

Agenda: Olmstead Subcabinet Meeting

This document is available in alternative formats to people with disabilities by contacting MNOlmsteadPlan@state.mn.us or by calling 651-296-8081. To provide feedback about the meeting, email MnOlmsteadPlan@state.mn.us.

Date: June 9, 2025

Time: 3-5 p.m.

- 1) Access check, call to order, land acknowledgment, and roll call**
- 2) Approval of the agenda**
- 3) Approval of the April 9, 2025 meeting minutes**
- 4) Olmstead Implementation Office and Olmstead Compliance report**
- 5) Introduction of Inclusion Consultants**
- 6) Break**
- 7) Focus Area Report by Inclusion Consultants**
- 8) Discussion**
 - What questions, comments, or insights do Subcabinet members have regarding the focus area report?
 - In what ways do you see your agency's Olmstead work falling under one or more of the focus areas?
 - Are there things that struck you from this report that help you think about how to center the experience of people with disabilities in the new Olmstead Plan?
- 9) Adjournment**

Land Acknowledgement

We collectively acknowledge that we are located on the traditional land of Indigenous people that once and still is occupied by the Ojibwe, Dakota and other Native peoples from the time immemorial. These lands hold great historical, spiritual, cultural and personal significance for these Native nations. We recognize, support and advocate for the sovereignty of these nations in this territory and beyond. By offering this land acknowledgement, we affirm tribal sovereignty and will hold ourselves accountable to the American Indian people and nations.

Meeting Minutes: Olmstead Subcabinet (Unapproved)

This document is available in alternative formats to people with disabilities by contacting MNOlmsteadPlan@state.mn.us or by calling 651-296-8081.

Date: April 9, 2025

Location: Webinar online platform

Attendance

Subcabinet members and designees

- Jolene Rebertus, Minnesota Department of Corrections (DOC)
- Daron Korte, Minnesota Department of Education (MDE)
- Commissioner Matt Varilek, Minnesota Department of Employment and Economic Development (DEED)
- Colleen Wieck, Governor's Council on Developmental Disabilities (GCDD)
- Kris Rhodes, Minnesota Department of Health (MDH)
- Commissioner Jennifer Ho, Minnesota Housing (MHFA)
- Commissioner Rebecca Lucero, Minnesota Department of Human Rights (MDHR)
- Natasha Merz, Minnesota Department of Human Services (DHS)
- Wendy Wulff, Metropolitan Council (MetC)
- Lisa Harrison-Hadler, Ombudsman for Mental Health and Developmental Disabilities (OMHDD)
- Timothy Lynaugh, Minnesota Department of Public Safety (DPS)
- Commissioner Nancy Daubenberger, Minnesota Department of Transportation (MnDOT)
- Nora Cronin, Minnesota Department of Veterans Affairs (MDVA)

Other state staff

- Erik Adolphson, Direct Care and Treatment (DCT)
- Chloe Ahlf, Olmstead Implementation Office (OIO)
- Scott Beutel, MHFA
- Wade Brost, DCT
- Nora Cronin, MDVA
- Rilyn Eischens, OIO
- Aisha Elmquist, OIO

- Tom Gottfried, DOT
- Heidi Hamilton, DHS
- Jolene Juhl, DCT
- Irene Kao, MHFA
- Makenzie Nolan, Governor's Office
- John Patterson, MHFA
- John Patterson, MHFA
- Blaire Rodenbiker, MDH
- Evan Rowe, DEED
- Gloria Smith, DHS
- Dez Sobiech, OIO
- Mike Tessneer, DHS
- Dee Torgerson, DEED
- Rosalie Vollmar, DHS
- Lauren Webber, DOC
- Madi Wegener, OIO
- Amanda Welliver, MHFA
- Darlene Zangara, DHS

Guest presenters

- Jonathan Bucki, Dendros Group
- Angela Carter, Dendros Group
- Koko Chino, Dendros Group
- Maya Larson, Dendros Group
- Sophia Barr, Dendros Group

Call to order and agenda review

Commissioner Ho called the meeting to order and welcomed attendees. Madi Wegener from OIO took roll call. Aisha Elmquist from OIO read a land acknowledgment. Commissioner Ho introduced Erik Adolphson from Direct Care and Treatment (DCT). DCT will likely become a voting member agency of the Subcabinet later in 2025, pending approval from the Governor's Office. She then reviewed the agenda, and no changes were requested.

Approval of meeting minutes

Action: Approve the December 16, 2024, Leadership Forum meeting minutes

Motion: Varilek Second: Lucero

In favor: Roll call vote was taken with 12 Ayes and 0 Nays. Motion carried.

- DOC: Aye
- MDE: Aye
- DEED: Aye
- GCDD: Aye
- MDH: Aye
- MHFA: Aye
- MDHR: Aye
- DHS: Aye
- MetC: Aye
- OOMHDD: Aye
- DPS: Aye
- MDVA: Aye

Quarterly Report

Mike Tessneer (DHS) noted that the Olmstead Plan Quarterly Report for the last two quarters was accepted by a vote at the March Leadership Forum meeting. There were no questions regarding the Quarterly Report.

