To request alternative formats, including audio tape or Braille, please contact:

Minnesota Governor's Council on Developmental Disabilities
Department of Administration
370 Centennial Office Building
658 Cedar Street
St. Paul, Minnesota 55155
(651) 296-4018 voice
(877) 348-0505 toll free
(651) 297-7200 fax
Minnesota Relay Service: (800) 627-3529 OR 711
Email: admin.dd@statae.mn.us
Or visit our website: http://mn.gov/mnddc/

FIVE YEAR STATE PLAN FOR FFYs 2012-2016

SECTION I: COUNCIL IDENTIFICATION

The Minnesota Governor's Council on Developmental Disabilities (GCDD) was established on October 28, 1971. The GCDD is authorized under Minnesota Statute 16B.054 and 16B.055. Colleen Wieck is the Executive Director.

State Plan period: October 1, 2011 through September 30, 2016.

Membership Rotation Plan: The GCDD is composed of 25 members appointed for three-year terms with a maximum of two consecutive terms. Each member is appointed by the Governor from among state residents. The GCDD members represent the Departments of Education; Employment and Economic Development, and Human Services; the Institute on Community Integration (University Center for Excellence) and the Minnesota Disability Law Center (Protection and Advocacy system). Nongovernmental agencies and private nonprofit organizations are also represented.

Current GCDD Members:

Anne Barnwell
Roberta Blomster
Peg Booth
Jennifer Giesen
Brian Gustafson
Anne Hennessey
Shawn Holmes
Tom Holtgrewe
Loraine Jensen
Matt Kamer
Susan Kratzke
Steve Kuntz
Louis Lenzmeier
Stevie K. Nelson
Derek Nord
Marisa Novak
Linda Obright
Jeff Pearson, Chair
Dan Reed
Connie Roy
Bryan Schmidt
Barbara Schultz
Stacey Vogele
Wendy Wangen
Susan Wehrenberg

SECTION II: DESIGNATED STATE AGENCY

The Designated State Agency (DSA) for the GCDD is the Minnesota Department of Administration. The DSA was designated in 1991.Spencer Cronk is the Commissioner of the Department.

The GCDD does not provide or pay for direct services to persons with developmental disabilities. The GCDD does not have a Memorandum of Understanding with the DSA.

Roles and Responsibilities of the DSA related to the GCDD: The Minnesota Department of Administration is one of the oldest state agencies. Its mission is to help customers succeed. It has a wide range of activities that serve citizens and state government.

As the DSA, the Department of Administration provides administrative services for the GCDD including financial management and reporting, human resources, information technology support, disaster recovery planning, real estate management services, risk management insurance, and overall supervision and support services.

SECTION III: COMPREHENSIVE REVIEW AND ANALYSIS

Introduction:

The Five Year State Plan process was presented at the October 6, 2010 Council meeting. Key actions were taken at each Council meeting in order to meet deadlines.

A statewide survey of individuals with developmental disabilities and their families was recently conducted to identify important issues to be addressed, and how and where services and delivery systems can make improvements over the next five years. The survey also measured levels of independence, productivity, self determination, integration and inclusion among people with developmental disabilities as was done in 2000 and 2005.

A statewide Survey of Providers was also conducted to learn their opinions about a range of issues including employment, recreation, self advocacy, health, quality assurance, housing, education, early intervention, and child care. There are about 200 service providers in Minnesota; 66 service providers completed this survey.

Survey results and a meta-analysis of all research studies conducted over the past 10 years.were presented at the December 1, 2010 GCDD meeting. From January through June, GCDD staff reviewed hundreds of documents and studies to prepare for this Comprehensive Review.

At a regular GCDD meeting on February 2, 2011, the Grant Review Committee (GRC) reviewed and provided feedback on goal statements that reflected the survey results. All goals were approved by the Council pending a public review and comment process. Following the Council meeting, proposed goal statements were sent to all Council members for their review and comment, and any additional ideas.

The proposed goal statements were posted on the Council website on February 18, 2011 and also directed to the Protection and Advocacy agency, University Center for Excellence, providers, self advocates, grant recipients, and key stakeholders. Partners in Policymaking graduates were also asked for their input, and to invite comments and feedback from individuals in their respective networks.

A total of 64 responses were received; substantive comments and refinements were added to the goal statements. Any other comments will be held until RFPs are developed so that ideas and input can be incorporated. At a regular GCDD meeting on April 6, 2011, the revised goal statements were again reviewed by the GRC along with proposed objectives and performance targets for each of the five State Plan years. The objectives and performance targets were based in

part on a review of business results from the past five years. The GCDD approved the goals at the April meeting.

PART A. State Information

(i) Racial and Ethnic Diversity:

The racial and ethnic diversity of the state population is noted with primary groups represented as a percentage of the state's population based on the 2010 Census. In terms of race statewide, nonwhites and Hispanics account for 17% of the population, up from 12% in 2000. Minorities account for nearly 25% of the population in the seven county metropolitan area, up from 17% in 2000.

(ii) Poverty Rate: The poverty rate is 10.9%.

(iii) State disability characteristics/prevalence rate:

The Gollay National Prevalence Rate establishes the rate of developmental disabilities occurring in the population at 1.8%. According to the 2010 Census, Minnesota's population is 5,303,925. Using Gollay, it is estimated that there are 95,471 people with developmental disabilities in Minnesota.

PART B. Portrait of State Services

(i) Health/Health Care:

Medical Assistance: Minnesota has been a consistent leader in promoting and implementing initiatives that improve access, quality, and cost-effectiveness of services provided through publicly funded health care programs. These combined efforts have improved access to health care for low income, special need, and uninsured Minnesotans. At the same time, program eligibility requirements have become more complex.

Health care services are provided by managed care organizations for those who are 65 years or older. For those under age 65, services are provided on a fee for service basis except for home health care and rehabilitative services provided under a Prepaid Medical Assistance program. There are special needs basic care options available for people with disabilities between the ages of 18 and 64 years.

In FY 2009, approximately 707,000 Minnesotans were enrolled in publicly funded health care programs. Of that number approximately 100,000 Minnesotans with disabilities were enrolled in the state Medicaid program.

Passage of federal health care reforms has created new complexities including the need to modify state policies regarding payments and program integrity, expansion of eligibility, etc.

The Legislature is currently reviewing all aspects of Minnesota health care programs.

In July 2010, Minnesota completed a Title V Block Grant Needs Assessment, a comprehensive review of maternal and child health care: Pregnant women/infants: In 2008, there were 1,048,477 women of normal childbearing age between 15 and 44 years old, and a total of 84,653 pregnancies including 114 pregnant females under the age of 15. The age specific pregnancy rate was 80.7 per 1000 females. The number of low birth weight infants has declined slightly from 6.8 percent to 6.4 percent in 2008.

Children and Youth with Special Health Care Needs (CYSCHCN): Approximately 14.4 percent of the total state population may be in need of special health care services. In 2008, a total of 180,669 children were in need of services. Males are more likely to need services than females. The highest proportion of children in need are African American while Asian and Spanish Speaking Hispanic community members have the lowest percentage. Children of all races with disabilities are evenly spread across all poverty levels.

Mental Health for Children/Adults: Approximately 35,000 people receive publicly funded substance abuse treatment services;187,000 adults and approximately 48,000 children receive publicly funded mental health services. Children's mental health services are measured by service penetration rate and number of children receiving any type of mental health service. In CY 2008, the rate was 342 per 10,000 children, compared with 341 per 10,000 children in CY 2007, and 334 per 10,000 children in CYs 2005 and 2006.

Institutional Care: The use of Medicaid funded rehabilitative services, personal care, and the home and community based waiver has helped reduce reliance on Regional Treatment Centers. The last resident with developmental disabilities left the state hospital system in 2000.

Comprehensive Health/Mental Health: In terms of mental health rehabilitative services, Minnesota provides several community mental health services in order to direct the mental health system toward

individualized services and recovery. Rehabilitative services have been added and include adult rehabilitative mental health services, assertive community treatment, intensive residential treatment services, children's therapeutic services and supports, and preferred integrated networks.

Public/Private Insurance Access: The State Health Access Data Assistance Center helps states monitor and understand trends in rates of health insurance coverage and, in 2009, Minnesota compared with the United States overall:

> Minnesotans with health insurance - 90.9 percent; US – 84.6 percent.
>
> Minnesota workers employed by businesses that offered health insurance – 88.1 percent; US – 87.6 percent.
>
> Minnesotans eligible for employer health insurance – 79.4 percent; US – 79.5 percent.
>
> Medicaid enrollment in MN as percent of population under 200 percent FPL – 46.8 percent; US – 45.6 percent.

Prevention and Wellness: Local public health programs provide infant, child, and adolescent growth and development services, assistance with pregnancy and birth, injury prevention, nutrition programs, family home visits, immunization clinics, follow-along programs, and WIC clinics.

Regarding hearing screening, every child with a hearing loss receives a call from a parent who has a child with a hearing loss.Parent guides are provided through Minnesota Hands and Voices.

