MINNESOTA
OLMSTEAD
IMPLEMENTATION OFFICE

Incorporating Public Comments: Direct Care and Treatment

In spring 2026, the Olmstead Implementation Office (OIO), in partnership with the Dendros Group, Inclusion Consultants, and state staff, held a public comment period. This included:

- Virtual meetings
- An online survey in multiple languages
- Individual interviews
- Submissions from organizations
- Email comments

This document includes themes from all public comment. Agency teams were asked to address how feedback was incorporated into their goals and strategies in the Olmstead Plan.

For more information about these feedback themes, please review the transition public comment summary report.

Feedback on Transition Goal 1

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

There was specific feedback about Transition Goal 1. Direct Care and Treatment (DCT) updated their strategies based on this feedback. DCT shared:

> We appreciate the time and effort community members, advocates, family members, providers, and individuals with lived experience invested in providing feedback on this goal. Many comments highlighted the importance of increasing access to housing, community-based mental health services, waiver services, disability supports, and other resources that help individuals successfully transition from hospital settings to community living.
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> DCT agrees that these factors play a critical role in successful discharge planning and can significantly affect how quickly individuals are able to leave the state hospital once they no longer require hospital-level care. The feedback reinforced the importance of work already reflected in the goal and existing strategies focused on reducing discharge barriers, strengthening cross-system collaboration, and improving transition planning. One commenter

asked why appropriate discharge planning is identified as a goal. Every individual discharged from AMRTC receives a comprehensive discharge plan designed to address their unique clinical, housing, social, and support needs.

Many of the specific concerns raised—including housing development, waiver services, group home capacity, and community provider availability—fall outside DCT's direct authority. Public feedback strengthened DCT's emphasis on implementation efforts already underway, particularly those focused on reducing discharge barriers, strengthening cross-system collaboration, improving transition planning, and identifying system-level obstacles that delay community transitions. DCT continues to partner with DHS and other stakeholders through regular collaboration to identify barriers to discharge, address challenges affecting transitions, and elevate system-level issues that contribute to unnecessary boarding days.

DCT recognizes importance of these concerns and will continue to share feedback and collaborate with the state agencies responsible for these systems to support timely, person-centered transitions to community living.

Feedback on Transition Goal 2

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

There was specific feedback about Transition Goal 2. DCT updated their strategies based on this feedback. DCT shared:

We appreciate the thoughtful feedback received regarding individuals served in the Forensic Mental Health Program (FMHP), particularly comments related to individuals with developmental disabilities, autism spectrum disorders, traumatic brain injuries, and other complex conditions whose needs may not align with traditional forensic mental health treatment pathways.

The feedback reinforced the importance of ensuring that treatment, assessment, and discharge planning are individualized and responsive to each person's unique needs. DCT agrees that these individuals often require different approaches, supports, and timelines to achieve successful outcomes.

Public feedback reinforced and strengthened implementation priorities already underway, including identifying additional metrics and internal dashboards that support the overall goal, earlier identification of individuals with complex needs, person-centered treatment and discharge planning, and stronger collaboration with county and community partners.

FMHP has made significant progress in identifying individuals with these unique needs earlier in the admission process, developing person-centered treatment and discharge pathways,

strengthening collaboration with county partners, and improving communication regarding treatment recommendations and discharge readiness. For example, systematic deployment of the Track 2 pathway, more consistent integration efforts for individuals with neurocognitive and developmental diagnoses and more complex treatment and discharge need. Treatment curriculum is being refined to support more consistent progress across FMHP beginning at admission. It is noted all of Forensics success in this area heavily relies on community capacity to support individuals who are committed as Mentally Ill and Dangerous (MI&D). Housing, residential services, and provider availability remain primary obstacles to successful transitions from institutional care.

The feedback also reinforced ongoing efforts to improve diversion opportunities, evaluate opportunities to expand DCT-operated community settings, and ensure individuals receive services in the most appropriate setting as early as possible. DCT believes the current goal and strategies appropriately address these priorities and will continue monitoring performance and pursuing opportunities for improvement as implementation progresses.

