Olmstead Plan stakeholder feedback (11/01/13 – 4/23/14)

This document contains feedback received through email and the website from the day the final Olmstead plan was posted on the website through April 23, 2014.

Comment numbers continue from the previous stakeholder comments collection.

Information in these comments should be used only for Olmstead Planning purposes. **Do not use any identifying information in other documents.** Please review the Olmstead Plan website's Use Policy for more information.

Comment 164

From: *[Redacted Text]*
Sent: Friday, November 01, 2013 10:44 AM
To: *DHS_OPC Public
Subject: emergencies created by durable equipment providers

Last weekend I encountered a totally preventable emergency that forced me to go to the emergency room. I am a quadriplegic and live in my own apartment with the support personal care assistants. I called *[Redacted Text]* Health Care on Friday of last weekend to let them know that my electric bed was not operating properly. I was told that nothing could be done to fix it until Monday. The bed had had an intermittent problem so I took a chance and got in the bed Friday and Saturday nights. Fortunately nothing occurred on either of those nights. Sunday night was a different story, however. Sunday night I got in the bed and got sandwiched in the bed with the head and the legs stuck in the up position. I was unable to get out of the bed with the help of my caregiver so we called 911. I spent the night in my wheelchair. When morning came, I hurt from head to toe. I called my doctor to have her admit me to the hospital. *[Redacted Text]* initially promised they could have the bed fixed on Monday; however, later that day they said they couldn't fix it until Tuesday. I finally returned home Tuesday afternoon.

The problem with durable equipment providers is that they typically work from 8:00 a.m. to 5:00 p.m. Monday through Friday. This is ridiculous. People with disabilities cannot magically go find another bed or get another wheelchair to sit in. They have no options when their equipment fails them, but to rely on the provider they obtained their equipment from to replace or repair it. My suggested solution is to require durable equipment providers to have someone on call 24/7 to attend to such emergencies and that the situation be resolved in the same day that they are notified. They can either fix the problem right away, replace the equipment with a loaner until the problem piece of equipment is repaired, or simply replace the equipment with new equipment.

With the safety net for people with disabilities virtually destroyed, it seems prudent for providers of durable equipment to be mindful that people with disabilities are totally dependent on their equipment working. The amount of money that was spent on my emergency room visit including transportation and the EMT visit could have purchased several electric beds.

I frankly am tired of being a pawn for health care providers in all areas of health care using me to obtain their wealth without offering me some level of security. I don't know any employer who will hire and retain a disabled employee who is constantly calling in from the emergency room to report he/she has to spend the night because a piece of adaptive equipment has broken down.
[Redacted Text]

Comment 165

From: *[Redacted Text]*
Sent: Friday, November 01, 2013 11:23 AM
To: *DHS_OPC Public
Cc: *[Redacted Text]*
Subject: Olmstead Plan comment

I am wondering for the Lifelong Learning and Education goal: Increase in the number of students with disabilities who are educated in the most integrated educational setting preschool through grade twelve – what is the strategic action to get this accomplished.

Who makes the decision on whether a child is being successful? Who will monitor this? This to me is the green light for teachers to "give up". We tried, we don't have time, etc…..

"The Individuals with Disabilities Education Act (IDEA) requires that students with disabilities receive special education services in the least restrictive environment, appropriate to meet their needs. This means that removal from regular education classes occurs only when a student cannot be successfully educated in regular classes, even with supplemental aids and services. When a student is removed from the regular educational environment for part of the day, the student must still be educated with nondisabled peers as much as possible".

My concern:
When my son started school, I was "going with the flow". I went with whatever the teacher said was best for my son because I didn't know any better and you trust the teachers because that is their job. Unfortunately, this is the "typical" scenario for most parents. We have so much to deal with already that we just "trust".

The problem with this is, that trust can hold your son/daughter back. For instance, in elementary school my son was placed in a special education room. One day I went to visit my son. When I walked in, they were watching a movie and most of the students in this class were non-verbal. What exactly was my son learning at this time? Every child should be given the chance automatically. Many parents are still so afraid of letting their child be in a general education classroom because of sensory issues, bullying, others not understanding them. If they were with their peers from the beginning of Pre/Elementary School, this would not be an issue. For the sensory issues, adapt the classroom to the child not the child to the classroom.

After seeing my son in class watching a movie, something happened inside of me. I realized I was in control, not the teachers. Don't get me wrong, we had the best teachers around, but they had never had any parent question before (again, we trust). I knew what was best for my son. I requested that he

be placed in a general education class. Within a few short weeks, his vocabulary soared through the roof. He was raising his hand and answering questions in class more than the general education students. I realize that every child is at different levels of learning, but every child should be given the chance to prove themselves as well and IT IS possible for every child to be educated in with his peers.

Pulling them out is holding them back!
Thank you!

[Redacted Text]

Comment 166

From: *[Redacted Text]*
Sent: Friday, November 01, 2013 3:05 PM
To: *DHS_OPC Public
Subject: Olmstead Plan feedback

To Whom it may concern:
Here is a comment I wish to share: I have studied the document.

A concern I have:
In the employment areas they talk about training (available), outreach (public information). but, they don't have targeted businesses and audiences for whom to deliver the training.
In the business world you call on specific industries and specific businesses and deliver the training and education and set goals (hiring goals) with them. You plan and measure was the training and outreach done? To which and how many. What hiring took place etc,

“Availability" and "public information" won't get the job done.
If they were selling computers or any other type of widget they would go broke with the approach outlined in the plan. Most of it I like but, this area seems weak and, in fact, missing.

Thanks for receiving my feedback, I am now registered as a *[Redacted Text]* if you need help.

[Redacted Text]

Comment 167

From: *[Redacted Text]*
Sent: Monday, November 04, 2013 6:01 AM
To: *DHS_OPC Public
Subject: Concerned about impact of the Olmsted Plan

Dear Olmstead Subcabinet Members:

I live with a mental illness and am very concerned about the impact of the Olmstead Plan on people with a mental illness. The plan should recommend greatly increasing access to services that specifically

support people with mental illnesses in the community, such as ACT, ARMHS, IRTS and community support programs.

We also need more housing programs such as *[Redacted Text]* and supportive housing. I was homeless and was only able to find housing through the state's supportive housing program. It has made a huge difference in my recovery and I think we need much more supportive housing so that people with a mental illness don't wind up incarcerated or homeless.

The Olmsted Plan should support expanding and improving our mental health system. It should measure how many more people are able to access community mental health services.

Thank you: [Redacted Text]

Comment 168

From: *[Redacted Text]*
Sent: Monday, November 04, 2013 9:52 AM
To: *DHS_OPC Public
Subject: Olmsted

Dear Olmstead Subcabinet Members:
I am a parent of two young adults living with mental illnesses, and am very concerned about the impact of the Olmstead Plan on people with a mental illness. The plan should recommend greatly increasing access to services that specifically support people with mental illnesses in the community, such as ACT, ARMHS, IRTS and community support programs. I love my son, who has bipolar disorder, so very dearly. However, he becomes very frustrated living in our home, and has at times been aggressive and violent. He would be able to live independently in the community with the proper support.

My daughter lives with post traumatic stress disorder. My son's aggression can be a trigger, thus creating a situation where it is very difficult to care for both of my adult children in the same home. This puts a tremendous amount of pressure on our family, and makes it difficult for either of our children to achieve independence.

We need more housing programs such as *[Redacted Text]* and supportive housing. These programs would allow my family to continue to have a healthy relationship with my son and would allow my son to live independently. Another possible solution for my son to receive the support he needs would be an adult foster home. However, it has become increasingly difficult to qualify for the CADI waiver my son would need to live in such a placement.

The Olmstead Plan should recognize that people with mental illnesses can recover and a goal of the plan should be to support people's recovery. It should support expanding and improving our mental health system.

Kind regards,
[Redacted Text]

Comment 169

From: Darin McClain [mailto:McClainD@stlouiscountymn.gov]
Sent: Monday, November 04, 2013 10:05 AM
To: *DHS_OPC Public
Subject: Employment

Olmstead can make a direct impact in employing persons with disabilities by requiring state, county, and local government entities (as well as private companies who contract with them) to conduct analyses of what positions within their agencies could conceivably be performed by a disabled person with supports, technology, etc. Such agencies' efforts toward "diversity" often leave disabled persons out of the picture.

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Comment 170

From: *[Redacted Text]*
Sent: Monday, November 04, 2013 10:08 AM
To: *DHS_OPC Public
Subject: To the Olmstead Subcabinet - Please Increase Services for People with Mental Illness

Dear Olmstead Subcabinet Members:

I am a mental health counselor working with adults with serious mental illness in a supportive living setting. I am very concerned about the impact of the Olmstead Plan on people with a mental illness. The plan should recommend greatly increasing access to services that specifically support people with mental illnesses in the community, such as ACT, ARMHS, IRTS and community support programs.

I have observed first hand the benefits to people living with mental illness of having skilled, knowledgeable support, with enough time available to truly make a difference in people's lives. I have also worked in primary care medical clinics, where I have seen the outcomes – in terms of health, social stability, and function – for people who are not receiving appropriate mental health supports.

We also need more housing programs such as *[Redacted Text]* and supportive housing. The residents living at the Assisted Living Apartments where I work have 24-hour supports combined with their own

apartments, and an adjacent wellness center. This model balances support with independence and privacy. Housing instability is a common experience for people with mental illness. Many of the people I work with describe their current state as the healthiest they have been in years, both mentally and physically.

People do have the potential to recover from mental illness and to live meaningful, satisfying lives of their choosing – but they need supports that effectively address the specific challenges of living with mental illness. The Olmstead Plan should be actively supporting and funding a continuum of service levels related to mental illness.

The Olmstead Plan should ensure that people with mental illnesses are not forced to utilize services that are not designed for them or appropriate for them. A range of services, offering appropriate options to address people's specific needs, should be funded and available to increase opportunities for recovery, self-determination, and community integration for people living with mental illness.

[Redacted Text]

Comment 171

From: *[Redacted Text]*
Sent: Monday, November 04, 2013 11:11 AM
To: *DHS_OPC Public
Subject: Olmstead Plan

Dear Olmstead Subcabinet Members:

I have a family member with a severe and persistent mental illness and have concerns about the impact of the proposed Olmstead Plan. The plan should recommend greatly increasing access to services that specifically support people with mental illnesses in the community, such as ACT, ARMHS, IRTS and community support programs. My son who has a diagnosis of paranoid schizophrenia/schizoaffective
disorder is due to be released from a Federal prison on *[Redacted Text]* and access to these programs will be highly important to his well-being, to the community, and to his family.

Having access to housing will be a critical need and more programs are needed such as *[Redacted Text]* and other programs for supportive housing. As this is all new to me as a parent and to my son who has been treated well during his incarceration. Accordingly, I am fearful that if community supports are not available forthose who have been in the criminal justice system will re-offend at considerable cost to the community and to family members.

The Olmstead Plan should recognize that people with mental illnesses can recover and a goal of the plan should be to support people's recovery.
The Plan should support expanding and improving our mental health system. It should measure how many more people are able to access community mental health services.
The Plan should ensure that people with mental illnesses are not forced to utilize services that are not

designed for them or appropriate for them.
The Olmstead Plan should not support policies that will restrict the ability of people with mental illnesses to access services, such as PCA services or CADI waivers.

In conclusion, my son has received excellent care during his incarceration, he has earned a college degree, he is anxious to live a productive life and to work here in Minnesota. I am hopeful that the Olmstead Plan Subcabinet will give consideration to all who provide input.

Sincerely,
[Redacted Text]

Comment 172

From: Vicky Couillard [mailto:vcouillard@vailplace.org]
Sent: Monday, November 04, 2013 1:02 PM
To: *DHS_OPC Public
Subject: comments regarding the Olmstead Plan

Dear Olmstead Subcabinet Members:

I am the Executive Director for Vail Place, a Clubhouse Community Support Program that provides critical services to those with serious and persistent mental illness diagnoses. As someone who works in the mental health field, I am concerned about the impact of the Olmstead Plan on people with mental illness. The plan should recommend greatly increasing access to services that specifically support people with mental illnesses in the community, such as ACT, ARMHS, housing programs, IRTS, Case Management services and Community Support Programs and Clubhouse programs like those that Vail Place offers.

Every day, I witness first-hand how absolutely essential community support services are—people who walk through the doors at Vail Place find resources, employment assistance, housing assistance, and a community to belong to—aspects of recovery that are very often *life-saving*. For so many struggling with a mental illness, the path away from isolation, homelessness, unemployment, and hopelessness starts here.

The Olmstead Plan appears to focus on services for those with developmental and physical disabilities, and should also support expanding and improving our mental health system. In order to positively impact people with mental illness, it should focus on and measure how many more people are able to access community mental health services.

Thank you for your consideration.
Vicky

P.S. The Star Tribune recently wrote an article related to the Olmstead Plan and the needs of those with mental illnesses living in our community. The article featured a Vail Place member: http://www.startribune.com/local/229978371.html

Vicky Couillard
Executive Director
Direct Dial: 952-945-4233
FAX: 952-938-7934
www.vailplace.org

Comment 173

From: *[Redacted Text]*
Sent: Monday, November 04, 2013 1:16 PM
To: *DHS_OPC Public
Subject: Mental Illness Increased Access to Services

Dear Olmstead Subcabinet Members:
I have a family member who has a mental illness and am very concerned about the impact of the Olmstead Plan on people with a mental illness. The plan should recommend greatly increased access to services that specifically support people with mental illnesses in the community, such as ACT, ARMHS, IRTS and community support programs. We also need more housing such as *[Redacted Text]* and supportive housing.

The Olmstead Plan should recognize that people with mental illnesses can recover and a goal of the plan should be to support people's recovery. The Olmstead Plan should ensure that people with mental illnesses are not forced to utilize services that are not designed for them or appropriate for them. The Olmstead Plan should not support polices that will restrict the ability of people with mental illnesses to access services, such as PCA services or CADI waivers.

Thank you for your attention.
[Redacted Text]

Comment 174

From: *[Redacted Text]*
Sent: Monday, November 04, 2013 1:22 PM
To: *DHS_OPC Public
Subject: Public Comment


Olmstead Plan Letter.docx

Please see attached

[full text of attached document below]

November 3, 2013

Dear Olmstead Subcabinet Members:

I have a family member (son) with mental illness and am very concerned about the impact of the Olmstead Plan on people with a mental illness. The plan should recommend greatly increasing access to services that specifically support people with mental illnesses in the community, such as ACT, ARMHS, IRTS and community support programs. I feel they are a very important piece of the puzzle that helps those with mental illness have a better quality of life and feel successful.

We also need more housing programs such as *[Redacted Text]* and supportive housing. I know that there are many good housing programs that have helped those living with mental illness become stable and even find part time employment. These programs are successful, though without better funding, will not be able to continue to operate. The recent cuts to CADI and BI funding are causing programs to struggle to provide all the services that are necessary for the success of their clients. This state has already lost good programs that could not operate after the budgets cuts in recent years. I do not want to see this happen again! These are programs that help people to help themselves.

The factors that have led to so many youth and adults living with a mental illness ending up in our criminal justice system are not included in the plan. There was a section in an earlier plan that included efforts to address these issues, including discharge planning, but it is not in the final plan. This needs to be changed. My son is one of the youth into adulthood that has ended up in jail, then prison, and still has not received help that he needs to stop the cycle. He is currently sitting in jail awaiting a court appearance, and there are no programs to help him get a diagnosis and proper treatment at this point. I wish that there was a program that would allow him to be diagnosed while he is incarcerated so that he can start to take proper medication and have services provided that are necessary to help him make changes. The number of offenders not being treated for their mental illness is appalling. This can change. Proper funding is necessary and timing is the key.

In the case of my son, he has had little help with getting supports in place to get treatment, housing, or employment. Services are difficult to get, waiting lists are long, and this causes him to become increasingly frustrated and feel that no one cares enough to help. He would rather live in a tent in the woods and possibly die from exposure than to wait for services. Of course his thought process is not "normal", he has a mental illness. I feel that if he could walk in the door somewhere, and get some kind of help right in that moment, he would be far better off than he is now. Currently, if he were out of jail, he can go to the emergency room for treatment, though he has to declare himself as a danger to himself and others. This results in him getting help, though he has to be locked in the ward for three or more days! The system is currently set up to put a Band-Aid on a hemorrhage, and the answer to change is better funding.

People with mental illness can recover. Supports are available to make the goal of our plan to be that of supporting people's recovery.

The Olmstead Plan should support expanding and improving our mental health system. It should measure how many more people are able to access community mental health services.

The Olmstead Plan should ensure that people with mental illnesses are not forced to utilize services that are not designed for them or appropriate for them.

The Olmstead Plan should not support policies that will restrict the ability of people with mental illnesses to access services, such as PCA services or CADI waivers.

Sincerely,

[Redacted Text]

Comment 175

From: *[Redacted Text]*
Sent: Tuesday, November 05, 2013 11:11 AM
To: *DHS_OPC Public
Subject: Response to the Olmstead Plan: Please meet again to address the needs of those living with a mental illness

Dear Olmstead Subcabinet Members:

I am a parent of a *[Redacted Text]* year old child who struggles with chronic and complex mental illness. I am very concerned about the impact of the Olmstead Plan on people with a mental illness. The plan should recommend greatly increasing access to services that specifically support people with mental illnesses in the community, such as ACT, ARMHS, IRTS and community support programs. It should lead to increased availability of CADI waivers, PCA services, and discuss goals related to the incarceration that functions as the new institutionalization of many people living with mental illness.

My son is at risk of incarceration, homelessness, or early death because of his mental illness. He is receiving special education under the category of E/BD. He requires a residential level of care but CADI waiver options are so limited that he has been passed over for a needed group home twice this past year. He continues to remain in a residential treatment setting because there is no appropriate community based option being made available to him. Not being able to access a CADI group home is a barrier for him. Not being able to have options with schooling where he is not put into an isolated setting with other kids labeled as E/BD is also a barrier. He is reading far below his grade level and transitions made to access mental health treatment continue to be a barrier to his progress.