Regarding newborn screening, the Newborn Blood Spot Screening Program tests samples taken from newborns, notifies the doctor and tracks any testing, as well as links families to resources.

(ii) Employment:

Job Training, Job Placements, and Vocational Rehabilitation Services (VRS): The VRS program is a federal-state partnership currently funded at $58 million. For every state dollar, the federal match is $3.71. Minnesota does not draw down as much federal money as it could because of the lack of a state match. An additional complication for the Minnesota program is the dwindling amount of carry forward funds. According to the 2011 Minnesota State Rehabilitation Council Annual Report, the VRS program reported over 2,000 competitive placements; the

top areas of competitive employment placements were service jobs, clerical and sales, professional/technical, industry, and health care. On federal performance measures, Minnesota met standards except in terms of (a) the number of people with disabilities employed compared to the previous year and (b) the wages of those placed by VRS compared to state wages. Minnesota has implemented an “order of selection” methodology and people with developmental disabilities would be included in those with the most significant disabilities.

Worksite Accommodations: The GCDD conducted three studies of Minnesota employers and documented worksite accommodations, both physical and programmatic accommodations. The majority of employers reported the cost of accommodations were equal to or less than they anticipated and benefits outweighed costs.

Work Incentives/Benefits – MA/EPD: Minnesota began a Medicaid buy-in program in 1999, the program is called Medical Assistance for Employed People with Disabilities (MA-EPD). The minimum monthly income is $65.00 and there is no upper income limit. An eligible person can have a maximum of $20,000 in assets. Across the years, from1999 until 2008, there were 19,096 individuals enrolled in MAEPD. There are 1,300 individuals who enroll per year. The total amount of funds raised from premiums was approximately $5 million (annually). The Work Incentives Connection offers benefits counseling.

School to Work: In terms of transition services, The Minnesota Department of Education (MDE)has several resources available to individuals and families, including Project C3, Connecting Youth to Communities and Careers, the University of Minnesota Reintegration Framework and Systems Planning Toolkit, the National Collaborative on Workforce and Disability, and the National Center on Secondary Education and Transition. The MDE has several performance measures related to transition.

Employment continues to be a major issue for youth in transition. The National Center for Special Education Research conducted two longitudinal studies 15 years apart for students in transition. The most recent results released in 2011 concluded that students with the most significant disabilities are likely to be segregated rather than included in general education classes. Often those with the most significant disabilities received instruction from a paraprofessional and were more likely to go on field trips. Testing results showed the greatest disparities with only one percent of the students with developmental disabilities scoring above the norm.

Competitive Integrated Employment, Sheltered Employment, Data About Employment: In 2009, the total number of people served in Minnesota community-based day and employment programs totaled 13,007; of that number, 18 percent, or 2,341 individuals, were working in integrated settings; a total of 2,288 individuals were in supported employment; the remainder were in segregated employment. Of those individuals with developmental disabilities who received VR services, the rate of closures into employment was 53%; average weekly earnings were $234 and average weekly hours worked was 26

Total expenditures in 2009 totaled over $203 million; the majority of funding, $190 million, came from Medical Assistance. Of the total amount, over $4.6 million was spent on integrated employment and the remainder was spent on segregated services.

Extended Employment: In 2010, a total of 2,859 individuals with developmental disabilities were receiving services from the VRS program. These individuals represented 13% of the VRS caseload, and 14% of total placements.

(iii) Informal and Formal Services and Supports:

Social Services: Minnesota has a state supervised county administered social service system. The Department of Human Services (DHS) is the primary supervisory state agency and there are 87 counties through which services are administered. To seek assistance, people must apply through their local county social service agency. There is a wide range of social services, income support, health care, and long term services available. Case management is a critical issue and several studies call for greater choices and better training of case managers.

Child Welfare: In 2010, the DHS announced that one in four children who were in foster care and returned to their families reentered foster care within 12 months of family reunification. This 24 percent reentry rate was among the worst in the nation. Disability status is the 7th most frequent reason for foster care placement and a risk factor for reentry.

Aging: The DHS contracted with Thomson Reuters to prepare a profile of services for people who are aging or have disabilities. The final report is 83 pages and can be found at http://www.dhs.state.mn.us/main/groups/aging/documents/pub/dhs16_144888.pdf

The Minnesota Medicaid program spent $3.3 billion in State Fiscal Year 2008 on long term supports for older adults, people with disabilities, and

people with serious mental illness or severe emotional disturbances. Since 2004, use of institutional services has decreased while utilization of community services has increased.

Independent Living and Other Services: Personal care assistance (PCA) is a home care service administered by the Minnesota DHS. Between January 1, 2010 and December 10, 2010, PCA services were authorized for 21,408 fee-for-service recipients. There are currently 786 personal care provider organizations that offer traditional PCA services and 500 of those are also PCA Choice agencies that serve as fiscal intermediaries for recipients. As of December 31, 2010, there are 66,490 enrolled personal care assistants.

Family Support: Minnesota offers both consumer support and family support grants to thousands of individuals and families.

Day Training and Habilitation Services: These services are licensed to serve adults with developmental disabilities to improve and maintain independence, enhance personal skills, empower choice making, and improve integration into the community. Services include vocational supports, supported employment, and non vocational supports. Medicaid pays for day training and habilitation through the waiver and ICF level of care. Counties fund services for individuals who are not Medicaid eligible.

Peer Support: The Centers for Independent Living provide peer support as part of their core services.

Faith-based: In September 2003, the GCDD received a Project of National Significance Family Support 360 planning grant and five years of implementation funding. The 360 Center was located in the most unserved/underserved neighborhood in north Minneapolis in a faith based location.

Volunteer activities: the role of volunteer coordination has been delegated to 87 counties and nonprofit agencies located throughout Minnesota. Recent news coverage documented an extraordinary number of volunteers assisting nonprofits due to the economic recession.

Home and Community Based Services: The DD waiver was established on July 1, 1984. In 2010, more than 14,000 people with developmental disabilities were receiving DD waiver services on a monthly basis at a cost of over $5,400 per month and total annual expenditures over $925 million.

Long Term Services/Supports: Federal, state, and local governments spent approximately $3.9 billion to provide long-term supports to Minnesotans with disabilities and older Minnesotans in 2008. Over 8,000

people with developmental disabilities live in corporate foster care settings (usually 4 person group homes) funded under the DD waiver. Corporate foster care capacity grew 34 percent between 2005 and 2009 with a total of 10,750 corporate foster care beds in 2009. A legislative moratorium was placed on corporate foster care effective July 1, 2009. The number of people with developmental disabilities living in ICF level facilities has decreased since the advent of the waiver. In 1982 there were 7,000 ICF beds and today there are under 2,000 beds.

(iv) Interagency Initiatives:

Assistive Technology: In 2007, the GCDD was asked to assist the supervision of STAR, the Minnesota Assistive Technology program. In that same year, STAR and the Council convened a large interagency effort that will bring all hardware, software, and online applications to accessibility standards. Legislation passed in 2009 and standards were adopted. Work continues on this initiative. This technology accessibility effort is led by a variety of individuals with disabilities. The Council also collaborates with STAR on several initiatives such as an AT study, the annual AT Awards Ceremony, AT grants, AT exhibits, AT Advisory Committee meetings, and emergency planning issues for individuals with ASD. The AT Advisory Committee is led by people with disabilities.

Community Services/Individual Support: An ASD project with VRS investigated the feasibility of individuals with ASD being employed in high tech careers. an Employment Forum was held with over 1,600 attendees. People with ASD and family members served as leaders of this initiative.

Document Imaging: The GCDD has worked with a myriad of groups to help promote the independent placements of people with developmental disabilities in document imaging jobs. People with developmental disabilities are the featured leaders.

Governor's Workforce Development Council (GWDC): The GCDD served on a work team that recommended making workforce centers more accessible and the state of Minnesota be a model employer. People with disabilities were active members of this work team.

Quality: The GCDD continues to serve as one of three outside advocates on a legislatively mandated Steering Committee on Outcomes and Performance Measures for all human services. People with disabilities have participated on customer panels.

Justice Issues: The GCDD is working with the Federal Bar Association and others to create CLEs and news releases to bring disability justice

issues to the attention of the justice system. The GCDD has also served as a resource for the Pro Se Project sponsored by the Federal Court system.

Collaboration with Other State Groups: For the past 10 years, the GCDD has been an active member of a collaborative of small disability agencies that meet quarterly. This collaborative planned a year long calendar/campaign to celebrate the 20th anniversary of the ADA. The GCDD also organized a media campaign that resulted in television and newspaper coverage of the ADA anniversary. The lead spokespersons were people with disabilities.

In 2007, the small disability agencies launched a one stop website for over 100 state programs and services, products and activities. The GCDD played a lead role in creating this website and updated the site in 2011. Over 2500 unique visitors use the site every month. People with developmental disabilities were asked to test, assess, and provide comments for improvements (www.mndisability.gov/public/).

In 2010, the GCDD's online course about lobbying was adapted by the Commission serving Deaf, D/B, Hard of Hearing Minnesotans. Making Your Case is now available in American Sign Language. A person who is deaf led this replication work.

