



2642 University Ave W  
Saint Paul, MN 55114

# Olmstead Plan Public Comment Meeting Report - SPAN and HACER Community Input

May 2026

## Background and Context

---

In addition to the seven topic-based draft Olmstead Plan public comment meetings, Dendros worked with Hispanic and Somali community organizations to obtain feedback on the draft plan from Spanish- and Somali-speaking community members of Minnesota. Dendros partnered with HACER and SPAN.

Hispanic Advocacy and Community Empowerment through Research's (HACER) mission is to engage Hispanic/Latino Minnesotans through research, evaluation, and community action to promote equitable representation at all levels of institutional decisions and policy change. The mission of the Somali Parents Autism Network (SPAN) is to educate and inform Somali families of children with autism spectrum disorders (ASD) in Minnesota via outreach, education, and collaboration, for the purpose of connecting them with resources and services with the end goal of early intervention, and caregiver empowerment.

## Participation

---

Seven people from HACER provided feedback. Five people from SPAN provided feedback.

## The HACER reviewers identified as follows:

### Perspectives

- Five work in a disability-related field
- One is a person with a disability
- One is a service provider
- One preferred not to answer

### MN County or Tribal Nation of Residence

- One in Carver County
- Two in Hennepin County
- Three in Ramsey County
- One did not respond

### Age Group

- Three 25-34
- Two 35-44
- Two 45-54

### Gender

- Six Women
- One Man

### Race and/or Ethnicity

- Seven Hispanic or Latino/a/x/e

### Military/Armed Forces Status

- One is not a member of the military/armed forces
- Six did not respond

## The SPAN reviewers identified as follows:

### Perspectives

- Five are parents/caregivers of someone with a disability

## MN County or Tribal Nation of Residence

- One in Anoka County
- One in Dakota County
- Three in Hennepin County

## Age Group

- Four 35-44
- One 45-54

## Gender

- Three Women
- Two Men

## Race and/or Ethnicity

- Five Black or African/American

## Military/Armed Forces Status

- Five are not a member of the military/armed forces

## Goals Overview

---

The feedback in this report encompasses feedback from all categories of the draft goals.

## HACER Summary

---

### Overview

Draft goal reviewers from Hispanic Advocacy and Community Empowerment through Research (HACER) provided feedback and recommendations across multiple categories of the draft Olmstead Plan goals. Feedback was directed broadly to the draft goals, with a specific emphasis on the draft education goals.

Based on the findings from the reviewers, the education feedback emphasized the need to move beyond inclusive classroom goals by ensuring schools have adequate staff, time, and resources to implement the draft goals effectively. Reviewers also called for expanding the focus to community inclusion, student voice and autonomy, early intervention, and simplified, coordinated service access.

Additional priorities included addressing geographic disparities, leveraging healthcare and social media for outreach, recognizing mental health as a disability, providing bilingual and bicultural staff, building trust with immigrant communities through faith-based and culturally responsive partnerships, and establishing clear accountability measures such as baseline data, follow-up processes, and training for all school staff and families.

Across all non-education goal areas, reviewers identified foundational barriers including direct support professional (DSP) shortages, lack of enforceable accountability measures, and systemic language access failures where clinical mental health vocabulary does not exist. Additional priorities included replacing law enforcement with disability-specific crisis teams, addressing geographic and economic disparities, building trust with immigrant families through community partnerships, and ensuring people with disabilities are directly included in decision-making.

## Specific Findings

### Education Goals General Feedback

Give schools the staff, time, and resources to make inclusion happen.

Feedback acknowledged the education draft goals as a strong start but identified resource gaps. A reviewer stated, "I think the goals in the Education section are a strong start because they focus on inclusion, family engagement, reducing restrictive practices, and helping students with disabilities fully participate in school and community life. I especially appreciate the emphasis on inclusive classrooms, positive behavioral supports, and culturally responsive practices."

However, the reviewer added, "These goals would be more effective if schools have the staff, time, and resources needed to put these ideas into practice. A lot of educators want to support students well, but schools are often short on special education staff, paraprofessionals, mental health support, and training opportunities. More ongoing training in areas like trauma-informed practices, behavior support, and inclusion strategies would help teachers feel more prepared and supported."

Help students with disabilities join in community life, make friends, and prepare for life after school.

Feedback noted that inclusion should extend beyond academic settings. A reviewer stated, "I think there should be more focus on opportunities outside of school. Inclusion is more than just being in the same classroom. It's about feeling like you belong and having chances to build friendships, join activities, participate in the community, and prepare for life after school. Stronger partnerships between schools, community programs, and local employers could really help students build independence and confidence."

Support families and school staff with mental health resources and wellness programs.

Feedback identified missing supports for those delivering and supporting services. A reviewer stated, "One thing that feels a little missing from these goals is support for families and educators themselves. Teachers and caregivers are doing a lot, especially when supporting students with complex needs. More mental health resources, family support services, and staff wellness supports would make a big difference in helping these goals succeed long term."

Listen to students with disabilities about what helps them and what they need.

Feedback emphasized listening to students directly. A reviewer stated, "I also think the student voice should continue to be emphasized. Students with disabilities should have opportunities to share what is working for them, what supports they need, and what goals they have for their future. Giving students with disabilities autonomy helps recognize their experience."

A special education teacher added: "It is also important to listen to our students, help them feel self-confident, show greater empathy, and demonstrate to them—with love—how important they are as individuals and to the community."

Hire mental health staff, create safe spaces for LGBTQ+ youth, and offer supports that respect different cultures.

Feedback identified specific staffing and environment needs. A reviewer stated, "Schools should have more specialized staff trained in de-escalation techniques, trauma-informed care, and culturally responsive mental health support, including therapists and counselors. In addition, LGBTQ+ youth often face unique challenges and need safe, affirming spaces. Just as schools provide physical accommodations for students with physical disabilities, schools should ensure gender-neutral bathrooms and supportive environments for all youth. Finally, stronger family engagement and culturally responsive education for families are essential so caregivers can better understand mental health needs and access appropriate support early."

Help families make their own choices—don't decide for them.

