

Olmstead Plan stakeholder feedback on September 2013 draft (9/11 – 10/8)

This document contains feedback received between September 11, 2013 and October 8, 2013 from the Minnesota Olmstead Plan website and email address. Comments included here refer to the September 2013 draft. Comment numbers continue from the previous stakeholder comments collection. Some text has been redacted to protect the privacy of individuals. Please review the Olmstead Plan website's [Use Policy](#) for more information.

Terminology disclaimer

The terminology used to describe people with disabilities has changed over time. The Minnesota Department of Human Services ("Department") supports the use of "People First" language. Although outmoded and offensive terms might be found within documents on the Department's website, the Department does not endorse these terms.

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Comment 113

From: [Redacted text]

Sent: Thursday, September 12, 2013 8:50 AM

To: *DHS_OPC Public

Cc: [Redacted text]

Subject: ADA, HUD and dispute authority

1. Will the outlined Grievance/Dispute Resolution process also review HUD/HRA housing disputes. HUD has claimed that it is not subject to the ADA but rather the 1973 Rehab ACT.

Will the grievance facilitator be independent from DHS and potential policy initiatives which it seeks to have tested? What happens to the DHS-MA appeal process? What is the administrative authority of the grievance facilitator? How will the office enforce its ruling with resistant counties and agencies? A major problem has been counties finding every possible way to avoid a state directive. Then the state tends to through up its hands with frustration or avoidance when opposed. A dispute resolution process is a joke without authority to enforce. At the root of much system wide conflict is discrimination for which agencies are skilled at avoiding accountability.

Will the office be capable of being proactive? Capable of addressing disputes before they become legal grievances with financial, medical and even criminal consequences? Agencies generally will not issue

policies in writing for clients to follow. Thus we are held responsible for actions after the fact. If an agency will not disclose its policy publicly it is impossible for the disabled and their support team to be proactive and address issues before they matriculate into crisis. Often one department does not understand or agree with directives from another department. The client is caught in the middle without recourse. Agencies hold a club of retribution over our heads. It is exactly like living in a dysfunctional family where we are expected to know what the agency is thinking without being told what they are thinking. It drives one crazy. Its an impossible relationship to live with. The agency frequently holds the client responsible for its administrative mess.

Will this office assist with bringing unresolved matters to District Court when issues exceed its authority? Access to District Court is almost impossible to obtain for individuals with disabilities. Legal advocacy groups rarely have the resources to represent a case in court.

Thank you,

[Redacted text]
disability system survivor

Grievance/Dispute Resolution

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

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

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

DRAFT Minnesota's Olmstead Plan – September 5, 2013 Page 17 of 46

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

[Redacted text]

Comment 114

From: [Redacted text]

Sent: Monday, September 16, 2013 8:13 AM
To: *DHS_OPC Public
Subject: Olmstead feedback

9-16-2013

To whom it may concern:

I am a parent of a child with disabilities. I am against the current plan revolving around the idea that all people with disabilities should be employed in community setting only. This is not the best option for everyone. I am very satisfied with the workshop my son has been working at ([Redacted text]) for the past 16 years. I am familiar with other states such as Florida where this plan is being used and it is a complete failure. My son works with his friends, has learned new skills and has a sense of self-worth from with the services he currently has. Whereas I do not believe he would not receive better services anywhere else. My son along with many other adults with disabilities would be left with no other option but to stay at home if it were not for [Redacted text]. I know how hard it is to find jobs for less disabled young people than my son because I am a social worker in the public school working with students to find employment. [Redacted text] is the least restrictive setting for my son. Not all disabled people are the same. What may be great for some may be detrimental for others. Please do not pass this plan, remove the employment in community setting only because to leave it in the plan would be to destroy the successful life my son has and discriminate against him for he is not in the all that may do well. Do not eliminate options for people that are not able to work in the community and still require habilitative services during the day.

[Redacted text]

Comment 115

-----Original Message-----

From: *DHS_Webmaster, DHS
Sent: Monday, September 16, 2013 9:36 AM
Cc: *DHS_Webmaster, DHS
Subject: FEEDBACK FROM OLMSTEAD PLANNING COMMITTEE SITE

THE FOLLOWING RESPONSE WAS RECEIVED ON 9/16/2013 AT 9:36:00 AM

NAME: [Redacted text]
EMAIL: [Redacted text]
REASON:
DESCRIBE YOURSELF: I am a family member of someone with a disability
COUNTY: [Redacted text]

COMMENTS:

I am working to keep my elderly parents (90 & 91) in their own townhouse in Cambridge. Although they have both have had stokes, they are in relatively good health. They do however, have mobility issues and the onset of dementia, so are not able to be alone. With the help of my daughter, I have hired people to be with them 24/7. I also am the 2 to 3 days a week. My father has a decent pension and

they also have some savings. However, the pension does not come close to covering their rent, live-in care, and expenses and I'm afraid that their savings that they have will run out in 3 years. My parents were in an assisted living environment for a short period. During that time, my father fell 5 times (in a 3 week period) and had to be hospitalized for one of those falls. My mother cried daily and it took a toll on her health. As luck would have it, the senior townhouse that they had lived in prior to assisted living had not been rented, so we were able to move them back into it. That is when we hired to have 24 hour care. They have been back home for over 3 years and are thriving. We got them a dog and take frequent outings with them. I know them well enough to know that if they were to be put into a nursing home situation, they simply would not survive. FYI, my grandparents all lived to be close to 100. Ideally, I would like to move them into my home, if we had a separate living quarters for them. With that scenario, I would not have to hire so many people to come in, just the times that I am not around. Am wondering what options I have. Would appreciate any suggestions or help. Thank you.

Through September 23, 2013 (Comments 116-117)

Comment 116

From: Peter McDermott [mailto:Peter.McDermott@mdi.org]
Sent: Friday, September 20, 2013 3:28 PM
To: *DHS_OPC Public
Cc: [Redacted text] #ADM_Admin DD
Subject: Olmstead Planning Committee Input on Employment for People with Disabilities

Olmstead Planning Committee:

We have reviewed the September 2013 Draft Plan and are encouraged that you have listened to input from the community and will be using this input in developing topic-specific plans to meet our Olmstead goals.

The most frequent online comments from stakeholders related to employment and the data in Chart 7 shows that only 43% of Minnesotans with disabilities are working versus 80% with no disabilities. At Minnesota Diversified Industries (MDI) we believe that everyone should have the opportunity to work and this has not been the case for people with disabilities.

Since 1964, MDI has been serving people with disabilities by offering progressive development and employment opportunities in competitive business enterprises. These are real jobs that create a sense of pride, value and independence in our workers' lives. The jobs pay competitive wages and comparable benefits, including health insurance.

MDI was started in the Twin Cities and in response to the higher rates of disabilities in the northern region (Chart 5). MDI open operations in Hibbing in 1992 and in Grand Rapids in 1993. These facilities remain open today in addition to our St. Paul location.

This letter is intended to emphasize that the Olmstead Planning Committee and the State of Minnesota should include the Affirmative Business Enterprise (ABE) model of employment choice for people with

disabilities in Minnesota as presented at the listening session in Duluth by [Redacted text], [Redacted text] and [Redacted text].

A definition of Affirmative Business Enterprise: A social enterprise (usually a non-profit 501(c)(3)) created specifically to provide jobs with competitive wages and benefits for people with disabilities. John DuRand of MDI created the concept in 1973 and simultaneously emphasized the importance of a blended work force (a typical mix draws about 50 per cent of the employees from the ranks of people with disabilities).

Please consider ABE as an excellent vehicle in the positive movement toward full employment for people with disabilities in the community. We would welcome a visit from any member of the Committee to see firsthand inclusive employment at an ABE. MDI's Grand Rapids facility is the best example.

Please contact me with any questions and to arrange a visit.

Sincerely,

Peter McDermott
President & CEO
Minnesota Diversified Industries
1700 Wynne Avenue
St. Paul, Minnesota 55108-2758

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Fax: (651) 999-8242
peter.mcdermott@mdi.org
www.mdi.org

Comment 117

From: *DHS_OPC Public
Sent: Monday, September 23, 2013 12:46 PM
To: *DHS_OPC Public
Subject: FW: Comments on Olmstead Plan - September 2013 draft
From: [Redacted text]
Sent: Friday, September 20, 2013 8:03 AM
To: *DHS_OPC Public; Bibus, Beth (MMB); Plante, Judy (MMB)
Subject: Comments on Olmstead Plan - September 2013 draft



2005 update MA
Waivers (1) (1).doc

Thank you for the opportunity to make further comments on the Olmstead Plan Draft.

I am [Redacted text] and submitted an extensive commentary back in August.

I have been closely following this process. Thank you for making it such a transparent one. It appears to me, from the changes in the Draft, and from review of the minutes of listening sessions, that the sub-cabinet is, indeed, taking to heart what people are saying. I appreciate the time table that indicates provisions for change to happen quite quickly. I appreciate the continued multi-disciplinary approach which adds accountability. The development of the Olmstead Implementation Office is a critical piece, as is the Olmstead Quality Improvement Plan and a Quality Assurance Plan. I feel I must emphasize, however, my strong conviction that this office should NOT be run or managed by Human Services. It has been the corporate culture (or bureaucratic culture) of Human Services that has fostered lack of accountability by the agencies/agents, muffled those advocates who object and call for actions, and that has kept many consumers in a perpetual Byzantine Labyrinth.