(v) Quality Assurance:

Monitoring: There are several agencies involved with the monitoring of abuse, neglect, and exploitation – Minnesota Office of the Attorney General, Medicaid Fraud Unit; Department of Human Services, Surveillance and Utilization Review System (SURS); Department of Human Services, Licensing Division; Ombudsman Office for Mental Health and Developmental Disabilities; and the Department of Health, Office of Health Facility Complaints. The GCDD works closely with each agency.

Legal and Human Rights: The Minnesota Department of Health certifies the ICF/DD facilities in Minnesota. Reports are automatically sent to the Council and the Minnesota Disability Law Center. In Federal Fiscal Year 2010, the most frequent citations were: (1) evacuation drills, (2) the quality of services provided with outside sources, (3) staff treatment of clients, (4) lack of program implementation, and (5) drug administration problems, The number of contacts made to the Ombudsman Office for Mental Health and Developmental Disabilities totaled over 16,772 and the number coming from the area of developmental disabilities totaled almost 3,500 (21 percent).

Of the 1,456 deaths reported, 38% or 553 were deaths of individuals with developmental disabilities. Of the 3,251 serious injuries reported, 58% or 1,886 were individuals with developmental disabilities and 46.2% of these injuries were fractures.

Maltreatment: The total number of maltreatment incidents reported has tended to increase during the past eight years, from 3,976 to 4,649.

Restraint and Seclusion: On July 10, 2009, a lawsuit was filed in Federal District Court, District of Minnesota, on behalf of individuals with developmental disabilities who were restrained with metal handcuffs and leg irons, shackles and other types of restraints; and placed in seclusion at Minnesota Extended Treatment Options (METO). The GCDD has been involved in settlement negotiations, and has reviewed and provided extensive feedback on proposed policies related to key issues.

The Minnesota Disability Law Center (MDLC) issued a report on Restraint and Seclusion of Children in Minnesota Public Schools in February 2010. In 2009, the Minnesota Legislature made significant changes to the laws governing restraint and seclusion in public schools.

Interagency Coordination and Systems Integration: The GCDD served on the initial planning committee that led to the Minnesota System of Interagency Coordinating legislation. The original concept was to extend the interagency coordination of early intervention to all ages. The Individual Interagency Intervention Plan (IIIP) is in place in several counties. The DHS is currently working on several initiatives in the area of quality improvement including: statewide rate setting, standardize provider enrollment, standardize provider standards, increase the number of individuals moving from corporate foster care to owning or controlling their own homes.

Person Centered Planning: In the mid 1980s, the GCDD sponsored several projects to promote person centered planning. During the past 25 years, three publications have been produced and disseminated to over 100,000 people and agencies. It's My Choice continues to be in high demand as a tool to gather individual needs and preferences. The DHS has incorporated person centered planning principles into a comprehensive assessment tool while state operated services has initiated a series of trainings on person centered planning.

Partners in Policymaking: Since 1987, when Partners in Policymaking was created in Minnesota, the GCDD has continuously funded this competency based and values based leadership training program on an annual basis. There are 819 Partners graduates in Minnesota, and more than 17,500 Partners graduates nationally and internationally through

replication of the program. Partners in Policymaking will celebrate its 25th Anniversary in May 2012.

Self Determination: The GCDD began the first self determination pilot project in 1986; this is now called consumer directed community supports (CDCS), a service option under several home and community based waivers that give individuals more flexibility and responsibility for directing their own services and supports.

(vi) Education/Early Intervention:

General Education: Minnesota has 343 independent public school districts divided into 126 administrative units (intermediate districts, cooperative districts) as well as 87 care and treatment facilities and 154 charter schools.

As of March 2011, a total of 823,826 students were enrolled in Minnesota's 1,992 public schools; of that number, a total of 122,333 students (15 percent) were receiving special education services; and a total of 35,375 students were enrolled in charter schools. For the 2008-2009 school year, a total of 15,653 students were home schooled.

In comparison with other states, Minnesota ranks among the top 10 in several areas including high school diploma (#1), grade 8 math scores (#2), grade 4 basic math scores (#3), grade 4 advanced math scores (#4), best educated index (#6), and bachelor's degree or higher (#10).

Special Education: Minnesota has had a long history of special education of students with disabilities. Some of the earliest programs were permissive until 1957 when special education was mandatory for those children who were "educable" and continued to be permissive for those students with IQs below 50. In 1971, the Legislature passed mandatory special education for all students followed by the Federal law in 1974. Minnesota changed its language from "mental retardation" and mental impairment to developmental cognitive disability in 2000.

The annual Unduplicated Child Count reports the number of students with disabilities under 14 general categories. According to the December 1, 2010 report for Minnesota, the total number of children in special education is 124,298 (preK-12). This includes 8,564 students with developmental cognitive delay, 14,646 students with autism spectrum disorder, 14,505 students with developmental delay, and 431 students with traumatic brain injury. The full report can be found at the Minnesota Department of Education website at

http://www.education.state.mn.us/MDE/Accountability_Programs/Program_Finance/Special_Education/Child_Count/index.html

Early Intervention: Minnesota has a statewide comprehensive coordinated child find system that ensures that eligible children and youth with disabilities and their families are identified, evaluated and referred for appropriate services under IDEA, Parts B and C and Minnesota Statute 125A.30(b)(2). Child find is a continuous process that depends upon public awareness, screening, and evaluation programs designed to locate children as early as possible.

Early Childhood: The mission of Early Childhood Family Education (ECFE) is to strengthen families through the education and support of all parents in providing the best possible environment for the healthy growth and development of their children. Every school district provides ECFE programs.

Private Schools: There are over 170 nonpublic schools, both for profit and nonprofit, that are accredited through the Minnesota Nonpublic School Accrediting Association. During the 2009-20010 school year, a total of 77,202 students were enrolled in nonpublic schools, Kindergarten through Grade 12.

Private schools must complete a standard form regarding the IDEA provisions of child find, services, and funding for students with disabilities.

Educational Support/Performance: The most recent program performance report was revised by the Minnesota Department of Education on April 15, 2011. Minnesota is meeting the federal targets on several indicators including graduation rates, minimizing drop outs, participation in statewide assessments, reducing suspensions and expulsions, resolution of complaints within 60 days, due process hearing timeliness (45 days), mediation agreements, and state data reported in a timely and accurate manner.

Progress was made (but the target not met) for assessment AYP, proficiency in reading and math, inclusive settings for more than 80 percent of the day, timeliness of parental consent for evaluation, general supervision, and resolution of complaints within 60 days. A total of 2,029 individual student records were reviewed for Part B and 621 records were reviewed for Part C.

(vii) Housing:

In 2009, the Legislature called for a study of housing options to explore the availability and affordability of existing housing choices. For individuals using the DD waiver, 55 percent live and receive services in corporate foster care and 45 percent live in their own homes. The average daily cost in corporate foster care is $197 compared with $91 for individuals living in their own homes. Between 2005 and 2009, there was a 35 percent increase in the number of corporate foster care homes/services.

The Minnesota Housing Agency (MN Housing) plays a major role in funding the expansion of affordable housing while the federal government has shifted funding to portable vouchers. MN Housing estimates that 520,000 Minnesotans with annual incomes under $50,000 are cost burdened, paying more than 30% of their income for housing. There are 140,000 affordable housing units in Minnesota but 500,000 households that are cost burdened.

Improvements in affordable accessible housing can be realized by working with other agencies to incorporate universal design features into the state building code (visitability standards have been in place since 2001 for 1,500 rental units and 200 owned units), and continuing to work with communities to enable aging in place through the Communities for a Lifetime initiative sponsored by the Minnesota Board on Aging.

Housing Support/Services: The GCDD worked with the DHS regarding a legislatively mandated housing study that emphasized home ownership and home control. This study is a multi-year, cross disability effort and the Council has provided a presentation as well as meeting separately to provide input and feedback about housing options. Families were involved in several meetings.

The Legislative report contained several recommendations to improve access to rent subsidies, increase accessibility of housing, and keep in place a moratorium on corporate foster care. The report also looked at a shared living model and use of community land trusts as limited equity homeownership models.

The Housing Report recommended improved access to rent subsidies by: continuing the use of vouchers with waivers, coordinating the Money Follows the Person grant so that individuals can leave institutions, improving its work with private sector developers, and promoting HousingLink.

Rent, Own, Modify Residence: Minnesota provides Group Residential Housing supplements for rent payments. Minnesota Supplemental Aid (MSA) provides shelter needy payments for individuals relocating from institutions or living in their own homes under the waiver. Since 1987, MN Housing has funded 500 home improvement or rehabilitation loans to increase accessibility. Minnesota estimates that 1,800 Housing Tax Credit units are accessible. A total of 3,047 HUD units are accessible. MN Habitat for Humanity has built 200 homes that use universal design features.

The GCDD received a state funded grant from DHS to research and identify low cost technology solutions to keep individuals with ASD in their own homes. The emphasis of this grant is on emergency preparedness and emergency responses. People with ASD and families have provided the "voice of the customer" for this effort.

