

# Draft Proposed Amendments to Olmstead Plan Measurable Goals

February 26, 2019

This document includes the draft amendments to Olmstead Plan measurable goals and strategies that were proposed by the Olmstead Subcabinet agencies. On December 17, 2018 the Olmstead Subcabinet provisionally accepted the draft amendments. The draft amendments were included with the Annual Report as potential amendments and posted for public comments.

The Olmstead Subcabinet conducted the first round of public comments on these draft amendments from December 20, 2018 – January 31, 2019. Redline changes indicate the edits to the original language in the Olmstead Plan. Changes made after the first round of public comments are highlighted. The measurable goals appear in the order that they occur in the Plan, with the page number and the reason for the change noted.

These amendments were provisionally accepted by the Subcabinet on February 25, 2019 pending a final public comment period from February 26 – March 11, 2019.

The Subcabinet will review the Olmstead Plan amendments for final approval at the March 25, 2019 Subcabinet meeting.

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## HOUSING AND SERVICES GOAL ONE (page 48 of Plan)

### REASON FOR CHANGE

The measure used to report progress on Housing and Services Goal One includes data on housing achieved through the Bridges rental assistance program. While preparing the numbers for the November 2018 Quarterly Report, an issue was detected in how the outcomes were being reported. All previously reported numbers dating back to 2014 were recalculated using the new method. The baseline was recalculated using the same methodology and needs to be incorporated into the Plan.

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**Goal One: By June 30, 2019, the number of people with disabilities who live in the most integrated housing of their choice where they have a signed lease and receive financial support to pay for the cost of their housing will increase by 5,569 (from 5,995 to 11,564 or about a 92% increase).**

Baseline: In State Fiscal Year 2014, there were an estimated 38,079 people living in segregated settings.<sup>1</sup> Over the last 10 years, 5,995 individuals with disabilities moved from segregated settings into integrated housing of their choice where they have a signed lease and receive financial support to pay for the cost of their housing.<sup>2</sup>

**Annual Goals** to increase the number of individuals living in the most integrated housing with a signed lease:

- By June 30, 2019, there will be an increase of 5,569 over baseline to 11,564 (about a 92% increase)

### NO PROPOSED CHANGES TO STRATEGIES

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<sup>1</sup> Based on "[A Demographic Analysis, Segregated Settings Counts, Targets and Timelines Report](#)" and information from ICFs/DD and Nursing Facilities.

<sup>2</sup> The programs that help pay for housing included in this measure are: Group Residential Housing (three setting types which require signed leases), Minnesota Supplemental Aid Housing Assistance, Section 811, and Bridges.



## LIFELONG LEARNING AND EDUCATION GOAL ONE (page 58 of Plan)

### REASON FOR CHANGE

The number of students with disabilities varies each year. Reporting by the number of students does not accurately reflect performance. Changing the goal to a percentage allows for fluctuations in the total number of students with disabilities. The number of students with disabilities receiving instruction in the most integrated setting will continue to be reported to the Subcabinet.

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**Goal One: By December 1, 2021 the percentage of students with disabilities<sup>3</sup>, receiving instruction in the most integrated setting<sup>4</sup>, will increase to 63%.**

Baseline: In 2013, of the 109,332 students with disabilities, 67,917 (62.1%) received instruction in the most integrated setting.

**Annual Goals** to increase the percentage of students with disabilities receiving instruction in the most integrated settings:

- By December 1, 2019 the percentage of students with disabilities receiving instruction in the most integrated setting will increase to 62.5%.
- By December 1, 2020 the percentage of students with disabilities receiving instruction in the most integrated setting will increase to 62.75%.
- By December 1, 2021 the percentage of students with disabilities receiving instruction in the most integrated setting will increase to 63%.

### NO PROPOSED CHANGES TO STRATEGIES

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<sup>3</sup> "Students with disabilities" are defined as students with an Individualized Education Program age 6 to 21 years.

<sup>4</sup> "Most integrated setting" refers to receiving instruction in regular classes alongside peers without disabilities, for 80% or more of the school day.



## LIFELONG LEARNING AND EDUCATION GOAL TWO (page 58 of Plan)

### REASON FOR CHANGE

The number of students with disabilities varies each year. Reporting by the number of students does not accurately reflect performance. Changing the goal to a percentage allows for fluctuations in the total number of students with disabilities. The number of students with disabilities enrolling in an integrated postsecondary education setting will continue to be reported to the Subcabinet. A strategy is being added to support progress on the goal.