I have to hope that we are closer to the Promise of Olmstead here in Minnesota than has ever been realized before. The key to keeping it moving forward is to take the oversight and command for accountability out of the hands of DHS.

A. My last commentary was accompanied by several attachments and by the inclusion of URLs to support my position. I am here taking the liberty of providing you with yet one more attachment. This is the 2005 Update from the Legislative Auditor's 2004 Audit on the Administration of the Federal Medicaid Waiver. While the update was initially available on the Auditor's website back in 2005, it was taken down within the year. Before It was taken down I had made a copy for my use in appeals. Senator Anderson's assistant, [Redacted text], was able to obtain an e-mail copy. Please note that after the 2004 audit provided recommendations, that one year later DHS had opted to just do their own thing by commissioning their own independent evaluation. And, it is in this 2005 update that we hear that DHS opted to not review county compliance with state requirements as the process was just too time consuming. The 2005 update from the Legislative Auditor calls for increased monitoring of "the department's efforts".....increased oversight. Per Bruce Anderson, in 2005, when he was a Representative, he had never heard of the 2005 update, let alone the 2004 audit.

As you might glean from the links below (information that just came out recently from DHS Commissioner Jessen) the DHS failure to recognize the adverse role they have played continues with now a Respect and Dignity Statement created by DHS - as promoted. Note that it points the fingers at everyone other than themselves to be held accountable.

<http://mn.gov/dhs/media/news/news-detail.jsp?id=252-73196>

So even in the midst of the Olmstead Plan, as an agency, DHS still doesn't see that they are ones who need oversight. I truly hope for some meaningful Legislative input and oversight, not only for the fact that the State of Minnesota is now reacting to the outcome of a Federal lawsuit regarding the Olmstead Act, but for the sake of those individuals and their families/advocates who have endured, lived with, and (if they had the stamina) challenged the adverse actions of Human Services.

B. TRAINING - The September Draft Plan specifically denotes that the training of advocates/self-advocates is a key to the sustainability of the Olmstead Plan. Training for advocates/self advocates is not included in the outlined time frame. Training needs to also be included for county commissioners who are most directly responsible to the their constituents and for providing oversight of services locally. Training for our elected officials at the state levels! Training for county Human Service Advisory Committees, along with some type of assurances that the committees are operating as statutorily designed, is also critical. We will finally have this "new normal" under the Olmstead Plan ONLY if we

insure that all of these details are in place. The bureaucratic culture within DHS will only change when there is no longer an escape route for the agents/agencies.

C. FUNDING CHANGES - I have also been digesting the comments made on the Governor's Unsession webpage. Among those that pertain to the Promise of Olmstead is the following comment.

UNSESSION SUGGESTION »

Remove distinction between "on the county" and "on the state" services #346

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There are "funding streams" for all sorts of social services programs. Some funding is "on the county" and some funding is "on the state." If you deal with county workers you will soon discover that they have been instructed by supervisors to maximize "on the state" funding while minimizing "on the county" funding.

For example, foster care funding for out-of-home placements of children are "on the state." However, services to families in trouble like respite care or day care or gas cards or food cards are "on the county." These "on the county" services are also called "placement prevention services" or "family reunification services."

My county designates something like \$50,000 in these "on the county" services to help families. But it spending millions of dollars per year "on the state" for foster care. So I do think that a lot of kids end up in foster care "on the state" because counties are unable or unwilling to provide services "on the county" that would help troubled families keep kids at home.

Services should be services. Making some services "on the county" and others "on the state" is distorting how social workers handle their caseloads. My idea is to use block grant funding for social services for foster care, respite care, and other creative services to help families succeed.

<http://unsessionsuggestion.ideascale.com/a/dtd/Remove-distinction-between-on-the-county-and-on-the-state-services/528433-25537#comments>

I thought you should know that advocates in the trenches have long questioned why they have to fight so hard against agencies to gain services that are not "institutional". Guess one needs only to follow the money.

Thank you for the listen.

Respectfully,

[Redacted text]

[Full text of document]

OLA Medicaid Home and Community-Based Programs February 2005 Update to the 2004 Evaluation Report

Problems OLA Identified

- **Faulty Method for Allocating Dollars to County Budgets.** The Department of Human Services' (DHS) method for setting county budgets for waiver services offered to people with mental retardation or related conditions (MR/RC) only partially reflected these people's needs. This raised concerns about whether funding was proportionate to services required. The methodology also created incentives for counties to preserve future funding by spending to their maximum.
- **Insufficient Controls on Certain Spending.** DHS lacked sufficient controls over the Consumer-Directed Community Supports option. Insufficient controls led to questionable purchases, inequitable variation in administration, and higher average spending than for similar waiver recipients not using the Consumer-Directed option.
- **Noncompliance With Some Rules.** Among cases reviewed, 40 percent of MR/RC waiver recipients had fewer than two face-to-face contacts with county case managers in 2003, although rules require two monitoring visits yearly.

Changes Implemented

- **Analysis Underway to Change the Funding Methodology.** DHS is developing a new funding allocation methodology, which it expects to fully implement in 2007. The methodology is intended to recognize factors, such as participants' living arrangements, which significantly drive costs.
- **Evaluation of Consumer-Directed Community Supports Initiated.** DHS arranged for an independent evaluation of its 2004 changes to the Consumer-Directed Community Supports option. It will expand the option to other counties only after the evaluation is completed later in 2005.

Issues Requiring Additional Legislative Attention

- **Effects of Changes.** The Legislature should review DHS' studies of MR/RC Waiver program funding and controls on the Consumer-Directed option to ensure that they increase equity and improve spending accountability.
- **County Compliance Reviews.** The department began to review counties' compliance with state requirements, but it encountered problems and the process was time consuming. The Legislature should monitor the department's efforts to ensure accountability in administering home and community-based waiver programs.

Through September 30, 2013 (Comments 118-129)

Comment 118

-----Original Message-----

From: *DHS_Webmaster, DHS

Sent: Thursday, September 26, 2013 8:38 AM

Subject: FEEDBACK FROM OLMSTEAD PLANNING COMMITTEE SITE

THE FOLLOWING RESPONSE WAS RECEIVED ON 9/26/2013 AT 8:37:32 AM

NAME: [Redacted text]

EMAIL: [Redacted text]

REASON:

DESCRIBE YOURSELF: I am a family member of someone with a disability

COUNTY: [Redacted text]

COMMENTS:

Current Moratorium on group homes and this proposed plan excludes what our 25 yr.old son needs for future housing. Any plan developed should include a full range of options /services including group home placements. Our son would be unsafe in an apartment on his own with periodic care coming. In addition, he would feel very isolated and trapped AWAY from being part of the community. He could not negotiate a roommate with periodic support. He has Down Syndrome and ADHD. He needs a community group home with an active work and social schedule with support and attention from staff that stabilize the day to day operation and infrastructure for him to be successful. He needs to actively engaged in his life , but not left in solution which would only serve to increase services he would the need. Why this plan had been so slanted to those that can manage this full independence? You have left those of us with adults like him at home forever that could never manage in this so called " newly" designed plan. As a result, my husband and I have been told the only choice for our son is to live with us until we pass on. At that point, the county has said the state will have to do something.!! Special Education has kept a full range of services for all- why is this perceived as such an evil option by this committee? I have grown weary of advocates and leaders talking about options that are not remotely appropriate for our son. His needs are not new- the State has known how to meet his needs for years. Please be inclusive of ALL needs in your plan. You have left off many.

Comment 119

-----Original Message-----

From: *DHS_Webmaster, DHS

Sent: Thursday, September 26, 2013 12:40 PM

Subject: FEEDBACK FROM OLMSTEAD PLANNING COMMITTEE SITE

THE FOLLOWING RESPONSE WAS RECEIVED ON 9/26/2013 AT 12:40:20 PM

NAME: [Redacted text]

EMAIL: [Redacted text]

REASON:

DESCRIBE YOURSELF: I am a family member of someone with a disability

COUNTY: [Redacted text]

COMMENTS:

My daughter is a person who requires total care because of complete physical and mental disabilities. Now [Redacted text] years old--from the time I had to place her, after my husband, her father, abandoned us--she has lived, first in an ICF-MR facility and since 2002 in a waived group home. The provider has asked her to leave and there are no appropriate openings in existing group homes. Because of the moratorium on building new ones, choices are extremely limited, especially for non-ambulatory, complete-care, very low functioning persons. Currently, unless there is a death, there is little available for anyone with disabilities.

I have been approached by those, with best intentions, who know this Plan will soon be law (and are trying to find suitable alternatives) to privately purchase and be in charge of a home for her, to then find roommates, and staff to care for them. However, I am approaching [Redacted text] years old myself so

while this option may be great for younger parents of higher functioning children who need less than 24 hour total care, it is not an option for people in our plight. This is a crisis situation at present and will only worsen if the language is not modified to take into consideration my daughter and the many, many others like her.

Thank you for allowing this input. I beg, plead, and humbly ask that you broaden this statute in the best interests of everyone. As Americans, we have a duty to care for those among us least able to care for themselves and these are truly the most vulnerable.

