

# **Addendum to Annual Report on Olmstead Plan Implementation**

## **Draft Potential Amendments to Measurable Goals**

December 16, 2019

This addendum includes the draft potential amendments to Olmstead Plan measurable goals being proposed by the Olmstead Subcabinet agencies.

The Olmstead Subcabinet reviewed these amendments on December 16, 2019. These draft potential amendments are being included with the Annual Report in accordance with the Court's February 22, 2016 Order (Doc. 544). The Olmstead Subcabinet will begin obtaining public comment on these draft amendments on January 6, 2020 and these amendments are subject to change.

The measurable goals appear in the order that they occur in the Plan, with the page number and the reason for the change noted. Redline changes indicate the edits to the original language from the Plan.

## Contents

<b>PERSON-CENTERED PLANNING GOAL TWO .....</b>	<b>3</b>
<b>TRANSITION SERVICES GOAL TWO .....</b>	<b>5</b>
<b>TRANSITION SERVICES GOAL THREE .....</b>	<b>7</b>
<b>HOUSING AND SERVICES GOAL ONE .....</b>	<b>9</b>
<b>TRANSPORTATION GOAL ONE .....</b>	<b>11</b>
<b>HEALTHCARE AND HEALTHY LIVING GOAL ONE .....</b>	<b>13</b>
<b>HEALTHCARE AND HEALTHY LIVING GOAL TWO .....</b>	<b>15</b>
<b>POSITIVE SUPPORTS GOAL ONE .....</b>	<b>17</b>
<b>POSITIVE SUPPORTS GOAL TWO .....</b>	<b>19</b>
<b>POSITIVE SUPPORTS GOAL THREE .....</b>	<b>21</b>
<b>POSITIVE SUPPORTS GOAL FOUR/FIVE .....</b>	<b>23</b>
<b>CRISIS SERVICES GOAL ONE/TWO .....</b>	<b>25</b>
<b>CRISIS SERVICES GOAL FOUR .....</b>	<b>27</b>
<b>COMMUNITY ENGAGEMENT GOAL TWO .....</b>	<b>29</b>
<b>COMMUNITY ENGAGEMENT GOAL THREE .....</b>	<b>31</b>

## PERSON-CENTERED PLANNING GOAL TWO (page 38 of Plan)

### REASON FOR CHANGE

Progress on this goal is reported in the 2019 Annual Report, pages 29 – 32. The 2017 overall goal date has been reached. The goal is being extended by adding annual goals for 2018 and 2019. The 2018 and 2019 goals are expected to be reported in November 2020.

**Goal Two: By ~~2019, 2017~~, increase the percent of individuals with disabilities who report that they exercised informed choice, using each individual's experience regarding their ability: to make or have input into major life decisions and everyday decisions, and to be always in charge of their services and supports, as measured by the National Core Indicators (NCI) survey.**

**(A) By ~~2019, 2017~~, increase the percent of people with intellectual and developmental disabilities (I/DD) who report they have input into major life decisions<sup>1</sup> ~~to 55%~~ will be 60% or higher.**

Baseline: In the 2014 NCI Survey, 40% reported they had input into major life decisions.

**Annual Goals** to increase the percent of people reporting they have input into major life decisions:

- By 2015, the percent will increase to  $\geq 45\%$
- By 2016, the percent will increase to  $\geq 50\%$
- ~~By 2017, the percent will increase to  $\geq 55\%$~~
- By 2018, the percent will be 58% or higher
- By 2019, the percent will be 60% or higher

**(B) By ~~2019, 2017~~, increase the percent of people with intellectual and developmental disabilities who make or have input in everyday decisions<sup>2</sup> ~~to 85%~~ will be 93% or higher.**

Baseline: In the 2014 NCI Survey, 79% reported they had input into everyday decisions

**Annual Goals** to increase the percent of people reporting they have input in everyday decisions:

- By 2015, the percent will increase to  $> 84\%$
- By 2016, the percent will increase to  $> 85\%$
- ~~By 2017, the percent will increase to  $\geq 85\%$~~
- By 2018, the percent will be 90% or higher
- By 2019, the percent will be 93% or higher

<sup>1</sup> Of those not currently living with family, percentage who chose or had input into where they live; of those not currently living with family, percentage who chose or had some input in choosing their roommates; among those with a day program or activity, percentage who chose or had some input in where they go during the day. Calculation was made by totaling the number of responders who answered the three questions, and totaling the number of affirmative responses and calculating the percentage.