Feedback emphasized self-determination and dignity. A reviewer stated, "We should try to help people with disabilities and their families make decisions. Try to give them the support they need to build their own lives. Do not decide for them. Listen to the kind of life they want to have: where they want to live, which relationships they want to keep, what makes them feel good, what support services they need. With proper support at home, Minnesotans with disabilities could live outside institutions and live better lives."

Build policies that help people thrive, not just survive—support relationships, belonging, purpose, and stability.

Feedback called for a higher standard of success. A reviewer stated, "Design policies to promote 'thriving in the community', not just surviving in the community: relationships,

community participation, purpose, stability. Make inclusion possible in schools, workplaces, parks, events."

Spot delays early and support families right away—especially those who may not know what to look for.

Feedback emphasized the critical window of early childhood. A reviewer stated, "Early intervention and family support is essential when we are talking about children. Many families may not be aware or may be in denial of developmental delays or problems. Many families cannot afford formal daycare and rely on the mothers, family members or friends to take care of children. So it is very important that parents know and understand when their children may face any developmental delays ASAP."

Make quality daycare and preschool available to all families, so delays don't go unnoticed.

The reviewer continued, "Quality daycare and preschool opportunities for all regardless of income are needed. Many families do not have access to those services and some developmental disabilities are identified later in life."

Help immigrant families find services and know what questions to ask.

Feedback identified a specific need for guided assistance. A reviewer stated, "Immigrant families may not know and are not aware of what services exist for children with developmental or physical delays and may not know what questions to ask. They need someone to tell them and lead them in the processes. Time is of essence."

Make it easier to apply for evaluations and services, and get health, school, and other systems to work together.

Feedback called for reduced administrative burden. A reviewer stated, "Simplify the processes to apply for evaluations and for receiving services. Coordinate services. Healthcare staff, special education staff, teachers etc. need to work alongside parents and children."

Support parents early and often—build on family strengths and turn problems into solutions.

Feedback emphasized an asset-based approach. A reviewer stated, "Support parents early and continuously. Parents want the best for their children. Focus on individual strengths and family strengths. Try to turn problems into solutions. Invest in the families of children and adults with disabilities. Focus on their strengths. Educate them about the disabilities, the interventions, support groups, and associations."

Help families who can't afford to miss work for care or therapy appointments stay financially stable.

Feedback identified economic barriers to accessing services. A reviewer stated, "Development and funding strategies designed to provide financial stability to individuals with disabilities and their families/caregivers. Many families of individuals with disabilities cannot afford not working or missing work to attend to their child or family member's needs (care, therapy appointments etc.)."

## **General Feedback - All Goals**

Fix the gap in services between rural and urban areas—location shouldn't determine access.

Feedback identified unequal access based on location. A reviewer stated, "Something else I'd like to share is that access to services can look very different depending on where families live in Minnesota. Rural communities especially may have fewer services, transportation options, and specialized supports available. Continued collaboration between schools, agencies, and community organizations will be really important to make sure all students and families have equal access to opportunities and support."

Use healthcare systems and social media to reach people who can't attend in-person events.

Feedback suggested multiple outreach channels. A reviewer stated, "I think partnering with healthcare systems across the state is a good starting point. Outreach throughout the healthcare systems is an excellent way for people with disabilities and their families to hear of the resources that exist." The reviewer added, "In order to advocate and educate the community besides outreach is by utilizing social media; this could help reach more people. A person with a disability may not be present at an outreach event, if there's an advertisement of some sort that can be shared there is more chance that it will reach that person. Pamphlets mailed to the home is another way to receive information for a person whose mobility is limited."

Treat transportation as a real barrier—it isolates people and blocks access to care.

Feedback highlighted transportation as a recurring challenge. A reviewer stated, "In my experience one of the many challenges that a person with disability faces is transportation. I've had instances where an elderly person who is non-ambulatory with memory issues, respiratory issues and other disabilities misses their appointment/respiratory treatment completely because they didn't have the transportation. The lack of transportation in itself isolates a person more, leaving them without the necessary care and exposure to others. I know there's many mobility transports out there but in most of these cases the person isn't aware that it's available or just don't have the support. I think a goal Minnesota should have is supporting the vulnerable adult in and out of nursing homes."

Put counselors in nursing homes to help residents speak up and stay safe from abuse.

Feedback proposed a specific mechanism for nursing home residents. A reviewer stated, "In order to support the elderly community in nursing homes, there could be a designated counselor to... facilitate communication between the person seeking help and the program providing the help. I think if more of these programs were available in nursing homes, residents experiencing abuse or other challenges would feel more safe in seeking help. This will increase communication, socialization and overall inclusion in the community."

Clearly recognize mental health conditions as disabilities that need extra support at school and at home.

Feedback from a reviewer working with Latino youth stated, "Based on my experience working for many years with Latino youth and their families, I believe these goals would be more effective if mental health disabilities were more explicitly recognized as disabilities that require additional support at school and at home. Many families do not identify mental health conditions as disabilities because they do not fit the traditional stereotype of what a disability looks like."

Help people return to daily life after mental health hospitalization—not just after jail or detention.

Feedback identified an overlooked transition point. The same reviewer stated, "Reintegration after detention or jail is more widely recognized, but reintegration after a mental health hospitalization or institutional stay is often overlooked. Families and youth frequently return home without enough preparation, follow-up support, or understanding of how to navigate services. Stronger transition planning, family education, and community-based support after discharge are critical to prevent isolation, relapse, or re-hospitalization."

Hire more bilingual and bicultural staff for mental health care and recovery services.

Feedback emphasized cultural representation. The reviewer stated, "In addition, families need more resources in their preferred language inside mental health institutions and throughout recovery. It is still too common for bilingual staff or providers from the same cultural background to be limited or unavailable. Recovery can be more difficult when youth and families do not feel culturally understood, cannot communicate effectively, or do not see themselves reflected in those supporting them. Increasing bilingual, bicultural, and culturally responsive staff would help build trust, improve engagement, and strengthen outcomes."

Use trained mental health workers—not police—to respond to crises, especially in immigrant communities with trauma around law enforcement.