Comment 120

-----Original Message-----

From: *DHS_Webmaster, DHS

Sent: Thursday, September 26, 2013 3:44 PM

Subject: FEEDBACK FROM OLMSTEAD PLANNING COMMITTEE SITE

THE FOLLOWING RESPONSE WAS RECEIVED ON 9/26/2013 AT 3:43:52 PM

NAME: *[Redacted text]*

EMAIL: *[Redacted text]*

REASON:

DESCRIBE YOURSELF: I work for state or local government

COUNTY: *[Redacted text]*

COMMENTS:

I would be interested in finding out how the Olmstead Sub-Cabinet's policy will incorporate the Olmstead decision in their plans. I think it will be important to have clear guidelines to evaluate the cost of providing Title II services with the range of services that state agencies provide to the other citizens and the need to meet their obligations equitably.

Comment 121

-----Original Message-----

From: *DHS_Webmaster, DHS

Sent: Thursday, September 26, 2013 4:51 PM

Subject: FEEDBACK FROM OLMSTEAD PLANNING COMMITTEE SITE

THE FOLLOWING RESPONSE WAS RECEIVED ON 9/26/2013 AT 4:50:37 PM

NAME: *[Redacted text]*

EMAIL: *[Redacted text]*

REASON:

DESCRIBE YOURSELF: I am an interested citizen

COUNTY: *[Redacted text]*

COMMENTS:

I fully agree with the Rosenblum article in the Star Tribune-one size does not fit all. In addition to those situations mentioned in her article, there are others such as folks with Chemical Dependency and Mental Illness that will be negatively impacted by the changes as proposed. Residences such as the Emma Norton Residence in St Paul serve these women's needs- a safe sober place where they can receive the supportive services they need to heal and move to state where they can again integrate into the greater community. There are not enough of this type of housing available now and the changes as currently proposed will curtail those resources even further.

I am also the Representative Payee for a gentleman who is currently living at the [Redacted text] in [Redacted text]. His time is up at the residence and the social worker has been looking for a placement for him for over 1 year. There is nothing available that fits his needs-he is not so bad that he needs constant care, but he is not mentally able to live independently. He needs permanent supportive housing. There is way too little of that available as it is and to reduce it further is a big step in the wrong direction.

A full spectrum of care options is needed to meet the full spectrum of needs.

Comment 122

-----Original Message-----

From: *DHS_Webmaster, DHS

Sent: Friday, September 27, 2013 9:09 AM

Subject: FEEDBACK FROM OLMSTEAD PLANNING COMMITTEE SITE

THE FOLLOWING RESPONSE WAS RECEIVED ON 9/27/2013 AT 9:09:03 AM

NAME: [Redacted text]

EMAIL:

REASON:

DESCRIBE YOURSELF: I have a disability

COUNTY: [Redacted text]

COMMENTS:

"I'm a resident who currently receives services in a HCBS setting. I enjoy having access to staff 24 hours a day. Sometimes I have unexpected emergencies which could be life threatening. Instead the staff on site are able to respond once I pull my call light - "I simply touch a button and they come to help". "I have my independence back living in this apartment and having access to services". "There's no way I could live this way with-out it being this way". I also like having neighbors that have similar physical challenges. "I'm really happy here, I have a waiver and my own apartment I call home".

Comment 123

-----Original Message-----

From: *DHS_Webmaster, DHS

Sent: Friday, September 27, 2013 9:10 AM

Subject: FEEDBACK FROM OLMSTEAD PLANNING COMMITTEE SITE

THE FOLLOWING RESPONSE WAS RECEIVED ON 9/27/2013 AT 9:10:15 AM

NAME: [Redacted text]

EMAIL: [Redacted text]

REASON:

DESCRIBE YOURSELF: I have a disability

COUNTY: [Redacted text]

COMMENTS:

"this will actually limit choice for most disabled. Everyone who needs a handicap accessible housing needs a waiver for services. What if someone is in a nursing home and a unit comes open and they can't move out because 25% of units use a waiver. That's a violation. The Olmsted Act says an individual must live in the most integrated setting possible. If they were to do implement this (25% maximum number of units in a building that can receive waived services) they would be eliminating choice. That's exactly the thing they are trying to go against. I'm already where I want to be. They shouldn't mess with us. I don't understand this. I don't want to move. I want to keep my services and furthermore, if someone else comes along that's in my situation and wants to enjoy independent and flexibility of 24 hour services, that should not be dependent on whether ¼ of the units in a given building are taken up by people using waivers. In these buildings with the 24 hour services, I can stay out in the community longer. I'm young and want to go do stuff. I can go out for a beer or dinner and they (staff) are there to help me when I call."

Comment 124

-----Original Message-----

From: *DHS_Webmaster, DHS

Sent: Friday, September 27, 2013 9:13 AM

Subject: FEEDBACK FROM OLMSTEAD PLANNING COMMITTEE SITE

THE FOLLOWING RESPONSE WAS RECEIVED ON 9/27/2013 AT 9:13:10 AM

NAME: [Redacted text]

EMAIL:

REASON:

DESCRIBE YOURSELF: I have a disability

COUNTY: [Redacted text]

COMMENTS:

"It's all about independence". I moved to Minnesota from Birmingham, AL over two years ago. The only reason I moved here was because I had an opportunity to have my own apartment and have access to staff / support 24 hours a day. This is one of the special things about Minnesota. I have the freedom of choice because staff are available to assist me when I need them. I plan my own day, when I want to eat, when I want to go to bed, when I want to shower - these are normal human rights for regular human beings - why should this ever be limited to anyone?"

Comment 125

-----Original Message-----

From: *DHS_Webmaster, DHS

Sent: Friday, September 27, 2013 9:15 AM

Subject: FEEDBACK FROM OLMSTEAD PLANNING COMMITTEE SITE

THE FOLLOWING RESPONSE WAS RECEIVED ON 9/27/2013 AT 9:14:58 AM

NAME: *[Redacted text]*

EMAIL:

REASON:

DESCRIBE YOURSELF: I have a disability

COUNTY: *[Redacted text]*

COMMENTS:

Ive lived in my apartment for over 5 years, one of the main reasons I moved here was because I've always wanted my own apartment but also needed access to staff to be independent. Unfortunately there's not many places like that around where I live. Due to my blindness, depression and inability to walk and need for an electric wheel chair life decisions can be somewhat limited. Quality of life for me is to have my own home, make my own decisions. "I'm living that life now, I have the perfect set-up". Years before I lived in an Adult Foster care setting, this was terrible at least for me. I only had a bedroom to call my own and had to share my kitchen, living room and bathroom. This was terrible, on occasion people would go through my stuff, there was simply no privacy. When first diagnosed with my disability I used to have community care agencies come into my home through out the day to meet my care needs. This was also a somewhat bad experience, staff sometimes wouldn't show up leaving me in a terrible vulnerable situation - What kind of life is that? Having access to staff 24 hours a day has saved my life, literally. It always seems like it's people that don't need the help are the ones making decisions for the ones that do and it's always about the buck.

Comment 126

-----Original Message-----

From: *DHS_Webmaster, DHS

Sent: Friday, September 27, 2013 9:39 AM

Subject: FEEDBACK FROM OLMSTEAD PLANNING COMMITTEE SITE

THE FOLLOWING RESPONSE WAS RECEIVED ON 9/27/2013 AT 9:39:03 AM

NAME: *[Redacted text]*

EMAIL: *[Redacted text]*

REASON:

DESCRIBE YOURSELF: I am an interested citizen

COUNTY: *[Redacted text]*

COMMENTS:

Thank you for your work in this important matter. I appreciate that there is finally an emphasis on quality of life from administrators....the majority of persons with disabilities, their families, and their support staff have always emphasized quality of life/happiness; but policy makers have been more interested in health and safety. What good is health if you have very restricted means to enjoy your health?

I see three major obstacles to a improving quality of life/happiness for persons with intellectual disabilities:

1. DHS, DOH licensing laws/rules emphasize health & safety; they provide disincentives to pursue happiness. For a provider there is too much of a risk of losing a license if they encourage community integration. The provider has no incentive to help persons develop friendships between persons with disabilities and non-disabled. In fact the risk of problems occurring (risk of fines/loss of license) discourages providers to look at options for increased integration.
2. Outdated labor laws designed to protect persons with disabilities from being abused by employers have resulted in severely restricting employment opportunities. An individual with a disability that may not be able to complete a job at 100% the rate a person without a disability cannot be paid a pro-rated wage unless it is overshadowed by a licensed DTH provider which often results in the cost to the employer prohibitive or requires creating a segregated work setting to make the employment affordable.
3. There is no incentive to improve residential arrangements. A provider may have a good idea of how to help a person move from a less desirable group home to share a townhouse with a non-disabled friend, but the provider loses that income stream (with no promise of filling behind). The provider knows the person best and could work toward making this happen, but he/she is discouraged because of the loss of income and how that would negatively affect the others they support.

I applaud your work. Please keep working on procedures that provide incentives for policy makers and providers to emphasize happiness over rules compliance. There are many amazing, good-hearted providers out there with outstanding ideas to boost integration; they can be the driving force or the biggest obstacle. If you give them financial incentives and remove risks of penalties they will make happiness and integration happen. This is what they have wanted all along; they know how to dramatically increase integration (real jobs/better homes/more friends); we just need the system to remove penalties and provide incentive.

