MINNESOTA
OLMSTEAD
IMPLEMENTATION OFFICE

Olmstead Plan Draft

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Introduction

"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."

This is how the Minnesotans with disabilities who helped create this document describe what they need to thrive. These truths are shared by all of us. Yet people with disabilities still face barriers to informed choice, freedom, and belonging. This is why, over 25 years later, the U.S. Supreme Court's *Olmstead* decision is as important as ever.

The ruling stated that segregating people with disabilities without reason is discrimination. Under the *Olmstead* decision, states are required to ensure people with disabilities can enjoy life in the most integrated setting. This plan is our state's roadmap to meet these requirements.

Minnesota is committed to going beyond the minimum requirements. Fulfilling the spirit of the *Olmstead* decision is our North Star. This means communities are not only integrated, but also fully inclusive. It means people with disabilities have true freedom and choice.

This Olmstead Plan is guided by the following vision statement:

People with disabilities will thrive as they authentically live their full lives in the communities and settings of their choice with dignity and belonging, and without barriers.

This plan wouldn't be possible without the advocacy of disabled people and allies. They shaped this plan's vision, goals, and strategies alongside state agency staff. This is called co-creation. Co-creation is grounded in the disability advocacy mantra, "nothing about us without us."

During co-creation, people with disabilities were clear that incremental progress isn't enough. Fulfilling the spirit of Olmstead will require large-scale transformation. This plan includes both achievable, measurable goals for the next one to five years and a framework to implement systemic change beyond that.

Minnesota's Olmstead Plan is a culmination of years of progress, strategy, and advocacy. Each future plan will build on the insights and co-creation that shaped this one. This work must bring us closer to reaching our North Star for present and future generations of disabled Minnesotans.

History of the *Olmstead* decision

An Olmstead Plan is a state's plan for fulfilling its obligation to provide people with disabilities the opportunity to live, work, and enjoy life in the most integrated setting. It is named after a United States Supreme Court decision, *Olmstead v. L.C.*

The plaintiffs of the *Olmstead* decision were Lois Curtis and Elaine Wilson. They were two women with mental illness and developmental disabilities who were institutionalized in Georgia. The state claimed that they did not have the resources to move them into the community. Lois and Elaine fought for their right to live in safe, accessible housing of their choice. These civil rights are guaranteed by the Americans with Disabilities Act (ADA) passed in 1990. Lois Curtis and Elaine Wilson sued under the ADA.

On June 22, 1999, the Supreme Court issued its landmark decision, *Olmstead v. L.C.* The ruling stated that segregating people with disabilities without a legal reason is discrimination. It also said that public entities must provide services in the most integrated setting appropriate. Public entities include state and local governments and their programs. This decision applies to people with all types of disabilities.

At the heart of the Olmstead Plan is the determination of Lois Curtis and Elaine Wilson. Their power cannot be understated. When they fought for their own civil rights, they also unlocked freedom for millions of Americans for decades to come.

History of Minnesota's plan

All states, including Minnesota, have a history of institutionalizing people with disabilities. Many institutions have closed since the mid-20th century. However, segregation and other forms of institutionalization as defined by the ADA still continue.

The state's first Olmstead Plan was created as part of the *Jensen* Settlement Agreement. The *Jensen* Settlement Agreement is the result of a lawsuit against the Minnesota Department of Human Services (DHS) in 2009.

The lawsuit was about the use of restraint and seclusion in a DHS program called Minnesota Extended Treatment Options. It alleged the program broke the law and violated the civil rights of disabled people. The *Jensen* Settlement Agreement improved treatment and care for people with disabilities in Minnesota.

The first Minnesota Olmstead Plan was adopted in 2015. A federal court oversaw the plan through October 2020. In 2023, the Olmstead Subcabinet decided it was time for a more comprehensive update. State agencies continued reporting on their goals through the update process.

Creation of the 2026 Olmstead Plan

The 2026 Olmstead Plan was created in partnership with:

- State leaders and staff
- Consultants with lived experience of disability
- National policy consultants
- People across Minnesota

Who was involved

Olmstead Subcabinet and Leadership Forum

The Olmstead Subcabinet exists through Executive Order. It is made up of 12 state agencies and entities, plus the Metropolitan Council. Subcabinet members include agency commissioners and leaders. They work together to develop and implement the Olmstead Plan.

The Leadership Forum includes agency leaders and assistant commissioners. They make recommendations to the Subcabinet.

The Olmstead Subcabinet includes:

- Department of Corrections (DOC)
- Department of Education (MDE)
- Department of Employment and Economic Development (DEED)
- The Governor's Council on Developmental Disabilities (GCDD)
- Department of Health (MDH)
- Department of Human Rights (MDHR)
- Department of Human Services (DHS)
- The Metropolitan Council (the Met Council)
- Minnesota Housing
- The Office of the Ombudsman for Mental Health and Developmental Disabilities (OMHDD)
- Department of Public Safety (DPS)
- Department of Transportation (MnDOT)
- Department of Veterans Affairs (MDVA)

Direct Care and Treatment (DCT) and the Department of Children, Youth, and Families (DCYF) also contributed goals and strategies to this plan.

The Executive Order, Subcabinet Procedures, and Leadership Forum Charter describe the duties of the Subcabinet and Leadership Forum in more detail.

Olmstead Implementation Office

The Minnesota Olmstead Implementation Office (OIO) works at the intersection of the Olmstead Subcabinet and the disability community. OIO was created in 2013. Its work includes:

- Supporting people with disabilities and state agency leaders in co-creating the Olmstead Plan
- Creating opportunities for public input about the plan
- Educating people about the Olmstead Plan and progress on its goals
- Sharing data about the Olmstead Plan and integration of people with disabilities

- Oversee plan updates and compliance

The Executive Order, Subcabinet Procedures, and Leadership Forum Charter also describe OIO's duties.

Inclusion Consultants

Inclusion Consultants are people with lived experience of disability. Lived experience includes people with disabilities and their supporters. They started work in 2025 to co-create the Olmstead Plan with state agency staff. OIO worked with a contractor, the Dendros Group, to support these paid consultants.

The Inclusion Consultants brought a diversity of perspectives. These perspectives include:

- People of color, including Indigenous people and members of Tribal Nations
- People from the metro area and Greater Minnesota
- Members of the LGBTQIA2S+ community
- Veterans
- People with a variety of disabilities
- People with experience in segregated settings
- Parents of children with disabilities

The consultants and state staff considered community perspectives while writing goals. Community members shared perspectives in community conversations, surveys, and interviews.

Inclusion Consultants include:

- Abraham Tieman
- Adam Harrington
- Alesha Alexcee
- Angela Harper
- Bob Wagner
- Dee Martineau
- Ivory Taylor
- James Poteet
- Madam Robinson
- Ken Rodgers
- Kevine Pone
- Mao Yang
- Mercedes Elder
- Nikki Huelsman
- Rich Pennington

- Riss Leitzke
- Sandy'Ci M
- Taylor O'Shea

Policy Consultants

The Technical Assistance Collaborative (TAC) also supported the plan update. TAC chose Policy Consultants for specific disability topics. These consultants were a resource for agency teams. They shared information about what other states were doing well.

TAC works with governments to improve community-based services for people with disabilities. They have also helped other states create their Olmstead plans.

For a full list of Policy Consultants, please see the appendix.

Community feedback

In 2024, OIO engaged Minnesotans about the plan update. About 2,000 people shared feedback. This included people with disabilities, supporters, service providers, and state staff.

Engagement efforts included:

- A statewide Disability Inclusion and Choice survey
- Small community conversations
- The Quality of Life Survey
- One-on-one meetings
- Attending community events

Overarching themes from community feedback

Some community feedback focused on specific topics, like transportation and employment. Feedback themes are available in the appendix.

Additionally, community members made clear that the plan won't be successful without true inclusion, anti-ableism, and an intersectional lens.

- Inclusion: Community members stressed that integration alone isn't enough. Communities and services must be fully inclusive and foster belonging.
- Anti-ableism: Community members shared that ableism is a major barrier to integration, inclusion, and choice.
- Intersectionality: Community members said the state must address disparities based on other identities held by people with disabilities. These identities can include race, ethnicity, gender, sexuality, socioeconomic status, language, and more.

You can find in-depth explanations of these terms in the appendix.

Vision statement and guiding values

This Olmstead Plan is grounded in the vision and aspirations of disabled people. The following vision is based on:

- Engagement with more than 2,000 people in 2024 and 2025, which involved over 50 community conversations around the state and two surveys.
- The Inclusion Consultants' Focus Area Report, written in spring 2025.

In their Focus Area Report, the Inclusion Consultants wrote: "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."

When that is done:

People with disabilities will thrive as they authentically live their full lives in the communities and settings of their choice with dignity and belonging, and without barriers.

As expressed in the Inclusion Consultants' Focus Area Report, people with disabilities need:

- "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."

Physical, social, attitudinal, and systemic barriers stand in the way of full inclusion. The "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," according to the Focus Area Report. Ableism and stigma drive the social and attitudinal barriers.

Inclusion and integration benefit everyone, whether they have disabilities or not. In schools, non-disabled students who learn alongside their disabled peers experience social, emotional, and cognitive gains. Accessible features, such as sidewalks with curb cuts, create safer conditions for everyone. Inclusive communities are stronger, more vibrant, and more equitable for all of us.

Minnesota has achieved notable progress under the current Olmstead Plan, but the state has a long way to go to achieve true inclusion and integration. Community members have shared urgent needs in housing, transportation, employment, services, and other key areas of life. Minnesota must commit to this work, even with varying political and financial realities.

Guiding values

Minnesota will achieve the vision when we reach the following guiding values.

- Disabled people who experience segregation or institutionalization have what they need to transition into the community and thrive
- People with disabilities receive person-centered services that support choice and self-determination.
- People with disabilities live in the communities and settings of their choice without barriers
- Disabled people fully participate, find belonging, and thrive in high-quality and inclusive education
- People with disabilities engage in meaningful work to thrive, without fear of losing benefits and supports
- Disabled Minnesotans authentically participate in community life, belong, and are safe
- People with disabilities have the resources they need for optimal health and well-being

Disabled people who experience segregation or institutionalization have what they need to transition into the community and thrive

At its core, the *Olmstead* decision mandates that people with disabilities transition from institutional and segregated settings to community settings when appropriate. It also means people at risk of entering segregated settings are provided the services and supports they need to remain in the communities of their choice. This requires preparation and ongoing, comprehensive, and coordinated support in the community. As the first paragraph of the *Olmstead* decision states:

> … the "integration regulation," requires a "public entity shall administer … services, programs, and activities … in the most integrated setting appropriate to the needs of qualified individuals with disabilities." 28 CFR § 35.130(d).

People with disabilities receive person-centered services that support choice and self-determination.

As the Inclusion Consultants expressed, "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."

Inclusions Consultants also said:

- "Trust in people's ability to make their own decisions."
- "Services are siloed."
- "People have to fight way too hard for basic access."

Overall, "…it's not about tweaking policies. It's about rethinking how systems work – and who gets to shape them." It is important for state staff to recognize that ableism is widespread, and that people with disabilities know their own needs best.

People with disabilities live in the communities and settings of their choice without barriers

As the Inclusion Consultants expressed, "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."

Disabled people fully participate, find belonging, and thrive in high-quality and inclusive education

Studies show that students with disabilities who learn in inclusive, integrated settings have improved academic performance, social development, communication skills, and higher graduation rates compared to those in segregated settings. Creating supportive and inclusive environments where everyone belongs is critical.

Some respondents from the 2024 Olmstead Disability Inclusion and Choice survey shared:

- "I would like to see less segregation of children receiving special education services in schools. Children without disabilities or special education services learn that it is okay to exclude people because that is what they experience throughout school. My experience has been that my son's classmates are the best problem-solvers for how he can be included. We need to stop creating systemic barriers."
- "Schools should go through inclusion training – staff and students alike. You can't just integrate without managing the integration. Bullying just forces students with disabilities back into 'self-selected' segregation."

People with disabilities engage in meaningful work to thrive, without fear of losing benefits and supports

As the Inclusion Consultants expressed, "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."

Disabled Minnesotans authentically participate in community life, belong, and are safe

As the Inclusion Consultants identified:

Accessible social networks are “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.”

“Belonging is not just about being included; it’s about being wanted and supported … it 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.”

Safe(r) spaces are “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.”

People with disabilities have the resources they need for optimal health and well-being

As the Inclusion Consultants expressed, “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.”

