Comprehensive Plan for Prevention of Abuse and Neglect of People with Disabilities:

Report

Prepared by the Olmstead Prevention of Abuse and Neglect Specialty Committee
for the Olmstead Subcabinet

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Acknowledgment of Authorship

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Acknowledgments

We, as Co-Chairs of the Specialty Committee, would like to thank everyone who contributed to this plan.

First, we would like to thank the members of the committee for their time, hard work, and dedication to ensuring people with disabilities in Minnesota can live free from abuse and neglect. Your combined knowledge, expertise, and passion made this plan a reality.

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This was truly a team effort and we could not be prouder of what this group has accomplished and what you have delivered: a comprehensive plan to prevent abuse and neglect. So again, THANK YOU!

Sincerely,

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Specialty Committee Co-Chairs

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Executive Summary

Background

Why this is Important

Victimization of people with disabilities (here forward 'abuse and neglect') is a serious, persistent, and pervasive problem. While Minnesota is taking steps to improve its reporting and response systems, similar efforts have not been made to prevent abuse and neglect. This Comprehensive Plan for the Prevention of Abuse and Neglect of People with Disabilities contains powerful examples of the problem and describes potential remedial actions. But the Plan goes ***further***, by outlining promising actions that can be taken ***before*** the abuse and neglect occurs.

This report and the subsequent work on prevention of abuse and neglect for people with disabilities are important because all people should live free from abuse and neglect. People with disabilities cannot live self-determined lives as envisioned by the American with Disabilities Act and the Minnesota Olmstead Plan if they are being abused. Left unaddressed, abuse and neglect can lead to long term negative effects for people with disabilities. The disproportionate effects of trauma experienced by adult and children with disabilities begin early and seem to continue through adulthood.

Extent of the Problem

Nationally, the rates of violent crime victimization, including sexual violence, against people with disabilities are higher than rates for people without a disability. The Minnesota Departments of Human Services (DHS) and Health (MDH) have seen an increase of over 2,000 maltreatment reports of vulnerable adults from 2012 through 2016. In the last five years, for people with disabilities, reports of neglect have increased 38 percent, reports of abuse have increased by 26 percent, and reports of financial exploitation have increased by 58 percent. These increases followed the implementation in 2015 of a centralized statewide common entry point for reporting maltreatment of vulnerable adults, which has increased efficiency in reporting. According to the Minnesota Ombudsman for Mental Health and Developmental Disabilities, the numbers of deaths and serious injuries for persons with developmental and mental health-related disabilities have increased, but the cause is uncertain. Students with disabilities are more likely to be victims of abuse, bullying, and harassment than students without disabilities.

Current System

The current system of protection for people with disabilities focuses on remedial actions once the abuse and neglect has occurred. The current system does not focus on prevention of abuse and neglect from occurring. Promising practices exist in Minnesota and nationally that raises awareness of prevention strategies, promote equality and self-determination of people with disabilities, and improve the effectiveness of response to abuse and neglect. These practices reduce the occurrence of abuse and neglect and prevent those who abuse from continuing to do so.

The Role of the Minnesota Olmstead Plan

In 2016 the Olmstead Subcabinet added a goal to develop a comprehensive plan to educate people with disabilities, their families, and the public on how to identify and report abuse and neglect and to develop a comprehensive prevention plan. The Olmstead Subcabinet created an Olmstead Subcabinet Specialty Committee, which was assigned to create recommendations for a comprehensive plan for the prevention of abuse and neglect of people with disabilities. The Specialty Committee membership included people from ethnically and racially diverse communities and people with different types of disabilities. Additional input was received through multiple listening sessions held in the Twin Cities and Greater Minnesota to capture broad community input.

The Specialty Committee used a collaborative process involving debate and honoring different perspectives in their group process. The Specialty Committee completed a global system analysis, established guiding principles, and identified 68 priorities for prevention. Collectively, the systems analysis, principles, and priorities informed and shaped recommendations to reduce the risk of abuse and neglect for people with disabilities.

Recommendations

Overview of Recommendations

The following recommendations address abuse and neglect at all levels of society—from the individual to the general public and policy levels—at all stages of abuse and neglect—from prevention to early intervention and long term response. The Specialty Committee adapted and built upon a framework for comprehensive prevention of abuse and neglect. The framework includes action areas: primary prevention, risk reduction education and outreach, secondary prevention early recognition and response, and tertiary prevention long-term response intervention and evaluation. Refer to Table 1 on page 20 of the report. Each recommendation is equally important; numbers are for organization and are not intended to imply a linear or chronological approach.

Considerations for Implementation of Recommendations

The Specialty Committee calls for these recommendations to apply to all parts of Minnesota, all disabilities, all ages, all races, and all ethnic groups. Additionally these recommendations will have the greatest impact when they engage all people in Minnesota to help prevent abuse and neglect.

Many of these recommendations can build on current elements of the existing Minnesota Olmstead Plan and could be implemented within the coming year. Other recommendations will need more discussion and planning with many other stakeholders over the next few years.

Summary of Recommendations

1. Create primary prevention strategies that focus on removing the causes of abuse and neglect before it happens.
2. Provide education that focuses on ensuring people with disabilities have the knowledge and skills necessary to exercise their rights to protect themselves from abuse and neglect.

3. Provide education for family members and supporters on the importance of autonomy and self-choice for people with disabilities in reducing the individual's risk of abuse and neglect.
4. Increase awareness and education of the general public on how to report suspected abuse and neglect and where to access services and support for survivors.
5. Educate disability service providers, adult and child protection agencies, criminal justice systems, health care providers and others on the incidence of abuse and neglect, effective response models, and each other's roles in the system.
6. Prevent re-victimization by treating the immediate needs of victims and creating a system of accountability to stop perpetrators from re-offending.
7. Complete routine data analysis to identify priority areas to target long term prevention strategies, reduce abuse and neglect, promote healing, and prevent re-offending.
8. This comprehensive prevention plan, when fully implemented, aims to reduce the likelihood of abuse occurring, and when it does occur, people with disabilities will receive timely and effective response, protection, and support. The plan builds on Olmstead Plan efforts to elevate the status of people with disabilities in our society by ensuring that they are leaders and partners in the State's comprehensive abuse and neglect prevention efforts.

Introduction

Over the last 50 years the effort to advance the rights of people with disabilities has made great strides, including the passage of the Americans with Disabilities Act (ADA),[1] the integration mandate of the 1999 U.S. Supreme Court ruling in *Olmstead v. L.C.*, and greater integration in education, employment, health, community living, and community engagement.[2]

Despite this progress, the victimization of people with disabilities (here forward 'abuse and neglect') remains a serious, persistent, and pervasive problem. People with disabilities have the right to live free from abuse and neglect. People who experience abuse and neglect have the right to timely and effective response, protection, and support. To accomplish this, collaboration among people with disabilities and their families, advocates, and the community (professionals working in criminal justice, child and adult protection, domestic and sexual violence advocacy services, disability services, and education) is needed.

Minnesota's Olmstead Plan aims to address abuse and neglect of people with disabilities by developing a comprehensive abuse and neglect prevention plan. This report is the result of the following directive from the Olmstead Plan:

> The Specialty Committee will oversee the implementation of the Abuse and Neglect Prevention Plan as approved by the Olmstead Subcabinet on September 28, 2016. This will include recommendations to the Subcabinet for baselines and annual measurable goals and the provision of cost projections for key elements of the Plan.

For more information about the Olmstead Plan, work of the Olmstead Subcabinet Specialty Committee, and other prevention of abuse and neglect activities, please visit the Minnesota Olmstead Plan website: www.mn.gov/olmstead.

Statement of the problem

Since 2005, the Vera Institute of Justice, Center on Victimization and Safety, has been addressing the victimization and justice needs of people with disabilities and Deaf people. The Center's End Abuse of People with Disabilities Project[3] documents what we know about the problems and their solutions. The problems are explained as:

- "Violence against people with disabilities occurs at alarming rates."
- "Help is out of reach. People with disabilities are less likely than people without disabilities to receive services that increase their safety and support their healing."
- "Efforts to reduce abuse of people with disabilities are limited. Strategies to prevent abuse of people with disabilities are not widespread, and the consequences faced by those who abuse are minimal, allowing this problem to continue."

The statement of the problem is considered in two parts: (1) prevalence of abuse and neglect and (2) cultural views of people with disabilities relationship to abuse and neglect.

Prevalence of Abuse and Neglect[4]

The number of reports of maltreatment and abuse of adults with disabilities has increased.

The Minnesota Departments of Human Services (DHS) and Health (MDH) have seen an increase of over 2,000 maltreatment reports from 2012 through 2016. However, the number of reports assigned for out-of-office investigations (meaning they meet the statutory definition of maltreatment) has stayed about the same. This represents a decrease in the overall percentage of maltreatment reports that have been assigned for out-of-office investigations. Reports that are assigned an out-of-office investigation are those that appear to meet the statutory definition of maltreatment, and indicate harm, or high risk of harm, to the child or vulnerable adult.[5] Reports of certain types of abuse also have increased:

In the last five years, reports of neglect have increased 38 percent, reports of abuse have increased by 26 percent, and reports of financial exploitation have increased by 58 percent.

As a result of policy and data systems changes (see below), DHS and MDH experienced a dramatic increase in the number of reports of maltreatment of vulnerable adults in 2015 and 2016.

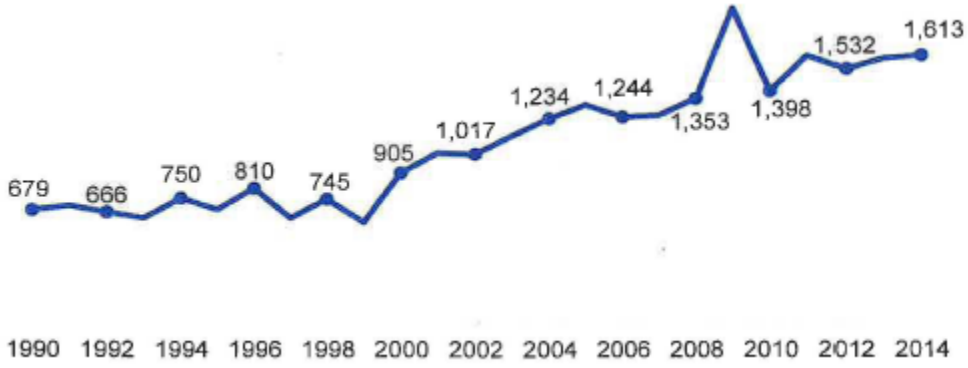
- Policy change: Licensure changes increased both the number and types of services and settings included in the licensing process. These changes, in turn, increased the total number of licensed providers and nearly tripled the number of people served by licensed providers.
- Data Systems change: In 2015, the state implemented the Minnesota Adult Abuse Reporting Center (MAARC) system, a centralized statewide common entry point for reporting maltreatment of vulnerable adults. This change likely impacted the total number of reports received for vulnerable adults. The system is available 24-hours a day, seven days a week for mandated reporters.

Left unaddressed, abuse and neglect can lead to long term negative effects for people with disabilities. The disproportionate effects of trauma experienced by adult and children with disabilities begin early and seem to continue through adulthood.[6]

Numbers of deaths and serious injuries for children and adults with developmental and mental health-related disabilities have increased, but the cause is uncertain.

As Figure-1 illustrates, the number of serious injuries and deaths reported to the Ombudsman for Mental Health and Developmental Disabilities (OMHDD) has generally increased,[7] but it is possible the increase is related to population growth or expansion of scope. For example, the number of serious injuries reported to OMHDD in 2006 was 1,244, in 2010 was 1,398, and in 2014 was 1,613.

Figure 1: Number of serious injuries reported to OMHDD (1990-2014)[8]



The OMHDD has been tracking information about serious injuries and deaths of persons with disabilities since 1989. The OMHDD progressively collected data related to mental health, chemical dependency, or emotional disturbance, and on persons with developmental disabilities. The OMHDD does not collect information on death and serious injuries for all disabilities.

Children receiving special education services are more likely to be the victims of both abuse or bullying and harassment.

Every three years, the Minnesota Department of Education (MDE) conducts a voluntary, anonymous survey of Minnesota students in fifth, eighth, ninth, and eleventh grades to get insights from student perspectives and learn more about their experiences. Data from the 2016 Minnesota Student Survey, completed by over 169,000 students, indicate that students in special education are more likely to experience a variety of risk factors. These differences appear as early as fifth grade and continue through twelfth grade.[9] The survey also found that, among 29 indicators of abuse and victimization (not every student was asked every question), students with Individualized Education Programs (IEPs) most often reported having experienced the offense. For example, for students with IEPs:

- One in five reported having experienced verbal abuse by a parent or caregiver.
- They were more likely to report having experienced physical abuse and sexual abuse (both by family members and by another student).
- One in five reported being harassed by another student because of their disability.
- They experienced other types of bullying and harassment at a higher rate than students who do not have an IEP.

National data on crime victimization suggests people with disabilities are victimized at a much higher rate than people without disabilities.

The National Crime Victimization Survey, conducted annually by the United States Bureau of Justice Statistics (BJS) of a representative sample of 135,000 households, collects data on nonfatal personal crimes and household property crimes.[10] Survey data from 2011 to 2015 found that persons with

disabilities (age 12 and older) are victims of violent crime two and a half times as often as persons who do not have disabilities.[11] Most violence against persons with disabilities is perpetrated by people they know, such as an acquaintance (40 percent), intimate partner (15 percent), or other relative (10 percent).[12]

Among crime victims with disabilities, those with cognitive disabilities have the highest rate of violent victimization.[13, 14] Recently reported unpublished data from the BJS indicates that people with intellectual disabilities are victims of sexual violence seven times as often as people without disabilities.[15]

Cultural views of people with disabilities relationship to abuse and neglect

Vulnerability is based upon the Individual-is-the-Problem way of thinking.

People often assume individuals with disabilities are inherently 'vulnerable' to 'abuse and neglect' because of their disability. This includes assumptions that people with disabilities might need help with activities of daily living, might be less able to physically defend against an attack, or might have learning challenges. Learned helplessness, a desire to please others, and difficulty understanding personal boundaries are other reasons why people with disabilities are perceived as more vulnerable. However, many of the characteristics that are believed to make people with disabilities more vulnerable is a direct result of the lack of knowledge, skills, opportunities, and experiences. The power and control held by others are contributing characteristics.[16]

As it approached the task of developing a comprehensive plan for preventing abuse and neglect, the Specialty Committee first discussed the limitations of the individual-is-the-problem way of thinking about vulnerability, which is rooted in ableism. Ableism is discrimination against people with disabilities based on a belief that people with disabilities are inferior because of the differences in how their brains or bodies work.[17] Ableism comes from the **Medical Model of Disability**—a cultural lens that views people with disabilities as weak, sick, and suffering from some infirmity that must be addressed by treatment. Because the individuals are less able to care for themselves, they must be protected. Viewing the individual as the problem largely holds people with disabilities responsible for their own victimization.

Because society tends to devalue people with disabilities, they experience discrimination, segregation, social isolation, and social and economic barriers that limit opportunities for full participation and leadership in our society. Current disability support services systems and child and adult protective systems tend to operate within the medical model view of disability. With that comes the unintended outcome of making people with disabilities *even more vulnerable* to abuse and neglect.

The Specialty Committee's approach to disability and vulnerability is that vulnerability to abuse and neglect does not lie within people disabilities, but within society and the perpetrators.

