

Minnesota Olmstead Subcabinet

2023 Annual Report on Olmstead Plan Implementation



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Data acquired through October 31, 2023

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I. PURPOSE OF REPORT

This Annual Report provides the status of work being completed by State agencies to implement the Olmstead Plan April 2022 Revision. The Annual Report summarizes measurable goal results and analysis of data as reported in the February and May 2023 Quarterly Reports. The August and November 2023 Quarterly Reports were suspended. The information for those quarters is included in this Annual Report.¹

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 option for integration

This Annual Report includes data acquired through October 31, 2023. 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.

EXECUTIVE SUMMARY

This Annual Report covers 40 measurable goals in the April 2022 Olmstead Plan.ⁱ As shown in the chart below, 13 of those goals were either met or are on track to be met. Fifteen goals were categorized as not met or not on track. For those fifteen goals, the report documents how the agencies will work to improve performance on each goal. Twelve goals are in process.

Status of Goals* – 2023 Annual Report	Number of Goals
Met annual goal	8
On track to meet annual goal	4
Did not meet annual goal	15
Not on track to meet annual goal	1
In process	12
Goals Reported	40

*The status for each goal is based on the most recent annual goal reported. Each goal is counted only once in the table.

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

- During Fiscal Year 2022, the number of people who moved from Intermediate Care Facilities for Individuals with Developmental Disabilities (ICF/DD) to a more integrated setting was 106. This met the annual goal of 72. (Transition Services Goal One A)
- During Fiscal Year 2022, 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 799. This met the annual goal of 750. (Transition Services Goal One B)
- During Fiscal Year 2022, the number of people who moved from other segregated housing to a more integrated setting was 2,127. This met the annual goal of 500. (Transition Services Goal One C)

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

Timeliness of Waiver Funding Goal One

- During Fiscal Year 2023, of the 858 individuals assessed for the Developmental Disabilities (DD) waiver, 470 individuals (55%) had funding approved within 45 days of the assessment date. This was a decrease of 7% compared to the previous year.

Increasing system capacity and options for integration

- During Fiscal Year 2023, the eight required criteria of person-centered-planning were present at a combined average of 96.3%. This was an improvement of 1% compared to the previous year. (Person-Centered Planning Goal One)
- During Fiscal Year 2023, the number of people with disabilities who live in the most integrated housing of their choice increased by 838 individuals over the last year. The annual goal of 635 was met. (Housing and Services Goal One)
- During Federal Fiscal Year 2022, an additional 2,006 individuals receiving services from Vocational Rehabilitation Services and State Services for the Blind are in competitive integrated employment. Although the annual goal of 2,100 was not met, the overall goal to increase by 5,667 over three years was met. (Employment Goal One)
- During 2021, there were 63.94% of students with disabilities in the most integrated setting. The goal to increase to 63% was met. (Education Goal One)
- During Calendar Year 2022, accessibility improvements were made to 13 accessible pedestrian signals (APS). The total of APS to date is 905. Based on previous year's performance, this is on track to meet the 2023 goal of 935. (Transportation Goal One B)
- During Calendar Year 2022, accessibility improvements were made to 1,100 curb ramps. The total of curb ramp improvements since 2015 is 8,888. This is not on track to meet the 2023 goal of 10,299 curb ramp improvements. (Transportation Goal One B)
- During Calendar Year 2022 improvements were made to 12 miles of sidewalks. The total number of sidewalk improvements since 2015 is 139.37. This is on track to meet the 2023 goal of 113. (Transportation Goal One C)
- There was an increase of 6,030 service hours in Greater Minnesota compared to the previous year. (Transportation Goal Two)
- During Fiscal Year 2023, the number of individuals experiencing a restrictive procedure was 406. This was an increase of 18 from the previous year. (Positive Supports Goal One)
- During Fiscal Year 2023, the number of reports of restrictive procedures was reduced by 1,916. This was an increase of 116 from the previous year. (Positive Supports Goal Two)
- During Fiscal Year 2023, there were 37 reports of emergency use of mechanical restraints (other than auxiliary devices) with approved individuals. This was a decrease of 2 from the previous year. (Positive Supports Three)
- During Fiscal Year 2022, there were 82.1% of people housed five months after discharge from the hospital (due to a crisis). This is 0.3% more than the previous year and above the 2022 goal of 80%. (Crisis Services Four)
- In 2023, there 273 individuals with disabilities participating in Governor's appointed Boards and Commissions, and other workgroups and committees established by the Olmstead Subcabinet. This is an increase of 12 from the previous year and above the 2022 goal of 245. (Community Engagement Goal One)
- In 2022, compared to baseline, there were 10% fewer cases of vulnerable individuals with emergency room visits and hospitalizations due to abuse or neglect. The 2022 goal to reduce by 15% was not met. (Preventing Abuse and Neglect Goal Two)

- In Fiscal Year 2021, there was a 57.1% reduction in the number of vulnerable adults who experienced more than one episode of the same type of abuse or neglect within six months compared to baseline. The 2021 goal to reduce by 20% was met. (Preventing Abuse and Neglect Goal Three)
- During the 2020-2021 school year, the number of students with disabilities identified as victims in determinations of maltreatment was reduced by 78.1% compared to baseline. The 2022 goal to reduce by 10% was met. (Preventing Abuse and Neglect Goal Four)

The following measurable goals have been targeted for improvement:

- In Fiscal Year 2023, the percent of individuals at AMRTC who no longer meet hospital level of care and are awaiting discharge was 45.1%. The annual goal of 25% or lower was not met. (Transition Services Goal Two)
- During Calendar Year 2022, the average monthly number of individuals at Forensic Services who moved to a less restrictive setting was 3.6. The annual goal of 5 or more was not met. (Transition Services Goal Three)
- During Fiscal Year 2022, there were 10,141 people in competitive integrated employment earning at least \$600 a month. The annual goal of 13,420 was not met. (Employment Goal Two)
- During school year 2023, there were 89 students with developmental cognitive disabilities in competitive integrated employment through the Employment Capacity Building Cohort. The annual goal of 150 was not met. (Employment Goal Three)
- At the end of 2022, the number of employed peer support specialists was 74. The annual goal of 82 was not met. (Employment Goal Four)
- In Fall of 2021, 25.8% of students with disabilities enrolled in integrated postsecondary education settings. The goal of 32.8% was not met. (Education Goal Two)
- During 2022, accessibility improvements were made to 1,100 curb ramps. The total of curb ramp improvements since 2015 is 8,888. This is not on track to meet the 2023 goal of 10,299 curb ramp improvements. (Transportation Goal One A)
- During 2022, the total number of service hours in Greater Minnesota was 1,289,576. Although this was an increase of 6,030 service hours from the previous year, the 2022 goal to increase to 1,542,000 was not met. (Transportation Two)
- During 2022, the rate of adults with disabilities who had an unplanned readmission after an acute inpatient hospital stay was 20.4%. The 2022 goal to reduce to 20% was not met. (Health Care and Healthy Living Goal One)
- During 2022, the rate of children who used an emergency department for non-traumatic dental services was 0.23%. The 2022 goal to reduce to 0.20% or less was not met. (Health Care and Healthy Living Goal Two A)
- During 2022, the rate of adults who used an emergency department for non-traumatic dental services was 1.09%. The 2022 goal to reduce to a rate of 1.0% or less was not met. (Health Care and Healthy Living Goal Two B)
- During School Year 2022, the goals to reduce the number of students experiencing emergency use of restrictive procedures and the number of incidents of emergency use of restrictive procedures were not met. (Positive Supports Four and Five)
- In Fiscal Year 2022, the percent of children who remain in the community after a crisis episode was 72.4%. The 2022 goal to increase to 85% was not met. (Crisis Services One)
- In Fiscal Year 2022, the percent of adults who remain in the community after a crisis episode was 54.3%. The 2022 goal to increase to 65% was not met. (Crisis Services Two)

- The number of individuals participating in public input opportunities and the number of comments received decreased from the previous year. (Community Engagement Goal Two)

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. The information for each goal includes the overall goal, the annual goal, baseline, results for the reporting period, analysis of the data and a comment on performance as well as the universe number when available. The universe number is the total number of individuals potentially affected by the goal and provides context as it relates to the measure.

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 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)	July 2021 – June 2022	106
Nursing Facilities (individuals under age 65 in facility > 90 days)	July 2021 – June 2022	799
Other segregated settings	July 2021 – June 2022	2,127
Anoka Metro Regional Treatment Center (AMRTC)	July 2022 – June 2023	89
Forensic Services ²	January – December 2022	43
Total	--	3,164

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
2022	119	681	2,482	99	75	3,456
2023	106	799	2,127	89	43	3,164
Totals to Date	944	5,658	10,230	684	542	18,058

² For the purposes of this report Forensic Services refers to individuals residing in the facility and committed as Mentally Ill and Dangerous and other civil commitment statuses. This goal measures moves 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 settingsⁱⁱ will be 9,782. The segregated settings include: (A) Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD); (B) individuals with disabilities under age 65 receiving services in a nursing facility for longer than 90 days; and (C) other segregated housing.

SETTING A: INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES

By June 30, 2022, the number of people who have moved from Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD) to more integrated settings will be 612.

2022 annual goal

- By June 30, 2022, the number of people moving from ICFs/DD to more integrated settings will be **72**

Baseline: During Calendar Year 2014, the number of people moving from ICFs/DD was 72.

RESULTS:

- The 2022 goal to move 72 people from ICFs/DD to a more integrated setting was **met**. [February 2023 Quarterly Report]
- Progress on this goal will continue to be reported as in process. [2023 Annual Report]

Time period	Total number of individuals leaving	Transfers ⁱⁱⁱ (-)	Deaths (-)	Net moved to integrated setting
2015 Annual (July 2014 – June 2015)	138	18	62	58
2016 Annual (July 2015 – June 2016)	180	27	72	81
2017 Annual (July 2016 – June 2017)	263	25	56	182
2018 Annual (July 2017 – June 2018)	216	15	51	150
2019 Annual (July 2018 – June 2019)	298	20	58	220
2020 Annual (July 2019 – June 2020)	174	13	75	86
2021 Annual (July 2020 – June 2021)	194	13	62	119
2022 Annual (July 2021 – June 2022)	177	12	59	106
2023 Quarter 1 (July – September 2022)	45	2	9	34
2023 Quarter 2 (October – December 2022)	52	4	9	39
2023 Quarter 3 (January – March 2023)	29	2	13	14
Totals (Q1 + Q2 + Q3)	126	8	31	87

ANALYSIS OF DATA:

From October – December 2022, the number of people who moved from an ICF/DD to a more integrated setting was 39. This is 5 more than moved in the previous quarter.

From January – March 2023, the number of people who moved from an ICF/DD to a more integrated setting was 14. This is 25 less than moved in the previous quarter.

During the first three quarters of 2023, the number of people who moved from an ICF/DD to a more integrated setting was 87, which exceeds the previously set annual goal of 72.

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 ICF/DD settings.

UNIVERSE NUMBER:

In September 2021, there were 779 individuals receiving services in an ICF/DD. 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.

SETTING B: NURSING FACILITIES

By June 30, 2022, the number of people with a disability under age 65 in a nursing facility (for longer than 90 days) who have moved to a more integrated setting will be 5,970.

2022 annual goal

- By June 30, 2022, the number of people moving from nursing facilities to more integrated settings will be **750**.

Baseline: During Calendar Year 2014, the number of individuals moving from nursing facilities was 707.

RESULTS:

- The 2022 goal to move 750 people under 65 in a nursing facility for more than 90 days to a more integrated setting was **met**. [February 2023 Quarterly Report]
- Progress on this goal will continue to be reported as in process. [2023 Annual Report]

Time period	Total number of individuals leaving	Transfers (-)	Deaths (-)	Net moved to integrated setting
2015 Annual (July 2014 – June 2015)	1,043	70	224	749
2016 Annual (July 2015 – June 2016)	1,018	91	198	729
2017 Annual (July 2016 – June 2017)	1,097	77	196	824
2018 Annual (July 2017 – June 2018)	1,114	87	197	830
2019 Annual (July 2018 – June 2019)	1,176	106	190	880
2020 Annual (July 2019 – June 2020)	1,241	86	240	915
2021 Annual (July 2020 – June 2021)	981	86	214	681
2022 Annual (July 2021 – June 2022)	1,058	61	198	799
2023 Quarter 1 (July – Sept 2022)	240	17	39	184
2023 Quarter 2 (Oct – Dec 2022)	200	6	46	148
2023 Quarter 3 (Jan – March 2023)	191	19	45	127
Totals (Q1 + Q2 + Q3)	631	42	130	459

ANALYSIS OF DATA:

From October – December 2022, the number of people under 65 in a nursing facility for more than 90 days who moved to a more integrated setting was 148. This is a decrease of 36 individuals from the previous quarter.

From January – March 2023, the number of people under 65 in a nursing facility for more than 90 days who moved to a more integrated setting was 127. This is a decrease of 21 individuals from the previous quarter.

During the first three quarters of 2023, the number of people under 65 in a nursing facility for more than 90 days who moved to a more integrated setting was 459. That is 61% of the previous annual goal of 750 which would not be on track for the annual target.

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. In addition, the lack of affordable housing, coupled with the workforce shortage, makes it challenging for people to move into and sustain more integrated settings.

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.

UNIVERSE NUMBER:

In January 2020, there were 2,379 individuals with disabilities under age 65 (including developmental disabilities) who received services in nursing facilities for longer than 90 days. 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. It's important to note that even though the number has grown since June 2017, the number of individuals served in HCBS has grown faster.

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.

SETTING C: OTHER SEGREGATED HOUSING

By June 30, 2022, the number of people who have moved from other segregated housing to a more integrated setting will be 3,200.

2022 annual goal

- By June 30, 2022, the number of people moving from other segregated housing to more integrated settings will be **500**.

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

RESULTS:

- The 2022 goal to move 500 people from segregated settings to a more integrated setting was **met**. [February 2023 Quarterly Report]
- Progress on this goal will continue to be reported as in process. [2023 Annual Report]

[Receiving Medical Assistance]

Time period	Total moves	Moved to more integrated setting	Moved to congregate setting	Not receiving residential services	No longer on MA
2015 Annual (July 14 – June 15)	5,703	1,137 (19.9%)	502 (8.8%)	3,805 (66.7%)	259 (4.6%)
2016 Annual (July 15 – June 16)	5,603	1,051 (18.8%)	437 (7.8%)	3,692 (65.9%)	423 (7.5%)
2017 Annual (July 16 – June 17)	5,504	1,054 (19.2%)	492 (8.9%)	3,466 (63.0%)	492 (8.9%)
2018 Annual (July 17 – June 18)	5,967	1,188 (19.9%)	516 (8.7%)	3,737 (62.6%)	526 (8.8%)
2019 Annual (July 18 – June 19)	5,679	1,138 (20.0%)	484 (8.5%)	3,479 (61.3%)	578 (10.2%)
2020 Annual (July 19 – June 20)	5,967	1,190 (19.9%)	483 (8.1%)	3,796 (63.6%)	498 (8.4%)
2021 Annual (July 20 – June 21)	5,261	2,482 (47.2%)	364 (6.9%)	2,257 (42.9%)	158 (3.0%)
2022 Annual (July 21 – June 22)	5,971	2,127 (35.6%)	349 (5.8%)	3,273 (54.8%)	222 (3.7%)
2023 Quarter 1 (July – Sept 2022)	1,465	373 (25.5%)	73 (5.0%)	954 (65.1%)	65 (4.4%)
2023 Quarter 2 (Oct – Dec 2022)	1,188	340 (28.6%)	64 (5.4%)	738 (62.1%)	62 (5.2%)
2023 Quarter 3 (Jan – Mar 2023)	928	292 (31.4%)	68 (7.3%)	540 (58.1%)	58 (6.2%)
Totals (Q1 + Q2 + Q3)	3,581	1,005 (28.1%)	205 (5.7%)	2,232 (62.3%)	185 (5.2%)

ANALYSIS OF DATA:

From October – December 2022, of the 1,188 individuals moving from segregated housing, 340 individuals (28.6%) moved to a more integrated setting. When compared to the previous quarter, this is a decrease of 33 people and an increase of 3.1 %.

