Minnesota Olmstead Subcabinet

Quarterly Report on Olmstead Plan Measurable Goals

REPORTING PERIOD

Data acquired through January 31, 2020

DATE APPROVED BY SUBCABINET

February 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 January 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-two measurable goals.[ii] As shown in the chart below, nine of those goals were either met or are on track to be met. Five goals were categorized as not on track, or not met. For those five goals, the report documents how the agencies will work to improve performance on each goal. Eight goals are in process. Eight of the goals that are in process have no current performance targets but continue to be reported.

Status of Goals – February 2020 Quarterly Report	Number of Goals
Met annual goal	6
On track to meet annual goal	3
Not on track to meet annual goal	0
Did not meet annual goal	5
In process	8
Goals Reported	**22**

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 the last four quarters, 220 individuals left ICF/DD programs to more integrated settings. This exceeds the annual goal of 72. (Transition Services Goal One A)
- During the last four quarters, 880 individuals with disabilities under age 65 in a nursing facility longer than 90 days moved to more integrated settings. This exceeds the annual goal of 750. (Transition Services Goal One B)
- During the last four quarters, 1,138 individuals moved from other segregated settings to more integrated settings. This exceeds the annual goal of 500. (Transition Services Goal One C)

Timeliness of Waiver Funding Goal One

- There are fewer individuals waiting for access to a DD waiver. At the end of the current quarter 59% 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. Five of the eight elements show consistent progress and are at 97% or greater this quarter. (Person-Centered Planning Goal One)
- The adherence to transition protocol continues to show improvement. During this quarter, 81.5% of case files adhered to transition protocols. (Transition Services Four)
- There was an increase of 0.3% of students with disabilities receiving instruction in the most integrated setting. (Education Goal One)
- Accessibility improvements were made to 1,188 curb ramps, 43 accessible pedestrian signals, and 33.24 miles of sidewalks in the last year. (Transportation Goal One)
- There was a decrease of 2,280 incidents of emergency use of restrictive procedures in schools. (Positive Supports Goal Five)

The following measurable goals have been targeted for improvement:

- Transition Services Goal Three to increase the number of individuals leaving the MSH to a more integrated setting.
- Employment Goal One to increase the number of people receiving services from VRS and SSB who are in competitive integrated employment.
- Employment Goal Four to increase the number of employed peer support specialists.
- Positive Supports Goal Four to reduce the number of students experiencing restrictive procedures.
- Crisis Services Goal Two to increase the percent of adults who remain in the community after a crisis episode.

The following measurable goals are in process and have no current annual goals:

- Transition Services Goal Two to decrease the percent of people at AMRTC who no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting.
- Positive Supports Goal One to reduce the number of individuals experiencing a restrictive procedure.
- Positive Supports Goal Two to reduce the number of reports of restrictive procedures.
- Positive Supports Three to reduce the number of reports of emergency use of mechanical restraints with approved individuals.
- Crisis Services Goal One to increase the percent of children who remain in the community after a crisis episode.

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)	April - June 2019	74
• Nursing Facilities (individuals under age 65 in facility > 90 days)	April - June 2019	249
• Other segregated settings	April - June 2019	270
• Anoka Metro Regional Treatment Center (AMRTC)	Oct – Dec 2019	24
• Minnesota Security Hospital (MSH)[1]	Oct – Dec 2019	24
Total	--	**641**

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

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

2019 goal

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

Baseline: January - December 2014 = 72

RESULTS:
The 2019 goal to move 72 people from ICFs/DD to a more integrated setting was **met**.

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**
2019 Quarter 1 (July – September 2018)	65	4	13	**48**
2019 Quarter 2 (October – December 2018)	86	8	12	**66**
2019 Quarter 3 (January – March 2019)	52	4	16	**32**
2019 Quarter 4 (April – June 2019)	95	4	17	**74**

ANALYSIS OF DATA:
From July 2018 – June 2019, the number of people who moved from an ICF/DD to a more integrated setting was 220. The annual goal of 72 was met. During Quarter 4, the number of people who moved from an ICF/DD to a more integrated setting was 74. This was 42 more people than in the previous quarter.

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

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

DHS continues to work with private providers and Minnesota State Operated Community Services (MSOCS) that have expressed interest in voluntary closure of ICFs/DD. Providers are working to develop service delivery models that better reflect a community–integrated approach requested by people seeking services. From January through June 2019, there were 96 ICF/DD beds closed in 17 sites.

UNIVERSE NUMBER:
In June 2017, there were 1,383 individuals receiving services in an ICF/DD.

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

B) NURSING FACILITIES

2019 goal

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

Baseline: January - December 2014 = 707

RESULTS:
The 2019 goal to move 750 people (under age 65) from Nursing Facilities to a more integrated setting was **met**.

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**
2019 Quarter 1 (July – September 2018)	310	28	49	**233**
2019 Quarter 2 (October – December 2018)	260	26	45	**189**
2019 Quarter 3 (January – March 2019)	279	24	46	**209**
2019 Quarter 4 (April – June 2019)	327	28	50	**249**

ANALYSIS OF DATA:
From July 2018 – June 2019, the number of people under age 65 years in a nursing facility for more than 90 days who moved to a more integrated setting was 880. The annual goal of 750 was met. During Quarter 4, the number of people under age 65 years in a nursing facility for more than 90 days who moved to a more integrated setting was 249, which is 40 more individuals than the previous quarters.

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

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

UNIVERSE NUMBER:
In June 2017, there were 1,502 individuals with disabilities under age 65 who received services in a nursing facility for longer than 90 days.

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

C) SEGREGATED HOUSING

2019 goal

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

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

RESULTS:
The 2019 goal to move 500 people from segregated housing to a more integrated setting was **met**.

[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%)
2019 Quarter 1 (July – Sept 2018)	1,585	**322 (20.3%)**	123 (7.8%)	987 (62.3%)	153 (9.6%)
2019 Quarter 2 (Oct – Dec 2018)	1,167	**290 (24.8%)**	128 (11%)	639 (54.8%)	110 (9.4%)
2019 Quarter 3 (Jan – Mar 2019)	1,390	**256 (18.4%)**	115 (8.3%)	849 (61.1%)	170 (12.2%)
2019 Quarter 4 (Apr – June 2019)	1,537	**270 (17.6%)**	118 (7.7%)	1,004 (65.3%)	145 (9.4%)

ANALYSIS OF DATA:
From July 2018 – June 2019, of the 5,679 individuals moving from segregated housing, 1,138 individuals (20.0%) moved to a more integrated setting. The annual goal of 500 was met. During Quarter 4, the number of people who moved to a more integrated setting was 270, which is an increase of 14 from the previous quarter.

COMMENT ON PERFORMANCE:
During the last year, there were significantly more individuals who moved to more integrated settings (20.0%) than who moved to congregate settings (8.5%). 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 (61.3%) of individuals who moved from segregated housing are not receiving publicly funded residential services. Based on trends identified in data development for Crisis Services Goal Four, it is assumed the majority of those people are housed in their own or their family's home and are not in a congregate setting.

COMMENT ON TABLE HEADINGS:
The language below provides context and data definitions for the headings in the table above.

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

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

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

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

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

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

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

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

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

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

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

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

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 2019 overall goal to reduce the percent of individuals awaiting discharge to 30% was reported as not met in the August 2019 Quarterly Report. Progress on this goal will continue to be reported in as **in process**.

Percent awaiting discharge (daily average)

Time period	Mental health commitment	Committed after finding of incompetency
2016 Annual (July 2015 – June 2016)	Daily Average = 42.5%[3]	
2017 Annual (July 2016 – June 2017)	**44.9%**	29.3%
2018 Annual (July 2017 – June 2018)	**36.9%**	23.8%
2019 Annual (July 2018 – June 2019)	**37.5%**	28.2%
2020 Quarter 1 (July – September 2019)	**31.0%**	22.5%
2020 Quarter 2 (October – December 2019)	**34.9%**	25.9%

ANALYSIS OF DATA:
The overall goal to reduce the percent of individuals awaiting discharge to 30% by June 30, 2019 was not met. From October – December 2019, 34.9% of those under mental health commitment at AMRTC no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting. During this quarter the percentage of individuals awaiting discharge who were civilly committed after being found incompetent was 25.9%. The combined total of individuals awaiting discharge from AMRTC is 30.1%.

From October – December 2019, 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 committed after being found incompetent on a felony or gross misdemeanor charge who moved to integrated settings.

