



**DEPARTMENT OF
ADMINISTRATION**
GOVERNOR'S COUNCIL ON
DEVELOPMENTAL DISABILITIES

FIVE YEAR STATE PLAN

(October 1, 2021 – September 30, 2026)

Submitted on September 29, 2021
to
Administration on Community Living

Governor's Council on Developmental Disabilities
Minnesota Department of Administration
370 Centennial Office Building, 658 Cedar Street
Saint Paul, MN 55155

This document can be made available in alternative formats upon request.

The Minnesota Governor’s Council on Developmental Disabilities

Email: admin.dd@state.mn.us

Phone: 651-296-4018

Toll-free number: 877-348-0505

MN Relay Service: 800-627-3529 OR 711

The State of Minnesota’s Five Year Plan was submitted using a new software platform required by the Administration on Community Living, US Department of Health and Human Services. This document differs from the submitted plan because it needed to be reformatted to make it usable to members of the general public.

Council members:

Michelle Albeck	Brittanie Hernandez- Wilson	Garrett Petrie
Jenny Arndt		Kate Quale
Wendy Berghorst	Amy Hewitt	Connie Rabideaux
Jason Blomquist	Lesli Kerkhoff	Dan Reed
Dupree Edwards	Mary Martin	Jennifer Santema
Lisa Emmert	Abdi Matan	Reid Scheller
Jaclyn Ferrier	Katie McDermott	Lee Shervheim
Kay Hendrikson	Chris McVey	Dan Stewart
	Jillian Nelson	

Date submitted: September 29, 2021

The preparation of this Plan was supported, in part by grant number 2001MNSCDD, from the Administration for Community Living, U.S. Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects with government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy.

Table of Contents

SECTION 1: Introduction	7
COMPREHENSIVE REVIEW AND ANALYSIS (CRA)	7
One Minnesota	7
<i>Jensen Case and Jensen Settlement Agreement</i>	7
Background	7
Connections between the Council and the Minnesota Olmstead Plan.....	8
Notable successes on the Minnesota Olmstead Plan measurable goals	8
Social context related to some instances of stalled progress	9
COVID-19 and pandemic response	9
The death of George Floyd	10
Developing the 2022-2026 Plan	10
Poverty rate	10
Part A. State Information.....	10
Racial and ethnic diversity of the state population.....	10
State disability characteristics	10
Prevalence of developmental disabilities in the state	10
Residential settings.....	11
Demographic information about people with disabilities.....	11
Part B. Portrait of the State Services	13
Health/Healthcare:	13
MEDICAID AND MINNESOTACARE.....	13
CHILDREN AND YOUTH	16
MENTAL HEALTH.....	18
NURSING FACILITIES	19
MEDICAL HEALTH SERVICES.....	19
INSURANCE	20
PREVENTION & WELLNESS.....	20
INJURY & VIOLENCE PREVENTION	21
Employment:.....	21
VOCATIONAL REHABILITATION SERVICES.....	21
MEDICAID FUNDED DAY PROGRAMS	24
TRANSITION SERVICES	25

Informal and formal services and supports:.....	26
SOCIAL SERVICES.....	26
CHILD WELFARE	26
FAMILY SUPPORT POLICIES AND EFFORTS	27
AGING	27
INDEPENDENT LIVING AND OTHER SERVICES	28
PEER SUPPORT	28
FAITH-BASED COMMUNITY EFFORTS	29
VOLUNTEERING AND CIVIC ENGAGEMENT	29
DISABILITY HUB.....	29
LONG-TERM SERVICES AND SUPPORTS	29
Interagency Initiatives:	32
ASSISTIVE TECHNOLOGY	32
COMMUNITY SERVICES AND INDIVIDUAL SUPPORTS	32
CASE MANAGEMENT REFORM	33
HOME AND COMMUNITY-BASED SERVICES SETTINGS REVIEW PANEL	33
VULNERABLE ADULT ACT REDESIGN	33
SPECIAL EDUCATION.....	34
HEALTH CARE HOMES.....	34
OLMSTEAD COMMUNITY ENGAGEMENT WORKGROUP.....	35
STATE TASK FORCE ON EMPLOYMENT AND RETENTION OF EMPLOYEES WITH DISABILITIES	35
CHILDREN'S CABINET AND ADVISORY COUNCILS.....	35
GOVERNOR'S WORKFORCE DEVELOPMENT BOARD	35
STATE REHABILITATION COUNCIL.....	36
Quality Assurance:	36
MONITORING	36
OLMSTEAD SUBCABINET: PREVENTION OF ABUSE AND NEGLECT	36
SELF ADVOCACY	42
RESTRAINT AND SECLUSION	42
PERSON-CENTERED PLANNING	43
EXPANDING LEADERSHIP	43
Criteria for eligibility for services:.....	44
FAMILY SUPPORT	44

CRISIS RESPITE SERVICES	44
BIRTH DEFECTS MONITORING	44
EARLY SPECIAL EDUCATION	45
SPECIAL EDUCATION	45
ASSISTIVE TECHNOLOGY FOR STUDENTS	45
VOCATIONAL REHABILITATION.....	45
MINNESOTA MEDICAID	45
HOME AND COMMUNITY-BASED WAIVERS	46
PERSONAL CARE ASSISTANCE	46
SEMI-INDEPENDENT LIVING	46
CONSUMER SUPPORT GRANT	47
COMMUNITY FIRST SERVICES AND SUPPORTS ELIGIBILITY.....	47
Home Care Services	47
Intermediate Care Facilities.....	47
Relocation Service Coordination	47
Medical Assistance for Employed Persons with Disabilities.....	47
Section 8 Housing	48
BARRIERS FOR PEOPLE WITH DEVELOPMENTAL DISABILTIES BECAUSE OF SERVICE ELIGIBILITY CRITERIA.....	48
Part C. Analysis of State Issues and Challenges.....	48
Barriers to full participation of unserved and underserved populations.....	48
Population identified as unserved and underserved	49
The availability of assistive technology:	50
Waiting Lists:.....	50
Timeliness of waiver funding	51
Prioritization	52
Definition	52
Intake Process.....	53
Structured activities for individuals or families waiting for services.....	53
Progress toward goals	53
Resource Analysis	54
Services Analysis	56
CUSTOMER RESEARCH.....	56

ENSURING REPRESENTATION OF PEOPLE FROM ALL OF MINNESOTA’S RACIAL AND ETHNIC COMMUNITIES	56
QUALITY OF LIFE STUDY	57
IMPACT OF THE FEDERAL DISABILITIES LAWS	58
SERVICE PROVIDERS SURVEY	60
MINNESOTA RACIAL AND ETHNIC POPULATIONS SURVEY	60
ANALYSIS OF INTERMEDIATE CARE FACILITIES FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES SERVICES AND TRANSITIONS TO MORE INTEGRATED SETTINGS	61
Adequacy of home and community-based waivers services:	61
Workforce shortages	61
Part D: Rationale for Goal Selection	62
GOAL 1: Self-Advocacy.....	62
GOAL 2: Cultural Outreach (Targeted Disparity)	63
GOAL 3: Leadership Development.....	63
GOAL 4: Employment.....	63
GOAL 5: Training Conferences	64
GOAL 6: Customer and Market Research	64
GOAL 7: Publications, Websites, and Online Learning	65
GOAL 8: Quality Improvement	65
Part E: Collaboration	65
Section 2: 5-Year Goals	66
GOAL 1: Self-Advocacy.....	66
GOAL 2: Cultural Outreach (Targeted Disparity)	67
GOAL 3: Leadership Development.....	67
GOAL 4: Employment (Collaboration)	67
GOAL 5: Training Conferences	68
GOAL 6: Customer and Market Research	68
GOAL 7: Publications, Websites, and Online Learning	68
GOAL 8: Quality Improvement	69
Alignment with the Olmstead Plan.....	69
DD Network Collaboration.....	69
Evaluation Plan	71
Progress	71
Effectiveness.....	71

Self-Advocacy Outcomes	72
Emerging Trends	72
Results Achievement	72
Reviewing and Commenting on Progress	73
SECTION 3: ASSURANCES.....	74
SECTION 4: PUBLIC INPUT AND REVIEW.....	74
Public comments by goal	75
Goal 1: Self-Advocacy	75
Goal 2: Cultural Outreach (Targeted Disparity)	79
Goal 3: Leadership Development	79
Goal 4: Employment	81
Goal 5: Training Conferences.....	86
Goals 6 and 8: Customer and Market Research & Continuous Quality Improvement	86

Introduction: Comprehensive Review & Analysis

Every Council must provide a comprehensive review of major federal programs.

One Minnesota

The overall theme of the past two years of work is "Becoming ONE MINNESOTA," which was the campaign theme for Governor Timothy J. Walz.

Governor Walz was elected as the 41st Governor of the State of Minnesota and has served since January 2019. As part of his ONE MINNESOTA promise, the Governor is making diversity, inclusion, and equity part of the daily work of state government. To this end, two days after his inauguration, he signed his first Executive Order, Executive Order 19-01, creating the ONE MINNESOTA Council on Diversity, Inclusion, and Equity and staffing the new Chief Inclusion Officer. The Governor also signed Executive Order 19-13 continuing the Olmstead Subcabinet; Executive Order 19-14 enforcing the Americans with Disabilities Act; and Executive Order 19-15 calling for a state government hiring goal of 10 percent for individuals with disabilities.

As long as inequities impact Minnesotans' ability to be successful, we have work to do.

Our state will recognize its full potential when all Minnesotans are provided the opportunity to lead healthy, fulfilled lives... In Minnesota, we know we are all better off [when we all work] together. Our state must be a leader in ensuring that everyone has an opportunity to thrive. Disparities ... keep our entire state from reaching its full potential.

Governor Timothy J. Walz

Jensen Case and Jensen Settlement Agreement

Background

On October 1, 2011, the 2011-2016 State Plan went into effect. Three months later, on December 5, 2011, United States District Court Judge Donovan Frank approved the *Jensen* Settlement Agreement (JSA). The origins of the JSA date back to July 2009 when a federal class action lawsuit was filed on behalf of individuals with developmental disabilities who had been subjected to seclusion or restraints at the Minnesota Extended Treatment Options (METO) program in Cambridge, Minnesota. See *Jensen v. Department of Human Services*, Court File No.: 09-CV-1775 DWF/FLN (<https://www.clearinghouse.net/chDocs/public/MH-MN-0001-0001.pdf>). The Council participated in the lawsuit as a consultant in settlement talks leading to the JSA.

Over the last nine years, the Council has been involved as a named consultant to the Court. The JSA prohibits the use of a wide range of aversive discipline practices, including mechanical restraints; manual restraint; prone restraint; chemical restraint; seclusion; and the use of painful techniques to change

behavior through punishment of residents with developmental disabilities. Medical/chemical restraints and psychotropic/neuroleptic medications are also prohibited for punishment.

The JSA required the State of Minnesota and Department of Human Services to work together with members of the community to develop new, more appropriate policies to be used in Minnesota's state facilities, and to form a committee to review and identify ways to modernize Minnesota's Positive Supports Rule. The JSA also provided for another committee to develop an "Olmstead Plan" consistent with the U.S. Supreme Court's 1999 *Olmstead* decision. The Council participates on Minnesota's Olmstead Subcabinet as an *ex officio* voting member.

Connections between the Council and the Minnesota Olmstead Plan

Both the 2011-2016 and 2017-2022 State Plans ran in tandem with all the lawsuit activities and placed the Council in a key role in carrying out the federal mission of advocacy, capacity building, and systems change. With federal jurisdiction coming to an end in October 2020, the 2022 – 2026 State Plan will make frequent references to the *Jensen* case and the Olmstead Plan.

Because of the federal lawsuit and the Olmstead Plan, several systems change activities affected Minnesota statutes, rules, policies, and practices, including:

1. Closure of a state facility and replacing that program with small crisis homes.
2. A dramatic reduction in restraint and seclusion.
3. Implementation of a Positive Behavior Support Rule.
4. Prevention of admissions to in-patient psychiatric settings that are inappropriate.
5. Approval of an Olmstead Plan that contains over 47 measurable goals covering topics such as person-centered planning, employment, housing, education, health care disparities, preventing abuse and neglect, assistive technology, crisis services, positive supports, and community engagement.

As of August 2020, just prior to the end of the Court's jurisdiction, progress was reported toward goals related to:

- Movement of people with disabilities from segregated to integrated settings.
- Movement of individuals from waiting lists.
- Quality of Life measurement results.
- Increasing system capacity and options for integration.

Notable successes on the Minnesota Olmstead Plan measurable goals

The Olmstead Plan covers 47 measurable goals and quarterly progress reports are issued to the Subcabinet. The reports are verified as accurate, complete, and timely.

In 2020, progress continued in movement of people from segregated settings to integrated settings, including:

- 77 individuals leaving ICF settings for more integrated settings;
- 693 individuals with disabilities under the age 65 leaving nursing facilities (who had lived in nursing facilities for more than 90 days);
- 913 individuals moving from other segregated settings to more integrated settings; and
- fewer individuals waiting to access a DD Waiver with 59 percent receiving approval for funding within 45 days.

The 2020 Annual Olmstead Report also indicated increased system capacity, including:

- improvement in person-centered planning meeting criteria (5 of 8 elements are at or above 97 percent);
- increased use of integrated housing by 1,132 individuals with disabilities in one year;
- over 3,405 individuals receiving services from VR, SSB, school transition programs, and DHS Medicaid funded programs;
- an increase in the number of students receiving education in the most integrated setting; and
- approximately 95 percent of individuals discharged from hospitals because of a crisis receiving appropriate community services.

The longitudinal Quality of Life survey showed level performance and then a decline during the pandemic period.

Social context related to some instances of stalled progress

COVID-19 and pandemic response

Please note that the COVID-19 Shelter in Place order of March 2020 greatly reduced opportunities for progress in several areas of the Olmstead Plan, including:

- Individuals at the St. Peter facility were unable to demonstrate readiness to reintegrate back into the community, as all off-campus movement was discontinued.
- The pandemic affected the employment goal of increasing the number of students who enter into competitive integrated employment. Businesses were not able to hire transition students, as other staff members were put on furlough.
- Another factor that greatly affected the lower numbers was that some of the community resource providers, contracted through DEED, were unable to support the students in the community due to COVID-19. There were also families who were concerned for their health and well-being and disengaged in the employment process for their youth.
 - The data for unemployment in Minnesota rose 5.7 percent from March to June, as reported by the US Bureau of Labor Statistics.

The death of George Floyd

Another impact on reduced discharges and unmet employment goals, although not as prominent, was the death of George Floyd while in the custody of Minneapolis police and the impact of all the unrest in the Twin Cities and elsewhere around the country. The St. Peter facility serves a very diverse population, and the coverage of this event has retriggered trauma for many individuals. Traumatic events can destabilize individuals, and this has been the case for some of the individuals served.

Developing the 2022-2026 Plan

Document review has been extensive for this State Plan, including tracking all elements of the *Jensen* case. The Comprehensive Review and Analysis section alone involved reviewing hundreds of documents that were also used in developing and updating the Minnesota Olmstead Plan.

See the [Olmstead Chronology](#) for an in-depth discussion of each stage in achievement of the Plan's goals. The *Jensen* case lasted over a decade, but now, with federal jurisdiction ending, we are left with permanent changes with the ongoing development, progress, and measurement of Minnesota's Olmstead Plan goals.

Part 1. State Information

The following data comes from the 2019 American Community Survey.

Poverty rate

Nine (9) percent of Minnesotans, or 494,683 individuals, are identified as living in poverty.

Racial and ethnic diversity of the state population

- **Indigenous/American Indian non-Hispanic:** 1 percent (53,856)
- **Asian/Pacific Islander non-Hispanic:** 3.9 percent (210,455)
- **Black non-Hispanic:** 5.1 percent (268,406)
- **Hispanic:** 4.7 percent (248,297)
- **White non-Hispanic:** 83.1 percent (4,411,174)
- **Two or more races/Other race non-Hispanic:** 2.2 percent (118,396)

State disability characteristics

About eleven percent of Minnesotans, or 604,779 individuals, have a disability.

Prevalence of developmental disabilities in the state

It is estimated that 1.58 percent of people in Minnesota have developmental disabilities.

This estimate, as requested by the federal government, was created based on research from the OIDD/ACL.

Residential settings

Table 1 provides the number of people with developmental disabilities living in different types of residential settings, using the chart provided in the template.

Table 1. Number of people with developmental disabilities living in different types of residential settings

Year	MN Pop*	Total Served	A. Number Served in Setting of ≤6 (per 100,000)	B. Number Served in Setting of ≥7 (per 100,000)	C. Number Served in Family Setting (per 100,000)	D. Number Served in Home of Their Own (per 100,000)	Other Setting Size Unknown***
2018**	5,629,416	33,984	180	10	239	62	106
2017	5,577,487	33,115	182	11	228	60	108
2016	5,528,630	DNF	DNF	DNF	DNF	DNF	DNF
2015	5,485,238	31,486	193	14	205	42	120
2014	5,453,218	31,282	247	15	202	48	N/A

DNF = Data was not reported that year

* Data from <https://mn.gov/admin/demography/data-by-topic/population-data/our-estimates/pop-finder1.jsp>.

** The fiscal year 2018 data is in production and not finalized. It is what was reported by DHS staff to the survey database.

*** Minnesota began reporting "other" settings for fiscal year 2015.

Demographic information about people with disabilities

Table 2. Percentage of people with a disability by age group

Category	Percentage with a disability
Population 5 to 17 years	5%
Population 18 to 64 years	9%
Population 65 years and over	31%

Table 3. Percentage of people with disability by race and Hispanic/Latino origin

Category	Percentage with a disability
White alone	11%
Black or African American alone	12%
Indigenous/American Indian and Alaska Native alone	17%
Asian alone	7%
Native Hawaiian and Other Pacific Islander Alone	15%
Some other race alone	7%
Two or more races	10%
Hispanic or Latino (of any race)	8%

Table 4. Percentage of people with a disability and without a disability by employment status, only including people ages 16 and older

Employment status	Percentage with a disability	Percentage without a disability
Employed	48%	84%
Unemployed	5%	3%
Not in labor force	47%	13%

Table 5. Percentage of people with a disability and without a disability by educational attainment, only including people ages 25 and older

Educational attainment	Percentage with a disability	Percentage without a disability
Less than high school graduate	14%	6%
High school graduate, GED, or alternative	36%	23%
Some college or associate's degree	31%	33%
Bachelor's degree or higher	19%	39%

Table 6. Percentage of people with a disability and without a disability by earnings in the past 12 months, only including people ages 16 and older

Earnings in past 12 months	Percentage with a disability	Percentage without a disability
\$1 to \$4,999 or less	19%	9%
\$5,000 to \$14,999	21%	12%
\$15,000 to \$24,999	14%	11%
\$25,000 to \$34,999	11%	12%

Table 7. Percentage of people with a disability and without a disability by poverty status, only including people ages 16 and older

Poverty status	Percentage with a disability	Percentage without a disability
Below 100 percent of the poverty level	18%	8%
100 to 149 percent of the poverty level	12%	5%
At or above 150 percent of the poverty level	70%	87%

Part 2. Portrait of the State Services

Health/Healthcare:

MEDICAID AND MINNESOTACARE

Minnesota's Medicaid program, Medical Assistance, is a cornerstone of the state's system of health and long-term care coverage, with slightly more than 1.1 million people, including children, parents, people with disabilities and seniors covered in 2019. Medicaid serves more than half a million children each year.

As the third largest insurer in the state after self-insured employer-based coverage and Medicare, Medical Assistance makes up nearly 16 percent of the state's health insurance market.

Over the years, the program has helped Minnesota lead the nation in health care innovations, such as the creation of MinnesotaCare, a health insurance program that provides affordable coverage to approximately 76,000 Minnesotans who are ineligible for Medicaid. Minnesota's typical federal contribution is 50 percent. Minnesota receives an enhanced funding rate of 94 percent for coverage of adults.

Average monthly enrollment in Minnesota’s Medicaid program has remained relatively consistent since 2015 with about 1.1 million people covered. In 2017, the average monthly enrollment in MinnesotaCare was more than 89,000. Roughly two-thirds of those covered in 2018 are parents, children, and pregnant women, however this population accounted for only about 25 percent of Medicaid spending in 2018. Adults 65 or older and people with disabilities make up about 16 percent of the people served by public health care programs yet account for nearly 60 percent of spending.

Minnesota is known for its comprehensive approach to providing Medicaid coverage. Minnesota covers a broad group of people and services beyond the minimum standards set in federal law. This includes expanding coverage to higher-income children and adults and covering long-term care in the home and community instead of an institutional setting. Minnesota also covers many special populations in need of services who would otherwise be ineligible for Medicaid because of their income level, including children with disabilities whose parents are given the option to access Medicaid by paying a parental fee, women who have been diagnosed with breast or cervical cancer through the state’s cancer screening program, and families in need of family planning services.

Demographics of Medicaid enrollees

Relative to the general population, Medicaid enrollees have low incomes and are disproportionately People of Color, Indigenous/American Indian or Alaskan Natives, people with disabilities, and older adults. These data provide insight into Medicaid enrollees’ access to quality health care relative to the general population.

Race

Medicaid enrollees may report race and ethnicity data at application and renewal; providing the information is optional. Roughly 80 percent of enrollees provided this information, and about half of the enrollees who responded were white (non-Hispanic).

