

Olmstead Subcabinet Executive Committee Meeting
December 12, 2016, 9:00 a.m. – 10:00 a.m.
Minnesota Housing, 400 Sibley Street, State Street Conference Room
Saint Paul, MN

I. Call to Order

Action: N/A.

The meeting was called to order at 9:02 a.m. by Commissioner Mary Tingerthal.

II. Roll Call to Establish Quorum

Executive Committee members present: Mary Tingerthal (Minnesota Housing); Chuck Johnson (Department of Human Services (DHS)); Shawntera Hardy (Department of Employment and Economic Development (DEED)) joined via telephone at 9:18 a.m.

Subcabinet members and Designees present: Colleen Wieck (Governor’s Council on Developmental Disabilities (GCDD)); Daron Korte (Department of Education (MDE)); Tim Henkel (Department of Transportation (DOT)).

Guests present: Erin Sullivan Sutton, Adrienne Hannert, Alex Bartolic (DHS); Mike Tessneer, Darlene Zangara, Rosalie Vollmar, Melody Johnson (Olmstead Implementation Office (OIO)); Anne Smetak (Minnesota Housing); Kristie Billiar (DOT); Marikay Litzau (MDE)

III. Agenda Review

Action: N/A.

IV. Review of Olmstead Plan Proposed Amendments

Commissioner Tingerthal (Minnesota Housing) reminded the Executive Committee that the draft Olmstead Plan measurable goal amendments and the Annual Report on Olmstead Plan Implementation will be presented and reviewed for approval at the December 19, 2016 Subcabinet meeting. In preparation for that meeting, Commissioner Tingerthal asked the Executive Committee to consider how to address public comments that are not directly addressed in the plan amendments.

Mike Tessneer (OIO Compliance) introduced the proposed Olmstead Plan measurable goal amendments stating that agency representatives will present the proposed amendments to the measurable goals.

- **CRISIS SERVICES, GOAL 2** – Presented by Erin Sullivan-Sutton (DHS)

Reason for Change:

The 2014 baseline counted only Medical Assistance (MA) recipients. Under the new reporting system, DHS counts the number of all people who remained in the community during the reporting period, regardless of the payment source. Effective January 1, 2016, Adult Mental Health Crisis Providers were required to report the location of residence after a crisis event into

the Mental Health Information System (MHIS). Prior to January 1, 2016, mental health providers only reported if the individual was admitted to an inpatient psychiatric unit.

The proposed new baseline and annual goals will provide more accurate measurement on outcomes after a crisis episode.

Proposed Change:

The proposed change is to the amount of increase for the overall goal and annual goals.

- By June 30, 2018, the percent of adults who receive adult mental health crises services and remain in their community (e.g., home or other settings) will increase to 62% or more.
- The annual goals for 2017, 2018, and 2019 goals will be adjusted to 60%, 62%, and 64% respectively.

In response to a comment by Commissioner Tingerthal (Minnesota Housing), Erin Sullivan-Sutton (DHS) stated that a footnote will be added that explains that the 2016 annual goal was already reported on and was based on the previous baseline.

- **CRISIS SERVICES, GOAL 3** - Presented by Erin Sullivan-Sutton (DHS)

Reason for Change:

A technical change is needed to the goal to remove percent and replace with the number of people. The original goal stated “45% or less”; the intention was “45 people”.

Proposed Change:

The proposed change is to remove the percentage from the overall goal and the reference to percent from the annual goals.

- By June 30, 2017, the number of people who discontinue waiver services after a crisis will decrease to 45 people or less.
- The annual goals for 2015, 2016, and 2017 goals will be adjusted to remove the parenthetical reference to percent.

- **CRISIS SERVICES, GOAL 4** - Presented by Erin Sullivan-Sutton (DHS)

Reason for Change:

This goal was established as directed in the Olmstead Plan. The proposed baselines and measurable goals were presented to the Subcabinet for review on June 27, 2016 and were provisionally approved. These provisionally approved goals and baselines are being considered as part of the ongoing Plan amendment process.