Our family has used PCA services for our son, and this service was helpful. Our family has benefitted from services that were based on a person-centered approach. Mental health case management provided to our son has been the antithesis of person-centered, and the County providing those services has wanted full control to make decisions about our son's access to treatment and services. The more we as a family advocate for person-centered and family-centered approaches working with the mental health case management agency, the more resistant the agency becomes at working transparently and collaboratively with our son, family, and his treatment providers. We are hopeful for the Olmstead Plan can jettison the mental health service provider community into a person-centered approach to providing care.

That being said, it's important that the Olmstead Plan clearly speaks to the barriers of people with mental illnesses, including that these individuals can recover. A goal of the plan should be to support people's recovery. The Olmstead Plan should support expanding and improving our mental health

system. It should measure how many more people are able to access community mental health services. It should speak to and figure out how it will measure current institutionalization levels that are happening to individuals with mental illnesses who fall into the criminal justice system rather than be given access to proper housing, treatment, services, and employment.

Also, the Olmstead Plan should ensure that people with mental illnesses are not forced to utilize services that are not designed for them or appropriate for them. The Olmstead Plan should not support policies that will restrict the ability of people with mental illnesses to access services, such as PCA services or CADI waivers.

I urge you to revisit the plan specifically to hear from the mental health community on how the plan can bolster the needs and voices of those living with mental illness. We need your support!

Thank you for your help,
[Redacted Text]

Comment 176

From: *[Redacted Text]*
Sent: Tuesday, November 05, 2013 2:48 PM
To: *DHS_OPC Public
Subject: BIG CONCERNS!!

Dear Olmstead Subcabinet Members:

I am a mental health provider and am very concerned about the impact of the Olmstead Plan on people with a mental illness. The plan should recommend greatly increasing access to services that specifically support people with mental illnesses in the community, such as ACT, ARMHS, IRTS and community support programs.

We also need more housing programs such as *[Redacted Text]* and supportive housing. I provide CADI waiver services to adults with mental illness, and as they become more and more stable, they receive less and less funding. I am very concerned that this will result in a loss of services that they have relied on for some, over 12 years, and have played an important role in their recovery.
The Olmstead Plan should not support policies that will restrict the ability of people with mental illnesses to access services, such as PCA services or CADI waivers, AND should recognize that people with mental illnesses can recover and a goal of the plan should be to support people's recovery

[Redacted Text]

Comment 177

From: *[Redacted Text]*
Sent: Tuesday, November 05, 2013 4:02 PM

To: *DHS_OPC Public
Subject: Mental Illness Services

Dear Olmstead Subcabinet Member: I never thought that mental illness would occur in my family but this past 2 years my *[Redacted Text]* year old son was diagnosed with a dual diagnosis which was Bipolar and self-medication with alcohol. He is very intelligent and was in nursing school at the time. He is now civilly committed due to his mental illness. Due to his self destructive disease he spend some time in the jail system instead of getting the mental health treatment he needed. A solution to this should be addressed in your plan. Being new to this, I am now concerned over his future housing since it is not in our mutual interest that he live at home with me. I know that there is a better recovery if my son can get employment and this is of concern at this point. I deeply feel that we need to have more funding for mental illness since it is a disease that has affects on all of our lives. The news is full of stories where proper treatment was not given to those who really need individual help. Each case may have its own specifics and plans need to have a wide assortment of options to accommodate the various issues with mental illness. I feel that housing is an area that needs MAJOR help and that those with mental illness have a place to stay while they get help (Crisis housing). I also would like to see more emphasis on Integrated Dual Diagnosis Treatment. The Olmstead Plan should recognize that people with mental illness can recover and the goal of the plan should be to support people's recovery through a wide range of supports. Thank you for your attention to my concerns and I hope that in the future more attention can be given to this vital subject matter. *[Redacted Text]*

Comment 178

From: *[Redacted Text]*
Sent: Wednesday, November 06, 2013 11:35 AM
To: *DHS_OPC Public
Subject: Olmstead Plan

Dear Olmstead Subcabinet Members:

I have multiple family members that live with mental illnesses and am very concerned about the impact of the Olmstead Plan on people with a mental illness. The plan should recommend greatly increasing access to services that specifically support people with mental illnesses in the community, such as ACT, ARMHS, IRTS and community support programs.

We also need more housing programs such as *[Redacted Text]* and supportive housing. I have worked with people who are living with mental illnesses who are able to live in the community because they have PCA services and CADI waivers.
The Olmstead Plan should support expanding and improving our mental health system. It should measure how many more people are able to access community mental health services.

Thank you for your time.
Sincerely, *[Redacted Text]*

Comment 179

From: *[Redacted Text]*
Sent: Thursday, November 07, 2013 3:04 PM
To: *DHS_OPC Public
Subject: The Olmstead Plan

Dear Olmstead Subcabinet Members

My *[Redacted Text]* son lives with mental illness and I am concerned about the impact of the Olmstead Plan on people with a mental illness. The plan should recommend greatly increasing access to services that specifically support people with mental illnesses in the community, such as ACT, ARMHS, IRTS and community support programs. If nothing else, it makes economic sense to facilitate getting people with mental illness into the work force if possible.
We also need more housing programs such as *[Redacted Text]* and supportive housing. I volunteer as a Guardian ad Litem for *[Redacted Text]* and have witnessed occasions where parents with mental illness lose their children in part because of the difficulty in securing housing. This again has economic consequences. Children are in foster care for much longer than they would need to be.
I would ask that The Olmstead Plan:

- recognize that people with mental illnesses can recover and a goal of the plan should be to support that. My son is a perfect example of someone who struggled to learn to live with a severe mental illness but is now working full time (read: paying taxes).
- support expanding and improving our mental health system. It should measure how many more people could be able to access community mental health services. It is well documented that community care is much more cost effective, not to mention more healing, than in-patient hospital treatment.
- ensure that people with mental illnesses are not forced to utilize services that are not designed for them or appropriate for them.
- not support policies that will restrict the ability of people with mental illnesses to access services, such as PCA services or CADI waivers.

Thank you for your work,

[Redacted Text]

Comment 180

From: *[Redacted Text]*
Sent: Friday, November 08, 2013 11:53 AM
To: *DHS_OPC Public
Subject: Olmstead Plan

Dear Olmstead Subcabinet Members,

I am the mother of a *[Redacted Text]* year old son who suffers from Bipolar 1 illness and Aspergers. I am concerned about the impact of the Olmstead Plan on those who have mental illnesses. My son, like many, would like to work and contribute to his community, but has been unemployed for 2 years. We have been actively involved in helping our son get services that will allow him to live and work independently. These services are very difficult to access. It has taken over a year to get him an ARMHS worker, and we are on our third appeal for SSI. Without our constant support to do paperwork, arrange interviews, find affordable housing, our son would surely be homeless. It has been my full-time job, but as time goes on and my son cannot find the means to support himself, I will need to return to work to help support him. We need expansion of services that are easier to access and they need to meet the unique challenges that plague a person who suffers from this illness. Since mental illness was de-institutionalized in 1972, we have waited for promises to be kept regarding community, state and federal services to allow mentally ill people to participate fully in our society. We have yet to see most of these promises fulfilled.

The Olmstead Plan should recommend greatly increasing access to services that specifically support those with mental illnesses. Some of those programs are ACT, ARMHS, IRTS, and other community support programs. These are essential programs to support recovery so that our loved ones who suffer from mental illness can lead full lives. For many, work is the key to their recovery. Without work, they become marginalized, stigmatized, homeless and often in the care of our criminal justice system. Is it a crime to suffer from a mental illness?

The Olmstead Plan should recognize that a one size fits all approach does not address the unique set of challenges that accompany mental illness. The Plan should therefore not restrict the ability of people suffering with this illness to access supports through Personal Care Assistance or CADI-waivered services. Changes to eligibility and funding for these programs has resulted in many people with mental illnesses getting no or limited services.
Please help us care for and support our loved ones by expanding our access to these services.
Their lives literally depend on this.

Sincerely,

[Redacted Text]

Comment 181

From: *[Redacted Text]*
Sent: Friday, November 08, 2013 11:53 AM
To: *DHS_OPC Public
Subject: MN Olmstead Plan for people with disabilities in MN
Hi,

My name is *[Redacted Text]*. I am a college educated adult & have a Bachelors Degree in Social Work. I also live with Bipolar Illness. After working fulltime for many years, my illness became too disabling to work full time anymore. Community Support Centers, such as *[Redacted Text]* and the *[Redacted Text]* have been a life saver for me. *[Redacted Text]* provides a variety of services, creating a community where members living with mental illness can give each other support and friendships & cut down on

isolation, *[Redacted Text]*also provides lunch M-F for $2 per meal, and dinner T-Th for $2. Many of the people at *[Redacted Text]* live in poverty, or live alone and these meals provide an important source of nutrition for them. *[Redacted Text]* provides important support service for people living with mental illness. These include help with housing (many people who are homeless live with a mental illness). Other people who come to *[Redacted Text]* need help with getting on Social Security Disability and getting needed medical care- they are no longer able to work, may have had no income for a period of time and are at risk for homelessness. Once people lose their ability to work and lose their income, they are also unable to see the doctors that they need to treat their mental illness, and are no longer able to get the medications needed to stay stable and out of the hospital. Please changes the Olmstead Plan to provide funding for these badly needed services for people living with a mental illness.
Many people with untreated mental illness either end up in jail or prison, or in state/county funded hospitals

[Redacted Text] in Mpls is housed in a *[Redacted Text]* house in *[Redacted Text]* Mpls. *[Redacted Text]*l offers help with getting a job (part time, or full time), help with housing, getting medical care, applying for assistance.

I believe that this type of community based services, where members (with a mental illness) can create a sense of community, and support each other, and get support and help form staff is essential to helping people live healthier & more independent lives. These Community Support Programs (such as *[Redacted Text]*) also save the county and the State of MN money- by reducing the amount of time people are hospitalized (due to become extremely sick with their mental illness).

Please amend the Olmstead Plan to include more funding for Mental Health Community Support Programs. Money spent on Mental Health CSP's saves a huge amount of money & resources that could be saved by preventing people from extended mental health hospitalizations or being put in jail.

Please remember those of us living with a mental illness, and please work to make changes, to increase funding for Community Support Programs (such as *[Redacted Text]*) in the Olmstead Plan. There is a strong need to create more Community Support Programs (CSPs) throughout the State of MN. A dollar spent funding a place such as *[Redacted Text]*, saves the County and State money several times over, and results in preventing needless deaths due to homelessness and suicide.

Thank you for your time, *[Redacted Text]*

Comment 182

From: *[Redacted Text]*
Sent: Friday, November 08, 2013 2:58 PM
To: *DHS_OPC Public
Cc: *[Redacted Text]* William Messinger
Subject: Olmstead Plan
Importance: High

Hello,

Attached you will find comments pertaining to Minnesota's Olmstead Plan, with regard to the mental health and chemical health communities, written by Mr. Bill Messinger on behalf of the Coalition of Recovery Investment.

Please contact me or Mr. Messinger for questions or to discuss this matter further.

Olmstead letter.pdf

Best, *[Redacted Text]*

[full text of attached document below]

November 8, 2013

To Members of the Olmstead Subcabinet:

On behalf of the Coalition of Recovery Investment, I am submitting these comments regarding Minnesota's draft Olmstead Plan released September 11, 2013 and Olmstead planning process generally. The CORI group works on behalf of the chemical dependency community to advocate for additional resources in all areas related to chemical dependency.

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, 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, *[Redacted Text]*

Comment 183

From: Kathie Prieve [mailto:kathie.prieve@mhcsn.org]
Sent: Friday, November 08, 2013 3:41 PM
To: *DHS_OPC Public
Cc: Patti Bitney-Starke
Subject: Response to Olmstead Plan from Mental Health Consumer/Survivor Network

Good afternoon,

I have attached comments on the Olmstead Plan from the Mental Health Consumer/Survivor Network of Minnesota. Please let me know if you have any questions.

Kathie Prieve
Program Manager
Mental Health Consumer/Survivor Network of Minnesota
Office - 651-288-0404
Fax - 651-367-2777

[full text of attached document below]

Mental Health Consumer/Survivor Network OF MINNESOTA

Leading Minnesota in Mental Health Recovery and Wellness
540 Fairview Avenue North • Suite 301 • St. Paul, MN 55104 • 651.637.2800 • www.mhcsn.org

Dear Olmstead Subcabinet Members:

I am writing as the Executive Director of the Mental Health Consumer/ Survivor Network of Minnesota (CSN) and am concerned about the impact of the Olmstead Plan on people with mental illness. CSN the only statewide mental health consumer-run, consumer led nonprofit in Minnesota. We are dedicated to our mission to transform, empower and build connections in our communities by promoting recovery and wellness.

The Olmstead Plan does not address mental health recovery concepts which are critical to the success of statewide implementation. The Plan talks at length about Person Centered Planning, which is embedded in the developmental disabilities area and does not address the aspects of mental health recover and wellness needed for people with mental illness in Minnesota. The Plan should include Substance Abuse and Mental Health Services Administration (SAMHSA) mental health recovery principles and a commitment to embrace these concepts statewide in all mental health treatment and community programs.

I applaud the writers of The Olmstead Plan for including the expansion of peer supports and peer support options; however, there is no recognition of the Certified Peer Specialist (CPS) for persons with a mental illness, which is a means for the State of Minnesota to achieve their mental health goals. The Plan should recommend strategies for funding and increased use of Certified Peer Specialists in mental health agencies and outline specific expansion to State Operated Services. Furthermore, the plan should outline strategies and funding mechanisms in order to increase the number Certified Peer Specialists hired throughout the state, which could include grants or new areas of Medicaid reimbursement.

The plan should also address the need for consumer run and informed practices statewide. In addition, goals and funding should be included for the Evidence Based Practices of Wellness Recovery Action Planning (WRAP), the trauma informed practices of Emotional CPR (eCPR), and ongoing support for peer empowerment training for consumers statewide.

In addition, the plan should recommend and provide a funding strategy for increased community based mental health services, such as Assertive Community Treatment (ACT), Adult Mental Health Rehabilitation Services (ARMHS), Intensive Residential Services (IRTS), and Community Support Programs.

Further, the Olmstead Plan should recommendation increased housing subsidies through Bridges and the development of new treatment strategies through IRTS programs or other housing supports as additional strategies and funding is needed to meet the goals of moving people from Anoka Metro Regional Treatment Center and Minnesota Security Hospital back to their communities.

The Olmstead Plan provides demographics as well as actions for persons with a variety of cognitive and physical disabilities; but does not address the needs of persons with serious mental illness. Since national data shows that 1 out of every 17 people develop a serious mental illness and 1 out of every 4 people experience some form of mental illness, the plan needs to highlight state demographics,

strategies and specific funding to assist people who spend too long in our state hospitals due to lack of sufficient community services.

In summary, we ask for the inclusion of funding for Evidence Based practices that are consumer run or supported, such as Wellness Recovery Action Planning (WRAP), which aid individuals in their recovery journey. We also recommend the addition of funding for eCPR, which is· a trauma informed care practice designed for consumers and for the inclusion of ongoing peer empowerment training. Finally, the Olmstead Plan should recognize that people with mental illnesses can and do recover; therefore goals, strategies and funding are included in order to improve the mental health system.

Patti Bitney Starke
Executive Director
Mental Health Consumer/Survivor Network of Minnesota

Comment 184

From: *[Redacted Text]*
Sent: Friday, November 08, 2013 6:01 PM
To: *DHS_OPC Public
Subject: Olmstead Plan with regards to people living with a mental illness

Dear OLmstead Subcabinet Members:

I live with a mental illness and am very concerned about the impact of the Olmstead Plan on people with a mental illness. The plan should recommend greatly increasing access to services that specifically support people with mental illnesses in the community, such as ACT, ARMHS, IRTS and community support programs like *[Redacted Text]*. I have had the opportunity to benefit from a Community Support Program, *[Redacted Text]*, for just over *[Redacted Text]* years. They helped me find housing when I was discharged from the behavioral health unit at *[Redacted Text]* with my take home prescriptions listed my address as homeless. They helped me find employment and get other services that helped me improve my mental health. They helped me avoid the isolation that often comes with mental illness.

I wish I would have had mental health services and *[Redacted Text]* community support program before that hospitalization in *[Redacted Text]*. I am currently on a CADI waiver which provides me with an ILS worker. The services have been very valuable in helping me maintain my health and keep my living space liveable. I am worried about getting kicked off the program.

The Olmstead Plan should recognize that people with mental illnesses can recover and a goal of the plan should be to support people's recovery. I also think that the Olmstead Plan should not support policies that will restrict the ability of people with mental illnesses to access services, such as PCA services or CADI waivers.

Thank you for time. Lots of Love and God Bless,
[Redacted Text]

Comment 185

From: *[Redacted Text]*
Sent: Friday, November 08, 2013 9:44 PM
To: *DHS_OPC Public
Subject: Olmstead Plan

Hi,
My name is *[Redacted Text]*. I am a college educated adult & have a Bachelors Degree in Social Work. I also live with Bipolar Illness. After working fulltime for many years, my illness became too disabling to work full time anymore. Community Support Centers, such as *[Redacted Text]* and the *[Redacted Text]* have been a life saver for me. *[Redacted Text]* provides a variety of services, creating a community where members living with mental illness can give each other support and friendships & cut down on isolation, *[Redacted Text]* also provides lunch M-F for $2 per meal, and dinner T-Th for $2. Many of the people at *[Redacted Text]* live in poverty, or live alone and these meals provide an important source of nutrition for them. *[Redacted Text]* provides important support services for people living with mental illness. These include help with housing (many people who are homeless live with a mental illness).