Feedback addressed crisis response models. The reviewer stated, "Mental health crisis response should also rely more on trained mental health professionals instead of law enforcement whenever possible. For many families, especially immigrant communities or those with trauma related to police or legal systems, police presence during a mental health

crisis can feel intimidating and escalate fear. Expanding mobile crisis teams with de-escalation training, cultural humility, and language capacity could help families feel safer and receive the right care earlier."

Remove financial and cultural barriers for immigrant families—like care costs, lost wages, and fear of bills or immigration issues.

Feedback identified economic and systemic barriers. A reviewer working with Latino families stated, "From my experience working with Latino youth and families, one important element missing from these goals is greater attention to the financial and cultural barriers immigrant families face when navigating disability and mental health systems. For many immigrant families, the cost of healthcare, therapies, evaluations, transportation, and missed work time can become major barriers to seeking help. This is especially difficult for families unfamiliar with how the healthcare system works, what services are covered, or how to advocate for support. Many families delay care due to fear of cost, confusion, language barriers, or immigration-related concerns. More system navigation support, financial guidance, and culturally responsive case management would make these goals more effective."

Cut long wait times for mental health evaluations, especially when bilingual services are required.

Feedback identified a specific access bottleneck. The reviewer stated, "Another major gap is access to neuropsychological and mental health evaluations. In many communities, families wait months or even over a year for an evaluation, especially when bilingual services are needed. The language barrier makes access even more difficult, as there are limited bilingual or bicultural providers available. During this waiting period, youth often struggle academically, socially, and emotionally, sometimes falling through the cracks before receiving a diagnosis or school accommodations. Families may also disengage or stop following up because the process feels overwhelming, confusing, or too delayed."

Work with faith groups to reduce stigma and link families to help.

Feedback identified trusted community entry points. The reviewer stated, "In addition, faith organizations can play an important role depending on the community. Many immigrant and Latino families first seek support through trusted faith leaders or churches before turning to formal mental health systems. Partnering with faith-based organizations to increase awareness, reduce stigma, and connect families to disability and mental health resources could improve trust and engagement."

Build trust between communities and care systems—tackle stigma, language gaps, bad past experiences, and fear tied to immigration.

Feedback emphasized trust as a prerequisite for engagement. A reviewer stated, "I would also emphasize the importance of building more trust between communities and systems of care. Many immigrant and culturally diverse families do not seek disability or mental health services

early, not because they do not care, but because of stigma, lack of information, language barriers, prior negative experiences, or fear related to immigration status and institutions. Minnesota has many valuable services, but they are often difficult to navigate, fragmented, and not always culturally responsive. Families are frequently expected to coordinate schools, healthcare systems, county services, insurance, and community resources on their own, which can be overwhelming. More coordinated care, family navigation support, and culturally specific services would make a meaningful difference."

Put money into prevention and early help at schools and community places families already trust.

The reviewer continued, "I would also encourage Minnesota to invest more in prevention and early intervention, especially in schools and community spaces where families already feel comfortable. Waiting until youth are in crisis often results in more intensive and costly interventions later. Finally, listening directly to youth and families with lived experience—especially immigrant, bilingual, LGBTQ+, and underserved communities—is essential. Services are more effective when families feel represented, understood, and included in decisions about care."

Compare data on people with and without disabilities so goals make sense.

Feedback requested contextual benchmarks. A reviewer stated, "Most of the goals are well written and thoughtfully developed. However, it would be helpful if goals that address gaps in achievement or barriers faced by Minnesotans with disabilities more clearly referenced how baseline measures compare proportionately to the non-disabled population. For example, the goal 'By June 30, 2030, 100% of students with disabilities complete postsecondary transition planning in their IEPs' is difficult to evaluate without understanding how students without disabilities perform on comparable measures. It is unclear whether achieving 100% is realistic, even for the general student population. Providing that context would make the target more meaningful."

Don't rely on very small test groups—one or two people can skew the results.

Feedback raised a measurement concern. The reviewer stated, "Additionally, some baselines and progress measures rely on very small numbers, where changes involve fewer than five individuals. Every individual impacted is important, but tracking trends with such small sample sizes raises questions about reliability. A change of one or two individuals can significantly shift percentages and make progress appear inconsistent, even when outcomes are stable. For larger groups, small fluctuations are expected; however, for very small populations, these swings can distort perceived effectiveness."

Look at trends over several years, not just one unusual year, to set realistic baselines.

Feedback recommended longitudinal analysis. The reviewer stated, "Finally, some baselines are tied to a single year of data collection. Goals may be more meaningful if they are evaluated

within broader trends over time. If a baseline year is an outlier compared to long-term trends, it may not provide a strong foundation for setting targets. It would also be useful to identify areas where Minnesota is already making progress versus areas requiring more significant reform, so that efforts can be appropriately prioritized."

Treat different types of disabilities differently—tailor strategies to each kind.

Feedback called for disaggregation by disability type. A reviewer stated, "Different types of disabilities often require distinct strategies. Recognizing the differences between physical, mental, temporary, and other forms of disability could strengthen the goals. Addressing these distinctions more explicitly may help ensure that policies and programs are tailored effectively to the diverse needs within the disability community."

Let people with disabilities help make the plan and decisions that affect them.

Feedback emphasized representation. A reviewer stated, "I believe it is crucial to involve the direct participation of people with disabilities in the plan. Stronger strategies against bullying and discrimination are also needed."

Spot disabilities early so community support can start right away.

Feedback emphasized early identification. A reviewer stated, "What would make these objectives more effective in improving the lives of Minnesotans with disabilities? Incorporating the timely detection of disabilities. Detecting a disability early allows for the activation of support mechanisms available within the community, thereby mitigating the future impact of the condition."

Check in on students with disabilities after high school to improve future plans.

A reviewer stated, "What would make these objectives more effective in better integrating Minnesotans with disabilities into community life? Establishing follow-up processes for students with disabilities after they leave high school, in order to create statistical records that help measure outcomes and refine action plans."

Train every school staff member—not just teachers.

Feedback called for universal school staff training. A reviewer recommended, "Training for all school staff, including bus drivers, administrative personnel, food service staff, custodial staff, and security personnel."