Background: Olmstead Subcabinet, Olmstead Plan, origins of the Specialty Committee and its operation

On January 28, 2013, Governor Mark Dayton issued Executive Order 13-01 Supporting Freedom of Choice and Opportunity to Live, Work, and Participate in the Most Inclusive Setting for Individuals with Disabilities through the Creation of Minnesota's Olmstead Plan. The 2013 Executive Order established an Olmstead Subcabinet to develop and implement a comprehensive Minnesota Olmstead Plan. On January 28, 2015 Governor Dayton signed Executive Order 15-03 Supporting Freedom of Choice and Opportunity to Live, Work, and Participate in the Most Inclusive Setting for Individuals with Disabilities through the Implementation of Minnesota's Olmstead Plan; Rescinding Executive Order 13-01, which further defined the role of the Subcabinet and the Olmstead Implementation Office.

The Olmstead Plan is a roadmap that lays out the broad measurable goals necessary to accomplish the vision of a more inclusive community. The ultimate success of the Plan will be measured by the increase in the number of people with disabilities having the opportunity to live, work, and enjoy life in the most integrated setting. On September 29, 2015, the U.S. District Court approved Minnesota's August 2015 Olmstead Plan.

The Olmstead Subcabinet added a goal focused on the development of a comprehensive plan to prevent abuse and neglect. These people targeted with disabilities, families and guardians, mandated reporters, and the general public on how to identify, report, and prevent abuse of people with disabilities. On June 21, 2016, the U.S. District Court approved amendments to the Olmstead Plan, which included the new measurable goal on the prevention of abuse and neglect.[18]

The Olmstead Subcabinet directed an interdepartmental workgroup to develop recommendations of a comprehensive abuse and neglect prevention plan. In their report, *Abuse and Neglect Prevention Plan for People with Disabilities*,[19] approved by the Olmstead Subcabinet on September 28, 2016, the Interdepartmental Workgroup made five recommendations that established the Abuse and Neglect Prevention Specialty Committee.

1. Appoint a leadership team. The Subcabinet will appoint an Olmstead Subcabinet Specialty Committee to oversee the Abuse and Neglect Prevention Plan.

2. Review Minnesota and other states for best practices, including existing and other states' prevention campaigns and prevention models, and examine Office of Inspector General reports from three states.

3. Involve people with disabilities, including creating channels for gathering input, establishing a comprehensive public awareness campaign targeting people with disabilities and their families, and expanding person-centered planning initiatives to include education on rights.

4. Build on current initiatives and commit to improvement, including developing a public awareness campaign, examining existing prevention strategies to specifically target people with disabilities, and beginning discussions with state agencies (Minnesota Department of Health, Human Services, Education, Corrections, and Public Safety, Minnesota Chiefs of Police Association, Minnesota Sheriffs Association, County Attorney Association and the state court system) regarding establishing a multidisciplinary approach to address violence committed against persons with disabilities.

5. Information and Management Data Systems: Complete an annual assessment of existing maltreatment reports from MDE, DHS, MDH, and the Ombudsman for Mental Health and Developmental Disabilities (OMHDD) to identify and respond to trends.

Olmstead Subcabinet Specialty Committee on Abuse and Neglect

Purpose, scope, membership, and Specialty Committee process

The **purpose** of the Olmstead Subcabinet Specialty Committee was to oversee the implementation of the Abuse and Neglect Prevention Plan as approved by the Olmstead Subcabinet. The Subcabinet and the participating agencies maintain the responsibility for administering the implementation of the elements of the plan.

The Specialty Committee used the scope laid out by the Olmstead Subcabinet in the Specialty Committee Charter as the core basis for its work.[20] The **scope** is as follows:

1. Develop a public awareness campaign that includes target audiences, risk factors and protective strategies, information on prevalence of violence against people with disabilities, multiple communication channels, key messages, measurements of effectiveness, cost projections, and sustainability;

2. Develop a prevention of abuse and neglect prevention campaign;

3. Begin discussions with state agencies, law enforcement, and the courts to establish a multidisciplinary approach to address violence committed against people with disabilities;

4. Provide baselines and annual measurable goals and cost projections for the plan.

The scope also includes responsibilities delegated to the Olmstead Implementation Office and state agencies.

The Specialty Committee consisted of 30 committee members and 17 support staff members with life and work experience related to the work of the committee. **Membership** included:

- People with disabilities.
- Leaders from the disability community and disability advocacy organizations.

- Representatives from the Office of the Ombudsman for Mental Health and Developmental Disabilities.
- Representatives from Subcabinet agencies and other state agencies.
- Subject matter experts from city and county agencies: child protection, adult protection, city and county attorneys.
- Subject matter experts from universities and non-profit agencies involved in interpersonal violence prevention work with children and adults with and without disabilities and their families.

See Appendix A for a list of Specialty Committee members and contributors.

The Specialty Committee **process** began with an orientation meeting on June 20, 2017, followed by seven meetings held July through November of 2017.[21] For Specialty Committee meeting notes click here.

The process consisted of three parts: establishing common knowledge, creating the comprehensive plan, and finalizing the plan. The process of establishing common knowledge included presentations about existing abuse and neglect response systems, trauma informed and victim centered supports, risk reduction strategies, and primary prevention practices.

The creation of a comprehensive plan included identification of key elements in a comprehensive plan, an analysis of how current prevention practices in Minnesota align, and where gaps exist.

The plan finalization phase included establishing a set of operating principles, and prioritizing recommendations for Minnesota's comprehensive prevention plan. Refer to Appendix B for additional information about the Specialty Committee process.

The Specialty Committee also conducted nine listening sessions across the state to:

- Get input from a wider representation of people with disabilities and other community members, including people from various racial, ethnic, and cultural backgrounds;
- Spread the word about the work of the Olmstead Specialty Committee;
- Broaden the Committee's connection with people with disabilities, family members, and other concerned citizens;
- Listen to concerns about the problem and what is not working; and
- Listen to ideas for solutions to the question: What should Minnesota be doing to prevent abuse and neglect and empower people with disabilities?

Information from the listening sessions was shared with the Committee and informed the recommendations in this plan. Refer here for a summary of information from the nine community listening sessions.

Overview of the framework

The Specialty Committee grounded its work in evidence-based theories and frameworks, including:

- Understanding "Disability," the Social Model of Disability, and Intersectionality.
- Understanding vulnerability to abuse and neglect from the Socio-Ecological Model of Risk.
- Understanding the Public Health Model of Prevention.
- Promising Solutions proposed by the Vera Institute of Justice's Center on Victimization and Safety.
- Guiding Principles established by the Specialty Committee.

Changing how we think: Understanding "Disability," the Social Model of Disability, and Intersectionality

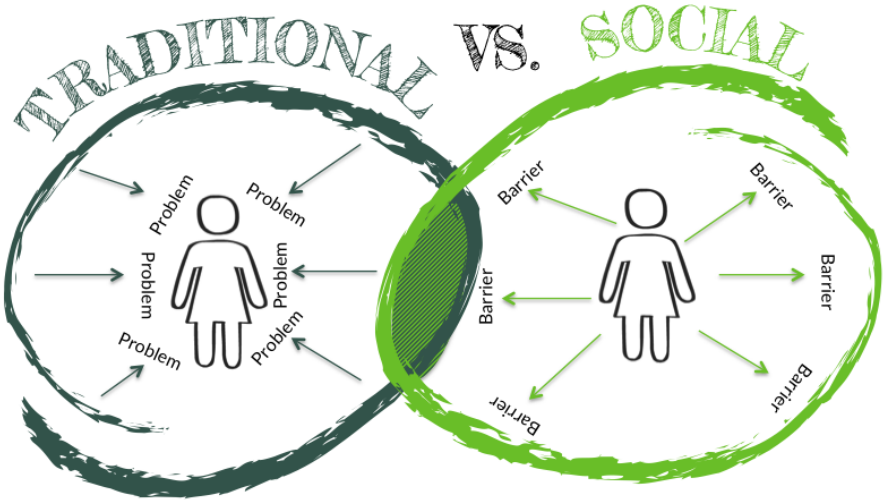
Disability is one of many aspects of human diversity. Some people are born with a disability, while others acquire a disability at some point during their lifetime. Some people with disabilities have high support needs, while others have support needs that are no different from people with no disability. There is diversity of people with disabilities by ability, race and ethnicity, gender, sexual orientation, age, religion, and many other aspects of human diversity. The Specialty Committee used the ADA definition of disability, which is consistent with the definition used in the Olmstead Plan:

- **An individual with a disability is a person who:** (1) has a physical or mental impairment that substantially limits one or more major life activities; (2) has a record of such an impairment; or (3) is regarded as having such an impairment.

The Social Model of Disability and Intersectionality: An alternative to the "Individual-is-the-Problem" way of thinking[22]

Traditional models focused on disability as differences in how the brain or body works. The **Social Model of Disability** recognizes the history of oppression, discrimination, and harmful societal attitudes and barriers that make life difficult for people with disabilities.[23] It is important to recognize that the disadvantage people with disabilities experience is compounded by the effects of other forms of discrimination (such as racism and sexism)—referred to as intersectionality.[24]

Figure 2: Traditional (Medical) Model of Disability vs. the Social Model of Disability[25]



Changing how we think: Understanding vulnerability to abuse and neglect from the Socio-Ecological Model of Risk

The "Individual-Is-The-Problem" way of thinking has led society to presume people with disabilities are "vulnerable" because of individual "impairment" or differences in how their brains or bodies work. This is a very narrow understanding of "vulnerability" that provides an incomplete picture of the problem.

The **Socio-Ecological Model** is part of the public health approach to violence prevention.[26] This model illustrates that risk and protective factors occur at the individual, relationship, community, and societal levels and was used to create the **Socio-Ecological Model of Vulnerability and Risk,** adopted by the Specialty Committee and illustrated in Figure 3. The following definitions of the levels in the Socio-Ecological Model come from the Center for Disease Control:[27]

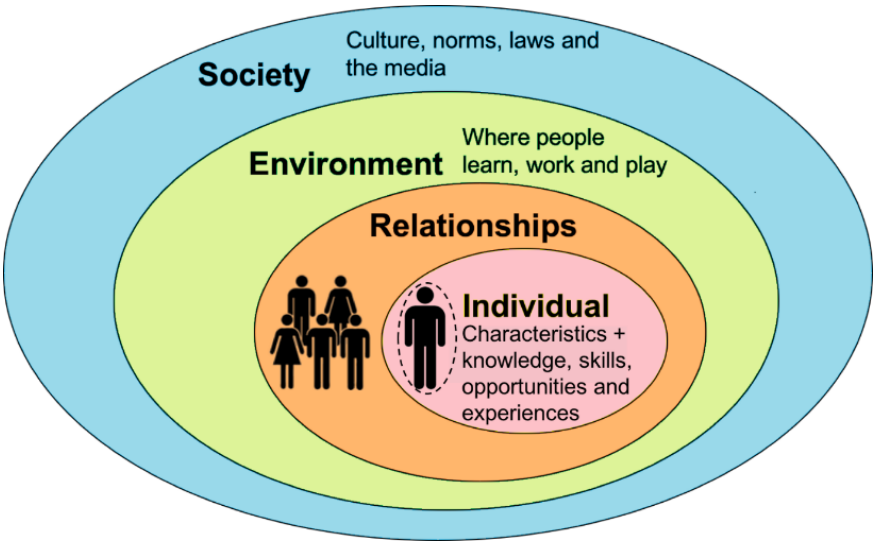
- The **Individual** – Identifies personal characteristics (biological and personal history factors) and knowledge, skills, opportunities, and experiences, that increase or decrease the likelihood of becoming a victim or perpetrator of violence.

- In **Relationship** with people – Examines close relationships that may increase or decrease the risk of experiencing violence as a victim or perpetrator. A person's closest social circle (peers, partners, and family members) influences their behavior and contributes to their knowledge, skills, opportunities, and experiences.

- In **Environments** (community) – Focuses on places where people live, learn, work, play, and worship and where social relationships occur. Seeks to identify the characteristics of these settings that are associated with increased or decreased likelihood of becoming victims or perpetrators of violence.

- Within **Society,** made up of the culture, norms, laws, policies, and the media – Looks at the broad societal factors, such as health, economic, educational, and social policies, that help create a climate in which violence is encouraged or inhibited and help to maintain economic or social inequalities between groups in society.

Figure 3: Socio-Ecological Model of Vulnerability and Risk[28, 29]



Planning for Prevention: The Public Health Model of Prevention

The four basic steps of the Public Health approach are:

1. Define the problem using the Socio-Ecological Model.
2. Identify risk and protective factors.
3. Develop and test prevention strategies.
4. Ensure widespread adoption.[30]

In order to develop an effective prevention plan, everyone involved must come from the same understanding of what "comprehensive prevention" means. Comprehensive prevention includes prevention, risk reduction, public awareness, and outreach.

Prevention

Prevention occurs at three different times:

1. Primary prevention: **Focus on removing the root cause** *before* the problem has occurred to prevent initial perpetration or victimization. Strategies aim to change attitudes, behaviors, cultural norms, and policies that reinforce and perpetuate the problem.

2. Secondary prevention: **Early identification and immediate responses** *after* the problem has occurred to address immediate needs of people who have experienced abuse and neglect and stop perpetrators from re-offending.

3. Tertiary prevention: **Long-term response** to the problem *after* it has occurred.[31] Strategies aim to promote healing, hold individuals accountable, and ensure ongoing organization and system improvement.

Risk reduction and public awareness and outreach

Risk reduction and public awareness and outreach are often confused with primary prevention. **Risk reduction** refers to knowledge and skills individuals use to change their behavior to lessen *their own risk* of experiencing abuse and neglect. Likewise, **public awareness and outreach** campaigns typically focus on raising awareness about the problem and where to seek help. Neither risk reduction nor public awareness and outreach are enough to change the behaviors, attitudes, cultural norms, and policies that reinforce and perpetuate the problem.[32] Refer to Table 1 for a more detailed explanation of each part of comprehensive prevention. This table presents the Specialty Committee's final vision for comprehensive prevention of abuse and neglect.

The Public Health Model as a format for a comprehensive plan

The table below illustrates how concepts from the Public Health Model inform and serve as a format for recommendations. It is an adaptation from the Primary Prevention, Risk Reduction, and Awareness Comparison Chart in *Tools for Change.*[33]

- The first row indicates whether that row refers to prevention, risk reduction, or awareness and outreach. If it refers to prevention, this row also indicates the level of prevention.
- The first row also indicates, in parentheses, the targeted population for purposes of the comprehensive plan.
- The second row indicates the corresponding action area from the Recommendations section.
- The third row contains a description of each action area.
- The fourth row contains the desired outcome of each action area.

Table 1 also addresses each level of the Spectrum of Prevention illustrated in Table 2.