From January – March 2023, of the 928 individuals moving from segregated housing, 292 individuals (31.4%) moved to a more integrated setting. This is a decrease of 48 people and increase of 2.8% from the previous quarter. After three quarters, the total number of 1,005 exceeds the annual goal of 500.

COMMENT ON PERFORMANCE:

Currently, the COVID-19 pandemic is having less of an impact on transitions. However, the state is still experiencing a severe workforce shortage which is impacting staffing at all levels, settings, and agencies. Counties are reporting difficulty in completing assessments in a timely manner. This has in turn

increased the barriers for people seeking to transition. The staffing shortage also continues to negatively impact people seeking to live in their own homes with staff supporting them on an individual basis.

As a result, more complex planning is needed to meet the needs of individuals including a higher reliance on informal caregivers, remote support or monitoring, assistive technology and generally seeing a greater need to think outside the box in order to meet their needs. Due to the increased complexity, people and their caregivers have a higher aversion to risk as returning to previous supports and services is also more difficult.

Even though the number of transitions is decreased from the previous quarter, there continues to be a higher number of individuals who moved to a more integrated setting (31.4%) than who moved to a congregate setting (7.3%).

The data indicates that a large percentage (58.1%) of individuals who moved from segregated housing are not receiving publicly funded residential services. Based on trends identified in data 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.

During the 2023 legislative session, rate increases were granted for numerous waiver services, including those that support more integrated settings ([own-home](#)). This change may improve the availability of service options, such as Personal Care Assistance (PCA), that support community integration as an alternative to segregated housing.

COMMENT ON TABLE HEADINGS:

The language below provides context and data definitions for the headings in the table above.

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

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

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

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

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

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

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

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

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

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

TIMELINESS OF DATA:

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

TRANSITION SERVICES GOAL TWO

By June 30, 2023, 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^{iv} will be reduced to 25% or lower (based on daily average)

2023 goal

- By June 30, 2023, the percent awaiting discharge will be maintained at 25% or lower

Baseline: In State Fiscal Year 2015, the percent of people at AMRTC who no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting was 36% on a daily average. In State Fiscal Year 2021, the percentage of people at AMRTC who no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting was 27.6% on a daily average.³

RESULTS:

- The 2023 goal to reduce to 25% or lower was **not met**. [2023 Annual Report]
- Progress on this goal will continue to be reported as in process. [2023 Annual Report]

Percent awaiting discharge (daily average)			
Time period	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 Annual (July 2021 – June 2022)	37.5%	20.6%	31.1%
2023 Annual (July 2022 – June 2023)	46.0%	45.1%	45.1%
2023 Quarter 1 (July – September 2022)	30.1%	38.8%	37.4%
2023 Quarter 2 (October – December 2022)	41.7%	48.2%	46.8%
2023 Quarter 3 (January – March 2023)	56.2%	45.7%	47.4%
2023 Quarter 4 (April – June 2023)	56.0%	47.9%	49.1%
2024 Quarter 1 (July – September 2023)	56.5%	49.1%	50.2%

ANALYSIS OF DATA:

From July 2022 – June 2023, the combined rate of all individuals at AMRTC who no longer meet hospital level of care and are awaiting discharge was 45.1%. This was an increase of 14% from the previous year, which is a move in the wrong direction. The goal did not meet the 2023 goal of 25% or lower.

For those under mental health commitment at AMRTC 46% no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting, this includes those awaiting a bed at the Forensic Mental Health Program (FMHP). During the same period, the percentage of individuals awaiting discharge who were civilly committed after being found incompetent was 45.1%. The percentages were 45.1% for both populations.

³ 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 – June 2023, 89 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	Moved to <u>integrated</u> Mental health commitment	Moved to <u>integrated</u> 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
2022 Annual (July 21 – June 22)	351	252	0	99	25	74
2023 Annual (July 22 – June 23)	274	184	1	89	16	73
2024 Quarter 1 (July – Sept 2023)	78	56	0	22	10	12

COMMENT ON PERFORMANCE:

For individuals with mental health commitments, barriers to discharge include approval of rates for discharge and a lack of community providers to take patients with complex needs. There is continuous collaboration with county partners to help move patients to discharge efficiently including weekly meeting with two metro counties, and a bi-weekly meeting with a Greater MN county. DHS and counties also participated in journey mapping to help identify system gaps and barriers for patients. Continued collaboration has occurred with our two metro county justice systems including stakeholder meetings as well as in-person meetings to discuss areas of opportunity and steps to take together to continue moving forward for timely and appropriate discharges. AMRTC has also leveraged our Rule 20 Coordinator to help ensure clients have the best possible discharge.

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 2021, 388 patients received services at AMRTC. This may include individuals who were admitted more than once during the year. The average daily census was 89.5.

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

TIMELINESS OF DATA:

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

TRANSITION SERVICES GOAL THREE

By December 31, 2022, the average monthly number of individuals at Forensic Services⁴ moving to a less restrictive setting will increase to an average of 5 individuals per month.

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:

- The 2022 goal of 5 or more individuals per month moving to a less restrictive setting was **not met**. [February 2023 Quarterly Report]
- Progress on this goal will continue to be reported as in process. [2023 Annual Report]

Time period	Total number of individuals leaving	Transfers ⁵ (-)	Deaths (-)	Net moved to less restrictive	Monthly average
2021 Annual (Jan – Dec 2021)	111	24	12	75	6.3
2022 Annual (Jan – Dec 2022)	75	24	8	43	3.6
2023 Quarter 1 (Jan – Mar 2023)	18	5	5	8	2.7
2023 Quarter 2 (Apr – Jun 2023)	21	3	0	18	6.0
2023 Quarter 3 (Jul – Sept 2023)	26	4	4	18	6.0
Total (Q1 + Q2 + Q3)	65	12	9	44	4.9

ANALYSIS OF DATA:

From April - June 2023, the number of people who moved to a less restrictive setting was 18. This is 10 more than the previous quarter. The monthly average number of individuals who left the facility to a less restrictive setting was 6.0, which is 3.3 more than the previous quarter.

From July - September 2023, the number of people who moved to a less restrictive setting was 18. This is unchanged from the previous quarter. The monthly average number of individuals who left the facility to a less restrictive setting was 6.0. After three quarters the monthly average is 4.9.

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

⁴ 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.

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

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.

Time period	Type	Total moves	Transfers	Deaths	Moves to less restrictive settings
2021 Annual Jan – Dec 2021	Committed after finding of incompetency	37	6	1	30
Jan – Dec 2021	MI&D committed	53	16	10	27
Jan – Dec 2021	Other committed	21	2	1	18
Total	N/A	111	24	12	(Avg. = 6.3) 75
2022 Annual Jan – Dec 2022	Committed after finding of incompetency	3	2	0	1
Jan – Dec 2022	MI&D committed	62	22	8	32
Jan – Dec 2022	Other committed	10	0	0	10
Total	N/A	75	24	8	(Avg. = 3.6) 43
2023 Quarter 1 Jan – Mar 2023	Committed after finding of incompetency	0	0	0	0
Jan – Mar 2023	MI&D committed	18	5	5	8
Jan – Mar 2023	Other committed	0	0	0	0
Total	N/A	18	5	5	(Avg. = 2.7) 8
2023 Quarter 2 Apr – Jun 2023	Committed after finding of incompetency	1	0	0	1
Apr – Jun 2023	MI&D committed	14	3	0	11
Apr – Jun 2023	Other committed	6	0	0	6
Total	N/A	21	3	0	(Avg. = 6.0) 18
2022 Quarter 3 Jul – Sept 2023	Committed after finding of incompetency	3	2	0	1
Jul – Sept 2023	MI&D committed	19	2	3	14
Jul – Sept 2023	Other committed	4	0	1	3
Total	N/A	26	4	4	(Avg. = 6.0) 18

COMMENT ON PERFORMANCE:

This goal measures 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 is 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. The definition of Transfer reflects movement to other secure settings (i.e., Department of Corrections, jail, Minnesota Sex Offender Program (MSOP), and/or between the Forensic Mental Health Program (FMHP) and Forensic Nursing Home (FNH).

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. During this reporting period,

there were no provisional discharges for anyone who was committed after being found incompetent on felony or gross misdemeanor charges as noted in the table.

The pandemic continues to impact the facility. During the period of April through June 2023, 7 staff and no patients tested positive for COVID-19. For the period of July through September, there were 10 employees who tested positive for COVID-19. From May 2020 to the end of this reporting period, Forensic Services has had 782 positive HCW's. However, during this same time frame there were 0 patients who tested positive for COVID-19. From June 2020 to the end of this quarter there were 293 positive patients for COVID-19. Pandemic precautions that had potential to impact patient treatment progression were officially ended on the Forensic Services campus in March 2023.

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 – 2020

- Patients who 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 of whether 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”, the 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 SRB recommendations and offer additional input. 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 December 2021: Reviewed 257 cases; recommended reductions for 101 cases and 90 were granted.
 - From January to March 2022: Reviewed 36 cases; recommended reductions for 18 cases and 17 have been granted; 4 are pending SRB results; and 1 case was withdrawn before the SRB hearing.
 - From April to June 2022: Reviewed 60 cases; recommended reductions for 18 cases and 16 have been granted; 2 are pending SRB results; and 1 case was withdrawn before the SRB hearing.
 - From July to September 2022: Reviewed 49 cases; recommended reductions for 23 cases; 19 of the 23 cases have been granted by the SRB; 4 are pending SRB results.
 - From October to December 2022: Reviewed 47 cases and supported reductions for 19 of those cases; three petitions were withdrawn. The SRB has supported 12 reductions while denying 14 petitions. There are 18 results pending.
 - From January to March 2023: Reviewed 48 cases and supported reductions for 20 of those cases; no petitions were withdrawn. The SRB has supported 18 reductions while denying 23 petitions. There are 7 results pending SRB results.
 - From April to June 2023: Reviewed 55 cases and supported reductions for 26 of those cases; 1 petition was withdrawn. The SRB has supported 26 reductions while denying 28 petitions. There are no results pending SRB results.
 - From July to September 2023: Reviewed 48 cases and supported reductions for 10 of those cases; 2 petitions were withdrawn. The SRB has supported 7 reductions while denying 13 petitions. There are 26 results pending SRB results.

- 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. Transitions to more integrated settings for those under MI&D requires Special Review Board review and Commissioner’s Order.

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, 2024, 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 person’s support needs, how and when those needs will be met by completing the My Move Plan Summary with the person or their legal representative, when applicable. [People who did not inform their case manager that they moved are excluded from this measure.]

2023 Goal

- By March 31, 2023, establish a baseline

RESULTS:

This goal is **in process**. The first report on progress for this goal will be reported in the next quarterly report following both the Annual Goal measurement date and determination that the data is reliable and valid. [2023 Annual Report]

III. TIMELINESS OF WAIVER FUNDING

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

TIMELINESS OF WAIVER FUNDING GOAL ONE

Lead agencies will approve funding at a reasonable pace for persons 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%).**

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	<u>Reasonable Pace</u> Funding approved within 45 days	Funding approved after 45 days
Institutional Exit	89	37 (42%)	30 (37%)
Immediate Need	393	243 (62%)	113 (29%)
Defined Need	1,018	427 (42%)	290 (30%)
Totals	1,500	707 (47%)	433 (30%)

RESULTS:

- The 2022 goal was not met. [November 2022 Quarterly Report]
- Progress on this goal will continue to be reported as **in process**. [2023 Annual Report]

Time period: Fiscal Year 2018 (July 2017 – June 2018)

Urgency of Need Category	Total number of people assessed	<u>Reasonable Pace</u> Funding approved within 45 days	Funding approved after 45 days	Pending funding approval
Institutional Exit	96	63 (66%)	26 (27%)	7 (7%)
Immediate Need	467	325 (70%)	118 (25%)	24 (5%)
Defined Need	1,093	734 (67%)	275 (25%)	84 (8%)
Totals	1,656	1,122 (68%)	419 (25%)	115 (7%)

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

Urgency of Need Category	Total number of people assessed	Reasonable Pace Funding approved within 45 days	Funding approved after 45 days	Pending funding approval
Institutional Exit	105	84 (80%)	18 (17%)	3 (3%)
Immediate Need	451	339 (75%)	98 (21.7%)	14 (3%)
Defined Need	903	621 (69%)	235 (26%)	47 (5%)
Totals	1,459	1,044 (72%)	351 (24%)	64 (4%)

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

Urgency of Need Category	Total number of people assessed	Reasonable Pace Funding approved within 45 days	Funding approved after 45 days	Pending funding approval
Institutional Exit	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%)
Totals	1,130	660 (59%)	353 (31%)	117 (10%)

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

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	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%)
Totals	947	626 (66%)	236 (25%)	85 (9%)

Time Period: Fiscal Year 2022 (July 2021 - June 2022)

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	57	45 (79%)	12 (20%)	0 (0%)
Immediate Need	175	118 (67%)	49 (28%)	8 (5%)
Defined Need	679	400 (59%)	163 (24%)	116 (17%)
Totals	911	563 (62%)	224 (24%)	124 (14%)

Time Period: Fiscal Year 2023 (July 2022 – June 2023)

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	47	37 (79%)	6 (13%)	4 (8%)
Immediate Need	165	102 (62%)	53 (32%)	10 (6%)
Defined Need	646	331 (51%)	173 (27%)	142 (22%)
Totals	858	470 (55%)	232 (27%)	156 (18%)

Time Period: Fiscal Year 2023 Quarter 1 (July – September 2022)

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	12	10 (83%)	1 (8%)	1 (8%)
Immediate Need	49	31 (63%)	15 (31%)	3 (6%)
Defined Need	161	97 (60%)	34 (21%)	30 (19%)
Totals	222	138 (62%)	50 (23%)	34 (15%)

Time Period: Fiscal Year 2023 Quarter 2 (October – December 2022)

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	13	11 (85%)	2 (15%)	0 (0%)
Immediate Need	45	29 (64%)	15 (33%)	1 (2%)
Defined Need	151	72 (48%)	54 (36%)	25 (17%)
Totals	209	112 (54%)	71 (34%)	26 (12%)

Time Period: Fiscal Year 2023 Quarter 3 (January – March 2023)

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	5	5 (100%)	0 (0%)	0 (0%)
Immediate Need	44	27 (62%)	16 (36%)	1 (2%)
Defined Need	163	80 (49%)	55 (34%)	28 (17%)
Totals	212	112 (53%)	71 (33%)	29 (14%)

Time Period: Fiscal Year 2023 Quarter 4 (April – June 2023)

Urgency of Need Category	Total number of people assessed	Reasonable Pace Funding approved within 45 days	Funding approved after 45 days	Pending funding approval
Institutional Exit	17	11 (64%)	3 (18%)	3 (18%)
Immediate Need	27	15 (55%)	7 (26%)	5 (19%)
Defined Need	171	82 (48%)	30 (17%)	59 (35%)
Totals	215	108 (50%)	40 (19%)	67 (31%)

ANALYSIS OF DATA:

From July 2022 – June 2023, of the 858 individuals assessed for the Developmental Disabilities (DD) waiver, 470 individuals (55%) had funding approved within 45 days of the assessment date. An additional 232 individuals (27%) had funding approved after 45 days. Only 156 individuals (18%) were pending funding approval. The percentage of individuals with funding approved within 45 days showed progress for two categories. One of the three urgency categories (institutional exit) met the goal.

