

## Leadership Forum: Meeting Minutes

Date: December 6, 2021 at 3:00 – 4:30 p.m.

Location: Zoom online meeting platform

### Call to Order

Co-chair Lisa Harrison-Hadler (OMHDD) began the meeting by introducing the new co-chair Curtis Shanklin (DOC). She then welcomed Dan Baker (DHS) who has replaced Erin Sullivan Sutton from DHS. Curtis Shanklin welcomed everyone and thanked them for attending.

### Attendance

#### Leadership Forum members

- Dan Baker, Department of Human Services (DHS)
- Ryan Baumtrog, Minnesota Housing (MHFA)
- Scott Beutel, Department of Human Rights (MDHR)
- Lisa Harrison-Hadler, Co-Chair, Office of the Ombudsman for Mental Health and Developmental Disabilities (OMHDD)
- Tim Henkel, Department of Transportation (DOT)
- Tim Lynaugh, Department of Public Safety (DPS)
- Mike McElhiney, Department of Veteran Affairs (MDVA)
- Chris McVey, Department of Employment and Economic Development (DEED)
- Curtis Shanklin, Co-Chair, Department of Corrections (DOC)
- Gerri Sutton, Metropolitan Council (Met Council)
- Colleen Wieck, Governor's Council on Developmental Disabilities (GCDD)

#### Designees

- Robyn Widley, Department of Education (MDE)

#### Guests

- Shelley Madore, Olmstead Implementation Office (OIO)
- Rosalie Vollmar (OIO)
- Diane Doolittle (OIO)
- Carolyn Sampson (OIO)
- Chloe Ahlf (OIO)
- Caitlin Arreola (OIO)
- Mike Tessneer (OIO)

- John Patterson (MHFA)
- Curtis Buhman (DHS)
- Heidi Hamilton (DHS) and Workgroup Member
- Mariam Egal (DHS) and Workgroup Member
- Gloria Smith (DHS)
- Neerja Singh (DHS)
- Kate Erickson (DOC) and Workgroup Member
- Katrinna Dexter (DOC) and Workgroup Member
- Kate Weeks (DPS)
- Katie Knutson (DPS)
- Michelle Chmielewski (DEED)
- Jessica Leonard, CART
- Lauri Krouse, ASL Captioner
- Andrea Zuber, Workgroup Member
- Brent Krocak, Workgroup Member
- Georgann Rumsey, Workgroup Member
- JoAnn Brown, Workgroup Member
- Kellie Schmidt, Workgroup Member
- JoAnn Brown, Workgroup Member
- Ryan Van Gundy, Workgroup Member
- Sue Hankner, Workgroup Member
- Beth Fondell, Guest
- Daniel Gulya, Guest
- Hilary Lovelace, Guest
- Julia Washenberger, Guest
- Julie Bershadsky, Guest

## Guest Agenda Review

Co-chair Curtis Shanklin (DOT) began the agenda review. The agenda consisted of reviewing the November 2021 Quarterly Report, 2021 Annual Report on Olmstead Plan Implementation, and the Addendum to the 2021 Annual Report.

## Approval of Minutes

### Motion

Approve September 27, 2021, Leadership Forum Meeting Minutes.

Action: Motion – Beutel. Second – Baumtrog.

In favor: Roll call vote was taken with 10 Ayes and 0 Nays. Motion carries.

- DHS – Aye
- MHFA – Aye
- MDHR – Aye

- OMHDD – Aye
- DOT – Aye
- DPS – Aye
- MDVA – Aye
- DOC – Aye
- MetC – Aye
- GCDD – Aye

## Reports

### Director’s Report

There was no director’s report.

## Agenda Items

### Review of November 2021 Quarterly report

Mike Tessner (OIO) presented this agenda item. Mr. Tessner gave a brief overview of how the report would be presented and began with a PowerPoint presentation. The first slide focused on the status of goals in the November 2021 Quarterly Report. There were 19 total goals. Two were met, nine were on track to meet annual goal, four were not on track to meet the annual goal, three did not meet the annual goal. One was still in process.

### Transition Services Goals

- 25 individuals left Intermediate Care Facilities for Individuals with Developmental Disabilities (ICF/DD) programs to more integrated settings. After Q3, total of 93 exceeds the annual goal of 72.
- 180 individuals with disabilities under age 65 in a nursing facility longer than 90 days moved to more integrated settings. After Q3, total of 488 is 65% of the annual goal of 750.
- 820 individuals moved from other segregated settings to more integrated settings. After Q3, total of 1,548 exceeds the annual goal of 500.

### Transition Services Goal Three

During the last three quarters, the number of individuals at Forensic Services who moved to a less restrictive setting averaged 7.3 per month. This is on track to meet the annual goal of four or more.

### Timeliness of Waiver Funding Goal One:

- There are fewer individuals waiting for access to a Developmental Disabilities waiver.
- During the last year, 66% of individuals were approved for funding within 45 days. Another 25% had funding approved after 45 days.

### Person-Centered Planning Goal One:

- The utilization of the Person-Centered Protocols continues to show improvement.

- During this quarter, the combined average of presence of the eight person-centered elements measured in the protocols was 96%.
- Four of the eight elements achieved 100%.

### **Positive Supports Goal One and Two**

- The number of individuals experiencing a restrictive procedure is lower, at 456 individuals this year compared to 561 in the previous year.
- The number of reports of use of restrictive procedures is lower, at 2,636 reports this year compared to 3,126 in the previous year.

### **Housing and Services One**

- The number of people living in the most integrated housing of their choice increased by 1,095 from the previous year.
- The 2021 annual goal to increase the number of people living in integrated housing by 569 was met.

### **Health Care and Healthy Living Goals One and Two**

- During the last year, for adults with disabilities, there was a 17.7% re-admission rate after an acute inpatient hospital stay. That was an improvement of 3.1%. The goal is on track to meet the 2022 goal.
- During the last year, there was a decrease in the number of emergency department visits for non-traumatic dental care for children and adults with disabilities. The goal is on track.
- Performance on these goals may have been impacted by Covid-19.

### **Crisis Services Goal Four**

- During the last year, 80.5% of individuals had stable housing within 5 months of being discharged from the hospital due to a crisis. This is an increase from 77.4% the previous year.
- The 2021 goal of 79% or higher was met.

### **Transition Services Goal Two**

- During the past quarter, 31.4% of people at Anoka Metro Regional Treatment Center no longer meet hospital-level care and are currently awaiting discharge to the most integrated setting.
- This is not on track to decrease to meet the goal of 30% or less.

### **Transition Services Goal Four**

- During the last year, 75% of files reviewed, adhered to the transition protocols.
- This was a decrease of 3.3% compared to 78.3% the previous year. This is not on track to meet the 2022 goal of 90%.

### **Positive Supports Goal Three**

- During the past year, the number of reports of mechanical restraints other than auxiliary devices was 153. This was a decrease of 120 from the previous year.
- This did not meet the 2021 goal to reduce to 93.
- The goal is improving in the number of individuals for whom the use of mechanical restraint use was approved. The last quarter decreased to 8, which is a decrease of 1 from the last quarter.

## Employment Goal Two

- During the last year there were 10,488 people in competitive integrated employment earning at least \$600 a month.
- This was an increase of 68 from the previous year and 932 below the 2021 goal of 11,420. The 2021 goal was not met.
- Performance on this goal was impacted by the Covid-19 pandemic.

## Education Goal Two

- Of the 7,564 students with disabilities who graduated in 2019, there were 1,953 students (25.8%) who enrolled in an accredited institution of higher education in fall 2019.
- This was a decrease of 4.0% from the baseline. The 2021 goal to increase to 30.8% was not met.

## Comments and Questions

Lisa Harrison-Hadler (OMHDD) noted the first bullet point that the annual goal of 72 is a little flat. She was wondering if they could get the updated universal number for individuals in ICFs. She also discussed looking at the number of people who were asked and either want to or don't oppose moving to a more integrated setting. Dan Baker (DHS) responded they could get that information.

## Person-Centered Planning Goal

Lisa Harrison-Hadler (OMHDD) noted that the protocols are being documented but asked how they are impacting people and impacting the quality of life.

## Housing and Services Goal

Ms. Harrison-Hadler (OMHDD) noted it is great the housing almost doubled. She asked if there is a sense of how many people actually want housing. Ryan Baumtrog (MHFA) replied that number is not really known but he will work with Dan Baker (DHS) to see what can be done to get to that number.

Curtis Shanklin (DOC) asked why we are looking at a goal of 569 if the goal has been increasing and more than doubling over the years. Should we be looking to increase this goal?

## Health Care Goals

Mr. Shanklin (DOC) asked if there are other potential impacts aside from Covid-19. Mr. Baker (DHS) explained that with emergency services being full, people may be delaying their visits.

## Transition Services Goal Four

Lisa Harrison-Hadler (OMHDD) asked about the impact on people during this process. Mr. Baker (DHS) responded that measures and processes are built as best practices and are intended to demonstrate that best practices are used during this process.

## Employment Goal Two

Colleen Wieck (GCDD) asked if they could revisit the \$600 proxy measure, based on new guidance out from the U.S. Department of Education defining competitive integrated employment. It stated that DHS did a sample that

there was a high chance that the \$600 would be a likely measure. Colleen Wieck (GCDD) asked if there is an approach to share data?

Mr. Baker (DHS) discussed the many factors affecting employment during the past year, with COVID being the main reason. He said they will be looking into it. Shelley Madore (OIO) asked if we could find out in the future how many positions were lost due to COVID. What are some of the things we need to do in the future to find opportunities? This information would be helpful to bring to the Workforce Workgroup.

## **Education Goal Two**

Tom Delaney (MDE) noted that the data is a two-year lag. In 2019, there was a general decline in enrollment in post-secondary schools due to numerous reasons including student debt. There are also ethnicity differences within enrollment which are included in the report.

## **Approve November 2021 Quarterly Report**

Action: Motion – Henkel. Second – Beutel.

In favor: Roll call vote was taken with 10 Ayes and 0 Nays. Motion carries.

- DHS – Aye
- MHFA – Aye
- MDHR – Aye
- OMHDD – Aye
- DOT – Aye
- DPS – Aye
- MDVA – Aye
- DOC – Aye
- MetC – Aye
- GCDD – Aye

## **2021 Annual Report on Olmstead Plan Implementation**

Mike Tessneer (OIO) provided a draft of the 2021 Annual Report on Olmstead Plan Implementation. The Annual Report is a compilation of the past four Quarterly Reports that have been reviewed and accepted by the Subcabinet or Leadership Forum. This is the central place for all the data compiled over the past year. The formatting is a little different. The Leadership Forum is being asked to accept the report.

### **Addendum to the 2021 Annual Report**

The purpose of the Plan amendment process is to keep the report fresh and targeted. Changes must be for good cause. There are expectations that changes will need approval from the Subcabinet.

The major recommendations are about making the plan align more closely with the Governor’s Executive Order, which was very specific around moving towards better inclusion of people with disabilities in Black and Indigenous communities and communities of color. This includes everything from healthcare to education to employment to housing.

Mike Tessneer (OIO) walked through the document and at the end asked the agencies to talk about anything they are currently considering for planned amendments. Following the meeting, all the recommendations working with agencies, will be drafted. They are due to OIO the first week of January.

Mr. Tessneer (OIO) reviewed the current goals in the plan. Out of the 39 goals in the plan, there were 24 that are either meeting or on track to meet the goal. One did not meet the overall goal. Nine are not on track and there are five in process. Based on the review of the measurable goals over time, compliance is making recommendations for 39 measurable goals.

Recommendations were shared with Subcabinet agencies in November. The agencies are considering what can be done to amend the plan in a way that will address those things.

In doing so, a couple of things were looked at. One is last year's performance in the plan, but also looking at the Executive Order, along with the Quality-of-Life Survey to determine the risks and problems to pay attention to. Going back to the Executive Order, Mike outlined three bullet points that are relevant. First is working to identify and address various services and meaningful opportunities with person with disabilities throughout Minnesota. Second to identify and address areas of disparity in individuals with disabilities to live, work, and engage in the most integrated setting. The third bullet was specific to health outcomes.

## **Questions and Comments**

Mr. Tessneer (OIO) then invited the agencies to talk about where they are in these broad spectrums. Each agency provided Addendum Discussion of possible amendments as shown below.

### **Department of Human Services (DHS)**

- Transition Services Goal 2 – Reset and extend the goal
- Transition Services Goal 4 – change the measure used

### **Department of Employment and Economic Development (DEED)**

- Employment Goal 1 – begin reporting demographic info by gender, race, and disability type
- Continue interagency work with MDE and DHS through E1MN to improve how data is reported

### **Department of Transportation (DOT)**

- Transportation 1 – Reset and extend targets

### **Department of Commerce (DOC)**

- Looking at goals in areas of accessibility, access to services, and transition planning
- Working on gathering data to set baseline for the goal areas for next year
- Hope to have output from Juvenile Justice workgroup by next year

### **Minnesota Department of Veterans Affairs (MDVA)**

- Gathering data on the primary disabling conditions for the people they serve and best ways to address their needs

## **Metropolitan Council (METC)**

- No changes at this time, but they are interested in developing goals that are alternatives to system-wide goals

## **Minnesota Department of Education (MDE)**

- Looking at how to measure choice

## **Department of Public Service (DPS)**

- Looking at several areas:
  - strengthening jail capabilities to properly support detainees with mental illness
  - ensuring crime victims with disabilities have access to support services
  - strengthening the ability of domestic violence shelters to provide service and supports to people with disabilities
  - increase accessibility to 911 services

## **Governor's Council on Developmental Disability**

- Requests that the goals in the Plan use a standard format and baselines and universe numbers updated.

## **Approve 2021 Annual Report on Olmstead Plan Implementation**

Action: Motion – Sutton. Second – Henkel.

In favor: Roll call vote was taken with 10 Ayes and 0 Nays. Motion carries.

- MDH - Aye
- MnDOT – Aye
- DOC – Aye
- MDHR – Aye
- MHFA – Aye
- MDVA – Aye
- DPS – Aye
- MetC – Aye
- OMHDD – Aye
- GCDD - Aye

## **Adjournment**

The meeting was adjourned at 4:32 p.m.

## **Alternate forms of this document**

To request alternate formats of this document, please email [mnolmsteadplan@state.mn.us](mailto:mnolmsteadplan@state.mn.us).

# **Minnesota Olmstead Subcabinet**

## **November 2021 Quarterly Report on Olmstead Plan Measurable Goals**



### **REPORTING PERIOD**

**Data acquired through October 31, 2021**

**Date Accepted by Leadership Forum**

**December 6, 2021**

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## 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 October 31, 2021. Progress on each measurable goal will be reported quarterly, semi-annually, or annually. This report will be reviewed by the Olmstead Leadership Forum for acceptance. After reports are accepted they are made available to the public on the Olmstead Plan website at [Mn.gov/Olmstead](http://Mn.gov/Olmstead).<sup>i</sup>

### EXECUTIVE SUMMARY

This quarterly report covers nineteen measurable goals.<sup>ii</sup> As shown in the chart below, eleven of those goals were either met or are on track to be met. Seven goals were categorized as not on track, or not met. For those seven goals, the report documents how the agencies will work to improve performance on each goal. One goal is in process.

Status of Goals – November 2021 Quarterly Report	Number of Goals
Met annual goal	2
On track to meet annual goal	9
Not on track to meet annual goal	4
Did not meet annual goal	3
In process	1
<b>Goals Reported</b>	<b>19</b>

#### Listed below are areas critical to the Plan where measurable progress is being made:

Progress on movement of people with disabilities from segregated to integrated settings

- During this quarter, 25 individuals left ICF/DD programs to more integrated settings. After three quarters, the total of 93 exceeds the annual goal of 72. (Transition Services Goal One A)
- During this quarter, 180 individuals with disabilities under age 65 in a nursing facility longer than 90 days moved to more integrated settings. After three quarters, the total of 488 is 65% of the annual goal of 750. (Transition Services Goal One B)
- During this quarter, 820 individuals moved from other segregated settings to more integrated settings. After three quarters, the total of 1,548 exceeds the annual goal of 500. (Transition Services Goal One C)
- During the last three quarters, the number of individuals at Forensic Services who moved to a less restrictive setting averaged 7.3 per month. This is on track to meet the annual goal of 4 or more. (Transition Services Goal Three)

#### Timeliness of Waiver Funding Goal One

- There are fewer individuals waiting for access to a DD waiver. During the last year, 66% of all individuals were approved for funding within 45 days. The approval rate for each urgency category was 76% for Institutional Exit, 69% for Immediate Need, and 64% for Defined Need. The goal is not on track to meet the target goal.

#### Increasing system capacity and options for integration

- The utilization of the Person Centered Protocols continues to show improvement. Of the 376 cases reviewed during this quarter, the combined average of presence of the eight person centered elements measured in the protocols was 96%. Four of the eight elements achieved 100%. (Person-Centered Planning Goal One)
- The number of individuals experiencing a restrictive procedure is lower, at 456 individuals in the last year compared to 561 in the previous year. (Positive Supports Goal One)
- The number of reports of use of restrictive procedures is lower, at 2,636 reports in the last year compared to 3,126 in the previous year. (Positive Supports Goal Two)
- The number of people living in the most integrated housing of their choice increased by 1,095 from the previous year. (Housing and Services Goal One)
- During the last year, for adults with disabilities, there was a 17.7% readmission rate after an acute inpatient hospital stay. That was an improvement of 3.1%. (Health Care and Healthy Living Goal One)
- During the last year, there was a decrease in the number of emergency department visits for non-traumatic dental care for children and adults with disabilities. (Health Care and Healthy Living Goal Two)
- During the last year, 80.5% of individuals had stable housing within 5 months of being discharge from the hospital due to a crisis. This is an increase from 77.4% the previous year. (Crisis Services Goal Four)

#### **The following measurable goals have been targeted for improvement:**

- Transition Services Goal Two to decrease the percentage of people at Anoka Metro Regional Treatment Center no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting.
- Transition Services Four to adhere to transition protocol for individuals experiencing a transition.
- Positive Supports Three to reduce the number of reports of emergency use of mechanical restraints with approved individuals.
- Employment Goal Two to increase the number of individuals in competitive integrated employment.
- Lifelong Learning and Education Goal Two to increase the percent of students with disabilities who enrolled in an integrated postsecondary education setting.

## 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 five goals included in this report. The reporting period for each goal is based on when the data collected can be considered reliable and valid.

**Net number of individuals who moved from segregated to integrated settings during reporting period**

Setting	Reporting period	Number moved
• Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD)	Oct - Dec 2020	31
• Nursing Facilities (individuals under age 65 in facility > 90 days)	Oct - Dec 2020	185
• Other segregated settings	Oct - Dec 2020	469
• Anoka Metro Regional Treatment Center (AMRTC)	Jan - Mar 2021	53
• Forensic Services <sup>1</sup>	Jan - Mar 2021	19
<b>Total</b>	--	<b>757</b>

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.

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<sup>1</sup> For the purposes of this report Forensic Services (formerly known as Minnesota Security Hospital) refers to individuals residing in the facility and committed as Mentally Ill and Dangerous and other civil commitment statuses.

**TRANSITION SERVICES GOAL ONE:** By June 30, 2022, the number of people who have moved from segregated settings to more integrated settings<sup>iii</sup> will be 9,782. [Extended in April 2021]

**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 Base line	June 30, 2015	June 30, 2016	June 30, 2017	June 30, 2018	June 30, 2019	June 30, 2020	June 30, 2021	June 30, 2022
<b>A)</b> Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD)	72	84	84	84	72	72	72	72	72
<b>B)</b> Nursing Facilities (NF) under age 65 in NF > 90 days	707	740	740	740	750	750	750	750	750
<b>C)</b> Segregated housing other than listed above	1,121	50	250	400	500	500	500	500	500
<b>Total</b>		<b>874</b>	<b>1,074</b>	<b>1,224</b>	<b>1,322</b>	<b>1,322</b>	<b>1,322</b>	<b>1,322</b>	<b>1,322</b>

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

**2021 goal**

- For the year ending June 30, 2021 the number of people who have moved from ICFs/DD to a more integrated setting will be **72**

**Baseline:** January - December 2014 = 72

**RESULTS:**

The goal is **on track** to meet the 2021 goal to move 72 people from ICFs/DD to a more integrated setting.

Time period	Total number of individuals leaving	Transfers <sup>iv</sup> (-)	Deaths (-)	Net moved to integrated setting
2015 Annual (July 2014 – June 2015)	138	18	62	<b>58</b>
2016 Annual (July 2015 – June 2016)	180	27	72	<b>81</b>
2017 Annual (July 2016 – June 2017)	263	25	56	<b>182</b>
2018 Annual (July 2017 – June 2018)	216	15	51	<b>150</b>
2019 Annual (July 2018 – June 2019)	298	20	58	<b>220</b>
2020 Annual (July 2019 – June 2020)	174	13	75	<b>86</b>
2021 Quarter 1 (July – September 2020)	58	1	20	<b>37</b>
2021 Quarter 2 (October – December 2020)	59	6	22	<b>31</b>
2021 Quarter 3 (January – March 2021)	44	6	13	<b>25</b>
<b>Totals (Q1 + Q2 + Q3)</b>	<b>161</b>	<b>13</b>	<b>55</b>	<b>93</b>

**ANALYSIS OF DATA:**

From January – March 2021, the number of people who moved from an ICF/DD to a more integrated setting was 25. This is a decrease of 6 from 31 the previous quarter. After three quarters, the total number of 93 exceed the annual goal of 72. The goal is on track to meet the 2021 annual goal.

**COMMENT ON PERFORMANCE:**

Transitions to more integrated settings continued through the timeframe of the COVID-19 pandemic. In addition, the Moving Home Minnesota program was granted an exception to the 180 days limit of transition coordination for people moving from institutional settings. This allowed additional time for the transition if it was delayed due to the pandemic, e.g. facility on lockdown, individual tested positive for COVID-19.

The pandemic has severely impacted the already statewide workforce shortage, particularly for direct support professionals. This has in turn increased the barriers for people seeking to live in their own homes with staff supporting them on an individual basis.

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 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. As of 2019, Minnesota State Operated Community Services (MSOCS) no longer has any ICFs/DD settings.

**UNIVERSE NUMBER:**

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

**TIMELINESS OF DATA:**

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

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## B) NURSING FACILITIES

### 2021 goal

- For the year ending June 30, 2021, the number of people who have moved from Nursing Facilities (for persons with a disability under 65 in facility longer than 90 days) to a more integrated setting will be **750**.

**Baseline:** January - December 2014 = 707

### RESULTS:

The goal is **not on track** to meet the 2021 goal to move 750 people under 65 in a nursing facility for more than 90 days to a more integrated setting.

Time period	Total number of individuals leaving	Transfers (-)	Deaths (-)	Net moved to integrated setting
2015 Annual (July 2014 – June 2015)	1,043	70	224	<b>749</b>
2016 Annual (July 2015 – June 2016)	1,018	91	198	<b>729</b>
2017 Annual (July 2016 – June 2017)	1,097	77	196	<b>824</b>
2018 Annual (July 2017 – June 2018)	1,114	87	197	<b>830</b>
2019 Annual (July 2018 – June 2019)	1,176	106	190	<b>880</b>
2020 Annual (July 2019 – June 2020)	1,241	86	240	<b>915</b>
2021 Quarter 1 (July – Sept 2020)	180	7	50	<b>123</b>
2021 Quarter 2 (Oct – Dec 2020)	277	18	74	<b>185</b>
2021 Quarter 3 (Jan – Mar 2020)	254	28	46	<b>180</b>
<b>Totals (Q1 + Q2 + Q3)</b>	<b>711</b>	<b>53</b>	<b>170</b>	<b>488</b>

### ANALYSIS OF DATA:

From January – March 2021, the number of people under 65 in a nursing facility for more than 90 days who moved to a more integrated setting was 180. This is a decrease of 5 from 185 the previous quarter. After three quarters, the total number of 488 is 65% of the annual goal of 750. The goal is not on track to meet the 2021 annual goal of 750.

### COMMENT ON PERFORMANCE:

Transitions to more integrated settings continued through the timeframe of the COVID-19 pandemic. In addition, the Moving Home Minnesota program was granted an exception to the 180 days limit of transition coordination for people moving from institutional settings. This allowed additional time for the transition if it was delayed due to the pandemic, e.g. facility on lockdown, individual tested positive for COVID-19.

The pandemic has severely impacted the already statewide workforce shortage, particularly for direct support professionals. This has in turn increased the barriers for people seeking to live in their own homes with staff supporting them on an individual basis.

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 2020, the [Housing Stabilization Services](#)<sup>2</sup> benefit went into effect. These services include housing search and support services for individuals moving from homelessness (or other housing instability) to more stable housing situations. Because these are State plan services, people do not need to be on a waiver to access them. Minnesota is the first state in the nation to offer such a service through its Medicaid program.

**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**

**2021 goal**

- For the year ending June 30, 2021, the number of people who have moved from other segregated housing to a more integrated setting will be **500**.

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

**RESULTS:**

The goal is **on track** to meet the 2021 goal to move 500 people from other segregated settings to a more integrated setting.

**[Receiving Medical Assistance (MA)]**

Time period	Total moves	Moved to more integrated setting	Moved to congregate setting	Not receiving residential services	No longer on MA
2015 Annual (July 14 – June 15)	5,703	<b>1,137 (19.9%)</b>	502 (8.8%)	3,805 (66.7%)	259 (4.6%)
2016 Annual (July 15 – June 16)	5,603	<b>1,051 (18.8%)</b>	437 (7.8%)	3,692 (65.9%)	423 (7.5%)
2017 Annual (July 16 – June 17)	5,504	<b>1,054 (19.2%)</b>	492 (8.9%)	3,466 (63.0%)	492 (8.9%)
2018 Annual (July 17 – June 18)	5,967	<b>1,188 (19.9%)</b>	516 (8.7%)	3,737 (62.6%)	526 (8.8%)
2019 Annual (July 18 – June 19)	5,679	<b>1,138 (20.0%)</b>	484 (8.5%)	3,479 (61.3%)	578 (10.2%)
2020 Annual (July 19 – June 20)	5,967	<b>1,190 (19.9%)</b>	483 (8.1%)	3,796 (63.6%)	498 (8.4%)
2021 Quarter 1 (July – Sept 2020)	424	<b>259 (61.1%)</b>	56 (13.2%)	105 (24.8%)	4 (0.9%)
2021 Quarter 2 (Oct – Dec 2020)	1,148	<b>469 (40.9%)</b>	91 (7.9%)	539 (46.9%)	49 (4.3%)
2021 Quarter 3 (Jan – Mar 2020)	1,763	<b>820 (46.5%)</b>	104 (5.9%)	790 (44.8%)	49 (2.8%)
<b>Totals (Q1 + Q2 + Q3)</b>	<b>3,335</b>	<b>1,548 (46.4%)</b>	251 (7.5%)	1,434 (43.0%)	102 (3.1%)

<sup>2</sup> This was formerly called Housing Access Services and Housing Access Coordination.

**ANALYSIS OF DATA:**

From January – March 2021, of the 1,763 individuals moving from segregated housing, 820 individuals (46.5%) moved to a more integrated setting. This is an increase of 351 people from the previous quarter. After three quarters, the total number of 1,548 exceeds the annual goal of 500. The goal is on track to meet the 2021 annual goal.

**COMMENT ON PERFORMANCE:**

Transitions to more integrated settings continued through the timeframe of the COVID-19 pandemic. While some transitions slowed in the spring, there was a trend of increased transitions from early summer to late fall as pandemic restrictions loosened. The rate of moves picked up dramatically in the third quarter and is now exceeding last year's pace (which included the pandemic) and 2019 (pre-pandemic).

Focus shifted to managing the pandemic: staffing shortages, adhering to new protocols, shift in or suspension of services, COVID-19 outbreaks, finding meaningful new routines and ways to connect, etc. As pandemic restrictions loosen, it is anticipated that more individuals will seek more integrated settings. Also notable, a statewide restriction on eviction during the pandemic has reduced the turnover in housing which resulted in fewer housing options.

The COVID-19 pandemic has severely impacted the already statewide workforce shortage, particularly for direct support professionals. This has in turn increased the barriers for people seeking to live in their own homes with staff supporting them on an individual basis.

During the quarter, there were significantly more individuals who moved to more integrated settings (46.5%) than who moved to congregate settings (5.9%). The data indicates that a large percentage (44.8%) 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.

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**TRANSITION SERVICES GOAL TWO:** By June 30, 2022, the percent of people at Anoka Metro Regional Treatment Center (AMRTC) who do not require hospital level of care and are currently awaiting discharge to the most integrated setting<sup>v</sup> will be reduced to 30% (based on daily average).  
*[Measure revised in April 2021]*

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**2022 goal**

- By June 30, 2022 the percent awaiting discharge will be 30% or lower

**Baseline:** From July 2014 - June 2015, the percent of people at AMRTC who no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting was 36% on a daily average.<sup>3</sup>

**RESULTS:**

The goal is **not on track** to meet the 2022 goal of 30% or lower.

Time period	Percent awaiting discharge (daily average)		
	Mental health commitment	Committed after finding of incompetency	Combined
2016 Annual (July 2015 – June 2016)	41.8%	44.7%	42.5%
2017 Annual (July 2016 – June 2017)	44.9%	29.3%	37.1%
2018 Annual (July 2017 – June 2018)	36.9%	23.8%	28.3%
2019 Annual (July 2018 – June 2019)	37.5%	28.2%	26.5%
2020 Annual (July 2019 – June 2020)	36.3%	22.7%	29.5%
2021 Annual (July 2020 – June 2021)	32.6%	24.9%	27.6%
2022 Quarter 1 (July – September 2021)	41.6%	28.5%	<b>31.4%</b>

**ANALYSIS OF DATA:**

From July 2020 – June 2021, the combined rate of all individuals at AMRTC who no longer meet hospital level of care and are awaiting discharge to the most integrated setting was 27.6%. The annual goal of 30% or lower was met. For those under mental health commitment at AMRTC, 32.6% no longer meet hospital level of care and are awaiting discharge to the most integrated setting. During the same period, the percentage of individuals awaiting discharge who were civilly committed after being found incompetent was 24.9%.

From July - September 2021, the combined rate of all individuals at AMRTC who no longer meet hospital level of care and are awaiting discharge was 31.4%. This quarter showed an increase of 3.8% from the 2021 annual percentage, which is a move in the wrong direction. The goal is not on track to meet the 2022 goal of 30% or lower.

For those under mental health commitment at AMRTC, 41.6% no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting. During the same period, the percentage of individuals awaiting discharge who were civilly committed after being found incompetent was 28.5%. The percentages were higher for both populations.

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<sup>3</sup> 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).

From July - September 2021, 26 individuals at AMRTC 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.

Time Period	Total number of individuals leaving	Transfers	Deaths	Net moved to integrated setting	Moves to integrated setting by	
					Mental health commitment	Committed after Finding of Incompetency
2017 Annual (July 16 – June 17)	267	155	2	110	54	56
2018 Annual (July 17 – June 18)	274	197	0	77	46	31
2019 Annual (July 18 – June 19)	317	235	1	81	47	34
2020 Annual (July 19 – June 20)	347	243	0	104	66	38
2021 Annual (July 20 – June 21)	383	259	0	124	66	58
2021 Quarter 1 (July – Sept 21)	98	72	0	26	4	22

**COMMENT ON PERFORMANCE:**

During this reporting period, COVID-19 precautions impacted the ability to admit and discharge patients on one unit at AMRTC. Approximately one third of individuals at AMRTC no longer need hospital level of care, including those under a mental health commitment and those who need competency restoration services. Those committed after a finding of incompetency, accounted for approximately 73% of AMRTC’s census by the end of the 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.

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**TRANSITION SERVICES GOAL THREE:** By December 31, 2022, the average monthly number of individuals at Forensic Services<sup>4</sup> moving to a less restrictive setting will increase to an average of 5 individuals per month. *[Measure revised in April 2021]*

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**2021 goal**

- By December 31, 2021 the average monthly number of individuals moving to a less restrictive setting will be 4 or more.

**Baseline:** During 2017-2020, for individuals committed under MI&D and other commitments, the average number of individuals moving to a less restrictive setting was approximately 3 per month.

**RESULTS:**

This goal is **on track** to meet the 2021 goal of 4 or more individuals per month moving to a less restrictive setting.

Time period	Total number of individuals leaving	Transfers <sup>5</sup> (-)	Deaths (-)	Net moved to less restrictive	Monthly average
2021 Quarter 1 (Jan – Mar 2021)	37	7	4	26	<b>8.7</b>
2021 Quarter 2 (Apr – Jun 2021)	32	5	3	24	<b>8.0</b>
2021 Quarter 3 (Jul – Sep 2021)	25	9	0	16	<b>5.3</b>
<b>Total (Q1 + Q2 + Q3)</b>	94	21	7	66	<b>7.3</b>

**ANALYSIS OF DATA:**

From July to September 2021, the number of people who moved to a less restrictive setting was 16. The average number of individuals who left the facility to a less restrictive setting was 5.3. This was 8 people less than the previous quarter and the monthly average was 2.7 less than the previous quarter. After 3 quarters the monthly average is 7.3. The goal is on track to meet the 2021 goal of 4 or more.

