MINNESOTA
OLMSTEAD
IMPLEMENTATION OFFICE

Incorporating Public Comments: Department of Health (MDH)

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 this feedback, please review the health public comment summary report.

Health and Safety Goal 2

Health and Safety Goal 2: Fewer people with disabilities will experience abuse and neglect as published in the draft plan in March.

The data source for Health and Safety Goal 2A may not be appropriate or accurate

The Minnesota Department of Health (MDH) agency team updated their goals and strategies based on this specific feedback. The agency team shared:

The Minnesota Department of Health agrees that reviewing data associated with substantiated reports of abuse and neglect in MDH-licensed facilities is an inappropriate/inaccurate measure of instances of abuse and neglect. Focusing on reducing the number of reports of abuse and neglect does not address the overarching problem that abuse and neglect is occurring. The goal should not be to dissuade reporting, rather it needs to address abuse and neglect from a prevention perspective. Toward this end, Health and Safety Goal 2A has been revised to a data collection goal focusing on reducing staff-to-resident abuse. All residents living in facilities are vulnerable and have a right to be free from abuse and neglect. MDH has developed strategies to reduce staff-to-resident abuse. MDH will focus on

Health and Safety Goal 2B preventing sexual violence, and 2C preventing abuse and neglect experienced by children. Additionally, MDH will partner with state agencies toward the following goals:

- **DCYF:** Crisis intervention for youth involved in the juvenile justice system
- **MDE:** More staff will be equipped to support children with disabilities in early care and education (ECE).
- **DCYF:** MDH will increase ECE staff access to training on supporting the health needs of children with disabilities.

Goals about abuse and neglect need to focus on prevention.

MDH updated their goals and strategies based on this specific feedback. The agency team shared:

Public Comment showed the importance of Health and Safety Goal 2 focusing on abuse and neglect. Responses highlight the need to "shift from primarily training-based approaches to accountability-based prevention." Toward this aim, MDH focused on revision of strategies more so than goals. The following active strategies were added to Health and Safety Goal 2B preventing sexual violence:

- Continue to collaborate with communities with disabilities to advance primary prevention resources, funding, and prevention strategies.
- Identify opportunities within human trafficking and exploitation prevention and intervention response to provide support for disabled individuals and community, including within labor and sex trafficking.

The following active strategies were added to Health and Safety Goal 2C addressing abuse and neglect experienced by children.

- Continue to collaborate with communities with disabilities to advance primary prevention resources, funding, and prevention strategies.
- Identify opportunities within human trafficking and exploitation prevention and intervention response to provide support for disabled individuals and community, including within labor and sex trafficking.
- Continue to train healthcare and other service providers (e.g., care coordinators, local public health) to identify and report abuse and neglect.

The goals rely too much on training, rather than accountability and enforcement.

The MDH agency team updated their goals and strategies based on this specific feedback. They shared:

While training continues to be a large component of the work that MDH does to support Olmstead implementation, additional action items have been added to the goal of preventing abuse and neglect.

In addition, MDH will continue to use its investigative and enforcement authority to address reported instances of abuse and neglect to prevent reoccurrence.

Goal 2B: Sexual Violence

- Continue to train healthcare and other service providers to identify and report abuse and neglect.
- Continue to collaborate with communities with disabilities to advance primary prevention resources, funding, and prevention strategies.
- Continue to gather and analyze data about sexual violence, paying attention to intersections between disability and other identities that face health inequities, using an intersectional lens.
- Identify opportunities within human trafficking and exploitation prevention and intervention response to provide support for disabled individuals and community, including within labor and sex trafficking.

Goal 2C: Abuse and Neglect

- Continue to collaborate with communities with disabilities to advance primary prevention resources, funding, and prevention strategies.
- Publish data tri-annually on Adverse Childhood Experiences (ACEs) experienced by youth with disabilities, including information on traumatic stressors that uniquely affect the disability community.
- Continue to gather and analyze data about sexual and intimate partner violence, paying attention to intersections between disability and other identities that face health inequities, using an intersectional lens.
- Identify opportunities within human trafficking and exploitation prevention and intervention response to provide support for disabled individuals and community, including within labor and sex trafficking.
- Continue to train healthcare and other service providers (e.g., care coordinators, local public health), to identify and report abuse and neglect.
- Build knowledge and awareness amongst community-based nonprofits (e.g., family support organizations) on identifying and reporting abuse and neglect.