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

- Institutional exit had 79% individuals approved. This exceeds the 2022 goal of 71%.
- Immediate need had 62% of individuals approved. This is below the 2022 goal of 74%.
- Defined need had 51% of individuals approved. This is below the 2022 goal of 66%.

From January – March 2023, of the 212 individuals assessed for the Developmental Disabilities (DD) waiver, 112 individuals (53%) had funding approved within 45 days of the assessment date. An additional 71 individuals (33%) had funding approved after 45 days. Only 29 individuals (14%) assessed are pending funding approval.

From April – June 2023, of the 215 individuals assessed for the Developmental Disabilities (DD) waiver, 108 individuals (50%) had funding approved within 45 days of the assessment date. An additional 40 individuals (19%) had funding approved after 45 days. Only 67 individuals (31%) assessed were pending funding approval.

COMMENT ON PERFORMANCE:

DHS continues to allocate funding resources to lead agencies to support funding approval for people in the Institutional Exit and Immediate Need categories. However, due to the system limitations as well as the known data integrity complications, some of the data reflected in this section may over represent the number of people waiting for funding approval. For example, the Lead Agency may already be planning waiver services for the person, but they can't document funding approval until the monthly Waiver Management System update.

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. Additionally, the very small number of people involved may create the appearance of exaggerated percentages in summaries of findings.

Below is a summary table with the number of people pending funding approval at a specific point of time. Also included are 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. Data for 2017 through 2020 is available in the 2021 Annual Report on Olmstead Plan Implementation.

Number of People Pending Funding Approval by Category

As of Date	Total Number	Institutional Exit	Immediate Need	Defined Need
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
January 1, 2022	125	7	13	105
April 1, 2022	159	10	15	134
July 1, 2022	151	5	14	132
October 1, 2022	163	7	21	135

As of Date	Total Number	Institutional Exit	Immediate Need	Defined Need
January 1, 2023	165	6	21	138
April 1, 2023	153	4	11	138
July 1, 2023	174	8	8	158
October 1, 2023	229	7	16	206

Average Number of Days Individuals are Pending Funding Approval by Category

As of Date	Institutional Exit	Immediate Need	Defined Need
January 1, 2021	447	345	283
April 1, 2021	310	342	327
July 1, 2021	388	287	334
October 1, 2021	324	328	326
January 1, 2022	367	486	376
April 1, 2022	337	488	335
July 1, 2022	336	502	387
October 1, 2022	365	409	419
January 1, 2023	508	398	423
April 1, 2023	537	455	459
July 1, 2023	353	489	347
October 1, 2023	484	334	380

Median Number of Days Individuals are Pending Funding Approval by Category

As of Date	Institutional Exit	Immediate Need	Defined Need
January 1, 2021	413	346	189
April 1, 2021	287	332	220
July 1, 2021	377	120	251
October 1, 2021	179	172	228
January 1, 2022	197	543	297
April 1, 2022	244	392	230
July 1, 2022	256	426	233
October 1, 2022	348	211	271
January 1, 2023	477	215	315
April 1, 2023	567	303	332
July 1, 2023	323	257	195
October 1, 2023	545	108	208

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.

NATIONAL CORE INDICATOR SURVEY

The results for the 2022 National Core Indicator (NCI) survey for individuals with intellectual and developmental disabilities were published in September 2023. The national results of the NCI survey with state-to-state comparison are available at <https://www.nationalcoreindicators.org/>. The Minnesota state reports are available at <https://legacy.nationalcoreindicators.org/states/MN>.

Summary of National Core Indicator Survey Results from Minnesota in 2021-2022

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. The COVID-19 pandemic affected data collection in 2019-2020. Midway through data collection, all in-person interviews stopped due to the public health emergency. One hundred sixty-two (162) people completed interviews prior to halting data collection. This was not enough interviews to meet confidence thresholds for analysis and reporting.

In 2022, 414 people completed an interview. Prior to 2020, people who participated met the interviewer where and with whom they felt comfortable. In 2022, people completed interviews via Zoom. For some questions, people that have a difficult time responding may choose to have another person answer for them. The chart below summarizes a selection of NCI results from 2017 to 2022. Data for 2019-2020 are not included for the reasons outlined above.

Selection of NCI Results
(numbers indicate percentage)

Question	2015-16		2016-17		2017-18		2018-19		2020-21		2021-22	
	Yes	No	Yes	No	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	75	25	85	15
6. Did you go out on errands in the past month?*	91	9	89	11	90	10	89	11	81	19	87	13
7. Did you go out for entertainment in the past month? *	83	17	82	18	78	12	73	27	52	48	73	27
8. Did you go out to eat in the past month?*	86	14	89	11	88	12	87	13	79	21	80	20
9. Did you go out for a religious or spiritual service in the past month?*	46	54	47	53	44	56	43	57	28	72	35	65
10. Did you participate in community groups or other activities in community in past month?	37	63	43	57	42	58	41	59	34	66	42	58
11. Did you go on vacation in the past year?	58	42	48	52	50	50	52	48	27	73	NA	NA
12. Did you have input in choosing your home?	56	44	45	55	59	41	NA	NA	NA	NA	NA	NA
13. Did you have input in choosing your housemates?	34	66	22	78	35	65	NA	NA	NA	NA	NA	NA
14. Do you have friends other than staff and family?	83	17	82	18	80	20	84	16	62	38	77	33
15. Can you see your friends when you want to?	77	23	81	19	86	14	80	20	79	21	71	39
16. Can you see and/or communicate with family whenever you want?	94	6	87	13	90	10	89	11	92	8	92	8
17. Do you often feel lonely?	11	89	10	90	12	88	9	91	10	90	11	89
18. Do you like your home?	89	11	88	12	88	12	89	11	92	8	87	13
19. Do you want to live somewhere else?	29	71	26	74	25	75	23	77	21	79	25	75
20. Does your case manager ask what you want?	89	11	84	16	82	18	85	15	89	11	NA	NA
21. Does case manager know what is important to you? (NEW 2021-22)	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	92	8
22. Are you able to contact case manager when you want?	87	13	89	11	86	14	88	12	93	7	85	15
23. Is there at least one place you feel afraid or scared?	30	70	18	82	26	74	22	78	17	83	17	83
24. Can you lock your bedroom?	42	58	45	55	53	47	58	42	64	36	63	37
25. Do you have a place to be alone at home?	99	1	98	2	98	2	97	3	98	2	97	3
26. Have you gone to a self-advocacy meeting?	30	70	29	71	29	71	26	74	32	68	44	66

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

** Minnesota does not have the background data needed to properly calculate these results.

- Question 11 was removed in 2022.
- Questions 12 and 13 were removed in 2019.
- Question 20 was replaced by Question 21 in 2022
- Results from 2021 should be interpreted within the context of the COVID-19 pandemic

Analysis of Data

The results of most questions remained fairly consistent. Results from 2020 - 2021 should be interpreted within the context of the COVID-19 pandemic.

Questions showing **decline** with a change of 5% or greater when comparing 2019 to 2022 include:

- Question 8: Did you go out to eat in the past month? 87% to 80%
- Question 9: Did you go out for a religious or spiritual service in the past month? 43% to 35%
- Question 14: Do you have friends other than staff and family? 84% to 77%
- Question 15: Can you see your friends when you want to? 80% to 71%

Questions showing **improvement** with a change of 5% or greater when comparing 2019 to 2022 include:

- Question 23: Is there at least one place you feel afraid or scared? 22% to 17%
- Question 24: Can you lock your bedroom? 58% to 63%
- Question 26: Have you gone to a self-advocacy meeting? 26% to 44%

OLMSTEAD PLAN QUALITY OF LIFE SURVEY

The following status report was included in the November 2021 Quarterly Report.

The [Olmstead Plan Quality of Life Survey: Second Follow-Up 2020 Final Report](#)⁶ 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.

⁶ More information about the Quality of Life Survey is available online at www.mn.gov/olmstead.

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

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

- The Quality of Life Survey steering committee resumed meeting in October 2022. The committee issued a Request for Proposal (RFP) for the 2024 survey. As of October 2023, proposals are being reviewed.

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 30, 2022, the eight required criteria will be present at a combined rate of 90%.

Baseline: In state Fiscal Year 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 preferences .	74%
2	The support plan includes a global statement about the person's dreams and aspirations .	17%
3	Opportunities for choice in the person's current environment are described.	79%
4	The person's current rituals and routines are described.	62%
5	Social , leisure, or religious activities the person wants to participate in are described.	83%
6	Action steps describing what needs to be done to assist the person in achieving his/her goals or skills are described.	70%
7	The person's preferred living setting is identified.	80%
8	The person's preferred work activities are identified.	71%
ALL	Combined average of all 8 elements	67%

RESULTS:

- The 2022 goal of 90% was met. [November 2022 Quarterly Report]
- Progress on this goal will continue to be reported as **in process**. [2023 Annual Report]

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
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 22 (July 21 – June 22)	94.6	85.0	99.9	82.9	100	99.9	100	100	95.3
FY 23 (July 22 – June 23)	96.4	89.8	100	90.3	99.8	99.7	99.9	99.8	96.3
FY 23 Q1 (July – Sept 22)	95.1	85.2	100	87.5	99.7	98.6	99.8	99.8	95.7
FY 23 Q2 (Oct – Dec 22)	98.3	93.2	100	86.3	100	100	100	100	97.2
FY 23 Q3 (Jan – Mar 23)	96.6	88.4	100	89.1	99.3	100	100	100	96.6
FY 23 Q4 (Apr – June 23)	95.5	92.2	100	98.1	100	100	100	99.5	95.5

ANALYSIS OF DATA:

From July 2022 – June 2023, of the 1,214 case files reviewed, the eight required elements were present in the percentage of files shown above. The combined average of the eight elements was 96.3%, an increase of 1.0% from the previous year. One of the eight elements achieved 100%. Four elements showed improvement and four showed a decrease in their level of compliant performance. The goal continues to meet and exceed the 2022 goal of 90%.

Total number of cases and sample of cases reviewed

Time period	Total number of cases (disability waivers)	Sample of cases reviewed (disability waivers)
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
Fiscal Year 22 (July 2021 – June 2022)	7,004	953
Fiscal Year 23 (July 2022 – June 2023)	16,562	1,214
FY 23 Quarter 1 (July – September 2022)	9,834	576
FY 23 Quarter 2 (October – December 2022)	563	117
FY 23 Quarter 3 (January – March 23)	1,315	147
FY 23 Quarter 4 (April – June 23)	4,850	374

Lead Agencies Participating in the Audit ⁷

Time period	Lead agencies
Fiscal Year 2018 (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 2019 (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 2020 (July 2019 – June 2020)	(20) Mahnomen, 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 2021 (July 2020 - June 2021)	(11) Mower, Norman, Houston, Freeborn, Nobles, SWHHS Alliance (Lincoln, Lyon, Murray, Pipestone, Redwood, Rock), Washington, Fillmore, Anoka, Clearwater, Sherburne
Fiscal Year 2022 (July 2021 – June 2022)	(24) Chisago, Hubbard, Aitkin, Beltrami, Cook, Becker, Polk, Yellow Medicine, Clay, Lake, MN Prairie Alliance (Dodge, Steele, Waseca), Cass, Lake of the Woods, Stearns, Todd, Kittson, Marshall, McLeod, Morrison, Pennington, Roseau, Winona
Fiscal Year 2023 (July 2022 – June 2023)	(21) Kanabec, Kandiyohi, Ramsey, Rice, Scott, Big Stone, Nicollet, Sibley, Wilkin, Benton, DVHHS Alliance (Cottonwood and Jackson), Meeker, Pine, Swift, Dakota, Leech Lake Tribe, Le Sueur, Red Lake Nation, Watonwan, White Earth Nation
FY 2023 Q1 (Jul – Sep 2022)	(5) Kanabec, Kandiyohi, Ramsey, Rice, Scott
FY 2023 Q2 (Oct – Dec 2022)	(4) Big Stone, Nicollet, Sibley, Wilkin
FY 2023 Q3 (Jan – Mar 23)	(6) Benton, DVHHS Alliance (Cottonwood and Jackson), Meeker, Pine, Swift
FY 2023 Q4 (Apr – June 23)	(6) Dakota, Leech Lake Tribe, Le Sueur, Red Lake Nation, Watonwan, White Earth Nation

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 twelve lead agencies reviewed in Quarter 3 and 4, three were required to develop corrective action plan in the person-centered record keeping category and none of the lead agencies reviewed were required to develop a corrective action plan in the person-centered plan category. There continues

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

to be noticeable improvements to lead agencies commitment to improving their person-centered practices.

Overall observations of case file reviews continue to indicate that lead agencies perform higher in compliance with the person-centered practice elements when they develop tools and resources for support planners. This includes lead agency developed checklist or other formalized processes to ensure that support planners incorporate the required person-centered elements into the assessment and support planning process. In addition, lead Agencies with assessment and case management staff that engage in DHS held regional communities of practice appeared to perform higher in compliance. Performance on all eight elements has continued to improve over the 2017 baseline, with four of the eight elements achieving 100%. However, there continues to be room for growth with two elements: dreams and aspirations, and rituals and routines. Although these two elements have shown consistent progress, they have not done so at the same rate as the other elements.

The Lead Agency Review team has noted several challenges in relation to dreams and aspirations. This includes the element being captured within the assessment but not incorporated into the support plan. There are also situations where the lead agency believes a dream is present in the support plan, however the statement does not meet compliance standards. Often these situations include information on what the person is already doing or a past accomplishment. In some instances, the dream may be based on what the guardian wants and not the wants of the person.

Additionally, feedback from lead agencies has noted the concept of dreams and aspirations, along with the term “dreams”, may not be culturally appropriate for some. The terminology is not easily translated into a concept that can be captured within the support plan. It was also noted that dreams and aspirations are more challenging for individuals to focus on when they have urgent needs for their health and safety.

Another element that Lead Agency Review team has seen as challenging based on sample case file reviews is the identification of a person’s rituals and routines. Lead agency staff are having difficulty deciphering social leisure activity and preference from rituals and routines. Common issues with non-compliance include documentation of historical rituals and routines that no longer occur or implying a ritual and routine without description of the actual ritual and routine.

Although compliance level for these two elements is behind when compared to the other six, it’s evident that lead agencies are committed to improving their person-centered practices as evidenced by the issuing of fewer corrective actions related to the person-centered measures.

COVID-19 Impact

Due to the COVID pandemic, in April 2020, the Lead Agency Review team modified its onsite process and shifted to conducting reviews remotely. 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 conducting lead agency reviews in late March of 2021 with Fillmore County.