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.

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<sup>4</sup> For the purpose of this goal, Forensic Services (formerly known as Minnesota Security Hospital) refers to individuals residing in the facility and committed as mentally ill and dangerous and other commitment statuses.

<sup>5</sup> Transfers reflect movement to other secure settings (ie. Department of Corrections, jail, Minnesota Sex Offender Program, and/or between the Forensic Mental Health Program and Forensic Nursing Home).

Time period	Type	Total moves	Transfers	Deaths	Moves to less restrictive settings
2021 Quarter 1 (Jan – Mar 2021)	Committed after finding of incompetency	14	3	1	15
	MI&D committed	10	3	3	13
	Other committed	13	1	0	8
	<b>Total</b>	<b>37</b>	<b>7</b>	<b>4</b>	<b>(Avg. = 8.7) 26</b>
2021 Quarter 2 (Apr – June 2021)	Committed after finding of incompetency	16	2	0	12
	MI&D committed	6	3	3	11
	Other committed	10	0	0	1
	<b>Total</b>	<b>32</b>	<b>5</b>	<b>3</b>	<b>(Avg. = 8.0) 24</b>
2021 Quarter 3 (Jul – Sep 2021)	Committed after finding of incompetency	4	1	0	3
	MI&D committed	19	8	0	11
	Other committed	2	0	0	2
	<b>Total</b>	<b>25</b>	<b>9</b>	<b>0</b>	<b>(Avg. = 5.3) 16</b>

**COMMENT ON PERFORMANCE:**

In the April 2021 Plan Revision, the measure for this goal was amended to individuals leaving to a less restrictive setting. As reflected above, Forensic Services has exceeded the goal of an average of 4 individuals moving to less restrictive settings. This is likely related to an influx of discharges that occurred of individuals under civil commitment of Mental Illness during January through April 2021. It is believed that those rates may decrease in future reports. This is anticipated because the majority of individuals in the program are under civil commitment of MI&D and require a much lengthier transition process and approval by the Special Review Board (SRB).

The prior goal measured individuals leaving Forensic Services (formerly known as Minnesota Security Hospital) to a more integrated setting. Transitioning out of Forensic Services can be a lengthy process. An amendment was approved by the Olmstead Subcabinet. This goal will now measure moves out of the facility from the most restricted setting to less restrictive settings, even if the new setting isn't fully community integrated. For example, moving to treatment facilities in the community will be counted as moving to a less restrictive setting. While those facilities aren't fully community-integrated, they are less restrictive than Forensic Services. It is believed that from a quality of life perspective, it is valid to track the people who move from the facility to a more integrated setting. Forensic Services is considered one of the most restrictive settings in the State. Therefore, transition to any other non-secure setting out of a Forensic Services facility is a move to a less restrictive setting.

This update subsequently impacts how Transfers are defined. Historically, data surrounding Transfer would convey a move to any setting identified as a treatment setting and not long-term residential in nature. As integration is a continuum, and we are now monitoring movement to more integrated settings (to include treatment settings), the definition of Transfer will reflect movement to other secure settings (ie. Department of Corrections, jail, Minnesota Sex Offender Program, and/or between the Forensic Mental Health Program and Forensic Nursing Home). It is projected that this number will decrease and is currently at 5 for this reporting period.

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.

The COVID-19 Shelter in Place was lifted in July 2021, after 16 months. The facility continues to evaluate and respond to fluctuations in COVID-19, Delta Variant prevalence within Nicollet County. All off campus is evaluated for safety of the patients and based on treatment need. This includes staff escorted community re-integration programming to independent pass planning into the community. Having those experiences to demonstrate readiness is critical and without it, there is less support for reduction in custody.

This movement varied greatly since and throughout the pandemic. During summer of 2020, some staff escorts were allowed to outdoor areas (parks, biking in community). By late fall and winter of 2020-2021, those activities were discontinued. In February 2021, outdoor outings were resumed as well as allowing some independent movement into the community for those assessed as clinically ready. To date, overnight passes have not been allowed. As noted above having community access with staff and independently is important in treatment and assessment of readiness to provisionally discharge individuals. In addition, community placements for individuals have been impacted by COVID-19 as admissions have been put on hold at times. Community facilities are impacted by employee shortages.

Individuals committed to the facility are provided services tailored to their individual needs. DHS efforts continue to expand community capacity and work towards the mission of the Olmstead Plan by identifying individuals who could be served in more integrated settings. Forensics meets with Hennepin County and other metro counties as the majority of individuals are committed from these counties. The meetings are focused on both individuals where there is a difference of opinion on readiness to discharge as well as barriers such as are identified below.

#### **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).

An 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 with undocumented citizenship status; and
- Individuals whose county case management staff has refused or failed to adequately participate in developing an appropriate provisional discharge plan for the individual.

The Special Review Board (SRB) identified barriers to discharge in their 2019 and 2020 MI&D Treatment Barriers Report as required by Minnesota Statutes 253B.18 subdivision 4c(b) which include:

#### **SRB Recommendations – 2019**

- Patients with cognitive impairments merit careful evaluation and programming within the campus and in the community to develop placements. Criteria should be taken into consideration for these individuals' special needs.
- Develop additional community options to increase provisional discharge of patients. Often times, this is in the preliminary stages and the board is unable to support without additional information.
- Some patients are not engaged in treatment.
- Medical issues are currently preventing more aggressive treatment for an individual.
- Some patients require non-traditional placements/plan as not all can handle large group settings. Individualized provisional discharge plans and unique placements may be required for successful progress.

#### **SRB Recommendations – 2020**

- Patients that are not supported by the County (Case Management team) often don't have a Provisional Discharge Plan in place. It is important for the county team to work with the petitioner on creating a plan, regardless if it is supported at the time.
- There are often cases brought before the SRB in which the county and hospital staff have differing opinions whether a patient is ready for a provisional discharge.
- At times, the patient is not progressing in treatment. Explore options that could be added within treatment to assist the patient in being successful. Clear communication between staff and patient regarding expectations for advancement.
- Challenges for patients that are dually committed with Department of Human Services and the Department of Corrections. Explore options of the Department of Corrections to meet the mental health needs of patients while in the custody of the Department of Corrections.
- At times, the hospital is "failing the patient", treatment plan is not working and needs to be re-thought. Everyone's failures are included, except for the hospital.
- Some patients require additional services, alternative services, innovative approaches or the use of new advances in the field, but not always available to the hospital.
- Certain medications are not always available to the hospital, due to budgetary reasons. Some patients require these alternative options.

The Commissioner of DHS requested that Forensic Services provide input on the SRB recommendations. Collection of this input is currently in process. 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 includes:
  - From January to March 2021: Reviewed 66 cases; recommended reductions for 18 cases and 14 were granted.
  - From April to June 2021: Reviewed 59 cases; recommended reductions for 31 cases and 31 have been granted.
  - From July to September 2021: Reviewed 63 cases; recommended reductions for 28 cases and 26 have been granted.
- 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.

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).

In April 2021, Forensic Services shifted services on two units, which had previously offered care to those under civil commitment MI and concurrent order for competency restoration treatment. Individuals were moved to more integrated settings and/or alternative treatment programs. This adjustment was made in the effort to expand capacity for those under commitment as MI&D and correlated waiting list. While there may be situations for Forensic Services to receive a referral of a person under civil commitment MI and concurrent order for competency restoration treatment, it will less frequent, and this shift is anticipated to be identifiable in future data.

**UNIVERSE NUMBER:**

In Fiscal Year 2021 (July 1, 2020 to June 30, 2021), 454 patients received services in the Forensic Mental Health Program. During that same timeframe 46 residents received services in the Forensic Nursing Home. This may include individuals who were admitted more than once during the year. The average daily census for the Forensic Mental Health Program was 348.8 and for the nursing home it was 25.9.

**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 FOUR:** By June 30, 2022, 90% 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.] *[Extended in April 2021]*

**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:**

The goal is **not on track** to meet the 2022 goal of 90%.

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
Baseline Oct – Dec 2017	26	3	1	22	7 of 22 (31.8%)	15 of 22 (68.2%)
FY 2018 Qtr 3 and 4 Jan – June 2018	59	11	5	43	5 of 43 (11.6%)	38 of 43 (88.4%)
FY 2019 (July 2018 - June 2019)	78	20	4	54	19 of 54 (35.2%)	35 of 54 (64.8%)
FY 2020 (July 2019 - June 2020)	158	27	11	120	26 of 120 (21.7%)	94 of 120 (78.3%)
Fiscal Year 21 (July 2020 – June 2021)	83	20	11	52	13 of 52 (25.0%)	39 of 52 (75.0%)
FY 2021 Quarter 1 July - Sept 2020	5	1	0	4	2 of 4 (50.0%)	2 of 4 (50.0%)
FY 2021 Quarter 2 Oct – Dec 2020	40	5	4	31	6 of 31 (19.4%)	25 of 31 (80.6%)
FY 2021 Quarter 3 Jan – March 2021	1	1	0	0	0	0 of 0 No data
FY 21 Quarter 4 Apr – Jun 2021	37	13	7	17	5 of 17 (29.4%)	12 of 17 (70.5%)

**ANALYSIS OF DATA:**

From July 2020 – June 2021, of the 83 transition case files reviewed, 20 people opted out of using the My Move Plan documents and 11 individuals did not inform their case managers that they were moving. Of the remaining 52 case files, 39 files (75%) adhered to the transition protocols. This was a decrease of 3.3% compared to 78.3% the previous fiscal year. This goal is not on track to meet the 2022 goal of 90%.

From April – June 2021, of the 37 transition case file reviewed, 13 individuals opted out of using the My Move Plan document and 7 individuals did not inform their case manager that they were moving. Of the remaining 17 files to review, 12 files (70.5%) adhered to the transition protocols.

Three lead agencies were reviewed during this reporting period. All 5 cases that did not adhere to the transition protocol, the My Move Plan Summary form was not present in the case file during the time of the review.

The plan is considered to meet the transition protocols if all ten items below (from “My Move Plan” document) are present:

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

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

**COMMENT ON PERFORMANCE:**

Due to the COVID-19 pandemic, in April 2020, the Lead Agency Review team modified its onsite process to conducting virtual reviews. The evaluation protocols for lead agency reviews remain unchanged. The Lead Agency Review team paused data collection in January 2021 due to COVID-19 response assignments. The team resumed lead agency review in late March 2021 with one county.

Although there was a decrease in performance compared to the previous fiscal year (78.3%), it is important to note that the sample size of case files for the transition protocols was less than the previous year. This could be due to a number of factors, including the number and size of lead agencies being reviewed during this fiscal year as well as the temporary pause of data collection in January and February 2021. In addition, it was observed in case file reviews that some people also paused moving due to COVID-19.

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

When findings from case file review indicate files do not contain all required documentation, the lead agency is required to bring all cases into full compliance by obtaining or correcting the documentation.

Corrective action plans are required when patterns of non-compliance are evident. Because the move occurred prior to the lead agency site review, transition measures related to the contents of the My Move Plan Summary cannot be remediated. However, lead agencies are provided information about which components of the My Move Plan were Compliant/non-compliant for each of the transition cases that were reviewed.

**TIMELINESS OF DATA:**

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

### III. TIMELINESS OF WAIVER FUNDING

This section reports progress of individuals being approved for home and community-based services waiver funding. An urgency categorization system for the Developmental Disabilities (DD) waiver waiting list was implemented on December 1, 2015. The system categorizes urgency into three categories including Institutional Exit, Immediate Need, and Defined Need. Reasonable pace goals have been established for each of these categories. The goal reports the number of individuals that have funding approved at a reasonable pace and those pending funding approval.

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**TIMELINESS OF WAIVER FUNDING GOAL ONE:** Lead agencies will approve funding at a reasonable pace for persons with a need for the Developmental Disabilities (DD) waiver.

- **By June 30, 2022, the percentage of persons approved for funding at a reasonable pace for each urgency of need category will be: (A) institutional exit (71%); (B) immediate need (74%); and (C) defined need (66%).** *[Added targets in April 2021]*
- 

**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%)
<b>Totals</b>	<b>1,500</b>	<b>707 (47%)</b>	433 (30%)

#### RESULTS:

This goal is **not on track** to meet the 2022 goals.

#### 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%)
<b>Totals</b>	<b>1,656</b>	<b>1,122 (68%)</b>	419 (25%)	115 (7%)

**Time period: Fiscal Year 2019 (July 2018 - June 2019)**

<b>Urgency of Need Category</b>	<b>Total number of people assessed</b>	<b>Reasonable Pace Funding approved within 45 days</b>	<b>Funding approved after 45 days</b>	<b>Pending funding approval</b>
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%)
<b>Totals</b>	<b>1,459</b>	<b>1,044 (72%)</b>	<b>351 (24%)</b>	<b>64 (4%)</b>

**Time Period: Fiscal Year 2020 (July 2019 – June 2020)**

<b>Urgency of Need Category</b>	<b>Total number of people assessed</b>	<b>Reasonable Pace Funding approved within 45 days</b>	<b>Funding approved after 45 days</b>	<b>Pending funding approval</b>
Institutional Exit	71	43 (61%)	22 (31%)	6 (8%)
Immediate Need	273	174 (64%)	84 (31%)	15 (5%)
Defined Need	786	443 (56%)	247 (32%)	96 (12%)
<b>Totals</b>	<b>1,130</b>	<b>660 (59%)</b>	<b>353 (31%)</b>	<b>117 (10%)</b>

**Time Period: Fiscal Year 2021 Quarter 1 (July – September 2020)**

<b>Urgency of Need Category</b>	<b>Total number of people assessed</b>	<b>Reasonable Pace Funding approved within 45 days</b>	<b>Funding approved after 45 days</b>	<b>Pending funding approval</b>
Institutional Exit	18	11 (61%)	7 (39%)	0 (0)
Immediate Need	61	41 (67%)	15 (25%)	5 (8%)
Defined Need	163	108 (66%)	42 (26%)	13 (8%)
<b>Totals</b>	<b>242</b>	<b>160 (66%)</b>	<b>64 (27%)</b>	<b>18 (7%)</b>

**Time Period: Fiscal Year 2021 Quarter 2 (October - December 2020)**

<b>Urgency of Need Category</b>	<b>Total number of people assessed</b>	<b>Reasonable Pace Funding approved within 45 days</b>	<b>Funding approved after 45 days</b>	<b>Pending funding approval</b>
Institutional Exit	8	6 (75%)	2 (25%)	0 (0%)
Immediate Need	43	31 (72%)	11 (26%)	1 (2%)
Defined Need	161	97 (60%)	41 (26%)	23 (14%)
<b>Totals</b>	<b>212</b>	<b>134 (63%)</b>	<b>54 (26%)</b>	<b>24 (11%)</b>

**Time Period: Fiscal Year 2021 Quarter 3 (January – March 2021)**

<b>Urgency of Need Category</b>	<b>Total number of people assessed</b>	<b>Reasonable Pace Funding approved within 45 days</b>	<b>Funding approved after 45 days</b>	<b>Pending funding approval</b>
Institutional Exit	20	17 (85%)	3 (15%)	0 (0%)
Immediate Need	57	42 (74%)	14 (24%)	1 (2%)
Defined Need	165	104 (63%)	41 (25%)	20 (12%)
<b>Totals</b>	<b>242</b>	<b>163 (67%)</b>	<b>58 (24%)</b>	<b>21 (9%)</b>

**Time Period: Fiscal Year 2021 Quarter 4 (April – June 2021)**

<b>Urgency of Need Category</b>	<b>Total number of people assessed</b>	<b>Reasonable Pace Funding approved within 45 days</b>	<b>Funding approved after 45 days</b>	<b>Pending funding approval</b>
Institutional Exit	17	14 (82%)	3 (18%)	0 (0%)
Immediate Need	63	41 (65%)	21 (33%)	1 (2%)
Defined Need	171	114 (67%)	36 (21%)	21 (12%)
<b>Totals</b>	<b>251</b>	<b>169 (67%)</b>	<b>60 (24%)</b>	<b>22 (9%)</b>

**Time Period: Fiscal Year 2021 (July 2020 - June 2021)**

<b>Urgency of Need Category</b>	<b>Total number of people assessed</b>	<b>Reasonable Pace Funding approved within 45 days</b>	<b>Funding approved after 45 days</b>	<b>Pending funding approval</b>
Institutional Exit	63	48 (76%)	15 (24%)	0 (0%)
Immediate Need	224	155 (69%)	61 (27%)	8 (4%)
Defined Need	660	423 (64%)	160 (24%)	77 (12%)
<b>Totals</b>	<b>947</b>	<b>626 (66%)</b>	<b>236 (25%)</b>	<b>85 (9%)</b>

**ANALYSIS OF DATA:**

From July 2020 – June 2021, of the 947 individuals assessed for the Developmental Disabilities (DD) waiver, 626 individuals (66%) had funding approved within 45 days of the assessment date. An additional 236 individuals (25%) had funding approved after 45 days. Only 85 individuals (9%) assessed are pending funding approval. The percentage of individuals with funding approved within 45 days showed progress for each category, however the goal is not on track for the 2022 goals for each urgency category.

For individuals in each urgency category, funding was approved within 45 days as follows:

- Institutional exit had 76% individuals approved. This is on track for the 2022 goal of 71%.
- Immediate need had 69% of individuals approved. This is not on track for the 2022 goal of 74%.
- Defined need had 64% of individuals approved. This is not on track for the 2022 goal of 66%.

From April – June 2021, of the 251 individuals assessed for the Developmental Disabilities (DD) waiver, 169 individuals (67%) had funding approved within 45 days of the assessment date. An additional 60 individuals (24%) had funding approved after 45 days. Only 22 individuals (9%) assessed are pending funding approval. The goal performance remained unchanged from the previous quarter.

**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**

<b>As of Date</b>	<b>Total Number</b>	<b>Institutional Exit</b>	<b>Immediate Need</b>	<b>Defined Need</b>
April 1, 2017	201	13	16	172
July 1, 2017	237	13	26	198
October 1, 2017	152	12	36	104
January 1, 2018	89	1	22	66
April 1, 2018	60	5	20	35
July 1, 2018	94	6	26	62
October 1, 2018	114	12	26	76
January 8, 2019	93	10	18	65
April 1, 2019	79	3	15	61
July 1, 2019	96	10	22	64
October 1, 2019	125	9	29	87
January 1, 2020	117	7	23	87
April 1, 2020	135	9	33	93
July 1, 2020	132	8	16	108
October 1, 2020	113	4	24	85
January 1, 2021	97	5	17	75
April 1, 2021	100	4	15	81
July 1, 2021	123	4	20	99
October 1, 2021	125	6	17	102

**Average Number of Days Individuals are Pending Funding Approval by Category**

As of Date	Institutional Exit	Immediate Need	Defined Need
April 1, 2017	91	130	193
July 1, 2017	109	122	182
October 1, 2017	136	120	183
January 1, 2018	144	108	184
April 1, 2018	65	109	154
July 1, 2018	360	115	120
October 1, 2018	112	110	132
January 8, 2019	138	115	144
April 1, 2019	278	113	197
July 1, 2019	155	125	203
October 1, 2019	262	132	197
January 1, 2020	216	167	205
April 1, 2020	252	152	198
July 1, 2020	318	239	228
October 1, 2020	504	223	289
January 1, 2021	447	345	283
April 1, 2021	310	342	327
July 1, 2021	388	287	334
October 1, 2021	324	328	326

**Median Number of Days Individuals are Pending Funding Approval by Category**

As of Date	Institutional Exit	Immediate Need	Defined Need
April 1, 2017	82	93	173
July 1, 2017	103	95	135
October 1, 2017	102	82	137
January 1, 2018	144	74	140
April 1, 2018	61	73	103
July 1, 2018	118	85	70
October 1, 2018	74	78	106
January 8, 2019	101	79	88
April 1, 2019	215	88	147
July 1, 2019	75	86	84
October 1, 2019	166	103	103
January 1, 2020	104	119	105
April 1, 2020	195	78	121
July 1, 2020	257	165	148
October 1, 2020	367	100	197
January 1, 2021	413	346	189
April 1, 2021	287	332	220
July 1, 2021	377	120	251
October 1, 2021	179	172	228

**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

This section includes reports on two quality of life measures, the National Core Indicator Survey and the Olmstead Plan Quality of Life Survey.

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### NATIONAL CORE INDICATOR SURVEY

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The results for the 2019 National Core Indicator (NCI) survey for individuals with intellectual and developmental disabilities were published in March 2020 and reported in the February 2021 Quarterly Report. The national results of the NCI survey with state-to-state comparison are available at [www.nationalcoreindicators.org](http://www.nationalcoreindicators.org). The Minnesota state reports are available at [www.nationalcoreindicators.org/states/MN](http://www.nationalcoreindicators.org/states/MN).

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### OLMSTEAD PLAN QUALITY OF LIFE SURVEY

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The [Olmstead Plan Quality of Life Survey: Second Follow-Up 2020 Final Report](#)<sup>6</sup> was accepted by the Olmstead Subcabinet on April 26, 2021. This report is a follow-up to the [Olmstead Plan Quality of Life Survey: First Follow-Up 2018](#) in 2018 and the [Olmstead Plan Quality of Life Survey Baseline Report](#) conducted in 2017. This study includes people with disabilities of all types and ages in segregated settings, or at risk of being placed in segregated settings.

The Olmstead Subcabinet authorized this longitudinal survey to track progress of the quality of life (QOL) of Minnesotans with disabilities as the Olmstead Plan is being implemented. The Quality of Life Survey is a multi-year effort to assess the quality of life for people with disabilities who receive state services in potentially segregated settings. Minnesota Department of Human Services identified places such as group homes, nursing facilities and center-based employment as having the potential to be segregated settings.

The results of the QOL surveys are shared with state agencies implementing the plan so they can evaluate their efforts and better serve Minnesotans with disabilities.

#### Key Facts about the Second Follow-up Survey (2020)

- From August 2020 through February 2021, a total of 561 people completed the survey. This included 509 who participated in the baseline survey and 52 who were added to the sample (oversampled) to allow a more nuanced understanding of experiences of people who are Black, Indigenous and People of Color.
- The results in this report reflect the experiences of the respondents and speak directly to the settings from which the sample was drawn. Therefore, results cannot be generalized to all people with disabilities in Minnesota.

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<sup>6</sup> More information about the Quality Of Life Survey is available online at [www.mn.gov/olmstead](http://www.mn.gov/olmstead).

A selection of results from the Quality of Life Survey is summarized below for each report to date.

<b>Results from each Survey</b>	<b>Baseline Survey 2017</b>	<b>First follow-up 2018</b>	<b>Second follow-up 2020</b>
Timeframe of survey interviews	2 – 11/2017	6 – 11/2018	8/2020 – 2/2021
Number of survey participants	2,005	511	561
Overall quality of life (out of 100)	76.6	77.4	77.6
Power over decision-making (out of 100)	66.2	67.6	67.4
Average number of close relationships	4.1	3.7	3.4
Percent of participants who said they had at least 5 close relationships	62	50	39
Participation in work, day programs or school	83	80	44
Average outings per month	31.9	30.5	16.9
Interactions with people in the community	37.7	36.5	20.1

### Highlights from the Second Follow-up Survey

- The survey measures quality of life over time for a specific population in Minnesota: people who access services in potentially segregated settings. The overall quality of life score remains unchanged since 2017 (76.6 in 2017 compared to 77.6 in 2020). Despite millions of dollars in investments and well-intentioned initiatives, the needle on quality of life has not moved since 2017. In many areas, this data indicates a continued decline in integration that the State must reverse.
- The survey detected no definitive changes in the key elements measuring quality of life, although Black and multiracial participants reported the lowest quality of life scores.
- Participants had the same amount of power over decisions that affect them as in previous years (66.2 in 2017 compared to 67.4 in 2020). On average, paid staff made big decisions. Participants with publicly-funded guardians had less decision-making control and less integration on their outings than those with no guardian or a private (usually family) guardian.
- The average number of close relationships for participants decreased from 4.1 in 2017 to 3.4 in 2020. This decrease may have been impacted by COVID-19.
- The percent of participants who said they had at least five close relationships decreased from 62% in 2017 to 39% in 2020.
- The survey aims to understand participants’ daily activities and opportunities for engagement in the four weeks leading up to the survey. This includes how many hours they work, how much time they spend volunteering, how often they visit with friends and family, and how often they participate in community events.
  - Participation in work, day programs and school declined dramatically, from 80 in 2018 to 44 in 2020.
  - Participants engaged with their communities far less. On average, participants had 16.9 outings per month in 2020 compared to 30.5 in 2018.
  - Individuals interacted with people in the community far less, from 36.5 in 2018 to 20.1 in 2020.

### **COVID-19 Impacts**

COVID-19 had a clear impact on survey participants and findings. At the same time, we know from the 2017 and 2018 surveys that the pandemic is not the only factor that has stalled progress. Previous surveys show that segregation was a problem before the pandemic disrupted day programs and social opportunities. In some instances, participants shared how providers and staff enforcing COVID-19 restrictions lowered their quality of life. We must document these impacts because this may be the only statewide survey that captured the experiences of people with disabilities in Minnesota during the pandemic.

Participants engaged with their communities far less during COVID-19. Only some could turn to the internet in place of in-person activities. This is partly because access to technology required to join online events is not universal. The survey did not ask whether participants had access to the internet, but 84% took the survey by phone rather than video call.

When asked specifically about COVID-19, 54% of participants said their life got worse during the pandemic because of lost income, fewer opportunities to be social, loss of community, restrictions on visitors, day program closures, and other pandemic-related restrictions. On the other hand, roughly 7% of participants said life was better or much better during the pandemic. One reason they shared was reduced stress from not having to participate in day activities and outings. This shows that people's quality of life could be better if they could make these decisions for themselves.

### **Next Steps**

- Future surveys will continue to oversample to include people who are Black, Indigenous and People of Color.
- Planning for the next Quality of Life Survey will begin in the fall of 2022.

### **Background**

The Olmstead Subcabinet selected the Center for Outcome Analysis (COA) Quality of Life survey tool for the study. This tool was selected because it is reliable, valid, low-cost and could be used with all people with disabilities. The OIO then conducted a pilot survey to test the effectiveness of the tool.

## 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:** Plans for people using disability home and community-based waiver services will meet protocols based on the presence of eight required criteria. Protocols are based on principles of person-centered planning and informed choice. By June 20, 2022, the eight required criteria will be present at a combined rate of 90%. *[Extended in April 2021]*

**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. The combined rate was 67%.

Element	Required criteria	Percent
1	The support plan describes goals or skills that are related to the person's <b>preferences</b> .	74%
2	The support plan includes a global statement about the person's <b>dreams and aspirations</b> .	17%
3	Opportunities for <b>choice</b> in the person's current environment are described.	79%
4	The person's current <b>rituals and routines</b> are described.	62%
5	<b>Social</b> , leisure, or religious <b>activities</b> 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 <b>living</b> setting is identified.	80%
8	The person's preferred <b>work</b> activities are identified.	71%
ALL	Combined average of all 8 elements	67%

### RESULTS:

The goal is **on track** to meet the 2022 goal of 90%.

*Table amounts are percentages*

Time period	(1) Prefer- ences	(2) Dreams Aspirations	(3) Choice	(4) Rituals Routines	(5) Social Activities	(6) Goals	(7) Living	(8) Work	Avg of all 8
Fiscal Year (Months)									
Baseline (April – June 2017)	74	17	79	62	83	70	80	71	67
FY 18 (July 17 – June 18)	81.3	31.3	92.5	59.8	92.4	81.3	96.3	89.6	78.1
FY 19 (July 18 – June 19)	91.8	58.4	97.9	59.8	96.0	95.3	98.7	99.0	87.1
FY 20 (July 19 – June 20)	91.1	77.2	98.9	77.1	98.8	97.0	99.1	98.7	92.2
FY 21 (July 20 – June 21)	96.1	75.9	99.6	72.8	99.2	99.6	99.4	99.7	92.8
FY 21 Q1 (July – Sept 20)	94.0	75.9	98.8	72.3	97.6	98.8	97.6	98.8	91.7
FY 21 Q2 (Oct – Dec 20)	95.4	79.3	99.7	74.4	99.7	99.7	100	100	93.5
FY 21 Q3 (Jan – Mar 21)	100	60.0	100	60.0	100	100	100	100	90.0
FY 21 Q4 (Apr – Jun 21)	95.2	88.6	100	84.3	99.7	100	100	100	96.0

**ANALYSIS OF DATA:**

From July 2020 – June 2021, of the 812 case files reviewed, the eight required elements were present in the percentage of files shown above. The combined average of the eight elements was 92.8%, an increase of 0.6% from the previous year. Five of the eight elements achieved above 99%. Six elements showed an increase and 2 showed a decrease in their level of compliant performance. The goal is on track to meet the 2022 goal of 90%.

For the period from April – June 2021, of the 376 case files reviewed, the eight required elements were present in the percentage of files shown above. The combined average of the eight elements was 96.0%, an increase of 6.0% from the previous quarter. Four of the eight elements achieved 100%. Three elements showed an increase and two showed a decrease in their level of compliant performance.

**Total number of cases and sample of cases reviewed**

<b>Time period</b>	<b>Total number of cases (disability waivers)</b>	<b>Sample of cases reviewed (disability waivers)</b>
Fiscal Year 18 (July 2017 - June 2018)	12,192	1,243
Fiscal Year 19 (July 2018 - June 2019)	4,240	515
Fiscal Year 20 (July 2019 - June 2020)	18,992	1,245
Fiscal Year 21 (July 2020 - June 2021)	7,900	812
FY 21 Quarter 1 (July – September 2020)	558	83
FY 21 Quarter 2 (October – December 2020)	2,754	328
FY 21 Quarter 3 (January – March 2021)	194	25
FY 21 Quarter 4 (April – June 2021)	4,394	376

**Lead Agencies Participating in the Audit <sup>7</sup>**

<b>Time period</b>	<b>Lead agencies</b>
Fiscal Year 18 (July 2017 – June 2018)	(19) Pennington, Winona, Roseau, Marshall, Kittson, Lake of the Woods, Stearns, McLeod, Kandiyohi, Dakota, Scott, Ramsey, Big Stone, Des Moines Valley Alliance, Kanabec, Nicollet, Rice, Sibley, Wilkin
Fiscal Year 19 (July 2018 – June 2019)	(15) Brown, Carlton, Pine, Watonwan, Benton, Blue Earth, Le Sueur, Meeker, Swift, Faribault, Itasca, Martin, Mille Lacs, Red Lake, Wadena
Fiscal Year 20 (July 2019 – June 2020)	(20) Mahnommen, Koochiching, Wabasha, Goodhue, Traverse, Douglas, Pope, Grant, Stevens, Isanti, Olmsted, St. Louis, Hennepin, Carver, Wright, Crow Wing, Renville, Lac Qui Parle, Chippewa, Otter Tail
Fiscal Year 21 (July 2020 - June 2021)	(11) Mower, Norman, Houston, Freeborn, Nobles, SWHHS Alliance (Lincoln, Lyon, Murray, Pipestone, Redwood, Rock), Washington, Fillmore, Anoka, Clearwater, Sherburne
FY 21 Q1 (July – Sept 2020)	(2) Mower, Norman
FY 21 Q2 (Oct – December 2020)	(5) Houston, Freeborn, Nobles, SWHHS Alliance (Lincoln, Lyon, Murray, Pipestone, Redwood, Rock), Washington
FY 21 Q3 (January – March 2021)	(1) Fillmore
FY 21 Q4 (April – June 2021)	(3) Anoka, Clearwater, Sherburne

<sup>7</sup> Agency visits are sequenced in a specific order approved by Centers for Medicare and Medicaid Services (CMS)

**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 three lead agencies reviewed, Anoka County was required to develop corrective action plans in one of the categories of person-centered practices for the BI program. This is a noticeable improvement of lead agencies' commitment to improve their person-centered practices.

**COVID-19 Impact**

Due to the COVID pandemic, in April 2020, the Lead Agency Review team modified its onsite process to conducting virtual reviews. The evaluation protocols for lead agency reviews remain unchanged. The Lead Agency Review team paused data collection with lead agencies in January and February of 2021 due to COVID-19 response assignments. The team resumed lead agency review in late March with Fillmore County.

**UNIVERSE NUMBER:**

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

**TIMELINESS OF DATA:**

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

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**POSITIVE SUPPORTS GOAL ONE:** By June 30, 2022, the number of individuals receiving services licensed under Minn. Statute 245D, or within the scope of Minn. Rule, Part 9544, (for example, home and community based services) who experience a restrictive procedure, such as the emergency use of manual restraint when the person poses an imminent risk of physical harm to themselves or others and it is the least restrictive intervention that would achieve safety, will not exceed 506. *[Extended in April 2021]*

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**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:**

This goal is **on track** to meet the 2022 annual goal to not exceed 506.