Feedback on Transition Goal 3

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

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

There was specific feedback about both Transition Goal 3A and 3B. DCT updated their strategies based on this feedback. DCT shared:

> Community-Based Services' (CBS) Olmstead goals are brand new. We appreciate the thoughtful feedback provided on this goal and the strong support expressed for expanding access to community-based housing, services, and supports throughout Minnesota. Commenters emphasized the importance of increasing capacity across the continuum of care and ensuring individuals have access to a broad range of community-based options that support living in the most integrated setting possible.
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> DCT agrees that greater community capacity would benefit the individuals served through DCT programs as well as the broader behavioral health and disability service systems. The feedback reinforced the importance of continuing efforts to increase opportunities for diversion from institutional settings and to support successful transitions back to the community.
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> Public feedback strengthened DCT's focus on advancing its existing strategies by reinforcing the importance of expanding community-based opportunities, strengthening diversion pathways, and continuing collaboration with state and community partners to address barriers to integrated community living. Current strategies focus on increasing access to DCT-operated

community settings, strengthening diversion pathways, and collaborating with state and community partners to identify barriers that limit access to community-based services and supports.

As Minnesota's behavioral health safety net provider, DCT continues to assess where gaps exist across the continuum of care and identify populations whose needs may not be fully met by existing community resources. Our ability to increase transition goals depends on some factors out of our control. DCT will identify the areas of leverage during implementation and continue to advocate for resources that support expanded community capacity, better serve underserved populations, and increase access to services in the most integrated setting appropriate to an individual's needs. DCT also remains committed to identifying opportunities within existing resources to address service gaps and improve access to community-based alternatives whenever possible.

We wholeheartedly agree with the expansion of supports for high acuity people among community providers. We cannot accomplish that on our own. Many of the capacity challenges identified by commenters involve broader funding, infrastructure, housing, and service system issues that extend beyond DCT's direct authority. While DCT will continue to partner with DHS, community providers, counties, and other stakeholders to elevate these needs and support system improvements, how we can support each other in service of the people we serve, and the significant expansion of statewide capacity would likely require additional legislative action and investment.

Feedback on Transition Data Goal 1

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

There was specific feedback about Transition Data Goal 1. DCT updated their strategies based on this feedback. DCT shared:

We appreciate the thoughtful feedback received regarding peer support services and the important role that lived experience can play in helping individuals successfully transition from institutional settings to community living. Commenters highlighted the need for increased awareness of peer support (Mental Health) and peer recovery (Substance Use Disorder) services, improved access to those services, and opportunities for individuals to connect with peers who have navigated similar experiences.

The feedback reinforced the importance of work already underway to better understand and support individuals' peer support needs. As a result of public feedback and ongoing internal planning, DCT strengthened and expanded implementation activities associated with this goal. One of the reasons this goal was identified as a data development goal is that DCT currently does not systematically track how many individuals are interested in connecting with peer

support services upon discharge, nor how many of those individuals are successfully connected to services in the community.

One of the reasons this goal was identified as a data development goal is that DCT currently does not systematically track how many individuals are interested in connecting with peer support services upon discharge, nor how many of those individuals are successfully connected to services in the community. To address this gap, DCT is already working with information technology staff to enhance our electronic health record system so that we can collect and monitor this information.

In addition to developing new data collection processes to better understand individuals' interest in peer support services and their successful connection to services after discharge, DCT will explore opportunities to strengthen peer support infrastructure across the organization. This includes evaluating the number of peer support and peer recovery specialists employed by DCT, developing a community of practice for peer professionals, and exploring opportunities to support individuals with lived experience of civil commitment, forensic commitment, or long-term institutional care in peer support roles.

While DCT is committed to improving access to peer support services for individuals leaving our facilities, the regulation, certification, and broader policy framework governing these services falls under the Minnesota Department of Human Services (DHS). We will continue to work closely with DHS to review data, identify barriers, strengthen partnerships, and help ensure that the peer support needs of individuals transitioning from DCT facilities can be met in their communities.

The feedback provided valuable insight into how peer support services can contribute to successful community integration and helped inform DCT's ongoing efforts to strengthen these services and partnerships.

General feedback themes

These themes were shared by the public related to Olmstead Plan goals and strategies generally.

Feedback theme: The Olmstead Plan needs to address the direct care workforce shortage

DCT updated their strategies based on this feedback. They shared:

> We appreciate the thoughtful feedback provided by community members, advocates, providers, family members, and individuals with lived experience. While this feedback theme was framed as a workforce issue, many of the comments received by DCT focused more broadly

on the availability of community-based housing, services, supports, and providers needed to help individuals successfully transition from institutional settings to the community.