<sup>2</sup> Among those with a paid community job, percentage who chose or had some input in where they work; percentage who choose or help decide their daily schedule; percentage who choose or help decide how to spend their free time. Calculation was made by totaling the number of responders who answered the three questions, and totaling the number of affirmative responses and calculating the percentage.

- (C) By ~~2019, 2017, increase~~ the percent of people with disabilities other than I/DD who are always in charge of their services and supports<sup>3</sup> ~~to~~ will be 80% or higher.

Baseline: In the 2014 NCI Survey, 65% reported they were always in charge of their services and supports.

**Annual Goals** to increase the percent of people reporting they are always in charge of their services and supports:

- By 2015, the percent will increase to > 70%
- By 2016, the percent will increase to > 75%
- By 2017, the percent will increase to  $\geq$  80%
- By 2018, the percent will be 80% or higher
- By 2019, the percent will be 80% or higher

---

<sup>3</sup> The percent who respond “yes” they are in charge of the supports and services.

## TRANSITION SERVICES GOAL TWO (page 42 of Plan)

### REASON FOR CHANGE

Progress on this goal is reported in the 2019 Annual Report, pages 13 – 15. The 2019 overall goal was not met. The goal is being repeated and progress will continue to be reported.

**Goal Two: By June 30, ~~2020, 2019~~, the percent of people under mental health commitment at Anoka Metro Regional Treatment Center (AMRTC) who do not require hospital level of care and are currently awaiting discharge to the most integrated setting<sup>4</sup> will be reduced to 30% (based on daily average).**

Baseline: In State Fiscal Year 2015, the percent of people at AMRTC who no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting was 36% on a daily average.

**Annual Goals to** reduce the percent of people at AMRTC awaiting discharge:

- By June 30, 2016 the percent awaiting discharge will be reduced to ≤ 35%
- By June 30, 2017 the percent awaiting discharge will be reduced to ≤ 33%
- By June 30, 2018 the percent awaiting discharge will be reduced to ≤ 32%
- By June 30, 2019 the percent awaiting discharge will be reduced to ≤ 30%
- By June 30, 2020 the percent awaiting discharge will be reduced to 30% or lower

<sup>4</sup> 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.

DRAFT

## TRANSITION SERVICES GOAL THREE (page 43 of Plan)

### REASON FOR CHANGE

Progress on this goal is reported in the 2019 Annual Report, pages 16 – 19. The 2019 overall goal was not met. The goal is being repeated and progress will continue to be reported.

---

**Goal Three: By December 31, ~~2020~~ 2019, the average monthly number of individuals leaving Minnesota Security Hospital to a more integrated setting will increase to 10 individuals per month.**

Baseline: In Calendar Year 2014, the average monthly number of individuals leaving Minnesota Security Hospital (MSH) to a more integrated setting was 4.6 individuals per month.

**Annual Goals** to increase the average monthly number of individuals leaving Minnesota Security Hospital to a more segregated setting:

- By December 31, 2016 the average monthly number of individuals leaving to a more integrated setting will increase to  $\geq 7$
- By December 31, 2017 the average monthly number of individuals leaving to a more integrated setting will increase to  $\geq 8$
- By December 31, 2018 the average monthly number of individuals leaving to a more integrated setting will increase to  $\geq 9$
- By December 31, 2019 the average monthly number of individuals leaving to a more integrated setting will increase to  $\geq 10$
- By December 31, 2020 the average monthly number of individuals leaving to a more integrated setting will increase to 10 or more

DRAFT



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

### REASON FOR CHANGE

Progress on this goal is reported in the 2019 Annual Report, page 33. The 2019 overall goal was not met. The goal is being repeated and progress will continue to be reported.

