

# **2018-19 Olmstead Plan Amendment Process Public Comments**

March 31, 2019

This document includes the public comments received during two rounds of public comment. It also includes a summary of the comments received, broad themes of the comments and agency response to the themes.

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# **Public Comments Received for Amend and Extend the Olmstead Plan 2018- 2019**

## **Round One**

**(December 20, 2018 – January 31, 2019)**

## Summary of Public Input as of January 31, 2019

Comments are from listening sessions in Redwood Falls (1/7), Mankato (1/9), Hibbing (1/22), St. Paul (1/24), Online Survey, video conference call, and emails as of 1/31/19. As this is an “ongoing” document, comments are categorized by date that comments are being distributed to agencies.

- Attendance: Redwood Falls – 87; Mankato – 31; Hibbing -1; St. Paul - 5
- Video Conference Call on 1/14/19 – 1 person participated
- 2 Online Surveys were received as of 1/12/19
- 6 Online Surveys were received as of 1/16/19
- 1 email received 1/9/19; 3 emails received 1/16/19 – 1/23/19; 4 emails received 1/24/19 – 1/29/19
- 1 comment received by phone 1/15/19
- 2 Online Surveys received 1/16/19 – 1/23/19; 3 Online Surveys received 1/24/19 – 1/31/19
- 2 comments from Subcabinet Meetings (11/18); 2 written comments to OIO Executive Director
- 4 emails received 1/31/19

Comments were received by individuals in attendance at listening sessions, email, meetings, and Online Survey submissions. A flip chart was used to gather comments and they are summarized below under the corresponding topic areas. ASL (American Sign Language) and CART (Communication Access Realtime Translation) was also used to ensure accurate comments were captured, as needed. Online surveys, emails, and meeting comments are verbatim and any identifying information has been redacted.

### **13 Topic Areas**

1. Person-Centered Planning
2. Transition Services
3. Housing and Services
4. Employment
5. Lifelong Learning and Education
6. Timeliness of Wavier Funding
7. Transportation
8. Healthcare and Healthy Living
9. Positive Supports
10. Crisis Supports
11. Community Engagement
12. Preventing Abuse and Neglect
13. Assistive Technology

### **Emerging Topics**

1. Other
2. Public Safety
3. Guardians / Direct Care Staff

**\*All comments were made by people with disabilities unless noted.**

**Person-Centered Planning 1/14/19**

- Used person-centered planning - no questions
- Obstacles and boundaries on decision-making; lot of red tape...hard to do!
- Not person-centered because people can't do what they want – Parent\*
- Lived in a group home – if staff didn't show up, things are cancelled
- Limited independence – not allowed to walk around the block by myself
- Sometimes people also “over help”
- When I was in a group home for 4 years, I couldn't go outside
- Was told “they know how to run my life” – staff dictating a lot in group homes
- In a group home and want to be on my own

**Person-Centered Planning 1/16/19**

- I think there needs to be a focus first on helping people with disabilities understand what person centered planning and service delivering looks like and how it is different than how they may have planned for/received service in the past. When people have systematically experiences limited choice and control, it is hard for them to know what other options they may have. One area where people often lack choice and control is in deciding who their staff will be and being able to keep staff that they feel are doing a good job. There should be specific strategies to address this, as well as measurable goals. Online survey 77119813
- Person-centered and strength based choices are a BIG part of what the Olmstead plan is all about. – Parent\*

**Person-Centered Planning 1/31/19**

- Everyone says person-centered is the approach schools and social services should be taking when it comes to decision-making for our disabled child. While it is good in theory, that's NOT how the schools and social services approach things. When we were on the community based waiver our child's wants and needs were NEVER discussed it was all about staying in the budget. Now that we are on the dd waiver i have to say there is much more of a person-centered approach. The state and counties are doing it right when it comes to the DD. Schools and person-centered approach, that's laughable. Even though it is called an individualized educational plan - it isn't. Online Survey 77616420 – Family Member\*

**Transition Services 1/14/19**

- It is not easy without daily staff; no daily socialization
- Would like training / support to help people transition from group to individual housing; like to see resolution for isolation
- Difficult for people to move to other areas and no outside support or guidance; keep job and current activities – Parent\*
- Poor transitioning leads to isolation – Parent\*
- Push for independence but better preparation so they don't become isolated – better education / prep! – Parent\*
- Focus on what happens when my parent/guardian passes away
- Housing is not affordable and too many rules with housing causes dangers for living alone – Staff\*
- Housing should have a social worker at apartment complex – Provider\*
- We need more clear goals and supports to educate and engage families
- Transition is scary for many – Parent\*
- How are parents being supported? - Parent\*
- How are parents being educated? What does that system look like? – Parent\*
- It is scary – living on your own is hard
- People need to know about their rights – I only knew of voting rights – education needed!
- Can be overwhelming on your own

**Housing and Services 1/14/19**

- Allow people to live on their own with staff work with Guardian
- He loves his job/girlfriends, but don't want him to depend on me; not enough resources for him to be on his own. – Attended Redwood Falls and Mankato Sessions – Mom\*
- How many Olmstead Houses for married couples?
- Housing options near home (Nicollet County) not available
- Difficult for people to move to other areas and no outside support or guidance; keep job and current activities – Parent\*
- Need more affordable housing
- Housing is challenging – goal is to live with fiancé – need to figure out how to do that
- Goal = get my own home....rental maybe
- Housing is not affordable
- Housing is not affordable and too many rules with housing causes dangers for living alone – Staff\*
- Son became homeowner but no good way for people with disabilities to become homeowner
- Tremendous amount of housing that is not affordable! – Provider\*
- Housing should have a social worker at apartment complex – Provider\*
- Why do people want to shut down group homes?
- He loves his job/girlfriends, but don't want him to depend on me; not enough resources for him to be on his own. – Attended Redwood Falls and Mankato Sessions – Mom\*

- Finding housing options close to home on the farm – Attended Redwood Falls and Mankato Sessions – Mom\*
- I am concerned about the increase and your ability to achieve the outcome. Can you describe your plan to reach the increase? By June 30, 2019, there will be an increase of 5,569 over the baseline to 11,564 (about a 92% increase) – Online Survey – Goals are on track
- Some of the people in RF are not nice to Father Christian Adike; they need to be nice to him, he is from a different state he came from. – Online Survey

### **Housing and Services 1/16/19**

- Individuals chose where they lived and with their friends. She likes doing things together, especially at night time, to play games together after supper. They like planning meals, choosing what they eat, going out with friends, getting out into the community. They like each other. Staff is supportive about medical appointments. They help with cleaning your room.
- The current lack of affordable/accessible housing makes it very difficult for those who want to live in more integrated settings to find housing. In order to meet goals in this area, there needs to be more affordable housing options and also more funding for staff to provide housing access services. Online survey 77119813
- Remove the application/landlord fee for applying for housing. More flexibility for homeowners who want to 'house' individuals and/or families. Online survey 77168308

### **Housing and Services 1/23/19**

- I would like to comment on what I believe to be the intent of the Olmstead Plan, what the Minnesota plan says, and what has happened in implementing the plan. I believe the intent was to get as many of the disabled as possible out of the old institutional residential settings and into situations where they can have more interaction with peers and with the community activities. The plan says that they wanted to increase the options for the disabled and increase the numbers living in their own apartment or home with services to provide assistance where needed. I full agree with both the intent and the plan. But what has happened, is a reduction in facilities such as group homes and an almost complete banning of any facility housing more than 4 or 5 people. This is resulting in a decrease in options for many, especially the more severely disabled who need 24 hour care or supervision. Adequate funding has not been available for most of the severely disabled. Facilities such as campuses, farmsteads or whatever you call them are virtually excluded from being licensed because they are deemed to be institutions. They are not institutions as long as it is that persons choice to live there and they can move to a different facility anytime they want. The same type of facilities are great for our elderly, why can they not be a choice for disabled. I would also maintain that the vast majority of the necessary service can be provided for much less cost than any individual or 4 person situation. Campus type living will provide much more interaction with peers as well as a better sense of community than other situations. Most people with autism prefer to be with peers, rather than the general public. Most group home residents, while living in the community, they are rarely a part of the community. In many

cases they are merely tolerated. We need congregate campus or farmstead setting in order to provide meaningful interaction for the severely disabled. Online Survey 77345491 – Family Member\*

### **Housing and Services 1/31/19**

- Housing service goal shows 5,569 with 92% increase. What's the strategy? – Advocate and Family Member\* (DHS responded)
- What's the plan for 2021 and beyond? – Advocate and Family Member\* (DHS responded)
- Sounds like shifting of funds and priorities but sound like there may not be room for NEW people without housing – Advocate and Family Member\*
- Yes, Housing and Transportation are issues – Parent\*
- Housing is a problem. Not enough funds to secure a place – screening is tough.
- If you have a UD, you can't really get into a place.

### **Employment 1/14/19**

- Not comfortable with Olmstead at my job
- Site where I'm working, things are changing at STEP site. People are worried that they may not have work. Moving to customized employment. More education.
- There are employers afraid to hire people with disabilities
- Employed at restaurant and there are employers who are stubborn and don't properly support person's disability
- Sheltered workshops should be shutdown to give more employment opportunities
- Training needed for employers
- There are employers afraid to having people with disabilities
- Training needed for employers
- Hard to get good staff!
- Strict rules with social security that keeps you from working

### **Employment 1/16/19**

- ~works for Target for 23 years with no job coach. Her employment is very supportive. ~ has worked for 26 years with a job coach. ~ employment was good, and she has chosen to retire. Online survey 77117397
- There is still a very large presence of DACs in Northern MN that only offer work in a segregated setting. Responsibility for hiring people with disabilities and knowledge of how to implement assistive technology and reasonable accommodations should be expected of employers. Online survey 77119813

### **Employment 1/23/19**

- Again, I would like to comment on what I believe was the intent of the Olmstead Plan on employment, what the Minnesota plan says and what has happened in implementing the plan. I believe the intent



was to increase the number of people with disabilities that were working for wages that were at least at minimum wage if they were capable of working. What the Minnesota plan says is that they want to increase those same numbers by a certain percentage. That everyone who wants to should have that opportunity. It states that it is not the intent to close any facilities or programs commonly called "sheltered workshops". I agree with both the intent and what the plan says. However, what has happened is the closing and reduction of the sheltered workshops and consequently eliminating any chance of employment for a large disabled population. What is wrong with Commensurate pay? If a non-disabled person can assemble 100 widgets in 1 hour and gets paid \$15.00 an hour, why can't a disabled person do the same 100 widgets for \$15.00 regardless of how long it takes him if that is all that he can do because of his cognitive or physical disability. I ask you to log on to a website that will better explain the pressing needs for those with more severe disabilities. It is [www.ncsautism.org](http://www.ncsautism.org). It is the site of the National Council on Severe Autism. Online survey 77345491 – Family Member\*

### **Employment 1/31/19**

- State of Minnesota not doing well about integrated employment, what is happening with this? – Advocate and family member\*

### **Lifelong Learning and Education 1/14/19**

- Site where I'm working, things are changing at STEP site. People are worried that they may not have work. Moving to customized employment. More education.
- Staff provides leisure education; we offer activities, transportation. Staffing is on-going. – Provider\*
- Transition is scary for many – Parent\*
- How are parents being supported? - Parent\*
- How are parents being educated? What does that system look like? – Parent\*

### **Lifelong Learning and Education 1/31/19**

- Is 1% increase for school inclusions – can't we do better? Goal 1 – Advocate and Family Member\*
- Goal to increase post, secondary education also. Low! – Advocate and Family Member\*
- How can a person who does not have education do all other things? – Advocate and Family Member\*
- Our child has NEVER been assessed for inclusion at any of her schools. She's automatically placed in a moderate to severely disabled class based on her diagnosis, NOT based on her skills, strengths or desires. She gets put in these special needs wings at a school where most often they do glorified babysitting. When we ask about inclusion at IEPs we are told, well, now that she's a little older there's not that much for her to be included in with her peers - there's no longer snack time and less and less recess time. When schools say this I know they don't know what is inclusion. If kids are segregated in schools and that's what they are taught how in the world do we expect them just to leave knowing how to live "lives of integration and inclusion"? Let's get real! Online Survey 77616420 - Family Member\*

**Transportation 1/14/19**

- Transportation from friend and Mom
- Not enough transportation and much worse than it to be – Parent\*
- Dental / care access not available – won't be taken in Mankato, have to go too far
- Staff provides leisure education; we offer activities, transportation.
- Stronger partnerships especially with MNDOT – How? We need consistent and realistic goals.
- What is Olmstead terms of transportation? (V.I.N.E. and True Transit mentioned) – Provider\*
- It is scary – living on your own
- What about those without transportation? How can they provide feedback? –Attended Redwood Falls and Mankato Sessions – Mom\*

**Transportation 1/16/19**

- Expanded bus times for evenings and weekends. We have staff that can take us to church, because there is not busing on Sundays. Some people enjoy riding the bus to work, so it is nice that we live on a bus route. Online survey 77118660
- It would be great if the OIO had some role in monitoring how our local paratransit systems are operating. I serve on an advisory council for our local paratransit provider and have not been able to make headway with implementing and of the recommendations for increasing ADA compliance that the advisory council has come up with. Online survey 77119813

**Transportation 1/31/19**

- I like #'s and benchmarks – 121 – state highway. I don't want the goal to restrict just state. I want more expansion. – Family Member\*
- There are large capacity issues with transportation in certain counties. – Family Member\*
- Affects quality of life. – Family Member\*
- Reliability – timeliness
- Geographic coverage or other options – Parent\*
- Yes, housing and transportation are issues. – Parent\*

**Healthcare and Healthy Living 1/14/19**

- Dental / care access not available – won't be taken in Mankato, have to go too far
- In a group home and apartment for 30 years and he was forced to wear size 9 shoes. Just 4 years ago – a worker investigated by taking him to a foot doctor and discovered one foot was size 5, the other 10! Root cause is low paid, untrained workers.
- NEVER had physical exams! We need doctors who care. Especially in small towns where care is limited.
- We have to have systems that care
- Here in town, people leave town to see dentist.

**Healthcare and Healthy Living 1/16/19**

- Some people can't afford health care. It is very important to have it. When you have to get medications, appointments, etc., it is very important to have Medicare. It is important to see specialist and doctors and that they are local. Important that someone can service oxygen. Online Survey 77118761
- More well visits within the home from nurses. Have people with disabilities go through a CNA class before they graduate from high school, therefore learning many basic things about health and how to take care of ourselves AND others. Online survey 77168308

**Healthcare and Healthy Living 1/31/19**

- I have teeth problems all the time. They will not extract unless I pay \$300 – no care.
- Dentist only can see a certain amount of people – it is hard to get in to be seen especially in emergency cases.
- More doctors should be willing to see low-income people; no access is challenging.

**Community Engagement 1/16/19**

- Two people volunteer at the nursing home; one does the signing at Jesus Cares. All go to church. They attend movies, dances, playing bingo, attending a class reunion, concerts at the park. Jesus Cares Camp, Day at the Capitol, fairs, ice cream, advocacy meetings, inviting public officials to the home. Online Survey 77118506
- Encouraging more people with disabilities to be able to get more support. People should be able to get out and do stuff like this if they are able to and have the support to do it. Online survey 77118506
- We have a person who works as a Community Connector in Duluth and I think this pilot program shows real promise and should continue. I think it should include outreach to the general public about creating inclusive communities. Online Survey 77119813

**Preventing Abuse and Neglect 1/14/19**

- How can we stop bullying?
- When I was in a group home – I was shoved around and beaten up. They need to shut more group homes down!

**Preventing Abuse and Neglect 1/16/19**

- There was some great work done by the Olmstead Specialty Committee on preventing abuse and neglect. More education is needed for people with disabilities on the different protections in place (such as MAARC, Adult Protection, Law Enforcement) on how they interact. Online survey 77119813

**Preventing Abuse and Neglect 1/31/19**

- Just make sure that the Courts know what Olmsted is all about....and have a good practical working knowledge of the history. Online survey 77478340

**Assistive Technology 1/14/19**

- Having a family member with disabilities and deaf and granddaughter with autism. - Parent
- Technology to support (Alexa – call for help) – Parent\*

**Assistive Technology 1/16/19**

- To enhance my quality of life through person centered practices; as a deaf person, I should be able to choose my services that best fit me. For example, choose my interpreter. I am able to choose my doctors but I have no say in choosing my interpreter.
- Also, I would like to see more use of potential technology that would allow me to engage in the community on demand interpreter via technology. We have this technology but no way to find way to bill the services. I am at a hockey practice and the coach needs information. This is quick and on the spot. I don't want to make an appointment and figure who pays for it. I want quick access to communications. On demand interpreter via technology should be part of assistive technology and quality of life.
- This person also asked if we can do a focus group with the Faribault and surrounding counties' deaf, hard of hearing and deaf blind individuals.