Conclusion

These guiding values overlap and intersect. Strong social networks and community inclusion are crucial for a sense of belonging, healing and overall well-being. Yet, ableism and a lack of inclusive spaces can lead to social isolation for people with disabilities. This is why integration alone is not enough.

Reaching our North Star: True inclusion

Achievable goals are the foundation of an effective Olmstead Plan. Minnesota state agencies wrote goals with Inclusion Consultants to promote progress and transparency. They are specific, measurable, achievable, relevant, and time-bound (SMART). This plan's goals represent one- to five-year commitments for state agencies. However, to achieve full integration, we must create structural change.

Inclusion Consultants continually advocated for transforming systems that serve people with disabilities. SMART goals alone will not ensure Minnesota fulfills the spirit of Olmstead. Reaching our North Star — full inclusion — requires long-term innovation and investment.

The state needs to consider fundamental shifts in how it supports and serves disabled Minnesotans. Minnesota has important programs and services that must continue. However, true inclusion requires program and policy change.

To start that process, the state will create a statewide Disability Systems Change Council (DSCC). The DSCC will plan and guide implementation of visionary and systemic changes.

The DSCC will focus on issues raised by Inclusion Consultants and the disability community, like:

- Disability services are incomplete, fractured, and uncoordinated. This leaves people struggling to find and maintain supports.
- People with disabilities often have to choose between employment and keeping their benefits. Many benefits and services include income limits. Once people start earning a living wage, they may lose their benefits.
- Government often views and treats disabled people as "less than" or an afterthought. Systems and structures must foster authenticity, belonging, and full community participation.

These issues require more than incremental change. They require fundamental shifts in how the state serves disabled Minnesotans.

This council will promote collaboration across:

- People with disabilities and allies
- State government, including the Olmstead Subcabinet, Minnesota Management and Budget, and the Governor's Office
- Federal government
- Local governments
- Tribal Nations
- Disability service providers

The council will address issues that require:

- More than five years of work
- Significant shifting of funding and resources, and/or new funding and resources
- Changes to state law and potentially federal law
- Strategic partnerships

Minnesota already has similar entities. Examples include the Children's Cabinet and the Opioid Epidemic Response Advisory Council. The DSCC will use a results-oriented approach. Members will work together to identify, prioritize, and align strategies, resources, and initiatives.

While this is a statewide effort, needs and service access vary by region. For example, improving transit requires different approaches in Greater Minnesota versus the metro. The DSCC will work with local partners to problem-solve at the regional level.

Disability Systems Change Council roles and responsibilities

The DSCC will:

- Receive direction from the Subcabinet
- Report on its activities and progress
- Make recommendations
- Include state staff, disabled Minnesotans, and other partners

OIO will support and facilitate the DSCC's work.

The DSCC will be created by March 30, 2027.

The DSCC will publish its first report by March 30, 2028.

Measurable goals and strategies

Measurable goals are the foundation of an effective Olmstead plan. These are goals that are specific, measurable, achievable, relevant, and time-bound (SMART). They are key to holding state agencies accountable for integration and inclusion of people with disabilities. The following measurable goals are organized by topic:

- Crisis services
- Education
- Employment
- Health and safety
- Housing
- Transit and transportation
- Transitions

The goals include:

- A one-sentence summary of the goal
- The lead agency or lead agencies that are responsible for the goal
- A section titled “What is this goal about?” with more details about the goal
- A section titled “Why does this goal matter?” that explains why the goal is important
- A section titled “How we track our progress” with information about measurable targets
- Strategies explaining how the agency will reach the goal

Crisis services

Crisis Services Goal 1: Fewer children and teens in foster care will experience institutional placements.

Lead agency: Department of Children, Youth, and Families (DCYF)

What is this goal about?

This goal is about children and teens who experience out-of-home care. Out-of-home care includes care in family homes and institutions. Children with disabilities who are in foster care are more likely to be placed in institutions. The goal is for fewer children 17 and under in foster care to be placed in institutions.

Why does this goal matter?

Out-of-home care is stressful for anyone. These experiences can harm children's well-being in the short and long term. Being placed in an institution can be especially distressing. It is best for children to stay connected to their communities. Meeting children's needs in the community can prevent the use of out-of-home care. This goal is also important for addressing racial inequity. Children of color are more likely than white children to experience out-of-home care.

How we track our progress

Measurable goal:

- By 2027, the number of new placements in institutional settings will decrease by 3% (or to 2,296 institutional placements)
- By 2028, the number of new placements in institutional settings will decrease by 3%
- By 2029, the number of new placements in institutional settings will decrease by 4%
- By 2030, the number of new placements in institutional settings will decrease by 4%
- By 2031, the number of new placements in institutional settings will decrease by 5%

Our starting point (baseline): In 2024, there were 8,904 total out-of-home placements of children. Of these, 2,368 were institutional placements. 71% of institutional placements involved disabled children. In contrast, 30% of family home placements involved children with disabilities.

Data context:

- Most institutional placements are in residential programs or group homes.
- 30% of the children placed in institutions were African American/Black children.
- 35% of the children placed in institutions were American Indian/Alaskan Native children.

About this target: This target reflects changes that DCYF can realistically make. The agency's goal and strategies focus on actions within DCYF's control. These strategies will take time to make a difference and also lay groundwork for more reductions in institutional placement going forward.

About the data: This data comes from DCYF's Social Services Information System (SSIS). Foster care data is also reported to the federal government. It tracks the number of placements, not the number of children who receive placements. The same child might receive multiple institutional placements in the same year.

Strategies

DCYF will reach this goal by focusing on prevention. This includes cross-training the workforce to know all the supports available for children. These supports can prevent a child from being placed in an institution. Families of institutionalized children often share that they could not get the right supports early enough.

Crisis intervention for youth involved in the juvenile justice system

DCYF will partner with MDH on these strategies. DCYF and MDH will:

- Create a coordinated support system called a Juvenile Justice Mental Health Continuum of Care. This will help juvenile justice facilities and frontline staff respond to mental health crises.
- Lead statewide training initiatives about mental health. One initiative is about trauma-informed care. Another is about suicide prevention. These trainings will be available for juvenile justice facilities, child welfare partners, school staff, and others who work with youth.

Cross-training for the workforce

DCYF will partner with DHS on these strategies. They will:

- Create cross-training for child welfare, children's mental health, and children's waiver case workers and residential service providers. These trainings will focus on serving children with complex needs. They will emphasize early intervention and compassion for children and families.
- Develop best practices for collaboration and coordination across services.
- Develop supports for counties and Tribes around early intervention and in-home supports.

Community prevention

DCYF will partner with MDE and MDH on these strategies to increase referrals for early intervention services. They will:

- Educate counties, Tribes, and community organizations about early and ongoing developmental screenings.

- Create best practice guides for referrals for children who experience abuse and neglect. They will ensure these guides are culturally competent.

Education

Education Goal 1: More students with disabilities will learn in integrated classrooms.

Lead agency: Minnesota Department of Education (MDE)

What is this goal about?

This goal is about students with Individualized Education Programs (IEPs). The goal is for more students with IEPs to learn in the most integrated setting.

Why does this goal matter?

Research shows inclusive classrooms benefit all learners. Students with disabilities experience better outcomes in:

- Academics
- Social skills
- Peer relationships
- Lifelong community integration
- And more.

Students without disabilities also benefit.

How we track our progress

Measurable goal: By January 1, 2027, at least 65.3% of students with disabilities will be taught in the most integrated setting.

Our starting point (baseline): In 2024, 63.14% of students with disabilities were taught in the most integrated setting. That means 91,377 of Minnesota's 144,720 students with disabilities were in the most integrated setting.

About this target: The target is developed with stakeholder input. It is part of the Minnesota State Performance Plan for special education. This plan is required by federal special education law.

About the data: This goal includes students with IEPs. Schools submit this data to MDE. Minnesota is required to report this data to the federal government.

Strategies

To reach this goal, MDE will:

- Train school principals on effective practices for inclusive education
- Train teachers on tailoring instruction to meet student needs
- Train paraprofessionals on supporting students to learn in the most integrated setting
- Support schools in using best practices for inclusive education
- Train students and school staff about disability and inclusivity
    - This includes emphasizing that including and accommodating students with disabilities is everyone's responsibility

Education Goal 2: Schools will better engage families of students with disabilities.

Lead agency: MDE

What is this goal about?

This goal is about families of children who have IEPs. The goal is for more families to report that schools facilitate family engagement.

Why does this goal matter?

Family engagement is essential for students with disabilities to thrive. Meaningful family engagement can help students get appropriate services and supports. These supports promote inclusion and self-determination. Students with disabilities whose families are engaged are also more likely to achieve their goals. They are also more likely to have a successful transition to adult life.

How we track our progress

Measurable goal: By February 1, 2027, at least 72% of families of children with IEPs will report that schools facilitate engagement.

Our starting point (baseline): In 2022-23, about 69.8% of families reported that schools facilitated family engagement. That means 127 of the 182 survey respondents reported schools facilitated family engagement.

About this target: The target is developed with stakeholder input. It is part of the Minnesota State Performance Plan for special education. This plan is required by federal special education law.

About the data: This data comes from MDE’s annual Family Engagement Survey. Each year, a different sample of families across the state take the survey. Families of children and youth with IEPs can participate. MDE reports the results to the federal Office of Special Education Programs.

Strategies

To reach this goal, MDE will:

- Improve outreach to families from underrepresented communities
  - This includes families who speak languages other than English, Hmong, Somali, and Spanish
- Train school staff on culturally responsive family engagement practices
- Give the survey in multiple ways, including online, on paper, and over the phone
- Help schools better engage families through regional Family Engagement Coordinators
- Use survey results to inform local and statewide school improvement planning

Education Goal 3: Fewer students with disabilities will be suspended and expelled.

Lead agency: MDE

What is this goal about?

This goal is about school districts that disproportionately discipline students with disabilities.

- “Students with disabilities” means students with Individualized Education Programs (IEPs)
- “Discipline” means suspension longer than 10 days, or expulsion
- “Disproportionately” means at a rate higher than the state average

Why does this goal matter?

Students with disabilities tend to be suspended and expelled more often than students without disabilities. Using positive supports can help keep students in the classroom. Students who experience a lot of exclusionary discipline are at higher risk for:

- Juvenile justice system involvement
- Unemployment
- Housing instability
- Challenges with community participation

This goal is also important for addressing racial inequity. Students of color with disabilities are more likely than white students with disabilities to experience exclusionary discipline.

How we track our progress

Measurable goal: By February 1, 2027, 3.55% of school districts and charter schools will be identified as disproportionately disciplining students with disabilities. That is about 17 school districts and charter schools.

Our starting point (baseline): In the 2022-2023 school year, 5.99% of school districts and charter schools were identified as disproportionately disciplining students with disabilities. That is 29 out of 484 school districts and charter schools.

About the data: All school districts and charter schools report discipline data to MDE.

Strategies

To reach this goal, MDE will:

- Expand use of Positive Behavioral Interventions and Supports (PBIS) statewide
- Provide training on trauma-informed practices, de-escalation techniques, and culturally responsive classroom management
- Require schools to finish self-reviews and corrective action plans
- Proactively support schools that approach disproportionate rates of discipline for students with disabilities
- Expand school-based behavioral health services

Education Goal 4: More staff will be equipped to support children with disabilities in early care and education (ECE).

Lead agency: DCYF

Supporting agencies: MDE, Minnesota Department of Health (MDH), Department of Human Services (DHS)

What is this goal about?

This goal is about training for the ECE workforce. This type of training will help staff better support children with disabilities. The goal aims to make ECE programs more inclusive for children with disabilities.

Why does this goal matter?

Inclusive ECE is beneficial for children with and without disabilities. Benefits include better education and social outcomes. Disabled children in inclusive ECE programs are also less likely to experience segregation later in life.

Families with disabled children often struggle to find inclusive ECE programs. Children with disabilities are also suspended and expelled from these programs at higher rates than non-disabled children. In Minnesota, it is illegal to suspend or expel children from preschool and pre-K programs, except in certain cases outlined in statute. However, informal suspensions and expulsions still happen. ECE programs may say things like:

- “Please pick up your child early today.”
- “Let’s try half days for the next few weeks.”
- “The program isn’t a good fit for your child.”

How we track our progress

Measurable goal: By 2029, 40% or fewer of early care and education staff will report they need additional support or training around behavior management.

Our starting point (baseline): In 2023, 48% of early care and education staff reported they need additional support or training around behavior management.

About this target: DCYF wants to measure attendance and inclusion of disabled children in ECE programs. However, DCYF doesn't have that data right now. The agency will work to get that data and may use it for a future Olmstead Plan goal.