Other people who come to *[Redacted Text]* need help with getting on Social Security Disability and getting needed medical care- they are no longer able to work, may have had no income for a period of time and are at risk for homelessness. Once people lose their ability to work and lose their income, they are also unable to see the doctors that they need to treat their mental illness, and are no longer able to get the medications needed to stay stable and out of the hospital. Please make changes the Olmstead Plan to provide funding for these badly needed services for people living with a mental illness.
Many people with untreated mental illness either end up in jail or prison, or in state/county funded hospitals. *[Redacted Text]* in Mpls is housed in a *[Redacted Text]* house in *[Redacted Text]*. *[Redacted Text]* offers help with getting a job (part time, or full time), help with housing, getting medical care, applying for assistance.

I believe that this type of community based services, where members (living with a mental illness) can create a sense of community, and support each other, and get support and help from staff is essential to helping people live healthier & more independent lives. These Community Support Programs (such as *[Redacted Text]* or *[Redacted Text]*) also save the county and the State of MN money- by reducing the amount of time people are hospitalized (due to become extremely sick with their mental illness).

Please amend the Olmstead Plan to include more funding for Mental Health Community Support Programs. Money spent on Mental Health CSP's saves a huge amount of money & resources that could be saved by preventing people from extended mental health hospitalizations or being put in jail.

Please remember those of us living with a mental illness, and please work to make changes, to increase funding for Community Support Programs (such as *[Redacted Text]*) in the Olmstead Plan. There is a strong need to create more Community Support Programs (CSPs) throughout the State of MN. A dollar spent funding a place such as *[Redacted Text]*, saves the County and State money several times over, and helps prevent needless deaths due to homelessness and suicide.

Thank you for your time, *[Redacted Text]*

Comment 186

From: *[Redacted Text]*
Sent: Saturday, November 09, 2013 8:53 AM
To: *DHS_OPC Public
Subject: Mental Health and the Olmstead Plan

Dear Olmstead Subcabinet Members:

I have a disabled family member and am very concerned about the impact of the Olmstead Plan on people with a mental illness. The plan should recommend greatly increasing access to services that specifically support people with mental illnesses in the community, such as ACT, ARMHS, IRTS and community support programs.

We also need more housing programs such as *[Redacted Text]* and supportive housing. Even the housing that's available is overwhelmingly sad. My wonderful brother was living in a small, shabby room that reeked of second-hand smoke. Please: an environment like this is neither safe nor fair.

Thank you very much for the mental health services that are currently provided. My brother is living proof that people with mental illnesses can recover--but *only* with support and expertise beyond what family members can offer. The Olmstead Plan should recognize that people with mental illnesses can recover and a goal of the plan should be to support people's recovery.

Thank you very much for your consideration. PS: I gently request that you keep my name Anonymous.

Comment 187

From: Linda Vukelich *[Redacted Text]*
Sent: Monday, November 11, 2013 3:25 PM
To: *DHS_OPC Public
Subject: Public Comment

Minnesota Psychiatry Society
November 8, 2013

MPS Letter re
Olmstead Plan 11-11-

[full text of attached document below]

Dear Olmstead Subcabinet Members:

The Minnesota Psychiatric Society represents physicians who care for children and adults with the most complex brain illness problems. We are very concerned about the lack of focus of the Olmstead Plan on people with a mental illness. The plan should recommend greatly increasing access to services that

specifically support people with mental illnesses in the community, such as ACT, ARMHS, IRTS and other community support programs. In addition there is a need to add other levels of services for children such as subacute units equivalent to services available to adults. When we see people at high risk due to persistent suicidal ideation, hallucinations, about to lose their job and family or children with mental illness failing at school and creating intense turbulence for their families we know what would bring about a change. However, the necessary services are so overburdened that we can not bring to bear additional services and we are unable to stop progression to the most extreme level of psychic pain and dysfunction.

We also need more housing programs such as the Bridges and supportive housing. Parents who have chemical and mental health problems need a way back. Yet supportive housing programs like the Harriet Tubman supportive housing site that offers counseling and access to mental health services serve too few and have long wait lists. Children with school services for Emotional Behavioral Disturbance (EBD) are relegated to restrictive settings rather than getting meaningful evidenced based mental health services. The constraints on the PCA program or CADI waivers is like asking a person with diabetes to go without insulin.

We are appealing for supported employment. Adolescent with mental illness who can not find employment as they transition to adulthood may be doomed to a lifetime of dependency. Our psychiatrists know they would much prefer to succeed as contributing citizens. Supported employment has undergone outcome evaluation and deservedly deemed an evidenced based practice. Specific language must be added to the plan for supported employment to be available for adolescents transitioning to adulthood as well as for adults.

Our current mental health system is in shambles. The tip of the iceberg is the press reports of violence and mental illness. The problem is far deeper. The Olmstead Plan must expand and improve our mental health system so that children and adults with mental illness have the opportunity to be fully integrated into our society. The Olmstead plan should approach this crisis by adding resources and carefully measure how many more people are able to access community mental health services.

Sincerely,
Carrie M. Borchardt, M.D.
Child and Adolescent Psychiatry
President of the Minnesota Psychiatric Society

The letter can be sent to the Minnesota Olmstead Plan website (http://bit.ly/14fcGSL) or by sending an email to opc.public@state.mn.us.

Linda Vukelich
Executive Director, Minnesota Psychiatric Society
4707 Highway 61, #232, St Paul, MN 55110
office 651-407-1873 fax 651-407-1754 cell 651-278-4241
l.vukelich@comcast.net
www.mnpsychsoc.org
We live in an ever changing world. Every day is a new day. Let us continue to move forward bettering the life of all Americans; emotionally, intellectually, spiritually, and physically. - Tom Segal

Comment 188

From: *[Redacted Text]*
Sent: Wednesday, November 13, 2013 4:01 PM
To: *DHS_OPC Public
Subject: Comments on Olmstead Plan


OlmsteadPlan.docx

[full text of attached document below]

Dear Olmstead Subcabinet Members:

I had a grandpa with a mental illness and am inspiring to become a mental health provider in my future, but I am very concerned about the impact of the Olmstead Plan on people with mental illness. I feel the Olmstead Plan, which is supposed to ensure people with disabilities in Minnesota have supports and services to live in the community, is very much so lacking.

The Olmstead Plan needs to incorporate community services like ACT, ARMHS, IRTS, crisis residential and others. The plan also needs to include evidence-based practices like Illness Management and Recovery (IMR), family psychoeducation, and Integrated Dual Diagnosis Treatment (IDDT). People with disabilities and mental illness already have a difficult time living with struggles they have no control over, but then have to deal with problems like insufficient services or supports. Cutting funding made for mental health services doesn't help to this problem because that means even less services and support can be provided. If the Olmstead Plan wants to help those with disabilities and mental illness, it needs to expand services for mental health community.

Another concern with the Olmstead Plan is that it's not specific enough for people, it has a one-size-fits-all approach instead. There is a large spectrum of disabilities and mental illnesses along with the population of people who have them. Therefore, a more diverse approach would be more appropriate because it could accommodate more of the population.
Children are part of that population and are not getting the proper assistance either. Many children with mental illness end up in the criminal justice system and an effort needs to be addressed to correct this issue. The children also have difficult times during their school years and a plan can be implemented to improve those outcomes.

I would like to see more changes because I know a lot of people with disabilities and mental illnesses in Minnesota and would like it very much to see the correct services and support provided to them.

Thanks,

[Redacted Text]

Comment 189

From: *[Redacted Text]*
Sent: Thursday, November 14, 2013 9:27 AM
To: *DHS_OPC Public
Cc: namihelps@namimn.org
Subject: NAMI Review of Olmstead Plan

We have a family member suffering from mental illness.

After reading the NAMI report on the Olmstead Plan we are very concerned about the lack of attention to mental illness issues. We fully support NAMI and their advocacy work for mental illness and ask that the Sub-Cabinet address all the issues raised by NAMI

[Redacted Text]

NAMI Members
Some are guilty, but all are responsible.

Comment 190

From: *[Redacted Text]*
Sent: Friday, November 15, 2013 5:28 PM
To: *DHS_OPC Public
Subject: Re: Son with Learning Disability

Hi:

My son *[Redacted Text]* years old with a Learning Disability. ADHD, Language Processing Disorder.
He is receiving services, as he has IEP. , has been since 3rd grade. He is in *[Redacted Text]* grade and at *[Redacted Text]* School and will get help until he graduates.

Asking if he qualifies now for SSI and Medicaid?
or any other services?

Thank you,
[Redacted Text]

Comment 191

From: *[Redacted Text]*
Sent: Thursday, November 21, 2013 10:04 AM
To: *DHS_OPC Public
Subject: My comment on Olmstead Plan

I had the opportunity to speak at the public hearing that was held in Rochester, MN in August. Please see my comments below.

1. MINNESOTA DEPARTMENT OF EDUCATION OVERSIGHT AND INCLUSIVE EDUCATION TRAINING IN SCHOOLS THAT ARE NOT EDUCATING STUDENTS IN THE LEAST RESTRICTIVE ENVIRONMENT
Every student deserves the right to a free appropriate education in the least restrictive environment which starts and follows with the general education classroom. Since families have reported that this is not the case in all schools, a plan that provides greater oversight and training resources to these schools is essential. (Sources: Market Response International Report for Minnesota Governor's Council on Developmental Disabilities).

ACTION/OPERATIONAL STEPS: Identify school districts/school systems that are not providing/providing at a low rate inclusive education options for students with disabilities Using the identified school districts/systems identified who are not providing acceptable inclusive education options for students with disabilities, create State oversight, training and piloting to achieve more students with disabilities being served in the least restrictive environment of the general education classroom.

1. RESTRAINT AND SECLUSION
Eliminate the use of aversive interventions, restraint and seclusion to respond to or control behavior of children and youth. Taken from www.tash.org, Advocacy and Issues around Restraint and Seclusion Website. (Sources: Use of prone restraint in Minnesota Schools Document).

ACTION/OPERATIONAL STEPS:
Identify schools districts/systems that are using aversive interventions. Train respective school districts/systems how to use a PBIS model.

- Provide oversight and evaluation for follow-through and effectiveness.

Thank you for your consideration on the following topics.

Sincerely,

[Redacted Text]

Comment 192

From: *[Redacted Text]*
Sent: Sunday, November 24, 2013 7:29 AM
To: Bibus, Beth (MMB); *DHS_OPC Public
Subject: DHS Bulletin Inquiry

Good morning, Beth - I didn't know who else to direct this question/commentary to, so chose you because of your involvement with the Olmsted Plan and moving it forward. Are you aware whether or not DHS has sent out any of their frequently published bulletins on the Olmsted Plan, either while it was in process or now that the November plan has been released? I am curious because:

1. My latest expressed concerns have been focused on training.....and training or information as related to the case managers and supervisors and Directors in County human services falls into that. I receive copies of the bulletins electronically and do not recall seeing any that relate to the Olmsted Plan.

2. I am aware of county human services agents and supervisors who continue to promote policy and practice inconsistent with the Promise of Olmsted. I was hoping to be able to point them to DHS bulletins on the subject.

Thank you for your assistance.

[Redacted Text]

Comment 193

From: *[Redacted Text]*
Sent: Monday, November 25, 2013 3:19 PM
To: *DHS_OPC Public
Subject: Olmstead Plan Comments on Behalf of MHPAM
November 25, 2013

Dear Olmstead Subcabinet Members:

On behalf of the Mental Health Provider Association of Minnesota (MHPAM), we are writing in response to the recently released November 1, 2013 Minnesota Olmstead Plan. MHPAM member organizations provide community based services to individuals with mental illnesses. The services we provide have been developed as part of the state's overall effort to move individuals with mental illnesses from state institutions into the community.

We would like to thank the Olmstead Subcabinet for their work to develop a plan that will lead the state forward in ensuring Minnesotans with disabilities, including those with mental illnesses, have access to the services and supports necessary for them to live in the community in the most integrated settings possible. However, we are concerned that the Olmstead Plan is lacking in its consideration of Minnesotans with mental illnesses and the community based mental health system. As Lieutenant Governor Prettner Solon noted in her comments at the October 22, 2013 Olmstead Subcabinet Meeting, there remains much work to be done in terms of the Olmstead Plan's potential impact on the mental health community.

While the Olmstead Plan contains many strong recommendations and outcome measures for services and supports available to Minnesotans with physical and developmental disabilities, there doesn't appear to be as strong an understanding or commitment in the Olmstead Plan to the continuum of mental health services and supports that Minnesotans with mental illnesses need to access to truly live in the most integrated settings possible. We had hoped to see sections of the Olmstead Plan focusing on expansion of the specific community based mental health services used by Minnesotans with mental illnesses such as Assertive Community Treatment, Adult Rehabilitative Mental Health Services, and Intensive Residential Treatment. Additionally, the Olmstead Plan doesn't appear to acknowledge the

significant funding reductions that have been made to the community based mental health service system in recent years, or contain any suggestions for addressing the impacts of these cuts. We had hoped that the Olmstead Plan would include recommendations and outcome measures for expanding the already existing services that are helping Minnesotans with mental illnesses to live successfully in their communities, as well as suggestions for strengthening the unstable funding structure currently supporting our community based mental health system. We understand that NAMI and other mental health related groups have also been expressing concern about the strength of the Olmstead Plan as it relates to the mental health community, and we would welcome the opportunity to be a part of a broader discussion about this issue.

Thank you for this opportunity to provide our comments concerning the Minnesota Olmstead Plan. Please feel free to contact me with any questions or comments that you may have, and we look forward to continued discussion of this issue.

Sincerely yours,
Jeff Bradley
MHPAM President
[Redacted Text]

Comment 194

From: *[Redacted Text]*
Sent: Monday, December 09, 2013 6:39 PM
To: *DHS_OPC Public
Subject: *[Redacted Text]*

Hello,

We are parents of a *[Redacted Text]* year old boy named *[Redacted Text]*. We have recently moved into a new home, and are working on adapting it without waivered services. We have a need for a stairway lift to allow *[Redacted Text]* to have access to the lower level of our home for enjoyment as well as safety during storms. *[Redacted Text]* requires full assistance from his caregivers for everything in his daily life due to a birth injury, and cerebral palsy. I have a temporary ramp in the garage to get *[Redacted Text]* in and out of the house in his manual wheelchair. I would like to eventually make the backyard more accessible from the Basement as well. Lets just say we are just getting settled here in *[Redacted Text]* and any help available would increase the quality of *[Redacted Text]* life. Let us know if there is anything that can help us? Thanks!

I have a second question on how the Olmstead Plan would help with the Individualized Education Plan at school. Currently at *[Redacted Text]* School *[Redacted Text]* has his home care nurse go to school with him daily, so his nurse comes in the morning then stays with him throughout the day. This has worked for us for the last *[Redacted Text]* years, **and the new school district wants to provide the nursing care during school hours only.** Would the Olmstead Plan provide for some guidance on how we can continue to have care for *[Redacted Text]* with his own home care nurses provided by a home care agency. This is a personal choice that provides consistency, and safety for *[Redacted Text]* on a daily basis. This has allowed *[Redacted Text]* to have a better life that is not broken up by having many

caregivers. **The school ends up paying the home care aagency for those nursing services during the school day, which they would not have to do ordinarily**. Let us know how the Olmstead Plan would allow us to continue?

Thank you, *[Redacted Text]*

Comment 195

From: *[Redacted Text]*
Sent: Saturday, January 25, 2014 8:07 AM
To: *DHS_OPC Public; Bibus, Beth (MMB); Plante, Judy (MMB)
Cc: sen.bruce.anderson@senate.mn; Sen. Terri Bonoff; *[Redacted Text]*; rep.duane.quam@house.mn
Subject: Olmsted Update

Good morning -

I read, with interest, this weekly update from [Redacted Text] and as it referred to Olmsted. Where can I find the most recent information.....such as was presented at this DHS Partner's panel on January 24? Where and how can constituents continue to weigh in?

I continue to press for meaningful accountability of government agents and the training component for consumers so that they know their rights, and for all human services agents so that they know the consumers know their rights, and for all elected officials at the county and state level so that they know what the rights of the consumers are and so that they know that the county and state agents know the rights of the consumers, and the intent of the law.....and that elected officials will work to hold them accountable.

[Redacted Text]

As submitted by me, to the sub-cabinet last October: a major component still missing in this third draft of the Plan is the Comprehensive Training and Education. An earlier version of the Plan and Listening Session Minutes credited training, particularly training to the person with disabilities and their advocates, as being the key factor in the sustainability of the Plan. This is a Civil Rights movement. The Federal Courts have affirmed for the creation of a "new normal" for people who have disabilities; a new normal where services are truly consumer driven and where everyone knows it and abides by it….without question. It is imperative that the philosophy and "guts" of the Plan and the Promise are disseminated, in a meaningful way, to each and every entity identified in the opening quote of this commentary, and that it needs to happen much sooner than later. The subcabinet, now and moving forward, needs to be fully aware that some county agencies/agents, supported by unenlightened county attorneys, continue to ram-rod their less-than-Olmstead-like practices and determinations on people who have disabilities and are adversely targeting anyone and everyone who is will advocate for the person. One would think that all agents would have received clear direction on the philosophy of the Olmstead Promise and would be acting accordingly. After all, the Olmstead Act is in place, regardless of whether the Plan is presently in place.