Table 1: 'Who', 'When' and 'How' of Comprehensive Prevention of Abuse and Neglect of People with Disabilities: Descriptions and Goals [34]

Primary Prevention (All people)	**Risk Reduction Education and Outreach** (People with disabilities)	**Risk Reduction Awareness Education and Outreach** (Family members, informal supporters and the general public)		**Risk Reduction Awareness Education and Outreach to Service Providers** (People working in Service and Response Systems)		**Secondary Prevention- Early Recognition and Response** (Person who has experienced abuse and neglect and Offender)	**Tertiary Prevention- Long-Term Response, Intervention and Evaluation** (Person who experienced abuse and neglect, Offender, Organization, and System)
Area 1	**Area 2**	**Area 3**	**Area 4**	**Area 5**		**Area 6**	**Area 7**
Change behaviors, attitudes, cultural norms, and policies that contribute to abuse and neglect by promoting relationships based on equality and respect, and inclusive nonviolent communities.	Provide knowledge, skills, opportunities, and experiences that lessen *one's own risk* of being abused and neglected.	Provide knowledge and skills that lessen *one's own risk* of engaging in abusive, harmful, and disrespectful behaviors by engaging in relationships and support behaviors based on equality, dignity, and respect.	Educate public about the problem of abuse and neglect of people with disabilities, options for reporting, where to access services, and ways to best support people who have experienced abuse and neglect.	Provide knowledge and skills that lessen own risk of engaging in abusive, harmful, and disrespectful behaviors by engaging in relationships and support behaviors based on equality and respect.	Educate providers about the problem of abuse and neglect, of people with disabilities, options for reporting, where to access services, and ways to best support the needs and wishes of people who have experienced abuse and neglect.	Early identification and immediate response after abuse and neglect have occurred. Prevent re-victimization and address immediate needs of people who have experienced abuse and neglect. Stop perpetrators from re-offending. Begin assessment of how the response was handled and factors contributing to abuse and neglect	Promote healing of people who have experienced abuse and neglect and hold perpetrators accountable. Provide education and supports for practicing nonviolent-non-harmful behaviors in relationships based on equality, respect, choice, and self-determination. Create measures and strategies for systems accountability. Change policies and practices that contribute to abuse, neglect and disempowerment.
Desired Outcome: People with disabilities are treated with equality, dignity, and respect, and included as valued leaders and community members.	Desired Outcome: People with disabilities are better able to protect themselves, know their rights, know their options for who to call and where to go for help, and are better able to advocate for themselves.	Desired Outcome: People take active steps to prevent abuse and neglect. Treat people using alternatives to violence. Build relationships based on equality, respect, choice and self-determination.	Desired Outcome: People know and care about the problem. Take steps to prevent abuse and neglect. Recognize early warning signs. Have skills for speaking up. Know options for reporting and where to access services for people who have experienced abuse and neglect.	Desired Outcome: Providers take active steps to prevent abuse and neglect. Treat people using alternatives to violence. Build relationships based on equality, respect, choice and self-determination.	Desired Outcome: Providers take active steps to prevent abuse and neglect. Recognize early warning signs. Have skills for speaking up. Know options for reporting and where to get services. Provide supports to people who have experienced abuse and neglect based upon their needs.	Desired Outcome: Harm is minimized by early recognition. People get trauma-informed and victim-centered help and safety planning. Offenders are quickly identified and prevented from causing further harm. All responsible systems work collaboratively to investigate and hold offenders and agencies accountable. Initial changes in prevention, supports for people who have experienced abuse and neglect, education, and response are quickly made.	Desired Outcome: Ensure long-term trauma-informed, victim-centered supports for people who have experienced abuse and neglect. Hold individuals accountable and have responses set up to change behavior to promote respectful interpersonal relationships with systems of accountability. Ensure ongoing organization and system analysis and improvement.

The **Spectrum of Prevention** is another part of the Public Health approach. The *Spectrum* helps to ensure comprehensive prevention, with an emphasis on primary prevention, targets change at every level, from the individual to the system. The *Spectrum* is based on a theory that "the whole is greater than the sum of its parts."[35] Changes in social norms generally do not occur by sharing information alone. Change requires engagement at all levels, with the tipping point for social norm change requiring efforts at the organizational and policy levels (refer to Table 2 Level 5 and Level 6).[36]

Table 2: Spectrum of Prevention[37]

Level of Spectrum		Definition
6	Influencing Policy and Legislation	Developing strategies to change laws and policies to influence outcomes**.**
5	Changing Organizational Practices	Adopting regulations and changing norms to improve health and safety.
4	Fostering Coalitions and Networks	Convening groups and individuals for broader goals and greater impact.
3	Educating Providers	Informing providers who will transmit knowledge and skills to others.
2	Promoting Community Education	Reaching groups of people with information and resources to promote health and safety.
1	Strengthening Knowledge and Skills	Enhancing an individual's capability of preventing injury or illness and promoting safety.

An example of the Public Health approach is the ***12 Principles of Effective Prevention Programs.***[38] The principles from the program's website[39] include: the creation of programs that foster positive relationships, reach people of all ages in developmentally appropriate ways, mobilize the community, and integrate peer learning and leadership.

Promising Solutions proposed by the Vera Institute of Justice Center on Victimization and Safety

While there is no roadmap for comprehensive prevention of abuse and neglect of people with disabilities, "decreasing crimes committed against people with disabilities involves two primary strategies: preventing the abuse from happening in the first place and stopping those who abuse from continuing to do so."[40] The End Abuse of People with Disabilities Project recommends promising solutions in eight areas with specific steps and other resources available on its website, https://www.endabusepwd.org. The eight areas are taken verbatim from the project.

- ***Promote Equality****: Efforts must include people with disabilities and promote their equality and self-determination.*

- ***Build Partnerships****: Partnering increases the resources, expertise, and strategies put towards addressing this problem.*
- ***Enhance Services****: Simple steps can be taken to remove barriers, improve services, and have a big impact on survivors.*
- ***Increase Research****: Research helps us better understand the problem and create innovative solutions that work.*
- ***Raise Awareness****: Recognizing abuse of people with disabilities as a priority issue is essential to galvanizing support.*
- ***Strengthen Prevention****: Focusing on the people most likely to abuse and where it takes place is the best way to stop it.*
- ***Foster Accountability****: Improving responses to people responsible for abuse is key to preventing abuse in the future.*
- ***Create Inclusion****: Creating accessible events, training, and resources, allows everyone to benefit.*[41]

Guiding Principles established by the Specialty Committee

The Specialty Committee adopted the guiding principles below and used them to evaluate its recommendations to the Olmstead Subcabinet. Specialty Committee recommendations aim to be reflective of the values and beliefs expressed in these principles. The Specialty Committee was careful not to make recommendations that were not supported by these principles.

The Plan should:

- **Promote Leadership and Inclusion** for people with disabilities.
- Focus primarily on the **Social Model of Disability.** (Refer to Page 17 of this report).
- Be **Informed** by **Non-Dominant Communities.**
- Understand vulnerability and risk from the **Socio-Ecological Model.**[42] (Refer to Page 17 of this report).
- Be informed by the **History of the Disability Community.**
- Promote **Person-Centeredness.**[43]
- Recognize the **Diversity of Disabilities** and its place in the spectrum of human diversity.
- Promote ethical and transparent **Leadership**.

- Carefully consider **Language** and the **Meaning of Words.**
- Include a full range of **Primary Prevention, Risk Reduction, Effective Response and Mitigation, and Public Education**.
- Be **Trauma-informed and Victim-centered.**
- Connect abuse and neglect with **Crime Victimization**.
- Assess current **System Capacity** – strengths, challenges, gaps, and backup systems.
- Be informed by and build on **Strategies, Ideas, Models, and Resources** from other systems, places, and organizations that are working.
- Develop and strengthen skills and processes through **Collaboration.**
- Be **Data, Research, Evidence,** and **Best Practice-driven** (to the extent possible).

The Specialty Committee reviewed key concepts in the End Abuse of People with Disabilities Project and the Principles of Effective Prevention Programs in advance of finalizing the guiding principles. These guiding principles were used in establishing the report recommendations. For a full description of the Guiding Principles refer to Appendix C.

Recommendations to prevent abuse and neglect of people with disabilities

The recommendations address the four goals outlined in the Specialty Committee charter and reflect the frameworks[44] used to guide the work of the Specialty Committee. They are based on the results of the Global Systems Analysis,[45] existing practices, and research and evidence, to the extent possible.[46] They also incorporate many of the 68 priorities identified by the Specialty Committee.[47] The Specialty Committee prioritized recommendations that build upon and significantly improve existing systems and services to ensure that people with disabilities are included and well served. Further development and implementation of all recommendations in this plan should involve an assessment of successful efforts already underway.

Structure of Recommendations

There are several approaches or ways of thinking such as the Medical Model of Disability that have fallen short in preventing abuse and neglect and emphasize the concepts outlined in the socio model of disability.

The recommendations are organized as follows:

- **Action Areas** connect to each part of comprehensive prevention[48] with broad descriptions and desired outcomes. There are two recommendations (parts A and B) for some action areas.
- The statement of **Recommendation** *begins the work* needed to achieve the desired outcomes in each part of comprehensive prevention.
- **The Rationale** provides an explanation for the recommendation.
- **Examples of Strategies from Specialty Committee members** connect the recommendation to specific initiatives and resources. The examples of strategies are not a comprehensive list, but are meant to represent a collection of varied opinions on how to implement recommendations.
- **Guidance on Implementation** provides ideas for how to approach implementing the recommendation.

Though the recommendations are organized into numbered categories, the numbers are not indicative of higher priority, weight, or attention. These recommendations are organized by the type of comprehensive prevention presented in Table 1. The Specialty Committee emphasizes that the recommendations are interrelated—aspects of recommendations also apply to other recommendations. Comprehensive prevention is achieved when all recommendations are adequately addressed.

Additionally the Specialty Committee recommends that applications of these recommendations be informed by the values expressed in the Guiding Principles.

Recommendations

1. Action Area: Primary Prevention

Description: Change behaviors, attitudes, cultural norms, and policies that contribute to abuse and neglect of people with disabilities by promoting relationships based on equality, respect, and inclusive nonviolent communities.

Desired Outcome: People with disabilities are treated with equality, dignity, and respect, and included as valued leaders and community members.

a. Recommendation: Build upon existing goals, strategies, and workplans focused on equality, leadership, and self-advocacy efforts for people with disabilities within Minnesota's Olmstead Plan.

   Rationale: The current perception of people with disabilities tends to come from the Medical Model of Disability. In order to begin thinking about disability from the Social Model, people with disabilities must be supported as leaders and valued as experts with critical knowledge and lived experiences. People with disabilities must be included in the ongoing development, implementation, and evaluation of Minnesota's Olmstead Plan, including this comprehensive abuse and neglect prevention plan.

   Examples of strategies from Specialty Committee members:

   - Create an inclusive movement.[49] Create a campaign to educate the public about and get support for Minnesota's Olmstead Plan[50, 51] and to support primary prevention of abuse and neglect.[52, 53]
   - Ensure that all state agencies are inclusive of people with disabilities as stakeholders, employees, and customers in agency missions, programs, and outreach.[54, 55]
   - Promote equality by elevating and supporting self-advocacy and community engagement.[56]
   - Support consumer-directed models of service with self-advocacy training and supports.
   - Increase opportunities for people with disabilities to participate in leadership development training, such as Partners in Policymaking®,[57] with supports and opportunities to use leadership skills and influence public policy.
   - Identify and connect to other disability inclusion and equality initiatives.[58]
   - Increase opportunities for post-secondary education.[59]

- Collaborate with the Center for Excellence in Supported Decision Making to include people with disabilities as a target for outreach and education about supported decision-making,[60] as an alternative to guardianship.

- Build upon school-based violence prevention and anti-bullying efforts using resources created by PACER's National Bullying Center, Minnesota PACER Center, and other existing prevention resources[61] to implement in schools to support culture change. For example, build upon the *Count Me in Puppet Program* and *Kids Against Bullying Puppet Program.*[62]

Guidance on Implementation:

- Ensure that leaders from the disability communities are actively engaged in the design, implementation, and evaluation of Minnesota's comprehensive plan to prevent abuse and neglect. This will include representation across the disability spectrum and geographic areas across Minnesota.

- Connect the Olmstead vision[63] to primary prevention of abuse and neglect.

- Involve people with disabilities and reflect what is really happening in people's lives. Enlist people with disabilities as mentors, educators, and spokespersons.

- Convey a positive message of equality, respect, civil and human rights, access and accommodation, support for self-advocacy, and a welcoming community for all.

- Develop and include materials that use plain language, are readily accessible in multiple formats, reflect the diversity of people with disabilities, and represent people with disabilities using the Social Model.

b. Recommendation: Establish and implement a schedule to review state statutes, rules, and agency policies by the Guiding Principles and key elements of the Social Model of Disability and the Socio-Ecological Model of Vulnerability and Risk.

Rationale: Policies and practices that apply to people with disabilities tend to come out of Medical Model of Disability thinking. State statutes, rules, and agency policies were developed based on this cultural context and therefore reflect the limitations of this model.

Examples of policy areas to examine and, as needed, modify:

- Minnesota Vulnerable Adult Act.[64]

- Program risk assessment protocols and plans to reflect an understanding of vulnerability from the Socio-Ecological Model.[65]

- Individual risk assessment protocols and plans to reflect safety planning practices used in community-based victim advocacy and to reflect an understanding of vulnerability from the Socio-Ecological Model.[66]

- Guardianship reform efforts that elevate supported decision-making as an alternative to guardianship and enhance guardian education and accountability.[67]

Guidance on Implementation:

- These, and other, state statutes, rules, and policies need to be systematically reviewed by agencies to determine their alignment with Social Model of Disability and the Socio-Ecological Model, and agencies should, if necessary, bring them into alignment.
- Get input from people with disabilities and family members about priority statutes, rules, and policies needing review and, if necessary, modification.

2. Action Area: Risk Reduction Education and Outreach to People with Disabilities

Description: Provide knowledge, skills, opportunities, and experiences that lessen *one's own risk* of being abused and neglected.

Desired Outcome: People with disabilities are better able to protect themselves, know their rights, know their options for whom to call and where to go for help, and are better able to advocate for themselves.

a. Recommendation: Develop a strategy and tools to teach and promote leadership and self-advocacy[68] skills and provide risk reduction education and outreach to people with disabilities. Adapt the strategy for individuals who need greater supports to self-advocate or rely on others to advocate for them. Include training materials and safety planning tools. Create a system of accountability for agencies and individuals.

   Rationale: People with disabilities are often left out of risk reduction education and outreach. Protection approaches, coming from the Medical Model of Disability, typically do not provide opportunities for people with disabilities to learn skills to be better able to protect themselves and get help.

   Examples of strategies from Specialty Committee members:

   - Use the Ring of Safety Model[69] and safety planning approach used by community-based victim advocates.[70]
   - Learn from the Arc Greater Twin Cities Keeping Safe Abuse Prevention Initiative.[71]
   - Learn from the Building Partnerships Protection for Persons with Disabilities Initiative, including the Awareness and Action curriculum.[72]
   - Review the Healthy Relationships Resource Guide and other Strengthen Prevention action steps and resources on the End Abuse of People with Disabilities Project website.[73]
   - Review the Enhancing Services in Disability Provider Organizations action steps and resources on the End Abuse of People with Disabilities Project website, in particular the information about involving survivors and conducting outreach.[74]

- Teach people with disabilities about harmful caregiving behaviors and relationships using the Caregiver of People with Disabilities Power and Control Wheel. Teach people with disabilities about caregiving behaviors and relationships based on equality and respect using the Caregiver Equality and Interdependence Wheel.[75]
- Promote supported decision making as an alternative to guardianship to improved life outcomes, including health and safety.[76]

Guidance on Implementation:

- Enlist people with disabilities to be leaders, mentors, and educators in order to reflect what is really happening in people's lives. Involve people with disabilities across the disability spectrum; across racially, ethnically, and culturally diverse communities; and throughout Minnesota.
- Ensure that people with disabilities have choices in where and how they receive risk reduction education and supports in self-advocacy.
- Address the needs of children in places where they live and learn.
- Address the needs of adults in places where they live, work, and learn.
- Ensure that materials for risk reduction education and outreach use plain language, be readily accessible in multiple formats, reflect the diversity of people with disabilities, and represent people with disabilities from the Social Model.
- Create opportunities for disability service providers to collaborate with disability advocacy and other community-based advocacy organizations to provide education and to support self-advocacy.