About the data: This data comes from Minnesota’s Early Childhood Workforce Study. The study happens every three years. It was conducted in 2023 and will be conducted again in 2026. In 2023, 1,050 educators responded to the survey. This is a robust sample of educators. There are an estimated 40,000 early childhood educators in Minnesota.

Strategies

To reach this goal, DCYF:

- Hired a researcher to study attendance in ECE programs. This will include disaggregation by disability.
- Is investing in expansion of the Center for Inclusive Child Care's Early Childhood Leadership Development Program. This will allow more ECE staff statewide to enroll in the program. The program will also offer more resources.
- Will create a framework to align training and support for staff across different ECE programs. The framework will give staff more access to high-quality coaching and other resources.
- Will explore better systems for ECE programs to access and track trainings. The new system will offer and track data for courses about inclusion of children with disabilities.

DCYF will need support from other agencies to reach this goal. DCYF will partner with:

- MDE, to increase the leadership skills of ECE staff through learning modules, trainings and webinars. This includes coordinated support of the COMPASS system.
- DHS, to increase ECE staff access to trauma-informed training and coaching
- DHS, to support infant and child mental health services
- MDH, to increase ECE staff access to training on supporting the health needs of children with disabilities.

Education Goal 5: Fewer students with disabilities will experience maltreatment at school.

Lead agency: MDE

What is this goal about?

This goal is about students:

- With Individualized Education Programs (IEPs)
- Who are identified and confirmed victims of maltreatment

Maltreatment could include neglect, physical abuse, or sexual abuse that happens at school.

Why does this goal matter?

Everyone deserves to feel safe, respected, and supported at school. Students with disabilities may be at higher risk of maltreatment than students without disabilities.

How we track our progress

Measurable goal: By June 30, 2027, the number of students with disabilities identified and confirmed as victims of maltreatment will decline by at least two students (to 26 students or fewer). This would be a decrease of at least 0.001% of the total number of students with disabilities.

Our starting point (baseline): In 2023, 28 students with disabilities were identified and confirmed as victims of maltreatment. They represent 0.018% of the total number of students with disabilities.

About this target: This target number is based on the number of reported, investigated and confirmed cases of student maltreatment, not solely reported cases.

About the data: All school staff must report suspected abuse or neglect to MDE. Data is reported 24 months after the school year ends. That is because some cases take a long time to resolve, especially if they involve criminal proceedings.

Strategies

To meet this goal, MDE will:

- Identify schools with multiple cases of maltreatment of students with disabilities. Follow-up will include training and technical assistance.
- Continue and expand training for school staff about:
  - Child maltreatment
  - Mandated reporting requirements
  - Positive Behavioral Interventions and Supports

    - Restrictive procedures
    - Student discipline
    - Anti-retaliation policies for staff who make reports
- Verify that staff in schools statewide are receiving these trainings

Education Goal 6: Fewer students with disabilities will experience restrictive procedures.

Lead agency: MDE

What is this goal about?

This goal is about students:

- with IEPs
- who experience emergency use of restrictive procedures.

Why does this goal matter?

Being treated with dignity and respect is an important part of quality of life. Experiencing restrictive procedures can be traumatizing for some students. Positive supports are more effective than restrictive procedures to reduce harmful behaviors.

How we track our progress

Measurable goal: By June 30, 2027, 1.7% of students with disabilities or fewer will experience emergency use of restrictive procedures at school.

Our starting point (baseline): In 2024, 1.8% of students with disabilities or fewer experienced emergency use of restrictive procedures at school. That means 2,932 students with disabilities out of 144,720 experienced restrictive procedures.

About this target: The target is developed as part of the state's "Standards for Restrictive Procedures" statute.

About the data: All school districts and charter schools report data about restrictive procedures to MDE.

Strategies

To reach this goal, MDE will:

- Use data to analyze effectiveness of positive support strategies
- Train school staff about reducing the use of restrictive procedures
- Publicly share information about reducing the use of restrictive procedures

Employment

Employment Goal 1: More people with disabilities will have jobs in the community.

Lead agencies: Department of Employment and Economic Development (DEED), Minnesota Department of Education (MDE), Department of Human Services (DHS)

What is this goal about?

This goal is about more people with disabilities having competitive, integrated employment (CIE). This goal has three different parts. Those parts are:

- Goal 8A: People who receive services from Vocational Rehabilitation Services or State Services for the Blind (VRS/SSB)
- Goal 8B: People who receive both Medicaid waiver services and VRS/SSB services
- Goal 8C: Students ages 16 and up who have Individualized Education Programs (IEPs)

Why does this goal matter?

Employment is a way for all people to earn money and be self-sufficient. For many people, jobs can be a source of meaning and fulfillment. Jobs can also help people:

- Socialize and make friends
- Share knowledge and talents with others
- Engage in the community
- Learn new skills

People with disabilities tend to have higher unemployment rates than people without disabilities. That is because people with disabilities experience more barriers to employment. Barriers include:

- Lack of services and supports, like job coaches
- Discrimination and ableism from employers and coworkers
- Challenges getting accommodations
- Lack of transportation
- Fear of losing necessary benefits.

How we track our progress

Employment Goal 1A: VRS/SSB

Measurable goal*:* By December 31, 2030, 45% of people served by VRS/SSB will have CIE.

Our starting point (baseline): In state fiscal year 2025, 41.5% of people served by VRS/SSB who exited from the programs had CIE. That means 2,098 of the 5,052 people served by VRS/SSB had jobs in the community.

About this target: Finding CIE can take a long time. Getting a community job through VRS/SSB means that someone:

- Applied for services,
- Was found to be eligible for services, and
- Completed an individualized employment plan.
- Received personalized services such as counseling, training, job search and supports.

This process usually takes about two years and often longer. That limits how fast VRS/SSB can increase the rate of people who get jobs. Additionally, VRS/SSB recently experienced budget cuts. The department will likely have limited resources for the next several years.

About the data: This data comes from DEED's case management database.

Employment Goal 1B: VRS/SSB and Medicaid waiver services

Measurable goal: By December 31, 2030, 45% of people who receive Medicaid waiver services and VRS/SSB services will have CIE.

Our starting point (baseline): In state fiscal year 2025, 38% of people who received both Medicaid waiver services and VRS/SSB services had CIE. That means 530 of the 1,400 people served through both programs had CIE.

About this target: Finding CIE can take a long time. Getting a community job through VRS/SSB means that someone:

- Applied for services,
- Was found to be eligible for services, and
- Completed an individualized employment plan.
- Received personalized services such as counseling, training, job search and supports.

This process usually takes about two years and often longer. That limits how fast VRS/SSB can increase the rate of people who get jobs. Additionally, VRS/SSB recently experienced budget cuts. The department will likely have limited resources for the next several years.

About the data: This data comes from DEED's case management database.

Employment Goal 1C: Students ages 16 and up who have IEPs

Measurable goal: By June 30, 2030, 100% of students with disabilities with complete postsecondary transition planning in their IEPs.

Our starting point (baseline): In the 2023-2024 school year, 70.73% of students with disabilities had complete postsecondary transition planning in their IEPs.

About this target: This target is a federal and state special education compliance indicator that measures the percentage of students with disabilities ages 16 and above with an IEP that includes appropriate, measurable postsecondary goals that are: a) updated annually, b) based on age-appropriate transition assessment and services, c) include courses of study that will reasonably enable the student to meet their postsecondary goals, and d) related to the student's transition service needs.

Strategies

Employment Goal 1A: VRS/SSB

To reach this goal, DEED will:

- Increase employment outcomes by using evidence-based and promising practices
- Support existing Individualized Placement and Support (IPS) projects and MN Customized Employment training
- Evaluate feasibility and effectiveness of Progressive Employment via the Disability Innovation Fund (DIF) grant
- Train employment services providers on delivering high-quality services
- Support businesses by:
  - Creating partnerships to increase hiring people with disabilities
  - Promoting recruitment, hiring, and retention of people with disabilities
  - Working with local chambers of commerce and other entities about hiring people with disabilities
  - Providing disability awareness training

Employment Goal 1B: Waiver services and VRS/SSB services

To meet this goal, DEED, MDE, and DHS will work together to:

- Streamline the informed choice process for people earning subminimum wages and youth who are considering subminimum wage jobs
- Address barriers to accessing employment services for people on waivers who are BIPOC
- Ensure more youth get CIE experience before graduation
- Increase the percentage of students whose IEPs have goals for life after high school

Employment Goal 1C: Students with IEPs

To meet this goal, MDE will:

- Improve transition services in schools statewide through programs like the Employment Capacity Building Cohort and communities of practice
- Expand families' access to information about transition services through the PACER Center
- Increase training opportunities about transition services and planning for special education staff
- Support school districts in expanding school-based health and mental health services
- Work with DEED to support on-the-job training opportunities for students with disabilities

Employment Goal 2: More Veterans with disabilities will have jobs in the community.

Lead agency: Minnesota Department of Veterans Affairs (MDVA)

Supporting agency: DEED

What is this goal about?

This goal is about increasing the number of Veterans who:

- Have service-related disabilities
- Participate in DEED's Veteran Employment Services program
- Get a job

Why does this goal matter?

Employment is a key source of income and community connection. Veterans tend to have a harder time finding jobs than non-veterans. One reason is that military experience doesn't always align with non-military job requirements. Disabled Veterans experience unemployment at even higher rates. Job services can help Veterans find meaningful work.

How we track our progress

Measurable goal:

- By June 30, 2027, 178 Veterans with disabilities will have gained employment through DEED's Veteran Employment Services program.
- By June 30, 2031, 223 Veterans with disabilities will have gained employment through DEED's Veteran Employment Services program.

Our starting point (baseline): In 2025, 556 Veterans were enrolled in DEED's Veteran Employment Services program. Of this group, 315, or 57%, either have service-connected disabilities or have a disability that is a barrier to employment.

Of the 315 disabled Veterans, 151 exited the program as successfully employed. They represent 48% of the total Veterans with a disability enrolled in the program.

About the data: This data comes from DEED's Veteran Employment Services Program.

Strategies

To reach this goal, MDVA will:

- Partner with healthcare systems across the state to increase Veteran identification, increasing outreach to those Veterans not accessing care through the federal Veterans Affairs (VA) system
- Use healthcare navigators to help disabled Veterans find and access services
- Partner with the federal VA's VetResources Community Network Digital Outreach project to increase awareness of Veteran resources
- Engage with the community to share information about Veteran resources
- Support community capacity for Veteran suicide prevention strategies
- Increase support for Veterans with disabilities in accessing higher education.
- Ensure all Veterans with disabilities who are in MDVA's Homes or Domiciliary programs are evaluated for service connection, including Veterans on the waitlist for these programs.

Health and safety

Health Goal 1: More Veterans with disabilities will receive disability compensation.

Lead agency: Minnesota Department of Veterans Affairs (MDVA)

What is this goal about?

This goal is about increasing the number of Veterans who:

- Have service-related disabilities
- File service-related disability claims through their local County Veterans Services Office (CVSO)
- Receive compensation from their claims

Why does this goal matter?

Benefits are an important resource for Veterans. But some Veterans face barriers to getting benefits. Barriers can include:

- Lack of awareness about available benefits and services
- Long and/or confusing application processes
- Lack of trust in government services

Working to address these barriers will help more Veterans receive benefits and services.

How we track our progress

Measurable goal:

- By June 30, 2027, 108,736 Veterans with disabilities will receive disability compensation.
- By June 30, 2031, 111,456 Veterans with disabilities will receive disability compensation.

Our starting point (baseline): In 2023, 102,200 Veterans received disability compensation. That represents 35.8% of Minnesota's Veteran population.

About the data: Data about disability compensation claims comes from the federal Veteran Benefits Administration (VBA). CVSOs help veterans file claims for benefits. The VBA reviews and approves claims.

Strategies

To reach this goal, MDVA will:

- Partner with healthcare systems across the state to increase Veteran identification, increasing outreach to those Veterans not accessing care through the federal Veterans Affairs (VA) system
- Use healthcare navigators to help disabled Veterans find and access services
- Partner with the federal VA's VetResources Community Network Digital Outreach project to increase awareness of Veteran resources
- Engage with the community to share information about Veteran resources
- Support community capacity for Veteran suicide prevention strategies
- Increase support for Veterans with disabilities in accessing higher education.
- Ensure all Veterans with disabilities who are in MDVA's Homes or Domiciliary programs are evaluated for service connection, including Veterans on the waitlist for these programs.

Health Goal 2: Fewer people with disabilities will experience abuse and neglect.

Lead agency: MDH

What is this goal about?