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

Time period	Total number of individuals leaving	Transfers	Deaths	Net moved to integrated setting	Moves to integrated setting	
					Mental health commitment	Committed after finding of incompetency
2017 Annual (July 2016 – June 2017)	267	155	2	**110**	**54**	56
2018 Annual (July 2017 – June 2018)	274	197	0	**77**	**46**	31
2019 Annual (July 2018 – June 2019)	317	235	1	**81**	**47**	34
2020 Quarter 1 (July – September 2019)	91	63	0	**28**	**21**	7
2020 Quarter 2 (October – December 2019)	81	57	0	**24**	**14**	10

COMMENT ON PERFORMANCE:
Approximately one quarter of individuals at AMRTC no longer need hospital level of care, including those under a mental health commitment and those who need competency restoration services. Those committed after a finding of incompetency, accounted for approximately 40% of AMRTC's census in this quarter.

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

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

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

UNIVERSE NUMBER:
In Calendar Year 2017, 383 patients received services at AMRTC. This may include individuals who were admitted more than once during the year. The average daily census was 91.9.

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

TRANSITION SERVICES GOAL THREE: By December 31, 2019, the average monthly number of individuals leaving Minnesota Security Hospital[4] to a more integrated setting will increase to 10 individuals per month.

2019 goal

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

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

RESULTS:
The 2019 goal of a monthly average of 10 individuals leaving to a more integrated setting was **not met**.

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**
2019 Quarter 1 (Jan – Mar 2019)	58	32	2	24	8.0
2019 Quarter 2 (Apr – June 2019)	57	36	0	21	7.0
2019 Quarter 3 (July – Sept 2019)	53	30	1	22	7.3
2019 Quarter 4 (Oct – Dec 2019)	49	23	2	24	8.0

ANALYSIS OF DATA:
From January – December 2019, the average monthly number of individuals leaving the facility to a more integrated setting was 7.6. The average number moving to an integrated setting increased from 6.6 the previous year. The annual goal of at least 10 per month was not met.

During October – December 2019, the average monthly number of individuals leaving the facility to a more integrated setting was 8. The average number moving to an integrated setting increased from 7.3 the previous quarter.

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

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

Time period	Type	Total moves	Transfers	Deaths	Moves to integrated
2015 Annual (January – December 2015)	Committed after finding of incompetency	99	67	1	31
	MI&D committed	66	24	7	35
	Other committed	23	16	0	7
	Total	**188**	**107**	**8**	**(Avg. = 6.1) 73**
2016 Annual (January – December 2016)	Committed after finding of incompetency	93	62	0	31
	MI&D committed	69	23	3	43
	Other committed	25	15	0	10
	Total	**187**	**100**	**3**	**(Avg. = 7.0) 84**
2017 Annual (January – December 2017)	Committed after finding of incompetency	133	94	2	27
	MI&D committed	55	17	6	32
	Other committed	11	3	1	7
	Total	**199**	**114**	**9**	**(Avg. = 6.3) 76**
2018 Annual (January – December 2018)	Committed after finding of incompetency	136	97	0	39
	MI&D committed	73	31	3	39
	Other committed	3	2	0	1
	Total	**212**	**130**	**3**	**(Avg. = 6.6) 79**
2019 Annual (January – December 2019)	Committed after finding of incompetency	138	89	1	48
	MI&D committed	73	33	4	36
	Other committed	6	1	0	5
	Total	**217**	**123**	**5**	**(Avg. = 7.4) 89**
2019 Quarter 1 (Jan – Mar 2019)	Committed after finding of incompetency	41	28	0	13
	MI&D committed	13	3	2	8
	Other committed	4	1	0	3
	Total	**58**	**32**	**2**	**(Avg. = 8.0) 24**
2019 Quarter 2 (Apr – June 2019)	Committed after finding of incompetency	32	24	0	8
	MI&D committed	24	12	0	12
	Other committed	1	0	0	1
	Total	**57**	**36**	**0**	**(Avg. = 7.0) 21**
2019 Quarter 3 (July – Sept 2019)	Committed after finding of incompetency	33	20	0	13
	MI&D committed	19	*10	1	*8
	Other committed	1	0	0	1
	Total	**53**	**30**	**1**	**(Avg. = 6.7) 22**
2019 Quarter 4 (Oct – Dec 2019)	Committed after finding of incompetency	32	17	1	14
	MI&D committed	17	6	1	10
	Other committed	0	0	0	0
	Total	**49**	**23**	**2**	**(Avg. = 8.0) 24**

***** Data discrepancy – these entries were previously reported as 12 and 6. The totals remain unchanged.

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

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

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

Some barriers to discharge identified by the Special Review Board (SRB), in their 2017 MI&D Treatment Barriers Report as required by Minnesota Statutes 253B.18 subdivision 4c(b) included:
- The patient lacks an appropriate provisional discharge plan;
- A placement that would meet the patient's needs is being developed; and
- Funding has not been secured.

Ongoing efforts are facilitated to enhance discharges for those served at Forensic Services, including:
- Collaboration with county partners to identify those individuals who have reached maximum benefit from treatment;
- Collaboration with county partners to identify community providers and expand community capacity (with specialized providers or utilization of Minnesota State Operated Community Services);
- Utilization of the Forensic Review Panel, an internal administrative group, whose role is to review individuals served for reductions in custody (under MI&D Commitment), and who may be served in a more integrated setting;
- The Forensic Review Panel also serves to offer treatment recommendations that could assist the individual's growth or skill development, when necessary, to aid in preparing for community reintegration. A summary of the Forensic Review Panel efforts include:
    - From January to March 2019: Reviewed 48 cases; recommended reductions for 17 cases with 14 being granted, and one case pending.
    - From April to June 2019: Reviewed 52 cases; recommended reductions for 28 cases. To date, 26 have been granted.
    - From July to September 2019: Reviewed 49 cases; recommended reductions for 18 cases. To date, 17 have been granted and one case is pending.

- From October to December 2019: Reviewed 47 cases; recommended reductions for 20 cases. To date, 11 have been granted, 1 denied, and 8 are still pending.

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

Committed after finding of incompetency
Individuals under competency restoration treatment, Minn. R. Crim. P. 20.01, may be served in any program at the facility. The majority of individuals are placed under a concurrent civil commitment to the Commissioner, as Mentally Ill. The limited purpose for this population is to stabilize the individual's mental health symptoms such that they can be served in a lower level of care.

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

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

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

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

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

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

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

RESULTS:
This goal is **in process.**

Time period	Number of transition case files reviewed	Number opted out	Number not informing case manager	Number of remaining files reviewed	Number not adhering to protocol	Number adhering to protocol
FY18 Quarter 1 July – Sept 2017	29	6	0	23	11 of 23 (47.8%)	**12 of 23 (52.2%)**
FY18 Quarter 2 Oct – Dec 2017	26	3	1	22	7 of 22 (31.8%)	**15 of 22 (68.2%)**
FY18 Quarter 3 Jan – March 2018	25	5	3	17	2 of 17 (11.8%)	**15 of 17 (88.2%)**
FY18 Quarter 4 April – June 2018	34	6	2	26	3 of 26 (11.5%)	**23 of 26 (88.5%)**
FY19 Quarter 1 July –Sept 2018	19	6	0	13	5 of 13 (38.5%)	**8 of 13 (61.5%)**
FY19 Quarter 2 Oct – Dec 2018	36	5	0	31	10 of 31 (32.3%)	**21 of 31 (67.7%)**
FY 19 Quarter 3 Jan – Mar 2019	N/A	N/A	N/A	N/A	N/A	N/A
FY19 Quarter 4 April – June 2019	23	9	4	10	4 of 10 (40%)	**6 of 10 (60%)**
FY20 Quarter 1 July –Sept 2019	27	0	0	27	5 of 27 (18.5%)	**22 of 27 (81.5%)**

ANALYSIS OF DATA:
For the period of July - September 2019, of the 27 transition case files reviewed, 22 files (81.5%) adhered to the transition protocol. There were no individuals that opted out of or that moved without informing their case manager.

The plan is considered to meet the transition protocols if all ten items below (from "My Move Plan" document) are present:
1. Where is the person moving?
2. Date and time the move will occur.