OIO and Dendros project update

Mike Tessneer and Colleen Wieck (GCDD) shared about former Olmstead Implementation Office Interim Director David Sherwood-Gabrielson, who passed away last month. He is remembered as knowledgeable, caring and a staunch disability advocate.

Aisha Elmquist (OIO) gave an update to the new Olmstead Plan process and provided an overview of DOJ guidance for Olmstead Plans. She shared that the new Inclusion Consultants (consultants with lived experience of disability) will be proposing focus areas for the new plan and working on agency teams to set goals for the plan. She provided additional details about the upcoming planning process. She shared about discussions with agency staff on how the next Olmstead Plan will focus on the Olmstead mandate and areas related to integration, inclusion, and choice.

Rilyn Eischens (OIO) gave an update on the contracting process to bring Policy Consultants into the planning process. The vendor for this contract will provide best practices reports and engage policy experts to meet with and support the agency teams and Inclusion Consultants.

Jonathan Bucki from Dendros Group introduced himself as the Project Lead and gave an overview of their organization. Koko Chino (Dendros Group) introduced herself as the Accessibility Lead on the project. Maya Larson (Dendros Group) introduced herself as the Project Manager and Administrative Team Lead on the project.

Angela Carter (Dendros Group) introduced herself as the supervisor for Inclusion Consultants and Support Team Lead on this project. She then gave an overview of the application, review and interview process for contracting with the Inclusion Consultants. Dendros received over 240 applications, and the interview team conducted 60 interviews. Twenty consultants with diverse disabilities, backgrounds and connections to state systems were selected and have entered into contracts on the project. Inclusion Consultants will complete training and onboarding and then will be assigned to agency teams.

Jonathan Bucki (Dendros Group) then gave a brief update on plans for community conversations. They will host a virtual Community Update and Conversation on April 22, with Commissioner Ho providing opening comments. Over the course of the project, Dendros plans to facilitate 30 conversations with at least 500 participants. Some conversations will be in person and others virtual.

Discussion

Members had robust discussion on several questions.

Question One: Taking a moment to reflect on interagency work that you've done, what are some characteristics of an effective interagency plan?

Characteristics identified in the discussion included:

- Using plain language to make complicated topics accessible to everyone involved in the work.
- Establishing specific goals, a shared understanding of what the group is trying to accomplish, clearly defined roles and responsibilities, open communication with some shared access to notes and assignments, and the flexibility to pivot as circumstances change.
- Interagency work, including bringing together agencies that might not otherwise connect regularly.
- Involvement and support from the Governor's Office.

There was also discussion about having information related to the state budget and how much is spent on various disability programs.

Question Two: What exists in the current Olmstead Plan that is important to continue? Where have we made progress?

Answers included:

- Decreasing the use of mechanical restraints and moving to positive supports.
- Focus on supporting the move from segregated sites to more integrated sites in housing and employment.
- Expanding resources for providers on positive supports, including person-centered planning.
- Exploring adaptive technologies that can help some people live more independently.

- Exploring what needs to change to make more progress on goals that have not shown as much improvement as others in the current plan.

Question Three: As we embark on the next Olmstead Plan, how will we know if we have an effective Plan? What else should we consider in creating the next Plan?

Suggestions included:

- Asking questions like: Is this plan an accumulation of things that will move the needle toward the end goal? Are we changing the plan to reflect the input of the community and Inclusion Consultants? Is the community excited about the plan?
- Including a plan for communicating with the public and responding to concerns and desires.
- A connection to the budgeting process and budget decisions.

Question Four: What are some of the biggest challenges the disability community and your agency are facing right now that the Olmstead Plan might address?

The primary concern expressed by members was budgeting and uncertainty around funding.

Adjournment

Commissioner Ho adjourned the meeting at 3:30 p.m.

The next Olmstead Subcabinet meeting will be June 9, 2025, at 3:00 p.m. Location is to be decided.

Technical Assistance Collaborative and Minnesota Olmstead

Best Practice and Policy Consultation

TAC Consulting Engagement

- Minnesota is contracting with TAC to provide consultation in the process of developing a new Olmstead Plan
- Work consists of two primary activities:
 - ▶ Development of best practices document, covering multiple topic areas such as education and transportation
 - ▶ Provision of policy-oriented Policy Consultants (subject matter experts) to Subcabinet agencies and Inclusion Consultants as they work to develop Olmstead Plan goals
- Policy Consultants will be available for follow-up consultation through the process of goal-setting and plan-drafting
 - ▶ The work of co-creating and drafting the plan is done by Subcabinet agency staff and Inclusion Consultants

Best Practice Report

- ▶ TAC is scheduling kickoff meetings with Subcabinet agencies to gather information specific to Minnesota (for example, Minnesota program information)
- ▶ TAC is conducting an extensive literature review and researching best practices from other states, local governments, other entities, and providers to include in the report- with specific implementation considerations for Minnesota
- ▶ The report will provide the foundation for policy consultation

Policy Consultation

- ▶ Building upon work in the best practice report, including the initial meetings, TAC will attend a series of meetings to provide consultation to agency teams (of agency staff and Inclusion Consultants) that will be focused on:
 - 🔗 The Subcabinet agency's previous and ongoing work and the Inclusion Consultants' expertise related to topics discussed
 - 🔗 National best/promising practices, policies, and strategies to improve outcomes in specific topic areas
 - 🔗 Discussions regarding developing measurable goals, additional policies and strategies, etc.
- ▶ TAC will attend only a limited number of the agency team meetings, starting this summer.