Breakdown is as follows:

- White: 48 percent
- African American: 15 percent
- Indigenous/American Indian-Alaska Native: 3 percent
- Hispanic: 6 percent
- Asian/Pacific Islander: 6 percent
- Multi-racial: 3 percent
- Did Not Report: 19 percent

Age

Children ages birth to 18 are the single largest group in Minnesota’s Medicaid program, making up 45 percent of total enrollment. Most of the children enrolled in the program are in the “parents and children” eligibility category, with the remaining children eligible on the basis of having a disability. Adults 19-34 years old make up about 22 percent of the population, people ages 35-64 are 27 percent, and people age 65 or older are around 6 percent of the enrollee population. The majority of the Medicaid population with disabilities is between the ages of 35 and 64. The Medicaid program provides coverage to 36.2 percent of the 1.4 million Minnesotans under 20 years of age.

Gender

Data collected at application indicate that more than 585,000, or 54 percent, of Medicaid enrollees are women. Women make up the majority of enrollees in the “parents and children” and “age 65 or older” eligibility categories. Both the “adult” and “disability or blindness” eligibility categories include more men than women.

Mandatory and non-mandatory groups

People who are considered part of the mandatory coverage group under federal law include low-income children, pregnant women, people age 65 or older, and individuals with a disability who receive Supplemental Security Income up to certain income levels. Currently, approximately 570,000 people, or about 51 percent, of Minnesota Medicaid enrollees are enrolled as mandatory under federal law.

The remaining Medicaid population consists of about 546,000 Minnesotans who are eligible for one of the various state options or waivers that Minnesota has chosen to include as part of its Medicaid program, some of which are smaller state-only funded programs. While these optional coverage groups make up 49 percent of the total number of people enrolled in Minnesota’s Medicaid program, they accounted for a greater proportion of the spending in 2016, totaling roughly \$8.1 billion, or 70 percent, of the \$11.5 billion in expenditures.

Minnesota covers several optional coverage groups permitted under the Medicaid state plan, including women receiving treatment for breast or cervical cancer, adults with incomes up to 133 percent of the federal poverty guidelines, and people with disabilities who are employed (also known as Medical Assistance for Employed Persons with Disabilities). The state also includes several waiver programs for home and community-based services for people who would otherwise be ineligible for Medicaid.

Minnesota is one of 19 states that allows parents who have a child with a disability the option to obtain Medicaid through the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA) if they are unable to meet the Medicaid income limit. Parents may have to pay a parental fee.

Additionally, the state has chosen to include an optional “medically needy” category for parents, children, pregnant women and those eligible due to age, blindness, or disability. The medically needy category allows people with incomes above current eligibility limits to reduce their income by paying incurred medical expenses. Medicaid coverage begins after the person’s income is reduced to the medically needy income standard.

The state also has raised income eligibility levels for Medicaid above what the federal government would otherwise require for a given eligibility category. For example, the current income standard for children ages 2 through 18 in Minnesota equals 275 percent of federal poverty guidelines, which exceeds federal limits.

Medicaid spending by category of service

In Minnesota, total spending on Medicaid services provided to enrollees in 2016 reached approximately \$11.4 billion. This, and other amounts presented in this section, includes amounts paid to providers for

Medicaid services received within the calendar year by enrollees in the fee-for-service and managed care delivery systems.

The Medicaid program spent more on home and community-based services than any other category of service. Home and community-based services are generally more cost effective and preferred by the people who rely on services.

About \$3.3 billion, or 29 percent, was spent on home and community-based and personal care assistant services, which includes a range of critical care and support services that enable people to remain in the community instead of having to live in a facility or institution.

CHILDREN AND YOUTH

Maternal and child health

The Maternal and Child Health (MCH) section of Minnesota Department of Health (MDH) provides statewide leadership and public health information essential for promoting, improving, or maintaining the health and well-being of women, children, and families throughout Minnesota. MCH provides a focal point for influencing the efforts of a broad range of agencies and programs committed to this goal. MCH supports their efforts by providing administrative, technical and program assistance to Community Health Boards, Tribal Governments, schools, voluntary organizations, private health care providers, as well as providing information and referral to parents to promote healthy adolescents. MCH programs continue to give particular attention to their relationships with Minnesota's local public health system and are involved in a number of collaborative activities to strengthen and enhance this relationship.

The overall role of MCH within Minnesota's health care delivery environment is to:

- assess the health needs of mothers, children, and their families;
- use that information to advocate effectively on their behalf in the development of policies concerning organizational and operational issues of health systems;
- advocate for programs and funding streams that have the potential to improve their health; and
- administer and oversee grants that promote and improve the health of women, children, youth, and families.

In addition, MCH focuses on quality assurance of public sector health services, assurance of targeted outreach and service coordination for hard-to-reach and high-risk populations, and community health promotion.

Children and youth with special health needs

One in every five Minnesota families with children has at least one child with a special health need. Estimates of children with special health needs in Minnesota range from 160,000 to 200,000. Children and youth with special health needs (CYSHN) are those who have, or who are at increased risk for, a chronic physical, developmental, behavioral, or emotional condition. They also require health and related services of a type or amount beyond that generally required.

This definition is purposely broad, inclusive, and not condition-specific. It recognizes that all children and youth with special health needs, regardless of their condition, require a well-functioning, community-based system of resources to reach their full potential.

The vision of the State is to improve population health through building the capacity of all systems that serve families of children and youth with special health needs. Minnesota's policy is to achieve public health policies that will provide more positive health outcomes and better serve children and youth with special health needs and their families. This broad mission is carried out through:

- **Education:** Providing health and related information about specialized services to families of children with or at risk for chronic illnesses and disabilities; and identifying and promoting evidence-based interventions for children and youth with special health needs.
- **Follow-Up:** Assuring linkage of families with resources and services whose infants have been diagnosed with metabolic or endocrine conditions, infants with confirmed hearing loss, and infants identified with a birth defect.
- **Community Partnerships:** Providing technical assistance, specialized consultation, and support for primary care providers, specialty care providers, local public health nurses, and other community agencies who provide services to children and youth with special health needs.
- **Public Policy:** Engaging in the development, coordination, and support of state and local systems for children with special health needs. These systems include Minnesota's Interagency Early Intervention System and Minnesota's System of Interagency Coordination (MNSIC). Serve in an advisory capacity to policy-making bodies to assure the interests of children with special health needs are considered.
- **Surveillance:** Monitoring and analyzing data of selected populations to identify trends, adequacy and availability of services, and underlying causes of birth defects and conditions identified through newborn screening; monitoring the effectiveness of interventions and document health outcomes of children who have been identified with a newborn screening condition or birth defect.

These committees within MDH assist MCH and CYSHN:

- [Maternal and Child Health Advisory Task Force](#) provides guidance on the health care needs of mothers and children throughout the state of Minnesota. Task Force work includes providing recommendations on preconception health strategies and activities related to supporting children and youth with special health needs.
- [Newborn Hearing Screening Advisory Committee](#) provides guidance in developing protocols and timelines for screening, rescreening, and diagnostic audiological assessment as well as early intervention services for children who are deaf or hard-of-hearing.
- [Newborn Screening Advisory Committee](#), also known as the Early Hearing Detection & Intervention (EHDI) Advisory Committee, provides advice and recommendations concerning tests and treatments for inheritable and congenital conditions found in newborns, including making informed recommendations to add new disorders to the newborn screening panel. Members of the mandated committee include parents of children with a hearing loss, advocates with expertise in issues affecting people who are deaf and hard of hearing, health care

providers, hospital representatives, and other medical and education experts. One of the main purposes of the advisory committee is to make informed recommendations for newborn hearing screening and hearing loss management.

MENTAL HEALTH

DHS staff support adults with a mental illness in their personal journey toward recovery. DHS works to strengthen mental health services and access to these services in all parts of the state.

DHS works with 16 regional adult mental health initiatives and 11 tribal authorities to develop, implement, monitor, and evaluate public mental health services. DHS also collaborates with providers, managed care organizations, housing and employment agencies, advocates, consumers, and family members to develop policies that are recovery-focused, and person centered.

DHS supports and provides training and technical assistance to direct service providers and counties to ensure that evidence-based and research informed practices are used to promote independent living, community integration, and a reduced use of more restrictive services.

DHS oversees many publicly funded programs offering community-based mental health and related services for Minnesotans with mental illness, which are included below.

Adult Rehabilitative Mental Health Services

Adult Rehabilitative Mental Health Services (ARMHS) brings services directly to people in their own homes or elsewhere in the community, helping individuals acquire, practice, and enhance skills that have been lost or diminished.

Assertive Community Treatment

Assertive Community Treatment (ACT) is an intensive, comprehensive, nonresidential rehabilitative mental health service directed to individuals with a serious mental illness.

Certified Peer Support

Peer support is provided by current or former mental health service consumers who received special training and certification to help other people become fully engaged in the recovery process.

Day treatment

Day treatment offers an intensive service with the goal of reducing or relieving the effects of mental illness and providing training to help the person live in the community.

Intensive Residential Treatment Services

Intensive Residential Treatment Services (IRTS) is provided in a residential facility and helps psychiatric stability, personal and emotional adjustment, and self-sufficiency, while building skills to live more independently.

Outpatient services

Outpatient services include individual, group, and family therapy, diagnostic assessments, medication management and psychological testing.

Mental Health-Targeted Case Management

Mental Health-Targeted Case Management (MH-TCM) assists recipients in gaining access to needed educational, health, legal, medical, social, vocational, and other services and supports. The four core components are: assessment, planning, referral/linkage, and monitoring/coordination.

Mobile crisis services

Mobile crisis teams provide crisis services to individuals within their own homes and at other sites outside the traditional clinical setting.

Partial hospitalization

Partial hospitalization offers time-limited psychotherapy and other therapeutic services.

Permanent supportive housing

Supportive housing helps individuals have their own private and secure homes, along with access to the support services they want and need to retain their housing.

Residential Crisis Services

Residential Crisis Services offer short-term care at a facility equipped to assess, stabilize, and treat the person's mental health concerns. Stays are typically four to five days, if medically necessary, but may be as short as one day.

Crisis Text Line

Crisis Text Line is a statewide suicide prevention text messaging service.

NURSING FACILITIES

Both DHS and MDH have responsibilities for nursing facilities, including licensing and funding. Nursing facility services are bundled into a comprehensive package of room, board, and nursing services. Anyone seeking admission to a Medicaid-certified nursing facility must be assessed to determine if they need nursing facility level of care. As of January 2018, Minnesota had 367 licensed and Medicaid-certified nursing facilities with 28,279 beds either in use or available.

Of all Minnesota Medicaid-certified nursing facilities, 28.5 percent are for-profit, 62.2 percent are non-profit, and 9.2 percent are owned by a government entity. The occupancy rate of active beds for the year ending Sept. 30, 2016, was 85 percent. In the 12-month period ending September 30, 2016, \$2.23 billion was spent on nursing facility care. This includes state and federal dollars as well as private pay and funds from other sources.

As Minnesota has continued to emphasize home and community-based services for older adults, nursing facility utilization by people age 85 and older has declined from 36.4 percent in 1984 to 12.4 percent in 2015. Minnesota nursing facilities served an average of 24,724 people each day and a total of approximately 93,000 people during the year ending Sept. 30, 2016.

MEDICAL HEALTH SERVICES

Minnesota hospitals and medical health care systems provide needed access to health care.

There are 126 emergency rooms in the state that all operate 24 hours a day. All of the hospitals' emergency rooms will treat anyone who enters regardless of ability to pay. The most recent data showed over 1.9 million emergency room visits.

There are 53 urban hospitals and 78 rural hospitals designated to provide access to rural areas of Minnesota. Most hospitals are small, with 109 licensed for under 100 beds.

There were 536,375 inpatient visits and nearly 12.7 million outpatient visits prior to the pandemic. The average inpatient stay lasts 4.21 days and the top reasons for inpatient stays relate to births, mental health, orthopedic procedures, and digestive disorders.

The health care system provides over 232,000 jobs and contributes \$8.6 billion in salaries and benefits. Over \$446 million was used to support education and workforce development including training for doctors, nurses, and other highly skilled health care professionals. Over \$258 million in research supported the development of better medical treatments and finding cures for diseases. Over \$691 million in uncompensated care was provided in 2017.

INSURANCE

The state's uninsured rate stayed at about 5 percent through July 2020. Economic downturns typically result in higher rates of uninsured, however MDH reported that investments made before the pandemic helped more people stay insured.

About 264,000 Minnesotans (4.7 percent) were uninsured in 2019, according to the state's Health Access Survey. Research shows that number decreased to 258,600 Minnesotans (4.6 percent) by July 2020. State officials credited state and federal stimulus programs as well as temporary changes to Medicaid and MinnesotaCare for the slight decrease. However, the survey also found a continuing trend of Minnesotans forgoing health care more frequently and struggling to pay medical bills in 2019. Overall, one in four Minnesotans reported having to delay or go without needed health care due to cost in 2019, up from one in five in 2017. This increase was most concentrated among residents who get health coverage through their employer.

PREVENTION & WELLNESS

According to the Centers for Disease Control and Prevention (CDC), a culture of health is a working environment where employee health and safety is valued, supported, and promoted through workplace health and wellness initiatives, policies, benefits, and environmental supports.

Across Minnesota, employers are working with local public health through Minnesota's Statewide Health Improvement Partnership (SHIP) to create sustainable workplace wellness initiatives. In 2018, more than 800 SHIP workplaces made changes to promote a healthier work culture for 86,000 employees by creating workplaces that support breastfeeding, and help employees quit smoking, eat healthier, and get more physical activity.

Ninety-two percent of SHIP workplaces indicated that their wellness program efforts advanced due to SHIP. In 2017-2018, the MDH evaluated the impact SHIP workplace wellness has on workplaces and their employees. The evaluation study used two data sources: 2018 Wellness Coordinator Survey (which includes nearly 200 SHIP employers) and the Blue Cross and Blue Shield of Minnesota Healthy

Workplaces Organizational Assessments (which include 153 employers' baseline and follow-up assessments).

Data from the 2018 Wellness Coordinator Surveys indicate that SHIP tripled the number of employers who added healthy food options at company functions and doubled the number of employers who have breastfeeding friendly rooms. SHIP employers overwhelmingly reported observing positive changes in healthy eating and physical activity among their employees:

- Seventy-three percent of employers observed improvements in healthy food and beverages consumed by employees at work.
- Sixty-seven percent of employers noticed positive changes in physical activity among employees.

INJURY & VIOLENCE PREVENTION

MDH's Injury and Violence Prevention Section supports programs that help reduce the risk of injury and violence. Its staff includes epidemiologists, research scientists, program coordinators, prevention specialists, and administrative support. This section sponsors several injury and violence prevention activities, including specific plans and initiatives addressing:

- Substance use disorders and opioid use,
- Human trafficking,
- Occupational health,
- Sexual violence prevention,
- Suicide prevention,
- Sudden unexpected infant death, and
- Traumatic brain and spinal cord injury.

Employment:

VOCATIONAL REHABILITATION SERVICES

Vocational Rehabilitation Services (VRS), a division of the Minnesota Department of Employment and Economic Development (DEED), empowers Minnesotans with disabilities to achieve their goals for competitive, integrated employment and career development.

VRS administers several programs and projects, the largest of which is the Vocational Rehabilitation (VR) program, with an annual budget of nearly \$60 million and more than 300 staff. The VR program provides specialized, one-on-one employment services for individuals with disabilities such as job counseling, job search assistance, training, and job placement services.

VR is a federal-state partnership, with most of the funding coming through a federal grant that requires a state match. In federal fiscal year 2020, Minnesota received \$42,740,250, about 75 percent of its total funding, through a grant from the U.S. Department of Education. The state match is a \$14.3 million appropriation from the State of Minnesota.

Pre-Employment Transition Services (PRE-ETS) is an important sub-category of the VR program, mandated by the federal Workforce Innovation and Opportunity Act (WIOA) of 2014. WIOA requires the state VR program to reserve at least 15 percent of its federal appropriation for the provision of services to students from ages 14-21 years old. In federal fiscal year 2020, the total amount of federal grant funds used for these services is \$6,374,138 and the state match appropriation is \$1,725,148, for a total just shy of \$8.1 million.

WIOA requires the VR program to provide early career preparation for students with disabilities who are potentially eligible for the VR services. The law prescribes a narrowly defined set of services for a population that has traditionally not received these services from the VR program. The services are Job Exploration, Work Readiness Training, Work Experience, Training or College Exploration, and Self-Advocacy Training. In 2019, VRS created 23 new staff positions dedicated solely to the provision of Pre-ETS to students in every Minnesota school.

A little over thirteen percent of the total participants were people with intellectual disabilities, or 2,063 out of 15,013 participants, with an average serious functional limitation (SFL) score of 4.6, the highest of all the primary disability groups.

Demographics of VRS participants

VRS's 16,151 participants come from all parts of Minnesota, with the most in Hennepin County (3,202).

Most of the VRS participants are white (82 percent). Thirteen percent are Black or African American, 5.8 percent are Hispanic, 4.8 percent are Asian, 3.7 percent are Indigenous/American Indian, and less than one percent are Hawaiian or Pacific Islander.

Fifty-seven percent of participants are men, 42.7 percent are women, and less than one percent did not self-identify their gender.

Disability categories served

The population VRS serves has become more complex since the passage of WIOA, specifically the implementation of Section 511 requirements. Section 511 places limitations on the payment of subminimum wages to ensure that individuals with disabilities have access to information and services that will enable them to achieve competitive integrated employment. Individuals who may previously have been "tracked" into subminimum wage situations are now seeking competitive integrated employment through VRS.

Table 8. Participation in VRS by primary disability

Primary disability	Number served by VRS in 2018	Percentage change in number served from 2015 to 2018
Intellectual Disability	2,207	+61.9%
Autism	3,013	+50.0%
Traumatic Brain Injury/Stroke	535	-01.1%
Other Mental Impairments	354	-01.9%
Serious Mental Illness	4,956	-05.4%
Other Physical Impairments	899	-13.1%
Learning Disabilities	2,509	-16.7%
Orthopedic/Neurological Disorders	984	-20.7%
Deaf/Hearing Loss	520	-22.8%
All Other Impairments	78	-30.4%
Chemical Dependency	96	-34.7%
Total	16,151	

Federal law requires VRS to offer the full range of services to all eligible individuals unless it has insufficient resources to offer those services to all. In such instances, the state must establish an “order of selection” – or a priority for service – based on the number of life skill areas in which a person has significant limitations to employment. Minnesota has established four such priority categories. Within this order of selection, persons with limitations in three or more functional areas must be served first, followed by those with fewer limitations to employment. Because of resource shortages, three of the four priority categories have been closed since 2011.

Outcomes of VRS

Participation

Table 9. Measures of participation

Measure	Number in 2013	Number in 2015	Number in 2018
New consumers accepted for services	5,898	6,638	6,322
New employment plans created	4,508	5,522	5,406
Consumers completing an employment plan and attaining employment	2,873	2,947	2,605
Participating employers	1,991	2,012	1,908
Active caseload at the end of the year	10,242	10,231	10,254

Wages

A total of 2,605 VRS participants saw outstanding improvement in terms of wage increases. Upon finding employment, wages increased an average of 377 percent. For example, the weekly average wage at application was \$73, while the weekly wage upon finding employment was \$348.

Table 10. Average hours and wages by type of employment

Type of employment	Number of placements	Average hours per week	Average hourly wage	Average weekly earnings
Competitive integrated employment	2,146	26.7	\$13.00	\$366.55
Self-employment	20	22.3	\$22.77	\$473.93
Supported employment (short-term)	26	22.9	\$12.17	\$290.44
Supported employment in a competitive integrated employment	413	23.0	\$11.37	\$247.75
All	2,605	25.7	\$12.80	\$347.78

Job placements

Table 11. Job placements by broad category

Job category	Number of placements	Average hours per week	Average hourly wage
Office and administrative support	453	26.1	\$12.46
Food preparation and serving-related	431	20.8	\$10.69
Production, construction, and mechanics	334	33.3	\$14.19
Sales and related	293	23.9	\$11.18
Building and grounds cleaning and maintenance	268	20.4	\$11.54
Transportation and material moving	240	31.9	\$12.93
Human services and health care	234	28.9	\$16.73
Personal care and service	192	23.3	\$11.67
Other professional	89	36.2	\$20.60
Other	68	24.4	\$15.69
All	2,602	25.7	\$12.80

MEDICAID FUNDED DAY PROGRAMS

The Olmstead Subcabinet approved the Employment First policy in 2013. DHS reported that in 2019, 30,677 people with disabilities had some type of earned income. During July 2018 - June 2019 there were 10,420 people in competitive integrated employment earning at least \$600 a month. DHS added three new waiver services during 2018 including employment exploration, employment development, and employment support services.

Factors impacting performance include:

- **Improving economy:** During the same time period of this data, the overall unemployment rate in Minnesota fell from 4.2 percent in June of 2014 to 3.5 percent in June of 2017 to 2.9 percent in June 2018. In June 2019, it was 3.2 percent.
- **Increased awareness and interest:** Providers and lead agencies are paying attention to people’s goals to work in competitive integrated employment.
- **Implementation of the Workforce Innovation and Opportunities Act (WIOA):** Signed into law in July 2014, this act amended Section 511 of the Rehabilitation Act and placed additional requirements on employers who hold special wage certificates to pay people with disabilities subminimum wages. In response to WIOA requirements, some employers may have increased

wages to above minimum wage or some service providers may have put greater emphasis on services leading to competitive integrated employment. During this period, however, there was not a similar growth in employment among people with disabilities at the national level.

- **Interagency efforts to increase competitive integrated employment:** During the time period of this data, DHS, DEED, and MDE have all made efforts to meet Minnesota's Employment First Policy and Olmstead Plan goals. This included interagency coordination and projects contained as part of the employment section of Minnesota's Olmstead Plan.

TRANSITION SERVICES

The latest data from 2018 indicates that over 700 students with a developmental cognitive disability were placed in competitive integrated employment.

Of the 7,212 students with disabilities who graduated in 2018, there were 2,151 students (29.8 percent) who enrolled in an accredited institution of higher education in fall 2018. This was a decrease of 1.4 percent from the baseline.