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
2020 Annual (July 2019 - June 2020)	561 (unduplicated)	81
2021 Annual (July 2020 - June 2021)	*456 (unduplicated)	105
2021 Q1 (July - September 2020)	193 (duplicated)	N/A – quarterly number
2021 Q2 (October - December 2020)	183 (duplicated)	N/A – quarterly number
2021 Q3 (January – March 21)	190 (duplicated)	N/A – quarterly number
2021 Q4 (April – June 2021)	177 (duplicated)	N/A – quarterly number

\*The annual total of 456 is different than the total of the four quarters (743). The quarterly numbers are duplicated counts. The annual number has been unduplicated. Individuals may experience restrictive procedures during multiple quarters in a year.

**ANALYSIS OF DATA:**

From July 2020 – June 2021, the total number of people who experienced a restrictive procedure was 456. This was a decrease of 105 from the previous year and a decrease of 620 from baseline. This is on track to meet the 2022 goal not to exceed 506.

From April – June 2021, the total number of people who experienced a restrictive procedure was 177. This was a decrease of 13 from the previous quarter. The quarterly numbers are duplicated counts. Individuals may experience restrictive procedures during multiple quarters in a year. Progress on the annual goal cannot be determined until the numbers for the four quarters are unduplicated.

**COMMENT ON PERFORMANCE:**

From April – June 2021, there were 177 individuals who experienced a restrictive procedure:

- 157 individuals were subjected to Emergency Use of Manual Restraint (EUMR) only. This was a decrease of 8 people from last quarter. Such EUMRs are permitted and not subject to phase out requirements like all other “restrictive” procedures. These reports are monitored and technical assistance is available when necessary.
- 20 individuals experienced restrictive procedures other than EUMRs (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures). This was a decrease of 5 from the previous quarter. DHS staff and the External Program Review Committee provide follow up and technical assistance for all reports involving restrictive procedures *other than* EUMR. It is anticipated that focusing technical assistance with this subgroup will reduce the number of individuals experiencing restrictive procedures and the number of reports (see Positive Supports Goal Three).

Under the Positive Supports Rule, the External Program Review Committee (EPRC) convened in February 2017 has the duty to review and respond to Behavior Intervention Reporting Form (BIRF) reports involving EUMRs. Beginning in May 2017, the EPRC conducted outreach to providers in response to EUMR reports. It is anticipated the EPRC’s work will help to reduce the number of people who experience EUMRs through the guidance they provide to license holders regarding specific uses of EUMR. The purpose of EPRC engagement in these cases is to provide guidance to help reduce the frequency and/or duration of future emergency uses of manual restraint. The EPRC looks at trends in EUMR over six months to identify which providers currently need additional support. They also look at trends in 911 calls to monitor that decreases in EUMR are not replaced by increases in 911 calls.

During this quarter, the EPRC reviewed BIRFs, positive support transition plans, and functional behavior assessments. Based on the content within those documents, the committee conducted EUMR-related assistance involving 47 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, 2022, the number of Behavior Intervention Reporting Form (BIRF) reports of restrictive procedures for people receiving services licensed under Minn. Statute 245D, or within the scope of Minn. Rule, Part 9544, (for example, home and community based services) will not exceed 2,821. *[Extended in April 2021]*

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

**RESULTS:**

The goal is **on track** to meet the 2022 goal to not exceed 2,821.

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
2020 Annual (July 2019 - June 2020)	3,126	97
2021 Annual (July 2020 - June 2021)	*2,636	490
2021 Q1 (July – September 2020)	702	N/A – quarterly number
2021 Q2 (October – December 2020)	573	N/A – quarterly number
2021 Q3 (January – March 21)	721	N/A – quarterly number
2021 Quarter 4 (April – June 2021)	604	N/A – quarterly number

\*The annual total of 2,636 is greater than the sum of the four quarters (2,600). This is due to late submissions of 36 reports of restrictive procedures throughout the four quarters.

**ANALYSIS OF DATA:**

From July 2020 – June 2021, the number of restrictive procedure reports was 2,636. That is a decrease of 490 from 3,126 the previous year and a decrease of 5,966 from baseline. This goal is on track to meet the 2022 goal to not exceed 2,821 reports.

From April – June 2021, the number of restrictive procedure reports was 604. This was a decrease of 117 from the previous quarter.

**COMMENT ON PERFORMANCE:**

From April – June 2021 there were 604 reports of restrictive procedures quarter. Of those reports:

- 498 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.
  - This is a decrease of 66 reports of EUMR from the previous quarter.
  - 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.

- 106 reports involved restrictive procedures other than EUMR (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures).
  - This is a decrease of 51 non-EUMR restrictive procedure reports from the previous quarter.
  - 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.
  
- 26 uses of seclusion were reported this quarter. This is a decrease of 11 reports.
  - 25 reports of seclusion involving 8 people occurred at the Forensic Mental Health Program in St Peter (formerly known as Minnesota Security Hospital).
  - This is a decrease of 9 uses and a decrease of 3 people from the previous quarter.
  - 1 report of seclusion involving 1 person was an unapproved use by a community provider.
  - As necessary, DHS Licensing Division investigates and issues correction orders for any violations of the Positive Supports Rule associated with use of mechanical restraint.
  
- There were zero reports of timeout this quarter.
  
- There were 3 uses of penalty consequences reported this quarter for 2 people. Technical assistance was provided and it was determined that these were coding errors.

**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<sup>vi</sup>, with limited exceptions to protect the person from imminent risk of serious injury. (Examples of a limited exception include the use of a helmet for protection of self-injurious behavior and safety clips for safe vehicle transport).

- By June 30, 2022, the emergency use of mechanical restraints, other than the use of an auxiliary device<sup>8</sup> will be reduced to no more than 88 reports. *[Extended in April 2021]*

**2021 Goal**

- By June 30, 2021, reduce mechanical restraints, other than use of auxiliary devices, to no more than 93 reports

**Baseline:** From July 2013 - June 2014, there were 2,038 BIRF reports of mechanical restraints involving 85 unique individuals. In SFY 2019, of the 658 reports of mechanical restraints, 336 were for use of auxiliary devices to ensure a person does not unfasten a seatbelt in a vehicle. The number of reports other than use of auxiliary devices were 322.

**RESULTS:**

The 2021 goal of no more than 93 was **not met**.

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

Time period	Reports (other than seat belt devices)	Reports on use of auxiliary devices	Total number of reports (includes auxiliary devices)	Number of individuals at end of time period
2019 Annual Baseline (July 2018 – June 2019)	332	336	658	12
2020 Annual (July 2019 – June 2020)	273	257	530	10
2021 Annual (July 2020 – June 2021)	153	220	373	8
2021 Q1 (July – Sept 2020)	23	40	63	10
2021 Q2 (Oct – Dec 2020)	34	47	81	9
2021 Q3 (Jan – March 21)	49	71	120	9
2021 Q4 (Apr – June 21)	32	45	77	8

<sup>8</sup> Auxiliary devices ensure a person does not unfasten a seat belt in a vehicle and includes seatbelt guards, harnesses and clips.

### **ANALYSIS OF DATA:**

From July 2020 – June 2021, the number of reports of mechanical restraints other than auxiliary devices was 153. That is a decrease of 120 from 273 the previous year. The 2021 goal to reduce to no more than 93 reports was not met. From July 2020 – June 2021, the total number of reports of mechanical restraints including auxiliary devices was 373 which is a decrease of 157 reports from the previous year. At the end of the reporting period, the number of individuals for whom the use of mechanical restraint use was approved was 8.

From April – June 2021, the number of reports of mechanical restraints other than auxiliary devices was 32. This was a decrease of 17 from the previous quarter. At the end of the reporting period, the number of individuals for whom the use of mechanical restraint use was approved was 8. This is a decrease of 1 from the last quarter. During this quarter the total number of reports of mechanical restraints (including auxiliary devices), was 77. This is a decrease of 43 from the previous quarter.

### **COMMENT ON PERFORMANCE:**

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

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

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

Of the 77 BIRFs reporting use of mechanical restraint in Quarter 4:

- 45 reports involved auxiliary devices to prevent a person from unbuckling their seatbelt during travel. This is a decrease of 26 reports from the previous quarter.
- 32 reports involved use of another type of mechanical restraint. This is a decrease of 17 from the previous quarter.
  - 11 reports involved 2 people who had the use of self-injury protection equipment (examples include helmets, splints, braces, mitts, and gloves) reviewed by the EPRC and approved by the Commissioner for the emergency use of mechanical restraint. This was a decrease of 8 reports from the previous quarter.
  - 9 reports involving 6 people, were submitted by the Forensic Mental Health Program in St Peter (formerly called Minnesota Security Hospital). Compared to the previous quarter, this was a decrease of 10 reports and an increase of 1 person. As necessary, DHS Licensing Division

investigates and issues correction orders for any violations of the Positive Supports Rule associated with use of mechanical restraint.

- 12 reports involving 2 people were submitted by a provider whose use was within the 11 month phase out period. This was an increase of 2 reports and an increase of 1 person from the previous quarter. An 11 month phase out period is allowed under Minn. Stat. 245D.06, Subd.8 when a person starts services with a new provider after having previously been supported by a different caregiver who used prohibited procedures (e.g. hospitals, non-licensed providers or caregivers, services from other states, etc.)

**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.

**HOUSING AND SERVICES GOAL ONE:** By June 30, 2022, the number of people with disabilities who live in the most integrated housing of their choice where they have a signed lease and receive financial support to pay for the cost of their housing will increase by 1,167 (during 2021 and 2022).

*[Extended and target reset in April 2021]*

### 2021 Goal:

- By June 30, 2021, the number of individuals moving into integrated housing will be 569.

**Baseline:** In State Fiscal Year 2014 (July 2013 – June 2014), there were an estimated 38,079 people living in segregated settings. Over the last 10 years, 5,995 individuals with disabilities moved from segregated settings into integrated housing of their choice where they have a signed lease and receive financial support to pay for the cost of their housing. From July 2014 – June 2020, an additional 5,388 individuals moved into integrated housing of their choice (an annual average of 898).

### RESULTS:

The 2021 annual goal to increase the number of people living in integrated housing by 569 was **met**.

Time period	People in integrated housing	Increase from previous year	Increase over baseline	Percent change over baseline
2014 Baseline (July 2013 – June 2014)	5,995	--	--	--
2015 Annual (July 2014 – June 2015)	6,910	915	915	15.3%
2016 Annual (July 2015 – June 2016)	7,605	695	1,610	26.8%
2017 Annual (July 2016 – June 2017)	8,745	1,140	2,750	45.8%
2018 Annual (July 2017 – June 2018)	9,869	1,263	3,852	64.2%
2019 Annual (July 2018 – June 2019)	10,251	382	4,256	70.4%
2020 Annual (July 2019 – June 2020)	11,383	1,132	5,388	89.9%
2021 Annual (July 2020 – June 2021)	12,478	1,095	6,483	108.1%

### ANALYSIS OF DATA:

From July 2020 – June 2021 the number of people living in integrated housing increased by 1,095 from the previous year and an increase of 6,483 over baseline. The annual growth was above the annual average of 898, but the growth was 37 less than in the previous year (1,095 compared to 1,132). Although there was a decrease from the previous year, the 2021 goal was met.

### COMMENT ON PERFORMANCE:

The entire 2021 fiscal year was during the COVID-19 pandemic which is still underway at the time of this reporting. While it is unclear what the specific impact was on this performance measure, with time it will be better understood how this major social disruption played out in both the housing market and the service delivery system.

Factors that may have had an impact on this performance measure during fiscal year 2021 include the eviction moratorium, additional federal funding, and increased efforts to move people from homelessness to housing due to the pandemic. During the peace time emergency, the Governor issued an Executive Order that prevented people from being evicted from their homes during the emergency. The moratorium likely impacted the number of housing units available due to people not moving for units to be available. An eviction off ramp was passed by the legislature that went into effect on June 30, 2021.

When there is a tight housing market, access to housing is reduced and landlords may be unwilling to rent to individuals with public assistance, limited rental history or other similar factors. DHS is continuing to increase housing supports in Minnesota to address these barriers. The specific programs being measured in the above goal will not show the full picture of the impact of these supports, but some of these new services and supports include: the Community Living Infrastructure grants supporting individuals in the community to find housing; increase to Minnesota Supplemental Aid (MSA) Housing Assistance in July 2020; and the new Housing Stabilization Services Medicaid Services available in July 2020 which will allow providers to bill for housing search and other support services for an individual moving from homelessness (or other housing instability) to more stable housing situations.

**TIMELINESS OF DATA:**

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

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**EMPLOYMENT GOAL TWO:** By June 30, 2022, of the 50,157 people receiving services from certain Medicaid funded programs, there will be an increase of 6,283 over baseline to 12,420 in competitive integrated employment. *[Extended in April 2021]*

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**2021 Goal**

- By June 30, 2021, the number of individuals in competitive integrated employment will increase to 11,420.

**Baseline:** In 2014, of the 50,157 people age 18-64 in Medicaid funded programs, 6,137 were in competitive integrated employment. Medicaid funded programs include: Home and Community-Based Waiver Services, Mental Health Targeted Case Management, Adult Mental Health Rehabilitative Services, Assertive Community Treatment and Medical Assistance for Employed Persons with Disabilities (MA-EPD).

**RESULTS:**

Based on Fiscal Year 2020 data, the 2021 annual goal to increase the number of individuals in competitive integrated employment to 11,420 was **not met**.

**MA Recipients (18 -64) in Competitive Integrated Employment (CIE)**

<b>Time period</b>	<b>Total MA recipients</b>	<b>Number in CIE (\$600+/month)</b>	<b>Percent of MA recipients in CIE</b>	<b>Change from previous year</b>	<b>Increase over baseline</b>
Baseline (July 2013 – June 2014)	50,157	6,137	12.2%	--	--
July 2014 – June 2015	49,922	6,596	13.2%	459	459
2017 Annual Goal (July 2015 – June 2016)	52,383	8,203	15.7%	1,607	2,066
2018 Annual Goal (July 2016 – June 2017)	54,923	9,017	16.4%	814	2,880
2019 Annual Goal (July 2017 – June 2018)	58,711	9,751	16.6%	734	3,614
2020 Annual Goal (July 2018 – June 2019)	57,640	10,420	18.1%	669	4,283
2021 Annual (July 2019 – June 2020)	59,080	10,488	17.8%	68	4,351

**ANALYSIS OF DATA:**

During July 2019 – June 2020 there were 10,488 people in competitive integrated employment earning at least \$600 a month. This is an increase of 68 from the previous year and 932 below the 2021 goal of 11,420. The 2021 goal was not met.

The data reported is a proxy measure to track the number of individuals in competitive integrated employment from certain Medicaid programs and includes the number of people who have monthly earnings of over \$600 a month. This is calculated by dividing the annual earnings of an individual (as reported by financial eligibility workers during re-qualification for Medicaid) by the number of months they have worked in a given fiscal year.

During development of the employment data dashboard in 2015, DHS tested the use of \$600 a month as a proxy measure for competitive integrated employment. This was done by reviewing a random sample of files across the state. DHS staff verified that information from the data system matched county files and determined that when people were working and making \$600 or more, the likelihood was they were in competitive integrated employment.

**COMMENT ON PERFORMANCE:**

July 2019 – June 2020 data shows a small increase in the number of MA recipients in competitive integrated employment, but a decrease in the percentage of MA recipients in competitive integrated employment. This percentage decrease is likely the result of the initial impact of the COVID-19 pandemic. The final months of FY 2021 (March through June 2020) is when measures to curb the spread of COVID-19 were being implemented and many people may have been furloughed, lost employment, or chose to leave employment due to risk of exposure.

July 2019 – June 2020 shows a small increase in the absolute number of MA recipients in competitive employment, but a decrease in the overall percentage. This percentage decrease is likely the result of the initial impact of the COVID-19 pandemic. The final four months of FY 2021 (March-June 2020) is

when measures to curb the spread of COVID-19 were being implemented and many people may have been furloughed, lost employment, or chose to leave employment due to risk of exposure.

### **Moving Forward**

Moving forward, DHS continues to work to ensure that all Minnesotans with disabilities have the option of competitive integrated employment. DHS seeks to continue to work on this goal and continuously improve efforts around employment. Part of these efforts include:

- **Providing three new employment services in the Medicaid Home and Community Based Services (HCBS) waivers:** As of September 2019 Minnesota has fully transitioned HCBS waiver services to include three new employment services: Exploration, Development, and Support. These services not only help better identify what employment supports someone is receiving, but they also provide new resources to support competitive, integrated employment for people receiving waiver services.
- **Carry out and strengthen the E1MN partnership with DHS, DEED, and MDE:** In January 2021, DHS, DEED, and MDE launched an E1MN state agency partnership to advance employment first outcomes. This partnership grounds our agencies in shared values, clarifies federal guidance, and explains: how we will coordinate efforts, how services sequence, how we will increase shared service providers, and how we will work to create seamless referrals/transitions between programs. Ongoing E1MN efforts include:
  - Interagency Coordination: Our agencies have established structures to coordinate our efforts and implement agreements as well as elicit stakeholder feedback
  - Service provider alignment: Our agencies are aligning our shared network of employment service providers to improve access to employment services and support seamless transitions between services.
  - Aligning employment services: Our agencies have clarified the sequencing of our employment services
  - Service experiences and transitions: Our agencies are developing clear referral processes between programs and clarifying the roles and responsibilities of support professionals at each stage of a person's employment journey.
- **Resources and training to support employment:** As part of the E1MN partnership, DHS and DEED have built on demand training and resources in a [Work Toolkit](#) on the Disability Hub MN. DHS is promoting use of these resources and trainings for lead agencies and providers as well as building new trainings and developing a training curriculum. DHS and DEED are also hosting regional collaboration events to increase local area partnerships (including lead agencies, providers, and Vocational Rehabilitation Services/State Services for the Blind offices) advancing employment.
- **Administer the Task Force on Eliminating Subminimum Wages:** In the coming year, DHS will be administering this task force to develop a plan and make recommendations to phase out payment of subminimum wages to people with disabilities on or before August 1, 2025. More information can be found at [Task Force on Eliminating Subminimum Wages](#).
- **Administer Provider Reinvention Grant Program:** In the coming years and ending in 2024, DHS will be administering a provider reinvention grant program to promote independence and increase opportunities for people with disabilities to earn competitive wages. This program will provide funding and technical assistance support to employment service providers who commit to ending their use of subminimum wages by April 1, 2024.

- ***Carrying out the Minnesota Technical Assistance Project (MN-TAP):*** Launched in 2018, MN-TAP was a 2-year project funded by DHS, and designed to improve employment outcomes for people with disabilities. The Institute for Community Inclusion at the University of Massachusetts Boston, in partnership with the Institute on Community Integration at the University of Minnesota, provided technical assistance (TA) to 2 cohorts of provider agencies, each cohort with 6 agencies. A total of 12 organizations participated over the course of the 2 years. The goal of the TA was to help providers expand their capacity to support people with intellectual/ developmental disabilities (I/DD) in obtaining and succeeding in competitive, integrated employment opportunities. The project ended in September 2020, however the learnings and recommendations from the final report will be used to inform future efforts. The experience with MN-TAP will specifically be helpful in considering DHS’s approach to administering the Provider Reinvention Grant Program.

**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.

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**LIFELONG LEARNING AND EDUCATION GOAL TWO:** By June 30, 2025, the percent of students with disabilities who have enrolled in an integrated postsecondary education setting within one year of leaving high school will increase to 34.8% (from the 2020 baseline of 29.8%.) *[Baseline and targets revised in April 2021]*

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**2021 Goal**

- By June 30, 2021, the percent of students with disabilities who have enrolled in an integrated postsecondary setting in the fall after graduating will increase to 30.8%.

**Baseline:** Based on 2020 Minnesota’s Statewide Longitudinal Education Data System (SLEDS), of the 7,212 students with disabilities who graduated statewide in 2018, a total of 2,151 (29.8%) enrolled in the fall of 2018 into an integrated postsecondary institution.

**RESULTS:**

The 2021 goal (using 2019 SLEDS data) of 30.8% was **not met**.

Time period	Students with disabilities graduating	Students enrolling in accredited institution of higher education	Percent of students
2016 Data – 2014 SLEDS (August 2014 – July 2015 data)	6,749	2,107	<b>31.2%</b>
2017 Annual Goal – 2015 SLEDS (August 2015 – July 2016 data)	6,722	2,241	<b>33.3%</b>
2018 Annual Goal – 2016 SLEDS (August 2016 – July 2017 Data)	6,648	2,282	<b>34.3%</b>
2019 Annual Goal – 2017 SLEDS <sup>9</sup> (August 2017 – July 2018 Data)	6,792	2,259	<b>33.3%</b>
<b>Reset Baseline and goals</b>			
2020 Baseline – 2018 SLEDS <sup>10</sup> (August 2018 – July 2019 Data)	7,212	2,151	<b>29.8%</b>
2021 Annual Goal – 2019 SLEDS <sup>11</sup> (August 2018 – July 2019 Data)	7,564	1,953	<b>25.8%</b>

**ANALYSIS OF DATA:**

Of the 7,564 students with disabilities who graduated in 2019, there were 1,953 students (25.8%) who enrolled in an accredited institution of higher education in fall 2019. This was a decrease of 4.0% from the baseline. The 2021 goal to increase to 30.8% was not met.

Beginning in 2015, SLEDS additional data is provided by student race and ethnicity. This information includes the percentage of students with disabilities within five racial or ethnic groups that graduated and subsequently enrolled in an accredited institution of higher education in the fall of that year.

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<sup>9</sup> SLEDS data retrieved October 10, 2019 from <http://sleds.mn.gov>.

<sup>10</sup> SLEDS data retrieved October 27, 2020 from <http://sleds.mn.gov>.

<sup>11</sup> SLEDS data retrieved November 3, 2021 from <http://sleds.mn.gov>.

**Percentage of graduates with disabilities enrolling in accredited institutions of higher education by graduation year and racial or ethnic group**

<b>Time period</b>	<b>American Indian or Alaskan Native</b>	<b>Asian or Pacific Islander</b>	<b>Hispanic or Latino</b>	<b>Black or African American</b>	<b>White, not of Hispanic Origin</b>
2015 SLEDS (Aug 2015 – July 2016)	22%	35%	27%	28%	35%
2016 SLEDS (Aug 2016 – July 2017)	23%	35%	28%	28%	36%
2017 SLEDS (Aug 2017 – July 2018)	16%	42%	29%	28%	36%
2018 SLEDS (Aug 2018 – July 2019)	17%	26%	32%	24%	32%
2019 SLEDS (Aug 2019 – July 2020)	15%	36%	25%	23%	32%

**COMMENT ON PERFORMANCE:**

Minnesota saw a decrease in the percentage of students with disabilities enrolling in institutions of higher education through the fall of 2020. The trend for students with disabilities coincides with a trending decrease in enrollment for all students in general. During the same time period, enrollment in an accredited institution of higher education for students without disabilities declined from 67% in 2019 to 66% in 2020. To be considered enrolled in an accredited institution of higher education for the purposes of SLEDS reporting, a student must be on a credit earning track towards a certificate, diploma, two- or four-year degree, or other formal academic award.

Analysis of the reported data included comparisons with other postsecondary outcomes data for students with disabilities available in SLEDS. Current SLEDS data indicates that 44% of students with disabilities who graduated in 2019 were subsequently employed in competitive integrated employment, which is a decrease from 47% in 2018. While Minnesota saw a decrease in the percentage of students with disabilities enrolling in accredited institutions of higher, the data suggests the possibility that other students may be accessing work-related job-specific skills training and certificate programs, including those available from technical colleges, although fewer than in the previous year. With recovery from the COVID-19 pandemic, Minnesota has a strong employment outlook and despite the 3% decline observed for 2019 graduates with disabilities, it is still valid to consider that many students with disabilities may be choosing to enter the job market in entry-level positions, gaining experience and independence, or saving money for college as higher education expenses continue to be on the rise.

Based on a review that included the presented data disaggregated by race/ethnicity, MDE is continuing its State Personnel Development Grant (SPDG) and State Systemic Improvement Plan (SSIP) effort to improve graduation rates for American Indian and Black students with disabilities as a means to increase successful postsecondary enrollment rates for these students.

MDE staff continue a partnership with the career and technical education staff of Minnesota State (formerly Minnesota State Colleges and Universities), including disability supports coordinators in the Minnesota State system. MDE also continued ensuring ongoing print and online accessibility of the Postsecondary Resource Guide. MDE staff publicize online training resources that are currently located on Normandale Community College website at <http://www.normandale.edu/osdresources>.

MDE is a state agency partner in the Minnesota Inclusive Higher Education Consortium (MIHEC), an initiative to expand Minnesota inclusive postsecondary education options. The Minnesota Inclusive Higher Education Consortium (MIHEC) is a collaborative group of stakeholders including inclusive higher education institutions, local education agencies, key state agencies, advocates, families, legislators and nonprofit organizations. MIHEC is committed to expanding Minnesota postsecondary education opportunities to all interested youth, young adults and adults with intellectual and developmental disabilities, including students from diverse ethnic, cultural, linguistic, geographic and socio-economic backgrounds.

MDE is a state agency partner in the Administration for Community Living (ACL) Project of National Significance (PNS) at the University of Minnesota's Institute on Community Integration (ICI). Projects of National Significance focus on the most pressing issues affecting people with developmental disabilities and their families, creating and enhancing opportunities for these individuals to contribute to, and participate in, all facets of community life. Through PNS, ACL and its grantee partners support the development of national and state policy and awards grants and contracts that enhance the independence, productivity, inclusion, and integration of people with developmental disabilities. The goal of the collaborative between the University of Minnesota's Institute on Community Integration, MDE, DEED, DHS, school districts, community employment providers, the Minnesota Inclusive Higher Education Consortium (MIHEC), and self-advocacy organizations is to increase participation of youth with intellectual and developmental disabilities in postsecondary education.

**TIMELINESS OF DATA:**

In order for this data to be reliable and valid, it will be reported 16 months after the end of the reporting period.

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**TRANSPORTATION GOAL THREE: By 2025, expand transit coverage so that 90% of the public transportation service areas in Minnesota will meet minimum service guidelines for access.**

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Greater Minnesota transit access is measured against industry recognized standards for the minimal level of transit availability needed by population size. Availability is tracked as span of service, which is the number of hours during the day when transit service is available in a particular area. The measure is based on industry recognized standards and is incorporated into both the Metropolitan Council Transportation Policy Plan and the MnDOT “Greater Minnesota Transit Investment Plan.”<sup>12</sup>

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**Baseline:** In December 2016, the percentage of public transportation in Greater Minnesota meeting minimum service guidelines for access was 47% on weekdays, 12% on Saturdays and 3% on Sundays.

**RESULTS:**

This goal is **in process**.

**Percentage of public transportation meeting minimum service guidelines for access**

Time Period	Weekday	Saturday	Sunday
2016 Baseline	47%	12%	3%
2017	47%	16%	5%
2018	53.3%	13.3%	8.5%
2019	53.3%	16%	8%
2020	62.5%	23.3%	18.8%

**ANALYSIS OF DATA:**

The percentage of Greater Minnesota Public Transit that is meeting minimum service guidelines has improved in each category from the last reporting period.

**COMMENT ON PERFORMANCE:**

The performance level is consistent with expectations based on available funding. Much of the Saturday and Sunday service increase is the result of federal New Starts dollars that are continuing to come online. The initial bump and plateau of the weekday service is an accurate reflection of New Starts dollars and no subsequent increases.

**Additional Information**

Minimum service guidelines for Greater Minnesota are established based on service population (see table below). In Greater Minnesota larger communities are attaining the weekday span of service. However, smaller communities (less than 7,500) are not meeting the weekday level of access in all instances. Very few transit systems in Greater Minnesota operate Saturday or Sunday service. This is mainly due to limited demand for service.

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<sup>12</sup> Greater Minnesota Transit Investment Plan is available at <https://minnesotago.org/index.php?cID=435>.

There are approximately 120 cities with populations greater than 2,500. Of those 120 cities

- 45 (37.5%) are not being provided a minimum weekday span of service compared to the baseline (based on population).
- 92 (76.7%) are not being provided a minimum Saturday span of service compared to the baseline (based on population).
- 48 meet the service guidelines for Sunday span of service requirements. 39 of those (81.3%) are not being provided a minimum Sunday span of service compared to the baseline (based on population).
- 72 do not have Sunday span of service requirements because populations are too low.

#### Minimum Service Guidelines for Greater Minnesota<sup>13</sup>

Service Population	Number of Hours in Day that Service is Available		
	Weekday	Saturday	Sunday
Cities over 50,000	20	12	9
Cities 49,999 – 7,000	12	9	9
Cities 6,999 – 2,500	9	9	N/A
County Seat Town	8 (3 days per week)*	N/A	N/A

\*As systems performance standards warrant

#### 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.

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**HEALTHCARE AND HEALTHY LIVING GOAL ONE:** By December 31, 2022, the rate of adult public enrollees (with disabilities) who had an acute inpatient hospital stay that was followed by an unplanned acute readmission to a hospital within 30 days will be 20% or less. *[Extended in April 2021]*

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

#### RESULTS:

The goal is **on track** to meet the 2022 goal of a 20% readmission rate of adults with disabilities.

#### Adults with disabilities

Time period	Acute inpatient hospital stay	Unplanned acute readmission within 30 days	Readmission rate
January – December 2014	28,773	5,887	20.5%
January – December 2015	31,628	6,369	20.1%
January – December 2016	25,294	5,142	20.3%
January – December 2017	26,126	5,053	19.3%
January – December 2018	30,896	6,376	20.6%
January – December 2019	31,965	6,654	20.8%
January – December 2020	27,857	4,929	17.7%

<sup>13</sup> Source: MnDOT Greater Minnesota Transit Investment Plan, 2017

**ANALYSIS OF DATA:**

From January – December 2020, of the 27,857 acute inpatient hospital stays for adults with disabilities, 4,929 individuals had an unplanned acute readmission within 30 days, for a rate of 17.7%. The goal is on track to meet the 2022 goal of a 20% readmission rate of adults with disabilities.

During the same time period, of the 10,318 acute inpatient hospital stays for adults without disabilities, 1,620 individuals had an unplanned acute readmission, for a rate of 15.7%.

For further analysis the tables below provide the information separated into three categories: adults with disabilities with serious mental illness; adults with disabilities without serious mental illness; and adults without disabilities.

**Adults with disabilities with serious mental illness (SMI)**

<b>Time period</b>	<b>Acute inpatient hospital stay</b>	<b>Unplanned acute readmission within 30 days</b>	<b>Readmission rate</b>
January – December 2014	14,796	3,107	21.0%
January – December 2015	16,511	3,438	20.8%
January – December 2016	12,701	2,673	21.1%
January – December 2017	12,659	2,504	19.8%
January – December 2018	15,353	3,156	20.6%
January – December 2019	16,211	3,358	20.7%
January – December 2020	15,240	3,027	19.9%

**Adults with disabilities without serious mental illness (SMI)**

<b>Time period</b>	<b>Acute inpatient hospital stay</b>	<b>Unplanned acute readmission within 30 days</b>	<b>Readmission rate</b>
January – December 2014	13,977	2,780	19.9%
January – December 2015	15,117	2,931	19.4%
January – December 2016	12,593	2,469	19.6%
January – December 2017	13,467	2,549	18.9%
January – December 2018	15,543	3,220	20.7%
January – December 2019	15,754	3,296	20.9%
January – December 2020	9,617	1,902	19.8%

**Adults without disabilities**

<b>Time period</b>	<b>Acute inpatient hospital stay</b>	<b>Unplanned acute readmission within 30 days</b>	<b>Readmission rate</b>
January – December 2014	3,735	295	7.9%
January – December 2015	5,351	386	7.2%
January – December 2016	2,522	159	6.3%
January – December 2017	3,109	239	7.7%
January – December 2018	4,469	311	7.0%
January – December 2019	4,885	734	6.4%
January – December 2020	10,318	1,620	15.7%

**COMMENT ON PERFORMANCE:**

The number and rate of all-cause readmissions among people with disabilities, with and without Serious Mental Illness (SMI), fell in 2020. This was after a period of slight increases in 2018 and 2019 from the lowest rate in 2017. A decreasing rate of hospital readmissions is a positive trend. This means that people with disabilities are not experiencing a “bounce-back” to the hospital as frequently as they were in previous years. No single cause has been pinpointed for the decrease in 2020, but it appears that the number of people going into acute inpatient has fallen.

It is believed that people delayed elective surgeries during the COVID-19 pandemic, but presumably this would have had an upward pressure on readmissions because only those people too sick to delay care would have been hospitalized. Health plans and hospitals have many reasons to strive toward improving these numbers, including the Integrated Care Systems Partnership initiative in Special Needs Basic Care. The increase rate for adults without disabilities may represent the release of pent up demand caused by the COVID-19 pandemic. Or it may be the result of the pandemic itself that people got released and then readmitted due to infection.