The GCDD also worked with The Arc Minnesota on the Housing Access project that has enabled over 170 people to own "homes of their own" during the past year.

(viii) Transportation:

Public Transit: Currently, the Minnesota Department of Transportation (MNDOT) estimates that they are meeting 58 percent of estimated public transit demand because of limited hours and days of service. As of 2009, four counties - Wilkin, Kittson, Pine and Waseca - do not have any county-wide or any city services. Eight counties have services in a city but not county wide services - Clearwater, Cass, Nicollet, LeSueur, Rice, Blue Earth, Freeborn and Olmsted. By 2030, MNDOT estimates the need for $184 million for greater Minnesota public transit.

Paratransit: The Legislature appropriates about $24 million in state funds annually to the Metropolitan Council for paratransit services. The federal government provides about $4.3 million annually and Metro Mobility fares generate another $3.7 million annually. The Metropolitan Council has policies in place to ensure that Metro Mobility services comply with all state and federal requirements, and staffs and manages the Metro Mobility Service Center.

Metro Mobility service is available 365 days a year. More than 4,300 rides are provided on an average weekday; about 1,000 rides are for people who use wheelchairs. In 2009, a total of 1.45 million rides were provided. Growth is expected to increase by 6% annually over the next decade bringing the total rides provided annually to about 2.3 million in 2020. Service parameters are ADA mandated and include service area,

response time, days and hours of service, advance scheduling limits, capacity constraints, and fares. The ADA service area includes Minneapolis and St, Paul, and nearly 90 adjourning suburbs. Four county ADA transit programs provide service in Anoka, Dakota, Scott, and Washington counties.

Community Access: The MNDOT has a statewide plan for transportation that contains objectives to meet at least 80 percent of transit needs by 2015 and 90 percent of transit needs by 2025.

In 2010, Minnesota spent about $38 million was spent on medical nonemergency transportation for Medical Assistance recipients. The DHS has oversight of the nonemergency transportation system and, according to the Office of the Legislative Auditor, oversight has been weak. The "special" transportation program has been administered in an ad hoc fashion, without using rulemaking procedures, and without developing formal policies or notifying the public about changes in practices. The Auditor concluded that the 2012 Legislature should reform this transit system by creating a single administrative structure for medical nonemergency transportation.

PART C. Analysis of State Issues and Challenges

(i) Criteria for Eligibility for Services:

The Minnesota Department of Health publishes a 250 page guidebook on eligibility for a wide range of state and federal government programs has been published and is available online at http://www.health.state.mn.us/divs/fh/mcshn/maze/maze0910.pdf

Special Services, Waiver Services, Long Term Services/Supports: For DHS health care programs and Medicaid, criteria include U.S. citizenship or certain immigration status, income, assets, disability determination by the Social Security Administration or through the State Medical Review Team.

Medical Assistance for Employed People with Disabilities: Ages 16 to 65 years, employed, has a disability and is not on SSI, asset limits apply, earnings must be more than $65.00 per month.

Home and Community Based Waiver: For people with developmental disabilities, can be any age, certified as developmentally disabled, needs an ICF/ level of care, must be on Medical Assistance, asset limits apply, residence applies.

TEFRA: Medical assistance eligibility is due to a child's disability but the income of the family exceeds Medical Assistance limits, sliding fee scale applies, must be under age 19, the child must live with a parent, the disability is certified.

MinnesotaCare: Income and asset limits apply, no disability required, sliding fee scale for health care coverage.

Home Care Services (including personal care assistance): The person must be enrolled in Medical Assistance or TEFRA and be assessed for services to assist activities of daily living; prior authorization is needed; services must be ordered by a physician and must be provided in a person's own home.

Family Support Grant: The person must be under age 21 years, certified as disabled, and live in a family home; adjusted income must be $91,458 or less; can't be on a home and community based waiver at the same time. Expenditures total $4.1 million in 2008.

Consumer Support Grant: The person must be Medical Assistance eligible and eligible for home care, able to direct own supports, lives in own home, is not on a waiver and needs ongoing supports. Expenditures totaled $11.9 million in 2008.

Cash, food assistance programs: Eligibility is based on income. For example, Minnesota Supplemental Aid is a small extra month cash payment for adults on SSI.

Food Support (renamed from Food Stamps): Helps people to buy food and eligibility is based on income and size of household.

Group Residential Housing: A monthly payment for room and board if a person has a disability and is over age 18. Expenditures totaled $90.8 million in 2008.

NOTE: Noncitizens can receive assistance as a refugee, asylee, Cuban, Haitian or as an individual fathered by a U.S. citizen during the Vietnam War. These individuals are referred to as "qualified immigrants" and are eligible for SSI, food supports, Medical Assistance, etc.

Early Intervention Services: Minnesota's Help Me Grow program provides services for children birth through age two (Infant/Toddler Intervention) with developmental delays, or a diagnosed physical or mental condition with a high probability of delay resulting; and children three to five years of age (Preschool Special Education) with learning, speech, or play delays.

VRS: Individuals with the most significant disabilities meaning a severe physical/mental impairment resulting in a serious functional limitation in terms of employment in three or more functional areas; and requires multiple services over an extended period of time.

Long Term Services/Supports: The Social Security Administration's PASS Program for SSI recipients allows return to work by setting aside funding to achieve a work goal.

Independent Living Services: Any individual with a significant disability, as defined in 34 CFR 364.4(b), is eligible for Independent Living services under the State Independent Living Services and Center for Independent Living programs authorized under Chapter 1 of Title VII of the Act. The determination of an individual's eligibility for IL services must meet the requirements of 34 CFR 364.51.

(ii) Analysis of the Barriers to Full Participation of Unserved and Underserved Groups of Individuals with Developmental Disabilities and Their Families:

Race/Ethnicity/Minority: Minnesota is continuing to become more diverse in race and ethnicity. However, access to services and supports continues to be a problem as evidenced by the percentage of individuals receiving home and community based services or Medicaid funding compared to the proportion of individuals who are Caucasian. The only area of disproportionality is special education where students from minority backgrounds are overidentified.

Disadvantages Related to Poverty: In repeated surveys conducted by the GCDD, individuals who become disabled later in life, live in poverty, and live in rural areas are least likely to have access to the Internet. In addition, poverty plays a critical role in access to health care when co-pays increase. Poverty also plays a part in the development of secondary conditions.

Regarding ESL: A national study is underway to determine the cause of the high prevalence rates of autism within the Somali community,

Rural, Urban: Unemployment is much greater in the most rural parts of Minnesota. Some rural areas have very few services or supports—in other words—there may only be one provider of employment services in some areas of Minnesota.

Attitudes: In surveys undertaken by the GCDD, individuals with developmental disabilities say they are not making key decisions about their own lives because of old attitudes.

Assistive Technology (AT) Users: According to one state study, the most underserved group in receiving AT is African American females in public schools. See AT below for more details about AT users in general.

The GCDD works closely with the State Demographer's Office to determine the most unserved and underserved areas within Minnesota. This cooperation helped us in locating the Family Support 360 Center (Project of National Significance grant).

In addition, the GCDD uses customer and market surveys with the ability to analyze results by age, severity of disability, and geographic location.

(iii) Availability of Assistive Technology (AT):

The Assistive Technology Act program in Minnesota, STAR, and its mission is to help all Minnesotans gain access to and acquire the assistive technology they need to live, learn, work and play in the community. STAR is 100 percent federally funded under the AT Act of 1998. Its primary product is the "Directory of Funding Resources for AT in Minnesota."

In 2009, STAR conducted six focus groups around the state of Minnesota. Overall, the focus groups reported positive experiences in terms of device demonstrations, device loans, and device reuse. The most important barriers identified by focus group participants were the lack of awareness of AT options, cost, problems navigating the system, and lack of training and support once a device is purchased.

In 2010, STAR worked with other agencies to create guidelines for the use of monitoring technology in corporate foster care homes.

As noted in the housing section, visitability standards are in place but the Department of Human Services recommends that universal design principles be incorporated in the State Building Code. Universal design has been a guiding principle for Vocational Rehabilitation Services and Workforce Centers.

According to the Institute on Community Inclusion (ICI), University of Massachusetts, Boston, rehabilitation technology was provided by the VRS in placing individuals in competitive employment. A total of 9% of individuals who received rehab technology were not competitively employed at the time of closure of the case; while seven percent were

competitively employed. Of the total of 166 individuals who received rehabilitation technology, 133 were employed without supports in an integrated setting, 11 were self employed, four were in a state agency-managed BEP, five were homemakers, and 13 were employed with supports in an integrated setting.

According to a national study conducted by the Pew Internet Project, two percent of American adults say they have a disability or illness that makes it harder or impossible for them to use the Internet. Other national findings indicate that disability is associated with being older, less educated, and living in a lower-income household. Those living with a disability report lower rates of Internet access than other adults. In rural areas, the problem is compounded by a lack of access to broadband connections.

In 2009, the GCDD conducted a study to determine access to and use of information technologies among Minnesota households that include people with developmental disabilities compared to the general state population. A total of 382 surveys were completed; 22% of the respondents were households with a family member with a disability.