Ongoing Support and Coordination

- ▶ After October 2025, Policy Consultants will be available to answer some questions from agency teams via email.
- 🔗 TAC may also conduct some additional meetings with agency teams between November 2025 and July 2026
- ▶ TAC will provide presentations to Leadership Forum and/or Subcabinet

Olmstead Planning Vision & Focus Areas

Inclusion Consultants

Today

- Review A Guiding Vision Statement
- Recommend 5 Focus Areas for Olmstead Planning

Vision

We imagine a world where all Minnesota State Agencies care about our perspectives, listen to us, and make decisions with us in authentic collaboration so we can live, learn, work and enjoy life with everyone else.

Recommended Focus Areas

Focus Area One: Freedom, Belonging, and Self-Determination

Focus Area Two: Health, Safety, and Healing

Focus Area Three: Income, Work, and the Opportunity to Thrive

Focus Area Four: Functional Systems and Inclusive Services

Focus Area Five: Accessible Homes, Communities, and Infrastructure

Focus Area One: Freedom, Belonging, and Self-Determination

Minnesotans with disabilities have freedom, belonging and self-determination.

- People with disabilities can participate fully in civic life and local leadership.
- People have the right to live in the most integrated housing settings and to refuse placements that don't reflect their choices.

Focus Area Two: Health, Safety, and Healing

Minnesotans with disabilities are healthy, safe and have the resources they want and need for healing.

- People with disabilities are safe from harm and can access timely, trusted healing support.
- Services address trauma and support whole-person well-being, not just physical health.

Focus Area Three: Income, Work, and the Opportunity to Thrive

Minnesotans with disabilities have income, work, and the opportunity to thrive

- Disabled Minnesotans can access meaningful work, living wages, and career growth.
- Income supports do not trap people in poverty or force tradeoffs between work and basic needs.

Focus Area Four: Functional Systems and Inclusive Services

Minnesotans with disabilities have access to functional systems and inclusive services.

- Public systems are coordinated, easy to navigate, and grounded in trust.
- People receive timely, appropriate services that reflect their needs, not agency convenience.

Focus Area Five: Accessible Homes, Communities, and Infrastructure

Minnesotans with disabilities have accessible homes, communities and infrastructure.

- People live in accessible, affordable homes in the communities of their choice.
- Transportation, digital tools, and public infrastructure are fully accessible by default, not retrofitted.
- Communication access is timely, multimodal, and universal.

Questions & Answers

What questions do you have?

Synthesis of Community Input and Recommended Olmstead Planning Focus Areas

May 13, 2025

Synthesis of Community Input and Recommended Olmstead Planning Focus Areas	1
Introduction	1
Vision and Key Focus Areas Introduction	6
Focus Area One: Freedom, Belonging, and Self-Determination	7
Focus Area Two: Health, Safety, and Healing	9
Focus Area Three: Income, Work, and The Opportunity to Thrive	11
Focus Area Four: Functional Systems and Inclusive Services	13
Focus Area Five: Accessible Homes, Communities, and Infrastructure	15
Definitions	18

Introduction

Context

The Minnesota Olmstead Plan has always been rooted in a simple but powerful belief: people with disabilities deserve to live, work, and thrive in their chosen communities, with real choices and real belonging.

Since the Plan's creation in 2015, the Olmstead Implementation Office (OIO) has gathered the voices of Minnesotans with disabilities through surveys, conversations, and public engagement. Again and again, those voices have pointed to the same truth: while progress has been made, many barriers—physical, social, attitudinal, and systemic—still stand in the way of full inclusion.

In 2024, OIO set out to learn from community members about disability inclusion, integration, and choice. OIO engaged the public through small community conversations and multiple surveys. In 2025, Inclusion Consultants—disabled leaders with diverse lived experiences—came on board. In a community conversation in April 2025, Minnesotans shared with the Inclusion Consultants and OIO what is still missing, where systems are falling short, and what a better future could look like.

A lot of people said it felt good to finally have lived experience centered, that meetings were accessible, and that their voices were genuinely heard. But others didn't hold back: frustration came through loud and clear. Some spoke about how tiring it is to keep giving feedback without meaningful changes to the Plan, asking why real change hasn't arrived yet. Others reminded us that true barriers aren't just about inaccessible buildings or

broken systems—they are about attitudes, about being seen as “less than,” about facing bias that limits opportunity before the conversation even begins.

This report doesn't smooth over those tensions. Instead, it lifts them up. It captures the reality that while progress matters, it's not enough until people with disabilities can shape their lives without fighting every step of the way.

The work ahead must be different. It must be built through co-creation, not just consultation. It must focus not only on services, but also on dignity, choice, and true community belonging. This document offers a synthesis of what Minnesotans with disabilities have said they need—and a call to action to finally deliver it.

Methodology

This report uses a qualitative, narrative approach to understand and uplift the lived experiences of Minnesotans with disabilities. Instead of treating stories as isolated anecdotes or reducing experiences to data points, this process centered meaning: the deeper truths that emerge when people are given the space to speak fully, in their own words.