**Assistive Technology 1/31/2019**

- Our child has benefited greatly from having an accessible chair and a communication device. The problem is that there are very few trained speech and special education teachers who can teach our child how to better use her communication device. Our child is teaching those around her and uses it better. Schools need more support for assistive technology and higher standards and someone or a way to hold them accountable. Online Survey 77616420 – Family Member\*

## Emerging Topics

### Other 1/14/19

- Family supports with daily living
- New house & happy with new roommates
- Like crafts, Netflix, stay busy
- Another housemate
- Uses iPad
- 28 years in group home – she is a housekeeper – has friends/family and guardian – happy!
- Cleans table / Vikings
- 3 -4 years ago moved to Spicer – good staff, good transportation. Staff listens, do what he wants, learn new things
- Moved to Redwood in 2010; looking for a new job; used to work at Pizza Ranch, Tire shop, lower Sioux, involved in Special Olympics, lots of activities
- Getting married as a person with a disability means you lose benefits – Staff\*
- Gets to choose what to eat, not what to watch on TV
- People need a “go to” person or someone they trust; someone who can stand up and not be afraid
- Not comfortable with the Olmstead Plan at my job
- I feel I don’t need the Olmstead Plan in my life
- I live in a group home (Fairfax) and I interpret for 2 friends in the group home
- I like my staff, my job & going on vacation (Hawaii)
- Want their care to be the best – Parent\*
- Various services needed but haven’t been able to get them – Mom - Attended Redwood Falls and Mankato Sessions
- I am concerned about the increase and your ability to achieve the outcome. Can you describe your plan to reach the increase? By June 30, 2019, there will be an increase of 5,569 over the baseline to 11,564 (about a 92% increase) – Online Survey – Goals are on track
- My comments really touch many if not all of the topics in the plan. Families that are guardians to disabled adult family members have a serious issue with employers. Many of these adults, due to their disabilities, require care as a result of their low percentile of comparative skills and cognitive intellectual intelligence level when they become an adult. My daughter at 20 spent the first 12 years of her life fighting gravity and testing different tools to find a successful communication option. Now at 20, we will be working to hopefully achieve working skills within the next 5 to ten years. To get to the point, if Olmstead could drive some movement in FMLA or at the EEOC to prevent discrimination and support alternative work arrangements for Guardians to accommodate the needs of their family member without discrimination or limits to career choices, that would be amazing. I am an exempt employee who works in an organization where people come and go as they see fit and manage their jobs, however some small offices (like mine) see you as a problem, don’t allow work from home, don’t allow laptops or alternative work schedules. Guardians need to work so they have a retirement and a plan for their senior years. The Labor Laws and the EEOC need to work to mandate flexibility in this

situation. If there is no mandate just “encouragement” it will never happen and/or be given to some and not all. I will say that most of our senior managers are fortunate to enjoy this flexibility while the lower levels workers do not. Discrimination by lack of opportunity and same benefits for all is a very real scenario. Financial healthy and stable guardian creates opportunity for the disabled. Email – Parent\*

### Other 1/16/19

- Following plan for a few years. Education, housing and employment all liked and that’s good. One of the things Olmstead is not really strong on is **inclusion** – specifically at schools – Kids included together (KIT). – Parent\*
- Olmstead is about voice and choice. I want to be a happy helper. I have a 23 year old son in rural MN and we still don’t know what to do with that. – Parent\*
- Fear – families who have loved ones who have been caught I systems for a long time THEN introduced “choice” – they can’t, they can’t = FEAR – Parent\*
- Inclusion – what does it look like? Teacher training; boots on the ground. If I am to create a webinar – what do you want me to know? – Parent\*

### Other 1/23/19

- For full implementation of this plan, there needs to be adequate funding. There is a real issue with increasing responsibilities of providers while not adequately funding the additional responsibilities. This lack of resource directly ties to the ability of providers to attract and maintain a professional workforce to deliver this service to people with disabilities. The plan is sound, but the social will to adequately fund the plan seems lacking. Online survey 77178576 – Family Member\*
- How are you executing the Olmstead Plan? – Workforce Dev Board Member\*
- Unfortunately not a priority, out of sight...out of mind – Workforce Dev Board Member\*
- We need to hold local city government to focus on accessibility – Workforce Dev Board Member\*
- How is northeast doing as a whole? Be honest. – Workforce Dev Board Member\*

### Other 1/31/19

- Look at process to bring 95% (because what happens to 5%?) No three days to schedule, not spontaneous. – Family Member\*
- ADA law needs to be enforced (lots of places are grandfathered in) – Parent\*
- Restaurant – no place for wheelchair – Parent\*
- Gymnastics – no place to park – Parent\*
- Como Zoo – door don’t work – Parent\*
- With the workforce shortage, WHY are people with disabilities not brought in? Why are Minnesota’s numbers so low? – Advocate and Family Member\*
- Do people know about options? Public Education / Can they self-advocate? – Parent\*

- I am totally in support of the PLAN, however, in our county our county agency/agents still find ways to separate people from their best supports and put them under the authority of professionals for professional gain. I call it "trafficking". For instance, the county agency inserted a Professional Guardian when two co-guardians were not in agreement on something (and known to the agency was that one of those co-guardians had succumbed to drug addiction and associated delirium and the other co-guardian ( a friend of the family for 25 years and also a professional in the field of Disabilities) was in opposition while assuring safety) The agency with support of the county attorney, put forth a professional guardian, who then chose a county favored appointed attorney for herself and for the ward) Meanwhile, there was never any fault accused or found on the part of the "Safe" co-guardian and the ward continued to live with her. The "ill" co-guardian died a month later; having succumbed to her addiction. There was never any search for a non-professional guardian. From there, the professional guardian chose a professional Representative Payee. What was decisions made closest to the person, had now become far far from that.....with none of those professionals knowing the ward or ever coming to know her. And the ward would never be able to pick them out from a lineup. Within four months of the change in guardianship, the new guardian, with the county agency, did announce that the ward (S.P.) would be moving into a four-bed "female home" in a town 30 miles from her current residence. The reasons: 1. It was a "female home" 2. She would come to know those people as her family. 3. Someone just moved out of that facility and they had an opening 4. And a bunch of other nonsense. S.P. was born and raised in her town of Buffalo. All of her supports were there. She, with Down Syndrome and Infantile Autism, had developed and thrived in the home she was living in with her long-time friend/advocate. That advocate challenged and challenged, and brought the matter to court. Opposing that challenge was, again, the County attorney, the county favored appointed attorney for the ward, and the county favored appointed attorney for the professional guardian. In that process they all convinced the court that since SP now lived with the former co-guardian, that person could no longer be a guardian because she was a "residential provider". Such a deal. In the end, SP did not move, the new guardian abandoned her and here, a bit more than two years into this county created fiasco, we are able to return to some normalcy with a petition for a family member, So, what these guys did, legal or not, but certainly unethical, was rip SP from those who knew her best and attempted to rip her from her safe and secure and trusted home, and "trafficked" her to their personally chosen professional guardian (who built her business based upon referrals from the agency - owed her livelihood to the agency referrals -, then armed her with the "go-to" attorneys used by our district court, to defend their actions, who also walk in lock-step with the agency because that's who they get their referrals from.....P.S. the professional guardians, I found, also get their referrals from these court appointed attorney's.....and from there the professional guardian moves the funding to the Professional Rep Payee. THEN, because the Professional Rep Payee and the Professional Guardian, do not know S.P. well enough to complete her re-application forms OR to complete her MnChoices Assessment, they defer back to the previous "Safe" co-guardian, who can provide that information off the top of her head. And who benefits? Those professionals who need not be there. And who loses? S.P. who lives day to day under these unnecessary people who, at any whim, can move to upset her routine, her home.....and attempt to pull her into a position where she is used to fill a slot. Online Survey 77439578 – Family Member\*

- I previously wrote about what I call the ability of county agents/agencies to continue to "Traffic" those who have disabilities; putting those people under the authority of hand-picked professional guardians with the help of hand-picked court appointed attorneys, and then directly into the hands of hand-picked Rep Payees. The incestuous situation still happens, and now it occurs to me that a key player in allowing this to happen are the Courts who, in large, do not understand the working and practical concept of Olmsted. Instead, the Courts tend to grand deference to the same agencies that created the issues that Olmsted stands to expose and to correct. In fact, there is statutory verbiage for the Courts.....and for Human Services Appeals Referees.....to grant deference to the agency. Somewhere this piece of the puzzle there needs to be impact where the Courts are better informed of how this is supposed to work. Thank you – Online Survey 77478340 Family Member\*

### **Public Safety 1/14/19**

- Boyfriend has disability and was pulled over by cops; cops said they wanted to know more about his disability.
- Department of Corrections need to be a part of the plan (arrested again and again) - inclusion

### **Guardians / Direct Care Staff 1/14/19**

- Are guardians and staff trained? Guardians are telling people no and not enough staff
- 15 calls / week telling them “no” to going places; especially worse during holidays
- Allow people to live on their own with staff work with Guardian
- November – moved on my own – has a guardian and staff (2x’s a week); spent 15 years in group homes
- Are guardians and staff trained? Guardians are telling people no and not enough staff
- Staff shortage – crisis! – Parent\*
- When parent is not guardian – what does it look like? – Parent\*
- If you are more “able,” staff thinks they just “babysit” you! I don’t need a babysitter
- Hard to get good staff!
- The staffing is what makes it possible!
- When I was in a group home – I was shoved around and beaten up. They need to shut more group homes down!
- Staff provides leisure education; we offer activities, transportation. Staffing is on-going. – Provider\*
- Don’t look out for best interest – just a paycheck
- Some are capable of guardianship, others are not. How do you get guardianship back? Why do courts think we had guardianship if you don’t have resources?
- Able to make financial choices and where I live
- Guardians can be overbearing
- In a group home and apartment for 30 years and he was forced to wear size 9 shoes. Just 4 years ago – a worker investigated by taking him to a foot doctor and discovered one foot was size 5, the other 10! Root cause is low paid, untrained workers.
- NEVER had physical exams! We need doctors who care. Especially in small towns where care is limited.



- We have to have systems that care

### **Emails received 1/16/19 -1/23/19**

#### **Email #1 received 1/22/19**

##### **Community Member**

As I prepare comments to submit to the Olmstead Committee, I frankly struggle with the social expectation that I begin this with appreciation for the opportunity to do so when, instead, every fiber of my being cries "shame on you".

Shame on you for once again collecting comments from parents and guardians and people with disabilities, whose battle cry and pleas year after year continue to be that personal goals cannot be met without implementing reasonable salaries for the staff needed to support them. This feels like a colossal waste of my time and it is insulting that the elephant in the room - that the direct care workers of the state of Minnesota are an undervalued resource that serves a thus devalued population - is not up front and center in this situation.

Your own February 2017 report states 'During the three public comment periods...Almost half of the 180 recommendations focused on direct service workforce issues either in general or as they related to person-centered planning, transition services, housing, and employment. These comments raised concern that without improvements to these workforce issues, improvement in the topic areas was unlikely.'

These (bullet-pointed) December 2018 public comments clearly demonstrate that, for families, the crisis continues and the work force shortage is hobbling any semblance of meaningful Olmstead success on a day to day basis for their loved ones:

- My daughter waited over 2 years to get into a program that met her needs.
- Providers and families inability to hire and retain competent direct support staff for people with disabilities is at a critical point. My son has a Person Centered Plan that is not being met because there are not people to fully staff his residence in a ratio that is reasonable - the turnover is horrendous and those employees there work short-staffed as often as not. The hiring crisis needs to be addressed for any of this to be meaningful.

Although our son has community engagement items as part of his Person Centered Plan, he is not able to realize them and has not for many weeks, due to the inability of the provider at his corporate foster care setting to meet staffing demands. The PCP is worthless without competent and available staff to support it.

- Person-centered plans can only be effective if there are staff available to implement the plan. - Workforce shortage has had a negative impact on getting into an Independent Housing Option. People with disabilities want to be able to live where they want and with whom they want.

The direct care staff problem is directly impacting housing options for people with disabilities: providers are not able to take more clients because of the staff shortages.

- Many individuals need significant support in order to truly be engaged in and with their community. With the current workforce crisis, the opportunity to support people to develop meaningful roles and relationships is significantly reduced. While I only mention it here, many of the goals within the plan will not be able to be met without addressing the workforce issues we currently face, expected to only get worse.
- How can the Olmstead Committee implement these goals when the state has not clarified the IHO process promised long ago and assigned agency lead for an individual to live where they want to live, in the most integrated setting with supports and services needed? We cannot keep telling parents that they can go out and create individualized options when there is confusion on the steps, misinformation from counties as well as total refusal by the counties to consider the option.

I am also concerned to hear that "counties and providers are on hold" waiting for state direction on IHO implying that licensed settings are somehow superior and even "required" for certain individuals with higher level of care needs.

Providers have even "dropped out" from wanting to provide IHO services leaving those who need higher level of care and/or those who need providers trained in core Autism concepts.

- People with disabilities want to live in their own apartment, but there is a lack of staff available to support arrangement like these.

A summary table of comments has, as its first Theme of Comment and Response, the following:

Due to the workforce shortage there is not enough staff to execute person-centered plans. This includes how people engage in community life and where they live and work.

Agency response: Under the Person-Centered Planning topic area there is an approved strategy directing DEED and DHS to address this issue (page 40 of the Olmstead Plan). Additionally, the agencies developed workplans PC 4B.1 and 4B.2 associated with this strategy. A report on progress is scheduled for the March Subcabinet meeting.

SO MY QUESTION TO YOU IS THIS: For how many successive years will you open public comments, collect them, and ignore the core issues that prohibit our loved ones with disabilities the opportunity to live where they want to live, with whom they'd prefer, or to work or participate in their communities in a way that brings meaning to them? Until and unless the powers that be within the Olmstead process find a way to impress upon the state of Minnesota that their disabled citizens are suffering under critical workforce shortages created by a lack of livable wages or vitality of employment, the much-heralded person centered plans are meaningless.

Allow me to share our reality:

Our young adult son is in a licensed group home setting, one he was lucky to have found considering the dearth of their existence secondary to the unconscionable moratorium on increasing licensed beds. While MN seems to believe that placing a moratorium on opening or expanding the number of licensed sites and beds for disabled individuals who need them is a reasonable approach to managing monies, families are left to create housing for their loved one IF and ONLY IF they are able to obtain providers who can adequately and safely staff them. Good luck with that. To put this in another light - can you imagine the backlash if citizens

trying to find care for their elderly parents were told by the state "there isn't any place for Grandma but if you can find a place for her to live (but there aren't any beds available!), and maybe some roommates, and find a provider to support her there even though many are decreasing their services, let us know and we'll see if we can help you out". I don't think it would go over well, nor should it.

Our son lives in the county adjacent to that of his family and his day program, and we as his family now shoulder the burden to provide transportation between his group home and his day program so that he can continue to participate in what has been a successful and meaningful part of his livelihood. As well, that DTH/day program is experiencing financial strains because of the 7% decrease in funding via last year's legislative session, and losing good and qualified staff because of it. Thanks for that, Minnesota.

Why, then, would we have chosen that he live in an adjacent county? Because after YEARS of looking at the rare housing opportunities and knowing in all likelihood we will predecease him and need to have something in place while we're around to support it, we committed to a setting in the next county because it was the ONLY real option we had at the time or had come across in years of consideration. And here's the kicker: he could likely have remained in his primary home for several more years but it is a necessary 'insurance policy' to place him at this time, knowing full well that we as a family would have NO REASONABLE OR AVAILABLE OPTIONS to make this change at a time when WE would ideally choose to do so. This is a dehumanizing reality at its best and soul-suckingly abhorrent that families face this.

His group home provider is one of good reputation and still, their turnover rate seems unreasonable for anyone who wishes their loved one to enjoy the security and competency found with long-term employees; he saw four house managers over the course of a single calendar year. Could your business sustain that? I don't think so.

So like so many of his peers with disabilities, he is not living where he'd choose to live, or with whom he'd like to live, or getting all the services he needs to fulfill his goals and wishes, nor is he able to enjoy the community unless he has available and responsible staff with which to do so.

Let me help you count that up: Fail, fail, fail, fail.

Summary:

In a nutshell, our son does not live where he wants to live: our county has too limited licensed openings. Providers cannot staff the openings they have and are not entering agreements to staff IHOs because of the hiring crisis. The state will not provide more licensed setting and will not support arrangements that "look like group homes" because of the horrendous moratorium. The staffing crisis has many companies doing "heartbeat hires", i.e. if you have a heartbeat, you're hired!! Not good. Could he live in his family home? Yes - if we had a crystal ball's clarity as to our own demise and deaths or a functional system of support that allowed for reasonable options to be presented should a crisis arise that deemed it necessary that he live elsewhere in an urgent situation...which there is not by a long shot. Again, this is soul-sucking.

My long term plan for the safety and welfare of my son cannot be that he dies one day before I do because the state will not provide adequate or reasonable safety nets or provisions otherwise.

You need to do better.

I long for the day I can stop telling these stories because progress is made in a way that provides meaningful change for the day to day lives of my son and others like him. That day has not yet arrived.

None of this matters unless and until there is MORE. MONEY. FOR. DIRECT. CARE. WORKERS. AND. THE. PROGRAMS. THAT. SUPPORT. OUR. DISABLED. CITIZENS.