---

**Goal One: By June 30, ~~2020, 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>5</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>6</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 92% increase)
- By June 30, 2020, there will be an increase of 5,569 over baseline to 11,564 (about 92% increase)

---

<sup>5</sup> Based on “[A Demographic Analysis, Segregated Settings Counts, Targets and Timelines Report](#)” and information from ICFs/DD and Nursing Facilities.

<sup>6</sup> The programs that help pay for housing included in this measure are: Housing Support (three setting types which require signed leases), Minnesota Supplemental Aid Housing Assistance, Section 811, and Bridges.

DRAFT

## TRANSPORTATION GOAL ONE (page 67 of Plan)

### REASON FOR CHANGE

Progress on this goal is reported in the 2019 Annual Report, pages 45 – 47. The 2020 overall goal for accessible pedestrian signals has been achieved. The overall goal is being reset and progress will continue to be reported.

**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) ~~430 380~~ accessible pedestrian signals (increase from base of 10% to ~~74%70%~~); and (C) by October 31, 2021, improvements will be made to 55 miles of sidewalks.**

#### (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>7</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 ~~430 380~~ Accessible Pedestrian Signals (APS) installations will be provided on MnDOT owned and operated signals bringing the number to 875 and the percentage to ~~74%. 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%.

<sup>7</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)

DRAFT

## HEALTHCARE AND HEALTHY LIVING GOAL ONE (page 74 of Plan)

### REASON FOR CHANGE

Progress on this goal is reported in the 2019 Annual Report, pages 52 – 53. The 2018 overall goal has been achieved and greatly exceeded the targets. A new goal and baseline related to a health outcome measure is being proposed. The 2019 goal is expected to be reported in November 2020.

One quality indicator used by hospitals includes monitoring readmissions that occur within 30 days of discharge from a hospital. Historically, individuals with disabilities are readmitted to the hospital at a higher rate than people without disabilities. This measure allows for analysis of discharge planning processes and effectiveness of follow-up care. Data related to this measure is reported in the 2019 Annual Report, pages 52 – 53.

**Goal One: By December 31, 2019, the rate of adult public enrollees (with disabilities) who had an acute inpatient hospital stay that was followed by an unplanned acute readmission to a hospital within 30 days will be 20% or less.**

Baseline: In Calendar Year 2014, of the 28,773 adults with disabilities with an acute inpatient hospital stay, 5,887 (20.46%) had an unplanned acute readmission within 30 days. During the same time period, of the 3,735 adults without disabilities with an acute inpatient hospital stay, 295 (7.90%) had an unplanned acute readmission within 30 days.

#### Adults with disabilities

<u>Time period</u>	<u>Acute inpatient hospital stay</u>	<u>Unplanned acute readmission within 30 days</u>	<u>Readmission rate</u>
<u>January – December 2014</u>	<u>28,773</u>	<u>5,887</u>	<u>20.46%</u>

#### Adults without disabilities

<u>Time period</u>	<u>Acute inpatient hospital stay</u>	<u>Unplanned acute readmission within 30 days</u>	<u>Readmission rate</u>
<u>January – December 2014</u>	<u>3,735</u>	<u>295</u>	<u>7.90%</u>

~~**Goal One: By December 31, 2018, the number/percent of individuals with disabilities and/or serious mental illness accessing appropriate preventive care<sup>46F8</sup> focusing specifically on cervical cancer screening will increase by 833 people compared to the baseline.**~~

~~A specific indicator that individuals with disabilities are accessing appropriate care, cervical cancer screening will be tracked. This is an area where a health care outcome disparity has been identified. This will reduce disparities in cervical cancer screening by 10% (increase of 616 women being screened).~~

~~Baseline: In 2013, the number of women receiving cervical cancer screenings was 21,393.<sup>9</sup>~~