Proposed Change:

The proposed change is to add the new baselines and annual goals for two measures related to the overall goal.

The first measure (Goal A) represents the percent of people on Medical Assistance (MA) who received community services within 30-days after discharge from a hospital due to a crisis.

- **Baseline A:** In Fiscal Year 2015, 89.21% people received follow-up services within 30-days after discharge from the hospital compared to 88.56% in Fiscal Year 2014.

- **Goal A:** Increase the percent of people who receive appropriate community services within 30-days after discharge from the hospital. (**Note:** the percent adjusts in relation to the total number of people served in the fiscal year) This goal measures two things and will be measured using two separate measures.
- Annual goals will be:
 - By June 30, 2017, the percent of people who receive appropriate community services within 30-days from a hospital discharge will increase to 90%.
 - By June 30, 2018, the percent of people who receive appropriate community services within 30-days from a hospital discharge will increase to 91%.

The second measure (Goal B) includes the percent of people that were housed, not housed or in a treatment facility, five months after their discharge date.

- **Baseline B:** In Fiscal Year 2015, 81.89% of people discharged from the hospital due to a crisis were housed 5 months after the date of discharge compared to 80.94% in Fiscal Year 2014.
- **Goal B:** Increase the percent of people who are housed 5 months after discharge from the hospital. (**Note:** the percent adjusts in relation to the total number of people served in the fiscal year)
- Annual goals will be:
 - By June 30, 2017, the percent of people who are housed 5 months after discharge from the hospital will increase to 83%.
 - By June 30, 2018, the percent of people who are housed 5 months after discharge from the hospital will increase to 84%.

- **CRISIS SERVICES, GOAL 5** - Presented by Erin Sullivan-Sutton (DHS)

Reason for Change:

This goal was established as directed in the Olmstead Plan. These proposed baselines and measurable goals were presented to the Subcabinet for review on June 27, 2016 and were provisionally approved. These provisionally approved goals and baselines are being considered as part of the ongoing Plan amendment process. The baseline and the 2017 and 2018 goals for the average length of a crisis episode are proxy measures. By June 30, 2019, based on the crisis services system experience, a new baseline and measurable goals will be established.

Proposed Change:

- **Baseline:** Between September 1, 2015 and January 31, 2016, the average length of a crisis episode was 81.3 days.
- Annual goals will be
 - By June 30, 2017, decrease the average length of a crisis episode to **79** days.
 - By June 30, 2018, decrease the average length of a crisis episode to **77** days.
 - By June 30, 2019, develop and establish propose a baseline and measurable goals that reflects the broader community crisis services and establish a baseline.

In response to a comment by Commissioner Tingerthal (Minnesota Housing), Erin Sullivan-Sutton (DHS) stated that an annual goal for 2019 will be added for the current baseline. This allows for a 2019 measure while the new baseline and goals are being established.

In response to a comment by Colleen Wieck (GCDD), Erin Sullivan-Sutton (DHS) stated that language will be added to clarify that average length of a crisis episode is a proxy measure for access to crisis services.

- **EMPLOYMENT, GOAL 4** - Presented by Erin Sullivan-Sutton (DHS)

Reason for Change:

This goal was established as directed in the Olmstead Plan. The proposed baselines and measurable goals were presented to the Subcabinet for review on May 23, 2016 and were provisionally approved. These provisionally approved goals and baselines are being considered as part of the ongoing Plan amendment process.

The changes indicated are changes since the provisional approval. This goal is being moved from Community Engagement to Employment as it will measure employment of certified peer specialists. The overall target number is the same, but the annual goal numbers have been adjusted to allow for gradual growth.

Proposed Change:

The proposed change is to the overall goal, the baseline language and the annual goals.