Throughout 2024 and 2025, stories were gathered through multiple channels—including the Quality of Life Survey, community conversations, targeted surveys like the Disability Inclusion and Choice Survey, and the Community Conversation Launch Event in April 2025. Across all these spaces, participants shared not only the barriers they face but also the dreams, frustrations, and solutions they carry.

Inclusion Consultants—disabled leaders from across Minnesota—led the interpretation and synthesis of this information. Their work honored the stories by looking beyond surface-level feedback to the underlying patterns, emotions, and realities people described. Rather than forcing experiences into rigid categories, the Consultants used a thematic approach, listening for what mattered most in people's lives: freedom, safety, belonging, opportunity, access, and respect.

The goal was not to create a technical report full of statistics, but to protect the authenticity of what people shared—to hear the meaning behind the words, to hold the context that shapes each story, and to allow that truth to guide the development of the seven focus areas outlined in this report.

In doing so, this report stays rooted in what Minnesotans with disabilities told us directly: *Our lives are not data points. Our stories are our expertise.*

As part of this process, Inclusion Consultants also reviewed and synthesized historic Olmstead research, recent survey data, and findings from past community engagement efforts. The next section summarizes that body of work—the foundation on which this new vision is being built.

Historic OIO Research

The Olmstead Implementation Office (OIO) was created in 2013 to bring the real voices of Minnesotans with disabilities into decisions about how the state works. OIO helps state leaders understand what people actually need to live, work, and participate in their communities—not just what the system assumes they need.

Over the years, OIO has gathered input in a lot of ways: surveys, conversations, listening sessions. Across all these efforts, one thing is clear: people with disabilities know what's needed—and systems need to do a better job of listening and acting.

The next sections pull together what Minnesotans have been saying, loud and clear, to help shape the next Olmstead Plan.

Quality of Life Survey (2024)

[The Quality of Life Survey](#) asked people with disabilities about their lives—housing, work, community, and choice. Some people said they were doing okay. But a lot of people—especially Black, Indigenous, and people of color, people with higher support needs, and folks in rural areas—said the same barriers were still getting in their way.

What would improve their quality of life?

- More access to leisure activities
- Closer personal relationships
- Changes to their living situation
- More opportunities to be out in their communities
- Better program staffing and capacity
- More freedom to make decisions
- Better personal health and wellbeing
- More access to transportation
- Better financial security
- Improvement in healthcare, health insurance, medical devices or assistive technology
- More opportunities to work.

The survey showed that even after years of work, a lot of people still feel stuck—and that real change has to center dignity, access, and choice, not just services.

Small Community Conversations (2024)

The [Small Community Conversations](#) were raw, honest, and powerful. Across Minnesota, people with disabilities shared hard truths:

- Services are often built for the system's convenience, not for real life.
- Racism, poverty, language barriers, and isolation make it even harder.
- Engagement has to be *authentic* — not just “checking a box.”

One big theme kept coming up: people want to help build solutions, not just give feedback. They want a future where disabled voices are at the center, not the sidelines.

Disability Inclusion and Choice Survey Summary (June 2024)

The Disability Inclusion and Choice Survey was open in June 2024. Almost 1,000 people filled it out to tell the state what life is really like for Minnesotans with disabilities—and what needs to change. Their message was clear: there’s a long way to go before people with disabilities have real choice, real belonging, and real access to live how and where they want.

Across the survey, people shared a few main ideas again and again:

- **Ableism and stigma** are still major roadblocks. People want more education in schools, workplaces, and the community about what disability really means—and what inclusion really looks like.
- **Choice and self-determination** matter. Too many systems still make decisions *for* people with disabilities, instead of supporting them to make their own choices.
- **Intersectionality** matters. Race, culture, language, gender, and other identities affect people's experiences of disability. Services have to be culturally relevant and affirming.
- **The shortage of support staff**—like personal care assistants and job coaches—is breaking the system. Without enough workers, people can’t get the help they need to live independently or work community jobs.
- **Government systems are too complicated.** People are tired of jumping through hoops, filling out endless forms, and dealing with long wait times to get basic services.
- **Housing, transportation, and healthcare** are still big gaps. People want affordable, accessible housing in their chosen communities, transportation they can actually use, and healthcare that respects and understands disability.

People also said loud and clear: it’s not enough to “gather input” and then go back to business as usual. Disabled people want real seats at the table—not just to be heard, but to be co-creators of what comes next.

Top Priorities People Named for the New Olmstead Plan:

- **Housing** that is affordable, accessible, and located where people want to live.
- **Stronger home- and community-based services** (like waivers) that are truly flexible and person-centered.
- **Jobs:** More real jobs, not dead-end programs. And employers who actually understand accommodations.
- **Healthcare and mental health care** that are affordable, accessible, and culturally responsive.
- **Transportation** that connects people to work, health care, friends, and life in the community.

What People Want in Their Own Words:

- “More real choice.”
- “More control over their lives.”
- “Less red tape.”
- “Services that respect all parts of who they are.”
- “Leadership that listens — and acts.”