Beginning in 2015, the state's longitudinal data base (SLEDS) also provided disaggregated data by student race and ethnicity. This information includes the percentage of students with disabilities within five racial or ethnic groups that graduated and subsequently enrolled in an accredited institution of higher education in the fall of that year.

Minnesota saw a decrease in the percentage of students with disabilities enrolling in institutions of higher education through the fall of 2018. The trend for students with disabilities follows the trend for all students in general. During the same time period, enrollment in an accredited institution of higher education for students without disabilities declined by 2.9 percent (from 74.5 percent in 2014 to 71.6 percent in 2018). To be considered enrolled in an accredited institution of higher education for the purposes of SLEDS reporting, a student must be on a credit earning track towards a certificate, diploma, two- or four-year degree, or another formal award.

Analysis of the reported data included comparisons with other postsecondary outcomes data for students with disabilities available in SLEDS. Current SLEDS data indicates that 3,332 (46 percent) of students with disabilities who graduated in 2018 were subsequently employed in competitive integrated employment, which is an increase from 45 percent in 2017. While Minnesota saw a decrease in the percentage of students with disabilities enrolling in accredited institutions of higher education, the data suggests the possibility that other students may be accessing work-related job-specific skills training and certificate programs, including those available from technical colleges. Minnesota continues to have a strong employment outlook and many students with disabilities may be choosing to enter the job market in entry-level positions, gaining experience and independence, or saving money for college as higher education expenses continue to be on the rise.

Based on a review of disaggregated data, a targeted activity was designed to increase successful postsecondary enrollment results for Black and Indigenous/American Indian students with disabilities. This aligns with MDE's current federal State Systemic Improvement Plan (SSIP). In 2019-20, MDE staff have initiated a new partnership with the career and technical education staff of Minnesota State (formerly Minnesota State Colleges and Universities), including disability supports coordinators in the

Minnesota State system. During 2019-20, MDE also continued ensuring ongoing print and online accessibility of the Postsecondary Resource Guide. MDE staff publicize online training resources that are currently located on the Normandale Community College website.

Informal and formal services and supports:

SOCIAL SERVICES

DHS is the primary supervisory state agency while 87 counties, 11 Indigenous tribal nations, and several managed care organizations administer services. People must apply for services through their local county social service agency or lead agency. There are a wide range of social services, income support, health care, and long-term services available.

CHILD WELFARE

Minnesota has various programs to help children who may not be in safe environments. County and tribal child protection workers work with families to prevent child maltreatment or, in some cases, work with the courts and law enforcement to remove children from the home if they are in harm's way.

Children who have been victims of sex trafficking can get help under the Safe Harbor law. Under the Safe Place for Newborns law, mothers can anonymously leave their unharmed babies born in the past seven days at a safe place without fear of prosecution.

Racial disproportionality remains a significant concern for children in out-of-home placement, as indicated below:

- White children remain the largest group, both entering and continuing in care in 2019, accounting for 47.2 percent of enterers and 40.2 percent of continuers.
- Indigenous/American Indian children comprised the second largest group of continuers, at 23.7 percent.
- Children of two or more races comprised the third largest number and percentage of enterers, at 16.7 percent

Some children who experienced out-of-home care have disabilities and may need additional support while in out-of-home placement. These range from learning and physical disabilities, emotional disturbances to Fetal Alcohol Spectrum Disorders. Data show that 23.4 percent of children who entered care in 2019 had an identified disability, while 31.2 percent of continuers did. For children who entered or continued in care in 2019 with an identified disability, the most common was severe emotional disturbance (14.2 percent for enterers and 17.1 percent for continuers).

Disparities in reports of maltreatment of children

Consistent with Minnesota's general population of children, the largest group with a screened in maltreatment report and a subsequent completed assessment or investigation are white.

Children who are African American, Indigenous/American Indian, and those who identify with two or more races, were disproportionately involved in completed maltreatment assessments and investigations.

Adjusted to population rates, Indigenous/American Indian children were 4.8 times more likely to be involved in completed maltreatment assessments/investigations than white children, while children who identify with two or more races were 4 times, and African American children 2.6 times more likely.

Between 2018 and 2019, most groups saw minimal increases or decreases in the number of alleged victims. In contrast, Indigenous/American Indian children saw a decline of 7.7 percent from 2018.

Minnesota child welfare agencies struggle with opportunity gaps for families of color and Indigenous/American Indian families across all systems serving children and families. The disproportionality seen in child protection is further evidence of this gap in services and opportunities.

Just over 15 percent of children who had screened in maltreatment reports in 2019 had a known disability (some disabilities may be undiagnosed). This rate of disability is 5 times more frequent than in the general population of children.

FAMILY SUPPORT POLICIES AND EFFORTS

"Support Families, Don't Supplant Families" has been the driving principle since the mid-1970s. Minnesota was the second state to create a family support program to assist families with a cash subsidy. This program began in 1976 and is still available. In 1984, the first Home and Community Based Waiver was made available to individuals and families and greatly expanded support for families. Over 15,000 individuals with developmental disabilities receive waiver services, which is described in more detail in a later section of this plan.

When Congress passed TEFRA, which allowed families to receive Medicaid services, other waivers followed targeted to children with chronic health care conditions, individuals with brain injuries, other disabilities including mental health issues and for individuals who are elderly and have a disability. Centers for Medicare & Medicaid Services required Minnesota to update the state licensing rule in 2014. Minnesota Statute 245D has multiple references that support families, including support of in-home crisis respite, family care, family training, in-home family support and informal and formal supports. Minnesota Statute 245D also aligns to the other family standards and other family programs.

AGING

There are one million older adults in Minnesota and that figure is growing rapidly. In 2020, the number of older adults in Minnesota over age 65 will exceed the number of children under age 18.

Older adults may face challenges related to financial security, housing, transportation, healthcare, employment, and social service needs. In addition, thousands of direct support workers and the estimated 650,000 family and friends who provide unpaid caregiving are struggling to meet the ever-increasing demand for care.

Only about [6 percent of Minnesota seniors are People of Color](#), compared to 18 percent of working-age people and 28 percent of children. Older Minnesotans are also [less likely to be foreign born](#) than working-age adults (5 percent of seniors, vs. 10 percent of people ages 20-64).

There are currently about 806,000 adults age 65 and older in Minnesota, making up about 15 percent of the population. Two decades from now, that population is projected to top 1.3 million, and more than

one out of every five Minnesotans will be an older adult. Twenty years from now is also when Minnesota is expected to hit the peak "retirement-to-working-age ratio," with nearly two retirement-age adults for every five working-age Minnesotans, compared to the current 1-to-5. This huge demographic shift will have widespread impact on Minnesota's economy, health care system, and social services.

Most rural Minnesota counties have a higher proportion of older residents than the Twin Cities. Many of these counties already have a [ratio of one senior for every three working-age adults](#), compared to 1-to-5 or 1-to-6 ratios in the Twin Cities and suburbs. Communities in rural Minnesota face unique challenges in meeting the needs of aging populations and changing economies, including maintenance and development of transportation and other infrastructure, access to broadband, shifts in traditional industries, and stagnating or declining working-age populations.

Traditional retirement age is 65 years, but we know that many older adults continue working for years or decades after their 65th birthday. About a quarter of 65-74-year-olds are still in the workforce, along with 6 percent of adults 75 and older. Projections show that Minnesota will have 3.1 million jobs in 2024, but only about 2.7 million working-age adults employed. Older adults could help fill about half of the shortfall if current employment levels continue.

Governor Tim Walz signed Executive Order 19-38, establishing the Governor's Council on an Age Friendly Minnesota, and formalizing his commitment to making Minnesota the best state to live in at any age.

INDEPENDENT LIVING AND OTHER SERVICES

In 2020, a total of 6,264 Minnesotans were served by the state's eight Centers for Independent Living (CILs). The state provided over \$3 million in funding for CILs in 2020, with an additional \$1.5 million in federal funding.

The Minnesota Statewide Independent Living Council (MNSILC) is authorized under the Federal Workforce Innovation and Opportunity Act (WIOA). Members are appointed by the Governor to provide guidance to Minnesota's independent living services. MNSILC's main responsibilities are to develop, monitor, review, and evaluate a State Plan for Independent Living (SPIL). The MNSILC advances the philosophy of independent living and promotes the integration and full inclusion of people with disabilities into Minnesota communities. The MSILC will engage Minnesota communities to recognize and champion the critical needs of people with disabilities and promote statewide coverage by CILs.

PEER SUPPORT

As of December 31, 2020, there were 71 certified peer support specialists employed by Assertive Community Treatment (ACT) teams, Intensive Residential Treatment Services (IRTS), and crisis residential facilities. Of the 71 employed peer support specialists, 28 are employed by ACT teams and 43 are working in IRTS and crisis residential facilities. Most of the positions with ACT teams are full time. The number of full time positions in IRTS is increasing. These numbers do not reflect the number of peers working in Adult Rehabilitative Mental Health Services (ARMHS), advocacy organizations, or community support programs. The number of billable hours in ARMHS has been steadily increasing until recently.

As of December 2020, a total of 1,289 individuals have successfully completed the peer training. Some, but not all, Certified Community Behavioral Health Clinics have peers at their clinics. Peers are also being

hired as non-reimbursable staff in Community Support programs and several housing programs include a peer support specialist. DHS will continue to identify the barriers of employment for certified peer specialists, and possible strategies to address the barriers.

FAITH-BASED COMMUNITY EFFORTS

Minnesota congregations have benefited from several regional and national programs in building inclusive programs.

- **Joni and Friends** serves Minnesota, North Dakota, South Dakota, Nebraska, and Western Wisconsin. This organization works with local churches and organizations to provide outreach programs that minister help and hope to those who face the daily challenges of life with a disability.
- **The Accessible Congregations Campaign of the United States National Organization on Disability** works to have congregations commit to addressing all types of barriers to make their congregations more inclusive.
- **BeFrienders Ministry** is a social ministry that has provided the opportunity for many social ministers to befriend people with intellectual disabilities.
- **Faith in Action** projects funded by the Robert Wood Johnson Foundation supported congregation members to put their faith into action by befriending isolated and marginalized people.

VOLUNTEERING AND CIVIC ENGAGEMENT

In Minnesota, 34 percent of people with developmental disabilities responding to the National Core Indicators adult consumer survey reported they were engaged in volunteer activities. The Council's surveys indicate similar findings. However, during the pandemic, all Quality of Life indicators were suppressed including outings, relationships, and decision-making. Thirty-six percent of Minnesota adults age 65+ report [volunteering in the past year](#), the fourth highest percentage in the nation. Minnesota's older adults are also the [most likely of any age group to vote](#). And 74 percent of Minnesotans age 65+ [report helping or being helped by a neighbor in the past year](#).

DISABILITY HUB

The Disability Hub is a free, statewide information and referral service for disability-related questions. The Hub achieves its mission through a network of experts, tools, and partnerships that bridge systems and focuses on helping people create their best life. The service is a collaborative partner in the Aging & Disability Resource Center initiative. Services include information, referral, and assistance; options counseling; and follow-along. In Calendar Year 2019, the staff handled 84,566 contacts serving 28,851 people. The most frequent topics were health benefits; public cash benefits; and housing and benefits counseling. Ninety-six percent of users indicated that the Hub was helpful.

LONG-TERM SERVICES AND SUPPORTS

Long-term services and supports are a spectrum of health and social services that support Minnesotans who need help with daily living tasks.

Under Medicaid, the services generally consist of ongoing care or supports that a person needs to manage a chronic health condition or disability. The services can be provided in institutional settings,

such as hospitals and nursing homes, or in people's homes and other community settings. Federal law requires all state Medicaid programs to cover these services when provided in an institutional setting or nursing facility.

For more than 35 years, Minnesota has expanded this coverage to individuals receiving services in their homes and communities, which is often more effective and desirable than an institutional setting. To ensure that people with disabilities and older adults enjoy the same quality of life as other Minnesotans, the services and supports that they depend on must be available in the homes and communities where they choose to live. Home and community-based services are generally more cost effective and preferred by the people who rely on services. More Medicaid enrollees receiving long-term care services and supports choose home and community-based services in Minnesota each year.

Minnesota has a long history of working to help all people live with dignity and independence. By 1995, Minnesota had shifted from predominantly institution-based care to predominantly home and community-based care. Today, 83 percent of Minnesotans receiving long-term services and supports get them through home and community-based services. Minnesota has received federal approval to use Medicaid dollars to pay for these services through its home and community-based services waiver programs. These programs allow Medicaid to pay for services for people in their homes and communities if the services would otherwise be eligible for coverage in nursing facilities or hospitals.

DHS administers waiver programs in collaboration with county and tribal social services and public health programs. The vast majority of Minnesota's Medicaid spending on long-term care services and supports goes to enrollees in home and community-based waiver programs. For example, more than 90 percent of Medicaid long-term care spending for people with disabilities in Minnesota goes toward services provided in the community. Home and community based waivers are further described in a separate section of this plan.

Future trends for long-term services and supports

As the baby boom population ages, the sheer number of people who will need long-term services and supports (LTSS) when they are older will increase. By 2030, Minnesotans age 60 and older will number nearly 1.6 million and constitute 26 percent of the state's population. With this demographic shift we will also witness the following trends:

- More people will need publicly funded services because they will not have the resources to pay for it themselves.
- Fewer family members will be available to provide support, especially intensive personal care, to their loved ones.
- A deepening workforce shortage will continue to strain the formal LTSS system.
- More people will experience behavioral health challenges and social isolation.

If we do not do anything differently in terms of our LTSS policies and programs, we will not meet the level of need projected into 2030. At the same time, we will also be experiencing the most significant shift in the race, ethnicity, and cultural heritage of our population.

Thus, preparing for 2030 must include every cultural and ethnic community determining what their future looks like and how they want to support their older community members. Preparing for 2030 also

includes acknowledging and tackling health disparities by building the capacity of culturally specific providers and meeting the cultural and linguistic needs, values, and preferences of older adults and their caregivers from cultural and ethnic communities.

Supported living services

As part of 2020 Medicaid Reform, Minnesota established the Community First Services and Supports (CFSS) program to replace the Personal Care Assistance program, giving participants more choice and control over services, including the option to be the employer of their own support workers. When CFSS is implemented in the state, it will assist and support persons with disabilities, the elderly, and others with special health care needs to live independently in the community.

The Disability Services Division (DSD) provided 54,561 people with disabilities home and community-based waivers in state fiscal year 2019 and provided 44,025 people with personal care assistance (PCA) services in the same fiscal year.

The DSD administers programs to assure access to services, facilitates community engagement, provides technical assistance, develops service capacity, and provides general program oversight and guidance. According to DSD, 91.7 percent of LTSS funding is spent on community services and not institutions.

DSD operates an innovation grant fund to support the Minnesota Olmstead Plan vision and outcomes to help people with disabilities choose how to live, learn, work and enjoy life in the most integrated settings.

The Governor created a Blue-Ribbon Commission to come up with cost savings and a top priority is to curb residential service costs (which is primarily aimed at curbing assisted living expansion).

DSD is also working on a modification of four waivers into two waivers called Waiver Reimagine.

Semi-independent living services

Semi-independent living services (SILS) include training and assistance in managing money, preparing meals, shopping, personal appearance and hygiene, and other activities needed to maintain and improve an individual's capacity to live in the community. SILS are state and county funded.

Supervised living facilities

The Minnesota Department of Health licenses treatment and rehabilitation programs within Supervised living facilities (SLF), such as detoxification programs, CD treatment programs, residential facilities for adults with mental illness, and residential intermediate care facilities for persons with developmental disabilities (ICFs/DD). A report was submitted to the Olmstead Subcabinet reported on race and out of home placements in a variety of residential settings, from board and lodge to supervised living facilities. The numbers were not reported by disability type. Of the individuals living in residential settings, African-Americans were overrepresented.

Interagency Initiatives:

ASSISTIVE TECHNOLOGY

A System of Technology to Achieve Results (STAR) is Minnesota's Assistive Technology Act Program and is located within the [Minnesota Department of Administration](https://mn.gov/admin/) (<https://mn.gov/admin/>). STAR's mission is to help all Minnesotans with disabilities and older adults gain access to and acquire the assistive technology they need to live, learn, work, and play. The STAR Program is federally funded by the Department of Health and Human Services, Administration for Community Living under the [Assistive Technology Act of 1998, as amended \(P.L. 108-364\)](#), also known as the Assistive Technology Act of 2004. STAR works collaboratively with partners to increase statewide access to assistive technology.

STAR services include:

- **Device demonstrations:** Device demonstrations are provided at no cost and allow consumers to compare the features and benefits of the equipment.
- **Loans:** Device loans are also provided to Minnesotans at no cost. Loans help users borrow a device for a specific time of need or to “try before you buy.” Loans can be short-term or open-ended.
- **Training:** Online assistive technology training is available to all on the STAR website. Types of training include [Accessible Word document training](#) and [Tools For Your Future](#).
- **Information and assistance:** Minnesotans can call or email STAR with specific questions about identifying, accessing, or using assistive technology.

COMMUNITY SERVICES AND INDIVIDUAL SUPPORTS

In 2020, progress continued in the movement of people from segregated to integrated settings, including:

- 77 individuals leaving ICFs/DD settings for more integrated settings;
- 693 individuals with disabilities under the age of 65 leaving nursing facilities (who had lived in nursing facilities more than 90 days);
- 913 individuals moving from other segregated settings to more integrated settings; and
- Fewer individuals waiting to access a DD Waiver, with 59 percent receiving approval for funding within 45 days.

The 2020 Annual Olmstead Report also indicated increased system capacity, including:

- Improvement in person-centered planning meeting criteria (5 of 8 elements are at or above 97 percent);
- Increased use of integrated housing by 1,132 individuals with disabilities in one year;
- Over 3,405 individuals receiving services from VR, State Services for the Blind (SSB), school transition programs, and DHS Medicaid funded programs;
- An increase in the number of students receiving education in the most integrated setting; and
- Approximately 95 percent of individuals discharged from a hospital because of a crisis receiving appropriate community services.

CASE MANAGEMENT REFORM

The Minnesota Legislature directed the Minnesota Department of Human Services (DHS), in consultation with external stakeholder groups, to develop specific recommendations and language for proposed legislation to redesign case management funded by Medicaid. DHS partnered with multiple stakeholders (including the Council) beginning in 2012 to address the legislative mandate.

As a result of that initial work, DHS submitted a legislative report in 2013 describing the effort to redesign all types of case management services within multiple divisions at DHS.

In 2014, a subsequent report outlined additional work required to consolidate the definitions, activities, standards, and rates (where appropriate) for case management services.

In 2015, DHS established a Leadership Alignment team consisting of leadership from DHS, counties, and tribes, and began an information gathering phase to assemble, synthesize, and make recommendations regarding next steps in the case management redesign initiative. The Leadership Alignment team assembled an initial design team to create a draft service design to ensure consistency in what everyone can expect and what everyone can rely on when receiving case management services. DHS gathered additional feedback from stakeholders on the case management redesign and, as of the most recent update, expect to submit a funding request to the legislature in 2021 to implement a case management reform plan.

HOME AND COMMUNITY-BASED SERVICES SETTINGS REVIEW PANEL

Newly established federal rules must be enacted by March of 2023 to assure services are more person-centered for individuals receiving publicly funded, long-term home and community-based services (HCBS). DHS has developed standards to meet these new federal rules, as well as a transition plan for assisting service providers across the state to comply. Part of a successful transition across the state involves a closer assessment of settings that are "presumed not to be HCBS" to determine whether the state believes these settings are in fact HCBS.

DHS established an HCBS Settings Review Panel of 11 diverse members to review cases when DHS does not believe the setting is HCBS or public comment raises concern that the setting has institutional or isolating qualities. The HCBS Settings Review Panel met six times in 2019-2020.

VULNERABLE ADULT ACT REDESIGN

The Vulnerable Adult Act (VAA) establishes Minnesota state policy for the reporting, investigation, and service response to suspected abuse, neglect, or financial exploitation of vulnerable adults. Over eighteen months, throughout 2019 and 2020, DHS worked to get stakeholder input, including from the Council, on how to develop a more person-centered and equity-based adult protection system. The focus of the effort was on Adult Protective Services (APS), currently administered by counties and responsible for the majority of reports received about alleged maltreatment of vulnerable adults.

The VAA redesign effort gathered feedback from community members, including people with disabilities. Feedback also came from advocates, providers, APS workers, law enforcement, national experts, and others. In 2020, a diverse group of knowledgeable stakeholders worked together to develop a set of recommendations for how to redesign the VAA as it relates to APS response. In 2021,

DHS will work to respond to the recommendations and develop potential policy proposals or recommendations to revise state statutes.

SPECIAL EDUCATION

The Governor's Interagency Coordinating Council (ICC) advises and assists the Minnesota Department of Education in the planning, coordination, and delivery of a statewide, interagency system of services to children birth to five with special needs and their families. ICC is responsible for fulfilling the duties required in federal law which are further defined in Minnesota Statutes, section 125A.28. Members must include parents of children with disabilities, public and private service providers, and advocates, including representatives from state and local education, health and human services, higher education, and the state Legislature.

The Special Education division of the Minnesota Department of Education (MDE) also sponsored two additional interagency groups and they included:

- Assistive Technology Advisory Group to review and provide feedback on updates to the Assistive Technology Manual.
- Workforce Retention and Recruitment Workgroup to develop strategies to increase special education teacher recruitment and retention.