- By December 31, 2019, the number of Peer Support Specialists who are employed by mental health service providers will increase by 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.
- Annual goals will be:
 - By December 31, 2017, the number of employed peer support specialists will increase by 14
 - By December 30, 2018, the number of employed peer support specialists will increase by 30
 - By December 30, 2019, the number of employed peer support specialists will increase by 38

- **TRANSITION SERVICES, GOAL 2** - Presented by Erin Sullivan-Sutton (DHS)

Reason for Change:

The overall goal and annual goals are not changing. The proposed change is to focus the goal on people under mental health commitment. Individuals at AMRTC are there under two statuses: 1) Individuals under mental health commitment; and 2) Individuals under criminal court Rule 20 competency restoration commitment who are there for competency restoration.

For individuals under mental health commitment, discharge planning and discharge are under the authority of the AMRTC and the lead agency. For individuals under criminal court Rule 20

competency restoration commitment, discharge planning and discharge are under the authority of the criminal court. The proposed change is to measure progress on the timely discharge of individuals under mental health commitment. Quarterly reporting will include the data separated into the two categories: 1) Individuals under mental health commitment 2) Individuals under criminal court Rule 20 competency restoration commitment.

Proposed Change:

The proposed change is to the overall goal.

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

- **TRANSITION SERVICES, GOAL 3** - Presented by Erin Sullivan-Sutton (DHS)

Reason for Change:

The initial overall goal and annual goals were calculated based on all discharges from Minnesota Security Hospital (MSH). The baseline, overall goal and annual goals are being adjusted to measure only movement from MSH to more integrated settings. Quarterly reports will also continue to report on all discharges.

Proposed Change:

The proposed changes are to the overall goal, the baseline and the annual goals.

- Overall Goal: By December 31, 2019, the average monthly number of individuals leaving Minnesota Security Hospital to a more integrated setting will increase to 10 individuals per month.
- Baseline: In Calendar Year 2014, the average monthly number of individuals leaving Minnesota Security Hospital to a more integrated setting was 4.6 individuals per month.
- Annual Goals:
 - By December 31, 2015 the average monthly number of discharges will increase to ≥ 10
 - By December 31, 2016 the average monthly number of individuals leaving to a more integrated setting discharges will increase to ≥ 7
 - By December 31, 2017 the average monthly number of individuals leaving to a more integrated setting discharges will increase to ≥ 8
 - By December 31, 2018 the average monthly number of individuals leaving to a more integrated setting discharges will increase to ≥ 9
 - By December 31, 2019 the average monthly number of individuals leaving to a more integrated setting discharges will increase to ≥ 10

LIFELONG LEARNING and EDUCATION, GOAL 2 - Presented by Assistant Commissioner Korte (MDE)

Reason for Change:

- Initially progress on this goal was measured using the annual Post School Outcome Survey, using a limited sample of students who voluntarily participated.

- A broader data system, the Minnesota’s Statewide Longitudinal Education Data System (SLEDS), is now available. By using this data system, MDE will be able to more accurately measure, statewide, the number of students with disabilities who enroll in integrated post-secondary settings within one year of graduating from secondary education.
- MDE requested access to summary level data residing in Minnesota’s Statewide Longitudinal Education Data System (SLEDS) on November 10, 2016 for students who graduated in 2015. SLEDS data is one year behind. The requested data pull will occur on an annual basis between January and April. The verifiable data pull will include the number of special education students who graduated the prior school year and enrolled in a postsecondary institution within one year of graduation. In addition, the summary data grouped by student’s racial/ethnic group will be provided.

Proposed Change:

The proposed changes are to the overall goal, the baseline and the annual goals.

- Overall Goal: By June 30, 2020 the number of students with disabilities who have enrolled into an integrated postsecondary setting within one year of leaving high school will increase by 425 (39%) (from 2,174 to 2,599).
- Baseline: Using the 2014 Minnesota’s Statewide Longitudinal Education Data System (SLEDS), of the 6,749 students with disabilities who graduated statewide in 2014, a total of 2,174 (32.2%) attended an integrated postsecondary institution from August 2014 to July 2015.
- Annual Goals to increase the number of students entering an integrated postsecondary education setting are:
 - By June 30, 2017 there will be an increase of 100 (34%) over baseline to 2,274
 - By June 30, 2018 there will be an increase of 225 (36%) over baseline to 2,399
 - By June 30, 2019 there will be an increase of 325 (37%) over baseline to 2,499
 - By June 30, 2020 there will be an increase of 425 (39%) over baseline to 2,599

In response to a comment by Commissioner Tingerthal (Minnesota Housing), Assistant Commissioner Korte (MDE) explained that outcomes of a similar magnitude are expected with the new goal as compared to the original goal.

