

# Putting *Olmstead*'s Promise into Practice: Minnesota's Olmstead Plan DRAFT – September 2013

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## **Information about this document**

This is the second draft of Minnesota's Olmstead Plan. This version of the plan is substantially different from the first draft. The Olmstead Subcabinet agencies listened to input from individuals with disabilities, family members and guardians, advocacy organizations, service providers, and integration experts; we have completely revised the draft plan.

This version of the plan will be revised in September and October. A final version of the 2013 Olmstead Plan is expected to be released on November 1, 2013.

Minnesota's Olmstead Plan will continue to be refined and updated over the coming years as we implement the actions described in this plan, and as we hear from stakeholders about what is working and what is not working.

## **Feedback on the Olmstead Plan**

The State of Minnesota welcomes feedback on the development and implementation of Minnesota's Olmstead Plan. To provide feedback, use the contact form on the Minnesota Olmstead Plan website (use an internet search on the phrase "Minnesota's Olmstead Plan" or use this shortened web address: <http://bit.ly/14fcGSL>) or send an email to [opc.public@state.mn.us](mailto:opc.public@state.mn.us)). Please keep in mind that we may not be able to respond to your comments or include your feedback in the 2013 version of the Olmstead Plan, but we will consider everyone's comments as we refine and implement the plan.

## Background information: Minnesota's Olmstead Plan in context

### State and federal law

The Minnesota Human Rights Act, the Americans with Disabilities Act, and other laws prohibit discrimination against people with disabilities. Additionally, under these laws, government entities are required to ensure that people with disabilities can access services and programs. This requirement means more than ensuring *physical* access for people with disabilities: to comply with these laws, government entities may also be required to change the way they provide services or modify how programs are administered so that individuals with disabilities can participate and benefit. Regulations developed under the Americans with Disabilities Act (ADA) also specifically require that government entities provide services in the *most integrated* setting appropriate to the needs of qualified individuals with disabilities<sup>1</sup>. The United States Department of Justice explains that the *most integrated* setting is one that “enables individuals with disabilities to interact with nondisabled persons to the fullest extent possible...”<sup>2</sup>

### *Olmstead v. L. C*

In 1999, the United States Supreme Court considered a case involving two women with disabilities who were confined in an institution, even after health professionals determined they were ready to move into a community-based program. In *Olmstead v. L. C.*, 527 U.S. 581 (1999), the Court held that unjustified segregation of people with disabilities violates the ADA. The decision means that states must offer services in the *most integrated setting*. In particular, the Court held that states are required to provide community-based treatment for people with disabilities when:

- a) The state's treatment professionals determine that such placement is appropriate;
- b) The affected individuals do not oppose community-based treatment; and
- c) The community-based placement can be reasonably accommodated, taking into account the resources available to the state and the needs of others with disabilities<sup>3</sup>.

*Get us out, keep us out, don't put us in.*

--Lois Curtis, one of the parties in the *Olmstead* case, leading a cheer at a 2009 rally.

In its opinion, the Court emphasized that it is important for governments to develop and implement a comprehensive, effectively working plan to increase integration.

From one perspective, the *Olmstead* decision is about how services are provided *by* the government *to* people with disabilities (that is, services must be provided in

<sup>1</sup> 28 C.F.R. § 35.130(d), available at <http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&rgn=div5&view=text&node=28:1.0.1.1.36&idno=28#28:1.0.1.1.36.2.32.1>

<sup>2</sup> 28 C.F.R. Pt. 35, App. A (2010), available at <http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&rgn=div5&view=text&node=28:1.0.1.1.36&idno=28#28:1.0.1.1.36.7.32.3.11> Also see United States Department of Justice, Statement of the Department of Justice on Enforcement of the Integration Mandate of Title II of the Americans with Disabilities Act and *Olmstead v. L.C.*, Retrieved from [http://www.ada.gov/olmstead/q&a\\_olmstead.pdf](http://www.ada.gov/olmstead/q&a_olmstead.pdf)

<sup>3</sup> A copy of the *Olmstead* decision is available at <http://www.law.cornell.edu/supct/html/98-536.ZO.html>.

the most integrated setting). From another perspective, the *Olmstead* decision is a landmark civil rights case “heralded as the impetus to finally move individuals with disabilities out of the shadows, and to facilitate their full integration into the mainstream of American life.”<sup>4</sup>

Because this is a government planning document, much of the detailed content in Minnesota’s Olmstead Plan is necessarily focused on the first perspective. The vision of the Olmstead Subcabinet—and the goals contained in this plan—are firmly grounded in the civil rights perspective.

## Federal enforcement and guidance related the *Olmstead* decision

Presidents Bill Clinton, George W. Bush, and Barack Obama acted to support the *Olmstead* decision through federal agency initiatives. In recent years, the United States Department of Justice (DOJ) has applied an expansive understanding of the *Olmstead* decision. As examples, the DOJ has taken action against government entities that had long waiting lists for community-based services, against programs that placed too much emphasis on segregated employment, and against governments that attempted to reduce funding for personal care services (which could force people into institutional settings)<sup>5</sup>. The DOJ has also issued guidance for government entities to help them comply with the principles of the ADA and the *Olmstead* decision—Minnesota has consulted this guidance in developing its Olmstead Plan<sup>6</sup>.

## Why does Minnesota have an Olmstead Plan?

An Olmstead Plan is a way for a government entity to document its plans to provide services to individuals with disabilities in the most integrated setting appropriate to the individual. Effective Olmstead Plans include analyses of current services, concrete commitments to increase integration (and to prevent unnecessary institutionalization), and specific and reasonable timeframes, among other components.

There are three main reasons why Minnesota has developed an Olmstead Plan:

- Developing a comprehensive and effectively working plan to increase integration is an ideal way to ensure that the State of Minnesota is in compliance with the letter and spirit of the *Olmstead* decision and the ADA.

*The Olmstead Plan is important for Minnesota. It is important for service providers. It is important for advocates. It is important for families. And most of all, it is important for people with disabilities.*

--Lieutenant Governor Yvonne Prettner Solon,  
Chair of Minnesota’s Olmstead Subcabinet

<sup>4</sup> Perez, Thomas. *Assistant Attorney General Thomas E. Perez Testifies Before the U.S. Senate Committee on Health, Education, Labor and Pensions*. Washington, D.C. Thursday, June 21, 2012. Retrieved from <http://www.justice.gov/crt/opa/pr/speeches/2012/crt-speech-120621.html>

<sup>5</sup> For a list of recent DOJ enforcement actions, see US DOJ. 2013. What’s New. Retrieved from [http://www.ada.gov/olmstead/olmstead\\_new.htm](http://www.ada.gov/olmstead/olmstead_new.htm)

<sup>6</sup> In particular, drafting teams consulted Question and Answer #12, What is an Olmstead Plan? in US DOJ’s Statement of the Department of Justice on Enforcement of the Integration Mandate of Title II of the Americans with Disabilities Act and *Olmstead v. L.C.*, Retrieved from [http://www.ada.gov/olmstead/q&a\\_olmstead.pdf](http://www.ada.gov/olmstead/q&a_olmstead.pdf)

- As part of a settlement in a recent case (*Jensen et al v. Minnesota Department of Human Services, et al*), the State of Minnesota agreed to develop and implement an Olmstead Plan<sup>7</sup>.
- Governor Mark Dayton issued an executive order, forming an Olmstead Subcabinet and directing identified agencies to develop and implement an Olmstead Plan<sup>8</sup>.

## People with disabilities in Minnesota: Demographics & implications

In developing Minnesota's Olmstead Plan, state agencies considered demographic realities and trends. Some relevant demographic information includes<sup>9</sup> (see Appendix A for charts displaying some of this data):

- In 2011, 10.1% of Minnesotans were people with disabilities; Minnesota ranks as the 4th lowest state in the U.S. in terms of rate of disability.
- 12% of all Minnesotans lived in poverty in 2011. By comparison, 22% of Minnesotans with disabilities lived in poverty in 2011.
- The highest rates of disabilities among working-age Minnesotans are American Indians (20%) and U.S.-born African Americans (17%).
- Working age Minnesotans experience different rates of disabilities—ambulatory (3.4%); cognitive (3.6%); hearing (2.0%); independent living (2.7%); self-care (1.4%); vision (1.0%) and one or more disabilities (8.1%).
- Older Minnesotans (65 years +) experience different rates of disability –ambulatory (18.4%); cognitive (6.4%); hearing (15.0%); independent living (12.7%); self-care (6.8%); vision (4.9%) and one or more disabilities (32.0%).
- There are regional differences in disability rates (which likely result from aging differences). The highest rates of disability are in the northern and western regions of the state (14%) and the lowest rate of disability is in the Twin Cities (8%).
- Minnesota's population is aging. The current retirement-to-working age ratio is about 22%, but by 2040, the retirement-to-working age ratio is projected to be almost 40%.
- Recent data shows that 80% of Minnesotans with no disabilities are working, compared to only 43% of Minnesotans with disabilities. Rates of employment differ among different types of disability.
- Recent media attention has focused on one disability that has increased dramatically. According to the Centers for Disease Control, autism is one disability that has increased dramatically: from a prevalence of 1 in 1000 in 1970, to 1 in 150 in 2000, to 1 in 88 in 2012.

<sup>7</sup> A copy of the settlement agreement can be found at [http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_FILE&RevisionSelectionMethod=LatestReleased&noSaveAs=1&Rendition=Primary&allowInterrupt=1&dDocName=opc\\_jensenv.pdf](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=LatestReleased&noSaveAs=1&Rendition=Primary&allowInterrupt=1&dDocName=opc_jensenv.pdf)

<sup>8</sup> A copy of Governor Dayton's Executive Order 13-01 can be found at <http://mn.gov/governor/images/EO-13-01.pdf>

<sup>9</sup> The first 7 items in this list are based on data from the American Community Survey and Decennial Census and Population Estimates, via Minnesota Compass, <http://www.mncompass.org/demographics/>. The second to last item is from the American Community Survey, via the Minnesota State Demographic Center. The last item is from the CDC, <http://www.cdc.gov/ncbddd/autism/data.html>. Note that different data sources count people with disabilities differently—for example, poverty rate data does not include people living in institutions.

The implications of these trends for Minnesota's Olmstead Plan include:

- Service planners must recognize that different communities (both cultural and regional) have different needs.
- Employment and poverty continue to be significant issues for people with disabilities.
- The shifting prevalence of different disability types among different age groups will require changes in programs and accommodations in schools, employment, housing, and supports.
- The aging population in Minnesota has two big implications: an increase in the number of people with disabilities who may need services *and* a decrease in the number of potential workers in direct service jobs.
- Changes in population trends will lead to necessary changes in fiscal policy and budgeting because of changes in the tax base.

## Accomplishments and challenges in Minnesota

As part of developing the Olmstead Plan, Minnesota has taken stock of our accomplishments and challenges related to integration and inclusion of people with disabilities. In some areas, we know that we're making good progress, but we have opportunities for more positive changes. In other areas, we know that we have much work to do.

### Accomplishments, strengths, advantages, and opportunities

- Minnesota has a long history of commitment to people with disabilities.
- Minnesota has invested in services to people with disabilities.
- Minnesota has moved people with disabilities out of large state operated facilities.
- Some people with disabilities live, learn, work and enjoy life in a wide variety of settings (though many other people with disabilities are awaiting these opportunities).
- There are good practices in place in areas like housing, employment, and education, but these practices need to be scaled up to reach all people with disabilities who would like to participate or benefit.
- Compared with other states, Minnesota typically ranks high in quality of life measures (though people with disabilities do not necessarily agree).
- Though Minnesota has a long history of cross-agency collaboration, this is the first time agencies have come together at both leadership and staff levels to find ways to increase integration and inclusion for people with disabilities.
- The Olmstead Subcabinet and Olmstead Plan process have given people the opportunity to work across agency lines in new ways; there is substantial momentum in the subcabinet agencies' work.
- The Olmstead Plan development process has given state agency leaders and staff the opportunity to hear from people with disabilities about what is important to them.
- There are real opportunities for improvement in employment, transportation, housing, lifelong learning and education, health care and healthy living, community engagement, and supports and services.