UNIVERSE NUMBER:

In Fiscal year 2020 (July 2019 – June 2020), there were 58,289 individuals receiving disability home and community-based services. In Fiscal Year 2017, that number was 47,272.

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.

HOUSING AND SERVICES GOAL ONE

By June 30, 2024, 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 2,467 (from 2021 through 2024).

2023 Goal

- By June 30, 2023, the number of individuals moving into integrated housing will be 635

Baseline: In State Fiscal Year 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 2023 goal of 635 individuals moving into integrated housing was **met**. [2023 Annual Report]

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
2022 Annual (July 2021 – June 2022)	12,897	419	6,902	115.1
2023 Annual (July 2022 – June 2023)	13,735	838	7,740	129

ANALYSIS OF DATA:

From July 2022 – June 2023 the number of people living in integrated housing increased by 838 from the previous year and an increase of 7,740 over baseline. The annual growth of 838 is below the annual average of 898. The 2022 goal to increase by 635 was met.

COMMENT ON PERFORMANCE:

During Fiscal Year 2023, the number of Housing Support units met the annual goal. After significant changes that took place during Fiscal Year 2022, Fiscal Year 2023 saw some degree of normalcy return for program administration in this area. Continued increases in program participation in Minnesota Supplemental Aid (MSA) Housing Assistance and Housing Support – Housing with Services were the primary program contributors to this increase from Fiscal Year 2022.

There may still be some lingering impact of factors identified in the Fiscal Year 2022 report, including:

- Recertification started for public assistance programs and people did not complete in a timely manner resulting in benefit disruption.
- During the peace time emergency in 2020, the Governor issued an Executive Order that prevented people from being evicted from their homes during the emergency. During the eviction moratorium, some Housing Support recipients may have stopped paying their individual obligation toward housing because there was no threat of eviction. An eviction off ramp went into effect on June 31, 2021, and the moratorium ended on June 1, 2022. After the moratorium ended, the entire state of Minnesota observed a surge in evictions. Some of those likely impacted people with disabilities and disabling conditions.
- The eviction moratorium likely impacted the number of housing units available due to people not moving. As a result, fewer people receiving Housing Support were able to locate affordable housing to meet their housing needs and wants.

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.

EMPLOYMENT GOAL ONE

By September 30, 2022, the number of individuals⁸ 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).

2022 Goal

- By September 30, 2022, the number of individuals in competitive integrated employment will increase by 2,100.

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.

⁸ 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 historical trends for annual successful employment outcomes.

RESULTS:

Although the 2022 annual goal of 2,100 individuals in competitive integrated employment was not met, the overall goal to increase by 5,667 over three years was **met**. [February 2023 Quarterly Report]

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
Reset Baseline and Goals			
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
2021 Annual (FFY 21) October 2020 – September 2021	1,591	69	1,660
2022 Annual (FFY 22) October 2021 – September 2022	1,925	81	2,006

ANALYSIS OF DATA:

From October 2021 – September 2022, the number of people with disabilities working in competitive integrated employment was 2,006. This is an increase of 346 from the previous year and is 664 under the 2019 baseline. The 2022 annual goal of 1,495 was met. Although the annual goal was not met, the 2022 overall goal of 5,667 was met, with the cumulative totals of 2020, 2021 and 2022 being 5,737. The 2022 results continue to be impacted by the COVID-19 pandemic, however there was substantial improvement from 2021, which was completely impacted by the pandemic. This year also marks the achievement of over 20,000 individuals working in competitive integrated employment since the start of the reporting on this goal.

Demographics of Individuals Achieving Employment Outcomes

Close to half of the individuals who found employment through SSB and VRS services last year were under the age of 25, reflecting an increase in services to youth. In general, the racial and ethnic demographics of individuals achieving employment outcomes are similar to participants and the overall population of Minnesotans with disabilities. However, white non-Hispanic individuals are over-represented in the employment outcomes, indicating that additional work to ensure all individuals are successful is needed. The tables below provide demographic information of the individuals achieving employment outcomes in this reporting period.

Race/Ethnicity of Individuals Achieving Employment Outcomes (October 2021 – September 2022)

Race/Ethnicity	Vocational Rehabilitation Services (VRS)	State Services for the Blind (SSB)	Annual Total	% of Total
More than 1 Race	82	2	84	4%
American Indian/Native American	24	1	25	1%
Asian/Pacific Islander	74	6	80	4%
Black/African American	145	12	157	8%
Did not report	23	0	23	1%
Hispanic/Latinx	100	4	104	5%
White	1,477	56	1,533	76%
Totals	1,925	81	2,006	100%

Age of Individuals Achieving Employment Outcomes (October 2021 – September 2022)

Age Group	Vocational Rehabilitation Services (VRS)	State Services for the Blind (SSB)	Annual Total	% of Total
18 and under	480	18	498	25%
19-24	462	9	471	23%
25-30	221	5	226	11%
31-40	232	14	246	12%
41-50	220	12	232	12%
51-60	236	19	255	13%
61 and Older	74	4	78	4%
Totals	1,925	81	2,006	100%

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, ages 14 through 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 2021-2022 school year, this statewide mandate for services covers more than 46,000 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, 2021 to September 30, 2022 a total of 3,981 students received VRS Pre-Employment Transition Services. About \$4.7 million in pre-ETS services were provided through community providers and VR staff provided over 8,300 services to 3,980 students.

In comparison, from October 1, 2020 to September 30, 2021 a total of 3,394 students received VRS Pre-Employment Transition Services. About \$3.1 million in pre-ETS services were provided through community providers and VR staff provided over 6,000 services to 3,063 students.

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.

In September 2022, VRS learned that their proposal for a Disability Innovation Fund (DIF) grant from the U.S. Department of Education was successful. The five-year \$13 million DIF grant award affords an opportunity for Minnesota to move the dial on opportunities for persons with disabilities who currently earn, or are contemplating, subminimum wages. Go MN! Is the grant-funded demonstration project and will focus specifically on good jobs in as many as 700 businesses in Minnesota's high-growth/high-demand transportation industry. A primary goal of Go MN! is to increase the number of adults and youth who transition from subminimum wage to competitive integrated employment and to meet the workforce needs of the transportation industry.

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 2022 the number of youth referred increased to near pre-COVID-19 pandemic levels. Nearly half of youth referred have a developmental disability.

Youth Aged 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%
2021	2,261	712	398	1,110	49.1%
2022	2,755	883	492	1,375	49.9%

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.

CIL staff provide career counseling and information and referral services to adults working at sub-minimum wage, as listed in the table below. 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. CCI&R conversations were held virtually starting in March 2020 in order to continue the work during the COVID-19 pandemic. The pandemic continues to play a role in staff shortages and people choosing not to work; however currently virtual and in-person conversations are occurring. The most recent decline in individuals participating in the CCI&R conversations is due primarily to providers moving away from offering subminimum wage.

Career Counseling and Information and Referral Services (CC&I&R)

Time Period	Participants in CC&I&R	Number Interested in CIE	Percent Interested in CIE
Year 1 (July 23, 2016 – July 22, 2017)	11,991	2,010	17%
Year 2 (July 23, 2017 – July 22, 2018)	10,237	1,452	14%
Year 3 (July 23, 2018 – July 22, 2019)	9,901	1,635	17%
Year 4 (July 23, 2019 – July 22, 2020)	8,265	999	12%
Year 5 (July 23, 2020 – July 22, 2021)	5,716	562	10%
Year 6 (July 23, 2021 – July 22, 2022)	4,800	521	11%
Year 7 First Half (July 23 – December 31, 2022)	2,379	421	18%

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, ages 14 through 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 that there are approximately 272 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, we serve some Pre-ETS students enrolled in post-secondary options. Based on our current numbers, we estimate there to be 50 additional students in post-secondary, for a total of 312 students, 205 of whom are connected to SSB.

MDE can provide SSB information about the 272 students except for their names. The report includes the school district and contact information for the district special education director. The SSB Pre-ETS Transition Coordinator is reaching out by email 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 have high expectations for success with this effort. Based on this year’s numbers, there are 117 students in secondary education who are not yet receiving services from SSB.

SSB has a small student population but is required to spend approximately 1.3 million dollars on Pre-ETS 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, 2021 through September 30, 2022) a total of 140 students received Pre-ETS. 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

Beginning March 16, 2020, due to COVID-19, VRS and SSB quickly adjusted services to remote-only services. In-person services were provided to about 150 VRS participants during the summer and fall of 2021. The past year, VRS and SSB programs have shown signs of recovery from the COVID-19 worldwide pandemic. Services are provided in-person and remote in a hybrid model and staff have returned to schools to provide services to youth.

Applications for VR services increased to 5,520 in FFY22, about 21% more than the year before, but not as high as pre-pandemic levels. The reduction in applications has resulted in about fewer participants in the past three years, and therefore fewer successful employment outcomes.

Many persons who were participants prior to the start of the COVID-19 pandemic have multiple disabilities including compromised immune systems and are not comfortable working in the community due to the resulting health risk. 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 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. VRS does not have a waiting list, meaning that all eligible individuals can receive services quickly.

Of individuals found eligible for VRS services between October 1, 2021 and September 30, 2022, 4,348 (83%) met Category 1 Priority for service, compared to 86% and 93% the two years before.

Number of Individuals Served

From October 1, 2021 to September 30, 2022, Vocational Rehabilitation Services provided employment related services to 13,133 participants, an increase of 2.5% from the previous year. Participants are defined as individuals with an approved individualized employment plan who are receiving VRS services. The percentage of participants who are youth under the age of 25 is now nearly 60% compared to 50% six years ago. Students receive a variety of services, including a strong emphasis on obtaining a 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 serve a 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.

EMPLOYMENT GOAL TWO

By June 30, 2024, of the 50,157 people receiving services from certain Medicaid funded programs, there will be an increase of 8,283 over baseline to 14,420 in competitive integrated employment.

2023 Goal

- By June 30, 2022, the number of individuals in competitive integrated employment will increase to 13,420.

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 2022 data, the 2023 annual goal to increase the number of individuals in competitive integrated employment to 13,420 was **not met**. [2023 Annual Report]

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
2022 Annual (July 2020 – June 2021)	58,513	8,851	15.1%	<1,637>	2,714
2023 Annual (July 2021 – June 2022)	60,303	10,141	16.8%	1,290	4,004

ANALYSIS OF DATA:

During July 2021 – June 2022 there were 10,141 people in competitive integrated employment earning at least \$600 a month. This is an increase of 1,290 from the previous year and 3,279 below the 2023 goal of 13,420. The 2023 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:

During July 2021 – June 2022 the system started to recover from the pandemic's impact. The previous year showed a stark decline due to impact of the COVID-19 pandemic, while this year the data is almost at pre-pandemic levels. Our provider TA center, MTI, is seeing positive movement in provider transformation and provider capacity building efforts but have shared that it takes a time to see the work translate to improved employment outcomes. One of the greatest challenges facing this goal is do transformative work in the context of a shortage of direct support professionals. Regardless, there does seem to be renewed energy and commitment across the system.

During this period there were significant investments made to help bolster progress towards competitive, integrated employment.

Some highlights include:

Provider TA: DHS established a provider TA center – [Minnesota Transformation Initiative](#) (MTI) - to support providers in transforming their business models to better support competitive, integrated employment outcomes and inclusive day services. In its first year, MTI reduced the number of people earning subminimum wages in 8 targeted agencies by 47%. DHS also distributed over \$10 million in provider grants to help providers transition their business models towards competitive, integrated employment and build their capacity to serve people.

Task Force on Eliminating Subminimum Wage: DHS administered the 16-member task force was formed in early 2022 and submitted their report to the legislature February 2023. The report shared recommendations on how to effectively transition our system from subminimum wages towards competitive integrated wages. While the 2023 legislature did not end the use of subminimum wages, they funded many task force recommendations focused on expanding employment capacity in our system. DHS is now in the process of implementing those recommendations.

Training: E1MN launched an [online training series](#) to help professionals understand their role in supporting people on waivers with their employment journey. The training series includes guidance for Supervisors to help embed training as part of on-going staff-development. DHS also completed

a training pilot with 50 case managers to test the SELN (State Employment Leadership Network) e-course called, *Supporting a Vision for Employment*.

Inter-agency partnerships:

E1MN tested the new [Youth in Transition Framework and Toolkit](#) with the Employment Capacity Building Cohort (ECBC). The Cohort include 80 school districts, and local VRS and Lead Agency staff. ECBC feedback will be used to inform statewide adoption planning to build more equitable, quality transition services statewide.

Some initiatives moving forward include:

Capacity building - training and technical assistance

- **Provider TA:** DHS secured ongoing funding to continue MTI's work in supporting providers in improving competitive, integrated employment outcomes and building meaningful days.
- **Case Manager training:** new legislation states, "by August 1, 2024, all case managers must complete an employment support training course identified by the Commissioner of human services. For case managers hired after August 1, 2024, this training must be completed within the first 6 months of providing case management services." DHS is working to design and implement this requirement.

Service innovation

- **Lead agency capacity building grants:** Last session established a new grant program (\$2.4 million annually) to expand lead agency capacity to support people with disabilities to contemplate, explore, and maintain competitive, integrated employment options. DHS is working to have the RFP out in Jan 2024.
- **Informed choice:** As part of informed choice, all working aged people with disabilities will now be offered benefits planning assistance and supports to understand available work incentive programs and to understand the impact of work and benefits. DHS will continue to train and provide TA to lead agencies on how to effectively meet this requirement.

Data/Performance

- **Subminimum wage outcome reports:** Providers as of August 1, 2023, must submit to DHS data on individuals who are currently being paid subminimum wages or were being paid subminimum wages by the provider organization as of August 1, 2023. DHS is working to build the data collection methods, with the first data report expected to be July 30th, 2024.
- **Inter-agency data tracking:** By January 15, 2025, E1MN partners need to submit a plan to the legislature for tracking employment outcomes for people with disabilities served by programs administered by the agencies. This plan must include any needed changes to state law to track supports received and outcomes across programs.

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.

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.

2023 Goal

- By June 30, 2023, the number of additional students with Developmental Cognitive Disabilities (DCD) in competitive, integrated employment will be 150.

RESULTS:

The 2023 goal of 150 students in competitive integrated employment was **not met**. [2023 Annual Report]

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%
2022 Annual (Oct 2021 to June 2022)	65	426	15.3%
2023 Annual (Oct 2022 to June 2023)	89	526	16.9%
Totals	920	3,784	24.3%

ANALYSIS OF DATA:

During the 2022-23 school year, 89 students with developmental cognitive disabilities, ranging in ages from 19-21 participated in competitive integrated employment through the Employment Capacity Building Cohort (ECBC). This is an increase of 24 and 1.6% from the previous year. The 2023 goal of 150 was not met.

Students were employed in a variety of businesses with wages ranging from \$10.59 an hour to \$19.00 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. All of the supports provided to students stemmed from a person-centered planning approach.

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.

When the pandemic started in 2020, the employment numbers drastically decreased. Businesses were slower to hire students given other staff in the companies were put on furlough and the need to bring current employees back to work took precedent. While we are still recovering from the impact of the pandemic, during the 2022-23 school year businesses were increasingly eager to hire students again. This year is the first full year since 2018-19 that community resource providers, contracted through DEED were able to support students in-person. The return of in-person supports is a contributing factor to the growth in students obtaining competitive integrated employment.