~~**Annual Goals** to increase the number of individuals accessing appropriate care:~~

~~<sup>8</sup> Appropriate care will be measured by current clinical standards.~~

~~<sup>9</sup> Baseline for this goal is from the 2013 “Olmstead Plan: Baseline Data for Current Care” Report.~~

- ~~By December 31, 2016 the number accessing appropriate care will increase by 205 over baseline~~
- ~~By December 31, 2017 the number accessing appropriate care will increase by 518 over baseline~~
- ~~By December 31, 2018 the number accessing appropriate care will increase by 833 over baseline~~

DRAFT

## HEALTHCARE AND HEALTHY LIVING GOAL TWO (page 74 of Plan)

### REASON FOR CHANGE

Progress on this goal is reported in the 2019 Annual Report, pages 54 – 56. The 2018 overall goal has been achieved and greatly exceeded the targets. A new goal and baseline related to a health outcome measure is being proposed. The 2019 goal is expected to be reported in November 2020.

One way to monitor access to dental care is to measure how many individuals use the emergency department for non-traumatic dental services. The desired outcome is for people to access dental services in dental clinics not emergency departments. Data related to this measure is reported in the 2019 Annual Report, pages 52 – 53.

**Goal Two: By December 31, 2019, the rate of enrollees with disabilities who used an emergency department for non-traumatic dental services will be 0.20% or less for children with disabilities and 1% or less for adults with disabilities.**

#### **(A) Children using an emergency department (ED) for non-traumatic dental services**

Baseline: In Calendar year 2014, of the 75,774 children with disabilities, 314 (0.41%) used an emergency department for non-traumatic dental services. During the same timeframe, of the 468,631 children without disabilities, 1,216 (0.26%) used an emergency department for non-traumatic dental services.

#### **Children with disabilities using ED for dental services**

<u>Time period</u>	<u>Total number of children with disabilities</u>	<u>Children with disabilities used ED for dental services</u>	<u>Rate</u>
<u>January – December 2014</u>	<u>75,774</u>	<u>314</u>	<u>0.41%</u>

#### **Children without disabilities using ED for dental services**

<u>Time period</u>	<u>Total number of children with disabilities</u>	<u>Children with disabilities used ED for dental services</u>	<u>Rate</u>
<u>January – December 2014</u>	<u>468,631</u>	<u>1,216</u>	<u>0.26%</u>

#### **Annual Goal**

- By December 31, 2019, the rate for children with disabilities using an ED for non-traumatic dental services will be 0.20% or less

**(B) Adults using an emergency department (ED) for non-traumatic dental services**

Baseline: In Calendar year 2014, of the 166,852 adults with disabilities, 3,884 (2.33%) used an emergency department for non-traumatic dental services. During the same timeframe, of the 377,482 adults without disabilities, 6,594 (1.75%) used an emergency department for non-traumatic dental services.

**Adults with disabilities using ED for dental services**

<u>Time period</u>	<u>Total number of adults with disabilities</u>	<u>Adults with disabilities used ED for dental services</u>	<u>Rate</u>
<u>January – December 2014</u>	<u>166,852</u>	<u>3,884</u>	<u>2.33%</u>

**Adults without disabilities using ED for dental services**

<u>Time period</u>	<u>Total number of adults without disabilities</u>	<u>Adults without disabilities used ED for dental services</u>	<u>Rate</u>
<u>January – December 2014</u>	<u>377,482</u>	<u>6,594</u>	<u>1.75%</u>

**Annual Goal**

- By December 31, 2019, the rate for adults with disabilities using an ED for non-traumatic dental services will be 1.0% or less

**Goal Two: By December 31, 2018, the number of individuals with disabilities and/or serious mental illness accessing dental care will increase by 1,229 children and 1,055 adults over baseline.**

**(A) Children accessing dental care**

Baseline: In 2013, the number of children with disabilities continuously enrolled in Medicaid coverage during the measurement year accessing annual dental visits was 16,360.