## Challenges, weaknesses, and risks

- People with disabilities are not usually (or routinely) asked about their preferences of where to live, learn, work and enjoy life; or their preferences are ignored or not factored into the supports and services provided.
- Employment opportunities have been limited, especially during the economic downturn.
- On the whole, supports and services are not consumer driven.
- Service growth has been limited, but more so during the past economic downturn.
- Data systems do not track important indicators such as "most integrated setting."
- While Minnesota state agencies are often very good at measuring program performance (such as how many people received a certain benefit, or how quickly a license was issued), agencies are not uniformly measuring whether people's quality of life is improved because of a program's work.
- Cultural and geographic differences result in people with disabilities being unserved and underserved.
- People with disabilities in Minnesota experience significant health disparities compared to the general population because of a lack of integrated services.
- The Olmstead planning process has created strong interagency cooperation and an interest in reform, but that interest could wane. Strong leadership, and the willingness and authority to make decisions must be expanded and maintained.
- If Minnesota does not effectively implement the Olmstead Plan, individuals with disabilities may seek relief through the courts or administrative processes.
- Minnesota does not have complete control over necessary funding—Congressional actions or inactions could result in funding problems.
- There are risks associated with making many changes at the same time.
- Training and education will be necessary to overcome inertia and resistance to change. This training must include everyone—the general public; people with disabilities; employers; the state legislature; the executive branch; and state, county and tribal organizations, service providers/employees, and government staff.
- People with multiple complex needs who move (or may want to move) from institutional settings to most integrated settings cannot access necessary services.

## Developing the Olmstead Plan

Minnesota began work to develop the Olmstead Plan in 2012. The plan development process has included state agency staff, with input from individuals with disabilities, their families, other stakeholders and advocates, and nationally regarded experts.

Minnesota's Olmstead Planning Committee formed in 2012. The committee included individuals with disabilities, family members, providers, advocates, and decision-makers from the Minnesota Department of Human Services (DHS). In fall 2012, the committee submitted recommendations to DHS, and DHS began work to respond to and implement these recommendations.



In January 2013, Governor Mark Dayton issued an executive order establishing a subcabinet to develop and implement a comprehensive plan supporting freedom of choice and opportunity for people with disabilities. The Olmstead Plan Subcabinet, chaired by Lieutenant Governor Yvonne Prettner Solon, includes the commissioner or commissioner's designee from the following state agencies:

- Department of Corrections
- Department of Education
- Department of Employment and Economic Development
- Department of Health
- Department of Human Rights
- Department of Human Services
- Department of Transportation
- Minnesota Housing Finance Agency

Representatives from the Office of the Ombudsman for Mental Health and Developmental Disabilities and the Governor's Council on Developmental Disabilities are *ex officio* members of the Subcabinet.

In the months since the Executive Order, staff from subcabinet agencies have been working within their organizations and across departments to develop Minnesota's Olmstead plan. The subcabinet itself has met monthly to discuss progress on planning efforts and to respond to drafts and information. Subcabinet agencies are committed to a collaborative and iterative process in developing the plan—they have incorporated initial feedback from other agencies and stakeholders as they prepared drafts, and they know that the plan must be regularly updated with ongoing input from Minnesotans.

### **Olmstead Subcabinet Vision Statement**

The Olmstead Subcabinet embraces the *Olmstead* decision as a key component of achieving a Better Minnesota for all Minnesotans, and strives to ensure that Minnesotans with disabilities will have the opportunity, both now and in the future, to live close to their families and friends, to live more independently, to engage in productive employment and to participate in community life. This includes:

- The opportunity and freedom for meaningful choice, self-determination, and increased quality of life, through: opportunities for economic self-sufficiency and employment options; choices of living location and situation, and having supports needed to allow for these choices;
- Systemic change supports self-determination, through revised policies and practices across state government and the ongoing identification and development of opportunities beyond the choices available today;
- Readily available information about rights, options, and risks and benefits of these options, and the ability to revisit choices over time.

Minnesota's Olmstead Plan is not a replacement for the many existing state and federal plans produced by government agencies—the Olmstead Plan can help guide the implementation of other plans.

### **External consultations**

The Olmstead Subcabinet was assisted by a grant from Substance Abuse & Mental Health Services Administration (SAMHSA) to obtain expert consultation on critical Olmstead Plan topics (education, family supports, housing, health care, employment, measurement, and self-determination) and on

writing the Olmstead Plan itself. Agency drafting teams are meeting with experts as they draft parts of the plan, and experts are providing feedback on drafts.

## Stakeholder feedback

Several hundred stakeholders have been involved throughout the drafting process, both formally and informally:

- Olmstead Planning Committee (2012).
- Informal, agency-based stakeholder feedback and information gathering for the first draft plan (February 2013 – May 2013).
- Written comments on the first draft of the Olmstead Plan (June 2013-August 2013). About 100 people and organizations provided written comments on the plan (a few organizations provided comments summarizing the feedback of many individuals). Of all the written comments, almost 40% were family members or guardians of people with disabilities, over 20% were advocacy or other organizations, and over 20% were service providers. About 5% of online comments came from people who self-identified as individuals with disabilities (additionally, many of the organizations who provided comments include people with disabilities as leaders or board members). All input received online was reviewed, and the comments were summarized and categorized (See Figures 1 & 2 below). [Note that individual comments may reflect more than one perspective.]
- Olmstead Subcabinet listening sessions in St. Paul, Moorhead, Duluth, and Rochester (July 2013 – August 2013<sup>10</sup>). About 80 people provided input at listening sessions (some people spoke more than once, and some people read comments from others). Of these, almost half were representatives of advocacy or other organizations, about 25% were service providers, and over 20% were family members or guardians. About 20% of people who spoke at listening sessions were people who self-identified as individuals with disabilities. [Note that individual comments may reflect more than one perspective.](See Figure 1 below; also see Appendix B for a selection of stakeholder quotes.)
- Agency-based outreach to stakeholders about the draft plan, such as a joint forum sponsored by the state's rehabilitation councils (ongoing).
- Focus groups results, survey research results, and other analyses (ongoing).

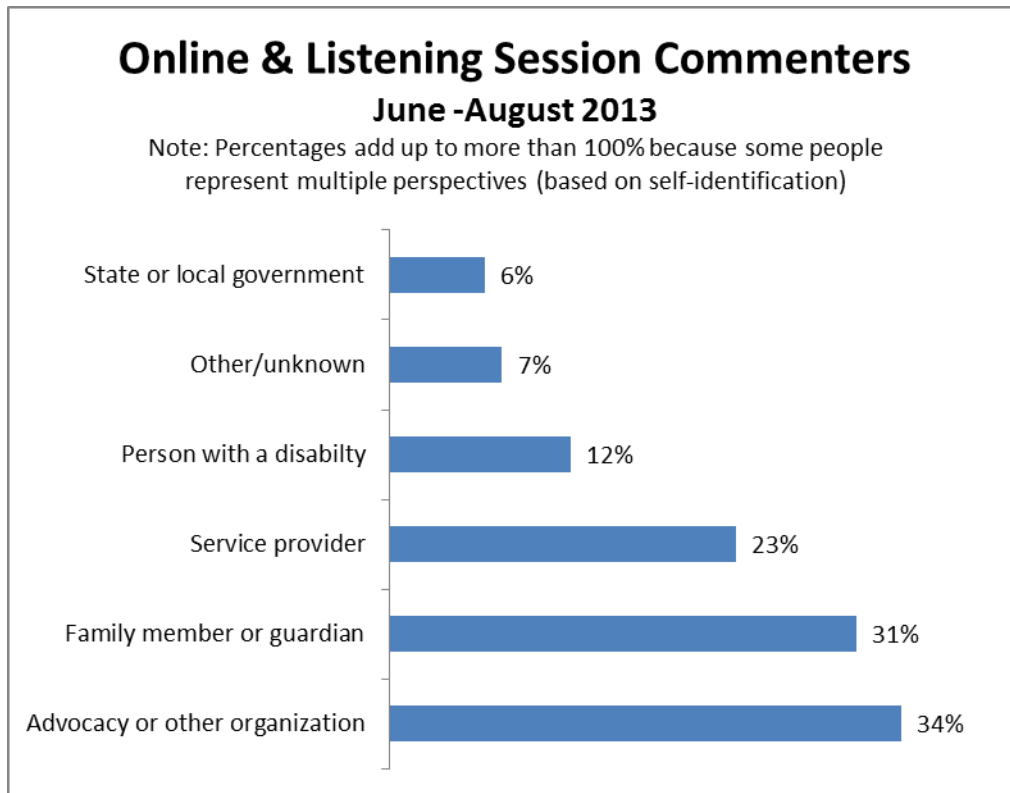
The Subcabinet thanks every person for taking time to provide input and feedback during the drafting process. The input was heartfelt, respectful, represented broad viewpoints, provided insight and identified successes (not just problems).

Plan drafting teams have considered all of the input from stakeholders in preparing this plan.

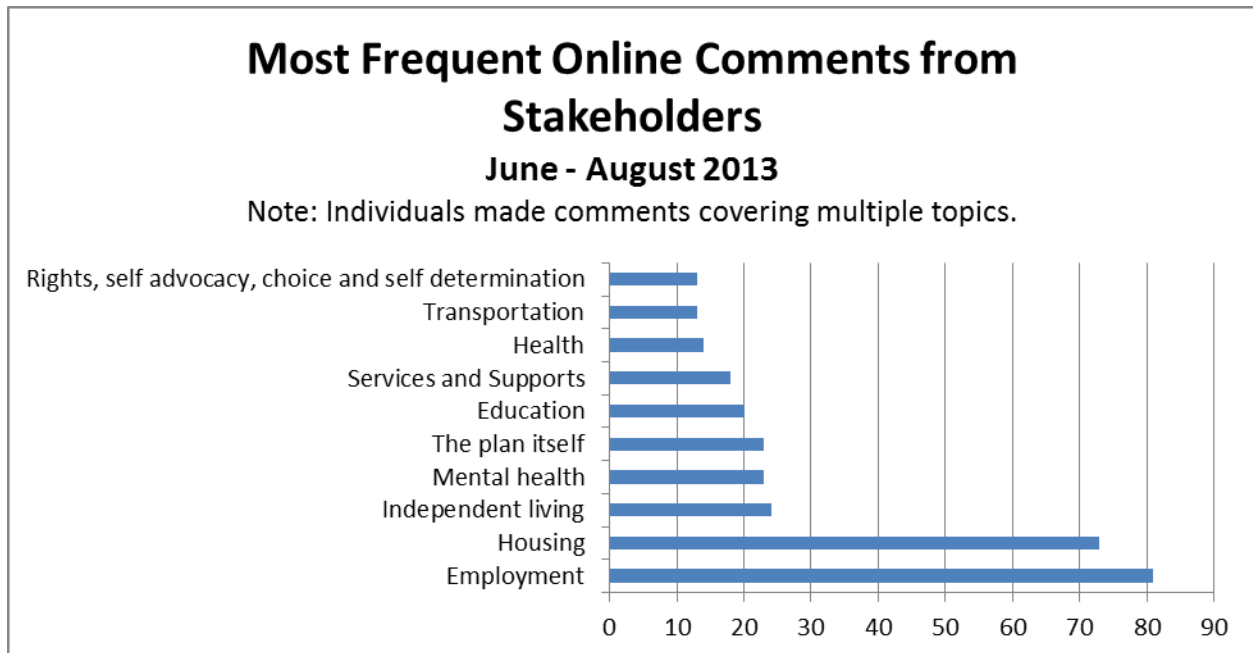
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<sup>10</sup> Copies of notes from the listening sessions are available at the [Olmstead Plan website](#).

**Figure 1: Online and Listening Session Commenters: June – August 2013.**



**Figure 2: Most Frequent Comments from Stakeholders: June – August 2013.**



## Themes from stakeholders

Several themes emerged from team discussions about stakeholder comments<sup>11</sup>:

### *Important issues to be addressed in the Olmstead Plan*

- People with disabilities said that they should be treated as individuals—their interest in making choices is the same as everyone's.
- Employment, housing, transportation, education, community engagement, and access to services (including technology) are important across the state. People requested expansion of programs and approaches that provide access to the most integrated setting.
- Perspectives differed inside and outside of the Twin Cities metropolitan area: inside the metro area, people talked about the need for enhancement of existing services; outside the metro area, people noted the need for additional resources for more basic services. (In rural areas, people said they have no choices and no options.)
- People with disabilities and their families want a range of options in housing, employment, and services—there have to be real choices. People said they don't want to have one decision affect all other possible decisions. People want flexibility in the whole system.
- Employment:
  - People with disabilities want real jobs with real wages.
  - Many family members and service providers are concerned about potential loss of more supported employment options.
  - Disincentives to employment (like loss of needed benefits) should be removed.
  - Many participants recommend that the state use an Employment First approach.
  - People expressed concerns that the Olmstead Plan would use a one-size-fits-all approach to employment.
- Housing:
  - People are dissatisfied with caps and moratoriums regarding housing options.
  - Lack of affordable, accessible housing and homelessness are significant issues for people with disabilities.
  - People with disabilities said that their only choice is to live with roommates they don't know.
  - People said that their choices to leave home and to associate with friends and family are unnecessarily limited.
  - Some people with disabilities and service providers believe that housing with supports is the best option for many people (particularly people recovering from chemical dependency).
  - Concentration of group homes has triggered concerns from some neighbors.
  - People expressed concerns that the Olmstead Plan would use a one-size-fits-all approach to housing.