Reward schools for hiring and keeping staff members who have disabilities.

Feedback proposed employment targets for schools themselves. The reviewer recommended, "Incentivizing the hiring and retention of staff members with disabilities within schools."

Teach families how the special education system works so they can get what their child needs.

Feedback identified family knowledge gaps. The reviewer recommended, "Training for families regarding the special education system, providing them with the knowledge and tools necessary to navigate the system, make informed decisions, and request resources."

Track suspension and discipline data for students with disabilities to spot troubling patterns.

Feedback called for data-driven discipline review. The reviewer recommended, "Statistical analysis of suspension figures and disciplinary actions involving students with disabilities, in order to identify and document patterns."

Set up training so families and school staff can spot and report mistreatment.

Feedback addressed abuse reporting. The reviewer recommended, "Establishing training systems for both families and school staff to enable them to identify and report instances of mistreatment."

Create simple courses on special education basics for communities new to the system.

Feedback from a reviewer with over ten years of experience working with the Hispanic community stated, "Based on over 10 years of experiential learning while working with the Hispanic community in the field of education, I can point out that there is a recurring pattern of unfamiliarity with the special education system. This lack of knowledge prevents the community from effectively utilizing available resources—a situation that negatively and permanently impacts the lives of Hispanic students. Designing a course that addresses—in a straightforward manner—the basic concepts and resources available within both the educational system and the wider community would be of great utility in improving the lives of people with disabilities."

## SPAN Summary

---

### Overview

Draft goal reviewers from the Somali Parents Autism Network (SPAN) provided feedback and recommendations across multiple categories of the draft Olmstead Plan goals. Feedback was directed both at specific goals and offered more generally to the goal topics.

Themes around stigma, communication, language access, accountability, cultural responsiveness, and coordination across services and between providers and families arose across the goal topics. Specific suggested goal edits were offered to make the draft goals more relevant for the

Somali/other immigrant communities, more specific and measurable, and to be considerate of root causes and/or ripple effects of the draft goals.

## Findings by Goal and Topic

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

Recruit more foster parents from Somali and East African communities.

Feedback identified a specific gap in foster parent recruitment. In Minnesota, there are “fewer Somali and East African foster parents.” The underlying importance for having more foster parents from these communities are cultural and religious: “Most Somali parents don’t want their children to be placed under non-Somali Christian families due to religious stigma and Islamic dietary restrictions.” The recommendation is direct: recruit more foster parents from these communities to align placements with cultural and religious needs.

Put children with relatives first during temporary removal.

Feedback noted that county clerks, judges, and prosecutors should actively find relatives to foster children during temporary removal. The recommendation is to “find a willing relative, distant or close, to foster the child during a temporary removal period.” This shifts default practice from institutional or non-relative placement to kinship care as a first option.

Be specific about who does what—avoid vague language.

A reviewer stated, “I agree with this goal, but the strategies for achieving it need to be more clearly defined. The current language is too broad and does not explain how the goal will be put into practice.” The feedback requires specifying who will receive training and support. Data shows this should “explicitly include parents and caregivers of African American/Black children and American Indian/Alaska Native children, who are often underserved by existing programs.”

Make sure training and funding reach the communities that need them most.

Feedback observed that “while there are training opportunities for children and teens and funding available at the county and city levels, these resources are not consistently reaching the communities that need them most.” The plan must “outline specific steps to ensure equitable access, such as targeted outreach, partnerships with trusted community organizations, and accountability measures to track who is being served.” Without these steps, resources remain underutilized by the populations most affected.

## **Crisis Services Goals General Feedback**

Don't just respond to crises—also prevent them and follow up afterward.

Feedback identified that the current plan overemphasizes response while neglecting upstream and downstream needs. A reviewer stated: "In crisis services, the plan focuses on response but does not go far enough in prevention or follow-up. Families often reach crisis due to a lack of ongoing and consistent support. Clear response standards and post-crisis services are needed."

Use disability-trained crisis teams instead of police as the first response.

Feedback identified that the current crisis response system is inaccessible and can be harmful. A reviewer stated, "Crisis services remain inaccessible and ineffective for many individuals with developmental disabilities, particularly those with autism and co-occurring mental health conditions. Law enforcement is still too often the default response, which can escalate situations rather than resolve them."

The review proposed a new goal: "Expand disability-specific, non-law enforcement crisis response teams statewide, with required training in autism, mental health, and de-escalation."

Provide 24/7 mobile crisis teams that respect different cultures, speak multiple languages, and help families at home.

A second proposed new goal addressed availability and cultural responsiveness: "Ensure 24/7 access to mobile crisis services that are culturally competent, multilingual, and trained to support families in-home to prevent unnecessary hospitalization or institutionalization."

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

Define inclusion as real belonging with the right supports, not just being in the same room.

Feedback indicated that the current goal lacks specificity about what constitutes appropriate integration. A reviewer stated, "Students with disabilities should not simply be present in integrated classrooms; they must receive the individualized supports, accommodations, assistive technology, behavioral support, and trained staff necessary to fully participate and make progress." Without these elements, "integration without adequate support can lead to exclusion, frustration, discipline, or informal removal from the classroom." The reviewer proposed a revised goal: "Increase the number of students with disabilities who are meaningfully included in integrated classrooms with appropriate supports, accommodations, and trained staff so they can actively participate and make measurable academic and social progress."

Track data on Somali students with disabilities and give families information in their language to stop unfair segregation.

Feedback identified a specific disparity: “Somali students with disabilities are too often defaulted into segregated settings without families understanding that more integrated options exist or that segregation is not required.” The reviewer explained that “when families do not fully understand what is being recommended in an IEP meeting, the path of least resistance is agreement – and the path of least resistance for schools is the more restrictive placement.” Proposed strategies include: “Track placement data disaggregated by race, ethnicity, and home language. If Somali students with disabilities are being placed in segregated settings at higher rates than peers, the state needs to know and act on it.” Additionally, “require that any placement recommendation in a more restrictive setting be accompanied by a written explanation, in the family’s language, of what less restrictive options were considered and why they were not chosen.”

Train parents and caregivers directly on how the IEP process works.