This goal has three parts.

Health Goal 2A

This goal is about confirmed cases of abuse and neglect in facilities that MDH licenses. Examples of these facilities include:

- Nursing Homes
- Assisted Living
- Intermediate Care Facilities for Individuals with Intellectual Disabilities

- Hospitals

Health Goal 2B

This goal is about disabled adults who experience sexual violence.

Health Goal 2C

This goal is about children with disabilities who experience abuse and neglect.

Why does this goal matter?

Everyone should be free from abuse and neglect. Disabled people are more likely than non-disabled people to experience abuse and neglect. These experiences can cause lasting harm to physical and mental health.

How we track our progress

Health Goal 2A

Measurable goal: By December 31, 2027, the number of substantiated reports of maltreatment in MDH-licensed facilities will decrease by 2%, to 107.

Our starting point (baseline): In 2025, there were 110 substantiated reports of abuse and neglect in MDH-licensed facilities.

- 2,717 (14%) reports were investigated for compliance
- 862 (5%) of reports were investigated for maltreatment
    - 110 (13%) substantiated
    - 259 (30%) unsubstantiated
- 12,416 (67%) were determined no action necessary
- 1,494 (8%) were referred to another agency

About the data: The data was collected from abuse and neglect allegations that were received from nursing homes, assisted living, hospitals and intermediate care facilities for individuals with intellectual disabilities.

Health Goal 2B

Measurable goal: By January 1, 2031, the percentage of adults with disabilities who experience sexual and intimate partner violence will decrease to 17%.

Our starting point (baseline): In 2024, 19% of adults with disabilities reported experiencing sexual violence. In contrast, 8.8% of adults without disabilities reported experiencing sexual violence.

About the data: This data comes from the Behavioral Risk Factor Surveillance System (BRFSS). The federal Centers for Disease Control conducts this survey. State added questions are contingent upon funding and selection by the survey coordinators and are not guaranteed. The survey collects data about residents of each state. This goal uses the percentage of adults with disabilities in Minnesota who answered "yes" to the question, "Has anyone ever pressured, tricked, or forced you to do something sexual?"

Health Goal 2C

Measurable goal: By January 1, 2032, the percentage of disabled students who report experiencing abuse and neglect will decrease to 42%.

Our starting point (baseline): In 2024, 44.8% of ninth and 11th graders with disabilities reported experiencing abuse or neglect. In contrast, 17.4% of students without disabilities reported experiencing abuse and neglect.

About the data: This data comes from the Minnesota Student Survey. This is a voluntary survey given to fifth, eighth, ninth, and 11th graders. In 2025, more than 55,800 ninth and 11th graders took the survey. Please see the appendix for the full list of survey questions used for this goal.

Strategies

Health Goal 2A

To reach this goal, MDH will:

- Continue to develop policies for abuse and neglect.
- Continue to develop abuse prevention plans with assisted living facilities
- Continue to publicly share data about abuse and neglect cases in MDH-licensed facilities
- Follow up with MDH-licensed providers about confirmed cases of abuse and neglect to develop prevention plans

Health Goal 2B

To reach this goal, MDH will:

- Continue to train health care and other service providers about identifying and reporting abuse and neglect
- Continue to increase sexual education for people with disabilities, care providers, and supporters
- Continue to gather and analyze data about sexual and intimate partner violence
- Continue to explore the feasibility of expanding safe harbor to all age groups

- Continue to coordinate the statewide response to sexual exploitation for adults ages 18-25

Health Goal 2C

To reach this goal, MDH will:

- Continue to train health care and other service providers about identifying and reporting abuse and neglect
- Continue to promote resources for people with disabilities, care providers, and supporters
- Continue to coordinate statewide response for sexual exploitation of youth 25 and younger

Housing

Housing Goal 1: People with disabilities will have access to more accessible housing and housing with deeply affordable rents paired with supportive services.

Lead agency: Minnesota Housing

What is this goal about?

This goal is about increasing the number of accessible housing units in Minnesota. The goal focuses on housing development financed by Minnesota Housing. The goal has two parts.

Housing Goal 1A: Universal design

This goal is about increasing availability of housing units that meet universal design standards.

Housing Goal 1B Permanent supportive housing

This goal is about increasing the number of permanent supportive housing (PSH) units developed to primarily serve people with disabilities. This type of housing has deeply affordable rents paired with supportive services.

Why does this goal matter?

Ensuring disabled people can live in the most integrated setting of their choice is key to Olmstead. Integrated housing is a required first step for living and enjoying life in the community. However, affordable, accessible housing can be hard for disabled people to find.

How we track our progress

Housing Goal 1A: Universal design

Measurable goal: Between 2027 and 2031, Minnesota Housing will select for funding at least 2,500 new rental units that meet universal design standards, adding on average 500 units each year.

From 2021 to 2025, they selected for funding between 500 and 1,000 new rental housing units each year. This selection happened through the agency's request for proposals. The number of units each year depends on funding availability. It also depends on how many proposals were for new housing versus fixing up existing housing.

About the data: This data comes from Minnesota Housing's summary of units selected for financing.

Housing Goal 1B: Units for people with disabilities

Measurable goal: Between 2027 and 2031, Minnesota Housing will select for funding at least 1,000 units of PSH primarily for people with disabilities, adding an average of 200 units each year.

Our starting point (baseline): Our starting point (baseline): In 2021 through 2025, Minnesota Housing selected for funding between 200 and 500 units of PSH each year. This selection happened through the agency's request for proposals. The number of housing units varies each year based on the availability and type of funding. It also depends on the amount of PSH in the proposals submitted each year. At the end of 2025, Minnesota Housing's portfolio totaled about 7,000 units of PSH.

About the data: This data comes from Minnesota Housing's summary of units selected for financing. It includes PSH serving two populations: (1) exclusively for people with disabilities and (2) people experiencing homelessness (typically having a disability and experiencing long-term homelessness).

Strategies

To reach these goals, Minnesota Housing will:

- Incentivize universal design in the selection process that Minnesota Housing uses in funding new, affordable housing
- Incentivize the construction and rehabilitation of permanent supportive housing that provides deeply affordable rents paired with supportive services for people with disabilities
- Advocate for additional funding for affordable, accessible housing
- To increase awareness of the availability of rental housing with universal design, publicly share information about the accessible units financed by Minnesota Housing

Housing Goal 2: More people with disabilities will receive affordable financing for accessibility updates to their homes.

Lead agency: Minnesota Housing

What is this goal about?

This goal is about homeownership and Minnesota Housing's home improvement loan programs. The goal is for more loans to go to people with disabilities to make accessibility updates. Minnesota Housing has two home improvement loan programs:

- The Rehabilitation Loan Program provides interest-free loans to extremely low-income homeowners where the loan amount can eventually be forgiven.
- Fix Up Loans are more traditional home improvement loans for more moderate-income homeowners, where the borrower pays back the loan with interest.

Why does this goal matter?

Homeownership is an important housing option. However, lack of accessibility can be a major challenge for disabled homeowners, including people who become disabled later in life. Making accessibility changes can be expensive. Receiving affordable financing to make these changes can help people move into a home they own or stay in their homes instead of moving to a less integrated setting. It can also help people return home from an institution.

How we track our progress

Measurable goal: By 2031, 60% of households who receive financing under Minnesota Housing's Rehabilitation Loan Program self-identify as a household having at least one person with a disability.

Our starting point (baseline): In 2025, 57.6% of households who receive home improvement financing through the Rehabilitation Loan Program self-identified as having at least one disabled household member. That means 174 of the 302 households receiving a loan had at least one disabled household member.

Data development plan: Minnesota Housing will also start tracking and reporting data on the number and share of Rehabilitation Loans used specifically for accessibility improvements. Once that baseline data is available, Minnesota Housing will create a target for increasing the share of loans used for accessibility improvements.

In addition, Minnesota Housing will improve its collection of disability-related data for the Fix Up Loan program and create targets for this program.

About the data: This data comes from Minnesota Housing's administrative records for the Rehabilitation Loan program.

Strategies

To meet this goal, Minnesota Housing will:

- Include people with lived experience of disability in evaluating and improving the Rehabilitation Loan Program so that the program is accessible to them and better meets their needs.
- Advocate for additional funding for the Rehabilitation Loan Program.
- Ensure communications and marketing about the Minnesota Housing's home improvement programs are accessible and reaching people with disabilities.
- Explore additional loan products to make homes accessible, including products that combine a home purchase and improvement financing, so accessibility modification can start being made at the time of purchase.
- Explore strategies for increasing the number of people with disabilities who are homeowners. For example, having a disability is currently one of the eligibility criteria to receiving a larger amount of downpayment assistance from Minnesota Housing.

Transit and transportation

Transportation Goal 1: Public transit will run on time.

Lead agency: Metropolitan Council (MetC)

What is this goal about?

This goal is about on-time performance for different MetC transit services. The services are:

- Metro Mobility
- Metro Move
- Transit Link
- Light Rail
- Fixed route buses

Metro Mobility must meet federal requirements for on-time pickups. The federal standard is that at least 90% of pickups will be on time. The other transit services do not have federal requirements for on-time performance.

How we track our progress

Metro Mobility, Metro Move, and Transit Link

Table 1: Metro Mobility, Metro Move, and Transit Link on-time performance goals

Service	On-time performance definition	Goal for on-time performance	On-time performance baseline
Metro Mobility (trips to appointments)	Customer arrives no more than one hour early (this will change to 30 minutes in 2026/2027) and zero minutes late.	At least 90% each month, and at least 92% for at least six months of the year.	2024: At least 90% for four months, and at least 92% for zero months.
Metro Mobility (on-time pickups)	Driver arrives at the customer pickup address within 30 minutes of the negotiated time.	At least 90% each month, and at least 92% for at least eight months of the year.	2024: At least 90% for one month, and at least 92% for three months.
Metro Move (trips to appointments)	Customer arrives no more than 45 minutes early and zero minutes late.	At least 90% no more than five minutes late, and at least 93% no more than 15 minutes late.	2025: 82% less than five minutes late, and 90% less than 15 minutes late
Metro Move (on-time pickups)	Driver arrives for pick-up within 30 minutes of the negotiated time.	At least 90% each month, and at least 92% for at least eight months of the year	2025: At least 90% for 12 months, and at least 92% for 12 months
Transit Link (trips to appointments)	Customer arrives at drop-off address no more than one hour early and zero minutes late	At least 90% each month	2024: At least 90% for 12 months
Transit Link (pickups)	Driver arrives no more than 30 minutes after the negotiated pickup time	At least 93% each month	2024: At least 93% for 12 months

About these targets

Metro Mobility and Metro Move drivers come across many potential slowdowns each day. They do their best to anticipate slowdowns, but some are unavoidable. Those can include:

- Traffic from construction, car accidents, and more
- Construction detours
- Slowdowns at drop-off and pick-up zones

- Staff not being ready for client drop-off

For Metro Mobility to reach 100% on-time performance, service would need many more drivers and vehicles. The program does not have enough funding for that.

About the data

This data comes from MetC's performance tracking database.

Metro Transit services

Table 2: Metro Transit service on-time performance goals

Service	On-time performance definition	Goal for on-time performance	On-time performance baseline
Regular route bus	Up to one minute early and five minutes late	At least 79% for the calendar year	2024: 79%
Light Rail	Up to one minute early and five minutes late	At least 75% for the calendar year	2024: 75.5%

About these targets:

Regular route bus performance is affected by:

- Traffic
- Construction detours
- Increased number of passengers

Light Rail performance is affected by:

- Speed limits to avoid rail damage
- Delays at stations, caused by nuisance behavior
- Delays at traffic lights, caused by nuisance behavior

Strategies

To reach these goals, MetC will:

- Create a community training program for transit services
- Provide financial support for travel trainers that specialize in certain types of disabilities
- Collaborate with medical facilities to establish accommodations for Metro Mobility riders. The accommodations would allow Metro Mobility users who arrive late to still see their providers.

Transportation Goal 2 People with disabilities will use fixed route public transit more often.

Lead agency: MetC

What is this goal about?

This goal is about people who use Metro Mobility services. The goal is for Metro Mobility riders to use fixed route services, like bus lines and the light rail, more often.

Why does this goal matter?

Fixed route transportation is an affordable option, since rides are free for Metro Mobility users. It also allows people to be more spontaneous, compared to Metro Mobility. That's because Metro Mobility requires people to schedule rides in advance. However, public transit isn't accessible for some people with disabilities. Making public transit more accessible will allow more people to use it.