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**Goal Two: By June 30, 2020 the percentage of students with disabilities who have enrolled in an integrated postsecondary education setting within one year of leaving high school will increase to 36% (from the 2016 baseline of 31%).**

Baseline: Based on 2014 Minnesota's Statewide Longitudinal Education Data System (SLEDS), of the 6,749 students with disabilities who graduated statewide in 2014, a total of 2,107 (31%) enrolled in the fall of 2014 into an integrated postsecondary institution.

**Annual Goals** to increase the percentage of students with disabilities enrolling in an integrated postsecondary education setting in the fall after graduating are:

- By June 30, 2019, the percentage will increase to 35%
- By June 30, 2020, the percentage will increase to 36%

### PROPOSED CHANGES TO STRATEGIES

#### Goal Two

#### Increase the Number of Students with Disabilities Pursuing Post-Secondary Education

- Utilize the "[Postsecondary Resource Guide-Successfully Preparing Students with Disabilities.](#)" [This resource guide and training modules](#) provide regional technical assistance to IEP teams including youth and families, to increase the number of students with disabilities who enter into integrated, postsecondary settings.
- MDE will continue working with the [National Secondary Transition Technical Assistance Center](#) (NSTTAC) to provide regional capacity building training for the purpose of increasing the number of students with disabilities who are in a postsecondary education setting by 2020.
- For school year 2017-18, MDE staff collaborated with three TRIO Student Support Services currently serving students at institutions of higher education. Using a scale-up approach, for school year 2018-19, MDE will disseminate additional Minnesota Postsecondary Resource Guides at Minneapolis Technical and Community College, Hennepin Technical College and Fond Du Lac Technical College. In addition, MDE staff will share on-line training resources that are currently located on the Normandale Community College website at <http://www.normandale.edu/osdresources>.



## LIFELONG LEARNING AND EDUCATION GOAL THREE (page 59 of Plan)

### REASON FOR CHANGE

Based on lessons learned during the initial year of plan implementation, amendments are being proposed to expand the measures for the goal. The measures will report the number of school districts being trained on active consideration of assistive technology and the number of students potentially impacted by that training. In addition to reporting on these measures, strategies have been added to analyze the data collected to determine the impact of the school district trainings.

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**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.**

There are two measures for this goal:

#### **(A) School districts trained in active consideration**

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

**Annual Goals** to increase the number of school districts that completed MDE training in active consideration of assistive technology (AT):

- By June 30, 2019, the number of school districts that completed AT training will increase to 21.
- By June 30, 2020, the number of school districts that completed AT training will increase to 31.

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

Baseline: From December 2016 to December 2018, 11.1% (15,106 of 136,245) of students with disabilities statewide (K-12) are served in school districts that have completed MDE training in active consideration of AT during the student's annual individualized education program (IEP) team meeting to ensure education in the most integrated setting.<sup>5</sup>

**Annual Goals** to increase the percentage of students with disabilities statewide in school districts that have completed training in active consideration of assistive technology during their annual IEP team meeting.

- By June 30, 2019, the percentage of students with disabilities in school districts that have completed MDE training will increase to 15%.
- By June 30, 2020, the percentage of students with disabilities in school districts that have completed MDE training will increase to 20%.

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<sup>5</sup> Source: MDE 2017 Child Count data for trained school districts and the state total, not including intermediate school districts and educational cooperatives.

## **PROPOSED CHANGES TO STRATEGIES**

### **Goal Three**

#### **Expand Effectiveness of Assistive Technology Teams Project**

- Continue to host AT Teams Projects, designed to support school district AT Teams in providing services that are in alignment with legal standard and best practices in AT. Target districts for this goal will be AT Teams Project participants. There are currently 31 school districts actively participating in the AT Teams Project.
- Develop protocols for consideration of AT that includes documentation to record the four potential outcomes and to demonstrate that AT consideration was effective.
- Each target district will gather baseline data on the outcome of consideration of AT for the students on whose IEP team they serve. A matrix of potential determinations will be provided to each team member, which will then be provided to MDE as part of the team's agreement for participation in the AT Teams Project.
- It is a best practice to document the decision making process used to consider the student's need for assistive technology. For example a statement regarding the discussion of assistive technology needs may be documented in the minutes of the IEP meeting and may be included in other components of the IEP.
- MDE will develop an implementation fidelity and scale-up measures to evaluate the extent to which school districts apply MDE training for active consideration of AT in individualized education program (IEP) meetings. This data will be used to evaluate implementation and impact in school districts for students with disabilities.