Comment 127

-----Original Message-----

From: *DHS_Webmaster, DHS

Sent: Monday, September 30, 2013 12:54 PM

Subject: FEEDBACK FROM OLMSTEAD PLANNING COMMITTEE SITE

THE FOLLOWING RESPONSE WAS RECEIVED ON 9/30/2013 AT 12:54:03 PM

NAME: [Redacted text]

EMAIL: [Redacted text]

REASON:

DESCRIBE YOURSELF: I have a disability

COUNTY: [Redacted text]

COMMENTS:

Since living at [Redacted text] in an apartment in the community. It became impossible for me to live safely in my home with the support of personal care attendants. There were not enough personal care attendants to cover the twelve hours of care I needed, and the caregivers were not reliable, often calling at the last minute to give an excuse about an absence or not calling at all. Agencies hiring the caregivers demanded that I have a back-up system to cover the absences. If I had a back-up system that could fill in all the times someone was absent, I would not have needed their service.

The idea that disabled people would be better off living in the community in facilities that could only house a fourth of its total number of residents with disabilities does not make sense to me. Housing with services was instituted to provide people with disabilities an opportunity to live in an accessible apartment that also met their personal care needs by pooling personal care hours that required fewer caregivers taking care of more people in the same amount of time it takes to care for one individual. The big advantage of housing with 24 hour services is that disabled residents can get the care they need and still work and be a part of their communities without being tethered to a caregiver who has a lot of down time and wants large blocks of time with their disabled person to avoid eating up their pay in traveling expenses.

The notion that disabled people will somehow be better off mainstreamed in housing that combines able bodied people with disabled people has already been tried as I indicated above. Living in the community was quite isolating for me. Just because some disabled people are housed in a building with some able bodied people does not insure that the disabled will have a higher quality of life or that they will get along. Most people find solace in communicating and sharing their experiences with people who have similar experiences. Finding enough accessible apartments for people with disabilities is a problem now. What will happen to the people under 65 who want to live in the community? They will remain in the nursing homes they find themselves in, and no effort will be made to honor the Olmstead Act or any other act because the excuse will be not enough housing available and not enough waiver money to pay for services. And 24 hour care will be non-existent.

I don't think the precepts of the Olmstead Act of 1999 will be advanced one iota if this change takes place. [Redacted text]

Comment 128

From: Hylden, Nancy [Redacted text]

Sent: Monday, September 30, 2013 1:30 PM

To: Bibus, Beth (MMB); *DHS_OPC Public

Cc: Kuhl, Luke (GOV); [Redacted text]

Subject: Coalition for Choice in Housing September 30, 2013 Letter to Olmstead Subcabinet - Feedback to DRAFT 2

Importance: High



Coalition for Choice
in Housing September

Dear Ms. Bibus:

Attached please find comments responding to DRAFT 2 of the state Olmstead Plan prepared by the Olmstead Subcabinet.

This feedback is presented by the Coalition for Choice in Housing, comprised of supportive housing tenants, advocates and provider groups.

The Coalition believes this feedback is friendly to the current draft but provides additional important clarification that will provide direction to policy-makers.

Best regards,

Nancy Hylden

[Redacted text]

[Full text of document]

September 30, 2013

Honorable Yvonne Prettner Solon and
Members of Minnesota's Olmstead Subcabinet
Office of the Governor
130 State Capitol
75 Rev. Dr. Martin Luther King Jr. Blvd.
St. Paul, MN 55155

Dear Lieutenant Governor Solon and Olmstead Subcabinet Members,

The Coalition for Choice in Housing is a diverse and growing coalition of tenants, advocates, individuals, and providers who share the fundamental belief that all people, including people with disabilities should have meaningful choice in housing. We want to thank you for your service to Minnesota and your thoughtful work in drafting Minnesota's Olmstead Plan.

In the second draft of the plan, it is evident that "meaningful choice, self-determination, and increased quality of life, through ...choices of living location and situation, and having supports needed to allow for these choices" remains at the heart of our shared vision for a "better Minnesota for all Minnesotans." See Draft Minnesota's Olmstead Plan, September 5, 2013, page 9 of 46. Consistent with this vision, we were also pleased that you clearly heard our stated "dissatis[faction] with caps and moratoriums regarding housing options" as well as the more general message that "people with disabilities ...should be treated as individuals – their interest in making choices is the same as everyone's." Ibid, page 12 of 46.

In moving towards Minnesota's final Olmstead Plan including a more developed section on housing, we strongly encourage the Subcabinet to explicitly state in your final report that "caps and moratoriums regarding housing options are inconsistent with Olmstead's promise of meaningful choice, which includes choices of living location and situation." In so doing, we understand that this is not an all or nothing proposition and we remain committed to working with the Subcabinet, the State, and all relevant stakeholders in enacting standards to ensure that Minnesotans with disabilities are truly living

in the housing of their choice, so long as such standards are based on the totality of the individual's experience and not on fixed numerical limitations.

Thank you again for your diligent work on our State's Olmstead Plan. As always, we are happy to serve as a resource to the Subcabinet and look forward to continuing to work with you in forging a Plan which ensures that all Minnesotans enjoy meaningful choice.

Comment 129

[Note: an identical version of this collection of comments was also sent at 1:45 pm on 9/30/13]

From: [Redacted text]

Sent: Monday, September 30, 2013 1:47 PM

To: *DHS_OPC Public

Subject: Public Comment

AUDIO DISCUSSION

The following are parts of interviews with Minnesota self-advocates regarding their life experience. You will find sections to include Housing, Transportation, Bullying, Employment, Leadership and Comments from Support Allies.

HOUSING

[Redacted text] "I was living in a group home. I used to live in [Redacted text] and that felt like a prison to me. I had to do the same activities the rest of the people living there wanted to do. If I didn't I ended up sitting in my bedroom for the evening. I had to advocate for myself to get out of that home so I could be closer to my family and friends, and get out to more activities in [Redacted text]. One of the frustrations I have right now is that I want to move out on my own but my team and my staff say that I still need to work on my programs. I have trouble budgeting my money but I feel that I am ready to live on my own. I take my medication on my own without supervision.

Leader: Budgeting might be just one of those things that is on-going like it is in society for many other people.

[Redacted text]: I know how to do everything else. I know how to look for a job, cook, clean, do laundry. I know how to do all that stuff.

Leader: How about you [Redacted text]? What do you find frustrating?

[Redacted text]: Everything.

Leader: Is there something specific that really bothers you?

[Redacted text]: Yes. If I don't want to do something the staff keeps nagging, nagging and nagging until I get upset and snap right in their faces. It makes me feel bad but then I just don't care. I get very frustrated sometimes when staff don't listen to me and ignore what I'm saying.

Leader: You have actually advocated for yourself.

[Redacted text]: I am living on my own now I get help through some art program. But I do have a little ways to go.

Leader: Since you advocated on your own whom do you think might be people that could help? Do you think you should be a mentor?

[Redacted text]: I actually have been involved as a mentor. I have gone to different workshops and a couple of colleges to tell my story. I am in a group home with a family. We're advocating and it just makes me feel bad for those who aren't able to advocate for themselves or have someone that will help them.

Leader: Have you found any help out there?

[Redacted text]: Actually, no. Every time I go to summary meetings and interviews, I keep telling them that I want to move out, that I'm ready. But I feel stuck because I can't get the support I need to move out. I'm frustrated.

Leader: [Redacted text], we can talk later about ideas for you to take some steps in the direction you want to go. Does that sound ok?

[Redacted text]: Thank you.

TRANSPORTATIONS

[Redacted text]: When I go to work I have to go to my day placement program or rely on my staff which is not always convenient.

Leader: So that is a real issue for you in being independent and doing what you want to.

Justin: Yes, it is

[Redacted text]: I live in the suburbs and I have to rely on my staff to drive me to a movie, go shopping and other activities. Sometimes they are busy with other clients or working in the office so are not always available when I need them.

[Redacted text]: My situation is that I live on my own, but where I have to go I have to use the only public transportation we have called the [Redacted text]. I don't like to depend on the [Redacted text] because it takes forever to get where I need to go. I live on one end of the town and the market where I go to get groceries and other things I need is on the other end of town across a busy bridge. I don't always have the time to do what I need to do. It's not convenient for me and makes things much more difficult for me to be independent. Sometimes I walk or ride my bike.

Leader: What do you do if the weather is bad?

[Redacted text]: I have actually been caught in a rain storm when I took my bike where I needed to go. I had no way to get to the grocery store or convenience store. I have had to rely on myself. I have limited hours with my SILS workers. They tell me I have to do a lot of things on my own. It's very difficult to get to places that I want to go with such limitations.

Leader: Sounds like you are stuck with your situation of limited transportation to get where you need to go.

[Redacted text]: We have to become Self Advocates and bring these things up to our legislators. We need to talk about transportation needs and hope that someday they will actually pass a transportation bill so that people with disabilities that live in the suburbs, small towns and more rural areas can get better transportation in order to live more independent lives.