Findings showed that two-thirds of the households surveyed have broadband Internet access. Households with people with developmental disabilities appeared to have equal access to computers and the Internet compared to the general population; however, they use information technology differently. They are more frequent daily users; more likely to access government websites; and use information technology more for entertainment, community information/involvement, voice and video IP communications, online courses, and lobbying/communicating with elected officials.

The 2007 Minnesota Legislature directed a statewide study on AT. Results showed that AT is an investment that enables Minnesotans with disabilities to be part of their communities, ongoing coordination is needed among all parties concerned with AT, and AT can increase/improve citizen participation into the future. There is no uniform data collection method that captures all public funding for AT.

The DHS is the largest state agency that funds at with more than $7.1 million spent on durable medical equipment and supplies/modifications excluding funding spent by managed care organizations. The Deaf and Hard of Hearing Services Division assists individuals who are deaf/hard of hearing through information and referral (7,035 people) and a telephone equipment distribution program (1,100 items for 4,200 people).

STAR reached over 44,000 people over three years through personal contacts, events, and their website. The top concern is funding for AT.

(iv) Waiting Lists:

In 2009, the total number of persons in need of and waiting for residential services in the next year, per 100,000 was 2,853. The total number of persons waiting for other services per 100,000 was 598.

Description of the State's Wait List Definition: Minnesota statutes set the parameters for waiting lists for the four waiver programs. For the DD waiver, counties are required to maintain a waiting list of persons with developmental disabilities specifying the services needed but not provided. The waiting list must be used by counties to assist them in developing needed services or amending their children and community service agreements.

Counties periodically reevaluate the needs, choices, and options for individuals waiting for waiver services; and prioritize the allocation of waiver resources – Children with service needs to avoid out-of-home placement; individuals affected by private sector ICF/DD closures, individuals with immediate risk of out-of-home placement; individuals with immediate risk of ICD/DD placement. Counties meet with individuals to review continuing need for/interest in DD waiver services and update screening information in MMIS at least every three years (Minn Stat Section 256B.092).

How Individuals Are Selected for the Waiting List: Minnesota selects individuals to be on the waiting list based on need data that is captured on the DD Screening document, by age, and current living arrangement.

The DHS establishes statewide priorities for individuals needing CAC, CADI, or TBI waivers according to specific criteria - unstable living situations due to the age, incapacity, or sudden loss of the primary caregivers; moving from an institution due to bed closures; sudden closure of their current living arrangement; require protection from confirmed abuse, neglect, or exploitation; sudden change in need that can no longer be met through state plan services or other funding resources alone; other DHS priorities. When allocating resources to counties, consideration must be given to the number of individuals waiting who meet statewide priorities, and the county's current use of waiver funds and existing service options (Minn. Stat. § 256B.49).

Services Individuals On the Waiting List Are Receiving: Individuals on the waiting list may be receiving no services, only case management services,

inadequate services, or comprehensive services but waiting for preferred options.

As of October 30, 2009, a total of 3,858 individuals were on the DD waiver waiting list. Of that number, 3,166 were birth to age 22; a total of 670 individuals were ages 23 to 64; and 21 individuals were over age 65. Approximately 90 percent of all individuals on the DD waiting list are living in the homes of their immediate or extended families. For individuals on the waiting list, the most frequent services currently received are case management, special education, and PCA.

In 2010, a total of 3,552 individuals were waiting for DD waiver services (compared with 3,858 in 2009). Of this total, 3,136 individuals were receiving some type of service(s) while 416 individuals were without any services. Of those individuals who were receiving some type of long term care or home care services, the greatest number (1,983) were receiving personal care services. A total of 2,560 individuals had access to "basic care" services including dental care, and pharmacy and physician services. A total of 388 individuals were receiving targeted case management services.

During the 2011 Legislative session, little progress was made in dealing with waiting list issues. The economic recession and state budget deficit prevented any expansion of waivers.
Individuals on the waiting list have gone through an eligibility and needs assessment. During the screening process, the county case manager discusses how soon DD waiver services are needed based on the needs of the person and his/her support system. Of the 3,858 individuals on the waiting list for the DD waiver, 2,967 are in need of services in 12 months or less (77 percent); 506 are in need of services in 13 to 36 months (13 percent); and 385 are in need of services in 37 months or later (10 percent).

There are structured activities for individuals/families waiting for services to help them understand their options or assistance in planning their use of supports when they become available.

Other Data/Information Related to Wait Lists: A Long term Care Consultation Screening Document is used to screen individuals who are interested in CAC, CADI, or TBI waiver services. Counties may have waiting lists for these waivers due to limits on waiver growth or needing to develop resources to meet an individual's needs. As of November 2009, a total of 598 individuals had been screened for one of these waivers.

A total of 2,096 individuals were in nursing facilities and could be eligible for the CADI waiver.

(v) Analysis of the Adequacy of Current Resources and Projected Availability of Future Resources to Fund Services:

Employment Funding/VRS: In 2008, expenditures for Extended Employment totaled $14.9 million, expenditures for VRS totaled $49 million, and expenditures for Independent Living services totaled $5.6 million.

The VRS provided estimates for the number of people to be served and the costs of those services in their most recent state plan that was updated in September 2010.

In FFY 2011, VRS estimates serving about 21,500 people under Title I of the Rehab Act; all of whom will have a significant disability. It is estimated that 14,400 will have the most significant disabilities and that 7,100 will be people with a significant disability.

It is estimated that 150,000 people are eligible for vocational rehabilitation services but, under the order of selection, 14,400 people have three or more serious limitations (most significant disabilities). In order to serve those with the most significant disabilities, $34.5 million is needed; for those with two or more serious limitations, 5,900 persons will have a total program cost of $13.7 million; for the 1,200 people with one significant limitation, approximately $2.8 million is needed.
A separate estimate for supported employment was submitted to the U.S. Department of Education. If 2,200 individuals are served, then a budget of $5.4 million is needed for total program costs; of that amount, $2.6 million is for purchased services.

A total of $18.5 million in Title I and Title VI funds are needed in order to serve 21,500 people at an average cost of $860.

Transit Funding: $38 million for nonemergency transportation; $24 million for Metro Mobility (ADA paratransit services) with $3.7 million additional funds generated in fares.

More than $2.1 billion in ARRA funds was received by DHS programs; the majority of funds was used to increase federal matching funds for the state Medicaid program. The increase of federal funds resulted in a match rate change from 50 percent federal to 61.59 percent federal over a 33 month period. A total of $110 million was received for health care, state operated services, and the Minnesota sex offender program.

Special Education: Costs have risen steadily from FY 1999 ($937 million) to FY2007 ($1.5 million) to FY 2010 ($1.725 billion), and are projected to increase up to $2.155 billion by FY 2015. The revenues have increased at

a slower rate and as a result, there is a special education cross-subsidy provided from general education revenues. Due to federal stimulus funds (ARRA) the cross subsidy dropped to $491 million but will rise to $518 million in FY 2011 and will reach $742 million in FY 2015.

Waivers: In 2010**,** additional case load limits were imposed for the DD, CADI, and TBI waivers. Reductions in CADI waiver funding will result in 720 individuals per year. Reductions in TBI waiver funding will result in 72 individuals per year. Reductions in DD waiver funding will result in 72 individuals per year. This is a $27 million reduction in state and federal funds over three years. If all of the individuals currently on the DD waiver were served, a rough estimate would be $70,000 per person x 4,000= $280,000,000.

Independent Living Services: There are 11 unserved counties (13%), meaning that no core services are available to residents. Community needs are seldom addressed, there is no designated contact or referral and no detailed information gathered about needs.

There are 47 underserved counties (54%), meaning limited access to and availability of core services. Community needs are occasionally addressed, there are limited contacts with information and referral, and only anecdotal information collected about needs.

If funding becomes available, priorities are to maintain funding levels, provide a cost of living allowance, fund Centers that are under minimum funding levels, and then begin expansion. No cost estimates were provided.

(vi) Adequacy of Health Care and Other Services/Supports/Assistance:

The Patient Protection and Affordable Act contained general provisions that apply to children with special health care needs including the prohibition of health coverage recissions, prohibition of lifetime limits on essential benefits, the extension of dependent coverage up to age 26 years, and prohibition on preexisting conditions.

Minnesota Maternal and Child Health Studies: The most important service gaps identified by public health departments include mental health providers, dental providers, chemical health providers, specialty areas, primary care providers, and family planning services.

Caregiver burden is high among CYSHCN families especially if the child has a mental or emotional disability; 40 percent of families reported additional stress.

There is a severe shortage of mental health services in rural areas with greater stigma for families seeking assistance. More than half of the families indicated that they are receiving medical home coordinated care. Over 90 percent of the families said that the community based service system is organized to use service easily.

There are six core outcomes for CYSHCN and Minnesota scores higher than other states for use of medical homes, insurance rate participation, individuals receiving services, absentee rate (lower than other states), specific conditions do not hinder activity levels, connection to a personal doctor or nurse, participation in family centered care, and amount of time needed to coordinate health care (lower than most states).