**TIMELINESS OF DATA:**

In order for this data to be reliable and valid, it will be reported 8 months after the end of the reporting period.

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**HEALTHCARE AND HEALTHY LIVING GOAL TWO: By December 31, 2022, the rate of enrollees with disabilities who used an emergency department for non-traumatic dental services will be 0.20% or less for children with disabilities and 1% or less for adults with disabilities. [Extended in April 2021]**

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**(A) CHILDREN USING EMERGENCY DEPARTMENT FOR DENTAL SERVICES**

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

**RESULTS:**

The goal is **on track** to meet the 2022 goal of 0.20% rate of children with disabilities using an ED for dental care.

Time period	Total number of children with disabilities	Number of children with ED visit for non-traumatic dental care	Rate of children using ED for dental care
January – December 2014	75,774	314	0.41%
January – December 2015	81,954	330	0.40%
January – December 2016	84,141	324	0.38%
January – December 2017	87,724	185	0.21%
January – December 2018	91,126	188	0.21%
January – December 2019	93,701	199	0.21%
January – December 2020	88,748	174	0.20%

**ANALYSIS OF DATA:**

During January – December 2020, of the 88,748 children with disabilities, the number with emergency department visits for non-traumatic dental care was 174 (0.20%). The goal is on track to meet the 2022 goal of 0.20% or less.

**COMMENT ON PERFORMANCE:**

After 2016, there was a significant decrease in the number of children using emergency departments for non-traumatic dental care from previous years, and decreased further in 2020. This may be a result of a dental collaborative that incentivizes managed care plans to closely monitor and assist in helping people find preventative dental care. It may also be because people avoided the emergency departments during COVID-19.

**TIMELINESS OF DATA:**

In order for this data to be reliable and valid, it will be reported 8 months after the end of the reporting period.

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**(B) ADULTS USING EMERGENCY DEPARTMENT FOR DENTAL SERVICE**

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

**RESULTS:**

The goal is **on track** to meet the 2022 goal of 1.0% rate for adults with disabilities using an ED for dental care.

<b>Time period</b>	<b>Total number of adults with disabilities</b>	<b>Number of adults with ED visit for non-traumatic dental care</b>	<b>Rate of adults using ED for dental care</b>
January – December 2014	166,852	3,884	2.33%
January – December 2015	174,215	4,233	2.43%
January – December 2016	185,701	4,110	2.21%
January – December 2017	187,750	2,685	1.43%
January – December 2018	191,650	2,455	1.28%
January – December 2019	192,352	2,415	1.26%
January – December 2020	164,096	1,725	1.05%

**ANALYSIS OF DATA:**

During January – December 2020, of the 164,096 adults with disabilities, the number with emergency department visits for non-traumatic dental care was 1,725 (1.05%). If progress continues at the same pace, the goal is on track to meet the 2022 goal of 1.0% or less.

**COMMENT ON PERFORMANCE:**

After 2016, there was a reduction in the number of adults using emergency departments for non-traumatic dental care. The reduction accelerated in 2020. This may due to the fact that people avoided the emergency departments during COVID-19. It may also be a result a result of a dental collaborative that incentivizes managed care plans to closely monitor and assist in helping people find preventative

dental care. A multi-year dental program in managed care for persons with disabilities created a number of helpful information and best practices but additional work continues to be needed.

**TIMELINESS OF DATA:**

In order for this data to be reliable and valid, it will be reported 8 months after the end of the reporting period.

**CRISIS SERVICES GOAL FOUR: By June 30, 2022, 80% of people in community hospital settings due to a crisis, will have a stable, permanent home within 5 months after leaving the hospital.**

*[Extended and reset goals in April 2021]*

**2020 and 2021 Goals:**

- By June 30, 2020, the percent of people who are housed five months after discharge from the hospital will increase to 78% or higher
- By June 30, 2021, the percent of people who are housed five months after discharge from the hospital will increase to 79% or higher

**Baseline:** From July 2014 – June 2015, 81.9% of people discharged from the hospital due to a crisis were housed five months after the date of discharge compared to 80.9% in the previous year. From July 2017 – June 2018, 77.8% were housed five months after the date of discharge.

**RESULTS:**

The 2020 goal was reported in November 2020 as in process, because there was no target set for 2020. The April 2021 Plan Revision set a 2020 target. Using the previously reported results, the 2020 goal of 78% was **not met**.

The 2021 goal to increase to 79% or higher was **met**.

**Status five months after discharge from hospital**

Time period	Discharged from hospital	Status five months after discharge from hospital					
		Housed	Not housed	Treatment facility	Not using public programs	Deceased	Unable to determine type of housing
2016 Baseline July 2014 – June 2015	13,786	<b>11,290</b>	893	672	517	99	315
		<b>81.9%</b>	6.5%	4.9%	3.7%	0.7%	2.3%
2017 Annual Goal July 2015 – June 2016	15,027	<b>11,809</b>	1,155	1,177	468	110	308
		<b>78.6%</b>	7.7%	7.8%	3.1%	0.7%	2.1%
2018 Annual Goal July 2016 – June 2017	15,237	<b>12,017</b>	1,015	1,158	559	115	338
		<b>78.8%</b>	6.9%	7.6%	3.7%	0.8%	2.2%
2019 Annual Goal July 2017 – June 2018	15,405	<b>11,995</b>	1,043	1,226	652	118	371
		<b>77.8%</b>	6.8%	8%	4.2%	0.8%	2.4%
2020 July 2018 – June 2019	15,258	<b>11,814</b>	999	1,116	820	113	396
		<b>77.4%</b>	6.6%	7.3%	5.4%	0.7%	2.6%
2021 Goal July 2019 – June 2020	13,924	<b>11,214</b>	820	958	428	115	389
		<b>80.5%</b>	5.9%	6.9%	3.1%	0.8%	2.8%

- **“Housed”** is defined as a setting in the community where DHS pays for services including ICFs/DD, Single Family homes, town homes, apartments, or mobile homes.  
[NOTE: For this measure, settings were not considered as integrated or segregated.]
- **“Not housed”** is defined as homeless, correction facilities, halfway house or shelter.
- **“Treatment facility”** is defined as institutions, hospitals, mental and chemical health treatment facilities, except for ICFs/DD.

**ANALYSIS OF DATA:**

The 2020 goal was reported in November 2020, but there was no target set for 2020, so it was reported as in process. The April 2021 Plan set new goals. Using the previously reported results for 2020, the 2020 goal of 78% was not met.

Using data from July 2019 – June 2020, the 2021 goal to increase to 79% or higher was met. During this time period, of the 13,924 individuals hospitalized due to a crisis, 11,214 (80.5%) were housed within five months of discharge. DHS is continuing to report progress past the 2019 overall goal date. This was a 3.1% increase from the previous year.

**COMMENT ON PERFORMANCE:**

From July 2019 – June 2020, the number of individuals discharged from a community hospital stay due to a crisis decreased when compared to counts from July 2018 – June 2019. It is believed that the lower counts are in part due to the COVID-19 pandemic. Although mobile crisis teams have also reported positive changes in the number of individuals who remain in the community following a mobile crisis episode during this timeframe. Preventing hospitalization contributes to stability.

The number of people receiving services in a treatment facility from July 2018 – June 2019 is similar to the number reported in the previous year. These programs remain important for their focus on rehabilitation and maintenance of skills needed to live in a more independent setting for those needing that level of care following discharge.

DHS is working to sustain the number of individuals utilizing the Housing with Supports for Adults with Serious Mental Illness (HSASMI) grants. These grants support people living with a serious mental illness and residing in a segregated setting and those experiencing homelessness or at risk of homelessness, to find and maintain permanent supportive housing. These grants began in June of 2016. In Fiscal Year 2021, the grants included 42 providers, while Fiscal Year 2022 includes 28 providers. Ongoing HSASMI efforts as well as the implementation of Housing Stabilization Services will be important factors in continuing to meet our housing goals moving forward.

**TIMELINESS OF DATA:**

In order for this data to be reliable and valid, it is reported 16 months after the end of the reporting period.

## ENDNOTES

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<sup>i</sup> October 24, 2020, jurisdiction of the Federal Court ended.

<sup>ii</sup> 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.

<sup>iii</sup> 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.

<sup>iv</sup> Transfers reflect movement to other secure settings (ie. Department of Corrections, jail, Minnesota Sex Offender Program, and/or between the Forensic Mental Health Program and Forensic Nursing Home).

<sup>v</sup> As measured by monthly percentage of total bed days that are non-acute. Information about the percent of patients not needing hospital level of care is available upon request.

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

# **Minnesota Olmstead Subcabinet**

## **2021 Annual Report on Olmstead Plan Implementation**



### **REPORTING PERIOD**

**Data acquired through October 31, 2021**

**Date Accepted by Leadership Forum**

**December 6, 2021**

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## I. PURPOSE OF REPORT

This Annual Report provides the status of work being done by State agencies to implement the Olmstead Plan April 2021 Revision. The Annual Report summarizes measurable goal results and analysis of data as reported in the previous four quarterly reports (February, May, August and November 2021).<sup>1</sup>

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 Annual Report dated December 6, 2021 includes data acquired through October 31, 2021. Progress on each measurable goal is reported when data is reliable and valid in order to ensure the overall report is complete, accurate, timely and verifiable. More details on the progress of the goals can be found in the quarterly reports. This Annual Report also includes an analysis of trends and risk areas.

### EXECUTIVE SUMMARY

This Annual Report covers the 39 measurable goals<sup>i</sup> in the April 2021 Olmstead Plan. As shown in the chart below, 23 of those goals were either met or are on track to be met. Twelve goals were categorized as not on track, or not met. For those twelve goals, the report documents how the agencies will work to improve performance on each goal. Two goals were in process.

Status of Goals* – 2021 Annual Report	Number of Goals
Met annual goal	12
On track to meet annual goal	11
Not on track to meet annual goal	2
Did not meet annual goal	10
In process	4
<b>Goals Reported</b>	<b>39</b>

\*The status for each goal is based on the most recent annual goal reported. Each goal is counted only once in the table. The goals reported are from the April 2021 Olmstead Plan Revision.

#### 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

- In the first three quarters of Fiscal Year 2021, the number of people who moved from Intermediate Care Facilities for Individuals with Developmental Disabilities (ICF/DD) to a more integrated setting was 93. This was an increase of 16 compared to the same time period last year. (Transition Services Goal One A)
- In the first three quarters of Fiscal Year 2021, 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 was 488. This is a decrease of 205 compared to the same time period last year. (Transition Services Goal One B)

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<sup>1</sup> Quarterly Reports and other related documents are available on the Olmstead Plan website at [Mn.gov/Olmstead](https://www.mn.gov/Olmstead).

- In the first three quarters Fiscal Year 2021, the number of people who moved from other segregated housing to a more integrated setting was 1,548. This is an increase of 635 compared to the same time period last year. (Transition Services Goal One C)
- During Fiscal Year 2021, 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 reduced to 27.6%. This was an improvement of 1.9% compared to the previous year. (Transition Services Goal Two)
- In the first three quarters of Fiscal year 2021, the average monthly number of individuals at Forensic Services moving to a less restrictive setting was 7.3. This is on track to meet the 2021 goal of 4 or more. (Transition Services Goal Three)

#### Timeliness of Waiver Funding Goal One

- During Fiscal Year 2021, of the 947 individuals assessed for the Developmental Disabilities (DD) waiver, 626 individuals (66%) had funding approved within 45 days of the assessment date. This was an improvement of 7% compared to the previous year.

#### Increasing system capacity and options for integration

- The utilization of the Person Centered Protocols continues to show improvement. During Fiscal Year 2021, the eight required criteria were present at a combined average 92.8%. This was an improvement of 0.6% compared to the previous year. (Person-Centered Planning Goal One)
- The number of people with disabilities who live in the most integrated housing of their choice increased by 1,095 individuals over the last year. This was 37 less individuals compared to the previous year. (Housing and Services Goal One)
- An additional 2,191 individuals receiving services from Vocational Rehabilitation Services and State Services for the Blind, certain Medicaid funded programs, and students are in competitive integrated employment during the last year. This was 1,214 fewer individuals compared to the previous year. (Employment Goal One, Two and Three)
- The number of peer support specialists who are employed is 71. This was a decrease of 5 compared to the previous year. (Employment Goal Four)
- There was an increase in the number and percent of students with disabilities in the most integrated setting. (Education Goal One)
- Accessibility improvements were made to 358 curb ramps, 16 accessible pedestrian signals, and 5.6 miles of sidewalks in the last year. (Transportation Goal One)
- The number of transit service hours in Greater Minnesota increased by 8,348 over the last year. (Transportation Goal Two)
- Compared to the previous year, there was a 3.1% decrease in the rate of adults with disabilities who had an unplanned readmission after an acute inpatient hospital stay. (Health Care and Healthy Living Goal One)
- Compared to the previous year, there was a decrease in the rate of children and adults who used an emergency department for non-traumatic dental services. (Health Care and Healthy Living Goal Two)
- The number of individuals experiencing a restrictive procedure was reduced by 105 from the previous year. (Positive Supports Goal One)
- The number of reports of restrictive procedures was reduced by 49 from the previous year. (Positive Supports Goal Two)
- There was a reduction in the number of students experiencing emergency use of restrictive procedures and the number of incidents of emergency use of restrictive procedures. (Positive Supports Four and Five)

- There was an increase of 3.1% of people who are housed five months after discharge from the hospital (due to a crisis). (Crisis Services Four)
- The number of vulnerable adults who experienced more than one episode of the same type of abuse or neglect within six months was reduced by 37.5% compared to the previous year. (Preventing Abuse and Neglect Goal Three)
- The number of students with disabilities identified as victims in determinations of maltreatment was reduced by 12.5% compared to the previous year. (Preventing Abuse and Neglect Goal Four)

**The following measurable goals have been targeted for improvement:**

- Transition Services Goal Four to increase the number of cases adhere to transition protocols. (Transition Services Goal Four)
- Education Goal Two to increase the percent of students with disabilities enrolling in integrated postsecondary education settings.
- Positive Supports Three to reduce the number of reports of emergency use of mechanical restraints (other than auxiliary devices) with approved individuals.
- Crisis Services One and Two to increase the percent of children and adults who remain in the community after a crisis episode.
- Community Engagement Goal One to increase the number of individuals with disabilities participating in Governor’s appointed Boards and Commissions, and other workgroups and committees established by the Olmstead Subcabinet.
- Community Engagement Goal Two to increase the number of individuals participating in public input opportunities increased and the number of comments received.

The Olmstead Plan is not intended to be a static document that establishes a one-time set of goals for State agencies. Rather, it is intended to serve as a vital, dynamic roadmap that will help realize the Subcabinet’s vision of people with disabilities living, learning, working, and enjoying life in the most integrated settings. The dynamic nature of the Plan means that the Olmstead Subcabinet regularly examines the goals, strategies, and workplan activities to ensure that they are the most effective means to achieve meaningful change.

The ultimate success of the Olmstead Plan will be measured by an increase in the number of people with disabilities who, based upon their choices, live close to their friends and family, and as independently as possible, work in competitive, integrated employment, are educated in integrated school settings, and fully participate in community life. While there is much work to be done to achieve the goals of the Olmstead Plan, significant strides have been made in the last year. It is anticipated that future reports will include additional indicators of important progress towards these larger goals.

## 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.

### ANNUAL 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 moving from segregated to integrated settings during reporting period

Setting	Reporting period	Number moved
• Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD)	July 2019 – June 2020	86
• Nursing Facilities (individuals under age 65 in facility > 90 days)	July 2019 – June 2020	915
• Other segregated settings	July 2019 – June 2020	1,190
• Anoka Metro Regional Treatment Center (AMRTC)	July 2020 – June 2021	124
• Forensic Services (formerly known as Minnesota Security Hospital)	January – September 2021	94 <sup>2</sup>
<b>Total</b>	--	<b>2,409</b>

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 impacted by the goal. The number provides context as it relates to the measure.

#### Cumulative number of individuals moving from segregated to integrated settings reported annually

Annual Report Year	ICFs/DD	Nursing Facilities	Other segregated settings	AMRTC	Forensic Services	Total
2017	81	729	1,051	110	84	2,055
2018	182	824	1,054	77	76	2,213
2019	150	830	1,188	81	79	2,328
2020	220	880	1,138	104	91	2,433
2021	86	915	1,190	124	94	2,409
<b>Totals to Date</b>	<b>719</b>	<b>4,178</b>	<b>5,621</b>	<b>496</b>	<b>424</b>	<b>11,438</b>

<sup>2</sup> This is a partial year number of individuals moving to a less restrictive setting.

**TRANSITION SERVICES GOAL ONE: By June 30, 2022, the number of people who have moved from segregated settings to more integrated settings<sup>ii</sup> will be 9,782. [Extended in April 2021]**

**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 Base line	June 30, 2015	June 30, 2016	June 30, 2017	June 30, 2018	June 30, 2019	June 30, 2020	June 30, 2021	June 30, 2022	Total
<b>A)</b> Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD)	72	84	84	84	72	72	72	72	72	612
<b>B)</b> Nursing Facilities (NF) under age 65 in NF > 90 days	707	740	740	740	750	750	750	750	750	5,970
<b>C)</b> Segregated housing other than listed above	1,121	50	250	400	500	500	500	500	500	3,200
<b>Total</b>		<b>874</b>	<b>1,074</b>	<b>1,224</b>	<b>1,322</b>	<b>1,322</b>	<b>1,322</b>	<b>1,322</b>	<b>1,322</b>	<b>9,782</b>

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

**Annual Goals**

- **2020 goal:** For the year ending June 30, 2020 the number of people who have moved from ICFs/DD to a more integrated setting will be **72**
- **2021 goal:** For the year ending June 30, 2021 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 2020 goal to move 72 people from ICFs/DD to a more integrated setting was **met**. [Reported in February 2021]
- The 2021 goal of 72 is **on track**. [Reported in November 2021]

Time period	Total number of individuals leaving	Transfers <sup>iii</sup> (-)	Deaths (-)	Net moved to integrated setting
2015 Annual (July 2014 – June 2015)	138	18	62	<b>58</b>
2016 Annual (July 2015 – June 2016)	180	27	72	<b>81</b>
2017 Annual (July 2016 – June 2017)	263	25	56	<b>182</b>
2018 Annual (July 2017 – June 2018)	216	15	51	<b>150</b>
2019 Annual (July 2018 – June 2019)	298	20	58	<b>220</b>
2020 Annual (July 2019 – June 2020)	174	13	75	<b>86</b>
2021 Quarter 1 (July – September 2020)	58	1	20	<b>37</b>
2021 Quarter 2 (October – December 2020)	59	6	22	<b>31</b>
2021 Quarter 3 (January – March 2021)	44	6	13	<b>25</b>
<b>Totals (Q1 + Q2 + Q3)</b>	<b>161</b>	<b>13</b>	<b>55</b>	<b>93</b>

**ANALYSIS OF DATA:**

From July 1, 2019 – June 30, 2020, the number of people who moved from an ICF/DD to a more integrated setting was 86. This is 134 fewer people than moved in the previous year. The 2020 annual goal of 72 was met.

For the 2021 goal, during the first three quarters, the number of people who moved from an ICF/DD to a more integrated setting was 93, which exceeds the annual goal of 72. The 2021 goal is on track to be met.

**COMMENT ON PERFORMANCE:**

Transitions to more integrated settings continued through the timeframe of the COVID-19 pandemic. In addition, the Moving Home Minnesota program was granted an exception to the 180 days limit of transition coordination for people moving from institutional settings. This allowed additional time for the transition if it was delayed due to the pandemic, e.g. facility on lockdown, individual tested positive for COVID-19.

The pandemic has severely impacted the already statewide workforce shortage, particularly for direct support professionals. This has in turn increased the barriers for people seeking to live in their own homes with staff supporting them on an individual basis.

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 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. As of 2019, Minnesota State Operated Community Services (MSOCS) no longer has any ICFs/DD settings.

**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

### Annual Goals

- **2020 goal:** For the year ending June 30, 2020, the number of people who have moved from Nursing Facilities (for persons with a disability under 65 in facility longer than 90 days) to a more integrated setting will be **750**.
- **2021 Goal:** For the year ending June 30, 2021 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 2020 goal to move 750 people (under age 65) from Nursing Facilities to a more integrated setting was **met**. [Reported in February 2021]
- The 2021 goal of 750 is **not on track**. [Reported in November 2021]

Time period	Total number of individuals leaving	Transfers (-)	Deaths (-)	Net moved to integrated setting
Baseline (January – December 2014)	--	--	--	<b>707</b>
2015 Annual (July 2014 – June 2015)	1,043	70	224	<b>749</b>
2016 Annual (July 2015 – June 2016)	1,018	91	198	<b>729</b>
2017 Annual (July 2016 – June 2017)	1,097	77	196	<b>824</b>
2018 Annual (July 2017 – June 2018)	1,114	87	197	<b>830</b>
2019 Annual (July 2018 – June 2019)	1,176	106	190	<b>880</b>
2020 Annual (July 2019 – June 2020)	1,241	86	240	<b>915</b>
2021 Quarter 1 (July – September 2020)	180	7	50	<b>123</b>
2021 Quarter 2 (October – December 2020)	277	18	74	<b>185</b>
2021 Quarter 3 (January – March 2021)	254	28	46	<b>180</b>
<b>Totals (Q1 + Q2 + Q3)</b>	<b>711</b>	<b>53</b>	<b>170</b>	<b>488</b>

### ANALYSIS OF DATA:

From July 1, 2019 – June 30, 2020, the number of people under 65 in a nursing facility for more than 90 days who moved to a more integrated setting was 915, which is 35 more individuals than the previous year. The 2020 annual goal of 750 was met.

For the 2021 goal, during the first three quarters, 488 people under the age of 65 moved to a more integrated settings. This is 65% of the annual goal of 750. If moves continue at approximately the same rate, the 2021 goal is not on track to be met.

### COMMENT ON PERFORMANCE:

Transitions to more integrated settings continued through the timeframe of the COVID-19 pandemic. In addition, the Moving Home Minnesota program was granted an exception to the 180 days limit of transition coordination for people moving from institutional settings. This allowed additional time for the transition if it was delayed due to the pandemic, e.g. facility on lockdown, individual tested positive for COVID-19.

The pandemic has severely impacted the already statewide workforce shortage, particularly for direct support professionals. This has in turn increased the barriers for people seeking to live in their own homes with staff supporting them on an individual basis.

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 2020, the [Housing Stabilization Services](#)<sup>3</sup> benefit went into effect. These services include housing search and support services for individuals moving from homelessness (or other housing instability) to more stable housing situations. Because these are State plan services, people do not need to be on a waiver to access them. Minnesota is the first state in the nation to offer such a service through its Medicaid program.

**UNIVERSE NUMBER:**

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

**TIMELINESS OF DATA:**

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

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<sup>3</sup> This was formerly called Housing Access Services and Housing Access Coordination.

## C) SEGREGATED HOUSING

### Annual Goals

- **2020 Goal:** For the year ending June 30, 2020, the number of people who have moved from other segregated housing to a more integrated setting will be **500**.
- **2021 Goal:** For the year ending June 30, 2021, 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 2020 goal to move 500 people from segregated housing to a more integrated setting was **met**. [Reported in February 2021]
- The 2021 goal of 500 is **on track**. [Reported in November 2021]

### [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
Baseline (July 2013 – June 2014)	5,694	<b>1,121 (19.7%)</b>	--	--	--
2015 Annual (July 14 – June 15)	5,703	<b>1,137 (19.9%)</b>	502 (8.8%)	3,805 (66.7%)	259 (4.6%)
2016 Annual (July 15 – June 16)	5,603	<b>1,051 (18.8%)</b>	437 (7.8%)	3,692 (65.9%)	423 (7.5%)
2017 Annual (July 16 – June 17)	5,504	<b>1,054 (19.2%)</b>	492 (8.9%)	3,466 (63.0%)	492 (8.9%)
2018 Annual (July 17 – June 18)	5,967	<b>1,188 (19.9%)</b>	516 (8.7%)	3,737(62.6%)	526 (8.8%)
2019 Annual (July 18 – June 19)	5,679	<b>1,138 (20.0%)</b>	484 (8.5%)	3,479 (61.3%)	578 (10.2%)
2020 Annual (July 19-June 20)	5,967	<b>1,190 (19.9%)</b>	483 (8.1%)	3,796 (63.6%)	498 (8.4%)
2021 Quarter 1 (July – Sept 2020)	424	<b>259 (61.1%)</b>	56 (13.2%)	105 (24.8%)	4 (0.9%)
2021 Quarter 2 (Oct – Dec 2020)	1,148	<b>469 (40.9%)</b>	91 (7.9%)	539 (46.9%)	49 (4.3%)
2021 Quarter 3 (Jan – Mar 2021)	1,763	<b>820 (46.5%)</b>	104 (5.9%)	790 (44.8%)	49 (2.8%)
<b>Totals (Q1 + Q2 + Q3)</b>	<b>3,335</b>	<b>1,548 (46.4%)</b>	251 (7.5%)	1,434 (43.0%)	102 (3.1%)

### ANALYSIS OF DATA:

From July 1, 2019 – June 30, 2020, of the 5,967 individuals moving from segregated housing, 1,190 individuals (19.9%) moved to a more integrated setting. This is an increase of 52 people from 1,138 the previous year, however it is a decrease of 0.1% from the previous year. The 2020 annual goal of 500 was met.

For the 2021 goal, during the first three quarters, 1,548 individuals moved to a more integrated setting which exceeds the annual goal of 500. The 2021 goal is on track to be met.

### COMMENT ON PERFORMANCE:

Transitions to more integrated settings continued through the timeframe of the COVID-19 pandemic. While some transitions slowed in the spring, there was a trend of increased transitions from early summer to late fall as pandemic restrictions loosened. The rate of moves picked up dramatically in the

third quarter and is now exceeding last year's pace (which included the pandemic) and 2019 (pre-pandemic).

Focus shifted to managing the pandemic: staffing shortages, adhering to new protocols, shift in or suspension of services, COVID-19 outbreaks, finding meaningful new routines and ways to connect, etc. As pandemic restrictions loosen, it is anticipated that more individuals will seek more integrated settings. Also notable, a statewide restriction on eviction during the pandemic has reduced the turnover in housing which resulted in fewer housing options.

The COVID-19 pandemic has severely impacted the already statewide workforce shortage, particularly for direct support professionals. This has in turn increased the barriers for people seeking to live in their own homes with staff supporting them on an individual basis.

During the first three quarters reported for the 2021 goal, there were significantly more individuals who moved to more integrated settings (46.4%) than who moved to congregate settings (7.5%). 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 (43.0%) 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.

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**TRANSITION SERVICES GOAL TWO:** By June 30, 2022, the percent of people at Anoka Metro Regional Treatment Center (AMRTC) who do not require hospital level of care and are currently awaiting discharge to the most integrated setting<sup>iv</sup> will be reduced to 30% (based on daily average).  
*[Measure revised in April 2021]*

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**Annual Goals**

- **2021 Goal:** By June 30, 2021 the percent of people at AMRTC awaiting discharge will be reduced to 30% or lower
- **2022 Goal:** By June 30, 2022 the percent of people at AMRTC awaiting discharge will be reduced to 30% or lower

**Baseline:** From July 2014 - June 2015, the percent of people at AMRTC who no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting was 36% on a daily average.<sup>4</sup>

**RESULTS:**

- The 2021 goal to reduce the percent awaiting discharge to 30% or less was **met**. [Reported in August 2021]
- The goal is **not on track** to meet the 2022 goal of 30% or lower. [Reported in November 2021]

**Percent awaiting discharge (daily average)**

<b>Time period</b>	<b>Mental health commitment</b>	<b>Committed after finding of incompetency</b>	<b>Combined</b>
2016 Annual (July 2015 – June 2016)	41.8%	44.7%	42.5%
2017 Annual (July 2016 – June 2017)	44.9%	29.3%	37.1%
2018 Annual (July 2017 – June 2018)	36.9%	23.8%	28.3%
2019 Annual (July 2018 – June 2019)	37.5%	28.2%	26.5%
2020 Annual (July 2019 – June 2020)	36.3%	22.7%	29.5%
2021 Annual (July 2020 – June 2021)	32.6%	24.9%	27.6%
2022 Quarter 1 (July – September 2021)	41.6%	28.5%	<b>31.4%</b>

**ANALYSIS OF DATA:**

From July 2020 – June 2021, the combined rate of all individuals at AMRTC who no longer meet hospital level of care and are awaiting discharge to the most integrated setting was 27.6%. The annual goal of 30% or lower was met. For those under mental health commitment at AMRTC, 32.6% no longer meet hospital level of care and are awaiting discharge to the most integrated setting. During the same period, the percentage of individuals awaiting discharge who were civilly committed after being found incompetent was 24.9%.

During the first quarter of 2022, the combined rate of all individuals at AMRTC who no longer meet hospital level of care and are awaiting discharge was 31.4%. This quarter showed an increase of 3.8% from the 2021 annual percentage, which is a move in the wrong direction. The goal is not on track to meet the 2022 goal of 30% or lower.

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<sup>4</sup> 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).

During the first quarter of 2022, for those under mental health commitment at AMRTC, 41.6% no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting. During the same period, the percentage of individuals awaiting discharge who were civilly committed after being found incompetent was 28.5%. The percentages were higher for both populations.

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.

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.

Time period	Total number of individuals leaving	Transfers	Deaths	Net moved to integrated setting	Moves to integrated setting	
					Mental health commitment	Committed after finding of incompetency
2017 Annual (July 2016 – June 2017)	267	155	2	110	54	56
2018 Annual (July 2017 – June 2018)	274	197	0	77	46	31
2019 Annual (July 2018 – June 2019)	317	235	1	81	47	34
2020 Annual (July 2019 – June 2020)	347	243	0	104	66	38
2021 Annual (July 2020 – June 2021)	383	259	0	124	66	58
2022 Quarter 1 (July – Sept 2021)	98	72	0	26	4	22

**COMMENT ON PERFORMANCE:**

During this reporting period, COVID-19 precautions have not had an impact on the ability to admit or discharge patients at AMRTC, with the exception of one unit. Approximately one third of individuals at AMRTC no longer need hospital level of care, including those under a mental health commitment and those who need competency restoration services. Those committed after a finding of incompetency, accounted for approximately 73% of AMRTC’s census at the end of the first quarter of 2022.

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.

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**TRANSITION SERVICES GOAL THREE:** By December 31, 2022, the average monthly number of individuals at Forensic Services<sup>5</sup> moving to a less restrictive setting will increase to an average of 5 individuals per month. *[Measure revised in April 2021]*

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**2021 goal**

- By December 31, 2021 the average monthly number of individuals moving to a less restrictive setting will be 4 or more.

**Baseline:** During 2017-2020, for individuals committed under MI&D and other commitments, the average number of individuals moving to a less restrictive setting was approximately 3 per month.

**RESULTS:**

This goal was amended in the April 2021 Olmstead Plan Revision, to change the measure being used. This goal is **on track** to meet the 2021 goal of 4 or more individuals per month moving to a less restrictive setting. [Reported in November 2021]

Time period	Total number of individuals leaving	Transfers <sup>6</sup> (-)	Deaths (-)	Net moved to less restrictive	Monthly average
2021 Quarter 1 (Jan – Mar 2021)	37	7	4	26	8.7
2021 Quarter 2 (Apr – Jun 2021)	32	5	3	24	8.0
2021 Quarter 3 (Jul – Sep 2021)	25	9	0	16	5.3
<b>Total (Q1 + Q2 + Q3)</b>	94	21	7	66	<b>7.3</b>

**ANALYSIS OF DATA:**

From July to September 2021, the number of people who moved to a less restrictive setting was 16. The average number of individuals who left the facility to a less restrictive setting was 5.3. This was 8 people less than the previous quarter and the monthly average was 2.7 less than the previous quarter. After three quarters the monthly average is 7.3. The goal is on track to meet the 2021 goal of 4 or more.

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.

<sup>5</sup> For the purpose of this goal, Forensic Services (formerly known as Minnesota Security Hospital) refers to individuals residing in the facility and committed as mentally ill and dangerous and other commitment statuses.

<sup>6</sup> Transfers reflect movement to other secure settings (ie. Department of Corrections, jail, Minnesota Sex Offender Program, and/or between the Forensic Mental Health Program and Forensic Nursing Home).