3. Action Area: Risk Reduction Awareness Education and Outreach to Families

Description (a) Educate people about the problem of abuse and neglect of people with disabilities, options for reporting, where to access services, and ways to best support the needs and wishes of people who have experienced abuse and neglect.

Desired Outcome (a) Family members and other informal supporters take active steps to prevent abuse and neglect. They recognize the early warning signs of abuse and neglect. They have skills for speaking up and speaking out. They know options for reporting and where to access services. They provide supports to the person who experienced abuse and neglect based upon his/her needs and wishes (to the extent possible under the law).

a. Recommendation: Create and conduct a campaign to educate families and other informal supporters[77] about the problem of abuse and neglect of people with disabilities.

Rationale: Efforts to reduce the likelihood that abuse and neglect will occur need to engage a variety of stakeholders willing to take action, including family members and other informal supporters. Family members and other informal supporters can be very important advocates and sources of support for people with disabilities. These people generally want to do the best for their loved ones but may not know how to best help, where to go for help, or how the systems work. Increasing their understanding of the causes of abuse and neglect, their role, and what actions they can take at the individual, relationship, community, and broader societal level can reduce risk and support primary prevention.

Examples of strategies from Specialty Committee members:

- Create a standardized abuse and neglect prevention campaign that can be tailored to target different audiences, including diverse racial, ethnic, and cultural communities. Connect the abuse and neglect prevention campaign to the core campaign to educate about and get support for Minnesota's Olmstead Plan (Recommendation 1a).

- Review Strengthen Prevention resources on the End Abuse of People with Disabilities Project website.[78]

Guidance on Implementation:

- Enlist people with disabilities to be leaders, mentors, and educators in order to reflect what is really happening in people's lives. Involve people with disabilities across the disability spectrum; across racially, ethnically, and culturally diverse communities; and throughout Minnesota. Provide information about the problem, including:
    - Vulnerability from the Socio-Ecological Model.
    - Victim and offender risk factors and protective factors.
    - Ways to support people with disabilities to reduce their own risk.[79]
    - Balancing the dignity of risk with the need for safety and protection.
    - Supporting autonomy, self-determination, and choice.

- Make a clear connection between abuse and neglect and crime victimization.

- Explain the roles and responsibilities of the criminal justice system, state licensing and investigators, lead agencies (including counties, tribes, and managed care organizations), community-based victim advocates, health and human services providers, and disability service providers. Ensure all of the groups above understand their individual and collective roles and responsibilities.

Description (b) Family members and other informal supporters will acquire knowledge and skills that lessen one's own risk of engaging in abusive, harmful, and disrespectful behaviors toward people with disabilities by engaging in relationships and supporting behaviors based on equality, dignity, and respect.

Desired Outcome (b) Family members and other informal supporters recognize the early warning signs of abuse and neglect. They treat people with disabilities using nonviolent behavior. They build relationships based on equality, respect, and supporting choice and self-determination.

b. Recommendation: Develop a strategy and tools to help family members and other informal supporters: 1) take active steps to prevent abuse and neglect and lessen their own risk of perpetrating abuse, neglect and other forms of harm and 2) teach and promote support relationships based upon equality, respect, self-determination and choice.

   Rationale: Family members can be very important advocates and sources of support for people with disabilities. People with disabilities often depend on family for their well-being. Some family members engage in disempowering caregiving and support behaviors that can be a precursor to abuse and neglect. Knowledge and skills of both empowering and disempowering support behaviors can lessen the risk for perpetrating abuse and neglect.

   Examples of strategies from Specialty Committee members:

   - Parents helping parents initiatives where mentors and educators are parents with a disability or parents of children with disabilities. Provide family members and caregivers with information and support for self-care, so they are in the best position to provide support and care.
   - Teach and provide tools for families and caregivers, such as the Caregiver of People with Disabilities Power and Control Wheel, to assess harmful caregiving behaviors, relationships, and environments. Teach and provide tools for families and caregivers to learn respectful caregiving behaviors, relationships, and environments, such as the Caregiver Equality and Interdependence Wheel.[80]
   - Enhance and expand the availability of respite supports and crisis nursery programs.[81]
   - Support and expand the Parenting for the Future program for parents with learning challenges who are parenting young children.[82]

   Guidance on Implementation:

   - Enlist people with disabilities to be leaders, mentors, and educators in order to reflect what is really happening in people's lives. Involve people with disabilities across the disability spectrum; across racially, ethnically, and culturally diverse communities; and throughout Minnesota. Disseminate information through multiple outputs using existing systems and services.
   - Create risk reduction education materials making sure to use plain language, make them readily accessible in multiple formats, and reflect the diversity of families, based on the Social Model.

- Develop tools that reflect the array of family member and other informal support relationships (such as parent, sibling, spouse, and friend).
- Create tools that are developmentally appropriate for parent-child and other relationships across the lifespan.

4. Action Area: Risk Reduction Awareness Education and Outreach to the General Public

Description: Educate the general public about the problem of abuse and neglect of people with disabilities, options for reporting, where to access services, and ways to best support people with disabilities.

Desired Outcome: The general public knows and cares about the problem of abuse and neglect of people with disabilities. They take active steps to prevent abuse and neglect, recognize the early warning signs of abuse and neglect, have skills for speaking up,[83] and know options for reporting and where to access services.

a. Recommendation: Create and conduct a positive public awareness campaign focused on educating the general public about the problem of abuse and neglect of people with disabilities.

   Rationale: Everyone, from stakeholders to the general public, needs to be involved in reducing the likelihood that abuse and neglect will occur. Members of the public currently believe that serving, supporting, and protecting people with disabilities is the sole responsibility of those who work directly with them. Increasing the public's understanding of the causes of abuse and neglect, their role, and what actions they can take at the individual, relationship, community, and broader societal level can reduce risk and support primary prevention.

   Examples of strategies from Specialty Committee members:

   - Create a standardized abuse and neglect prevention campaign that can be tailored to target different audiences, including diverse racial, ethnic, and cultural communities. Build upon existing goals, strategies, and workplans focused on equality, leadership, and self-advocacy efforts for people with disabilities within Minnesota's Olmstead Plan. (Recommendation 1a above).
   - Build on existing community awareness events.[84]
   - Review the Strengthen Prevention action steps and resources on the End Abuse of People with Disabilities Project website.[85]

   Guidance on Implementation:

   - Enlist people with disabilities to be leaders, mentors, and educators in order to reflect what is really happening in people's lives. Involve people with disabilities across the

disability spectrum; across racially, ethnically, and culturally diverse communities; and throughout Minnesota.

5. Action Area: Risk Reduction Awareness Education and Outreach to Service Providers

Description (a) Educate providers about the problem of abuse and neglect of people with disabilities, options for reporting, where to access services, and ways to best support the needs and wishes of people who have experienced abuse and neglect.

Desired Outcome (a) Service providers and professionals take active steps to prevent abuse and neglect. They recognize the early warning signs of abuse and neglect, have skills for speaking up, know options for reporting, and where to access training and technical assistance. They provide supports to people who have experienced abuse and neglect based upon their needs and wishes (to the extent possible under the law).

a. Recommendation: Build upon provider education achievements from implementation of recommendation 5b. Develop a plan for expanding the targets for provider[86] education. Conduct a system analysis of existing professional education curriculum, continuing education, and required annual training. Develop a multipronged strategy[87] to integrate standardized education (5b) into advanced training for professionals and para-professionals, and distribute the necessary materials.[88]

   Rationale: Professionals and providers from many disciplines and service sectors need to be engaged as stakeholders to understand and build upon existing goals, strategies, and workplans focused on equality, leadership, and self-advocacy efforts for people with disabilities within Minnesota's Olmstead Plan (Detailed in Recommendation 1a on page 25). Increasing providers' understanding of the causes of abuse and neglect, their role, and what actions they can take at the individual, relationship, community, and broader societal level can reduce risk and support primary prevention. A standardized education will enhance the ability of professionals and providers to empower and support people with disabilities, to engage in effective multidisciplinary practice, and for systems to collaborate more effectively. Rather than create new education and training systems, this recommendation builds on existing professional education curriculum, continuing education requirements and forums, and annual training requirements and forums.

   Examples of strategies from Specialty Committee members:

   - Create a "Disability Issues" Speakers Bureau and statewide conference tracking system to connect speakers with conferences, to connect with a wide array of community stakeholder groups, to connect "disability" to the focus of conferences, and to ensure representation of people with disabilities and "disability" issues.

- Strengthen Title IV-E Social Work Child Welfare programs to include information about children with disabilities and parents with disabilities.[89]

- Expand the new Child Welfare Training Academy curriculum to include information about children with disabilities and parents with disabilities.[90]

- Strengthen Minnesota Victim Assistance Academy to ensure training focused on people with disabilities.[91]

- Increase the number of providers attending the bi-annual Minnesota Self-Advocacy conference to learn with and from people with disabilities.[92]

Guidance on Implementation:

- Refer to all Guidance on Implementation listed under Recommendation 5b.

Description (b) Provide knowledge and skills that lessen *providers' own risk* of engaging in abusive, harmful, and disrespectful behaviors toward people with disabilities by engaging in relationships and support behaviors based on equality and respect.

Desired Outcome (b) Providers[93] take active steps to prevent abuse and neglect. Providers build relationships based on equality, respect, and supporting choice and self-determination.

b. Recommendation: Develop a plan to enhance provider education that includes knowledge and skills that lessen *providers' own risk* of engaging in abusive, harmful, and disrespectful behaviors toward people with disabilities by engaging in relationships and support behaviors based on equality and respect.

   Rationale: Everyone, from stakeholders to the general public, needs to be involved in reducing the likelihood that abuse and neglect will occur. Increasing providers' understanding of the causes of abuse and neglect, their role, and what actions they can take at the individual, relationship, community, and broader societal level can reduce risk and support primary prevention. A standardized education will enhance the ability of professionals and providers to empower and support people with disabilities, to engage in effective person-centered practice, and for systems to collaborate more effectively.

   Examples of strategies from Specialty Committee members:

   - Review the Disability Organizations On-Going Training for Staff and Volunteers resources on the End Abuse of People with Disabilities Project website.[94]

   - Ensure that all training materials and resources on the Minnesota Department of Human Services (DHS), Child Welfare Training System is inclusive of information about

and issues impacting children with disabilities and their families and parents with disabilities.[95]

- Offer enhanced training with high priority stakeholders such as Minnesota Departments of Human Service and Health (DHS and MDH) licensing staff, Minnesota Department of Education (MDE) compliance and maltreatment staff, county case managers and adult and child protection staff, staff from the Office of the Ombudsman for Mental Health and Developmental Disabilities (OMHDD), criminal justice professionals, community-based victim advocates, and disability service providers.

Guidance on Implementation:

- Enlist people with disabilities to be leaders, mentors, and educators in order to reflect what is really happening in people's lives. Involve people with disabilities across the disability spectrum; across racially, ethnically, and culturally diverse communities; and throughout Minnesota.

- Content for training should include key concepts of: disability identity, justice, and advocacy from the Social Model of Disability; vulnerability and risk from the Socio-Ecological Model; community-based advocacy approaches to risk reduction and safety planning; victim-centered and trauma informed care; and person-centeredness.[96]

- Emphasize trauma informed care using the expertise of advocates from disability organizations, community-based victim services, and other professionals with expertise in trauma informed care.

- Provide opportunities for people with and without disabilities to learn together. Provide opportunities for cross training among sectors and disciplines.

6. Action Area: Secondary Prevention - Early Recognition and Response

Description: Secondary Prevention refers to early recognition and immediate response *after* abuse and neglect has occurred. Prevent re-victimization and address immediate needs of people who have experienced abuse and neglect. Stop perpetrators from re-offending. Begin an assessment of how the response was handled and factors contributing to abuse and neglect.

Desired Outcome: Harm to people with disabilities is minimized by early recognition of abuse and neglect. People with disabilities get trauma-informed and victim-centered help and safety planning. Offenders are quickly identified and prevented from causing further harm. All responsible systems work collaboratively to investigate and conduct process improvement structures that identify needed system improvements. Initial changes in prevention, supports for people who have experienced abuse and neglect, education, and response are quickly identified and made. Offenders and agencies are held accountable.

a. Recommendation: Build upon the Specialty Committee *Global System Analysis* to further assess and reform the existing abuse and neglect reporting, investigation, and response systems for children with disabilities[97] and for adults with disabilities. Enhance the role of the criminal justice system and community-based victim advocates in the system of response. Create a system whereby all stakeholders—including people with disabilities and families—understand the role, processes, and rights of each response and "helping system."[98] Such a system should be collaborative, inclusive, trauma informed, and person-centered.

   Rationale: According to the Fostering Accountability section of the End Abuse of People with Disabilities Project website, "Holding those who abuse accountable for their actions is an essential strategy to repair the harm they have caused and decrease the likelihood they will abuse again in the future."[99] The unintended consequence of a segmented, disjointed system is that individuals with disabilities do not have access to the various response[100] and "helping systems" when abuse and neglect are reported. As a result, professionals working in the criminal justice system and community-based victim advocate system may be less skilled responding to abuse, neglect, and other crimes perpetrated against people with disabilities. Effective coordinated response increases the likelihood that people with disabilities will get access to the help they need, while also receiving the justice they deserve through the criminal justice system. Regardless of the response system, the Specialty Committee learned that when a person experiences abuse and neglect, immediate help is not readily available, and there are few options for support. When reports are made, those who report abuse and neglect are not made aware of what, if anything, happened as a result of their complaint.[101]

   Examples of strategies from Specialty Committee members:

   - Consult the Massachusetts Disabled People's Protection Commission (DPPC) to learn from their Building Partnerships for the Protection of Persons with Disabilities Initiative.[102] Explore forming an Investigations Advisory Panel to work specifically on this recommendation.

   - Review the Enhancing Accountability in the Criminal Justice System action steps and resources on the End Abuse of People with Disabilities Project website.[103]

   - Review the Enhancing Services in Victim Service Organizations for action steps and resources on the End Abuse of People with Disabilities Project website.[104]

   - Review the Elder Justice Roadmap: A Stakeholder Initiative to Respond to Emerging Health, Justice, Financial and Social Crisis.[105]

   - Review the Ending Sexual Abuse of Children with Disabilities Project at the Vera Institute for Justice.[106]

   - Consult the Office for Victims of Crime, Victims with Disabilities: Collaborative, Multidisciplinary First Response resource.[107]

- Review the Steps to Take to Build and Support a Collaboration on the End Abuse of People with Disabilities Project website.[108]

- Develop an independent advocacy and navigator system to support adults with disabilities who have experienced abuse and neglect.

Guidance on Implementation:

- Enlist people with disabilities to be leaders, mentors, and educators in order to reflect what is really happening in people's lives. Involve people with disabilities across the disability spectrum; across racially, ethnically, and culturally diverse communities; and throughout Minnesota.

- Engage criminal justice system professionals (police, prosecutors, judges, victim advocates), leads from other response systems, and people with disabilities and family members.

- Map existing abuse and neglect reporting, investigation, and response systems.

- Establish safeguards that protect people who report abuse or neglect from retaliation.

b. Recommendation: Ensure Minnesota has a statewide system of community-based coordinated community response (CCR), targeting both people who have experienced abuse and neglect and offenders, using multi-agency, multi-disciplinary teams focused on the problem of abuse and neglect of people with disabilities.

