

Proposed Amendments to Measurable Goals

December 19, 2016

These draft proposed amendments to the measurable goals were developed by the Olmstead Subcabinet agencies after an initial public comment period.

The agencies will report at the December 19, 2016 Subcabinet meeting regarding how public comment was taken into account in formulating the amendments. After the goals are reviewed and provisionally adopted by the Subcabinet, there will be an additional 30-day public comment period on the draft measurable goals. Following the comment period, the Subcabinet will consider whether any changes to the proposed amendments are warranted based on public comments.

In addition to the measurable goal amendments, there will be additional proposed changes to the Introduction and Background Information and Plan Management and Oversight sections of the Plan, and supporting descriptions of the measurable goals. Public comment to the full proposed Plan will be sought in January. After the proposed amendments are finalized and approved by the Subcabinet, final amendments will be reported to the Court on or before February 28, 2017.

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CRISIS SERVICES - GOAL TWO

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.

Goal Two: 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%~~ **89% or more.**

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

In State Fiscal Year 2014 of 5,051 episodes, the person remained in their community 82% of the time:

Annual Goals to increase the percent of adults who remain in their community after a crisis:

- By June 30, 2016, the percent who remain in their community after a crisis will increase to 84%¹
- By June 30, 2017, the percent who remain in their community after a crisis will increase to ~~60%~~ **86%**
- ~~By June 30, 2018, the percent who remain in their community after a crisis will increase to 62%~~ **89%**
- By June 30, 2019, the percent who remain in their community after a crisis will increase to 64%

¹ The June 30, 2016 goal was established utilizing the 2014 baseline, which included only Medical Assistance recipients. Performance on the June 2016 goal was reported in the November 2016 Quarterly Report. The June 2017 through June 2019 goals are based on the 2016 baseline which includes individuals regardless of payment source.

CRISIS SERVICES – GOAL THREE

REASON FOR CHANGE

This is a technical change. The original goal states “45% or less; the intention was “45 people”.

Goal Three: By June 30, 2017, the number ~~and percent~~ of people who discontinue waiver services after a crisis will decrease to 45% people or less. (Leaving the waiver after a crisis indicates that they left community services, and are likely in a more segregated setting.)

Baseline: State Fiscal Year 2014 baseline of 62 people who discontinued waiver services (3% of the people who received crisis services through a waiver):

Annual Goals to decrease the number of people who discontinue waiver services after a crisis:

- By June 30, 2015, the number will decrease to no more than 60 people ~~(percent will adjust in relation to total number served in FY 15).~~
- By June 30, 2016, the number will decrease to no more than 55 people ~~(percent will adjust in relation to total number served in FY 16).~~
- By June 30, 2017, the number will decrease to no more than 45 people ~~(percent will adjust in relation to total number served in FY 17).~~

CRISIS SERVICES – GOAL FOUR

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 Plan amendment process in February 2017.

Goal Four: By June 30, 2018, people in community hospital settings due to a crisis, will have appropriate community services within 30 days of no longer requiring hospital level of care and, within 5 months after leaving the hospital, and they will have a stable, permanent home.

- By February, 2016 a baseline and annual goals will be established.

This goal measures two things and will be measured using two separate measures. 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.

The second measure (Proposed Goal B) includes the percent of people that were housed, not housed or in a treatment facility, five months after their discharge date. See Proposed Goal B below for more information on this measure.

GOAL A

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)

ANNUAL GOALS

- 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%.

GOAL B

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

- 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 FIVE

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 Plan amendment process in February 2017.

The baseline and the 2017, 2018 and 2019 goals for the average length of a crisis episode is a proxy measure for access to crisis services. By June 30, 2019 based on the crisis services system experience, a new baseline and measurable goals will be established.

Goal Five: By June 20, 2020, 90% of people experiencing a crisis will have access to clinically appropriate short term crisis services, and when necessary placement within ten days.

- By January 31, 2016, establish a baseline of the length of time it takes from referral for crisis intervention to the initiation of crisis services and develop strategies and annual goals to increase access to crisis services, including specific measures of timeliness.

Baseline: Between September 1, 2015 and January 31, 2016, the average length of a crisis episode was 81.3 days. (The average length of a crisis episode is a proxy measure for access to crisis services.)

ANNUAL Goals:

- 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.~~

EMPLOYMENT – GOAL FOUR

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 Plan amendment process in February 2017.

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.