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

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

COMMENT ON PERFORMANCE:
In April 2019, the Lead Agency Review process changed the sampling methodology utilized to identify transition cases. Instead of pulling a specific sample of people who have moved based on claims data, the Lead Agency Review team now looks for My Move plans for anyone within the overall sample that has moved during the review period. In shifting the sampling methodology utilized, the Lead Agency Review team hopes to gain better insights into lead agency practices in the facilitation of moves for individuals. Lead Agencies are provided information about which components of the My Move Plan were compliant or non-compliant for each of the transition cases that were reviewed.

The nine counties reviewed during this quarter have demonstrated high compliance in program requirements across all the waiver programs. DHS issued corrective actions to 3 of the 9 counties. The counties appear to have good procedures and practices in placed to disseminate policy and system change to their staff. In addition, five of nine counties work closely with each other as they share an inter-agency contracted public health assessment and case management for several of their programs.

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%)

ANALYSIS OF DATA:

From July – September 2019, of the 248 individuals assessed for the Developmental Disabilities (DD) waiver, 146 individuals (59%) had funding approved within 45 days of the assessment date. An additional 79 individuals (32%) had funding approved after 45 days. Only 23 individuals (9%) 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

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

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

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. In 2018, the sample size in Minnesota was 401.

Summary of National Core Indicator Survey Results from Minnesota in 2017 - 2018

Each year, NCI asks people with intellectual and developmental disabilities and their families about the services they get and how they feel about them. The results, along with other efforts, support data informed decision making and improvement efforts. The Minnesota Department of Human Services likes the NCI survey because:

- It allows a comparison of Minnesota's results with other states' results;
- The survey was designed for the specific populations interviewed or surveyed;
- It gathers feedback directly from people; and
- It is independently administered.

Each year a random sample of the people DHS supports with intellectual and/or developmental disabilities are invited to participate in this optional survey. In 2018, 401 people completed an interview. People who agree to participate meet the interviewer where and with whom they feel comfortable. For some questions, people that have a difficult time responding may choose to have another person answer for them. A selection of NCI results from 2016 to 2018 is summarized below.

Question	2015 - 2016		2016-2017		2017-2018	
	Yes	No	Yes	No	Yes	No
1. Do you have a paid job in your community?	41%	59%	35%	65%	39%	61%
2. Would you like a job in the community	52%	48%	47%	53%	50%	50%
3. Do you like where you work?	92%	8%	89%	11%	88%	12%
4. Do you want to work somewhere else?	34%	66%	28%	72%	32%	68%
5. Did you go out shopping in the past month?*	92%	8%	92%	8%	91%	9%
6. Did you go out on errands in the past month?*	91%	9%	89%	11%	90%	10%
7. Did you go out for entertainment in the past month? *	83%	17%	82%	18%	78%	12%
8. Did you go out to eat in the past month?*	86%	14%	89%	11%	88%	12%
9. Did you go out for a religious or spiritual service in the past month?*	46%	54%	47%	53%	44%	56%
10. Did you participate in community groups or other activities in community in past month?	37%	63%	43%	57%	42%	58%
11. Did you go on vacation in the past year?	58%	42%	48%	52%	50%	50%
12. Did you have input in choosing your home?	56%	44%	45%	55%	59%	41%
13. Did you have input in choosing your housemates?	34%	66%	22%	78%	35%	65%
14. Do you have friends other than staff and family?	83%	17%	82%	18%	80%	20%
15. Can you see your friends when you want to?	77%	23%	81%	19%	86%	14%

Question	2015 - 2016		2016-2017		2017-2018	
	Yes	No	Yes	No	Yes	No
16. Can you see and/or communicate with family whenever you want?	94%	6%	87%	13%	90%	10%
17. Do you often feel lonely?	11%	89%	10%	90%	12%	88%
18. Do you like your home?	89%	11%	88%	12%	88%	12%
19. Do you want to live somewhere else?	29%	71%	26%	74%	25%	75%
20. Does your case manager ask what you want?	89%	11%	84%	16%	82%	18%
21. Are you able to contact case manager when you want?	87%	13%	89%	11%	86%	14%
22. Is there at least one place you feel afraid or scared?	30%	70%	18%	82%	26%	74%
23. Can you lock your bedroom?	42%	58%	45%	55%	53%	47%
24. Do you have a place to be alone at home?	99%	1%	98%	2%	98%	2%
25. Have you gone to a self-advocacy meeting?	30%	70%	29%	71%	29%	71%

*Asked the number of times an activity occurred in the past month. The "No" percentage indicates an answer of 0 times.

Analysis

The results of most questions remained fairly consistent. The questions with the most difference in results over the three surveys included:

- Question 11: Did you go on vacation in the past year? Decreased from 58% to 50%
- Question 15: Can you see your friends when you want to? Increased from 77% to 86%
- Question 20: Does your case manager ask what you want? Decreased from 89% to 82%
- Question 23: Can you lock your bedroom? Increased from 42% to 53%

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. It is recommended that the second follow-up survey should occur in summer of 2020.

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

V. INCREASING SYSTEM CAPACITY AND OPTIONS FOR INTEGRATION

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

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

Baseline: In state Fiscal Year (FY) 2014, 38,550 people were served on the disability home and community-based services. From July 1, 2016 – June 30, 2017 there were 1,201 disability files reviewed during the Lead Agency Reviews. For the period from April – June 2017, in the 215 case files reviewed, the eight required criteria were present in the percentage of files shown below.

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

RESULTS:

This goal is **in process.**

Time period Fiscal Year (Months)	(1) Preferences	(2) Dreams Aspirations	(3) Choice	(4) Rituals Routines	(5) Social Activities	(6) Goals	(7) Living	(8) Work
Baseline (April – June 2017	74%	17%	79%	62%	83%	70%	80%	71%
FY18 Q1 (July – Sept 2017)	75.9%	6.9%	93.1%	37.9%	93.1%	79.3%	96.6%	93.1%
FY18 Q2 (Oct –Dec 2017)	84.6%	30.8%	92.3%	65.4%	88.5%	76.9%	92.3%	92.3%
FY18 Q3 (Jan – Mar 2018)	84.6%	47.3%	91.6%	68.9%	93.5%	79.6%	97.5%	94.1%
FY18 Q4 (Apr – June 2018)	80.2%	40.1%	92.8%	67.1%	94.5%	89.5%	98.7%	78.9%
FY19 Q1 (July – Sept 2018)	90.0%	53.8%	96.2%	52.3%	93.8%	90.8%	98.5%	98.5%
FY19 Q2 (Oct – Dec 2018)	91.5%	62.1%	98.1%	60.7%	94.8%	96.7%	98.6%	98.6%
FY19 Q3 (Jan – Mar 2019)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
FY19 Q4 (Apr – June 2019)	94%	59.2%	99.5%	66.3%	99.5%	98.4%	98.9%	100%
FY20 Q1 (July – Sept 2019)	85.5%	72%	97.5%	77%	98.5%	97%	98.5%	98.2%

ANALYSIS OF DATA:
For the period from July – September 2019, in the 200 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. Five of the eight elements show consistent progress performing at 97% or greater. Element 2 (dreams/aspirations) and element 4 (rituals or routines) showed great improvement when compared to the previous quarter.

Total number of cases and sample of cases reviewed

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

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

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

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

Of the nine lead agencies reviewed during this time period, only three were required to develop corrective action plans in one of the categories of person-centered practices.

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

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

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

POSITIVE SUPPORTS GOAL ONE: **By June 30, 2018, the number of individuals receiving services licensed under Minn. Statute 245D, or within the scope of Minn. Rule, Part 9544, (for example, home and community based services) who experience a restrictive procedure, such as the emergency use of manual restraint when the person poses an imminent risk of physical harm to themselves or others and it is the least restrictive intervention that would achieve safety, will decrease by 5% or 200.**

Annual Baseline: From July 2013 – June 2014 of the 35,668 people receiving services in licensed disability services, e.g., home and community based services, there were 8,602 BIRF reports of restrictive procedures, involving 1,076 unique individuals.

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

Time period	Individuals who experienced restrictive procedure	Reduction from previous year
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

ANALYSIS OF DATA:
The overall goal to reduce the number of individuals who experienced a restrictive procedure from the baseline of 1,076 to 876, or less, by June 30, 2018 was met. DHS is continuing to report progress past the end date of June 30, 2018.

The total number of people experiencing a restrictive procedure from July to September 2019 was 270. That is an increase of 32 from 238 the previous quarter, and higher than any of the previous 4 quarters. The quarterly numbers are duplicated counts. Individuals may experience restrictive procedures during multiple quarters in a year.

