DENDROS GROUP

2642 University Ave W
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Olmstead Plan Public Comment Meeting Report - Transition

April 20, 2026 - 10am - 12pm

Meeting Summary

The April 20th, 2026, transition public comment meeting was hosted by Dendros Group virtually via Zoom. The goal of the conversation was to gather public comment on the draft Olmstead Plan transition goals. There were 2 participants.

Meeting Agenda

Facilitation Team:

- Angela Harper (Dendros Inclusion Consultant)

Schedule:

- 10:00am -10:20am: Welcome
- 10:20am - 11:00am: Presentation on Draft Olmstead Plan and Transition Draft Goals
- 11:00am - 11:50am: Public Comment in Facilitated Breakout Rooms
- 11:50am -12:00pm: Closing, Evaluation and Further Engagement Opportunities

Registration & Attendance

Fifteen people registered for the meeting. Eight people attended the meeting and two people participated in the public comment portion.

The participants identified as follows:

Perspectives

- Two work in a disability-related field

MN County or Tribal Nation of Residence

- One in Anoka County
- One in Hennepin County

Age Group

- One 45-54
- One 55-64

Gender

- One Woman
- One Man

Race and/or Ethnicity

- Two White

Military/Armed Forces Status

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

Experience in the Following Settings

- One in employment only (or primarily) for people with disabilities (for example: sub-minimum wage, sheltered workshops, 14c)

Participant questions from registration:

The registrants were asked “Do you have any questions about the Olmstead Plan or the process that you'd like covered in the presentation?” The following questions were asked:

- Could E1MN be eliminated?

Goals Overview

The following are the draft goals presented to the participants of this public comment meeting.

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

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.

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.

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.

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

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

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

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

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

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

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

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

Summary

Overview

The following discussion questions were presented to the participants of this public comment meeting.

1. What would make these goals more effective to improve the lives of Minnesotans with disabilities?
2. What would make these goals more effective to better integrate Minnesotans with disabilities in community life?
3. What's missing from these goals?

The participants raised several concerns about the draft goals. They emphasized that goals should prioritize individual choice and geographic preference. Participants also noted significant barriers to timely access, including nine-month waits for assessments, and called for clearer definitions of terms like "institution" and "habilitation services." Additional concerns included the need for actionable implementation plans, inclusion of providers and case managers in planning, adding transportation to the MnCHOICES assessment, and allowing reduced assessment frequency for stable individuals.

Findings by Goal

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

No public comments addressing this goal were given.

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.

No public comments addressing this goal were given.

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

No public comments addressing this goal were given.

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

Maintain state focus on integrated and less restrictive housing.

A participant stated, “We need to have more opportunities for integrated and less restrictive housing, and so making sure that, um, that's something the state continues to maintain as a goal.”

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.

No public comments addressing this goal were given.

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

No public comments addressing this goal were given.

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

No public comments addressing this goal were given.

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

No public comments addressing this goal were given.

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

Reframe the goal to focus on placement preference and geographic choice rather than a strict prohibition on out-of-state services.

A participant noted practical concerns with border communities: “There are border states… I used to work in Chisago County, which was only 30 minutes from Wisconsin and Fargo-Moorhead… I think that's a great idea to say no out-of-state, but I think we should keep our options open. Because especially [in] the Fargo-Moorhead area, you cross the street, and you're in North Dakota.”

The same participant noted that placement decisions are not always within state control: “I actually had a client last year, whose insurance company sent her to the state of Washington even though there was another facility of the same name in the state of Minnesota.”

Another participant agreed, stating, “I think the true goal should be that people are placed in a community that they wish… rather than being sent far away because nothing else was available… That's really the issue.”

This participant also questioned the goal’s stated cause (Direct Service Professional [DSP] shortage): “The DSP shortage exists everywhere… whether they're being placed in Minnesota or another state, there's going to be a DSP shortage.”

A participant further suggested, “It might be more appropriate to say they're able to live in the area that they want” and noted that sometimes “the only available placement is 3 hours from their family home.”

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

Address pre-assessment wait times as a critical barrier before setting post-assessment timelines.

> A participant stated, “Currently, at least in Anoka County, the waiting list even to get an assessment is 9 months. So, I think that needs to be taken into consideration [it] is a huge issue.”

Allow reduced assessment frequency for stable individuals to focus resources on timely access.

> The same participant recommended, “Many people don't need to be assessed every year. [Back when we did screening documents, many of my stable clients were] only required to do full team screening of documents once every 5 years.” The participant suggested allowing some individuals to “waive their need for an annual assessment if their needs have not changed.”

Clarify the definition of “habilitation services” under this goal.

> Another participant asked, “What the definition of that is, or what services would be included in that because I think that might actually be an umbrella term for several services under disability waivers.”

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

> No public comments addressing this goal were given.

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

> No public comments addressing this goal were given.

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

Recognize that some settings classified as "segregated" already function as integrated, community-based homes and should not be targeted for elimination.

> A participant stated, "There are nursing facilities and intermediate care facilities that are home and community-based, taking place in single-family homes. They look like integrated community settings, and in many ways they are, so I don't want to lose that. Those may be already functioning as integrated settings, so I just want to make sure that that's realized, and we don't want to take those away."

Additional Themes

Add transportation as a documented need in the MnCHOICES assessment tool.

> A participant stated, "One thing that's not currently listed in the MnCHOICES assessment tool is transportation as a need. It is not listed as a need. It's a huge need for every single person I support." Another participant seconded this comment.

Include service providers and county case managers in the planning process.

> One participant stated, "Please make service providers and county case managers part of the planning process. Because if you don't get buy-in from county case managers [or providers], it's not gonna work."

Revise or clarify the definition of "institution" used in client acknowledgment forms.

> A participant raised a concern about current client acknowledgment language. They stated, "Right now, we have to have our people sign and acknowledge that I was given a choice between living in an institution or in the community. 100% of my clients wouldn't even know the meaning of an institution."
>
> They further asked, "How are we defining an institution?" and noted the language is "incredibly patronizing."
>
> Another participant also questioned whether single-family homes are counted as institutions, stating: "If so, I disagree with that. I don't think those are institutions."

Recommendation: Supplement goal-setting with actionable plans for achievement.

> A participant questioned, “It's great to make goals, but how are you going to get there? It's great to say what you want to do. What's the plan?”

Participant Exit Survey

> Participants were invited to complete an exit survey. Both participants responded to the survey.

Evaluation Metric 1: This meeting was a valuable use of my time.

- Two participants agree

Evaluation Metric 2: I was able to participate fully in this meeting.

- Two participants strongly agree

Evaluation Metric 3: What would have improved your experience today?

- If the DHS staff had asked for our input, experience and opinions regarding the goals.