Time period	Type	Total moves	Transfers	Deaths	Moves to less restrictive settings
2021 Quarter 1 (Jan – Mar 2021)	Committed after finding of incompetency	14	3	1	15
	MI&D committed	10	3	3	13
	Other committed	13	1	0	8
	<b>Total</b>	<b>37</b>	<b>7</b>	<b>4</b>	<b>(Avg. = 8.7) 26</b>
2021 Quarter 2 (Apr – June 2021)	Committed after finding of incompetency	16	2	0	12
	MI&D committed	6	3	3	11
	Other committed	10	0	0	1
	<b>Total</b>	<b>32</b>	<b>5</b>	<b>3</b>	<b>(Avg. = 8.0) 24</b>
2021 Quarter 3 (Jul – Sep 2021)	Committed after finding of incompetency	4	1	0	3
	MI&D committed	19	8	0	11
	Other committed	2	0	0	2
	<b>Total</b>	<b>25</b>	<b>9</b>	<b>0</b>	<b>(Avg. = 5.3) 16</b>

**COMMENT ON PERFORMANCE:**

In the April 2021 Plan Revision, the measure for this goal was amended to individuals leaving to a less restrictive setting. As reflected above, Forensic Services has exceeded the goal of an average of 4 individuals moving to less restrictive settings. This is likely related to an influx of discharges that occurred of individuals under civil commitment of Mental Illness during January through April 2021. It is believed that those rates may decrease in future reports. This is anticipated because the majority of individuals in the program are under civil commitment of MI&D and require a much lengthier transition process and approval by the Special Review Board (SRB).

The prior goal measured individuals leaving Forensic Services (formerly known as Minnesota Security Hospital) to a more integrated setting. Transitioning out of Forensic Services can be a lengthy process. An amendment was approved by the Olmstead Subcabinet. This goal will now measure moves out of the facility from the most restricted setting to less restrictive settings, even if the new setting isn't fully community integrated. For example, moving to treatment facilities in the community will be counted as moving to a less restrictive setting. While those facilities aren't fully community-integrated, they are less restrictive than Forensic Services. It is believed that from a quality of life perspective, it is valid to track the people who move from the facility to a more integrated setting. Forensic Services is considered one of the most restrictive settings in the State. Therefore, transition to any other non-secure setting out of a Forensic Services facility is a move to a less restrictive setting.

This update subsequently impacts how Transfers are defined. Historically, data surrounding Transfer would convey a move to any setting identified as a treatment setting and not long-term residential in nature. As integration is a continuum, and we are now monitoring movement to more integrated settings (to include treatment settings), the definition of Transfer will reflect movement to other secure settings (ie. Department of Corrections, jail, Minnesota Sex Offender Program, and/or between the Forensic Mental Health Program and Forensic Nursing Home). It is projected that this number will decrease and is currently at 5 for this reporting period.

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.

The COVID-19 Shelter in Place was lifted in July 2021, after 16 months. The facility continues to evaluate and respond to fluctuations in COVID-19, Delta Variant prevalence within Nicollet County. All off campus is evaluated for safety of the patients and based on treatment need. This includes staff escorted community re-integration programming to independent pass planning into the community. Having those experiences to demonstrate readiness is critical and without it, there is less support for reduction in custody.

This movement varied greatly since and throughout the pandemic. During summer of 2020, some staff escorts were allowed to outdoor areas (parks, biking in community). By late fall and winter of 2020-2021, those activities were discontinued. In February 2021, outdoor outings were resumed as well as allowing some independent movement into the community for those assessed as clinically ready. To date overnight passes have not been allowed. As noted above having community access with staff and independently is important in treatment and assessment of readiness to provisionally discharge individuals. In addition, community placements for individuals have been impacted by COVID-19 as admissions have been put on hold at times. Community facilities are impacted by employee shortages.

Individuals committed to the facility are provided services tailored to their individual needs. DHS efforts continue to expand community capacity and work towards the mission of the Olmstead Plan by identifying individuals who could be served in more integrated settings. Forensics meets with Hennepin County and other metro counties as the majority of individuals are committed from these counties. The meetings are focused on both individuals where there is a difference of opinion on readiness to discharge as well as barriers such as are identified below.

### **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).

An 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 with undocumented citizenship status; and
- Individuals whose county case management staff has refused or failed to adequately participate in developing an appropriate provisional discharge plan for the individual.

The Special Review Board (SRB) identified barriers to discharge in their 2019 and 2020 MI&D Treatment Barriers Report as required by Minnesota Statutes 253B.18 subdivision 4c(b) which include:

### **SRB Recommendations – 2019**

- Patients with cognitive impairments merit careful evaluation and programming within the campus and in the community to develop placements. Criteria should be taken into consideration for these individuals' special needs.
- Develop additional community options to increase provisional discharge of patients. Often times, this is in the preliminary stages and the board is unable to support without additional information.
- Some patients are not engaged in treatment.
- Medical issues are currently preventing more aggressive treatment for an individual.
- Some patients require non-traditional placements/plan as not all can handle large group settings. Individualized provisional discharge plans and unique placements may be required for successful progress.

### **SRB Recommendations – 2020**

- Patients that are not supported by the County (Case Management team) often don't have a Provisional Discharge Plan in place. It is important for the county team to work with the petitioner on creating a plan, regardless if it is supported at the time.
- There are often cases brought before the SRB in which the county and hospital staff have differing opinions whether a patient is ready for a provisional discharge.
- At times, the patient is not progressing in treatment. Explore options that could be added within treatment to assist the patient in being successful. Clear communication between staff and patient regarding expectations for advancement.
- Challenges for patients that are dually committed with Department of Human Services and the Department of Corrections. Explore options of the Department of Corrections to meet the mental health needs of patients while in the custody of the Department of Corrections.
- At times, the hospital is "failing the patient", treatment plan is not working and needs to be re-thought. Everyone's failures are included, except for the hospital.
- Some patients require additional services, alternative services, innovative approaches or the use of new advances in the field, but not always available to the hospital.
- Certain medications are not always available to the hospital, due to budgetary reasons. Some patients require these alternative options.

The Commissioner of DHS requested that Forensic Services review the recommendations provided by the SRB and offer additional input back. Collection of this input is currently in process. 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 includes:
  - From January to March 2021: Reviewed 66 cases; recommended reductions for 18 cases and 14 were granted.
  - From April to June 2021: Reviewed 59 cases; recommended reductions for 31 cases and 31 have been granted.
  - From July to September 2021: Reviewed 63 cases; recommended reductions for 28 cases and 26 have been granted.
- 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.

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).

In April 2021, Forensic Services shifted services on two units, which had previously offered care to those under civil commitment MI and concurrent order for competency restoration treatment. Individuals were moved to more integrated settings and/or alternative treatment programs. This adjustment was made in the effort to expand capacity for those under commitment as MI&D and correlated waiting list. While there may be situations for Forensic Services to receive a referral of a person under civil commitment MI and concurrent order for competency restoration treatment, it will less frequent, and this shift is anticipated to be identifiable in future data.

**UNIVERSE NUMBER:** In Fiscal Year 2021 (July 1, 2020 to June 30, 2021), 454 patients received services in the Forensic Mental Health Program. During that same timeframe 46 residents received services in the Forensic Nursing Home. This may include individuals who were admitted more than once during the year. The average daily census for the Forensic Mental Health Program was 348.8 and for the nursing home it was 25.9.

**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 FOUR:** By June 30, 2022, 90% 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.] [Extended and revised target in April 2021]

**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:**

The goal is **not on track** to meet the 2022 goal of 90%. [Reported in November 2021]

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
Baseline Oct – Dec 2017	26	3	1	22	7 of 22 (31.8%)	15 of 22 (68.2%)
FY18 Qtr 3 -4 Jan – June 2018	59	11	5	43	5 of 43 (11.6%)	38 of 43 (88.4%)
Fiscal Year 2019 (July 18 – June 19)	78	20	4	54	19 of 54 (35.2%)	35 of 54 (64.8%)
Fiscal Year 2020 (July 19 – June 20)	158	27	11	120	26 of 120 (21.7%)	94 of 120 (78.3%)
Fiscal Year 2021 (July 20 – June 21)	83	20	11	52	13 of 52 (25.0%)	39 of 52 (75.0%)

**ANALYSIS OF DATA:**

From July 2020 – June 2021, of the 83 transition case files reviewed, 20 people opted out of using the My Move Plan documents and 11 individuals did not inform their case managers that they were moving. Of the remaining 52 case files, 39 files (75%) adhered to the transition protocols. This was a decrease of 3.3% compared to 78.3% the previous fiscal year. This goal is not on track to meet the 2022 goal of 90%.

Of the 13 cases that did not adhere to the transition protocol, 12 did not meet the protocol because the My Move Plan Summary was not present in the case file at the time of the review. In one case, the My Move Plan Summary was present, but incomplete.

The plan is considered to meet the transition protocols if all ten items below (from “My Move Plan” document) are present:

1. Where is the person moving?
2. Date and time the move will occur.
3. Who will help the person prepare for the move?
4. Who will help with adjustment during and after the move?
5. Who will take the person to new residence?

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

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

**COMMENT ON PERFORMANCE:**

Due to the COVID pandemic, in April 2020, the Lead Agency Review team modified its onsite process to conducting virtual reviews. The evaluation protocols for lead agency reviews remain unchanged. The Lead Agency Review team paused data collection in January 2021 due to COVID-19 response assignments. The team resumed lead agency review in late March 2021 with one county.

Although there was a decrease in performance compared to the previous fiscal year (78.3%), it is important to note that the sample size of case files for the transition protocols was less than the previous year. This could be due to a number of factors, including the number and size of lead agencies being reviewed during this fiscal year as well as the temporary pause of data collection in January and February 2021. In addition, it was observed in case file reviews that some people also paused moving due to COVID-19.

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

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

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

**TIMELINESS OF DATA:**

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

### III. TIMELINESS OF WAIVER FUNDING

This section reports progress of individuals being approved for home and community-based services waiver funding. An urgency categorization system for the Developmental Disabilities (DD) waiver waiting list was implemented on December 1, 2015. The system categorizes urgency into three categories including Institutional Exit, Immediate Need, and Defined Need. Reasonable pace goals have been established for each of these categories. The goal reports the number of individuals that have funding approved at a reasonable pace and those pending funding approval.

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**TIMELINESS OF WAIVER FUNDING GOAL ONE:** Lead agencies will approve funding at a reasonable pace for persons with a need for the Developmental Disabilities (DD) waiver.

- **By June 30, 2022, the percentage of persons approved for funding at a reasonable pace for each urgency of need category will be: (A) Institutional exit (71%); (B) Immediate need (74%); and (C) Defined need (66%).** *[Targets added in April 2021]*
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**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%).

**Baseline: 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%)
<b>Totals</b>	<b>1,500</b>	<b>707 (47%)</b>	433 (30%)

**RESULTS:**

This goal is **not on track** to meet the 2022 goals. [Reported in November 2021]

**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%)
<b>Totals</b>	<b>1,656</b>	<b>1,122 (68%)</b>	419 (25%)	115 (7%)

**Time period: Fiscal Year 2019 (July 2018 – June 2019)**

<b>Urgency of Need Category</b>	<b>Total number of people assessed</b>	<b>Reasonable Pace Funding approved within 45 days</b>	<b>Funding approved after 45 days</b>	<b>Pending funding approval</b>
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%)
<b>Totals</b>	<b>1,459</b>	<b>1,044 (72%)</b>	<b>351 (24%)</b>	<b>64 (4%)</b>

**Time period: Fiscal Year 2020 (July 2019 – June 2020)**

<b>Urgency of Need Category</b>	<b>Total number of people assessed</b>	<b>Reasonable Pace Funding approved within 45 days</b>	<b>Funding approved after 45 days</b>	<b>Pending funding approval</b>
Institutional Exit	71	43 (61%)	22 (31%)	6 (8%)
Immediate Need	273	174 (64%)	84 (31%)	15 (5%)
Defined Need	786	443 (56%)	247 (32%)	96 (12%)
<b>Totals</b>	<b>1,130</b>	<b>660 (59%)</b>	<b>353 (31%)</b>	<b>117 (10%)</b>

**Time Period: Fiscal Year 2021 (July 2020 - June 2021)**

<b>Urgency of Need Category</b>	<b>Total number of people assessed</b>	<b>Reasonable Pace Funding approved within 45 days</b>	<b>Funding approved after 45 days</b>	<b>Pending funding approval</b>
Institutional Exit	63	48 (76%)	15 (24%)	0 (0%)
Immediate Need	224	155 (69%)	61 (27%)	8 (4%)
Defined Need	660	423 (64%)	160 (24%)	77 (12%)
<b>Totals</b>	<b>947</b>	<b>626 (66%)</b>	<b>236 (25%)</b>	<b>85 (9%)</b>

**ANALYSIS OF DATA:**

From July 2020 – June 2021, of the 947 individuals assessed for the Developmental Disabilities (DD) waiver, 626 individuals (66%) had funding approved within 45 days of the assessment date. An additional 236 individuals (25%) had funding approved after 45 days. Only 85 individuals (9%) assessed are pending funding approval. The percentage of individuals with funding approved within 45 days showed progress for each category, however the goal is not on track for the 2022 goals for each urgency category.

For individuals in each urgency category, funding was approved within 45 days as follows:

- Institutional exit had 76% individuals approved. This is on track for the 2022 goal of 71%.
- Immediate need had 69% of individuals approved. This is not on track for the 2022 goal of 74%.
- Defined need had 64% of individuals approved. This is not on track for the 2022 goal of 66%.

**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 infrequency 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 a reassessment or information will be collected during a future assessment.

Below is a summary table with the number of people pending funding approval at a specific point of time. Also included is the average and median days waiting of those individuals pending funding approval. The average days and median days information has been collected since December 1, 2015. This data does not include those individuals who had funding approved within the 45 days reasonable pace goal.

**Number of People Pending Funding Approval by Category**

As of Date	Total Number	Institutional Exit	Immediate Need	Defined Need
April 1, 2017	201	13	16	172
July 1, 2017	237	13	26	198
October 1, 2017	152	12	36	104
January 1, 2018	89	1	22	66
April 1, 2018	60	5	20	35
July 1, 2018	94	6	26	62
October 1, 2018	114	12	26	76
January 8, 2019	93	10	18	65
April 1, 2019	79	3	15	61
July 1, 2019	96	10	22	64
October 1, 2019	125	9	29	87
January 1, 2020	117	7	23	87
April 1, 2020	135	9	33	93
July 1, 2020	132	8	16	108
October 1, 2020	113	4	24	85
January 1, 2021	97	5	17	75
April 1, 2021	100	4	15	81
July 1, 2021	123	4	20	99
October 1, 2021	125	6	17	102

**Average Number of Days Individuals are Pending Funding Approval by Category**

As of Date	Institutional Exit	Immediate Need	Defined Need
April 1, 2017	91	130	193
July 1, 2017	109	122	182
October 1, 2017	136	120	183
January 1, 2018	144	108	184
April 1, 2018	65	109	154
July 1, 2018	360	115	120
October 1, 2018	112	110	132
January 8, 2019	138	115	144
April 1, 2019	278	113	197
July 1, 2019	155	125	203
October 1, 2019	262	132	197
January 1, 2020	216	167	205
April 1, 2020	252	152	198
July 1, 2020	318	239	228
October 1, 2020	504	223	289
January 1, 2021	447	345	283
April 1, 2021	310	342	327
July 1, 2021	388	287	334
October 1, 2021	324	328	326

**Median Number of Days Individuals are Pending Funding Approval by Category**

As of Date	Institutional Exit	Immediate Need	Defined Need
April 1, 2017	82	93	173
July 1, 2017	103	95	135
October 1, 2017	102	82	137
January 1, 2018	144	74	140
April 1, 2018	61	73	103
July 1, 2018	118	85	70
October 1, 2018	74	78	106
January 8, 2019	101	79	88
April 1, 2019	215	88	147
July 1, 2019	75	86	84
October 1, 2019	166	103	103
January 1, 2020	104	119	105
April 1, 2020	195	78	121
July 1, 2020	257	165	148
October 1, 2020	367	100	197
January 1, 2021	413	346	189
April 1, 2021	287	332	220
July 1, 2021	377	120	251
October 1, 2021	179	172	228

**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

This section includes reports on two quality of life measures, the National Core Indicator Survey and the Olmstead Plan Quality of Life Survey.

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### NATIONAL CORE INDICATOR SURVEY

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The results for the 2019 National Core Indicator (NCI) survey for individuals with intellectual and developmental disabilities were reported in March 2020. The national results of the NCI survey with state-to-state comparison are available at [www.nationalcoreindicators.org](http://www.nationalcoreindicators.org). The Minnesota state reports are available at [www.nationalcoreindicators.org/states/MN](http://www.nationalcoreindicators.org/states/MN).

#### Summary of National Core Indicator Survey Results from Minnesota in 2018 - 2019

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 2019, 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 2019 is summarized below.

Question	2015 - 2016		2016 - 2017		2017 - 2018		2018 - 2019	
	Yes	No	Yes	No	Yes	No	Yes	No
1. Do you have a paid job in your community?	41%	59%	35%	65%	39%	61%	34%	66%
2. Would you like a job in the community	52%	48%	47%	53%	50%	50%	50%	50%
3. Do you like where you work?	92%	8%	89%	11%	88%	12%	92%	8%
4. Do you want to work somewhere else?	34%	66%	28%	72%	32%	68%	26%	74%
5. Did you go out shopping in the past month?*	92%	8%	92%	8%	91%	9%	89%	11%
6. Did you go out on errands in the past month?*	91%	9%	89%	11%	90%	10%	89%	11%
7. Did you go out for entertainment in the past month? *	83%	17%	82%	18%	78%	12%	73%	27%
8. Did you go out to eat in the past month?*	86%	14%	89%	11%	88%	12%	87%	13%
9. Did you go out for a religious or spiritual service in the past month?*	46%	54%	47%	53%	44%	56%	43%	57%
10. Did you participate in community groups or other activities in community in past month?	37%	63%	43%	57%	42%	58%	41%	59%

Question	2015 - 2016		2016 - 2017		2017 - 2018		2018 - 2019	
	Yes	No	Yes	No	Yes	No	Yes	No
11. Did you go on vacation in the past year?	58%	42%	48%	52%	50%	50%	52%	48%
12. Did you have input in choosing your home?	56%	44%	45%	55%	59%	41%	N/A	**
13. Did you have input in choosing your housemates?	34%	66%	22%	78%	35%	65%	N/A	**
14. Do you have friends other than staff and family?	83%	17%	82%	18%	80%	20%	84%	16%
15. Can you see your friends when you want to?	77%	23%	81%	19%	86%	14%	80%	20%
16. Can you see and/or communicate with family whenever you want?	94%	6%	87%	13%	90%	10%	89%	11%
17. Do you often feel lonely?	11%	89%	10%	90%	12%	88%	9%	91%
18. Do you like your home?	89%	11%	88%	12%	88%	12%	89%	11%
19. Do you want to live somewhere else?	29%	71%	26%	74%	25%	75%	23%	77%
20. Does your case manager ask what you want?	89%	11%	84%	16%	82%	18%	85%	15%
21. Are you able to contact case manager when you want?	87%	13%	89%	11%	86%	14%	88%	12%
22. Is there at least one place you feel afraid or scared?	30%	70%	18%	82%	26%	74%	22%	78%
23. Can you lock your bedroom?	42%	58%	45%	55%	53%	47%	58%	42%
24. Do you have a place to be alone at home?	99%	1%	98%	2%	98%	2%	97%	3%
25. Have you gone to a self-advocacy meeting?	30%	70%	29%	71%	29%	71%	26%	74%

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

\*\*Questions 12 and 13 were removed from the survey beginning in 2019.

### Analysis of Data

The results of most questions remained fairly consistent. Questions with consistent increase or decrease of 5% or greater over the years include:

- Question 7: Did you go out for entertainment in the past month? **Decreased** from 83% to 73%
- Question 19: Do you want to live somewhere else? **Decreased** from 29% to 23%
- Question 23: Can you lock your bedroom? **Increased** from 42% to 58%

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## OLMSTEAD PLAN QUALITY OF LIFE SURVEY

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The [Olmstead Plan Quality of Life Survey: Second Follow-Up 2020 Final Report](#)<sup>7</sup> was accepted by the Olmstead Subcabinet on April 26, 2021. This report is a follow-up to the [Olmstead Plan Quality of Life Survey: First Follow-Up 2018](#) in 2018 and the [Olmstead Plan Quality of Life Survey Baseline Report](#) conducted in 2017. This study includes people with disabilities of all types and ages in segregated settings, or at risk of being placed in segregated settings.

The Olmstead Subcabinet authorized this longitudinal survey to track progress of the quality of life (QOL) of Minnesotans with disabilities as the Olmstead Plan is being implemented. The Quality of Life Survey is a multi-year effort to assess the quality of life for people with disabilities who receive state services in potentially segregated settings. Minnesota Department of Human Services identified places such as group homes, nursing facilities and center-based employment as having the potential to be segregated settings.

The results of the QOL surveys are shared with state agencies implementing the plan so they can evaluate their efforts and better serve Minnesotans with disabilities.

### Key Facts about the Second Follow-up Survey (2020)

- From August 2020 through February 2021, a total of 561 people completed the survey. This included 509 who participated in the baseline survey and 52 who were added to the sample (oversampled) to allow a more nuanced understanding of experiences of people who are Black, Indigenous and People of Color.
- The results in this report reflect the experiences of the respondents and speak directly to the settings from which the sample was drawn. Therefore, results cannot be generalized to all people with disabilities in Minnesota.

A selection of results from the Quality of Life Survey is summarized below for each report to date.

Results from each Survey	Baseline Survey 2017	First follow-up 2018	Second follow-up 2020
Timeframe of survey interviews	2 – 11/2017	6 – 11/2018	8/2020 – 2/2021
Number of survey participants	2,005	511	561
Overall quality of life (out of 100)	76.6	77.4	77.6
Power over decision-making (out of 100)	66.2	67.6	67.4
Average number of close relationships	4.1	3.7	3.4
Percent of participants who said they had at least 5 close relationships	62	50	39
Participation in work, day programs or school	83	80	44
Average outings per month	31.9	30.5	16.9
Interactions with people in the community	37.7	36.5	20.1

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<sup>7</sup> More information about the Quality Of Life Survey is available online at [www.mn.gov/olmstead](http://www.mn.gov/olmstead).

### Highlights from the Second Follow-up Survey

- The survey measures quality of life over time for a specific population in Minnesota: people who access services in potentially segregated settings. The overall quality of life score remains unchanged since 2017 (76.6 in 2017 compared to 77.6 in 2020). Despite millions of dollars in investments and well-intentioned initiatives, the needle on quality of life has not moved since 2017. In many areas, this data indicates a continued decline in integration that the State must reverse.
- The survey detected no definitive changes in the key elements measuring quality of life, although Black and multiracial participants reported the lowest quality of life scores.
- Participants had the same amount of power over decisions that affect them as in previous years (66.2 in 2017 compared to 67.4 in 2020). On average, paid staff made big decisions. Participants with publicly-funded guardians had less decision-making control and less integration on their outings than those with no guardian or a private (usually family) guardian.
- The average number of close relationships for participants decreased from 4.1 in 2017 to 3.4 in 2020. This decrease may have been impacted by COVID-19.
- The percent of participants who said they had at least five close relationships decreased from 62% in 2017 to 39% in 2020.
- The survey aims to understand participants' daily activities and opportunities for engagement in the four weeks leading up to the survey. This includes how many hours they work, how much time they spend volunteering, how often they visit with friends and family, and how often they participate in community events.
  - Participation in work, day programs and school declined dramatically, from 80 in 2018 to 44 in 2020.
  - Participants engaged with their communities far less. On average, participants had 16.9 outings per month in 2020 compared to 30.5 in 2018.
  - Individuals interacted with people in the community far less, from 36.5 in 2018 to 20.1 in 2020.

### COVID-19 Impacts

COVID-19 had a clear impact on survey participants and findings. At the same time, we know from the 2017 and 2018 surveys that the pandemic is not the only factor that has stalled progress. Previous surveys show that segregation was a problem before the pandemic disrupted day programs and social opportunities. In some instances, participants shared how providers and staff enforcing COVID-19 restrictions lowered their quality of life. We must document these impacts because this may be the only statewide survey that captured the experiences of people with disabilities in Minnesota during the pandemic.

Participants engaged with their communities far less during COVID-19. Only some could turn to the internet in place of in-person activities. This is partly because access to technology required to join online events is not universal. The survey did not ask whether participants had access to the internet, but 84% took the survey by phone rather than video call.

When asked specifically about COVID-19, 54% of participants said their life got worse during the pandemic because of lost income, fewer opportunities to be social, loss of community, restrictions on

visitors, day program closures, and other pandemic-related restrictions. On the other hand, roughly 7% of participants said life was better or much better during the pandemic. One reason they shared was reduced stress from not having to participate in day activities and outings. This shows that people's quality of life could be better if they could make these decisions for themselves.

#### **Next Steps**

- Future surveys will continue to oversample to include people who are Black, Indigenous and People of Color.
- Planning for the next Quality of Life Survey will begin in the fall of 2022.

#### **Background**

The Olmstead Subcabinet selected the Center for Outcome Analysis (COA) Quality of Life survey tool for the study. This tool was selected because it is reliable, valid, low-cost and could be used with all people with disabilities. The OIO then conducted a pilot survey to test the effectiveness of the tool.

## 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 impacted by the goal. This number provides context as it relates to the measure.

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**PERSON-CENTERED PLANNING GOAL ONE:** Plans for people using disability home and community-based waiver services will meet protocols based on the presence of eight required criteria. Protocols are based on principles of person-centered planning and informed choice. By June 30, 2022, the eight required criteria will be present at a combined rate of 90%. *[Extended in April 2021]*

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**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. The combined rate was 67%.

Element	Required criteria	Percent
1	The support plan describes goals or skills that are related to the person's <b>preferences</b> .	74
2	The support plan includes a global statement about the person's <b>dreams and aspirations</b> .	17
3	Opportunities for <b>choice</b> in the person's current environment are described.	79
4	The person's current <b>rituals and routines</b> are described.	62
5	<b>Social</b> , leisure, or religious <b>activities</b> 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 <b>living</b> setting is identified.	80
8	The person's preferred <b>work</b> activities are identified.	71
ALL	Combined average of all elements	67

### RESULTS:

This goal is **on track** to meet the 2022 goal of 90%. [Last reported in November 2021]

*Table amounts are percentages*

Time period	(1) Prefer ences	(2) Dreams Aspirations	(3) Choice	(4) Rituals Routines	(5) Social Activities	(6) Goals	(7) Living	(8) Work	Avg of all 8
Fiscal Year (Months)									
Baseline (Apr – June 17)	74	17	79	62	83	70	80	71	67
FY18 (July 17 – June 18)	81.3	31.3	92.5	59.8	92.4	81.3	96.3	89.6	78.1
FY19 (July 18 – June 19)	91.8	58.4	97.9	59.8	96.0	95.3	98.7	99.0	87.1
FY20 (July 19 – June 20)	91.1	77.2	98.9	77.1	98.8	97.0	99.1	98.7	92.2
FY21 (July 20 – June 21)	96.1	75.9	99.6	72.8	99.2	99.6	99.4	99.7	92.8

### ANALYSIS OF DATA:

From July 2020 – June 2021, of the 812 case files reviewed, the eight required elements were present in the percentage of files shown above. The combined average of the eight elements was 92.8%, an

increase of 0.6% from the previous year. Five of the eight elements achieved above 99%. Six elements showed an increase and 2 showed a decrease in their level of compliant performance. The goal is on track to meet the 2022 goal of 90%.

**Total number of cases and sample of cases reviewed**

<b>Time period</b>	<b>Total number of cases (disability waivers)</b>	<b>Sample of cases reviewed (disability waivers)</b>
Fiscal Year 18 (July 2017 – June 2018)	12,192	1,243
Fiscal Year 19 (July 2018 – June 2019)	4,240	515
Fiscal Year 20 (July 2019 – June 2020)	18,992	1,245
Fiscal Year 21 (July 2020 – June 2021)	7,900	812

**Lead Agencies Participating in the Audit <sup>8</sup>**

<b>Time period</b>	<b>Lead agencies</b>
Fiscal Year 18 (July 2017 – June 2018)	(19) Pennington, Winona, Roseau, Marshall, Kittson, Lake of the Woods, Stearns, McLeod, Kandiyohi, Dakota, Scott, Ramsey, Big Stone, Des Moines Valley Alliance, Kanabec, Nicollet, Rice, Sibley, Wilkin
Fiscal Year 19 (July 2018 – June 2019)	(15) Brown, Carlton, Pine, Watonwan, Benton, Blue Earth, Le Sueur, Meeker, Swift, Faribault, Itasca, Martin, Mille Lacs, Red Lake, Wadena
Fiscal Year 20 (July 2019 – June 2020)	(20) Mahnomon, Koochiching, Wabasha, Goodhue, Traverse, Douglas, Pope, Grant, Stevens, Isanti, Olmsted, St. Louis, Hennepin, Carver, Wright, Crow Wing, Renville, Lac Qui Parle, Chippewa, Otter Tail
Fiscal Year 21 (July 2020 – June 2021)	(11) Mower, Norman, Houston, Freeborn, Nobles, SWHHS Alliance (Lincoln, Lyon, Murray, Pipestone, Redwood, Rock), Washington, Fillmore, Anoka, Clearwater, Sherburne

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

During the last four quarters, five of the eleven (45%) of the lead agencies were required to develop corrective action plans for the person-centered measures. This compares to seven of twenty (35%) in the previous year. It is important to note that the lead agencies were all in a different phase of applying person-centered practices. While some lead agencies have fully integrated person-centered practices

<sup>8</sup> Agency visits are sequenced in a specific order approved by Centers for Medicare and Medicaid Services (CMS)

into their work as evident in their support planning process, others are still working on training staff, especially for the new staff that joined the lead agencies in the last couple years.

**COVID-19 Impact**

Due to the COVID pandemic, in April 2020, the Lead Agency Review team modified its onsite process to conducting virtual reviews. The evaluation protocols for lead agency reviews remain unchanged. The Lead Agency Review team paused data collection with lead agencies in January and February of 2021 due to COVID-19 response assignments. The team resumed lead agency review in late March with Fillmore County.

**UNIVERSE NUMBER:**

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

**TIMELINESS OF DATA:**

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

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**HOUSING AND SERVICES GOAL ONE:** By June 30, 2022, the number of people with disabilities who live in the most integrated housing of their choice where they have a signed lease and receive financial support to pay for the cost of their housing will increase by 1,167 (during 2021 and 2022).

*[Extended and goal revised in April 2021]*

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**2021 Goal**

- By June 30, 2020, the number of individuals moving into integrated housing will be 569.

**Baseline:** In State Fiscal Year 2014 (July 2013 – June 2014), there were an estimated 38,079 people living in segregated settings. Over the last 10 years, 5,995 individuals with disabilities moved from segregated settings into integrated housing of their choice where they have a signed lease and receive financial support to pay for the cost of their housing. **2021 Update:** From July 2014 – June 2020, an additional 5,388 individuals moved into integrated housing of their choice (an annual average of 898).

**RESULTS:**

The 2021 annual goal to increase the number of people living in integrated housing by 569 was **met**.  
[Reported in November 2021]

Time period	People in integrated housing	Increase from previous year	Increase over baseline	Percent change over baseline
2014 Baseline (July 2013 – June 2014)	5,995	--	--	--
2015 Annual (July 2014 – June 2015)	6,910	915	915	15.3
2016 Annual (July 2015 – June 2016)	7,605	695	1,610	26.8
2017 Annual (July 2016 – June 2017)	8,745	1,140	2,750	45.8
2018 Annual (July 2017 – June 2018)	9,869	1,263	3,852	64.2
2019 Annual (July 2018 – June 2019)	10,251	382	4,256	70.4
2020 Annual (July 2019 – June 2020)	11,383	1,132	5,388	89.9
2021 Annual (July 2020 – June 2021)	12,478	1,095	6,483	108.1%

**ANALYSIS OF DATA:**

From July 2020 – June 2021 the number of people living in integrated housing increased by 1,095 from the previous year and an increase of 6,483 over baseline. The annual growth was above the annual average of 898, but the growth was 37 less than in the previous year (1,095 compared to 1,132). Although there was a decrease from the previous year, the 2021 goal was met.

**COMMENT ON PERFORMANCE:**

The entire 2021 fiscal year was during the COVID-19 pandemic which is still underway at the time of this reporting. While it is unclear what the specific impact was on this performance measure, with time it will be better understood how this major social disruption played out in both the housing market and the service delivery system.

Factors that may have had an impact on this performance measure during fiscal year 2021 include the eviction moratorium, additional federal funding, and increased efforts to move people from homelessness to housing due to the pandemic. During the peace time emergency, the Governor issued an Executive Order that prevented people from being evicted from their homes during the emergency. The moratorium likely impacted the number of housing units available due to people not moving for units to be available. An eviction off ramp was passed by the legislature that went into effect on June 30, 2021.