HEALTH CARE HOMES

Stakeholder engagement for Health Care Homes rulemaking

The Minnesota Department of Health (MDH) engaged in rulemaking to improve the Health Care Homes (HCH) program and update the rules. In 2019, MDH held seven community engagement events throughout the state to gather stakeholders' input, including the Council's, on proposed changes to the rules. Feedback was gathered around individual and community health, community partnerships, and health equity. "What works," successes, and barriers were identified in each of those areas by stakeholders. The top health priorities in the community identified by stakeholders were access to care, mental health services, and transportation. There are several next steps in the rulemaking process to complete before publication and final adoption.

Health Care Homes program and process assessment

An external assessment of the HCH program was conducted in 2019. The assessment collected input through interviews, focus groups, and a survey. The assessment resulted in the following key recommendations:

- Consider clinics' concerns about billing and reimbursement in future iterations of the program.
- Develop approaches and materials to motivate clinics to join the HCH program, recognizing the "cost-benefit analysis" that many clinics struggle with when deciding whether to pursue certification or recertification.
- Retain the aspects of the program that certified HCH programs find more user-friendly and make improvements to the certification requirements in those areas that HCH find most tedious or difficult to understand.
- Streamline aspects of certification and recertification.

OLMSTEAD COMMUNITY ENGAGEMENT WORKGROUP

The Olmstead Subcabinet created the Community Engagement Workgroup (Workgroup) to review and provide feedback to improve efforts to communicate with and engage community members. The 2019 - 2020 Workgroup members provided input to the Olmstead Implementation Office on how to improve the:

- Public comment form and process for providing public comment, whereby feedback is gathered to update the Minnesota Olmstead Plan;
- Olmstead communication plan; and
- Olmstead evaluation plan.

STATE TASK FORCE ON EMPLOYMENT AND RETENTION OF EMPLOYEES WITH DISABILITIES

The Council assisted in writing the legislation that required a study of employment and retention of employees with disabilities in state government. An interagency team met for 16 months and prepared a report that has been converted into a bill that is currently being considered by the Legislature. Every statute under Chapter 43A was reviewed and several sections were updated to bring Human Resources practices into the 21st Century.

CHILDREN'S CABINET AND ADVISORY COUNCILS

The Early Learning Council, which was established by Executive Order in 2011, was eliminated by Governor Tim Walz in August 2019 and simultaneously replaced by the State Advisory Council on Early Childhood Education and Care. This Executive Order also created the Governor's Children's Cabinet Advisory Council. Both Councils provide recommendations and guidance to the Governor's Children's Cabinet, established in statute in 2018, which includes the Governor, Lieutenant Governor, and leaders from across state agencies that touch or impact Minnesota children and families. The new Governor's Children's Cabinet Advisory Council is made up of 15 members appointed by the Governor and seeks to have representation from families with children who have disabilities.

GOVERNOR'S WORKFORCE DEVELOPMENT BOARD

The Governor's Workforce Development Board (GWDB) has a responsibility to advise the Governor on Minnesota's workforce system. The Board represents key leaders from business, education, labor, community-based organizations, and government. The GWDB is mandated and funded by, and has statutory responsibility under, the federal Workforce Innovation and Opportunity Act (WIOA). The GWDB provides a venue for workforce stakeholders building on a shared vision and mission and is further defined by Minn. Stat. Sec. 116L.665.

In 2017, the GWDB approved an Equity Committee to address Disparities for Individuals with Disabilities in Training and Employment to advise and provide recommendations to the Governor to support his agenda or identify priorities to address equitable opportunities for disabled communities facing the greatest barriers to employment. In December 2018, the Committee submitted a report to the Board with four recommendations which focused on funding, improving, and expanding vocational rehabilitation services.

STATE REHABILITATION COUNCIL

The State Rehabilitation Council (SRC) guides decisions about Minnesota's Vocational Rehabilitation Services (VRS) program, which serves thousands of people with severe disabilities statewide by helping them reach their vocational goals. The SRC was created under state law and WIOA and its members are appointed by the Governor. The SRC developed a state plan for 2020-2023 to guide Minnesota's VRS programs.

June 2020 marked the 100th anniversary of the public VRS program, which was acknowledged in the SRC's 2020 annual report. Currently, a Council member also serves on the SRC as an advocacy organization representative.

Quality Assurance:

MONITORING

Several agencies are involved with monitoring abuse, neglect, and exploitation:

- The Olmstead Subcabinet;
- MN Office of the Attorney General;
- Ombudsman Office for Mental Health and Developmental Disabilities;
- Office of Health Facility Complaints (Department of Health); and
- Medicaid Fraud Unit, Surveillance and Utilization Review System and the Licensing Division, all in the Department of Human Services.

The Council works closely with each agency.

OLMSTEAD SUBCABINET: PREVENTION OF ABUSE AND NEGLECT

Below is information about the following initiatives related to preventing abuse and neglect of people with disabilities:

- The Olmstead Comprehensive Plan for the Prevention of Abuse and Neglect of People with Disabilities,
- Treat People Like People Campaign,
- Minnesota Adult Abuse Reporting Center (MAARC),
- Research on the extent and impact of sexual abuse of people with disabilities, and
- Taskforce on Officer Involved Shootings.

Three other initiatives will be described in later sections including the Bill of Rights project with the Minnesota Department of Health; the Ambassadors for Respect anti-bullying program; and analysis of the Minnesota Student Survey results in 2019.

The Olmstead Comprehensive Plan for the Prevention of Abuse and Neglect of People with Disabilities

Background

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

Why this is important

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

Extent of the problem

Nationally, the rates of violent crime victimization, including sexual violence, against people with disabilities are higher than rates for people without a disability. DHS and MDH have seen an increase of over 2,000 maltreatment reports of vulnerable adults from 2012 through 2016. For people with disabilities, in the last five years, reports of neglect have increased 38 percent, reports of abuse have increased by 26 percent, and reports of financial exploitation have increased by 58 percent. These increases followed the implementation in 2015 of a centralized statewide common entry point for reporting maltreatment of vulnerable adults, which has increased efficiency in reporting.

According to the Minnesota Ombudsman for Mental Health and Developmental Disabilities (OMHDD), the numbers of deaths and serious injuries for persons with developmental and mental health-related disabilities have increased, but the cause is uncertain. Students with disabilities are more likely to be victims of abuse, bullying, and harassment than students without disabilities.

Current system

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

The role of the Minnesota Olmstead Plan

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

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

Overview of recommendations

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

Summary of recommendations

1. Create primary prevention strategies that focus on removing the causes of abuse and neglect before it happens.
2. Provide education that focuses on ensuring people with disabilities have the knowledge and skills necessary to exercise their rights to protect themselves from abuse and neglect.
3. Provide education for family members and supporters on the importance of autonomy and self-choice for people with disabilities in reducing the individual's risk of abuse and neglect.
4. Increase awareness and education of the general public on how to report suspected abuse and neglect and where to access services and support for survivors.
5. Educate disability service providers, adult and child protection agencies, criminal justice systems, health care providers and others on the incidence of abuse and neglect, effective response models, and each other's roles in the system.
6. Prevent re-victimization by treating the immediate needs of victims and creating a system of accountability to stop perpetrators from re-offending.
7. Complete routine data analysis to identify priority areas to target long term prevention strategies, reduce abuse and neglect, promote healing, and prevent re-offending.

This comprehensive prevention plan, when fully implemented, aims to reduce the likelihood of abuse occurring, and when it does occur, people with disabilities will receive timely and effective response, protection, and support.

The Prevention Plan builds on Minnesota's Olmstead Plan focus to elevate the status of people with disabilities in our society by ensuring that they are leaders and partners in the State's comprehensive abuse and neglect prevention efforts.

Considerations for implementation of recommendations

The Specialty Committee calls for these recommendations to apply to all parts of Minnesota, all disabilities, all ages, all races, and all ethnic groups. Additionally, these recommendations will have the

greatest impact when they engage all people in Minnesota to help prevent abuse and neglect. Many of these recommendations can build on current elements of the existing Minnesota Olmstead Plan and could be implemented within the coming year. Other recommendations will need more discussion and planning with many other stakeholders over the next few years.

Treat People Like People

"Treat People Like People - Abuse Stops With Us" is a high-profile, new statewide public education campaign designed to raise awareness of abuse of adults with disabilities.

The campaign was initiated by the Minnesota Office of Ombudsman for Mental Health and Developmental Disabilities (OMHDD), and the Council. Russell Herder, a Minneapolis-based strategic marketing and advertising firm, was retained to develop the multimedia awareness plan and campaign.

In response to increased reporting of abuse and neglect of vulnerable adults, OMHDD and the Council have developed a plan to raise awareness of abuse and mistreatment and educate people with disabilities, their families and guardians, mandated reporters, and the general public on how to identify and report instances of abuse.

An overarching goal of the campaign was to show that individuals living with disabilities are valuable, unique human beings deserving of respect and inclusion. To help deliver this message, people with disabilities shared, in their own voices, their experiences, and their stories.

In one of the videos produced for the campaign, Sarah describes the struggles she experiences communicating with her caregivers. "When I've discovered difficulties or problems I am having with staff ... it's that I don't know how to ask for help in the right way, because of my disability," she said.

The videos as well as tools and resources for direct care providers, vulnerable Minnesotans and their families, and the public are available on TreatPeopleLikePeople.org. The online destination helps those in need to respond and to report abuse and neglect.

Minnesota Adult Abuse Reporting Center

Minnesotans can report abuse and neglect against people living with disabilities by calling the Minnesota Adult Abuse Reporting Center (MAARC) at 844-880-1574. This centralized entry point for reporting was created in 2015. Prior to that, each county operated its own reporting system.

Research on the Extent and Impact of Sexual Abuse of People with Disabilities

National data on crime victimization suggests people with disabilities are victimized at a much higher rate than people without disabilities. The Council was particularly concerned about the sexual abuse of people with developmental disabilities, and so launched an initiative consisting of awareness, education, and prevention. The overall goals of the initiative were to keep these crimes from being committed and teach self-advocates how best to protect themselves from becoming victims. When crimes do occur, these self-advocates will be leaders in the pursuit of justice, and critical at every juncture of the criminal investigation and prosecution process.

People with developmental disabilities may not understand what is happening or have a way to communicate the assault to a trusted person. Others with other disabilities may realize they are being assaulted, but do not know that it is illegal and that they have a right to say no. Due to threats to their well-being or that of their loved ones by the abuser, they may never tell anyone about the abuse, especially if committed by an authority figure whom they learn not to question. In addition, people with developmental disabilities are rarely educated about sexuality issues or provided assertiveness training.

Victims with developmental disabilities often suffer repeated victimization because so few of the crimes against them are reported, and even when they are, there is sometimes a reluctance by police, prosecutors, and judges to rely on the testimony of an individual with a developmental disability, making them a target for criminal predators.

Research in the United States was necessary to:

- Understand the nature and extent of crimes against individuals with developmental disabilities;
- Describe the manner in which the justice system responds to crimes against individuals with developmental disabilities; and
- Identify programs, policies, or laws that hold promise for making the justice system more responsive to crimes against individuals with developmental disabilities.

Research began with The National Academy of Science Committee on Law and Justice of the National Research Council, which is a premier research institution with unique experience in developing seminal, multidisciplinary studies to establish a strong research base from which to make public policy.

Also critical to the Review was the National Public Radio (NPR) Investigation of the "Hidden Epidemic of Sexual Assault," by investigator Joseph Shapiro. Shapiro shed new light on the sexual abuse of people with developmental disabilities in his series called "Abused and Betrayed." The articles and interviews aired on National Public Radio/Minnesota Public Radio in January 2018.

Findings from the NPR investigation included:

- Among women with intellectual disabilities, the rate of rape and sexual assault is about 12 times the rate against people without disabilities.
- The numbers don't include people living in institutions or group homes.
- People with intellectual disabilities are more likely to be assaulted by someone they know and during daytime hours.
- For women without disabilities, the rapist is a stranger 24 percent of the time, but for a woman with an intellectual disability it is less than 14 percent of the time.
- Predators target people with intellectual disabilities because they know they are sometimes easily manipulated and might have difficulty testifying later.

The series can be found online: <https://www.npr.org/2018/01/08/570224090/the-sexual-assault-epidemic-no-one-talks-about>.

Shapiro consulted with the Council about his series of reports and also interviewed participants for his reporting. Shapiro interviewed participants of the Partners in Policymaking Class 35 regarding the knowledge gained and benefits received because of their participation in the program.

Working with Law Enforcement

Literature review

The Council's literature review expanded to include some international research and included an extensive bibliography with copies of all articles. The information gathered was invaluable for:

- Encouraging people with developmental disabilities to report crimes;
- Teaching victims how to communicate with law enforcement;
- Assisting police in getting the information and details they need from victims;
- Encouraging law enforcement to investigate and prosecute, as they would in the case of any victim without disabilities;
- Educating attorneys on how to successfully prosecute perpetrators; and
- Harnessing the power of the media in exerting pressure to prosecute these crimes.

Data and information requests

Council staff also completed a Data Information Request and made contacts at police stations in order to gather the most recent local case investigations around sexual abuse of men and women with developmental disabilities who had been assaulted. This data provided:

- Examples of crimes that can and have occurred against people with disabilities.
- Examples of cases that have gone through the criminal justice system in Minnesota.
- The courage that comes with knowing that others have gone through the legal process, and that they are not alone.
- The closure that comes with knowing how cases end, that perpetrators can be punished, and that victims can heal.

Attorney General's Sexual Assault Task Force

The Council's white paper and bibliography were also presented for review by former Attorney General Lori Swanson's Sexual Assault Task Force (Task Force). The Task Force was formed by Swanson after the Star Tribune published a series about breakdowns in how the criminal justice system responds to sexual assault reports by adults.

The Task Force developed several recommendations to improve law enforcement and prosecutorial responses to sexual assault reports. As a result of the Council's efforts, the final report specifically mentioned people with disabilities and the Peace Officer Standards and Training board adopted training standards that included people with disabilities.

The report makes several recommendations for state lawmakers, law enforcement agencies and prosecutors, and includes requiring all Minnesota law enforcement agencies to have written protocols

on sexual assault investigations, and provide funding for law enforcement training. Improved data collection, and changes to victims' rights statutes are also recommended. One key point is how access to victims' advocates should be improved.

Ramsey County study of sexual assault cases

The Ramsey County Attorney, John Choi, released results after a two-year study of sexual assault cases. The Council collaborated and reached out to Ramsey County Public Health regarding their role in advocacy for a prevention approach especially among vulnerable groups. Ramsey County is to be commended for the robust inclusion of people with disabilities in its recent Systems Review. Not only were various types of disabilities studied and reported, but the Sexual Assault Systems Review also included people who live in group homes, a number sadly underreported throughout our review.

Annual Disability Justice Seminar

The Council's Executive Director, Colleen Wieck, Ph.D., presented "Who is left behind in the #MeToo movement?" in Minneapolis at the 8th Annual Disability Justice Seminar. One Minnesota case discussed in the presentation revealed that a male caregiver who worked the overnight shift at a Sauk Rapids group home had been charged with sexually assaulting two female residents with autism. Police believed the abuse occurred over an extended period in 2017, and that the two women, both 20, could have been victimized "as many as 300 times."

SELF ADVOCACY

Materials related to preventing abuse, neglect, and exploitation were modified and added to the Partners in Policymaking curriculum, which educates people with disabilities on how to be their own best advocates for legislative change. The program teaches these self-advocates and parents of children with developmental disabilities to work in partnership with their elected officials to positively change the way people with disabilities live, work, and are educated, in order to enjoy the benefits of being fully integrated and actively involved in their communities. Over the years, Partners has created a strong network of community leaders serving on policymaking committees, commissions, and boards at local, state, and national levels.

RESTRAINT AND SECLUSION

The Minnesota Olmstead Plan (the Plan) has two major goals that target reduction of restraint and seclusion.

Positive Supports Goal 1

Goal statement

By June 30, 2020, the number of individuals receiving services licensed under Minn. Statute 245D, or within the scope of Minn. Rule, Part 9544, (for example, home and community based services) who experience a restrictive procedure, such as the emergency use of manual restraint when the person poses an imminent risk of physical harm to themselves or others and it is the least restrictive intervention that would achieve safety, will not exceed 650.

Positive Supports Goal 2

Goal statement

By June 30, 2020, the number of Behavior Intervention Reporting Form (BIRF) reports of restrictive procedures for people receiving services licensed under Minn. Statute 245D, or within the scope of Minn. Rule, Part 9544, (for example, home and community based services) will not exceed 3,500.

PERSON-CENTERED PLANNING

The Minnesota Olmstead Plan (Olmstead Plan) begins with person-centered planning and person directed supports. DHS assesses person centered plans for a sample of counties every quarter. The Olmstead Subcabinet regularly reports on fidelity of the person centered plans against these eight criteria. The percentage of compliance appears in the parentheses.

1. The support plan describes goals or skills that are related to the person's preferences (97.3 percent).
2. The support plan includes a global statement about the person's dreams and aspirations (83.5 percent).
3. Opportunities for choice in the person's current environment are described (100 percent).
4. The person's current rituals and routines are described (79.3 percent).
5. Social, leisure, or religious activities the person wants to participate in are described (100 percent).
6. Action steps describing what needs to be done to assist the person in achieving his/her goals or skills are described (100 percent).
7. The person's preferred living setting is identified (100 percent).
8. The person's preferred work activities are identified (100 percent).

EXPANDING LEADERSHIP

There are Council members or Partners in Policymaking^R graduates participating on eleven Open Appointment Councils, Boards and Commissions including the following:

- Workforce Development Council—1 individual,
- Ombudsman for Mental Health and Developmental Disabilities—2 individuals,
- Interagency Coordinating Council—3 individuals,
- State Independent Living Council—3 individuals,
- Assistive Technology Advisory Council—3 individuals,
- State Rehabilitation Council (Blind) —1 individual,
- State Rehabilitation Council (General) —1 individual,
- Technology First Council—1 individual,
- Community First Services and Supports Implementation Council—2 individuals,
- State Education Advisory Panel—4 individuals, and
- Minnesota Council on Disability—2 individuals.

Diverse participation on state boards and committees

The Olmstead Plan has set specific annual goals since 2013 to increase membership of people with disabilities on Governor-appointed groups. A total of 246 state boards, commissions, councils, committees, and task forces were administered under Open Appointments, with a total of 2,681 members as of June 30, 2020. This total includes only those members appointed through the Open Appointments process. A total of 3,863 applications were submitted and 1,375 individuals were appointed to fill vacancies or newly created positions during this period.

For 2020, the membership by race/ethnicity included:

- African American or Black: 217
- Indigenous/American Indian or Alaska Native: 121
- Asian or Pacific Islander: 95
- Hispanic: 17
- Other: 347
- White or Caucasian: 1,566
- No Answer: 554

For 2020, 179 members identified as having a disability, while 1,963 did not, and 367 did not specify.

Criteria for eligibility for services:

FAMILY SUPPORT

Family Support Grant funds may be issued to families by counties in the form of cash, voucher, or direct payment to a vendor. The amount of the Family Support Grant is based on individual needs. Eligibility criteria include:

- Children who live in a residential facility who would return to their family home if a grant were awarded;
- Families of children with a certified disability, under age 25, who live in their biological or adoptive home; and
- Families who have an annual adjusted gross income of \$105,230 or less.

If a child receives a waiver, then the child is not eligible for a Family Support Grant.

CRISIS RESPITE SERVICES

Crisis respite services are short-term care and intervention services that are provided to a person to assure that their medical and behavioral needs are met while providing relief and support of the caregiver and/or protection of the person or others living with that person.

BIRTH DEFECTS MONITORING

The Birth Defects Monitoring and Analysis program at MDH gathers data about selected birth defects diagnosed in the first year of life. An estimated 2,000 babies are born in Minnesota each year with a birth defect. The definition of a "birth defect" is consistent with that used by the Centers for Disease

Control and Prevention, other states, and national organizations. This language became effective March 2005, when MDH received a federal grant to support implementation. In 2018, the statute was again amended to include birth defects that develop during pregnancy that result in fetal death (stillbirth), in addition to live births.

EARLY SPECIAL EDUCATION

Screening is necessary to determine whether a child is "suspected of having a disability" and, if so, evaluation and assessment are required. If the school district already suspects a child has a disability, such as may be the case for certain conditions with a high probability of developmental delay, screening would be unnecessary.

SPECIAL EDUCATION

Minnesota has 13 categorical disability areas; information, resources, and contacts are available and can be accessed for each area. A team of qualified professionals, including parents, determines whether a student meets criteria in one of the 13 areas and needs special education services. The eligibility process is defined in Minnesota Rules and includes a team assessment.

ASSISTIVE TECHNOLOGY FOR STUDENTS

Assistive Technology (AT) is a broad term that includes a wide range of high technology devices or services (i.e. a voice-activated computer) and low technology devices or services (i.e. a pencil grip) for people with disabilities. AT promotes greater independence by helping people complete tasks at home, school, or work that they could not do on their own, or had great difficulty doing. While in school, educators must consider AT for all children with an Individualized Education Program and provide AT for students who require it.

VOCATIONAL REHABILITATION

Eligibility for [Vocational Rehabilitation Services \(VRS\)](#) is based on whether you have a physical or mental disability that makes it difficult to prepare for, get, or keep work.

Under the Ticket to Work Program, adults aged 18 - 64 who get SSI or SSDI due to a disability are automatically eligible for VRS. Resources may not always be adequate to provide VRS to every eligible person. People who have higher support needs receive services first.

Pre-Employment Transition Services (Pre-ETS) are available to students who are eligible and "potentially eligible" for VRS.

MEDICAID IN MINNESOTA

To be eligible for Minnesota's Medicaid program, Medical Assistance, a person must be a Minnesota resident, a U.S. national, citizen, permanent resident, or legal alien, in need of health care or health insurance, meets income eligibility guidelines, and one of the following criteria:

- Pregnant;
- Responsible for a child 18 years of age or younger;
- Blind;
- Have a disability or a family member in your household with a disability; or

- 65 years of age or older.

