Services to Minnesotans

with Developmental Disabilities

The 1990-1991 State Plan

A Report to the Citizens and Legislature of the State of Minnesota from the Department of Human Services

STATE OF MINNESOTA
DEPARTMENT OF HUMAN SERVICES
Human Services Building
444 Lafayette Road St. Paul,
Minnesota 55155-38 15

January 1990 Fellow

Minnesotans:

Today, nearly 17,000 persons with developmental disabilities participate in programs and services funded by the State of Minnesota and county agencies. Many others are living at home with their families and await appropriate residential, vocational and support services. You know them. They are your neighbors, your friends, your co-workers, members of your family and your fellow citizens.

During the 1980s, the Department of Human Services accomplished some major objectives, the most significant of which pertained to the completion of all requirements of the Welsch Negotiated Settlement. In addition, through its work with parents, consumers, service providers, advocates, county human services agencies, and other state departments, the quantity and quality of services available for persons with developmental disabilities have been increased. Opportunities for living and working in the community alongside persons without disabilities now exist for many. Case managers, though often overburdened, are now available to assist consumers and their families arrange services that are most appropriate for the individual.

Our work is far from complete, however. As you know, many persons with developmental disabilities still live or receive training in settings that limit their opportunities for complete participation in normal community activities. Many have now developed skills that permit greater independence. In each case, new services are required, and, in each case, we must meet the challenge of modifying services to meet individual needs.

The attached 1990-1991 state plan for persons with developmental disabilities was written in the winter and spring of 1989, just prior to the close of the 1989 legislative session. It describes the Department's work plan for the next biennium, articulates our mission and clarifies the values on which our commitments are based. Hopefully, this mandated report will stimulate discussion about services available and needed in Minnesota and promote concensus on the difficult yet enormously exciting challenges facing Minnesota in the next two years. Those challenges, including new mandates from the 1989 legislature, pertain to:

A. *Development of additional private and state-operated, community-based residential and support services to provide more appropriate placement for 1,250 persons now residing in Minnesota's regional treatment centers.* As stated in Chapter 282 of Minnesota Law, the Department of Human Services will develop 24 state-operated residential sites and 14 state-operated day programs at the following location during the 1990-1991 biennium:

	Residential Sites	Day Programs
Brainerd RTC	2	2
Cambridge RTC	4	2
Faribault RTC	10	6
Fergus Falls RTC	2	1
Moose Lake RTC	4	2
Willmar RTC	2	1
TOTAL	24	14

In addition, the Department of Human Services will work with counties and private providers of ICFs/MR, waivered services, semi-independent living services and day training and habilitation services to provide community care to both regional treatment center residents and other persons with developmental disabilities. A plan to accomplish these objectives will be submitted to the Minnesota Legislature by January 15, 1991.

B. *Finding new homes and services for persons currently residing in skilled nursing and intermediate care facilities who need less restrictive, more appropriate service.* To facilitate the transition for ICFs/MR residents, the 1989 legislature gave the Department of Human Services a special appropriation to help up to 200 persons move to the community and receive semi-independent living services during the 1990-1991 biennium.

C. *Continued training and technical assistance to counties and service providers so that case management, residential habilitation and support services are available in sufficient quantity and quality in Minnesota.*

D. *Continued work to increase opportunities for supported employment and post-secondary education for Minnesotans with developmental disabilities.* This work is especially important now that the 1989 legislature has mandated that counties include a statement in their community social services plans indicating how they propose to make supported employment services and community-based employment programs available to people who need them. That same legislation requires counties to indicate how they will collaboratively plan the development of those services with local representatives of public rehabilitation agencies and education agencies.

E. And also of great importance, *refinement of the Department's quality assurance efforts to insure that all persons receive the highest quality of service in the most appropriate setting.*

Nationwide and in Minnesota, research, demonstration and personal experience have shown that when appropriate services are made available in the community, citizens with developmental disabilities grow in self-sufficiency, interpersonal relationships and integration into society. Through careful planning, we can provide all Minnesotans with developmental disabilities this opportunity.