Feedback noted that the goal “does not include training for parents and caregivers to understand the Individualized Education Program (IEP) process.” The reviewer observed that “the IEP is complex, and without proper guidance, many families may struggle to fully participate in decisions about their child’s education.” Families need support to understand “present levels of academic and functional performance, measurable annual goals, and short-term objectives.” Recommended actions include: “Offering accessible workshops, providing culturally responsive materials, partnering with community organizations, and ensuring training is available in multiple languages.” The plan should specify “how families—particularly those from underserved communities—will be identified, engaged, and supported” so that “parents and caregivers are informed partners in the IEP process.”

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

Require schools to communicate in ways that fit each family’s language and culture.

Feedback indicated that current family engagement efforts are insufficient. A reviewer stated, “Family engagement must go beyond surveys and outreach. Schools should be required to provide culturally and linguistically appropriate communication, explain parents’ rights in plain language, and ensure families understand evaluations, IEP decisions, placement options, discipline protections, and dispute resolution processes.”

The reviewer proposed a revised goal: “Schools will provide culturally responsive parent education and language-access support so families of students with disabilities can fully understand and participate in the IEP process.”

Hire community liaisons and navigators for school districts with many immigrant families.

Feedback identified a structural staffing need. A reviewer recommended that “school districts that serve many immigrant parents should be required to hire community liaisons, navigators, and community outreach and engagement personnel.” The rationale is that “many immigrant parents, particularly those who are new to the USA, have a language barrier, a cultural barrier, and lack system navigation skills.”

Work with trusted community groups—traditional outreach often fails to reach diverse families.

Feedback noted that current efforts have not produced meaningful improvement. A reviewer stated, “While these discussions emphasize the importance of family engagement, my experience is that current efforts have not led to meaningful improvement in the progress of students with special needs.” The reviewer added that “partnerships with trusted community organizations are essential to increasing parent and caregiver participation, especially for families who face language and cultural barriers. Many families in public and charter schools come from diverse backgrounds, and traditional school outreach methods do not always reach or effectively engage them.”

Help Somali families with more than just interpreters—create standard terms and specially trained interpreters.

Feedback offered a detailed critique of current language access. The reviewer noted that “the current goal targets a 2-point increase in family engagement survey results and lists outreach to families ‘who speak languages other than English, Hmong, Somali, and Spanish’ as a strategy. This is too narrow. Somali families are listed among the languages outreach already includes — but the families I work with are not experiencing meaningful engagement, even when interpreters are present.”

The core problem was explained as: “In IEP meetings, interpretation often does not capture what is being decided. Disability and special education vocabulary in English — terms like ‘least restrictive environment,’ ‘specific learning disability,’ ‘emotional behavioral disorder,’ ‘transition planning,’ ‘due process’ — does not have direct equivalents in Somali. Interpreters, even well-trained ones, often substitute approximate phrases that change the meaning of what parents are agreeing to. Parents sign IEPs they do not fully understand. Decisions about placement, services, and discipline are made without informed consent.”

Proposed strategies include:

- “Develop and standardize Somali-language terminology for special education and disability concepts, in partnership with Somali community members, educators, and people with disabilities. This is a community-led terminology project, not a translation contract.”

- “Require that interpreters used in IEP meetings be trained specifically in special education vocabulary, not only in general interpretation.”
- “Provide pre-meeting orientation for families in their language so parents understand what an IEP is and what their rights are before they walk into the meeting.”
- “Track and publicly report family engagement survey results disaggregated by language and ethnicity, so the state can see whether Somali families are actually being engaged or being counted.”

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

Stop informal removals, shortened days, and pressure on families—not just official suspensions.

Feedback indicated that the current goal is too narrow. A reviewer stated, “This goal is important, but it should also address informal removals, shortened school days, repeated calls to pick up a child, and pressure on families to keep children home. These practices may not always appear in suspension data but still deny students with disabilities access to education.” The reviewer noted that “students with autism, emotional disabilities, and behavioral needs are especially vulnerable to being excluded without formal documentation.”

A revised goal was proposed: “Reduce informal removals of students with disabilities, including shortened days, repeated early pickups, and school-initiated exclusions that are not formally recorded as suspensions.”

Spread positive behavior supports (PBIS) to all schools statewide.

Feedback supported the goal and identified PBIS as a key strategy. A reviewer stated: “[I] agree on Goal 3. An expanding use of Positive Behavioral Interventions and Supports (PBIS) statewide will benefit all students. PBIS helps create a supportive setting where students can succeed both behaviorally and academically.”

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

Give early care staff hands-on coaching for specific disabilities, and stop informal exclusion of kids.

Feedback indicated that current training approaches are insufficient. A reviewer stated, “Training should include autism, developmental disabilities, communication differences, sensory needs, trauma-informed care, and culturally responsive family engagement. Early care providers need practical coaching, not just general training, so they can support children without pushing them out of programs.”

The reviewer proposed a revised goal: “Early care and education programs will receive disability-specific coaching and support to prevent informal suspension, expulsion, reduced hours, or denial of enrollment for children with disabilities.”

Train early childhood staff so their programs include all children.

A reviewer affirmed the goal broadly: “I support training for the ECE workforce, as it equips staff to better serve children with disabilities and promotes more inclusive early childhood programs.”

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

Set higher goals and tackle underreporting, fear of retaliation, communication problems, and distrust among immigrant families.

Feedback criticized the current target as inadequate. A reviewer stated, “The target of reducing confirmed maltreatment by only two students is too low and does not reflect the seriousness of abuse and neglect. The plan should also address underreporting, fear of retaliation, communication barriers for students who cannot easily report abuse, and lack of trust among families from immigrant communities.”

A revised goal was proposed: “Strengthen prevention, reporting, and investigation of maltreatment involving students with disabilities, including accessible reporting tools, anti-retaliation protections, culturally competent referral guides, and family education in multiple languages.”

Flag schools that keep breaking rules, give them follow-up training, and train all staff on abuse and how to report it.

A reviewer supported the goal with specific implementation steps: “[I] agree on the goal 5 about finding schools with repeated mistreatment of students with disabilities, provide follow-up training and support, and expand staff training on abuse, reporting rules, and positive behavior support. I think this goal will change more about maltreatment at schools.”