How we track our progress

Measurable goal:

- In 2026, Metro Mobility users will take at least 109,798 rides on public transit. That would be at least 3,198 more rides, or at least a 3% increase from 2025.
- In 2027, Metro Mobility users will take at least 113,092 rides on public transit. That would be at least 3,294 more rides, or at least a 3% increase from the 2026 goal.
- In 2028, Metro Mobility users will take at least 115,354 rides on public transit. That would be at least 2,262 more rides, or at least a 2% increase from the 2027 goal.
- In 2029, Metro Mobility users will take at least 117,661 rides on public transit. That would be at least 2,307 more rides, or at least a 2% increase from the 2028 goal.
- In 2030, Metro Mobility users will take at least 120,014 rides on public transit. That would be at least 2,353 more rides, or at least a 2% increase from the 2029 goal.

Our starting point (baseline): Between October 2024 and September 2025, Metro Mobility users took about 106,600 trips on public transit.

About the data: This data comes from Metro Transit’s boarding data.

Strategies

To achieve this goal, MetC will:

- Install accessible boarding pads in at least 60 Metro Transit bus stops each year through 2030.
- Install more visual and audible real-time bus arrival signs at bus stops.
- Improve real-time transit information through mobile apps, website, and digital signs, with a focus on supporting riders with disabilities.

- Explore enhanced travel training for Metro Mobility customers using fixed route transit services.

Transportation Goal 3: More people with disabilities will have flexible transportation funding.

Lead agency: Minnesota Department of Transportation (MnDOT)

Supporting agencies: Department of Human Services (DHS), Department of Employment and Economic Development (DEED), Minnesota Department of Education (MDE)

What is this goal about?

This goal is about a new concept for transportation funding. This program provides flexible transportation accounts to people with disabilities. Two counties in the metro area piloted this program. The program was successful in the pilots.

Why does this goal matter?

Transportation is key to community integration. Yet many people with disabilities struggle to find affordable, accessible transportation options and payment for a trip is often constrained by its funding source which limits personal choice.

How we track our progress

Measurable target: By December 31, 2027, two Greater Minnesota counties will be identified to pilot a flexible transportation account program. Starting in 2029, five more Greater Minnesota counties will be identified to pilot the program each year.

Strategies

To reach this goal, MnDOT will:

- Study potential approaches and funding options
- Identify legislative and regulation barriers
- Collaborate with DHS, DEED, and MDE

Transportation Goal 4: People with disabilities will have better access to transit services and information.

Lead agency: Minnesota Department of Transportation (MnDOT)

Supporting agency: Department of Human Services (DHS)

What is this goal about?

This goal is about increasing access to transit information. This goal has two parts.

Transportation Goal 4A is about training more caseworkers on transit resources including what transit is available including coverage and availability. Case worker will also be trained transit service and on how to connect housing options to transportation needs.

Transportation Goal 4B is about creating a digital statewide trip navigation platform. The platform will provide information on what transit is available and trip planning. The platform will initially be focused on public transit with a goal of being available to other transportation providers.

Why does this goal matter?

Disabled Minnesotans have shared that it is challenging to find reliable transit information to make informed decisions about housing, access to medical care, employment options and more. Transportation is the corner stone of participating in community.

How we track our progress

Transportation Goal 4A: Caseworker training

Measurable goal: Note: MnDOT is working to confirm targets and baseline data.

Our starting point (baseline): Note: MnDOT is working to confirm targets and baseline data.

About the data: Note: MnDOT is working to confirm targets and baseline data.

Transportation Goal 4B: Trip navigation platform

Measurable goal: Note: MnDOT is working to confirm targets and baseline data.

Our starting point (baseline): Note: MnDOT is working to confirm targets and baseline data.

About the data: Note: MnDOT is working to confirm targets and baseline data.

Strategies

As part of this goal, DHS wants to simplify eligibility and enrollment for transit services. DHS is considering a tiered eligibility system for transit. This would reduce the number of applications people have to fill out for transit services.

DHS will also update reimbursement rates for transit services. This will would ensure DHS complies with federal requirements. The updated rates would also more closely match the actual cost of providing services. This would encourage more transit service providers to participate.

Transition

Transition Goal 1: Fewer people will stay at Anoka Metro Regional Treatment Center (AMRTC) when they don’t need hospital-level care.

Lead agency: Direct Care and Treatment (DCT)

What is this goal about?

This goal is about people who stay at AMRTC after staff deem them ready to return to the community. This can happen for many reasons. Some reasons are outside DCT's control.

Why does this goal matter?

It is important that people don't stay at a psychiatric hospital longer than clinically needed. Staying at the hospital longer than needed can harm people's well-being and make it harder to return to the community. Additionally, there is high demand for services at AMRTC. When someone leaves the hospital, then AMRTC can treat another person. When a bed is used for someone who does not have a clinical need, this denies others in need access to AMRTC services.

How we track our progress

Measurable goal: By June 30, 2027, 22.5% or fewer AMRTC patients will be people who no longer need to be in the hospital. By June 30, 2028, 20% or fewer AMRTC patients will be people who no longer need to be in the hospital.

Our starting point (baseline): As of December 2025, about 27% of patients are people who no longer need to be in the hospital.

About this target: There are many reasons that someone may stay at AMRTC when they no longer need to be in the hospital. Some of these reasons are outside DCT’s control. DCT can work on things like improving identification, planning, and coordination. However, making sustained progress will require work outside DCT’s direct control. Examples include:

- Increasing system capacity for mental health treatment
- County actions
- Aligning work across state agencies

About the data: This data comes from AMRTC’s admissions and discharge database.

Strategies

To reach this goal, DCT will:

Improve coordination

- Continue strategies to improve early and close alignment with counties, tribes, and state partners on treatment and discharge planning.
- Establish regular case reviews with DHS to resolve state related barriers and move people to appropriate placements faster.
- Improve coordination across DCT programs to support smooth transitions into the community.
- Engage communities to reduce stigma and build support for integrated services.

Use data to drive decisions

- Develop shared dashboards to increase transparency and accountability including the identification of any delays and system barriers.
- Explore options, barriers and resource needs for tracking post-discharge outcomes.
- Improve data sharing to better identify gaps and disparities.

Strengthen community capacity

- Support community providers through training and technical assistance.
- Identify service gaps and develop solutions so people can access the right level of care.
- Simplify and modernize referral processes.

Expand peer support

Increase access to peer support across all service areas.

Transition Goal 2: Participants in the Forensic Mental Health Program (FMHP) are assessed promptly to determine when their mental health needs have been met and they are safe and ready for discharge.

The assessment will:

- determine when their mental health needs have been met
- identify when they are safe and ready for discharge
- minimize unnecessary time in the FMHP (or locked facility).

Lead agency: DCT

What is this goal about?

This goal is about the amount of time from when someone is admitted to FMHP to when they are ready for discharge. For this goal, “discharge readiness” means the Forensic Review Panel has determined someone is ready for provisional discharge.

Why does this goal matter?

FMHP is a segregated, institutional setting. Olmstead's mission is for people to live life in the most integrated setting possible. Being ready for discharge faster will help people return to their communities sooner. Additionally, there is high demand for services at FMHP. When someone leaves the program, then FMHP can treat another person.

How we track our progress

Measurable goal:

- By June 30, 2027, the average time from FMHP admission to discharge readiness will be 83 months.
- By June 30, 2028, the average time from FMHP admission to discharge readiness will be 81 months.
- By June 30, 2029, the average time from FMHP admission to discharge readiness will be 79 months.
- By June 30, 2030, the average time from FMHP admission to discharge readiness will be 77 months.
- By June 30, 2031, the average time from FMHP admission to discharge readiness will be 75 months.

Our starting point (baseline): In 2025, the average time from FMHP admission to discharge readiness is 84 months.

About this target: DCT can help people get the treatment they need to be ready to leave FMHP. However, DCT does not decide when someone can leave. The Special Review Board (SRB) makes the final decision. The county also plays a key role in that decision. Even when a person is ready to leave FMHP, they must stay until the SRB approves their discharge.

About the data: This data comes from FMHP's admissions and discharge database.

Transition Goal 3A: More people will receive supportive services in community-based settings.

Lead agency: DCT

What is this goal about?

This goal is about people who are:

- In a hospital, jail, or detox center;
- On a waitlist for a locked DCT facility; and

- Eligible for services in a residential Community-Based Services (CBS) program.

The goal is for people who might receive services in a locked facility to receive them in a community setting instead. This is called being "diverted" from a locked setting.

Why does this goal matter?

This goal will help prevent unnecessary institutionalization. It is also easier to reintegrate in the community from a CBS program than from a locked facility. This aligns with Olmstead's mission: for people to receive services in the most integrated setting possible. Additionally, there is high demand for services at locked DCT facilities. This goal will help reduce demand.

How we track our progress

Measurable goal:

- By June 30, 2027, four people per fiscal year will be diverted from locked DCT facilities.
- By June 30, 2028, five people per fiscal year will be diverted from locked DCT facilities.
- By June 30, 2029, six people per fiscal year will be diverted from locked DCT facilities.
- By June 30, 2030, seven people per fiscal year will be diverted from locked DCT facilities.
- By June 30, 2031, eight people per fiscal year will be diverted from locked DCT facilities.

Our starting point (baseline): In 2025, three people were diverted from locked DCT facilities.

About this target: Making progress on this goal requires work that is both within and outside of DCT's direct control. Increasing diversions will require action from DCT and other partners, like counties, state entities, and community organizations. DCT has direct control over:

- CBS program operations
- CBS admissions processes
- Internal coordination
- Tracking of diversion and transition outcomes

However, progress also depends on factors outside DCT's control, including:

- Availability of community housing and staffing
- County funding and service authorizations
- Referrals from hospitals and jails
- Coordination with law enforcement and community providers
- Individual clinical readiness

About the data: This data comes from:

- CBS admissions and discharge database

- DCT services
- Diversion tracking reports

Transition Goal 3B: More people will move from segregated mental health treatment facilities to more integrated facilities.

Lead agency: DCT

What is this goal about?

This goal is about people who are currently receiving services in a locked DCT facility. The goal is for more people to move from these facilities to CBS programs, which are less restrictive.

Why does this goal matter?

This goal will help reduce institutionalization. It is also easier to reintegrate in the community from a CBS program than from a locked facility. This aligns with Olmstead's mission: for people to receive services in the most integrated setting possible. Additionally, there is high demand for services in locked DCT facilities. When someone leaves a locked facility, that facility can treat another person.

How we track our progress

Measurable goal:

- By June 30, 2027, 10 people per fiscal year will be moved from a locked DCT facility to a CBS site.
- By June 30, 2028, 12 people per fiscal year will be moved from a locked DCT facility to a CBS site.
- By June 30, 2029, 14 people per fiscal year will be moved from a locked DCT facility to a CBS site.
- By June 30, 2030, 16 people per fiscal year will be moved from a locked DCT facility to a CBS site.
- By June 30, 2031, 18 people per fiscal year will be moved from a locked DCT facility to a CBS site.

Our starting point (baseline): In fiscal year 2025, eight people moved from locked DCT facilities to a CBS site.

About the data: This data comes from:

- CBS admissions and discharge database
- DCT services
- Diversion tracking reports

Transition Goal 4: More people with disabilities will move from segregated settings to integrated housing of their choice, where they sign a lease and receive rent support.

Lead agencies: Minnesota Housing, Department of Human Services (DHS)

Supporting agency: Department of Corrections (DOC)

What is this goal about?

This goal is about people who:

- Live in segregated settings; for example, Regional Treatment Centers, hospitals, correctional facilities, and locked residential treatment.
- Move to more integrated housing that they choose.
- Sign a lease for their housing
- Receive rent support from certain programs such as Bridges, Bridges RTC, and Section 811.

Why does this goal matter?

Providing people with disabilities the housing assistance they need to live in the community is fundamental to achieving the integration mandate of the Supreme Court's Olmstead decision. Integrated housing is a required first step for living and enjoying life in the community. However, affordable, accessible housing can be hard for disabled people to find.

How we track our progress

Measurable goal: Note: DHS and Minnesota Housing are working to confirm targets and baseline data.

Our starting point (baseline): Note: DHS and Minnesota Housing are working to confirm targets and baseline data.

About the data: The data about people who had been in a segregated setting, sign a lease, and get rent support comes from Minnesota Housing. The Department of Human Services tracks the number of people living in segregated settings. The rent assistance programs funded by Minnesota Housing are Bridges (for people with mental illness) and Section 811.

Strategies

To reach this goal, Minnesota Housing will:

- Explore creating a consolidated application process for housing programs so that people with disabilities do not need to apply to multiple programs and housing assistance is easier to access.