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<sup>11</sup> These themes are based on the plan drafting teams' qualitative review of information from individuals who made comments online or at listening sessions. We realize that these opinions may not reflect the opinions of all relevant stakeholders or of Minnesotans in general.

- Education:
  - People said inclusion and integration efforts must start early (well before the transition from youth to adult), and carry through to adulthood.
  - People said that even educational settings that may be classified as integrated may not be integrated in practice.
  - People expressed concerns about the use of prone restraints in schools.
- Supports and Services:
  - People think that the plan should enhance self-advocacy, self-determination, independent living, peer support services, and certified peer specialists.
  - People say that supports and services are needed before someone is in crisis so that people do not face hospitalization, jail, or homelessness.
  - People expressed concerns about reimbursement rates, budget problems, lack of waivers, and waiting lists.
  - People think that more attention should be given to developing and maintaining a quality direct service workforce—pay, benefits, and professional development are all important. People expressed concerns about shortages, turnover, and reliability of workers.

### *Expectations of the Olmstead Plan and implementation*

- People with disabilities expect to be involved and provide leadership in developing and implementing Minnesota's Olmstead Plan.
- People want the Olmstead Plan to be more than a list of activities—it should include large strategic efforts, as well as goals, measurable results, and timelines.
- The Olmstead Plan should address all people with disabilities of all ages, and planners should realize that different individuals have different needs and preferences.
- People expect state agencies, counties, providers, and other organizations to work together to improve state services and systems.
- The Olmstead Plan must address the known problems from a Department of Justice and *Olmstead* perspective, such as waiting lists, segregated work settings, and people who are unnecessarily in institutions.
- People know that additional funding will be needed to make significant changes, and people are concerned that there will be reduction in funding for some programs.
- People see the Olmstead Plan as an opportunity for positive changes in Minnesota, but some participants were concerned about possible unintended outcomes of changes.
- People are concerned that the plan won't be implemented or that nothing will change.

The goals, actions, and priorities outlined in this plan are responsive to the feedback we heard from stakeholders, and the State of Minnesota is committed to including stakeholders in further development and implementation of the plan. See Quality Assurance and Accountability section (beginning on page 16) for more information.

## Minnesota's goals: Putting *Olmstead's* promise into practice

To move the state forward, towards greater integration and inclusion for people with disabilities, the state has set an overall goal. If Minnesota's Olmstead Plan is successful, Minnesota will be a place where:

**People with disabilities are living, learning, working, and enjoying life in the most integrated setting.**

To achieve this overall goal, Minnesota's Olmstead Plan addresses goals related to broad topic areas<sup>12</sup>:

- **Employment:** People with disabilities will have choices for competitive, meaningful, and sustained employment in the most integrated setting.
- **Housing:** People with disabilities will choose where they live, with whom, and in what type of housing.
- **Supports and Services:** People with disabilities of all ages will experience meaningful, inclusive, and integrated lives in their communities, supported by an array of services and supports appropriate to their needs and that they choose.
- **Lifelong Learning and Education:** People with disabilities will experience an inclusive education system at all levels and lifelong learning opportunities that enable the full development of individual talents, interests, creativity, and mental and physical abilities.
- **Healthcare and Healthy Living:** People with disabilities, regardless of their age, type of disability, or place of residence, will have access to a coordinated system of health services that meets individual needs, supports good health, prevents secondary conditions, and ensures the opportunity for a satisfying and meaningful life.
- **Transportation:** People with disabilities will have access to reliable, cost-effective, and accessible transportation choices that support the essential elements of life such as employment, housing, education, and social connections.
- **Community Engagement:** People with disabilities will have the opportunity to fully engage in their community and connect with others in ways that are meaningful and aligned with their personal choices and desires.

Minnesota's Olmstead goals are aspirational—Minnesota should be a place where people with disabilities are fully included in all aspects of community and civic life. In establishing this Olmstead Plan, Minnesota has identified actions that will help Minnesota meet these aspirational goals for all people with disabilities, while focusing on actions that will have the biggest impact on people with disabilities whose choices may be constrained by current systems. Minnesota's Olmstead Plan is just the start of a larger, ongoing conversation about how state government can facilitate real inclusion for all individuals with disabilities.

Minnesota's Olmstead Plan is not a plan to eliminate certain options or close certain facilities—it's a plan to increase integration options for individuals with disabilities, in line with the goals expressed above.

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<sup>12</sup> The order of these goals is roughly based on the relative proportion of stakeholder comments.

## Overarching strategic actions

To achieve the vision and goals of Minnesota's Olmstead Plan, and in response to stakeholder feedback regarding the first draft Olmstead Plan, the state has adopted the following overarching strategic actions. These actions are the foundation of the transformation that is needed to increase integration and inclusion of individuals with disabilities. The subcabinet as a whole is responsible for the following actions.

- 1) Begin with the individual: listen to individuals to ascertain their preferences for services and their views about quality of life, ensure that their rights are recognized, and incorporate this perspective through all phases (assessment, planning, service delivery, and evaluation).

By December 31, 2014:

- Define a service that is available to individuals with disabilities to assist them in expressing their needs and preferences about quality of life. (This service may be an expansion of an existing practices or development of new practices.)
  - Make funds available for this purpose.
  - Develop a plan to initiate this service in the first quarter of 2015.
- 2) Review all policies, procedures, laws, and funding through the perspective of the *Olmstead* decision (including related case law and guidance), identifying where and how current systems unintentionally create barriers to integration or create disincentives to development and use of integrated settings. Wherever such a barrier or incentive exists, develop a concrete plan for change, through administrative alignment and collaboration, legislative action, policy and rule changes, and funding changes and prioritization. This critical action includes all agencies and departments in Minnesota (not only subcabinet agencies).

Beginning November 1, 2013: subcabinet agencies will implement identified administrative actions that continue or expand practices that increase integration. [Additional detail will be in the topic area sections of the next draft of the plan.]

By December 1, 2013: develop legislative proposals for the 2014 legislative session (short session).

By September 1, 2014: identify legislative and fiscal changes for inclusion in the legislative agenda for the 2015 session (long session, includes budget).

By December 31, 2014: identify barriers to integration that are linked to federal legislation, regulation, or administrative procedures; identify options to address them.

- 3) Design and implement opportunities for people with disabilities to be involved in leadership capacities in all programs that affect them. Provide support, training, and technical assistance to people with disabilities to exercise leadership. This will lead to sustainability of the Olmstead Plan over time.

By December 1, 2013: identify immediate steps that can be taken administratively in 2014.

By December 31, 2014: leadership opportunities designed and implemented.

- 4) Identify and implement mechanisms to better measure and track quality of life outcomes for people with disabilities and overall performance of the Olmstead Plan. [Greater detail about quality of life measurement is in the Quality Assurance and Accountability section beginning on page 16.] These mechanisms will include common, consistent definitions across agencies.

By March 30, 2014: identify quality of life outcome indicators.

By June 30, 2014: conduct a quality of life survey to establish a baseline.

By December 31, 2015: mechanisms designed and in operation.

## Quality Assurance and Accountability

In developing the plan, state agencies realized that there will be an ongoing need for collaboration on the Olmstead Plan—both in terms of effectively implanting the plan and making sure that the plan is working for individuals. The state will be developing several new processes and structures to make sure this happens.

### Description and purpose of the Quality Assurance and Accountability

The *Jensen* settlement agreement and subsequent clarifying orders from the court require the state to “develop and implement a comprehensive Olmstead plan that uses measurable goals to increase the number of people with disabilities receiving services that best meet their individual needs and in the “Most Integrated Setting,” and is consistent and in accord with the U.S. Supreme Court’s decision in *Olmstead v. L.C.* 527 U.S. 582 (1999). Additionally the U.S. Department of Justice in its June 2011 statement on enforcement of the integration mandate of Title II of the ADA and *Olmstead v. L.C.* states in part “the plan must have specific and reasonable timeframes and measurable goals for which the public entity may be held accountable”

In response to the requirements of the *Jensen* settlement agreement and the U. S. Department of Justice guidance, the Minnesota Olmstead Plan will include an implementation process including: continuation of the Olmstead Subcabinet; creation of an Olmstead Implementation Office; and conversion of the plan from a strategic plan into an action plan with separate chronological timetable of tasks, and deadlines to facilitate tracking and reporting. This will include regular updates on status and progress in implementation.

Minnesota’s Olmstead Plan will require annual surveys of people with disabilities to determine how well they are integrated into their community, how much autonomy they have in day to day decision making, and whether they are working and living in the most integrated setting that they choose.

Additionally the plan will identify certain administrative and/or policy changes and adopt process measures to determine whether these are accomplished with the prescribe timeframes.



The plan will also define the implementation structure that extends the Olmstead Sub-Cabinet and assigns responsibility to monitor progress, convene regular meetings to update people with disabilities and others on progress, issue annual reports, solicit comments and recommendations for any changes and initiate necessary legislative initiatives in support of the plan.

The purpose of the Quality Assurance and Accountability section is to establish a statewide quality structure that measures performance, provides transparency, and assures accountability. The state will utilize this structure to monitor performance and initiate necessary changes. The structure will provide people with disabilities and their families, advocates the necessary and sufficient information on outcomes to hold the state and other public entities, accountable for implementation and when necessary recommend modification of the plan.

## **Strategic actions:**

### **Quality of Life**

Minnesota's Olmstead plan will require annual surveys of people with disabilities to determine quality of life, including:

- How well they are integrated into their community.
- How much autonomy they have in day to day decision making.
- Whether they are working and living in the most integrated setting that they choose.

The selected instrument will be tested, reliable and validated, low cost, apply to people across all disabilities, systematic, and repeatable.

By March 30, 2014 the state will select a set of quality of life outcome indicators and contract with an independent entity to conduct annual assessment of the quality of life measures listed above.

By June 30, 2014: and annually thereafter the independent entity will conduct the quality of life survey to establish a baseline for measuring quality of life outcomes over time as key pieces of the plan are implemented.

### **Grievance/Dispute Resolution**

Individuals who believe that they have not received services or supports in accordance with the principles set forth in *Olmstead v. L.C.* shall be afforded a dispute resolution process through which to address their grievance.

By June 30, 2014: the state will establish a detailed grievance process that has the following components:

- All individuals who may have cause to use the grievance process shall receive written and verbal notice of the availability of the grievance process to address any future disagreements or grievances. This notice shall be provided in a readily understandable manner.

- Aggrieved individuals, or individuals working on the aggrieved individuals' behalf, shall be required to provide notice of their concerns to the State of Minnesota. This notice may be provided informally to minimize any barriers to obtaining a timely grievance hearing.
- Upon receiving the above-mentioned notice, the State of Minnesota shall schedule a grievance hearing to address the aggrieved individual's concerns. The hearing shall be scheduled in a timely manner, and shall be conducted in a manner, time and location that minimizes any barriers to the aggrieved individuals' (or individuals working on the aggrieved individuals' behalf) full and active participation in the hearings.
- A well-qualified individual familiar with the ADA will preside over each grievance hearing. This individual shall be independent and objective, and shall have no connection to the aggrieved individual. This individual may use problem solving techniques, mediation, or findings and orders. This individual shall issue his/her findings and orders in a timely manner.
- This process shall not be the exclusive remedy available to the aggrieved individual.

### **Oversight and Monitoring**

By December 1, 2013 the Olmstead Sub-Cabinet will adopt a structure for:

- The periodic system-wide monitoring of the implementation and status of the plan.
- Scheduling periodic meetings to ensure that the plan is effectively implemented and to provide the opportunity for the public to hold agencies accountable.
- Engaging people with disabilities, their families, advocates and others in monitoring implementation, raising concerns or problems, and recommending changes to the plan.
- Development of an Olmstead Quality Improvement Plan.
- Issuing an annual report on implementation and quality of life outcomes.
- Initiating needed changes including proposing legislative action in support of changes in policy and funding.
- Monitoring legislative proposals to provide analysis and input to Minnesota Management and Budget and the Governor's office as to impact on the Minnesota Olmstead Plan.
- Develop a financial strategy that includes increasing flexibility in funding, reprioritizing funding, and seeking additional funding as necessary to implement the plan.