Comprehensive Training Now: Beginning immediately, the agents need to know that the person with disabilities knows, that the legislators know that the person knows, that the Executive branches at the State and county level know what the rest of them know, and that the service provider's and the general public know how things are intended and expected to work under the Promise of Olmstead. Beyond that, the same parties need to have a clear understanding as to what will happen when that Promise is intentionally thwarted by any link in the chain….any link. *[Redacted Text]*

Here is your January 24, 2014 edition of the MSCOD weekly update.
There is still time to register
2014 MSCOD Annual Legislative Forum
Date: Monday, January 27, 2014
Time: 1:30 p.m. – 4:00 p.m.
Location: Department of Human Services, 444 Lafayette Rd N, St. Paul, MN and Teleconference sites across MN. Join MSCOD for a preview of disability issues in the 2014 legislative session. Catch up on public affairs issues as MSCOD, and other disability organizations, will lay out their priorities for the coming sessions. The following link will take you to our registration page.
http://www.disability.state.mn.us/state-legislation/2014-mscod-annual-legislative-forum/

Olmstead update
MSCOD staff attended a DHS partners panel Olmstead update on the morning of January 24th. State staff explained that Judge Donovan Frank had given approval to pieces of Minnesota's Olmstead plan while recommending further clarifications from other parts. Staff from the newly established Olmstead Implementation Office also discussed some of the work that lies before them. For more information on Minnesota's Olmstead Plan, visit its DHS
website: http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=opc_home

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Comment 196

From: *DHS_Webmaster, DHS
Sent: Friday, February 14, 2014 10:16 AM
Cc: *DHS_Webmaster, DHS
Subject: FEEDBACK FROM OLMSTEAD PLANNING COMMITTEE SITE
THE FOLLOWING RESPONSE WAS RECEIVED ON 2/14/2014 AT 10:15:40 AM

NAME: *[Redacted Text]*
EMAIL:
REASON:
DESCRIBE YOURSELF: I work for state or local government
COUNTY: Saint Louis

COMMENTS:
I am concerned that people who have served their DOC sentence continue to be incarcerated when a combination of their disabilities/vulnerabilities and their legal history keep them from finding community placement.

Comment 197

From: *DHS_Webmaster, DHS
Sent: Tuesday, February 25, 2014 3:42 PM
Subject: FEEDBACK FROM OLMSTEAD PLANNING COMMITTEE SITE
THE FOLLOWING RESPONSE WAS RECEIVED ON 2/25/2014 AT 3:41:36 PM

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

COMMENTS:
It looks like the motives and ideas of state in having sub-cabinets are great. However, translating it all to actual changes is very challenging, as is interdepartmental cooperation.

Comment 198

From: *DHS_Webmaster, DHS
Sent: Thursday, February 27, 2014 8:44 AM
Subject: FEEDBACK FROM OLMSTEAD PLANNING COMMITTEE SITE
THE FOLLOWING RESPONSE WAS RECEIVED ON 2/27/2014 AT 8:44:11 AM

NAME: *[Redacted text]*
EMAIL: *[Redacted text]*
REASON:
DESCRIBE YOURSELF: I am a service provider
COUNTY: Clay

COMMENTS:
I am work mainly on finding employment for those with intellectual disabilities. I have questions about who this will affect our services to those who receive sub-minimum wage.

Comment 199

From: *[Redacted text]*
Sent: Thursday, February 27, 2014 8:53 AM
To: *DHS_OPC Public
Subject: Employment

Hello,
I have a few questions about how the Olmstead Plan will affect the services that we provide to those with disabilities. I have read through the MN plan and do not quite understand the part about how this might affect non-Extended Employment consumers. We have many enclaves where the folks work for

sub-minimum wage. Does that mean that we will either need to cap or do away with our enclaves by July 1st?

Thank you for any details that you can give me!
[Redacted text]

Comment 200

From: *[Redacted text]*
Sent: *[Redacted text]*
To: *DHS_OPC Public; ombudsman.mhdd@state.mn.us; *[Redacted text]*
Subject: update on Anoka Tech project.

Dear Members and Friends of *[Redacted text],*

Thank you for your continuing interest and encouragement with the educational phase of our vocational rehabilitation project. We have met many helpful people at Anoka Tech. Unfortunately, college admissions is a bureaucratic system and as such not particularly accessible to our members, many of whom have learning disabilities and mental health concerns,(post traumatic stress, social anxiety etc).

I have also been severely, hampered by the fact that tax season has swallowed up my free time, reducing my effectiveness dramatically. Without the support of my employer, *[Redacted text]*, I would not have been able to help at all. His commitment to the veterans we serve is unwavering. Thank you.

Some of the barriers we have encountered are:
Lack of coordination between financial aid and adult basic education and admissions and the instructor. From our backward approach to the system, we were unable to establish a clear strategy for each individual. There simply was no one person who could counsel us start to finish. Admissions wasn't clear about financial aid and financial aid couldn't say much because we were not yet admitted. There were coordination and communication problems, consequently, we proceeded as if until it came to a halt on Friday of last week, when it was made clear by admissions that the deadline for the Pell grant was in fact in 2013. By this point, we had already dropped in numbers from the original *[Redacted text]*. We have contacted the Dean's office and are hoping some consideration can be given and the ball can be kept rolling.

This is by no means a conscious attempt to deny us entrance, it is simply the by product of a system we could not successfully navigate. The psychologists we work with at *[Redacted text]*, the original group of *[Redacted text]* and myself are preparing a list of suggestions for the college regarding important cross training and form publication issues. I am hoping they may want to address these issues and we can offer to volunteer some time to help implement any of our suggestions they feel would be helpful to the population we serve.

Please say a few extra prayers for us in this process, it has proved a greater opportunity for growth than we originally expected!

Sincerely, *[Redacted text]*

Comment 201

From: *[Redacted text]*
Sent: Wednesday, March 12, 2014 10:38 AM
To: *DHS_OPC Public
Subject: Olmstead Contact

Hello Olmstead Contact person:

I am very interested in the quality of the implementation of the Olmstead Plan in Minnesota. There appears to be cost savings at the state level with moving people from the supported living or nursing home ($54,000 / Mo.) into the more inclusive community setting (#1,400 / Mo). Part of these savings need to be used to provide 'managed care' by a trained professional in the inclusive setting. A good example of this is the *[Redacted text]* for people over 65, who have a wide variety of vision needs that can not be simply met. The *[Redacted text]* provides the case management on an individual basis, and delivers a wide range of services to the person with some degree of vision loss.

There appears to be a very limited effort to provide the care of the whole person with a disability, not just meeting the minimum personal needs of food and housing. There are physical and emotional needs of every human being, that should be considered in any 'inclusive' home or community placement. In the community there is exposure to a wide range of both negative and positive issues, that can either detract or support the person with a disability. This is where a trained person is needed to individualize the services and experiences, to obtain positive results.

As a *[Redacted text]*, I feel an obligation to be a little protective for the group of individuals that is (or will be) included in any Olmstead based state actions. I have made an initial attempt to read and understand the Olmstead Plan, but feel a need for more detailed and explanatory information. Is there a presentation and more information available to groups in Minnesota. As some of the people with disabilities may be my friends, I would like to guarantee that the best course of action is available to them related to Olmstead - not just that course that is dictated by cost savings in placement.

Please feel free to contact me at any time to schedule discussions or group presentations on the Olmstead implimentation in the Duluth area.
Thanks for any consideration on this important issue!

[Redacted text]

Comment 202

From: *DHS_Webmaster, DHS
Sent: Wednesday, March 12, 2014 11:10 AM
Subject: FEEDBACK FROM OLMSTEAD PLANNING COMMITTEE SITE
THE FOLLOWING RESPONSE WAS RECEIVED ON 3/12/2014 AT 11:09:40 AM

NAME: *[Redacted text]*

EMAIL: *[Redacted text]*
REASON:
DESCRIBE YOURSELF: *[Redacted text]*
COUNTY: St. Louis
COMMENTS:
I would like to see what the new community supports that are put into place to assist with the transition to an inclusive environment? Usually there have been savings ate the state and county level, but the individual needs ongoing support beyond what exists at the present!
A *[Redacted text]*, we need to keep etend the existing support systems and have them individually planned and delivered by a trained professional.

Comment 203

From: *[Redacted text]*
Sent: Thursday, March 20, 2014 12:17 PM
To: *DHS_OPC Public
Subject: Public Comments

Regarding the Olmstead Plan: **There needs to be funding for people that are in a nursing facility LESS than 90 days who need new housing.**

Currently, if a person on MA has been in a nursing home less than 90 days and wants to tour a potential place to live, there is no funding for transportation to tour the potential living site. The nursing homes will not provide transportation. Many people do not have relatives who can help, do not have accessible transportation and don't have money to pay privately for a ride. There needs to be funding for transportation at less than 90 days. Doesn't it make sense to move someone OUT of a facility prior to 90 days rather than waiting for transportation funding to kick in at 90 days? As a waiver case manager, this has been very frustrating and prolonged the nursing home stay for clients that could have left earlier or who lost out on housing as they could not get transportation to tour a potential site.

Thank you
[Redacted text]

Comment 204

From: *[Redacted text]*
Sent: Saturday, March 22, 2014 4:24 PM
To: *DHS_OPC Public
Subject: Feedback on the Olmstead Plan
Dear Olmstead Implementation Office:

Please see the attached document regarding our feedback on the Olmstead Plan for the state of Minnesota. In brief, we would like to see more mention of mental illness as a disability and the services that those with mental illness use to remain integrated into their communities be included in the plan. Please see the attached document for more specific recommendations.


Olmstead Plan Brief.pdf

Sincerely,

[Redacted text]

Comment 205

From: *DHS_Webmaster, DHS
Sent: Monday, March 24, 2014 10:00 AM
Subject: FEEDBACK FROM OLMSTEAD PLANNING COMMITTEE SITE
THE FOLLOWING RESPONSE WAS RECEIVED ON 3/24/2014 AT 10:00:03 AM

NAME: *[Redacted text]*
EMAIL: *[Redacted text]*
REASON:
DESCRIBE YOURSELF: I am a service provider
COUNTY: Roseau

COMMENTS:
I am *[Redacted text]*. We currently serve 37 individuals with disabilities in the Roseau area. We offer the following short-term, long-term, and transitional programs: Employment Planning Services, Organizational Employment Services, Placement Services, Supported Employment, and Community Employment. The implementation of the Olmstead plan has forced changes upon all organizations that provided services similar to the ODC. Many are positive, but some prove to be difficult. I say this, not due to our unwillingness or lack of support for the Olmstead Plan, but due to the lack of support from Roseau County Social Services. I would have many if not all of our clients placed in the community if proper funding was provided.

I have worked at the *[Redacted text]* for *[Redacted text]* and Roseau County Social Services has not provided one waiver to provide employment services in the community. They choose to place every individual in our *[Redacted text]*, though they are capable of competitive employment. This in turn reflects poorly on our organization. The supervisor at Roseau County Social Services recently told my supervisor, that in light of the Olmstead Plan, they will not be providing us with any waiver funding in the future. I truly believe in the mission of the *[Redacted text]*, but feel we have been setup for failure by our county. I have placed several individuals in the community which require one-on-one assistance from a job coach and have absorbed the financial lose just to provide a few of these individuals' with jobs. This leaves me to ask a few questions. Is the state going to monitor how funding for employment services is dispersed? Are the counties going to be required to spend a certain amount of money on community employment in the future? How is the state going to address problems with counties such as Roseau County Social Services?

Thank you, *[Redacted text]*

Comment 206

From: *[Redacted text]*
Sent: Wednesday, March 26, 2014 11:14 AM
To: *DHS_OPC Public
Subject: comments about the Olmstead Plan (original version dated November 1, 2013)

This feedback and input has been gathered over the past few months from individuals with disabilities, family members, providers and professionals. The page numbers referenced are from the original Olmstead Plan. All comments have been arranged in categories to allow greater ease in transferring the document to the lead agency staff. Thank you for your consideration.

Page 15-16 Demographics—(please consider a few disclaimers)This section of the Plan depends upon the American Community Services (ACS) as a primary source of data. The ACS definition of disability differs from other definitions of disability used by other groups as well as definitions under federal and state laws.

a. There is a concern raised by groups that work with individuals with low incident disabilities (deaf, deaf/blind, and hard of hearing) that the estimates are not accurate. There is also a concern that the employment numbers of people with disabilities seem higher than other studies. Part of that can be explained when numbers are disaggregated and reveal very low employment numbers by type of disability.

b. Certain groups, such as individuals with Autism Spectrum Disorder (ASD) and their families, believe that no planning has been done to address their issues especially when considering that thousands of students with ASD will become adults in the next decade.

Page 27 (change in language) The overarching strategic action #1 of beginning with the individual seems to be lost and needs greater emphasis in any revisions of the Plan. Rather than a heading called “Quality of life measurement” please consider a heading such as “Begin with the Individual.”

Page 27—Overarching strategic action #1-- (addition) Please consider stating that, “Person Centered Planning must be implemented and should begin early in a person's life.

(addition) “Person centered planning needs a state definition, a comprehensive user’s manual, and ongoing training with regular updates and refresher courses.”

(addition) “Person centered training must be deployed across all ages and disabilities unless individuals refuse to use this method.”

(comment to consider)
“Keep in mind the spectrum of needs. There is no one approach and there may not always be enough resources. The lack of resources can apply to both the individual as well as the delivery system. For example, individuals with limited incomes may not be able to afford rent or house payments.”

(comment to consider)

"One individual might need a waiver and another individual may not; and services and service levels can vary from one individual to another. Funding may or may not be a factor; funding may be there but community capacity is not so we need to understand the gaps and barriers."

(comment to consider)
" Individualization is critical. Individualization means one individual at a time. Keep going back to one individual and meeting his/her needs in the most integrated setting unless the individual objects."

Pages 27-31 Overarching Action about Quality of Life Assessment (advice and comments about quality and accountability):

A. "There may be may be fear in the system about quality of life issues and measuring quality of life, and what the results could show." There could be some "gaming" around these measures."
B. "Definitions of quality can put people in boxes. Keep in mind that people should not be placed in bubbles in an attempt to protect them. You cannot protect people with disabilities from themselves. If they want to take risks, they should be allowed."
C. "Biases and political /social pressures could lead to unintended consequences so we need to be cautious about measuring quality."
D. "Any type of quality of life measurement must be consistently applied. We cannot have one agency report extraordinary results with one tool, and another agency using a different approach and reporting results that aren't measuring the same things."
E. "We should also be using a network closest to the person to help with this quality of life assessment process."
F. "Tracking progress must include actually going out into the field and asking people directly about quality of life issues. People from the State need to get into the field; they need to observe as well as ask people directly about how their lives can be improved."
G. We need to be in touch with what is happening in the field by using our networks, reaching out through self advocacy groups, and using social media to collect real data about quality of life.
H. We must disaggregate any Quality of Life results to break out what is happening to individuals with the most significant disabilities.

Our *[Redacted text]* has learned several lessons from sampling in 2000, 2006 and 2010- What do these results tell us? **The more significant the disability, the less likely that people with developmental disabilities experience the outcomes of independence, productivity, self-determination, integration and inclusion.**

For example, in 2006, less than 50% of the 435 respondents answered the following questions:

1. I can decide how public funds are spent for my services and supports (25% responded).
2. I have control over who I live with (37% responded).
3. I choose the staff who work with me (39% responded).
4. I know what to do if my health or safety is in jeopardy (44% responded.
5. My future will be secure, even if something happens to my parents, current staff, friend or advocate (46% responded).
6. I choose the provider who assists me (47% responded).
7. I have enough money to live on (47% responded).
8. People without a disability treat me as an equal (48% responded).

Pages 32-35 Employment—

(comment to consider)
"Direct employment may cost more money than what the current day programs cost."

(comment to consider)
"The new rate setting methodology could be problematic. For example, individuals who are working in the community but need job support services are at a 1-3 ratio (one support person for three individuals). If funding is reduced, then jobs in the community could be lost."

(comments to consider)
"Individuals have expressed concerns about the Plan not adequately addressing the conversion to integrated employment programs. An additional concern is whether non-integrated facility-based programs will or will not be permitted. In this regard, the Plan does not address changing policy directions that some states are taking nor settlement agreements with the United States Justice Department on this issue."

"Employment providers are concerned that the term segregated is only used in the employment section and does not appear in the education section or the residential section where there are also examples of segregated education and segregated residential services. One suggestion is that terms such as segregated be replaced in the employment section or that segregated be applied across all goal areas."

"The providers also pointed out that people with disabilities are in competitive and supported employment because providers are offering job support services."

"The employment area could be improved by looking at the actions underway in Rhode Island and Oregon where Settlement Agreements have been reached with the Department of Justice. In both instances, the Governor or the leadership of the state was involved, funding sources were identified, goals were set, and monitoring systems were created."

"Updated survey information about Minnesota's Day Training and Habilitation system and developing positive relationships with local providers will be a key factor in amending the Plan."

Page 38-44 Housing—

(comment to consider)
"We also need to honor aging in place; some people may not want to move from settings such as ICFs/DD or other residential facilities."
(comment to consider)
"The Housing Access Services grant showed that costs can be reduced by as much as 50% when individuals are living in own homes. This raises a question about corporate foster care services and related expenditures that may be unnecessary; some individuals could be living more independently and still received needed services but at a reduced cost."

Page 51—Supports and Services
(addition) Please consider adding information about the new CMS rules that define community services which will reinforce and support the Olmstead Plan.

(addition) Please consider adding "Funding must be under the control of the individual as much as possible. The best solutions are nearest to the people."

(addition) Please consider adding more details about the waiting list moving at a reasonable pace.

(comment to consider) "When choices are limited, even if the individual controls the funding, there may not be any real choice. There are no new options and some facilities are still inaccessible, so choice is further limited."

(comment to consider) "The case management system is broken; more people are needed to help others navigate this system."

(comment to consider) "Internet access and data plan funding are critical to individuals with disabilities as a way to be connected to the community, yet the State legislature restricted both."

Page 58-61 Lifelong learning and Education –

(comment to consider)
"It is a tragedy when special education funds are spent but the individual ends up on a couch and is not able to be a participating, contributing member of the community."

Pages 62-67 Healthcare and Healthy Living—

(addition) Groups within the Minnesota Department of Health (MDH) have offices devoted to disparities of health outcomes, based on race for example. In an MDH report to the Legislature, health officials acknowledged that "…Minnesota must tackle deep-seated problems if it is to close what are some of the widest racial health disparities in the nation."It may be helpful for the MDH to consider an office devoted to disparities of health outcomes based on disability.