Leader: Yes, it seems if we could get this passed it would help everyone. This concludes our segment on transportation.

EDUCATION (ANTI-BULLYING)

[Redacted text]: Since I have been in the nursing home where I live I have been bullied. I have been called the "N" word and when I tell the staff they don't really listen. They make up excuses for the ones who are doing the bullying saying that maybe they just don't feel good or maybe they don't know any better. That doesn't help me and I am getting tired of being called the "N" word. I am just tired of being bullied. If I cry, people say, "don't cry about it". "You need to fight it". I don't want to fight any more. They just don't want to listen to me and don't care if they hurt my feelings.

Leader: You must feel so lonely at times.

[Redacted text]: I just sit in my room and watch TV and turn the world off. There have been times I have wanted to put this sentence on my door "so many assholes I have told you about". I am so tired of being called the "N" word. The "N" word is just as bad as the "R" word. I know I am black. I can't help it. Just don't call me the "N" word because I will fight you. I don't want to fight but I will if I have to.

[Redacted text]: All through school I was bullied so bad that when I would go home I would cry my eyes out to my mom. The next day I would go into the principal's office to tell her what happened and she would not believe me. She would tell me I was lying and refused to listen anymore. She did not help me.

Leader: How did that make you feel [Redacted text]?

[Redacted text]: Miserable!! I knew that someone must listen to me to keep me from doing something I didn't want to do.

Leader: Those wounds still seem to be open. They haven't healed yet.

[Redacted text]: Yes, very much so.

[Redacted text]: One of the kids that bullied me was a bully in the last group home that I lived in. Other kids told me that his step-dad did some things to him that can't be repeated. So he became a bully himself towards other people.

Leader: I know that it still hurts

[Redacted text]: I have also had some bad experiences. I was born MR and lots of people have called me “retard” from kinder garden all the way through high school. I made a video of “Getting Rid of the R Word” but it still hurts. I really need friends.

Leader: I still know that it hurts.

[Redacted text]: I have been in a day program since I graduated from high school. I am grateful that I can now be brutally honest. Some of my co-workers are now doing the exact same thing that all of you are talking about. They bully each other at the day program. When you go to the staff or main boss they say that it is not their responsibility. They say that they can’t help. Now I think they should put a law in place and not let anything like that happen anymore. They are going to find out that it is going to get worse before it gets better.

[Redacted text]: One thing to add to this, there is bullying going on in the work place now. I am just sick of all the bullying that is going on.

Leader: It makes going to work hard.

[Redacted text]: Miserable!! I have told my supervisor about it. She says she will do something about it but nothing is done. It just keeps going on and on and on. I’m at my breaking point right now. I want it to quit and I don’t care what anyone else on my team says.

[Redacted text]: I think a lot of people are feeling the same as [Redacted text].

Leader: [Redacted text] you have some suggestions about this. How can Self Advocates really get into this piece and help solve the problem?

[Redacted text]: If you really want to get involved with anti-bullying, go into schools and educate the teacher and students. Tell them that the “R” word is not the correct word. Make a video of that and have so many people get up and talk about this.

Leader: Who needs to do that kind of education?

Everyone: Self Advocates, students, teachers!!!

EMPLOYMENT

[Redacted text]: I work for [Redacted text] in [Redacted text]. I have a job to work in the parks with the county but I don’t get paid from the county I get paid by [Redacted text]. I want to work for the county and get paid through the county.

[Redacted text]: A lot of the sheltered workshops are like institutions. You are segregated from the community. If you do get a job in the community it is very short and if you even sneeze wrong you are right back into the sheltered workshop again.

Leader: So it feels like you are in another form of the sheltered workshop even when you are working in the community.

[Redacted text]: I was in a day program where there were gates within the building. It felt like I was back in a mental hospital. Every time I worked it was in the building that had two shops. One of the shops was a thrift shop. I don't know the name of the other shop. Sometimes I have felt like I wasn't good enough to go out into the "real" world to work.

Leader: Is there anything anyone else would like to add to that?

[Redacted text]: I hate to say it but the program I'm in feels like I'm living in hell. People are not very nice there. Staff don't tell you anything if there is a problem. To determine our wages, some of us have to go through a timing procedure; which, I think, is outrageous!! Staff follow you around with a stop watch to determine how fast you work and that is compared with the time you turn in. The lowest wage is set at \$3.25 and the highest, I have heard, is minimum wage. I feel they don't treat us well at all.

Leader: Once you are at that level you have to maintain that?

[Redacted text]: Based on your timing your wage can increase or decrease

[Redacted text]: It all depends on your speed, quality of work and how long the job takes. They set your wage by that.

[Redacted text]: I work at McDonald's in [Redacted text] I get paid \$7.55 an hour by McDonald's. I do not have to go through the day program for my job.

Leader: How does that make you feel?

[Redacted text]: It makes me feel great!!

[Redacted text]: I have had several community jobs but if you do something wrong or don't have the right skills or the right training from a job coaching, you can lose your job. I did not have a good job coach. I have worked at Wal-Mart, Target, Gap, etc. They don't help you at all.

Leader: Sounds like that is another question regarding job coaching.

[Redacted text]: Everyone should have some options to have real jobs. The jobs in the workshops suck. Most people are pretty stuck when it comes right down to it. They say we can find outside jobs but only a few can do it. The rest will spend their days at the workshop getting paid peanuts.

COMMUNITY:

[Redacted text]: Just because I live in a nursing home I still go out to movies and casinos. No one is going to stop me from doing that because I like doing that. I go once or twice a month. It is a lot of fun for me. Coming for a trip like this to St. Cloud is fun just to get out and meet other people.

[Redacted text]: I want to go out with my boyfriend to movies and dinner sometimes. We are not staying at home. We are the community!!

[Redacted text]: I want to add to what the last woman said. I had a boyfriend for two years and we would go out for dinner in my community. I am trying to go forward in my community. I am doing a very powerful thing in my own time.

[Redacted text]: I go out to the community sometimes. Being in the community I can make new friends and not isolate by being in one single place. I feel friends can give you lots of support.

[Redacted text]: We are the human community and we need team work for support.

SELF-ADVOCACY LEADERSHIP

[Redacted text]: I am still learning about SAM. I am learning in phases so I can bring it to other groups. Then, if I go to Grand Rapids I can tell them what SAM is all about. There used to be an MBI up there and it was all about disabilities.

[Redacted text]: Self Advocates have to believe in themselves and be able to see what is in their heart to make it work.

[Redacted text]: I have been asked to be on the [Redacted text] board. They want me to run as a legislator - watch the news and read the newspapers to keep up with what is going on in the legislative sessions. They feel that I would do a good job at that.

[Redacted text]: When I first joined the [Redacted text] board people would look at me and say what do you think about this or that. I would look at them and say that I didn't know what they were talking about. Now, all of a sudden, if someone comes to me I can stand up and tell them what it's all about.

[Redacted text]: We are leaders and need to support each other. It's one thing to live in a place in the community and it's another thing to be part of the community. We need to support each other and be leaders and be sure everyone feels welcome and accepted.

[Redacted text]: Everyone needs support to live, not just people with disabilities. We all need support.

[Redacted text]: We need to make sure every single person in Minnesota can be part of self-advocacy. It changed my life. A lot of people are lonely and alone. Self-advocacy will make them feel like they belong. And we need them all to be part of it because then we are happier and stronger.

[Redacted text]: I don't even know anything about Olmstead until [Redacted text] told us about it. It's pretty surprising to find out about it. I want to know more about how I can get involved and make a difference. I can be a support person or a peer person mentor.

ALLY COMMENTS

In the interviews conducted, Self Advocates wanted to talk about housing difficulties. Self Advocates had a lot of concerns about the quality of life they really want to have but feel they are not experiencing in their individual settings. It has become more and more difficult to go out to the activities they want to go to. Self advocates feel that staff have a lot of control over them and their lives. Some have even been told by their staff that they only get one or two outings a month, when they want to do more things and go out more often. They feel that they are not experiencing the choices they want. A lot of

time is spent just staying in their bedrooms at home. Many Self Advocates feel that instead of making progress forward, they are actually going backward. Even when there is less people living in the house it still feels like they are living in an institution. There is just more small institutional settings now.

The problem for people with disabilities is the conflict of interest that can be created when their money is controlled by someone else. It can be money in their pocket. Case managers don't know because they are over-worked with a lot of people on their caseloads to take care of. How do they have the time to support a person moving out on their own? The dignity of risk isn't there. There are lots and lots of technology programs that are available for people wanting to live on their own but they need to be investigated so that they are suitable and matched to the individual needs that people have.

There is technology out there that if you forget to take your medications it will remind you. There are actually people who used to live in group homes that are able to live on their own with the help of technology. Companies that are not just for people with disabilities but also for people who are elderly who are starting to forget things like taking their medications or shutting off the stove. You can be safe in your own home. If there is an issue because you're not taking your meds, your case manager or someone else can be alerted. We just need to let many people know that there are options out there that can help people live on their own.