- Improve data sharing across agencies to better align the housing resources being made available with the housing needs of people trying to leave segregated settings
- Evaluate and redesign rental assistance programs from a human-centered design perspective so that the application process and assistance provided is tailored to the needs and desired outcomes of people with disabilities.
- When additional federal and state resources become available, advocate for and secure funding for rental assistance programs that support people with disabilities.

Transition Goal 5: People who receive home- and community-based services will experience less use of restrictive procedures.

Lead agency: Department of Human Services (DHS)

What is this goal about?

This goal is about reducing the emergency use of manual restraint (EUMR) for people who receive waiver services and other disability services, regardless of diagnosis. For this goal, these are services licensed under Minnesota Statute 245D or in the scope of Minnesota Rule Part 9544. They include:

- Services provided in group homes and other community residential settings
- Services provided in someone's own home
- Homemaker services
- Crisis respite services
- Day services
- Some employment services

This goal counts the number of reports of EUMR, not the number of people. Some people may experience EUMR multiple times. State law only allows EUMR in certain circumstances. These circumstances are when:

- Immediate action is needed to prevent someone from harming themselves or others
- The type of manual restraint used is the least restrictive intervention to prevent harm and achieve safety
- The manual restraint ends when the threat of harm ends

Why does this goal matter?

Being treated with dignity and respect is an important part of quality of life. Experiencing restraint and seclusion can be traumatizing. Positive supports are more effective than restrictive procedures at:

- Reducing harmful behaviors
- Keeping people safe

- Helping people build life skills

Reducing the use of restrictive procedures is foundational to Minnesota's Olmstead Plan. The plan was created as part of a 2009 settlement from a lawsuit against DHS, called *Jensen*. This lawsuit was about the use of restraint and seclusion in a DHS program. It alleged the program broke the law and violated the civil rights of disabled people.

The *Jensen* Settlement Agreement improved treatment and care for people with disabilities in Minnesota. Goals about restrictive procedures help us continue to make progress.

How do we track our progress?

Measurable goal: By June 30, 2027, reports of the use of restrictive procedures will be 1,652 or less. That would be a decrease of 5% from current baseline.

Our starting point (baseline): During fiscal year 2025, there were 1,739 reports of the use of restrictive procedures.

About the data: This goal tracks the number of reports made through Behavior Intervention Report Forms (BIRFs). Law requires service providers licensed under Statute 245D to submit BIRFs to DHS when they use restrictive procedures, regardless of a person's diagnosis. Providers licensed under Statute 245A must submit BIRFs for people with a developmental disability or related conditions. Since BIRFs are self-reported by providers, data may be missing or have occasional errors.

Strategies

To reach this goal, DHS will launch the new Minnesota Incident Reporting System (MIRS). This system will collect more and better information about restrictive procedures. DHS will:

- Use MIRS data to identify patterns and trends in the use of restrictive procedures by providers
- Share reports about restrictive procedures to identify patterns and help investigations
- Auto-summarize restrictive procedure data to help service providers reduce their use
- Increase access to and use of trauma-informed positive support practices

Data collection goals and strategies

This section includes data collection goals. These goals are different than the measurable goals in this plan. Data collection goals represent issues that agencies want to write goals about, but don't have the data to create a measurable goal yet. They describe how an agency will gather the information it needs to write a measurable goal. Data collection goals are organized by topic:

- Crisis services
- Education

- Employment
- Health and safety
- Housing
- Transportation and transit
- Transitions

Crisis services

Crisis Services Data Goal 1: More people will stay in the community after a crisis.

Lead agency: Department of Human Services (DHS)

What are we working toward?

DHS wants to write a goal about mobile crisis services. The goal will track how many children and adults stay in the community after using mobile crisis services. This means they avoid more segregated settings like hospitals or jails.

Where are we now?

More than 14,000 Minnesotans received mobile crisis services in 2024. Nearly 54% of adults and 67% of children stayed in their communities. This does not include people who voluntarily entered a residential treatment program. DHS recommends that in the future, this goal counts voluntary residential treatment as “staying in community.”

Why does this goal matter?

Mobile crisis teams are an invaluable mental health service. They reduce unnecessary hospitalizations and institutionalizations. They can also help people stabilize, access other mental health services, develop action plans, and more.

How will we create the goal?

To create this goal, DHS will identify data targets for children and adults by June 2027.

Education

Education Data Goal 1: Adolescent students with disabilities released from correctional facilities will have an opportunity to continue their education.

Lead agency: Department of Corrections (DOC)

Supporting agency: Department of Education (MDE)

What are we working toward?

The DOC wants to write a goal about students with disabilities' progress in high school after they leave correctional facilities. The goal will be about:

- School attendance
- Behavioral incidents
- Progress toward graduation

Where are we now?

Right now, the DOC does not track students' progress in school after release.

Why does this goal matter?

For students with disabilities who are released from correctional facilities, benefits of school include:

- Lower risk of becoming incarcerated again
- Better job opportunities
- Community connections

Tracking student progress can help the DOC and MDE better support students.

How will we create the goal?

To write this goal, the DOC will:

- Collect data about education outcomes for high school students with a disability after they leave correctional facilities (by December 2027)
- Set a target for improvement

Education Data Goal 2: Incarcerated adults with disabilities will have access to education supports before release.

Lead agency: DOC

Supporting agency: MDE

What are we working toward?

The DOC wants to write a goal about incarcerated individuals with disabilities and education. The goal will focus on coordinated education and reintegration planning before release.

Where are we now?

Right now, the DOC does not track information about coordinated education and reintegration planning.

Why does this goal matter?

Education is important for everyone. For individuals with disabilities who are released from correctional facilities, benefits of continued education include:

- Lower risk of becoming incarcerated again
- Better job opportunities
- Community connections

How will we create the goal?

To write this goal, the DOC will:

- Collect data about adults with disabilities who receive coordinated education and reintegration planning before release (by July 2027)
- Set a target for improvement

Employment

Employment Data Goal 1: More people with disabilities will have jobs in the community.

Lead agencies: Department of Employment and Economic Development (DEED), MDE, DHS

What are we working toward?

DEED, DHS, and MDE want to write a goal about competitive, integrated employment (CIE) for people who use certain DHS services. Those services are:

- Medicaid Waiver services
- Mental health targeted case management
- Adult mental health rehabilitation
- Assertive community treatment services, and/or
- Medical Assistance for Employed persons with Disabilities

The goal will be for more people who use these programs to have community jobs.

Where are we now?

Right now, DHS does not have a way to measure how many people have CIE. Instead, DHS estimates the number by measuring how much money people earn. If someone makes $600 or more per month, they are counted as having CIE. If someone makes $599 or less per month, they are counted as having non-competitive employment. This estimate is not always accurate. Some people in CIE make less than $600 a month, and some people in non-competitive employment make more than $600 a month. Non-competitive employment can pay either minimum wage or higher, or subminimum wages.

In fiscal year 2024, 81,852 people received these Medicaid services. 20% of those people earned $600 or more per month.

Why does this goal matter?

Employment is a way for all people to earn money and be self-sufficient. For many people, jobs can be a source of meaning and fulfillment. Jobs can also help people:

- Socialize and make friends
- Share knowledge and talents with others
- Engage in the community
- Learn new skills

People with disabilities tend to have higher unemployment rates than people without disabilities. That is because people with disabilities experience more barriers to employment. Barriers include:

- Lack of services and supports, like job coaches
- Discrimination and ableism from employers and coworkers
- Challenges getting accommodations
- Lack of transportation
- Fear of losing necessary benefits.

How will we create the goal?

DHS is working on getting data that will show the number of people who have CIE. This will let them report how many people actually have CIE instead of just estimating. DHS will also be able to report who has non-competitive earned income paid at minimum wage or higher, and who is paid subminimum wages. DHS will probably have access to this data by mid-2026. Once they have access, DHS will determine the baseline number of people who have CIE. This baseline will replace the baseline about who makes $600 a month or more. After DHS knows the baseline, they will be able to set a goal. DHS anticipates that the CIE data will come from the following:

- DEED's unemployment insurance database
- DHS subminimum wage data reports

To increase the number of people with CIE for this goal, DHS will:

- Improve access to and use of employment services by people with disabilities, especially people who earn subminimum wages or are exclusively in day services. Promote Employment First principles through training, grants, sharing best practices, peer learning opportunities, and identifying and addressing employment barriers
- Increase awareness and understanding of how work affects disability benefits through:
    - Expanding access to benefits planning services
    - Informing case managers
    - Raising awareness among disabled job-seekers and their supporters
- Strengthen and expand Minnesota's employment services provider network
- Collect more accurate and useful employment outcome data

Health and safety

Health and Safety Data Goal 1: Department of Public Safety communications, programs, and services will be accessible for people with disabilities.

Lead agencies: Department of Public Safety (DPS)

What are we working toward?

DPS wants to make sure its communications about safety and service delivery are accessible. DPS also wants to make sure its programs and services are inclusive and accessible.

Where are we now?

Right now, DPS collects data related to service delivery and communications. DPS has also made accessibility improvements to its website and various programs and services. However, DPS does not have a centralized platform that uses data to improve service delivery and communications. Having a centralized platform would help the agency do a full evaluation of programs and services.

Why does this goal matter?

The information DPS shares is important for Minnesotans' well-being. DPS also operates many essential programs and services. People with disabilities must have equal access to DPS information to stay safe, as well as equal access to the agency's programs and services.

How will we create the goal?

To create this goal, DPS will:

- Study the data it collects from different programs, such as:

    - State Fire Marshal
    - Office of Justice Programs
    - Homeland Security Emergency Management
    - Driver Vehicle Services
- Gather community input about potential gaps
- Publish a report about gaps in data and accessibility
- Develop a system to improve accessibility by 2031
- Create mandatory disability awareness training for DPS staff
- Include people with lived experience in agency work
- Conduct an accessibility audit of public materials
- Improve accessibility based on audit results

Health and Safety Data Goal 2: More Minnesota Department of Health response staff will receive training about the access and functional needs of people with disabilities in public health emergencies.

Lead agency: Minnesota Department of Health (MDH)

What are we working toward?

The goal will have two parts.

Goal A: This goal is about MDH Emergency Preparedness and Response (EPR) staff receiving training about access and functional needs of people with disabilities and the unique needs of this population during emergencies that impact the public’s health.

Goal B: This goal is about the MDH Response Sections receiving training about access and functional needs of people with disabilities and the unique needs of this population during emergencies that impact the public’s health.

Where are we now?

MDH staff involved in preparing or responding to public health emergencies haven't been consistently trained in access and functional needs of people with disabilities.

Why does this goal matter?

Emergency preparedness is vital to make sure people stay safe. Emergencies could include events like tornados, fires, disease outbreaks, and more. People with disabilities are at higher risk of negative outcomes during emergencies. It is important for public health staff to have training on the needs of people with disabilities when they plan and respond to public health emergencies.

How will we create the goal?

- By December 31, 2026, MDH will establish a baseline about the percentage of ERP staff who have completed training about access and functional needs of people with disabilities. Then MDH will set a target for improvement.
- By December 31, 2026, MDH will establish baseline data about the percentage of Response Section staff who have training in access and functional needs of people with disabilities.
- Both EPR and MDH Response Sections staff will be directed to complete the training: "HHS/ASPR: Access and Functional Needs"
- A Training Plan will be created or added to existing Response Ready training plans in MN.TRAIN. Biannual reports will be generated from MN.TRAIN to determine progress in meeting goal measures

Housing

Housing Data Goal 1: Incarcerated individuals with disabilities will have accessible housing upon release.

Lead agency: DOC

Supporting agencies: DHS and Minnesota Housing

What are we working toward?

The DOC wants to write a goal about housing for incarcerated individuals with ADA plans. The goal will be for more individuals to have accessible housing and supports after release.

Where are we now?

Right now, the DOC does not track information about housing for individuals with disabilities after release.

Why does this goal matter?

Housing is vital for everyone's well-being. Safe and accessible housing can be hard to find. Formerly incarcerated individuals face even more barriers to finding housing. This puts people at risk of homelessness, health problems, and becoming incarcerated again.

How will we create the goal?

To write this goal, the DOC will:

- Create a system to track how many incarcerated individuals have ADA plans (by 2027)

- Create a system to track whether individuals with ADA plans have housing supports that meet their needs (starting in 2027)
- Set a target for improvement

Housing Data Goal 2: More people with disabilities will have safe, accessible, affordable housing of their choice.

Lead agencies: Metropolitan Council (MetC), Minnesota Housing, DHS

What are we working toward?