Twenty-eight school districts and local partner teams provided supports to students through the Employment Capacity Building Cohort (ECBC) during the 2022-23 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; My Vault through Disability HUB, Person Centered Practices for students with disabilities; business engagement strategies; engaging families using a person-centered approach; high quality transition programming and planning and customized employment.

The 2022-23 number of students had an observed increase from the previous year, though the number remains significantly lower than it was before the COVID-19 pandemic. The factors involved in this lower number are multi-layered and have a direct correlation to the pandemic. Due to the previous decline, we are now seeing an increase in employment across home, school, and community. 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 continue to work together to identify and define high quality local partnerships based on state data and qualitative data from ECBC participants.

The state agency staff and Design Team (Steering Committee) are reviewing data collected from current ECBC teams that indicate possible improvements for ECBC in the 2023-24 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.

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.

2022 Goal

- By December 31, 2021, the number of employed peer support specialists will increase to 82.

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 2022 goal to increase to 82 employed peer support specialists was **not met**. [February 2023 Quarterly Report]

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
2021 Annual (as of December 31, 2021)	77	6	61
2022 Annual (as of December 31, 2022)	74	<3>	58

ANALYSIS OF DATA:

As of December 31, 2022, there were 74 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 3 from the previous year. The annual goal to increase to 82 was not met.

Of the 74 employed peer support specialists, 29 are employed by ACT teams and 45 are working in IRTS and crisis residential facilities. The IRTS that continue to struggle with workforce have had peers but at the point in time study, they continue to advertise to replace the two peers that left the position. This is a point in time study which means the number employed increases and decreases over time. These numbers do not reflect the number of peers working in Adult Rehabilitative Mental Health Services (ARMHS), Certified Community Behavioral Health Clinics (CCBHC), Behavioral Health Homes (BHH), advocacy organizations, or community support programs.

COMMENT ON PERFORMANCE:

ACT teams and IRTS struggle to hire individuals to do this work at the prevailing hourly rate with challenging hours. DHS staff continue to offer technical assistance with job descriptions and understanding of the role of peers. One ACT team lost their (forensic) peer and is currently recruiting. Another ACT team is adding a peer and will be trained in March 2023.

Interest in adding peer services is growing. Peers are being hired in CCBHCs and many community support programs. DHS anticipates that with some additional crisis funding, a number of crisis teams will be recruiting peers. Advocacy organizations such as NAMI, Mental Health MN, and Wellness in the

Woods all hire certified peer specialists to provide support and resources. The growing number of Recovery Community Organizations provide another opportunity for peer employment. The challenge with the goal as it was first developed does not include the broad array of services where peers are working. As a result, DHS is proposing an amendment to the goal to be more inclusive.

In 2022, there were 110 people trained and certified. Class size is limited to 17 now that the classes are virtual. There continues to be 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.

COVID impact: As COVID restrictions have been lifted and face to face services has resumed, a number of peers who became comfortable with tele health support have left the field. It is anticipated with the new peers that are coming into the field do not have the expectation of providing services by telehealth.

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.

LIFELONG LEARNING AND EDUCATION GOAL ONE

By December 1, 2021, the percent of students with disabilities^v, receiving instruction in the most integrated setting^{vi}, will increase to 63%

2021 Goal

- By December 1, 2021, the percent of students receiving instruction in the most integrated settings will increase to 63%

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

RESULTS:

Using the 2021 Child Count, the 2021 goal to increase to 63% was **met**. [February 2023 Quarterly Report]

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%
January – December 2020 (Dec 2020 Child Count)	127,314	80,688	63.38%
January – December 2021 (Dec 2021 Child Count)	128,980	82,476	63.94%

ANALYSIS OF DATA:

During 2021, of the 128,980 students with disabilities, 82,476 (63.94%) received instruction in the most integrated setting. This was an increase of 1,666 and 0.46% from the previous year and an increase of 1.83% over baseline. Using the 2021 Child count, the 2021 goal to increase to 63% was met. Under federal law [IDEA Section 1414](#) and [Minnesota Statute §125A.08](#), the extent to which a student can be included in the least restrictive environment is determined by their individualized education program team, including parents, as well as the student when possible.

Beginning in 2021, additional data is being provided by student race and ethnicity. This information includes the percentage of students with disabilities within seven racial or ethnic groups receiving

education in the most integrated setting. The information below is from IDEA Section 618 Data Products <https://www2.ed.gov/programs/osepidea/618-data> (retrieved January 9, 2023).

Percentage of Students with Disabilities Receiving Education in the Most Integrated Setting by Racial or Ethnic Group

Racial or Ethnic Group	2019	2020
American Indian or Alaskan Native	59.44%	59.71%
Asian or Pacific Islander	61.05%	62.46%
Black or African American	43.95%	45.24%
Hispanic or Latino	58.67%	59.73%
Native Hawaiian or Other Pacific Islander	50.52%	52.73%
Two or More Races	60.18%	61.65%
White	65.36%	66.36%

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.

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%).

2023 Goal

- By June 30, 2023, the percent of students with disabilities who have enrolled in an integrated postsecondary setting in the fall after graduating will increase to 32.8%.

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 2023 goal (using 2021 SLEDs data) of 32.8% was **not met**. [2023 Annual Report]

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 (August 2017 – July 2018 Data)	6,792	2,259	33.3%
Reset Baseline and goals			
Baseline 2020 – 2018 SLEDs (August 2018 – July 2019 Data)	7,212	2,151	29.8%
2021 Annual Goal – 2019 SLEDs (August 2019 – July 2020 Data)	7,564	1,953	25.8%
2022 Annual Goal – 2020 SLEDs (August 2020 – July 2021 Data)	7,634	1,614	21.1%
2023 Annual Goal – 2021 SLEDs (August 2021 – July 2022 Data)	7,581	1,959	25.8%

ANALYSIS OF DATA:

Of the 7,581 students with disabilities who graduated in 2021, there were 1,959 students (25.8%) who enrolled in an accredited institution of higher education in fall 2021. This was an increase of 3.7% from the previous year and a decrease of 4.0% from baseline. The 2023 goal to increase to 32.8% 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.

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

Time period	American Indian or Alaskan Native	Asian or Pacific Islander	Hispanic or Latino	Black or African American	White, not of Hispanic origin
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%
2020 SLEDs (Aug 2020 – July 2021)	12%	30%	21%	18%	22%
2021 SLEDs (Aug 2021 – July 2022)	14%	26%	22%	21%	28%

COMMENT ON PERFORMANCE:

Minnesota saw a decrease in the percentage (-4%) of students with disabilities enrolling in institutions of higher education since 2018. 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 72% in 2018 to 66% in 2021. 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 47% of students with disabilities who graduated in 2021 were subsequently employed in competitive integrated employment, which is equivalent to the 47% observed for 2018 graduates.

With recovery from the COVID-19 pandemic, Minnesota has a strong employment outlook, and despite the 4.0% decline from baseline (2018) in postsecondary enrollment observed for 2021 graduates with disabilities, it is still valid to consider that this is a general trend observed for all graduates, and that many students with disabilities may be choosing to enter the job market in entry-level positions as higher education expenses continue to rise annually. In addition, pandemic-related uncertainties for students in considering college enrollment in Fall of 2021 may also have had an impact ([Minneapolis Federal Reserve, 2022](#)).

Based on a review of disaggregated data in 2015, the State Systemic Improvement Plan (SSIP) was designed by MDE to increase graduation rates of Black and American Indian students with disabilities as a way to possibly increase subsequent rates of enrollment in a postsecondary institution for these same students.

In addition, during the 2022-2023 reporting period, MDE staff continued developing 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. During 2022-2023, 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>.

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.

TRANSPORTATION GOAL ONE

By December 31, 2023, accessibility improvements will be made to (A) 10,299 curb ramps (increase from base of 19% to 79%); (B) 490 Accessible Pedestrian Signals (increase from base of 10% to 79%). (C) By December 31, 2023, improvements will made to 113 miles of sidewalks.

A) Curb Ramps

By December 31, 2023, accessibility improvements will be made to 10,299 curb ramps bringing the percentage of compliant ramps to approximately 79%.

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 2023 goal of accessibility improvements to 10,299 curb ramps is **not on track**. [February 2023 Quarterly Report]

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%
Calendar Year 2020	327	7,279	57.0%
Calendar Year 2021	509	7,788	61.0%
Calendar Year 2022	1,100	8,888	45.6%

ANALYSIS OF DATA:

In 2022, the total number of curb ramps improved was 1,100, bringing the total improvements to 8,888 and a 45.6% compliance under PROW. The 2022 goal of 10,299 is not on track. From 2020 – 2022 MnDOT conducted a reassessment of the baseline for ADA assets which includes assets not been previously counted in the baseline. This resulted in the decrease in the PROW compliance rate.

COMMENT ON PERFORMANCE:

MnDOT continues to construct and improve curb ramps at the same rate as in previous years with a similar performance level for ramp quality. While MnDOT is continuing to provide curb ramps at the same rate the overall performance has been reduced.

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, 2023, an additional 490 Accessible Pedestrian Signals (APS) installations will be provided on MnDOT owned and operated signals bringing the number to 935 and the percentage to 79%.

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 2023 goal to bring the number of APS to 935 (79% of system) is **on track**. [February 2023 Quarterly Report]

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
Calendar Year 2021	892 of 1,174 APS (76% of system)	52	774
Calendar Year 2022	905 of 1174 APS (76% of system)	13	787

ANALYSIS OF DATA:

In Calendar Year 2022, an additional 13 APS installations were provided, bringing the number of APS signals to 905 and the percentage to 76% of the system. The 2023 goal of 935 is on track.

COMMENT ON PERFORMANCE:

MnDOT established a new goal of 16 signals for 2022. The goal was missed by 3 signals due to delayed projects. MnDOT remains ahead of the initial target and performance remains consistent with year-to-year performance.

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 December 31, 2023, improvements will be made to an additional 113 miles of sidewalks bringing total system compliance to 64%.

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 2023 goal of improvements to an additional 113 miles of sidewalks is **on track**. [February 2023 Quarterly Report]

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%
Calendar Year 2020	11.5 miles	109.8 miles	63%
Calendar Year 2021	17.57 miles	127.37 miles	66%
Calendar Year 2022	12 miles	139.37 miles	56%

ANALYSIS OF DATA:

In Calendar Year 2022, improvements were made to an additional 12 miles of sidewalks. This brings the PROW compliance rate to 56%. The 2022 goal of 113 miles is on track. From 2020 – 2022 MnDOT conducted a reassessment of the baseline for ADA assets which includes assets not been previously counted in the baseline. This resulted in the decrease in the PROW compliance rate.

COMMENT ON PERFORMANCE:

While MnDOT Is continuing to provide sidewalk improvements at a similar rate, the overall performance has been reduced.

TIMELINESS OF DATA:

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

TRANSPORTATION GOAL 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).

2022 Goal

- By December 31, 2022, the annual number of service hours will increase to 1,542,000.

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

RESULTS:

The 2022 goal to increase to 1,542,000 service hours was **not met**. [May 2023 Quarterly Report]

Time Period	Service Hours	Change from baseline
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
Calendar Year 2020	1,164,758	<35,242>
Calendar Year 2021	1,283,546	83,546
Calendar Year 2022	1,289,576	89,576

ANALYSIS OF DATA:

During 2022, the total number of service hours was 1,289,576. This was an increase of 6,030 service hours from the previous year and 89,576 hours over the baseline. The 2022 goal to increase to 1,542,000 was not met.

COMMENT ON PERFORMANCE:

Service hours continue their slow recovery from COVID-19 impacts of reduced ridership and a driver shortage. Calendar years 2021 and 2022 have seen modest increases that have brought us back over the 2014 baseline. It is anticipated that we will continue to see modest increases in service hours as individuals return to using transit and drivers are hired to provide those service hours.

TIMELINESS OF DATA:

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

TRANSPORTATION GOAL THREE

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

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.”⁹

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**. [2023 Annual Report]

Percentage of public transportation meeting minimum service guidelines for access

	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%
2021	72.2%	20.0%	22.9%
2022	76.9%	29.2%	13.7%

ANALYSIS OF DATA:

In 2022, 130 cities in Minnesota had populations greater than 2,500. 100 of those cities, or 76.9%, reached weekday baseline span of service goals; and 38, or 29.2% reached Saturday span of service baseline goals. 51 of the 130 cities have baseline goals to provide Sunday service, and 7 of those 51 cities, or 13.7%, reached that goal.

The percentage of Greater Minnesota Public Transit that is meeting minimum service guidelines has shown improvement in two of three categories from the last reporting period.

COMMENT ON PERFORMANCE:

Weekday and Saturday service hours are slowly increasing from 2021; however, Sunday service hours have decreased. This can be explained by the struggles Minnesota transit systems are experiencing with obtaining adequate amounts of vehicles and drivers due to supply chain and workforce challenges. Transit systems often reduce Sunday service and prioritize maintaining weekday and Saturday service when experiencing vacancies in staffing and capital needs.

⁹ Greater Minnesota Transit Investment Plan is available at <http://minnesotago.org/index.php?cID=435>.

Minimum Service Guidelines for Greater Minnesota¹⁰

Number of Hours in Day that Service is Available

Service Population	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.

TRANSPORTATION GOAL FOUR (A)

By 2025, transit systems' on-time performance will be 90% or greater statewide.

(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 to improve Metro Transit system on-time performance is **in process**. [May 2023 Quarterly Report]

On time performance percentage by transit system¹¹

Time Period	Transit Link	Metro Mobility	Metro Transit
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%
Calendar Year 2021	98%	94.8%	84.8%
Calendar Year 2022	99%	91.9%	81.3%

¹⁰ Source: MnDOT Greater Minnesota Transit Investment Plan, 2017

¹¹ Beginning in 2017, on-time performance for the Metro Transit system was defined as up to 1 minute early and 5 minutes late (-1/+5 minutes). This is the preferred methodology when on-time performance is reported for the entire system. The 2016 results were updated to use the same methodology.

ANALYSIS OF DATA:

During 2022, the on-time performances for Transit Link of 99% is above the 95% goal. The on-time performance for Metro Mobility and Metro Transit are below 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.

On-time performance percentage for Metro Transit system

Time Period	Bus	Light Rail (Blue/Green line)	Northstar Commuter Rail	Metro Transit System ¹²
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%
Calendar Year 2021	86.2%	81.7%	95.3%	84.8%
Calendar Year 2022	84.0%	75.4%	94.8%	81.3%

COMMENT ON PERFORMANCE:

For Metro Mobility, system wide on-time performance decreased over the course of the year, driven by growing demand for service, a directive to contractors to deliver all ride requests, an increase in bad weather days and ongoing operator workforce shortage. The federal requirement for on-time performance is 90% or higher and Met Council's goal is 95% or higher.

System-wide Metro Transit on-time performance decreased compared to 2021 and is driven by decreases in both bus and light rail performance. Bus performance is more impacted by traffic counts, detours, and increased passenger loads. Light rail on-time performance was challenging due to safety-focused speed restrictions, calls for service and nuisance behavior that negatively impacts dwell times at stations and progression through traffic lights. Limited operator availability continued to impact Metro Transit's ability to deploy buses and trains during times of disruption.

TIMELINESS OF DATA:

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

¹² 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.