~~**COMMUNITY ENGAGEMENT GOAL ONE:** By June 30, 2019, the number of individuals involved in their community in ways that are meaningful to them will increase to 1,992.~~

~~Annual Goal~~

- ~~• By January 4, 2016, a baseline and measurable goals will be established regarding employment of Certified Peer Support Specialists~~

EMPLOYMENT GOAL FOUR

By December 31, 2019, the number of Peer Support Specialists who are employed by mental health service ~~ACT or IRTS~~ providers will increase by 82.

Baseline:

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

Annual Goals:

- By December 31, 2017, the number of employed peer support specialists will increase by 1438
- By December 30, 2018, the number of employed peer support specialists will increase by 3014
- By December 30, 2019, the number of employed peer support specialists will increase by 3830

TRANSITION SERVICES – GOAL TWO

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
- 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 2 categories.

- 1) Individuals under mental health commitment
- 2) Individuals under criminal court Rule 20 competency restoration commitment

Goal Two: By June 30, 2019, the percent of people under mental health commitment at Anoka Metro Regional Treatment Center (AMRTC) who do not require hospital level of care and are currently awaiting discharge to the most integrated setting¹ will be reduced to 30% (based on daily average).

Baseline: In State Fiscal Year 2014, 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 33% on a daily average. During State Fiscal Year 2015, a change in utilization of AMRTC (see Rationale section for description of change) caused an increase in the percent of the target population to 36% (above the 2014 level) which resulted in the need to adjust the goal over the next four years.

Annual Goals to reduce the percent of people at AMRTC awaiting discharge:

- By June 30, 2016 the percent awaiting discharge will be reduced to $\leq 35\%$
- By June 30, 2017 the percent awaiting discharge will be reduced to $\leq 33\%$
- By June 30, 2018 the percent awaiting discharge will be reduced to $\leq 32\%$
- By June 30, 2019 the percent awaiting discharge will be reduced to $\leq 30\%$

¹ 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.

TRANSITION SERVICES – GOAL THREE

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 continue to report on all discharges.

Goal Three: By December 31, 2019, the average monthly number of individuals leaving Minnesota Security Hospital to a more integrated setting will increase to 10 14 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 9 individuals per month.

Annual Goals to increase average monthly number of individuals leaving Minnesota Security Hospital:

- By December 31, 2015 the average monthly number of discharges will increase to ≥ 10 ¹
- By December 31, 2016 the average monthly number of individuals leaving to a more integrated setting discharges will increase to \geq 7 11
- By December 31, 2017 the average monthly number of individuals leaving to a more integrated setting discharges will increase to \geq 8 12
- By December 31, 2018 the average monthly number of individuals leaving to a more integrated setting discharges will increase to \geq 9 13
- By December 31, 2019 the average monthly number of individuals leaving to a more integrated setting discharges will increase to \geq 10 14

¹ The December 2015 goal was established utilizing the original 20-14 baseline, which included all discharges from MSH. Performance on the December 2015 goal was reported in the February 2016 Quarterly Report. The December 2016 through December 2019 goals are based on the adjusted 2014 baseline which measures only those individuals who left MSH to a more integrated setting.

LIFELONG LEARNING AND EDUCATION – GOAL TWO

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 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 will be grouped by student's racial/ethnic group and primary type of disability.

Goal Two: By ~~October 1~~ June 30, 2020 the number of students with disabilities who have enrolled entered into an integrated postsecondary setting within one year of leaving high school secondary education will increase by 250 425 (39%) (from 225 2,174 to 475 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.

~~Using the 2014 Post School Outcome Survey, of the 962 students with disabilities who participated in the survey, 225 (23.3%) entered into an integrated postsecondary setting within one year of leaving secondary education.~~

Annual Goals to increase the number of students entering an integrated postsecondary education setting are:

- By October 1, 2016 there will be an increase of 50 over baseline to 275¹
- By ~~October 1~~ June 30, 2017 there will be an increase of 100 (34%) over baseline to 2,274 275
- By ~~October 1~~ June 30, 2018 there will be an increase of 150 225 (36%) over baseline to 2,399 325
- By ~~October 1~~ June 30, 2019 there will be an increase of 200 325 (37%) over baseline to 2,499 375
- By ~~October 1~~ June 30, 2020 there will be an increase of 250 425 (39%) over baseline to 2,599 425

¹ The October 2016 goal was established utilizing the 2014 baseline, which used a limited sample of students who took the Post School Outcome Survey. Performance on the October 2016 goal was reported in the February 2016 Quarterly Report. The June 2017 through June 2020 goals are based on a new baseline using SLEDs data which is a more complete measure.

POSITIVE SUPPORTS – GOAL FOUR

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 better 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.