The direct support professional (DSP) workforce shortage must be addressed as a root cause of abuse and neglect.

MDH did not update their goals or strategies based on this specific feedback. The agency team shared:

The MDH Olmstead workgroup reviewed this feedback and recognizes that the direct support professional (DSP) workforce shortage is a significant systems-level issue affecting people with disabilities. The workgroup determined that addressing the broader DSP workforce shortage extends beyond the scope and authority of the Minnesota Department of Health. MDH will continue to explore

its role in supporting the workforce, identify opportunities to contribute within its authority, and partner with other state agencies and stakeholders to advance coordinated solutions.

Health and Safety Data Collection Goal 2

Health and Safety Data Collection 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

The agency team updated their goals and strategies based on this specific feedback. They shared:

Feedback regarding Data Collection Goal 2 argues that the goal is overly reliant on training. Public comment suggests a more person-centered, outcome-based approach as, “training alone is insufficient without accountability and real-world application. Current language does not specify how effectiveness will be measured and or sustained.” Comments go on to say that oversight, accountability, and enforcement are critical, yet unmentioned in this goal and the associated strategies.

In response to this feedback MDH has added a strategy supporting the action of coordinating preparedness activities for Minnesota Department of Health (MDH) staff including “planning and training to assure access and functional needs actions and activities are incorporated and vetted via the Health Equity Bureau.”

It is important to note that while the Health Equity Bureau will continue to participate in interagency knowledge sharing, Disability Data Dashboard development, and systems-change activities, these actions cannot be measured through Emergency Preparedness and Response metrics. Similarly, efficacy of emergency response would depend on an unpredictable instance of an emergency to gather, and it would not be possible to assign metrics to it at this time given it is unanticipated. For this reason, MDH will focus on building a foundation upon which we can gather information in the future. Developing a data-collection mechanism will support understanding of future instances upon which we can build further.

General feedback themes for all health goals

These themes apply to the health goals and strategies generally.

Feedback theme: The plan needs to address intersectionality and disparities within the disability community

MDH updated their strategies based on this feedback. The agency team shared:

In response to feedback shared regarding the importance of recognizing intersectionality, MDH has revised the strategies associated with Health and Safety Goal 2: "Fewer people with disabilities will experience abuse and neglect." The additional strategies include the following:

- Continue to gather and analyze data about sexual violence with attention to intersections between disability and other identities that face health inequities with an intersectional lens.
- Continue to train health care and other service providers (e.g., care coordinators, local public health) about identifying and reporting abuse and neglect.
- Building knowledge and awareness amongst community-based non-profits (e.g., family support organizations) on identifying abuse and neglect.

Feedback theme: There are important topics missing from the health goals including access to health care and services, health insurance, and dental care

Public review of MDH goals listed in the proposed Olmstead Implementation Plan showed concerns regarding a lack of focus on access to health care services, health insurance, and dental care. For example, public comment shared the following:

- "Every Minnesotan should have access to health care. Sadly, an increasing number of people DO NOT."
- "Many families delay [health] care due to fear of cost, confusion, language barriers, or immigration related concerns."
- "Department of Human Services and Minnesota Department of Health are simply playing hot potato, and health care issues are not being addressed."

MDH did not update their goals or strategies based on this specific feedback. The agency team shared:

> While cost and access to health insurance are out of scope of MDH's responsibility, it is important to recognize this concern as it is not a topic to be taken lightly. Toward this aim, the Minnesota Department of Health has begun exploration and development of Olmstead goals designed to address challenges in accessing health care services by people with disabilities. In an effort to align goals and strategies with MDH Division scope of work, additional time is needed for planning, development, and interagency communication. While these issues are not directly addressed in this revised version of the Olmstead Plan, MDH will continue to work toward interagency collaboration and the designing of strategies that can be used to address these goals.