TRANSPORTATION GOAL FOUR (B)

By 2025, transit systems' on time performance will be 90% or greater statewide.

(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**.
[2023 Annual Report]

Time Period	On-time performance (within a 45-minute timeframe)
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%
July – December 2021	95.3%
January – June 2022	94%
July – December 2022	90%
January – June 2023	92%

ANALYSIS OF DATA:

During January – June 2023, on-time performance for Greater Minnesota Transit was 92%. This was an increase of 2% and is on track to meet the 2025 goal.

COMMENT ON PERFORMANCE:

In aggregate, providers are meeting the established performance requirement. On-time performance is showing a very minor decrease and is remaining consistent with the overall performance trend.

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.

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.

2025 Goal

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

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

RESULTS:

This goal is **on track** to meet the 2025 goal. [2023 Annual Report]

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

Time Period	Transit Market Area 1	Transit Market Area 2	Transit Market Area 3
Baseline (June 2017)	95%	91%	67%
As of March 2019	94%	93%	70%
As of March 2020	98%	94%	72%
As of March 2021	93%	92%	69%
As of March 2022	92%	87%	69%
As of March 2023	93%	96%	80%

- 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 2023 service levels. Market areas one increased slightly, while market area 2 and 3 showed significant increase in service coverage. If performance continues at the same rate, the goal is on track to meet the 2025 benchmark.

COMMENT ON PERFORMANCE:

Metro area public transit utilization is measured by distinct market areas for regular route level of service. This measure estimates demand potential for all users of the regular route system. The market area is created based on analysis that shows the demand for regular route service is driven primarily by population density, automobile availability, employment density and intersection density (walkable distance to transit). This measure is based on industry standards incorporated into the Transportation Policy Plan's Regional Transit Design Guidelines and Performance Standards. The Metropolitan Council

also provides non-regular route services in areas that are not suitable for regular routes. [Market area definitions and standards](https://metro council.org/METC/files/63/6347e827-e9ce-4c44-adff-a6afd8b48106.pdf) can be found at <https://metro council.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.

HEALTH CARE 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.

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 2022 goal of a 20% or less readmission rate of adults with disabilities was **not met**. [2023 Annual Report]

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%
January – December 2021	37,319	7,664	20.5%
January – December 2022	33,810	6,883	20.4%

ANALYSIS OF DATA:

From January – December 2022, of the 33,810 acute inpatient hospital stays for adults with disabilities, 6,883 individuals had an unplanned acute readmission within 30 days, for a rate of 20.4%. The goal did not meet the 2022 goal of a 20% readmission rate of adults with disabilities.

During the same time period, of the 7,147 acute inpatient hospital stays for adults without disabilities, 524 individuals had an unplanned acute readmission, for a rate of 7.3%.

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%
January – December 2021	19,465	3,996	20.5%
January – December 2022	17,995	3,566	19.8%

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%
January – December 2021	17,854	3,668	20.5%
January – December 2022	15,815	3,317	21.0%

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%
January – December 2021	7,905	596	7.2%
January – December 2022	7,147	524	7.3%

COMMENT ON PERFORMANCE:

The number and rate of all-cause readmissions among people with disabilities, with and without Serious Mental Illness (SMI), decreased from 2021 to 2022. Meanwhile the rate for those with and without SMI rose slightly in 2022. An increasing rate of hospital readmissions is not a negative trend until a few more years of increases are seen. This may indicate that people with disabilities are experiencing a “bounce-back” to the hospital stay rates as they were in previous years. No single cause has been

pinpointed for the increase in 2022, but it appears that the number of people with disabilities going into acute inpatient has grown.

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.

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.

HEALTH CARE 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.

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 2022 goal of 0.20% rate of children with disabilities using an ED for dental care was **not met**. [2023 Annual Report]

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%
January – December 2021	93,796	198	0.21%
January – December 2022	99,132	232	0.23%

ANALYSIS OF DATA:

During January – December 2022, of the 99,132 children with disabilities, the number with emergency department visits for non-traumatic dental care was 232 (0.23%). This was a decrease of 0.02%. The 2022 goal to reduce to 0.20% or less was not met.

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.

The total number of enrolled children with disabilities showed an upward trend in 2021, likely reflecting the policy strictly limiting loss of Medicaid eligibility reviews during the public health emergency. The rate of ED use observed in 2021 returned to the level seen prior to the pandemic, indicating that although previous improvement was retained, additional improvement is not being realized.

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 2022 goal to reduce to a rate of 1.0% or less for adults with disabilities using an ED for dental care was **not met**. [2023 Annual Report]

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%
January – December 2021	201,933	2,231	1.10%
January – December 2022	213,993	2,334	1.09%

ANALYSIS OF DATA:

During January – December 2022, of the 213,993 adults with disabilities, the number with emergency department visits for non-traumatic dental care was 2,334 (1.09%). Although the rate has improved from baseline the overall goal to reduce to 1.0% or less was not met.

COMMENT ON PERFORMANCE:

There has been a slight increase in the number of adults with disabilities using emergency departments for non-traumatic dental care during 2021 and 2022. These increases may be due to increased use

following the COVID-19 pandemic. The enrolled population increased in 2022, likely due to CMS policy limiting Medicaid eligibility redeterminations during the public health emergency. Despite more adults enrolled, there was not a large increase in non-traumatic dental care in the emergency department. The rate remained below that seen prior to the public health emergency. The previous reductions seen may have resulted from 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 people with disabilities created a number of helpful information and best practices. DHS has ongoing efforts with the managed care organizations (MCOs) to address the needs of members with disabilities enrolled in Special Needs BasicCare with respect to dental healthcare.

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.

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.

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 2022 overall goal to not exceed 506 was met. [November 2022 Quarterly Report]
- Progress on this goal will continue to be reported as **in process**. [2023 Annual Report]

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
2022 Annual (July 2021 – June 2022)	388 (unduplicated)	68
2023 Annual (July 2022 - June 2023)	406 (unduplicated)	+18
2023 Q1 (July – September 2022)	163	N/A – quarterly number
2023 Q2 (October – December 2022)	149	N/A – quarterly number
2023 Q3 (January – March 2023)	151	N/A – quarterly number
2023 Q4 (April - June 2023)	166	N/A – quarterly number

ANALYSIS OF DATA:

From July 2022 – June 2023, the total number of people who experienced a restrictive procedure was 406. This was an increase of 18 from the previous year but a decrease of 670 from baseline.

From January – March 2023, the total number of people who experienced a restrictive procedure was 151. This was an increase of 2 from the previous quarter.

From April – June 2023, the total number of people who experienced a restrictive procedure was 166. This was an increase of 15 from the previous quarter.

COMMENT ON PERFORMANCE:

From January – March 2023, there were 151 individuals who experienced a restrictive procedure:

- 132 individuals were subjected to Emergency Use of Manual Restraint (EUMR) only. This was a decrease of 4 people from the previous quarter.
- 19 individuals experienced restrictive procedures other than EUMRs (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures). This was an increase of 6 from the previous quarter.

From April – May 2023, there were 166 individuals who experienced a restrictive procedure:

- 153 individuals were subjected to Emergency Use of Manual Restraint (EUMR) only. This was an increase of 21 people from the previous quarter.
- 13 individuals experienced restrictive procedures other than EUMRs (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures). This was a decrease of 6 from the previous quarter.

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. For all reports involving restrictive procedures *other than* EUMR, DHS staff and the External Program Review Committee provide follow up and technical assistance. 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) first 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 Quarter 3 and 4, 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 51 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.

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 2022 overall goal to not exceed 2,821 was met. [November 2022 Quarterly Report]
- Progress on this goal will continue to be reported as **in process**. [2023 Annual Report]

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
2022 Annual (July 2021 - June 2022)	1,800	836
2023 Annual (July 2022 - June 2023)	1,916	+116
2023 Q1 (July – September 2022)	535	N/A – quarterly number
2023 Q2 (October – December 2022)	437	N/A – quarterly number
2023 Q3 (January – March 2023)	448	N/A – quarterly number
2023 Q4 (April - June 2023)	490	N/A – quarterly number

ANALYSIS OF DATA:

From July 2022—June 2023, the number of restrictive procedure reports was 1,916. That is an increase of 116 from the previous year.

From January – March 2023, the number of restrictive procedure reports was 448. That is an increase of 11 reports from the previous quarter.

From April – June 2023, the number of restrictive procedure reports was 490. That is an increase of 42 reports from previous quarter.

COMMENT ON PERFORMANCE:

Please note that even with de-identified data, reporting individual-level data with ten or fewer people presents a risk of loss of privacy, and as such, if ten or fewer people are associated with reported data, the actual number will not be given and “ten or fewer people” will be stated.

From January – March 2023 there were 448 reports of restrictive procedures quarter. Of those reports:

- 379 reports were for emergency use of manual restraint (EUMR). This is a decrease of 1 report of EUMR from the previous quarter.
- 69 reports involved restrictive procedures other than EUMR (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures). This is an increase of 12 non-EUMR restrictive procedure reports from the previous quarter.
- 18 uses of seclusion involving 11 people were reported this quarter. This is an increase of 10 reports from the previous quarter.
 - 15 reports of seclusion involving 10 or fewer people occurred at the Forensic Mental Health Program in St Peter. This is an increase of 8 reports and an increase of 4 people from the previous quarter.
 - 3 reports of seclusion involving 10 or fewer people were reported by a community provider. DHS followed up with the provider to provide technical assistance and determined this was a coding error and seclusion did not actually occur.
 - 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 10 or fewer uses of timeout this quarter reported by a community provider. DHS followed up with the provider to provide technical assistance and determined this was a coding error.
- There were no reports of penalty consequences reported this quarter. This is unchanged from the previous quarter.

From April – June 2023 there were 490 reports of restrictive procedures quarter. Of those reports:

- 430 reports were for emergency use of manual restraint (EUMR). This is an increase of 51 reports of EUMR from the previous quarter.
- 60 reports involved restrictive procedures other than EUMR (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures). This is a decrease of 9 non-EUMR restrictive procedure reports from the previous quarter.
- 8 uses of seclusion involving 10 or fewer people were reported this quarter. This is a decrease of 10 reports and a decrease of 6 people from the previous quarter.
 - 6 reports of seclusion involving 10 or fewer people occurred at the Forensic Mental Health Program in St Peter. This is a decrease of 9 reports and 5 people from the previous quarter.
 - 2 reports of seclusion involving 10 or fewer people were reported by a community provider. DHS followed up with the provider to review the use.
 - 1 report was determined to be a coding error.
 - 1 report was determined to be an unapproved use of seclusion.
- There were no reports of timeout this quarter.
- There was 1 use of penalty consequences reported this quarter. This is an increase of 1 from the previous quarter. DHS followed up on the report and determined the use of penalty consequence was an unapproved use by a community provider.

EUMRs are permitted and not subject to phase out requirements like all other “restrictive” procedures. These reports are monitored, and technical assistance is available when necessary.

Under the Positive Supports Rule, the External Program Review Committee (EPRC) has the duty to review and respond to BIRF reports involving EUMRs. Convened in February 2017, the Committee’s work will help to reduce the number of people who experience EUMRs through the guidance they provide to license holders regarding specific uses of EUMR.

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.

As necessary, DHS Licensing Division investigates and issues correction orders for any violations of the Positive Supports Rule associated with use of mechanical restraint.

TIMELINESS OF DATA:

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

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^{vii}, 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 device¹³ will be reduced to no more than 88 reports.

2022 Goal

- By June 30, 2022, reduce mechanical restraints, other than use of auxiliary devices, to no more than 88 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 2022 overall goal of no more than 88 was not met. [November 2022 Quarterly Report]
- Progress on this goal will continue to be reported as **in process**. [2023 Annual Report]

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 Baseline (July 18 – June 19)	332	336	658	12
2020 Annual (July 19 – June 20)	273	257	530	10
2021 Annual (July 20 – June 21)	153	220	373	8
2022 Annual (July 21 – June 22)	138	120	258	6
2023 Annual (July 22 – June 23)	151	49	200	6
2023 Q1 (July – Sept 2022)	37	13	50	6
2023 Q2 (Oct – Dec 2022)	38	11	49	6
2023 Q3 (Jan – March 2023)	39	11	50	6
2023 Q4 (April - June 2023)	37	14	51	6

¹³ 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 2022 – June 2023, the number of reports of mechanical restraints other than auxiliary devices was 151. This was an increase of 13 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 6. During this year the total number of reports of mechanical restraints (including auxiliary devices), was 200. This is a decrease of 58 from the previous year.

From January – March 2023, the number of reports of mechanical restraints other than auxiliary devices was 39. This was an increase of 1 from 38 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 6. During this quarter the total number of reports of mechanical restraints (including auxiliary devices), was 50. This is an increase of 1 from 49 the previous quarter.

From April – June 2023, the number of reports of mechanical restraints other than auxiliary devices was 37. This was a decrease of 2 from 39 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 6. During this quarter the total number of reports of mechanical restraints (including auxiliary devices), was 51. This is an increase of 1 from 50 the previous quarter.

COMMENT ON PERFORMANCE:

Please note that even with de-identified data, reporting individual-level data with ten or fewer people presents a risk of loss of privacy, and as such, if ten or fewer people are associated with reported data, the actual number will not be given and “ten or fewer people” will be stated.

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>

From **January – March 2023** there were 50 BIRFs reporting use of mechanical restraints. They include:

- 11 reports involved auxiliary devices to prevent a person from unbuckling their seatbelt during travel. All 11 reports involved 10 or fewer people for which the use of auxiliary devices was approved by the Commissioner. Compared to the previous quarter, this was unchanged.

- 39 reports involved use of another type of mechanical restraint. This is an increase of 1 report from the previous quarter.
 - 22 reports involved ten or fewer 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 6 reports from the previous quarter.
 - 5 reports involving ten or fewer people occurred during a time when approval by the Commissioner for the emergency use of mechanical restraint had lapsed. The approval was lapsed for 29 days before all paperwork was submitted, reviewed by the EPRC, and approved again by the Commissioner for the emergency use of mechanical restraint.
 - 11 reports involving ten or fewer people, were submitted by the Forensic Mental Health Program in St Peter. This was a decrease of 1 report but an increase in 3 people from the previous quarter. 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 was 1 report of mechanical restraint by a community provider who did not have a request reviewed by the EPRC and approved by the Commissioner. DHS staff followed up and determined this was an unapproved use.

From **April – June 2023** there were 51 BIRFs reporting use of mechanical restraints. They include:

- 14 reports involved auxiliary devices to prevent a person from unbuckling their seatbelt during travel. All 14 reports involved 10 or fewer people for which the use of auxiliary devices was approved by the Commissioner. This was an increase of 3 reports compared to the previous quarter.
- 37 reports involved use of another type of mechanical restraint. This is a decrease of 2 reports from the previous quarter.
 - 29 reports involved ten or fewer people who had the use of self-injury protection equipment (examples include helmets, splints, braces, mitts, and gloves) reviewed by the EPRC and approved by the Commissioner for the emergency use of mechanical restraint. This was an increase of 7 reports from the previous quarter.
 - There were no reports submitted by the Forensic Mental Health Program in St Peter. This was a decrease of 11 reports.
 - There were 8 reports of mechanical restraint by a community provider for ten or fewer people. DHS staff followed up on each of these reports and determined:
 - 6 reports were for ten or fewer people and were determined unapproved use.
 - 2 reports were for ten or fewer people and were determined to be 2 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 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.