This goal will have multiple parts:

Housing Data Goal 2A: MetC wants to collect data about disabled people's experiences with housing services. This will help MetC identify program strengths, areas for improvement, and ideas to make services better.

Housing Data Goal 2B: Minnesota Housing and DHS want to measure the share of people with disabilities who have safe, accessible, affordable housing. They also want to measure disabled people's satisfaction with their housing.

Where are we now?

Housing Data Goal 2A: A total of 3,654 households that receive MetC housing services self-identified as being headed by someone who is an older adult and/or has a disability. Right now, MetC does not collect information specifically about disabled people's experiences with housing services. In 2024, the council conducted a survey about housing for low-income people. They were able to collect some information about needs of people with disabilities through the survey, but that was not the focus.

Housing Data Goal 2B: The state of Minnesota does not currently measure housing satisfaction for people with disabilities. The state also does not measure how many people with disabilities have housing that meets their needs.

DHS will use existing data as proxy measures to monitor available outcomes and inform the development of measures of housing choice and satisfaction. For example, the Mental Health Information System uses a proxy measure for housing satisfaction by identifying "housing informed choice." Which is defined as people, "Not wanting or planning to move from their current environment." In 2024 a total of 535 people (81%) in the Housing with Support for Adults with Serious Mental Illness grant program identified that they were not wanting or planning to move.

Why does this goal matter?

Many people with disabilities struggle to find and retain housing that is safe, affordable, and accessible. People frequently have to move away from their communities and support networks to get housing. Having only one housing option with limited affordability and marginal accessibility is not sustainable or a real choice. It is at best an option of last resort.

How will we create the goal?

Housing Data Goal 2A: The MetC will reach out to voucher holders that identify as being elderly or living with a disability. They will offer engagement around housing services. The MetC will use the information to develop at least two actionable strategies to improve housing services.

Housing Data Goal 2B: Minnesota Housing and DHS will:

- Launch an interagency team to explore ways to measure housing choice and satisfaction for people with disabilities. This may involve surveying a representative sample of people with disabilities living in the community.
- Develop a tool for measuring and tracking housing choice and satisfaction.
- Implement the measurement tool with three years of initial data to establish a baseline and a future target for the goal. Strategies to achieve the goal will also be developed.
- Document available housing data and the outcome development process on a public website.

What will we do while we develop this goal?

In order to assure access to housing and demonstrate housing outcomes DHS will use two processes to work on the following while they develop this measurable goal:

- Replace and strengthen Housing Stabilization Services through engagement with the community, including
- Support equitable, culturally specific implementation of the Housing Stabilization Services replacement
- Use lived experience advisory groups to guide implementation and promote accountability
- Engage people with lived experience as data advisors
- Develop DHS strategies and objectives for implementing and tracking housing outcome measures
- Identify agency, service, and program specific housing outcome measure implementation strategies
- Publish and regularly update public data dashboards about housing outcomes

What will DHS do with this data?

Monitor data collection consistently. Ongoing data collection will allow DHS to track whether housing services are improving, staying the same, or declining. Public dashboards will keep this information accessible to all stakeholders, including people with disabilities, advocates, and legislators.

- Once the data is available, DHS will use it to drive meaningful change and gain invaluable knowledge.
- Prioritize lived experience. People with disabilities will play an active role in shaping goals and interpreting data, ensuring that lived experiences are the center of decision-making.
- Establish a baseline and define clear goals. The first three years of data will provide a clear picture of the DHS starting point and the progress DHS will make. From this data, DHS will identify a measurable target and establish an accountability standard.
- Identify strengths and areas for improvement. The data will guide DHS and Minnesota Housing on whether current programs are effectively helping people find and maintain stable housing. If the data reveals concerns in specific areas or among certain groups, it will highlight where adjustments are necessary.
- Use data to recommend action steps. DHS will use data to inform targeted strategies. For example, if the data shows that people have housing but feel limited in their choices, DHS will work to broaden available options, not just increase the number of units.

Transitions

Transitions Data Goal 1: More people will have access to peer support services.

Lead agencies: Direct Care and Treatment (DCT) and DHS

What are we working toward?

DCT and DHS are developing a goal about peer supports. The goal will be for DCT to offer peer support to all people in DCT facilities. All people who want those services will receive them.

Where are we now?

DCT employs three peer support specialists. DCT does not have existing contracts with community providers. Additionally, DCT does not track how many people are connected to peer support. The agency also does not have formal peer support training programs.

Why does this goal matter?

Peer support promotes recovery, integration, and self-determination. Talking to someone who has been through the same experiences can be valuable. Peer support also benefits the person giving support. It helps them gain skills and prepare for jobs.

How will we create the goal?

By July 1, 2027, DCT and DHS will create a measurable target.

Transitions Data Goal 2: More incarcerated individuals with disabilities will access correctional facility programs.

Lead agency: Department of Corrections (DOC)

What are we working toward?

The DOC wants to ensure individuals with disabilities have equal access to programs in correctional facilities. DOC programs include activities and/or instruction that help people stay productive, learn skills and knowledge, continue their education, or support their mental or behavioral health.

Where are we now?

DOC policy states that all incarcerated people must take part in programming, but individuals with disabilities often experience barriers to participation. These could include accessibility barriers. Some examples include a lack of American Sign Language (ASL) interpreters and auxiliary aids.

Why does this goal matter?

Programming provides benefits for incarcerated individuals. Educational programs are associated with better employment outcomes and higher pay following release. It is critical that individuals with disabilities have full and equal access to these programs.

How will we create the goal?

To write this goal, the DOC will:

- Create a system to track how many incarcerated people have Americans with Disabilities Act (ADA) plans
- Conduct accessibility audits for correctional facility programs
- By 2027, analyze the percentage of people with and without ADA plans enrolled in programs
- Set targets for improvement

Transitions Data Goal 3: Fewer Minnesotans with disabilities will go out-of-state to receive services.

Lead agency: DHS

What are we working toward?

DHS wants to write a goal about the effects of the direct support professional (DSP) shortage. The goal will measure the number of people who got services outside of Minnesota due to the DSP shortage. DHS will track this through a survey.

Where are we now?

Right now, DHS doesn't track the number of people who get services out of state due to the DSP shortage.

Why does this goal matter?

It is essential that people can receive services in the community. Leaving the state can be stressful, expensive, and isolating. People should be able to stay near their homes and support networks while they receive services.

How will we create the goal?

DHS opened the first Direct Care Staffing Shortage Impact Annual Survey at the end of 2025. DHS will analyze survey responses to develop a baseline.

Transitions Data Goal 4: Minnesotans with disabilities will have timely access to services.

Lead agency: DHS

What are we working toward?

DHS wants to write goals about how quickly people get access to disability services. The goal will have three parts.

Transitions Data Goal 4A: New waiver recipients

This goal will be about new waiver recipients. It will measure the number of days between:

- Requesting an assessment and getting the assessment
- Getting the assessment and getting a service plan
- Getting a service plan and receiving the service

Transitions Data Goal 4B: Current waiver recipients

This goal will be about people who are already using waiver services. It will measure:

- The percentage of waiver recipients who got a reassessment within guidelines

- The percentage of authorized services provided within the past 12 months

Transitions Data Goal 4C: Personal care, homemaker, home health aide, and/or habilitation services

This goal will be about people who are eligible for the following services:

- Personal care
- Homemaker
- Home health aide
- Habilitation services

Some people may receive these services through their waiver, while others may not. This goal will include people who started receiving these services within the past year.

The goal will track:

- The average time from when someone is approved for the service and starts receiving the service
- The percentage of authorized service hours provided within the past 12 months

Where are we now?

DHS does not have baseline data.

Why does this goal matter?

People sometimes wait weeks or months to start getting disability services. These delays can harm someone's health, safety, and levels of community integration.

Additionally, choice and autonomy are vital for people with disabilities. However, disabled Minnesotans say they often feel they do not have real choices in services and supports. Their options are limited by systems and agencies. One way to increase opportunities for autonomy is by ensuring access to timely assessments and services.

How will we create the goal?

Transition Data Goal 4A and 4B

To create this goal, DHS will:

- Develop ways to measure how long people wait to access services by 2031
- Align reporting with federal requirements by 2031
- Collaborate with service recipients, counties, and service providers to improve access to services

Transition Data Goal 4C

Reaching this goal would require funding from the state Legislature. DHS will request funding during the 2026 legislative session. DHS will then build out the data collection system and analysis.

Transition Data Goal 5: Direct support professionals and people with disabilities will shape the future of Minnesota's Medicaid program.

Lead agency: DHS

What are we working toward?

Minnesota is in the process of redesigning advisory councils to come into compliance with federal regulation (Access Rule). It is reforming the Medicaid Advisory Council and establishing an Interested Party Advisory Council. DHS wants to write a goal about ensuring that people with disabilities, providers of direct support services (DSPs), and others reliant upon the Medicaid system have a strong influence in shaping the future of Minnesota's Medicaid program in both councils.

Interested Parties Advisory Group

The shortage of DSPs is a barrier to people living in communities and settings of their choice. Without access to trained and qualified DSPs, people with disabilities are more likely to live in segregated settings or experience abuse and neglect. The Medicaid Access Rule requires the implementation of an Interested Parties Advisory Group (IPAG) comprised of DSPs and individuals receiving direct support services to advise the state Medicaid agency on issues that impact the overall strength of the direct support workforce.

Beneficiary Advisory Committee

The state of Minnesota has historically convened a Medicaid Services Advisory Committee (MSAC) as an entity to advise the commissioner to advise the State Medicaid agency on matters of concern related to policy development and effective administration of the Medicaid program. People with disabilities have struggled to be meaningfully included in the recommendations developed by MSAC. To improve this dynamic state of MN will launch a reconstituted Medicaid Advisory Committee (MAC) to replace the MSAC along with a connected entity, the Beneficiary Advisory Committee (BAC), which will be comprised of Medicaid beneficiaries who serve on the MAC. The BAC will meet prior to MAC meetings to prepare beneficiaries for MAC meetings and will provide a much higher level of support for beneficiaries to improve their self-advocacy skills.

Where are we now?

Minnesota is in the process of redesigning advisory councils.

Why does this goal matter?

Beneficiaries who sit on committees with full-time Medicaid professionals often have less influence than professionals who are paid to interact routinely with the Medicaid system. It is essential to support those with lived experience in the Medicaid system to advocate for positive changes that impact their lives on a daily basis.

How will we create the goal?

- The state will measure the number for MAC and BAC members with disabilities as well as their participation in the meetings.
- The state will conduct routine participation surveys to measure members' level of comfort and confidence in meeting participation.
- The state track the number of items for which the MAC provides feedback to the state Medicaid agency as well as the number of those changes that are adopted by the state Medicaid agency.

Additionally, DHS will launch the IPAG by January 1, 2029.

- At least 40 currently employed DSPs will participate in the IPAG
- At least 40 persons requiring services delivered by DSPs (and/or the legal representatives of those persons) will participate the IPAG
- DHS will track how many recommendations IPAG sends to the state Medicaid agency.
- The state Medicaid agency will report on action taken on the recommendations and rationale.

Transition Data Goal 6: People with disabilities are protected from increases in the use of mechanical restraint.

Lead agency: DHS

What are we working toward?

DHS and assigned positive support contractors routinely work with individual teams on person-specific goals related to the use of mechanical restraint.

Mechanical restraint is a type of restrictive procedure. Minnesota has significantly reduced the use of mechanical restraint since the Jensen lawsuit. Goals around mechanical restraint vary by person and involve things like teaching the person new skills, addressing or managing complex medical conditions, changing service plans, increasing quality of life, or other strategies related to the assessed function of the person’s self-injurious behavior. Mechanical restraint has been used for less than 10 people in the state for many years now, which is below the threshold that DHS would typically share information publicly due to the risk of identifying data for individual people. Therefore, DHS will not be sharing this data publicly. However, this data is tracked privately by the External Program Review Committee. Every

individual person’s data is continually reviewed every three months by the committee via submissions of Positive Support Transition Plan Reviews, DHS-6810A, in addition to annual required reports.

Where are we now?