In 2009, DHS conducted a Managed Care Public Programs Consumer Satisfaction Survey. Individuals who were current enrollees and had been enrolled for five of the last six months of 2008 were surveyed. Two programs include individuals with disabilities –

> Minnesota Disability Health Options (MDHO), a managed care program for people with physical disabilities ages 18-64;
> Special Needs Basic Care (SNBC), a managed care program for people with disabilities who are Medical Assistance eligible and ages 18-64.

Survey questions/results were combined into eight topic areas; the most positive answers being a **9-10** rating for all health care, personal doctor, specialist seen most often, and health plan overall; and **always** for getting needed care, getting care quickly, how well doctors communicate, and customer service.

For MDHO, the first four items received a **9-10** rating by an average of 57.5% of enrollees (range of 48% - 64%); the last four items were rated **always** by an average of 57% of enrollees (range of 50% - 72%).

For SNBC, first four items received a **9-10** rating by an average of 60% of enrollees (range of 50% - 70%); the last four items were rated **always** by an average of 63% of enrollees (range of 54% - 74%).

Overall, counties in the southeastern part of the state, where Mayo is located, ranked highest (between 1 and 21 out of 85), and counties in the northern half of the state ranked lower (between 43 and 64). Two of the Twin Cities metro counties, Hennepin and Ramsey, also ranked lower – 48 and 59 respectively.

Health Care Service Reductions: Seven health care plans issued a report calling for massive cuts in services especially targeted at people with disabilities. The recommendations included: (1) targeted reductions to the waivers, (2) reductions in PCA services, (3) move individuals with disabilities to managed care, and (4) expand alternatives to personal care assistance services. This report was met with opposition from the disability community because of the poor factual basis of the conclusions.

In 2004, the GCDD conducted a Minnesota Health Care Opinion Poll Study to gather opinions from Minnesotans about their current feelings on key health care issues; 800 individuals were interviewed. Ninety-five percent of respondents reported having some kind of health insurance coverage; four out of five of those with coverage had private insurance, either exclusively or in combination with public insurance. Among households with a person with a disability, more than 1 in 4 had delayed medical treatment because of costs and, in almost three quarters of these cases, the condition was serious.

(vii) Adequacy of Home and Community Based Waiver Services:

Thomson Reuters discussed several systems issues in their report, *Minnesota State Profile Tool.*

Complexity of the system and the need for greater coordination and collaboration: No single organization serves all disabilities based upon functional needs rather than diagnosis. Multiple agencies serve children with disabilities and many organizations provide services to people with developmental disabilities. Adding to the complexity are the 87 counties that deliver services, provide eligibility assessments, serves as case managers, offer Long Term Care Consultations and perform other functions such as administration, provider enrollment, and contracting. Managed care organizations intersect for older adults and people with disabilities and/or mental illness. Minnesota also has over 300 school districts, regional area agencies on aging, local public housing authorities, and thousands of providers and nonprofit organizations.

Information and Referral:There are multiple methods of receiving information and referral including: county agencies, managed care organizations, local school districts, case managers, vocational rehabilitation, area agencies on aging, providers, and word of mouth especially families to families. There are multiple online and telephone resources, specific advocacy organizations, and human resource offices at places of employment. In addition to MinnesotaHelp.Info, several disability groups organized a one stop website for disability issues called MNDisability.Gov.

Housing Options: An insufficient supply of housing options can lead to homelessness and unnecessary institutional placement. In 2006, 79 percent of adult homeless Minnesotans had a disability and 60 percent had multiple disabilities. The most common disabilities were serious mental illness, chronic physical health conditions, cognitive disabilities, head injuries, and substance abuse. Homeless individuals use crisis services more frequently than other groups. Another frequent challenge is the lack of affordable, accessible housing for people leaving nursing homes. Most individuals with developmental disabilities who receive home and community based services live in four person corporate foster care settings. The Legislature imposed a moratorium on adult foster care development in 2009.

Infrastructure Development: Multiple issues are facing Minnesota including the recruitment and retention of staff, limitations in funding, the looming impact of the aging population, and changes that could occur during this legislative session. The DHS has received a Medicaid Infrastructure Grant since 2001. The MA-EPD program allows people with disabilities to earn income and pay a premium to maintain Medicaid benefits.

Self Directed Services/Supports: Minnesota offers flexibility in self directed services and supports; people with developmental disabilities are the leading group in terms of numbers of people (1,404) using this option. However, in 2007, the Office of the Legislative Auditor pointed out wide discrepancies in the use of this option especially in rural counties. As a result, administrative requirements have increased and the number of participants have declined. Minnesota also allows payment of waiver funds to spouses and parents of minor children as caregivers. Payment to legally responsible relatives is not allowed for state plan services. A few of these issues are under reconsideration during the 2011 Legislative Session.

In May 2010, DHS created a new website section that enables users to examine the adequacy of waiver services by location (counties) and allows examination of housing types, services provided, earned income and proportionality of community funding.

The national UCPA published a state by state comparison regarding inclusion. Minnesota ranks 13th in allocating resources to those in the community with 90 percent spent on community services; ranks 45th in supporting individuals in the community in settings under 4 people with 66 percent living in settings with 1-3 settings; ranks 20th in keeping families together through family support programs with 157 families supported per 100,000; and ranks 35th in supporting meaningful work.

PART D. Rationale for Goal Selection

Surveys of individuals with developmental disabilities and their families were done in 2000, 2005, and 2010 to develop the Five Year State Plans. Overall, IPSII levels have increased and there is greater agreement about some key aspects of IPSII, although inclusion continues to be the most difficult for people with developmental disabilities to achieve. The exception is with the young adult age group (14 to 18 years) who are the least satisfied with all of their IPSII levels, integration and inclusion being the most elusive. Unemployment and underemployment rates among people with developmental disabilities remain stagnant and high even though the majority want to work, and those who are employed want more hours and feel they are not as productive as they could be.

The 2000 Quality of Life Assessment Survey asked individuals with developmental disabilities about their satisfaction levels with independence, productivity, and integration and inclusion (IPII). Self determination was added later. Personal interviews were done to get a better understanding of individual situations and the meaning of IPII in everyday life. Respondents were far more satisfied with their level of independence (64 per cent) than inclusion (55 per cent) and, overall, young adults with disabilities were more likely to be dissatisfied than adults with these attributes. Satisfaction with productivity levels was strongly related to severity of disability; 22 per cent were clearly not satisfied and some felt their potential to be productive was untapped.

Nearly 25% of respondents were dissatisfied with their current level of integration, considered a step toward inclusion. Being treated as an equal (a person without a developmental disability) and having the resources and support available to create and nurture relationships were seen as drivers of overall satisfaction with integration. Inclusion was rated the lowest; the opportunity to develop personal relationships and friendships with others, and being treated with respect and as an equal were key aspects of this attribute.

The 2005 Individual Survey was based on the 2000 survey which served as a benchmark; self determination was added. Less than half the respondents said they had enough money to live on, knew what to do if their health or safety was in jeopardy, or felt their future would be secure. Individual respondents were more likely to agree that their basic needs were being met than parents, friends or others who assisted them in completing the survey.

A total of 60 percent were satisfied with their current level of independence; 53 percent were satisfied with their current level of productivity. Individuals' feelings of productivity; 61 percent were satisfied with their current level of self determination; 59 percent were satisfied with their current level of integration; and 54 percent were satisfied with their current level of inclusion.

The 2010 survey showed that the young adult years, ages 14 to18, continue to be particularly challenging for people with developmental disabilities. They are most likely to indicate that their disability severely impacts their capabilities and most likely to believe their basic needs are not being met.

A Public Opinion Poll, originally conducted in 1962 to measure awareness and attitudes about people with developmental disabilities, was repeated in 2007. The results showed that Minnesotans overwhelmingly agreed that society should do everything possible to help those individuals who are most vulnerable and supported a broad range of government services -

> The best way to care for people with developmental disabilities is through their immediate family, as much as possible.
>
> Over 90% believed that, with the right training, people with developmental disabilities could be very productive workers.
>
> 85% of respondents strongly agreed that they have a lot of respect for companies that employ people with developmental disabilities.

From data collected, gaps and needs were identified. Proposed goals were aligned with other national goals based on past experience and results. GCDD members reviewed and commented n the goals, and made additions and revisions. The proposed goals were posted on the GCDD website for public review and comment. Substantive comments were incorporated into the final goal statements and approved by the GCDD on April 6, 2011.

PART E. Collaboration

(i) As a Network:

Voting Rights: The MDLC is the lead agency on voting rights. The UCEDD (Institute on Community Integration) and GCDD are strong supporters of voter registration efforts. The MDLC led the efforts to block a restriction on voter rights for anyone under guardianship during the 2011 Legislative session. A GCDD member (self advocate) served as a witness and also serves on the Secretary of State's advisory committee on voting rights.

Employment: The DD network participated in an Employment Forum featuring Temple Grandin. Over 1600 people attended and three major Minnesota companies (3M, Cargill, and Best Buy) served as co-sponsors; the Autism Society of Minnesota was lead agency.