Community Conversation: Governor’s Council on Developmental Disabilities

In 2024, the Governor’s Council on Developmental Disabilities (GCDD) hosted a community conversation and found the following from the perspectives:

- The systems to apply for and receive benefits and services are too complicated.
- People with disabilities don’t feel they have choices in many areas of life.
- Children with disabilities experience segregation, as well as lack of inclusion and choice, from a young age, including in educational settings.
- Physical inaccessibility is a barrier to integration, choice and inclusion.
- Integration, choice, and inclusion are just as important in recreational activities.
- Integration and inclusion require active allyship from non-disabled people.

OIO Surveys and Past Reports

Since 2015, Minnesota’s Olmstead Plan and its updates have pointed out the same problems:

- Systems don’t talk to each other.
- Services are siloed.
- People have to fight way too hard for basic access.

There’s been some progress but a lot of the deep structural barriers haven’t moved. The older reports remind us: it’s not about tweaking policies. It’s about rethinking how systems work—and who gets to shape them.

Overall

Minnesotans with disabilities have been crystal clear: they want more than services. They want respect, real choice, belonging, and leadership that *shows up* when it matters.

Vision and Key Focus Areas Introduction

Per the direction of the Olmstead Implementation Office (OIO) in their leadership of the Olmstead planning for the state, “Olmstead Plan goals should center on the concerns, preferences, and needs of people with disabilities. The goals should align with the insights and direction provided by the community and people with disabilities.”

We believe this vision is grounded in the foundational mandate of the Olmstead Decision—that people must be supported to live, work, and enjoy life in the most integrated settings possible. Integration is not simply a legal requirement; it is a moral and practical imperative that reflects the dignity, autonomy, and aspirations of all Minnesotans:

We imagine a world where all Minnesota State Agencies care about our perspectives, listen to us, and make decisions with us in authentic collaboration so we can live, learn, work, and enjoy life with everyone else.

Additionally, to guide the next Olmstead Plan, OIO asked the Inclusion Consultants to recommend focus areas for the planning process. OIO gave further guidance that the focus areas should have specific outcomes stemming from the vision statement above. These focus areas incorporate the role that state government programs and systems play in the lives of people with disabilities, especially those in segregated settings.

In developing the next iteration of the Olmstead Plan, we do not accept the false dichotomy that the needs of people with disabilities are separate from or in opposition to the needs of non-disabled people. Disability is a natural part of the human experience, and at some point in their lives, nearly everyone will navigate a temporary or permanent change in ways of functioning. One in four Minnesotans already lives with a disability. What we hope for disabled Minnesotans—freedom, opportunity, equity, and belonging—is what we want for every resident of our state.

Through statewide community engagement, lived experience leadership, and deep reflection, five strategic areas of focus have emerged from the reflections of the Inclusion Consultants. Each is designed to advance the vision above while responding directly to the core themes identified by Inclusion Consultants and disability advocates. These areas are not isolated initiatives—they are interconnected strategies meant to reshape the fabric of Minnesota’s public systems.

The following pages outline each focus area, related subthemes, and actionable next steps for state agencies. Together, these five priorities provide a blueprint for building a truly integrated Minnesota where every person has the right to thrive.

Focus Area One: Freedom, Belonging, and Self-Determination

Minnesotans with disabilities have freedom, belonging and self-determination.

Overview

One of the most explicit messages we heard from Minnesotans with disabilities is this: freedom means having control over your own life. That includes choosing where to live, what kind of work to do, how to spend your time, and who you spend it with. These choices are deeply connected to identity, dignity, and the ability to belong—to feel rooted in a community where your presence, needs, and contributions are respected.

Outcomes

- People with disabilities can participate fully in civic life and local leadership.
- People have the right to live in the most integrated housing settings and to refuse placements that don't reflect their choices.

Subthemes

- Trust in people's ability to make their own decisions, even when those decisions involve risk
- Full participation in civic life, local leadership, and public decision-making
- Cultural and personal identity are welcomed—not hidden or silenced
- Belonging is not just about being included; it's about being wanted and supported
- Access to the people, spaces, and supports that allow personal choice to be real
- Interdependence and mutual aid as valid forms of community support

Possible Action Steps

Support self-determination through programs that center lived experience.

State agencies should expand peer-led planning, supported decision-making, and self-directed services so that people choose the supports that fit their lives—rather than fitting their lives around services.

Expand civic engagement opportunities by removing participation barriers.

State agencies should work with disability-led organizations to make public meetings accessible, promote disability-inclusive candidate recruitment, and support voting access across all environments—including prisons, treatment facilities, and group homes.

Train public agencies in cultural humility, disability identity, and inclusive leadership.

State agencies should require statewide training led by people with disabilities, focused on intersectionality, dignity of risk, and how to build welcoming spaces where people can show up fully and safely.

Ensure the presence of people with disabilities in visible and leadership roles in state systems.

State agencies should lead in ensuring people with disabilities are seen in meaningful roles in state agencies, and find ways to encourage schools and other cultural institutions to do the same.

Reform policies that limit personal freedom, such as restrictive guardianship and service eligibility rules.

State agencies should collaborate to replace guardianship with supported decision-making, increase access to legal aid, and reduce red tape that forces people to prove their disability to access basic support.

Fund community-rooted programs that reflect Minnesota's full disability community.

State agencies should expand grants and contracting opportunities to small, culturally specific disability organizations—especially those led by Black, Indigenous, rural, queer, refugee or immigrant Minnesotans with disabilities.