HOME AND COMMUNITY-BASED WAIVERS

If an individual is eligible for Medical Assistance, a home and community-based services (HCBS) Waiver can help pay for the services needed to live at home or in the community - rather than in a hospital, nursing facility or intermediate care facility.

Eligibility for DD Waiver services is determined through a screening process. To be eligible for DD Waiver services, a person must meet all the following criteria:

- Be determined to have a developmental disability or related condition;
- Be determined to likely require the level of care provided to individuals in an Intermediate Care Facility for Persons with Developmental Disabilities (ICF/DD);
- Be eligible for Medical Assistance; and
- Make an informed choice requesting home and community-based services instead of ICF/DD services.

PERSONAL CARE ASSISTANCE

Personal care assistance is a service for people who need help with day-to-day activities so they can be more independent in their homes and communities. A personal care assistant (PCA) helps with:

- Activities of daily living, such as eating, dressing, moving within one's home, meal planning and preparation, shopping, and traveling to appointments and community activities;
- Observation and redirection of behaviors; and
- Health-related procedures and tasks.

Services are available for people with physical disabilities, chronic diseases, behavioral diagnoses, and mental illness. To receive personal care assistance, a person must:

- Be on Medical Assistance or be a pregnant woman or child enrolled in MinnesotaCare;
- Be able to make decisions about their own care or have someone who can make the decisions for them;
- Live in a home or apartment;
- Need help with activities such as those listed above; and
- Have an assessment to see if they qualify for services.

SEMI-INDEPENDENT LIVING

Semi-Independent Living Services (SILS) were designed for individuals with disabilities who need less than 24 hours of services. In order to be eligible, the individual must be 18 years or older, have a developmental disability, and need support services to function independently. Services include:

- First aid and getting help in an emergency;
- Learning and exercising rights and responsibilities in community living;
- Nutrition, meal planning and preparation;
- Obtaining and maintaining a home;
- Personal appearance and hygiene;

- Self-administration of medication;
- Shopping; and
- Social, recreation and transportation skills, including appropriate social behavior, using the phone and other utilities.

CONSUMER SUPPORT GRANT

In order to be eligible for a Consumer Support Grant, applicants must meet all of the following criteria:

- Be enrolled in or eligible for Medical Assistance;
- Be eligible to receive home care services;
- Demonstrate limitations in everyday functioning, such as self-care, language, learning, mobility, self-direction, capacity for independent living and economic self-sufficiency;
- Require ongoing supports to live in the community;
- Live in a natural home setting; and
- Live in a county that offers the Consumer Support Grant program.

COMMUNITY FIRST SERVICES AND SUPPORTS ELIGIBILITY

DHS is preparing to transition from the personal care assistance (PCA) program to community first services and supports (CFSS). Both PCA and CFSS provide supports to people to help them remain independent in the community. People eligible for PCA will also be eligible for CFSS. CFSS will cover services covered by PCA, including those identified below.

Home Care Services

An applicant for Home Care Services must be eligible for Medical Assistance and have needs that are medically necessary, physician ordered, and provided according to a written service plan. Services are provided in a person's residence and not in a hospital or nursing facility.

Intermediate Care Facilities

Intermediate Care Facilities (ICFs/DD) are residential facilities certified by the Department of Health to provide services to persons who:

- Have a developmental disability or related condition;
- Need a 24 hour plan of care;
- Need continuous active treatment; and
- Cannot apply skills learned in one environment to a new environment without aggressive and consistent training.

Relocation Service Coordination

To qualify for relocation service coordination, a person must reside in an eligible institution, such as a nursing facility, regional treatment center, hospital, or ICF/DD. The person must have Medical Assistance and make the choice to move to a community setting.

Medical Assistance for Employed Persons with Disabilities

To be eligible for Medical Assistance for Employed Persons with Disabilities (MAEPD), a person must be:

- Certified as having a disability;
- Employed and have taxes withheld from earned income;
- Have monthly earnings of more than \$65; and
- Meet an asset limit of \$20,000.

There is no income limit for MAEPD, but most individuals pay monthly premiums based on income and household size, and set by a sliding fee scale.

Section 8 Housing

Tenant-based support from the Section 8 housing choice voucher program is for people with low income who want to be able to choose a rental unit to live in. The exact income limits depend on the number of people in the household and where they live. When applying for Section 8, the following are reviewed:

- The applicants' history with federal housing programs;
- The applicants' criminal background; and
- The applicants' credit history.

BARRIERS FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES BECAUSE OF SERVICE ELIGIBILITY CRITERIA

The Council funded a study based upon the promise of Governor Tim Walz to create One Minnesota. The individuals who participated identified several barriers caused by eligibility criteria. The primary barrier is having a state supervised county administered system of services. With 87 counties our constituents testify there are 87 different ways of interpreting eligibility criteria.

Part C. Analysis of State Issues and Challenges

Barriers to full participation of unserved and underserved populations

The inequitable outcomes across measures of health, employment, income, and education that persist between white Minnesotans and Black, Indigenous and People of Color (BIPOC) Minnesotans are clearly an indication that governmental service delivery systems in Minnesota do not serve people equitably, and we can assume those inequities extend to people with developmental disabilities. Individuals who identify as BIPOC with developmental disabilities are underserved by the DD Waiver program because there has been a historical bias regarding the DD Waiver as being a more comprehensive waiver. According to a recent DHS report, this has been problematic for two reasons:

- There is a long-standing history in the clinical world of under-diagnosing Black children with intellectual or developmental disabilities (I/DD) or a related condition and over-diagnosing Black children (especially males) with behavioral conditions. This has limited access to the DD Waiver in a waiver system based on diagnosis. DHS acknowledges bias in diagnostic assessments.

- Inherent bias exists toward people diagnosed with I/DD. These biases are reinforced by having a diagnostic-based waiver structure. A common bias is that people with I/DD cannot recognize harmful situations or direct their own care. These assumptions lead to around-the-clock staffing and barriers to living independently or having independent time without a support person present.

Individuals who identify as BIPOC are over-represented in the home care program, which covers PCAs, home care nursing, and home health aides. These programs are less comprehensive than the DD Waiver.

DHS, MDH, and other state agencies do offer communication in multiple languages, but there is often an additional step of requesting translated materials, which could be a barrier to access for people whose primary language is not English. Also, government documents translated into another language are not helpful to someone with limited literacy in their primary language or who communicates most effectively orally.

Since DHS services are administered at the county level, inequities exist in the ways that counties choose to fund services and to interpret and implement state policies. There are some Minnesota counties that do not offer programs that support self-determination, such as the Consumer Support Grant or consumer directed community support services. Some counties have lower participation rates in the waiver programs. A focus group of 43 people identified that it is very difficult to access services in some counties, while in other counties it seems easier, which is inequitable.

On February 3, 2021, the full Council discussed the issue of disparities and amended the cultural outreach program goal to specifically include "disparities, inequities, and intersectionality facing people with disabilities who are BIPOC, members of immigrant communities, and other groups experiencing marginalization to further encourage and support their participation in training, leadership, and advocacy." This same statement can be applied to individuals who may be unserved or underserved.

Population identified as unserved and underserved

The Council has identified Black, Indigenous and People of Color (BIPOC) with developmental disabilities as underserved, based on analysis of the racial and ethnic breakdown of people enrolled in the Developmental Disabilities (DD) Waiver program that indicates underrepresentation. In 2019, the DD Waiver's racial demographics were 82 percent white and 16 percent BIPOC. The Brain Injury (BI), Community Alternative Care (CAC), and Community Access for Disability Inclusion (CADI) Waivers are 70 percent white and 29 percent BIPOC. The overall state demographics of Minnesota in 2019 were 79.1 percent white and 20.9 percent BIPOC.

The Council has identified people with developmental disabilities who are immigrants and people with developmental disabilities whose primary language is not English as likely populations that are underserved, as well. Minnesota is home to large immigrant and refugee communities, including Somali, Karen, and Hmong communities. Anecdotally, based on the cultural outreach grant programs offered by the Council, we have heard that the Somali community has difficulty accessing social services.

The Council has also identified that because Minnesota has a state supervised, county administered service delivery system, rural residents with developmental disabilities are also likely underserved. The results of the 2019 Quality of Life survey also identified that there are regional differences in perceived

quality of life. Respondents in the Twin Cities Metropolitan region reported the lowest outing interactions. The Southeast region of the state reported the fewest close relationships. These differences in outcomes may be related to service delivery, although more research is needed to understand the causes.

Finally, people with guardians, especially public guardians, may be underserved, based on outcomes reported in the 2019 Quality of Life survey: Respondents with a public guardian reported lower levels of community engagement than respondents who do not have a guardian or have a private guardian. Respondents with public guardians also reported a limited amount of choice-making power. Assistive technology use was significantly higher among respondents with no guardian than among respondents with a guardian. Again, more research is needed to understand the causes behind these different outcomes.

The availability of assistive technology:

Based on the results of the 2020 Quality of Life survey, the percent of people who use assistive technology (AT) devices increased slightly in 2020 compared to previous years. Participants reported using a range of AT, including hearing aids, communication devices, mobility aids (walkers, wheelchairs, and canes), electronic devices (smartphones, tablets, and computers), environmental adaptations (ramps, automatic door openers, and lifts), and vehicle modifications.

While most participants in the survey who are no longer using AT made that decision for themselves, five participants said they are not using AT due to a decision at the provider or state level. For example, one participant said the AT they use is broken and the home staff has not had it repaired, while another said the provider does not have the hours to train staff to use her Dynavox. Four participants said they would like to have a cell phone, but they do not have the money or information they need to get one.

As part of the Minnesota Olmstead Plan, several state agencies joined forces and created a website called the Minnesota Guide to Assistive Technology. The Governor created a Technology First Council that made several recommendations regarding monitoring technology to improve individual independence, productivity, self-determination, integration, and inclusion.

Waiting Lists:

The Olmstead Subcabinet carefully monitors the waiting list issue. The Administration on Community Living requires each state to use a national data base that contains dated information. This section contains both the required data and the data from the Olmstead Quarterly Reports.

State Pop (100,000) (2017)	56.06
Total Served (2017)	21792
Number Served per 100,000 state pop. (2017)	388.7
National Average served per 100,000 (2017)	264.7
Total persons waiting for residential services needed in the next year as reported by the State, per 100,000 (2017)	00.5
Total persons waiting for other services as reported by the State, per 100,000 (2017)	N/A
State Pop (100,000) (2016)	55.23

Total Served (2016)	18316
Number Served per 100,000 state pop. (2016)	331.6
National Average served per 100,000 (2016)	249.9
Total persons waiting for residential services needed in the next year as reported by the State, per 100,000 (2016)	64.5
Total persons waiting for other services as reported by the State, per 100,000 (2016)	N/A
State Pop (100,000) (2015)	54.82
Total Served (2015)	18316
Number Served per 100,000 state pop. (2015)	334.1
National Average served per 100,000 (2015)	241.6
Total persons waiting for residential services needed in the next year as reported by the State, per 100,000 (2015)	65.0
Total persons waiting for other services as reported by the State, per 100,000 (2015)	N/A

Related Data: The data in the table above comes from the Residential Information Systems Project (2020). Minneapolis: University of Minnesota, RISP, Research and Training Center on Community Living, Institute on Community Integration. Retrieved from: <https://risp.umn.edu>. The data entered for 2017 is 2018, as RISP did not have 2017 data reported in the most recent reporting (2020). Also, in 2017 (i.e. 2018 data for Minnesota), RISP's counts of people waiting for waiver supports DID NOT INCLUDE people who already received Medicaid Waiver-funded supports who were asking for different supports, people living in an ICF/IID, nor people not living with a family member. There is not data to report on other waitlists. Minnesota focuses its data and tracking of waiver waitlists on measuring and improving the amount of time it takes to fund a waiver request. The goal in the Minnesota Olmstead Plan related to timeliness of waiver funding is: Lead agencies will approve funding at a reasonable pace for persons with a need for the Developmental Disabilities (DD) Waiver. By June 30, 2022, the percentage of persons approved for funding at a reasonable pace for each urgency of need category will be: (A) Institutional exit (71%); (B) Immediate need (74%); and (C) Defined need (66%). Data is tracked and reported publicly on the Department of Human Services website. <https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/long-term-services-and-supports/public-planning-performance-reporting/waiver-program-waitlist/>

Timeliness of Waiver funding

An urgency categorization system for the Developmental Disabilities (DD) Waiver waiting list was implemented on December 1, 2015. The system categorizes urgency into three categories:

1. Institutional Exit.
2. Immediate Need.
3. Defined Need.

Reasonable pace goals have been established for each of these categories in the Minnesota Olmstead Plan. The number of individuals that have funding approved at a reasonable pace, and those pending funding approval, are reported regularly to measure progress.

Prioritization

Information about how the state places or prioritizes individuals to be on the waitlist:

An urgency categorization system for the Developmental Disabilities (DD) Waiver waiting list was implemented on December 1, 2015. The system categorizes urgency into three categories:

(1) Institutional exit: People in this category live in an institutional setting, have indicated they would like to leave that setting and prefer to receive home and community-based services.

(2) Immediate need: People in this category meet prioritization criteria established in Minn. Stat. 256B.092, subd. 12. The applicable criteria include people who: have an unstable living situation due to the age, incapacity or sudden loss of the primary caregivers; experience a sudden closure of their current residence; require protection from confirmed abuse, neglect, or exploitation; experience a sudden change in need that no longer can be met through state plan services or other funding resources alone

(3) Defined need: People in this category have an assessed need for waiver services within one year of the date of assessment.

(4) Future need (this does not apply to people with DD): People in this category do not have a current need for waiver services or do not wish to use waiver services within the next year.

The DD Waiver waiting list includes people in the institutional exit, immediate need, and defined need categories. DHS does not consider people in the future need category to be on a waiting list, as they do not have a current need for, or desire to use, waiver services.

Definition

Description of the state's wait list definition, including the definitions of other wait lists:

Here are the definitions for the four types of disability waivers:

(1) Brain Injury (BI) Waiver - for people with a traumatic, acquired, or degenerative brain injury who require the level of care provided in a nursing facility or the level of care provided in a neurobehavioral hospital.

(2) Community Alternative Care (CAC) Waiver - for people with chronic illness that requires the level of care provided in a hospital.

(3) Community Access for Disability Inclusion (CADI) Waiver - for people with disabilities who require the level of care provided in a nursing facility

(4) Developmental Disabilities (DD) Waiver for - people with developmental disabilities or a related condition who require the level of care provided in an Intermediate Care Facility for Persons with Developmental Disabilities (ICF/DD).

Intake Process

Individuals on the wait list have gone through an eligibility and needs assessment:

The MnCHOICES process involves three steps: (1) Intake (2) Assessment (3) Support planning. The MnCHOICES application:

- Creates an efficient and effective way to gather information, makes eligibility determinations for multiple programs in one assessment and provides this information for other systems and stakeholders.
- Fosters a person-centered assessment and support planning process.
- Improves the assessment and supporting planning process by capturing all required information in a way that meets the lead agency's workflow needs by: producing documentation required by federal and state law and incorporating rate calculations into support planning.

Structured activities for individuals or families waiting for services

The Disability Hub contains several tools that can be used by individuals and families who are waiting for services. Briefly, the Disability Hub features the "Charting the Life Course and Person-Centered Planning" booklet. The Hub also includes in-depth planning for employment called "DB 101 in-depth planning for housing," "HB 101," as well as "My Vault," that is a secured site for storing personal documents.

Progress toward goals

The information about waiting lists contained in this section comes from the August 2021 Olmstead Quarterly Report. The most-up-to date data on timeliness of waiver funding is included in the tables below. For this data to be reliable and valid, it is reported four months after the end of the reporting period.

Lead agencies will approve funding at a reasonable pace for persons:

- Exiting institutional settings;
- With an immediate need; and
- With a defined need for the Developmental Disabilities (DD) Waiver.

Table 12. Reasonable pace progress for Fiscal Year 2020 Quarter 1 (July - September 2020)

Urgency of need	Total number of people assessed	Funding approved within 45 days (reasonable pace goal)	Funding approved after 45 days	Pending funding approval
Institutional Exit	18	11 (61%)	7 (39%)	0 (0%)
Immediate Need	61	41 (67%)	15 (25%)	(8%)
Defined Need	163	108 (66%)	42 (26%)	13 (8%)
Total	242	160 (66%)	64 (27%)	18 (7%)

Table 13: Reasonable pace progress for Fiscal Year 2020 Quarter 2 (October – December 2020)

Urgency of need	Total number of people assessed	Funding approved within 45 days (reasonable pace goal)	Funding approved after 45 days	Pending funding approval
Institutional Exit	8	6 (75%)	2 (25%)	0 (0%)
Immediate Need	43	31 (72%)	11 (26%)	1 (2%)
Defined Need	161	97 (60%)	41 (26%)	23 (14%)
Total	212	134 (63%)	54 (26%)	24 (11%)

Table 14. Reasonable pace progress from Fiscal Year 2020 Quarter 3 (January – March 2021)

Urgency of need	Total number of people assessed	Funding approved within 45 days (reasonable pace goal)	Funding approved after 45 days	Pending funding approval
Institutional Exit	20	17 (85%)	3 (15%)	0 (0%)
Immediate Need	57	42 (74%)	14 (24%)	1 (2%)
Defined Need	165	104 (63%)	41 (25%)	20 (12%)
Total	242	163 (67%)	58 (24%)	58 (9%)

From January – March 2021, of the 242 individuals assessed for the Developmental Disabilities (DD) Waiver, 163 individuals (67%) had funding approved within 45 days of the assessment date. An additional 58 individuals (24%) had funding approved after 45 days. Only 21 individuals (9%) assessed are pending funding approval. The goal showed improvement from the previous quarter. This goal is in process.

Not all persons who are assessed are included in the above tables. Only individuals who meet the criteria of one of the three urgency categories are included in the table. If an individual’s need for services changes, they may request an immediate reassessment or new information will be collected during a future assessment.

Resource Analysis

Analysis of the adequacy of current resources and projected availability of future resources to fund services:

In 2015, the Olmstead Subcabinet was informed that Minnesota was spending \$7 billion on disability services out of a \$45 billion state budget. In the past five years, special education funding increased from \$2.1 billion to \$2.6 billion, although cross-subsidies continue to be a concern for the Minnesota legislature.

From fiscal year 2017 to fiscal year 2020, Minnesota’s Medicaid (Medical Assistance or MA) expenditures increased by almost \$2.5 billion.

The largest increase in MA expenditures by percentage change from 2017 to 2020 included:

- Community Access for Disability Inclusion (CADI) Waiver – 54 percent increase.

- Community Alternative Care (CAC) Waivers – 47 percent increase.
- "Other" services – 31 percent increase.
- Home Care under Managed Care – 29 percent increase.

The largest decreases in MA expenditures by percentage change

- Day Training and Habilitation – 42 percent decrease
- Certified Community Behavior Health Clinics supplemental payments – 39 percent decrease.
- Residential facilities for children and youth with Severe Emotional Disturbance (SED) – 27 percent decrease
- Intermediate Care Facilities for Persons with Developmental Disabilities – 20 percent decrease.

DHS publishes a Medicaid Forecast at least twice a year. During the past Five Year Plan period, the funding increased as follows:

- Long Term Care Facilities funding increased from \$442 million to \$528 million.
- Long Term Care Waivers and Home Care funding increased from \$1.4 billion to \$1.9 billion.
- Medicaid Basic Care for Elderly and People with Disabilities funding increased from \$1.4 billion to \$1.7 billion.
- Housing Support funding increased from \$141 million to \$182 million.

The legislature also approved smaller funding increases, including:

- \$2 million in scholarship funds for postsecondary education.
- Vocational Rehabilitation funding increased by \$7 million, which draws a federal match.
- Fetal Alcohol Syndrome grants increased by \$500 thousand.
- Self-Advocacy also received \$248 thousand in the 2018-2019 biennium.

In 2020 the legislature passed a \$1.9 billion bonding bill, which is the state's way of paying for important public works projects such as roads, bridges, buildings, and much more. The bill includes \$100 million in Housing Infrastructure Bonds and \$16 million for General Obligation bonds to improve public housing.

The bill also included:

- A permanent increase to the monthly hourly cap from 275 to 310 hours for PCAs;
- An emergency 8.4 percent rate increase for PCA, Consumer Directed Community Supports (CDCS), and the Consumer Support Grant (CSG) through February 7, 2021; and
- A changed policy that will allow parents, stepparents, and legal guardians of minors to provide PCA services through February 7, 2021.

Legislation was passed in order to use federal Coronavirus Relief Funds for retainer payments and public health grants. The retainer payments helped cover costs for day, employment, and Elderly Intensive Development and Behavioral Intervention service providers that have been affected by the pandemic. The public health grants helped providers transition to more individualized supports that can reduce the risk of COVID-19 transmission while promoting competitive integrated employment and day services in truly inclusive settings.

Through the Olmstead Plan, the Minnesota Department of Management and Budget prepared a spreadsheet identifying all sources of expenditures across all state agencies for all disability programs and services. The total spent was \$7 billion. There is a question of adequacy and a question of alignment, and do the funds support the federal outcomes of independence, productivity, self-determination, integration, and inclusion in the community or is redistribution of resources needed? There is a waiting list for the Developmental Disabilities Waiver, as noted in the section on wait lists above, but the waiting list is now based upon urgency of need.

Funds are spent by counties and there has been a return of funds to the general fund when waivers are not provided. There is no longer an order of selection for Vocational Rehabilitation Services, however, approximately 2,000 individuals with developmental disabilities have indicated they want to work more hours and earn more money. There are only three higher education programs in Minnesota for individuals with developmental disabilities and a coalition is seeking additional funding. There are indications from the federal government that additional funds will be provided for HCBS Waivers which could assist.