Sincerely,

ANN WYNIA
Commissioner

The Department of Human Services is grateful to Charlie Lakin, Ph.D., University of Minnesota Institute on Community Integration, for his contribution to the content of this report and for his invaluable consultation.

Our thanks also to Cheryl Morgan whose ability to process words in an atmosphere of constant change tests the limits of even the most advanced microcomputer software on the market today . . . and to Vicki Gaylord who provided invaluable advice pertaining to cover design, layout and printing.

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I. *MISSION & OBLIGATIONS*

The *Department of Human Services,* in partnership with the Federal Government, counties, and other public, private, and community agencies throughout Minnesota, is a state agency directed by law to assist those citizens whose personal or family resources are not adequate to meet their basic human needs. The Department is committed to help these Minnesotans attain the maximum degrees of self-sufficiency consistent with their individual capabilities. To these ends, the Department will promote the dignity, safety, and rights of the individual, and will assure public accountability and trust through responsible use of resources.

Within the mission of the Department of Human Services, the *Division for Persons with Developmental Disabilities* develops and manages programs to insure that Minnesotans with developmental disabilities have appropriate amounts, quality and types of supervision, support, training, and other services as necessitated by the nature and severity of the disability and the individual life circumstances required to promote their full citizenship. In its role the Division strives to establish service options, societal conditions and public attitudes that promote a safe and healthy life in the community, culturally and age-appropriate lifestyles, meaningful interpersonal relationships, and maximum appropriate independence, self-determination and expression of individuality.

II. *VALUES*

Services provided to Minnesotans with developmental disabilities are based on the following values:

All citizens, including those with the most severe impairments, are unique human beings with value and dignity and can contribute in important ways to life in the communities of Minnesota.

•Citizens with developmental disabilities should have access to community services, and to the physical and social settings typically used by other Minnesotans, and that access should be provided without prejudice to race, religion, ethnic origin, gender, nor to nature or extent of mental, physical, or health impairments.

•Citizens with developmental disabilities should have the opportunity to exercise their citizenship through self-determination and to express their individuality, including choosing where and with whom they will live.

•Services for persons with developmental disabilities should be dictated by the needs of individuals, not by the structure or existing openings within the service system.

•Meeting the individual needs of persons with developmental disabilities within the communities in which they reside requires a localized system of individualized planning, service delivery and program administration.

Persons with developmental disabilities should live, work and participate in leisure activities in age-appropriate, culturally typical and least restrictive environments.

•Children with developmental disabilities should be raised in natural or adoptive families, with family supports as necessary. Out-of-home placement for children should be short term and accompanied by specific plans to return them to a stable and nurturant family situation.

•All programs and services for persons with developmental disabilities should promote independence, productivity, community integration, and opportunity, in safe, healthful environments.

•Minnesotans with developmental disabilities should have access to the same settings and use the same resources and services as their fellow citizens who are not disabled; and when necessary, adaptations and accommodations should be made to facilitate such access.

Ongoing relationships with family, friends, and independent advocates are essential to meeting the human needs and protecting the human rights of persons with developmental disabilities.

•Decision making for persons with developmental disabilities must involve not only professionals and the consumers themselves, but those family, friends and advocates who know the individual with developmental disabilities.

•Monitoring of services by family, friends, advocates and other citizens is valued as a protection and a way of improving services for persons with developmental disabilities.

The quality of care providers who are involved in the lives of persons with developmental disabilities on an ongoing basis is the most important component of any program or service.

•Recruitment, training, and retention of qualified personnel are essential to achieving and maintaining high quality programs and services.

///. *SERVICES & SUPPORTS AVAILABLE*

The Department of Human Services recognizes that there is no single best response to the needs of persons with developmental disabilities. Over the years a wide range of services and supports have evolved to meet the unique needs of Minnesota citizens who have developmental disabilities, their families and other care providers. Each of these services and supports is in a constant state of evolution as Minnesotans with developmental disabilities demonstrate daily their potential for ever greater social and economic participation in our communities. The direction of change in services and supports in Minnesota reflects an evolving understanding of two principles true of all people, but only relatively recently applied to those with developmental disabilities. The first is that we are all unique. Assistance to individuals must respond to the unique individual, to his/her particular abilities, desires, needs and life circumstances. The second principle is that life's only constant is change. Assistance to individuals must support and respond to each individual's ability and desire to change.

