2020) | 182 | 10 | **192** |

**ANALYSIS OF DATA:**
Of the 3,464 members listed on the Secretary of State's Boards and Commissions website, 182 (approximately 5.3%) self-identify as an individual with a disability. The 182 members represent 64 unique Boards and Commissions. In addition, 10 individuals on the Olmstead Subcabinet Community Engagement Workgroup self-identified as individuals with a disability.

The 2020 goal to increase the number to 245 was not met. The number of individuals on Boards and Commissions with a disability increased by 15, and the percentage increased from 5.1% to 5.3%).

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:**
Staff from the Governor's Office gave a brief presentation on Governor appointed Boards and Commissions to the Community Engagement Workgroup in February 2020. The Governor's staff answered questions and asked for feedback on the process. 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.

**2020 Goal**

- By July 31, 2020, the number of students with disabilities identified as victims in determinations of maltreatment will decrease by 10% from baseline to 18 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 2020 goal to decrease to 18 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 | + 65% |
| 2020 Annual (July 2017 – June 2018) | 32 | +12 | +60% |

**ANALYSIS OF DATA:**
During the 2017 – 18 school year, there were 311 students identified as alleged victims of abuse of neglect in Minnesota public schools. Of those, 97 students were determined to have been maltreated. Of those, 32 were students with a disability. This was an increase of 12 students over baseline. The 2020 goal to reduce to 18 was not met.

**COMMENT ON PERFORMANCE:**
During the 2017-2018 school year, the MDE Student Maltreatment Team received and assessed 1,083 reports of alleged maltreatment. Of those reports, the Student Maltreatment Team opened 232 cases for onsite investigations. This included approximately 311 students identified as alleged victims of abuse or neglect. Of the 311 students, 161 were students with disabilities. Compared to the 2016-2017 school year there was an increase of 79 reports of alleged maltreatment, a decrease of 2 cases investigated, and an increase of 36 students included in the onsite investigations.

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

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. Beginning in 2020, the review of workplan activities is completed on a quarterly basis and reported in the Quarterly Reports.

The summary of the workplan activity 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 – December 2019 | 156 | 151 | 5 | 0 | 0 |
| January 2020 | 10 | 10 | 0 | 0 | 0 |
| February - April 2020 | 13 | 13 | 0 | 0 | 0 |
| May - July 2020 | 28 | 28 | 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, August 24, 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

August 25, 2020

Subscribed and sworn to before me on

August 25, 2020

Denise K. Flock
NOTARY PUBLIC