EXPANDED OPPORTUNITIES FOR LICENSED HOME SETTINGS OR FOR LICENSED PROVIDERS TO SUPPORT PEOPLE IN THEIR OWN SETTINGS.

And for what it's worth, thanks for this opportunity.

#### **Email #2 received 1/22/19**

##### **Didn't identify**

The. Olmsted act is vital to the lives of many people.. To be part of society to participate fully in the promise of. America. Freedom. Is made more possible by the. Olmsted. Act. A disability does not and must not mean second class citizen. . The. Olmsted. Act A leap forward for. America.

#### **Email #3 received 1/23/19**

##### **Didn't identify**

Commenting on raising the wage paid to provider care organizations/home health care:

The most important thing is allowing people to continue their independent lifestyles: working, going to school, living everyday life on their own terms...this small increase in wage is nothing compared to the cost of nursing facilities and the price paid for those that would have to move there.

#### **Emails received 1/24/19 – 1/29/19**

#### **Email #1 received 1/26/19**

##### **Provider**

Please consider these comments:

- Page 43: This goal doesn't make sense since nearly everyone at AMRTC is there due to a Rule 20 competency issue.
- Page 48: Due to bad rental histories it is very difficult for some people with serious mental illnesses to obtain a lease. What the Olmsted Plan views as segregated could actually be the safest and most stable place for someone to work on their recovery. Knowing that one of the biggest issues facing people with

mental illnesses is being homeless or in jail, it's surprising that the plan doesn't measure either of those statistics.

- Page 58: Students with mental illnesses have the highest drop-out rates and receive instruction in residential treatment facilities or are home bound. None of these are measured. The most important program to help students with mental illnesses is the school-linked mental health grant program but it isn't listed as a strategy.
- Page 80. We do disagree with this goal. It should be the number of students where restrictive procedures are used inappropriately – for many students in the EBD category use of restrictive procedures can literally save their life.
- Page 86: The crisis services goal, especially related to children, does not measure the most important thing – the number of children using crisis services. The number of children going to the ER has more than doubled. Are we actually addressing this crisis?
- We continue to have concerns that the Olmsted Plan does not address the needs of the mental health community.

## Email #2 received 1/29/19

### Parent

To Whom It May Concern,

I grew up on the Eastside of St. Paul and am proud to serve Minnesotans as an immigration attorney at legal aid.

Although I love my job and know how important my work is in helping some of the most vulnerable Minnesotans, I don't know how much longer I can continue to work.

In September, I gave birth to twin girls. They were born two months early and have had a series of illnesses that are out of my control.

One of my daughters has had brain surgeries and meningitis. Although she is home, doctors have warned my husband and I that she could develop cerebral palsy as a result of the trauma to her head.

My other daughter has a tracheostomy and relies on a ventilator, among other devices to keep her alive. She will eventually need a bone marrow transplant - something I can't even wrap my mind around yet because for now, I am just trying to help her survive at the hospital.

Almost five months later and she has yet to leave the hospital. When she does come home, she will be on a home ventilator and require 24-hour nursing care. I don't even know how this will be possible because my husband and I both work demanding jobs. There is a nursing shortage. And, as we know it, life happens and home nurses get sick and can't get to work.

These days, I am awake all night, wondering how I will also pay for the nearly \$200,000 in loans from law school. My husband, who attended medical and law school at the University of Minnesota - Twin Cities - has his own set of hefty loans to pay. For myself, I had hoped to continue working for the next five to six years so I

could have the remainder of my federally consolidated loans forgiven under the Public Service Loan Forgiveness program. But then again, life happened and I may never be able to return to work given how medically fragile my child are. I walk a very scary, lonely and uncertain path.

I know that I am not the only hardworking Minnesotan who is struggling between where I need to be and what I need to do for work and family.

What I would like to see: My ultimate wish is for some bill or program that will forgive my federal, consolidated school loans now due to the time I need to take care of my medically fragile children. If this happens, I would be able to do what is needed for my family. Further, I would save tax payers money because instead of sending my children to live at nursing facilities, I can take care of my own children.

Thank you for considering this request.

### **Email #3 received 1/29/19**

#### **Provider**

Hi I am wanting to provide some comment on this as I have had numerous experience in seeing this play out. I use to Supervise a group home from 2006-2010 and now I work for \*\*\*\* where first I was the Housing Access Services Coordinator since 2015 and I assisted with Transitioning people out of licensed care facilities etc. and now for the last 17 months I have been the HRA Public Housing Services Coordinator through a grant that Arc Northland received and I keep seeing these concerns and am deeply troubled by the things I witness, for example most recently this tenant moved into Tri Towers from RSI on January 8<sup>th</sup> roughly and by the 20<sup>th</sup> she was at risk of eviction and has been in the hospital once-she has no services in place and she came to my office to ask me how to pay rent and asked me to get her a money order-( I feel the ball is dropped on the transitioning piece and that people transitioning out of foster care etc. should have to have services in place high at first then dwindle down the services and somehow they should know how they are going to pay their rent and have a plan in place or someone to walk them through these steps the first few times I know we have things like ILS and ARMHS and case management but I feel like I keep seeing this same scenario over and over where they move into an apartment of their choosing and then stop receiving services and won't answer their door or phone and they let the wrong kind of people into their apartments or the wrong people somehow seek them out and befriend them and they are so vulnerable that they make bad choices. This tenant in particular is smoking in her unit and I saw her one day and the next day she came into my office and said she had been held hostage in her apartment the last three days by three males which I knew to be false since I had just seen her but I believed her story and tried to assist her but she does not want to receive services or anything she does go to the Methadone clinic and get dosage which honestly I am naïve to understanding all that but if she misses her dosage or gets the wrong amount she comes back to her apartment and has extreme hallucinations, I have obviously worked with Adult Protection and the police and recommended other services and assistance to her but to no avail and she still has not even had her furniture delivered because the

workers how moved her into here have been unable to reach her I have about 10 more stories all very scary and could go on and on and I am just so very concerned as I believe we are just setting this people up to fail if we do not teach them the skills to live independently and I honestly think the Person Centeredness has gone to far-another tenant in my building who is 83 and lives alone I keep finding people in his bed a black man and a native woman and again have been calling adult protection and his care coordinator and she even came here on Monday and went to his apartment and a black young male was sleeping in his bed but the 83 year old told her it is fine but when I went up to his apartment to check the native women was going in and I asked the 83 year old tenant if he knew them and he said no but he is lonely ugh-finally after months of working to get him to safer housing he is moving to assisted living but only because HRA had to evicted him due to smoking in his apartment and he had his stove on every burner and all his windows open-his apartment door was hot to touch and close to causing a fire and with the window open he could have done several thousand dollars of damage with pipes freezing, he now has his stove unhooked and he does not have a microwave or anyway to cook but is moving Thursday but again I have much more stories like this but the case managers say well he is choosing it and he says he wants to stay here but honestly they don't know better or are in no way capable of making good decisions and without good coaching and skills and workers not taking the time to see all this and help to show them that maybe something else could be better I am all for the Person Centeredness and inclusiveness but with good skills and assistance etc. not just saying oh that is what they want sometimes they do not know better -again I have many many more stories like this and just want to see good transitioning taking place -not just moving them into their own apartment and dropping the ball I want to see these people succeed and remain housed

Thanks so much for listening : )

#### **Email #4 received 1/29/19**

##### **Person with disability**

Hello, I am a person with a disability in MN and found this MN Olmstead plan thoughts survey, and wanted to make a suggestion.

My current issue is with employment. I have had my Connect700 certification for two years and have met various issues with applying/interviewing/working with it. I have straight out been asked what my disability is during interviews (not what accommodations I need - what my disability is). I was hired on at one job and lasted 4 days as it was very clear staff did not want me working there. EVERYONE knew I was an EEO hire, and I heard staff laughing trying to guess what my disability was. At another job, I was required to produce 5 references for an entry level office position (told before my interview, not part of the posting), when the agency has a posting for a Dean of Student Services and that position is only required to produce 3. Most recently, I interviewed and was given the solid impression that they already had a Connect700 applicant, and that ended badly. There's some other stuff, but I don't know if this is the correct forum to vent.

The program is an amazing idea, but if it's truly to help people with disabilities find (and KEEP) employment, and not a program to make MN look like they're EEO compliant, then I think the program needs adjustments,

particularly listening to the people using it. I've never once had anyone contact me, or had any form of follow up. I'm aware of at least 4 people who didn't complete their 700hours. If the program is to help the people, shouldn't the people have some voice?

I have a number of questions about the program, particularly how the applicant with the disability is protected from discrimination, but I cannot get ahold of anyone. There are no contact numbers online that I've found. I called DEED yesterday, and was sent to a different number. I called that number and the person literally had NO idea what Connect700 was (Career Force Center).

My suggestion then, is to have someone in the state (DEED or some EEO employee) be in contact with the applicants. There needs to be better data/research being collected from it, to follow up on complacency, not just percentages employed. It's my experience that these employers do not want to work with Connect700 applicants. I'd be interested to hear what the others say.

**Per request of public members, these comments were shared in Subcabinet Meetings and meetings with OIO Executive Director**

**Public Member #1**

Meeting with OIO Executive Director December 2018 (same entry from same constituent rcvd 1/31/19)

Topic: People with disabilities are underserved by the Olmstead Subcabinet because we have a Corrections Commissioner and not a Commissioners of Minnesota Public Safety, and the Judiciary.

Each of these two State Department and Corrections have data that can be used by the Minnesota Olmstead Plan to set baselines for measurable goals as this Subcommittee Amends these two vital state department that are “upstream” of the Department of Corrections.

We have heard tragic firsthand accounts of how Law Enforcement has hurt, or killed, people with disabilities because we were in crisis, our case management failed. Public Safety has a few LE entities getting training in Trauma Informed Policing. It's Bottom up though. The Department of Public Safety Needs to be Amended into the Olmstead Subcabinet for people with disabilities. It's a life and dead safety request.

Topic: The Minnesota Judicial Department is also encountering people with Disabilities and is adapting their courts into mental health, veteran, homeless and treatment courts.

The Judicial have stats for children and adults with Disabilities to use for baselines and Goals.

When the many People with disabilities fall through the cracks they are being hurt, killed, mechanically restrained and secluded.

Subcabinet members please Amend the Public Safety and Judicial Departments onto the Olmstead Subcabinet for us with Disabilities.



**Public Member #2**

## November 2018 Subcabinet Meeting Minutes

- \*\*\* described how his son was in need of mental health crisis services on \*\*\*. Both Hennepin and Carver counties indicated he did not meet criteria. It was suggested to call 911 for any further assistance. On \*\*\*\* arrived at the residence of his son. In the home alone, his son was tased and pepper sprayed. Upon his son's exit from the house, he was shot 10 times, handcuffed and died.
- \*\*\* continues to work with MDH, DHS, Minnetonka High School, and Chanhassen Mayor and City Council; however the crisis units will not even respond to DHS inquiries.
- The following suggestions were made for more oversight and accountability
  - Expand Crisis Service Goal 5 to include measureable goals and outcomes for law enforcement and 911 to increase access to care during a crisis;
  - Mental health training for law enforcement to better avoid discrimination against those suffering from mental illness or a crisis;
  - Mandated de-escalation training for law enforcement;
  - Oversight and accountability for law enforcement and 911; and
  - Additional resource funding for crisis units.

**Public Member #3**

## November 2018 Subcabinet Meeting Minutes

- \*\*\*read a letter he received from a parent of an autistic child: Carver County Social Services and Crisis Services were "completely missing in action". 911 at times was the only service available to them. He experienced trauma and victimization at the hands of law enforcement. After eight months he drafted a letter to the Chief of Police hoping for an opportunity to be an advocate. A meeting with law enforcement, or acknowledgement of the letter, never happened.
- Failures of public policy that are occurring with Crisis Teams need to be addressed

**Public Member #4**

## Written comments from meeting with OIO Executive Director – December 21, 2018

- Enforcement
  - Add Com. Public Safety
  - Gather data re: victims and demo/crimes offenders
    - Re-victimize; family/survive
  - How many people with disabilities involved (victims/offenders)
  - Jails/county jails/prisons becoming the facility to house disabilities; data: how many are there?
- Evaluation: screen; snapshot
  - Services, case managers; did they have a CM? Services: if they have one now
  - How long there; release time
  - Crisis
- Judicial

- Education  
Schools  
Juvenile detention

- Corrections  
Where are the goals?

Described as a spectrum or “river” (\*\*description) :

(“up stream”) Public Safety \_\_\_\_\_ Courts \_\_\_\_\_ Corrections (“down stream”)

- Judges with DHS  
Picking up DHS’ jobs; services
- Mental Health: needs a stronger voice in the plan

Or perhaps Judicial person part of O.P/Subcabinet/ or...

- Public Safety  
People with Disabilities are harmed /killed

LRE (Least Restrictive Environment) – county Jail

What is being done with PWD when released?

No housing, no supports...

- \* Positive Supports Abuse and Neglect

**Emails received 1/31/19**

Email #1

Overall, we support the amendments to the measurable goals.

The following are the concerns we would like to see addressed in the next draft

1. Please identify cost and funding plan for each goal in the Olmstead updated Plan.
2. Please identify in the updated Olmstead plan and amendments the actual outcomes for each year’s goals in 2015, 2016, 2017, and 2018.
3. Housing and Services Goals:

a. Please identify by type of housing needed to meet these goals, the number of additional affordable housing units needed and the cost and funding plan for it. Where the housing would be sited and any siting issues including, licensing, conditional use, community resistance that will need to be addressed.

b. It is critical as State DHS legislative ask/legislation there is a coordination Homes for All Coalition Ask to meet these objectives. The success of the Olmstead Plan is both a preventative measure and critical component in decreasing and serving people with disabilities experiencing long term homelessness.

c. You identify GRH, MSA, Section 811 and Bridges as primary housing options. How will the potential change in GRH program impact these goals? Will utilizing a tenant based subsidy provide for more integrated opportunities? We encourage you to also consider shared housing, tiny homes, and other innovative cooperative/community based housing options.

d. Will the plan support amending the GRH legislation to adjust the rent levels to be adjusted at least to the FMRs (Fair Market Rent levels determined by HUD each year) and increase the personal needs allowance to a livable income?

4. Education goal: The IEP typically has a strong Independent Living Skills Section including understanding rights and responsibilities of being a tenant. I recommend a goal tracking number of evictions from housing and reasons for the eviction to assist in adjusting this training and providing assistance to help people stay in housing- mediation, crisis funding, other assistance.
5. Transportation Goals: We encourage an additional goal to provide for free public transportation and develop a plan to fund that goal. The personal needs allowance does not provide enough income to help people pay for transportation.
6. Crisis Services Goals: We recommend that shelter, transitional housing and other homeless specific housing programs are not counted as a successful housing placement when a person with a disability has a crisis- “percent of people that were housed, not housed, or in a treatment facility, five months after their discharge date” page 88 of the plan. (Counting being housed successfully in homeless programs is an inappropriate use of the homeless housing continuum).
7. Community engagement goals. We are NOT supportive of these goals, the goals just count the number of people involved vs. how their input is utilized to change the plan. We would like to see a detailed plan designed by people with disabilities on ways to involve people with disabilities in successful community engagement .As we indicated in previous comments, we believe the Governor should appoint people with disabilities as experts to join the sub cabinet and be a part of the decision making team.
8. Preventing Abuse and Neglect: We strongly support these changes to expand how you are gathering data.
9. Preventing Abuse and Neglect Goal 4: We recommend in addition to having specific goals on determinations of abuse that you keep a running total of allegations of abuse too. This may help inform educational goals in ILS to assist people with disabilities and mandated reporters to understand the legal definitions of abuse and neglect.
10. Employment: We think the goals are too low. Tasks Unlimited should be appointed to provide expert input and assist in developing goals with the sub cabinet. People with disabilities may be trained as PCAs as well as certified peer support specialists and could be funded through Medicaid to provide many of the supportive services in supportive housing programs, thus reducing the use of homeless dollars being used to provide supportive services to people who have been permanently housed (many for 5-15 years!). Peer to peer mentoring is more effective than traditional Social Work models and is very cost effective
11. In your next draft please identify the potential impact of repeal/changes to the Affordable Health Care Act (Obamacare) and impact on Medicaid for singles with undiagnosed and diagnosed disabilities as well as singles and families with disabilities who may lose their coverage. Numbers impacted, cost for the State to maintain similar coverage and funding plan.
12. We encourage new goals that will provide people with disabilities a livable income by increasing current public assistance programs and/or providing tax credits similar to the EITC to support people with disabilities to live independently and in integrated settings in our community.

Thank you for the opportunity to comment on your draft amendments to the Olmstead Plan Measurable Goals.

To Olmstead Implementation Office:

The \*\*\*\*\* appreciates the opportunity to submit comments to the March 2018 Plan and the 2019 drafted amendments.