2022 Goal

By June 30, 2022, 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 2022 goal to reduce by 147 students was **not met**. [February 2023 Quarterly Report]

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%)	+ 57 (-0.1%)
2020 Annual 2019-20 school year ¹⁴	152,012	3,052 (2.0%)	<551> (-15.3%)
2021 Annual 2020-21 school year ¹⁵	149,382	1,689 (1.1%)	<1,363> (-44.8)
2022 Annual 2021-22 school year ¹⁶	151,532	2,341 (1.5%)	+652 (+38.6%)

ANALYSIS OF DATA:

School districts reported that of the 151,532 students receiving special education services, restrictive procedures were used with 2,341 of those students (1.5%). This was an increase of 652 students from

¹⁴ Data from 2019-20 was substantially affected by Covid-19-related school closures.

¹⁵ Data from 2020-21 continued to be affected by the COVID-19 pandemic, with Minnesota public schools using a variety of learning models at different times, switching between learning models based on public health guidelines and local COVID-19 case counts.

¹⁶ Data from 2021-22 continues to be affected by the COVID-19 pandemic, including interruptions due to quarantines, staff shortages, and the continued effect of learning loss, mental health needs, and trauma experienced by students in recent years.

the previous year and the percentage increase of 0.4%. The 2022 goal to reduce by 147 students was not met.

Although the 2022 goal was not met, MDE is on track to meet the 2024 overall goal of reducing the total number of students experiencing restrictive procedures by 735 students or by 1.94% of students in special education. Compared to 2018-2019 baseline, the annual number of students experiencing restrictive procedures has been reduced by 1,262 students or 0.8% of students in special education in 2021-2022.

The restrictive procedures summary data is self-reported by school districts and is annually due to MDE by July 15 for the prior school year. The data included for the 2015-16 through the 2021-22 school years has been reviewed as needed. The data for the 2021-22 school year is described in more detail in the 2023 Restrictive Procedures Workgroup legislative report, [*A Report on School Districts' Progress in Reducing the Use of Restrictive Procedures in Minnesota Schools*](#).¹⁷ The data includes all public schools, including intermediate districts, charter schools, and special education cooperatives. The legislative report is available at <https://education.mn.gov/MDE/about/rule/leg/rpt/index.htm>

2021-22 school year:

- Physical holds were used with 2,001 students up from 1,576 students in 2020-21.
- Seclusion was used with 716 students, up from 463 students in 2020-21.
- Compared to the 2020-21 school year, the average number of physical holds per physically held student is 5.0, up from 4.2; the average number of uses of seclusion per secluded student was 6.4, up from 4.0.

The table below shows this information over the last seven 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
2020-21	1,576	4.2	463	4.0
2021-22	2,001	5.0	716	6.4

COMMENT ON PERFORMANCE:

From 2016 through 2023 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.

¹⁷ Due to an analysis with updated software, some figures referenced in prior years in these goals may be different than what is currently reported in the 2023 legislative report. Figures in the Olmstead goal result section are benchmarked and so do not change. Figures in the legislative report are updated annually to account for improved software, analysis, and reporting.

Data Quality

During the 2021-22 school year, Minnesota schools and communities continued to be affected by the COVID-19 pandemic. At least some Minnesota schools continued to be affected by the pandemic throughout the school year, including interruptions due to quarantines, staff shortages, and the continuing effect of learning loss, mental health, and trauma experienced by students in recent years.

Over the last several years, data has demonstrated a downward trend in the use of restrictive procedures, indicating that Minnesota school districts have been making progress in reducing the use of seclusion and physical holding. Even though these rates were already trending downwards prior to the COVID-19 pandemic, school closures during the spring of the 2019-20 school year and the use of hybrid and distance learning models during the 2020-21 school year contributed to an accelerated decrease in rates. It is probable that this data is affected by the impact of the COVID-19 pandemic on schools. In general, caution should be used when comparing 2019-20, 2020-21, and 2021-22 data to similar data from other years, due to the impact of the COVID-19 pandemic on schools.

In the 2021-22 school year, for the first time since the start of the COVID-19 pandemic, data shows an increase in the use of restrictive procedures. However, restrictive procedures during the 2021-22 school year continued to be significantly below the 2018-19 school year, the baseline. This may be due to the continued effect of the COVID-19 pandemic or the successful efforts of districts to reduce their use of restrictive procedures, or both. It may be one or more additional school years until the effects of the COVID-19 pandemic on this data are fully understood.

For data reliability purposes, the student enrollment data is based on the state enrollment counts for students receiving special education services. MDE has transitioned to a new data collection and analysis system that is expected to improve data quality. Between March and December 2021, MDE developed a new data collection and analysis tool, Stepwell MN. Physical holding data was first collected via Stepwell MN in July 2021 (for data from the 2020-21 school year) and seclusion data collection began at the start of the 2021-22 school year. The Stepwell MN system is expected to continue streamline data collection and analysis.

Restrictive Procedures Workgroup Progress

MDE and the Workgroup continue to compile strategies and resources to assist school districts in reducing the use of restrictive procedures, eliminating seclusion, and addressing disproportionalities in the use of restrictive procedures. These strategies and resources include the increased use of Positive Behavioral Interventions and Supports (PBIS) and other strategies to address behaviors; the distribution of the Olmstead Local Improvement Grant funding for three districts to reduce the rates of restrictive procedures; and MDE training sessions to enhance school districts' understanding of restrictive procedures laws and strategies to reduce the use of restrictive procedures. Further recommendations include federal resources discussing civil rights, potential discrimination, and disproportionalities in the use of restrictive procedures on students with disabilities and students of color with disabilities.

Based on information collected by MDE, school districts continue to recommend trauma-informed practices, relationship building, de-escalation training, collaboration and/or team meetings, social emotional learning, restorative practices, and mental health supports to reduce the use of restrictive procedures, work towards eliminating seclusion, and address disproportionalities in the use of restrictive procedures.

MDE and the Workgroup continue to identify strategies and resources to assist school districts in reducing the use of restrictive procedures, eliminating seclusion, and addressing disproportionalities in

the use of restrictive procedures. In addition, as part of its new data collection process, MDE began collecting information from districts about what each district is doing to reduce the number of restrictive procedures in the district, and which strategies they would recommend to other districts. These questions were developed in consultation with the Workgroup, and districts were asked to provide narrative responses to these qualitative questions for the first time in July 2021 and again in July 2022. This information will be valuable going forward.

In addition, MDE conducted two trainings, with a total of 50 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 also provided three school discipline training sessions to nearly 50 individuals and eight due process training sessions to nearly 500 individuals.

2022 Restrictive Procedures Workgroup

MDE continues working with a consultant from Minnesota Management and Budget's Management Analysis and Development to facilitate the Workgroup meetings and to increase stakeholder engagement in recommending to the commissioner specific and measurable implementation and outcome goals for reducing the use of restrictive procedures. The Workgroup worked on the action items outlined in the February 2021 Two Year Statewide Plan to achieve the identified goals. The action items emphasize that recommendations will specifically consider disproportionalities, family engagement, and mental health trauma.

The February 2021 Two Year Statewide Plan includes three measurable goals along with seven MDE actions to support the goals and three Workgroup actions to support the goals. The three measurable goals are:

Goal 1: By February 1, 2022, and annually thereafter, MDE will submit a report to the Minnesota Legislature summarizing the state's progress on reducing the use of restrictive procedures, working toward the elimination of seclusion, and identifying disproportionalities in the use of restrictive procedures.

Goal 2: By December 31, 2022, the Workgroup will compile strategies to recommend to school districts for reducing the use of restrictive procedures, working toward eliminating seclusion, and addressing disproportionalities in the use of restrictive procedures.

Goal 3: Through the combined efforts of all those involved in this work, there will be at least a 10 percent reduction in seclusion from July 1, 2019 to June 30, 2022, and annually thereafter. Specifically, there will be at least a 10 percent reduction in the number of students experiencing seclusion and at least a 10 percent reduction in the number of uses of seclusion as reported to MDE by Minnesota school districts.

An update on progress towards the three measurable goals and a copy of the 2021 Two Year Statewide Plan may be found in the 2023 legislative report, [A Report on Districts' Progress in Reducing the Use of Restrictive Procedures in Minnesota Schools](#). This report also includes a copy of the February 2023 Two-Year Statewide Plan, which details the work of the Workgroup moving forward.

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.

2022 Goal

- By June 30, 2022, the number of incidents of emergency use of restrictive procedures will be reduced by 723 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 2022 goal to reduce by 723 incidents or 0.2 incidents per student was **not met**. [February 2023 Quarterly Report]

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 ¹⁸	16,656	3,052	5.5	<5,872> incidents <0.8> rate
2021 Annual 2020-21 school year ¹⁹	8,537	1,689	5.1	<8,119> incidents <0.4> rate
2022 Annual 2021-22 school year ²⁰	14,684	2,341	6.2	+6,147 incidents 1.1 rate

ANALYSIS OF DATA:

During the 2021-22 school year there were 14,684 incidents of emergency use of restrictive procedures. This is an increase of 6,147 incidents from the previous year. There were 6.2 incidents of restrictive

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

¹⁹ Data from 2020-21 was substantially affected by Covid-19-related school closures during the spring of 2020.

²⁰ Data from 2021-22 continues to be impacted by the Covid-19 pandemic.

procedures per student who experienced the use of a restrictive procedure. This was an increase of 1.1 incidents per student. The 2022 goal to reduce by 723 or 0.2 incidents per student was not met.

The restrictive procedures summary data is self-reported by school districts and is annually due to MDE by July 15 for the prior school year. The data included for the 2015-16 through the 2021-22 school years has been reviewed as needed. The data for the 2021-22 school year is described in more detail in the 2023 Restrictive Procedures Workgroup legislative report, [*A Report on School Districts' Progress in Reducing the Use of Restrictive Procedures in Minnesota Schools*](#). The data includes all public schools, including intermediate districts, charter schools, and special education cooperatives. The legislative report is available at <https://education.mn.gov/MDE/about/rule/leg/rpt/index.htm>

2021-22 school year:

- Based upon MDE enrollment data, 151,532 students received special education services, an increase of 2,150 students, or 1.4% from the 2020-21 school year.
- During the 2021-22 school year, Minnesota school districts reported a total of 10,091 physical holds and 4,593 seclusion uses for a total of 14,684 restrictive procedures uses.
- The total number of uses of restrictive procedures increased by 6,147 or 72% from the 2021-22 school year, while the number of students who experienced a restrictive procedure increased by 652, or 38.8%, to a total of 2,341. Consequently, the rate of use of restrictive procedures per student who experienced a restrictive procedure increased from 5.1 during the previous school year to 6.3.
- The average number of physical holds per physically held student increased from 4.2 in 2020-21 to 5.0 in 2021-22. The number of seclusion uses decreased by 53.6%, the number of students who were secluded increased by 148% to 463 and the average number of seclusion uses per secluded student increased from 4.0 to 6.4.

COMMENT ON PERFORMANCE:

See the Comment on Performance section for Positive Supports Goal Four.

TIMELINESS OF DATA:

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

CRISIS SERVICES GOAL ONE

By June 30, 2022, the percent of children who receive children's mental health crisis services and remain in their community will increase to 85% or more.

2022 Goal

By June 30, 2022, the percent of children who remain in their community after a crisis will increase to 85% or more

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

RESULTS:

- The 2022 goal to increase the percent of children who remain in their community after a crisis to 85% was **not met**. [February 2023 Quarterly Report]
- Progress on this goal will continue to be reported as in process. [2023 Annual Report]

Time period	Total Episodes	Community	Treatment	Other
2016 Annual (6 months data) January – June 2016	1,318	1,100 (83.5%)	172 (13.2%)	46 (3.5%)
2017 Annual (July 2016 – June 2017)	2,653	2,120 (79.9%)	407 (15.3%)	126 (4.8%)
2018 Annual (July 2017 – June 2018)	2,736	2,006 (73.3%)	491 (18.0%)	239 (8.7%)
2019 Annual (July 2018 – June 2019)	3,809	2,742 (72.0%)	847 (22.2%)	220 (5.8%)
2020 Annual (July 2019 – June 2020)	3,639	2,643 (72.6%)	832 (22.9%)	164 (4.5%)
2021 Annual (July 2020 – June 2021)	3,318	2,439 (73.5%)	651 (19.6%)	228 (6.9%)
2022 Annual (July 2021 – June 2022)	3,431	2,483 (72.4%)	797 (23.2%)	151 (4.4%)
July – December 2022	1,222	886 (72.5%)	266 (21.8%)	70 (5.7%)

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

ANALYSIS OF DATA:

From July – December 2022, of the 1,222 crisis episodes, the child remained in their community after the crisis 886 times or 72.5% of the time. This was a 0.1% increase from the previous reporting period and 12.5% below the overall 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. Additionally, another trend in the community, is a lack of readily available higher level of care beds, meaning when children need a supportive placement to maintain safety there might be a delay of placement, which can mean that children are being held in emergency departments, waiting for the appropriate level of care to become available.

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 provide 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 the COVID-19 pandemic, there was a hesitancy in families requesting mobile crisis response services for a face-to-face mobile response, and families requesting phone support. Mobile crisis teams have the ability to utilize telehealth for mobile crisis services if needed to avoid parents and caregivers seeking support from the Emergency Departments. In addition, the crisis teams have struggled to hire and maintain staff during the pandemic. As a result, there may be delays for face-to-face response if there are multiple calls needing intervention simultaneously. Mobile crisis services received additional funding that can be utilized to address the workforce shortage.

TIMELINESS OF DATA:

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

CRISIS SERVICES GOAL TWO

By June 30, 2022, the percent of adults who receive adult mental health crises services and remain in their community (e.g., home or other setting) will increase to 65% or more.

2022 Goal

By June 30, 2022, the percent of adults who remain in their community after a crisis will increase to 65%

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 2022 goal to increase the percent of adults who remain in their community after a crisis to 65% was **not met**. [February 2023 Quarterly Report]
- Progress on this goal will continue to be reported as in process. [2023 Annual Report]

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%)
2021 Annual (July 2020 – June 2021)	11,911	6,805 (57.1%)	3,392 (28.5%)	1,714 (14.4%)
2022 Annual (July 2021 – June 2022)	10,138	5,504 (54.3%)	3,253 (32.1%)	1,381 (13.6%)
July – December 2022	4,664	2,504 (53.7%)	1,759 (37.7%)	401 (8.6%)

- 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, residential treatment (IRTS)
- Other: homeless shelter, jail, or corrections, other.

ANALYSIS OF DATA:

From July – December 2022, of the 4,664 crisis episodes, the adult remained in their community after the crisis 2,504 times or 53.7% of the time. This was a decrease of 0.6% from the previous report and 11.3% below the overall goal of 65%.

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. Examples of trainings provided by DHS include suicidology training, clinical work with the suicide bereaved, firearms safety, and working with LGBTQ+ individuals and families. Training topics are suggested by mobile crisis providers and often follow trends that are being seen in the national crisis continuum development conversations that are happening and are coordinated by SAMHSA. This allows the training topics to be as useful as possible. 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 the COVID 19 pandemic, if individuals or families are uncomfortable with face-to-face intervention, there is a telehealth option for crisis teams to deliver services. This allowed 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. Due to workforce shortage, the crisis teams have struggled to hire and maintain staff. As a result, there may be delays for face-to-face response if there are multiple calls needing intervention simultaneously. Mobile crisis services received additional funding to assist with workforce shortage.