As the system of services and supports for persons with developmental disabilities has evolved in recent years the focus of services has moved away from what people cannot do to what they can do and what they can do with some support. What they have demonstrated they can do is elegantly simple: they can live and participate in our communities, they can learn new things and develop new skills, they can hold jobs and carry out useful activities in their homes and neighborhoods, they can be friends and loved ones and enjoy the friendship and love of others. The Department is committed to supporting these outcomes for Minnesotans with developmental disabilities in homes, schools, work settings, and other environments that are safe, healthful and protective of basic rights and dignity.

The wide range of services and supports available are described below under the general headings of Case Management, Supports to Families and Consumers, Homes, Jobs and Job Training, Training and Support to Service Providers, and Quality Assurance. These descriptions identify the nature, purpose and current status of each of these clusters of services. Because the services and supports available to Minnesotans with developmental disabilities are constantly evolving to provide new and better opportunities to assist them to achieve their maximum potential for independence, productivity and community participation, each description also identifies innovations and exemplary practices. These innovative and exemplary practices have been and remain crucial in demonstrating how much persons with developmental disabilities can achieve when given the opportunity. In addition, each service description summarizes certain key issues and challenges facing state and other public and private agencies. Our ability as a state to respond to these issues and challenges will have considerable impact on the future of Minnesotans with developmental disabilities.

Case Management

Fifteen years ago, life options for Minnesotans with developmental disabilities were limited. Essentially they either lived at home with their families, in state hospitals, or in community-based intermediate care facilities (ICFs/MR). They spent their days with no personally or economically beneficial activities or were served in segregated activity programs in Developmental Achievement Centers (formerly called Day Activity Programs). Since that time there has been a great proliferation of alternatives for living, working and participating in the communities of this state. Along with the changes have come new payment mechanisms, increased focus on quality assurance and monitoring of services, and growing attention to the rights of each individual with developmental disabilities. These changes and many others have added greatly to the responsibility, importance and complexity of case management in Minnesota.

Case management was originally mandated in 1977. In recognition of its growing importance, the 1985 Minnesota Legislature strengthened case management as an official service to be provided by county social services agencies (Minnesota Statutes 256B.092). Department of Human Services Rule 9525.0015 - 9525.0165 (Rule 185) defines case management services as: "identifying the need for, planning, seeking out, acquiring, authorizing, and coordinating services to persons with mental retardation. [It] include(s) monitoring and evaluating the delivery of the services to, and protecting the rights of, the persons with mental retardation."

In practice, major responsibilities of the case manager in addition to arranging and coordinating services include:

- determining eligibility for services;
- assessing or authorizing assessment of an individual's abilities and needs, including the need for support and supervision, ability to be integrated into the community, and particular service recommendations for using abilities and responding to needs;
- ensuring that a service planning meeting is held to discuss the results of the assessment, prioritize goals for improving a person's quality of life, authorize needed services through an individual service plan (ISP) and ensure that the individual's views and preferences are heard and integrated into the plan;
- conducting interdisciplinary team meetings to coordinate services provided by various providers and to ensure that the services provided address the goals established for the individual through the development of an individual habilitation plan (IHP);
- advocating for the individual client and ensuring that a personal advocate is available when the case planning team is not in agreement about the best way to address his/her needs and/or utilize his/her abilities; and
- monitoring and observing services being delivered according to established standards of quality, ensuring provision of services as authorized and intended in plans for the individual.

Case managers are persons designated by county boards of commissioners to provide these services. While most case managers are employed by the county social service agency, some are private providers under contract to the county. The case manager must have at least a bachelor's degree in social work, special education, psychology, nursing, human services or other field related to the education or treatment of persons with mental retardation or a related condition. In some cases, with the approval of the county board of commissioners, persons who do not meet these qualifications may assist in case management duties under the supervision of a case manager who does meet the requirements.