Through October 8, 2013 (Comments 130-144)

Comment 130

-----Original Message-----

From: *DHS_Webmaster, DHS

Sent: Tuesday, October 01, 2013 2:36 PM

Subject: FEEDBACK FROM OLMSTEAD PLANNING COMMITTEE SITE

THE FOLLOWING RESPONSE WAS RECEIVED ON 10/1/2013 AT 2:35:52 PM

NAME: *[Redacted text]*

EMAIL:

REASON:

DESCRIBE YOURSELF: I have a disability

COUNTY: *[Redacted text]*

COMMENTS:

Other buidlings arent handicapped accessible. We are all in the same boat here. I dont feel segregated. I choose to live at *[Redacted text]* and receive 24 availability of staff. I'd have to move {if I couldn't keep my waiver} and I don't want to.

Comment 131

-----Original Message-----

From: *DHS_Webmaster, DHS

Sent: Tuesday, October 01, 2013 3:01 PM

Subject: FEEDBACK FROM OLMSTEAD PLANNING COMMITTEE SITE

THE FOLLOWING RESPONSE WAS RECEIVED ON 10/1/2013 AT 3:01:15 PM

NAME: [Redacted text]

EMAIL:

REASON:

DESCRIBE YOURSELF: I have a disability

COUNTY:

COMMENTS:

"It would not be fair for the government to dictate where I live and what services I receive. I'm happy here"

Comment 132

From: Matt Burdick [mailto:mburdick@namimn.org]

Sent: Wednesday, October 02, 2013 10:23 AM

To: *DHS_OPC Public

Subject: NAMI Minnesota Comments - Sept. 11 Draft Olmstead Plan



Comments on
Olmstead Plan Septer

Hello,

Attached are NAMI Minnesota's comments on the Draft Olmstead Plan released on September 11, 2013.

Matt Burdick

Grassroots Advocacy Coordinator

NAMI Minnesota

800 Transfer Road, Suite 31

St. Paul, MN 55114

651-645-2948 ext. 107 or 1-888-NAMI-HELPS

Fax: 651-645-7379

www.namihelps.org

[Full text of document]

October 1, 2013

To Olmstead Subcabinet:

On behalf of the National Alliance on Mental Illness of Minnesota (NAMI Minnesota) we are submitting these comments regarding Minnesota's draft Olmstead plan released September 11, 2013. NAMI Minnesota is a statewide grassroots organization dedicated to improving the lives of children and adults with mental illnesses and their families. Nearly 100% of our board and staff either live with a mental illness or have a family member with a mental illness.

We continue to be deeply concerned that the needs of the mental health community continue to be disregarded in the Olmstead plan and that our concerns are not being heard. We again urge you to create a separate section of the Olmstead plan dedicated to people with mental illnesses based on input from the mental health community. People with mental illnesses do not necessarily feel a part of the disability community, because we believe in recovery and that if treatment and support are provided, people will not become disabled. This is not being recognized in the Olmstead plan.

The September draft Olmstead plan recognizes that communities impacted by this work "expect to be involved and provide leadership in developing and implementing Minnesota's Olmstead plan". However, the extremely aggressive timelines outlined in the document, including developing legislative proposals for the 2014 legislative session, make it difficult to see when, where and how the mental health community will be able to provide such leadership for proposals that may impact us. Beyond limited public testimony through this summer's community listening sessions and public comment periods on draft plans there have not been opportunities for meaningful participation in this process.

Furthermore, the September draft plan does little to encourage us that the needs of people with mental illnesses will be addressed by the Olmstead plan. Even the demographic charts listed in Appendix A fail to include mental illnesses in the statistics listed by "disability type." While we want to continue pressing the point that people living with mental illnesses don't fit neatly into the definition of "disabled" this omission is extremely concerning. If people with mental illnesses are going to be included in this process, the huge barriers in housing, employment, etc. in our community deserves the same attention as other populations.

Thank you for the opportunity to comment. If you have questions or would like more information, please contact us.

Sincerely,
Sue Abderholden, MPH
Executive Director

Matt Burdick
Grassroots Advocacy Coordinator

Comment 133

From: John Wayne Barker [mailto:jwb@MerrickInc.org]
Sent: Friday, October 04, 2013 10:12 AM
To: *DHS OPC Public
Subject: Olmstead

I understand the official comment period has closed. However, after reading the September 2103 draft I feel compelled to submit the following comments:

1. The goal should be revised to delete the phrase “in the most integrated setting” from the end of this sentence “Minnesota will be a place where people with disabilities are living, learning, working, and enjoying life”. Integration is a personal choice that cannot be defined and mandated by others and is only relevant as part of a person-centered planning discussion that focuses on the individual’s choice in preferred housing, accessible healthcare, meaningful work, reasonable transportation, and genuine relationships. However, segregation can be defined by society as policy or practice of removing a group from the whole; and, outside of civil and criminal commitments, Minnesota has no such segregation policy or practice. Therefore, if we do not segregate then Minnesota citizens are already integrated and including this in goals and strategies is not needed. If the Subcabinet disagrees, then “in the most integrated setting” must be added to the end of all goal statements for employment, housing, supports and services, lifelong learning and education, healthcare and healthy living, transportation, and community engagement as it must be an all or nothing commitment.

2. The concept of “Employment First” should be discarded as contrary to person-centered planning and self-determination. As previously offered, Employment First believes - “Minnesota can move forward and make historic changes leading to increased job placement and integrated employment in the workforce as the first option for all youth and adults with disabilities”. I would argue that if we honor the individual’s choice in preferred housing, accessible healthcare, meaningful work, reasonable transportation, and genuine relationships Minnesota will really make historic changes. To this end I offer the following revision - “Minnesota can move forward and make historic changes leading to increased job placement and integrated employment in the general workforce as the first a desirable option for all youth and working age adults with disabilities”. To make my point to the Subcabinet, consider the following statements from the DHS 2012 County Gaps Analysis when it lists the two strategies for improvement – (1) person-centered planning; and (2) setting specific goals for contracted providers. Shouldn’t the provider be working on the goals of clients in their program vs. the state’s specific goals?

If we are going to put in the time, effort, and money to comply with the Olmstead Plan – then let’s do it for the right reason to make Minnesota a place where people with disabilities are living, learning, working, and enjoying life; and not get sidetracked by bureaucratic VAPOR (very appealing promises obfuscating reality). If you consider some of the major societal reform of the past 50 years (e.g. women’s suffrage, civil rights, abortion rights, gay marriage, etc.), change came from the people not government policy. I believe the intent of Olmstead was to redirect the focus to each individual and this has been lost in your current plan.

John Wayne Barker
Executive Director
651.789.6209
www.merrickinc.org

Comment 134

-----Original Message-----

From: *DHS_Webmaster, DHS

Sent: Friday, October 04, 2013 10:53 AM
Subject: FEEDBACK FROM OLMSTEAD PLANNING COMMITTEE SITE

THE FOLLOWING RESPONSE WAS RECEIVED ON 10/4/2013 AT 10:53:19 AM

NAME: [Redacted text]
EMAIL: [Redacted text]
REASON:
DESCRIBE YOURSELF: I am a family member of someone with a disability
COUNTY: Minnesota

COMMENTS:
I will be submitting a longer response.

Comment 135

-----Original Message-----

From: *DHS_Webmaster, DHS
Sent: Sunday, October 06, 2013 2:30 AM
Subject: FEEDBACK FROM OLMSTEAD PLANNING COMMITTEE SITE

THE FOLLOWING RESPONSE WAS RECEIVED ON 10/6/2013 AT 2:29:55 AM

NAME:
EMAIL:
REASON:
DESCRIBE YOURSELF: I am a family member of someone with a disability
COUNTY:

COMMENTS:
Please include funding for home modifications. funding that will help with big renovations. This will help people stay in or near their homes and allow for parents young and old to accommodate a family member and still have privacy at home. Every family member does not want their home becoming a group home. Consider a reasonable alternative Mother in law apartments in homes/basements/garages modified or a small guest home / tiny homes will give more people for options to live near the people they love with independence and love.

Please consider eliminating barriers to people keeping their pensions and retirements so they don't have to be broke to access housing help. Many seniors have to deplete their savings and retirement money till no money is left to get help.

By this time the individual has nothing left to have a better quality life. An individual should be allowed to get housing assistance without being put in the poor house. Help people stay independent by giving them the ability to take care of themselves by helping them maintain their income. This can be done by

eliminating the financial barrier to accessing services such as housing, chore service etc. people can't live in their homes if they have no help.

Consider developing housing modification team that people can access to help assess all options of living near family, relatives and maintaining their current residence.