COMMENT ON PERFORMANCE:
There were 270 individuals who experienced a restrictive procedure this quarter:

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

Under the Positive Supports Rule, the External Program Review Committee (EPRC) convened in February 2017 has the duty to review and respond to Behavior Intervention Reporting Form (BIRF) reports involving EUMRs. Beginning in May 2017, the EPRC conducted outreach to providers in response to EUMR reports. It is anticipated the EPRC's work will help to reduce the number of people who experience EUMRs through the guidance they provide to license holders regarding specific uses of EUMR. The purpose of EPRC engagement in these cases is to provide guidance to help reduce the frequency and/or duration of future emergency uses of manual restraint. The EPRC 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 36 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, 2018, the number of Behavior Intervention Reporting Form (BIRF) reports of restrictive procedures for people receiving services licensed under Minn. Statute 245D, or within the scope of Minn. Rule, Part 9544, (for example, home and community based services) will decrease by 1,596.**

Annual Baseline: From July 2013 – June 2014 of the 35,668 people receiving services in licensed disability services, e.g., home and community based services, there were 8,602 BIRF reports of restrictive procedures, involving 1,076 unique individuals.

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

Time period	Number of BIRF reports	Reduction from previous year
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

ANALYSIS OF DATA:
The overall goal to reduce the number of restrictive procedure reports from the baseline of 8,602 to 7,006, or less, by June 30, 2018 was met. DHS is continuing to report progress past the goal end date of June 30, 2018. From July – September 2019, the number of restrictive procedure reports was 880. This was a decrease of 5 from the previous quarter.

COMMENT ON PERFORMANCE:
There were 880 reports of restrictive procedures this quarter. Of the 880 reports:

- 671 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 11 reports of EUMR from the previous quarter.
- 209 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 16 from the previous quarter. The increase in reports related to use of seat belt restraints may reflect that people were experiencing increased community integration.
- 29 uses of seclusion or timeout involving 12 people were reported this quarter:
    - 27 reports of seclusion involving 9 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 was reported as an unapproved use of seclusion. DHS staff provide technical assistance provided technical assistance for the providers and referred the reports to Licensing Intake.
    - 1 report of seclusion was a coding error.
    - The number of seclusion or time out reports increased by 6 from the previous quarter. The increase for seclusion or time out reports occurred at the St Peter facility.

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

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

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

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

RESULTS:
The 2019 overall goal was reported as not met in the November 2019 Quarterly Report. Progress on this goal will continue to be reported as **in process**.

Time period	Number of reports during the time period	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
Quarter 1 (July – September 2019)	178	11

ANALYSIS OF DATA:
The overall goal to reduce the number of reports of mechanical restraints to no more than 93 by June 30, 2019 was not met. DHS is continuing to report progress past the end date of June 30, 2019.

From July – September 2019, the number of reports of mechanical restraints was 178. This was a decrease of 23 from the previous quarter. Of the 178 reports, 81 of them were for seat belt buckle guards. This number did not meet the annual goal of no more than 93.

At the end of the reporting period, the number of individuals for whom the use of mechanical restraint use was approved was 11. This is one fewer than the last quarter.

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

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

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

Of the 178 BIRFs reporting use of mechanical restraint in Quarter 1:

- 118 reports involved 9 of the 11 people with review by the EPRC and approval by the Commissioner for the emergency use of mechanical restraints during the reporting quarter.
    - This is a decrease of 35 reports from Quarter 4.
    - For 2 people with an approved plan including the use of mechanical restraint, there were no uses of mechanical restraint during this quarter.
- 81 reports involved devices to prevent a person from unbuckling their seatbelt during travel.
- 34 reports involving 8 people, were submitted by the St Peter facility (formerly called Minnesota Security Hospital) for uses of mechanical restraint. As necessary, DHS Licensing Division investigates and issues correction orders for any violations of the Positive Supports Rule associated with use of mechanical restraint.
- 25 reports involving 1 person were submitted by a provider whose use was within the 11-month phase out period.
- 1 report was a coding error for 1 person.

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

SEMI-ANNUAL AND ANNUAL GOALS

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

EMPLOYMENT GOAL ONE: By September 30, 2019, the number of new individuals[7] receiving Vocational Rehabilitation Services (VRS) and State Services for the Blind (SSB) who are in competitive integrated employment will increase by 14,820.

2019 Goal

- By September 30, 2019, the number of new individuals with disabilities working in competitive integrated employment will be **3,059.**

Baseline: In 2014, Vocational Rehabilitation Services and State Services for the Blind helped 2,738 people with significant disabilities find competitive integrated employment.

RESULTS:

The 2019 annual goal of 3,059 new individuals in competitive integrated employment was **not met**. In addition, the 2019 overall goal to increase the number of individuals in competitive integrated employment by 14,820 was not met.

Number of Individuals Achieving Employment Outcomes

Time period Federal Fiscal Year (FFY)	Vocational Rehabilitation Services (VRS)	State Services for the Blind (SSB)	Annual Total	Cumulative Total
2015 Annual (FFY 15) October 2014 – September 2015	3,104	132	3,236	3,236
2016 Annual (FFY 16) October 2015 – September 2016	3,115	133	3,248	6,484
2017 Annual (FFY 17) October 2016 – September 2017	2,713	94	2,807	9,291
2018 Annual (FFY 18) October 2017 – September 2018	2,577	105	2,682	11,973
2019 Annual (FFY 19) October 2018 – September 2019	2,578	92	**2,670**	**14,643**

ANALYSIS OF DATA:

From October 2018 – September 2019, the number of people with disabilities working in competitive integrated employment was 2,578. The 2019 annual goal of 3,059 was not met. This number represents a decrease of 12 from the previous year, and is 68 under baseline. In addition, the overall goal to increase the number in competitive integrated employment by 14,820 was not met.

[7] "New individuals" mean individuals who were closed successfully from the Vocational Rehabilitation program. This is an unduplicated count of people working successfully in competitive, integrated jobs. These numbers are based on a historic trend for annual successful employment outcomes.

Additional information

The Workforce Innovation and Opportunity Act (WIOA) impact on Vocational Rehabilitation Services

The Workforce Innovation and Opportunity Act (WIOA) has significantly broadened the scope of services that VRS is required to provide to people with disabilities. Two categories of service required by WIOA have the greatest impact on VRS administered programs: Pre-Employment Transition Services and Limitations on the Use of Subminimum Wage (WIOA Section 511).

Pre-Employment Transition Services (Pre-ETS)

WIOA requires VRS to have Pre-ETS available statewide to all students with disabilities, grade nine through age 21. The five required Pre-Employment Transition Services are: (1) job exploration counseling; (2) work-based learning experiences; (3) post-secondary education counseling; (4) workplace readiness experiences; and (5) instruction in self advocacy.

In the 2018-2019 school year, this statewide mandate for services covered more than 40,000 students, ninth grade through age 21 with Individualized Education Programs (IEPs). Students on 504 plans are also included in this mandate but the exact number of students on 504 plans is not known because of limitations in available data.

From October 1, 2018 to September 30, 2019 a total of 3,201 students received Pre-Employment Transition Services. It's important to note that many students received more than just one of the five required services.

Limitations on the Use of Subminimum Wage (WIOA Section 511)

Section 511 of WIOA addresses the subject of subminimum wage jobs, usually in segregated work settings such as sheltered workshops.

Young people who historically have been placed into subminimum wage employment – typically youth with developmental disabilities – are required to apply for VRS before they can be hired into a job that pays less than minimum wage. As a result, the number of youth with developmental disabilities referred to VRS increased significantly when WIOA Section 511 took effect in July 2016. In Federal Fiscal Year 2019 that number dropped again, for the second year in a row.

Youth Age 24 and Younger Referred for VR Services by Federal Fiscal Year (FFY)

FFY	All Youth Referrals	Youth with Autism	Youth with Intellectual Disabilities	Total	% of Total Referrals for Youth with DD
2015	2,833	581	367	948	33.5%
2016	3,064	680	517	1,197	39.1%
2017	3,425	873	826	1,699	49.6%
2018	3,192	888	594	1,482	46.4%
2019	3,029	852	543	1,395	46.1%

Adults currently working in jobs below the federal minimum wage in segregated settings must receive career counseling, information, and referral services, and discuss opportunities to pursue competitive, integrated employment in the community. These services are to be offered at six-month intervals during the first year and annually thereafter.