By December 1, 2013 the Sub-Cabinet will establish an Olmstead implementation office that will report to the Olmstead Sub-Cabinet. The purpose of the office will be to:

- Monitor the quality of life and process measure.
- Convene regular meetings to update the Sub-Cabinet on implementation.
- Draft an annual report to be issued by the Sub-Cabinet.
- Maintain social media and web site presence to keep the public aware of progress on the plan.
- Monitor audit and performance reports from all public agencies on issues relevant to the Olmstead plan.
- Develop and implement the Olmstead Quality Improvement Plan.
- Collaborate across all relevant departments.

## Quality Improvement

By September 30, 2014 the Sub-Cabinet will adopt an Olmstead Quality Improvement plan to be administered by the Olmstead implementation office. The plan will include the following components:

- Methods to engage the Governor's appointed disability councils and advisory committees (Appendix C) in the monitoring of Minnesota's Olmstead Plan.
- Policies and procedures that establish best practice in the prevention of abuse and/or neglect of persons with disabilities.
- Methods to conduct ongoing quality of life measurement, quality improvement structures, and needs assessment.
- Description of the availability of self-advocates, peer support specialists, or similar peer delivered services that promote self-determination and greater independence in life choices.
- Methods to monitor all legislative proposals that may impact the rights of persons with disabilities in accordance with the Olmstead decision and the ADA.
- A description of how people with disabilities and their families are involved in the monitoring and review of the community services and supports and how they serve in leadership roles in the modification of the services and supports over time.

The Quality Assurance plan will be separate from the accountability components in the plan and will not negate other quality assurance efforts of the affected agencies.

## Topic-specific Plans

The next draft of the Olmstead Plan will contain topic-specific plans to meet our Olmstead goals. Cross-agency teams are currently working to develop plans using stakeholder and expert feedback. Topic sections will address each of the goal areas:

- Employment
- Housing
- Supports and Services
- Lifelong Learning and Education
- Healthcare and Healthy Living
- Transportation
- Community Engagement

We know that there are approaches and programs that work to increase integration for people with disabilities, and we intend to expand those right away. With that in mind, the writing teams are focusing on actions that will have immediate impact to increase integration, while developing further strategies for long-term work. Teams are also developing indicators and measures that will allow state government and the public to evaluate progress towards meeting the goals set in this plan.

In addition to the topic-specific plans, there will be separate chronological timetable to facilitate tracking and implementation of the plan.

## Bibliography and resources

These are the sources identified in the plan, along with resources for learning more about the *Olmstead* decision and Olmstead Plans.

Bazon Center for Mental Health Law. "Olmstead: Implementing the Integration Mandate." Accessed August 30, 2013, <http://www.bazon.org/Where-We-Stand/Community-Integration/Olmstead-Implementing-the-Integration-Mandate.aspx>.

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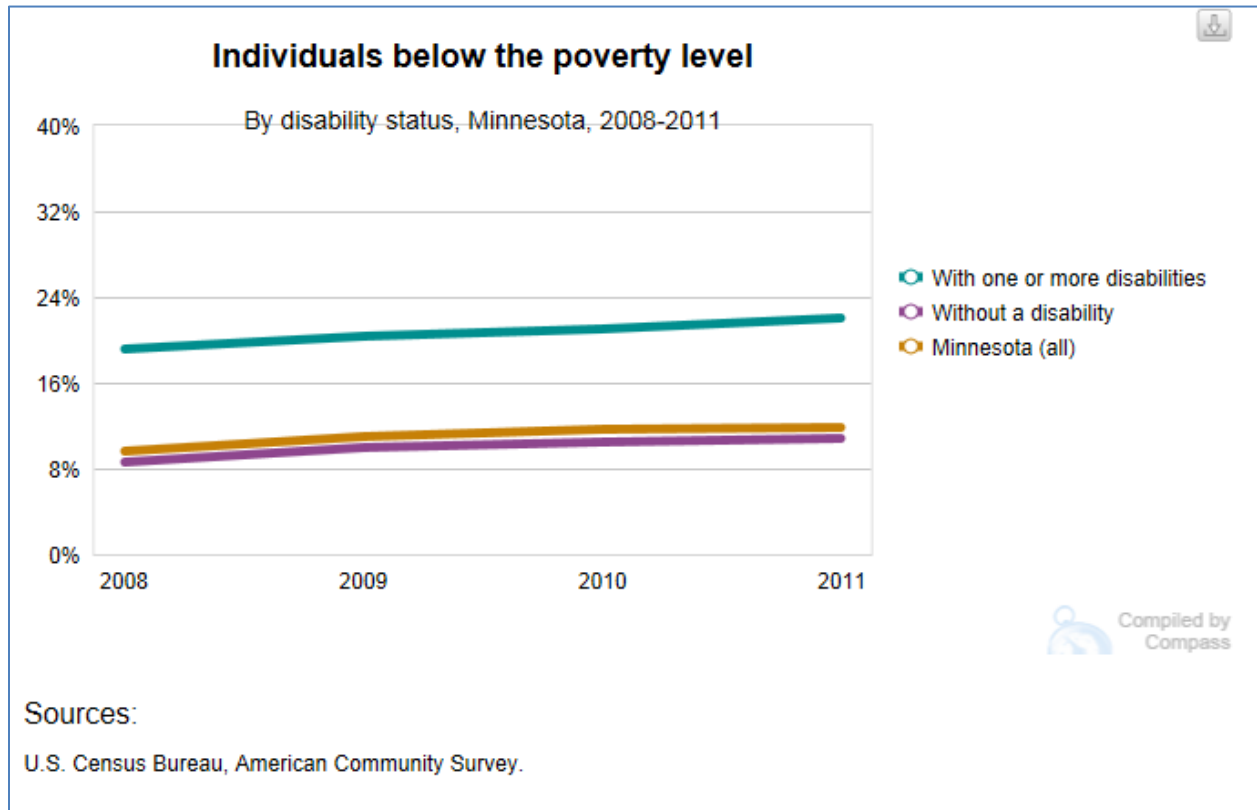
Westmoreland, Timothy M. and Thomas Perez. *January 14, 2000 Letter to State Medicaid Directors*. Accessed August 30, 2013, <http://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/smd011400c.pdf>.

Westmoreland, Timothy M. and Thomas Perez. "Olmstead Update No: 2." *July 25, 2000 Letter to State Medicaid Directors*. Accessed August 30, 2013, <http://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/smd072500a.pdf>.

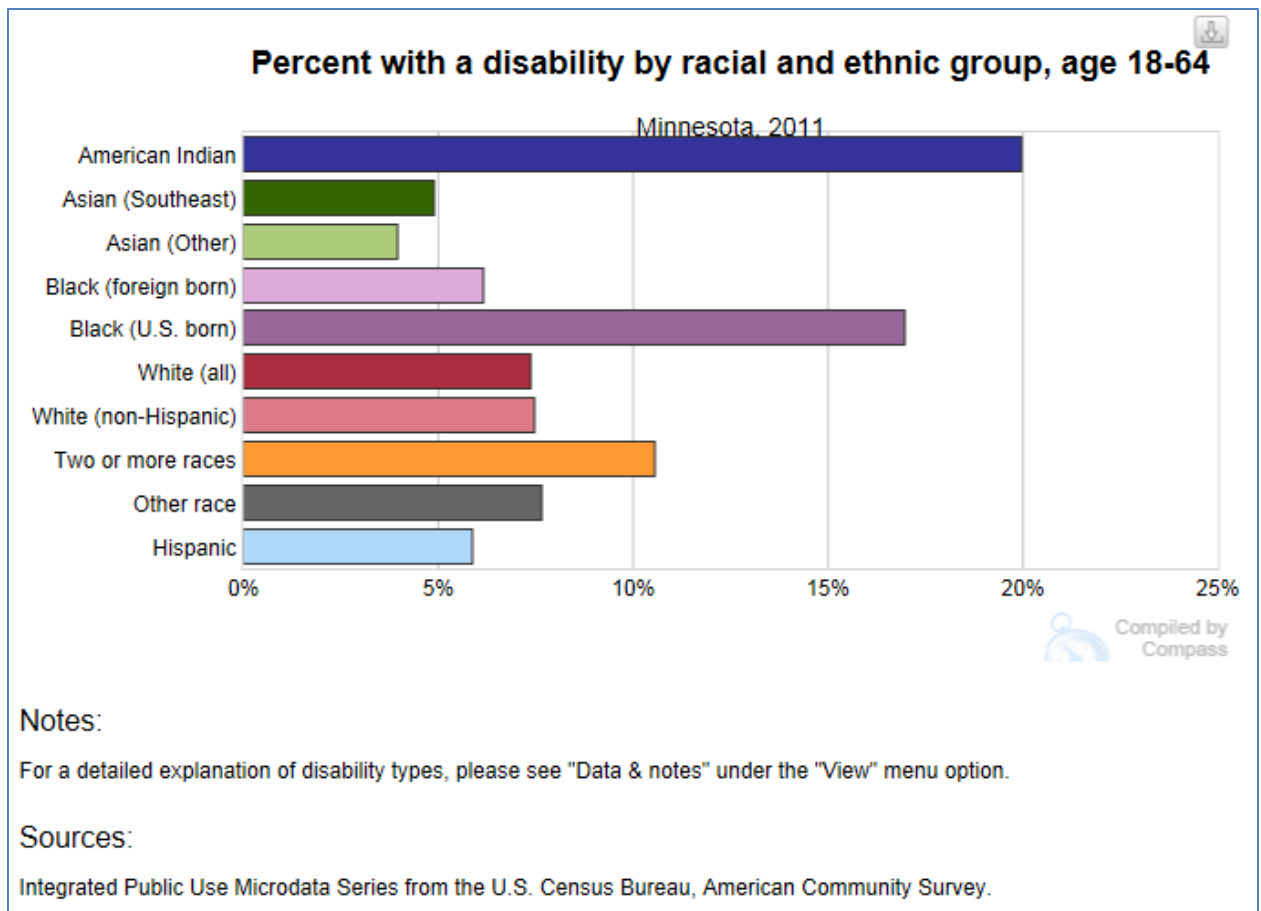
## Appendix A. Demographic charts

The charts below illustrate the demographics discussed on page 6.

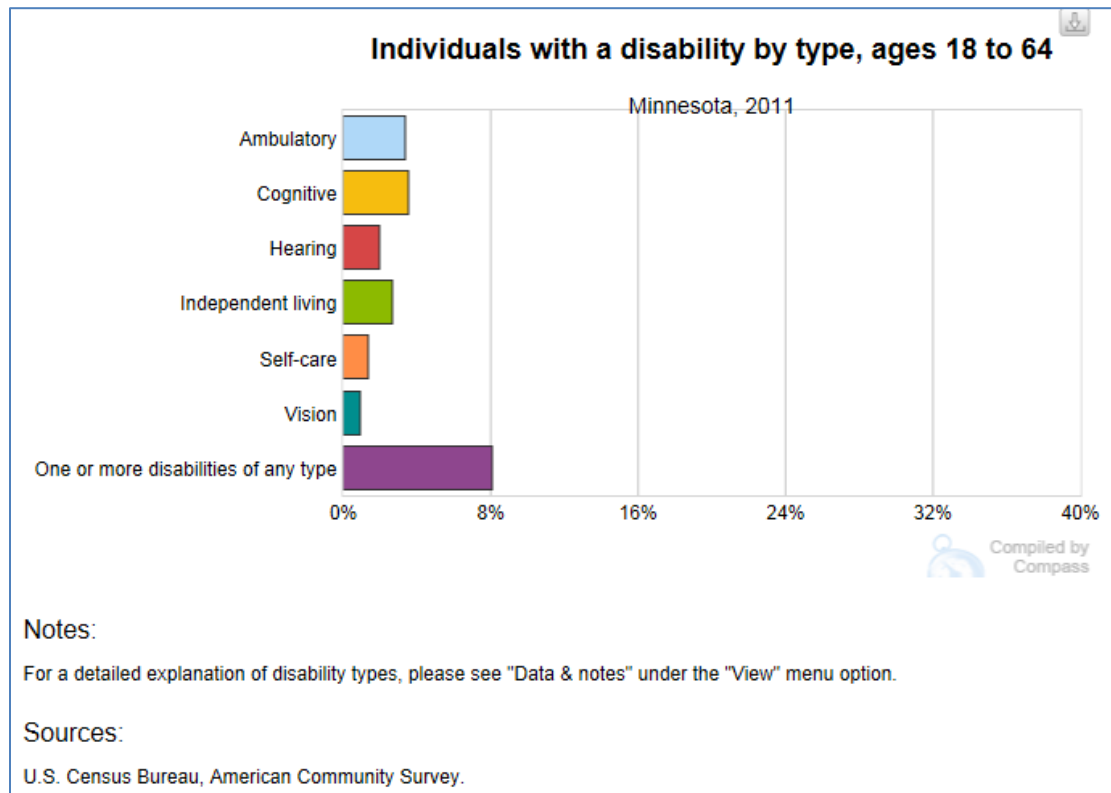
**Chart 1:** 12% of all Minnesotans lived in poverty in 2011. By comparison, 22% of Minnesotans with disabilities lived in poverty in 2011. *Source:* Minnesota Compass.