In response to a comment by Colleen Wieck (GCDD), Assistant Commissioner Korte (MDE) agreed to determine if data can be tracked by type of disability as well as by racial and ethnic group.

POSITIVE SUPPORTS, GOAL 4 – Presented by Marikay Litzau (MDE)

Reason for Change:

The number of students receiving special education services varies each year. Reporting by number of incidents alone does not accurately reflect performance. A secondary measure of a percentage reduction is being added to allow for fluctuations in the total number of students.

MDE and school districts provided training to staff to assure common definitions were used to make reporting more consistent. During this training, it became evident that there were different definitions of reporting across school districts and across the State. In order to accurately measure progress, a new baseline has been established using the common

definitions for reporting during the 2015-2016 school year. Annual targets are being adjusted accordingly.

Proposed Change:

The proposed changes are to the overall goal, the baseline and the annual goals.

- Overall Goal: By June 30, 2020, the number of students receiving special education services who experience an emergency use of restrictive procedures at school will decrease by 318 students or decrease to 1.98% of the total number of students receiving special education services.
- Baseline: During school year 2015-2016, school districts (which include charter schools and intermediate districts) reported to MDE that 3,034 students receiving special education services experienced at least one emergency use of a restrictive procedure in the school setting. In 2015-2016, the number of reported students receiving special education services was 147,360 students. Accordingly, in 2015-2016, 2.06% students receiving special education services experienced at least one emergency use of a restrictive procedure in the school setting.
- Annual Goals:
 - By June 30, 2017 the number of students experiencing emergency use of restrictive procedures will be reduced by 80 students or .02% of the total number of students receiving special education services.
 - By June 30, 2018 the number of students experiencing emergency use of restrictive procedures will be reduced by 80 students or .02% of the total number of students receiving special education services.
 - By June 30, 2019 the number of students experiencing emergency use of restrictive procedures will be reduced by 79 students or .02% of the total number of students receiving special education services.
 - By June 30, 2020 the number of students experiencing emergency use of restrictive procedures will be reduced by 79 students or .02% of the total number of students receiving special education services.

POSITIVE SUPPORTS, GOAL 5 – Presented by Marikay Litzau (MDE)

Reason for Change:

The number of students experiencing restrictive procedures varies each year. Reporting by number of incidents alone does not accurately reflect performance. A secondary measure of a rate per student is being added to allow for fluctuations in the total number of students experiencing restrictive procedures.

MDE and school districts provided training to staff to assure common definitions were used to make reporting more consistent. During this training it became evident that there were different definitions of reporting across school districts and across the State. In order to accurately measure progress, a new baseline has been established using the common definitions for reporting using the 2015-2016 school year. Annual targets are being adjusted accordingly.

Proposed Change:

The proposed changes are to the overall goal, the baseline and the annual goals.