Goal Four: By June 30, 2020 ~~17~~, the number of students receiving special education services who experience an emergency use of restrictive procedures at school will decrease by 318 ~~6~~ students or decrease to 1.98% of the total number of students receiving special education services.

Annual Baseline: During school year 2015-2016, school districts (which include charter schools and intermediate districts) reported to MDE that 3,034 students receiving special education services experienced at least one emergency use of a restrictive procedure in the school setting. In 2015-2016, the number of reported students receiving special education services was 147,360 students. Accordingly, during school year 2015-2016, 2.06% students receiving special education services experienced at least one emergency use of a restrictive procedure in the school setting.

~~Use of restrictive procedures in schools is prohibited, except in the case of an emergency. In 2014 the number of students who experienced at least one restrictive procedure in a school setting was 2,740:~~

Annual Goals to reduce the number of students experiencing restrictive procedures at school:

- By June 30, 2015, the number of students experiencing emergency use of restrictive procedures will be reduced by 110.¹
- ~~• By June 30, 2016, the number of students experiencing emergency use of restrictive procedures will be reduced by 105~~
- ~~By June 30, 2017, the number of students experiencing emergency use of restrictive procedures will be reduced by 101~~
- 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.

¹ The June 2015 goal was established utilizing the 2014 baseline, which occurred prior to establishment of common definitions for reporting. Performance on the June 2015 goal was reported in the May 2016 Quarterly Report. The June 2017 through June 2020 goals are based on the new baseline data from school year 2015-2016, after the establishment of common definitions for reporting.

- 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 FIVE

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.

Goal Five: By June 30, 2020~~17~~, 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.

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

~~In 2014, school districts (which include charter schools) reported to MDE that there were a total of 19,537 incidents which involved the emergency use of restrictive procedures occurring in schools.~~

Annual Goals to reduce the number of incidents of restrictive procedures in school:

- By June 30, 2015, the number of incidents of emergency use of restrictive procedures will be reduced by 781¹
- ~~• By June 30, 2016, the number of incidents of emergency use of restrictive procedures will be reduced by 750~~
- ~~• By June 30, 2017, the number of incidents of emergency use of restrictive procedures will be reduced by 720~~
- 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.

¹ The June 2015 goal was established utilizing the 2014 baseline, which occurred prior to establishment of common definitions for reporting. Performance on the June 2015 goal was reported in the May 2016 Quarterly Report. The June 2017 through June 2020 goals are based on the new baseline data from school year 2015-2016, after the establishment of common definitions for reporting.

- 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 ONE

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 Plan amendment process in February 2017.

Goal One: By December 31, 2020, accessibility improvements will be made to 4,200 curb ramps (increase from base of 19% to 38%); ~~and~~ 250 accessible pedestrian signals (increase from base of 10% to 50%) and 30 miles of sidewalks. ~~By January 31, 2016 a target will be established for sidewalk improvements.~~

A) Curb Ramps

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

- By December 31, 2020 accessibility improvements will be made to 4,200 curb ramps¹ bringing the percentage of compliant ramps to approximately 38%.

B) Accessible Pedestrian Signals

Baseline: In 2009, ~~10%~~ 10% of eligible state highway intersections with accessible pedestrian signals (APS) were installed.

- By December 31, 2019, an additional 250 Accessible Pedestrian Signals (APS) installations will be provided on MnDOT owned and operated signals bringing the percentage to 50%.

Annual Goals to increase the number of APS installations:

- By December 31, 2015 an additional 50 APS installations will be provided
- By December 31, 2016 an additional 50 APS installations will be provided
- By December 31, 2017 an additional 50 APS installations will be provided
- By December 31, 2018 an additional 50 APS installations will be provided
- By December 31, 2019 an additional 50 APS installations will be provided

C) 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.

- By October 31, 2021 improvements will be made to an additional 30 miles of sidewalks

Annual Goals to improve sidewalks:

- 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

¹ ADA Title II Requirements for curb ramps at www.fhwa.dot.gov/civilrights/programs/doj_fhwa_ta_glossary.cfm

TRANSPORTATION – GOAL TWO

REASON FOR CHANGE

Service (revenue) hours are a more effective metric for measuring the availability of transit service in Greater Minnesota than ridership. The Minnesota Department of Transportation (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.

In addition to data on service hours, annual reporting will also include data on passenger trips.

MnDOT is monitoring emerging issues in alternatives to public transportation and the impact that such alternatives may have on public transportation.

Goal Two: By 2025, ~~additional rides and the annual number of~~ service hours will increase ~~the annual number of passenger trips~~ to 1,713.8 million in Greater Minnesota (approximately 50% increase).