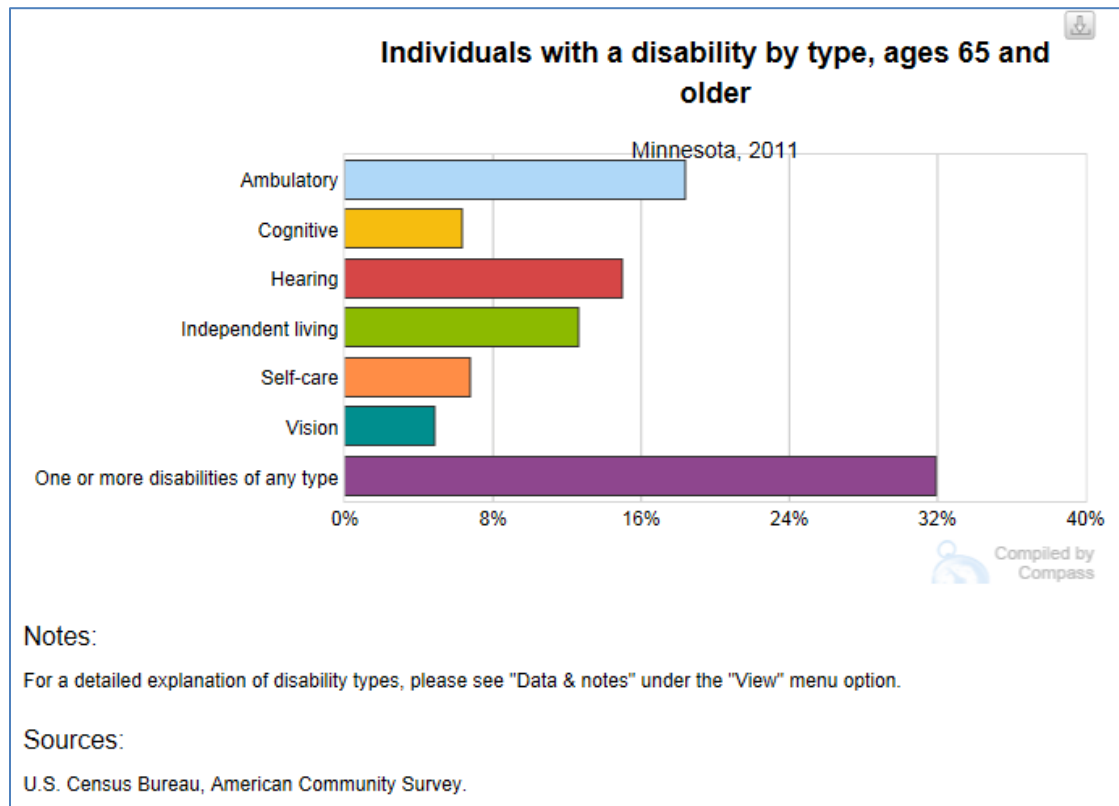
**Chart2:** The highest rates of disabilities among working-age Minnesotans are American Indians (20%) and U.S.-born African Americans (17%). *Source:* Minnesota Compass.



**Chart 3:** Working age Minnesotans experience different rates of disabilities—ambulatory (3.4%); cognitive (3.6%); hearing (2.0%); independent living (2.7%); self-care (1.4%); vision (1.0%) and one or more disabilities (8.1%). *Source:* Minnesota Compass.

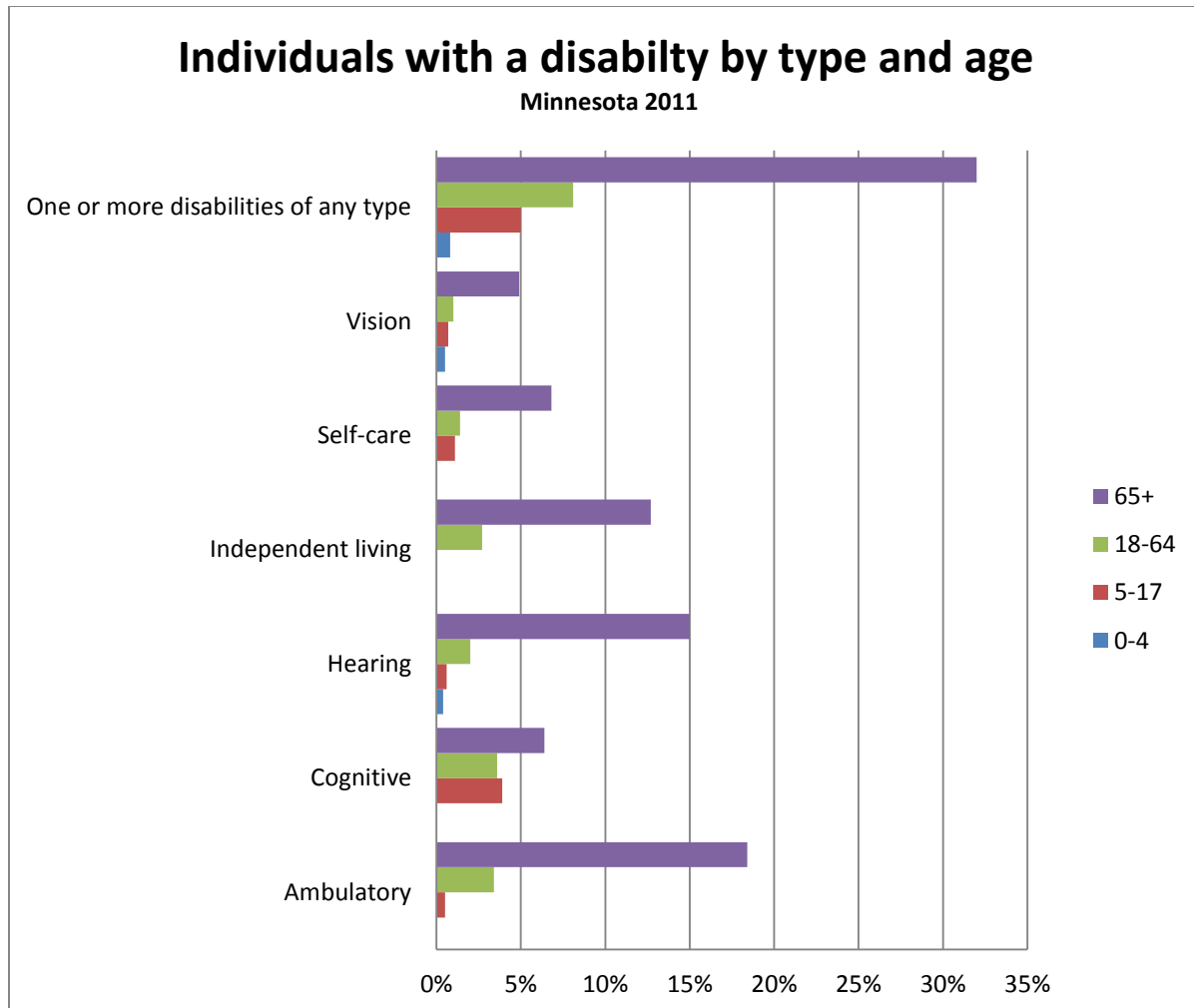


**Chart 4a:** Older Minnesotans (65 years +) experience different rates of disability –ambulatory (18.4%); cognitive (6.4%); hearing (15.0%); independent living (12.7%); self-care (6.8%); vision (4.9%) and one or more disabilities (32.0%). *Source:* Minnesota Compass.