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

Make schools review every time they use restraint or seclusion to see if supports are missing.

Feedback emphasized root cause analysis over simple reduction targets. A reviewer stated, “The plan should require schools to address why restrictive procedures are happening and whether students are receiving appropriate behavioral, sensory, communication, and mental

health supports. Restrictive procedures can be traumatic, especially for autistic students and students with anxiety or trauma histories.”

A revised goal was proposed: “Require schools to review each use of restrictive procedures to determine whether the student’s IEP, behavior plan, staffing, communication supports, and sensory accommodations are sufficient to prevent future crises.”

Require schools to report all restraint and seclusion data to the state.

A reviewer supported accountability through reporting: “I agree that all school districts and charter schools should report data on restrictive procedures to MDE.”

## **Education Goals General Feedback**

Give extra transition help to students with severe disabilities who can’t use Vocational Rehab on their own.

Feedback identified a gap in existing goals. A reviewer noted, “I see a missing goal for some students with disabilities who are unable to participate in Vocational Rehabilitation Services because the severity of their disabilities limits their ability to function independently.” The reviewer emphasized that these students still require meaningful support, including “individualized transition planning, life skills development, and access to alternative programs that focus on quality of life, community inclusion, and supported employment options where appropriate.”

Teach critical skills directly—don’t just rely on classroom accommodations.

Feedback identified a persistent instructional problem. A reviewer stated, “In education, students continue to struggle with inadequate support in the classroom. There is too much reliance on accommodations and not enough direct instructions in critical skills, such as executive functioning, writing, and independence.” The reviewer further recommended that “evaluations and IEPs must reflect the real classroom needs and include measurable outcomes.”

Fix the broken leap from school to adulthood—make transition plans lead to real results.

Feedback identified the transition period as a systemic failure point. A reviewer stated, “The transition from school to adulthood remains one of the most critical gaps. Too many students leave school without the skills or support needed for employment and independent living. Transition planning must be meaningful, coordinated, and tied to real outcomes.”

Require transition planning starting at age 14 that respects each family's culture, includes language access, and coordinates across systems.

Feedback noted inequitable access to transition planning. A reviewer stated, "Transition planning is not equitable across communities. Many families, especially those from immigrant backgrounds, are not informed or prepared for transitions from school to adult services. This leads to service gaps, regression, and increased crisis situations."

Proposed new goal: "Mandate early, culturally responsive transition planning starting no later than age 14, with required family education, language access, and coordination across school, healthcare, and county systems."

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

Reward employers who hire people with developmental disabilities with tax breaks and recognition.

Feedback under Employment Goal 1A (VRS/SSB) proposed concrete mechanisms to increase hiring. A reviewer stated, "Add [creating] incentives for hiring people with developmental disabilities through targeted tax cuts, public recognition, and encouragement for those employers who train and hire people with developmental disabilities." The reviewer further noted that "in most cases, people with autism can only do redundant, easy-to-understand, either mechanical or computer-based tasks. I believe employers can intentionally and proactively create jobs for people with autism. Rewarding employers who do this will accelerate the employment prospects of people with ASD."

Support disability awareness training, IEP-based goals, and transition training for special ed staff.

A reviewer expressed general agreement with the employment goal substructures: "I agree with Employment Goals 1A, 1B, and 1C, which focus on providing disability awareness training, increasing the share of students with IEPs that include post-high school goals, and expanding training on transition services and planning for special education staff."

### **Employment General Feedback**

Measure job success by fair pay, steady work, ongoing support, and real career paths—not just getting a job.

Feedback indicated that current employment metrics are insufficient. A reviewer stated, "In employment, the focus on integrated work is important, but success should not be measured by placement alone. Wages, jobs, stability, and long-term support must be included. Many individuals remain unemployed. Without meaningful pathways to independency."

Fix the shortage of direct support professionals (DSPs) as a serious workforce problem.

Feedback identified a major gap across all subjects. A reviewer noted, "A major gap across all subjects is the shortage of direct support professionals (DSPs), which directly impacts service availability, safety, and quality of life. Without addressing workforce instability, none of the goals are realistically achievable."

The reviewer proposed a new goal: "The state will implement a comprehensive workforce strategy, including increased wages, retention incentives, and culturally diverse recruitment pipelines, to stabilize and grow the direct care workforce."

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

Help veterans learn about benefits and use healthcare navigators.

Feedback affirmed the goal's direction. A reviewer stated: "I agree with this goal, which addresses the lack of awareness about available benefits and services and supports the use of healthcare navigators to help disabled veterans locate and access the care they need."

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

Fix why abuse goes unreported in immigrant and underserved communities—language barriers and fear of systems.

Feedback indicated the current goal does not go far enough. A reviewer stated, "While the goal is critical, it does not adequately address the root causes of abuse and neglect, particularly in underserved and immigrant communities. Many incidents go unreported due to language barriers, fear of systems, and lack of culturally competent outreach."

The reviewer proposed a revised goal: "The state will implement culturally responsive abuse prevention and reporting systems, including multilingual reporting tools, community-based education, and partnerships with trusted cultural organizations to reduce underreporting and increase early intervention."

Do proactive wellness checks for high-risk people who get waiver services.

As part of the same recommendation, the reviewer specified: "Expand this goal to include mandated culturally and linguistically appropriate reporting mechanisms, as well as proactive wellness checks for high-risk individuals receiving waiver services."

## **Health 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.**

Require real skill tests, yearly recertification, and public reports—training by itself isn't enough.

Feedback criticized the lack of accountability in the current goal. A reviewer stated, "Training alone is insufficient without accountability and real-world application. Current language does not specify how effectiveness will be measured or sustained. Training must include direct input from people with disabilities and caregivers, especially those navigating complex behavioral and mental health conditions."

The reviewer proposed a revised goal: "All public health emergency training must include lived-experience input, measurable competency outcomes, and annual recertification requirements, with public reporting on training effectiveness and impact on disability outcomes."

## **Health and Safety General Feedback**

Fix deep language gaps in mental health—Somali lacks words for many clinical terms.