When there is a tight housing market, access to housing is reduced and landlords may be unwilling to rent to individuals with public assistance, limited rental history or other similar factors. DHS is continuing to increase housing supports in Minnesota to address these barriers. The specific programs being measured in the above goal will not show the full picture of the impact of these supports, but some of these new services and supports include: the Community Living Infrastructure grants supporting individuals in the community to find housing; increase to Minnesota Supplemental Aid (MSA) Housing Assistance in July 2020; and the new Housing Stabilization Services Medicaid Services available in July 2020 which will allow providers to bill for housing search and other support services for an individual moving from homelessness (or other housing instability) to more stable housing situations.

**TIMELINESS OF DATA:**

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

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**EMPLOYMENT GOAL ONE:** By September 30, 2022, the number of individuals<sup>9</sup> who are in competitive integrated employment as a result of receiving Vocational Rehabilitation Services (VRS) and State Services for the Blind (SSB) will increase by 5,667 (during 2020, 2021 and 2022). [Extended in April 2021]

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**2020 Goal**

- By September 30, 2020, the number of individuals in competitive integrated employment will increase by **2,072**.

**Baseline:** In 2014, Vocational Rehabilitation Services and State Services for the Blind helped 2,738 people with significant disabilities find competitive integrated employment. In 2019, VRS and SSB helped 2,670 people find competitive integrated employment.

**RESULTS:**

The February 2021 Quarterly Report reported this goal as **in process** as there was no goal for 2020. The April 2021 Plan Revision established a goal for 2020. The 2020 annual goal of 2,072 individuals in competitive integrated employment was **not met**. [Updated in May 2021]

**Number of Individuals Achieving Employment Outcomes**

Time period Federal Fiscal Year (FFY)	Vocational Rehabilitation Services (VRS)	State Services for the Blind (SSB)	Annual Total
2015 Annual (FFY 15) October 2014 – September 2015	3,104	132	3,236
2016 Annual (FFY 16) October 2015 – September 2016	3,115	133	3,248
2017 Annual (FFY 17) October 2016 – September 2017	2,713	94	2,807
2018 Annual (FFY 18) October 2017 – September 2018	2,577	105	2,682
<b>Reset Baseline and Goals</b>			
Baseline 2019 Annual (FFY 19) October 2018 – September 2019	2,578	92	2,670
2020 Annual (FFY 20) October 2019 – September 2020	2,005	66	2,071

**ANALYSIS OF DATA:**

From October 2019 – September 2020, the number of people with disabilities working in competitive integrated employment was 2,071. This is a decrease of 599 from the previous year and is 677 under the 2014 baseline. The 2020 annual goal of 2,072 was missed by 1.

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<sup>9</sup> This includes 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 2020-2021 school year, this statewide mandate for services covers more than 45,000 students, ages 14 through 21 in Minnesota who are eligible for and receiving special education and related services based on information from the Minnesota Automated Reporting Student System (MARSS) and reported by the Minnesota Department of Education.

From October 1, 2019 to September 30, 2020 a total of 3,270 students received VRS Pre-Employment Transition Services. It's important to note that many students received more than just one of the 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%
2020	2,465	732	411	1,143	46.4%

**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** numbers as reported by the CILs for the period of July 23, 2019 – July 22, 2020:

- 8,265 individuals participated in the CC&I&R conversation
- Of that total, 999 (12%) expressed interest in competitive integrated employment
- Due to the pandemic, many individuals were not working due to 14 (c) employers closing. This had a significant impact on the CILs being able to conduct CCI&R interviews with individuals. Any CCI&R conversations occurring after the pandemic were held virtually.

**Year Five** first half numbers as reported by the CILs for the period of July 23 – December 31, 2020:

- 3,105 individuals participated in the CC&I&R conversation
- Of that total, 406 (13%) expressed interest in competitive integrated employment
- Due to the pandemic, many individuals were not working due to 14 (c) employers closing. This had a significant impact on the CILs being able to conduct CCI&R interviews with individuals. Any CCI&R conversations occurring after the pandemic were held virtually.

### **WIOA impact on State Services for the Blind (SSB)**

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 or is an individual with a disability for purposes of section 504 of the act.

MDE has indicated in their “Unduplicated Child Count” report in 2020, that there are approximately 211 students in secondary education who are blind, visually impaired, or DeafBlind. This number only includes those students whose primary disability is blindness or DeafBlindness. Additionally some Pre-ETS students enrolled in post-secondary options are also served. Based on the current numbers, there is an estimate of 25 additional students, for a total of 236 students.

MDE is able to provide SSB with additional information about the 211 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, 2019, through September 30, 2020) a total of 186 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:**

##### **COVID-19 impact on services**

Due to COVID-19, VRS and SSB quickly adjusted services to remote only beginning March 16, 2020 to current. The overall applications for services have significantly decreased during this time period (with a decrease of approximately 4,000 participants expected in FFY21 compared to FFY18) and many persons who are currently served have multiple disabilities including compromised immune systems. Many individuals in services at this time are not comfortable working in the community due to COVID-19 and there has been a significant decrease in new applications for this same reason. This significant impact of decreased new applications and those choosing to postpone employment will affect the next several years.

##### **Order of Selection**

The DEED/VRS Order of Selection process is based on federal regulations, which require that a state VR agency that cannot serve ALL persons with disabilities who are seeking services must establish an Order of Selection that defines a priority system for who will be served first. VRS determines the number of functional limitations on an individual basis through the application and intake process. Since 2014, three of four categories had been closed.

Throughout 2019, VRS began a systematic attempt to contact all of the individuals on the waiting list to determine whether they were still interested, available, and in need of services. This effort reduced the number of people on the waiting list in Categories 2, 3 and 4 from more than 2,000 to 846 individuals. In September 2020, the VR program began offering services to individuals and taking them off the waiting list in order of category and date of application. On November 30, 2020 VRS reopened Category 2 and Category 3 which had been closed since the fall of 2014. The reopening allowed VRS staff to immediately begin offering employment-related services to Minnesotans with disabilities. As of December 31, 2020, there are no people on the waiting list.

Of individuals found eligible for VRS services between October 1, 2019 and December 31, 2020 ninety-three percent (93%) of those accepted for services were from within Category 1.

**Number of Individuals Served**

From October 1, 2019 to September 30, 2020, Vocational Rehabilitation Services provided employment related services to 13,994 individuals (defined as VRS participants with an employment plan who are receiving services). The percentage of participants who are youth under the age of 25 continues to increase, now 57% compared to 50% four years ago. Students receive a variety of services and the focus is on obtaining paid work experience. Many students choose to go on to post-secondary schooling as part of their employment plan. It typically takes several years of VRS/SSB services to a new student before they achieve CIE.

**TIMELINESS OF DATA:**

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

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**EMPLOYMENT GOAL TWO:** By June 30, 2022, of the 50,157 people receiving services from certain Medicaid funded programs, there will be an increase of 6,283 over baseline to 12,420 in competitive integrated employment. *[Extended in April 2021]*

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**2021 Goal**

- By June 30, 2021, the number of individuals in competitive integrated employment will increase to 11,420.

**Baseline:** In 2014, of the 50,157 people age 18-64 in Medicaid funded programs, 6,137 were in competitive integrated employment. Medicaid funded programs include: Home and Community-Based Waiver Services, Mental Health Targeted Case Management, Adult Mental Health Rehabilitative Services, Assertive Community Treatment and Medical Assistance for Employed Persons with Disabilities (MA-EPD).

**RESULTS:**

Based on Fiscal Year 2020 data, the 2021 annual goal to increase the number of individuals in competitive integrated employment to 11,420 was **not met**. [Reported in November 2021]

**MA Recipients (18 -64) in Competitive Integrated Employment (CIE)**

Time period	Total MA recipients	Number in CIE (\$600+/month)	Percent of MA recipients in CIE	Change from previous year	Increase over baseline
Baseline (July 2013 – June 2014)	50,157	6,137	12.2	--	--
July 2014 – June 2015	49,922	6,596	13.2	459	459
2017 Annual Goal (July 2015 – June 2016)	52,383	8,203	15.7	1,607	2,066
2018 Annual Goal (July 2016 – June 2017)	54,923	9,017	16.4	814	2,880
2019 Annual Goal (July 2017 – June 2018)	58,711	9,751	16.6	734	3,614
2020 Annual Goal (July 2018 – June 2019)	57,640	10,420	18.1	669	4,283
2021 Annual (July 2019 – June 2020)	59,080	10,488	17.8%	68	4,351

**ANALYSIS OF DATA:**

During July 2019 – June 2020 there were 10,488 people in competitive integrated employment earning at least \$600 a month. This is an increase of 68 from the previous year and 932 below the 2021 goal of 11,420. The 2021 goal was not met.

The data reported is a proxy measure to track the number of individuals in competitive integrated employment from certain Medicaid programs and includes the number of people who have monthly earnings of over \$600 a month. This is calculated by dividing the annual earnings of an individual (as reported by financial eligibility workers during re-qualification for Medicaid) by the number of months they have worked in a given fiscal year.

During development of the employment data dashboard in 2015, DHS tested the use of \$600 a month as a proxy measure for competitive integrated employment. This was done by reviewing a random sample of files across the state. DHS staff verified that information from the data system matched county files and determined that when people were working and making \$600 or more, the likelihood was they were in competitive integrated employment.

#### **COMMENT ON PERFORMANCE:**

July 2019 – June 2020 data shows a small increase in the number of MA recipients in competitive integrated employment, but a decrease in the percentage of MA recipients in competitive integrated employment. This percentage decrease is likely the result of the initial impact of the COVID-19 pandemic. The final months of FY 2021 (March through June 2020) is when measures to curb the spread of COVID-19 were being implemented and many people may have been furloughed, lost employment, or chose to leave employment due to risk of exposure.

July 2019 – June 2020 shows a small increase in the absolute number of MA recipients in competitive employment, but a decrease in the overall percentage. This percentage decrease is likely the result of the initial impact of the COVID-19 pandemic. The final months of FY 2021 (March through June 2020) is when measures to curb the spread of COVID-19 were being implemented and many people may have been furloughed, lost employment, or chose to leave employment due to risk of exposure.

#### **Moving Forward**

Moving forward, DHS continues to work to ensure that all Minnesotans with disabilities have the option of competitive integrated employment. DHS seeks to continue to work on this goal and continuously improve efforts around employment. Part of these efforts include:

- **Providing three new employment services in the Medicaid Home and Community Based Services (HCBS) waivers:** As of September 2019 Minnesota has fully transitioned HCBS waiver services to include three new employment services: Exploration, Development, and Support. These services not only help better identify what employment supports someone is receiving, but they also provide new resources to support competitive, integrated employment for people receiving waiver services.
- **Carry out and strengthen the E1MN partnership with DHS, DEED, and MDE:** In January 2021, DHS, DEED, and MDE launched an E1MN state agency partnership to advance employment first outcomes. This partnership grounds our agencies in shared values, clarifies federal guidance, and explains: how we will coordinate efforts, how services sequence, how we will increase shared service providers, and how we will work to create seamless referrals/transitions between programs. Ongoing E1MN efforts include:
  - Interagency Coordination: Our agencies have established structures to coordinate our efforts and implement agreements as well as elicit stakeholder feedback
  - Service provider alignment: Our agencies are aligning our shared network of employment service providers to improve access to employment services and support seamless transitions between services.
  - Aligning employment services: Our agencies have clarified the sequencing of our employment services
  - Service experiences and transitions: Our agencies are developing clear referral processes between programs and clarifying the roles and responsibilities of support professionals at each stage of a person's employment journey.

- **Resources and training to support employment:** As part of the E1MN partnership, DHS and DEED have built on demand training and resources in a [Work Toolkit](#) on the Disability Hub MN. DHS is promoting use of these resources and trainings for lead agencies and providers as well as building new trainings and developing a training curriculum. DHS and DEED are also hosting regional collaboration events to increase local area partnerships (including lead agencies, providers, and Vocational Rehabilitation Services/State Services for the Blind offices) advancing employment.
- **Administer the Task Force on Eliminating Subminimum Wages:** In the coming year, DHS will be administering this task force to develop a plan and make recommendations to phase out payment of subminimum wages to people with disabilities on or before August 1, 2025. More information can be found at [Task Force on Eliminating Subminimum Wages](#).
- **Administer Provider Reinvention Grant Program:** In the coming years and ending in 2024, DHS will be administering a provider reinvention grant program to promote independence and increase opportunities for people with disabilities to earn competitive wages. This program will provide funding and technical assistance support to employment service providers who commit to ending their use of subminimum wages by April 1, 2024.
- **Carrying out the Minnesota Technical Assistance Project (MN-TAP):** Launched in 2018, MN-TAP was a 2-year project funded by DHS, and designed to improve employment outcomes for people with disabilities. The Institute for Community Inclusion at the University of Massachusetts Boston, in partnership with the Institute on Community Integration at the University of Minnesota, provided technical assistance (TA) to 2 cohorts of provider agencies, each cohort with 6 agencies. A total of 12 organizations participated over the course of the 2 years. The goal of the TA was to help providers expand their capacity to support people with intellectual/ developmental disabilities (I/DD) in obtaining and succeeding in competitive, integrated employment opportunities. The project ended in September 2020, however the learnings and recommendations from the final report will be used to inform future efforts. The experience with MN-TAP will specifically be helpful in considering DHS's approach to administering the Provider Reinvention Grant Program.

**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.

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**EMPLOYMENT GOAL THREE:** By June 30, 2025, the number of students with developmental cognitive disabilities, ages 19-21 that enter into competitive integrated employment through the Employment Capacity Building Cohort (ECBC) will be 1,513. *[Extended in April 2021]*

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**2021 Goal**

- By June 30, 2021, the number of students that enter competitive, integrated employment through the ECBC will be 150.

**RESULTS:**

The 2021 goal of 150 was **not met**. [Reported in August 2021]

**Students with Developmental Cognitive Disabilities, ages 19 -21**

Time Period	Number of students that enter into competitive integrated employment at participating schools	Number of students at participating schools	Percent of students at participating schools that enter into competitive, integrated employment
2016 Annual (Oct 2015 to June 2016)	137	508	27.0%
2017 Annual (Oct 2016 to June 2017)	192	516	37.6%
2018 Annual (Oct 2017 to June 2018)	179	467	38.3%
2019 Annual (Oct 2018 to June 2019)	138	483	28.6%
2020 Annual (Oct 2019 to June 2020)	66	452	14.6%
2021 Annual (Oct 2020 to June 2021)	52	406	12.8%

**ANALYSIS OF DATA:**

During the 2020-2021 school year, 52 students with developmental cognitive disabilities, ranging in ages from 19-21 participated in competitive integrated employment through the Employment Capacity Building Cohort (ECBC). The 2021 goal of 150 was not met.

Students were employed in a variety of businesses with wages ranging from \$9.50 an hour to \$17.50 an hour. Students received a variety of supports including: employment skills training, job coaching, interviewing skill development, assistive technology, job placement and the provision of bus cards.

**COMMENT ON PERFORMANCE:**

The Employment Capacity Building Cohort (ECBC) is an interagency activity of MDE, DEED and DHS which engages local level school district and county teams in professional development and technical assistance focused on continuous improvement in rates of competitive integrated employment for students with cognitive disabilities ages 19 to 21 years.

The ECBC was on track to meet the goal of 150 students to obtain competitive integrated employment. In January, community teams reported 33 students had competitive integrated employment. Given the current pandemic, the number increased to 52 by June 30, 2021. Businesses were slower to hire

students given other staff in the companies were put on furlough and the need to bring employees back to work took precedent. Another factor that greatly affected the lower number was some of the community resource providers, contracted through DEED, were unable to support the students in the community due to the pandemic. The current contracted provider agencies are now predominately serving youth onsite. There were also families who were concerned for their health and well-being and disengaged in the employment process for their youth.

The unemployment rate for all Minnesotans is currently 4.0%, which remains higher than it was pre-pandemic. The unemployment rate for all Minnesotans was 3.3% in February 2020. (Department of Numbers)

Thirty-two school districts and local partner teams provided supports to students through the Employment Capacity Building Cohort (ECBC) during the 2020-2021 school year. The community teams received professional development and coaching on the following topics: the Workforce Innovation and Opportunity Act (WIOA) and limitations on the use of subminimum wages; Pre-Employment Transition Services; DB101 estimator; utilization of the Informed Choice Conversation; Minnesota Career Information System (MCIS) for students with disabilities; business engagement strategies; engaging families using a person-centered approach; high quality transition programming and planning and customized employment.

The 2020-2021 number of students had an observed decline. The factors involved in this decline are multi-layered, and have a direct correlation to the pandemic. However MDE, DEED and DHS have identified the quality of local level partnerships between school districts, vocational rehabilitation (VR) services/State Services for the Blind (SSB), and disability services as an important factor, and are involved in planning for how to continue to grow these partnerships statewide. DEED, DHS and MDE will work together to identify and define high quality local partnerships based on state data and qualitative data from ECBC participants.

Data collected is being reviewed from current ECBC teams that indicate possible improvements for ECBC in the 2021-22 school year. It is expected that continuing to grow the capacity and add more Minnesota school districts in training, network support from other successful school districts, and customized technical assistance from state agencies (MDE, DEED and DHS) will improve the statewide rate of competitive integrated employment. The efforts around building systems in the local level school district community teams are showing to be sustainable with our returning community teams each year.

**TIMELINESS OF DATA:**

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

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**EMPLOYMENT GOAL FOUR: By December 31, 2022, the number of Peer Support Specialists who are employed by mental health service providers will increase to 82. [Extended in April 2021]**

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**2021 Goal**

- By December 31, 2021, the number of employed peer support specialists will increase to 76.

**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. As of December 31, 2020, there were 71 employer peer support specialists

**RESULTS:**

The February 2021 Quarterly Report reported this goal as **in process** as there was no goal beyond 2019. The April 2021 Plan Revision established a goal for 2021. The goal is **in process** to meet the 2021 goal to increase to 76. [Updated in May 2021]

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
2020 Annual (as of December 31, 2020)	71	<5>	55

**ANALYSIS OF DATA:**

As of December 31, 2020, there were 71 certified peer support specialists employed by Assertive Community Treatment (ACT) teams, Intensive Residential Treatment Services (IRTS), and crisis residential facilities. This is a decrease of 5 from the previous year.

Of the 71 employed peer support specialists, 28 are employed by ACT teams and 43 are working in IRTS and crisis residential facilities. Most of the positions with ACT teams are full time. The number of full time positions in IRTS is increasing. 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 2020, there are 1,289 individuals who have successfully completed the peer training. Though the goal is not on track, there has been some progress in the number of employed mental health peers in a number of services. Some, but not all, Certified Community Behavioral Health Clinics have peers at their clinics. Peers are also being hired as (non-reimbursable) staff in Community Support programs and a number of housing programs include a peer support specialist. 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.

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**LIFELONG LEARNING AND EDUCATION GOAL ONE: By December 1, 2021, the percent of students with disabilities<sup>v</sup>, receiving instruction in the most integrated setting<sup>vi</sup>, will increase to 63%**

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**2020 Goal**

- By December 1, 2020, the percent of students receiving instruction in the most integrated settings will increase to 62.75%

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

**RESULTS:**

Using the 2019 Child Count, the 2020 goal to increase to 62.75% was **met**. [Reported in February 2021]

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
Baseline January – December 2013	109,332	67,917	62.11%
January – December 2014 (Dec 2014 Child Count)	110,141	68,434	62.13%
January – December 2015 (Dec 2015 Child Count)	112,375	69,749	62.07%
January – December 2016 (Dec 2016 Child Count)	115,279	71,810	62.29%
January – December 2017 (Dec 2017 Child Count)	118,800	74,274	62.52%
January – December 2018 (Dec 2018 Child Count)	123,101	77,291	62.79%
January – December 2019 (Dec 2019 Child Count)	126,693	79,595	62.83%

**ANALYSIS OF DATA:**

During 2019, of the 126,693 students with disabilities, 79,595 (62.83%) received instruction in the most integrated setting. This was an increase of 0.04% from the previous year and an increase of 0.72% over baseline. Using the 2019 Child count, the 2020 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.

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**LIFELONG LEARNING AND EDUCATION GOAL TWO:** By June 30, 2025, the percent of students with disabilities who have enrolled in an integrated postsecondary education setting within one year of leaving high school will increase to 34.8% (from the 2020 baseline of 29.8%.) *[Extended and reset baseline and goals in April 2021]*

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**2021 Goal**

- By June 30, 2021, the percent of students with disabilities who have enrolled in an integrated postsecondary setting in the fall after graduating will increase to 30.8%.

**Baseline:** Based on 2020 Minnesota’s Statewide Longitudinal Education Data System (SLEDS), of the 7,212 students with disabilities who graduated statewide in 2018, a total of 2,151 (29.8%) enrolled in the fall of 2018 into an integrated postsecondary institution.

**RESULTS:**

The 2021 goal (using 2019 SLEDS data) of 30.8% was **not met**. [Reported in November 2021]

Time period	Students with disabilities graduating	Students enrolling in accredited institution of higher education	Percent of students
2016 – 2014 SLEDS (August 2014 – July 2015 data)	6,749	2,107	31.2%
2017 Annual Goal – 2015 SLEDS (August 2015 – July 2016 data)	6,722	2,241	33.3%
2018 Annual Goal – 2016 SLEDS (August 2016 – July 2017 Data)	6,648	2,282	34.3%
2019 Annual Goal – 2017 SLEDS <sup>10</sup> (August 2017 – July 2018 Data)	6,792	2,259	33.3%
<b>Reset Baseline and goals</b>			
Baseline 2020 – 2018 SLEDS <sup>11</sup> (August 2017 – July 2018 Data)	7,212	2,151	29.8%
2021 Annual Goal – 2019 SLEDS <sup>12</sup> (August 2018 – July 2019 Data)	7,564	1,953	25.8%

**ANALYSIS OF DATA:**

Of the 7,564 students with disabilities who graduated in 2019, there were 1,953 students (25.8%) who enrolled in an accredited institution of higher education in fall 2019. This was a decrease of 4.0% from the baseline. The 2021 goal to increase to 30.8% was not met.

Beginning in 2015, SLEDS additional data is provided by student race and ethnicity. This information includes the percentage of students with disabilities within five racial or ethnic groups that graduated and subsequently enrolled in an accredited institution of higher education in the fall of that year.

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<sup>10</sup> SLEDS data retrieved October 10, 2019 from <http://sleds.mn.gov>.

<sup>11</sup> SLEDS data retrieved October 27, 2020 from <http://sleds.mn.gov>.

<sup>12</sup> SLEDS data retrieved November 3, 2021 from <http://sleds.mn.gov>.

**Percentage of graduates with disabilities enrolling in accredited institutions of higher education by graduation year and racial or ethnic group**

<b>Time period</b>	<b>American Indian or Alaskan Native</b>	<b>Asian or Pacific Islander</b>	<b>Hispanic</b>	<b>Black, not of Hispanic origin</b>	<b>White, not of Hispanic origin</b>
2015 SLEDS (Aug 2015 – July 2016)	22%	35%	27%	28%	35%
2016 SLEDS (Aug 2016 – July 2017)	23%	35%	28%	28%	36%
2017 SLEDS (Aug 2017 – July 2018)	16%	42%	29%	28%	36%
2018 SLEDS (Aug 2018 – July 2019)	17%	26%	32%	24%	32%
2019 SLEDS (Aug 2019 – July 2020)	15%	36%	25%	23%	32%

**COMMENT ON PERFORMANCE:**

Minnesota saw a decrease in the percentage of students with disabilities enrolling in institutions of higher education through the fall of 2020. The trend for students with disabilities coincides with a trending decrease in enrollment for all students in general. During the same time period, enrollment in an accredited institution of higher education for students without disabilities declined from 67% in 2019 to 66% in 2020. To be considered enrolled in an accredited institution of higher education for the purposes of SLEDS reporting, a student must be on a credit earning track towards a certificate, diploma, two- or four-year degree, or other formal academic award.

Analysis of the reported data included comparisons with other postsecondary outcomes data for students with disabilities available in SLEDS. Current SLEDS data indicates that 44% of students with disabilities who graduated in 2019 were subsequently employed in competitive integrated employment, which is a decrease from 47% in 2018. While Minnesota saw a decrease in the percentage of students with disabilities enrolling in accredited institutions of higher, the data suggests the possibility that other students may be accessing work-related job-specific skills training and certificate programs, including those available from technical colleges, although fewer than in the previous year. With recovery from the COVID-19 pandemic, Minnesota has a strong employment outlook and despite the 3% decline observed for 2019 graduates with disabilities, it is still valid to consider that many students with disabilities may be choosing to enter the job market in entry-level positions, gaining experience and independence, or saving money for college as higher education expenses continue to be on the rise.

Based on a review that included the presented data disaggregated by race/ethnicity, MDE is continuing its State Personnel Development Grant (SPDG) and State Systemic Improvement Plan (SSIP) effort to improve graduation rates for American Indian and Black students with disabilities as a means to increase successful postsecondary enrollment rates for these students.

MDE staff continue a partnership with the career and technical education staff of Minnesota State (formerly Minnesota State Colleges and Universities), including disability supports coordinators in the Minnesota State system. MDE also continued ensuring ongoing print and online accessibility of the Postsecondary Resource Guide. MDE staff publicize online training resources that are currently located on Normandale Community College website at <http://www.normandale.edu/osdresources>.

MDE is a state agency partner in the Minnesota Inclusive Higher Education Consortium (MIHEC), an initiative to expand Minnesota inclusive postsecondary education options. The Minnesota Inclusive Higher Education Consortium (MIHEC) is a collaborative group of stakeholders including inclusive higher

education institutions, local education agencies, key state agencies, advocates, families, legislators and nonprofit organizations. MIHEC is committed to expanding Minnesota postsecondary education opportunities to all interested youth, young adults and adults with intellectual and developmental disabilities, including students from diverse ethnic, cultural, linguistic, geographic and socio-economic backgrounds.

MDE is a state agency partner in the Administration for Community Living (ACL) Project of National Significance (PNS) at the University of Minnesota’s Institute on Community Integration (ICI). Projects of National Significance focus on the most pressing issues affecting people with developmental disabilities and their families, creating and enhancing opportunities for these individuals to contribute to, and participate in, all facets of community life. Through PNS, ACL and its grantee partners support the development of national and state policy and awards grants and contracts that enhance the independence, productivity, inclusion, and integration of people with developmental disabilities. The goal of the collaborative between the University of Minnesota’s Institute on Community Integration (ICI), MDE, DEED, DHS, school districts, community employment providers, the Minnesota Inclusive Higher Education Consortium (MIHEC), and self-advocacy organizations is to increase participation of youth with intellectual and developmental disabilities in postsecondary education.

**TIMELINESS OF DATA:**

In order for this data to be reliable and valid, it will be reported 16 months after the end of the reporting period.

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**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%). By October 31, 2021, improvements will made to 55 miles of sidewalks.

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**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 and already achieved the goal. [Reported in February 2021]

Time Period	Curb Ramp Improvements	Total curb ramp Improvements	PROW Compliance Rate
Baseline - Calendar Year 2012	--		19%
Calendar Year 2014	1,139	1,139	24.5%
Calendar Year 2015	1,594	2,733	28.5%
Calendar Year 2016	1,015	3,748	35.0%
Calendar Year 2017	1,658	5,406	42.0%
Calendar Year 2018	1,188	6,594	51.7%
Calendar Year 2019	358	6,952	52.2%

**ANALYSIS OF DATA:**

In 2019, the total number of curb ramps improved was 358, bringing the total improvements to 6,952 and a 52.2% compliance under PROW. The 2020 goal of 6,600 has already been achieved.

Due to COVID-19 hiring restrictions MnDOT was not able to provide a complete data set for the 2019 construction season. MnDOT is planning to complete the collection of the 2019 and 2020 construction this year. The information collected reflects about 30% of the total curb ramps constructed in 2019.

**COMMENT ON PERFORMANCE:**

While this is not a complete data set the sample indicates that performance is consistent with previous years.

**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 430 Accessible Pedestrian Signals (APS) installations will be provided on MnDOT owned and operated signals bringing the number to 875 and the percentage to 74%.

**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 2020 goal to bring the number of APS to 875 (74% of system) was **not met**. [Reported in February 2021]

Time Period	Total APS in place	Increase over previous year	Increase over baseline
Baseline Calendar Year 2009	118 of 1,179 APS (10% of system)	N/A	N/A
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
Calendar Year 2020	840 of 1,174 APS (71% of system)	16	722

**ANALYSIS OF DATA:**

In Calendar Year 2020, an additional 16 APS installations were provided, bringing the number of APS signals to 840 and the percentage to 71% of the system. The 2020 overall goal of 875 was not met. In 2020, a total of 5 signal systems with APS were turned over to cities and counties reducing MnDOT’s baseline to 1,174.

**COMMENT ON PERFORMANCE:**

MnDOT did not meet the 74% target for 2020. There are currently 62 signal systems slated for APS in 2021 which if installed will bring the number of APS to 902 and 76% system completion.

**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.

**C) Sidewalks**

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

**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:**

The goal is **on track** to meet the 2021 overall goal and has already achieved the goal. [Reported in February 2021]

Time Period	Sidewalk Improvements	Cumulative sidewalk improvements	PROW Compliance Rate
Baseline - Calendar Year 2012	N/A		46%
Calendar Year 2015	12.41 miles	12.41 miles	47.3%
Calendar Year 2016	18.80 miles	31.21 miles	49%
Calendar Year 2017	28.34 miles	59.55 miles	56%
Calendar Year 2018	33.24 miles	92.79 miles	60%
Calendar Year 2019	5.6 miles	98.3 miles	62%

**ANALYSIS OF DATA:**

In Calendar Year 2019, improvements were made to an additional 5.6 miles of sidewalks. This brings the Public Right of Way compliance rate to 62%. The goal is on track to meet the 2021 overall and has already achieved the overall goal.

Due to COVID-19 hiring restrictions MnDOT was not able to provide a complete data set for the 2019 construction season. MnDOT is planning to complete the collection of the 2019 and 2020 construction this year. The collection for 2019 represents roughly 25% of the total sidewalk constructed.

**COMMENT ON PERFORMANCE:**

While this is not a complete data set the sample indicates that performance is consistent with previous years.

**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.

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

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**2020 Goal**

By December 31, 2020, the annual number of service hours will increase to 1,428,000.

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

**RESULTS:**

The 2020 goal to increase service hours to 1,428,000 was **met** (using Calendar Year 2019 data).

[Reported in May 2021]

<b>Time Period</b>	<b>Service Hours</b>	<b>Change from baseline</b>
Baseline – Calendar Year 2014	1,200,000	N/A
Calendar Year 2015	1,218,787	18,787
Calendar Year 2016	1,418,908	218,908
Calendar Year 2017	1,369,316	169,316
Calendar Year 2018	1,442,652	242,652
Calendar Year 2019	1,451,000	251,000

**ANALYSIS OF DATA:**

During 2019, the total number of service hours was 1,451,000. This was an increase of 8,348 service hours from the previous year. The 2020 goal to increase to 1,428,000 was met.

**COMMENT ON PERFORMANCE:**

The 2019 numbers have increased over 2018 and the downward adjustment in 2017. The 2019 numbers reflect a modest increase in total service hours. MnDOT is on track to meet the 2025 goal.

**TIMELINESS OF DATA:**

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

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**TRANSPORTATION GOAL THREE: By 2025, expand transit coverage so that 90% of the public transportation service areas in Minnesota will meet minimum service guidelines for access.**

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Greater Minnesota transit access is measured against industry recognized standards for the minimal level of transit availability needed by population size. Availability is tracked as span of service, which is the number of hours during the day when transit service is available in a particular area. The measure is based on industry recognized standards and is incorporated into both the Metropolitan Council Transportation Policy Plan and the MnDOT “Greater Minnesota Transit Investment Plan.”<sup>13</sup>

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**BASELINE:**

In December 2016, the percentage of public transportation in Greater Minnesota meeting minimum service guidelines for access was 47% on weekdays, 12% on Saturdays and 3% on Sundays.

**RESULTS:**

This goal is **in process**. [Reported in November 2021]

**Percentage of public transportation meeting minimum service guidelines for access**

	<b>Weekday</b>	<b>Saturday</b>	<b>Sunday</b>
2016 Baseline	47%	12%	3%
2017	47%	16%	5%
2018	53.3%	13.3%	8.5%
2019	53.3%	16%	8%
2020	62.5%	23.3%	18.8%

**ANALYSIS OF DATA:**

The percentage of Greater Minnesota Public Transit that is meeting minimum service guidelines has improved in each category from the last reporting period.

**COMMENT ON PERFORMANCE:**

The performance level is consistent with expectations based on available funding. Much of the Saturday and Sunday service increase is the result of federal New Starts dollars that are continuing to come online. The initial bump and plateau of the weekday service is an accurate reflection of New Starts dollars and no subsequent increases.

**Additional Information**

Minimum service guidelines for Greater Minnesota are established based on service population (see table below). In Greater Minnesota larger communities are attaining the weekday span of service. However, smaller communities (less than 7,500) are not meeting the weekday level of access in all instances. Very few transit systems in Greater Minnesota operate Saturday or Sunday service. This is mainly due to limited demand for service.