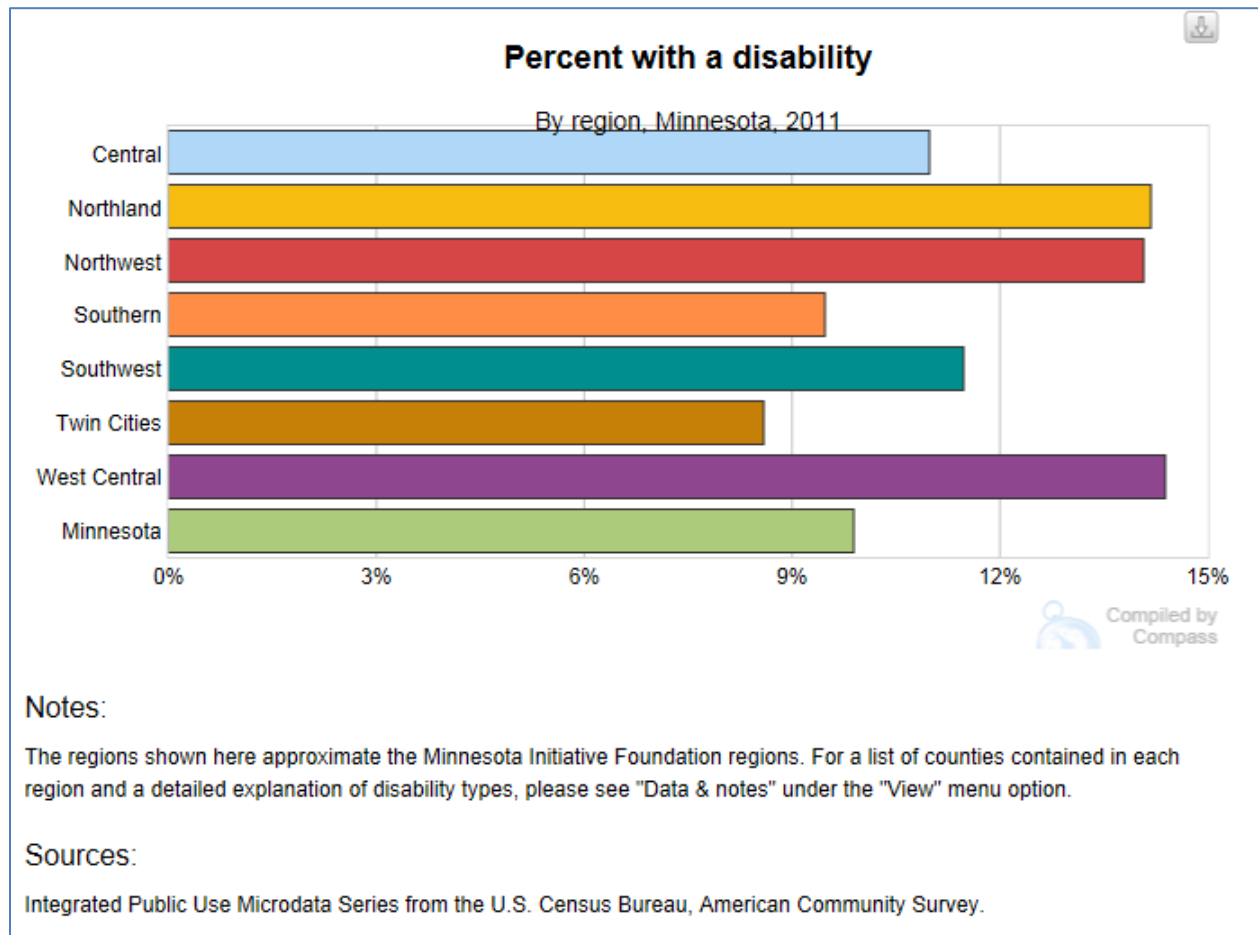




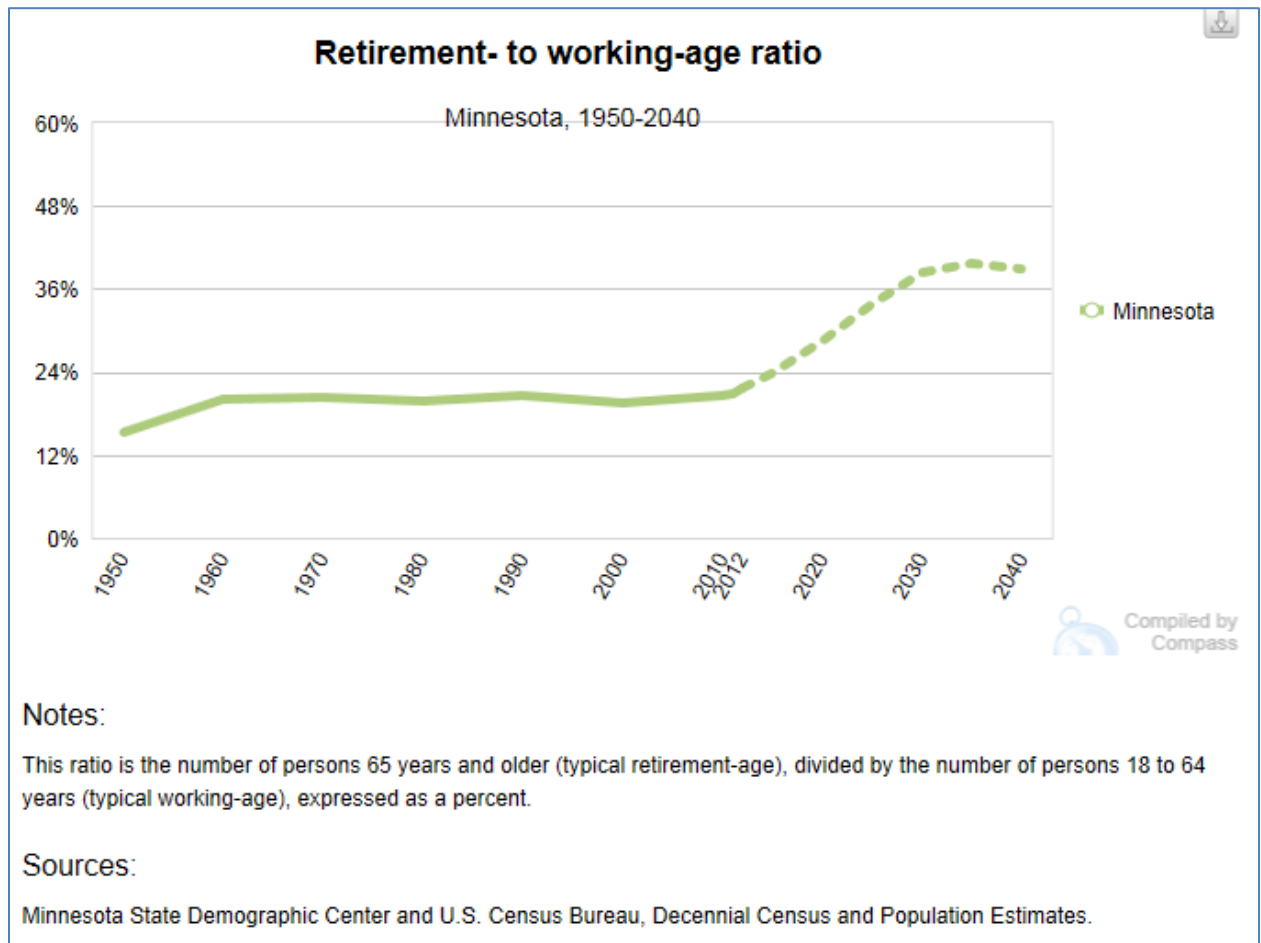
**Chart 4b:** Disability types vary among different age groups. *Source:* Chart created using data from Minnesota Compass



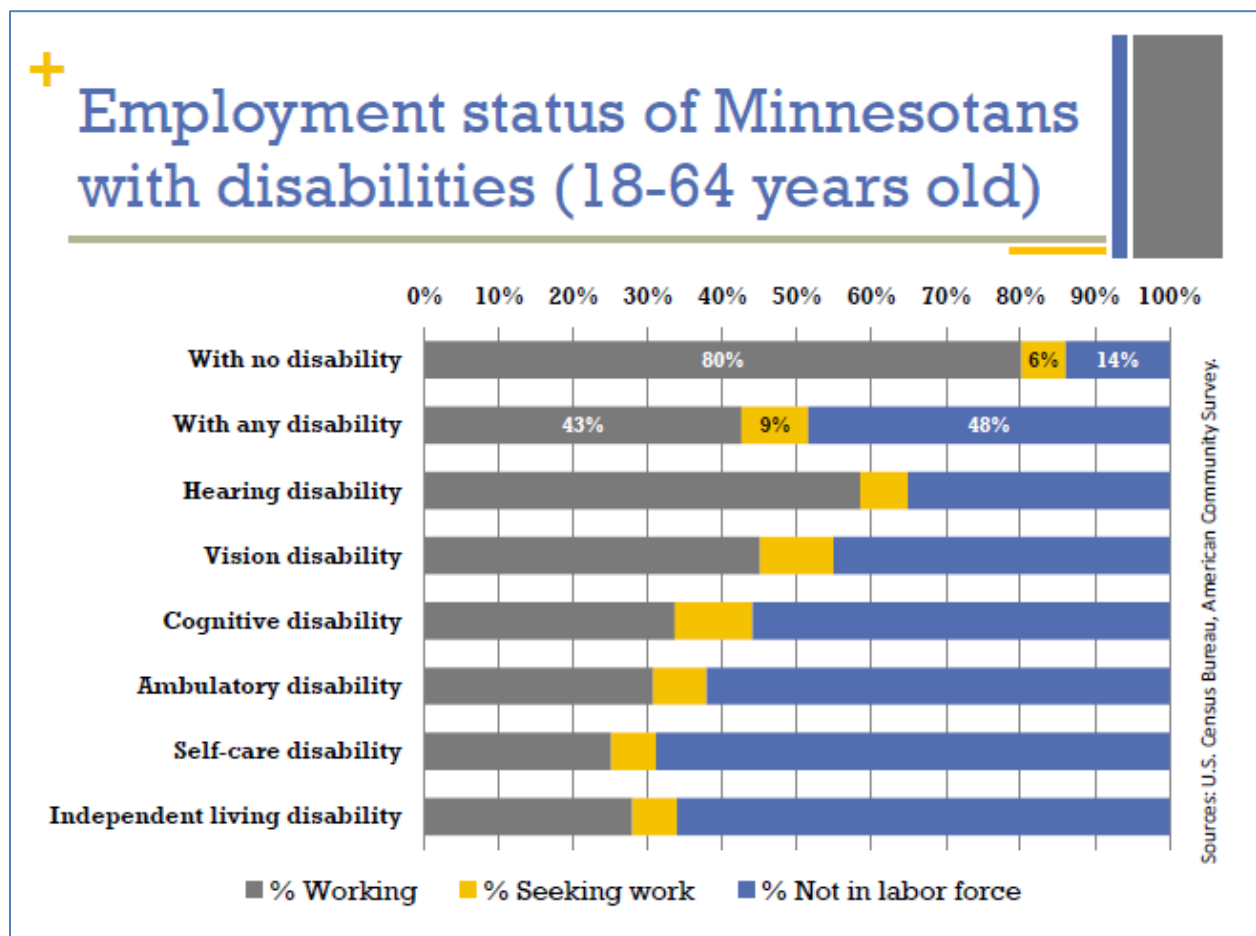
**Chart 5:** There are regional differences in disability rates (which likely result from aging differences). The highest rates of disability are in the northern and western regions of the state (14%) and the lowest rate of disability is in the Twin Cities (8%). *Source:* Minnesota Compass.



**Chart 6:** Minnesota's population is aging. The current retirement-to-working age ratio is about 22%, but by 2040, the retirement-to-working age ratio is projected to be almost 40%. *Source:* Minnesota Compass.



**Chart 7:** Recent data shows that 80% of Minnesotans with no disabilities are working, compared to only 43% of Minnesotans with disabilities. Rates of employment differ among different types of disability.  
*Source:* Minnesota State Demographic Center.



## Appendix B. Stakeholder comments from listening sessions

Listening sessions were informally transcribed using Communication Access Real Time (CART) services. The comments below are taken from these transcripts, and may not be exact. Notes in parentheses show the topic area(s) that are connected to a particular comment.

### St. Paul Listening Session – July 9, 2013

Steve Larson

“A concept to consider is for all of us to view the public dollars as an investment rather than an entitlement. Most investors expect a return, and the return expected is that individuals with disabilities will be able to build a life, a life which is fully integrated into the community, a life [in] which they attain services they choose at the right time in the right place in the right amount.” (funding, supports and services)

Joe Quaoco

“Group Residential Housing covers many different types of programs within Minnesota [including] board and lodging programs for individuals in recovery from drugs and alcohol. I believe board and lodging programs do not meet the definition of an institution. This is not permanent housing. The average stay is three to six months. Congregate group residential housing settings play an important role in the continuum of care for the person coming off the street, out of detox, out of residential treatment programs as a place to continue recovery in the early stages and leading to stability and improved health outcomes.” (housing, supports and services, health care)

Richard Hooks Wayman

“We are in full support of the goal that people with disabilities should choose where they live, with whom they live, and what type of housing. How do we know we’re achieving that goal? What are the public data elements that we are collecting through the various agencies? And how is the information given to the public so that we can measure success moving forward?” (housing)

“Supportive housing is an evidence based practice and allows for integration. I think we have to have a balance between site-based supportive housing and scattered site supportive housing.” (housing)

Jennifer Lowen

“I wanted to commend the Committee in looking at a continuum of choice but just wanted to make sure that it is a true choice, not a designated choice.”

“Preserving that choice is also not limited by an arbitrary cap or denial to support services by choosing any one of those options, including a single-site setting.” (housing)

“Integration is not inclusion. Integration is truly about demographic integration. Inclusion is about being welcomed and a sense of belonging into a community (housing, community engagement)

Ethan Roberts

“When you talk about future measures, to increase the percent of people with disabilities living within an integrated setting of their choice, that’s tangible, that’s real, it’s thoughtful. I have my own lease. A roommate isn’t forced on me; I can come and go as I please. That makes sense. That’s real.” (housing)

Al Hester

“Public housing isn’t the problem and it’s not the solution. Public housing is serving, providing good housing for a great many people with disabilities, but its capacity is very limited.” (housing)

Matt Burdick

“Time and again we have seen services developed from the perspective of serving people with developmental disabilities and physical disabilities fail to adequately meet the needs of people with mental illness.” (supports and services)

“We were really pleased to see that one of the goals under employment is increasing evidence based supported employment.” (employment)

“We want to see a system that gives people comprehensive services when they first start experiencing mental illness so that it doesn’t disrupt their life significantly down the line.” (supports and services)

Don Lavin

“Employment is a critical gateway to the core goals of Olmstead and drives many individual choices associated with living and participating in the most integrated community setting. Without a competitive job, many of the goals of Olmstead are challenging, if not impossible to achieve.” (employment, community engagement)

“We need a shared and uniform public policy statement that expects encourages, provides and rewards integrated employment in a competitive workforce as the first and preferred option.” (employment)

Linda Orrben

“A lot of individuals leaving high school don’t have a whole lot of choices other than going to transition schools or day programs or work programs. If students are given the opportunity to learn these skills (social, vocational, independent living and academic), they may need less supports later on in life.” (education, employment community engagement)

Mary Kay Kennedy

“The Olmstead decision creates some powerful opportunities to create change and the decision itself really has given self-advocates license to press for creation of new community accommodations.” (community engagement)

“The plan has the potential to radically change the way people are included in their communities.”  
(community engagement)

“If people have greatly limited life experiences, it’s really not informed choice just to tell people what their options are.”

Dan Stewart

“Ensure transition age students have opportunities to be fully integrated members in their community, especially in higher education and in competitive employment. A key to this, of course, is to ensure informed choice, having appropriate assessments and having access to a variety of different options and opportunities.” (education, employment)

“There should be more emphasis on reducing segregated school placements at an earlier age. These segregated placements at an earlier age sometimes funnel kids into segregated or center- based facility-placed employment situations later on.” (education, employment)

Pamela Hoopes

“We strongly urge Minnesota to formally adopt an Employment First policy. Minnesota really must commit to collecting data about the number of individuals and hours that people are working in center-based or facility-based settings, enclave or work crew settings and integrated community or supportive employment settings.” (employment)

“Minnesota really must commit to coordinating efforts across state and county agencies that provide funding for persons with disabilities in employment, and those agencies include Voc Rehab, State Services for the Blind, DHS Disability Services Division, Minnesota State Operated Services and also Children and Community Services Act county funding.” (employment, funding)

The state must set goals and timelines for increasing opportunities for persons with disabilities to secure integrated competitive employment in the community.” (employment)

Gaylen Smith

“As long as there’s an institutional bias in Medicaid, there’s not a real choice.” (housing, community engagement)

“We have a system that [forces] poverty on people with disabilities... just to get the services they need and that’s not freedom and that’s not independence and that’s not integration.” (supports and services)

Dan Cain

“I believe Olmstead is about choice. And it’s about a level playing field, and people being able to take control of their lives and make decisions that they believe are best for them.