For the March 2018 Plan, \*\*\*\*\* proposes that the Positive Supports Goals Four and Five be amended to include the current progress towards the Goals. Both goals currently have an "annual baseline." However, neither indicate progress towards the goals. \*\*\*\*\* believes that it is important for people reviewing the Olmstead Plan have an easy way to see the results of Olmstead-related efforts. Accordingly, \*\*\*\*\* proposes that Goal Four include the most current measurement of the number of students who experienced at least one emergency use of a restrictive procedure, the most current number of students receiving special education services, and the resulting percentage of special education students who experienced at least one emergency use of a restrictive procedure.

Similarly, for Goal Five, \*\*\*\*\* proposes that Goal Four include the most current measurement of the number of incidents of emergency uses of a restrictive procedure, the most current number of students receiving special education services who experienced at least one emergency use of a restrictive procedure, and the per student calculation of incidents of restrictive procedure use.

For the drafted amendments for state agencies in 2019, \*\*\*\*\* agrees with the drafted amendments in the Positive Supports Goals Four/Five section. \*\*\*\*\* believes that additional strategies are needed to support ongoing efforts. Specifically, \*\*\*\*\* proposes the following additional strategies:

1. DHS and MDE will report to MDE's Restrictive Procedure Work Group on the findings, resources, current work, next steps and other relevant information from DHS's "Statewide Plan for Building Effective Systems for Implementing Positive Practices and Supports" (this document is referenced in the March 2018 Plan).
2. DHS will report to MDE's Restrictive Procedure Work Group on its efforts to reduce manual restraint and seclusion in non-school settings and on relevant data and strategies that show and support reduction efforts.
3. MDE will identify the top 25 students who have experienced the most uses of restrictive procedures and the district(s) where those students attend. After identifying these students and districts, MDE will work with the district, and appropriate staff at DHS and/or any appropriate county or community based agencies, to coordinate resources and develop a strategy for reducing restrictive procedures use.
4. MDE and DHS will each identify staff that will be part of an interdisciplinary team that can support school districts in reducing restrictive procedures use. MDE and DHS will make this team or subgroups of this team available to school districts that have the highest per capita use of restrictive procedures or who have a student who is in the top 25 of restrictive procedures use. This team will consult on, identify needs and gaps, review information about, develop strategies, find and coordinate resources, and take other steps as deemed necessary to support the reduction of restrictive procedures use.

Thank you again for the opportunity to provide comments. Please contact me with any questions.

Email #3 (6 comments)

Person with disability / Advocate

Comment #1

re public comments

This is for all SubCabinet members

It is general

Hi

I have been attending many OSC meetings for close to 3 years - often by phone, sometimes in person

Here are some of my comments

1. The OSC needs to practice what it preaches - meaning - the State of MN - Administrative Branch and Legislative Branch need to come much farther in both Disability inclusion and understanding because without that, decisions "about" people will not be fully informed. At 20% of the public, disability population, broadly defined, is by far the LARGEST equity group. Disability matters often left in the dust / afterthought by many equity efforts. Needs to be elevated in importance

So some of my comments are broad that need to be applied to agencies and administration

Need: a much stronger State ADA Coordination system It has a long way to go

Need MMB on OSC for many reasons

Including fact that State ADA Coordinator position is under MMB And Employment is under MMB

Need for all bigger agencies to have a dedicated ADA Coordinator With Credentials in And experience in ADA Coordination

ADA Coordinators NEED ACTCP credential - ADA Coordination Training Certification Program certificate

ADA Coordinators

And OIO staff need to have knowledge of and demonstrate knowledge of KEY ADA and disability related principles and resources.

I am very disappointed that I feel I have to keep educating many in State re key concepts and resources. There are people who -are- trying very hard - and are competent and resourceful - I do appreciate them.  
- there are not enough of them!

It would save so much money and time and frustration if each agency would encourage and allow their Equity officers or other equivalent to attend key Disability related conferences and trainings such as the annual National ADA Symposiums / where the ACTCP credential can be earned.

I also feel there is an URGENT need to get all people making decisions “about” people to have a baseline training re disability matters as soon as possible before any more decisions are made. Some have more background than others and that is understandable. It is very important that there is an equal baseline of understanding.

This training needs to come from people who experience disability first hand/first person. It needs to be more than lecture or computer based training.

VERY Important

There needs to be accountability

Re disability matters

Standards need to be high

Follow through needs to be excellent

Most importantly

People need to be -at- the decision making table Or very near to it That are first hand experiencing disability

Participation should never be separated out into just community engagement goals It needs to be an overall practice of inclusion

The way OSC has been the past 3 or so years has been very UNFRIENDLY towards the public

Very strict Roberts Rules of Order

Pushing Public Comment to the end of the meeting Extreme formality Always having it in St. Paul Very unfair rules (over the top) re dial in Rules and pushing for filling out comment form Treating public differently than stakeholders and OSC members Is inequitable

Example- be fair. Be consistent

At many meetings I go to - including dialing in - either EVERYONE introduces themselves- whether in room or on phone - or just the main decision makers It is very very inequitable to make those who dial in (those not on OSC and don't have a vote) to introduce themselves yet they have no idea who else is in the room - yet most people in the meeting room are at an advantage because they most likely can tell who is in the me room -and - on the phone.

Of all the meetings the State has - OSC needs to be the best/impeccable- re disability etiquette and inclusion and it has a long way to go.

I highly recommend that OIO immediately get authorization to attend the National ADA Symposium and that as many OSC members as possible commit to attending. There are also smaller meetings. See [adata.org](http://adata.org).

## Comment #2

Hi

This is my comment re Housing

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Why isn't there anything in workplan re Accessibility needs in Housing such as:

Measurements re how much accessibility in housing currently exists especially in affordable housing and measurements re types of accessibility Such as grab bars Accessible entrances Ramps Accessible paths/navigation room for people using mobility devices Accessible laundry and garbage rooms Enough accessible parking \*accessible spaces inside buildings near front entrance do people can wait for rides including Paratransit and other types of rides including medical or DT& H (day Treatment and habitation) OT employment related rides Accessibility audits/trainings And very importantly; that those receiving State and Federal funds for Housing demonstrate knowledge of and implementation of good disability inclusion and show they have accessible housing?

So MHFA could for example - in cooperation with DHS and others - could do many things to check on accessibility and promote accessibility

In relation to this -

Those receiving funds - even down the line- such as property management companies

Need to treat people living in independent living settings in equitable manner vs treating them as if they are in a facility Many people with disabilities live in independent living settings and there is a great need for education and proof of learning that property managers and owners are dealing with renters in equitable ways.

Re continue of more restrictive settings - those in housing need to still be treated with respect vs. being talked down to.

Much need for disability etiquette training.

Coordination could help with MDH and DHS since they are already working on prevention of Elder and Vulnerable Adult Abuse. And because many people with disabilities are becoming Seniors.

## Comment #3

This is re overall comment for all agencies/OSC members And Re employment (including within the State as a State employee) Thanks \*\*\*\*\*

Before working on employment specifically in OSC workplans- State needs to greatly increase opportunities at all levels for State employment of people with disabilities.

There are many blocks that people with disabilities face. There are many people working well under their abilities because of barriers. Need much more than Connect 700!

Need more mid level and higher opportunities for people. Need more flexibility in job schedule for some positions. Example - in the Nonprofits world - some organizations have Co-executive Directors. And in many cases it works well. Job sharing has been going on for a long time. If Full time work isn't always feasible then need to have 3/4 or 1/2 time work or flex time work that still has benefits.

A big portion of this is to also have good coordination with MnDOT and Metro Transit and MHFA to work on understanding and removing barriers that State employees with disabilities and potential State employees have in getting to work. Also - working with DHS to understand impact of Direct Support Worker Shortage and to be flexible re the impacts. of Direct Support worker shortage.

Are the work locations accessible? From the point of view of people with disabilities? Are there recent good accessibility checks of work locations? Are needed improvements a priority?

If travel is required- what adjustments can be made?

Can jobs be created or adjusted if someone is very good at some things and needs help with others? In other words - flexibility.

These things need to be addressed before OSC workplan goals re employment can be fully understood.

If State doesn't show the way then how can they insist others do it? Please lead by example.

#### Comment #4

Hi  
Healthcare  
\*\*\*\*

Healthcare in Minnesota

Needs desperately to be accessible

Needs ADA Coordination in both Hospital and Clinic settings so both MDH and DHS would probably be working on this. Such as having a central point person in hospital and clinic settings that is outwardly facing to public who is also well trained in ADA Coordination in a proactive vs defensive manner. Who is as concerns re the public as they are re the place they are employed. Who is s good advocate. Etc.

Very important to have ADA Coordination in Medicaid programs. To give special needs basic care programs and others the tools and funding and policy work to insist upon good ADA Coordination both re insurance companies and re Hospitals and Clinics.

Part of good ADA Coordination is getting this away from hiding behind Legal or Compliance or Patient Experience Departments. Need more of an independent voice and especially a well trained (in ADA and disability matters) voice.

When people are unable to have accessible medical care (and other types of Care such as behavioral health and dental) then they have a big health disparity. Sometimes people are treated badly because people are



awkward around people with disabilities. Bad health outcomes when being ignored or mistreated. Risk factors go up. Disability etiquette and awareness training very much needed in Healthcare, Behavioral Health, and Dental Settings.

One very practical idea

Awareness of DHS Dental Clinics could improve. It's great that they exist. Need accessible dental chairs both for wheelchairs and for bariatric patients. How about measuring accessibility of dental clinics?

Need also training on modifications to procedures and policies re Healthcare. And need universal Design. Need bariatric accessibility to be included. Need to include needs of those who are Elderly and others who are technically "ambulatory" - not using a wheelchair - and yet need more accessibility sometimes not always mentioned in ADA regulations. Such as in long hallways - have benches for people to sit and rest.

See US Access Board for Guidelines for Accessible diagnostician medical care.

Bariatric accessibility is also important in things beyond just waiting room seating. Construction standards, door widths, fully accessible bathrooms including floor mounted toilets, and

Knowledge and education re 18" high for furniture is a good height. Many people with mobility concerns including the Elderly cannot easily get up from furniture that is too low to the ground. Need also good turning radius for those using wheelchairs. To go above bare minimums in standards. Etc.

Accessibility in Healthcare can be measured. Along with accessibility audits.

Healthcare Homes - could be a measurable goal to include accessibility and disability inclusion efforts

SNBC - as mentioned before - to put into contracts that Insurance Companies have more ADA knowledge and coordination.

Very important

To give (State) Health and Human Services complaint departments more staff and support so that they can help more when they do get people calling and asking for help.

And big picture - most of all

Please agencies - especially DHS and MDH

You both are working on some of the same things. Please work together really well. Example: Often times advocates are introducing people to each other who may work in the same agency and don't even know each other and many times they are working in the same topic

Solution : State agencies - please have a good topic based database where you and the public can search for people working on a topic.

How this could be applied to Olmstead:

Can Create a new category such as

Re Communication and training and equity within State Government

Comment #5

Transportation

Includes some DHS overlap and overlap with other agencies.

From \*\*\*

Biggest thing that is needed is cross-agency support and understanding of Transit

Housing and Transit are the foundation of so many things

Other agencies need to help each other

And stakeholders from other areas need to help both Housing and Transit because they are so key

I very much appreciate MnDOT because of many reasons including they “get it” re including the public. They have a long history of Equity. Did you know that there was a person of color who was the leader of the Highway Department in the 1930’s (the old name of MnDOT)?

And two more leaders who were people of color? And two female Commissioners?

It is extremely important that decision makers on OSC understand the Greater MN Transit Investment Plan because The State has control of Transit in the the 80 Non-Metro Counties.

Important to understand that Transit is very foundational to the other Olmstead Goals If people cant get to work or school or doctor then all that work you put into reaching your other goals may fail. Influence is very limited in Metro because Met Council has 7 County Metro Area Transit will some exceptions.

Re:

Non Emergency Medical Transportation which is both MnDOT and DHS Need seat belt extensions on NEMT vehicles.

Need good disability etiquette and standards for NEMT drivers and companies.

Need to get reimbursement rates up

And

Need to help Volunteer Drivers get the reimbursementVolunteerDriver rate/tax issue problem fixed

General for big picture not limited to transportation workplan Please other agencies learn from MnDOT re what they do re including the public. They also have a way where if you don’t know who to talk with they are very good at finding the right person to talk to.

It’s very important that people can say - I will try to find the right person - or - I will get back to you.

I also appreciate some people and areas at DHS who have shown willingness to hear from public.

Re transportation

It’s very important that DHS and MnDOT and OSC work together.

Thanks

## Comment #6

Need an overall workplan goal  
 re State procedures and policies  
 And also  
 Re Communication and Community Engagement

From \*\*\*\*

Re holding State government accountable to learn first and practice what it preaches:

Here is A simple measurable goal:

Can take a Measurement of this:

How many committees, councils, boards, task forces that are public meetings, have easily found websites (can find via a web search)? and how many have

Notes and minutes that are posted and taken in a neural and equitable way? And archives available and good meeting notices with directions, contact information, and ADA contact information? And are the meetings held in spirit/intention of those who formed it - example - are Advisory Committees allowed to advise? Given information and consulted before decisions made? Or are they just listening sessions? Can there be standards and training and secret shopping and audits so that there is more consistency across agencies? Having a baseline of standards can help much.

Then can measure progress

Example - many of these meetings cannot currently be found via a web search

So that is contradictory to many OSC goals. In many ways.

It also saves lots of time if people know who to contact.

This is one example of demonstrating commitment to equity and Olmstead goals.

Re difficulty in finding information: I do speak from experience and am not naming the different committees where I had to search and search for information. And I'm a former librarian! The legislature and public wants these to be open meetings so please State Agencies have truly open meetings. If Equity is a goal then finding out how to participate in these committees, Boards, etc must be easier. The public is not a "bother". Please remember you are public servants. Thanks

Email #4

Person with disability / Advocate

Please include goals for Minnesota State Licensed Minnesota Co-occurring Mental Health, Substance Use Disorder Treatment Centers to set goals and measure for the reduction in State and Federal statutes, rules and laws.

If necessary I will bring to the subcabinet all DHS Licensing reports of all these places investigative, correction, and license revocation reports.

Please increase and set the goals for a equal amount of Peer Support and Peer Recovery Specialists.

Please set goals in for Mental Health and Substance Use Disorder Providers to Implement Trauma Informed Care with amount with fidelity to increase each year.

Set a Goal to pay stakeholder participants for workgroups of State Agencies and all government. Stop the State of Minnesota from mooching off us with disabilities and treat us with dignity.

# Round One Public Input Themes and Agency Response

**February 25, 2019**

This document was presented to the Subcabinet on February 25, 2019. It provides a summary of the comments received and broad themes of the comments per topic area during Round One of the public comment.

Also included is the Subcabinet agency response to the public comment themes.

## **Public Input Themes and Agency Response**

### **Background**

The Olmstead Implementation Office (OIO) has gathered comments for the first round of public comments on the annual update and modification of the Olmstead Plan. The feedback was compiled from five public comment sessions (four public meetings and a videoconference session), emails and an online form. These yielded close to 200 comments from people with disabilities, families, supporters, and service providers. 151 people participated in the sessions or provided written comments. The OIO documented comments on flipchart paper and utilized CART (Captioning Real Time) services for verification. All public comments were forwarded to the agencies regularly for their consideration.

The goal was to capture comments as accurately as possible during the listening sessions. The comments have been reviewed and organized into themes in a way that is helpful to the Subcabinet as amendments to the Plan are considered.

### **Public Input Themes and Agency Responses**

The public comments have been grouped into themes. Themes include issues that were raised multiple times.

- Themes identified during the public input process that relate to topic areas addressed in the Olmstead Plan.
- Themes identified during the public input process that are not currently addressed in the Olmstead Plan.

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## THEMES ADDRESSED IN OLMSTEAD PLAN TOPIC AREAS

This section includes themes identified during the public input process that are related to topic areas in the Olmstead Plan. Themes were identified if they were raised by multiple people. Agency responses are included for each theme. The themes and responses are grouped by topic area.

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### PERSON-CENTERED PRACTICES

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#### THEME:

People with disabilities do not feel they have control over their daily life.

#### AGENCY RESPONSE:

- DHS will continue the strategy to “Broaden the Effective Use of Person-Centered Planning Principles and Techniques for People with Disabilities” through trainings and communications.
- Lead Agency Review of cases help to ensure person planning principles are being met. Remediation is required when cases are found not compliant. (Person-Centered Goal One)
- DHS reports annually on the trainings and other efforts to widen the use of Person-Centered planning and thinking.
- DHS and the State of Minnesota continue to fund and support self-advocacy training and service organizations to empower people to understand their rights and advocate for themselves

#### THEME:

People with disabilities, students with disabilities, families do not know their rights and choices.