- Overall Goal: By June 30, 2020, the number of incidents of emergency use of restrictive procedures occurring in schools will decrease by 2,251 or by 0.8 incidents of restrictive procedures per student who experienced the use of restrictive procedures in the school setting.
- Baseline: During school year 2015-2016, school districts (which include charter schools and intermediate districts) reported 22,028 incidents of emergency use of a restrictive procedure in the school setting. In 2015-2016, the number of reported students who had one or more emergency use of restrictive procedure incidents in the school setting was 3,034 students receiving special education services. Accordingly, in 2015-2016 there were 7.3 incidents of restrictive procedures per student who experienced the use of a restrictive procedures in the school setting.
- Annual Goals:
 - By June 30, 2017, the number of incidents of emergency use of restrictive procedures will be reduced by 563 incidents, or by 0.2 incidents of restrictive procedures per student who experienced the use of a restrictive procedure.
 - By June 30, 2018, the number of incidents of emergency use of restrictive procedures will be reduced by 563 incidents or by 0.2 incidents of restrictive procedures per student who experienced the use of a restrictive procedure.
 - By June 30, 2019, the number of incidents of emergency use of restrictive procedures will be reduced by 563 incidents or by 0.2 incidents of restrictive procedures per student who experienced the use of a restrictive procedure.
 - By June 30, 2020, the number of incidents of emergency use of restrictive procedures will be reduced by 562 incidents or by 0.2 incidents of restrictive procedures per student who experienced the use of a restrictive procedure.
- **TRANSPORTATION, GOAL 1** – Presented by Kristie Billiar (DOT)

Reason for Change:

This goal was established as directed in the Olmstead Plan. The proposed baseline and measurable goals were presented to the Subcabinet for review on May 23, 2016 and were provisionally approved. These provisionally approved goals and baselines are being considered as part of the ongoing Plan amendment process.

Proposed Change:

The proposed changes are to the overall goal, the baseline and the annual goals.

- Overall goal: By December 31, 2020, accessibility improvements will be made to 4,200 curb ramps (increase from base of 19% to 38%); 250 accessible pedestrian signals (increase from base of 10% to 50%) and 30 miles of sidewalks.
- Baseline: In 2012, MnDOT maintained 620 miles of sidewalks. Of the 620 miles, 285.2 miles (46%) met the 2010 ADA Standard and Public Right of Way (PROW) guidance.
- Annual Goals:
 - By October 31, 2017 improvements will be made to an additional 6 miles of sidewalks
 - By October 31, 2018, improvements will be made to an additional 6 miles of sidewalks

- By October 31, 2019, improvements will be made to an additional 6 miles of sidewalks
- By October 31, 2020, improvements will be made to an additional 6 miles of sidewalks
- By October 31, 2021, improvements will be made to an additional 6 miles of sidewalks

- **TRANSPORTATION, GOAL 2** – Presented by Kristie Billiar (DOT)

Reason for Change:

Service (revenue) hours are a more effective metric for measuring the availability of transit service in Greater Minnesota than ridership. The MnDOT Office of Transit currently tracks and reports on the number of service hours by system in the Annual Transit Report. Beginning with the 2001 Greater Minnesota Transit Plan, the number of service hours of transit have been used in describing the future level of service to address the transit need/demand. This metric is also one of the factors mentioned in recent research that impacts the transit travel demand (ridership). The number of hours listed depicts the number of hours to implement all service including expansion. The hours are incrementally ramped up each year by 57,000. Of the total 57,000 additional hours each year, 28,500 will be added to urban systems and 28,500 to small urban and rural transit systems combined. The 57,000 additional hours will provide service needed to increase ridership to meet the 90 percent of demand target by 2025.

Annual reporting will also continue to include data on passenger trips.

Proposed Change:

The proposed changes are to the overall goal, the baseline and the annual goals.

- Overall Goal: By 2025, the annual number of service hours will increase to 1.713 million in Greater Minnesota (approximately 50% increase).
- Baseline: In 2014 the annual number of service hours was 1,200,000
- Annual Goals
 - By December 31, 2017, the annual number of service hours will increase to 1,257,000
 - By December 31, 2018, the annual number of service hours will increase to 1,314,000
 - By December 31, 2019, the annual number of service hours will increase to 1,371,000
 - By December 31, 2020, the annual number of service hours will increase to 1,428,000
 - By December 31, 2021, the annual number of service hours will increase to 1,485,000
 - By December 31, 2022, the annual number of service hours will increase to 1,542,000
 - By December 31, 2023, the annual number of service hours will increase to 1,599,000
 - By December 31, 2024, the annual number of service hours will increase to 1,656,000
 - By December 31, 2025, the annual number of service hours will increase to 1,713,000

In response to comments by Commissioner Tingertal (Minnesota Housing), Kristie Billiar (DOT) stated that a footnote can be added to this goal that indicates the impact that new alternatives to public transportation may have on this measure.