Analysis of Services

Analysis of the adequacy of health care and other services, supports, and assistance that individuals with developmental disabilities who are in facilities receive and the adequacy of home and community-based waivers services:

CUSTOMER RESEARCH

In early fiscal year 2020, the Council conducted three customer research studies to begin the Five Year planning process:

1. Attitudes Regarding Quality of Life for People with Developmental Disabilities Among Advocates and Self-Advocates (2020).
2. Impact of the Federal Disabilities Laws: Survey of Attitudes Among the General Population of Minnesota Towards People with Developmental Disabilities (2020).
3. The Voice of Service Providers for People with Developmental Disabilities in Minnesota (2020).

Two were surveys of individuals with developmental disabilities and families, and service providers; and one was a general population survey. Please note that all attitudes and opinions expressed in these studies were taken prior to the effects of the COVID-19 pandemic.

Additionally, key findings from the 2018 Minnesota Racial & Ethnic Populations Survey of Attitudes and Outlook regarding Healthcare Service and Costs survey were included in the review and analysis.

ENSURING REPRESENTATION OF PEOPLE FROM ALL OF MINNESOTA'S RACIAL AND ETHNIC COMMUNITIES

The Council identified a broad range of culturally diverse organizations to ensure representation of people with developmental disabilities, families, advocates, and professionals across racial and ethnic communities. This outreach meant contacting and working with hundreds of groups and individuals to encourage them to take the survey or attend a community meeting.

QUALITY OF LIFE STUDY

The Olmstead Quality of Life (QOL) Survey is a multi-year effort to assess the quality of life for people with disabilities who receive state services in potentially segregated settings. DHS identified places such as ICFs/DD, waiver group homes, nursing facilities, and other settings that are potentially segregated from which to survey people.

The results of the QOL survey reflect the experiences of the respondents and speak directly to the settings from which the sample was drawn. The Council serves on the Olmstead Subcabinet and advises the QOL survey effort. This work began in 2013 with initial meetings and has since resulted in a pilot project, a baseline survey, and two follow up studies.

Findings

Below is a summary of QOL survey results for both residents of ICFs/DD and individuals receiving home and community-based services in potentially segregated settings. A total of 511 people completed the first follow-up survey. Follow-up survey respondents were selected from a random sample of 2,005 baseline survey respondents.

- The data showed the more that people get out and are allowed to interact with the broader community, the more their quality of life increases.
 - Outing interaction scores are low. Minnesota's baseline average score (37.7 out of 100) and follow-up (36.5) were similar. This indicates people are generally segregated from the broader community during daily activities; scores in ICFs/DD tend to be lower compared to HCBS settings.
 - Finding ways to further integrate daily activities will help to improve quality of life for the focus population.
- We now know there are differences in quality of life for different regions of the state. Depending on where people live, they will have different experiences.
 - For example, while there are fewer outing interactions in the Metro Area, this area has a higher score for decision control.
 - Variables impacting these scores may range from how agencies provide services to how providers network with each other.
- Respondents perceived they have a moderate ability to make their own choices. Minnesota's average baseline score (66.2) and follow-up score (67.6) remained close.
 - However, if you take a closer look, you find that respondents with guardians report less decision control and a lower quality of life than respondents without a guardian.
 - This contrast is more glaring when we examine the types of guardianships. People with public guardians tend to have a lower quality of life than those with private guardians.

The findings below are preliminary from the second follow-up survey and are based on 283 surveys completed between August and November 11, 2020.

The preliminary results of the second follow-up survey are unfortunately reflective of the negative impact of the COVID-19 pandemic. Whether looking at objective measures of quality of life or asking participants themselves about their experiences, overall, the needle has not moved compared to the baseline survey and the first follow-up study.

- Participants' overall quality of life, according to their own ratings of 14 factors, has essentially remained flat since 2017.
 - When specifically asked about COVID, most participants said their quality of life is worse during the pandemic. Reasons for this included lost income, fewer opportunities for socialization, and loss of a sense of community.
 - Average quality of life scores are essentially unchanged since the survey began in 2017 averaging 77 out of 100.
- Overall, participants have the same amount of power about decisions affecting them as in previous years.
 - When looking at specific types of decisions, participants have more control over day- to-day decisions than decisions that can have longer-term impact. For example, they are more likely to decide what they wear and when they go to bed. But participants have less power on decisions like what work or day program they frequent and who their support staff are.
 - When participants have less decision-making power, it means paid staff have more control.
- Participants' decision-making power has not substantially increased since 2017 averaging 66 to 68 out of a maximum of 100. Participants' numbers of close relationships continue to decline.
 - Restrictions on activities outside the home have limited opportunities to connect with people outside their home such as significant others, family, friends, and other close relationships.
 - Participants were asked to name up to five close relationships. The percent of participants who provided five close relationships has declined significantly since 2017 from 62 percent to 36 percent today.
- People engaged with their community far less; and only some could turn to the internet.
 - Social activities outside the home decreased sharply but were partially replaced by virtual experiences.
 - Access to the technology to take part in virtual engagement opportunities is not universal. Although we did not ask participants whether they had access to internet, 88 percent took the survey by phone when they had the option for a video call.
 - On average, participants have far fewer outings per month because of the COVID-19 pandemic dropping from 31 to 25 outings per month.
- Participation in formal activities such as work, day programs, and school declined dramatically, as did the number of hours spent in these activities.
 - People who are taking part in formal activities reported half the hours at work or day programs as in previous years. An exception are people in more integrated day settings, such as competitive employment. These participants reported similar levels of activity and higher weekly earnings than in previous years.
 - Fewer than half of participants are going to work, day programs, or school in 2020. Because of the pandemic there was a 35 percent drop in participation.

IMPACT OF THE FEDERAL DISABILITIES LAWS

Respondents rated the extent to which they agreed or disagreed with statements related to people with developmental disabilities and selected quality of life issues; and their awareness, familiarity, and

impact on the community regarding three federal laws: the Americans with Disabilities Act (ADA), Developmental Disabilities Assistance and Bill of Rights Act (DD Act), and the Individuals with Disabilities Education Act (IDEA).

For the General Population Survey, of the 920 respondents, 227 respondents were individuals with a developmental disability or an immediate family member. The geographic dispersion of respondents closely matched that of the general population of Minnesota. Efforts were made to administer the survey among racial and ethnic minority communities in Minnesota, while achieving a final survey sample that closely matches the age, race, ethnic, and gender diversity of the Minnesota adult population.

General Findings

While attitudes changed dramatically between 1962 and 2007, many attitudes have remained unchanged for nearly the past two decades. The 2020 study reveals that, for most Minnesotans, it is important to help people with developmental disabilities live to their full potential, and people with developmental disabilities have the potential to be productive workers.

Findings disaggregated by race and ethnicity

The respondents from all racial and ethnic communities were more likely to believe that the state of Minnesota should provide housing supports directly to people with developmental disabilities.

African American and Indigenous/American Indian respondents were most likely to indicate that it's very important to investigate all reports of abuse of people with developmental disabilities.

All respondents, regardless of the specific community, are supportive of the proposed wage increase for some home health care workers. They appear to be more likely to strongly believe the Home Care Services program should be enhanced as proposed.

African American respondents feel that people with developmental disabilities need to be closely supervised, for their own protection and wellbeing. It is important that society helps provide necessary services for parents of children with developmental disabilities, from early childhood education to employment services.

Hispanic respondents are the most reluctant to have strong opinions regarding people with developmental disabilities, compared to the other populations surveyed. They were the least likely to agree strongly that, with the right education or training, most people with developmental disabilities could be very productive workers. And they were least likely to believe that school aged children with developmental disabilities should be taught together with children without disabilities in the same classes.

Indigenous/American Indian respondents highly favor inclusion and all aspects of transportation, housing and care supports for people with developmental disabilities. They have a strong conviction that, when society does everything in its power to help individuals who are most vulnerable, we are all better off. Demographically, Indigenous/American Indian respondents had the highest number of females and were older, on average, than the respondents of all other communities.

As a group, East African respondents are conflicted in their attitudes towards people with developmental disabilities. On the one hand, the majority agree strongly that people with

developmental disabilities should get involved in the community, be allowed to vote, and have access to quality health care, legal, employment, transportation, and education services. However, there is a sizable group within this community who believe that excluding people with developmental disabilities is OK, that they should not have the opportunity to make decisions for themselves, and they believe society should not play any role in paying for the extra costs of raising children with developmental disabilities. Demographically, East African respondents were the least educated and had the lowest average household income, as compared to all other communities.

Along with the Hispanic community, attitudes among the Southeast Asian respondents were similar to those of the general population of Minnesotans. This may be due in part to the relatively higher levels of education from this sample of respondents, compared to the education levels of the other communities. Demographically, in addition to higher education, Southeast Asian respondents had the highest average household income.

Indigenous/American Indian respondents were the least likely to give a top 2-box rating (8 or 9) regarding the overall performance of Minnesota state government, or the state and its people, in providing needed quality of services to people with developmental disabilities.

SERVICE PROVIDERS SURVEY

This survey was an online quantitative study of 206 service providers to understand their perspectives regarding Independence, Productivity, Self-determination, Integration and Inclusion (IPSII). Providers strongly believe there is a need to invest in higher wages for Direct Support Professionals and that fair compensation and training will help to:

- Decrease the current high turnover rates which disrupts the continuity of services for people with developmental disabilities.
- Improve the quality of service provided to people with developmental disabilities.

MINNESOTA RACIAL AND ETHNIC POPULATIONS SURVEY

The 2018 Minnesota Racial & Ethnic Populations Survey of Attitudes and Outlook regarding Healthcare Service and Costs considered the views and concerns of racial and ethnic populations of Minnesota. Key findings include the following:

- Rates of health insurance coverage ranged from 81 percent in the East African community to 92 percent in the Indigenous/American Indian and Southeast Asian communities.
- Members of the Indigenous/American Indian and East African communities were least likely to believe that health insurance premiums have been increasing over the past couple of years, 37 percent and 38 percent respectively, compared with 60 percent to 77 percent in the other communities.
- Survey respondents gave Minnesota a rating of 6.1 to 6.7 out of a possible 9 for overall health coverage and cost, compared with a 6.4 rating for the General Population Survey.
- Members of the African American and Hispanic communities were more likely than members of the other communities to have delayed medical treatments due to cost, and over 50 percent delayed treatments for serious health conditions.

- Regarding the future of health care, 47 percent of African American respondents, and 32 percent of Indigenous/American Indian and Hispanic respondents believe they will be worse off in three years regarding their access to good quality and affordable health care.

ANALYSIS OF INTERMEDIATE CARE FACILITIES FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES AND TRANSITIONS TO MORE INTEGRATED SETTINGS

During the federal fiscal year 2020, there were 311 Intermediate Care Facility (ICF/DD) deficiency tags issued by the Minnesota Department of Health. The top three citations were staff treatment of clients (53); infection control (41); and program implementation (21). From January - March 2020, the number of people who moved from an Intermediate Care Facility for people with Developmental Disabilities (ICF/DD) to a more integrated setting was 32. This is 11 people more than the previous quarter. After three quarters, the total number is 77, which exceeds the annual goal of 72.

DHS provides reports to counties about persons in ICFs/DD who are not opposed to moving to community services, as based on their last assessment. As part of the current reassessment process, individuals are being asked whether they would like to explore alternative community services in the next 12 months. Some individuals who expressed an interest in moving changed their minds, or they would like a longer planning period before they move. For those leaving an institutional setting, such as an ICF/DD, the Olmstead Plan reasonable pace goal is to ensure access to waiver services funding within 45 days of requesting community services.

DHS monitors and provides technical assistance to counties in providing timely access to the funding and planning necessary to facilitate a transition to community services. DHS continues to work with private providers and Minnesota State Operated Community Services (MSOCS) that have expressed interest in voluntary closure of ICFs/DD. Providers are working to develop service delivery models that better reflect a community-integrated approach requested by people seeking services. In 2020, there were approximately 1,200 individuals receiving services in an ICF/DD.

Adequacy of home and community-based waiver services:

Please refer to the customer research findings provided above, which also apply to home and community-based waiver services, as the Quality of Life (QOL) survey is administered to both ICF/DD residents and individuals receiving home and community-based services.

Workforce shortages

The widespread inability to find direct care and support workers jeopardizes the health and well-being of Minnesotans with disabilities who depend on those services to remain in the most integrated settings possible. Even when caregivers can be hired, many people with disabilities describe a pattern of compromising their own needs to accommodate caregivers. In other cases, family members are forced to walk away from their own careers to care for loved ones themselves.

Despite the depth of need and a passion for the work, direct care and support professionals often report poor job satisfaction due to low wages and a lack of benefits, such as paid time off and health coverage. The need to earn a livable wage drives a striking percentage of direct care and support professionals out

of the industry. This leaves agencies and other providers struggling or unable to provide requested services.

A report on workforce shortages made several recommendations to overcome these barriers:

- Increase worker wages and/or benefits.
- Expand the worker pool.
- Improve the workforce by enhancing training for direct care workers.
- Increase job satisfaction (including quality of the job).
- Raise public awareness by promoting direct care and support careers.
- Promote service innovation.
- Enhance data collection.

The Council conducted a focus group of individuals with developmental disabilities and family members who identified additional barriers, including:

- Counties are not equal regarding the services they provide to people with developmental disabilities. There is a lack of clarity regarding the availability of services and how to access them; eligibility requirements are burdensome; and the application process is complex and time consuming.
- Within counties, you can talk to multiple social workers and get multiple answers regarding the availability of needed services. It takes perseverance, knowing exactly what services you need, exactly how to ask for it, talking to the right person, and luck.
- There is a lack of awareness regarding the rights of people with disabilities.

Part D: Rationale for Goal Selection

During the year-long process in producing the State Plan, Council members had the opportunity to review:

- Past progress of grant recipients,
- Results from the three surveys conducted to gather input, and
- The Comprehensive Review and Analysis (CRA).

Council members write and refine the goals. The Council members were able to synthesize, analyze, create themes, and discuss goals. The conversion of input into goals is a dynamic process.

The goals were then reviewed at additional meetings and public comments were considered. Below are separate rationales for each goal area.

GOAL 1: Self-Advocacy

The Council conducted three input surveys in preparing this Five Year Plan, all of which recognized self-advocacy issues (know your rights, speak up for yourself, respect, and dignity) as critical to quality of life.

The 2020 Quality of Life Survey showed incremental improvements in several aspects of Independence and Self Determination. However, there was little to no progress on Integration and Inclusion, and perceptions of Productivity went down. The providers answering the survey also ranked self-advocacy as a high priority. The public comment period reinforced the strong support for self-advocacy. The CRA also provided background about: peer support activities, volunteering, and leadership activities. The self-advocacy goal is specifically mentioned in the Minnesota Olmstead Plan, and the self-advocacy goal aligns to the federal DD Act requirements.

GOAL 2: Cultural Outreach (Targeted Disparity)

This goal fulfills the requirement for a targeted disparity goal (according to the Five Year Planning guidance). The CRA cross-references to several topics relevant to cultural outreach including: racial and ethnicity demographics; LTSS, IL, SILS, CFSS and Family Support issues, education topics, criteria for eligibility, and waiting lists. Because of the intersectionality of race, disability and inequities, this goal was prioritized, particularly in the wake of the summer of civil unrest following the death of George Floyd in Minneapolis in 2020. The public input gathered about proposed program goals also supported the work that is underway in the Somali community. This goal also aligns with the Minnesota Olmstead Plan and the new emphasis on Black, Indigenous and People of Color (BIPOC).

GOAL 3: Leadership Development

The input survey of individuals and professionals revealed that leadership training is a key to independence, productivity, self-determination, inclusion and integration (IPSII). The areas of greatest concern continue to be the supports needed for people with developmental disabilities to be fully included in the community and treated with respect and dignity. The 2020 Quality of Life Survey showed that one-in-five (21 percent) of people with developmental disabilities and their advocates were dissatisfied with the services and supports they receive, including availability of and access to services and supports.

One critical aspect of leadership training is increasing awareness of how to get the services and supports needed, and this often involves applying for and receiving a Medicaid Waiver. Almost one third of people with developmental disabilities who had applied for a Medicaid Waiver were dissatisfied with the assessment and application process. Two-thirds of all service providers gave comments with negative elements about funding, staffing, and access to services and supports. These issues of availability, access, and funding are all addressed with leadership training and the education of the next group of passionate and informed self-advocates.

The highest return on investment of funding is leadership training and was a factor in selecting and prioritizing this goal. Public input and feedback about this program goal indicate strong support for leadership training. The CRA describes major issues addressed by leadership training, including: LTSS, IL, SILS, CFSS, and family support; waivers, 245D, crisis, residential habilitation, health care; and adequacy of the waiver, customer satisfaction, and inclusion results. This goal is specifically mentioned as part of the Community Engagement Goal in the Minnesota Olmstead Plan.

GOAL 4: Employment

The CRA documents the continued unemployment rate of people with developmental disabilities. The Council sponsored three major input surveys and the results point to the importance of employment as

a driver of improved IPSII. Employment continues to be one of the highest rated areas of need across both the individual survey results and the service provider results. These results were used to prioritize the Employment Goal. Our Quality of Life Survey revealed that, compared to the general population, people with developmental disabilities are less likely to believe that employment services have improved over the past two years, and more likely to believe they will be worse in two years than they are today.

Gains in meaningful employment tops the list of most critical issues that people with developmental disabilities believe they will face over the next five years. Service Providers ranked Employment as the second highest need for funding in the State, right behind increased staff support. Our customer research has shown no change in employment levels in 2020, compared to the previous twenty years. This goal was written to align to the Minnesota Olmstead Plan, and it aligns to the Employment First policy, Executive Order 19-15, to the implementation of WIOA, and the CMS Final Rule about HCBS. This goal received the greatest number of comments during the public input and feedback period.

GOAL 5: Training Conferences

The results of the input surveys of individuals and providers pointed to the ongoing need for education across all the DD Act major areas of emphasis. The CRA documents the ongoing need for promising and best practices information to be disseminated in training sessions in childcare, transportation, housing, peer support, volunteering, Quality Assurance monitoring, Olmstead implementation, assistive technology, and youth issues. Training events must be flexible and respond to emerging issues during the next Five Year planning period. The Council received a strong testimonial about the power of training events, showing a small investment can have a great impact. Education and training also align with several measurable goals included in the Minnesota Olmstead Plan.

GOAL 6: Customer and Market Research

This goal supports the large-scale input surveys of individuals and professionals in preparing the Council's Five Year Plan and allows trend line comparisons of samples taken in 2000, 2005, 2010, 2015, and 2020. Past survey results have been used in several public policy initiatives, public education campaigns, and in developing the Olmstead Plan.

Within the last three years, the Council began collecting data about abuse of people with developmental disabilities. This abuse data was then used in the following ways: The Comprehensive Plan for the Prevention of Abuse and Neglect, Treat People Like People campaign, the Bill of Rights training package, Ambassadors for Respect Anti-Bullying Program, Continuing Legal Education courses, media exposés and news stories, and the Minnesota Attorney General's Officer Involved Shooting Task Force.

The CRA illustrates the importance of documenting customer needs, requirements, desires, and expectations about delivery of services. The survey topics are selected on a year to year basis. The Council received support for including customer research during the public input process because it means making data-driven decisions. This goal is meant to supplement and not supplant other data initiatives that are currently underway.

GOAL 7: Publications, Websites, and Online Learning

Previous surveys sponsored by the Council document the need for information, education, and training to be available to end users 24/7/365 and at no cost. This goal aligns to the Community Engagement goals included in the Minnesota Olmstead Plan as well as the Governor's initiative to "reduce, reuse, recycle, and repurpose" by converting all Council products and services to digital formats which was critical during the pandemic.

The CRA also documents the ongoing need for information, education, and training, especially around MNDisability.Gov, Disability Justice, and the Project SEARCH websites. Prevention of abuse and neglect is one of the topics included in a comprehensive plan to educate people with disabilities and their families, mandated reporters, and the general public about how to identify and report abuse, and how to prevent it from occurring.

GOAL 8: Quality Improvement

The need for continuous improvement is illustrated by the input survey of individuals and professionals and helped in setting the priority of this goal by the Council. The State of Minnesota is implementing measurable goals defined in the Minnesota Olmstead Plan under federal court supervision. New attention is now being paid to the State's progress toward the federally defined outcomes of integration and inclusion. The Council voted to align the Council's program goals with the Minnesota Olmstead Plan.

Level funding allocations under the DD Act require every effort be made to continuously improve products and services and improve the ratings of IPSII outcomes for individuals with developmental disabilities in the community. The Council Business Results documents the ongoing gains in market penetration, customer satisfaction, stakeholder satisfaction, productivity gains, efficiency, and return on investment. This goal aligns to the Government Performance and Results Modernization Act (GPRMA) of 2010, OIDD performance indicators, and the Governor's Results Based Accountability (RBA) framework. Both GPRMA and RBA focus on outputs, efficiency, and outcomes. This goal also aligns with a framework for continuous improvement and use of the logic model for the Five Year Plan goals.

Part E: Collaboration

The Director of the University of Minnesota's Institute on Community Integration (ICI) and the Director of the Minnesota Disability Law Center (MDLC) are Governor-appointed members of the Council. Resources created by ICI and MDLC are regularly used by the Council's subgrantees, including for self-advocacy, Partners in Policymaking®, cultural outreach, and website content development. The ICI and the MDLC also help disseminate the results of customer research studies conducted by the Council.

The Council's Executive Director and the Directors of ICI and MDLC regularly participate in discussions about self-advocacy in Minnesota. Both ICI and MDLC are also involved in the Partners in Policymaking program, including as speakers and use of their resources. ICI has been an ongoing ally and supporter of Self-Advocates Minnesota (SAM) including evaluation, and MDLC offers training and provides ongoing support to SAM. The Council, ICI, and MDLC help with the Statewide Self Advocacy Conference and the Annual Olmstead Academy-either by sponsoring events, speaking, assisting individuals, etc.

