

## Olmstead Subcabinet Meeting Minutes

December 19, 2016 – 9:30 a.m. to 11:00 a.m.

Minnesota Housing, 400 Sibley Street, State Street Conference Room, Saint Paul, MN 55101

### 1. Call to Order

**Action:** N/A

The meeting was called to order at 9:38 a.m. by Commissioner Mary Tingerthal (Minnesota Housing).

### 2. Roll Call

**Action:** N/A

**Subcabinet members present:** Mary Tingerthal (Minnesota Housing), Shawntera Hardy (Department of Employment and Economic Development (DEED)); Colleen Wieck (Governor's Council on Developmental Disabilities (GCDD)); Roberta Opheim (Ombudsman for Mental Health and Developmental Disabilities (OMHDD)); Emily Johnson Piper (Department of Human Services (DHS)); Tom Roy (Department of Corrections (DOC)).

**Subcabinet member present via telephone:** Kevin Lindsey (Department of Human Rights (MDHR)).

**Designees present:** Daron Korte (Minnesota Department of Education (MDE)); Gil Acevedo (Department of Health (MDH)); Sue Mulvihill (Department of Transportation (DOT)).

**Guests present:** Rick Figueroa, Erin Sullivan Sutton, Alex Bartolic, Claire Wilson, and Adrienne Hannert (DHS); Mike Tessneer, Melody Johnson, Tristy Auger, and Darlene Zangara (Olmstead Implementation Office (OIO)); Anne Smetak and Ryan Baumtrog (Minnesota Housing); Marikay Litzau, Robyn Widley and Jayne Spain (MDE); David Sherwood-Gabrielson (DEED); Ellena Schoop (MN.IT); Christina Schaffer (MDHR); Pam Taylor (Minnesota Statewide Independent Living Council (MNSILC)); Charlie Vander Arde (Metro Cities); RoseAnn Faber (member of the public).

**Guests present via telephone:** Rosalie Vollmar (OIO); Marshall Smith (DHS) and Kim Pettman (member of the public).

### 3. Agenda Review

Commissioner Tingerthal reviewed the agenda. There were no recommended changes.

### 4. Approval of Minutes

#### a) Subcabinet meeting on November 21, 2016

Colleen Wieck (GCDD) requested a small change to page 5 of the November 21, 2016 meeting minutes that included a spelling correction to be made.

In response to a comment by Colleen Wieck (GCDD), Commissioner Emily Piper (DHS) stated that future quarterly reports will include the total number of people in Intermediate Care Facilities for

individuals with Developmental Disabilities (ICFs/DD) and the number of people under 65 in nursing facilities.

In addition, OIO Compliance will work with the state agencies to examine for each measurable goal, the total number of individuals that could be potentially impacted by the goal. When available that total number will be included in the quarterly reports.

The November 21, 2016 Subcabinet meeting minutes were approved with the changes as discussed.

**Motion: Approve the November 21, 2016 Subcabinet meeting minutes with changes as discussed.**

**Action: Motion – Wieck. Second – Hardy. In Favor - All**

## **5. Reports**

### **a) Chair**

There were no updates to report.

### **b) Executive Director**

Executive Director Darlene Zangara (OIO) reported the following:

- The Improve Group received data from DHS for the Quality of Life Survey. The data did not include guardian information. An analysis is being completed to determine if that information will be included and what impact that may have on the timing of the process. Outreach is expected to begin in mid-January 2017. The June 30, 2017 deadline will be reevaluated after the outreach efforts are completed.

### **c) Legal Office**

There were no updates to report.

### **d) Compliance Office**

Mike Tessner (OIO Compliance) reported the following:

- The OIO will soon be hiring a project manager. One of the responsibilities of the project manager will be to support the work of the Prevention of Abuse and Neglect workgroup.
- OIO Compliance completed verification reviews with DHS, MDE, and DEED in October and November 2016. Mid-year reviews were completed for goals that are reported once a year. In addition, reviews are completed on workplan activities for annual goals reported in the quarterly reports. There were no exceptions in the verification of the data reviewed.