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<sup>13</sup> Greater Minnesota Transit Investment Plan is available at <http://minnesotago.org/index.php?cID=435>.

There are approximately 120 cities with populations greater than 2,500. Of those 120 cities:

- 45 (37.5%) are not being provided a minimum weekday span of service compared to the baseline (based on population).
- 92 (76.7%) are not being provided a minimum Saturday span of service compared to the baseline (based on population).
- 48 meet the service guidelines for Sunday span of service requirements. 39 of those (81.3%) are not being provided a minimum Sunday span of service compared to the baseline (based on population).
- 72 do not have Sunday span of service requirements because populations are too low.

**Minimum Service Guidelines for Greater Minnesota<sup>14</sup>**

Service Population	Number of Hours in Day that Service is Available		
	Weekday	Saturday	Sunday
Cities over 50,000	20	12	9
Cities 49,999 – 7,000	12	9	9
Cities 6,999 – 2,500	9	9	N/A
County Seat Town	8 (3 days per week)*	N/A	N/A

\*As systems performance standards warrant

**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.

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<sup>14</sup> Source: MnDOT Greater Minnesota Transit Investment Plan, 2017

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

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**(A) Metro Transit System**

**Ten year goals** to improve on time performance:

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

**Baseline** for on time performance in 2014 was:

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

**RESULTS:**

The goal is **in process**. [Reported in May 2021]

**On time performance percentage by transit system<sup>15</sup>**

<b>Time Period</b>	<b>Transit Link</b>	<b>Metro Mobility</b>	<b>Metro Transit</b>
Baseline - Calendar Year 2014	97%	96.3%	86%
Calendar Year 2016	98%	95.3%	85.1%
Calendar Year 2017	98.5%	96.8%	86.4%
Calendar Year 2018	98%	95.3%	84.8%
Calendar Year 2019	97%	93.0%	82.7%
Calendar Year 2020	96%	96.4%	87.8%

**ANALYSIS OF DATA:**

During 2020, the on time performances for Transit Link and Metro Mobility is above the 95% goal. The on time performance for Metro Transit was 87.8% which is lower than the 90% goal. The Metro Transit system is made up of three types of services: bus, light rail (Blue and Green lines) and the Northstar commuter rail. The on-time performance for each service type is shown below.

All three components of the Metro Transit system improved from 2019. Accordingly, Metro Transit’s system-wide on-time performance also improved from 2019.

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<sup>15</sup> Beginning in 2017, on-time performance for the Metro Transit system was defined as up to 1 minute early and 5 minutes late. This is the preferred methodology when on-time performance is reported for the entire system. The 2016 results previously reported were updated to use this methodology. This did not change the goal status.

**On time performance percentage for Metro Transit system**

<b>Time Period</b>	<b>Bus</b>	<b>Light Rail (Blue/Green line)</b>	<b>Northstar Commuter Rail</b>	<b>Metro Transit System<sup>16</sup></b>
Baseline - Calendar Year 2014	--	--	--	86%
Calendar Year 2016	85.8%	82.9%	93.2%	85.1%
Calendar Year 2017	85.1%	89.5%	93.2%	86.4%
Calendar Year 2018	83.7%	86.7%	94.7%	84.8%
Calendar Year 2019	82.2%	83.4%	93.3%	82.7%
Calendar Year 2020	87.5%	88.3%	96.8%	87.8%

**COMMENT ON PERFORMANCE:**

Metro Transit on-time performance improved for all modes due to the impacts of the COVID-19 pandemic including dramatic reductions in traffic congestion and a loss of ridership. Transit’s system-wide on-time performance is weighted by ridership so bus and light rail performance drive the result. Bus ridership was the most resilient during the pandemic so bus on-time performance was weighted more heavily compared to recent years.

**TIMELINESS OF DATA:**

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

**(B) Greater Minnesota Transit**

**Ten year goals** to improve on time performance:

- Greater Minnesota – improve to a 90% within a 45-minute timeframe

**Baseline** for on time performance in 2014 was:

- Greater Minnesota – 76% within a 45 minute timeframe

**RESULTS:**

The 2025 goal to improve Greater Minnesota transit system on time performance to 90% is **on track**. [Last reported in August 2021]

<b>Time Period</b>	<b>On-time performance (within a 45-minute timeframe)</b>
Baseline - Calendar Year 2014	76%
Calendar Year 2016	76%
Calendar Year 2017	78%
Calendar Year 2018	Not available
Calendar Year 2019	Not available
January – February 2020	91.3%
July – December 2020	92.6%
January – June 2021	95.1%

<sup>16</sup> Metro transit (weighted) represents on-time performance for the Metro transit modes combined. The percentage is weighted based on ridership, and is not an average of the three modes.

**ANALYSIS OF DATA:**

During January – June 2021, on-time performance for Greater Minnesota Transit was 95.1%. This was an increase of 2.5% and is on track to meet the 2025 goal.

**COMMENT ON PERFORMANCE:**

In aggregate, providers are meeting the established performance requirement.

Information for on-time performance was not collected for 2018 or 2019 as the transition to the new methodology was being made. A new data collection methodology began in January of 2020 with providers reporting monthly. However, due to the COVID-19 pandemic, shifts in funding sources and reporting requirements, reporting was put on hold. Reporting resumed in July 2020.

**TIMELINESS OF DATA:**

In order for this data to be reliable and valid, it is reported two months after it is collected.

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**TRANSPORTATION GOAL FIVE: By 2040, 100% percent of the target population will be served by regular route level of service for prescribed market areas 1, 2, and 3 in the seven county metropolitan area.**

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**2025 Goal**

- By 2025, the percentage of target population served by regular route level of service for each market area will be:
  - Market Area 1 will be 100%
  - Market Area 2 will be 95%
  - Market Area 3 will be 70%

**Baseline:** The percentage of target population served by regular route level of service for each market area is as follows: Market Area 1 = 95%; Market Area 2 = 91%; and Market Area 3 = 67%.

**RESULTS:**

This goal is **not on track** to meet the 2025 goal. [Reported in August 2021]

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

Time Period	Transit Market Area 1	Transit Market Area 2	Transit Market Area 3
As of June 2017 (Baseline)	95%	91%	67%
As of March 2019	94%	93%	70%
As of March 2020	98%	94%	72%
As of March 2021	93%	92%	69%

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

**ANALYSIS OF DATA:**

Data is based on March 2021 service levels. All market areas dropped slightly in service coverage due to the pandemic and resulting service level adjustments to match ridership demand. If performance continues at the same rate, the goal is not on track to meet the 2025 benchmark.

**COMMENT ON PERFORMANCE:**

Metro Area Public Transit utilization is measured by distinct market areas for regular route level of service. This measure estimates demand potential for all users of the regular route system. The market area is created based on analysis that shows the demand for regular route service is driven primarily by population density, automobile availability, employment density and intersection density (walkable distance to transit). This measure is based on industry standards incorporated into the Transportation Policy Plan’s - Regional Transit Design Guidelines and Performance Standards. The Metropolitan Council also provides non-regular route services in areas that are not suitable for regular routes. Market area definitions and standards can be found at <https://metrocouncil.org/METC/files/63/6347e827-e9ce-4c44-adff-a6afd8b48106.pdf>

**TIMELINESS OF DATA:**

Data will be collected in January of each year. In order for this data to be reliable and valid, it will be reported four months after the end of the reporting period.

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**HEALTHCARE AND HEALTHY LIVING GOAL ONE: By December 31, 2022, the rate of adult public enrollees (with disabilities) who had an acute inpatient hospital stay that was followed by an unplanned acute readmission to a hospital within 30 days will be 20% or less. [Extended in April 2021]**

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

**RESULTS:**

The goal is **on track** to meet the 2022 goal of a 20% readmission rate of adults with disabilities. [Reported in November 2021]

**Adults with disabilities**

Time period	Acute inpatient hospital stay	Unplanned acute readmission within 30 days	Readmission rate
January – December 2014 (Baseline)	28,773	5,887	20.5%
January – December 2015	31,628	6,369	20.1%
January – December 2016	25,294	5,142	20.3%
January – December 2017	26,126	5,053	19.3%
January – December 2018	30,896	6,376	20.6%
January – December 2019	31,965	6,654	20.8%
January – December 2020	27,857	4,929	17.7%

**ANALYSIS OF DATA:**

From January – December 2020, of the 27,857 acute inpatient hospital stays for adults with disabilities, 4,929 individuals had an unplanned acute readmission within 30 days, for a rate of 17.7%. The goal is on track to meet the 2022 goal of a 20% readmission rate of adults with disabilities.

During the same time period, of the 10,318 acute inpatient hospital stays for adults without disabilities, 1,620 individuals had an unplanned acute readmission, for a rate of 15.7%.

For further analysis the tables below provide the information separated into three categories: adults with disabilities with serious mental illness; adults with disabilities without serious mental illness; and adults without disabilities.

**Adults with disabilities with serious mental illness (SMI)**

Time period	Acute inpatient hospital stay	Unplanned acute readmission within 30 days	Readmission rate
January – December 2014	14,796	3,107	21.0%
January – December 2015	16,511	3,438	20.8%
January – December 2016	12,701	2,673	21.1%
January – December 2017	12,659	2,504	19.8%
January – December 2018	15,353	3,156	20.6%
January – December 2019	16,211	3,358	20.7%
January – December 2020	15,240	3,027	19.9%

**Adults with disabilities without serious mental illness (SMI)**

Time period	Acute inpatient hospital stay	Unplanned acute readmission within 30 days	Readmission rate
January – December 2014	13,977	2,780	19.9%
January – December 2015	15,117	2,931	19.4%
January – December 2016	12,593	2,469	19.6%
January – December 2017	13,467	2,549	18.9%
January – December 2018	15,543	3,220	20.7%
January – December 2019	15,754	3,296	20.9%
January – December 2020	9,617	1,902	19.8%

**Adults without disabilities**

Time period	Acute inpatient hospital stay	Unplanned acute readmission within 30 days	Readmission rate
January – December 2014	3,735	295	7.9%
January – December 2015	5,351	386	7.2%
January – December 2016	2,522	159	6.3%
January – December 2017	3,109	239	7.7%
January – December 2018	4,469	311	7.0%
January – December 2019	4,885	734	6.4%
January – December 2020	10,318	1,620	15.7%

**COMMENT ON PERFORMANCE:**

The number and rate of all-cause readmissions among people with disabilities, with and without Serious Mental Illness (SMI), fell in 2020. This was after a period of slight increases in 2018 and 2019 from the lowest rate in 2017. A decreasing rate of hospital readmissions is a positive trend. This means that people with disabilities are not experiencing a “bounce-back” to the hospital as frequently as they were in previous years. No single cause has been pinpointed for the decrease in 2020, but it appears that the number of people going into acute inpatient has fallen.

It is believed that people delayed elective surgeries during the COVID-19 pandemic, but presumably this would have had an upward pressure on readmissions because only those people too sick to delay care would have been hospitalized. Health plans and hospitals have many reasons to strive toward improving these numbers, including the Integrated Care Systems Partnership initiative in Special Needs Basic Care. The increase rate for adults without disabilities may represent the release of pent up demand caused by the COVID-19 pandemic. Or it may be the result of the pandemic itself that people got released and then readmitted due to infection.

**TIMELINESS OF DATA:**

In order for this data to be reliable and valid, it will be reported 8 months after the end of the reporting period.

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**HEALTHCARE AND HEALTHY LIVING GOAL TWO:** By December 31, 2022, the rate of enrollees with disabilities who used an emergency department for non-traumatic dental services will be (A) 0.20% or less for children with disabilities and (B) 1% or less for adults with disabilities. *[Extended in April 2021]*

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**A) CHILDREN USING EMERGENCY DEPARTMENT FOR DENTAL SERVICES**

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

**RESULTS:**

The goal is **on track** to meet the 2022 goal of 0.20% rate of children with disabilities using an ED for dental care. *[Reported in November 2021]*

Time period	Total number of children with disabilities	Number of children with ED visit for non-traumatic dental care	Rate of children using ED for dental care
January – December 2014 (Baseline)	75,774	314	0.41%
January – December 2015	81,954	330	0.40%
January – December 2016	84,141	324	0.38%
January – December 2017	87,724	185	0.21%
January – December 2018	91,126	188	0.21%
January – December 2019	93,701	199	0.21%
January – December 2020	88,748	174	0.20%

**ANALYSIS OF DATA:**

During January – December 2020, of the 88,748 children with disabilities, the number with emergency department visits for non-traumatic dental care was 174 (0.20%). The goal is on track to meet the 2022 goal to reduce to 0.20% or less.

**COMMENT ON PERFORMANCE:**

After 2016, there was a significant decrease in the number of children using emergency departments for non-traumatic dental care from previous years, and decreased further in 2020. This may be a result of a dental collaborative that incentivizes managed care plans to closely monitor and assist in helping people find preventative dental care. It may also be because people avoided the emergency departments during COVID-19.

**TIMELINESS OF DATA:**

In order for this data to be reliable and valid, it will be reported 8 months after the end of the reporting period.

**B) ADULTS USING EMERGENCY DEPARTMENT FOR DENTAL SERVICES**

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

**RESULTS:**

The goal is **on track** to meet the 2022 goal of 1.0% rate for adults with disabilities using an ED for dental care. [Reported in November 2021]

Time period	Total number of adults with disabilities	Number of adults with ED visit for non-traumatic dental care	Rate of adults using ED for dental care
January – December 2014 (Baseline)	166,852	3,884	2.33%
January – December 2015	174,215	4,233	2.43%
January – December 2016	185,701	4,110	2.21%
January – December 2017	187,750	2,685	1.43%
January – December 2018	191,650	2,455	1.28%
January – December 2019	192,352	2,415	1.26%
January – December 2020	164,096	1,725	1.05%

**ANALYSIS OF DATA:**

During January – December 2020, of the 164,096 adults with disabilities, the number with emergency department visits for non-traumatic dental care was 1,725 (1.05%). If progress continues at the same pace, the goal is on track to meet the 2022 goal of 1.0% or less.

**COMMENT ON PERFORMANCE:**

After 2016, there was a reduction in the number of adults using emergency departments for non-traumatic dental care. The reduction accelerated in 2020. This may due to the fact that people avoided the emergency departments during COVID-19. It may also be a result a result of a dental collaborative

that incentivizes managed care plans to closely monitor and assist in helping people find preventative dental care. A multi-year dental program in managed care for persons with disabilities created a number of helpful information and best practices but additional work continues to be needed.

**TIMELINESS OF DATA:**

In order for this data to be reliable and valid, it will be reported 8 months after the end of the reporting period.

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**POSITIVE SUPPORTS GOAL ONE:** By June 30, 2022, the number of individuals receiving services licensed under Minn. Statute 245D, or within the scope of Minn. Rule, Part 9544, (for example, home and community based services) who experience a restrictive procedure, such as the emergency use of manual restraint when the person poses an imminent risk of physical harm to themselves or others and it is the least restrictive intervention that would achieve safety, will not exceed 506. *[Extended and reset target in April 2021]*

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

**RESULTS:**

The goal is **on track** to meet the 2022 goal to not exceed 506. [Reported in November 2021]

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
2020 Annual (July 2019 - June 2020)	561 (unduplicated)	81
2021 Annual (July 2020 - June 2021)	456 (unduplicated)	105

**ANALYSIS OF DATA:**

From July 2020 – June 2021, the total number of people who experienced a restrictive procedure was 456. This was a decrease of 105 from the previous year and a decrease of 620 from baseline. This is on track to meet the 2022 goal not to exceed 506.

**COMMENT ON PERFORMANCE:**

DHS conducts further analysis regarding the number of individuals who experienced a restrictive procedure during the quarter. Each Quarterly Report includes the following information:

- The number of individuals who 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.
- The number of individuals who experienced restrictive procedures other than EUMRs (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures). DHS staff and the

External Program Review Committee (EPRC) 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.

The EPRC reviews BIRFs, positive support transition plans, and functional behavior assessments. Based on the content within those documents, during the last four quarters, the committee conducted EUMR-related outreach involving 175 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/laws.

**TIMELINESS OF DATA:**

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

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**POSITIVE SUPPORTS GOAL TWO:** By June 30, 2022, the number of Behavior Intervention Reporting Form (BIRF) reports of restrictive procedures for people receiving services licensed under Minn. Statute 245D, or within the scope of Minn. Rule, Part 9544, (for example, home and community based services) will not exceed 2,821. *[Extended and reset target in April 2021]*

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

**RESULTS:**

The goal is **on track** to meet the 2022 goal to not exceed 2,821. [Reported in November 2021]

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
2020 Annual (July 2019 - June 2020)	3,126	97
2021 Annual (July 2020 - June 2021)	2,636	490

**ANALYSIS OF DATA:**

From July 2020 – June 2021, the number of restrictive procedure reports was 2,636. That is a decrease of 490 from 3,126 the previous year and a decrease of 5,966 from baseline. This goal is on track to meet the 2022 goal to not exceed 2,821 reports.

**COMMENT ON PERFORMANCE:**

DHS conducts further analysis regarding the reports of restrictive procedures during the quarter. Each Quarterly Report includes the following information:

- The number of reports 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 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.
  - Beginning in May 2017, the External Program Review Committee conducted outreach to providers in response to EUMR reports. The impact of this work toward reducing the number of EUMR reports will be tracked and monitored over the next several quarterly reports.
- The number of reports that involved restrictive procedures other than EUMR (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures). 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 External Program Review Committee provides ongoing monitoring over restrictive procedures being used by providers with persons under the committee’s purview. 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 uses of seclusion or timeout and the number of individuals involved.

**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<sup>vii</sup>, with limited exceptions to protect the person from imminent risk of serious injury. (Examples of a limited exception include the use of a helmet for protection of self-injurious behavior and use of an auxiliary device to ensure a person does not unfasten a seatbelt in a vehicle.

- By June 30, 2022, the emergency use of mechanical restraints, other than use of an auxiliary device<sup>17</sup> will be reduced to no more than 88 reports. *[Extended and reset target in April 2021]*

**2021 Goal**

- By June 30, 2021, reduce mechanical restraints, other than use of auxiliary devices, to no more than 93 reports

**Baseline:** From July 2013 - June 2014, there were 2,038 BIRF reports of mechanical restraints involving 85 unique individuals. In SFY 2019, of the 658 reports of mechanical restraints, 336 were for use of auxiliary devices to ensure a person does not unfasten a seatbelt in a vehicle. The number of reports other than use of auxiliary devices were 322.

**RESULTS:**

The 2021 goal of no more than 93 was **not met**. [Reported in November 2021]

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

Time period	Reports (other than seat belt devices)	Reports on use of auxiliary devices	Total number of reports (includes auxiliary devices)	Number of individuals at end of time period
2019 Annual Baseline (July 2018 – June 2019)	332	336	658	12
2020 Annual (July 2019 – June 2020)	273	257	530	10
2021 Annual (July 2020 – June 2021)	153	220	373	8

This goal was revised in March 2020 to report the use of auxiliary devices separately. For historical reference and comparison, the total number of reports continue to be reported.

<sup>17</sup> Auxiliary devices ensure a person does not unfasten a seat belt in a vehicle and includes seatbelt guards, harnesses and clips.

**ANALYSIS OF DATA:**

From July 2020 – June 2021, the number of reports of mechanical restraints other than auxiliary devices was 153. That is a decrease of 120 from 273 the previous year. The 2021 goal to reduce to no more than 93 reports was not met. From July 2020 – June 2021, the total number of reports of mechanical restraints including auxiliary devices was 373 which is a decrease of 157 reports from the previous year. At the end of the reporting period, the number of individuals for whom the use of mechanical restraint use was approved was 8.

**COMMENT ON PERFORMANCE:**

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

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

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

DHS conducts further analysis regarding the reports of use of mechanical restraints during the quarter. Each Quarterly Report includes the following information:

- The number of reports that involve the individuals with review by the EPRC and approval by the Commissioner for the emergency use of mechanical restraints during the reporting quarter.
- The number of reports that involve devices to prevent a person from unbuckling their seatbelt during travel.
- The number of reports and individuals submitted by Minnesota Security Hospital for uses of mechanical restraint that were not implemented as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for staff convenience.
- The number of reports submitted by a provider whose use was within the 11-month phase out period.

**TIMELINESS OF DATA:**

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

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**POSITIVE SUPPORTS GOAL FOUR:** By June 30, 2024, the number of students receiving special education services who experience an emergency use of restrictive procedures at school will decrease by 735 students or decrease to 1.94% of the total number of students receiving special education services. *[Extended, reset targets and updated baseline in April 2021]*

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**2020 Goal** (from April 2021 Plan Revision)

- By June 30, 2020, the number of students experiencing emergency use of restrictive procedures will be reduced by 147 students or 0.1% of the total number of students receiving special education services.

**Baseline:** During school year 2018-2019, school districts (which include charter schools and intermediate districts) reported to MDE that 3,603 students receiving special education services experienced at least one emergency use of a restrictive procedure in the school setting. In 2018-2019, the number of reported students receiving special education services was 147,605 students. Accordingly, during school year 2018-2019, 2.4% of students receiving special education services experienced at least one emergency use of a restrictive procedure in the school setting.

**RESULTS:**

The 2020 goal to reduce by 147 students was **met**. [Reported in February 2021, Updated in May 2021]

Time period (School Year)	Students receiving special education services	Students who experienced restrictive procedure	Change from previous year
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 (Baseline) 2018-19 school year	147,605	3,603 (2.4%)	+ 71 (-0.1%)
2020 Annual 2019-20 school year <sup>18</sup>	152,012	3,052 (2.0%)	<551> (-15.3%)

School districts reported that of the 152,012 students receiving special education services, restrictive procedures were used with 3,052 of those students (2.0%). This was a decrease of 551 students from the previous year and the percentage decreased by 15.3%. The 2020 goal to reduce by 147 students was met. The actual number of reported special education students increased by 4,407 from the 2018-2019 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 2018-19 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 2019-20 school year is described in more detail in the 2021 Restrictive Procedures Workgroup legislative report. The data includes all public schools, including intermediate districts, charter schools, and special education cooperatives.

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<sup>18</sup> Data from 2019-20 was substantially affected by Covid-19-related school closures.

The 2021 MDE report to the Legislature, “[A Report on Districts’ Progress in Reducing the Use of Restrictive Procedures in Minnesota Schools](https://education.mn.gov/MDE/about/rule/leg/rpt/index.htm)” includes more detailed reporting on the 2019-20 school year data. The legislative report is available at <https://education.mn.gov/MDE/about/rule/leg/rpt/index.htm>

2019-20 school year:

- Physical holds were used with 2,828 students down from 3,357 students in 2018-19.
- Seclusion was used with 753 students, down from 861 students in 2018-19.
- Compared to the 2018-19 school year, the average number of physical holds per physically held student is 4.5, down from 5.1; the average number of uses of seclusion per secluded student was 5.3, down from 6.5; and the average number of restrictive procedures per restricted student was 5.5, down from 6.3.

The table below shows this information over the last five 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
2019-20	2,828	4.5	753	5.3

**COMMENT ON PERFORMANCE:**

The 2016 through 2020 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**

School closures resulting from the COVID-19 pandemic, starting in March 2020, had a significant impact on the collection and analysis of both seclusion and physical holding data. The 2019-20 school year contained significantly fewer in-person school days than previous years, which contributed to significant decline in yearly numbers for the use of seclusions, physical holds, and total restrictive procedures. Because the data indicates that a downward trend was already underway prior to the COVID-19 pandemic, it is likely that reduced numbers would have been seen in 2019-20 even without school closures. However, this data should be interpreted with caution, as it is difficult to determine the effect of the COVID-19 pandemic as opposed to other possible reasons for such a decline.

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 the same school year.

Data on the staff development work activities and outcomes is described in more detail in the 2021 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 2019-20 school year, the use of physical holding decreased by 25%, the use of

seclusion decreased by 30% and the number of students experiencing the use of a seclusion decreased by 17%.

To improve data consistency and quality, MDE has updated the seclusion reporting form based upon feedback from the Restrictive Procedures Workgroup. MDE, in consultation with the Restrictive Procedures Workgroup, has also developed qualitative questions to collect strategies that districts have used successfully to decrease the use of restrictive procedures with their students. Districts will provide responses to these questions as part of annual summary data reporting in June 2021.

In addition, MDE conducted three trainings, with a total of 75 participants, to assist districts in understanding restrictive procedures laws and to assist them in developing processes to have more consistent understanding for terms and reporting. MDE is also exploring a transition to different data collection and analysis systems to facilitate data quality improvement for future years.

### **2020 Restrictive Procedures Workgroup**

MDE continues to contract with Management Analysis and Development (MAD) to facilitate the restrictive procedures stakeholders workgroup meetings which began 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 2020 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 a goal to compile strategies to recommend to school districts for reducing the use of restrictive procedures, working toward eliminating seclusion, and addressing disproportionalities related to the use of restrictive procedures, and specific actions in support of these goals.

### **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, 2024, the number of incidents of emergency use of restrictive procedures occurring in schools will decrease by 3,615 or by 1.0 incidents of restrictive procedures per student who experienced the use of restrictive procedures in the school setting.

*[Extended and baseline reset in April 2021]*

**2020 Goal**

- By June 30, 2020, the number of incidents of emergency use of restrictive procedures will be reduced by 562 incidents, or by 0.2 incidents of restrictive procedures per student who experienced the use of a restrictive procedure.

**Baseline:** During school year 2018-2019, school districts (which include charter schools and intermediate districts) reported 22,772 incidents of emergency use of a restrictive procedure in the school setting. In school year 2018-2019, the number of reported students who had one or more emergency use of restrictive procedure incidents in the school setting was 3,603 students receiving special education services. Accordingly, during school year 2018-2019, there were 6.3 incidents of restrictive procedures per student who experienced the use of a restrictive procedures in the school setting.

**RESULTS:**

The 2020 goal to reduce by 562 incidents or 0.2 incidents per student was **met**. [Reported in February 2021, updated in May 2021]

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
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 (Baseline) 2018-19 school year	22,772	3,603	6.3	<2,280> incidents <0.8> rate
2020 Annual 2019-20 school year <sup>19</sup>	16,656	3,052	5.5	<5,872> incidents <0.8> rate

**ANALYSIS OF DATA:**

During the 2019-20 school year there were 16,656 incidents of emergency use of restrictive procedures. There were 5.5 incidents of restrictive procedures per student who experienced the use of a restrictive procedure. There was a decrease of 5,872 incidents from the previous year. There was a decrease of students experiencing the use of a restrictive procedure and a decrease in the rate (0.8 incidents per student). The 2020 goal to reduce by 562 or 0.2 incidents per student was met. The overall goal to reduce by 2,251 or by 0.8 incidents was also met. This data was substantially affected by COVID-19 school closures.

<sup>19</sup> Data from 2019-20 was substantially affected by Covid-19-related school closures.

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 through 2019-20 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 2021 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 2019-20 school year data. The legislative report is available at <https://education.mn.gov/MDE/about/rule/leg/rpt/index.htm>

2019-20 school year:

- Based upon MDE enrollment data, 152,012 students received special education services, an increase of 4,407 students, or 3.0% from the 2018-19 school year.
- During the 2019-20 school year, Minnesota school districts reported a total of 12,679 physical holds and 3,977 seclusion uses for a total of 16,656 restrictive procedures uses.
- The total number of uses of restrictive procedures decreased by 6,116, or 26.9% from the 2018-19 school year, while the number of students who experienced a restrictive procedure decreased by 551, or 15.3%, to a total of 3,052. Consequently, the rate of use of restrictive procedures per student who experienced a restrictive procedure decreased from 6.5 during the previous school year to 5.5.
- The average number of physical holds per physically held student decreased from 5.1 in 2018-19 to 4.5 in 2019-20. The number of seclusion uses decreased by 28.8%, the number of students who were secluded decreased by 8.6% to 753 and the average number of seclusion uses per secluded student decreased from 6.3 to 5.3.

#### **COMMENT ON PERFORMANCE:**

The 2016 through 2020 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***

School closures resulting from the COVID-19 pandemic, starting in March 2020, had a significant impact on the collection and analysis of both seclusion and physical holding data. The 2019-20 school year contained significantly fewer in-person school days than previous years, which contributed to significant decline in yearly numbers for the use of seclusions, physical holds, and total restrictive procedures. Because the data indicates that a downward trend was already underway prior to the COVID-19 pandemic, it is likely that reduced numbers would have been seen in 2019-20 even without school closures. However, this data should be interpreted with caution, as it is difficult to determine the effect of the COVID-19 pandemic as opposed to other possible reasons for such a decline.

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 the staff development work activities and outcomes is described in more detail in the 2021 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 2019-20 school year, the use of physical holding decreased by 25%, the use of seclusion decreased by 30% and the number of students experiencing the use of a seclusion decreased by 26%.

To improve data consistency and quality, MDE has continued updated the seclusion reporting form based upon feedback from the Restrictive Procedures Workgroup. MDE, in consultation with the Restrictive Procedures Workgroup, has also developed qualitative questions to collect strategies that districts have used successfully to decrease the use of restrictive procedures with their students. Districts will provide responses to these questions as part of annual summary data reporting in June 2021.

### ***2020 Restrictive Procedures Workgroup***

MDE has continued to benefit from working with a facilitator from Management Analysis and Development (MAD) to facilitate the restrictive procedures stakeholders workgroup meetings, which began in December 2018. Facilitation focused on increasing stakeholder engagement in developing recommendations to the commissioner, specific and measurable implementation, and outcome goals for reducing the use of restrictive procedures statewide.

The 2020 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 a goal to compile strategies to recommend to school districts for reducing the use of restrictive procedures, working toward eliminating seclusion, and addressing disproportionalities related to the use of restrictive procedures, and specific actions in support of these goals.

### **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.

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**CRISIS SERVICES GOAL ONE:** By June 30, 2022, the percent of children who receive children’s mental health crisis services and remain in their community will increase to 85% or more. *[Extended in April 2021]*

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**Annual Goals**

- By June 30, 2020, the percent who remain in their community after a crisis will increase to 80%
- By June 30, 2021, the percent who remain in their community after a crisis will increase to 85%

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

**RESULTS:**

The results for 2020 were reported in the February 2021 Quarterly Report, but at that time there was no target established. The April 2021 Plan Revision added a goal for 2020. The 2020 goal to increase the percent of children who remain in their community after a crisis to 80% was **not met**. In addition, the goal is **not on track** to meet the 2021 goal to increase to 85%. [Last reported in August 2021]

Time period	Total Episodes	Community	Treatment	Other
Baseline (July 2013 – June 2014)	3,793	2,997 (79%)	--	--
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%)
2020 Annual (July 2019 – June 2020)	3,639	<b>2,643 (72.6%)</b>	832 (22.9%)	164 (4.5%)
July – December 2020	1,489	<b>1,097 (73.7%)</b>	306 (20.5%)	86 (5.8%)

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

**ANALYSIS OF DATA:**

From July 2019 – June 2020, of the 3,639 crisis episodes, the child remained in their community after the crisis 2,643 times or 72.6% of the time. Although this is an increase of 0.6% from the previous year, it is 6.4% below baseline. The June 30, 2020 overall goal to increase the percent of children who receive children’s mental health crisis services and remain in the community to 80% was not met.

From July – December 2020, of the 1,489 crisis episodes, the child remained in their community after the crisis 1,097 times or 73.7% of the time. Although this is a 1.1% increase from 2020, it is not on track to meet the 2021 goal of 85%.

**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. Due to COVID-19 stay at home order, there was a hesitancy in families requesting mobile crisis response services for a face to face mobile response, and families requesting phone support. If there was a need for a face to face intervention, parents, and caregivers were seeking support from the Emergency departments.

**TIMELINESS OF DATA:**

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

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**CRISIS SERVICES GOAL TWO: By June 30, 2022, 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 65% or more. [Extended in April 2021]**

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**Annual Goals**

- **2020 Goal:** By June 30, 2020, the percent who remain in their community after a crisis will increase to 64%
- **2021 Goal:** By June 30, 2021, the percent who remain in their community after a crisis will increase to 55%

**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 2020 goal to increase to 64% was **not met**. The goal targets were reset in the April 2021 Olmstead Plan Revision.
- This goal is **on track** to meet the 2021 goal to increase the percent of adults who remain in their community after a crisis to 55%. [Reported in August 2021]

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%)
2020 Annual (July 2019 – June 2020)	11,247	6,019 (53.5%)	3,864 (34.2%)	1,364 (12.1%)
July – December 2020	5,955	3,388 (56.9%)	1,662(27.9%)	905 (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 2019 – June 2020, of the 11,247 crisis episodes, the adult remained in their community after the crisis 6,019 times or 53.5% of the time. This was an increase of 4.7% from the previous year and 4.3% below baseline. The 2020 goal to increase to 64% was not met.

From July – December 2020, of the 5,955 crisis episodes, the adult remained in their community after the crisis 3,388 times or 56.9% of the time. This was an increase of 1.7% from 55.2% the previous semi-annual report. The goal is on track to increase to 55%.