#### AGENCY RESPONSE:

- DHS is coordinating the development, training, and use of support planning to incorporate natural and technology support with paid supports to create person-centered plans that increase the focus on independence and integration.
- In 2019, DHS will begin to develop approaches and provide materials to make the 245D Bill of Rights more understandable, accessible, and relevant to those who use services and their families. This will build off work done by MDH and the Governor’s Council on Developmental Disabilities.
- DHS is developing a new Consultation Service to support people understanding their options and making informed choices about their state plan personal care services. Consultation Services is an information and referral service for people that will use Community First Services and Supports (CFSS). The launch of this new service will begin as DHS transitions from the current Personal Care Assistance Services to CFSS. The provider of Consultation Services will work with the CFSS participant to access and coordinate services and supports based on the person’s service delivery plan. They will provide support and empower the participant to coordinate their own CFSS services. Consultation Services will provide information about CFSS and reduce barriers in order to increase self-direction.



- MDE uses several statewide strategies to ensure that students with disabilities and their families are informed of their rights and choices. MDE ensures that all school districts provide students and families with a Notice of Procedural Safeguards for special education processes at least once a year, if not more often. This document explains special education processes, the rights of students and families in those processes, and their rights. This annual information is also available in multiple languages to meet the needs of diverse families and communities in Minnesota.
- In addition, MDE provides training, tools and technical assistance to support individualized education program (IEP) teams in using person-centered practices. Person-centered practices are a continuum of strategies and activities that support the informed choice of students and families to make or have input into both major transitions and everyday life decisions, especially as part of IEP development for a student. MDE also provides support to PACER for the provision of information on rights and choices to students with disabilities and their families, as well as tools and training for educators to engage families of diverse cultural backgrounds and communities. MDE plans to continue these strategies and scale-up family engagement in diverse and historically underserved communities to ensure that all students with disabilities and their families know their rights and choices.

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## TRANSITION SERVICES

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### THEME:

There are not enough supports for people with disabilities who transition to a new living situation.

### AGENCY RESPONSE:

- DHS continues to evaluate Lead Agencies for their usage of the “Person-Centered, Informed Choice and Transition Protocol” used with individuals moving to more integrated settings from segregated settings to ensure that planning includes what is important to the individual as well as for the individual. (Transition Services Goal Four)
- DHS will continue to provide targeted technical assistance and mentoring to build statewide capacity with lead agencies and providers to successfully transition people to more integrated settings, and use innovative approaches to individualized housing and supports.
- DHS is funding a number of organizations through Disability Services Innovation Grants to support people in transition to accessible, inclusive housing. Examples include:
  - **Touchstone Mental Health** will provide support and services for up to 44 people so they can maintain their housing while experiencing a mental health crisis or psychiatric hospitalization.
    - Strategies will include landlord incentives, pre-housing access services and flexible funding to assist with applications, deposit, rent, moving expenses and supplies.
  - **Bridges MN** is developing a web service to provide people with disabilities options for housing, potential roommates and supports so they can move out of group homes if they wish.

- **Rochester Public Schools**, to support youth ages 16 to 21 whose needs have not been met through traditional educational and rehabilitative programming.
  - The Launching Emerging Adults Program supports young people in the Rochester area who have mental health disorders, histories of adverse childhood experiences, chemical use and/or physical aggression, with the goals of improving overall functioning, participation in competitive employment and access to housing options.
- **ARC Twin Cities** provides Housing Access Services which assists eligible people who choose to move to homes of their own with services such as housing search, home furnishings and household budget development, participation in competitive employment and access to housing options.

**THEME:**

People with disabilities are struggling with isolation in their living situation especially in apartments.

**AGENCY RESPONSE:**

- The Home and Community-Based (HCBS) Waiver team continues to implement HCBS Rule requirements detailed in MN's Statewide Transition Plan with CMS. The Statewide Transition Plan includes assurances and measures that reduce the effects of isolation and ensure community engagement opportunities.
- DHS is funding a number of organizations through Disability Services Innovation Grants to support people in increasing community integration. Examples include:
  - **Residential Services of Northeastern Minnesota**, to increase community integration of people with disabilities through matches with community members.

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**HOUSING AND SERVICES**


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**THEME:**

There are not enough affordable housing options.

**AGENCY RESPONSE:**

- Legislation passed in 2017 allows for the following upcoming changes to allow for
  - Expanded eligibility for Minnesota Supplemental Aid (MSA) housing assistance to include people moving out of housing support settings and increases benefits so that more people can live in the community. The change will be effective on July 1, 2020.
  - Develop two new Medical Assistance benefits: 1) housing transition services to help people find and obtain housing; and 2) tenancy support services to help people maintain stable housing. This change is subject to federal approval.
  - Provides grant funding to develop local infrastructure, including:
    - Outreach to people who are homeless or in institutions or segregated setting regarding housing options;
    - Technical assistance on available housing resources in the area;
    - Administration and monitoring of Housing Support.

- Individualized Home Supports, a new service to support people living in their own homes, was launched July 1, 2018. This service includes training and direct support to enhance the person's participation in the community, maintain the person's health/safety needs, and support household management skills. This service incorporates the use of remote support (real-time communication, such as phone calls, text messaging, etc.) as well as in-person support. This service is among the innovative services being developed to respond to current direct care staffing shortages and the needs of people living in greater Minnesota.
- Minnesota Housing, DHS and other state agencies recognize the significant need for affordable and accessible housing and are working to increase the number of opportunities throughout the state. They know how important affordable, safe and secure housing is and how difficult it is right now to access housing that is available and affordable, especially on a fixed or limited income.
- Minnesota Housing, DEED, and DHS are addressing this through the actions identified in the Analysis of Impediments to Fair Housing Choice Report to address barriers to housing choice. In that plan challenges to accessing housing for people with disabilities are identified. Additionally actions to address these are identified.
  - **Challenge – Shortage of affordable, accessible housing**
    - Action 1) - Conduct gaps analysis of accessible housing opportunities for persons with disabilities in Minnesota, through surveys and data evaluation, leveraging HousingLink's work. Utilize data collected by DHS Aging and Disabilities Divisions and identify how Minnesota Housing and other state housing resources are serving persons with disabilities.
    - Action 2) Evaluate and enhance existing funding resources to provide preference in housing developments for persons with disabilities
  - **Challenge – Shortage of resources to make accessibility improvements**
    - Action 1) Provide education and outreach of existing homeownership programs to make accessibility improvements
    - Action 2) Evaluate resources to make accessibility improvements on a single rental unit
  - **Challenge – Shortage of resources to transition**
    - Action 1) Collaborate with housing and supports activities in the state's Olmstead Plan and initiative that increase the number of people with disabilities who live in the most integrated housing of their choice.
    - Action 2) Minnesota Housing will continue to provide rental assistance to persons with serious mental illness, and evaluate program effectiveness.
    - Action 3) Minnesota Housing and DHS will continue implementation of the Section 811 rental assistance pilot, partner with HUD in program evaluation, and if found effective, consider other funding sources available for similar program should no further federal assistance become available.
    - Action 4) Leverage Minnesota Housing and DHS relationship to explore more streamlined connections between housing and support services.
    - Action 5) Develop housing planning tools on HB101.org to help persons with disabilities make informed choices about their housing options.

- In August 2018, the Governor’s Task Force on Housing issued a report that identified 6 goals and 30 recommendations. One goal is to ‘link homes and services’ and identified recommendations ranging from ‘advancing the housing supports program’ to ‘providing access to a full range of services for families and individuals transitioning into stable homes before, during and after the transition.’ A one-page summary of that report can be found here - [https://mnhousingtaskforce.com/sites/mnhousingtaskforce.com/files/document/pdf/GTFH%20Goals%20and%20Recs\\_with%20title.pdf](https://mnhousingtaskforce.com/sites/mnhousingtaskforce.com/files/document/pdf/GTFH%20Goals%20and%20Recs_with%20title.pdf)

A key overall goal of that report is to increase the production of housing by 50%, or 10,000 homes each year. The state is experiencing a significant shortage of homes that are affordable.

- Another effort is to utilize additional resources to preserve and create additional homes. In 2017, the Legislature provided \$90 million in additional resources that will help address the significant housing needs across the state.

#### **THEME:**

There are barriers for individuals and partners to live together. People with disabilities want to get married and live together, systems prohibit this.)

#### **AGENCY RESPONSE:**

- Depending on the funding sources an individual or couple may be using to move into the community, this can be a barrier.

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## **EMPLOYMENT**

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#### **THEME:**

Individuals with disabilities need workplace training and support to achieve competitive integrated employment.

#### **AGENCY RESPONSE:**

- DHS is funding a number of organizations through Disability Services Innovation Grants to support competitive, integrated employment. Examples include:
  - **RISE**, to assist young adults obtain and maintain paying jobs with people who don’t have disabilities.
  - The new “Let’s Get to Work” program focuses on 18- to 24-year-olds eligible for public assistance, including individuals with significant barriers to competitive employment. RISE will be paid for success in helping people develop customized employment plans, securing jobs and maintaining them over 90 days.
- DEED provides Vocational Rehabilitation Services (VRS) and the Extended Employment Program which support competitive, integrated employment supports for people with disabilities. DEED is aware of the limitations to our VRS services in that there is a wait list for all but the most serious and will likely be requesting additional resources from the legislature to address this funding shortage.

**THEME:**

Employers are afraid to hire people with disabilities; coworkers need help understanding how to work with people with disabilities.

**AGENCY RESPONSE:**

- DHS is funding a number of organizations through Disability Services Innovation Grants to support competitive, integrated employment. Examples include:
  - Opportunity Partners, to provide mentors to people with disabilities interning at Twin Cities businesses. This agency provides disability awareness training for businesses, supports mentors at each internship site and helps interns to make arrangements for transportation to work.
- DEED provides the Extended Employment Program which includes no-cost job supports for people seeking competitive integrated employment and technical assistance for potential employers. These services help people with disabilities address these kinds of issues. Individuals and employers seeking assistance can reach out to the Extended Employment Program in DEED.

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**EDUCATION**


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**THEME:**

Not enough inclusive practices and supports in schools.

**AGENCY RESPONSE:**

- MDE continues work towards identification, implementation and scale-up of evidence-based strategies in schools for the education of students with disabilities in less segregated and more integrated settings, including strategies for Regional Low Incidence Disability Projects (RLIP) and increasing school capacity to identify and provide for the Assistive Technology (AT) needs of students with disabilities. Education Goal One measure progress on increasing the number of students with disabilities receiving instruction in the most integrated setting.

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**TRANSPORTATION**


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**THEME:**

There is not enough reliable and flexible transportation.

There is limited transportation via Metro Mobility, Paratransit and other.

**AGENCY RESPONSE:**

- DHS, in consultation with DOT, completed a study of the transportation system available to people who receive home and community-based waiver service related to aging and/or disabilities. A report was submitted to the legislature with recommendations to increase transportation access and recommendations for transportation service rates.
- DHS is funding a number of organizations to support community integration with transportation options. Examples include:

- **Dakota County** to partner with Lyft on a transportation model for people with disabilities that may be to be replicated in other areas throughout Minnesota.
- **Hammer Residences**, to increase transportation services to support community integration.
- Transportation Goals Three and Four (pages 69 of the March 2018 Plan) are directed at expanding public transit in greater MN and increasing public transit on time performance across the state.

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## HEALTH CARE

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### THEME:

Dental and health care is not available for people with disabilities – lack of providers who accepts their insurance.

(People with disabilities have to travel to other cities or not get appropriate care.)

### AGENCY RESPONSE:

- DHS has incentives in place for health plans to increase the number of people receiving dental care. The managed care organizations that contract with DHS to provide care to people with disabilities are also required to participate in a collaborative effort to increase access to dental care for people with disabilities.
- MDH Health Care Homes program does not have authority to design health insurance benefits or determine access to certain providers. We do reach out and advocate for reimbursement for the Health Care Homes program with payers. The MDH Health Policy Division does not directly work with insurance and access issues. Sections in the Health Policy Division assess coverage, and provide data about who has coverage and who doesn't, what it costs, etc. The Managed Care area reviews provider networks to make sure they meet state and federal requirements.
- There are many factors driving access to dental services in Minnesota, such as smaller numbers of dental providers in greater Minnesota, transportation options to get to dental appointments and dental providers that accept different types of insurance. A list of providers that accept Minnesota Health Care Programs (MHCP) can be found on the DHS MHCP Provider Directory [website](#). A list of dental providers that offer low-cost services can be found on the Minnesota Dental Association [website](#).
- The MDH Oral Health Program does not have statutory authority to develop, implement or regulate health insurance benefits or Medicaid provider reimbursement rates. The Minnesota State Legislature sets provider reimbursement rates and dental benefits for the Minnesota Health Care Programs (MHCP).
- The MDH Oral Health Program promotes dental disease prevention efforts such as community water fluoridation and school-based dental sealant programs. The MDH Office of Rural Health and Primary Care administers the [Minnesota State Loan Repayment Program](#) to encourage dental professionals to work in rural and other underserved communities.

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## DIRECT CARE AND SUPPORT SERVICES WORKFORCE

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**THEME:**

How are you executing the Olmstead Plan through direct care service providers without adequate funding?

(Lacking reasonable salaries /funding for quality service providers.)

**AGENCY RESPONSE:**

- In October 2018 the Direct Care/ Support Services Workforce Workplan was approved. This outlines how the shortage and wage issue are being addressed at DHS and in the community. The Olmstead Subcabinet reviewed initial reports required by the plan at its January 28, 2019 meeting.
- DHS is working with the University of Minnesota on a direct support professional wage survey. The report is scheduled for review by the subcabinet by May 31, 2019.

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## COMMUNICATION AND COMMUNITY ENGAGEMENT

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**THEME:**

There is general confusion about what is Olmstead and the Olmstead Plan. Some folks think Olmstead is about ADA, while others think it is an advocacy agency that exists to solve their disability-related issues. The Olmstead Plan, Olmstead Subcabinet and Olmstead Implementation Office (OIO) are things that need to be better defined and communicated to Minnesotans, especially Minnesotans with disabilities.

**AGENCY RESPONSE:**

- This is a general sentiment encountered frequently especially from people who have not had previous interactions with Olmstead work or the OIO. The OIO Communications workplan includes the strategy “To increase statewide awareness of and investment in the Minnesota Olmstead Plan.” To effectively address this strategy, the OIO will target various audiences with unique communication tools and strategies. This includes creating and instituting a brand and style guide, Olmstead communication collaterals, revamping the website, re-working the e-newsletter and Facebook page to make these tools much more robust for communication. The OIO is adding a new strategy to strengthen two communication among the Subcabinet, OIO, state agencies, people with disabilities and the general public.

## THEMES NOT ADDRESSED IN OLMSTEAD PLAN TOPIC AREAS

This section includes themes identified during the public input process that are not related to topic areas in the Olmstead Plan. Themes were identified if they were raised by multiple people. Agency responses are included for each theme, when possible. The themes and responses are grouped by topic area.

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### GUARDIANSHIP

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#### THEME:

Guardians do not know or respect what people with disabilities want.

Guardians do not seem to know about Olmstead.

People with disabilities are told “no” by staff/guardians. They do not know where they can go to for help.

#### AGENCY RESPONSE:

- DHS will continue the strategy to “Broaden the Effective Use of Person-Centered Planning Principles and Techniques for People with Disabilities” through trainings and communications.
- Lead Agency Reviews of cases help to ensure person-centered planning principles are being met. Remediation is required when cases are found non-compliant. (Person-Centered Planning Goal One)
- DHS reports annually on the trainings and other efforts to widen the use of Person-Centered planning and thinking.

#### THEME:

Public guardianship is a business – how is it monitored?

#### AGENCY RESPONSE:

- There are two types of guardianship, public and private. Public guardianship is when the court appoints the DHS commissioner as the legal guardian of an adult with a developmental disability. The commissioner delegates most of the day to day responsibilities to the county where the person’s guardianship was established. Private guardianship is where a person is appointed by the court to assume the responsibility for making decisions on behalf of another person. DHS has no jurisdiction over private guardianship. Counties can contract with professional guardians to monitor and advocate for people to ensure that there is no conflict of interest.

Today, the number of people who previously lived in institutions and needed a guardian is declining. However, people still receive public guardianship, and a small number of people continue to be nominated for public guardianship, as no other alternatives exist for them. Public guardianship law encourages the person’s independence, community inclusion and family involvement, in ways that are important to and for the person



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**PUBLIC SAFETY**

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**THEME:**

People with disabilities do not feel safe with the community's law enforcement.

**THEME:**

Public safety and court systems are not represented in the Olmstead work including Olmstead Subcabinet.

**THEME:**

People with disabilities are asking for training for law enforcement.

## COMMENTS ADDRESSED IN OLMSTEAD PLAN TOPIC AREAS

This section includes individual comments identified during the public input process that are related to topic areas in the Olmstead Plan. Agency responses are included.

**COMMENT:**

The state should close the group homes.

**AGENCY RESPONSE:**

- The Minnesota Olmstead Plan strives to increase opportunity and freedom for meaningful choice, self-determination, and increased quality of life through opportunities for economic self-sufficiency and employment options, choices of living location and situation and having supports needed to allow for these choices. The Plan does not call for the closure of any particular services or programs.