#### **Analyze Data to Determine Impact of Training on Active Consideration**

- Compare the percentages of students with disabilities educated in the most integrated setting (ED 1) of school districts completing MDE training, compared to their own previous annual percentages, to measure impact of training within the school district.
- Compare the percentages of students with disabilities educated in the most integrated setting (ED 1) of school districts completing MDE training, compared to all other school districts, to measure impact of training within the school district and in annual state data,
- Annually review the effectiveness of current MDE training strategies for school districts to use active consideration of assistive technology as a strategy for ensuring the education of students with disabilities in the most integrated setting (ED 1).
- Develop alternative measures to evaluate the impact of AT training for students with disabilities who may remain in the same instructional setting, but may experience quality of life improvements as a result of the school district completing AT training.

### **TRANSPORTATION GOAL ONE** (page 68 of Plan)

#### **REASON FOR CHANGE**

Based on the data reported for Calendar Year 2016, the 2020 overall goal has been achieved. Because the goal has been exceeded, new targets are being set.

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**Goal One: By December 31, 2020, accessibility improvements will be made to: (A) 6,600 curb ramps (increase from base of 19% to 49% ); (B) 380 accessible pedestrian signals (increase from base of 10% to 70% ); and (C) by October 31, 2021, improvements will be made to 55 miles of sidewalks (increase from base of 46% to 60%).**

**(A) Curb Ramps**

Baseline: In 2012, 19% of curb ramps on MnDOT right of way met the Access Board’s Public Right of Way (PROW) Guidance.

- By December 31, 2020 accessibility improvements will be made to an additional 6,600 curb ramps<sup>6</sup> bringing the percentage of compliant ramps to approximately 49% .

**(B) Accessible Pedestrian Signals**

Baseline: In 2009, 10% of 1,179 eligible state highway intersections with accessible pedestrian signals (APS) were installed. The number of intersections where APS signals were installed was 118.

- By December 31, 2020 , an additional 380 Accessible Pedestrian Signals (APS) installations will be provided on MnDOT owned and operated signals bringing the percentage to 70%. .

**(C) Sidewalks**

Baseline: In 2012, MnDOT maintained 620 miles of sidewalks. Of the 620 miles, 285.2 miles (46%) met the 2010 ADA Standard and Public Right of Way (PROW) guidance.

- By October 31, 2021 improvements will be made to an additional 55 miles of sidewalks bringing total system compliance to 60%.

**NO PROPOSED CHANGES TO STRATEGIES**

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<sup>6</sup> ADA Title II Requirements for curb ramps at [www.fhwa.dot.gov/civilrights/programs/doj\\_fhwa\\_ta\\_glossary.cfm](http://www.fhwa.dot.gov/civilrights/programs/doj_fhwa_ta_glossary.cfm)

## TRANSPORTATION GOAL FIVE (page 70 of Plan)

### REASON FOR CHANGE

Transportation Goal Five was adopted in the March 2018 Revised Olmstead Plan provides that by April 30, 2018, annual goals will be established. The annual goal below was reviewed and approved by the Subcabinet at the August 27, 2018 meeting. The annual goal needs to be incorporated into the Plan.

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### **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.**

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%. <sup>7</sup>

- 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%

The percentage for each market area will be reported on an annual basis to determine if progress is being made toward the goals.

### NO PROPOSED CHANGES TO STRATEGIES

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<sup>7</sup> **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.



## POSITIVE SUPPORTS GOAL THREE (page 80 of Plan)

### REASON FOR CHANGE

The goal to reduce the number of individuals approved for emergency use of mechanical restraint essentially acts as a quota. While the number of individuals is not expected to increase, it may never reach zero because new people continue to enter the system. It is expected that the number will remain low. However, an actual number cannot be assigned as a goal as it substitutes for the judgment of the clinicians that serve on the External Program Review Committee (the body that considers requests for emergency use of procedures) and the commissioner's delegated decision maker on those requests. Instead of evaluating individual needs on a case-by-case basis, the Department is put in the position of either disregarding the best interests of the individual or failing to meet the goal.

This goal also includes a measure of the number of reports of mechanical restraint. Both the number of reports and the number of individuals approved have been drastically reduced since the implementation of the Olmstead Plan. At this point, the agency suggests that the measure based on the number of individuals approved for emergency use of mechanical restraint be deleted and continue only the measure to decrease the number of reports of mechanical restraint.