**Annual Goals** to increase the number of children accessing dental care:

- By December 31, 2016 the number of children accessing dental care will increase by 410 over baseline
- By December 31, 2017 the number of children accessing dental care will increase by 820 over baseline
- By December 31, 2018 the number of children accessing dental care will increase by 1,229 over baseline

**(B) Adults accessing dental care**

Baseline: In 2013, the number of adults with disabilities continuously enrolled in Medicaid coverage during the measurement year accessing annual dental visits was 21,393.

**Annual Goals** to increase the number of adults accessing dental care:

- By December 31, 2016 the number of adults accessing dental care will increase by 335 over baseline
- By December 31, 2017 the number of adults accessing dental care will increase by 670 over baseline
- By December 31, 2018 the number of adults accessing dental care will increase by 1,055 over baseline.



## POSITIVE SUPPORTS GOAL ONE (page 79 of Plan)

### REASON FOR CHANGE

Progress on this goal is reported in the 2019 Annual Report, pages 57 – 58. The 2018 overall goal was achieved and greatly exceeded. The goal is being reset to maintain performance achieved over the last 3 years. The number reported in 2019 was 642.

---

**Goal One: By June 30, ~~2020~~ 2018 the number of individuals receiving services licensed under Minn. Statute 245D, or within the scope of Minn. rule, Part 9544, (for example, home and community-based services) who experience a restrictive procedure, such as the emergency use of manual restraint when the person poses an imminent risk of physical harm to themselves or others and it is the least restrictive intervention that would achieve safety, will not exceed 650. ~~decrease by 5% or 200.~~**

Annual Baseline: In FY 2014 of the 35,668 people receiving services in licensed disability services, e.g., home and community-based services, the number of unique individuals who experienced a restrictive procedure was 1,076.

#### ~~Annual Goals to reduce the number of people experiencing a restrictive procedure:~~

- ~~• By June 30, 2015 the number of people experiencing a restrictive procedure will be reduced by 5% from the previous year or 54 individuals~~
- ~~• By June 30, 2016 the number of people experiencing a restrictive procedure will be reduced by 5% from the previous year or 51 individuals~~
- ~~• By June 30, 2017 the number of people experiencing a restrictive procedure will be reduced by 5% from the previous year or 49 individuals~~
- ~~• By June 30, 2018 the number of people experiencing a restrictive procedure will be reduced by 5% from the previous year or 46 individuals~~

DRAFT

## POSITIVE SUPPORTS GOAL TWO (page 79 of Plan)

### REASON FOR CHANGE

Progress on this goal is reported in the 2019 Annual Report, pages 58 – 59. The 2018 overall goal was achieved and greatly exceeded. The goal is being reset to maintain performance achieved over the last 3 years. The number reported in 2019 was 3,223.

---

**Goal Two: By June 30, ~~2020, 2018~~, the number of Behavior Intervention Reporting Form (BIRF) reports of restrictive procedures for people receiving services licensed under Minn. Statute 245D, or within the scope of Minn. Rule, Part 9544 (for example, home and community- based services) will not exceed 3,500. decrease by 1,596.**

Annual Baseline: In FY 2014 of the 35,668 people receiving services in licensed disability services, e.g., home and community-based services, there were 8,602 reports of restrictive procedures, involving 1,076 unique individuals.

**Annual Goals to reduce the number of reports of restrictive procedures:**

- ~~By June 30, 2015 the number of reports of restrictive procedure will be reduced by 430~~
- ~~By June 30, 2016 the number of reports of restrictive procedure will be reduced by 409~~
- ~~By June 30, 2017 the number of reports of restrictive procedure will be reduced by 388~~
- ~~By June 30, 2018 the number of reports of restrictive procedure will be reduced by 369~~

DRAFT

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

### REASON FOR CHANGE

Progress on this goal is reported in the 2019 Annual Report, pages 60 – 61. This goal relates to the reducing the number of reports of the emergency use of mechanical restraints.