Minnesota's eight Centers for Independent Living (CILs) are the VRS designated representatives to provide the initial career counseling and information and referral (CC&I&R) services to adults working at minimum wage for 14(c) employers.

Year One of Section 511 implementation (July 23, 2016 – July 22, 2017), CIL staff provided career counseling and information and referral services to 11,991 adults working at sub-minimum wage. Of the adults who were provided these services 2,010 adults (16.76%) said they were interested in competitive integrated employment.

Year Two numbers as reported by the CILs for the period of July 23, 2017 – July 22, 2018:

- 10,237 individuals participated in the CC&I&R
- Of that total, 1,452 (14.18%) expressed interest in competitive integrated employment

Year Three numbers as reported by the CILs for the period of July 23, 2018 – July 22, 2019:

- 9,901 individuals participated in the CC&I&R conversation
- Of that total, 1,635 (17%) expressed interest in competitive integrated employment
- The most notable change for year three was the elimination of the guardian signature on the required Section 511 documentation. This change was implemented successfully and has allowed for easy access to the CC&I&R process.

Year Four first half numbers are reported by the CILs for the period of July 23 – December 31, 2019:

- 4,399 individuals participated in the CC&I&R conversation
- Of that total, 704 (16%) expressed interest in competitive integrated employment

WIOA impact on State Services for the Blind

WIOA has significantly broadened the scope of services that SSB is required to provide to people with disabilities. Pre-Employment Transition Services, as required by WIOA, continues to have the greatest impact on SSB administered programs.

WIOA requires SSB to have Pre-ETS available statewide to all students with disabilities, grade nine through age 21. The five required Pre-Employment Transition Services are: (1) job exploration counseling; (2) work-based learning experiences; (3) post-secondary education counseling; (4) workplace readiness experiences; and (5) instruction in self advocacy.

SSB considers a student with a disability to be: between the ages of 14 and 21; is in an educational program; and is eligible for and receiving special education or related services under Individuals with Disabilities Education Act (IDEA) or is an individual with a disability for purposes of section 504 of the act.

MDE has indicated in their "Unduplicated Child Count" report that there are approximately 229 students in secondary education who are blind, visually impaired, or DeafBlind. This number only includes those students whose primary disability is blindness or DeafBlindness. During the 2018-2019 school year SSB reached a total of 190 students, including secondary and post-secondary students.

MDE is able to provide SSB with additional information about the 229 students except for their name. The report included the school district and contact information for the district special education director. The SSB Pre-ETS Transition Coordinator is reaching out by phone to ask the special education

directors to share information with the students about SSB and our services. Historically, we have found teachers to be the critical linking point for students accessing SSB services and so have high expectations for success with this effort. Based on this year's numbers, there are 49 students in secondary education who are not yet receiving services from SSB.

SSB has a small student population but are required to spend approximately 1.3 million dollars each Federal Fiscal Year. A concerted effort is made to provide outreach to every student statewide. SSB's Pre-ETS Blueprint lays out the yearly plan to provide those services.

For the time period of this report (October 1, 2018, through September 30, 2019) a total of 190 students received Pre-Employment Transition Services. It's important to note that some students received more than just one of the five required services.

COMMENT ON PERFORMANCE:

The number of referrals is going down

Under the Order of Selection the Vocational Rehabilitation (VR) program has been operating with three of four service categories closed for several years. Only individuals in category one, those with the most significant disabilities, are currently being accepted for service. Individuals in categories two, three, and four, with fewer functional limitations, who apply for services are being placed on an indefinite waiting list. The predictable result is that, because there is no expectation of receiving VR services soon, fewer individuals in those categories are being referred for services or are choosing not to apply.

For youth with disabilities, referrals are dropping slightly after increasing fairly rapidly during the first few years of Workforce Innovation and Opportunity Act (WIOA) implementation. The reason is a shift in priority to reaching students at a younger age, as early as grade nine, to provide pre-employment transition services (Pre-ETS), as required by WIOA. Students that young are not yet ready for intensive VR services, since they won't be ready to enter into employment for several years. Accordingly, we are seeing fewer students being referred for intensive VR services, while at the same time providing more non-intensive Pre-ETS services to younger students who are "potentially eligible," but not yet ready for intensive VR services.

Employment outcomes are going down

As a result of WIOA the VR program is seeing an increase in the number of individuals with the most significant disabilities. More than 93 percent of people currently receiving services have three or more functional limitations. These individuals require more intensive services that take a longer time to provide in order to achieve competitive integrated employment. As a result, more individuals are spending more time receiving more intensive services before exiting the program. This is true of both adult populations and youth populations, for many of the same reasons as were discussed in the question about referrals above.

As described in the report, the number of individuals on the waiting list has dropped from more than 2,000 people to about 800 who are still interested, available, and in need of services. VRS plans to begin removing individuals from the waiting list later in 2020, beginning with individuals in category two who have been on the list for the longest period of time. If all goes well, we hope to clear the waiting list by the end of the year. This will bring individuals with fewer functional limitations into the program, who will receive the VR services they need to achieve their employment goals. The hope and expectation is that over a period of months this will result in more successful employment outcomes.

SSB: The data provided in the table above must be interpreted within the context of the current customer demographics and policies. The time and effort needed to obtain employment depends upon each customer's specific circumstances and the policies that define the processes that staff must follow. Under recent policy changes, SSB is now serving customers with more complex and long-term needs.

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.

EMPLOYMENT GOAL FOUR: By December 31, 2019, the number of Peer Support Specialists who are employed by mental health service providers will increase by 82.

2019 Goal

- By December 31, 2019, the number of employed peer support specialists will increase by **38.**

Baseline: As of April 30, 2016, there are 16 certified peer support specialists employed by Assertive Community Treatment (ACT) teams or Intensive Residential Treatment Services (IRTS) throughout Minnesota.

RESULTS:
The 2019 annual goal to increase by 38 was **not met**. The overall 2019 goal to increase by 82 over baseline was not met.

Time Period	Number of employed peer support specialists	Increase from previous year	Increase over baseline
Baseline (as of April 30, 2016)	16	--	N/A
2017 Annual (as of December 31, 2017)	46	30	30
2018 Annual (as of December 31, 2018)	76	30	60
2019 Annual (as of December 31, 2019)	**76**	**0**	**60**

ANALYSIS OF DATA:
As of December 31, 2019 there were 76 certified peer support specialists employed by Assertive Community Treatment (ACT) teams, Intensive Residential Treatment Services (IRTS), and crisis residential facilities. The 2019 goal to increase the number of peer support specialists by 38 was not met. Because the total increase over baseline was 60 specialists, the overall goal to increase by 82 was also not met.

Of the 76 employed peer support specialists, 28 are employed by ACT teams and 48 are working in IRTS and crisis residential facilities. Most of these positions are part time and the peers are level one peers. These numbers do not reflect the number of peers working in Adult Rehabilitative Mental Health Services (ARMHS), advocacy organizations, or community support programs. The number of billable hours in ARMHS has been steadily increasing until recently.

COMMENT ON PERFORMANCE:
As of December 2019, 1,175 individuals have successfully completed the peer training. Though the goal was not met, there has been some progress in the number of employed mental health peers in a number of services. Certified Community Behavioral Health Clinics all have added peers to their clinics and the hours of service that peers provide in ARMHS has increased slightly over 2018. Peers are also

being hired as (non-reimbursable) staff in Community Support programs and a number of housing programs including the VA housing programs. DHS will continue to identify the barriers of employment for certified peer specialists, and possible strategies to address the barriers.

TIMELINESS OF DATA:
In order for this data to be reliable and valid, it is reported the month after it is collected. The data is collected for a point in time only.

EDUCATION GOAL ONE: By December 1, 2021, the percent of students with disabilities[vii], receiving instruction in the most integrated setting[viii], will increase to 63%

2019 Goal

- By December 1, 2019, the percent of students receiving instruction in the most integrated settings will increase to 62.5%

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

RESULTS:
Using the 2018 Child Count, the 2019 goal to increase to 62.5% was **met**.