(addition) Paragraph 7, page 3, of the Stipulated Class Action Settlement Agreement, filed in Federal District Court on December 5, 2011 reads as follows:
"The State of Minnesota further declares, as a top concern, the safety and quality of life of the Residents of the Facility. The State agrees that its goal is to provide these residents with a safe and humane living environment free from abuse and neglect. The State also agrees that its goal is to utilize the Rule 40 Committee and Olmstead Committee process described in this Agreement to extend the application of the provisions in this Agreement to all state operated locations serving people with developmental disabilities with severe behavioral problems or other conditions that would qualify for admission to METO, its Cambridge, Minnesota successor, or the two new adult foster care transitional homes."

It would help to gather data from other parts of the MDH and the Department of Human Services (DHS) to address the overall goal of the Jensen Settlement Agreement. For example, the Office of Health Facility Complaints (OHFC) and the Office of Inspector General (IOG) can help provide answers along with supporting data to questions such as – Is the rate of abuse, neglect, injuries, financial exploitation and deaths of people with disabilities going up or down? What is the trend line?

(comment to consider) " It is exciting to see the integration of behavior/medical and long term care services in the Plan."

Overall comments:

Access to and funding of assistive technology should be a major part of each goal area, and should be promoted and encouraged. However, assistive technology is missing and there is no consistency across waivers regarding payment for assistive technology devices. For example, one waiver will pay for an adaptive bike and another waiver will not; iPads are important communication tools and can perform major functions for individuals with disabilities but their purpose is defeated and access restricted when certain functions are locked.

When individuals need assistance in navigating systems, and getting the services and supports they need and want to be more independent, initiatives may be necessary. For example, a new structure was needed in order to access housing services.

In the upcoming years, additional state agencies must become involved in the work of the Olmstead Subcabinet including MnSCU, Department of Commerce, Department of Labor and Industry, Veteran's Administration, Minnesota Management and Budget (MMB), Administration, and others.

For future revisions of the Plan, state agencies can begin to coordinate efforts when needs assessments are done. Some needs assessments are required by state law and others by federal law. If needs assessments are underway, the results can be shared with the Subcabinet as a means of saving public funds, being more efficient, and capturing a broader range of perspectives leading to better questions.

It should also be noted that there has not been a summary report of all disability expenditures since 2002. That type of analysis and budget tracking on an annual basis would be helpful as an adjunct to the Olmstead Plan.

A fully staffed Olmstead Implementation Office is necessary for the following reasons:

1. The amount of effort necessary to prepare the Plan and the amount of effort needed to update the Plan
2. The State will have to guard against reverting to business as usual by minimizing denial that a Plan exists, focusing attention so that diversionary tactics will not work and are not allowed to taint the process, fact finding so that all reports are verified, and bringing an attitude of can do and compliance.
3. The Office does not have any statutory authority and so the staff must use their influence and establish relationships with large numbers of people.
4. The number of goals is both comprehensive and complex. In order to track progress there must be analytical capacity/capability.
5. Prior to 2015, a process must be established to review all legislation, rules, and budget proposals in order to align to Olmstead.
6. The Office could become a model employer by hosting an Olmstead Fellowship program so that graduate students with disabilities can experience first-hand cross agency programs and services.
7. The Olmstead Office must have an effective communications strategy, and provide relevant and quality training and technical assistance.

Comment 207

From: *[Redacted text]*
Sent: Thursday, March 27, 2014 9:24 AM
To: *DHS_OPC Public
Cc: *[Redacted text]*
Subject: Comment on Olmstead implementation in MN

Dear Olmstead Subcabinet;

I want to start out by saying I am all for the Olmstead Act in theme. I have a diagnosis of schizo-affective. The fact that I have my own condominium, a middle class lifestyle, and strong social ties, did not happen by chance. I have received great benefits from the deinstitutionalization of mental illness. In another era, I would be in a state hospital. Therefore, I applaud the intentions of the desire to integrate people like myself into the community because it is through the community that I have had a chance to thrive.

Yet, I did not make it in a 100% integrated environment. I am a client in a program called *[Redacted text]* whereby the people served are able to recovery through peer support. I have lived in one of the group homes where I learned to accept my shortcomings and handle myself socially. I still work at a job in a semi-enclave situation where I'm part of a mailroom team that serves the non-disabled customers. It is by working closely with others who are similarly afflicted that I have been able to be successful. I haven't been hospitalized since *[Redacted text]*, the time when I began receiving services for mental illness.

When I tried to go solo and push out on my own, I failed. I had difficulty mixing in at my federal government job and left to go to try law school. I was unable to complete my degree due to my illness. Then I took several jobs at near minimum wage, jobs that I should have been able to do in my sleep, but I failed at those too.

It felt like another defeat but I chose to go in to the *[Redacted text]* because I thought I had no other alternative. It was there that my opinion about group living underwent a change. I found success within the group. I became a leader in the group. I now supervise two *[Redacted text]* mailrooms, have two outside jobs in addition that are integrated, and have a avocation as a writer. I know it is through the success I found at *[Redacted text]* that I've had a good life. When I tried to integrate 100%, I failed. When I worked in a program with my peers, I thrived. I believe it is because *[Redacted text]* offered a level playing field I could be successful. Success is a relative notion. My idea is to be successful among those who are facing the same battles I am.

So while I am in great support of the Olmstead Act in general, I am also testimony to the benefit of, particularly, extended employment. Please don't throw out the baby with the bathwater.

Sincerely,

[Redacted text]

Comment 208

From: *[Redacted text]*
Sent: Friday, March 28, 2014 1:00 PM
To: *DHS_OPC Public
Subject: Public Comments - Education

Good afternoon, I recently came across an inclusive education study that was prepared back in 1994. This study was published by Together We're Better, a collaborative program of the MN Department of Education and the Institute on Community Integration (UAP) , College of Education, University of Minnesota. This survey was distributed to 6 districts and indicated that there would be a follow up made in the future. I have not been able to locate any follow up to date. I feel the Olmstead Plan addressed many good key issues but I also feel that Inclusive Education needs more attention.

……..why do we spend federal dollars to perform such surveys (as mentioned above) if they are not going to do anything with the information. This document states "There does NOT appear to be a strong disability-related reason for exclusion from general education classes". Which to me means.....the label is the only thing stopping these kids from being in with their peers in general education classes. Our children are being discriminated against for having the "disability label". More needs to be done to ensure this information goes to the appropriate people to implement change. The numbers in this report indicate 94% of parents want inclusive education for their children but they don't have the support to make this happen. This shouldn't be so difficult. I know in my son's case, if I wouldn't have brought up the discussion with his teachers and the importance of my son being in general education class with his peers, he would be in Special Education 100% of the time. Inclusive education should not feel like it should be "earned". That needs to change.

This study also showed that high levels of segregation were taking place in pre-school with significantly higher inclusion numbers in elementary school and then back to higher levels of segregation taking place at the middle and HS levels. Our teachers need funding and resources to help them be successful in this area.

Robert Jackson, Ph.D examined 40 years of evidence comparing segregated educational practices with inclusive practices and found that children with an intellectual impairment benefit from inclusion academically and socially. While the advantage over segregation was sometimes nonexistent or small, in the lager samples and meta-analysis, significant benefits were found for inclusion, with children who were segregated losing percentile ranks in comparison to their peers. No review could be found comparing segregation and inclusion that came out in favor of segregation in over 40 years of research. Why is this still happening?

All will benefit by learning acceptance, respect, and to value and be unafraid of people with disabilities. The students we educate today, ARE the future teachers, coworker, managers, physicians, parents, and, hopefully, friends of people with disabilities. To have them experience learning with their peers in an inclusive environment, will break this unnatural cycle. Special Education has taken the back seat for too

long. We need help now……over 40 years of research has been done, how many more years need to pass for changes to be made and for these families to feel a sense of community and belonging.

Thank you, *[Redacted text]*

Comment 209

From: *[Redacted text]*
Sent: Sunday, March 30, 2014 12:53 PM
To: *DHS_OPC Public
Cc: Sherwood-Gabrielson, David (DEED); Jorenby, Kristin (DOT); sen.bruce.anderson@senate.mn;
Subject: Comments on Revised Plan
I have read the Revised Plan and the summary and will be reading it again.

1. I am still concerned that there is little to nothing on the training aspect. The original plan, supported by commentary in the listening sessions, indicated that training is the key to sustainability of this plan. With each revision I fail to see that finding, and need, inadequately addressed.
In the current revision it hints at the problem with statements identifying that people who lack experiences cannot make truly informed choices.....yet it doesn't go far enough to declare how people/consumers are going to obtain the proper information. And the plan certainly doesn't address how the advocates, the elected officials, the providers and the case managers are going to obtain the proper information.

Rolling some of my previous commentaries into one: The consumer needs to know that the elected officials know that the providers know that the case managers know that the consumer knows what the consumer's rights are and what the governments responsibilities are. Even with all of the public and court comments and attention on Olmsted, it is concerning that we continue to see county agency practices that run completely contrary to the Premise and Promise of Olmsted. The agencies get by with it until they area called on it.....and if called on it by a constituent or advocate,the constituent or Advocate still risks having a county agency target placed on them. Every one needs to be trained and enlightened.....Everyone.

2. On this particular reading of the Olmsted Plan I was struck by the comments on physical restraints and seclusion. I am concerned of situations where Chemical Restraints are also used abusively. Just thought I'd mention that and that perhaps there is room in the plan to cover wrongful use of Chemical restraints.

Sincerely,
[Redacted text]

Comment 210

From: *[Redacted text]*
Sent: Sunday, March 30, 2014 1:52 PM
To: Sherwood-Gabrielson, David (DEED); Mack, Brownell E (DHS); Hartford, Dave J (DHS); Edwall, Glenace (DHS); Greer, LaRone R (DHS); Opheim, Roberta (OMHDD); Koch, Susan E (DHS); Brost, Wade R

(DHS);
Subject: revisions to plan

I have finished reviewing the changes that have been proposed to the plan.
Thank you for taking the time earlier this year to meet with us and listen to our concerns. I think generally you did a good job of addressing our concerns. Sorry for the brevity, but it is the legislative session. :) My comments are as follows:

Employment
- We appreciate your adding the word "competitive"
- Thanks for adding in more on IPS especially the expansion of it
- On the technical assistance section we recommend you add technical assistance for employers to understand accommodations for mental illnesses. They typically have no idea what those are.

Housing
- Thanks for including Bridges and Crisis Housing
- On the DOC additions, could you add in more transition planning for people with disabilities? That would add more information to the entire picture - including access to health care.
- Thank you for adding housing stability

Transportation
- Thank you for adding protected transport

Services and Supports
- Thank you for broadening the concept of person centered planning to be more inclusive
- The numbers that need to be discharged from St Peter are based on what? Should we say that are ready for discharge?
- On action three, this is really targeted towards people with developmental disabilities. In the mental health world seclusion and restraint are used in emergency situations and not for behavioral modification. They cannot be eliminated or we will have people seriously injuring themselves or others. It would also be helpful to talk about models out there like the sanctuary model for people with mental illnesses.
- The crisis services section needs to include the ability of crisis teams to go out and try to engage people in treatment voluntarily and to also use peer specialists.
- Thanks for including FACT
- CFSS will be excluding people with mental illnesses who don't require "constant" supervision. Any plans to address their needs?
- Thanks for mentioning increased access to mental health services but it would be helpful to name which ones are in particularly short supply
- This section still doesn't quite address our concerns or lay out clearly the needs of people with mental illnesses.

Life Long Learning
- None of our concerns have been addressed here.

Healthcare and Healthy Living
- Reducing smoking rates for people with mental illnesses really needs to be a separate item. Adults with some form of mental illness have a smoking rate 70 percent higher than adults with no mental

illness, according to a report released by the Centers for Disease Control and Prevention (CDC) in collaboration with the Substance Abuse and Mental Health Services Administration (SAMHSA). The report finds that 36 percent of adults with a mental illness are cigarette smokers, compared with only 21 percent of adults who do not have a mental illness. About 200,000 of the 435,000 annual deaths from smoking in the U.S. occur among people with mental illnesses and/or substance use disorders.

- Thanks for changing the wording to mental health professional

[Redacted text]

Comment 211A

From: *DHS_Webmaster, DHS
Sent: Monday, March 31, 2014 12:16 PM
Subject: FEEDBACK FROM OLMSTEAD PLANNING COMMITTEE SITE

THE FOLLOWING RESPONSE WAS RECEIVED ON 3/31/2014 AT 12:15:45 PM
NAME: *[Redacted text]*
EMAIL: *[Redacted text]*
REASON:
DESCRIBE YOURSELF: I have a disability
COUNTY: Hennepin

COMMENTS:
You continue to hold meetings in the day time rather than evening. That tells me that you really don''t care about getting input. I have worked for the state and was responsible for soliciting community input. Evening meetings are important.

Comment 211B

From: *[Redacted text]*
Sent: Tuesday, April 01, 2014 4:45 PM
To: *DHS_OPC Public
Subject: Olmstead

I am on Social Security disability. Hold listening sessions when others besides "professional staff" can attend. Sometimes people with disabilities work during the day and need evening meetings. Failing to provide evening options for input sessions tells me that you really don't want input.

[Redacted text]

Comment 212

From: *[Redacted text]*
Sent: Saturday, April 05, 2014 6:37 PM
To: *DHS_OPC Public
Subject: Public comment regarding accessible housing

[Redacted text]

4/5/14

To: Olmstead Planning Subcommittee
Regarding HRA public housing administration in local communities:

I am a long time recipient of HUD section 8 services administered through the Duluth HRA office. I have nearly *[Redacted text]* of experience. I am presently working with Bob Grytdahl - Duluth Human Rights office, Yevonne Prettner - Lieutenant Govoner's office and the Minnesota Ombudsman's Office to remedy *[Redacted text]* of housing abuse.

Mr. Grytdahl of the Duluth Human Rights Office indicates that my experience is not unique. Many disabled individuals have been mistreated in similar ways and reform has long been needed. ARC's disability advocate in Duluth, *[Redacted text]* indicate that housing abuse has gone on so long that HRA offices have little concern that they will ever be held accountable. An ARC board member indicates that housing occupies more of their time than any other issue.

Oversight of the Duluth HRA office is inadequate. Therefore it is the recommendation of the Human Rights Office that the Duluth City Council appoint members with grass root experience receiving HRA services.

In addition the HUD policy manual recommends that each office establish an ombudsman office. To be effective this office must report independently and be adequately funded. HRA offices in the state of Minnesota need to know that local, state, and federal authorities expect legal compliance and that there are effective independent performance reviews to assure compliance. HRA's administration must be adequately transparent. ADA legislation and HUD regulations need enforcement.

I encourage the Olmstead sub-cabinet to draft strong language informing HUD that past performance in the state is not acceptable. The impact on Minnesota's institutions are being dramatically affected by HUD'S management. Housing concerns are the second greatest grievance expressed at the Olmstead hearings. The Olmstead Plan cannot be effective without dramatically improving housing supports.

I suggest that the Olmstead Plan expect HUD to maintain an up to date directory of disability accessible units and their availability. This list needs to include disability accessible units for all HUD approved disability categories. In my case I have a severe environmental disability that is recognized by HUD as an official disability eligible for environmentally accessible HUD housing. There are no environmentally accessible units in the Duluth area. It would be useful to know where such units are located in the state. I suspect there are no green/environmentally accessible units in the entire state.

It is my experience that it is easier to throw money at a difficult problem than to transform a broken institutional culture. I believe it is a mistake to increase funding without tying funding to profound administrative improvements.

Thank you for considering these concerns. Housing that is located in an area with appropriate medical, social supports, opportunity to cultivate authentic community, accessible education and employment has been impossible for me to find. Add to this *[Redacted text]* of struggle with an abusive and unaccountable HRA office. I am a prime candidate for institutionalization. Without family support I would have been. It is the view of my medical and social service team that if I were institutionalized it would kill me. There would be no accommodation for my disability in a Minnesota institution.

Sincerely,
[Redacted text]

Comment 213

From:
Sent: Sunday, April 06, 2014
To: *DHS_OPC Public
Subject:

The Minnesota Statewide Independent Living Council (MNSILC) has been following the development of and changes to the Olmstead Plan. We would like to make some general comments that cross many areas as well as some specific ones. MNSILC, as the federally mandated Council assigned to support independent living efforts in Minnesota, has a high stake in helping to ensure the success of Minnesota's Olmstead Plan.

The Olmstead Plan was mandated in order to ensure that people with disabilities are able to live independently within their communities. The foundation of independent living is choice. People with disabilities have the civil right to make decisions/choices about their lives in the same way that people without disabilities do. In order to make those choices, funding to provide services and supports must be in the control of the individual and not attached to a program, agency/organization, or disability label/type. People with disabilities should have the option of purchasing through for profit providers as well as non-profit or government providers. Current licensing regulations preclude this choice option due to high costs and overbearing regulation.

The draft changes still reflect an approach that silos areas of living. The fact is that all areas are related and often served by multiple agencies/organizations as the plan admits. The reality is that when a person's life is discussed it cannot be done in silos. Housing, education, employment, transportation, health care, community involvement, and social/recreational activities are all connected and make up the whole. It is a disservice to people with disabilities to continue to silo these aspects of their lives as if there is no connection and they can easily be separated. This is not done for John Q. Public, so why is it done for people with disabilities? None of the goals listed in this document can be accomplished in a silo approach.

There is as yet, no mention of the Centers for Independent Living (CILs) in this document. Yet, these same Centers have been the ones doing Nursing Home Relocation services (as one example) for years. Not only that but they have been doing them in a person centered way, saving the state of MN money, and improving the quality of people's lives for years. In 2013, the CILS relocated 272 individuals with disabilities from nursing homes to community-based living arrangements at a substantial saving to the State even when the cost of community based services is added into the straight cost savings amounts.

The CILs also provide four core services: advocacy (individual and systems), peer counseling, independent living skills, and information and referral. Again, these are done and have been done in a person centered manner supporting the broad base of what individuals need to live independently in their communities.