There are limited exceptions for the use of mechanical restraints to protect the individual from imminent risk of serious injury. Examples of a limited exception include:

- (1) Use of a helmet for protection of self-injurious behavior; and
- (2) Use of an auxiliary device to ensure a person does not unfasten a seatbelt in a vehicle. This may include seatbelt guards, harnesses and clips.

The proposed change focuses the measure for the goal on the use of a helmet for protection of self-injurious behavior. DHS will continue to monitor and include in quarterly reports the use of an auxiliary device to ensure a person does not unfasten a seatbelt in a vehicle.

When considering the achievability of the goal of 93 reports, it should be noted that a provider would need to submit 52 reports per year for a single person when using a safety clip.

---

**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>10</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 use of an auxiliary device to ensure a person does not unfasten a seatbelt in a vehicle. safety clips for safe vehicle transport. By June 30, ~~2020~~ 2019 the emergency use of mechanical restraints, other than use of an auxiliary device<sup>11</sup> will be reduced to no more than 93 reports.**

Baseline: In SFY 2014, there were 2,038 BIRF reports of mechanical restraints involving 85 unique individuals. In SFY 2019, of the 658 reports of mechanical restraints, 336 were for use of auxiliary devices to ensure a person does not unfasten a seatbelt in a vehicle. The number of reports other than use of auxiliary devices were 322.

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

- By June 30, 2020, reduce mechanical restraints, other than use of auxiliary devices, to no more than 93 reports.
- ~~By June 30, 2019, reduce mechanical restraints to no more than 93 reports of mechanical restraint~~

---

<sup>10</sup> Minnesota Security Hospital (MSH) is governed by the Positive Supports Rule when serving people with a developmental disability.

<sup>11</sup> Auxiliary devices ensure a person does not unfasten a seat belt in a vehicle and includes seatbelt guards, harnesses and clips.

DRAFT

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

### REASON FOR CHANGE

Progress on this goal is reported in the 2019 Annual Report, pages 62 – 66. 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.

---

**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.**

**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.**

### 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.
- Improve data reporting tools to increase the accuracy, completeness and timeliness of the information.
- 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 MDH 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 seclusion.
- MDE will document progress in Statewide Plan implementation and summarize restrictive procedure data in the annual legislative report submitted by March 1 of each year. MDE will track individual uses of seclusion on students receiving special education services by requiring districts to submit quarterly reports to MDE about individual students who have been secluded. 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.
- MDE will award four districts a grant to implement positive behavior supports in an effort to reduce the rates of restrictive procedure use with students with disabilities. Participating school districts will measure the fidelity to which the defined positive behavior supports are in place. Information gathered from grantees over the course of the grant will inform schools, districts, and MDE about

measuring and making systemic changes that result in the reduction of rates of restrictive procedures use through implementing positive behavior supports.

- ~~• 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>12</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 gather, develop, and review information to share with school districts in working toward the elimination of seclusion and to identify and consider strategies to address disproportionalities related to the use of restrictive procedures. Subgroups, composed of stakeholders, within the workgroup will use this information to inform the development of trainings and resources. These resources and other information gathered and reviewed will be posted to MDE's Restrictive Procedures webpage and/or otherwise publicly distributed.
- Engage the Restrictive Procedures Work Group to make recommendations to MDE and the legislature on how to eliminate the use of seclusion in schools for 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 is working with a consultant to facilitate the Restrictive Procedures Stakeholder Work Group meetings for the purpose of increased stakeholder engagement in recommending to the Commissioner specific and measurable implementation and outcome goals for reducing the use of restrictive procedures.

---

<sup>12</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 ONE/TWO (page 85 of Plan)

### REASON FOR CHANGE

Progress on this goal is reported in the 2019 Annual Report, pages 67 – 70. The overall goals were not met. The goal is being repeated and progress will continue to be reported. The 2019 goal is expected to be reported in February 2020.