- The External Program Review Committee (EPRC) monitors use of mechanical restraint. The EPRC will continue to meet three times monthly as a committee and as needed with teams that are using restricted and prohibited procedures to reduce the use of identified restraint.
- Members of the public are welcome to attend monthly meetings with the committee. Connection information is available on the External Program Review Committee’s webpage.
- In the MIRS, DHS will be able to identify pattern recognition and trends with reporting procedures. As the system is rolled out, DHS will be able to design data reports and analyze data reports to identify if services providers are identifying patterns with BIRF reports and monitoring their services.
- Occasionally, though not often, individuals will experience an increase in mechanical restraint use, which is monitored and followed up on by the External Program Review Committee. Below are some examples of when the committee sees increases in restraint use:
    - The person experiences a new illness or injury and engages in more self-injurious behavior until they recover.
    - The mechanical restraint being used is a seat belt clip or harness that prevents the person from unbuckling during transportation. As the person spends more time in their community traveling to places they want to go, the use of the restraint increases proportionally to increase in vehicle use. In these situations, it would not be accurate to assume that an increase in restraint use means a decrease in quality of life.

Why does this goal matter?

Community members shared the need to improve the safety and well-being of people with disabilities by:

- Increasing investigations into the use of mechanical restraint
- Improving follow-up with reporters and victims
- Strengthening collaboration across state and local systems to prevent future harm.

Minnesota has achieved a significant reduction in mechanical restraint use, continued oversight is critical to prevent increases and identify emerging risks early. It is important to increase access to and use of trauma-informed, person-centered, and positive support practices across all service systems, and empower providers, people with disabilities, and their caregivers to recognize, prevent, and report abuse and neglect.

How will we create the goal?

This goal impacts less than 10 people in the state, and each person’s circumstances and services are individually monitored by the External Program Review Committee (EPRC). Sharing information publicly about a small number of people could potentially violate privacy laws. Therefore, the appropriate monitoring body for this goal is the EPRC, and not Olmstead. The EPRC requires care teams to develop person-centered goals as they go through the following required processes:

- Functional behavior assessment
- Positive Support Transition Plan development
- Quarterly Positive Support Transition Plan Review
- Request for the Authorization of the Emergency Use of Procedures

How else has DHS worked on this goal?

DHS provides many resources, such as:

- Trainings on rule and statute requirements regarding mechanical restraint:
  - Minnesota Rule 9544 for service providers licensed under Minnesota Statute 245A – Training
  - Minnesota Rule 9544 for service providers licensed under Minnesota Statute 245D – Training
- Trainings on positives support strategies, person-centered practices, and other applicable topics through the College of Direct Support.
- Tools for helping people and providers communicate more with each other:
  - DHS-6810H-ENG (How to encourage and promote increased communication for people you support)
  - POSITIVE SUPPORTS: Plan for Supporting Communication Growth (DHS-6810J)

For more information on efforts made to phase out restraint use, the public is welcome to review the External Program Review Committee’s annual reports on the committee’s webpage. People are also welcome to attend the committee’s monthly public meetings.

What will we do in the meantime?

By June 30th, 2027 the DHS Disability Services Division will provide a new on-demand, accessible training in both written and video formats for all Minn. Statute 245D license holders on the requirements of the positive supports rule, Minn. Rule 9544, which includes training on the topic of restraint use. The video will be similar to the training: Minnesota Rule 9544 for service providers licensed under Minnesota Statute 245A - Training - YouTube., The Division also provides instructional materials for phasing out restraint use and developing positive support strategies, as listed within

the Positive Support Transition Plan Instructions, DHS-6810B (PDF) and many staff trainings through the College of Direct Support.

Annually, (July 1st), the EPRC will publish an annual report on the committee's webpage detailing any concerns with restraint use and strategies that might be helpful in reducing restraint use.

Transition Data Goal 7: More people with disabilities will move from segregated settings to integrated settings.

Lead agency: DHS

What are we working toward?

DHS wants to write a goal about people moving from segregated to integrated settings. The segregated settings will include:

- Correctional facilities
- Nursing facilities
- Hospitals
- Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD)
- Institutes for Mental Disease (IMD)

The goal will focus on ensuring people have supports and resources to be housed, stable, and included in their communities.

Where are we now?

- There is no current baseline data for hospitals and IMDs from previous Olmstead Plan reports. This will need to be created within the first year.
- During the first three quarters of 2023, the number of people who moved from an ICF/DD to a more integrated setting was 87.
- During the first three quarters of 2023, the number of people under 65 in a nursing facility for more than 90 days who moved to a more integrated setting was 459.

Why does this goal matter?

This goal focuses on identifying housing needs early and strengthening an integrated housing transition and case management system so people who want to move into community-based housing can move directly into it. It emphasizes providing the ongoing supports people need to remain stable and housed in their preferred communities. There is value in peer support to help navigate systems, and important to focus on person-centered planning with informed choice about where to live and the supports in their chosen community. By addressing these needs, this goal advances community inclusion,

integration, and self-determination for Minnesotans with disabilities. People with disabilities can live in the most integrated setting that they choose.

How will we create the goal?

By 2027, DHS will establish a baseline and targets for this goal.

2026 plan update timeline

2023-2024

In 2023, the Subcabinet decided to update the Olmstead Plan using a co-creation model. This would be the first comprehensive update since the plan was adopted in 2015.

In 2024, working with the Subcabinet, OIO created a process for the update. The office issued a Request for Proposals for a contractor to support Inclusion Consultants. OIO also launched the statewide Disability Inclusion and Choice written survey. The goal of the survey was to learn about what issues were most important to Minnesotans with disabilities.

Additionally, OIO worked with a consulting firm, ACET, to host more than 20 community conversations. These community conversations focused on ideas of choice, integration, and inclusion. ACET worked with community partners for the conversations.

OIO also contracted with the Improve Group to conduct the fourth Quality of Life Survey. This survey tracks quality of life over time for a group of people with disabilities. Survey participants are people who are eligible to receive services in potentially segregated settings.

2025

In early 2025, OIO contracted with Dendros Group to bring on Inclusion Consultants. Inclusion Consultants received training over the next few months. They also created a Focus Area Report to help guide the work. The Focus Area Report laid out their priorities for the Olmstead Plan. The Inclusion Consultants were then assigned to up to three agency teams each.

Through summer and fall, agency teams and their assigned Inclusion Consultants drafted Olmstead Plan goals and strategies. OIO and their assigned Inclusion Consultants drafted the non-goal components of the plan.

Dendros Group partnered with community organizations to hold over 20 community conversations in the summer and fall. These conversations happened across the state. Agency teams considered this community feedback while drafting goals.

2026

After a draft of the plan was complete, there was a public comment period that included…. More information will be added here.

For a list of community partners involved in the process, please see the appendix.

Olmstead Plan implementation

Updating goals and strategies

The Olmstead Plan is a five-year plan. There will be opportunities for state agencies to update goals and strategies. This process promotes accountability while allowing flexibility. Reasons for updates could include:

- Making goals more ambitious after targets are met
- Public emergencies that affect goal progress
- Public feedback about goals or strategies
- Changes to funding

Goals

Changing goals: Agencies can propose changes to measurable goals partway through the five-year plan cycle. Goal changes require public input and approval by Leadership Forum and Subcabinet. Generally, agencies should not propose changes to make goals easier. However, there may be exceptions. For example, if a funding reduction outside an agency's control affects their ability to achieve the goal. If this happens, agencies must justify changing the goal.

Adding goals: Agencies can propose new goals annually. New goals require public input and approval by Leadership Forum and Subcabinet.

Strategies

Changing strategies: Agencies can propose changes to goal strategies annually. Amending strategies requires public input and approval by Leadership Forum and Subcabinet.

Adding strategies: Agencies can propose new strategies annually. New strategies require approval by Leadership Forum and Subcabinet.

More details about updating goals and strategies can be found in the Leadership Forum Charter and Subcabinet Procedures.

Principles of community engagement

Community engagement is essential to the success of the plan. The plan was built using community engagement. Over the course of the plan, agencies and OIO will continue to engage community.

The Olmstead Subcabinet is committed to involve community in ways that are:

Accessible

Community engagement must be accessible for all who participate. This means physically accessible spaces, as well as sensory, language, and digital accessibility. Accessible engagement should include multiple ways for people to engage. People should be able to participate without financial and transportation barriers. They should also have what they need to be successful, including plain language information. Accessibility must be flexible and evolving.

Intentional

Community engagement is intentional when agencies have a clear idea of:

- Why they are seeking feedback
- What they will do with the information

Agencies should coordinate with each other to share information and data that may relate to the plan. They should also align their engagement efforts to avoid duplicative work.

State agencies must prioritize those most impacted by programs, decisions, or changes. Intentional engagement reduces barriers to participation by:

- Being culturally responsive, representative, and appropriate
- Providing information and resources people need to actively participate
- Meeting people in their communities
- Building relationships and connections

Accountable

Community engagement is accountable when there is full transparency with participants. The state must inform participants about how it addressed issues or used feedback. The goal of community engagement is meaningful outcomes. Accountable engagement means:

- Community members feel that progress is being made
- Community members are a part of that progress
- Agencies remain open to community feedback

Additionally, it is important for the state to recognize and take accountability for systemic harm to disabled people. Some people with disabilities may not want to engage with the state at all. The state must work to prevent further harm as much as possible. This includes:

- Reducing the risk of retaliation against community members who share feedback
- Promoting privacy and safety for participants
- Considering trauma-informed approaches to community engagement
- Respecting the boundaries and lived experiences of disabled Minnesotans

Representative

Community engagement should represent the diversity of the disability community in Minnesota. This includes different disability types, regions of the state, and intersections with other identities such as race, culture, sexuality, gender, socio-economic status, education, and more.

Collaboration is key to achieve equitable representation. To address the diverse needs of the disability community, the state must collaborate with trusted partners.

Well organized

Community engagement is most effective for both the state and participants when it is well organized. However, well organized does not mean rigid. Genuine engagement is adaptive to the community.

Organization should happen before, during, and after the engagement. Well organized community engagement means the state:

- Plans engagement opportunities (along with fairly compensated partners when appropriate)
- Communicates with community early and often
- Is as responsive as possible to community needs
- Plans for time to build relationships with the community

During engagement, facilitation must fit the needs of the community. Feedback should be well documented. The state should center people with disabilities by clarifying which feedback is from people with disabilities versus those without, when possible.

Conclusion

Community engagement is ever-evolving. These principles may change or adapt, knowing that not all community needs are the same. Engagement shouldn’t look the same across all communities and projects. We prioritize leading with a spirit of co-creation and honoring the community’s feedback.

Olmstead Implementation Office roles and responsibilities

Community engagement

Community engagement is core to OIO's work. OIO will follow the Principles of Community Engagement. OIO's mission is to reach groups that reflect the diversity of the disability community. This includes increasing engagement with historically underrepresented communities. OIO commits to:

- Seeking public feedback about:
    - The Olmstead Plan
    - Progress on plan goals
    - Disabled life in Minnesota
- Sharing community input with Leadership Forum and Subcabinet
- Educating the public about the Olmstead Plan and community integration
- Ensuring transparency by sharing plan performance updates
- Regularly developing and sharing community engagement strategic plans
- Regularly sharing updates about progress on community engagement strategic plans

Compliance

OIO will oversee implementation of and compliance with of the Olmstead Plan. Accountability and community engagement are key to the success of the plan. State agencies are responsible for meeting their Olmstead Plan goals and strategies. To promote transparency and accountability, OIO will:

- Work with state agencies to track progress
- Regularly share updates about plan progress with Leadership Forum, Subcabinet, and the public, including:
    - Publishing visualizations of goal progress
    - Presenting about goal progress
- Facilitate interagency work
- Engage the public around goal performance, with a focus on accountability
- Collaborate with agencies on performance improvement plans when appropriate

For more details about Olmstead Plan compliance, please see the Olmstead Subcabinet Procedures.

Community surveys

OIO will oversee regular surveys of Minnesotans with disabilities to inform plan implementation. The surveys will follow the principles of community engagement, including representing the diversity of the disability community. The surveys will focus on:

- Quality of life for people in segregated settings
- Community integration and inclusion
- Autonomy in decision making

Agency Connect and Agency Feedback

Agency Connect and Agency Feedback are two different ways the public can engage with the Olmstead Implementation Office (OIO) and state agencies. Both of these options are available on OIO's website.

Agency Connect

Agency Connect helps people with individual concerns related to state programs and services. Through this process, OIO connects people to the relevant agency. OIO will track state agencies' timeliness and responsiveness. Additionally, community members have the option to give feedback about the process. OIO will also track the types of issues people submit to Agency Connect. OIO will use this information to help the state tackle recurring issues in a systematic way.

Agency Feedback

People can share ideas about improving systems related to the Olmstead Plan through Agency Feedback. OIO will share these comments and ideas with Olmstead Subcabinet agencies. Agencies need to consider this feedback while implementing their Olmstead goals and strategies.

Conclusion

A conclusion will be written closer to the plan being finalized.