Acknowledge and support mutual aid networks and informal community supports as core to self-determined lives.

State agencies should create new funding streams that recognize and strengthen mutual aid networks and culturally rooted support models.

Focus Area Two: Health, Safety, and Healing

Minnesotans with disabilities are healthy, safe and have the resources they want and need for healing.

Overview

Minnesotans with disabilities told us that health is more than access to doctors—it's about feeling safe in your body, being treated with dignity, and having the resources to heal from trauma. Safety includes protection from abuse and neglect, while healing means access to physical and mental health supports that are culturally responsive, trauma-informed, and rooted in trust. For many, it also means being believed.

Outcomes

- People with disabilities are safe from harm and can access timely, trusted healing support.
- Services address trauma and support whole-person well-being, not just physical health.

Subthemes

- Culturally responsive and trauma-informed health care
- Prevention of abuse, neglect, exploitation, and coercion
- Mental health supports that affirm disability identity and lived experience
- Safety as a condition for healing—not a privilege to be earned
- Respect for bodily autonomy and personal dignity in all care settings
- Healing justice and restorative community care

Possible Action Steps

Include disabled voices in designing mental health and substance use services.

State agencies should fund co-created models for mental health support that reflect the lived experience of trauma, racial injustice, and disability, including dual-diagnosis services and survivor-informed models.

Expand access to trauma-informed care and mental health services tailored to disability communities.

State agencies should fund community-rooted programs led by disabled practitioners and prioritize culturally specific services that reflect the lived experience of disabled Minnesotans.

Create community-rooted healing spaces beyond clinical care.

State agencies should invest in culturally specific, non-medical healing supports led by disability communities—such as peer wellness collectives, talking circles, expressive arts therapy, and spaces for grief, trauma, and joy.

Prevent harm by building accountability into all settings where disabled people receive care.

State agencies should strengthen monitoring of congregate settings, increase funding for ombudsman and advocacy programs, and promote community-based alternatives to institutional care.

Protect the privacy and dignity of disabled people's health and personal information.

State agencies should ensure informed consent and data sovereignty by reviewing and revising health data sharing practices, particularly in behavioral health, housing, and school settings.

Fund peer-led crisis response and emotional support networks.

Instead of relying solely on law enforcement or clinical crisis teams, State agencies should pilot peer-run mental health supports modeled after alternatives like warmlines, drop-in spaces, and community responder programs.

Train first responders and health professionals in disability competence and cultural humility.

State agencies should partner with disability-led groups to deliver training in trauma response, crisis de-escalation, and the social model of disability.

Support community healing and peer-led health initiatives.

State agencies should increase grants to grassroots groups offering wellness, harm reduction, and healing services that go beyond traditional clinical care.

Integrate healing circles and restorative practices into responses to harm and institutional trauma.

State agencies should fund pilot programs that embed healing justice practices in schools, jails, treatment centers, and congregate settings.

Ensure oral health, prescription access, and telehealth are included in equitable care models.

State agencies must revise Medicaid and managed care contracts to explicitly cover dental, telehealth, and affordable prescription needs.

Focus Area Three: Income, Work, and The Opportunity to Thrive

Minnesotans with disabilities have income, work, and the opportunity to thrive

Overview

Minnesotans with disabilities want more than survival—they want to thrive. That means having access to meaningful work, fair pay, and the freedom to make their own choices about how they live, learn, and contribute. But too many people are still locked out of the workforce, stuck in poverty, or pushed into jobs that don't reflect their strengths or goals.

People also shared their fear: if they try to work, they could lose health care or housing. And if they can't work due to their disability, they feel punished by a system that makes them prove they're "disabled enough" just to receive support. This isn't equity—it's a trap.

Outcomes

- Disabled Minnesotans can access meaningful work, living wages, and career growth.
- Income supports do not trap people in poverty or force tradeoffs between work and basic needs.

Subthemes

- Fair pay and benefits, including for people in supported or nontraditional employment
- Opportunities for entrepreneurship and leadership
- Economic systems that reward growth instead of penalizing it
- Access to vocational and higher education
- Recognition of unpaid work, caregiving, and community contribution
- Right to not work without stigma or economic insecurity
- Elimination of job segregation into the "five F's": food, filth, flowers, folding, fetching.

Possible Action Steps

Remove income and asset limits that penalize work or advancement.

State agencies should work with federal partners and advocates to modernize rules for Medical Assistance (MA), Supplemental Security Income (SSI), and other programs so that working doesn't mean losing needed support.

Expand access to inclusive employment and career pathways.

State agencies should increase funding for competitive integrated employment, inclusive apprenticeships, and higher education programs designed by and for disabled people.

Build pipelines to entrepreneurship and small business ownership.

State agencies should provide grants, training, and mentorship to disabled entrepreneurs, especially from rural and BIPOC communities.

Reform wage systems that devalue disabled labor.

State agencies should eliminate subminimum wages and invest in integrated employment opportunities that reflect people's goals, talents, and identities.

Remove penalties for getting married.

State agencies should review policies that reduce or revoke benefits when disabled people marry and work with federal partners to advocate for reforms that support family stability and autonomy.

Recognize and support unpaid labor and community contribution.