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.

2022 Goal

By June 30, 2022, percent of people who are housed five months after discharge from the hospital will be 80% 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 2022 goal to increase to 80% or higher was met. [November 2022 Quarterly Report]
- Progress on this goal will continue to be reported as **in process**. [2023 Annual Report]

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	11,290 81.9%	893 6.5%	672 4.9%	517 3.7%	99 0.7%	315 2.3%
2017 Annual Goal July 2015 – June 2016	15,027	11,809 78.6%	1,155 7.7%	1,177 7.8%	468 3.1%	110 0.7%	308 2.1%
2018 Annual Goal July 2016 – June 2017	15,237	12,017 78.8%	1,015 6.9%	1,158 7.6%	559 3.7%	115 0.8%	338 2.2%
2019 Annual Goal July 2017 – June 2018	15,405	11,995 77.8%	1,043 6.8%	1,226 8%	652 4.2%	118 0.8%	371 2.4%
2020 Annual Goal July 2018 – June 2019	15,258	11,814 77.4%	999 6.6%	1,116 7.3%	820 5.4%	113 0.7%	396 2.6%
2021 Annual Goal July 2019 – June 2020	13,924	11,214 80.5%	820 5.9%	958 6.9%	428 3.1%	115 0.8%	389 2.8%
2022 Annual Goal July 2020 – June 2021	13,392	10,955 81.8%	739 5.5%	951 7.1%	189 1.4%	137 1.0%	421 3.1%
2023 July 2021 – June 2022	12,577	10,326 82.1%	749 0%	821 6.5%	172 1.4%	104 0.8%	405 3.2%

- **“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:

From July 2021 – June 2022, of the 12,577 individuals hospitalized due to a crisis, 10,326 (82.1%) were housed within five months of discharge. This was a 0.3% increase from the previous year and 2.1% above the overall goal of 80%.

COMMENT ON PERFORMANCE:

From July 2021 – June 2022, the number of individuals discharged from a community hospital stay due to a crisis decreased when compared to counts from July 2019 – June 2021. 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. This is trending positively and showing improvement from the 2020-2022 goals.

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. Funding and the number of people served peaked at 1,908 in Fiscal Year 2020. In Fiscal Year 2021, there were 42 grants to 32 grantee agencies, providing services to 1,634 people. As funding reduced to the current base the people served has decreased. In Fiscal Year 2022 there were 28 grants to 17 grantee agencies, providing services to 767 people. 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.

The decision to access behavioral health treatment can mean choosing between paying for treatment and paying for housing. Accessing behavioral health treatment can jeopardize one's housing stability, even leading to homelessness. The Crisis Housing Assistance Program (formerly known as Crisis Housing Fund) financially assists with housing costs to prevent homelessness and reduce the stress of housing instability while receiving behavioral health treatment. In 2022, the program transitioned to a new vendor and is now available statewide via an online portal to assist people with Serious Mental Illness to maintain their housing while receiving behavioral health treatment.

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.

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.

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 2022 goal to increase to 245 was not met. [August 2022 Quarterly Report]
- Progress on this goal will continue to be reported as **in process**. [2023 Annual Report]

Time Period	Number of individuals with a disability on Boards / Commissions	Number of individuals with a disability on Olmstead Subcabinet workgroups	Total number
Baseline (June 30, 2017)	159	16	175
2018 Annual (as of July 31, 2018)	171	26	197
2019 Annual (as of July 31, 2019)	167	20	187
2020 Annual (as of July 31, 2020)	182	10	192
2021 Annual (as of July 15, 2021)	199	12	211
2022 Annual (as of July 15, 2022)	224	7	231
2023 Annual (as of July 15, 2023)	252	21	273

ANALYSIS OF DATA:

Of the 4,178 members listed on the Secretary of State's Boards and Commissions [website](#), 252 (approximately 6%) self-identified as an individual with a disability. This is an increase of 0.2% from the previous year. The 252 members represented 94 unique Boards and Commissions. This is an increase of 12 from 82 the previous year.

In addition, 21 individuals on Olmstead Subcabinet Workgroups self-identified as individuals with a disability. This is an increase of 14 from the previous year. Although the 2022 goal of 245 was not met, the total number of 273 this year exceeds the 2022 goal of 245.

The total number of individuals may include duplicates if a member participated in more than one group throughout the year. In addition, the totals may be undercounted if individuals chose not to self-identify as a person with a disability.

COMMENT ON PERFORMANCE:

OIO is actively promoting opportunities for people with disabilities to participate on State Boards and Commissions. In the past year, there have been 124 visits to the OIO webpage about Boards and Commissions. In addition, OIO held a Lunch and Learn on Boards and Commissions. A total of 46 people attended the event.

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.

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.

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 2022 goal to increase by 20% over baseline was met. [August 2022 Quarterly Report]
- Progress on this goal will continue to be reported as **in process**. [2023 Annual Report]

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 20, 2018 – Mar 11, 2019	192	N/A		249	N/A	
Oct 14, 2019 – Jan 31, 2020	214	22	11.5%	680	431	173%
Feb 10, 2021 – Apr 6, 2021	27	<165>	<85.9%>	70	<179>	<71.9%>
Nov 22, 2021 – Mar 8, 2022	233	41	21.4%	346	97	38.9%
March 2022 – Oct 31, 2023	107	<85>	<44.3%>	180	<69>	<27.7%>

ANALYSIS OF DATA:

During the 2023 Plan amendment process, 107 people responded to the Plan Satisfaction Survey yielding 180 comments. This was a decrease of 126 individuals and 166 comments from the previous year. This was a decrease of 44.3% individuals and 27.7% decrease in comments from the previous year.

COMMENT ON PERFORMANCE:

The data was based on public input received through the 2022 Plan Satisfaction Survey. The survey was open from July 20, 2022 - August 21, 2022. OIO shared the survey with stakeholders via newsletters and social media. The survey asked people to share their thoughts on Olmstead Plan goals and goal progress.

A major factor in the decreased number of individuals and comments compared to baseline was the Olmstead Subcabinet decision to postpone the 2023 Olmstead Plan amendment process pending development of a revised Olmstead Plan. The OIO expects increased engagement in 2024 during the development of the next Olmstead Plan and is exploring new strategies to ensure robust public participation.

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.

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

There are two measures for this goal:

(A) Decrease the number of emergency room visits and hospitalizations due to abuse and neglect

2022 Goal

- By December 31, 2022, the number of emergency room visits and hospitalizations due to abuse and neglect will be reduced by 15% 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. After the baseline was established, an additional case was found bringing the baseline to 40.

RESULTS:

The 2022 goal to reduce the number of emergency room visits and hospitalizations due to abuse and neglect by 15% compared to baseline was **not met**. [2023 Annual Report]

Time Period	(A) Number of emergency room visits and hospitalizations	Change from baseline	Percentage change from baseline
Calendar Year 2019 (Baseline)	40	N/A	N/A
Calendar Year 2020	31	9	22%
Calendar Year 2021	31	9	22%
Calendar Year 2022	36	4	10%

ANALYSIS OF DATA:

During calendar year 2022, there were 36 cases of emergency room visits and hospitalizations due to abuse and neglect. This was an increase of 5 from the previous year but a decrease of 4 (10%) from the baseline. The 2022 goal to reduce by 15% from baseline was not met.

Further analysis of the data is included below and shows that in 2022, by age group 89% of cases are with individuals 18 – 64 and 8% are with individuals Birth -17. By geography, 53% of the cases were in Greater Minnesota and 47% were in the Metro area.

Cases by age group:

Time Period	Total	Birth – 17	18 – 64	65 and over
Calendar Year 2019	40	8	29	3
Calendar Year 2020	31	12	18	1
Calendar Year 2021	31	7	23	1
Calendar Year 2022	36	3	32	1

Cases by geography (Metro vs. Greater MN):

Time Period	Total	Metro	Greater Minnesota
Calendar Year 2019	40	28	12
Calendar Year 2020	31	16	15
Calendar Year 2021	31	13	18
Calendar Year 2022	36	19	17

COMMENT ON PERFORMANCE:

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.

The COVID-19 pandemic during 2020 and 2021 may have reduced emergency room visits for conditions other than COVID-19 due to limited availability of resources at hospitals. This resulted in people staying away from hospitals when they otherwise might have come unless they had COVID-19. The 2022 hospital data appear to be more reflective of the actual decrease in visits due to abuse and neglect in vulnerable individuals.

MDH staff continue to emphasize how to recognize, document and report hospital-treated 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.

A public education campaign was initiated on July 1, 2017 and focused on providers who serve individuals with disabilities, their families, and advocates who represent and assist them. Targeted prevention efforts will focus on parts of the state with higher rates of hospitalizations and ER visits due to abuse and neglect of vulnerable individuals.

(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:

This goal is **in process**. Due to the COVID-19 pandemic, access to data for this measure has been limited due to emergency staff deployments. With the return of “normal” staffing in 2022, MDH expects to have data to report by the end of 2023. [2023 Annual Report]

PREVENTING ABUSE AND NEGLECT GOAL THREE

By December 31, 2022, 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.

2021 Goal

- 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.

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:

The 2021 goal to reduce the number of vulnerable adults who experience more than one episode of the same type of abuse or neglect within six months by 20% was **met**. [February 2023 Quarterly Report]

Time Period	Total number of people	Number of repeat episodes	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%>
July 2019 – June 2020	2,144	72 (3.4%)	<54> <42.8%>
July 2020 – June 2021	1,934	52 (2.7%)	<74> <57.1%>

ANALYSIS OF DATA:

From July 2020 – June 2021, there were 1,934 people with a substantiated or inconclusive abuse or neglect episode²¹. Of those people, 52 (2.7%) experienced a substantiated or inconclusive abuse or neglect had a repeat episode of the same type within six months. This is a decrease of 20 from the previous year and 74 from baseline which is a reduction of 57.1%. The 2021 goal to reduce by 20% compared to baseline 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.

²¹ Episodes include physical abuse, sexual abuse, emotional abuse, financial exploitation, caregiver or self-neglect.

Demographic Data

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
2020	77	3	3	1	3	18	14	35
2021	56	1	4	1	3	12	7	28

Victim Gender

FY	Total	Female	Male
2016	126	73	53
2017	114	77	37
2018	94	52	42
2019	81	51	30
2020	72	39	33
2021	52	23	29

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
2020	72	2	6	21	12	20	11
2021	52	1	4	12	16	13	6

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
2020	72	59	4	2	3	1	2	1
2021	52	42	3	2	4	0	1	0

Offender Gender

FY	Total	Female	Male
2016	70	33	37
2017	74	30	44
2018	96	43	53
2019	94	42	51
2020	76	30	45
2021	49	20	29

Offender Age Range

FY	Total	18 – 22	23 – 39	40 – 64	65 – 74	75 – 84	85 and over	Unknown
2016	70	3	14	38	7	6	2	0
2017	74	5	16	39	4	7	0	0
2018	96	1	12	41	41	12	9	0
2019	94	6	10	37	12	17	9	0
2020	76	0	13	30	12	12	6	0
2021	49	1	8	17	7	11	3	2

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
2020	76	61	6	2	3	1	1	2
2021	49	37	2	3	1	1	0	5

COMMENT ON PERFORMANCE:

Counties have responsibility under the state’s vulnerable adult statute to assess and offer adult protective services to safeguard the welfare of adults who meet policy criteria as vulnerable and suspected of having experienced maltreatment. The number of substantiated and inconclusive allegations is affected by the number of adults referred to counties by the Minnesota Adult Abuse Reporting Center (MAARC) who meet policy criteria as vulnerable and maltreated and who are also prioritized by counties and for service acceptance. Counties have authority under the statute to not accept all those who are referred for protective services based on the county’s resources and local prioritization.

The number of adults who are vulnerable and referred to counties as maltreated, who are accepted for protective services to prevent maltreatment reoccurrence, has progressively decreased during the goal period. The number of adults reported as vulnerable and maltreated and the number of adults accepted by counties for adult protective services decreased from 25% of the 30,667 adults referred in 2019, to 21% of the 28,284 adults referred in 2020 during the COVID-19 state emergency. Both the number of adults referred, and the number accepted by counties agencies for adult protective services is again trending up following the stabilization of the COVID pandemic, with 22% of the 31,403 adults referred to counties as vulnerable and maltreated being accepted for protective services in 2021.

Service interventions for protection from maltreatment offered by adult protection are balanced with the adult’s right to choose. People who are vulnerable may refuse interventions offered by adult protective services or supports that could protect them and prevent the reoccurrence of exploitation, 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.

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.

2022 Goal

- By July 31, 2021, the number of students with disabilities identified as victims in determinations of maltreatment will decrease by 10% from baseline to 26 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 2022 goal to decrease by 10% from baseline to 26 was **met**. [2023 Annual Report]

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%>
2022 Annual (July 2019 – June 2020)	21	<11>	<34.4%>
2023 Annual (July 2020 – June 2021)	7	<25>	<78.1%>

ANALYSIS OF DATA:

During the 2020–21 school year, there were 95 students identified as alleged victims of abuse of neglect in Minnesota public schools. Of those, 11 students were determined to have been maltreated. Of those, 7 were students with a disability. This was a decrease of 25 students from baseline. The 2022 goal to reduce to 26 students was met.

COMMENT ON PERFORMANCE:

During the 2020-21 school year, the MDE Student Maltreatment Team received and assessed 361 reports of alleged maltreatment. Of those reports, the Student Maltreatment Team opened 90 cases for onsite investigations. This included approximately 101 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 is 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. It is also 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.

The data from the 2020-21 school year continues to indicate students with disabilities who receive special education services are more frequently victims of maltreatment compared to students who do not receive special education services. During this current reporting period, 64% of the students determined to have been maltreated receive special education services. While the overall numbers are low, there is an upward trend regarding students with disabilities are more frequently victims of

maltreatment compared to students who do not receive special education services. It is difficult to attribute any one factor to this matter given the complexity of these incidences that are each carefully assessed and reviewed.

A significant factor impacting the data and the reduced numbers of reports during this the time period is the global COVID-19 pandemic, throughout the 2020-21 school year. Minnesota public schools used a variety of learning models at different times, switching between learning models based on public health guidelines and local COVID-19 case counts. While some districts in Minnesota operated in distance learning for the majority of the school year, other districts were in-person for most or all of the year, and in many districts, learning models varied between grade levels and individual programs and schools. Therefore, caution should be used when comparing 2020-21 data from previous years, due to the effect of the Covid-10 pandemic.

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 and training about the duties of mandated reporting abuse and neglect in schools. Additionally, School Administrators and other school employees are offered annual training regarding these requirements 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.

ENDNOTES

ⁱ 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.

ⁱⁱ 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.

ⁱⁱⁱ Transfers reflect movement to other secure settings (i.e. Department of Corrections, jail, Minnesota Sex Offender Program, and/or between the Forensic Mental Health Program and Forensic Nursing Home).

^{iv} 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.

^v “Students with disabilities” are defined as students with an Individualized Education Program age 6 to 21 years.

^{vi} “Most integrated setting” refers to receiving instruction in regular classes alongside peers without disabilities, for 80% or more of the school day.

^{vii} The Forensic Mental Health Program is governed by the Positive Supports Rule when serving people with a developmental disability.