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**Goal Three: Use of mechanical restraint is prohibited in services licensed under Minn. Statute 245D, or within the scope of Minn. Rule, Part 9544<sup>8</sup>, with limited exceptions to protect the person from imminent risk of serious injury. Examples of a limited exception include the use of a helmet for protection of self-injurious behavior and safety clips for safe vehicle transport. By June 30, 2019 the emergency use of mechanical restraints will be reduced to: ≤93 reports.**

Baseline: In SFY 2014, there were 2,038 BIRF reports of mechanical restraints involving 85 unique individuals.

**Annual Goals** to reduce the use of mechanical restraints:

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

### NO PROPOSED CHANGES TO STRATEGIES

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<sup>8</sup> Minnesota Security Hospital (MSH) is governed by the Positive Supports Rule when serving people with a developmental disability.

## POSITIVE SUPPORTS GOAL FOUR/FIVE (pages 80-81 of Plan)

### REASON FOR CHANGE

MDE is proposing to add new strategies to improve progress in achieving Positive Supports Goals Four and Five. Amendments are based upon lessons learned during the initial plan implementation, including information gathered through the restrictive procedures workgroup.

For the February 2019 Quarterly Report, MDE began using a new methodology to report the number of students receiving special education services. All previously reported numbers dating back to 2015-16 were recalculated using the new method. The baseline was also recalculated using the same methodology. The amended baseline needs to be incorporated into the Plan.

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**Goal Four: By June 30, 2020, the number of students receiving special education services who experience an emergency use of restrictive procedures at school will decrease by 318 students or decrease to 1.98% of the total number of students receiving special education services.**

Annual Baseline: During school year 2015-2016, school districts (which include charter schools and intermediate districts) reported to MDE that 3,034 students receiving special education services experienced at least one emergency use of a restrictive procedure in the school setting. In 2015-2016, the number of reported students receiving special education services was 133,742 students. Accordingly, during school year 2015-2016, 2.3% students receiving special education services experienced at least one emergency use of a restrictive procedure in the school setting.

**Goal Five: By June 30, 2020, the number of incidents of emergency use of restrictive procedures occurring in schools will decrease by 2,251 or by 0.8 incidents of restrictive procedures per student who experienced the use of restrictive procedures in the school setting.**

### PROPOSED CHANGES TO STRATEGIES

#### Reduce the Use of Restrictive Procedures in Working with People with Disabilities

- Monitor data systems that: (1) assess progress in the reduction of the emergency use of restrictive procedures; (2) assess the number of individuals experiencing restrictive procedures and the number of incidents or applications of restrictive procedures; and (3) to identify situations to be targeted for technical assistance.
- MDE will improve data reporting tools for improved data quality.
- Annually evaluate progress and determine if there are additional measures to be taken to reduce the use of mechanical restraints that are used to prevent imminent risk of serious injury due to self-injurious behaviors. The external review committee provides oversight and technical assistance.
- Publish annual reports on the progress in reducing the use of restrictive procedures and recommendations.
- Work with the Department of Health to evaluate opportunities to coordinate tracking with DHS and reduce use of restrictive procedures for people with disabilities in MDH-licensed facilities.

- Continue to implement MDE’s Statewide Plan to Reduce the Use of Restrictive Procedures and Eliminate the Use of Prone Restraint. (Statewide Plan) If the legislature acts to eliminate the use of seclusion in schools, MDE will adjust goals four and five as needed to reflect the changes.
- MDE will document progress in Statewide Plan implementation and summarize restrictive procedure data in the annual legislative report submitted February 1 of each year. MDE will track individual uses of seclusion on students receiving special education services by requiring districts to submit individual incident reports of each use of seclusion. These reports will assist MDE and the Restrictive Procedures Work Group in identifying areas of concern and developing strategies for eliminating the use of seclusion.
- In alignment with the statewide plan, MDE will identify and recruit districts with the highest per capita use of physical holds and seclusion to partner with MDE to develop a district level team and conduct a district readiness assessment to initiate implementation of evidence-based practices that match the district’s needs in an active implementation framework.
- Restrictive procedures may only be used in the school setting in an emergency, by licensed professionals, who have received training which includes positive behavioral interventions, de-escalation, alternatives to restrictive procedures, and impacts of physical holding and seclusion.
- MDE will provide evidence-based strategies to use with students with disabilities who have significant needs that result in self-injurious or physically aggressive behaviors.
- MDE will collaborate with DHS to expand the list of effective evidence-based strategies for districts to use to increase staff capacity and reduce the use of restrictive procedures.