Compliance made five recommendations:

- DEED will provide documentation of the verification process they use.
- DEED will review the data on individuals on the order of selection waiting list to monitor if they are accessing other DEED programs and moving at a reasonable pace from the waiting list.

- MDE will verify the reporting dates for their measurable goals with OIO Compliance.
- DHS will adopt a plan to monitor data for people under a mental health commitment at Anoka Metro Regional Treatment Center (AMRTC) and those who are there for competency restoration.
- All three agencies have adopted practices for informed choice and person-centered planning. OIO Compliance is recommending that sometime during 2017, the agencies collaborate on a presentation to the Subcabinet to explain all the work being completed by each agency and how it all ties together.

The next verification reviews are will be scheduled in January and February 2017.

In response to a request by Commissioner Tingerthal (Minnesota Housing), Mr. Tessner will prepare materials summarizing the verification process to be reviewed by the Subcabinet prior to being discussed at the March status conference with the Court.

## 6. Action Items

### a) 2016 Annual Report

Commissioner Tingerthal (Minnesota Housing), introduced the 2016 Annual Report on Olmstead Plan implementation. The Annual Report is intended to be a summary of work completed in the course of the year. The report includes the status of each measurable goal and an analysis of trends and risk areas. Also provided is a summary of the amendment process and the draft potential amendments to Olmstead Plan measurable goals.

Commissioner Tingerthal (Minnesota Housing), highlighted that the Court suspended the use of the Court Monitor and established the Subcabinet as the body entrusted with monitoring the Plan and agency accountability.

Commissioner Johnson Piper (DHS) acknowledged staff for the work completed. In response to a comment by Commissioner Johnson Piper (DHS), Commissioner Tingerthal agreed that language would be added to the report that describes and clarifies the work that has been completed by staff of the subcabinet agencies and that recognizes the Governor's efforts in establishing the Olmstead Subcabinet.

In response to comments by Commissioner Johnson Piper (DHS), Commissioner Hardy (DEED), and Roberta Opheim (OMHDD), new strategies regarding the workforce issues raised during the public comment period will be included as part of the plan amendment process.

**Motion: Approve the 2016 Annual Report.**

**Action: Motion – Wieck. Second – Acevedo. In Favor – All**

## b) Olmstead Plan Proposed 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 adjust 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 will be adjusted to 60%, 62%, and 64% respectively.

- **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 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 tracked in two ways.
- 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%.

In response to a question by Roberta Opheim (OMHDD), Erin Sullivan Sutton (DHS) explained that the single point of entry began with Jensen class members. DHS is working to expand the single point of entry to all individuals who experience a crisis.

- **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, decrease the average length of a crisis episode to **75** 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 comments by Roberta Opheim (OMHDD), Commissioner Tingerthal (Minnesota Housing) clarified that in some cases, better data collection has led to new baselines and a resetting of goal numbers. The recommendations do not include reduction to the numbers in the Crisis Services goals.

Commissioner Johnson Piper (DHS) pointed out that if the Affordable Care Act is repealed, and includes eliminating the expansion of Medicaid, that could substantially affect the ability to meet the crisis services goals.

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

- **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 postsecondary 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. There is a one-year lag in the availability of SLEDS data. 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
- **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.

In response to comments by Colleen Wieck (GCDD), MDE stated that data is now collected for reporting back to back incidents of restrictive procedures as distinct events. They are now also beginning to collect information on seclusion.

- **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

● **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 a question by Roberta Opheim (OMHDD), Kristie Billiar (DOT) stated that the primary stakeholder group referred to above is an industry group that represents several transit providers in Greater Minnesota.

In response to questions by Colleen Wieck (GCDD), Kristie Billiar (DOT), clarified that the adjustment to the overall goal date from 2020 to 2025 was to provide consistency with other Olmstead Plan goals and the Greater Minnesota Transit Investment Plan (GMTIP). The second proposed change, to the deadline for establishing the baseline, is due to stakeholders request for more time to develop the GMTIP.