“To borrow from the medical profession, [the] first rule should be to do no harm.”

“It’s very important that we not develop rules and guidelines that inhibit the good services that are being provided.” (supports and services)

## **Moorhead Listening Session – August 2, 2013**

### Sue Humphers-Ginter

“A strong system of providing long-term options counseling to older adults and their family members is critical to helping older adults with disabilities and their caregivers make informed decisions about meeting long term service and support needs and remain in the community.” (supports and services, housing)

“By supporting family caregivers, we enable them to sustain their care giving role for a longer period of time and reduce their reliance on more costly forms of care.” (supports and services)

“We must ensure that older adults have access to proven interventions that will help them manage their chronic conditions.” (health care, support and services)

“Successful transitions from nursing homes to home help to change the mindset that nursing homes are the best long term residence for older adults with disabilities and also respect people’s preferences for living in care give arrangements.” (housing, supports and services)

### Donna Atherton

“Person centered planning could be a formative process implemented in transition planning services for students with any disability so that they may become active participants in determining their future in employment, housing, and community engagement. Teachers and service providers should have training to facilitate this process” (education, employment, housing, community engagement)

“It’s so easy for people to get stuck working in an enclave or sheltered workshop and receiving subminimum wage. Vocational agencies are so entrenched with this model and people don’t realize that they have choices to step outside and expand their horizons.” (employment)

“I wholeheartedly embrace the concept of Employment First principles to make integrated employment the first employment option for people with disabilities.” (employment)

My daughter, Nicole, is a strong advocate for herself and for others. She’s competitively employed with two jobs in the community, volunteers, and is making plans to live independently.” (employment, community engagement)

“Where people live is another area that needs examination.” (housing)

### Rebecca Melang

“To realize our full cost savings, we must stop people from entering institutions. We’re not going to be able to realize that until we work with the people that are living in our shelters and our jails.” (housing, supports and services)



“If we don’t have a dedicated funding stream for housing and for housing vouchers, we will be basically taking away from other vulnerable populations to work to house people coming out of institutions.” (housing, funding)

Jan Peterson

“Some of the folks I’ve been working with that are in nursing homes desperately want to return to the homes they’ve lived in most of their lives. One woman got a letter from the county saying that she had to put her house on the market. She had been in the nursing home for too long. She was transferred to an assisted living place and her house is for sale. A 62 year old Vietnam vet was placed in a nursing home last spring. He was told there were no other options for him. He sits in the nursing home room listening to his music every day, looking out the window.” (housing, supports and services)

Nate Algaurd

“In small town Minnesota, there are still a lot of physical barriers. Even when people renovate or build new, there are sometimes barriers. So what are our building inspectors doing to make sure that things are constructed accessible?” (housing)

Tom Holtgrewe

“My focus with my daughter is job searching and it’s a challenge. Were just looking for other opportunities and we have got to create some of our own by going out and working with the agencies and the employers.” (employment)

Sharon Grugel

“Two young men with disabilities have graduated for high school, are working in supported employment [jobs] in Roseau but the family would like them to be able to move into their own home setting. And there are absolutely no homes available. So the county, of course, wants to send them out, away from home, away from their support system, away from their friends, away from the community that has helped them grow up and accepts them. And I just think that’s so unfair.” (housing, supports and services)

Shannon Hendrickson

“How do you keep those services available o=in those small communities when you can’t even get people (direct care workers) to apply?”

Carolyn Strnad

“There doesn’t seem to be a consistent way of determining who receives vocational rehabilitation services.” (employment, supports and services)

## Duluth Listening Session – August 13, 2013

### Laurie Berner

“I think it’s very, very important that people have those choices. I think people gain choices and learn how to make informed choices through being educated, hav[ing] experiences, real, personal experiences and opportunities so that they can explore and grow and be able to make decisions.” (supports and services, community engagement)

“The UDAC (day training program) finally got a supported employment license. It took me months and months and months to get that so we would offer that opportunity to people we serve and people what will be coming in the future. It shouldn’t be that hard.” (employment)

### Len Roethlisberger

“The state of Minnesota should encourage further development of the affirmative business enterprise model of employment services for people with disabilities.” (employment)

### Richard Wescott

“I’m here today to tell you how important having a good job [is and] has made a difference in my life. I have had a job in the past. However, the wages and hours were not what I need to pay my bills or to save for any extras.” (employment)

### Jon Nelson

“Unless you do something about a good, qualified workforce to support people in the community, everything else is going to be doomed for failure.” (employment)

“We operate in eight counties and we experience what it’s like to put technology in a variety of rural settings and it’s very challenging. I can tell you right now that there are people who could live in the community with technology [but] who can’t because we don’t have the broadband capacity in those areas. (supports and services)

### Roberta Cich

“You’re really looking at the barriers that people with disabilities are facing and you’re trying to address that at many levels.” (supports and services, community engagement)

“The Olmstead decision, like the ADA, is a civil rights decision.”

### Bridget Riversmith

“I’ve lived in institutions, in group homes, crisis shelters, homeless shelters where I was told I was a drain on society, and I worked at shelters like Goodwill where I was told I was unfit for higher education and training and employment opportunities at anything more than subminimum wages. But I have

navigated the system and I've achieved greater independence by advocating for my own person centered planning." (education, employment, community engagement)

"You're really focused on integration and I think that's great because I've gotten the message that, unless I can measure up to being normal, I can't be included."

"I notice that you focus on jobs, on employment first, and there's no mention of entrepreneurship or higher education, mentoring, apprenticeships, professions, business ownership, partnerships." (employment)

#### Laura Birnbaum

"By including self-advocacy, peer-to peer-support, and leadership training into the Olmstead Plan, self-advocates would have an increased ability to create change within the system that impacts their lives on a daily basis."

Employment opportunities are at the top of the list, often with the phrase, we want real work for real pay. We fully support the Olmstead Plan goal that people with disabilities will have choices for competitive, meaningful and sustained employment in the most integrated setting, but we advocate that these choices be informed, including increased opportunities for work experiences beyond the traditional custodial and food prep skill building experience for transition aged youth with disabilities." (employment)

#### Julie Jeantran

"I was reading the Olmstead Plan over and I read a lot of it but I had to skim some of it, seemed like this big kind of tin man, like an ironman kind of thing with a big heart and kind of bulky and all the agencies that are caring but like working from the top down versus the foundation up. I think it would just be great to build a foundation and maybe help the heart of this beast of the agencies to be effective."

#### Don Samuelson

"You captured many of the things that are important to people with disabilit[ies] of all ages in order for people to live in the way they want to live. This draft provides a solid foundation on which to build. May older adults experience disabilities for the first time in the later years of their lives, often due to the progression of chronic illnesses. Thus the experience of older adults requires consideration in this plan" (supports and services)

"We must ensure that older adults who are experiencing disabilities have access to in-home supports regardless of their pay sources." (supports and services)

"In order for older adults to be able to live where they choose, including their own home and community, it is critical that these supports are available statewide." (supports and services)

“We need to ensure a strong transportation system statewide. Our transportation system must include a range of transportation options and must have a high degree of coordination in order to [make the] most efficient use of our resources.” (transportation)

“We must support older adults who choose to age in place in order for people to continue living in their homes as their disability increase[s]. They must be able to have access to [a] cohesive system of home modifications.” (housing, supports and services)

“We must continue our work to integrate health and long term services and supports.” (health care, supports and services)

“A coordinated system of health care and long term support services can more effectively identify high risk individuals, connect those individuals with needed services and provide followup improvement and overall quality.” (health care, supports and services)

#### Linda Sjoberg

“I believe we have felt all along that where people with disabilit[ies], and particularly people with mental illness, need to live and deserve to live is in the residence of their own choice.” (housing)

“One thing that we are very much lagging behind on is the involvement of consumers and the development of peer supports.” (supports and services)

“In order for people to have the opportunity to have stable lives in the community they need to be able to access a full continuum of services as they move through their treatment process.” (supports and services)

“Beginning with inpatient hospitalization, we struggle sometimes to get people moved out because there is not the appropriate next level of care.” (health care, supports and services)

#### Commissioner Chris Dahlberg

“Individuals with disabilit[ies] should live, work, and receive services in the greater community like individuals without disabilities. And so integration into the neighborhoods is key and we’re seeing that.” (housing, community engagement)

“Parkwood [is] a neighborhood with about a hundred homes, but in a hundred homes, there’s six group homes and I think they’re moving into eight. Olmstead talks about wanting to have integration so they’re moving into communities with people without disabilities so what you’re starting to do is have a concentration of homes and you’re losing the effect.” (housing)

#### Charlie Fedora

“I would implore you to consider how you concentrate these group homes and, if your focus is group homes, you’re not integrating them, you’re forming distribution and going right back to kind of an institutional atmosphere.” (housing)

Mary Metzger

“As we’re working for employment for people with disabilit[ies] across a broad spectrum, I would hope that you would have conversations with the Minnesota Chamber of Commerce. Oftentimes in smaller communities, it’s very difficult to get into employment opportunities for people.” (employment)

“When people are allowed to ride the bus with everybody else, they they’re integrated into their community and they have relationships so I would hope that would continue to happen, specifically in rural areas.” (transportation)

“I would ask that you would consider training for law enforcement across the state of Minnesota, not just for people with developmental disabilities but people with mental health issues.”

“As a provider of services, I would hope that people, whether they’re people with a disability or people who accompany them through life, actually have real pay for the real jobs that they do.” (employment, supports and services)

Sherri Fedora

“The Parkwood development where I live was home to seven foster care homes that have now increased to nine. This is a newer subdivision of Duluth which has been overrun by foster home operations. Licenses and high density foster care areas should be rescinded. A fair ratio of one foster care home per 150 houses should be adopted. No new licenses should be approved in St. Louis County due to the saturation we are currently experiencing.” (housing)

Mike Ryan

“When you start looking at employment, please remember that we also need transportation.” (employment, transportation)

Rick Hammergren

“As we move into another generation of this huge systems change and as we look at the current evolution, we need to recognize that many people are served well where they are, sometimes we don’t need to reinvent everything in order to improve it. Maybe we need additional options but we don’t need to abandon those models that are serving people well now.” (supports and services)

“What we need is a diverse menu of openings for employment and training and community based supports to find jobs for people that work and endure, that aren’t just a simple solution to go find a job [and] a placement but actually one that provides a solution for the long term (employment)

“Please let people who have disabilities and their families and their guardians make real choices about what the best model and design is to meet their needs. Please continue to listen to people who receive services. They know what they need. They know what works best for them.” (supports and services)

Patricia Ann Wallace

“I work in recycling and sorting and shredding and we are paid by how many bags we sort and fill, we work at subminimum wage. I would like to get paid by the hour like you get paid by [the] hour.” (employment)

“I think that everyone has rights to choose where they live and be happy. All kinds of people live in my community.” (housing)

“Give people a chance to show that we can do it, yes, we can. Everybody deserves a chance and everybody learns differently. People just need to be shown how to do things. It can take a while but they can do it. Everyone has a dream where they want to live, work and be happy.” (community engagement)

#### Nancy Cashman

“All of the people who live in our supportive housing programs are homeless upon entry into the housing and most have mental and /or chemical health issues and many have dual diagnosis. In our experience, homelessness is really not a good support plan or treatment plan for folks with disabilities.” (housing, supports and services)

“It’s really important that you understand how supportive housing works and, while we use some of the same funding tools as some of the other programs like group residential and foster homes, we really bring something different to the table.” (housing)

“We’re concerned about the 25% rule. If you build a new facility or only 25% of the units can be for [people with] disabilities, that completely collides with all of the capital funds that are out there. I don’t know how we’ll continue to get people off the streets if these policies and rules and laws really start to crash into each other.” (housing, funding)

“Most of our supportive housing funds come from HUD and HUD requires that you be homeless upon entry and that you have a disability.” (housing, supports and services)

“It’s not cost effective to build a facility that only has four or ten units because then you end up scattering services all over and the model that we have found to be very successful has been congregate living with people having their own individual apartment but having high intense services and providing services in a philosophy that understands the barriers people have and helping them to maintain housing.” (housing, supports and services)