**Reduce the Use of Seclusion in Educational Settings**

- Engage the Restrictive Procedures Work Group<sup>9</sup> at least annually to review restrictive procedure data, review progress in implementation of the Statewide Plan, and discuss further implementation efforts and revise the Statewide Plan as necessary.
- Engage the Restrictive Procedures Work Group to make recommendations to MDE and the 2016 legislature on how to eliminate the use of seclusion in schools on students receiving special education services and modify the Statewide Plan to reflect those recommendations. The recommendations shall include the funding, resources, and time needed to safely and effectively transition to a complete elimination of the use of seclusion on students receiving special education services.
- MDE has hired a consultant to facilitate the Restrictive Procedures Stakeholder Work Group meetings beginning in December of 2018 for increased stakeholder engagement in recommending to the Commissioner specific and measurable implementation and outcome goals for reducing the use of restrictive procedures.

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<sup>9</sup> Statute 125A.0942 states the Commissioner of MDE must consult with interested stakeholders, including representatives of advocacy organizations, special education directors, teachers, paraprofessionals, intermediate school districts, school boards, day treatment providers, county social services, state human services staff, mental health professionals, and autism experts.

### **CRISIS SERVICES GOAL THREE** (page 86 of Plan)

#### **REASON FOR CHANGE**

DHS is proposing to remove the goal. The reporting period has ended. Throughout the reporting of this goal, comments on performance have indicated that the majority of people have reopened on waived services and the remaining individuals are moving into a setting appropriate to their situation. DHS will continue to monitor this measure and annually report the information to the Subcabinet.

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## COMMUNITY ENGAGEMENT GOAL TWO/THREE (page 92 of Plan)

### REASON FOR CHANGE

As reported in the August 2018 Quarterly Report, OIO concluded that it is not possible to establish a baseline or maintain consistency with a tracking system to measure the existing goal. Two new goals are being proposed to replace Goal Two.

For the February 2019 amendments, the deadline to establish a baseline is being adjusted to allow for a year of data to be collected. The overall goal date is also being adjusted. The Strategies are being updated to support the two new goals.

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**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.**

**Goal Two: By April 30, 2020 ~~March 31, 2020~~, the (A) number of individuals with disabilities to participate in public input opportunities related to the Olmstead Plan, and (B) the number of comments received by individuals with disabilities (including comments submitted on behalf of individuals with disabilities) will increase by 5% over baseline.**

- By April 30, 2019, a baseline will be established using 2018-2019 Public Input opportunities data.

**Goal Three: By ~~March 31, 2022, December 31, 2021~~, the number of engagement activities for Olmstead Plan's measurable goals that are evaluated utilizing the Civic Engagement Evaluation Framework will increase by 5% over baseline.**

- By ~~March 31, 2020 December 31, 2019~~, a baseline will be established.

### Strategies

- **Increase the Awareness of People with Disabilities of Opportunities to Participate on Governor Appointed Boards and Commissions**
- **Create a Process that Encourages Participation of People with Disabilities in Providing Input on the Olmstead Plan**
  - **Strengthen two-way communication among the Subcabinet, OIO, state agencies, people with disabilities and the general public to ensure messages are accessible and effective.**
  - **The Community Engagement Workgroup will provide the OIO and Subcabinet with recommendations regarding key elements of the Olmstead Plan as specified by the charter.**
  - **Adapt the Civic Engagement Evaluation Framework to measure civic engagement work with people with disabilities to increase statewide awareness and investment in the Minnesota Olmstead Plan.**

## PREVENTING ABUSE AND NEGLECT GOAL TWO (page 94 of Plan)

### REASON FOR CHANGE

During the first year of implementation, it was determined that the data source being used contained some unexplained inconsistencies. Analysis of the data showed intermittent reporting from hospitals across the state. As a result, MDH staff began training hospital staff to improve identification and reporting of abuse and neglect of vulnerable individuals. The new goal is being expanded to include gathering data from other medical settings other than emergency rooms and hospitals in order to provide a more complete picture of reporting of abuse and neglect in health care settings.

New strategies are being added to analyze and validate claims data and to continue training hospital and medical clinic staff to improve consistent and timely reporting.