**COMMENT:**

Students with mental health needs leave school and receive home bound education with less hours of instruction

**AGENCY RESPONSE:**

- MDE continues to implement and scale-up systems to support students with mental health needs attending school and classes with their peers, including Positive Behavioral Interventions and Supports, School-linked Mental Health Grants, school participation in the state's Children's Therapeutic Services and Supports system, in addition to supporting licensed school staff providing mental health services in schools. MDE plans to continue the statewide expansion of these strategies for supporting students with mental health needs in school settings.

**COMMENT:**

Students with disabilities who act out need to be controlled with restrictive procedures to protect them and others.

**AGENCY RESPONSE:**

- MDE continues to work with school districts and stakeholders to develop and implement a state plan for reducing the use of restrictive procedures by training school staff and building school systems for preventing student behavioral crisis. MDE plans to continue developing a statewide approach to reduce the use of restrictive procedures and engaging school districts in this work.

**COMMENT:**

Teachers and aids need to know how to use assistive technology to help students fully use the technology.

**AGENCY RESPONSE:**

- MDE continues to train annual cohorts of school district teams in the Student-Environment-Task-Tools (SETT) framework. The SETT framework includes a specific team process for the identification of Assistive Technology training needs of students, family and school staff. MDE plans to continue the annual SETT framework training cohorts adding additional school teams in training.

**Public Comments Received for Amending and  
Extending the Olmstead Plan 2018 - 2019  
Round Two  
February 26, 2019 – March 11, 2019**

### **Summary of Public Input Round Two as of March 11, 2019**

Comments are from two video listening sessions, one conference call, written input by email and through an online form and focus group. These yielded over 49 comments from people with disabilities, families, supporters, lead agencies, and providers. Over 41 people participated in video conferences or provided written comments.

A summary of the notes taken during the video listening sessions and focus group are listed below along with emails received. ASL (American Sign Language) and CART (Communication Access Realtime Translation) was also used to ensure accurate comments were captured, as needed. Emails are verbatim and any identifying information has been redacted.

## Public Input Process – Round Two

### Comments Received by Email

**2/26/19 – 3/5/19**

**1. 2/26/19 – Housing and Services – Goal One**

My name is \_\_\_\_ and I live in Minneapolis. I am a person with a disability and a parent of children with disabilities

I support the issue of housing and services. Goal one says that by June 2019 the number of people with disabilities who lived in the most integrated housing of their choice where they have signed a lease and receive financial support to pay the cost of their housing will increase by 5,542. As a person with mobility issues due to having peripheral neuropathy I will recommend that the State of Minnesota should invest in more affordable housing for families with disabilities. After being homeless for 2 and a half years my family got Project Based section 8 into a townhomes unit. Although I'm grateful we have affordable housing currently facing the predicament that going up and down the stairs is taking a toll on my health. Right now in Minneapolis the only options for affordable housing are for seniors or persons with disabilities that do not have children or only have one child. Thank you for the opportunity to communicate my story.

**2. 2/26/19 – Lifelong Learning and Education**

My name is \_\_\_\_ and I live in Stillwater.

I support increasing competitive integrated employment for students with developmental cognitive disabilities (goal 3), and further recommend raising the number from 150 to 400 by June 30, 2020 which would still only represent about 5% of total students with disabilities.

My four year old daughter was born with a rare genetic disability that affects her motor function, she uses a walker to walk, her speech, she uses a combination of American Sign Language and spoken word, and her cognitive abilities, she learns best with demonstration and repetition. When people meet my daughter they don't ask her what she wants to be when she grows up. They have no expectations for her to one day pursue a career. They simply assume that we will care for her entire life or her income will be comprised of money from assistance programs.

My daughter is smart and very caring. When she grows up she wants to help take care of babies. We can do better. Increasing this goal 5% will result in furthering the goal of acceptance and independent living for people with developmental disabilities, and will also foster diverse workplace communities. We need to raise the bar and integrate more people with developmental disabilities into the workforce. State data from 2015 indicates that Minnesota is one of the most segregated states in the nation regarding work and

disability, less than half the national average. I would advise that the number of students for employment goal 3 be raised from 150 to 400 by 2020.

### 3. 2/26/19 – **Transportation Goal Five**

My name is \_\_\_\_ and I live in the northern suburbs. I have difficulty walking and I often use a scooter. Taxi cab drivers need to help passengers with disabilities. Yesterday I was abandoned again. The taxi driver arrived at my apartment and called me and said, “When are you coming out?” I got outside and the taxi left me. I don’t know if he saw that I had a disability and decided to leave. All transit drivers should receive training.

### 4. 2/26/19 – **Lifelong Learning and Education – Goal Two**

I am a parent and I live in southern Minnesota.

I am submitting comments about Goal 2 of lifelong learning and education of Minnesota’s Olmstead Plan which states by June 30, 2020 the number of students with disabilities who have enrolled in integrated postsecondary education within one year of leaving high school will increase by 492 from 2,107 to 2,599.

My son will be graduating in the class of 2020. He is a very intelligent young man with Asperger Syndrome. We are looking at the future and he has high expectations for himself. He plans to go to Boston to work in robotics. That is his goal. At this time he has already turned my basement into his workshop to take apart and rebuild robots and computers. But to get to Boston he is going to have to get a good education after high school.

The annual goals that are currently set are minimal and I worry that is not sufficient for the amount of kids coming out of high school that are like my son who wants to go to college.

I would support changing the goal to having the number of students with disabilities receiving instruction in the most integrated setting will be increased by 50%. Also would like to have the integration from high school to post-secondary school to include transition assistance, college education, job shadowing, and coaching so that they are provided the best opportunity to succeed.

This may already be included in goal 2, but it is not specific on how this goal will be met. Thank you.

### 5. 2/26/19 – **Lifelong Learning and Education – Goal One**

One of the Olmstead goals is to increase the number of students receiving instruction in the most integrated setting by 1,500 people by December 1, 2019.

I support this goal in general, but I ask that we add the inclusion and integration should be meaningful to the student and integrated both ways- not just the special education student visiting general education, but general education participating in special education.

My son is a second grader. He has an autism diagnosis and is nonverbal. This very well-intentioned school spent months training him to participate in a “Grandparents Day” music program. He cannot sing, does not enjoy crowds, and his grandparents are dead. They trained him to sit in a chair for as long as he could stand. I attended this program and watched as the school paraded him in front of the audience as a great example of inclusion.

Integration and inclusion should be up to the students’ desires and preferences. The IEP sets the standard for how many general education hours the child participates in, but it doesn’t specify what the child will actually be doing or if they are even given any option. This sets the child up for a lifetime of well-meaning professionals making choices for the person. Inclusion should be person-first and based in dignity and choices.

Integration usually means a special education student has “visiting hours” in general education. All children would benefit if general education students spent time in the special education rooms. Special education is often down a dimly lit, undecorated, kinda smelly hallway. Including general education children in those classrooms would help remove the scary special education stigma.

Mindful and meaningful inclusion is far more important than any numerical goal. Please consider adding guidelines to better suit individual students. To help decide if an inclusive activity is appropriate for a student we must experiment and expand depending on interest, or exit if uninterested. We need to stop training children to live a life without choices.

Thank you.

## 6. 2/26/19 – Transportation – Goal One

While I am excited to see a goal in the Olmstead Plan pertaining to pedestrian accessibility, I feel that the current goal needs to be expanded.

The majority of distance traveled by pedestrians is not on state infrastructure but rather on local sidewalks and trails. Many local agencies utilize funding available through the state aid for local transportation programs for construction or reconstruction on their systems. I would like to see 10% of state aid funds available each year be dedicated to local curb ramp or Accessible Pedestrian Signal projects.

Pedestrian access accommodations are critical for people to have access to goods and services, as well as providing quality of life opportunities. The late wife of a dear friend, eventually used a wheelchair following a long battle with Parkinson’s. Honoring their mutual love of nature, he would take her on daily walks in good weather. Often he would need to maneuver her chair or the street parallel to the sidewalk because of a lack of curb ramps on the local infrastructure.

Dedicating 10% of the state aid funds available annually to local agency curb ramps or Accessible Pedestrian Signal projects will provide dedicated funding to the local agencies to improve pedestrian access and infrastructure connectivity.

## 7. 2/26/19 – Lifelong Learning and Education – Goal One

I would like to comment on Goal 1 on Lifelong Learning and Education of the Olmstead Plan. The current goal reads by December 1, 2019 the number of students with disability, receiving instruction in the most integrated setting, will increase by 1,500 students (67,917 to 69,417).

I looked up the 40<sup>th</sup> Annual Report of the Individuals with Disabilities Education Act submitted to Congress. Minnesota ranks 40th in its level of integration for students with an intellectual disability and 37th for all students served under IDEA. This is defined as attending general education class 80% or more of the day.

Instead of the goal for 1,500 students I propose a goal for Minnesota to be in the top 10 ranking for both of these categories. I have a five year old son with autism and a language disorder. He started pre-K last year and was placed in a fully inclusive classroom. At the end of the school year at his IEP meeting we were informed that he was being pulled out of the classroom to a 1:1 Or 1:2 classroom for the first 20 minutes of the day. The reason given for the pull out was that my son was easily distracted by peers when doing tasks like removing his backpack, boots, jacket, etc. Yes, that is correct, my four year old got distracted. In addition to the twenty minutes spent outside of class he was also being referred for a center-based autism program for kindergarten because of his need for help focusing on tasks. They did say he may able to join general education for specials (gym/art).

My son's education and inclusion for his kindergarten and potentially for beyond could have been determined by task and distraction. Once again I propose Minnesota be in the top 10 ranking for integrated education.

## 8. 2/26/19 – Lifelong Learning and Education – Goal One

I am a mother of five kids.

I am here to support lifelong learning and education supports. I believe there is a need to add a goal that includes person centered supports would include trained personnel, assistive technology, and other necessary supports to support successful integration.

My son is four years old and is on the autism spectrum. He is the cutest boy in the whole world. He was completely nonverbal a year ago. We began ABA therapy it has been successful. My son now can talk. However, there is no bridge from ABA to school so we are going to be starting him in an environment that is scary because the school does not offer ABA therapy. It feels like we are throwing him to the sharks.

I think the need for a person centered plan should be added under the lifelong learning and education that includes personnel trained in specific special education, evidence based practices, and allowing for assistive technology and other supports for all students with disabilities.

## 9. 2/26/19 – Crisis Services – Goal Three

My daughter is 14 years old and is on the autism spectrum and is also mentally ill.



Goal 5 states by June 30<sup>th</sup>, 2020 90% of people experiencing a crisis will have access to clinically appropriate short term crisis services, and necessary placement within ten days. The annual goal for 2019 is to increase the percentage to 88%.

I would like to share a story with you about my daughter. In November 2018, my daughter was hospitalized because her medication was not working and she was suicidal. She was in the hospital for ten days and released. We did not have a plan for her to come home. Because of her autism diagnosis transitions are very difficult and coming home without a plan was a disaster. She became very dysregulated which resulted in her becoming very physically aggressive and her assaulting me because she could not get control of her emotions. She also had physical reactions to a new medication which was terrifying. The weekend she came home resulted in two ambulance rides back to the hospital where they refused to re-admit her and three calls to law enforcement to help us because she was so physically aggressive that we were concerned for our safety as well as our own. We also contacted the \_\_\_\_ County Crisis Line to access help with de-escalating the situation. They told me that if they thought they would send someone out on a Sunday that I was crazy. The police told us on our last call that they would not come to our house anymore. Our family was denied services from the hospital, the police department, and the crisis line. Because of this incident and the response to it we do not feel that we can call for assistance anymore when faced with a crisis. This puts my daughter at risk for longer term care, injuring her, or my husband or me.

I would like to see the crisis goal strengthened to ensure that any individual being released from the hospital would have a comprehensive plan in place to ensure that people are safe when returning back home. Individuals and families need to have support and need to trust that the institutions in place will be there in a time of crisis.

#### 10. 2/26/19 – Transportation – Goal Five

The Minnesota Olmstead Plan goal is to improve transit reliability to 90%. I think Minnesota can do better than 90%! Our standards should be stricter.

I recently sold my car and am now living a car free lifestyle. I have typical reasons such as lowering the environmental impact. My main reason is that I am on the autism spectrum and unable to drive due to anxiety and other issues. I am reliant on transit; every weekday I take the Blue Line downtown to work. I also take several other buses with the light rail to do errands, spend time with friends, and participate in community events. However, I have had many experiences where I have been an hour late to work due to transit issues, or had to cancel spending time with friends.

##### What are the Impacts of unreliable transit?

-I have flexible hours, but for many jobs ten minutes late means you are FIRED; late transit does impact performance at work.

-If a bus is late or no-show I can walk or ride my bike. Many people would be stranded with no options.

Improving transit reliability would:

- Allow people with disabilities to maintain jobs
- Open up more options for jobs and housing
- Increase independence and interests, able to go to events, shopping, participate in community

We can do better than 90%- stricter standards are necessary for people to be integrated and independent. Thank you.

**11. 2/26/19 – Housing and Services – Goal One**

I am a single parent of four kids and my youngest son has multiple disabilities.

I am here regarding housing opportunities. Currently my family rents. I am a licensed practical nurse, but can't work. Our income is from SSI and MFIP. After rent we have about \$100 left to pay our utilities, car insurance, gas, clothing, etc. After two years we were approved for section 8 in a county located in SW Minnesota, but could not find a suitable place without having to change schools.

In five years my son will be 18 years old and in need of his own housing. What will be his options? I saw that Public Housing applications were open so I inquired and I was told it was a 4-5 year waiting list and their section 8 was closed.

Governor Walz "One Minnesota theme" should include all counties. Right now there is inequality by zip code and by disability.

**12. 2/26/19 - Lifelong Learning and Education – Goal One**

I am a parent of a child with a developmental disability.

Please modify Goal 1 of Lifelong Learning and Education. The current goal has been to increase the number of students in the most integrated settings by 2.2% over four years. As a proud and lifelong Minnesotan I believe we can do better. I am asking that we set a goal of 100% of all students with disabilities will receive instruction in the most integrated setting within five years. The reason is educational opportunity.

The summer when we moved into our house, my son, a funny, loving little boy, who also happened to be on the autism spectrum, ran out of the house completely naked. My wife and my daughter ran out after him to try to force pants on him or get him to come back in the house. There was a struggle, there were tears, they brought him inside and my wife cried more because what were the neighbors going to think? Later that day a neighbor from across the street mentioned it to my wife and said, "We have three boys and we've all been there." More tears because people were willing to accept and empathize. A sense of belonging to the community. A few years later and my

son is part of an integrated classroom at our neighborhood school. The neighborhood kids know him and seek to engage him. He is one of them, integrated.

If our goal is a stronger, more inclusive community and society then it starts with the schools. Not only because it can lead to better results for our children with special needs, but because it teaches everyone what inclusion and integration looks like which makes for a better, stronger community and society for all of us.

Our goal should be 100% of students with disabilities receiving instruction in the most integrated settings.

### 13. 2/28/19 – **Transportation – Goal Five**

The transportation goals do not address areas when the city is located across three counties, how a consumer can get transportation 3 miles into town to go to work. It does not address service that goes Monday through Friday and stops at 3:00 pm and will not cross county lines. In our situation, living in Princeton, MN in Sherburne County, the transportation provider only has two trips. One to Big Lake in the morning and a return in the afternoon. The downtown area of Princeton is located in Mille Lacs County. As of the 1st of the year transportation for Mille Lacs County is provided by the same company as Sherburne County, but my daughter can't get into town because she is outside of the city limits. Nor can she visit her grandpa, who also lives in Princeton, but outside the city limits in Isanti County. The goals do not address the huge flaws and gaps in the existing system. The Greater Minnesota Transportation Plan is fine but does not address situations where a city is in more than one county. For us, that is the same as having no transportation. On paper, it looks like a success. This needs to be addressed immediately as opposed to having situations like this fall under expanding across counties rather than an area with no service, which is a higher priority.

### 14. 3/4/19 – **Housing and Services**

I have a comment on the change to Housing. How are we going to work on Housing and Services, specifically in relationship to those who choose to work, need accessible housing, but are over income for subsidized and therefore are not able to find any housing, not to mention housing of their choices? This is a major barrier to this area, housing. If people wish to work in competitive employment with a disability, they are forced to choose between work and accessible housing. We need to be able to monitor people in this category and see a change moving forward. How do we measure success in this area, and how do we work towards success or progress in this area?

**Below are comments received that are not directly related to the amendments but are worth noting:**

#### 15. 2/26/19 – **Timeliness of Wavier**

I am the parent of three children- one on ASD, one typically developing, and one with developmental disabilities. I would like to add to the goal in the Olmstead decision related to the timeliness of Waiver Funding. I would like to reduce barriers and increase assistance to parents in accessing waivers and identifying need.

This journey for my family started when my three year old was diagnosed with hearing impairment and needed hearing aids. She has a genetic variation identified at birth and is delayed across all areas. My husband's company is self-insured so they do not have to cover hearing aids for children. At this same time our daughter's Special Ed teacher contacted us to suggest contacting the county for DD case management.