State agencies should include caregiving, advocacy, creative work, and mutual aid in definitions of meaningful participation, and create programs that offer stipends, credits, or benefits for non-waged contributions.

Expand economic opportunities for people re-entering from incarceration or treatment.

State agencies should provide targeted job placement, entrepreneurship funding, and skill-building programs for disabled people with lived experience of institutionalization or incarceration.

Fund disability-led creative and cultural work as legitimate economic participation.

State agencies should expand grants, fellowships, and residencies that value creative, cultural, and educational contributions from disabled artists, historians, and community builders.

Prioritize disabled applicants in state job postings.

State agencies should issue statewide directives requiring affirmative recruitment of disabled applicants in all public job announcements.

Focus Area Four: Functional Systems and Inclusive Services

Minnesotans with disabilities have access to functional systems and inclusive services.

Overview

People with disabilities told us clearly: the systems that are supposed to help them often make life harder. Whether trying to apply for services, get clear information, or solve a problem, the process is confusing, inconsistent, and exhausting. Many said they feel like they have to fight for everything—just to get what they’re already supposed to have.

How you access services should not depend on where you live. Allowing each county to have its own way of doing things, its own process, and its own timelines, creates dysfunction. And this patchwork approach leads to delays, denial of care, and uneven support, especially for those who move, live near county borders, or need help immediately.

Outcomes

- Public systems are coordinated, easy to navigate, and grounded in trust.
- People receive timely, appropriate services that reflect their needs, not agency convenience.

Subthemes

- Forms and processes that are understandable and accessible
- Help from someone who actually knows how the system works
- Less duplication between agencies and programs
- Consistency across counties in how services are accessed and delivered
- Opportunities to give feedback that leads to real change
- People-centered, compassionate support

Possible Action Steps

Create walk-in, peer-led Disability Resource Centers.

State agencies should fund drop-in centers statewide that provide real-time, person-centered guidance with benefits, housing, mental health, and legal rights—without requiring appointments or documentation up front.

Reduce the emotional and bureaucratic burden of navigating systems.

State agencies should pilot presumptive eligibility, longer benefit recertification periods, and plain language communication to reduce the paperwork load that drains time and dignity.

Simplify and align how people apply for services.

All state agencies should work together with people who use these systems to reduce paperwork, clarify requirements, and create one clear entry point.

Make case management work better.

All state agencies should increase support for navigators, advocates, and peer support—especially in communities where trust in the system is low.

Abolish redundant re-verification processes that erode trust.

State agencies should streamline eligibility reviews by accepting cross-agency documentation and recognizing disability determinations across programs.

Require consistent standards across counties.

State agencies should develop and enforce statewide access standards so that services don't depend on your ZIP code. This includes shared timelines, uniform forms, and equal access regardless of location.

Use inclusive communication practices.

State agencies should commit to plain language and accessible formats. This includes ASL, captioning, large print, and translations that reflect Minnesota's full diversity.

Build systems that are truly co-created with disabled people.

State agencies should integrate people with lived experience into design, review, and evaluation teams—not just advisory boards—to ensure systems reflect community realities and priorities.

Create real accountability when systems fall short.

State agencies should lead efforts to make feedback easier to give and more likely to lead to action—then share what changed as a result.

Train agencies to adopt a culture of compassion, not compliance.

State agencies must include compassion and relational care in staff performance metrics and training benchmarks. Expand inclusive teaching practices in schools, and more inclusive service policies/procedures any where people are using public resources.

Ensure systems answer calls, respond to requests, and communicate clearly with urgency and empathy.

All executive agencies should audit and publicly report on response times and satisfaction with public-facing services.

Focus Area Five: Accessible Homes, Communities, and Infrastructure

Minnesotans with disabilities have accessible homes, communities and infrastructure.

Overview

When we asked Minnesotans with disabilities about access, many talked about the basics—getting into buildings, having qualified interpreters, finding housing, using transportation, or safely crossing the street. These are not luxuries; they are the foundation of a full life. But too often, the spaces, systems, and services meant to support access are inconsistent, incomplete, or entirely missing, especially in rural areas, small towns, and low-income neighborhoods.

What people are calling for isn't a set of minor improvements. It's a complete shift toward intentional design. Cities, neighborhoods, and infrastructure across Minnesota must be created with accessibility as a baseline, not as a retrofit. That includes housing, sidewalks, crosswalks, broadband, emergency systems, and communication access in every format.

Outcomes

- People live in accessible, affordable homes in the communities of their choice.
- Transportation, digital tools, and public infrastructure are fully accessible by default, not retrofitted.
- Communication access is timely, multimodal, and universal.

Subthemes

- Access to integrated, affordable housing—not just availability
- Reliable, flexible transportation that connects all communities
- Digital inclusion and broadband access
- Climate resilience and emergency preparedness for disabled people
- Universal design in public buildings, parks, and streetscapes
- Communication access: ASL 911, visual instructions, interpreter rights
- Housing for unhoused people that doesn't require a permanent address
- Healthy food access in all community spaces

Possible Action Steps

Require universal design and accessibility in all new housing and public construction.

State agencies should expand funding, incentives, and mandates for housing and infrastructure designed with universal access principles, co-developed with disabled community members.

Invest in accessible housing navigation and preservation.