The GCDD is working with DD network partners on a potential federal lawsuit about day programs, integrated employment, and wages.

Positive Behavior Support: The DD network has begun work on a resource center for positive behavioral supports and interventions to be housed at the UCEDD at the University of Minnesota. The MDLC and GCDD will participate in the development of the center and serve on an advisory committee.

The federal settlement agreement calls for an Olmstead Committee and a Rule 40 committee to rewrite the aversive/deprivation rule in Minnesota. These activities will involve the MDLC, ICI, and the Council.

Public Television: In cooperation with Lutheran Social Service of Minnesota, public television, and the DD network, a documentary, *Institutions to Independence*, was produced and disseminated. Self advocates are featured and were also interviewed about rights for an essay, *Know Your Rights*.

Seclusion and Restraint: Minnesota is engaged in public discussions regarding the use of seclusion and restraints for children and adults in local school districts and state-operated programs. A primary concern and focus are persons who present significant challenging behaviors in their communities. The DD network will work to eliminate the use of prone and other restraints, and seclusion of children and adults with developmental disabilities.

Self Advocacy: In response to a need for a united self advocacy group, Self-Advocates Minnesota (SAM) was started. The DD network works with SAM and its members to support this effort. In 2010, a total of 1,211 self advocates attended 63 training sessions, and 43 self advocates were trainers.

(ii) With Each Other:

With UCEDD:

Abuse: The GCDD worked with the UCEDD LEND program on a paper regarding abuse and neglect issues affecting people with autism spectrum disorder and other developmental disabilities. The Council also worked with William Mitchell College of Law regarding a paper about victims with developmental disabilities and competency to testify.

Public Television: In 2011 and 2012, public television is undertaking a new initiative, *Honoring Choices Minnesota*, dealing with end of life conversations. The UCEDD and GCDD served as interviewees for the project. Individuals and family members were videotaped regarding how to

handle/model end of life conversations at the June 1, 2011. The online video clips and tools will be hosted at public television with links to the DD network in 2012.

With P&A:

Legal Assistance: The GCDD has established a partnership with the Minnesota Chapter of the Federal Bar Association (FBA) and prominent attorneys to conduct CLEs on disability and social justice issues that meet Ethics and Diversity CLE requirements.

The GCDD has also established a partnership with the Minnesota *Pro Se* Project, a joint effort of the FBA and the Federal Court system, to enable greater access to the justice system by a wide range of poor people including minority groups, people with disabilities, and women of color. The *Pro Se* Project offers free CLE credits to attorneys who offer their services. The four Minnesota law schools also cooperate and law school students, under the supervision of an attorney, are able to work with litigants.

The American Bar Association recently selected the Minnesota Chapter of the FBA to receive the 2011 Harrison Tweed Award, one of the ABA's most prestigious honors and the highest award in the legal services category.

The GCDD and MDLC will continue to work with bar associations, the judiciary, and other organizations to increase the availability of pro bono legal services for individuals with developmental disabilities.

(iii) With Other Entities:

Abuse: A work group was created to discuss concerns about the involuntary use of Electroconvulsive Therapy (ECT) and proposed legislative changes that would include individuals with developmental disabilities but left open questions of adequate safeguards and protections for them. The GCDD participated in this work group.

Employment: The Council is working with the DD network partners on a potential federal lawsuit regarding day programs, integrated employment, and wages. The focus of this effort will be to reduce the segregated employment of individuals with developmental disabilities and segregated employment practices.

Systems Change: The DD network worked with other disability groups to defeat a state legislative proposal to eliminate OT, PT, speech, and

audiology services in the Minnesota's Medicaid programs; and also worked to secure funding and develop legislation for alternative services for individuals with developmental disabilities who would lose eligibility for PCA services in 2011.

Emergency Planning/Preparedness: A Project of National Significance (PNS) grant was awarded to IPSII, Inc., a nonprofit organization created by a Minnesota Partners graduate, to design and develop a Family Support Center on Emergency Preparedness in the Jordan neighborhood of North Minneapolis. The DD network served as advisors and faculty for the project.

The GCDD received a grant from DHS to investigate the use of low cost technology that would make it possible for individuals with autism spectrum disorder (ASD0 to remain in their own homes, and be prepared for and manage a variety of emergency situations. Individuals with ASD and family members, and first responders want to build stronger relationships, are receptive to learning from each other, and welcome education and training to increase awareness and understanding around this topic.

ADA: The GCDD organized a workshop, "The ADA: Have We Made Any Progress," to help celebrate the 30th Anniversary of the ADA. Faculty included the United States District Court, District of Minnesota; Minneapolis Area Office of the EEOC; and United States Attorney's Office for the District of Minnesota. The MDLC and ICI assisted with planning efforts and facilitated round table discussions.

SECTION IV. FIVE YEAR GOALS

GOAL #1 Employment: Increase opportunities and the supports needed by individuals with developmental disabilities to be employed in integrated settings at or above minimum wage and benefits by:

A. Educating and building the capacity employers, and creating employer incentives that contribute to workforce development;

B. Providing increased supports that may include technology and are necessary for a broad range of employment options including competitive, customized, or self employment;

C. Increasing access to inclusive postsecondary education and other career focused training opportunities; and

D. .Increasing the expectations of individuals and families about the importance of work opportunities during high school (transition years) and adult years, by utilizing their personal networks to reach public and private sector employers, and identify job experiences in the community.

Objectives:

1. At least 10 individuals with developmental disabilities will be employed in a broad range of inclusive employment settings each year.

2. The particular type of job, hours worked, hourly wages and benefits will be tracked.

3. Two employers will directly employ individuals with developmental disabilities.

4. Two businesses will receive training on disability relate employment issues.

5. Two schools will be preparing students in transition for postsecondary education and jobs/careers of their choosing.

GOAL #2 Partners in Policymaking: Support and promote the development of leadership skills for families of children with developmental disabilities and adults with disabilities as advocates, spokespersons, and members of the larger disability rights movement by educating people about rights, self determination, engagement in public policy advocacy and learning best practices in the areas of education, technology, housing, employment and other aspects of community participation. Provide face to face training, online learning, blended learning, and graduate workshops as a means of reaching people and strengthening personal leadership skills.

Objectives:

1. Educate adults with disabilities and parents of young children with developmental disabilities about rights, self determination, public policy advocacy, best practices in education, technology, housing, employment and other aspects of community participation.

2. Thirty-five individuals will complete 128 hours of leadership training and graduate from the classroom Partners program each year; and 90% will report customer satisfaction and improvement in IPSII.

3. Provide face to face training, online learning, and blended learning. At least 50% of Partners participants will review one of more online courses and complete the Feedback Form.

4. Provide graduate workshops as a means of reaching people and strengthening personal leadership skills. A total of 200 Partners graduates will participate in a graduate workshop in Year 1 (Partners 25th Anniversary), 40 Partners graduates will participate in a graduate workshop in Years 2-5; and 90% will report customer satisfaction and improvement in IPSII.

5. Provide a networking opportunity to increase awareness and engagement in public advocacy; 400 Partners graduates/Partners coordinators will subscribe to the Partners listserv each year and 90% of quarterly survey respondents will report customer satisfaction and a positive learning experience.

6. Conduct longitudinal studies to determine the long term effectiveness of the Partners program; 40% of Partners graduates will participate in the longitudinal study; 85% of Partners graduates surveyed will show improvement in IPSII and 90% will report good to excellent leadership skills.

GOAL #3 Cultural Outreach: Support the development of leadership skills in culturally diverse communities through collaborative efforts with organizations in these communities to increase awareness and knowledge, and develop skills that will encourage participation in the Partners in Policymaking program and joining with the larger disability rights movement.

Objectives:

1. Provide outreach and introductory leadership skills training that reflects the concepts and values of the Partners program.

2. Forty-five individuals will complete 30 hours of introductory leadership skills training each year, a step to participating in the Partners program; and 90% will report customer satisfaction and improvement in IPSII (baseline, mid-year, end of year surveys).

3. Five graduates will be referred to the Partners program.

GOAL #4 Self Advocacy: Develop a statewide network of well trained and informed self advocates by fulfilling the federal DD Act requirements –

A. Establish or strengthen a program for the direct funding of a state self advocacy organization, led by individuals with developmental disabilities;

B. Support opportunities for individuals with developmental disabilities who are considered leaders to provide leadership training to individuals with developmental disabilities who may become leaders;

C. Support and expand participation of individuals with developmental disabilities in cross disability and culturally diverse leadership coalitions (Public Law 106-402, Section 124(b)(4)(ii);

And assist in identifying alternative/other funding opportunities.

Objectives:

1. Establish or strengthen a program for the direct funding of a state self advocacy organization, led by individuals with developmental disabilities and assist with identifying alternative funding opportunities.

2. Fifty self advocates will participate in training sessions each year, and 90% will report customer satisfaction and improvement in IPSII.

3. Support 10 individuals with developmental disabilities to provide leadership training.

4. Support/expand the participation of five individuals with developmental disabilities to serve on cross disability/culturally diverse coalitions.