Rationale: Effective CCR increases the likelihood that people with disabilities will get access to the help they need, while also holding offenders and organizations accountable. People with disabilities may not be included or well-served by existing CCR systems in Minnesota. A strong community-based system that is inclusive of people with disabilities allows for communities to build partnerships; draw upon strengths; identify and solve problems; develop culturally-based prevention, response, and intervention approaches; and create a community-based system of accountability. All parts of the system and community should be knowledgeable and ready to support people who have experienced abuse and neglect and intervene with those who are perpetrating harm. All parts of the system and community should also feel increasingly confident on ways to address the problem within their respective circles of influence.

Examples of strategies from Specialty Committee members:

- Review the Office for Victims of Crime, Multidisciplinary Response to Crime Victims with Disabilities Community-Level Replication Guide for a model system and response.[109]

- Review the Steps to Take to Build and Support a Collaboration on the End Abuse of People with Disabilities website.[110]

- Consult and collaborate with the Minnesota Coalition on Sexual Assault (MNCASA) to learn about the statewide system of Sexual Assault Response Teams (SART) and the Minnesota SMART (Sexual Assault Multi-disciplinary Action Response Teams) Collaborative Project.[111]

- Consult with the creators of the Duluth Model of coordinated community response to domestic violence at Domestic Abuse Intervention Programs. [112]

- Consult the Child Response Initiative to learn about the model of coordinated community response to children (Birth-18 years of age) and their families who have experienced any type of trauma or violence.[113]

- Consult the No Wrong Door model being used in Minnesota to respond to commercial sexual trafficking of youth. Model entails regional navigators, community-based cross disciplinary training, and development of a multidisciplinary coordinated community response team.[114]

- Utilize Regional Quality Councils. Expand the number and role of Quality Councils in "abuse and neglect" prevention, such as compliance observers and non-adversarial mediators to resolve differences.[115]

- Include education, developing non-violent behaviors that regulate emotional processes, and taking into consideration the offenders' own experiences with trauma, violence and developmental processes. Build the capacity of nonviolent behavior programs for adults and children[116] to work with community groups to help offenders change their behavior. Consider Restorative Justice and Reconciliation Model as an alternative response approach that may be applicable.[117]

Guidance on Implementation:

- CCR should be largely developed at the community or regional level, with guidance and minimum standards developed by the state. Ensure each region has a lead agency to support the inclusion of children and adults with disabilities as beneficiaries of existing or newly formed community-based coordinated response teams.

- CCR teams should include people with disabilities as leaders, include representation from a array of disability advocacy organizations, and include people from racially and ethnically diverse communities within each CCR region. Teams should include representation from an array of health and human service providers, disability service providers, community-based victim advocates, tribal agencies, and criminal justice system professionals.

- The system must ensure people with disabilities have access to community-based victim advocates and the criminal justice system.

7. Action Area: Tertiary Prevention - Long Term Response, Intervention, and Evaluation

Description: Promote healing of people who have experienced abuse and neglect and hold perpetrators accountable. Provide education and supports for learning nonviolent-non-harmful behaviors in interpersonal relationships based on equality, respect, choice, and self-determination. Create accountable measures and strategies for organizations and state systems accountability. Build upon Minnesota's Olmstead Plan Desired Outcome: Ensure long-term trauma-informed, victim-centered supports for people who have experienced abuse and neglect. Specifically, build upon the outcome's existing goals, strategies, and workplans focused on equality, leadership, and self-advocacy efforts for people with disabilities.

Hold individuals accountable and have responses in place to change behavior to promote respectful interpersonal relationships with systems of accountability. Ensure ongoing organization and system analysis and improvement of response systems.

a. Recommendation: Create a cross-system, comprehensive abuse and neglect data collection, tracking, sharing, and quality improvement system.

   Rationale: According to the Vera Institute, fundamental questions about abuse of people with disabilities remain unanswered. These questions include, but are not limited to, determining how many people with disabilities experience various crimes, understanding how rates of abuse vary by disability type, how many survivors with disabilities report abuse to law enforcement, and what happens after reports are made.[118]

   Robust data collection, tracking, and sharing systems are crucial to helping Minnesota's policymakers and practitioners fully understand the prevalence of abuse and neglect and craft effective prevention and intervention approaches for people with disabilities. Use existing data systems to identify patterns among people who experience abuse and neglect, offenders, and in the environment. Target research efforts to people who are at a higher risk of experiencing abuse and neglect, potential offenders, and environments. Identify any gaps[119] in Minnesota's data collection system and address them.

   Examples of strategies from Specialty Committee members:

   - The Vera Institute of Justice recommends three specific strategies: 1) collect statistical information on survivors with disabilities, 2) enhance existing data collection surveys, and 3) promote a research agenda. Refer to the *Research and Evaluation* strategies and resources on the End of Abuse of People with Disabilities website.[120]
   - Consult the Massachusetts Disabled People's Protection Commission (DPPC) to learn from their approach.

Guidance on Implementation:

- Designate a lead agency. Identify all state agencies responsible for collecting and generating relevant data. Identify academic institutions and individual researchers with subject matter expertise. Form a Data Collection Advisory Panel to create a robust data collection, tracking, analyzing, and sharing system. Ensure that the system tracks criminal and noncriminal offenses, victim and offender characteristics, settings where victimization occurs, reporting and response system engagement and outcomes, and outcomes for survivors. Identify people who are at a higher risk of experiencing abuse and neglect, potential offenders, and high-risk environments. Use the data to target prevention and short-term and longer-term intervention approaches.

- Review terminology and, to the extent possible, create consistent uses of terminology across jurisdictions and service sectors**.** Current state and federal laws, rules, and regulations evolved over time and use different terminology and different definitions to describe abuse and neglect.

b. Recommendation: Establish measurable goals designed to achieve desired outcomes in each of the action areas. Create evaluation protocols designed to measure outcomes at the individual, relationship, organization, community, and state system levels.

Rationale: Evaluation is important for accountability and for innovation.[121] Tying data collected to outcomes is essential to evaluate the effectiveness of the comprehensive prevention plan to inform continuous improvement. Awareness is not the same as behavior change. Implementation of the comprehensive prevention plan needs to focus on evaluating changes in behaviors as well as the acquisition of new knowledge and self-reports of changed attitudes. Outcomes need to target behaviors at all system levels: individual, relationship, organization, community, and state system levels.[122, 123] Goals should identify outcomes that reduce the risk and the occurrence of abuse and neglect, enhance protective factors, and reflect practices that support inclusion, leadership, and empowerment for people with disabilities.

Examples of strategies from Specialty Committee members:

- Measure the capacity to serve survivors with disabilities. The Vera Institute of Justice's Center on Victimization and Safety developed a performance indicator tool to provide a cost-effective way for disability organizations, domestic violence programs, rape crisis centers, and programs that address domestic and sexual violence to track their progress in serving survivors of domestic and sexual violence who have disabilities.[124]

- Utilize results based accountability as a performance measurement framework that is easily accessible and understandable. Performance accountability focuses on the wellbeing of the client populations. Measurement focuses on three key elements. How much did we do? How well did we do it? Is anyone better off? An example of how this model can be applied

can be found at http://www.health.state.mn.us/divs/opi/healthequity/resources/gare-rba.html.

Guidance on Implementation:

- Ensure goals and evaluation protocols are informed by the Guiding Principles.
- Use multiple methods and multiple sources to collect evaluation data, with an emphasis on qualitative and quantitative data collected directly from people with disabilities. Data must be accurate, reliable, and verifiable.
- Measurement of outcomes needs to go beyond reducing unwanted behaviors, like abuse and neglect, to increasing desired behaviors, like honoring choice and supporting self-determination. Outcomes may include:
  - Success in removing barriers to people with disabilities reporting and getting the help they want and need.
  - More people with disabilities receiving supports from community-based victim advocacy organizations.
  - More people referred for trauma-informed treatment and healing supports.
  - Increase in caregiving practices based on equality and respect.
  - People with disabilities serve in more leadership positions in places where they live, learn, work, worship and play.
- Goals should be made part of the public awareness campaigns and reported on at least annually.

Areas to Enhance in the Olmstead Plan and promising approaches for future consideration

The *Global System Analysis* and *Priorities*[125] documents provide a detailed examination of the expansive work of the Specialty Committee. The recommendations reflect a consensus of opinion on initial steps that Minnesota needs to take to prevent abuse and neglect of people with disabilities. The *Priorities* document identifies areas to enhance in the Olmstead Plan and promising approaches that the Olmstead Subcabinet agencies are encouraged to explore:

1. Consider the Safety Leadership Institute Lens (safety science) "Collaborative Safety" model for system and organizational culture change.[126]
2. Examine the Restorative Justice & Reconciliation Model as one of the array of options for intervening and resolving abuse and neglect of people with disabilities.[127]

3. Implement early childhood and elementary school initiatives that promote environments of acceptance for children with disabilities and promotes non-violence.

4. Develop and vet ways to incorporate some of the priorities for improving outcomes for children with disabilities as part of the Governor's Task Force on Child Protection and ongoing efforts to reform the child and family welfare system. Consult the proposed Hennepin County Model for Profound and Sustained System Transformation based upon the New Jersey System Transformation Model.

5. Assess ways to enhance the capacity of the network of Centers for Independent Living, and other disability advocacy organizations, to do abuse and neglect prevention, education, and outreach to people with disabilities, in particular those persons using consumer-directed and PCA services.

6. Assess the availability of mental health services providers and professionals throughout Minnesota. Measure their capacity to accommodate and adapt treatment to meet the needs of people with disabilities across the spectrum of disability who experience trauma and other mental health challenges due to trauma.

7. Address workforce shortage issues across the spectrum of services and supports.

8. Continue efforts to reform the guardianship system and practices, including expanding supported decision-making as an alternative to guardianship and conservatorship.

9. Expand the coordinated community response (CCR) system to assume a leadership role in comprehensive prevention, such as:
    - Lead community-based primary prevention efforts.
    - Support the implementation of risk reduction education and safety planning for people with disabilities (see recommendation 2a).
    - Support the implementation of risk reduction education, awareness, and outreach to families (see recommendation 3a and b) and awareness education and outreach to the general public (see recommendation 4a).
    - Facilitate community-based multi-disciplinary, multi-sector provider education (see recommendation 5a).
    - Identify and collaboratively work to address local problems identified by disability advocates and self-advocates.
    - Improve accountability at the individual, organization, and system levels.

Concluding Thoughts

The work of the Specialty Committee began with this assertion: Acknowledging the problem and responding to its occurrences are simply insufficient. What are we going to do to end abuse and neglect of people with disabilities? The Committee was asked to move beyond traditional ways of thinking about "disability," "vulnerability" to abuse and neglect, and remedial responses focused on external protection of people with disabilities. The Committee was asked to embrace news ways of thinking based on the Social Model of Disability, the Socio-Ecological Model of Vulnerability and Risk, and the Public Health approach to comprehensive prevention.

The result is this comprehensive prevention plan, which when fully implemented, aspires to reduce the likelihood of abuse occurring, and when it does occur, ensures that people with disabilities will receive timely and effective response, protection, and support. The plan builds on Olmstead Plan efforts to elevate the status of people with disabilities in our society by ensuring that they are leaders and partners in the State's comprehensive abuse and neglect prevention efforts. The plan furthers Olmstead Plan efforts to break down the barriers in Minnesota that exclude and segregate people with disabilities, by engaging all segments of our society in this work.

People with disabilities cannot reach their full potential and live self-determined lives, as envisioned by the American with Disabilities Act and Minnesota's Olmstead Plan, if they are being abused. Adoption of the recommendations in this plan, using the Guiding Principles to direct our efforts, will send a powerful message to people with disabilities in Minnesota that we are serious about ending abuse of people with disabilities.

Appendices

Appendix A

Olmstead Subcabinet Specialty Committee Member and Contributor List

Table 3: Specialty Committee Members, Including Organization and Title

Name	Organization	Title
Gilbert Acevedo	MN Department of Health	Assistant Commissioner
Jessalyn Akerman-Frank	MN Department of Human Services	Director of Community Engagement and Project Management
Sean Burke	MN Disability Law Center	Staff Attorney
Jennifer DeCubellis	Hennepin County	Deputy County Administrator
Melissa Doherty	MN Southwestern Center for Independent Living	Executive Director
Suzanne Elwell	Director, Crime Victim Justice Unit	Office of Justice Programs, MN Department Public Safety
Nancy Fitzsimons	Minnesota State University, Mankato, Department of Social Work	Professor / Specialty Committee Co-Chair
Andy Johnson	Bethel University	Associate Professor of Psychology
Amy Kenzie	MN Department of Health	Sexual Violence Prevention Program Director
Daron Korte	MN Department of Education	Assistant Commissioner / Specialty Committee Co-Chair
Traci Laliberte	Center for Advanced Studies in Child Welfare (CASCW), University of Minnesota	Executive Director
Kerri Leucuta	Region 10 Quality Council	Region 10 Quality Council Manager
Jody Manning	PACER Center	Director, Parent Training and Information Center

Name	Organization	Title
David Mathews	Cornerstone	Program Manager, Child, Youth and Family Services
Nicole Matthews	Minnesota Indian Women's Sexual Assault Coalition	Executive Director
Rena Moran	Minnesota Communities Caring for Children	Director of Prevention Initiative and Parent Leadership
Heidi Myhre	Advocate / Volunteer Arc	Advocate / Volunteer Arc
Kayla Nance	The Arc Greater Twin Cities	Regional Quality Project Manager
Roberta Opheim	Office of Ombudsman for Mental Health and Development Disabilities (OMHDD)	Ombudsman
Tara Patet	St. Paul City Attorney Office	Supervising Attorney
Marit Peterson	MN Elder Justice Center	Program Director
Samuel Smith	National Alliance on Mental Illness	Public Policy Coordinator
Amy Sweasy	Hennepin County	Senior Assistant Hennepin County Attorney
Bradford Teslow	Olmstead Community Engagement Workgroup / Advocate	Olmstead Community Engagement Workgroup Co-Chair / Advocate
Traci Thomas-Card	MN Coalition Against Sexual Assault	Membership and Advocacy Services Manager
Lauren Thompson	Advocate	Advocate
Nikki Villavicencio	Disability Justice Advocate	Disability Justice Advocate
Joan Willshire	MN Council on Disability	Executive Director
Claire Wilson	MN Department of Human Services	Assistant Commissioner
Andrea Zuber	Dakota County Social Services	Social Services Director

Table 4: Specialty Committee Support Staff, Including Organization and Title

Name	Organization	Title
Jennifer Alexander	MN Department of Education	Program Supervisor
Kari Benson	MN Department of Health Services	Health Care Program Manager, Sr.
Leigh Benvenuti	OMHDD	Management Analyst
Rachel Centinario	MN Department of Education	Education Program Specialist
Barbara Christenson	MN Department of Human Services	Director of Aging and Adult Services
Lisa Deputie	MN Communities Caring for Children	Director of Prevention Initiatives for the Metro Area
Diane Doolittle	Olmstead Implementation Office	Project Manager
Jada Fehn	MN Department of Health	Health Program Representative
Andrei Hahn	Governor's Council on Developmental Disabilities	Planner
Sarah Knoph	MN Department of Education	Integrated Education Specialist
Maura McNellis-Kubat	OMHDD	Systemic Review Manager
Michelle Ness	MN Department of Health	Assistant Director, Office of Health Facility Complaints
Mike Tessneer	Olmstead Implementation Office	Compliance Manager
Jill Tilbury	MN Department of Human Services	Public Guardianship Administrator, Disability Services Division
Cheri Townsend	Hennepin County	Senior Attorney
Colleen Wieck	Governor's Council on Developmental Disabilities	Executive Director
Darlene Zangara	Olmstead Implementation Office	Executive Director

Appendix B

Engaging in the Work: Key Process Steps

Olmstead Subcabinet Specialty Committee

The work of the Specialty Committee began with an Orientation Meeting on June 20, 2017 with the aim to create a unified vision for the work and get commitment from participants to serve on the Committee. The meeting consisted of:

- Watching a 7-minute video: End the Silence.
- Presentation by Dr. Colleen Wieck, Executive Director of the Governor's Council on Developmental Disabilities about the history of treatment of people with disabilities.
- Presentation by Dr. Nancy Fitzsimons on Moving to a New Way of Thinking about Disability, Vulnerability to Abuse and Neglect and comprehensive prevention.[128]

The Specialty Committee met seven times and divided the work into three parts. Meeting notes are available here.