Comment 136

[**Note:** this person's email was forwarded to DHS mental health staff for appropriate referral]

-----Original Message-----

From: *DHS_Webmaster, DHS

Sent: Sunday, October 06, 2013 10:25 AM

Cc: *DHS_Webmaster, DHS

Subject: FEEDBACK FROM OLMSTEAD PLANNING COMMITTEE SITE

THE FOLLOWING RESPONSE WAS RECEIVED ON 10/6/2013 AT 10:25:12 AM

NAME: [Redacted text]

EMAIL: [Redacted text]

REASON:

DESCRIBE YOURSELF: I have a disability

COUNTY: [Redacted text]

COMMENTS:

i have depression am suicidal i just need some help i have only enough money to cover my expense
my wife is unemployed i just need help

[**Note:** this person's email was forwarded to DHS mental health staff for appropriate referral]

Comment 137

-----Original Message-----

From: *DHS_Webmaster, DHS

Sent: Monday, October 07, 2013 11:30 AM

Subject: FEEDBACK FROM OLMSTEAD PLANNING COMMITTEE SITE

THE FOLLOWING RESPONSE WAS RECEIVED ON 10/7/2013 AT 11:29:54 AM

NAME: [Redacted text]

EMAIL: [Redacted text]

REASON:

DESCRIBE YOURSELF: I have a disability

COUNTY: [Redacted text]

COMMENTS:

I am a paraplegic with concerns controlling bed sores

Comment 138

-----Original Message-----

From: Ellie Skelton [mailto:EllieS@Waysidehouse.org]

Sent: Monday, October 07, 2013 4:06 PM

To: *DHS_OPC Public

Subject: Letter



201310071547.pdf

[Full text of document]

To Members of the Olmstead Subcabinet:

On behalf of the Wayside House, Inc. I am submitting these comments regarding Minnesota's draft Olmstead plan released September 11, 2013 and Olmstead planning process generally. Wayside House provides treatment, housing and supportive services for women and their families in Hennepin County.

Minnesota's Olmstead plan will have far reaching implications for people with substance use disorders and/or mental illnesses but there has been very little engagement with mental health and chemical health communities throughout the planning process. We are deeply concerned that the needs of people with substance use disorders and/or mental illnesses are not reflected in the draft plans released to-date. We strongly urge you to create a separate section of the Olmstead plan dedicated to mental health and chemical health that is based on input from people knowledgeable about these issues.

The draft plans are overwhelmingly aimed at serving people with developmental and physical disabilities and focus almost exclusively on services and supports for those communities and show a lack of understanding about services and supports for people with mental health and chemical health needs.

With the proper treatment and supports people with substance use disorders and/or mental illnesses can recover. While some people will live with the symptoms of their illness for much of their lives, for many, the right treatment and support can reverse the disabling effects of their illness or prevent it from becoming disabling in the first place. This concept of "recovery" - that people can and do get better - needs to be an integral part of the Olmstead plan.

We also want to move our systems away from a "fail first" model where people must be overwhelmed by the symptoms of their illness and cycle in and out of the hospital, homelessness, the criminal justice system, etc. before receiving intensive services. Instead we want a system of care that provides comprehensive treatment services earlier to prevent people from having their lives significantly disrupted. Unfortunately, this focus on "early intervention" is not reflected in the draft plans.

The draft plans also do not address the need for broad continuum of chemical and mental health care that includes timely access to intensive treatment and services for those who need it.

For our communities, accessing the right services at the right time is more important than the notion of the "most integrated" or "least restrictive" settings. While these concepts are extremely important, we also want people to be able to access more intensive treatment when they need it so they can get better and move on with their lives.

Thank you for the opportunity to comment.

Sincerely,

Ellie Skelton, MA, CPRP
Executive Director
The Wayside House, Inc.
3705 Park Center Blvd.
St. Louis Park, MN 55416
Direct Dial (952) 405-7636
Cell (612) 221-5153
ellies@waysidehouse.org

Comment 139

From: Mark Casagrande [mailto:MCasagrande@ParkTx.com]
Sent: Monday, October 07, 2013 5:03 PM
To: *DHS_OPC Public
Subject: Olmstead Comments



Olmstead
Comments.docx

To whom it may concern:
Attached is my comment regarding the Olmstead Plan.
Thank You!
Mark

Mark Casagrande, MA, LADC
Executive Director

Men's Programs	Women's Programs
2318 Park Ave. S.	2525 Park Ave. S.
Mpls., MN 55404	Mpls., MN 55404
612-871-7443	612-871-7443

[Full text of document]

To Members of the Olmstead Subcabinet:

On behalf of Park Avenue Center, I am submitting these comments regarding Minnesota's draft Olmstead plan released September 11, 2013 and Olmstead planning process generally. Park Avenue Center is a large substance abuse treatment provider located in Minneapolis, MN.

Minnesota's Olmstead plan will have far reaching implications for people with substance use disorders and/or mental illnesses but there has been very little engagement with mental health and chemical health communities throughout the planning process. We are deeply concerned that the needs of people with substance use disorders and/or mental illnesses are not reflected in the draft plans released to-date. We strongly urge you to create a separate section of the Olmstead plan dedicated to mental health and chemical health that is based on input from people knowledgeable about these issues.

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We also want to move our systems away from a "fail first" model where people must be overwhelmed by the symptoms of their illness and cycle in and out of the hospital, homelessness, the criminal justice system, etc. before receiving intensive services. Instead we want a system of care that provides comprehensive treatment services earlier to prevent people from having their lives significantly disrupted. Unfortunately, this focus on "early intervention" is not reflected in the draft plans.

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Thank you for the opportunity to comment.

Sincerely,

Mark Casagrande
Executive Director

Comment 140

-----Original Message-----

From: *DHS_Webmaster, DHS

Sent: Tuesday, October 08, 2013 9:44 AM

Subject: FEEDBACK FROM OLMSTEAD PLANNING COMMITTEE SITE

THE FOLLOWING RESPONSE WAS RECEIVED ON 10/8/2013 AT 9:43:33 AM

NAME: [Redacted text]

EMAIL: [Redacted text]

REASON:

DESCRIBE YOURSELF: I am a family member of someone with a disability

COUNTY: [Redacted text]

COMMENTS:

I'm interested in learning how Olmstead will address barriers children and youth with mental illness face unable to access appropriate levels of treatment and care resulting in higher risk for some to need longer stays in residential treatment with little access to community based options at this care level.

Comment 141

From: Stemper, Colin (MSCOD)

Sent: Tuesday, October 08, 2013 10:54 AM

To: *DHS_OPC Public

Subject: Public Comment



MSCOD Olmstead
Letter.pdf

For whom it may concern,

MSCOD respectfully submits the attached comments regarding the Olmstead plan and Sub-Cabinet activities. Thank you.

Colin Stemper, MPP

Legacy Grant Administrator

Minnesota State Council on Disability (MSCOD)

121 East 7th Place, Suite 107, St. Paul, Minnesota 55101

(651) 361-7809

www.disability.state.mn.us | Colin.Stemper@state.mn.us

Celebrating 40 years of service

[Full text of document]

October 8, 2013

To whom it may concern,

Established in 1973 by the state legislature, the Minnesota State Council on Disability (MSCOD) was created to advise the governor, state legislature, and the public on disability policy. MSCOD advocates for policies and programs that advance the rights of Minnesotans with disabilities. In order to establish the best possible outcomes from the Olmstead process, MSCOD has included several comments concerning quality assurance and accountability in the latest draft strategic plan.

The quality assurance section mentions the Sub-Cabinet's to adopt a quality improvement plan by September 30, 2014. The plan will specify how to engage the Governor's appointed disability councils, including MSCOD. This is far too long to wait to begin consultation with the state's disability councils. If the Sub-Cabinet is serious about creating an Olmstead Plan that benefits Minnesotans with disabilities, it ought to include these councils in Sub-Cabinet proceedings. MSCOD understands that Sub-Cabinet members have been restricted to parties of the Jensen settlement thus far, but there is little rationale for the continued exclusion of the state's disability councils from the Sub-Cabinet. MSCOD is statutorily prepared to assist the Sub-Cabinet in its duties.

MSCOD has extensive experience with access issues that may impact housing, employment, and transportation issues due to the mandates established under MS 3268.106, Subdivision 9, Sections d and e. Our staff has valuable insights about access in these areas that may not be readily apparent to Sub-Cabinet members. Moving forward, including MSCOD in the Sub-Cabinet will be another means of ensuring access for people with disabilities statewide.

Access, transportation, and accommodation issues are important components of the process of attaining competitive employment, which is a linchpin for independent living. MSCOD has statutory experience in these areas, and we are prepared to use this expertise to play a positive role in Olmstead solutions moving forward. Additionally, our agency worked on many of these issues during the Options Too process in 2006 and can supply key institutional knowledge to the Sub-Cabinet.

MSCOD appreciates that this draft plan includes data and figures that gives a greater look at demographics of Minnesotans with disabilities. Our agency has consistently said that we have to know more about who will be affected by an Olmstead plan, and we are happy to see that this analysis has been conducted.

MSCOD is able to play a positive role in the activities of the Sub-Cabinet, as we have historical and institutional experience that would be valuable in this process. MSCOD can play an important, productive role to play in the Sub-Cabinet. I ask that you allow us to take part.

Sincerely,
Joan Willshire
Executive Director
Minnesota State Council on Disability

Comment 142

From: mrcjuliaparnell@gmail.com [mailto:mrcjuliaparnell@gmail.com] On Behalf Of Julia Parnell
Sent: Tuesday, October 08, 2013 1:18 PM
To: *DHS_OPC Public
Subject: Comments to Olmstead Sub-Cabinet

Please see attached letter, thank you!



Comments to
Olmstead Subcabinet.

--

Julia Parnell
Minnesota Recovery Connection
Special Projects Manager
Office 651.233.2080 ext. 22
Mobile 612.382.9508
Fax 651.294.8949
julia@minnesotarecovery.org
www.minnesotarecovery.org
connect. recover. advocate. serve.