We had to apply for MA through the MNSure site to be denied coverage to be eligible for TEFRA. The next step was to have her certified as disabled. It is really so difficult to face head on all of my daughter's delays. The process of compiling her medical records was both time-consuming and emotionally draining. We persisted through because her health and development are our top priority. The process to have her certified disabled through the State Medical Review Team was four and a half months from start to finish. Once we had her certification, we applied for MA through TEFRA which took another three months. We were finally able then to connect with the county to schedule her MN Choices Assessment and also needed to schedule psychological testing to identify her IQ and adaptive age. After the six weeks between scheduling, assessing, and answers we finally had identified need that allowed for DD case management and a DD waiver.

This process happened without even knowing if she qualified or what that meant for services, resources, and supports.

It would make an incredible difference for early intervention and support if parents had a more streamlined process with less barriers. It would also be beneficial to have a parent advocate at each county to help parents through this emotional journey comprised of paperwork, wait times, and uncertain outcomes. Please add a goal to reduce barriers and increase parent support to identify need under the goal for timeliness of waiver funding. Please also add parent advocacy to reduce the stress and barriers inherent in the process.

#### 16. 2/26/19 – **Education, Employment, Housing**

I am CEO of a nonprofit organization helping immigrant parents who have children with developmental disabilities and older people with disabilities.

We are connecting parents to access services within the community such as employment, housing, and waiver services. It is important to me because these are people who don't read, write, or understand their rights or services available. When I came to this country being disabled I could read and write, but still didn't have any help or know what services were available. That's why I started my organization to help others especially those less fortunate. I would like 70% of immigrant (Somali) population with disabilities to be included within community engagement in the most integrated settings and aspects of life by 2020.

## 17. 2/26/19 – Lifelong Learning and Education

I'm the mother of four children, two grown biological and two are twelve year old adopted Special Needs children- both have FASD also known as NARD: Fetal Alcohol Spectrum Disorder and Neurological Alcohol Related Disorder.

I'm supporting the crucial need to honor and educate all teachers in regards to a child's IEP especially going into the very difficult middle years- which are hard even for a typical child. I am also supporting crisis services and training.

My sons' story: IEP was not shared or explained (disability). He was seen as only a behavioral problem. He experienced a complete mental breakdown. He spent on average \$21 a day for lunch. One day he bought fourteen fruit rollups, one regular lunch box of cookies and three bags of chips. He gained twenty pounds during the first month of school!

- Ran away three times from school
- Broke iPod
- Trashed a classroom
- Police called twice
- Hospitalized and suicidal

Had to be transported to a level 4 school to reset. Prior to this he was very successfully mainstreamed. Fifth grade was best year ever.

It is absolutely crucial that IEPs be recognized and followed! By all teachers. Training should at least be offered. 1 out of 20 children have FASD.

Tools can be simple and free- but not being available can be disastrous and not fair to students or teacher.

Goal by 2020 all schools should recognize and offer FASD training.

## **Public Input Process – Round Two**

### **Comments Received by Webinar and Email**

**3/6/19 – 3/11/19**

**1. 3/6/19 - Housing and Services**

(Person with a disability & family member): Concerns about first amendment and shortage of home healthcare worker. In order to live in the least restrictive environment, you need to have more help and appropriate support. Otherwise these other places/facilities have no incentive to let you know because it is in their financial interest to make sure you never leave.

**2. 3/6/19 – Lifelong Learning and Education**

(Person with a disability & family member) I'm concerned with all the education/learning goals. I asked for accommodations and they said my disabilities don't qualify for accommodations. I also know people who have children who are refused assessments for AT.

GOAL 1 – I was told my son would only be in a segregated class even though he was able to get around and walk. Minneapolis refused to listen to me and their staff didn't understand what LRE was! You gotta train the darn teacher! It is minimal so they can claim they are doing something. You don't have an educated enough workforce.

Restraints – people are not trained

GOAL 3 – I know several people who are fighting with school districts who are demanding an assessment and that's because several of these parents also have disabilities themselves. What you are trying to say is you can only make minimal improvements – 1%, that's not significant at all!

It is no rocket science! If a kid can show they can type and can't speak it doesn't require flipping training to know we have computers and that's \*\*\*! Just because they have been trained how can we know they are even doing it?

MDE is \*\*\* and making excuses and putting in goals that are not real goals!

**3. 3/6/19 – Lifelong Learning and Education**

The issues we have to deal with everyday matter. I was an educator for the State of MN and I realized that unless people are motivated and have passion things won't change. I don't know how you can incorporate mandatory passion for education. Once someone is captured by the court system then

Olmstead power is limited even more I wonder how courts are being educated on Olmstead laws. Enforcement of educating the entire state on the laws before someone gets into commitment status.

There's no way to educate and accept people with disabilities and respect the Olmstead law! Unless more is done, it may take another lawsuit!

I still believe the best place for a person to be taken care of is a group home. I believe families are the BEST people to take care of people who need help. The first thing the courts do is take someone from their family. There should be other forms of support other than clumping everyone together. It goes back to education and having a right staff that cares to help them grow and become independent. It can't be about the money!

I also feel the peer support systems are even more important. Someone who has gone through psychiatric treatment knows the fears and experiences because they have also gone through it themselves.

#### **4. 3/6/19 – Prevention of Abuse and Neglect**

It bothers me when people say Olmsted is the law - it is not a law! It is all about the money, I'm not sure if group homes are the answer because if we get corporate group homes its all about the money again. I know of a kid who kept getting nabbed by the county and he went undiagnosed until he was 12. We have systems that don't do the job! Parents are sometime afraid of getting their children taken away!

Protocol for least restrictive supports are not being followed and there are no consequences.

Prevention abuse and neglect – goal 4: IF teachers and schools don't report, then it doesn't even register it is not even accounted for! 10% is still really low. We have people who don't want to get in trouble and they don't report. I have no reason to believe that just because you have a damn goal, it doesn't mean people will report! You can't get data if people aren't putting the data forth! The protect each other and circle the wagons, they aren't going to do that. If they don't rat on their friends where's the data then. The law says they are mandated reporters but they already aren't.

#### **5. 3/6/19 – Transportation**

I have a comment on transportation. I understand if you are in a populated area but if they want to be with or near family in a rural area it gets challenging. They seem to be throwing the rural folks under a bus! They are only addressing metro area people and nothing is being done for the greater areas. People can't go to movies and they were treated like children! If you are an adult with a disability, you should be treated like an adult.

## 6. 3/10/19 - Lifelong Learning and Education

I am the parent of an 18 year old who has Down syndrome. He loves being with his Gen ed peers, playing sports and hanging out. He has a summer job, is in extracurricular activities and does many things his siblings and typical peers do. However, that will all change next year. He wants to go to college and the only inclusive option in Minnesota is a 2 year program at a very religious and conservative school that has many more applicants than spaces. We will be forced to look out of state for a college program for our child with a disability along with many of our friends in the same situation.

We feel a panic and urgency and cannot wait for the timeline laid out in these amendments for school or housing or any of the categories. The increments are too tiny. This is a civil rights issue and people with disabilities should not have to wait for tiny percent of improvement each year as they get older and deeper into the groove of segregated living with few opportunities and fall further and further behind and it will be harder and harder for them to find their place in society. The goals are too tiny and slow. The needs are urgent. I have indicated in boldface some of the proposed increases that are most egregious, but I believe each category is too slow to make changes and sets the bar too low.

Goal One: To increase the number of students with disabilities who are included into classrooms with peers who do not have disabilities. • Proposed change: To more accurately measure progress, agency proposes modifying the way data is reported from number of students to percentages. **At baseline, 62.1% of students were included. The goal is to have that increase to 63% by December 1, 2021.**

Goal Two: To increase the number of students who have the opportunity to attend postsecondary education. • Proposed change: To more accurately measure progress, agency proposes modifying the way data is reported from number of students to percentages. **At baseline, 31 % of students attended postsecondary education. The goal is to increase it to 36% by June 30, 2020.**

Goal Three: To increase the number of school districts that are considering assistive technology as a part of a student's annual IEP. • Proposed change (A): Agency proposes increasing the number of schools that have completed Minnesota Department of Education (MDE) trainings on how to consider assistive technology from baseline of **15 school districts to 31 by June 30, 2020.** • Proposed change (B): Agency proposes increasing the number of students with disabilities served in school districts that have completed MDE consideration of assistive technology training from baseline of **11% to 20% by June 30, 2020.**

## 7. 3/10/19 - Housing and Services

Goal One: To increase the number of people who live in places of their choice and who have the maximum opportunity to interact with the community. • Proposed Change: To more accurately measure progress, agencies are proposing to modify the way data is collected. The proposed change will **increase the 2019 goal of having 5,547 people to 5,569 people who are able to live in places of their choice and have the maximum opportunity to interact with the community.**

Minnesota and the Olmstead Plan can and must do better for our citizens. Please consider increasing the timeline and providing equal opportunities for Minnesotans with disabilities now.



## 8. 3/10/19 - Lifelong Learning and Education

I am the parent of an 18 year old who has Down syndrome. He loves being with his Gen ed peers, playing sports and hanging out. He has a summer job, is in extracurricular activities and does many things his siblings and typical peers do. However, that will all change next year. He wants to go to college and the only inclusive option in Minnesota is a 2 year program at a very religious and conservative school that has many more applicants than spaces. We will be forced to look out of state for a college program for our child with a disability along with many of our friends in the same situation.

We feel a panic and urgency and cannot wait for the timeline laid out in these amendments for school or housing or any of the categories. The increments are too tiny. This is a civil rights issue and people with disabilities should not have to wait for tiny percents of improvement each year as they get older and deeper into the groove of segregated living with few opportunities and fall further and further behind and it will be harder and harder for them to find their place in society. The goals are too tiny and slow. The needs are urgent. I have indicated in boldface some of the proposed increases that are most egregious, but I believe each category is too slow to make changes and sets the bar too low.

Goal One: To increase the number of students with disabilities who are included into classrooms with peers who do not have disabilities. • Proposed change: To more accurately measure progress, agency proposes modifying the way data is reported from number of students to percentages. **At baseline, 62.1% of students were included. The goal is to have that increase to 63% by December 1, 2021.**

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## 9. 3/10/19- Housing and Services

Goal One: To increase the number of people who live in places of their choice and who have the maximum opportunity to interact with the community. • Proposed Change: To more accurately measure progress, agencies are proposing to modify the way data is collected. The proposed change will **increase the 2019 goal of having 5,547 people to 5,569 people who are able to live in places of their choice and have the maximum opportunity to interact with the community.**

Minnesota and the Olmstead Plan can and must do better for our citizens. Please consider increasing the timeline and providing equal opportunities for Minnesotans with disabilities now.

### 10. 3/10/19 - Lifelong Learning and Education Goal

I am the friend of an 18 year old who has Down syndrome. He loves being with his Gen ed peers, playing sports and hanging out. He has a summer job, is in extracurricular activities and does many things his siblings and typical peers do. However, that will all change next year. He wants to go to college and the only inclusive option in Minnesota is a 2 year program at a very religious and conservative school that has many more applicants than spaces. My friend's family will be forced to look out of state for a college program for their child with a disability along with many others in the same situation.

We feel a panic and urgency and cannot wait for the timeline laid out in these amendments for school or housing or any of the categories. The increments are too tiny. This is a civil rights issue and people with disabilities should not have to wait for tiny percents of improvement each year as they get older and deeper into the groove of segregated living with few opportunities. As they fall further and further behind, it will be harder and harder for them to find their place in society. The goals are too tiny and slow. The needs are urgent. I have indicated in boldface some of the proposed increases that are most egregious, but I believe each category is too slow to make changes and sets the bar too low.

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Minnesota and the Olmstead Plan can and must do better for our citizens. Please consider increasing the timeline and providing equal opportunities for Minnesotans with disabilities now.

## 12. 3/10/19 Lifelong Learning and Education Goal

Good evening, I am the parent of a 15 year old who has Down syndrome. We have fought year after year to keep her in mainstream classes alongside her peers, not just for choir or art, but for all core classes and orchestra (she plays the violin!). Very soon she will be nearing the end of high school, and she wants to go to college. Right now, the only inclusive option in Minnesota is a 2 year program at a very religious and conservative school that has many more applicants than spaces. As a result, we will most likely need to look out of state for a college program for our child with a disability along with many of our friends in the same situation.

We feel a panic and urgency and cannot wait for the timeline laid out in these amendments for school or housing or any of the categories. The proposed percentage increases are miniscule considering this is a civil rights issue and people with disabilities should not have to wait for tiny percent of improvement each year as they get older and deeper into the groove of segregated living with few opportunities. As they fall further and further behind, it will be harder and harder for them to find their place in society. The needs are urgent, and the proposed goals do not come close to matching the needs. I have indicated in boldface some of the proposed increases that are most egregious, but I believe each category is too slow to make changes and sets the bar too low.

Goal One: To increase the number of students with disabilities who are included into classrooms with peers who do not have disabilities. • Proposed change: To more accurately measure progress, agency proposes modifying the way data is reported from number of students to percentages. **At baseline, 62.1% of students were included. The goal is to have that increase to 63% by December 1, 2021. THAT IS 0.9% OVER 2 YEARS**

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**maximum opportunity to interact with the community. AN INCREASE OF 22 PEOPE, ASSUMING % WERE NOT USED BECAUSE IT WOULD LOOK SO INCREDIBLY RIDICULOUS.**

Minnesota and the Olmstead Plan can and must do better for our citizens. Please consider increasing the timeline and providing equal opportunities for Minnesotans with disabilities now.

#### 14. 3/10/19 - Lifelong Learning and Education Goal

Goal One: To increase the number of students with disabilities who are included into classrooms with peers who do not have disabilities. • Proposed change: To more accurately measure progress, agency proposes modifying the way data is reported from number of students to percentages. **At baseline, 62.1% of students were included. The goal is to have that increase to 63% by December 1, 2021.**

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Minnesota and the Olmstead Plan can and must do better for our citizens. Please consider increasing the timeline and providing equal opportunities for Minnesotans with disabilities now.

#### 16. 3/11/19 – Housing an Services

I'm writing to urge quicker and more responsive work to provide truly equal opportunities to Minnesotans with disabilities now.

A Concerned Citizen

## 17. 3/11/19 - Lifelong Learning and Education

To whom it may concern,

I am the sister of an 18 year old who has Down syndrome. He loves being with his typically developing peers, playing sports, and hanging out with friends and families. He has a summer job, is in many extracurricular activities, and does many things his siblings and typical peers do. However, that will all change next year. He wants to go to college and the only inclusive option in Minnesota is a 2 year program at a very religious and conservative school that has many more applicants than spaces. We will be forced to look out of state for a college program for our child with a disability along with many of our friends in the same situation.

We feel a panic and urgency and cannot wait for the timeline laid out in these amendments for school or housing or any of the categories. The increments are too tiny. This is a civil rights issue and people with disabilities should not have to wait for tiny percents of improvement each year as they get older and deeper into the groove of segregated living with few opportunities and fall further and further behind. Ultimately, it will become harder and harder for them to find their place in society. The goals are too tiny and slow. The needs are urgent. I have indicated in boldface some of the proposed increases that are most egregious, but I believe each category is too slow to make changes and sets the bar too low.

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Minnesota and the Olmstead Plan can and must do better for our citizens. Please consider increasing the timeline and providing equal opportunities for Minnesotans with disabilities now.

Thank you in advance for taking action on behalf of Minnesotans with disabilities and their families.

#### 19. 3/11/19 - Lifelong Learning and Education

Hello,

I am the sibling of an 18 year old who has Down syndrome. He loves being with his Gen ed peers, playing sports and hanging out. He has a summer job, is in extracurricular activities and does many things his siblings and typical peers do. However, that will all change next year. He wants to go to college and the only inclusive option in Minnesota is a 2 year program at a very religious and conservative school that has many more applicants than spaces. We will be forced to look out of state for a college program for our child with a disability along with many of our friends in the same situation.

We feel a panic and urgency and cannot wait for the timeline laid out in these amendments for school or housing or any of the categories. The increments are too tiny. This is a civil rights issue and people with disabilities should not have to wait for tiny percents of improvement each year as they get older and deeper into the groove of segregated living with few opportunities and fall further and further behind and it will be harder and harder for them to find their place in society. The goals are too tiny and slow. The needs are urgent. I have indicated in boldface some of the proposed increases that are most egregious, but I believe each category is too slow to make changes and sets the bar too low.

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## 20. 3/11/19 – Lifelong Learning and Education

The \*\*\* provides services to individuals with intellectual and developmental disabilities. For over 70 years, The \*\*\* has been assisting people with intellectual and developmental disabilities and their families to address and overcome challenges in order to thrive in community life. We assist individuals and families over their lifetime to gain information and address issues around early intervention, education, healthcare, housing, employment, guardianship, accessing government services, and more. The \*\*\* is changing attitudes by helping the community realize the many ways that people with disabilities enhance our lives and add to the rich texture of our community.

We welcome the opportunity to comment on the proposed amendments to the measurable goals in the Olmstead Plan. We would like to provide comments on the goals in the following areas:

### Goal One (page 5)

Why is "students with disabilities" only defined as age 6 to 21 years old? We believe it is important to include young children receiving Early Intervention services in various settings through their school district as well.