Part 1: Education, Examination, Generation of Preliminary Ideas

- Meeting One (July 10, 2017): Examined Minnesota's main systems involved in responding to abuse and neglect of children and adults with disabilities and identified preliminary ideas for comprehensive plan.
- Meeting Two (July 27, 2017): Examined trauma informed, victim-centered supports for victims/survivors with disabilities (secondary and tertiary prevention). Examined risk reduction for children and adults with disabilities. Identified preliminary ideas for comprehensive prevention plan. A preliminary version of the Resource Document was disseminated with resources available at the meeting for Committee members to review. The final version of the Resources Document can be accessed on the Abuse and Neglect Prevention Plan Specialty Committee page of the Olmstead Plan website.
- Meeting Three (August 17, 2017): Examined primary strategies, and identified current practices and preliminary ideas for comprehensive plan examined public education/outreach, identified current practices.

Part 2: Digging Deeper: Envisioning Minnesota's Comprehensive Abuse and Neglect Prevention Plan

- Meeting Four (September 7, 2017): Examined the state of comprehensive abuse and neglect prevention in Minnesota for people with disabilities. Reviewed the Global System Analysis resulting from the ideas generated during the first three Committee meetings.[129] Begin preliminary discussion of Guiding Principles. Identified a preliminary list of priority areas for primary prevention, risk reduction, public education and outreach, and effective response.
- Meeting Five (October 18, 2017): Reviewed results of the priority ratings.[130]Identified priority areas for primary prevention, risk reduction, public education and outreach, and effective response. Reviewed a draft of the guiding principles. Reviewed ideas for comprehensive prevention plan outcomes.

- Meeting Six (November 2, 2017): Identified key recommendations for comprehensive prevention.

Part 3: Finalizing the Comprehensive Abuse and Neglect Prevention Plan

- Meeting Seven (November 30, 2017): Reviewed a draft of the final report with recommendations. Achieved consensus on the proposed comprehensive prevention plan.

Community Listening Sessions

The work of the Specialty Committee was supplemented by conducting nine listening sessions held across the Twin Cities and in greater Minnesota that reached approximately 125 members of the public.

Listening sessions were arranged by members of the Committee and facilitated by one or both co-chairs of the Specialty Committee with notes taken by staff from the Olmstead Implementation Office.

The list below identifies the locations:

- Arc Greater Twin Cities, St. Paul
- Arc Southwest Minnesota, Mankato
- SMILES Center for Independent Living, Mankato
- Region 10 Quality Council, Rochester
- Arrowhead Region Quality Council, Duluth
- Minnesota Association of Centers for Independent Living, St. Paul (with connection to representatives from all regions in Minnesota).
- Minnesota Council on Disability, St. Paul (with connection to representatives from all regions in Minnesota).
- Sanford Medical Health Center, Bemidji
- Minnesota Association of Centers for Independent Living, Brainerd

Information from the listening sessions was shared with the Committee and informed the recommendations in this plan. Refer here for a summary of concerns and solutions shared at the nine listening sessions.

Appendix C

Guiding Principles

The views and beliefs expressed by the Specialty Committee developed into guiding principles. The Specialty Committee was careful to make only recommendations that were supported by these principles.

The Comprehensive Plan for Prevention of Abuse and Neglect of People with Disabilities should:

1. **Promote Leadership and Inclusion** for people with disabilities.
   - Respect the dignity and completeness of the individual and their ability to have a valued social role.
   - Portray individuals respectfully as functioning and contributing members of society with full civil rights, including the right to be parents.
   - Ensure persons with a disability, their families, friends, partners, and support systems are equipped with the knowledge and resources necessary to fully exercise their rights.
   - Provide on-going opportunities for full participation of people with disabilities, their families, and support people in plan implementation.
   - Educate non-disabled people to be allies of people with disabilities and to ensure community integration.
2. Focus primarily on the **Social Model of Disability** (refer to Page 17 of this report).
   - Use the perspective that society needs to change how it interacts with people with disabilities, rather than seeing the disability as the problem.
   - Carefully consider individuals' personal abilities, characteristics, relationships, and the communities they live, work, learn, worship, and recreate.
   - Remove barriers that restrict meaningful and informed choices.
   - Encourage collaboration between an individual with a disability, his/her family members, support people, communities, departments, agencies, advocates and service providers (when applicable).
   - Understand what freedom and dignity mean to people with disabilities.
3. Be **Informed** by **Non-Dominant Communities**.
   - Create a structure for non-dominant voices in leadership and decision-making.
4. Understand vulnerability and risk from the **Socio-Ecological Model (**refer to Figure 3).
5. Be informed by the **History of the Disability Community.**
   - Reflect on impacts of institutionalization, oppression, and abuse of people with disabilities.
6. Promote **Person-Centeredness**[131].
   - Build systems that listen to people with disabilities.
   - Balance dignity of risk with concerns about safety.
7. Recognize the **Diversity of Disabilities** and its place in the spectrum of human diversity.
   - Recognize that disability is one of the many aspects of human diversity.
   - Recognize the importance of all aspects of one's identity and actively engage diverse people with disabilities by race/ethnicity, gender, age, sexual orientation, religion, geographic origin and location, and other aspects of human and community diversity.
8. Promote ethical and transparent **Leadership.**
   - Foster accountability in all systems, organizations, and professionals.

9. Carefully consider **Language** and the **Meaning of Words.**
   - Use plain language.
   - Recognize how every individual understands the world differently.
10. Includes a full range of **Primary Prevention, Risk Reduction, Effective Response and Mitigation, and Public Education** strategies.
    - Acknowledge that prevention is possible.
    - Ensure that abuse and neglect is noticed, including the more subtle forms of power and control.
    - Use the Spectrum of Prevention to target prevention, early and effective response, and intervention at every level: individual, relationship, organization, community, and policy.
11. Be **Trauma-informed and Victim-centered.**
    - Eliminate systems that perpetuate violence.
    - Focus on well-being, safety, and healing of the individual abused or neglected.
    - Recognize trauma symptoms, acknowledge the impacts of trauma on individuals, and provide trauma-informed services and supports.
12. Connect abuse and neglect with **Crime Victimization.**
13. Assess current **System Capacity** – strengths, challenges, gaps, and backup systems.
    - Develop backup systems, create options, and accommodate different types of disabilities and needs.
    - Create multiple entry points to get help.
14. Be informed by and build on **Strategies, Ideas, Models, and Resources** from other systems, places, and organizations that are working.
15. Develop and strengthen skills and processes through **Collaboration.**
    - Engage all parties, including the community, in creating and implementing abuse and neglect prevention and responses across the entire system.
16. Be **Data, Research Evidence,** and **Best Practice** driven (to the extent possible).

ENDNOTES

[1]Americans With Disabilities Act (ADA) of 1990, 42 U.S.C. §§ 12101–12213 (2016). The ADA is a civil rights law that prohibits discrimination against qualified people with disabilities. A qualified person is any individual who has a physical or mental impairment that substantially limits a major life activity; has a record of having such an impairment; or is regarded as having such an impairment. For more information about the ADA, see https://www.ada.gov/ada_intro.htm.

[2]*Olmstead v. L.C. ex rel. Zimring*, 527 U.S. 581 (1999). This U.S. Supreme Court decision decreed that unjustified segregation of persons with disabilities constitutes discrimination in violation of Title II of the ADA. The Court held that public entities must provide community-based services to persons with disabilities when (1) such services are appropriate; (2) the affected persons do not oppose community-based treatment; and (3) community-based services can be reasonably accommodated, taking into account the resources available to the public entity and the needs of others who are receiving disability services from the entity. For more information about the *Olmstead* decision, see https://www.ada.gov/olmstead/olmstead_about.htm.

The *Olmstead* ruling also required that persons with disabilities receive services in the most integrated setting appropriate to their needs—known as "the integration mandate." The *Olmstead* case ultimately led to the creation of the Minnesota *Olmstead* Plan, available at http://www.dhs.state.mn.us/main/groups/olmstead/documents/pub/dhs16_180147.pdf.

[3]The Vera Institute of Justice (Vera), Center on Victimization and Safety (CVS). (2018). *End Abuse of People with Disabilities* website. See the box, "Explore the Problem." Retrieved from https://www.endabusepwd.org/. To view the parent site, go to https://www.vera.org/.

[4]Amherst H. Wilder Foundation. (June 2017). *Brief Summary of Existing Data on Abuse and Neglect of Children and Adults with Disabilities*. Prepared by Darcie Thomsen for the Minnesota Governor's Council on Developmental Disabilities. Wilder Research: St. Paul, MN.

[5] Ibid.

[6]Hogg Foundation for Mental Health. (2015). *When Disability is A Disguise: Addressing the mental health needs of people with Intellectual and Developmental Disabilities.* The University of Texas at Austin, Division of Diversity and Community Engagement: Austin, TX. Retrieved from http://hogg.utexas.edu/project/when-disability-is-a-disguise.

[7]Wilder Foundation. (June 2017). *Brief Summary of Existing Data on Abuse and Neglect of Children and Adults with Disabilities*. Prepared for Minnesota Governor's Council on Developmental Disabilities.

The Office of Ombudsman for Mental Health and Developmental Disabilities (OMHDD). The Ombudsman is an independent governmental official who receives complaints against government (and government-regulated) agencies and/or its officials, who investigates, and who if the complaints are justified, takes action to remedy the complaints. The Ombudsman serves as an ex-officio members of the Olmstead Subcabinet. For more information about the OMHDD, see https://mn.gov/omhdd/.

OMHDD. For examples of their work, see the *Jensen Settlement*, which is a federal class action lawsuit against the Department of Human Services (DHS) filed on behalf of clients who had been subjected to seclusion or restraint. Available at https://mn.gov/omhdd/client-services/jensen-settlement--meto-class-action-suit.jsp.

[8] Ibid.

[9] Ibid.

[10]For more information about this survey, please refer to the National Crime Victimization Survey page of the U.S. Bureau of Justice Statistics website at https://www.bjs.gov/index.cfm?ty=dcdetail&iid=245.

[11] Harrell, Erika. (2017). *Crime Against Persons with Disabilities, 2009-2015 – Statistical Tables.* U.S. Bureau of Justice Statistics. Crime Against People with Disabilities Series. https://www.bjs.gov/content/pub/pdf/capd0915st.pdf.

[12] Ibid.

[13] Ibid.

[14] Ibid.

[15] Shapiro, J. (Author/Investigations Correspondent). (Jan. 8, 2018). The Sexual Assault Epidemic No One is Talking About. Special 5-Part Series – Abused and Betrayed, aired Jan. 8, 9, 16, 18, 20, 2018. National Public Radio (NPR): Washington, D.C. Available at https://www.npr.org/2018/01/08/576428410/npr-investigation-finds-hidden-epidemic-of-sexual-assault.

[16] Refer to the explanation of vulnerability in Fitzsimons, N. (2016). Justice for crime victims with disabilities in the criminal justice system: An examination of barriers and impetus for change. University of St. Thomas Law Journal, 13(1), 33-87.

[17]Mackelprang, R. W. & Salsgiver, R. O. (Third Edition 2016). *Disability: A Diversity Model Approach in Human Service Practice*. Oxford University Press; New York, NY. Ableism refers to "the belief that people with disabilities are inferior to people without disabilities because of their differences," p. 10.

Harpur, P. (2012). From Disability to Ability: Changing the Phrasing of the Debate. *Disability and Society*, *27*(3), 325-337. The article explores how the labels of dis-ableism and ableism within the social model have affected society's oppression of people with disabilities. Retrieved from https://doi.org/10.1080/09687599.2012.654985.

WHO. *International Classification of Functioning, Disability and Health (ICF)*. (2001). The Medical Model views disability as a problem of the person, directly caused by disease, trauma, or other health condition, which requires medical care provided in the form of individual treatment by professionals. Management of the disability is aimed at cure or the individual's adjustment and behavior change. Medical care is viewed as the main issue. For more information on ICF, see http://www.who.int/classifications/icf/en/.

Iezzoni, L.I. (2016) *Stigma and Prejudice*. New York, NY: Springer International Publishing; 2016:3-21. The stigma associated with being disabled remains pervasive. "Despite the 1990 enactment of the ADA, individuals with disabilities have greater disadvantages in education, employment, income, housing, transportation, and other eco-social determinants of health than do nondisabled persons," Abstract. Retrieved from https://link.springer.com/chapter/10.1007/978-3-319-27580-2_1#citeas.

The National Academies of Sciences, Engineering, and Medicine (NASEM). (2018). *Compounded Disparities: Health Equity at the Intersection of Disability, Race, and Ethnicity*. Health and Medicine Division. The authors suggest that we cannot change how we think about the vulnerability of people with disabilities until we recognize how deeply "every socioeconomic characteristic associated with disability is assumed to be a natural and direct consequence of disability: disability equals poor health, poor health equals inability to work, inability to work equals poverty, and poverty in turn explains lack of housing, food insecurity, limited educational opportunities, and health disparities, all factors that inevitably lead back to disability," p.6. Available at https://dredf.org/2018/01/19/compounded-disparities-health-equity-intersection-disability-race-ethnicity/.

[18] Go to the Minnesota Olmstead Plan website for more information about the Governor's Executive Order and to access the February 2017 Revision of Minnesota's Olmstead Plan. See https://mn.gov/dhs/general-public/featured-programs-initiatives/olmstead-plan/.

The U.S. District Court's approval of the goal on prevention of abuse and neglect can be found on http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=LatestReleased&Rendition=Primary&allowInterrupt=1&noSaveAs=1&dDocName=dhs-288030.

[19]The Abuse and Neglect Prevention Plan for people with disabilities can be accessed at http://www.dhs.state.mn.us/main/groups/olmstead/documents/pub/dhs-288391.pdf.

[20]The Abuse and Neglect Prevention Specialty Committee Charter can be accessed at http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=LatestReleased&Rendition=Primary&allowInterrupt=1&noSaveAs=1&dDocName=dhs-294425.

[21] Meeting agendas, resource documents, and notes can be accessed on the Abuse and Neglect Prevention Plan Specialty Committee page of at the Minnesota Olmstead Plan website: http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=opc_anppsc.

[22]WHO. *International Classification of Functioning (ICF)*. (2001). The Social Model views disability mainly as a social problem whereby society creates barriers that exclude people with disabilities from participating fully in community life. Disability is not an attribute of an individual but rather a complex collection of conditions, many of which are created by the social environment. Hence the management of the problem requires social … and political action. For more information on societally-created barriers, see http://www.who.int/mediacentre/factsheets/fs352/en/.

[23] Thomas, C. (2002). Disability theory: Key ideas, issues, and thinkers. In C. Barnes, M. Oliver, & L. Barton, *Disability studies today, 38-57*. Cambridge: Polity Press.