Baseline: In 2014 the annual number of ~~service hours was 1,200,000~~ ~~passenger trips was 12,543,553~~

Annual Goals to increase the annual number of ~~service hours by 57,000 per year~~ ~~passenger trips:~~

- By 2015 the annual number of passenger trips will increase to 13,129,593¹
- ~~By 2020 the annual number of passenger trips will increase to 16,059,797~~
- ~~By 2025 the annual number of passenger trips will increase to 18,800,000~~
- 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

¹ The 2015 goal was established utilizing a 2014 baseline for passenger trips. Performance on the 2015 goal was reported in the November 2016 Quarterly Report.

TRANSPORTATION – GOAL THREE

REASON FOR CHANGE

The proposed change to the overall target date of 2025, provides consistency with the Greater MN Transit Investment Plan (GMTIP). The proposed deadline change for 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.

Goal Three: By ~~2025~~2020, expand transit coverage so that 90% of the public transportation service areas in Minnesota will meet minimum service guidelines for access.

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](#)."¹

Baseline: A baseline for access will be established ~~in 2016~~ by April 30, 2017.

¹ Greater Minnesota Transit Investment Plan is available at www.dot.state.mn.us/transit/reports/investmentplan

TRANSPORTATION - GOAL FOUR

REASON FOR CHANGE

The proposed change to the overall target date to 2025, provides consistency with the Greater MN Transit Plan (GMTIP) timelines.

The proposed changes to the five year goals for on time performance is to make the performance numbers published in the Olmstead Plan consistent with the Metro Transit's long standing goal of 95%. The 95% goal is the performance goal used in Metro Transit's service contracts that is 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.

Goal Four: By ~~2020~~ 2025, transit systems' on time performance will be 90% or greater statewide.

Reliability will be tracked at the service level, and as reliability increases, the attractiveness of public transit for persons needing transportation may increase.

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
- Greater Minnesota – Baseline to be developed in 2016

Five year goals to improve on time performance:

- Transit Link – maintain ~~current~~ performance of 95% ~~{97% within a half hour}~~
- Metro Mobility – maintain ~~current~~ performance of 95% ~~{96.3% within a half hour timeframe}~~
- Metro Transit – improve to a service level of 90% or greater
- Greater Minnesota – To be developed in 2016

COMMUNITY ENGAGEMENT - GOAL ONE

REASON FOR CHANGE

This is a technical change to clarify the targeted groups to track progress.

Goal One: By June 30, 2019, the number of individuals involved in their community in ways that are meaningful to them will increase to 1,992. ~~(This includes increases in the numbers of: self-advocates and individuals involved in publicly funded projects, and Certified Peer Support Specialists.)~~

Baseline: As of June 30, 2014, the number of individuals engaged in their community as self-advocates, in leadership roles (such as governor appointed councils) or in publicly funded projects is 1,242.

Self-Advocates

- **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.**

Baseline: There are 1,200 active self-advocates involved in the Self Advocates Minnesota (SAM) network statewide and participating in Tuesday's at the Capitol¹.

Annual Goals to increase the number of self-advocates:

- By June 30, 2016, the number of self-advocates will increase by 50 for a total of 1,250.
- By June 30, 2017, the number of self-advocates will increase by 75 for a total of 1,325.
- By June 30, 2018, the number of self-advocates will increase by 100 for a total of 1,425.
- By June 30, 2019, the number of self-advocates will increase by 150 for a total of 1,575.

Involvement in Publicly Funded Projects

- **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.**

Baseline: There were 42 individuals with disabilities involved in planning 6 publicly funded projects (such as stadium plans, sidewalk improvements, public infrastructure, etc.).

Annual Goals to increase the number of people involved in publicly funded planning projects:

- By June 30, 2016, the number people with disabilities involved in a publicly funded project will increase by 50 for a total of 92.
- By June 30, 2017, the number people with disabilities involved in a publicly funded project will increase by 75 for a total of 167.
- By June 30, 2018, the number people with disabilities involved in a publicly funded project will increase by 100 for a total of 267.

¹ Self- Advocates Minnesota is a statewide network of regional self-advocacy groups coordinated through Advocating Change Together. Tuesday's at the Capitol is coordinated by the Minnesota Consortium for Citizens with Disabilities and brings together self-advocates, families, providers, law makers and agency staff for policy discussions every Tuesday during the legislative session.

- By June 30, 2019, the number people with disabilities involved in a publicly funded project will increase by 150 for a total of 417.