The Council's Executive Director is a regular speaker at graduate-level classes at the University of Minnesota. The Council has assisted with ICI's IMPACT newsletter, participates in the Consortium to

increase and improve inclusive post-secondary options for students with developmental disabilities (Think College), and the two entities work closely on the goals of the Minnesota Olmstead Plan.

The Council and MDLC have collaborated for some time on the Disability Justice Resource Center, which is an online legal resource that helps individuals with disabilities, families, professionals, and members of the legal community better understand the complex issues related to justice for people with disabilities, particularly people with developmental disabilities. Created in 2014 to challenge the harmful assumption that individuals with developmental and other disabilities do not need - or deserve - equal treatment, the website houses historical and educational resources covering a range of topics and includes the voices of self-advocates as well as members of the legal profession in a total of four hours of compelling video material.

MDLC and the Council collaborated to add a series of videos with the Secretary of State to the Disability Justice Resource Center to address recent Voting Rights issues. The Council and MDLC also collaborated on a continuing legal education (CLE) opportunity sponsored by Robins Kaplan law firm on the effect of the pandemic on people with disabilities.

In addition to ICI and MDLC, the Council regularly collaborates with the Disability Services Division of the Minnesota Department of Human Services, which is the state's agency responsible for developmental disability services. This collaboration happens on a daily basis through grants, technical assistance, and interagency work on the Minnesota Olmstead Plan. The Disability Services Division is a regular partner of the Council, as the division is so pivotal to the lives of people with developmental disabilities in Minnesota. Participating as part of the Olmstead Subcabinet is a substantial source of connection and collaboration for the Council with other parts of state government beyond the Department of Human Services.

Finally, the Council is closely connected to self-advocates, advocacy organizations, and providers, many of whom serve on the Council itself. Many of the ways that the Council has directly supported or collaborated with people and organizations outside of the ICI, MDLC, and state government are described throughout this plan, including through the Partners in Policymaking program, Self-Advocates Minnesota (SAM), coordination with organizations like the Arc Minnesota and so many others.

Section 2: 5-Year Goals

GOAL 1: Self-Advocacy

\$140,000.00

Develop a statewide network of well trained and informed self-advocates by fulfilling the federal Developmental Disabilities Assistance and Bill of Rights Act (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); and

(D) Assist in identifying alternative/other funding opportunities.

GOAL 2: Cultural Outreach (Targeted Disparity)

\$60,000.00

Support the development of leadership skills in culturally diverse communities through collaborative efforts with organizations in these communities. The purpose of this effort will be to increase knowledge and develop skills that will encourage participation in the Partners in Policymaking program and joining the larger disability justice movement. Recognize the public health disparities, inequities, and intersectionality facing people with disabilities who are also Black, Indigenous, and persons of color (BIPOC), members of immigrant communities, and other groups experiencing marginalization, to further encourage and support their participation in training, leadership, and advocacy.

GOAL 3: Leadership Development

\$210,000.00

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.

Educate 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.

GOAL 4: Employment (Collaboration)

\$80,000.00

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. Providing individualized, person led, and person centered supports that may include technology and are necessary for a broad range of employment options prioritizing competitive, customized, or self-employment.
- B. Increasing and improving access to inclusive postsecondary education and other career focused training opportunities.
- C. Educating and building the capacity of employers and providers and implementing employer incentives that contribute to workforce development. This should include an introduction to disability culture and equity.
- D. Raising the expectations of individuals and families about the importance of having work experiences prior to and during high school (transition years). Increase their involvement by

using and building their relationships and personal networks to reach public and private sector employers and identify job experiences in the community.

- E. Educating individuals and families on how to navigate the disconnects between large systems as they pursue employment, and support efforts for large systems to work more seamlessly for individuals and families.
- F. Increasing long term sustained employment for adults with job opportunities and careers, including follow up with individuals on careers and job transitions.
- G. Encouraging and developing robust person led and person-centered profiles for integrated and competitive employment training opportunities for youth ages 16-21 through K-12 school programs, school-employer partnership, and other options to promote workforce development into adulthood consistent with Minnesota Statutes.

GOAL 5: Training Conferences

\$20,000.00

Provide ongoing education and training that reflect and address the outcomes (independence, productivity, self-determination, integration, and inclusion) as found in the DD Act into programs and supports for people with developmental disabilities and their families. These conferences will lead to greater networking and partnering with others across the state through a variety of delivery modes.

GOAL 6: Customer and Market Research

\$100,000.00

Conduct or commission statewide research studies to measure and assess quality outcomes (independence, productivity, self-determination, integration, and inclusion) of the DD Act through annual qualitative and quantitative surveys on new topics or issues or further research on topics or issues previously studied.

GOAL 7: Publications, Websites, and Online Learning

\$156,040.00

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. Continuing to adopt the latest technological advancements in communications that may include social networking.
- C. Showcasing the positive roles and contributions of people with developmental disabilities.
- D. Increasing marketing efforts to ensure accessibility and wide dissemination of Council products.
- E. Exploring new technology that is focused on the individual and saves the user's preferences and choices and suggests additional resources or learning courses based on those preferences and choices.
- F. Increasing language access, where possible.

GOAL 8: Quality Improvement

\$20,000.00

Identify and implement an approach that promotes continuous quality improvement and apply those principles to all Council work.

Alignment with the Olmstead Plan

The Council's Five Year Plan goals and activities will align with the Minnesota Olmstead Plan goals.

DD Network Collaboration

The DD Network will focus its collaborative efforts on Goal 4: Employment. Employment first became a national priority in 1982 by the Commissioner of the Administration on Developmental Disabilities and the Assistant Secretary of OSERS. A goal of 25,000 supported employment placements was set and then that goal was doubled within a year. The reauthorization of the Developmental Disabilities Act in 1984 (P.L. 98-527) added the definition of supported employment.

In direct consultation with the Minnesota Disability Law Center (MDLC) (Minnesota's Protection & Advocacy System) and the Institute on Community Integration (ICI) (which is the designated University Center of Excellence, or UCEDD), Goal 4: Employment has been selected as the collaboration goal. The collaboration will entail activities conducted under the larger Goal 4: Employment described elsewhere. The collaboration goal of increasing the employment levels of people with developmental disabilities cannot be achieved unless there is cooperation with other allies (disability and non-disability groups), as well as the Disability Services Division of the Department of Human Services. The Council's role in this collaboration will be to provide funding for our employment goal that will offer customized employment, raise expectations of youth in transition, and help educate employers.

The Council will also participate in several activities to increase state employment and retention of individuals with disabilities. The allies of the disability community include The Arc Minnesota, day training and habilitation providers, community rehabilitation programs and employment providers. The allies from the non-disability area include the eight private sector organizations that host Project SEARCH sites. The Council works directly with the Department of Minnesota Management and Budget on several state employment programs that assist employees with disabilities. The Council's grant in the area of employment also works directly with private sector businesses, colleges, and universities.

Through the Partners in Policymaking program, employment issues are presented to county commissioners, state legislators, and Congressional staff and members. The Disability Services Division has responsibility for a major employment goal in the Olmstead Plan, the Division also sponsors the Employment dashboard, the Disability Hub, and serves as a member on the Employment First coalition, the Project SEARCH committee, and the Minnesota Inclusive Higher Education Consortium. The DD Network works collaboratively with all of these parties on a regular basis.

ICI's role in achieving the collaboration goal will match their mission: Provide technical assistance and consultation to state and local agencies and service providers as well as public schools on effective employment practices. ICI has also been a primary sponsor of the Minnesota APSE chapter, a driving force behind the Employment Summits, and actively working with many providers on person centered

planning, informed choice, and training and technical assistance. ICI is conducting research on effective practices, such as an ongoing qualitative study involving interviews of employment consultants across the country on the effects that the COVID pandemic has had on the supports they provide and the people they support; and a pilot study with five employment providers in Minnesota and five in New England.

ICI provides coaching to managers on leveraging data on employment consultant activities to improve employment outcomes. ICI authors and submits research findings in peer reviewed journals, such as a recent paper currently under review for publication in the *Journal of Disability Policy Studies*: "State-Level Policy Regarding Employment Supports for People with Intellectual and Developmental Disabilities in the Wake of the COVID-19 Pandemic," authored by Gunty, A. L., Lee, S., Mahoehney, D., Nye-Lengerman, K., & Butterworth, J. ICI provides technical assistance (TA), training and consultation to employment professionals and providers to increase the options for community integrated employment (CIE), including: TA to 11 providers across MN to shift from center-based employment to CIE; a webinar series for providers on how to shift services from center-based to CIE; individualized TA to the day program Udac to support their transition away from 14(c) and center-based services to 100% community-based day and employment supports; TA to MRCI, an employment agency that is closing all center-based services; and is partnering with UMass Boston to evaluate employment policies and practices in New Jersey and develop a comprehensive advocacy plan to increase CIE.

ICI participates in Minnesota coalitions, trade associations, and state agency committees to influence the direction of public policy and employment services in Minnesota. For example, ICI: participates on the Interagency Employment First Advisory Committee; provides formal feedback to DHS and DEED on employment work through involvement in the Professional Input Panel for Employment; has representation on MN APSE board of directors and training/conference committee; and actively participates on the MN Employment First Coalition. Finally, the ICI authors and submits competitive grants to bring resources into Minnesota to improve access to and participation in competitive integrated employment.

MDLC's strategic plan has two major priorities that touch on the same employment topic as Goal 4, including:

- Increase integration and decrease discrimination in areas such as employment. MDLC seeks to maximize clients' opportunities to live, work, and enjoy life in inclusive, integrated settings of their choice. MDLC helps clients obtain community-based services and supports.
- Increase access to appropriate services including employment. MDLC recognizes the challenges that people with disabilities can face in accessing necessary and appropriate services.

MDLC's advocacy focuses on:

- Maximizing clients' choice among appropriate services and supports so they can attain their employment goals;
- Increasing opportunities for young adults and transition age students to self-direct and access employment services and supports;
- Encouraging increased provider capacity to meet clients' needs; and maintaining and increasing funding available to meet clients' services and supports needs.

MDLC has also supported Minnesota's Employment First efforts, conducted training and outreach events for transition age youth seeking employment services, filed comments to the Olmstead Subcabinet on specific provisions related to employment, and participated in task forces related to employment of people with disabilities.

Evaluation Plan

Progress

Outline of how the Council will examine the progress made in achieving the goals of the State Plan:

Since 1997, the Council has applied the National Baldrige Criteria for Performance Excellence, which is aligned to the Government Performance and Results Modernization Act of 2010 (GPRMA). The Council's State Plan, Annual Work Plan, Monthly Activity Reports, and Logic Model for each goal are all aligned to Baldrige and GPRMA. Results are presented to Council members, and prior to the pandemic the Council would spend at least one full day meeting with subgrantees.

The Council spent a year developing the current State Plan and began with a thorough understanding of the Council's three surveys (Quality of Life, Impact of Federal Disabilities Laws, and Voice of Service Providers) to provide a state of the state review. The goals were drafted, reviewed, and edited by the Council members and then presented for a public review and comment period. The goals were edited again and then approved. At that point, the objectives, rationale, allocations, and logic models for every goal were prepared.

Once the federal government approves the Five Year Plan, then the Council will move into preparation of RFPs and selection of sub-grantees. Performance contracts grounded in the OIDD performance measures and Baldrige principles will be developed. Continuous quality improvement is stressed at every step. The Grant Review (GR) Committee and the full Council are involved in reviewing progress toward goals.

Effectiveness

How the Council will assess the effectiveness of the strategies used that contributed to achieving the goals of the State Plan:

According to the Baldrige Criteria, effectiveness is defined as how well a process or a measure addresses its intended purpose. Determining effectiveness requires evaluating how well the process is aligned with the organization's needs and evaluating the outcome of the measure. Assessing the effectiveness of strategies begins with the performance results reported by sub-grantees. If results are missing in the Individual and Family Advocacy and the Systems Change performance targets and measures, then strategy or work processes should be reviewed.

Monitoring effectiveness of strategy or work processes begins with the sub-grantee. If the monthly or quarterly reports show any trend of lagging, then Council staff must review and discuss with the sub-grantee to determine if it is a systemic issue or another type of barrier. Any deficiencies in performance come before the GR Committee first. Every effort must be made to assist sub-grantees in meeting performance measures. Additional information is contained in responses below.

Self-Advocacy Outcomes

How the Council will examine the progress made in achieving the outcomes of the self-advocacy goal:

The Council has been funding various self-advocacy efforts since the mid-1970s with a public education and media campaign that people with developmental disabilities are people first. Self-advocacy has grown over the years culminating in the re-authorization of the DD Act in 2000 mandating that Councils meet new federal requirements. The self-advocacy goal monitors progress of self-advocacy following the same processes outlined in responses below.

The Council will follow its RFP process and supplier management system. Performance contracts will be executed that contain the federal performance measures. Tracking will be required of the number of people participating, customer satisfaction, training evaluation, and IPSII measurement. Reporting will occur on an ongoing basis and a mid-year face-to-face performance report will be required with the GR Committee, and with the full Council at least once a year. At a systems level, self-advocacy is contained in the Olmstead measurable goal area of community engagement.

Emerging Trends

How the annual review will identify emerging trends and needs to update the CRA:

In following the Baldrige Criteria, the Council undertakes ongoing and systematic 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 CRA. This process includes regular reviews of key state agency websites, the Legislative Reference Library acquisitions, and national Projects of National Significance (PNS) data collection websites. The Council also sponsors customer and market surveys annually that enable in-depth study of specific trends or needs, such as employment, health care, IT, special education, and public attitudes. The survey results are always presented to the full Council at a meeting and summarized in news releases and for the Council website. Copies are disseminated broadly through public media.

The Council receives regular updates at every meeting about the progress of the Olmstead Plan including:

- Progress toward the measurable goals, and
- The longitudinal study of Quality of Life outcomes.

The Olmstead Plan has been another avenue to receive "real time" data from 11 state agencies reporting about 47 measurable goals.

Results Achievement

Methodology that will be used to determine if needs are being met and if Council results are being achieved (include evaluation of consumer satisfaction):

Since 1998, the Council has utilized quantitative and qualitative data to measure federal DD Act outcomes of IPSII. In 2020, three surveys were conducted with 1,300 people with developmental disabilities, family members, service providers, and the general public. The summarized results support

the need for ongoing efforts and continued collaboration with the Olmstead Subcabinet. Every sub-grantee must report on applicable performance measures, use the federal customer satisfaction survey, and use the Council's IPSII pre- and post-evaluation forms where applicable. These results are submitted in program reports to the Council staff and summarized in reports to the Council (additional details in next section). Data is collected on an ongoing basis. Results are summarized in monthly activity reports, then mid-year supplier results, and then into annual Business Results, the federal PPR, and the Council's Annual Report.

The Baldrige Business Results present data in graphic format, showing trend lines for key business measures including IPSII results. Customer satisfaction forms are reviewed for compliments or complaints that provide ideas for improvements or actionable items. Stakeholder Survey results are also reviewed to find opportunities for improvement. Continuous quality improvement experts often review all results to gain additional insights and objective verification. Return on Investment measures for Council results are also calculated in consultation with continuous quality improvement experts. The Council can also monitor issues at a systems level. The annual customer and market survey results foster in-depth review of systems-level topics, providing the Council with both quantitative and qualitative feedback. DHS adopted the National Core Indicators and the Olmstead Subcabinet has adopted a longitudinal survey approach to measure quality of life. These additional surveys will be important sources of information for identifying needs at a systems level.

Reviewing and Commenting on Progress

The Council's processes, procedures, and role in reviewing and commenting on progress toward reaching the goals in the Plan:

In following the Baldrige Criteria, the Council has aligned its approach to a "supplier management system" for all sub-grantees, which begins with performance contracts that are aligned to the State Plan. The GR Committee is involved in the oversight of the supplier management system, and the full Council can review results on an ongoing basis. The Council expects that sub-grantees are in full compliance with all applicable state and federal laws, and other contract requirements. This is true regardless of the dollar amount involved, or the type or size of the business. These requirements include a record keeping system best suited to the business to monitor and track progress toward goals, income and expenses, and other programmatic, financial, and business transactions. The Council maintains an online resource of all requirements and conducts financial reviews by a Certified Public Accountant, which provides a higher level of compliance.

Another part of the supplier management system is reporting based upon the contract terms, including use of the OIDD customer satisfaction survey and federal outcomes of IPSII and applicable performance measures. These reports accompany the financial reports. These performance reports are summarized and presented to the GR Committee. Each sub-grantee is expected to present results in-person to the Committee. This report includes updates, results achieved, process improvements, and ideas or suggestions that could generate greater IPSII results. These performance reviews are summarized and presented to the full Council. The GR Committee reviews results and allocations annually at two separate meetings, with a preliminary allocation process in June and final funding recommendations and Council approval at the August Council meeting. All performance results are summarized for the full Council to review prior to approval of final funding recommendations.

The above process is summarized in an Annual Work Plan approved by the Council at the Annual meeting held in October. The State Plan goals are embedded in the Annual Work Plan. Monthly Activity Reports are distributed at each Council meeting, which are aligned to the Baldrige Criteria and the Annual Work Plan. These Activity Reports summarize progress data on goals, objectives, evaluation data, customer satisfaction data, and IPSII results. The Executive Director's report at every Council meeting allows time for discussion of all results presented in the Monthly Activity Reports. The annual results from Monthly Activity Reports and monthly or quarterly reports from sub-grantees are also summarized into Baldrige Business Results for the full Council in December. These Business Results are posted online, and the Annual Report is also posted. The Business Results are fully discussed, especially any significant performance results either above or below goals.

SECTION 3: ASSURANCES

Written and Signed Assurances

Written and signed assurances are on file at the Council and will be made available to the Office on Intellectual and Developmental Disabilities, Administration for Community Living, United States Department of Health and Human Services upon request, regarding compliance with all requirements specified in Section 124 (C)(5)(A) (N) in the Developmental Disabilities Assistance and Bill of Rights Act.

SECTION 4: PUBLIC INPUT AND REVIEW

Describe how the Council made the plan available for public review and comment. Include how the Council provided appropriate and sufficient notice in accessible formats of the opportunity for review and comment.

As stated elsewhere, the Council began a year long process in creating the State Plan beginning with the October 2020 Council meeting that included a presentation of results of three separate surveys that have been summarized previously. Over 1,300 people were involved in these statewide surveys. These surveys were posted on the Council website and 5,300 GovDelivery subscribers were notified of this first part of the Five Year planning process.

The proposed goals were then reviewed in small group meetings by Council members during November 2020.

On December 3, 2020, the Council met and reviewed eight proposed program goals and small group feedback collected from Council members during November.

The Council modified the program goals and asked the staff to post the proposed goals for public input and feedback. Notices were sent to 5,300 GovDelivery subscribers and all current subgrantees. The public comment period began on December 5, 2020 and ended on January 19, 2021 (45 days). Over 5,300 people were notified of the availability of public comment period and social media was used as well. Each subgrantee was notified and encouraged to review the goals. Feedback could be provided using the online form or by email or by notifying the Council by phone.

The Council spent the February 3, 2021, meeting reviewing all public comments and identifying themes or concerns.

The program goals for Employment and Leadership Development/Skills Training received the most comments. Many of these commenters expressed appreciation for the skills they gained from the Partners in Policymaking classes that they continue to actively use. Other commenters expressed gratefulness for their meaningful employment and the supportive role of their job coach.

Describe the revisions made to the Plan to take into account and respond to significant comments.

The federal law requires that the Council "shall revise the plan to take into account and respond to significant comments." Each Council member was invited to read through all the comments.

In general, the comments were supportive of the proposed program goals. Some comments offered specific ideas that can be considered during the grantmaking process.

At the February 3, 2021, meeting, Council members discussed the public input by program goal. Six program goals remained the same and two program goals were modified to increase emphasis on diversity, equity, and inclusion.

The Council pledged that the State Plan goals would be aligned to the Minnesota Olmstead Plan. The Olmstead Plan, which has 47 measurable goals involving 11 cabinet agencies, the Ombudsman for Mental Health and Developmental Disabilities, and the Governor's Council on Developmental Disabilities.

Sixty-six (66) individuals provided comments.

Public comments by goal

The following are verbatim public comments received while gathering input on the Five Year Plan goals, organized by goal. Information that could reasonably be used to identify an individual has been redacted.

Goal 1: Self-Advocacy

I am especially in support of your Self Advocacy and Employment goals in the Five-Year Plan draft. In my experience, the Ambassadors for Respect program supports opportunities for individuals with developmental disabilities to play leadership roles in teaching self-advocacy to others AND it employs these individuals in a supportive and person-centered manner."

Developing self-advocacy is a great goal and so is supporting employment during transition years. The Ambassadors for Respect program supported by the Council does a great job in both these areas. The program gives self-advocates a platform for sharing their experiences and for advocating for change – for more inclusion, wider use of Person First Language, and for more people advocating for themselves and others. The program supports the development of self-advocacy by helping transition students and adults with developmental disabilities to see that they have a voice and a powerful message to share. The program helps individuals with developmental disabilities to develop their skills and confidence for being self-advocates.

Ambassadors for Respect is important for it provides many of the self-advocates with their first paid work experience. The program also does a great job in inspiring fourth graders to become advocates and to be more mindful and accepting of others. Developing a statewide network of well trained and informed self-advocates is a much-needed priority. Self-advocates have an important and powerful voice that needs to be heard. They make a difference in the lives people throughout our community, not just for people with disabilities. Supporting self-advocates in providing leadership training is a great priority. I also especially like the goal about having employment experiences during transition years. Thank you for your assistance!