State agencies should fund statewide programs that help people find, apply for, and keep accessible housing, including navigators, legal aid, and housing retention services.

Ensure every city and county adopts and enforces accessibility standards.

State agencies should require local governments to adopt consistent accessibility policies, update public infrastructure plans, and report on access compliance, especially around public transit, buildings, and emergency services.

Address zoning and land use barriers to integration.

Find ways to influence local zoning codes that exclude multi-unit or accessible housing, and incentivize mixed-income, mixed-ability developments.

Fund local demonstration projects that model accessible community design.

State agencies should support city- and county-level pilots that showcase inclusive parks, bus stops, sidewalks, restrooms, shelters, signage, and wayfinding technologies.

Train and diversify Minnesota's accessible construction workforce.

State agencies should partner with community colleges, unions, and disability-led organizations to train architects, builders, and tradespeople in universal design and to recruit disabled workers into these careers.

Ensure inclusive emergency and climate preparedness infrastructure.

State agencies must co-design emergency planning and climate resilience efforts with disability leaders, ensuring real-time access to alerts, evacuation routes, backup power, and emergency housing.

Require inclusive, multimodal public engagement in all infrastructure planning.

State agencies should adopt statewide rules for public meetings and planning processes that ensure communication access, such as ASL, tactile formats, captioning, plain language, and cultural translation.

Make all digital infrastructure accessible by default.

State agencies should enforce WCAG 2.1 AA standards for state websites, online applications, transit schedules, digital maps, and any public tools or communications—audited and maintained regularly.

Create a statewide access audit and improvement fund.

State agencies should establish a grant program to help cities, schools, counties, and nonprofits identify and fix physical and digital access barriers in older buildings and systems.

Ensure communication access systems (e.g., ASL 911, interpreter protections, step-by-step visuals, tactile tools) are in place for all public services.

State agencies should collaborate to implement statewide multimodal communication standards across all public platforms.

Design housing supports that include people without a fixed address.

State agencies should remove residential address requirements and fund flexible housing models.

Fund inclusive food access programs as part of housing and community life.

State agencies and local governments should include food security planning in all housing and community development initiatives.

Ensure public schools and other publicly funded learning institutions maximize accessibility.

Find ways to establish publicly funded institutions as models for accessibility and accommodation. Audit and ensure public buildings and public spaces are fully accessible.

Definitions

Accessible Physical Infrastructure

The design of buildings, transportation systems, homes, public spaces, and pathways that people with disabilities can use without barriers. True physical accessibility means spaces are built for everyone from the start, not adapted later as an afterthought.

Accessible Social Infrastructure

The networks, relationships, communication methods, and social systems that allow people to fully participate in community life. Accessible social infrastructure means not just getting into the building, but also being able to build relationships, get information, and feel connected.

Accessibility

Accessibility means that environments, services, information, and opportunities are usable by everyone, with or without disability. It goes beyond technical compliance—it's about designing systems that are welcoming, inclusive, and adaptable.

Attitudinal Barriers

Biases, assumptions, and stereotypes create obstacles for people with disabilities. Attitudinal barriers can exclude people even when physical access is available by making them feel unwelcome, unseen, or undervalued.

Belonging

Belonging means being fully accepted and valued for who you are, without having to hide or change yourself to fit in. It's about being seen, respected, and included in community life—not just allowed to participate, but wanted and needed.

Choice and Self-Determination

Choice is the ability to make real decisions about your life without fear of losing support. Self-determination means having power over your own future—setting your own goals, making your own plans, and living on your own terms.

Co-Creation

A process where people with disabilities are not just giving feedback, but are leading, shaping, and making decisions alongside agencies and leaders. Co-creation shares real power, not just token invitations.

Community Integration

Living, working, learning, and participating in everyday community life alongside everyone else—not in separate or institutionalized settings. Community integration values inclusion across all aspects of society.

Dignity of Risk

The idea that everyone has the right to take chances, make mistakes, and grow. Protecting

people with disabilities doesn't mean removing their right to live freely, try new things, or learn through experience.

Framework

The structure that organizes the main themes and focus areas of the report. The framework was developed through community storytelling, visual recording, and collaborative workshops with Inclusion Consultants.

Inclusion Consultants

Disabled leaders who brought their lived experience and expertise to the Olmstead Plan process. They led the interpretation of community stories and helped define the priorities and focus areas in this report.

Intersectionality

The understanding that disability does not exist in isolation. People's experiences are shaped by multiple identities—including race, gender, language, and culture—and systems must address the full complexity of their lives.

Narrative Approach

A method that centers stories as valid, powerful sources of knowledge. Rather than reducing people's experiences to statistics, a narrative approach looks for the meaning, emotion, and context behind their words.

Safe(r) Spaces

Environments where people feel physically, emotionally, and socially safe—where they can show up as their full selves without fear of harm, dismissal, or punishment. The "(r)" acknowledges that no space can guarantee complete safety, but intentional efforts must be made.

Systems Navigation

The ability to understand, access, and move through systems of support like housing, employment, health care, and education. Good systems navigation should be simple, human-centered, and free from unnecessary barriers.

Tokenism

Including people with disabilities in a way that is symbolic rather than meaningful. Inviting them to the table but not giving them real influence or power. True inclusion means full participation, not just appearances.