Time Period	Total number of students with disabilities (ages 6 – 21)	Number of students with disabilities in most integrated setting	Percent of students with disabilities in most integrated setting
January – December 2014 (Dec 2014 Child Count)	110,141	68,434	62.1%
January – December 2015 (Dec 2015 Child Count)	112,375	69,749	62.1%
January – December 2016 (Dec 2016 Child Count)	115,279	71,810	62.3%
January – December 2017 (Dec 2017 Child Count)	118,800	74,274	62.5%
January – December 2018 (Dec 2018 Child Count)	123,101	77,291	**62.8%**

ANALYSIS OF DATA:
During 2018, of the 123,101 students with disabilities, 77,291 (62.8%) received instruction in the most integrated setting. This was an increase of 0.3% from the previous year. The 2019 goal to increase to 62.5% was met.

COMMENT ON PERFORMANCE:
MDE will continue the supporting statewide implementation of Positive Behavioral Interventions and Supports (PBIS) and implementation of Regional Low Incidence Disability Projects (RLIP). These projects provide access to qualified educators, technical assistance and professional development to increase the number of students with disabilities, ages 6 – 21, who receive instruction in the most integrated setting.

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

TRANSPORTATION GOAL 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 made to 55 miles of sidewalks.**

A) Curb Ramps

By December 31, 2020, accessibility improvements will be made to 6,600 curb ramps bringing the percentage of compliant ramps to approximately 49%.

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

RESULTS:

The goal is **on track** to meet the 2020 goal of 6,600 improvements.

Time Period	Curb Ramp Improvements	PROW Compliance Rate
Calendar Year 2014	1,139	24.5%
Calendar Year 2015	1,594	28.5%
Calendar Year 2016	1,015	35.0%
Calendar Year 2017	1,658	42.0%
Calendar Year 2018	1,188	51.7%
Total	**6,594**	**51.7%**

ANALYSIS OF DATA:

In 2018, the total number of curb ramps improved was 1,188, bringing the total improvements to 6,594 and a 51.7% compliance under PROW. The goal is on track to meet the 2020 goal of 6,600.

COMMENT ON PERFORMANCE:

In 2018, MnDOT constructed fewer curb ramps than in the previous construction season, but the implementation of the plan remains consistent with required ADA improvements. Based on variations within the pavement program, it is anticipated that there will be seasons when the number of curb ramps installed will be less.

TIMELINESS OF DATA:

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

B) Accessible Pedestrian Signals

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% (and the number to 825 APS).

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.

RESULTS:

The goal is **on track** to meet the 2020 goal to bring the number of APS to 825 (70% of system)**.**

Time Period*	Total APS in place	Increase over previous year	Increase over 2009 baseline
Calendar Year 2014	454 of 1,179 APS (38% of system)	40	336
Calendar Year 2015	523 of 1,179 APS (44% of system)	69	405
Calendar Year 2016	*595 of 1,179 APS (50% of system)	72	477
Calendar Year 2017	*695 of 1,179 APS (59% of system)	100	577
Calendar Year 2018	770 of 1,179 APS (65% of system)	86	652
Calendar Year 2019	824 of 1,179 APS (70% of system)	43	706

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

ANALYSIS OF DATA:

In Calendar Year 2019, an additional 43 APS installations were provided, bringing the number of APS signals to 824 and the percentage to 70% of the system. The goal is on track to meet the 2020 overall goal.

COMMENT ON PERFORMANCE:

MnDOT continues to exceed the target set for APS which is largely based on MnDOT's signal replacement schedule. The increase is a result of signals being added to projects after the project is underway.

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.

C) Sidewalks

By October 31, 2021, improvements will be made to an additional 55 miles of sidewalks.

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

RESULTS:

In Calendar Year 2018, an additional 33.24 miles of sidewalks were improved, bringing the total improvements to 92.79 miles of sidewalks. The goal is **on track** to meet the 2021 overall goal and has already achieved the goal.

Time Period	Sidewalk Improvements	PROW Compliance Rate
Calendar Year 2014	N/A	46%
Calendar Year 2015	12.41 miles	47.3%
Calendar Year 2016	18.80 miles	49%
Calendar Year 2017	28.34 miles	56%
Calendar Year 2018	33.24 miles	68%
Total	**92.79 miles**	68%

ANALYSIS OF DATA:

In Calendar Year 2018, improvements were made to an additional 33.24 miles of sidewalks. This brings the Public Right of Way compliance rate to 68%. The goal is on track to meet the 2021 overall and has already achieved the overall goal.

COMMENT ON PERFORMANCE:

Based on the trend of the previous construction seasons MnDOT has proposed a new goal to complete 9 mile of sidewalk per construction season. The proposed goal takes into account past performance and programmed projects. The trend line will be monitored and adjustments will be made as needed.

TIMELINESS OF DATA:

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

POSITIVE SUPPORTS 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.

2019 Goal

- By June 30, 2019, the number of students experiencing emergency use of restrictive procedures will be reduced by 80 students or .02% of the total number of students receiving special education services.

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 147,360 students. Accordingly, during school year 2015-2016, 2.06% students receiving special education services experienced at least one emergency use of a restrictive procedure in the school setting.

RESULTS:
The 2019 goal to reduce by 80 students was **not met**.

Time period	Students receiving special education services	Students who experienced restrictive procedure	Change from previous year
Baseline 2015-16 school year	133,742	3,034 (2.3%)	N/A
2017 Annual 2016-17 school year	137,601	3,476 (2.5%)	+ 442 (+ 0.2%)
2018 Annual 2017-18 school year	142,270	3,546 (2.5%)	+ 70 (+ 0.0%)
2019 Annual 2018-19 school year	147,605	3,603 (2.4%)	+ 71 (- 0.1%)

ANALYSIS OF DATA:
School districts reported that of the 147,605 students receiving special education services, restrictive procedures were used with 3,603 of those students (2.4%). This was an increase of 71 students from the previous year and the percentage decreased by 0.1%. The 2019 goal to reduce by 80 students was not met. The actual number of reported special education students increased by 5,335 from the 2017-2018 school year.

The restrictive procedure summary data is self-reported to MDE by July 15 for the prior school year. The data included for 2015-16 through 2017-18 school years has been reviewed and confirmed as needed. The data includes all public schools, including intermediate districts, charter schools and special education cooperatives. The data for the 2018-19 school year is described in more detail in the 2020 Restrictive Procedures Workgroup legislative report. The data includes all public schools, including intermediate districts, charter schools, and special education cooperatives.

The 2020 MDE report to the Legislature, "A Report on Districts' Progress in Reducing the Use of Restrictive Procedures in Minnesota Schools" includes more detailed reporting on the 2018-19 school

year data. The legislative report is available at:
https://education.mn.gov/MDE/about/rule/leg/rpt/index.htm

2018-19 school year:

- Physical holds were used with 3,357 students, down from 3,465 students in 2017-18.
- Seclusion was used with 861 students, up from 824 students in 2017-18.
- Compared to the 2017-18 school year, the average number of physical holds per physically held student is 5.1, down from 5.4; the average number of uses of seclusion per secluded student was 6.5, down from 7.6; and the average number of restrictive procedures per restricted student was 6.3, down from 7.3.

The table below shows this information over the last three school years.

School year	Number of students experiencing physical holds	Average number of holds per held student	Number of students experiencing seclusions	Average number of seclusions per secluded student
2015-16	2,743	5.7	848	7.6
2016-17	3,127	5.5	976	7.3
2017-18	3,465	5.4	824	7.6
2018-19	3,357	5.1	861	6.5

COMMENT ON PERFORMANCE:
The 2016 through 2019 Restrictive Procedures Workgroups and MDE made significant progress in implementing the statewide plans developed by the Restrictive Procedures Workgroup stakeholders. The following sections on data quality and workgroup progress provide further detail.

Data Quality
For data reliability purposes, the student enrollment data is based on the state enrollment counts for students receiving special education services. It is worth noting that MDE does not have the ability to cross check the districts' reporting of students experiencing the use of physical holds with the quarterly reporting of students experiencing the use of seclusion. Accordingly, a student may be counted more than once if they are both physically held and secluded. In addition, a student may be counted more than once if they move to another district and are physically held in both districts during the same school year.

Data on the staff development work activities and outcomes is described in more detail in the 2019 Restrictive Procedures Workgroup legislative report. Multiple districts reported a reduction in the use of restrictive procedures after implementing professional development grant activities over the past three school years. For the 2018-19 school year, while the use of physical holding increased, the use of seclusion decreased by 11% and the number of students experiencing the use of a seclusion increased by 4%.