[24] WHO. *International Classification of Functioning (ICF)*. (2001). Another way to describe intersectionality in this context is to view disability as "the interaction between individuals with a health condition (e.g. cerebral palsy, Down syndrome and depression) and personal and environmental factors (e.g. negative attitudes, inaccessible transportation and public buildings, and limited

social supports)." See the WHO Fact Sheet 352 referenced previously, as well as their "bio-psycho-social model" view of disability at http://www.who.int/disabilities/world_report/2011/report.pdf.

[25] Permission to use the *Traditional vs. Social Model* image received from Advocations on November 27, 2017. Image retrieved from http://www.advocations.org/working-definition-disability/.

[26] Centers for Disease Control and Prevention (CDC). Division of Violence Prevention. (2002). *The Socio-Ecological Model: A Framework for Violence Prevention*. Atlanta, GA. Retrieved from https://www.cdc.gov/violenceprevention/pdf/sem_framewrk-a.pdf.

ADA, 42 U.S.C. § 12102(1). As listed in Endnote 1, a person with a disability is (1); (2); or (3) is regarded as having such an impairment. The third component is critical, as this is what incorporates the Social Model of Disability, by recognizing that a person can be disabled by external barriers and how others perceive him or her.

[27] Ibid.

[28] Adapted from Hollomotz, A. (2009). Beyond 'vulnerability': an ecological model approach to conceptualizing risk of sexual violence against people with learning difficulties. *British Journal of Social Work*, *39*(1), 99-112. The author takes into account the complex social processes involved in the creation of risk. Risk is influenced by personal attributes, self-defense skills, environments, and socio-cultural factors, all of which interlink and interact with each other, thereby impacting the individual's opportunities and potential to increase self-defense skills. Available at https://doi.org/10.1093/bjsw/bcm091.

[29] Adapted from the original work of Urie Bronfenbrenner. Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. American Psychologist, 32(7), 513-531. http://dx.doi.org/10.1037/0003-066X.32.7.513.

[30] CDC. (2015). *The Public Health Approach to Violence Prevention*. Atlanta, GA. Available at https://www.cdc.gov/violenceprevention/pdf/PH_App_Violence-a.pdf.

[31] CDC. (2004). *Sexual violence prevention: Beginning the dialogue*. Atlanta, GA. For an overview of the public health model applied to the prevention of sexual violence, go to https://www.cdc.gov/violenceprevention/pdf/svprevention-a.pdf.

[32] Curtis, M. J. and Love, T. (2015). *Tools for Change: An Introduction to the Primary Prevention of Sexual Violence*. Texas Association Against Sexual Assault (TAASA). www.taasa.org. Available at https://taasa.org/wp-content/uploads/2015/05/Prevention-Toolkit-2010-MCTL-vFinal1.pdf.

[33] Texas Association Against Sexual Assault (TAASA). *Tools for Change: An Introduction to the Primary Prevention of Sexual Assault*. Retrieved from http://taasa.org/wp-content/uploads/2015/05/Prevention-Toolkit-2010-MCTL-vFInal1.pdf.

[34] TAASA. (2015). Table adapted from *Tools for Change: An Introduction to the Primary Prevention of Sexual Assault* by M. J. Curtis & T. Love. Retrieved from http://taasa.org/wp-content/uploads/2015/05/Prevention-Toolkit-2010-MCTL-vFInal1.pdf.

[35] Cohen, L. and Swift, S. (1999). *The Spectrum of Prevention: Developing a Comprehensive Approach to Injury Prevention*. The Prevention Institute at the Center of Community Well-Being: Oakland, CA has a homepage at https://www.preventioninstitute.org/. The article is available at https://www.preventioninstitute.org/sites/default/files/publications/Spectrum%20of%20Prevention_0.pdf. The original work was published in *Injury Prevention* (1999). 5:203-207. BMJ Publishing Group: Australia.

Baladerian, Nora J., Ph.D. (2013). *A Risk Reduction Workbook for Parents and Service Providers: Policies and Practices to Reduce the Risk of Abuse, Including Sexual Violence, Against People with Intellectual and Developmental Disabilities*. The Spectrum Institute home website is at http://www.spectruminstitute.org/. Division of Disability and Abuse, Disability and Guardianship Project, is at http://disabilityandabuse.org/whats-new.htm.

[36] Chehimi, S., Cohen, L., & Valdovinos, E. (2011). The first place: Community prevention's promise to advance health and equity. *Environment & Urbanization*, *23*(1), 71-89.

[37] TAASA. (2015).Table adapted from *Tools for Change: An Introduction to the Primary Prevention of Sexual Assault* by M. J. Curtis & T. Love, Retrieved from http://taasa.org/wp-content/uploads/2015/05/Prevention-Toolkit-2010-MCTL-vFInal1.pdf. The Spectrum of Prevention table, with levels of intervention and definitions for each level, can also be viewed at https://www.preventioninstitute.org/sites/default/files/publications/Spectrum%20of%20Prevention%20-%20One%20Page%20Summary.pdf.

[38] California Department of Public Health (CDPH), Epidemiology and Prevention for Injury Control Branch (EPIC). Refer to *Principles of Effective Prevention Programs* handout with references at http://www.transformcommunities.org/sites/default/files/12_principles_of_effective_prevention_programs.pdf.

[39] Ibid.

[40] Taken from the CVS *End abuse of People with Disabilities Project* website: http://www.endabusepwd.org/problem/lomited-efforts/.

[41] Vera. (2018). Taken from the CVS *End Abuse of People with Disabilities Project* website at https://www.endabusepwd.org/solutions/.

[42] Refer to the Center for Disease Control at https://www.cdc.gov/.

[43] Kendrick, M. J. (March 2000). *When People Matter More than Systems*, Keynote presentation for the Promise of Opportunity Conference, Albany, New York. Retrieved from http://www.personcenteredplanning.org/kendrick.pdf.

[44] Refer to the *Overview of Frameworks* section of the report on page 16.

[45] The *Global System Analysis* can be accessed on the Abuse and Neglect Prevention Specialty Committee page of the Minnesota Olmstead Plan website: www.mn.gov/olmstead.

[46] The *Resources* document can be accessed on the Abuse and Neglect Prevention Specialty Committee page of the Minnesota Olmstead Plan: www.mn.gov/olmstead.

[47] The *Priorities for Comprehensive Prevention with Specialty Committee Member Ratings* can be accessed on the Abuse and Neglect Prevention Specialty Committee page of the Minnesota Olmstead Plan website: www.mn.gov/olmstead.

[48] Refer to Table 1: "Who," "When," and "How" of Comprehensive Prevention of Abuse and Neglect of People with Disabilities: Descriptions and Goals, on page 20 of this document.

[49] Vera. (2018). Refer to the CVS *End Abuse of People with Disabilities Project* website for strategies for *Creating Inclusion*: https://www.endabusepwd.org/solutions/inclusive-movement/.

[50] Frameworks Institute. (2018). Washington, D.C. Refer to the Frameworks Institute for resources on framing public issues: http://www.frameworksinstitute.org/.

[51] Australian Unity. (2016). South Melbourne, Victoria. Refer to the Australian Unity Campaign for an example of a positive disability inclusion message: https://www.youtube.com/watch?v=eBftzuzJJ5k.

[52] National Partnership to End Interpersonal Violence Across the Lifespan: Global Partners for Peace (NPEIV). Institute on Violence, Abuse, and Trauma (IVAT) (2017). See https://www.npeiv.org/a-national-plan. Their Violence Research Digest can be found at https://www.npeiv.org/violence-research-digest.

[53] CDC. (2017). Sexual Violence Prevention Strategies can be found at https://www.cdc.gov/violenceprevention/sexualviolence/prevention.html.

[54] A review done by the Minnesota Governor's Council on Developmental Disabilities of Minnesota state agency websites and documents shows opportunities for inclusion of disability messaging.

[55] Minnesota Department of Health, Safe Harbor Minnesota, Injury and Violence Prevention. (2017). The Safe Harbor Law of 2011 ensures that five key legislative changes protect against sexual exploitation of youth with disabilities. A link to Minnesota Safe Harbor Program can be found at http://www.health.state.mn.us/injury/topic/safeharbor/.

[56] Vera. (2018). Refer to the CVS *End Abuse of People with Disabilities Project* website for strategies for promoting equality at https://www.endabusepwd.org/solutions/promote-equality/.

[57] Minnesota Department of Administration, Minnesota's Governor's Council on Developmental Disabilities *Partners in Policymaking®* program http://mn.gov/mnddc/pipm/.

[58] Minnesota Council on Disability website includes inclusion and equality initiatives, and can be accessed at https://www.disability.state.mn.us/.

[59] Bethel University, St. Paul, MN. (2017). Bethel University Inclusive Learning and Development (BUILD) program provides a supportive and comprehensive educational experience for individuals with intellectual disabilities. See https://www.bethel.edu/news/articles/2014/september/build.

[60] In 2016, Volunteers of America (VOA) Minnesota and Wisconsin opened the Center for Excellence in Supported Decision Making with the central focus to develop and establish a replicable statewide model based on Supported Decision-Marking (SDM) to promote safe and viable alternatives to guardianship and conservatorship in Minnesota. For more information go to: https://www.voamnwi.org/cesdm.

[61] Parent Advocacy Coalition for Educational Rights (PACER). See their homepage at http://www.pacer.org/. PACER's National Bullying Prevention Center can be viewed at http://www.pacer.org/bullying/. The CDC's link to *School Violence Prevention* resources can be retrieved at https://www.cdc.gov/violenceprevention/youthviolence/schoolviolence/tools.html.

[62] PACER CENTER Champions for Children with Disabilities® site contains more information on Count Me In®, a program featuring six child-size, multicultural puppets that portray small children with disabilities, as well as KIDS AGAINST BULLYING, designed for older children. Links can be found at http://www.pacer.org/puppets/count.asp, and http://www.pacer.org/puppets/kidsagainstbullying.asp, respectively.

[63] Minnesota Department of Human Services (DHS) and the Olmstead Plan. (2017). The Olmstead Plan strives to ensure that "people with disabilities are living, learning, working, and enjoying life in the most integrated setting," Vision. The Plan "guides state agencies to ensure that all people have the right to make choices: where to live, to have a satisfying job, to attend classes, and to be part of the community," main web site. See more, including news, upcoming events, and resources at https://mn.gov/dhs/general-public/featured-programs-initiatives/olmstead-plan/.

DHS, OIO. (2017). *Person-Centered, Informed Choice and Transition Protocol* can be found at http://www.dhs.state.mn.us/main/groups/olmstead/documents/pub/dhs-285968.pdf.

Vulnerable Adults Act of Minnesota, MS 626.557-626.5572 (2017). Minnesota's policy is to protect adults who, because of physical or mental disability or dependency on institutional services, are particularly vulnerable to maltreatment; to assist in providing safe environments for vulnerable adults; and to provide safe institutional or residential services, community-based services, or living environments for vulnerable adults who have been maltreated. The Act requires mandated reporters to report suspected abuse or neglect. See more at https://mn.gov/dhs/people-we-serve/adults/services/adult-protection/.

[64] Vulnerable Adults Act of Minnesota, MS 626.557-626.5572 (2017). Minnesota's policy is to protect adults who, because of physical or mental disability or dependency on institutional services, are particularly vulnerable to maltreatment; to assist in providing safe environments for vulnerable adults; and to provide safe institutional or residential services, community-based services, or living environments for vulnerable adults who have been maltreated. The Act requires mandated reporters to report suspected abuse or neglect. See more at https://mn.gov/dhs/people-we-serve/adults/services/adult-protection/.

[65] New York State, Department of Health and Human Services, Justice Center for the Protection of People with Special Needs. Spotlight on Prevention, Partnering to Protect People with Special Needs. (2015). *Self-Assessment Tool for an Abuse Free Environment.* New York, NY. http://www.justicecenter.ny.gov/sites/default/files/documents/Self%20Assessment%20for%20Abuse%20Free%20Env%20-%20OPWDD%20-%20September%202015.pdf.

[66] Disability Rights Wisconsin. (2014). Refer to *Conversations about Interpersonal Safety -- Helping individuals create more safety for themselves and talk about events and situations that concern them,* at http://www.disabilityrightswi.org/wp-content/uploads/2014/09/Conversations-about-Safety.pdf.

[67] Cashmore, E. B., Guarding the Golden Years: How Public Guardianship for Elders Can Help States Meet the Mandates of Olmstead, 55 *Boston College Law Review*. 1217 (2014), available at http://lawdigitalcommons.bc.edu/cgi/viewcontent.cgi?article=3398&context=bclr.

Burke, S., Person-Centered Guardianship: How the Rise of Supported Decision-Making and Person-Centered Services Can Help Olmstead's Promise Get Here Faster, *Mitchell Hamline Law Review*: 42:3, Art. 2 (2016), available at https://open.mitchellhamline.edu/mhlr/vol42/iss3/2.

[68] The terms *self-advocate* and *self-advocacy* are generally the preferred terms used by people with intellectual and developmental disabilities to refer to their own advocacy. These terms are not universally used by all people with disabilities. Other people may prefer the terms advocate and advocacy.

PEATC. (2018). "The terms "self-advocate" and "self-advocacy" are ones that we hear frequently when we are talking about young adults with developmental disabilities. Self-advocacy means the following things: knowing your basic human rights, standing up for your rights, taking responsibility for your life, and asking for help because you want or need it," see Definitions at http://www.peatc.org/NEXT_STEPS/Intro/appendix.htm.

[69] Hingsburger, D. (1994). The ring of safety: Teaching people with disabilities to be their own first line of defense. Eastman, Quebec, Canada. *Developmental Disabilities Bulletin*. 72-79.

We Care A Lot Foundation. Redding, CA. (2018). WeCareALot believes people with developmental disabilities have important hopes and dreams that deserve to be supported. Their site includes *The ring of safety* information. See http://www.wecarealot.org.

[70] Refer to the *Educating, Supporting and Empowering People with Disabilities* safety planning information and tools in the Resources Document on the Abuse and Neglect Prevention Plan Specialty Committee page of the Minnesota Olmstead Plan website: www.mn.gov/olmstead.

[71] The Arc Minnesota. (2018). The Arc Abuse Prevention website contains guides such as "Risk Factors for Abuse," "How to Empower Individuals to Prevent Abuse," and "Tips Case Managers Can Use to Help Prevent Abuse of People with Disabilities." For these guides and more, see https://arcminnesota.org/abuse-prevention/.

[72] Massachusetts Disabled Persons Protection Commission (DPPC). (2017). Braintree, MA. DPPC is an independent MA state agency that provides mandatory training to stop the abuse of persons with disabilities and monitors investigations into allegations of abuse/omission committed by caretakers against persons with disabilities. Their tools include a Sexual Support Response Unit (SARU) that provides sexual assault survivors with peer support, resources, and information. http://www.mass.gov/dppc/.

The International Association of Chiefs of Police (IACP). (2005). Building Partnerships for the Protection of Persons with Disabilities (BPI). *Critical Response, Assisting Law Enforcement to Meet the Needs of Crime Victims* Newsletter. IACP: Alexandria, VA. *2*(4), 1-2, 4. The MA State Police was recognized with the Webber Seavey Award for Quality in Law Enforcement in 2004 for promoting a standard of excellence in dedication to the quality of life in its communities. http://www.theiacp.org/portals/0/pdfs/responsetovictims/resources_documents/ts_links/15_spring2005_criticalresponse.pdf.