**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 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.

Due to COVID-19, there was a waiver put into place that allowed crisis assessments, and interventions to be done via phone. This allowed for crisis services to be available to individuals who may not be comfortable leaving their homes, and offered some help for adults who are immune compromised, and the elderly community.

**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 FOUR: By June 30, 2022, 80% of people in community hospital settings due to a crisis will have a stable, permanent home within 5 months after leaving the hospital. [Extended and reset goals in April 2021]**

**Annual Goals**

- By June 30, 2020, the percent of people who are housed five months after discharge from the hospital will increase to 78% or higher
- By June 30, 2021, the percent of people who are housed five months after discharge from the hospital will increase to 79% or higher

**Baseline:** From July 2014 – June 2015, 81.9% of people discharged from the hospital due to a crisis were housed five months after the date of discharge compared to 80.9% in the previous year. From July 2017 - June 2018, 77.8% were housed five months after the date of discharge.

**RESULTS:**

- The 2020 goal was reported in November 2020, but there was no target set for 2020, so it was reported as in process. The April 2021 Plan set new goals. Using the previously reported results for 2020, the 2020 goal of 78% was **not met**.
- The 2021 goal to increase to 79% or higher was **met**. [Reported in November 2021]

**Status five months after discharge from hospital**

Time period	Discharged from hospital	Housed	Not housed	Treatment facility	Not using public programs	Deceased	Unable to determine type of housing
2016 Baseline July 2014 – June 2015	13,786	<b>11,290</b>	893	672	517	99	315
		<b>81.9%</b>	6.5%	4.9%	3.7%	0.7%	2.3%
2017 Annual Goal July 2015 – June 2016	15,027	<b>11,809</b>	1,155	1,177	468	110	308
		<b>78.6%</b>	7.7%	7.8%	3.1%	0.7%	2.1%
2018 Annual Goal July 2016 – June 2017	15,237	<b>12,017</b>	1,015	1,158	559	115	338
		<b>78.8%</b>	6.9%	7.6%	3.7%	0.8%	2.2%
2019 Annual Goal July 2017 – June 2018	15,405	<b>11,995</b>	1,043	1,226	652	118	371
		<b>77.8%</b>	6.8%	8%	4.2%	0.8%	2.4%
2020 Annual Goal July 2018 – June 2019	15,258	<b>11,814</b>	999	1,116	820	113	396
		<b>77.4%</b>	6.6%	7.3%	5.4%	0.7%	2.6%
2021 Annual Goal July 2019 – June 2020	13,924	<b>11,214</b>	820	958	428	115	389
		<b>80.5%</b>	5.9%	6.9%	3.1%	0.8%	2.8%

- **“Housed”** is defined as a setting in the community where DHS pays for services including ICFs/DD, Single Family homes, town homes, apartments, or mobile homes.  
**[NOTE: For this measure, settings were not considered as integrated or segregated.]**
- **“Not housed”** is defined as homeless, correction facilities, halfway house or shelter.
- **“Treatment facility”** is defined as institutions, hospitals, mental and chemical health treatment facilities, except for ICFs/DD.

**ANALYSIS OF DATA:**

The 2020 goal was reported in November 2020, but there was no target set for 2020, so it was reported as in process. The April 2021 Plan set new goals. Using the previously reported results for 2020, the 2020 goal of 78% was not met.

Using data from July 2019 – June 2020, the 2021 goal to increase to 79% or higher was met. During this time period, of the 13,924 individuals hospitalized due to a crisis, 11,214 (80.5%) were housed within five months of discharge. DHS is continuing to report progress past the 2019 overall goal date. This was a 3.1% increase from the previous year.

**COMMENT ON PERFORMANCE:**

From July 2019 – June 2020, the number of individuals discharged from a community hospital stay due to a crisis decreased when compared to counts from July 2018 – June 2019. It is believed that the lower counts are in part due to the COVID-19 pandemic. Although mobile crisis teams have also reported positive changes in the number of individuals who remain in the community following a mobile crisis episode during this timeframe. Preventing hospitalization contributes to stability.

The number of people receiving services in a treatment facility from July 2018 – June 2019 is similar to the number reported in the previous year. These programs remain important for their focus on rehabilitation and maintenance of skills needed to live in a more independent setting for those needing that level of care following discharge.

DHS is working to sustain the number of individuals utilizing the Housing with Supports for Adults with Serious Mental Illness (HSASMI) grants. These grants support people living with a serious mental illness and residing in a segregated setting and those experiencing homelessness or at risk of homelessness, to find and maintain permanent supportive housing. These grants began in June of 2016. In Fiscal Year 2021, the grants included 42 providers, while Fiscal Year 2022 includes 28 providers. Ongoing HSASMI efforts as well as the implementation of Housing Stabilization Services will be important factors in continuing to meet our housing goals moving forward.

**TIMELINESS OF DATA:**

In order for this data to be reliable and valid, it is reported 16 months after the end of the reporting period.

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**COMMUNITY ENGAGEMENT GOAL ONE:** By June 30, 2022, the number of individuals with disabilities who participate in Governor appointed Boards and Commissions and other Workgroups and Committees established by the Olmstead Subcabinet will increase to 245 members. *[Extended in April 2021]*

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**2021 Goal**

- By June 30, 2021, the number of participating individuals with disabilities will increase to 215.

**Baseline:** Of the 3,070 members listed on the Secretary of State’s Boards and Commissions website, 159 members (5%) self-identified as an individual with a disability. In 2017, the Community Engagement Workgroup and the Specialty Committee had 16 members with disabilities.

**RESULTS:**

The 2021 goal of 215 was **not met**. [Reported in August 2021]

Time Period	Number of individuals with a disability on Boards / Commissions	Number of individuals with a disability on Olmstead Subcabinet workgroups	Total number
Baseline (June 30, 2017)	159	16	175
2018 Annual (as of July 31, 2018)	171	26	197
2019 Annual (as of July 31, 2019)	167	20	187
2020 Annual (as of July 31, 2020)	182	10	<b>192</b>
2021 Annual (as of July 15, 2021)	199	12	<b>211</b>

**ANALYSIS OF DATA:**

Of the 3,462 members listed on the Secretary of State’s Boards and Commissions website, 199 (approximately 5.5%) self-identify as an individual with a disability. The 199 members represent 75 unique Boards and Commissions. In addition, 12 individuals on Olmstead Subcabinet Workgroups self-identified as individuals with a disability. The total number of 211 did not meet the 2021 goal of 215.

Although the 2021 goal was not met, there were increases in all measures. The number of individuals on Boards and Commissions with a disability increased by 17 (increase from 5.3% to 5.5%). The number of Boards and Commissions represented also increased from 64 to 75. The number of individuals may contain duplicates if a member participated in more than one group throughout the year. There may also be duplicates from year to year if an individual was a member of a group during the previous year and the current year.

**COMMENT ON PERFORMANCE:**

OIO is actively promoting opportunities for people with disabilities to participate on State boards and commissions since the OIO website launch in February 2021. To date, there have been 173 visitors to the webpage. In addition there were announcements in two OIO monthly newsletters as well as social media promotion. In August 2021, OIO will begin tracking clicks from the OIO webpage to the Secretary of State website to analyze the effectiveness of the promotional plans.

**TIMELINESS OF DATA:**

In order for this data to be reliable and valid, it is reported one month after the end of the reporting period. Data is accessed through the Secretary of State’s website.

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**COMMUNITY ENGAGEMENT GOAL TWO:** By April 30, 2022, the (A) number of individuals with disabilities to participate in public input opportunities related to the Olmstead Plan, and (B) the number of comments received by individuals with disabilities (including comments submitted on behalf of individuals with disabilities) will increase by 20% over baseline. *[Extended in April 2021]*

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**2021 Goal**

- By April 30, 2021, the numbers will increase by 15% over baseline.

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

**RESULTS:**

The 2021 goal to increase by 15% over baseline was **not met**. [Reported in August 2021]

**Participation in public input opportunities related to Olmstead Plan**

Time Period	Number of individuals	Change from baseline	Number of comments	Change from baseline
Baseline (Dec 2018 – Mar 2019)	192	N/A	249	N/A
2020 Annual (Oct 2019 - Jan 2020)	214	22 (11.5%)	680	431 (173%)
2021 Annual (Feb – Apr 2021)	27	<165> <85.9%>	70	<179> <71.9%>

**ANALYSIS OF DATA:**

During the 2021 Plan amendment process, 27 people participated in public input yielding 70 individual comments. Compared to baseline, there were 165 fewer individuals (85.9% decrease) and 179 fewer comments (71.9% decrease). The 2021 goal to increase by 15% over baseline was not met.

**COMMENT ON PERFORMANCE:**

The data was based on public input received during the 2021 Olmstead Plan amendment process. Input was gathered in two rounds. Round One took place from February 10 to March 12, 2021 and included one listening session and written input. Approximately 20 individuals participated in the Round One and more than 49 comments were received. Round Two took place from March 23 – April 6, 2021 and included written input. Approximately 7 individuals participated in Round Two and more than 21 comments were received.

COVID-19 prevented OIO from holding public meetings in the community which significantly impacted the results. To prevent similar situations in the future, a process to collect comments throughout the year is being promoted through social media and our newsletter. Since the OIO website launch in February 2021, of the Minnesota Olmstead Plan Amendment page has had 761 visitors. OIO believes this trend will carry through to the next plan amendment comment period and should result in a significant increase in public engagement.

**TIMELINESS OF DATA:**

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

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**PREVENTING ABUSE AND NEGLECT GOAL TWO:** By December 31, 2022, the number of cases of vulnerable individuals being treated due to abuse and neglect will decrease by 15% compared to baseline. *[Modified in April 2021]*

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There are two measures for this goal:

**(A)** Decrease the number of emergency room visits and hospitalizations due to abuse and neglect

**2020 Goal**

- By December 31, 2020, the number of emergency room visits and hospitalizations due to abuse and neglect will be reduced by 5% compared to baseline.

**Baseline:** During Calendar Year 2019, there were 39 cases of vulnerable individuals who were treated in an emergency room or hospital due to abuse or neglect.

**RESULTS:**

The baseline for this goal was established and reported in February 2021. The baseline was included in the April 2021 Olmstead Plan Revision. The 2020 goal is **in process**.

Time Period	(A) Number of emergency room visits and hospitalizations
Calendar Year 2019	39

**ANALYSIS OF DATA:**

During calendar year 2019, there were 39 cases of emergency room visits and hospitalizations due to abuse and neglect. Cases are identified using clinical coding in the hospital discharge data base. The data was obtained from the Minnesota Hospital Association and includes nearly all hospitals and emergency departments in Minnesota.

Further analysis of the data is included below and shows that 74% of cases are with individuals in the age group 18 – 64 and 72% of the cases are in the Metro area.

Cases by age group:

Calendar Year	Total	0 – 17	18 – 64	65 and over
2019	39	7	29	3

Cases by geography (Metro vs. Greater MN):

Calendar Year	Total	Metro	Greater Minnesota
2019	39	28	11

**COMMENT ON PERFORMANCE:**

MDH staff continue to emphasize recognition, documentation and reporting of cases. Accurate documentation and reporting will allow for better tracking of progress and description of the true epidemiology of injury due to abuse and neglect. Epidemiologists continue to study the case definition of “vulnerable individual.”

The public education campaign was initiated on July 1, 2017 and targeted providers who serve individuals with disabilities, individuals with disabilities, their families, and advocates who represent and

assist them. Targeted prevention efforts will be conducted in areas with higher rates of hospitalizations and ER visits due to abuse and neglect of vulnerable individuals.

The culture change messaging campaign funded in large measure by the Olmstead Implementation Office, with contributions from sister state agencies, is expected to help decrease these cases of abuse and neglect as we affirm the value and worth of each person.

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**(B) Decrease the number of medical treatments other than emergency room visits and hospitalizations due to abuse and neglect**

**2021 Goal**

- By December 31, 2021, establish a baseline and annual goals

**RESULTS:**

The 2021 goal to establish a baseline is **in process**.

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**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.**

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**2019 Goal**

- By December 31, 2019, 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 10% 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 2019 data, the 2019 goal to reduce by 10% was **met**. [Reported in February 2021]

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%>
July 2018 – June 2019	2,452	81 (3.3%)	<45> <37.5%>

**ANALYSIS OF DATA:**

From July 2018 – June 2019, there were 2,452 people with a substantiated or inconclusive abuse or neglect episode<sup>20</sup>. Of those people, 81 (3.3%) experienced a substantiated or inconclusive abuse or

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<sup>20</sup> Episodes include physical abuse, sexual abuse, emotional abuse, financial exploitation, caregiver or self-neglect.

neglect had a repeat episode of the same type within six months. This is a decrease of 45 from baseline which is a reduction of 37.5%. The 2019 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 2018 – June 2019

#### 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
2019	98	15	10	2	4	10	13	44

#### Victim Gender

FY	Total	Female	Male
2016	126	73	53
2017	114	77	37
2018	94	52	42
2019	81	51	30

#### 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
2019	81	5	7	23	11	17	18

#### 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
2019	81	64	6	3	6	0	2	0

#### Offender Gender

FY	Total	Female	Male
2016	70	33	37
2017	74	30	44
2018	96	43	53
2019	94	42	51

**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
2019	94	6	10	37	12	17	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
2019	94	71	11	3	6	0	2	1

**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.

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**PREVENTING ABUSE AND NEGLECT GOAL FOUR:** By July 31, 2025, the number of students with disabilities statewide identified as victims in determinations of maltreatment will decrease by 25% compared to baseline. *[Extended and reset baseline in the April 2021]*

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**2021 Goal**

- By July 31, 2021, the number of students with disabilities identified as victims in determinations of maltreatment will decrease by 5% from baseline to 29 students.

**Baseline:** From July 2017 to June 2018, there were 32 students with a disability statewide identified as victims in determinations of maltreatment.

**RESULTS:**

The 2021 goal to decrease by 5% from baseline was **met**. [Reported in August 2021]

Time Period	Number of students with disabilities determined to have been maltreated	Change from baseline	Percent of change
Baseline (July 2017 – June 2018)	32	N/A	N/A
2021 Annual (July 2018 – June 2019)	28	<4>	<12.5%>

**ANALYSIS OF DATA:**

During the 2018 – 19 school year, there were 224311 students identified as alleged victims of abuse or neglect in Minnesota public schools. Of those, 49 students were determined to have been maltreated. Of those, 28 were students with a disability. This was a decrease of 4 students from baseline. The 2021 goal to reduce to 29 was met.

**COMMENT ON PERFORMANCE:**

During the 2018-2019 school year, the MDE Student Maltreatment Team received and assessed 959 reports of alleged maltreatment. Of those reports, the Student Maltreatment Team opened 195 cases for onsite investigations. This included approximately 230 allegations of abuse or neglect of students with and without disabilities.

During the 2018-2019 school year, the MDE Student Maltreatment Team received and assessed 959 reports of alleged maltreatment. Of those reports, the Student Maltreatment Team opened 195 cases for onsite investigations. This included approximately 230 allegations of abuse or neglect of students with and without disabilities.

Once again, there are many factors to consider in the statewide rate of student maltreatment and each case situation are unique and complex at all levels, which makes it difficult for MDE to identify any single common root cause for the increase in incidents from baseline data.

In addition, it is difficult to predict this data year-to-year given the small number of cases each year in Minnesota, and this number being very small in comparison to the overall population of students with disabilities in public schools.

Comparing the data from previous years, there is a downward trend regarding the number of students with a disability determined to have been maltreated which is in alignment with the overall goal of

reducing the number of students with disabilities being identified as victims in determinations of maltreatment.

MDE will have continued focus on reducing the incidents of abuse and neglect and ensuring students with disabilities are receiving the necessary supports in the most integrated settings.

All Minnesota schools will be offered technical assistance, and continued opportunities for participation in Positive Behavioral Interventions and Support. MDE will oversee that assurance of compliance requirements are met by confirming that all mandated reporters in schools receive pertinent information about the duties of mandated reporting abuse and neglect in schools. Additionally, School Administrators are offered annual training regarding these requirement and other related topics to further ensure that schools have the necessary resources to adequately respond to student maltreatment concerns and issues.

**TIMELINESS OF DATA:**

Cases involved in criminal proceedings sometimes require additional time to reach a resolution. Therefore, this data is reported 24 months after the conclusion of the applicable school year to ensure that all cases have reached a resolution and to confirm that the data is accurate.

## **VI. ANALYSIS OF TRENDS AND RISK AREAS**

The purpose of this section is to summarize areas of the Plan that are at risk of underperforming against the measurable goals.

The Subcabinet and State agencies undertake an annual review process to evaluate whether the measurable goals and strategies should be amended for future years. OIO Compliance completed the annual review of the Plan measurable goals. This included: compilation of the 2021 Annual Report; an analysis on goal performance since 2015; and recommendations for Olmstead Plan amendments. The analysis on goal performance and recommendations for Olmstead Plan amendments are included in the attached Addendum.

## ENDNOTES

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<sup>i</sup> 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.

<sup>ii</sup> 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.

<sup>iii</sup> Transfers reflect movement to other secure settings (ie. Department of Corrections, jail, Minnesota Sex Offender Program, and/or between the Forensic Mental Health Program and Forensic Nursing Home).

<sup>iv</sup> As measured by monthly percentage of total bed days that are non-acute. Information about the percent of patients not needing hospital level of care is available upon request.

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

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

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

# ADDENDUM

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## Olmstead Plan Amendment Process

As stated in the Updating and Extending the Olmstead Plan section of the April 2021 Revision:

*“The Olmstead Plan is not intended to be a static document that simply establishes a one-time set of goals for state agencies as they provide services for people with disabilities. Rather, it is intended to serve as a vital, dynamic roadmap that will help realize the Subcabinet’s vision of people with disabilities living, learning, working, and enjoying life in the most integrated settings.*

*As the Subcabinet agencies continue to implement the processes and improvements described in the measurable goals, much will be learned regarding what practices are having a positive impact on the quality of life for people with disabilities. As improvements are made in the ability to gather and use better data, there will likely be opportunities to adjust the goals to accomplish improvements more quickly or in a better way.” (pages 104-105)*

The Subcabinet and State agencies undertake an annual review process to evaluate whether the measurable goals and strategies should be amended for future years. The OIO Compliance completed the annual review of the Plan measurable goals. This included: compilation of the 2021 Annual Report; an analysis on goal performance since 2015; and recommendations for Olmstead Plan amendments.

This document includes the status of performance of each measurable goal since 2015. The goals are identified as having one of five statuses: met overall goal; on track to meet overall goal; did not meet overall goal; not on track to meet the overall goal; and in process. In process means there is not sufficient data to determine progress.

This table provides a summary of the status of the goals as detailed in the pages below.

Status of Goals	Number
Met overall goal	2
On track to meet overall goal	22
Did not meet overall goal	1
Not on track to meet overall goal	9
In process	5
Goals Reported	39

Based on the review of the measurable goals over time, OIO Compliance is making recommendations for the 39 measurable goals. The table below provides a summary of the recommendations.

Recommendations for Olmstead Plan Goals	Number
Extend goal date and reset targets	4
Continue	34
Consider new measure	1
Continue to monitor / Discontinue from Plan	0
Goals Reviewed	39

Below is a list of each Olmstead Plan Goal, a summary of progress, and recommendations for Plan amendments. More detailed information is included in the 2021 Annual Report.

## OIO Compliance Analysis and Recommendations for Olmstead Plan Amendments

Goals are listed in the order reported in 2021 Annual Report

Olmstead Plan Goal	Agency	Summary of progress (date overall goal will be reported and progress toward overall goal)	Recommendation
<b>Transition Services 1A</b> Move to integrated setting from ICFs/DD	DHS	<ul style="list-style-type: none"> <li>Overall goal report in Feb 2023</li> <li>Overall goal on track</li> </ul>	<ul style="list-style-type: none"> <li>Continue</li> </ul>
<b>Transition Services 1B</b> Move to integrated setting from nursing facilities	DHS	<ul style="list-style-type: none"> <li>Overall goal report in Feb 2023</li> <li>Overall goal on track</li> </ul>	<ul style="list-style-type: none"> <li>Continue</li> </ul>
<b>Transition Services 1C</b> Move to integrated setting from other segregated settings	DHS	<ul style="list-style-type: none"> <li>Overall goal report in Feb 2023</li> <li>Overall goal on track</li> </ul>	<ul style="list-style-type: none"> <li>Continue</li> </ul>
<b>Transition Services 2</b> Awaiting discharge from AMRTC	DHS	<ul style="list-style-type: none"> <li>Overall goal report in Aug 2022</li> <li>Overall goal on track</li> </ul>	<ul style="list-style-type: none"> <li>Extend and reset targets</li> </ul>
<b>Transition Services 3</b> Leaving MSH to integrated setting	DHS	<ul style="list-style-type: none"> <li>Overall goal report in Feb 2023</li> <li>Overall goal on track</li> </ul>	<ul style="list-style-type: none"> <li>Continue</li> </ul>
<b>Transition Services 4</b> Plans meet protocols	DHS	<ul style="list-style-type: none"> <li>Overall goal report in Nov 2022</li> <li>Overall goal not on track</li> </ul>	<ul style="list-style-type: none"> <li>Consider new measure</li> </ul>
<b>Timeliness of Waiver 1</b> Timeliness of waiver funding	DHS	<ul style="list-style-type: none"> <li>Overall goal report in Nov 2022</li> <li>Overall goal not on track</li> </ul>	<ul style="list-style-type: none"> <li>Continue</li> </ul>
<b>Person-Centered Planning 1</b> Plans meet protocols	DHS	<ul style="list-style-type: none"> <li>Overall goal report in Nov 2022</li> <li>Overall goal on track</li> </ul>	<ul style="list-style-type: none"> <li>Continue</li> <li>Consider new strategy to measure the impact of individual choice on major life decisions and by race and ethnicity</li> </ul>
<b>Housing Services 1</b> Integrated housing and signed lease	DHS/ MHFA	<ul style="list-style-type: none"> <li>Overall goal report in Nov 2022</li> <li>Overall goal on track</li> </ul>	<ul style="list-style-type: none"> <li>Continue</li> <li>Identify barriers to accessing individual housing</li> <li>Consider new strategy to measure the impact of individual choice on type of housing, location and housemates and by race and ethnicity.</li> </ul>

Olmstead Plan Goal	Agency	Summary of progress (date overall goal will be reported and progress toward overall goal)	Recommendation
<b>Employment 1</b> VRS/SSB employed	DEED	<ul style="list-style-type: none"> <li>Overall goal report in Feb 2023</li> <li>Overall goal on track</li> </ul>	<ul style="list-style-type: none"> <li>Continue</li> <li>Consider new strategies for cross agency efforts to measure the impact of individual choice on competitive integrated employment and by race and ethnicity.</li> </ul>
<b>Employment 2 – Medicaid</b> recipients employed	DHS	<ul style="list-style-type: none"> <li>Overall goal report in Nov 2023</li> <li>Overall goal not on track</li> </ul>	<ul style="list-style-type: none"> <li>Continue</li> <li>Develop a measure of competitive integrated employment that is consistent with Employment goals 1 and 3.</li> <li>Consider new strategies for cross agency efforts to measure the impact of individual choice on competitive integrated employment and by race and ethnicity.</li> </ul>
<b>Employment 3</b> Students employed	MDE	<ul style="list-style-type: none"> <li>Overall goal report in Aug 2025</li> <li>Overall goal not on track</li> </ul>	<ul style="list-style-type: none"> <li>Continue</li> <li>Consider new strategies for cross agency efforts to measure the impact of individual choice on competitive integrated employment and by race and ethnicity.</li> </ul>
<b>Employment 4</b> Peer support specialists employed	DHS	<ul style="list-style-type: none"> <li>Overall goal report in Feb 2023</li> <li>Overall goal on track</li> </ul>	<ul style="list-style-type: none"> <li>Continue</li> </ul>
<b>Education 1</b> Integrated classroom	MDE	<ul style="list-style-type: none"> <li>Overall goal report in Feb 2023</li> <li>Overall goal on track</li> </ul>	<ul style="list-style-type: none"> <li>Continue</li> <li>Consider new strategy to measure the impact of individual choice on integrated classroom instruction and by race and ethnicity.</li> </ul>
<b>Education 2</b> Integrated post-secondary	MDE	<ul style="list-style-type: none"> <li>Overall goal report in Nov 2025</li> <li>Overall goal on track</li> </ul>	<ul style="list-style-type: none"> <li>Continue</li> <li>Consider new strategies</li> </ul>
<b>Transportation 1A</b> Curb ramp improvements	DOT	<ul style="list-style-type: none"> <li>Overall goal report in Feb 2022</li> <li>Overall goal already met</li> </ul>	<ul style="list-style-type: none"> <li>Extend and reset targets</li> </ul>

<b>Olmstead Plan Goal</b>	<b>Agency</b>	<b>Summary of progress</b> (date overall goal will be reported and progress toward overall goal)	<b>Recommendation</b>
<b>Transportation 1B</b> Accessible Pedestrian Signals	DOT	<ul style="list-style-type: none"> <li>Overall goal reported Feb 2021</li> <li>Overall goal not met</li> </ul>	<ul style="list-style-type: none"> <li>Extend and reset targets</li> </ul>
<b>Transportation 1C</b> Sidewalk improvements	DOT	<ul style="list-style-type: none"> <li>Overall goal report in Feb 2023</li> <li>Overall goal already met</li> </ul>	<ul style="list-style-type: none"> <li>Extend and reset targets</li> </ul>
<b>Transportation 2</b> Service hours increased	DOT	<ul style="list-style-type: none"> <li>Overall goal date is 2025</li> <li>Annual goals on track</li> </ul>	<ul style="list-style-type: none"> <li>Continue</li> </ul>
<b>Transportation 3</b> Transit coverage Greater Minnesota	DOT	<ul style="list-style-type: none"> <li>Overall goal date is 2025</li> <li>Goal in process</li> </ul>	<ul style="list-style-type: none"> <li>Continue</li> </ul>
<b>Transportation 4A</b> On-time performance Metro	METC	<ul style="list-style-type: none"> <li>Overall goal date is 2025</li> <li>Goal in process</li> </ul>	<ul style="list-style-type: none"> <li>Continue</li> </ul>
<b>Transportation 4B</b> On-time Greater Minnesota	DOT	<ul style="list-style-type: none"> <li>Overall goal date is 2025</li> <li>Goal in process</li> </ul>	<ul style="list-style-type: none"> <li>Continue</li> </ul>
<b>Transportation 5</b> Metro service routes	METC	<ul style="list-style-type: none"> <li>Overall goal date is 2040</li> <li>Goal in process</li> </ul>	<ul style="list-style-type: none"> <li>Continue</li> </ul>
<b>Health Care 1</b> Adult readmission rate	DHS	<ul style="list-style-type: none"> <li>Overall goal report in Nov 2023</li> <li>Overall goal on track</li> </ul>	<ul style="list-style-type: none"> <li>Continue</li> </ul>
<b>Health Care 2A</b> Dental services at ED - children	DHS	<ul style="list-style-type: none"> <li>Overall goal report in Nov 2023</li> <li>Overall goal on track</li> </ul>	<ul style="list-style-type: none"> <li>Continue</li> </ul>
<b>Health Care 2B</b> Dental services at ED - adults	DHS	<ul style="list-style-type: none"> <li>Overall goal report in Nov 2023</li> <li>Overall goal on track</li> </ul>	<ul style="list-style-type: none"> <li>Continue</li> </ul>
<b>Positive Supports 1</b> - People restrictive procedures	DHS	<ul style="list-style-type: none"> <li>Overall goal report in Nov 2022</li> <li>Overall goal on track</li> </ul>	<ul style="list-style-type: none"> <li>Continue</li> </ul>
<b>Positive Supports 2</b> - Reports of restrictive procedures	DHS	<ul style="list-style-type: none"> <li>Overall goal report in Nov 2022</li> <li>Overall goal on track</li> </ul>	<ul style="list-style-type: none"> <li>Continue</li> </ul>
<b>Positive Supports 3</b> Reports of mechanical restraints	DHS	<ul style="list-style-type: none"> <li>Overall goal report in Nov 2022</li> <li>Overall goal not on track</li> </ul>	<ul style="list-style-type: none"> <li>Continue</li> </ul>
<b>Positive Supports 4</b> - Students restrictive procedures	MDE	<ul style="list-style-type: none"> <li>Overall goal report in Feb 2025</li> <li>Overall goal on track</li> </ul>	<ul style="list-style-type: none"> <li>Continue</li> </ul>
<b>Positive Supports 5</b> Reports of restrictive procedures	MDE	<ul style="list-style-type: none"> <li>Overall goal report in Feb 2025</li> <li>Overall goal on track</li> </ul>	<ul style="list-style-type: none"> <li>Continue</li> </ul>
<b>Crisis Services 1</b> - Children stay in community after crisis	DHS	<ul style="list-style-type: none"> <li>Overall goal report in Feb 2023</li> <li>Overall goal not on track</li> </ul>	<ul style="list-style-type: none"> <li>Continue</li> <li>Consider new strategies</li> </ul>
<b>Crisis Services 2</b> Adults stay in community after crisis	DHS	<ul style="list-style-type: none"> <li>Overall goal report in Feb 2023</li> <li>Overall goal not on track</li> </ul>	<ul style="list-style-type: none"> <li>Continue</li> <li>Consider new strategies</li> </ul>
<b>Crisis Services 4</b> Stable housing within 5 months of hospital discharge	DHS	<ul style="list-style-type: none"> <li>Overall goal report in Nov 2022</li> <li>Overall goal on track</li> </ul>	<ul style="list-style-type: none"> <li>Continue</li> </ul>

Olmstead Plan Goal	Agency	Summary of progress (date overall goal will be reported and progress toward overall goal)	Recommendation
<b>Community Engagement 1</b> Boards and Councils	OIO	<ul style="list-style-type: none"> <li>Overall goal report in Aug 2022</li> <li>Overall goal not on track</li> </ul>	<ul style="list-style-type: none"> <li>Continue</li> <li>Consider new strategies</li> </ul>
<b>Community Engagement 2</b> Public input process	OIO	<ul style="list-style-type: none"> <li>Overall goal report in Aug 2022</li> <li>Overall goal not on track</li> </ul>	<ul style="list-style-type: none"> <li>Continue</li> <li>Consider new strategies</li> </ul>
<b>Preventing Abuse 2</b> ER visits / other medical treatment	MDH	<ul style="list-style-type: none"> <li>Overall goal report in 2024</li> <li>Goal in process</li> <li>Baseline/targets not yet established</li> </ul>	<ul style="list-style-type: none"> <li>Continue</li> <li>Add baseline reset annual targets</li> </ul>
<b>Preventing Abuse 3</b> Reduce repeat abuse	DHS	<ul style="list-style-type: none"> <li>Overall goal report in Feb 2023</li> <li>Overall goal on track</li> </ul>	<ul style="list-style-type: none"> <li>Consider new goal to address recommendations in the <a href="#">Evaluation Report of Adult Protective Services Standard Intake Decision Tool</a><sup>1</sup></li> </ul>
<b>Preventing Abuse 4</b> Student maltreatment	MDE	<ul style="list-style-type: none"> <li>Overall goal report in 2027</li> <li>Overall goal on track</li> </ul>	<ul style="list-style-type: none"> <li>Continue</li> </ul>

<sup>1</sup> This DHS report can be found at [https://mn.gov/dhs/assets/Evaluation-report-APS-standardized-intake-decision-tool\\_tcm1053-488829.pdf](https://mn.gov/dhs/assets/Evaluation-report-APS-standardized-intake-decision-tool_tcm1053-488829.pdf)

## **Executive Order 19-15 and Recommendations for Plan Modifications**

In addition to reviewing the Olmstead Plan measurable goals, OIO Compliance reviewed the Subcabinet priorities identified in Executive Order 19-15. OIO Compliance met with each Subcabinet agency and asked them to consider modification of the Olmstead Plan to address these four priorities.

- Work to identify and address barriers to providing services and meaningful opportunities within the most integrated settings for persons with disabilities throughout Minnesota.
- Work to identify and address areas of disparity in opportunities for individuals with disabilities to live, work, and engage in the most integrated settings.
- Engage communities with the greatest disparities in health outcomes for individuals with disabilities and work to identify and address barriers to equitable health outcomes.
- Continue to implement the Quality of Life survey process to measure the quality of life of people with disabilities over time and continue to identify and implement quality improvement strategies. *(in particular honoring individual choices for major life decisions)*

### **NEXT STEPS**

The above recommendations were presented at the December 6, 2021 Leadership Forum meeting. This was followed by a discussion with Subcabinet agencies regarding possible modifications to the Plan in response to the recommendations. As a follow-up to this discussion, the agencies submitted draft amendments to the Olmstead Plan measurable goals. On January 24, 2022, the Subcabinet will review the draft amendments for acceptance. The accepted draft amendments will be posted for public comment and the comments will be shared with the agencies. The proposed amendments are attached.