DCT agrees that community capacity is a critical factor affecting successful transitions. Commenters highlighted the need for additional housing options, increased provider capacity, expanded community-based services, and greater availability of supports for individuals with complex behavioral health and disability-related needs. These concerns align closely with feedback received across DCT's transition goals.

DCT also recognizes that workforce shortages are a significant contributor to many of the community capacity challenges identified by commenters. As both a state agency and a direct provider of treatment and support services, DCT experiences the impacts of workforce shortages firsthand. Recruitment and retention challenges affect the availability of services both within DCT-operated programs and across the broader provider network that supports individuals transitioning to from DCT to community settings. Addressing workforce shortages is therefore critical not only to the success of the Olmstead Plan's transition objectives, but also to DCT's broader strategic priorities and long-term ability to deliver high-quality services to Minnesotans.

Many of the capacity challenges identified by commenters extend beyond the direct authority of DCT and involve broader housing, service, and provider systems. Public feedback reinforced the importance of community capacity as a foundational element of DCT's transition work. In response, DCT strengthened the emphasis within its existing goals and implementation strategies by reaffirming efforts to reduce barriers to discharge, strengthen diversion opportunities, increase access to DCT-operated community settings, and deepen collaboration with the Department of Human Services (DHS) and community partners to identify and address system-level barriers that affect successful transitions.

We will continue to work with DHS and other partners to elevate these concerns and support efforts that expand opportunities for individuals to receive services in the most integrated setting appropriate to their needs. DCT maintains close connections and working relationships with Disability Services Division (DSD) at DHS and participate in their broader workforce efforts. DCT will also continue advancing workforce initiatives through its broader agency strategic planning efforts, recognizing that a stable and qualified workforce is foundational to achieving both Olmstead Plan goals and DCT's mission overall.

Feedback theme: The transition goals need more accountability and enforcement measures

DCT updated their strategies based on this feedback. DCT shared:

> We appreciate the thoughtful feedback from community members, advocates, providers, family members, and individuals with lived experience emphasizing the need for accountability in the transition goals. DCT agrees that transparency, measurable progress, and follow-through are essential to ensuring that the Olmstead Plan leads to meaningful improvements for the people we serve. As such, DCT has written goals that are strategic, measurable, accountable and equitable.
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> Public feedback reinforced the importance of accountability and transparency. While the overall goals remain the same, DCT strengthened its implementation approach by reaffirming the measurable outcomes, reporting processes, performance monitoring, and cross-system collaboration already embedded within the transition goals. The goals include measurable outcomes, defined targets, timelines, and ongoing reporting through the Olmstead Plan process. These elements allow DCT, OIO, partner agencies, stakeholders, and the public to monitor progress and identify where additional attention is needed.
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> DCT also has existing strategies focused on improving implementation and follow-through, including regular review of performance data, identification of barriers to discharge and transition, collaboration with DHS and other system partners, and continued work to address operational issues that affect progress.
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> To the extent commenters recommended additional enforcement mechanisms, those measures would require broader policy direction and may extend beyond DCT's authority as a provider agency. DCT will continue to use the existing Olmstead reporting and monitoring structure to support accountability, elevate barriers, and pursue continuous improvement.

Feedback theme: 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.

DCT updated their strategies based on this feedback. DCT shared:

> We appreciate the thoughtful feedback highlighting the importance of intersectionality and the need to recognize that individuals with disabilities often experience additional barriers related to race, ethnicity, language, culture, gender identity, sexual orientation, socioeconomic status, religion and other aspects of identity.
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> DCT agrees that these factors can significantly influence individuals' experiences accessing services, navigating systems, and successfully transitioning to community living. Public feedback strengthened DCT's commitment to implementing its existing person-centered approach through an equity lens, ensuring that services and supports remain responsive to the diverse identities, experiences, strengths, preferences, and support needs of each individual served.

The feedback reinforces the importance of continuing to evaluate implementation efforts through an equity lens and ensuring that services and supports are responsive to the diverse communities served throughout Minnesota. Diversity, equity and inclusion are foundational to policy development and service delivery and DCT is committed to reducing disparities and promoting high quality outcomes for all who are served. With this, we also affirm people's autonomy and self-direction in how they identify and what they choose to disclose.