To improve data consistency and quality, MDE updated the seclusion reporting form based upon feedback from the 2019 Restrictive Procedures Workgroup. In addition, MDE conducted six trainings throughout the state to assist districts in understanding restrictive procedures laws and to assist them in developing processes to have more consistent understanding for terms and reporting. Data quality improvement also included a transition to improved software for data analysis.

2019 Restrictive Procedures Workgroup
MDE contracted with Management Analysis and Development (MAD) to facilitate the restrictive procedures stakeholders workgroup meetings beginning in December 2018. Facilitation focused on increasing stakeholder engagement in developing recommendations to the commissioner including specific and measurable goals, implementation of strategies, and outcome measures for reducing the use of restrictive procedures statewide.

The 2019 workgroup reached consensus on a revised statewide plan, which includes specific targets to reduce the use of seclusion and number of students experiencing the use of seclusion in the school setting. In addition, the revised plan includes stakeholder support and goals for recommendations to the commissioner and the legislature in three areas: 1) funding for staff development grants, 2) expansion of mental health services, and 3) additional funding for technical assistance. These recommendations address identified needs to improve availability of mental health services across the state, increase staff capacity to implement evidence-based practices and positive support, and provide time for staff to meet and discuss student needs related to reducing emergencies and eliminating the use of a restrictive procedure.

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

POSITIVE SUPPORTS 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.

2019 Goal

- By June 30, 2019, the number of incidents of emergency use of restrictive procedures will be reduced by 563 incidents, or by 0.2 incidents of restrictive procedures per student who experienced the use of a restrictive procedure.

Baseline: During school year 2015-2016, school districts (which include charter schools and intermediate districts) reported 22,028 incidents of emergency use of a restrictive procedure in the school setting. In school year 2015-2016, the number of reported students who had one or more emergency use of restrictive procedure incidents in the school setting was 3,034 students receiving special education services. Accordingly, during school year 2015-2016 there were 7.3 incidents of restrictive procedures per student who experienced the use of a restrictive procedures in the school setting.

RESULTS:
The 2019 goal to reduce by 563 incidents or 0.2 incidents per student was **met.**

Time period	Incidents of emergency use of restrictive procedures	Students who experienced use of restrictive procedure	Rate of incidents per student	Change from previous year
Baseline (2015-16 school year)	22,028	3,034	7.3	N/A
2017 Annual 2016-17 school year	*24,307	3,476	7.0	+ 2,257 incidents <0.3> rate
2018 Annual 2017-18 school year	*25,052	3,546	7.1	+ 70 incidents +0.1 rate
2019 Annual 2018-19 school year	22,772	3,603	6.3	-2,280 incidents <0.8> rate

***See Addendum for information about discrepancies in these reporting periods from previously reported data.

ANALYSIS OF DATA:
During the 2018-19 school year there were 22,772 incidents of emergency use of restrictive procedures. There were 6.3 incidents of restrictive procedures per student who experienced the use of a restrictive procedure. There was a decrease of 2,280 incidents from the previous year. There was an increase of students experiencing the use of a restrictive procedure and a decrease in the rate (0.8 incidents per student). The 2019 goal to reduce by 563 or 0.2 incidents per student was met.

The restrictive procedures summary data is self-reported by school districts and the deadline for reporting the data to the Minnesota Department of Education (MDE) is July 15th for the prior school year. The data included in the 2015-16- 2018-19 school years has been reviewed and confirmed as needed. The data is described in more detail for the respective years in the reports in A Report on Districts' Progress in Reducing the Use of Restrictive Procedures in Minnesota Schools.

The 2020 MDE report to the Legislature, A Report on Districts' Progress in Reducing the Use of Restrictive Procedures in Minnesota Schools includes more detailed reporting on the 2018-19 school year data. The legislative report is available at http://education.state.mn.us/MDE/about/rule/leg/rpt/index.htm

2018-19 school year:

- Based upon MDE enrollment data, 147,605 students received special education services, an increase of 5,335 students, or 3.7% from the 2017-18 school year.
- During the 2018-19 school year, Minnesota school districts reported a total of 17,180 physical holds and 5,592 seclusion uses for a total of 22,772 restrictive procedures uses.
- The total number of uses of restrictive procedures decreased by 2,403, or 9.0% from the 2017-18 school year, while the number of students who experienced a restrictive procedure increased by 71, or 1.6%, to a total of 3,603. Consequently, the rate of use of restrictive procedures per student who experienced a restrictive procedure decreased from 7.1 during the previous school year to 6.3.
- The average number of physical holds per physically held student decreased from 5.4 in 2017-18 to 5.1. While the number of seclusion uses decreased by 11%, the number of students who were secluded increased by 4.0%, from 824 to 861, and the average number of seclusion uses per secluded student decreased from 7.6 to 6.5.

COMMENT ON PERFORMANCE:
The 2016 through 2019 workgroups and MDE made significant progress in implementing the statewide plans developed by the Restrictive Procedures Workgroup stakeholders. The following sections on quality and workgroup progress provide further detail:

Data Quality
For data reliability purposes, the student enrollment data is based on the state enrollment counts for students receiving special education services. MDE does not have the ability to cross-check district reports of students experiencing the use of physical holds with quarterly reporting of students experiencing the use of seclusion. Accordingly, the total number of students who experienced a restrictive procedure shown in the table above includes students who may have been physical held and secluded, as well as students who only experienced physical holding or only seclusion. Students may be counted more than once if they move to another district and are physically held in both districts during the same school year.

Data on staff development work activities and outcomes is described in more detail in the 2020 legislative report. Multiple districts reported a reduction in the use of restrictive procedures after implementing professional development grant activities over the 2016-17, 2017-18, and 2018-19 school years. For the 2018-19 school year, physical holding uses decreased by 1,704 and seclusion uses decreased by 699.

To improve consistency and data quality, MDE updated the restrictive procedures annual summary form for school districts based upon feedback from the 2019 Restrictive Procedures Workgroup. In addition, MDE conducted six trainings throughout the state to assist districts in understanding restrictive procedures laws and to assist them in developing processes to have more consistent understanding of terms and reporting.

Restrictive Procedures Workgroup

MDE contracted with Management Analysis and Development (MAD) to facilitate the restrictive procedures stakeholder workgroup meetings beginning in December 2018. Facilitation focused on increasing stakeholder engagement in developing recommendations to the commissioner including, specific and measurable goals, implementation of strategies, and outcome measures for reducing the use of restrictive procedures statewide.

The 2019 Workgroup reached consensus on a statewide plan that includes specific targets for reducing the use of seclusion and the number of students experiencing the use of seclusion in the school setting. In addition, the revised plan includes stakeholder support and goals for recommendations to the commissioner and the legislature in three areas: 1) funding for staff development grants, 2) expansion of mental health services, and 3) additional funding for technical assistance. These recommendations address identified needs to improve availability of mental health services across the state, increase staff capacity to implement evidence-based practices and positive support, and provide time for staff to meet and discuss student needs related to reducing emergencies and eliminating the use of a restrictive procedure.

TIMELINESS OF DATA:

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

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

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

RESULTS:

The 2018 overall goal to increase to 85% was reported as not met in February 2019. 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 2018	1,395	1,019 (73.1%)	299 (21.4%)	77(5.5%)
January – June 2019	2,162	**1,551 (71.7%)**	495 (22.9%)	116 (5.4%)

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

ANALYSIS OF DATA:
The June 30, 2018 overall goal to increase the percent of children who receive children's mental health crisis services and remain in the community to 85% or more was not met. From July 2017 – June 2018, of the 2,736 crisis episodes, the child remained in their community after the crisis 2,006 times or 73.3% of the time. DHS will continue to report progress past the end date of June 30, 2018.

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 was 1.8% below the previous year and 7.5% below baseline.

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

2019 Goal

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

Baseline: From January to June 2016, of the 5,206 episodes, for persons over 18 years, the person remained in their community 3,008 times or 57.8% of the time.

RESULTS:
The 2019 overall goal to increase to 64% was **not met**.

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 2018	5,832	2,763 (47.4%)	2,077 (35.6%)	992 (17.0%)
January – June 2019	6,190	3,050 (49.3%)	2,200 (35.5%)	940 (15.2%)

- 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 2018 – June 2019, of the 12,599 crisis episodes, the adult remained in their community after the crisis 6,143 times or 48.8% of the time. This was a decrease of 2.2% from the previous year and 9.0% below baseline. The 2019 overall goal to increase to 64% was not met.

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.