- **TRANSPORTATION, GOAL 3** – Presented by Kristie Billiar (DOT)

Reason for Change:

The proposed change to the target date is to provide consistency with the Greater MN Transit Investment Plan (GMTIP). The delay in the baseline establishment is being driven by the

extended timeline of the development of the GMTIP. The extended timeline is the result of stakeholder feedback on the draft version of the plan.

Proposed Change:

The proposed changes are to the overall goal and the baseline.

- Overall goal: By 2025, expand transit coverage so that 90% of the public transportation service areas in Minnesota will meet minimum service guidelines for access.
- Baseline: A baseline for access will be established by April 30, 2017.

In response to comments by Colleen Wieck (GCDD), Ms. Billiar (DOT) agreed to add clarifying language regarding the stakeholder feedback.

- **TRANSPORTATION, GOAL 4** – Presented by Kristie Billiar (DOT)

Reason for Change:

The proposed timeline change is to maintain consistency with the Greater MN Transit Plan timelines. The proposed changes to the on time performance is to correct an inconsistency between the performance numbers published in the Olmstead Plan and the Metro Transit's long standing goal of 95%. The 95% goal is used in Metro Transit's service contracts is the performance goal reported to the Federal Transit Administration, so deviation from the adopted standard should be avoided. Metro Transit has provided a detailed explanation to the Subcabinet on the necessity of making this change.

Proposed Change:

The proposed changes are to the overall goal and the five year goals.

- Overall Goal: By 2025, transit systems' on time performance will be 90% or greater statewide.
- Five year goals
 - Transit Link – maintain current performance of 95% (within a half hour)
 - Metro Mobility – maintain current performance of 95% (within a half hour)
 - Metro Transit – improve to a service level of 90% or greater
 - Greater Minnesota – To be developed in 2016

In response to a comment by Deputy Commissioner Johnson (DHS), Kristie Billiar (DOT) explained the requested changes to the numbers provided in the Transportation goals are the result of a formal request by Metropolitan Council and Metro Transit.

In response to a comment by Colleen Wieck (GCDD), Kristie Billiar (DOT) stated the language can be changed to provide more clarity regarding the timing.

- **COMMUNITY ENGAGEMENT, GOAL 1** – Presented by Darlene Zangara (OIO)

Reason for Change:

A technical change is needed to clarify the language around self-advocates and people with disabilities involved in leadership opportunities (such as governor-appointed boards and councils).

Proposed Change:

The proposed changes are to the overall goals.

- o Overall Goals:
 - By June 30, 2019 the number of self-advocates or people with disabilities involved in leadership opportunities (such as governor-appointed boards and councils) will increase to 1,575.
 - By June 30, 2019, the number of people with disabilities involved in planning publicly funded projects (such as stadium plans, sidewalk improvements, public infrastructure, etc.) at the Subcabinet agency level will increase to 417.

GENERAL DISCUSSION ABOUT THE PROPOSED PLAN AMENDMENTS

In response to a comment by Commissioner Tingerthal (Minnesota Housing), the Executive Committee discussed that a number of public comments were received about workforce issues related to personal care assistant (PCA) services and direct support staff for people with disabilities.

Commissioner Hardy (DEED) and Deputy Commissioner Johnson (DHS) commented that staff from DEED and DHS will be working together to look at ways to help address some of these workforce concerns. Mike Tessner (OIO Compliance) commented that agencies should identify what strategies or workplan activities should be added during the Plan amendment process to address the workforce issues and concerns about PCA services. A brief statement can be included in the Annual Report to indicate steps being taken.

Commissioner Hardy (DEED) commented that staff resources need to be considered throughout the process.

V. Adjournment

**Action: Motion to adjourn the meeting.
Motion – Johnson. Second – Tingerthal.
In Favor - All**

The meeting was adjourned at 9:53 a.m.