Feedback identified a structural barrier beyond typical interpretation challenges. A reviewer stated, "The most serious language access problem I see is in mental health. Somali language has not developed vocabulary that maps onto Western mental health diagnoses. Words for depression, anxiety, PTSD, autism, ADHD, schizophrenia, and developmental disability either do not exist with the clinical meaning intended, or carry stigma that changes how families hear the diagnosis."

The reviewer explained the real-world consequences: "Interpreters do their best, but they are often substituting words that mean something closer to 'crazy,' 'weak,' 'possessed,' or 'cursed' — because those are the available words. This has serious consequences. Families reject diagnoses they do not understand. They refuse services that would help. They blame themselves or the child. They hide the disability from their community. Children do not get treatment. Adults do not get supports. And the state's data shows lower service uptake in Somali communities, which gets misread as lower need rather than as a language and trust failure."

The reviewer emphasized that "this is not a problem that interpreter certification alone can fix. It requires conceptual translation work done with the community."

Pay community-led groups to create culturally accurate diagnostic language, not just word-for-word translations.

Feedback proposed specific strategies across the Health goals:

"Fund a Somali community-led project to develop culturally and conceptually appropriate language for mental health and disability diagnoses, in partnership with Somali mental health providers, imams and community elders, parents of children with disabilities, and Somali adults with disabilities themselves."

"Require that any diagnosis communicated to a Somali family include a community-developed explanation, not only a translated clinical one."

"Invest in training and credentialing more Somali mental health providers and disability service providers, so families have the option of being served by someone who shares their language and cultural framework."

Treat language access as translating ideas and concepts, not just words.

The reviewer proposed a new goal: "Language access in disability and mental health services will reflect conceptual and cultural translation, not only word-for-word interpretation." The reviewer clarified: "The current plan treats language access as a translation logistics issue. It is not. For communities whose languages do not yet carry the vocabulary of Western disability and mental health systems, true access requires building that vocabulary together with the community and training providers and interpreters in it."

Lead agencies would be "MDH and DHS, with MDE for the education side." The measurable target proposed: "By 2030, Minnesota will have community-developed and state-recognized terminology resources in at least the most-spoken non-English languages in the state, including Somali, Hmong, Spanish, Karen, and Oromo, covering disability categories, mental health diagnoses, and key special education and service terms. Provider and interpreter training will incorporate these resources."

Close the gap between getting services and getting coordinated, culturally respectful care.

Feedback noted that access alone is insufficient. A reviewer stated, "In health and safety, access to services does not always mean effective or coordinated care. Families face ongoing challenges navigating multiple systems. More coordination and culturally responsive services are needed."

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

Build housing that fits the culture of immigrant seniors with disabilities, especially Somali elders.

Feedback identified a gap in culturally appropriate senior and neurodiverse housing. A reviewer stated, "Under Housing Goal 1, please include culturally appropriate and inclusive housing units and facilities for immigrant people with developmental disabilities."

The reviewer provided a direct quote from a published article: "A major concern for many Somali parents with children diagnosed with neurodevelopmental disorders is future planning for children with disabilities. The concern is, who will care for aging individuals with neurodevelopmental disorders when their parents are no longer able to provide care? This is especially concerning, given the current lack of culturally-appropriate senior facilities for Somali seniors with dementia or Alzheimer's disease. Without proper planning, their future is bleak when they become seniors needing 24-hour care. More culturally-appropriate support and policies are needed to connect Somali seniors to support systems."

The reviewer added, "As more people in the Somali community age, more culturally-appropriate community living settings for neurotypical Somali seniors and for neurodiverse individuals will be needed. It is crucial to establish a foundation for robust planning and discussions to address the needs of the neurodiverse population before the system becomes overwhelmed."

Require translated housing papers and Somali-speaking navigators to break language barriers in housing.

Feedback detailed systematic language barriers. A reviewer stated: "Somali families face language barriers across the housing system: applications, waiting lists, lease terms, accessibility requests, reasonable accommodation processes, and notices of rent increases or lease violations. Families miss deadlines because notices arrive in English. Families sign leases without understanding terms. Accessibility modifications are not requested because the request process is not accessible. Families lose housing for reasons they did not understand were happening."

Proposed strategies:

- "Require that all Minnesota Housing-financed properties provide tenant-facing documents – applications, leases, accessibility request forms, notices, lease violation letters – in the most common languages spoken in the property's region, including Somali."
- "Fund Somali-speaking housing navigators in regions with significant Somali populations, including the Twin Cities, St. Cloud, Rochester, and Willmar."
- "Track and publicly report fair housing complaints and lease terminations by language and ethnicity, so the state can detect patterns of language-related housing loss."

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

Recognize that housing instability and discrimination deeply hurt families with disabilities.

Feedback provided a personal account supporting the goal. A reviewer stated, "I agree with this goal. As a parent of a son with autism, I have experienced being evicted from three homes

because of having a child with a disability. This created significant stress and instability in my life. The lack of financial support, limited accessible housing, and ongoing discrimination greatly affected my quality of life. I hope this goal will bring meaningful relief and stability to low-income families in the disability community."

## **Housing Goals General Feedback**

Make housing affordable.

Feedback noted that the plan acknowledges community living but falls short on practical barriers. A reviewer stated, "In housing, the plan acknowledges the importance of community living, but affordability and access remain major barriers. Housing assistance must align with real market conditions, and supportive services available alongside housing."

Set clear deadlines for counties to provide integrated housing with supports—and enforce them.

Feedback identified a lack of accountability. A reviewer stated, "The plan acknowledges the importance of integrated housing but fails to address the severe shortage of accessible, affordable housing paired with appropriate supports. Families are often forced into institutional or unstable living situations due to lack of options. There is also no clear accountability for counties that fail to provide timely housing supports."

Proposed new goal: "The state will establish enforceable timelines for access to integrated housing with supports, including penalties or corrective action plans for counties that fail to meet benchmarks."

Invest more in housing navigators who respect the culture of immigrant and underserved families.

A second proposed new goal: "Increase investment in culturally appropriate housing navigation services to support immigrant and underserved families in securing and maintaining stable housing."