---

**Goal One: By June 30, ~~2019, 2018~~, the percent of children who receive children's mental health crisis services and remain in their community will increase to 85% or more.**

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

**Annual Goals** to increase the percent of children who remain in their community after a crisis:

- By June 30, 2016, the percent who remain in their community after a crisis will increase to 81%
- By June 30, 2017, the percent who remain in their community after a crisis will increase to 83%
- ~~By June 30, 2018, the percent who remain in their community after a crisis will increase to 85%~~
- By June 30, 2019, the percent who remain in their community after a crisis will increase to 85%

**Goal Two: By June 30, ~~2020, 2019~~, the percent of adults who receive adult mental health crises services and remain in their community (e.g., home or other settings) will increase to 64% or more.**

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.

**Annual Goals** to increase the percent of adults who remain in their community after a crisis:

- By June 30, 2017, the percent who remain in their community after a crisis will increase to 60%
- By June 30, 2018, the percent who remain in their community after a crisis will increase to 62%
- By June 30, 2019, the percent who remain in their community after a crisis will increase to 64%
- By June 30, 2020, the percent who remain in their community after a crisis will increase to 64%

DRAFT

## CRISIS SERVICES GOAL FOUR (page 86 of Plan)

### REASON FOR CHANGE

Progress on this goal is reported in the 2019 Annual Report, pages 71 – 73. The overall goal dates have been reached. The overall goal for Part A was not met. The goal is being repeated and progress will continue to be reported. The 2019 goal is expected to be reported in November 2020. The overall goal for Part B was met. The goal is being reset to maintain performance achieved over the last 3 years. The 2019 goal is expected to be reported in February 2020.

---

**Goal Four: By June 30, ~~2019, 2018~~, people in community hospital settings due to a crisis, will have appropriate community services within 30 days of no longer requiring hospital level of care and, within 5 months after leaving the hospital, and they will have a stable, permanent home.**

There are two measures for this goal:

#### **(A) Stable Housing**

Baseline: From July 2014 – June 2015, 81.9% of people discharged from the hospital due to a crisis were housed five months after the date of discharge compared to 80.9% in the previous year.

**Annual Goals** to increase the percent of people who are housed five months after discharge from the hospital.

- By June 30, 2017, the percent of people who are housed five months after discharge from the hospital will increase to 83%.
- By June 30, 2018, the percent of people who are housed five months after discharge from the hospital will increase to 84%.
- By June 30, 2019, the percent of people who are housed five months after discharge from the hospital will be 84% or higher.

#### **(B) Community Services**

Baseline: From July 2014 – June 2015, 89.2% people received follow-up services within 30-days after discharge from the hospital compared to 88.6% in the previous year.

**Annual Goal** to increase the percent of people who receive appropriate community services within 30-days after discharge from the hospital.

- By June 30, 2017, the percent of people who receive appropriate community services within 30-days from a hospital discharge will increase to 90%.
- By June 30, 2018, the percent of people who receive appropriate community services within 30-days from a hospital discharge will increase to 91%.
- By June 30, 2019, the percent of people who receive appropriate community services within 30-days from a hospital discharge will be 92% or higher

DRAFT

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

### REASON FOR CHANGE

Progress on this goal is reported in the 2019 Annual Report, pages 76 – 77. Community Engagement Goal Two adopted in the March 2019 Revised Olmstead Plan provides that by April 30, 2019, a baseline will be established. The baseline below was reviewed and approved by the Subcabinet at the May 2019 meeting. The baseline needs to be incorporated into the Plan.

---

**GOAL TWO: By April 30, 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.

### **BASELINE:**

From December 20, 2018 – March 11, 2019, there were 192 individuals who participated in public input opportunities related to Olmstead Plan. The number of comments received was 249.

DRAFT

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

### REASON FOR CHANGE

The goal is being amended to focus on increasing the number of engagement activities and to extend the deadline to establish a baseline. The strategy is being added to emphasize participation by people of color and indigenous communities. This effort is intended to identify areas of inequity for further evaluation.

---

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

- By March 31, 2021, 2020, 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 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.
- Design and implement community engagement activities to increase participation by people of color and indigenous communities.
- ~~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.~~