Further the VR/IL collaboration boasts a high success rate in gaining employment for people with disabilities. VRS works with the CILs to provide a unique model that provides individuals with disabilities with independent living supports in addition to the traditional employment supports of VRS. The success rate for 2013 was 66.5% compared to the straight VRS rate of 58.5.

The Centers for Independent Living are a trusted and respected source of information and services. Expanding this program to cover Minnesota's underserved and unserved counties could make a big difference in successful implementation of the Olmstead Plan. These sites could, in fact, house a neutral home for an Olmstead appeals process that would be closer to outstate consumers and functionally independent (in a similar manner to the Ombudsmen's offices). CILs have the experience and wisdom to support this change in the state of Minnesota and yet, they are missing from this plan.

The challenge in instituting this Olmstead Plan is that there is an expansive variety of disabilities all with some common needs and all with needs specific to their disabilities. Services and supports must reflect that variety and expanse. Some individuals, such as a person with intense mental health needs, may not be able to live in a community setting right away. They may require a much smaller limited setting in order to function and learn the skills they need to move to a community living situation. They may need time to get medications adjusted properly as well. Others who have been nursing home bound for many years, may be able to make a move immediately if the right services and supports are built in to their plan. In no way can Olmstead be a one size fits all type of plan. Just as areas of living (housing, employment, etc.) cannot be placed in silos, so individual disabilities cannot be grouped under a disability label and a common plan developed. In addition, certain conditions may occur in tandem. For example many people who have developmental disabilities may also have chronic medical conditions or mental health issues. An individual with a primary diagnosis of Down syndrome may also have Autism or an individual with a primary diagnosis of Autism may have Attention Deficit Hyperactivity Disorder.

The community needs to be supported in making changes. What is the "marketing plan" to help the community learn about and embrace people with disabilities being a real part of their communities? What incentives for employers, service providers, etc. can be offered to help our communities move along in their support of people with disabilities? We need to help our communities be the best they can be for all members.

Transportation needs to efficiently and effectively serve all Minnesotans including those who happen to have disabilities. Transportation needs to serve people with disabilities so that they have the same opportunities in life as those without disabilities. Hours need to serve real life needs and not be limited to business hours. People need to be able to move between communities, counties, and across the

state in ways that allow them to live their lives with choices. Barriers need to be removed and resolved. Transportation needs to be dependable.

Services and supports need to be provided to those people with disabilities and those who are elderly based on their needs. Judgments about low need vs. high need are detrimental and mean the difference between being successful and not being successful. Waiting lists have no place; they must be resolved.

Peer supports are an essential part of life for individuals with disabilities. Having another person with the same or similar need levels with which to discuss the struggles inherent in building a life of independent living is critical to success. A system of peer support needs to be included in the plan.

Measuring the success of education based on the post-secondary outcomes survey is ineffective. These surveys have notoriously low response rates. Success needs to be measured differently. In addition post-secondary options for individuals with disabilities are highly limited. Just as with the general population, a range of options is needed from four year college degrees to community colleges, to technical schools, to training programs. These cannot be restricted based on disability type. For example, some places in the country have four year integrated college programs for people with intellectual disabilities. New Jersey is an example. Other areas like Pennsylvania have challenging, state of the art technical school programs. Minnesota has a long ways to go in terms of improving its post-secondary options. And as we know, attendance in post-secondary options increases employability. Success also requires developing on-going supports for these students. This area of the plan is severely lacking.

We appreciate the efforts of the OIO and the Sub-cabinet to respond both to the court requirements of the Olmstead Plan and make Olmstead a part of how Minnesota responds to people with disabilities. MNSILC continues to be available for consultation in whatever capacity we are needed.

Sincerely,

Heidi Johnson, Chair Mickey Kyler, Olmstead Committee Chair

Comment 214

From: *[Redacted text]*
Sent: Monday, April 07, 2014 4:53 PM
To: *DHS_OPC Public
Subject: Olmstead Plan Revisions

Hello,

My name is *[Redacted text]* and I am a *[Redacted text]* in the Masters of Social Work program at Minnesota State University, Mankato and also a Licensed Social Worker. I am writing today to ask that you remember the mental health population when making revisions to this plan in July of this year. The mental health population has unique needs which required unique, specific services in order to reach community integration. Please review the attached policy brief for more details regarding those who have a mental illness and I strongly encourage this population is specifically included in the Olmstead Plan.


Olmstead Plan Brief.pdf

[Redacted text]
Masters of Social Work Student
Minnesota State University, Mankato

Comment 215

From: *[Redacted text]*
Sent: Monday, April 07, 2014 9:34 PM
To: *DHS_OPC Public
Subject: Public Comments

I urge you to not leave out people with mental illness and the services that provide quality of life.

We are at a crossroads in our state where we need to make the difficult decisions to do the right thing and support those with mental illness. We can no longer give lip service to this ever increasing area, we must act with good faith, and ensure we are being proactive to the care of our state residents with mental illness. We need to lead by doing the right thing, it should not matter one's party affiliation, mental illness crosses all party lines, all socioeconomic boarders. It impacts all of us!

If we are to truly embrace the intent of the Olmstead Plan, we need to articulate that people with mental illness need easier access and much quicker access to therapists and psychiatrists, especially in rural areas!

We must do the right thing, we must address the issues of mental illness and those suffering from it, we must care and we must act!!! The time to do the right thing is now.

Thank you,
[Redacted text]

Comment 216

From: Stemper, Colin (MSCOD)
Sent: Tuesday, April 08, 2014 2:33 PM
To: *DHS_OPC Public
Subject: Olmstead Draft Modification Comment

To whom it may concern,

The Minnesota State Council on Disability (MSCOD) has followed the development of Minnesota's Olmstead Plan closely. The release of the draft modifications, compel MSCOD to offer comment on changes that should be made to the Plan, as well as future activities.

The spirit of Olmstead dictates that people with disabilities should be able to enjoy an independent life, never being held back by government entities. MSCOD believes the current Plan does not include all the state agencies that should be at the table to address the experience of "life in Minnesota." By this we mean that life is not only about having a job, living where you choose, or obtaining available services. Life is also about what you do in your free time.

We believe future drafts of the Plan and subsequent activities should include the Minnesota Department of Natural Resources. The DNR can ensure that Minnesotans with disabilities have equal access to Minnesota's natural areas by assessing the current level of accessibility of State Parks, as well as other state properties, and making recommendations and appropriation requests for improvements. This is simply a starting point. We are confident there is more the DNR can do to ensure Minnesotans with disabilities are able to fully enjoy our state's natural resource offerings.

The Metropolitan Council is another entity that should appear in subsequent drafts of the Minnesota Olmstead Plan. While there are many entities that manage public transportation in Minnesota, the map on page 97 of the Plan indicates that some of the highest concentrations of people with disabilities are in areas served by Metro Transit. Not including the Met Council in plans that seek to provide better transportation for Minnesotans with disabilities makes little sense. The Met Council participated in a recent Olmstead activity relating to transportation, but this was of their own accord. Future activities related to transportation must include their information and expertise. While MSCOD appreciates the attention paid to Greater Minnesota transit, it cannot be at the expense of transit in the metro area.

When assisting the Departments of Human Services and Transportation in the aforementioned Olmstead transportation forum, MSCOD staff noticed the unrealistic timeline that had been established for this activity. Going forward, we want to ensure that activities are given adequate time to include all stakeholders and perspectives, so the outcome best serves Minnesota's disability community. It is clear that our community needs these services and changes as soon as possible, but rushing aspects of the plan will help no one. Please remember to give future activities enough planning time to be entirely effectives.

MSCOD also wishes to convey the inadequate use of governor-appointed disability groups mentioned in appendix D (page 120). Under the Plan's draft modifications, these groups are mentioned as receiving copies of Olmstead Implementation reports (page 120) and being included in a 2014 Quality Improvement plan on how to be engaged in the process (page 30). Up to the present, governor-appointed groups involvement in the plan has been similar to the Met Council's: of the group's own volition. Future drafts of the Plan must be more detailed in how these groups can be of use. Each group brings a different expertise to the process that is currently being underutilized. Pushing off engagement of these groups will only result in further distance of the subcabinet from Minnesotans with disabilities.

Finally, we want to express our belief that future Olmstead drafts should avoid approach to activities that are purely top-down. A person-centered approach begins with the individual, and that philosophy has not been present in all Olmstead activities to this point. It is apparent we are not getting to the people who are at risk of institutionalization. Perhaps a new approach of going into the community and talking with the individuals might be worth trying. Activities would be well-served to have input from the disability community at an earlier point in the planning process so Olmstead activities directly address their concerns.

We appreciate the efforts of the Olmstead Implementation Office and the subcabinet to respond both to the court requirements of the Olmstead Plan and make Olmstead a part of how Minnesota responds to people with disabilities. MSCOD continues to be available for consultation in whatever capacity we are needed.

Colin Stemper
Legislative Specialist, Minnesota State Council on Disability (MSCOD)
O: (651) 361-7809 www.disability.state.mn.us

Comment 217

From: Hoopes, Pamela [mailto:phoopes@mylegalaid.org]
Sent: Tuesday, April 08, 2014 2:37 PM
To: *DHS_OPC Public
Cc: Hoopes, Pamela
Subject: {GR13 Olmstead Plan}{Matter No.[1306-0363040-]}

Dear Olmstead Subcabinet,

Attached please find the comments of the Minnesota Disability Law Center/Mid-Minnesota Legal Aid on the March 17, 2014 Revised Olmstead Plan.

Thank you for your kind consideration.


1251589.docx

Sincerely,
Pamela Hoopes
Deputy Director/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 attached document is below]

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 March 17, 2014 Revised Olmstead Plan (revised Plan)
DATE: April 8, 2014

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. On August 19, 2013, we submitted comments on the first draft Plan. On October 31, 2013, we submitted additional comments on the second draft Plan.

This memo comments on the revised Plan dated March 17, 2014 ("the Plan"). We are disappointed that the revised Plan does not provide a clear road map for Minnesota to follow in our journey to full integration of individuals with disabilities. We are concerned that the revisions to the Plan still do not adequately address a number of key issues that we identified in our previous written comments, public hearing testimony, and meetings with state agency staff involved in the Plan process. Our comments are arranged so as to address the different topic areas of the plan.[1]

1. **Overarching Strategic Actions:**
   - **Review of all agency policies, procedures, and laws [p. 26]:** We encourage all state agencies, whenever they review policies and statutes through "the perspective of Olmstead" (p. 26), to make recommendations that increase integration opportunities for persons with all types of disabilities.[2]

2. **Quality Assurance:**
   - **The Grievance/Dispute Resolution Process [pp. 28-29]:** Our comments submitted on October 31, 2013 set out in detail our concerns about the barriers to due process that could result from new "Olmstead" review mechanisms. Implementing a new mechanism to address complaints about any issue mentioned in this ambitious Plan would not only be costly, but may create confusion and barriers to other appeal processes. While the Plan notes that this process would not be the only remedy available, we stress again that individuals must be made aware of any appeal deadlines for administrative or court review of disputes even as they navigate the proposed process. We also suggest the consideration of legislative action to add tolling provisions to all statutory deadlines for filing appeals, so that individuals are not penalized for attempting to resolve their issue by using this new process before filing an administrative appeal or court action.

   - **Oversight, Monitoring and Quality Improvement:** The Olmstead Implementation Office's (OIO) scheduling of more listening sessions is an important step. The Plan should include a

[1] Page numbers cited are from the "tracked Changes" version of the revised plan that is posted on the MN Olmstead plan website.

[2] As just one example, Minn. Stat. § 85.0532, subd. 3(b) allows for discount fees on state park amenities exclusively for persons with *physical* disabilities, although research shows that individuals with other disabilities like mental illnesses and developmental/intellectual disabilities also benefit from access to these opportunities.

requirement that all quality improvement efforts initiated or supported through the Olmstead Plan should be in consultation with the State Quality Council.[3]

3. **Employment:**
   - **Segregated Employment:** We are disappointed to see that the revised Plan fails to address key employment-related Olmstead issues as we had detailed at length in our previous comments. We urge the Plan to speak directly against the continued overuse of segregated employment and the common practice of referring transition age youth into such settings, and to set out a process to shift from that model to an individualized integrated employment model. While goals of increasing competitive employment are commendable, to reach those goals Minnesota must drastically reduce its reliance on segregated settings for employment.

   - **Definition for competitive employment** [p. 33]: The Plan now defines competitive employment as being full or part time in an integrated setting that pays at least minimum wage. That is excellent. However, there is no number of hours associated with the term "part time." The Plan should further define "part time" by indicating how many hours would qualify for such designation. We urge the Plan to pick a standard and allow for deviations from it based on individual choice and disability-related needs.

   - **Preparation for post-secondary education** [p. 33]: The Plan does not set out how a baseline for measuring which students are "prepared for post-secondary education" will be defined and determined. That should be added to the Plan. In addition, this action step should focus on employment, not simply post-secondary education.

   - **New and innovative practices [**p. 34]: It is unclear how "evidence based practices" are different than "new and innovative practices." Both should be defined, and any current schools or districts employing them should be identified. Additionally, considering there are more than 400 school districts, including charter schools, the goal of increasing the number of school districts implementing these "new and innovative practices" by only five per year is too minimal. We suggest at least twenty-five school districts per year.

   - **Focus on Mental Health and IPS** [p. 36]: The revised Plan now has a stronger focus on people with mental illnesses, and we commend the addition of the important evidence-based practice Individual Placement and Support (IPS) in the Plan.

   - **Employment First [pp. 35-38]**: Generally, the revised Plan provides a comprehensive bureaucratic approach to developing an Employment First policy structure. But we are frustrated that the Plan's focus is more on the administrative infrastructure of the program then on setting aggressive goals for individuals to be competitively employed. The Plan needs to set clear mechanisms to reach concrete goals for employment of people with disabilities. As described in our earlier submissions, this includes early and periodic individualized assessments, starting with transition aged individuals; individualized job development and employment searches; individualized interest analysis and ongoing support throughout the job search process and employment; and an investment in employer/job development and outreach.

[3] The State Quality Council is directed by the legislature to assist the Commissioner of the Department of Human Services in developing comprehensive quality measurement and review mechanisms for Minnesota's disability service systems. *See* Minn. Stat. § 256B.097.

4. **Housing:**

- **Analysis of residential setting options generally available:** The revised housing section specifically addressed issues with the Department of Corrections, a note the Court Monitor specifically made in his report. However, the Court Monitor's report also stated that "[t]he Plan does not adequately address the full range of housing and self-determination options."[4] We strongly encourage DHS and MHF to conduct a comprehensive analysis of the *current* types and number of setting options generally available to persons with disabilities right now. This will help reveal the gaps that need to be filled to provide the full range of options as suggested by the Court Monitor.

- **Supportive Housing [pp. 46, 87]:** As noted in previous comments, the Plan's recognition of supportive housing as a best practice is an important step to ensuring meaningful integration. But supportive housing has a variety of models and best practices, and the definition (p. 87) should be more specific, especially in defining what practices should *not* be considered supportive housing (i.e. requirement to participate in programs or services offered by the housing provider).[5] We also recommend that the Plan include:
  - A process by which the current DHS supportive housing evidence-based committee can broaden its reach and help develop programs or practices included in the Plan;[6]
  - As part of action five [p. 26], an examination of current best practices and commitment to develop more best practices in supportive housing for persons with other disabilities besides mental illness, especially Developmental Disabilities;
  - Additional steps on incorporating and building peer-networks and transition services that can help individuals move to more integrated settings.

- **Moving Home Minnesota:** This initiative, funded by the federal Money Follows the Person project, is designed to move Minnesotans who are stuck in institutional settings back into the community. The program is currently not included in the Plan, and it should be, as it is a resource to help achieve Olmstead housing goals. Also, as DHS and MHFA continue to develop best practices such as supportive housing and Independent Housing Options (IHO), such efforts should collaborate with the Moving Home Minnesota project.

- **Group Residential Housing (GRH)/Minnesota Supplemental Aid-Housing Assistance (MSA-HA) merger [pp. 36-37]:** We are very pleased with this goal and believe that the reform process DHS has begun is well thought-out. We encourage the OIO to use this reform process as an example that other state agencies can emulate.

- **Independent Housing Options [p. 46]**: Independent Housing Options (IHO) is a term developed by some counties to refer to non-licensed residential settings and other independent housing

[4] *See* David Ferleger, Report to the Court: Minnesota's 2013 Olmstead Plan, p. 10.
[5] For a comprehensive description of Supportive Housing practices that align with Olmstead principals, *see* Cooperation for Supportive Housing discussion paper entitled Supportive Housing & Olmstead: Creating Opportunities for People with Disabilities, available at: http://www.csh.org/resources/supportive-housing-olmstead-creating-opportunities-for-people-with-disabilities/.
[6] We understand that DHS does have a supportive housing group that convenes on a regular basis. We suggest this group be regularly consulted in future parts of the Olmstead Planning process and also expanded and/or advertised to the larger group of stakeholders that the Olmstead Plan is reaching.

options for persons with disabilities. The Plan makes IHO sounds like a "program." While it may become one, the Plan should recognize that an IHO is not available for most families now. We suggest that at the very least, the Plan require all counties to designate and train a staff member as an IHO specialist and that DHS actively promote and develop comprehensive best practices for this county-led initiative. Since many IHO settings require a person with disabilities to find a roommate in order to make a unit or support services affordable, the ongoing development of the HousingLink website (p. 46) should include features that allow for a roommate match process.

- **The Bridges program for persons with mental illness [p.44]:** This program is successful in encouraging living in community settings rather than provider settings, but is not available in every county of the state, and a goal of statewide availability should be added to the Plan.