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

Admit that poor transit options stop people with disabilities from traveling independently.

Feedback identified systemic infrastructure problems. A reviewer stated, "Public transportation in Minnesota is limited compared to larger systems in cities like New York City and Chicago. Service can be infrequent, routes are less connected, and many areas—especially suburban and rural communities—have little to no reliable transit access. This makes it difficult for people with disabilities to travel independently to work, school, healthcare, and community activities."

Remove barriers like advance scheduling, long waits, and rigid rules. Make transit easy to use when people need it.

The reviewer continued, "For low-income individuals with disabilities, these challenges are even greater. Many rely on public transit or paratransit services, which often require advance scheduling, have long wait times, and may not be flexible for daily needs. In addition, transportation goals and funding do not fully address accessibility gaps, affordability, or the growing demand for inclusive transit options. Improving investment in accessible buses, expanded routes, reliable paratransit, and community-based transportation solutions is essential to better support the disability community and ensure equal access to opportunities."

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

Give automatic monthly transit cards to people with disabilities who get waiver services and SNAP or TANF.

Feedback proposed a specific eligibility and enrollment mechanism. A reviewer stated, "Under Transportation Goal 3: More people with disabilities will have flexible transportation funding, include people with disabilities who qualify for both waiver services and SNAP (food stamps) and/or TANF [Temporary Assistance for Needy Families], will automatically qualify for transit cards every month as a state benefit if they need it, and apply like they apply the other state benefits with their respective counties."

### **Transportation Goals General Feedback**

Build reliable transit for education, jobs, and healthcare—unreliable options leave people stuck.

Feedback highlighted the consequences transportation gaps create across different areas of life. A reviewer stated, "In transportation, limited and unreliable options continue to restrict access to education, employment and healthcare. Transportation must be flexible and responsive to real-life schedules and needs."

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

Share mental health crisis hotline numbers in every county with language help. Make them as easy to use as 911.

Feedback identified a specific gap for families with limited English proficiency. A reviewer stated, "Under Transition Goal 3A: More people will receive supportive services in community-based settings, add disseminating the mental crisis hotline numbers with

language support in all counties and communities, and making them readily available to everyone, like 911. In many cases, families of limited English proficiency (LEP) don't know who to contact when they have a mental health crisis."

**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.**

Know that this goal needs long-term investment in affordable housing, job training, and coordinated services to work.

Feedback acknowledged the goal's intent but flagged dependencies. A reviewer stated, "This goal is realistic in long term, but only if there is stronger investment in affordable housing, workforce development, and coordinated support services. Without those changes, progress will likely be slow and uneven."

**General Feedback for All Draft Goals**

Set deadlines, track results, and enforce consequences for every goal—hold them all to the same standard.

Feedback identified accountability as a cross-cutting deficiency. A reviewer stated, "Across all areas, three issues must be addressed: Accountability: goals must include clear timelines, measurable outcomes, and consequences if they are not met." Another reviewer added, "The plan includes strong language around equity and inclusion but lacks enforceable accountability measures. Families continue to experience inconsistent implementation across counties, repeated documentation burdens, and service reductions without clear medical justification."

Proposed new goals:

"Establish a statewide oversight and enforcement mechanism with transparent public reporting, ensuring all counties comply with Olmstead Plan requirements and disability rights obligations."

"Reduce administrative burden on families by standardizing documentation requirements and limiting repeated requests for proof of disability when conditions are lifelong and medically established."

A reviewer summarized, "Without enforcement, cultural responsiveness, workforce investment, and real accountability, the plan risks remaining aspirational rather than transformative. The state must move beyond policy language and ensure that families experience real, measurable change in their daily lives."

Fix worker shortages and low pay for support staff first—everything else depends on it.

Feedback identified workforce instability as a foundational barrier. A reviewer stated, "Across all areas, [workforce] must be addressed. Without addressing staffing shortages and low wages for support workers, the plan cannot succeed."

Include real lived experience in decisions and action—not just in meetings.

Feedback noted that community input exists but is not sufficiently integrated. A reviewer stated, "Across all areas, [Lived Experience] must be addressed: community input is present, but it must be reflected more directly in decision-making and implementation." Another reviewer added, "The plan's community engagement principles name accessibility, intentionality, accountability, and representation. To make those real for Somali Minnesotans with disabilities, the state needs to do more than translate engagement materials."

Stop writing more plans—families want real, measurable change.

Feedback emphasized the gap between policy and daily life. A reviewer stated, "This plan has the potential to improve lives, but only if it moves beyond vision into real, measurable change. Families and individuals are not asking for more plans. We are asking for systems that work in everyday life." Another reviewer observed, "Across all sections, there is a consistent gap between policy and real-life experience."

Pay Somali community members for their time, hold meetings in trusted places, and honestly address distrust of state systems.

Feedback provided specific recommendations for meaningful community engagement. A reviewer stated:

- "Compensate Somali community members fairly for participation in engagement, including elders, parents, and disabled Somalis themselves. The Inclusion Consultant model worked. Apply it to ongoing engagement."
- "Hold engagement sessions in spaces Somali families already trust – mosques, community centers, cultural organizations – not only in state agency buildings."
- "Recognize that distrust of state systems, including child protection, is a real barrier to Somali families seeking disability services. Engagement and outreach must address that distrust honestly, including through partnerships with trusted community organizations rather than direct state outreach alone."

Invest in navigators to help people find services, especially culturally specific help for those with limited English.

A reviewer concluded, "The state needs to invest in system navigation services, particularly culturally specific services for LEP communities."

Address language and conceptual access as a substantive equity issue, not a logistics issue.

The reviewer provided a closing statement summarizing the stakes for the Somali community: "The Somali community in Minnesota is large, growing, and aging into the same disability service needs as every other community. Children are being diagnosed. Adults are aging into disability. Veterans are returning. Families are caregiving. The Olmstead Plan's promise of integration, choice, and dignity will not reach Somali Minnesotans unless the plan addresses language and conceptual access as a substantive equity issue, not a logistics issue. I urge the Subcabinet, Leadership Forum, and Olmstead Implementation Office to incorporate these changes into the final plan."