[Full text of document]

October 8, 2013

To Lieutenant Governor Yvonne Prettner Solon and Members of the Olmstead Subcabinet:

On behalf of Minnesota Recovery Connection, I am submitting these comments regarding Minnesota's draft Olmstead plan released September 11, 2013 and Olmstead planning process generally. Minnesota Recovery Connection's mission is to strengthen the recovery community through peer-to-peer support, public education, and advocacy.

Minnesota's Olmstead plan will have far reaching implications for people with substance use disorders and/or mental illnesses but there has been very little engagement with mental health and chemical health communities throughout the planning process. We are deeply concerned that the needs of people with substance use disorders and/or mental illnesses are not reflected in the draft plans released to-date. We strongly urge you to create a separate section of the Olmstead plan dedicated to mental health and chemical health that is based on input from people knowledgeable about these issues.

The draft plans are overwhelmingly aimed at serving people with developmental and physical disabilities and focus almost exclusively on services and supports for those communities and show a lack of understanding about services and supports for people with mental health and chemical health needs. With the proper treatment and supports people with substance use disorders and/or mental illnesses can recover. While some people will live with the symptoms of their illness for much of their lives, for

many, the right treatment and support can reverse the disabling effects of their illness or prevent it from becoming disabling in the first place. This concept of "recovery"- that people can and do get better- needs to be an integral part of the Olmstead plan.

We also want to move our systems away from a "fail first" model where people must be overwhelmed by the symptoms of their illness and cycle in and out of the hospital, homelessness, the criminal justice system, etc. before receiving intensive services. Instead we want a system of care that provides comprehensive treatment services earlier to prevent people from having their lives significantly disrupted. Unfortunately, this focus on "early intervention" is not reflected in the draft plans.

The draft plans also do not address the need for broad continuum of chemical and mental health care that includes timely access to intensive treatment and services for those who need it. For our communities, accessing the right services at the right time is more important than the notion of the "most integrated" or "least restrictive" settings. While these concepts are extremely important, we also want people to be able to access more intensive treatment when they need it so they can get better and move on with their lives.

Thank you for the opportunity to comment.

Sincerely,
Nell Hurley
Director, Minnesota Recovery Connection

Comment 143

From: Hoopes, Pamela [mailto:phoop@mylegalaid.org]
Sent: Tuesday, October 08, 2013 2:18 PM
To: *DHS OPC Public
Cc: Hoopes, Pamela; Wieck, Colleen (ADM); Opheim, Roberta (OMHDD)
Subject: MDLC/MMLA comments to September 2013 Subcabinet Olmstead Plan draft



1172991.docx

Dear Olmstead Subcabinet,

Attached please find the MDLC/MMLA comments to the Olmstead Subcabinet's September 2013 draft plan.

Thank you,
Pamela Hoopes

Pamela Hoopes
Legal Director
Mid-Minnesota Legal Aid
Minnesota Disability Law Center
430 First Avenue North, Suite 300

Minneapolis, MN 55401-1780

612-746-3711 (direct dial)

612-334-5755 (FAX)

phoopes@mylegalaid.org

[Full text of document]

TO: Olmstead Subcabinet (opc.public@state.mn.us)

FROM: Pamela Hoopes, Minnesota Disability Law Center/Mid-Minnesota Legal Aid (MDLC)

RE: MDLC Comments on Olmstead Subcabinet September 2013 Draft Olmstead Plan

DATE: October 8, 2013

Mid-Minnesota Legal Aid (MMLA) is designated by the Governor as the federally mandated Protection and Advocacy entity for Minnesota, and it carries out this function through its statewide program, the Minnesota Disability Law Center (MDLC). MDLC Legal Director Pamela Hoopes served on the Olmstead Planning Committee. On December 21, 2012, MDLC submitted comments on that Committee's Recommendations.

Following the publication of the Olmstead Subcabinet's June 2013 first draft of Minnesota's Olmstead Plan ("first draft Plan"), MDLC attended and testified at a number of the Olmstead Subcabinet's Listening Sessions around the state. We submitted comments on the first draft Plan on August 19, 2013.

In this memo, we are submitting comments on the changes made from the first to the second draft of the Plan and raising some additional general concerns about the Plan.

1. Although the second draft of the Plan contains some timetables and a centralized mechanism to ensure progress, it still lacks the measurable goals and sound data needed to create a realistic and meaningful Plan.

- We are encouraged that the second draft of the Plan contains several timetables for implementation. However, we are concerned that the dates set for completion may be too ambitious, especially regarding the implementation of the Overarching strategic actions (see September 2013 draft Plan at 15-16).
- The second draft of the Plan still lacks quality data. While the Demographic figures provided on page 6 are helpful for overall context, general data is not enough.
- We strongly urge that each of the topic-specific plans that we understand will be part of the third draft of the Plan include specific, relevant data, realistic timetables, and measurable goals that can be compared to and aligned with the other topic-specific plans.
- The Quality Assurance mechanism in the second draft of the Plan is overly broad and vague. More details need to be added for it to be useful.

2. The Grievance/Dispute resolution mechanism proposed in the second draft Plan raises concerns that it inadvertently erects rather than removes barriers to due process.

- MDLC strongly supports individuals' access to due process to enforce rights under the Americans with Disabilities Act (ADA) and other relevant statutes. We are concerned that the requirement that individuals are "required to give the state notice" (see September 2013 draft Plan at 18) creates a confusing procedural hurdle for individuals

attempting to do so. On its face, this language sets up a notification requirement for *any* enforcement action or complaint in *any forum* if an Olmstead theory under the ADA might be part of it. This would conflict with both the ADA and the Minnesota Human Rights Act, neither of which contains such a requirement. We are concerned that an individual's failure to notify could be used as a defense to legal actions or complaints outside of what may be intended as an Olmstead-specific administrative grievance process within state government.

- A new mechanism could also interfere with the effective functioning of existing administrative dispute resolution processes, including case management conciliation conferences, were an "Olmstead-related issue" to arise. Before creating an entirely new administrative mechanism, we urge the Subcommittee to consider how state staff and individuals could better use dispute mechanisms that already exist, and how improvements to those systems could be made to assure that Olmstead-related issues are properly dealt with in every agency's existing administrative processes.
- If the Subcommittee decides that a separate Olmstead Grievance/Dispute resolution mechanism is warranted, we suggest that, at a minimum, the Olmstead Plan state plainly that:
 - The new mechanism is optional;
 - The new mechanism is explicitly defined as an alternative to existing processes and is not a predicate to or substitute for those processes;
 - The procedural notification requirement applies solely to this new administrative process and does not apply to or have any effect on other avenues of complaint, appeal, or requests for relief;
 - This new process does not need to be exhausted or attempted before an individual uses other avenues of complaint or relief.

3. In evaluating its current policies and procedures in the Olmstead Plan, the Minnesota Department of Human Services (DHS) should prioritize those that create or have the potential to reduce significant barriers to integrated community living, including Medical Assistance (MA) limits on income and assets, Group Residential Housing (GRH), Minnesota Supplemental Aid-Housing Assistance (MSA-HA), and the dependency definition for personal care assistance/Community First Services and Supports (PCA/CFSS).

- We urge the DHS to propose legislation to raise the MA income level for persons with disabilities and seniors to 138% federal poverty level (FPL) and to remove the asset limit for those who are living in the community. Individuals eligible for MA based on qualifying as disabled must meet the current MA income limit of 100% of the FPL and, if over 100%, the Spend-down level of 75% FPL. The asset limit for this group is no more than \$3,000 (except for about 10% of persons who qualify for Medical Assistance for Employed persons with Disabilities option [MA-EPD]). The requirement to live in poverty to access MA health coverage is a significant barrier for individuals trying to find truly integrated community settings in which to live and work. These low levels make community living difficult and leave people with disabilities and seniors far below the next lowest income and asset level for all other MA groups (138% FPL and no asset limit).
- The Olmstead Plan should include a legislative proposal that the housing subsidy available through the Minnesota Housing Assistance program (also called Shelter Needy funding) be increased to include up to the amount a housing provider would be paid

through the GRH program to provide housing to an individual with disabilities so as to make independent and integrated options more affordable in the current rental market. The state-funded GRH program often pays more to a provider to house a person with disabilities in a segregated setting than the amount the person has available to pay for typical rental housing in the community.

- We urge the DHS to make changes in the dependency definition for PCA/CFSS (Minn. Stat. 256B.85 Subd.2 (i)) to assure that persons with mental health conditions and other cognitive conditions can access this important service which supports people to remain as independent as possible in their homes.

4. We support a strong shift toward integrated, community-based employment statewide in the Olmstead Plan; given the regional variations in employment, the Olmstead Plan should include a county-by-county employment capacity and job development potential study so that the state will have solid data on which to base goals and timetables for this crucial aspect of the Plan.

Conclusion

We recognize the continuing strenuous efforts of the Subcabinet and state agencies on the Olmstead Planning process. We have appreciated the opportunity to comment during the drafting process and strongly encourage the Subcommittee to allow time for comments on the topic-specific plans that will be released in the third draft of the Plan.

Please feel free to contact me with any questions regarding these comments at 612-746-3711 or phoopes@mylegalaid.org

Comment 144



Comment 145 and 146 were duplicates of letters provided at the Rochester listening session (see comment 109)