- **Federal Housing Subsidies: Low-Income Tax Credit Program and The 811 Program [pp. 43-44]**: Like many other goals in the Plan, there is very little explanation on how an estimated 10% annual increase in affordable units will be achieved. We suggest that this section detail how MFHA will use the Low-Income Tax Credit Program and other initiatives to specifically target affordable units to persons with disabilities receiving services and supports from the government. There should also be detailed steps indicating how any new affordable units created pursuant to this action step will actually be located and occupied by persons with disabilities.[7] Finally, the HUD811 program that helps fund new affordable units for persons with disabilities has released a notice of funding availability with applications due May 5, 2014.[8] The Plan states that Minnesota will pursue federal funding, but does not indicate that Minnesota is in the process of applying for these currently available funds.[9]

5. **Transportation:**
   - The Plan should incorporate and build on data already gathered through the DHS Gaps Analysis. The Plan should specifically incorporate current multi-stakeholder efforts to expand non-emergency medical transportation benefits that can be paid for under waiver services.

   - **Non-Emergency Medical Transportation [pp. 49-50]:** The Plan makes a passing reference to non-emergency medical transportation. However, the Plan fails to endorse the MCOTA's recommendation and resulting pending legislation for non-emergency medical transportation, including protected vehicle transport. In addition, the important topic of transportation of persons with mental illness to hospitals or to court by some means other than squad car needs to have its own goal. Although it is more complicated than other forms of non-emergency transportation, it is crucial to humane and dignified access to care for persons with mental illness.

[7] These units could be part of the supportive housing referral system described on p. 46.
[8] *See* HUD's March 4th Press Release: http://portal.hud.gov/hudportal/HUD?src=/press/press_releases_media_advisories/2014/HUDNo.14-018
[9] We recognize it may not be feasible to include information about every potential grant process in current or future drafts of the Plan; we urge the appointed agency leads to work with OIO to keep the public updated (perhaps through the Olmstead website) as to progress on impending funding opportunities.

6. Services and Supports:

- We are pleased to see that the Plan recognizes the dramatic increase in the diagnosis of Autism Spectrum Disorder (ASD). We continue to urge, however, the Plan incorporate some specific steps that can help address this issue.

    - The opportunities to avoid lifelong segregation are clear if intensive early services are provided to young children with ASD. DHS will assure that all children in public health programs, including those getting health care through managed care plans, are periodically screened, provided full assessments when indicated and followed up with early intensive treatment to assure that these children reach developmental norms by age five.

    - The Minnesota Department of Education (MDE) will take steps to assure that school districts implement intensive early intervention services for all children identified as having symptoms of ASD. With the new Medical Assistance benefit for young children with ASD, school districts should now either provide the early intensive services or refer children so that young children maximize their functioning by age five. Reducing the symptoms of ASD early will reduce school districts' use of segregated settings and aversive practices for children with ASD diagnoses and improve long-term outcomes.

- **Integration of people at AMRTC and MSH [Pages 55-56]:** We commend the Plan for adopting timelines to move people at Anoka Metro Regional Treatment Center (AMRTC) and the Minnesota Security Hospital (MSH) into the community. However, the AMRTC timelines are too long. We are concerned that the Plan does not set out a road map about how the increase in community placements will be accomplished either for AMRTC or MSH. The Plan should also address the problem of readmission to AMRTC, presenting data on readmission and a detailed plan to prevent cycling through the system.

- **Other Segregated Settings**: The lack of data on individuals now living and receiving services in other segregated settings in this section is very disappointing, as DHS has much of this data readily available now.10 Residential segregation is at the heart of the Olmstead case, and although the introductory sections of the Plan recognize that residential desegregation should be given priority, the lack of data and specificity in this section's discussion of supports, at this stage of the process, raises broad concerns.

- **Fixing the CFSS program [p. 53-5; 59]: The Plan should commit to fixing the serious** problem with the current definition of dependency in the CFSS program, which, if left as is, will result in many people with mental illnesses being excluded from the CFSS program. Given the large number of individuals affected by this exclusion, the success of the Plan is jeopardized by that possibility. The Plan does not acknowledge the lack of daily supports for persons with mental illnesses as a barrier to more independent living, and does not have as a goal to create a service for daily supports if the state is not going to accomplish this goal through CFSS. Mental health services are not the same as daily supports, and many persons with mental illnesses need both.

[10] For example, approximately 212 persons with mental illness live in a single building, Andrew Residence in Minneapolis, but this location is never mentioned in the Plan. This facility is classified as an Institution for Mental Disease and is, therefore, not a community setting for purposes of Home and Community Based Services (HCBS) funding.

- **Fixing unequal policies on asset and income limits:** Since the passing of the Affordable Care Act, income and asset limits for most persons on Medical Assistance (MA) have increased. Seniors and persons with disabilities, however, who have income over 100% of the Federal Poverty Guideline (FPG), are still required to spend down to 75% FPG and can only retain $3,000 in assets to be eligible for the program. This requirement leaves over 11,000 seniors and persons with disabilities with only about $719 per month to live on.[11] The Plan should seek to raise income and asset limits for these groups so as to specifically address this unequal treatment.

- **Consumer Directed Services and Supports (CDCS):** The CDCS program is a special option available through the disability waivers. For many individuals, the flexibility of this program greatly increases independence and integration and helps an individual remain in the most integrated setting possible. As a matter of policy, however, those using the CDCS option have to take a mandatory cut in their overall waiver budget. This cut can often be the difference between choosing a home of one's own or moving to a more congregate (often segregated) setting. DHS should eliminate this policy because it impairs integrated employment and housing opportunities and leads to a preference for more segregated traditional services (such as sheltered workshops and congregate group-living models).

- **HCBS waiver services waiting list and underspending:** The Plan should include steps to reduce waiting lists for HCBS waiver services. Specifically, the Plan fails to recognize the state's chronic and substantial underspending in its waiver programs and offers no solutions for assuring that authorized funds are appropriately spent to address the unmet needs of eligible waiver applicants and recipients. This is a significant issue that must be addressed in the Plan.

- **Integrated health care homes [pp. 67-68]:** Behavioral Health Homes and Health Care Homes (BHHS/HCHs) have some benefits for people with mental illnesses, but they also raise a concern that they will become a segregated service for people with mental illnesses. BHHs/HCHs should be one of several options for health care, not the only option. People with mental illness should not be channeled into BHHs through an "opt out" option but rather should be allowed to "opt in." We are concerned that high federal MA reimbursement rates for BHHs create a system incentive to steer people into these settings. The goal that 25% of individuals will be served in HHHs should reflect individuals' choice.

- **Access to personal health care information:** The Plan should include a crucial aspect of integration and self-determination: BHHs and other health care home designs must be required to give patients ongoing access to their own health care, providers, records, and test results through health information portals (the "my chart" service). This should be a threshold requirement for all agencies seeking BHH grant funds.

- **Transition from Prison [pp. 54 and 60]:** We commend the Department of Corrections (DOC) for these very good additions to the Plan and for including reasonable basic timelines and action steps for implementation. However, the Plan should add a goal with implementation steps that the DOC, in collaboration with DHS, will take aggressive steps to solicit and develop a more

[11] For further information on this inequitable policy, download the factsheet prepared by Minnesota Consortium for Citizens with Disabilities, available at: http://mnccd.org/?page_id=31.

extensive provider network willing to serve individuals just released from prison, including the possibility of State Operated Services. Without such an effort, community placement of these individuals will continue to be very difficult.

- **Assistive Technology [p. 60]:** We are pleased that the Plan now references Assistive Technology (AT) and states that a more detailed plan for using AT in integration will be developed. We look forward to seeing further developments of this important aspect of the Plan.

7. **Education:**
   - **Restraints in School [p. 63]:** We are glad that the Plan bans prone restraints, but concerned at the paltry support and direction for districts to reduce the use of other types of restraint and seclusion.[12] The Plan relies on collecting data,[13] developing a list of training programs,[14] and increasing school access to crisis services. This last item is positive, but here, too, the Plan lacks specificity on how this is to be accomplished or how success will be measured.

   - **Positive Behavior Intervention Supports (PBIS) [p. 64]:** The Plan merely refers to existing efforts and does little to ensure that each school actually integrates and fully implements PBIS. The Plan should specify that schools fully implement these supports and not drop them or parts of them after implementation. The goal should also be increased to requiring 60 schools per year to increase access to this important practice statewide.

   - **Students in highly restrictive Minnesota placements [p. 65]:** The Plan focuses on a small number of juveniles who are out of state in a restrictive setting due to juvenile court involvement, but should also concentrate on the approximately 5,500 students that are in Minnesota in highly restrictive, segregated school placements. There should be a timeline and clear actions steps to address this situation and reduce the number of children in such settings.

Conclusion

We recognize the continuing efforts of the Subcabinet, state agencies, and the Court to move the Olmstead Planning process forward. We truly appreciate the opportunity to comment on Plan revisions and to participate in the ongoing development of the Plan and its implementation.

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

[12] A 2014 Minnesota Department of Education (MDE) report noted that there were 22,000 uses of other restraint and seclusion tactics last year. The report is available for download at: http://education.state.mn.us/MDE/Welcome/Legis/LegisRep/.
[13] We note that this work is already being done (*see* the 2014 MDE report in FN11) and encourage the Plan to recognize this and use this data rather than trying to set up a new collection system.
[14] MDE has also established a list of training requirements that the Plan should recognize and incorporate. Information available at: http://education.state.mn.us/MDE/SchSup/ComplAssist/RestProc/index.html.

Comment 218

From: Carol Rydell [mailto:crydell@kaposia.com]
Sent: Tuesday, April 08, 2014 3:06 PM
To: *DHS_OPC Public
Cc: Carol Rydell; *[Redacted text]*
Subject: Public Comments
Please see attached comments from the Employment First Coalition and Minnesota APSE on the Olmstead Plan.

Comments on March 2014 Olmstead Draft.c

Carol Rydell
crydell@kaposia.com
[Redacted text]

[full text of attached document is below]

Joint Comments Submitted by the Employment First Coalition and Minnesota APSE
Via Email on April 8, 2014

Dear Lieutenant Governor Prettner Solon and the Olmstead Plan Subcabinet:

The Employment First Coalition and Minnesota APSE appreciate the opportunity to comment on the employment sections of the March 2014 modifications to the Olmstead Plan. We see the proposed modifications as strengthening the Plan. We appreciate the efforts of the Subcabinet and would suggest consideration of the changes outlined below.

We believe a common definition of "competitive employment" is important to the Plan. We would recommend additions to the proposed definition to clarify that "competitive employment" means individual jobs that are employer paid and also that the definition includes self-employment. We would propose the adoption of the following definition:

Competitive employment is full-time or part-time employment, with or without supports, in the most integrated setting in the general workforce, on the payroll of a competitive business or industry (not an employment services provider) earning at least minimum wage, as defined by the Fair Labor Standards Act, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by workers without a disability. Competitive employment includes self-employed business owners.

"Competitive employment" should also be added to the action statements in the document to clarify that "competitive employment" is the overall goal for state actions and throughout the employment sections of the document.

We also recommend that the Plan's definition of "Transition age youth/students" expand its age range to 26. Post-secondary education is critical to improved employment outcomes for young adults with disabilities. The plan should be addressing and measuring the success of Minnesotans with disabilities with increased access to and graduation from post-secondary education. We assume future

modifications of the Plan will include specific strategies and measures related to post-secondary education outcomes.

We also recommend a revised definition of "informed choice" which includes not just information but also experiences that impact decisions about competitive employment. Information alone is not sufficient to make an informed choice. Informed choice should further self-determination and without the kinds of experiences that lead to competitive employment outcomes for Minnesotans without disabilities, it is unlikely that a Minnesotan with a disability can make an informed choice. There are few places in the employment section of the Plan that include the term "informed choice." The Employment First Coalition and Minnesota APSE would recommend that the Plan build in greater clarity toward strengthening the self-determination of Minnesotans with disabilities in employment and other areas of their lives through making "informed choices." Informed choice should be a cornerstone of empowering Minnesotans with disabilities and their families.

We also continue to be concerned about the lack of specificity regarding peer support and self-advocacy in the plan. Peer support and self-advocacy are important components of support and service in Minnesota. Minnesota has a rich history of consumer advocates and consumer advocacy organizations. Self-advocacy and peer support are recognized as essential to improving quality of life outcomes and ensuring that individuals with disabilities are not just "recipients" of services but instead exercise choice and self-determination in their lives. As individuals with disabilities take on the role of "directing" their supports and services, they become less reliant on paid supports and better able to access peer networks and natural supports. The statement on assessment on page 76 should include a goal clarifying the purpose of the assessment is to strengthen those community resources to increase self-determination and achieving person-driven outcomes in employment and other areas of community living. Future modifications of the Plan should also specify how peer supports and self-advocacy will be included in the web of services and supports to increase competitive employment outcomes.

On page 38 of the Plan in the section on outreach, the first bullet reads:

By June 30, 2014 promote the business case for hiring people with disabilities; align supports and services with business needs so that businesses successfully hire and retain employees with disabilities.

Supports and services to businesses should also increase businesses' capacity to independently hire and retain employees with disabilities on an ongoing basis rather than become reliant on public services and supports in employing Minnesotans with disabilities.
The Plan neglects action on ensuring that state workforce centers are a viable resource for Minnesotans with disabilities. "All Hands on Deck" developed by the Governor's Workforce Development Council specifies actions to improve access. Additional goals should be developed to build in additional supports for the many Minnesotans with disabilities who are not eligible for or do not access specialized services such as those provided through VRS, SSB or DHS.

The Department of Health is not part of the employment section of the Olmstead Plan. The medical community has a natural link to many Minnesotans with disabilities who currently lack the ability to make an informed choice about employment. Outreach by the Department of Health could connect Minnesotans with disabilities to information and resources that would increase employment outcomes. The medical community needs training on the positive impact of employment to recovery for Minnesotans with disabilities. Employment can have a positive impact on diminishing the cost of

healthcare resources, and measures documenting these cost savings would be beneficial to Minnesota's overall fiscal health.

On page 39 of the Plan under outreach, it states:

Beginning January 1, 2015 and on yearly basis thereafter, distribute findings, policy interpretations and recommendations from Interagency Employment Panel to state and local agencies, providers and stakeholders to ensure policy and practice strategies align with Employment First principles and increase successful competitive employment outcomes

This reporting function needs to include the opportunity for the general public to provide comments and recommendations both in writing and through public listening sessions.

The Employment First Coalition and Minnesota APSE want to state their concerns about a lack of specificity in measureable goals to indicate progress toward reducing the disparities in employment and education between Minnesotans with disabilities and those without disabilities. The Plan includes baseline data which highlights the disparities between Minnesotans with disabilities and other citizens in these areas but does not specify targets for improvement. Without such specific measures, it will be impossible to track whether the many strategies and actions proposed in the Olmstead Plan will result in actual change.

We appreciate the hard work of the Subcabinet and their colleagues to ensure that Minnesota is a leader in Employment First. We look forward to continued partnering with you on moving the Plan forward and making "Employment First" a reality in Minnesota.

Submitted on behalf of the Employment First Coalition and Minnesota APSE

Carol Rydell
Kaposia, inc.
[Redacted text]

Steve Piekarski
President, Minnesota APSE

Comment 219

From: *[Redacted text]*
Sent: Tuesday, April 08, 2014 4:29 PM
To: *DHS_OPC Public
Subject: comments

[Redacted text]'s and *[Redacted text]*'s comments are spot-on. Furthermore, not enough attention is paid to the relationship between counties and for profit providers, particularly in non-metropolitan areas ... CMS new regs notwithstanding.

Minnesota's Olmstead Plan must include protections against reprisals for individuals with disabilities and their families and non paid allies or people will continue to fear the consequences of self advocacy and self determination.

[Redacted text

Comment 220

From: *[Redacted text]*
Sent: Tuesday, April 08, 2014 6:50 PM
To: *DHS_OPC Public
Subject: Comment on Revised Olmstead Plan

Attached are my comments on the revised Olmstead Plan. Thank you.


Olmstead-cgb
comments to dhs--Fin

Respectfully, *[Redacted text]*

[full text of attached document is below]

April 8, 2014

thank you for the opportunity to provide comments on the Revised Olmstead Plan, which was posted on March seventeen, 2014. The well-intentioned and hardworking Olmstead Sub Cabinet deserves praise for its many months of open, and cooperative deliberations under the leadership of the Lt. Governor and high-level representatives from state agencies having key Olmstead responsibilities. It was impressive to see the Commissioners, and not their designees, routinely attending Sub Cabinet and community input meetings, thereby signaling to agency staff that leadership was committed to developing and implementing a strong and effective Olmstead Plan. The Olmstead Plan also has many positive elements. The Plan creates an extensive road map for the community integration of people with disabilities in education, employment, health, transportation and corrections. The Plan expressly promotes enhancement of long-term community –based services and supports which many people with disabilities require in order to be integrated into their communities.
On the other hand, the Plan has many drawbacks and deficiencies which likely will reduce its effectiveness.

1. The Olmstead Sub Cabinet Has No Apparent Voting Members with Disabilities.

The limited diversity of the membership of the Olmstead Sub Cabinet is a serious flaw in the planning and implementation process. To its credit, the Olmstead Sub Cabinet held open community input meetings around the state and many comments from the varying disability communities were heard and repeated in the Plan. These meetings were an important but not sufficient source of input from the disability community

The Olmstead Sub Cabinet does not appear to have any voting Members with Disabilities or their representatives. This lack of disability representation violates a fundamental principle of disability rights that is summarized in the phrase "nothing about us without us". This is no mere matter of window-dressing or political correctness. The lack of members and or representatives from many different disability communities means that the life experiences of people with varying disabilities are not being heard at Sub Cabinet meetings and this contributed to many of the Plan's shortcomings, including a completely inadequate response to the needs of people with mental illness. Organizations of or representing people with disabilities, such as ARC-Mn, ACT, the Minnesota Disability Law Center and NAMI should all be voting members of the Sub Cabinet. At the very least, the Minnesota State Council on Disability should be included as a voting member particularly because one of its core functions is to advise state agencies on disability issues. Governor Dayton should be asked to expand the membership of the Olmstead Sub Cabinet to include the people and organizations mentioned above in order to enhance the Sub Cabinet's legitimacy within the disability community and to aid in strengthening the Plan's provisions and implementation.