PREVENTING ABUSE AND NEGLECT GOAL THREE: By December 31, 2021, the number of vulnerable adults who experience more than one episode of the same type of abuse or neglect within six months will be reduced by 20% compared to the baseline.

2018 Goal

- By December 31, 2018, the number of vulnerable adults who experience more than one episode of the same type of abuse or neglect within six months will be reduced by 5% compared to the baseline.

BASELINE:
From July 2015 – June 2016, there were 2,835 individuals who experienced a substantiated or inconclusive abuse or neglect episode. Of those individuals, 126 (4.4%) had a repeat episode of the same type of abuse or neglect within six months.

RESULTS: Using Fiscal Year 2018 data**,** the 2018 goal to reduce by 5% was **met**.

Time Period	Total number of people	Number of repeat episode	Change from baseline
Baseline (July 2015 - June 2016)	2,835	126 (4.4%)	N/A
July 2016 – June 2017	2,777	114 (4.1%)	<12> <9.5%>
July 2017 – June 2018	2,484	94 (3.8%)	<32> <25.4%>

ANALYSIS OF DATA:
From July 2017 – June 2018, 2,484 people had a substantiated or inconclusive abuse or neglect episode[8]. Of those people, 94 (3.8%) experienced a substantiated or inconclusive abuse or neglect had a repeat episode of the same type within six months. This is a decrease of 32 from baseline which is a reduction of 25.4%. The 2018 goal was met.

Data is from reports of suspected maltreatment of a vulnerable adult made to the Minnesota Adult Abuse Reporting Center (MAARC) by mandated reporters and the public when a lead agency was responsible for response. Maltreatment report investigations handled by DHS Licensing or Minnesota Department of Health (MDH) are not included in this report.

Demographic Data for July 2015 – June 2016

Episode Types

Fiscal Year (FY)	Total Episodes	Emotional/ Mental	Physical	Sexual	Fiduciary Relationship	Not Fiduciary Relationship	Caregiver Neglect	Self - Neglect
2016	134	18	4	0	8	16	24	64
2017	124	14	12	2	3	13	28	52
2018	103	12	8	4	7	10	14	48

Victim Gender

FY	Total	Female	Male
2016	126	73	53
2017	114	77	37
2018	94	52	42

Victim Age Range

FY	Total	18 – 22	23 – 39	40 – 64	65 – 74	75 – 84	85 and over
2016	126	9	8	35	21	32	21
2017	114	5	5	32	20	27	25
2018	94	5	6	27	26	17	13

Victim Race/Ethnicity

FY	Total	Caucasian	African American	American Indian	2 or more	Hispanic	Asian/Pacific Islander	Unknown
2016	126	112	3	5	4	1	0	1
2017	114	91	9	7	2	5	0	0
2018	94	79	6	3	0	1	1	4

[8] Episodes include physical abuse, sexual abuse, emotional abuse, financial exploitation, caregiver or self-neglect.

Offender Gender

FY	Total	Female	Male
2016	70	33	37
2017	74	30	44
2018	96	43	53

Offender Age Range

FY	Total	18 – 22	23 – 39	40 – 64	65 – 74	75 – 84	85 and over
2016	70	3	14	38	7	6	2
2017	74	5	16	39	4	7	0
2018	96	1	12	41	41	12	9

Offender Race/Ethnicity

FY	Total	Caucasian	African American	American Indian	2 or more	Hispanic	Asian/Pacific Islander	Unknown
2016	70	56	3	2	3	2	1	3
2017	74	52	4	4	3	5	0	6
2018	96	77	6	3	0	1	1	5

COMMENT ON PERFORMANCE:
Counties have responsibility under the state's vulnerable adult reporting statute to assess and offer adult protective services to safeguard the welfare of adults who are vulnerable and have experienced maltreatment. The number of substantiated and inconclusive allegations is affected by the number of maltreatment reports opened for investigation.

Protection from maltreatment is balanced with the person's right to choice. People who are vulnerable may refuse interventions offered by adult protective services or supports that could protect them from abuse or neglect. Some incidents of repeat maltreatment may demonstrate a vulnerable adult's right to make decisions about activities, relationships and services. Use of restrictive services or legal interventions, like guardianship, are minimized in those instances.

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

VI. COMPLIANCE REPORT ON WORKPLANS AND MID-YEAR REVIEWS

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

WORKPLAN ACTIVITIES

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

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

Number of Workplan Activities

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

The February 2020 Quarterly Report does not include reporting on monthly review of workplans. Reporting of workplan activities will resume in the May 2020 Quarterly Report.

MID-YEAR REVIEW OF MEASURABLE GOALS REPORTED ON ANNUALLY

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

OIO Compliance staff regularly monitors agency progress under the workplans and uses that review as an opportunity to identify any concerns related to progress on the measurable goals. OIO Compliance staff report on any concerns identified through the reviews to the Subcabinet. The Subcabinet approves

any corrective action as needed. If a measurable goal is reflecting insufficient progress, the quarterly report identifies the concerns and how the agency intends to rectify the issues. This process has evolved and mid-year reviews are utilized when necessary, but the current review process is a more efficient mechanism for OIO Compliance staff to monitor ongoing progress under the measurable goals.

VII. ADDENDUM

Data Discrepancy: Transportation Goal One B

A review of data determined that the time period of reporting was one year off. The previously reported data for Calendar Year 2014 was actually for Calendar Year 2015, as well as all subsequent years. For this report the actual Calendar Year 2014 was provided and the subsequent Time Periods were moved down a row to align with the correct data for that time period.

In addition, during this review, it was determined that 3 APS signals were omitted in previously Reported 2015 and 2016 data. Those 3 signals are now included in the current reporting for Calendar Years 2016 and 2017. The percentage of the system remain unchanged during those years.

TRANSPORTATION 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 made to 55 miles of sidewalks.**

Transportation Goal One Part B

Previously reported (February 2019 Quarterly Report)

Time Period	Total APS in place	Increase over previous year	Increase over 2009 baseline
Calendar Year 2014	523 of 1,179 APS (44% of system)	--	405
Calendar Year 2015	592 of 1,179 APS (50% of system)	69	474
Calendar Year 2016	692 of 1,179 APS (59% of system)	100	574
Calendar Year 2017	770 of 1,179 APS (65% of system)	85	659

Updated reporting (February 2020)

The status of the goal remains unchanged

Time Period	Total APS in place	Increase over previous year	Increase over 2009 baseline
Calendar Year 2014	454 of 1,179 APS (38% of system)	40	336
Calendar Year 2015	523 of 1,179 APS (44% of system)	69	405
Calendar Year 2016	595 of 1,179 APS (50% of system)	72	477
Calendar Year 2017	695 of 1,179 APS (59% of system)	100	577
Calendar Year 2018	770 of 1,179 APS (65% of system)	86	652

Data Discrepancy: Positive Supports Goal Five

MDE issues an annual legislature report, "A Report on Districts' Progress in Reducing the Use of Restrictive Procedures in Minnesota Schools". In the preparation of the 2020 report it was determined that a new counting process improved the accuracy of the data. To provide consistency, the new process has been applied to the previous reports (2016/17, 2017/18, and 2018/19) and will be used in future reporting years. This adjustment did not change the reported rates of uses per student.

POSITIVE SUPPORTS 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.

Previously reported

Time period	Incidents of emergency use of restrictive procedures	Students who experienced use of restrictive procedure	Rate of incidents per student	Change from previous year
2017 Annual 2016-17 school year	24,285	3,476	7.0	+ 2,257 incidents <0.3> rate
2018 Annual 2017-18 school year	25,175	3,546	7.1	+ 70 incidents +0.1 rate

Current reporting - The status of the goal remains unchanged

Time Period	Total Emergency Uses of Restrictive Procedures	Students Who Experience the Use of Restrictive Procedures	Rates of Uses Per Student	Change from Previous Year
2017 Annual 2016-17 school year	24,307	3,476	7.0	+2,257 uses <0.3> rate
2018 Annual 2017-18 school year	25,052	3,546	7.1	+70 uses +0.% rate

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.

[vii] "Students with disabilities" are defined as students with an Individualized Education Program age 6 to 21 years.

[viii] "Most integrated setting" refers to receiving instruction in regular classes alongside peers without disabilities, for 80% or more of the school day.

[ix] All approved adjustments to workplans are reflected in the Subcabinet meeting minutes, posted on the website, and will be utilized in the workplan review and adjustment process.