Ambassadors for Respect has fostered confidence in my students, while sharing the message of person-first with 4th graders. The benefits of this program are invaluable. I have a student who still talks about the day that the Ambassadors visited her 4th grade classroom - what an impact on kids at a very impressionable age! Funding this program is an investment in our future!

- A. Love this goal!*
- B. Recommend more emphasis on a required, in-depth PC Plan for everyone*
- C. Goal for a certain # of persons empowered by having their PC Plan in hand and demand that the Plan guides decisions made for them.*
- D. Fund panels to look at and address situations where the PC Plan is restricted by licensing standards.*
- E. Goal to further the concept of "Supported Decision Making" as an alternative to full guardianship; determine if it should be adopted by State courts.*
- F. Goal to get a legislator to sponsor a bill to give persons with severe cognitive disorders a voice in elections.*
- G. Goal to establish a coalition of advocacy groups to merge common needs and deficiencies and align with a lobbying group and legislative committee.*

Please remove "II. Self-Advocacy" with "Simplify and Improve Enforcement"

I'd like to see the Minnesota Governor's Council on Developmental Disabilities to aim for enforcement approach rather than self-advocacy. Clearly after 30 years of "self-advocacy," post-ADA should be enough evidence that this approach is not that effective.

We appreciate the flexibility of the Ambassadors for Respect Program to promote self-advocacy through artistic expression. Our transition students are making cards for Ambassadors to give out when in-person trainings resume. From their work, our students are gaining work experience, developing self-esteem by making cards they are proud of, and they are building fine motor and recreational life skills.

We are able to involve people of various abilities to express themselves positively in a non-verbal format. Incorporating card-making into Ambassadors for Respect work brings out collaboration and teamwork in creating a finished product. It has also helped students to understand group process work. We are grateful for the opportunity to involve our students in the Ambassadors for Respect program and hope it will continue in the future. Thank you

I looked at the MGCDD's five -year plan and I agree with the goals.

I am a self-advocate from Mankato Minnesota. I have been involved with self-advocacy for 20 years. The SAM network has made a big difference to make self-advocacy a statewide thing. Since SAM we have Human Rights Retreats and Olmstead Academy and other meetings where people from all parts of the state get together. I met people from East Grand Ford and Cambridge and a lot of other places.

Thanks to the SAM network we go around our region doing Disability Equality Trainings. (DETS). They are 12 classes for each one and everybody likes them a lot. We are learning about ourselves and our rights and how to be more part of the community. Some people who did not know about self-advocacy are getting involved and they like it too. I get paid to be a DETS trainer and that means a lot to me. It's so much fun too and you learn a lot more stuff too.

I hope you keep SAM in your plan because it means a lot to people.

I have been involved with self-advocacy for 15 years. When I first came to Cambridge MN from Georgia, I met the local SAM organizer at church one Sunday. We hit it off and I started coming to the local self-advocacy group meetings. After a while, I started talking about how unhappy I was living in the apartment building for seniors. I wanted to be on my own without rules and I wanted to BBQ. I had a settlement due me from Georgia and after a couple of years I was connected to people who found me my own place. This all took time—I found a home of my own, furniture, and I settled into my new community. I could not have done it without the friends I made and the skills I learned from my group. Skills like knowing my rights, speaking up for myself, and not letting people take advantage of me.

I am so grateful to the friends I met in myself advocacy group and the help and support they have given over the years. It has been fifteen years since I moved here and getting a home and a job took years to accomplish. Joining a self-advocacy group does not mean life will instantly change. But over time, as you keep at it, you will make the life you want.

I've learned though self-advocacy that it's OK to ask for help. I believe this about myself after all the years. I have rights and self-advocacy helped me realize that I have rights and how important my rights are.

The other thing I like about SAM is the friendship and all of the love and support.

The other thing I like about SAM is that we get to know people from all over the state. We are all different, but we all have one thing in common. We care about other people and we want people with disabilities to have choices. Just like everyone else. I just want to be treated like everyone else. That's what they call inclusion. We may all have different stories, but we are all fighting the same thing and it's called discrimination.

I have to say that I love Olmstead Academy and can't wait to go back to Farmington to see the class of 2020 again in -person. After that we can have reunions. I like the reunions. Now we are seeing people on Zoom and that works ok but it's second best but right now it's worth it. But I enjoy Zoom.

I think it is a good goal to keep supporting self-advocacy because it is making our lives better when we know our rights and know we have support to get our rights.

I call the SAM network a life- saver and a life -changer.

The program helps you become a better leader involved in self-advocacy.

I was in the Olmsted Academy Class of 2019. It helped me to understand some things in my life I didn't know and was not aware of. I learned a lot and I'm glad I was in it.

I learned about Lois and Elaine and how they went to court for their rights. They wanted to get out of the institution and live in the community. The Supreme Court of the United States ruled that they have the right to be in the community just like everybody else. The Supreme Court rule isn't just about them, it's about all of us. We all have the right to be in the community.

The program helped me learn more about my rights and helped me get out in the community more. We learned in fun ways, like games, art, songs and skits. My team choose a project and called it the Fun Club. We wanted to help people with disabilities and people without disabilities get together and have a nice day. We picked Johnathan Paddleford Riverboat cruises. We got season passes and gave them to other self-advocates who wanted to get out of the house and have fun. Altogether, five self-advocates went on 33 boat cruises down the Mississippi river. We brought a lot of people like cousins, parents, co-workers and former co-workers, people from church and neighbors. I had a sign-up sheet at my apartment. Everyone said they liked it and had a nice day. Once you got the pass you could go as often as you want and bring three people with. What a deal. I already have my season pass for 2020.

The program is very, very good. It helped me to understand and build confidence in my life.

Goal 2: Cultural Outreach (Targeted Disparity)

Having a cultural outreach program is needed in order to reach hard-to-reach communities, and present information in their own languages. Somali Community Resettlement Services offered training for 42 Somali and 6 Latinx individuals in 2020 - presented in their native languages. This was very valuable information - and it was new information for them all.

Disability rights training is critical in the Somali culture. We have come a long way in the United States to assure the rights of people with disabilities. This information needs to be transcribed and explained in a manner that people can understand.

Often, I hear of people that are having challenges getting through the system because of language barriers or fear of the government. Understanding disability rights as well as what people accessing services can expect would be a great help.

I want to take this opportunity to support the proposed five-year plan goal statements created by the Governor's Council on Developmental Disabilities. I especially appreciate the inclusion of a goal addressing cultural outreach.

In my role as Director of Special Services for the Xxxxx Public Schools, I have worked closely with the Somali Community Resettlement Services. Through our collaboration, we provide training for Somali families in regard to what disabilities are and what they might look like in children. Unfortunately, the Somali culture does not always support people with disabilities or even understand what disabilities are.

Through teaching and meeting with families, we are helping to bring an understanding to their community. This would not be possible without support from the last five-year plan.

Cultural Outreach to address disparities and inequities in culturally diverse communities continues to be a need I constantly see.

Goal 3: Leadership Development

Leadership Development - Learning leadership skills is a proven way to have a say in policy and a seat at the table, the skills taught are found nowhere else. Participants in leadership development are confident they have the skills necessary to be an effective advocate, to equally participate with policymakers when policy is being made and be an effective member of boards and councils as well as run for public office.

As a mother and grandmother of individuals with developmental disabilities and a person working with families and individuals I have always looked to MN Governor's Council on Developmental Disabilities for accurate information and a wealth of sources to use for my own family and to share with numerous other families and individuals not only in the US but other countries. I have worked with schools,

churches and civic groups and used the MN Council's materials. The online learning courses are especially helpful during the pandemic. I am grateful this goal which addresses the above is a part of the proposed five-year plan.

Partners in Policymaking is the program ever once anyone takes this program believe me this will benefit all who attend

I am learning so much from Partners in Policymaking. These classes are giving me the education and confidence boost to make positive changes in my life, in my community and in our state! Much needed program and so beneficial to participants and the people who benefit from actions taken by active advocates enrolled in it.

I am a proud Partners in Policymaking graduate and I am happy to see that this proposed plan includes leadership development. I learned a great deal on how to best advocate for my son and other individuals with disabilities in my Partners in Policymaking course. Partners is the best place to "educate 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." I would be grateful to see this program educate more people to become the best advocates they can be.

The Partners in Policymaking course is needed to continue the progress of disability related issues, such as education, housing, and employment. As a participant of Class 38, the class has taught me to not be afraid of my voice and story. To not be afraid to voice it to those in a position of power. There is a desperate need for advocates.

Many of us are living the story.

We have a personal connection to a disability, whether we are a caretaker for our child or have a disability ourselves. We are in the thick of issues that arise with proper diagnosis, with education and IEPs, with self-care and finding employment. The Partners in Policymaking program gives us power instead of feeling vulnerable. The class is empowering. The education and connections being taught is invaluable and is creating desperately needed, compassionate leaders. We need this. Society needs this.

"If you want to go fast, go alone. If you want to go far, go together". I am honored to be part of this year's Partners in Policymaking class. In the short time I have participated in this program, I believe I have more knowledge, resources and allies along the way than all of the past years to help me serve as a better advocate for my own family as well as others. I am hopeful and confident that others will see the value of this program and continue the Partners program.

Through Partners in Policymaking I have learned I have a voice. I have already become a better self-advocate and advocate for my children and the needs they hold. This class has been a vital role behind those transitions.

The information provided on the training was very beneficial to me and my child.

The information given in the training was great and very helpful for my family.

I did the Partners in Policymaking over a decade ago, & it still is the most practical impactful experience to date. I continue to go back to my knowledge gained to make better decisions in guiding our path & helping countless others!

I am a graduate of the Partners in Policymaking training. This training educated me on best practices for helping my daughter to thrive. I have used this knowledge to be a life-long advocate for her. I enthusiastically endorse the MN Governor's Council on Developmental Disabilities and all aspects of their five-year plan.

I would highly appreciate supporting the Partners in Policymaking program under the leadership plan. I can't emphasize enough how important this program is for me to help with all the information that is available for people with developmental disabilities and their parents.

After completing Partners in Policymaking class 37, I feel my advocate skills have allowed me to make better educated decisions for my family as well as other families.

I now currently hold 2 positions on the Minnesota Board/Commissions for Individuals receiving services and the EIDBI board. I have been certified as a Certified family peer specialist in Minnesota and continue to advocate for my family and others.

Partners in Policymaking changes lives and gives people confidence and so many skills to thrive in advocating.

I would encourage the Gov.'s Council on Dev. Disabilities to continue to support Programs like Partners in Policymaking and other programs which help train people to leverage resources available for making improvements in the systems they rely upon and to build capacity for services that make them able to overcome barriers, allowing them to contribute and be involved in the community.

Goal 4: Employment

I am so excited and encouraged to see the inclusion of inclusive post-secondary education opportunities in this plan. It is a missing link for people with disabilities to make the leap from K-12 to fully included contributing citizens and workforce members. Thank you!

I have been MSS for the past 4 years. I also work with other services such as Handy Help and Radius Health. I have been employed in the community for these years and living on my own. These services have helped me with maintaining employment, searching for new employment, doctors' appointments and housing. These services have helped me a great deal with living independently. It's nice to know I have support to help when issues arise.

The employment services that are available to our son who is a special needs child are not only essential but very much appreciated. I can't tell you how happy we are that our son has found a job coach and advocate for him. She is very helpful, and it takes the stress off of us to try and help him with applications and interviews. She does a great job prepping him for interview questions. This program is a great resource with persons with disabilities and we are very grateful it is available to use.

Thank You

My Employment Specialist has helped me create a resume and is helping me to find a job.

MSS provides me with employment support and assistance with figuring out transportation to and from work.

People with developmental disabilities want to work but a barrier to this is the amount they are allowed to earn before their government benefits are forfeited. Please look into letting people with disabilities work more hours before benefits are cut.

Also, potential employers are reluctant to employ people with disabilities when they have to pay minimum wage if the worker is unable to perform at a rate to support the amount of pay. Please consider waiving the minimum wage requirement for potential employers. As a father of a son with disabilities, I know he loves to work and wants to work. Removing these two obstacles will allow for more opportunities for those in the disability communities to be employed. Thanks

A. Fantastic strides have been made in the last few years regarding pay inequities. States like Ohio are possibly a couple years ahead of MN in terms of progress in this area, I recommend a goal to establish a nationwide Community of Practice effort in this area.

B. The emphasis on PC plans is excellent and my recommendation is you can't emphasize this enough. Make this first and foremost in every goal! Nothing is done for a person until an in-depth PC plan is in place. Regarding employment, let the creativity for job creation flow from the PC Plan, not before the plan is complete. Then insist on a commitment to the plan, you may find traditional employment is not important to the person.

C. Recognize for some, making money is not the motivator for employment. Don't assume all people should work and make policy from there. DTH, DEED, MDE, and employers are likely to not see success if they don't recognize the motivator. Either make them more dependent on making money (like you and I) or adjust their employment plans based on their PC Plan and the employment motivations.

D. Fund legislative advocates to fight for legislation to pay for more job coaches. Accept that some people will always need a job coach, a PC Plan may show independence is not always a desired or realistic goal. Often job placement is not

attempted if the team does not think the person can eventually do the job mostly independently. Employers are more likely to step forward if they know the job coach will help get the job done.

E. Fund legal assistance programs to help persons become self-employed. Self-employment/contracted work is the best way for persons to earn income if they are unable to maintain minimal standards of non-disabled workers.

F. Fund legal efforts to “stretch” employee training and qualifications. A person with IDD may not be able to pass a CNA test, but can do 80 percent of the job. Work with licensing and Union standards to open doors. Especially require government employers to hire; if a city, county, school won’t hire a person with IDD because they can’t pass certain academic requirements – who will? I know an 18-21 Transition program that trained a student to perform almost all of the physical tasks of being a custodian; then after graduation, would not hire him for a vacant custodian position because he could not pass the HR required testing. Connect 700 does not address this problem.

G. Support the search for funding Community Experts for schools with Transition programs. Community Experts, who are not teachers, are not allowed in these programs. Work Experience Coordinators are teachers and their charge is more exploration, training, and preparation for employment – not actual Transition into a job. Community Experts know how to build a PC Plan and know how what the job market demands and residential options. A Community Expert allowed into these programs will blend the efforts of the County Case Manager, DEED, and teachers to real/actual transition. Community Experts can be expected to facilitate the actual “next step/transition” before they leave the Transition program.

My daughter attends MSS. She participates with the employment services that are provided. Since my daughter been a part of the program, she's been able to obtain independent employment on multiple occasions. She was employed with a company for 5 yrs. And only due to the pandemic that has changed. With all the changes my daughter wanted to look at other opportunities.

The employment coach she was provided from MSS was able to help her regain employment. Even during these times. We do appreciate having employment coaches to help guide and support her through finding employment. The services that are provided gives her an opportunity to feel as independent as possible. The job coach help with application process, interviewing skills and so much more. The funding is greatly needed and again appreciated.

Now that I have a job at Costco, I'm making money, so I am going to be more independent. I want to save up so that I can move into my own place. I love my job and the people I work with. They are really nice. They understand me and are helpful. I get paid well and I am hoping to go full-time. My supervisors have said that they are grateful for how I am helpful and do a good job. Working with MSS I was able to

prepare for the interview and feel confident. I also know a lot about what the employer expects so that I can advance. I want to have a career at Costco.

I love to go to worksites, because I would rather be working than not. When I go to work make money and making money is part of me getting more independent. I haven't been able to work as much as would like because of COVID and I don't qualify for unemployment benefits because I don't make enough. I have learned a lot about working and why I like working. I have also gotten the chance to learn about different jobs. I like the people I work with and feel like I'm doing something worthwhile. I've learned a lot about how to manage my money and about budgeting.

I have learned about how to apply for jobs. I have learned how to write a resume. I got to explore different jobs and learn about them. I want to work and learn so that I can be more independent. I am looking forward to when COVID is over so that I can try working in the community.

My 24-year-old son has autism. He has a job working in Nutrition Services at an elementary school. He is competitively employed but loves his job so much he would work for free. This job gets him out of the house, is a huge boost to his self-confidence and is a great social experience. His job coach helps make this job possible. We are extremely grateful for this opportunity for our son.

Hi, my name is xxxxx and I work at Culvers. Feb 7 is my 5-year anniversary of working at Culvers. I've been disappointed during the pandemic because my hours were cut. I love working at Culvers seeing familiar customers over the years. That's also been hard not to see regular customers as I enjoy talking with them. I use the money I earn to help pay bills, get groceries and be independent. MSS has helped me concentrate on my job and things I need to improve to provide the best customer service. I love working in the community!!

Employment is such a vital part of a person's life, and employment services are such a vital aspect of the disability service system in Minnesota. People with developmental disabilities are entitled to high quality competitive integrated employment opportunities supported by trained and qualified professionals. This includes opportunities for the discovery and exploration of personal interests and strengths as well as exposure to a wide range of jobs, careers, and career pathways. Training and education opportunities are also vital to increase employment outcomes.

Employment can have a tremendously positive impact on so many aspects of a person's life. Quality employment opportunities lead to increased independence, the development of personal and professional relationships, and a higher quality of life.

The work and the funding of the Minnesota Governor's Council on Developmental Disabilities is vital in supporting the employment efforts and outcomes of individuals with developmental disabilities in the state of Minnesota.

The program goals are easy to understand. I am happy to see the word “robust” used in G under I. Employment. (referring to youth ages 16-32 employment training opportunities)

Thank you for the opportunity to provide input in the upcoming DD Council Five-year plan. My comments center around the Employment Goal sections B, D and G. I encourage the DD Council to amend the goal to reflect the opportunity for students with IDD to attend college classes and earn meaningful credentials that lead to competitive integrated employment while the student is still in high school and/or transition. A component of a quality inclusive higher education option includes internships and paid employment where the student is able to explore interest areas and find their career path.

The national data from Think College shows that students with IDD who attend college achieve a higher rate of employment, higher wages, higher levels of independent living and rely less on social services. College is an important part of the pathway to earning meaningful credentials and obtaining competitive integrated employment. Thank you for including this important education option in the DD Council Five Year Plan.

I love that I am able to work and use my attributes and talents to the best of my ability. Working makes me feel Incredible in the work environment that I am in. Midwest Special Services, Inc. has helped me immensely in believing I was able to go pursue the jobs I've gotten. To this day I am proud to say to have my dream job, MSS has been there every step of the way.

My son has benefited in many ways since working with MSS. He has increased cognitive function through the learning of new skills needed for his current and future job. His emotional health has been improved as self-esteem, happiness and motivation for life have been tied to employment. The increase in his social skills with others as well as the knowledge that he is a productive member of society has also improved his quality of life.

MSS has helped me with my employment when a situation has come up and I need to talk to someone about it. I have good employers and haven't had trouble with my employer, so I haven't needed MSS to work with or talk to my employers.

It has helped me look into my options. I have had help with decisions regarding college and apprenticeship programs. I worked on job seeking skills like interviewing, resume writing, and job searching.

The impact of employment services on my son's life, quite simply, has made the difference between him being employed and unable to ever hold a job. The alternative is an Adult Day Program, which, based on my son's needs and abilities, would literally destroy him. The positive impact that employment services has helped him to access employment and be a contributing member of society. He feels better

about himself, is learning skills that he will have for a lifetime, is learning how to communicate with others in a positive way and build an inner belief that he can be like other people and have a job.

Having access to these services, receiving regular and ongoing support, and having employment has made him successful and positive about himself, his life, and future.

There have been times in which my son, has been at risk of losing his job, and the service provider has swiftly come into support, and his Employer feels better and supported as well. If it were not for these services, both the employee and employer would probably give up. So very grateful, and I truly believe this has saved my son's life. We are hoping one day, although he needs 24-hour care, he will be able to earn enough money to live independent of us (we are getting older).

Goal 5: Training Conferences

I am from the Autism Society of Minnesota (AuSM) and we have received support from the Minnesota Governor's Council on Developmental Disabilities through their co-sponsorship funds for training conferences for our annual AuSM Autism Conference. These funds have supported many individuals with Autism to receive the much-needed education and resources they so desperately need. Without these funds, we would not be able to give financial assistance through scholarships to our community or bring in key experts in the autism field to bring knowledge and expertise to those who are affected by autism. We ask that you continue to include the co-sponsorship funds for training conferences in your 5-year goal planning. Thank you for your consideration.

Goals 6 and 8: Customer and Market Research & Continuous Quality Improvement

So glad you see a need for increased data! Legislative changes will not come without data and research. Good ideas and successful practices without supporting data have far less chance of growing if data is not in front of decision makers. I recommend a goal to expand upon the National Core Indicators (NCI) used in MN. Let's use this research and data from NCI and see where we want to expand to get more in-depth data. Goal to collect data from PC Plans, determine highest needs and deficiency areas. Fund research on cost reduction ideas so savings could go to highest need areas (probably direct care giver wages/training/retention). Fund research to determine how to breakdown silos separating Special Ed, Waivered Services, Long Term Care for all types of care and diagnosis (MI, IDD, elderly, BI). Find ways to cut costs and share expertise and resources.

Conducting primary customer research studies has been critically important in supporting the GCDD's mission of enhancing IPSII for people with developmental disabilities. Most fundamentally has been the measurement of perceptions and tracking trends over time, revealing areas of progress, as well as specific impediments to IPSII that needed to be addressed.

The insights gained from qualitative and quantitative research that we've conducted over the past 2 decades have also informed legislation, as well as government and non-government entities, regarding policies and actions that directly impact the lives of people with developmental disabilities. Ultimately, the goals of primary research are to gain a higher level of empathy for our fellow Minnesotans with developmental disabilities and enhance our understanding of the attitudes that need to be embraced, and the actions that need to be taken, in order to improve their journey.