Massachusetts DPPC, *Awareness & Action Curriculum*. (2018) The Awareness and Action curriculum was developed by persons with disabilities, in partnership with the Building Partnerships for the Protection of Persons with Disabilities Initiative (BPI), to educate persons with disabilities about how to recognize, report, and respond to five different types of abuse — physical, sexual, neglect, verbal, and financial. http://www.mass.gov/dppc/.

[73] Vera. (2018). Resources available include CVS publications such as *Creating Safety by Asking What Makes People Vulnerable* and *Conversations about Safety*. See here for more resources, and to see what other states are doing, https://www.endabusepwd.org/solutions/strengthen-prevention/.

[74] Vera. (2018). See *Steps You Can Take in Your Organization*, by linking to *Enhancing Services in Disability Provider Organizations* at https://www.endabusepwd.org/solutions/enhancing-services/enhancing-disability-organizations/.

[75] National Center on Domestic and Sexual Violence (NCDSV). (2017). These wheels and other resources on advocacy, abuse, bullying, and accountability can be accessed at http://www.ncdsv.org/publications_wheel.html.

[76] Martinis, J. G. (2015). Supported Decision-Making: Protecting Rights, Ensuring Choices. *Bifocal*. 35,5. The article "introduces Supported Decision-Making, an alternative to guardianship where people make their own decisions, without a guardian, while receiving the help they need …," p.107. It is available at http://www.supporteddecisionmaking.org/sites/default/files/martinis-1505-bifocal.pdf.

[77] Informal supports are people who are part of a person's social **network**. They might be related to the **person** (**e.g.**, maternal grandmother, sister) or they might be a friend, a neighbor, a colleague from work, or members of a faith-based community. Adapted from Google.com definition of informal supports.

Parent Educational Advocacy Training Center (PEATC). (2018). Springfield, VA. http://www.peatc.org/. Informal Supports, also known as Natural Supports, refer to all the help, information, advice, resources and opportunities available to individuals with disabilities and their families through the network of friends, neighbors, acquaintances, other family members, co-workers, etc. This kind of support is not dependent on the formal service system and builds on the relationships that occur when people share common tasks, recreation, and purposes. See more at http://www.peatc.org/NEXT_STEPS/Intro/appendix.htm.

[78] Vera. (2018). According to CVS, little attention and few resources are focused on prevention, despite its critical role in ending abuse. See the link to *Strengthen Prevention* resources at https://www.endabusepwd.org/solutions/strengthen-prevention/.

[79] Refer to *Action Area: Risk Reduction Education and Outreach to People with Disabilities* on page 27 of this report.

[80] NCDSV. (2018). See http://www.ncdsv.org/publications_wheel.html.These and other wheels can be accessed on the National Domestic and Sexual Violence website: http://www.ncdsv.org/publications_wheel.html.

[81] Greater Minneapolis Crisis Nursery Program. The Crisis Nursery works to end child abuse and neglect and create strong, healthy families. See more at https://www.crisisnursery.org/.

[82] The Family Partnership. (2018). *Parenting for the Future* is a program offered by The Family Partnership for parents with learning challenges who are parenting young children. The Partnership serves mothers and/or fathers with learning challenges who have at least one child aged 5 and under living at home. The program is funded by Hennepin County, with more information available at http://www.thefamilypartnership.org/programsservices/education/parent-development-and-support/pftf/.

[83] National Sexual Violence Resource Center (NSVRC). (2016). *Bystander Intervention Resources*. This online collection offers advocates and perfectionists information and resources on bystander intervention. It includes resources to use with community members, as well as information and research on the effectiveness of bystander intervention. Available at https://www.nsvrc.org/projects/engaging-bystanders-sexual-violence-prevention/bystander-intervention-resources.

TAASA. (2014). For an example of outreach to the general public, see the Sexual Assault Awareness and Prevention Month Toolkit, 2014 Theme "First Class Male – Cultivating Change Through Male Involvement" (SAAPM toolkit). Available at https://taasa.org/wp-content/uploads/2015/01/2014-SAAPM-Booklet.pdf.

TAASA. (2014). The Primary Prevention Planning Committee (PPPC) created the *Primary Prevention Outcome Toolkit* in order to involve the state of Texas. Download the toolkit at https://taasa.org/wp-content/uploads/2014/10/Preventing-Sexual-Violence-in-Texas-Plan-Amendment.pdf.

[84] Vera. (2018). See the CVS *End Abuse of People with Disabilities Project* website for action steps and resources to raise awareness at https://www.endabusepwd.org/solutions/raise-awareness/.

[85] Vera. (2018). See the CVS website listed above for steps to *Strengthen Prevention* at https://www.endabusepwd.org/solutions/strengthen-prevention/.

[86] Providers refers to a broad array of paid professionals: including people who work in disability advocacy and disability services; community-based victim advocates; criminal justice system professionals (such as police officers, prosecuting attorneys, judges and other court personnel); Medical, behavioral and mental health, and therapeutic (such as psychology, occupational therapy, physical therapy, speech) professionals, social workers and other social services professionals (such as county case managers, child protection and adult protection workers); P-12 educators and other school personnel, and rehabilitation counselors and other work support professionals.

[87] A multi-pronged strategy for standardized education plans refers to pre-service/degree granting programs, continuing education, and employer-based plans.

[88] The necessary materials refer to degree granting programs, certificates, licensure requirements, continuing education, required annual training, etc.

[89] Minnesota DHS, Center for Advanced Studies in Child Welfare. (2015). *Social Work Education; Minnesota's Title IV-E Programs*. Minnesota Governor's Task Force on the Protection of Children. See this document at https://mn.gov/dhs/assets/Advanced-Studies-in-Child-Welfare_tcm1053-165770.pdf.

[90] Minnesota DHS, Child Protection, Foster Care, Adoption: Training. (2017). See the section on the Minnesota Child Welfare Training System at https://mn.gov/dhs/partners-and-providers/training-conferences/child-protection-foster-care-adoption/.

[91] Minnesota Department of Public Safety (DPS), Office of Justice Programs (2018). The Minnesota Victim Assistance Academy (MNVAA) is a series of comprehensive, academically-based trainings to build the capacity of victim assistance providers, victim advocates, law enforcement, criminal justice, and other professionals who work with victims of crime. For information on Foundations in Victim Services, see https://dps.mn.gov/divisions/ojp/training-and-communication/Pages/minn-victim-assistance-academy.aspx.

[92] Advocating Change Together (ACT) Center for Disability Leadership on Intellectual and Developmental Disabilities. Minnesota State Self-Advocacy Conference (2017). The link to information about the last self-advocacy conference is at http://selfadvocacy.org/programs/2015-self-advocacy-conference/.

[93] Op. cit., Endnote 86.

[94] Vera. (2018). CVS offers information on On-Going Training for Staff and Volunteers at https://www.endabusepwd.org/solutions/enhancing-services/enhancing-disability-organizations/offer-on-going-training-for-staff-and-volunteers/.

[95] Minnesota DHS. (2017). Information on the Child Welfare Training System is available at https://mn.gov/dhs/partners-and-providers/training-conferences/child-protection-foster-care-adoption/.

[96] Person-centeredness should not be confused with person-centered planning.

[97] Minnesota Legislature. Governor's Task Force on the Protection of Children: Final Report and Recommendations. (2015). The report provides specific guidance to the Legislature on ways to further identify, measure, document, assess, report, re-write, and reform the ways in which the State protects children. See http://archive.leg.state.mn.us/docs/2015/other/150620.pdf.

[98] This recommendation aims to address statewide system level barriers and create a model protocol that can be implemented at the community level (refer to recommendation 6b).

[99] Vera. (2018). Taken from the CVS *End Abuse of People with Disabilities Project* website discussing barriers that exist in holding abusers accountable, at https://www.endabusepwd.org/solutions/foster-accountability/.

[100] Response and helping systems include licensing, social services, and law enforcement.

[101] This lack of follow-up was reported by Specialty Committee members and listening session participants, and was also documented in the literature.

[102] Massachusetts DPPC. (2017). Information about the award-winning Building Partnerships for the Protection of Persons with Disabilities Initiative can be accessed at http://www.mass.gov/dppc/. See, in particular, their Awareness & Action Curriculum, which is intended for persons with disabilities, support staff, family members, social service agencies working with people with disabilities, health care professionals, educators, and other professionals.

[103] Vera. (2018). See the CVS link to *Enhancing Accountability in the Criminal Justice System* action steps and resources at https://www.endabusepwd.org/solutions/foster-accountability/enhance-accountability-in-the-criminal-justice-system/.

[104] Vera. (2018). See the CVS link to the *Enhancing Services in Victim Service Organizations* action steps and resources at https://www.endabusepwd.org/solutions/enhancing-services/enhancing-victim-services-organizations/.

[105] U.S. Department of Justice (DOJ), with the Department of Health and Human Services (DHHS). (2014). See more at the link to the National Center on Elder Abuse at https://ncea.acl.gov/resources/docs/The-Elder-Justice-Roadmap-2014.pdf, and the report itself at https://www.justice.gov/file/852856/download.

[106] Vera. (2018). In March 2012, Vera's CVS partnered with the Ms. Foundation for Women to increase the number and breadth of efforts specifically addressing sexual abuse of children with disabilities. To that end, Vera is working with the country's leading experts on sexual abuse and disability to create a blueprint that will outline a national strategy for addressing this issue. For more information about the project, go to https://www.vera.org/projects/ending-sexual-abuse-of-children-with-disabilities/overview.

[107] U.S. DOJ, Office for Victims of Crime. (2009). *Victims with Disabilities: Collaborative, Multidisciplinary First Response – Techniques for First Responders Called to Help Crime Victims Who Have Disabilities.* (2009, revised January 2011). You may download the Trainer's Guide at https://www.ovc.gov/publications/infores/pdftxt/VwD_FirstResponse.pdf.

[108] Vera. (2018). CVS link to the *Building Partnership* action steps can be accessed at https://www.endabusepwd.org/solutions/build-partnerships/.

[109] U.S. DOJ, Office for Victims of Crime. (2012). The link accesses a seven-step model for improving a community's capacity to respond to crime victims with disabilities. See https://ojp.gov/ovc/pubs/victimswithdisabilities/communityguide/comm-print.html.

[110] Vera. (2018). See the CVS link to the *Building Partnership* action steps at https://www.endabusepwd.org/solutions/build-partnerships/.

[111] Sexual Violence Justice Institute. Minnesota Coalition Against Sexual Assault (MNCASA). (2018). See the links to more information about SART and SMART on the MNCASA website at http://www.mncasa.org/sarts-and-the-coordinated-response/.

[112] Domestic Abuse Intervention Programs. Home of the Duluth Model (2017). *Building a Coordinated Community Response* is a 40-minute video that describes how Duluth, MN became known world-wide for its unique efforts to create lasting community change. The history and training package of the Duluth model of CCR are available at https://www.theduluthmodel.org/?s=coordinated+community+response.

[113] City of St. Cloud, Minnesota. St. Cloud Area *Child Response Initiative* is a secondary CCR program that addresses the needs of children and families exposed to violence and trauma, available at http://www.ci.stcloud.mn.us/1445/Child-Response-Initiative.

[114] Minnesota Department of Health (MDH). *No Wrong Door* Policy. *No Wrong Door* is a comprehensive, multidisciplinary, and multi-state agency approach that ensures communities across Minnesota have the knowledge, skills, and resources to effectively identify sexually exploited and at-risk youth. For more information, see http://www.health.state.mn.us/injury/topic/safeharbor/.

[115] Minnesota Statute 256B.097(3). (2017). DHS and the *State Quality Council* work together to improve the quality of services provided to people with disabilities by maintaining a system that is person-centered, outcomes-based, quality-driven, and effective in its use of public funds. For more on the Council and the Regional Quality Councils, see https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/long-term-services-and-supports/state-quality-council/.

[116] Nonviolent behavior programs may include batterer intervention and anti-bullying programs. Minnesota Statute 518B.02 (2017) requires judges to impose counseling or education in some instances of domestic abuse offenses.

[117] Centre for Justice and Reconciliation. A program of Prison Fellowship International. (2018). *Tutorial: Introduction to Restorative Justice*. Restorative justice is a theory of justice that emphasizes repairing the harm caused by criminal behavior. It is best accomplished through cooperative processes that include all stakeholders, and can lead to transformation of people, relationships and communities. Learn more about Restorative Justice at http://restorativejustice.org/restorative-justice/about-restorative-justice/tutorial-intro-to-restorative-justice/#sthash.4N6S8meW.dpbs.

[118] Vera. (2018). See the CVS website at https://www.endabusepwd.org/solutions/increase-research/.

[119] For example, varying definitions across jurisdictions creates confusion and difficulty in measuring occurrences. Softer terminology can prevent appropriate recognition of and response to abuse and neglect that when perpetrated against people without disabilities uses stronger language that does not trivialize or decriminalize the offenses. Emotional abuse is insufficiently recognized as a form of harm.

[120] Vera. (2018). See the CVS link to the *End Abuse of People with Disabilities Project* website for strategies and resources to *Increase Research and Evaluation*, at https://www.endabusepwd.org/solutions/increase-research/.
Massachusetts DPPC. (2017). See Building Partnerships for the Protection of Persons with Disabilities Initiative at http://www.mass.gov/dppc/.

[121] Vera. (2018). Taken from the CVS *End of Abuse of People with Disabilities Project* website at https://www.endabusepwd.org/solutions/increase-research/.

[122] Refer to The Socio-Ecological Model and The Spectrum of Prevention at Endnotes 26-27 and 35.

[123] Recognize the inability to demonstrate that abuse and neglect did not happen as a direct result of a prevention strategy. Effective awareness education and outreach will likely result in increased reports of abuse and neglect.

[124] Vera. (2018). See the CVS link to the *End Abuse of People with Disabilities Project* website and pursue the arrow entitled "Measuring Your Organization's Capacity to Serve Survivors with Disabilities webinar," at https://www.endabusepwd.org/publications/performance-indicators/. Note that this is a recording only accessible through Adobe Connect.

[125] The *Global System Analysis* and *Priorities* documents can be accessed on the Abuse and Neglect Prevention Specialty Committee page of the Minnesota Olmstead Plan website: www.mn.gov/olmstead.

[126] Collaborative Safety, LLC. Transforming Culture Together. Nashville, TN (2016). To read an Overview of the Collaborative Safety Model, go to http://www.collaborative-safety.com/services-supports/. Note that there is a specific PDF for Disability Services.

[127] Centre for Justice and Reconciliation. (2018) Restorative Justice recognizes that crime hurts everyone – victims, offenders, and community. It creates an obligation to make things right. See the tutorial at http://restorativejustice.org/restorative-justice/about-restorative-justice/tutorial-intro-to-restorative-justice/#sthash.4N6S8meW.dpbs.

[128] The presentation can be accessed on the Abuse and Neglect Prevention Plan Specialty Committee page of the Minnesota Olmstead Plan website: www.mn.gov/olmstead.

[129] The 36-page *Global System Analysis* documenting the information pertaining to concerns, solutions, and the initial ideas for priorities for comprehensive prevention can be accessed on the Abuse and Neglect Prevention Plan Specialty Committee page of the Minnesota Olmstead Plan website: www.mn.gov/olmstead.

[130] The *Priority Ideas for Comprehensive Prevention with Specialty Committee Member Ratings* can be accessed on the Abuse and Neglect Prevention Plan Specialty Committee page of the Minnesota Olmstead Plan website: www.mn.gov/olmstead.

[131] Kendrick, Michael J. (March 2000). *When People Matter More than Systems*, Keynote presentation for the Promise of Opportunity Conference, Albany, New York. Retrieved from http://www.personcenteredplanning.org/kendrick.pdf.