In response to comments by Commissioner Johnson Piper (DHS) and Commissioner Lindsey (MDHR), Ms. Billiar (DOT) stated that there is a commitment in the workplan to develop and submit a charter to the Subcabinet for a transportation workgroup. That item is due in March 2017. Deputy Commissioner Mulvihill (DOT) agreed that the chartered workgroup can address concerns related to transportation and report back to the Subcabinet in the Spring.

- **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 question by Roberta Opheim (OMHDD), Kristie Billiar (DOT) stated that rides on Metro Mobility often need to be scheduled at least a week in advance.

- **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.

- 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.

In response to a question from Commissioner Lindsey (MDHR), Darlene Zangara (OIO) stated that they are hoping to add activities to the workplan regarding a way to measure if participation is meaningful to people with disabilities.

Commissioner Tingerthal (Minnesota Housing) reminded the Subcabinet that this set of draft changes will be attached to the Annual Report. The proposed amendments will be out for public comment from December 20, 2016 through January 19, 2017.

**Motion: Approve the Olmstead Plan Proposed Amendments.**

**Action: Motion – Wieck. Second – Korte. In Favor – All**

**c) Workplan Compliance Report**

Mike Tessneer (OIO Compliance), reported on the Workplan Compliance Report for December. There were 14 workplan activities reviewed in December.

Of the 14 reviewed activities:

- 11 items (79%) were completed
- 3 items (21%) were on track
- 0 items were reported as exceptions

**Motion: Approve the Workplan Compliance Report.**

**Action: Motion – Mulvihill. Second – Acevedo. In Favor – All**

**d) Proposed Adjustment to Workplan Activities**

- **Preventing Abuse & Neglect 2A-2E (OIO)**

Mike Tessneer (OIO Compliance) reported on the proposed adjustments to the Preventing Abuse & Neglect workplan activities 2A-2E. Some workplan items are being delayed until the new project manager is hired.

**Motion: Approve adjustments to the Preventing Abuse and Neglect 2A-2E workplan activities as presented.**

**Action: Motion – Mulvihill. Second – Hardy. In Favor – All**

**7. Informational Items**

**a) Workplan activities requiring report to Subcabinet**

**1) Waiting List 2C.2 (DHS) – Progress on lead agency waiting list targets**

DHS will continue to implement Olmstead Plan waiting list reforms. By March 2017, DHS will have enough information to determine the size of the Developmental Disabilities (DD) waiver waiting list. At this time, DHS will have a more accurate cost estimate of what would be

needed to eliminate the remaining DD waiting list. DHS will also be able to report on the total number of people assessed, including those who have stated that they have a future need, but do not need waiver services within the next twelve months.

**2) Community Engagement 1A.2a (OIO) – Summary of Work with Governor’s Councils**

Darlene Zangara (OIO) reported on Community Engagement 1A.2a. OIO has worked with the following four Governor’s Councils to align their goals with Olmstead goals.

- Statewide Independent Living Council
- Minnesota Board on Aging
- State Quality Council (appointed by DHS)
- DHS Traumatic Brain Injury Advisory Committee

**b) Follow up from November Subcabinet Meeting**

**1) Schedule of Lead Agency reviews**

A schedule for Lead Agency county reviews was provided.

In response to comments by Colleen Wieck (GCDD), Chair Tingerthal (Minnesota Housing) stated that a footnote will be added in future quarterly reports, to indicate counties, groups of counties, managed care organizations, and tribal nations currently being reviewed.

**2) Wait list – Average length of time on wait list**

Alex Bartolic (DHS) stated staff is still in the process of reviewing data for counties and tribes and will report on this agenda item at a future Subcabinet meeting.

**8. Public Comment**

There were no public comments.

**9. Adjournment**

The meeting was adjourned at 10:57 a.m.

**Motion: Adjournment.**

**Action: Motion – Opheim. Second – Mulvihill. In Favor – All**