2. The Olmstead Plan Needs More Specific Information Regarding the Supports and Services Required by various sub-groups of people with Disabilities.

Successful efforts at community integration require recognition of The specific needs of persons with different types of disabilities. The Plan does state that there is no "one size fits all" approach to disability policy but this recognition is not carried through into the Plan's goals and proposed actions. People with AIDS experience different barriers than a person who uses a wheelchair; a person who is deaf and a person who is blind both will require that the mode of communications are responsive to their particular limitations but the needed accommodations are completely dissimilar. Likewise, the care and support needs of people with multiple, chronic disabilities cannot be met by focusing only upon a "primary" disability. the Plan sometimes refers to the differing requirements for people with specific types of disabilities such as persons with developmental disabilities or mental illness, but it does so rarely and services and supports for these two different types of disabilities are not responsive to the needs of persons with other disabilities. The inadequate discussion of the needs of people with specific disabilities such as persons with mental illness, will limit the effectiveness of the Olmstead Plan.

3. The Olmstead Plan Fails to Confront Safety-To-Self Barriers to community integration.

The Olmstead Plan promises to enhance the choice, self-direction and dignity of Minnesotans with disabilities. These ideals cannot be achieved unless the Olmstead plan addresses barriers created by fear, stigma, and prejudice. In particular, safety to self concerns make it very difficult for people with disabilities the have actual choice and self-determination in their activities. For example, if a staff member in an adult corporate foster care home decides is too "risky" to permit a resident to ride a bike to the local 7-11 to pick-up some snacks, where is the individual's right of self-determination? The staff member's decision in this example may be based upon a belief that the individual with a disability will be harmed in some way by going to the 7-11. If harm does occur, then the service provider and possibly even the individual staff member could be subject to adverse publicity, as well as potential litigation. Safety-based limitations are an all-to-familiar occurrence particularly four a person with a developmental disability or a person experiencing mental illness. Risk-taking is often viewed as having only potential negative consequences. Perceived or actual risk to the health and safety of people with disabilities can undercut efforts at individual empowerment and community integration.

Continuing efforts to provide persons with disabilities real control over decisions affecting how they participate in all aspects of community life raises concerns in a variety of contexts. State and county officials[15]providers of disability services, family members[16] and people in the community sometimes believe there is a potential for harm to people with disabilities and others resulting from unrestricted community integration of people with disabilities.

Many of these concerns arise from myths, fears and stereotypes about disability and disease. For this reason, disability rights advocates crafted the ADA to prohibit public and private disability programs from excluding people with disabilities based upon a perceived or actual risk to self. Risk to self simply is not a permitted statutory basis for exclusion of a person WITH A DISABILITY under the ADA. Nor is exclusion because of risk to self lawful under other disability rights statutes , including the Rehabilitation Act of 1973, as amended, the Fair Housing Amendments Act of 1988, and the Air Carriers Access Act, as amended. Disability advocates involved in the drafting of these laws wished to make sure individuals with disabilities were the decision-makers when it came to risk to self decisions. Put another way, people with disabilities want to be able to make the same bad decisions as people who do not have disabilities.

However, perceived or actual fear about the health and safety of persons with disabilities in the community can and will torpedo efforts at integration unless they are effectively confronted both administratively and by legislation.

Staff in's Inspector General's office frequently have raised concerns about the potential for fraudulent activity should people with disabilities be granted greater decision-making authority. The ADA requires an individualized assessment of a person with a disability. The law does not countenance creating broad policy limitations on people with disabilities generally. Limiting self-direction and choice is unlawful, regardless of whether it is based upon fraud or safety to self concerns.

4. Training.

The Plan is clear that training of stakeholders must be undertaken as an important part of implementation. However, greater detail on training should be provided. For example, all managers, supervisors, and staff involved in disability services at the state, County and local levels need to receive such training in order to avoid inertia-driven resistance to change. Requirements for implementing the Olmstead Plan should be built into job descriptions and program evaluations. Mere intellectual training on Olmstead issues is not sufficient. Even people who have worked in the disability arena for a long time often do not realize that they have negative assumptions about people with disabilities generally or people with specific types of disabilities. A paradigm shift needs to occur in this can only happen if the trainees can view people with disabilities as just like themselves. For this to occur, however, training must address the emotional response to disability as well as the conceptual. People with disabilities will need to be involved in providing such training if there is to be a real paradigm shift.

Respectfully submitted, *[Redacted text]*

[15] Hall-Lande, J.; Hewitt, A.; Bogenschutz, M.; Laliberte, T., "County Administrator Perspectives on the Implementation of Self-Directed Supports, Journal of Disability Policy Studies, Feb. 16, 2012.

[16] Assistant Attorney General Thomas E. Perez, Testimony Before the U.S. Senate Committee on Health, Education and Pensions, June 21, 2012, p.5

Comment 221

From: *DHS_Webmaster, DHS
Sent: Friday, April 11, 2014 3:54 PM
Subject: FEEDBACK FROM OLMSTEAD PLANNING COMMITTEE SITE

THE FOLLOWING RESPONSE WAS RECEIVED ON 4/11/2014 AT 3:54:21 PM
NAME: *[Redacted text]*
EMAIL: *[Redacted text]*
REASON:
DESCRIBE YOURSELF: I have a disability
COUNTY: Ramsey

COMMENTS:
These comments are a response to the Olmstead Transportation Forum on March 26, 2014
1. The first speaker, *[Redacted text]*, did a poor job presenting his topic. He did not provide any background information for his data, or provide context for his presentation. He did not speak to his topic in any relevant way.
2. The public dialogue was supposed to be focused on the Strategy Themes. These Strategy Themes were not mentioned, discussed, defined, or presented on during the first part of the forum. These Strategy Themes must be read out loud and defined - at a minimum - before comments, especially by people with disabilities, should be sought about them.
3. This forum failed to provide any useful information to anyone. Zero check boxes were checked by this forum. The role of the presenters was useless because they did not discuss the discussion topic! That left the people making comments handcuffed and unable to make relevant comments. This forum was a huge waste of time and I hope you don't feel like you accomplished your objectives.

I'd like to hear a response and know how you will remedy this situation. My phone number is *[Redacted text]* and my email is *[Redacted text].* Thank you.

Comment 222

From: *[Redacted text]*
Sent: Saturday, April 12, 2014 4:04 PM
To: *DHS_OPC Public
Cc: *[Redacted text]*; Imdieke, Margot (MSCOD)
Subject: Olmstead Plan - TRANSPORTATION Webnar

Hello Olmstead Contact:

'Transportation' is one of the most important items that impacts the quality of life in N.E. Minnesota for people with disabilities! Please find our Wheels On Trails (WOT) Letter attached, and a copy of both the WOT and the Citizens Federation letters will be sent.

As we listened to the Olmstead Webnar last week in Duluth talk about the Minneapolis based efforts to study transportation, it became obvious that there was no expression of understanding of 'transportation' issues in the northland (Itasca Co., St. Louis, etc.).

The points that I made at the Olmstead session in Duluth are:

1. **TRANSPORTATION LIMITS ACCESS** - to session and to Doctors, Dentist, etc.
   a.. We could not get to the Webnar meeting on public transportation.
   b. I could not get out of my house in Hermantown, because I could not drive
   c. My friend and WOT co-chair could not get to meeting because of snow and ice on Duluth streets, the government building, and the bus stops.
2. **RESEARCH IS INCOMPLETE** - based on survey information and lack of other.
   a. It appears that the survey has nothing about the disabilities population. Why doesn't it have the latest, as that is what is needed and desired according to Olmstead?
   b. The DOT must have transportation information on the Arrowhead, though nothing was made available at the Olmstead session.
   c. Does DHS have information on N.E. Minnesota the 'transportation' issues?
People with disabilities need to get to doctors, dentists, jobs, etc. How does the DHS going to study the problem outside of Minneapolis?
   d. We can not change what we do not measure, so the lack of N.E. Minnesota measurement information tells me that the Olmstead Plan does not intend to change anything in the Arrowhead ! I will be watching for any change!
3. **SOLUTIONS DO EXIST** - but they were not presented at the session!
   a. Private Buses do sit idle, when need exists: My calls last year has shown that these buses a priced at about 50% higher than a charter, and even the charter is still to high.
   b. Public Bus transportation is available: We can have activities if they are planned around available transport, but this session was not! Why doesn't the DOT / DHS check! The Virginia session was also poorly attended, because of the transportation issue!

I usual am more supportive than the above comments indicate, but the session was frustrating (half of the people left prior to completion). I am very disappointed in the Olmstead process so far because of lack of inclusion of people with disabilities from the Arrowhead ! What can be changed to deal with our real transportation issues in N.E. Minnesota ?


OlmsteadLer2.pdf

[Redacted text]
[full text of attached document is below]

"The **disability rights movement** is the movement to secure equal opportunities and equal rights for people with disabilities. The specific goals and demands of the movement are: accessibility and safety in transportation, architecture, and the physical environment; equal opportunities in independent living, employment, education, and housing; and freedom from abuse, neglect, and violations of patients' rights." - Disability Rights defined, 1991

Dear DOT & DHS Conviener:

The Government Service Center is a very accessible building, **if** you own a car and/or are of good health. BUT, If you are a person with a disability and/or health limitation that does not own a car, just getting here to give testimony is difficult and possibly impossible in the Winter. We need access and equity in opportunity to provide input in the summer months?
People in the Arrowhead with disabilities and/or health limits need have a way to implement changes in state transportation, but don't have **access** in State DOT and MDH advisory committees because of the long distance to Minneapolis. Olmstead needs to guarantee ways for Arrowhead people to have participation in state DOT / MDH information and services, equal to the non-disabled person in outstate Minnesota. Here are important concern of Wheels On Trails people with disabilities and/or health limits:

PERSONAL TRANSPORTATION (Scooter, Chairs, Etc.)

Duluth Summer - The Streets are available to cars and bikes, but are not SAFE for our personal transportation devices (wheelchairs, manual chairs, powered scooters,etc.). Where is the safe route downtown in Duluth and information on it? Where is the sidewalk on one side of the road, as a safe route for everyone. Where is the route **accessibility information**?

Duluth Winter - Every winter the outside access is severely limited by ice on curb cuts, lack of snow removal, and lack of maintenance that create **unsafe conditions**. There is a safety need to keep a limited number of bus stops and corners open across Duluth to promote wheelchair travel!

Arrowhead - Reducing the high cost of distance travel in the Arrowhead could improve access for people with disabilities between state services, local communities, Minnesota State Parks, and Minnesota State Trails. **Lack of information** of route, access, and equity information severely limits travel.

GENERAL TRANSPORTATION ISSUES (area wide)

Summer Service - There is need for people to get to their Doctor, Dentist, and Optometrist on time, but this is NOT guaranteed by the bus and the Stride system. The conventional bus can be ridden by some because of lifts and ramps, but some of the individuals with severe disabilities need special transport. Stride costs much more than the poor person can pay and still afford a meal the next day.

Winter Service - Bus use in winter is just the same as summer, but most bus stops are impassible because of winter snow. Bus stops need cleaning of snow and ice, and regular winter maintenance. Also, many people with disabilities need help with groceries, so an experienced buyer can

Arrowhead Service - The inability of a Duluth bus to go beyond city limits with its bus service, limits transportation access. The ability to pick up / drop off outside city limits seems to be a needed service in rural areas of N.E. Minnesota. There is also a need for door-to-door service for those that can not help themselves with such things as required groceries.

HEALTH CARE (Duluth and Arrowhead residents)

Affordable Health Care - All Minnesota residents need affordable health care, but specially the fragile 'Olmstead' populations of people with health limits and/or disabilities. These are the people with the highest out-ofpocket costs, but with the most limited resources. We need to determine who lacks health **affordable health care**, including vision and hearing, and take appropriate action to provide needed services!

COMMUNITY SUPPORTS (assumed Inclusion of more people)

There is a well founded fear that additional people will be added to the already stretched social support system that is in place in the Arrowhead. These supports need to go beyond the threadbare necessities, in order to provide a quality of life equitable to other Minnesota residents. Minneapolis state services

need to be the gold standard in **safety, access and equity** in outstate Minnesota. Each region of Minnesota has some unique service needs, so special effort needs to be given to **unique regional DOT/MDH services**. We need to determine the best practices for all of Minnesota.

PSYCHOLOGICAL SUPPORTS (Rest and Recreation)
The need is to deal with the whole person when providing inclusive types of services for people with disabilities and/or health limits. This is a quality of life issue that is commonly overlooked when providing for necessities by state agencies. The proof is in the details, so individual psychological and emotional supports are a important detail. The Wheels On Trails (ARC) program of outside Events is an example of delivering recreational services.

An inclusive setting for future quality living is possible, if each case is considered in the context of the **regional concerns and expectations**.
Dwight Morrison and Randall Vogt, Co-chairs - Wheels On Trails Org
(ARC) *[Redacted text]*

Comment 223

From: *DHS_Webmaster, DHS
Sent: Monday, April 14, 2014 10:24 AM
Subject: FEEDBACK FROM OLMSTEAD PLANNING COMMITTEE SITE
THE FOLLOWING RESPONSE WAS RECEIVED ON 4/14/2014 AT 10:23:35 AM

NAME: *[Redacted text]*
EMAIL: *[Redacted text]*
REASON:
DESCRIBE YOURSELF: *[Redacted text]*
COUNTY: Lyon

COMMENTS:
I am submitting the comments below in response to a forum on March 26th. At the forum, they asked us to consider whether or not the following strategies were adequate in implementing Minnesota's Olmstead Plan within the area of transportation.
Improving Coordination of Services and Resources Increasing Awareness Implementing Mobility Management Strategies Expanding Services Reducing Expenses and Increasing Efficiency Overcoming Regulatory Barriers

I am both a transit user with a disability and a *[Redacted text]* who works on mobility management. As a user, I believe many of the strategies are on target. I think the user's primary concern is expanding service. Transit dependent people want a service that allows them to live their lives. To the user, this means that if my friend lives in the neighboring county, I can still get there, and if I want to go the local high school play next week, I can.

I believe most transit users understand they have to make some sacrifices on their ideal times in order to get where they're going, but it has to be within reason. As an example, if I'm calling for a ride a week

ahead of time, it is not reasonable to be told that I can't get a ride. I should be given options at least somewhat close to what I'm requesting.

As an access coordinator, I think the remaining strategies are necessary in order to achieve an expansion of services. Among those strategies, our biggest enemy is going to be the regulatory barriers. We must begin working together in order to make the most of the resources we have, and provide rides we can't provide if we stand alone. However, as we begin looking at working together, many problems arise.

For example, we recently began working with our local taxi service. We are a public transit service whose operating costs are subsidized by MNDoT. We would like to subcontract with the taxi in order to provide one-call access to transportation even after our offices close for the evening. Many of these trips would be provided under our contract with DHS. Therefore, the taxi service is required to carry the $1.5 million of insurance that is required of us in our contract with DHS. The taxi service began looking into insurance options and found that the cost burden to acquire the necessary insurance was too great unless the volume of rides could make up the difference. Since this partnership would focus on trips after regular business hours, this would not be possible. Even during our busiest times, we are only able to sustain a service that is affordable to the public because we do not shoulder the entire cost of our insurance and other operating expenses on our own.

In talking with our local charter service provider, we found that his school buses can be used to pick up passengers from the general public. However, regulations require that he has a special license if he does this. The license is a considerable extra expense. For him, as a for profit business, he will only do this with the promise that it will pay for itself and generate additional income. Again, the general volume of trips in an area as rural as ours will not support this cost.

Those are just two examples of roadblocks I have encountered in the last 6 months. We also contend with regulations designating vehicles ONLY for a certain population, and transportation providers who take the stance that what they are doing is sufficient. We simply cannot work together around these types of arbitrary restrictions. Additionally, even if we are able to find partners who are willing to work through these issues, the efforts need to be sustained over a long period of time as they gain recognition and ridership. In our rural area, gaining consistent riders can take several years. Additional marketing to increase the awareness of available services (to the general public and other service providers) may decrease this time, but dollars need to be made accessible to do this, a luxury we do not currently have.

I would also say that, while the strategy themes are on track with the issues, they need to be achieved using goals that are realistic in even the most rural areas.

[Redacted text]

Comment 224

From: *[Redacted text]*
Sent: Monday, April 14, 2014 11:24 AM
To: *DHS_OPC Public
Subject: suggestions

I don't know if these items are too specific for the Olmsted Plan, but they are things about our current system that interfere with the quality of life for my clients with disabilities and that I think should be addressed.

One issue is that the MA reimbursement level for some items of equipment are so low that DME providers are not willing to provide them to MA clients. They say that they will actually lose money on the transaction. One example of this is a PVC walker with a seat and wheels, sometimes called a Merry Walker, that the providers tell me would cost them $100 more than that the MA reimbursement rate is.

Another concern is that dental anesthesia is not covered by MA, so clients are reluctant to get needed dental work. This impacts their health and their quality of life negatively.

[Redacted text]
Licensed Social Worker

Comment 225

From: *[Redacted text]*
Sent: Sunday, April 20, 2014 3:37 PM
To: *DHS_OPC Public
Subject: Hi

close the *[Redacted text]* down in *[Redacted text]* k . And the whole. Place.k.

Comment 226

From: *[Redacted text]*
Sent: Wednesday, April 23, 2014 1:46 PM
To: *DHS_OPC Public
Subject: Public Comments

I would like the Olmstead Subcabinet to be aware of a concern related to Consumer Directed Community Supports (CDCS). My son *[Redacted text]* has a CDCS waiver. He is *[Redacted text]* of his transition program *[Redacted text]* and will need a day service option to be successful. CDCS does not take into account the need for this option, and therefore his budget does not change to accommodate this need. However, if he were to move to the traditional DD waiver, funding would be provided. This 'glitch' forces people to move to the traditional waiver which is more restrictive and much less person centered. There is legislation to adjust this minimally for a two years, it should be adjusted permanently and with the same funding as a traditional DD waiver provides.

[Redacted text]