### Goal Two (page 7)

"Annual goals to increase the percentage of students with disabilities enrolling in an integrated postsecondary education setting in the fall after graduating..."

What about students staying enrolled and completing a postsecondary program? What does an "integrated postsecondary education setting" mean?

The third bullet point under "Proposed Changes to Strategies": We would recommend that the Minnesota Postsecondary Resource Guides also be distributed in high schools and shared with high school students.

### Goal Three (page 9)

In Measure (A): In the baseline description, what does "active consideration" mean during a student's IEP meeting?

We believe the baseline should actually address students getting Assistive Technology. With the annual goals, the increases seem small.

In Measure (B): We would like to see information about what the Minnesota Department of Education's training looks like, what it includes and who is it geared towards.

Overall, we think the focus should be on students who need Assistive Technology that are getting it versus training staff how to address the issue.

The fourth bullet point under "Proposed Changes to Strategies: Goal Three" (page 10): We believe this should say that schools need to document the decision making process versus it being a "best practice" because that may be interpreted as being optional by IEP team members-they can do it but are not required to.

## 21. 3/11/19 - **Transportation**

### *Goal Five (page 12)*

With "regular route level of service," is how far away the bus stop is from someone's home being considered here?

We also think it is important to consider urban, suburban and rural areas across the state in this goal area. Access to transportation, infrastructures, locations of bus stops, etc. will vary widely depending on what part of the state we are talking about.

## 22. 3/11/19 - **Positive Supports Goal**

### *Goal Four/ Five (page 15)*

The second bullet point under "Proposed Changes to Strategies": "MDE will improve data reporting tools for improved data quality."

How?

What are the current tools?

The sixth bullet point under "Proposed Changes to Strategies": "Continue to implement MDE's Statewide Plan to Reduce the Use of Restrictive Procedures and Eliminate the Use of Prone Restraint."

Strategies and action steps to explain how seclusion will be eliminated need to be included in the Olmstead Plan.

What work is being done with the legislature to eliminate seclusion?

In general, in this area we believe it is critical to consider and understand how and when students are sent to intermediate districts due to behavior issues versus keeping them in their home school district. Do all schools need more strategies, training and resources to keep students in their local school districts?

The second bullet point under "Reduce the Use of Seclusion in Educational Settings" (page 16): "Engage the Restrictive Procedures Work Group to make recommendations to MDE and the 2016 legislature..."

This needs to be changed to the 2019 legislature.

## 23. 3/11/19 - **Community Engagement**

### *Goal Three (page 18)*

In the goal, it states that "engagement activities" will be evaluated using "the Civic Engagement Evaluation Framework." What is the framework? Why does it take until March 31, 2020, to establish a baseline?



#### 24. 3/11/19 - Preventing Abuse and Neglect (page 19)

In the "Reason for Change," the "unexplained inconsistencies" should be explained.

Goal Two

Why is a new baseline needed by April 30th? What is the criteria used to set it?

How does the number of people treated actually decrease abuse?

How does the decreased number of visits mean a decrease in abuse?

What are the "medical treatment(s) other than emergency room or hospital"?

Goal Four (page 21)

First bullet point under "Reason for Change": "Incorporating determinations rather than allegations..."

Who decides this? The Minnesota Department of Education?

Who is tracking this currently?

Goal Four: "By July 31, 2020, the number of students with disabilities statewide identified as victims in determinations of maltreatment will decrease by 10% compared to baseline."

By who? Staff, students or both?

What is maltreatment?

Does this include incidents between students with disabilities?

Does this also mean that the maltreatment occurred at school? It doesn't explicitly state it if so in the goal.

We also think it is important that the type of disability, type of abuse, sex, age and federal setting are documented and monitored.

On page 22, under "Improve School Accountability for Training," the plan should include information on the type of training, length of training and how it is done.

#### 25. 3/11/19 - Lifelong Learning and Education

Hello MN Olmstead Planners,

As I look at the "Summary of 2019 draft amendments," I am struck by how little is being reached for. Can this be all we are asking of ourselves, to simply come up to basic standards of inclusion for people with disabilities?

My 19-year-old son has Down syndrome, and is very excited for getting a job and a place of his own after he graduates from high school this June. Will he be one of the additional 22 people you propose "who are able to live in places of their choice and have the maximum opportunity to interact with the community"? And what about the chances of his getting a job, and job coaching, in our community? That isn't even mentioned in the draft.

Will his friend who wants to attend college be one of the additional 5% of students who attend

postsecondary education? And will he be able to attend in Minnesota, or will he have to go elsewhere to be included?

I am hoping we can do more for my son, my neighbors and friends, and our whole community, which benefits immensely from inclusion.

## 26. 3/11/19 – Lifelong Learning and Education

My nephew is about to graduate from high school and has Down syndrome. His parents and support network have worked hard and ceaselessly to ensure he was included in the classroom with his general education peers. The results have been hugely successful. He has a summer job, is in extracurricular activities and does many things his siblings and typical peers do. However, as graduation approaches, his opportunities to interact with his typical peers will be greatly reduced. He wants to go to college, yet the only option in his home state is one school with a limited curriculum, limited space, and a limited conservative religious philosophy. It's challenging for a typical child to attend college out of state, but nearly impossible for a child with a disability.

He needs access to school or housing in Minnesota now. He and other people with disabilities can't wait for the minuscule changes proposed in these amendments. After he has come so far, what are the consequences for him and our society by stopping his progress now? This is a civil rights issue for people. After all that he has overcome and adapted to fit in, now system sentences him to segregated living with few opportunities. We have to do better. I have highlighted the egregious limitations below. The goals must be larger and accomplished faster than what is outlined. This is an urgent matter that ultimately affects all Minnesotans. We can all benefit from fully integrating these fabulous people into our communities. The sooner the better, for everyone!

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### 27. 3/11/19 - **Housing and Services**

Goal One: To increase the number of people who live in places of their choice and who have the maximum opportunity to interact with the community. • Proposed Change: To more accurately measure progress, agencies are proposing to modify the way data is collected. The proposed change will **increase the 2019 goal of having 5,547 people to 5,569 people who are able to live in places of their choice and have the maximum opportunity to interact with the community.**

Minnesota and the Olmstead Plan must do better. Please provide equal opportunities for Minnesotans with disabilities now.

### 28. 3/11/19 – **Lifelong Learning and Education**

My nephew has Down syndrome. He is immersed in his high school both academically and socially. He plans to get a postsecondary education and lead a life with as much independence as is fitting. The increases proposed do not provide adequate increases to accommodate the future population as well as existing recipients.

Please do better to assist these children.

### 29. 3/11/19 – **Lifelong Learning and Education / Housing and Services**

Fellow Concerned Minnesotans,

Please improve all aspects of the Olmstead Plan.

Please increase Educational opportunities beyond the current measures.

Please fund Housing accommodations surpassing the present increments.

### 30. 3/11/19 - **Public Safety**

As a person with a disability and as one who has been involved in two Olmstead work groups one being the Community Engagement Workgroup and the other being the Specialty Committee on Abuse and Neglect.

I am requesting that the Departments of Public Safety and the Minnesota Judicial Branch be added to the Governor's Olmstead Subcabinet.

Both of these departments encounter my friends and peers with disabilities in numbers that are very troubling.

The Olmstead Subcabinet Commissioner of Corrections has been present and active yet the plan has no measurable goals at all. Yet some estimates say 40% of offenders have disabilities.

The Department of Corrections is responsible for children ages 11 to 17 and I believe that population has a even higher percentage of disability.

The people of Minnesota must be one informed about how many children and those 18 years and over have been, with the number, in Department of Corrections Facilities who have disabilities and the breakdown of all disabilities.

The Olmstead baseline for a goal for Corrections reducing the number of people with disabilities in Correction can be started.

The Subcabinet needs to add the Minnesota Judicial Branch as they have data and Strategic Plans that addresses the over representation of people with disabilities.

The Minnesota Judicial Branch is encountering many people with disabilities many of who are particularly vulnerable and are repeatedly more and more entering the Judicial Courts.

They know there is a problem with Case management and can be part of the solution as a member of the Olmstead Subcabinet

Please add them as soon as positive.

## Comments from Focus Group

**3/8/19**

### 1. Housing and Services

Not enough staff

Payees (rep-payee) not doing their job – not paying bills (for client)

Don't go where they want to go

[They need] background checks: stole credit cards, only got "slapped on the hand"

Staff selling meth, cop bust

[Staff] uses client money to pay for [staff] food at checkout

[Staff] cancel assignment [last minute] with client without considering person's feelings or taking advantage [of client]

### 2. Transportation

Greater MN: limited routes, limited \$\$, cancelled appointments

Liability insurance [concerns] prevented rides (people are willing to provide...)- can't go unless paid staff comes; that's how they understand the rules

"Should be an individual decision"

Want to take [client] to church, guardianship issue

Company vans or personal car at group home [to help with transportation]

This document is available in alternative formats to individuals with disabilities by contacting:

Olmstead Implementation Office  
400 Wabasha Street North, Suite 400  
St. Paul, MN 55102  
Phone: 651-296-9844  
[MNOlmsteadPlan@state.mn.us](mailto:MNOlmsteadPlan@state.mn.us)

# Public Input Themes and Agency Response

**March 25, 2019**

This document was presented to the Subcabinet on March 25, 2019. It provides a summary of the comments received and broad themes of the comments per topic area during Round One of the public comment.

Also included is the Subcabinet agency response to the public comment themes.





## Report on Public Input Themes and Agency Response

### Background

The Olmstead Implementation Office organized various opportunities for the second round of public comment on the annual update and modification of the Olmstead Plan. This included two video listening sessions, one conference call, a focus group, and written input by email and an online form. These yielded over 49 comments from approximately 41 people with disabilities, families, supporters, lead agencies, and providers. All public comments were forwarded to the agencies for their consideration.

### Public Input Themes and Agency Responses

The comments were reviewed and organized into themes by the Olmstead Plan topic areas. Themes include issues that were raised multiple times. Agency responses are included for each theme. Not all of the Plan modifications proposed by the agencies received public comments. Some comments related to Plan strategies. Many of the comments relate to existing workplans or could be considered as a modification to a workplan.

### LIFELONG LEARNING AND EDUCATION

Theme	Agency Response
Annual goal increase is very minimal. Consider increasing it.	<p>MDE is committed to supporting the consideration of most integrated setting for education by parents and educators in the individualized education program (IEP) process. The current Olmstead Plan goal calls for a 1% increase in the percentage of students with disabilities educated in the most integrated setting. Although 1% seems like a minimal increase, when applied to 118,000 students with disabilities, that increase represents 900 more students with disabilities who will be educated in the most integrated setting every year. This additional number of students in the most integrated setting is in addition to the IEP process already in place to ensure students are educated in the most integrated setting.</p> <p>MDE will continue to support parents and educators in the IEP process, as well as promote access to assistive technology, provision of positive behavioral interventions and supports (PBIS), and Regional Low Incidence Disability Projects as statewide strategies for educating students with disabilities in the most integrated setting.</p>
Communicate action plan to increase goal.	<p>MDE has developed a plan of strategies and activities to increase the percentage of students with disabilities educated in the most integrated setting. This plan is communicated in the Olmstead Plan and the Quarterly Reports that are publicly available on the <a href="#">Olmstead Plan website</a>.</p> <p>Most recently MDE shared a report on progress, including that MDE will continue the expansion of Positive Behavioral Interventions and Supports (PBIS) and implementation of Regional Low Incidence Disability Projects (RLIP) using a combination of access to qualified educators, technical assistance and professional development to increase the number of students with disabilities, ages 6 – 21, who receive instruction in the most integrated setting.</p>

Theme	Agency Response
<p>Mindful and meaningful integration and inclusion is needed in schools.</p> <p>Goals should be increased.</p>	<p>MDE is committed to supporting the consideration of most integrated setting for education by parents and educators in the individualized education program (IEP) process. MDE also recognizes that education of students with disabilities in more integrated settings should include provision of the accommodations, instructional modifications, and related services that students with disabilities may need in order to be successful in more integrated settings.</p> <p>The current Olmstead Plan goal calls for a 1% increase in the percentage of students with disabilities educated in the most integrated setting. Although 1% seems like a minimal increase, when applied to 118,000 students with disabilities, that increase represents 900 more students with disabilities who will be educated in the most integrated setting every year. This additional number of students in the most integrated setting is in addition to the IEP process already in place to ensure students are educated in the most integrated setting.</p> <p>MDE will continue to support parents and educators in the IEP process, as well as promote access to assistive technology, provision of positive behavioral interventions and supports (PBIS), and Regional Low Incidence Disability Projects as statewide strategies for educating students with disabilities in the most integrated setting.</p>

## HOUSING AND SERVICES

Theme	Agency Response
<p>More affordable housing is needed for families with disabilities.</p>	<p>Legislation passed in 2017 allows for the following upcoming changes to allow for</p> <ul style="list-style-type: none"> <li>○ Expanded eligibility for Minnesota Supplemental Aid (MSA) housing assistance to include people moving out of housing support settings and increases benefits so that more people can live in the community. The change will be effective on July 1, 2020.</li> <li>○ Develop two new Medical Assistance benefits: 1) housing transition services to help people find and obtain housing; and 2) tenancy support services to help people maintain stable housing. This change is subject to federal approval.</li> <li>○ Provides grant funding to develop local infrastructure, including: <ul style="list-style-type: none"> <li>• Outreach to people who are homeless or in institutions or segregated setting regarding housing options;</li> <li>• Technical assistance on available housing resources in the area;</li> <li>• Administration and monitoring of Housing Support.</li> </ul> </li> </ul>
<p>Opportunities are needed to allow affordable housing for people with disabilities that do not qualify for subsidized housing.</p>	<p>Minnesota Housing and DHS will continue implementation of the Section 811 rental assistance pilot, partner with HUD in program evaluation, and if found effective, consider other funding sources available for similar program should no further federal assistance become available.</p>

**TRANSPORTATION**

<b>Theme</b>	<b>Agency Response</b>
Transportation restrictions are barriers for people with disabilities.	<p>One of the key workplan items of Olmstead is the development of Regional transportation Coordinating Councils (RTCCs) in greater Minnesota and Mobility Management programs in the seven county metro area.</p> <p>The goal of the programs is to increase coordination of transportation between jurisdictions and transportation types. The approach should increase the ability to cross provider boundaries and provide a more regional approach to transit services. Many RTCCs have completed the planning phase and operational grants will be awarded in the latter half of 2019.</p>
Better transportation options are needed in rural areas.	As part of the Olmstead Plan, MnDOT is working with providers in Greater Minnesota to expand the number of hours transit is provided and the coverage area. Expansion of transit systems is limited in part by funding at both the State and local levels.
Improving transit reliability would increase independence and interests.	On-time performance is a key measure of reliability in the Olmstead Plan and is key area of responsibility for the RTCCs. We recognize that reliability and availability of transit must work hand in hand to be a successful option for individual and we are continually working with our providers on this matter.

**GENERAL COMMENTS**

<b>Theme</b>	<b>Agency Response</b>
Crisis goal strengthened to ensure that any individual being released from the hospital would have a comprehensive plan in place to ensure people are safe when returning back home.	<p>DHS will continue to monitor and evaluate the effectiveness of Crisis Services. Some of these strategies include:</p> <ul style="list-style-type: none"> <li>• Monitor the utilization of crisis services to determine: <ul style="list-style-type: none"> <li>○ the number of individuals who use crisis services</li> <li>○ the number of individuals demitted from where they live or work after a crisis episode</li> <li>○ timeliness of crisis interventions</li> <li>○ length of time crisis services are used, and</li> <li>○ barriers to stable services, and permanent housing.</li> </ul> </li> <li>• Evaluate the capacity (strengths and barriers) of the crisis system to provide timely access to in home intervention and residential crisis services and identify solutions, including: development of additional crisis residential homes and mobile crisis services, increased specialized staffing and/or streamlined processes to efficiently authorize and access funding.</li> <li>• Evaluate the length of time an individual remains in a residential crisis setting when stable, and reasons for delay in returning to their living situation. Identify solutions to expedite the development of permanent housing and service options to more quickly move people out of crisis homes when this level of service is no longer needed.</li> </ul>

Theme	Agency Response
Request to have a parent advocate in each county to help parents through the emotional journey for wavier funding.	<p>DHS continues to work on strategies related to Person-Centered Planning. Some of these strategies include:</p> <ul style="list-style-type: none"> <li>• Develop materials and training to guide professionals who inform people with disabilities about their rights and their individual abuse prevention plans to increase understanding of rights and the effectiveness of planning.</li> <li>• Expand person-centered planning principles across more populations to include Medical Assistance recipients using mental health or home care services, those served through DEED, MDE, those leaving correctional facilities, and those requiring a coordinated plan between education, human services, and/or health. Provide training on person-centered planning practices and informed choice to people with disabilities and their families, counties, tribes, and providers.</li> </ul>
Department of Public Safety and the Minnesota Judicial Branch should be added to the Olmstead Subcabinet.	Expansion of Subcabinet membership is currently under consideration.