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**Goal Two: By January 31, 2022, the number of cases of vulnerable individuals being treated due to abuse and neglect will decrease by 30% compared to baseline.**

There are two measures for this goal:

#### **(A) Emergency room visits and hospitalizations**

**Annual Goals** to decrease number of emergency room visits and hospitalizations due to abuse and neglect

- By April 30, 2019, establish a baseline
- By January 31, 2020, the number of emergency room visits and hospitalizations due to abuse and neglect will be reduced by 10% compared to baseline
- By January 31, 2021, the number of emergency room visits and hospitalizations due to abuse and neglect will be reduced by 20% compared to baseline
- By January 31, 2022, the number of emergency room visits and hospitalizations due to abuse and neglect will be reduced by 30% compared to baseline

#### **(B) Medical treatment(s) other than emergency room or hospital**

**Annual Goals** to decrease number of medical treatments other than emergency room visits and hospitalizations due to abuse and neglect

- By April 30, 2019, establish a baseline
- By January 31, 2020, the number of medical treatments due to abuse and neglect will be reduced by 10% compared to baseline
- By January 31, 2021, the number of medical treatments due to abuse and neglect will be reduced by 20% compared to baseline
- By January 31, 2022, the number of medical treatments due to abuse and neglect will be reduced by 30% compared to baseline

## **PROPOSED CHANGES TO STRATEGIES**

### **Goal Two**

#### **Use Data to Identify Victims and Target Prevention**

- Analyze MHA data on vulnerable individuals who have been the victim of abuse and neglect.
- Analyze provider claims data and validate data from the electronic health records.
- Continue to train hospital and clinic-based health information management staff charged with coding clinicians' notes in order to improve accuracy of codes assigned.
- Identify patterns and geographic areas for targeted prevention efforts.

#### **Monitor and Improve Accountability of Providers**

- Report semi-annually to the Olmstead Subcabinet the number of citations issued to Intermediate Care Facilities for Individuals with Intellectual Disabilities that document failure to report abuse, neglect and other maltreatment. Also included will be the number of citations issued to Supervised Living Facilities that document failure to comply with the development of an individualized abuse prevention plan, as required by Minnesota Statute 626.557 subd.14 (b).

## PREVENTING ABUSE AND NEGLECT GOAL FOUR (page 95 of Plan)

### REASON FOR CHANGE

Amendment of this goal is proposed based upon lessons learned during the initial year of plan implementation, specifically the importance of:

- Incorporating determinations rather than allegations into the metric in order to use the true incidence of maltreatment as a continuous improvement measure.
  - Having the primary and annual measure be the number of students with disabilities identified as victims in determinations of maltreatment in order use the true incidence of maltreatment as a continuous improvement measure, and for that measure to be as directly related to impact on children with disabilities as possible. Patterns of determinations in school districts and buildings continues to be valuable in analysis and root cause determinations, and will continue to be a component of data analysis for this goal and reporting to the Olmstead Subcabinet.
  - Using an annual measure that reviews statewide data on the number of students with disabilities each year as a measure of progress, while still analyzing cumulative data to identify schools and specific issues with a multi-year pattern of needing MDE training and technical assistance.
  - Using an annual measure of the number of students with disabilities in determinations of maltreatment rather than the state percentage of students with disabilities because the latter percentage would be too small for meaningful communication of the impact on identified students, as well as strategies and progress for this goal.
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**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.

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

**Annual Goals:** to reduce the number of students with disabilities statewide identified as victims in determinations of maltreatment:

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

Annual reporting to the Subcabinet of number of students with disabilities identified as victims in determinations of maltreatment will also include explanation of this number as a percentage of the state population of students with disabilities, and in relation to the number of reports received by MDE annually.

### PROPOSED CHANGES TO STRATEGIES

#### Goal Four

#### Utilize School Tracking Database

- Utilize database to track and identify schools that have multiple investigations of alleged maltreatment of students with a disability in order to provide those schools with focused MDE training and technical assistance. The number of schools in this category will continue to be annually reported to the Olmstead Subcabinet in a data table.

#### **Continue and Expand Training for School Personnel**

- Provide targeted MDE technical assistance, training, and support to schools through:
  - Annual training for schools on child maltreatment and mandated reporting requirements, PBIS, restrictive procedures, and discipline.
  - Develop web based trainings and informational materials on relevant topic areas (mandated reporting, child maltreatment, PBIS, etc.) to distribute to schools and incorporate into school/staff development trainings.

#### **Improve School Accountability for Training**

- Collect annual verification from school districts indicating all school employees have been trained on mandated reporter duties and protections from retaliation when a report is made in good faith. Targeted MDE technical assistance and training will be provided to schools that cannot provide annual verification.