#### Mark Nelson

“The adult protection system needs to be strengthened relative to the child protection system. Adult protection services are really funded on a fractional level and yet, the need is very substantial, especially as we seek to integrate people into the community.” (supports and services)

“The possibility of physical harm, neglect and increasingly financial exploitation are issues that we need to have the capacity to address through adult protection.” (supports and services, community engagement)

“There is a concentration of services in particular counties and so people really don’t have a lot of choice in many, many counties.” (supports and services)

“Housing is about where people live with their own family on their own or with other people, and the goal is that people will choose where they live, with whom, and in what type of housing and, all too frequently, we have seen people who are either living in a home being introduced to people moving in, they don’t have any say about that so there is a dignity piece there; nor do people often have say about where they’re going to be going, this is the only option.” (housing, supports and services)

“Resident mix is a very important factor to consider over the potential for managing challenging behaviors and informing individual abuse prevention plans that each resident in foster care needs to have. So keeping that option there for people to choose where they live and who they live with and how we put that together is going to be important for [the] dignity of people as well as safety for them and others.” (housing, supports and services)

“It happens that people just will be placed at times and as much as licensing requires pre-placement, that doesn’t always happen.” (housing, supports and services)

“In developing individual abuse prevention plans, [we] need to know something about other people in the home in order for a case manager to say, yes, that individual abuse prevention plan will work for my client.” (housing, supports and services)

#### John Hanson

“The use of waivers opened up many options for many consumers and, in particular, those with disabilities. (supports and services)

“A concern is how you would define ‘community level settings.’ There are indications that some factions feel some congregate settings including those with housing establishments are not personal homes. I would strongly disagree with that.” (housing)

“People [who] can live in their own house with services brought in, that would be wonderful, that’s what we should all shoot for but there are a broad range of people who need 24-hour care or monitoring or supervision. In this day of budget cuts and constraints, assisted living homes and housing with service establishments are one of the most cost effective options out there.” (housing, supports and services, funding)

## Rochester Listening Session – August 16, 2013

### Hiyas Quelle

“If you have good education and training, then you will have better opportunities with your employment.” (employment)

“I want to see Mayo Clinic and Minnesota and this is our goal, to be a trail-blazer and employ people with disabilities.” (employment)

“I see programs especially the high schools where they help students while they’re in high school, they’re being trained to work in the health care field but I haven’t see that as a parent, I haven’t seen a program training students with disabilities so that they can be qualified to work in the health care industry.” (employment)

### Leeann Erickson

“The cages are back but they’re gilded now. Providers are investing [in] the lovely high-end homes so residents do have nice bedrooms but they’re spending way too much of their free time in their bedrooms and not in the communities.” (housing, community engagement)

“The right to association is the one most often abused. My two sons with disabilities own their own home. I’m their guardian. Their in-home provider would not allow former staff to visit their home.” (community engagement)

“Staff at licensing made it clear they were not interested in [the] rights of individuals.”

“When you are living in a home of your own, staff becomes more supportive and much less controlling. Many of the barriers created by corporate adult foster care liability issues are eliminated.” (housing, supports/services)

“Quality of life improves when you’re in a home of your own.”

### Tena Greene

“I know that the goal of the plan is that people [with] disabilities are living, learning, working, and enjoying life in the most integrated setting. I believe in order for this to happen, all children need to be [in an] inclusive setting for education.” (education)

Children are born to be accepting of everyone and when we put individuals in self-contained classrooms, we’re not only doing them an injustice but also all other individuals an injustice.” (education)

“Everyone benefits through interacting with different people. Entering students with disabilities into the classroom may force teachers to leave their comfort zones and learn new techniques and become better instructors.” (education)

“Diversity proves important in creating an open-minded society.” (community engagement)



“If we do not start this early, it gets more and more distant and the chances are that our children will be included diminishes greatly.” (education, community engagement)

“The struggles and challenges for inclusion [are] not a disability issue, it is a human issue.” (community engagement)

Guy Finne

“We think it’s very important to enhance interagency partnerships at the state and local levels.” (employment)

“There are lots and lots of resources, lots of agencies and you can kind of get lost in that shuffle. The more connected we can make that, the better.” (employment)

“Provide education to employers about how to improve their human resources practices about the benefits of hiring a diverse and inclusive workforce.” (employment)

Martha Cashman

“One of the things we had to do from an employment standpoint was actually take a look at personal care attendants and bring that into the health benefits, that this was not something that was frivolous or extra that this was a matter of life and death, and that it should be covered under the health care benefits.” (employment, health care)

Bill Harreld

“Most organizations need help with establishing strategic plans, with specific strategic direction and measurable results.”

Carrie Varner

“Because of self-advocacy, I didn’t die in a group home. I’m not a ward of the state and I actually can be in [the] most integrated setting possible without fear of retribution or retaliation.” (housing, community engagement)

“Because of providers and the fear they project toward their clients, they are unable to speak for fear of speaking due to retribution, retaliation and in some cases, even severe punishment, and that’s not right for anyone. That’s why self-advocacy is such a vitally important thing in everyone’s life, not just those with disabilities but everyone’s.”

Beth Spethman

“One size doesn’t fit all. developmental disability is different from physical disabilities. DHS has already combined licensing standards for Minnesotans with physical disabilities, developmental disabilities, and the elderly. This does all individuals a disservice because each population has strikingly different needs” (support and services)

“The issue is choice for each individual and appropriate levels of care.” (supports and services)

“Do not restrict their choices in your effort to provide more independence for others.” (funding, supports and services)

“Maintain funding for congregate care settings to serve the highest need individuals. Lift the moratorium on group homes. Give parents the tools to help you create capacity.” (funding, housing, supports and services)

#### Karen Larson

“When Andrew was 5, his dream was to go to kindergarten with his peers at the same school as his big sister. That was a lot of work, a lot of planning and two lawyers and we made it happen.” (education)

“Andrew was [in] regular education classrooms his whole 12 years of education because that’s where he wanted to be and that’s where he learned best.” (education)

“Today, there are kids with disabilities what want to be in education, regular education classrooms, full time. They have been told because they [have a developmental disability] there isn’t enough room or time for them to be in the regular education classroom. It’s still happening today. I thought we resolved this long ago. When my son graduated, I thought I paved the nice road for kids to follow.” (education)

“The purpose of education is to prepare, educate every student for the real world based on what that person needs and to make it happen.” (education)

“After two years at working at the DT&H doing shredding, I asked when Andrew could start a community job. The staff said [that] Andrew would never be able to work in the community because [his disability was too severe]. Everyone should be able to work where they’re happiest. Happy people make a happy Minnesota.” (employment)

“Andrew’s dream would be to have all blondes working with him and they should all be paid a million dollars an hour because that’s what they’re worth to him.” (services and supports)

“Everyone should be able to work where they’re happy.” (housing)

“All direct care staff [should be] paid a salary that’s worth the work that they do.” (services and supports, funding)

“Base quality on what the person says quality is.”

#### Derek Melby

My daughters’ needs and wishes could not and would not ever be met by an institution, but their needs and wishes may be best service by group housing in Northfield. Don’t let a bias towards provider group housing become a bias against provider group” (housing)

### Robert Bonner

“The state’s responsibility is to ensure that families and individuals have real choice.” (supports and services)

“DHS promises at the same time to initiate a plan on a policy of restricting individual and family choice. They have laid out a campaign against what they call institutional-like settings. In Minnesota, that appears to mean defunding intermediate care facilities.” (housing)

“The ICF in his parents’ judgment is the most integrated alternative in which we think Tim could thrive.” (housing)

### Dalaine Remes

“The Olmstead Plan was to identify transportation as a barrier and develop solutions to group transportation to ensure that all people with disabilities, including our senior populations in small, rural areas, have equal access to rural communities on a regular basis.” (transportation)

“The Department of Transportation should consider developing weekly direct transportation routes to some of the smaller rural areas in small town that will allow individuals with disabilities, senior, and families with limited or no transportation options access to shopping hubs, medical centers, recreation, social activities and the larger communities.” (transportation)

“People with disabilities, even in the house right next door, continue to live in a very segregated, controlling environment.” (housing, supports and services)

“Some people in southwest Minnesota are not allowed to form meaningful relationships with individuals who are outside their staff or outside that circle of people with disabilities that they live with, work with, and recreate with.” (community engagement)

“As we think about what’s meaningful in our own lives, it really is relationships that we build and we need those connections with people to give them true access to relationships and integration to community things that are of interest to the individual.” (community engagement)

“I see on a consistent basis, people with higher abilities living in facilities where they do not need to have that level of care and, at the same time, individuals who have children at home who need more care, a residential setting but those setting are not available for them so [it] seems like there’s barriers on both those levels. If you can remove those, live more independently and provide more options and maximize those options, it would increase the abilities for everyone.” (supports and services)

### Sandy Gerde

“Families think it’s normal for people to move out on their own. Finding way to provide gradual transitions, such as regular out-of-home respite with trusted providers is something that families want.” (services and supports)

“It Isn’t always more cost effective for people to live in the community. Sometimes it costs less and helps more to serve people with disabilities in congregate settings.” (housing, supports and services)

“People need to have access to resources that give them the appropriate level of support and services for their needs and desires.” (supports and services)

“One of the primary challenges is ensuring that we are not creating one-size-fits-all solutions. People have a full spectrum of needs. We must have a full spectrum of solutions.” (supports and services)

Dan Zimmer

“The most important aspect is getting feedback from the individuals and their families as to what’s important to them and what are their expectations of services. Who’s better to say, are they giving good service, than the person actually receiving those services.”

“One person’s outcome is not going to be the same as another person’s outcome, so you need to take time to really determine what [are] those outcomes that you’re looking for and they need to be based on that individual and their families and [their] value system.” (supports and services)

“If you don’t continue to improve on the quality of a person’s life, quality can be really affected and you might find that you’re not meeting their needs.” (supports and services)

“What goes on at work does affect home. What goes on at home does affect work and they need to be working together and being a true team, not just working in silos.” (supports and services)

“We need to make certain that we’re giving people real choices, real choices of where to live, how they’re going to live, where they’re going to work , and that’s not always an easy thing.” (housing, employment, supports and services)

Larry Lubbers

“I live in foster care where it’s kind of hard for me to live in foster care because my rights were being taken away, and I’m kind of scared of it now and, plus, I can’t even take a city bus anymore.” (housing, transportation)(lives in an area not serviced well by public transit)

Rick Cardenas

“The expert is the individual with the disability and we just have to find a way for them to express that and make sure that other persons with developmental disabilities can also become a part of this society to the greatest extent possible.”

Mary Ellen Mayo

“Folks who do in-home PCA services in Rochester get about \$11 an hour. That comes to less than \$25,000 a year and if you think about that, how can a person live.” (supports and services, funding)

“Please think about workforce development because we need not only folks to do direct care in the home but if we think of the future for James, in a group home or in whatever setting he and we choose for him. We want people to give him good, direct care so we want not only caring people, we want people with skill, we want people who are accountable for their work, and we want more professionals.” (supports and services)

## **Appendix C. List of relevant Governor-appointed groups**

The following list includes Councils, Committees, Commissions, and Boards that address aging or disability (Minnesota Secretary of State). These groups will receive copies of Olmstead implementation reports. See Quality Assurance and Accountability section (page 16).

- Board of the Minnesota State Academies
- Commission of Deaf, DeafBlind, and Hard of Hearing Minnesotans
- Governor’s Interagency Coordinating Council on Early Childhood Intervention
- Governor’s Task Force on the Prevention of School Bullying
- Governor’s Workforce Development Council
- Maternal and Child Health Advisory Task Force
- Metropolitan Council (Metro Mobility and regular route)
- Minnesota Assistive Technology Advisory Council
- Minnesota Autism Spectrum Disorder Task Force
- Minnesota Board on Aging
- Minnesota Governor’s Council on Developmental Disabilities
- Minnesota Resource Center Advisory Committee: Blind/Visually impaired
- Minnesota Resource Center Advisory Committee: Deaf/Hard of Hearing
- Minnesota State Council on Disability
- Ombudsman Committee for Mental Health and Developmental Disabilities
- Special Education Advisory Panel
- State Advisory Council on Mental Health
- State Quality Assurance Council
- State Rehabilitation Council
- State Rehabilitation Council for the Blind
- Statewide Independent Living Council
- Subcommittee on Children’s Mental Health
- Technology Advisory Committee
- Traumatic Brain Injury Advisory Committee