GOAL #5 Training Conferences: Provide ongoing education and training that reflect and incorporate the values in the DD Act in programs and supports for people with developmental disabilities that will lead to greater networking and partnering with others across the state through a variety of delivery modes including face to face, online learning, postsecondary educational opportunities, and blended learning.

Objectives:

1. Deliver 10 training conferences/workshops through a variety of opportunities including face to face learning, postsecondary education opportunities, blended learning, etc. to 1,000 individuals each year.

2. At least 90% of attendees report customer satisfaction and an overall quality rating of he conference/workshop.

GOAL #6 Publications, Websites, Online E-Learning Courses: Provide information, education, and training that increases knowledge, skills and abilities of end users through a broad range of multiple media formats by:

A. Promoting accurate historical archiving of resource materials;

B. Investigating and using the latest technological advancements in communications that may include social networking;

C. Showcasing the positive roles and contributions of people with developmental disabilities; and

D. Increased marketing efforts to ensure wide dissemination of Council products.

Objectives:

1. Promote accurate historical archiving of resource materials;

2. Investigate/use the latest technological advancements in communications that that may include social networking and development of apps for advocacy.

3. Increase marketing to ensure wide dissemination of GCDD products.

4. 90% of visitors report customer satisfaction and improvement in IPSII.

GOAL #7 Customer and Market Research: Conduct or commission research studies to measure and assess quality outcomes of the federal DD Act through annual qualitative and quantitative surveys on new topics/issues or further research on topics/issues previously studied.

Objectives:

1. Conduct a qualitative survey regarding definitions of IPSII in Year 1; a total of 50 individuals will be surveyed; participation rate will be 75%.

2. Conduct a 50 Year Opinion Poll 1962-2012 in Year 2; a total of 600 Minnesotans will be surveyed; participation rate will be 30%.

3. Conduct a research study on education issues in Year 3; a total of 150 individuals will be surveyed; participation rate will be 20%.

4. Conduct a possible research study on employment and test the market for effective measures regarding the benefits of a diverse workforce in Year 4

5. Conduct individual and provider surveys in Year 5 to collect input for the FFY 2017-2021 Five Year State Plan; a total of 200 individuals will be surveyed; participation rate will be 30%.

GOAL #8 Quality Improvement: Identify and implement an approach that promotes continuous quality improvement and apply to all Council work.

Objectives:

1. Apply a comprehensive quality improvement approach to the GCDD's Annual Work Plan, Annual Report, monthly reports, and ADD Program Performance Report.

2. A total of 100 hours of training will be provided.

3. A 10% ROI improvement ratio will be realized each year.

SECTION V. EVALUATION PLAN

PART A. How the GCDD Will Examine Progress in Achieving Goals

Since 1997, the Council has utilized and applied the National Baldrige Criteria for Performance Excellence, the best of business standards. The Baldrige framework of excellence contains 11 core values and seven concepts that reflect the customer focused and results oriented Baldrige Framework. The Council's Annual Work Plan and monthly reports are based on the Framework.

Quarterly Operations Reports are prepared and submitted internally to the Commissioner of the Department of Administration, and followup in person review meetings are scheduled. Prompt payment of invoices is monitored and reported on a monthly basis by the Department of Administration, Financial Management and Reporting division.

Council website surveys welcome compliments and complaints; these are reviewed for actionable items. Data is collected monthly; complaints are responded to immediately and technical issues are referred to the Council's webmaster for trouble shooting and/or resolution

State Services for the Blind has a compliments and complaints line and feedback can be submitted at their website for any problems with accessibility of technology (hardware, software, online applications, websites).

Performance goals are written into supplier contracts and performance is grounded in the principles of customer focus, stakeholder value, and process management. Partnerships are established and strengthened with suppliers, and the concepts of quality and continuous improvement guide grant projects and activities to improve customer results. Suppliers are also required to collect data for the ADD Customer Satisfaction Survey form. The Council's Grant Review Committee conducts face to face mid-year performance reviews with all key suppliers; reviews are framed around contract performance goals, achievements and accomplishments to date, and ideas and suggestions for process improvements that can lead to increased customer outcomes and IPSII results.

PART B. Methodology to Determine If Needs Identified Are Met and Results Achieved

Data are collected on an ongoing basis, and summarized and reported annually in a Business Results report (charts, graphs, and trend lines for key business measures including IPSII results) and an Annual Report (highlights of grant projects/activities and supplier performance results based on the Program Performance Report). Both reports are posted on the Council website.

Customer satisfaction data is collected by all suppliers on an ongoing basis and *stakeholder satisfaction data are collected annually; results are included in the* annual Program Performance Report.

IPSII data are collected on Feedback Forms that are included in each of six e-learning courses, the online version of the Partners in Policymaking classroom leadership training program; the Partners program itself; cultural outreach programs in the African American and Latino communities; and self advocacy.

Customer market surveys also provide a means of identifying needs and measuring the results achieved.

The Council's quality consultant did an onsite examination on grant recipient records, data collection processes, and integrity of data systems during the past year. A report was provided to the full Council.

Every grant recipient is expected to use the ADD Customer Satisfaction Survey, and the Council's IPSII pre and post evaluation forms; collect qualitative results from customized evaluation forms; and prepare and submit narrative progress on a quarterly basis as outlined in performance contracts. All grant recipient results are then reported in monthly activity reports and rolled up to the annual Business Results, the Council's Annual Report, and the ADD Program Performance Report.

The quality consultant also assists the Council by calculating ROI measures.

PART C. Council's role in reviewing and commenting on progress towards reaching the Plan goals.

The Council's Annual Work Plan is aligned to the Baldrige Criteria, and includes the annual goals and objectives contained in the Five Year state Plan. The Council reviews and approves the Work Plan at the October meeting.

The Council receives, reviews, and comments on the monthly activity reports that contain progress data on goals and objectives, evaluation data, and IPSII results. The Executive Director's Reports also allow time to discuss progress.

The GRC conducts face to face mid-year supplier performance reviews with all key suppliers on an annual basis. Reviews are framed around contract performance goals; and key grant recipients present updates on accomplishments to date, results achieved, and ideas and suggestions for process improvements that can lead to increased customer outcomes and IPSII results. These reviews are summarized and presented to the full Council.

During the preliminary allocation process for grant programs/projects in June and the final allocation process in August, all performance results are summarized for the full Council so that review and comment can be shared.

At the December Council meeting, the Baldrige Results are presented, and review and comment are solicited. These results are posted on the Council website along with the Annual Report.

PART D. How the annual review will identify emerging trends and needs as a means for updating the Comprehensive Review and Analysis.

In following the Baldrige Criteria, the Council undertakes ongoing environmental scanning which includes daily reviews of national listservs for news and updates (i.e. every Council member receives *Inclusion Daily Express*). As noted earlier, Council staff reviewed hundreds of Legislative reports, websites, and needs assessments to prepare the State Plan Comprehensive Review and Analysis. This process includes regular reviews of key state agency websites, regular reviews of the Legislative Reference Library acquisitions, and reviews of national PNS data collection websites.

The Council also sponsors an external customer/market survey that enables in-depth study of a specific trend or need, such as employment issues. the survey results are always presented to the full Council and posted on the Council website.

Through grants received from other state agencies, the Council has been able to investigate emerging needs and trends regarding Autism Spectrum Disorder.

Another method of monitoring trends and needs comes from the careful historical archiving work for the Council's websites. The Council imports important documents and resources about emerging trends and needs through a regular updating process, and also hosts national subject matter experts as presenters who can speak to related issues.

Through a combination of methods and approaches, the Council is able to update the Comprehensive Review and Analysis.

SECTION VI. PROJECTED BUDGET

Goal	Subtitle B $	Other $	Total
Employment	$ 75,000	$ 3,500	$ 78,500
Partners in Policymaking	$ 210,000	$ 84,603	$ 294,603
Cultural Outreach	$ 85,000	$ 27,300	$ 112,300
Self Advocacy	$ 100,000	$ 34,000	$ 134,000
Training Conferences	$ 20,000	$ 118,275	$ 138,275
Publications, Websites Online E-Learning Courses	$ 166,503	$ 1,725	$ 168,228
Customer/Market Research	$ 50,000	$ 0	$ 50,000
Quality Improvement	$ 20,000	$ 4,500	$ 24,500
General Management	$ 296,741	$ 0	$ 296,741
Functions of DSA	$ 0	$ 74,000	$ 74,000
TOTALS	**$ 1,023,244**	**$ 347,903**	**$ 1,271,147**

SECTION VII. ASSURANCES

Written and signed Assurances were submitted to the Administration on Developmental Disabilities, Administration for Children and Families, United States Department of Health and Human Services, regarding compliance with all requirements specified in Section 124 (C)(5)(A) – (N) in the Developmental Disabilities Assistance and Bill of Rights Act.

The approving official for the Assurances is Spencer Cronk, Commissioner, Minnesota Department of Administration.

The Assurances were sent on July 13, 2011 and received by the Administration on Developmental Disabilities on July 18, 2011.