RESOURCES

A survey of counties in the summer of 1988 revealed that there were *324 case managers in Minnesota serving approximately 16,912 persons with developmental disabilities.* Their caseloads ranged in size from 5 to 98 with the average being 55 persons. In addition, the counties reported that 27 persons were employed to supervise case management services in 1988. In that year, approximately $14 million dollars were spent for case management services in Minnesota. That figure reflects all federal, state and county resources. Of the total approximately 46% were county expenditures. Although significant progress has been made since the new case management law was passed in 1985, full compliance with case management laws and rules has yet to be achieved.

EXEMPLARY PRACTICE

Effective case management services rely heavily on the energies, skills and commitments of individual case managers. But often those energies, skills and commitments are dampened by work loads that are generally too heavy, service options that are too limited, and job requirements that reduce opportunities for involvement in the daily lives of individual clients. At the Second Annual Case Managers Conference, co-sponsored by the Department of Human Services and the University of Minnesota, four Minnesota case managers were recognized with "Making a Difference Awards" for exemplary efforts to overcome the impediments faced by case managers throughout the state. Award winners were Julie Cerven (Hubbard County), Tim Jeffery (Stearns County), Mike Corman (Dakota County), and Alex Henry (Carlton County). All four were recognized as demonstrating exceptional amounts of the essential skills and personal characteristics in case management, including: having knowledge of agency policies, protocols and service systems across major service sectors; being attentive to individual needs; being strong, assertive advocates for their clients' rights; being creative managers with the ability to work through agency politics and policies; recognizing and identifying resources, revitalizing existing ones or creating and designing new ones; having a strong, personal commitment and willingness to put in long hours and to take risks; being leaders among their colleagues; being supportive and possessing a sense of humor; and viewing empowerment of their clients as a primary goal, by working with them to gain more control over areas of their lives.

Award winners Julie Cerven, Tim Jeffery and Mike Corman. Missing: Alex Henry.

INNOVATIONS

An overriding goal of case management for persons with developmental disabilities is to enable consumers and families to take charge of their own lives, and to coordinate services to support them in that effort. An innovative approach to the goal is currently being tested in a project funded by the Governor's Planning Council on Developmental Disabilities. The *parent/consumer case management project* is currently exploring ways in which the family and the consumer can function in the capacity of case manager. Using volunteer "mentors' to work with consumers is one approach being currently being studied. Also being examined is the feasibility of providing consumers and their families with vouchers for services.

ISSUES AND CHALLENGES

Clearly the lack of resources is a major barrier to full implementation of quality case management services in Minnesota. When researchers from the University of Minnesota asked case managers, supervisors, county directors and rehabilitation counselors to cite the barriers to effective case management in 1987, heavy case loads, the large amount of paperwork and the great number of time consuming meetings were consistently identified. Other factors included: (a) lack of residential program options, (b) insufficient funds, (c) restrictions in the use of funds, and (d) staff shortages. None mentioned county or interagency administration or client characteristics as a barrier.

The need for case management training, both pre-service and in-service, is also evident. The 1987 case management study revealed that the overwhelming majority of supervisors and case managers had no formal training in case management prior to employment, that fewer than 50% of the supervisors and 30% of the case managers had an academic, post-secondary background related to services for persons with developmental disabilities, although a significant majority of both groups had received information through inservice training experiences. Since 1987 Department efforts to provide training to case managers have greatly increased. In addition, the University of Minnesota has developed curricula for prospective case managers, including a course on case management.

Providing effective case management to Minnesotans with developmental disabilities will continue to be one of the major challenges of the 1990's, especially as persons now residing in Regional Treatment Centers, nursing homes, and large, congregate community-based ICFs/MR move to more appropriate settings in the community. To assist county case managers to accomplish this goal, the Department will provide additional case management training, and has established a committee to analyze Rule 185 (case management) to look for ways to clarify and streamline the case management process. In addition, recent legislation was passed simplifying case management/guardianship functions. The current RTC reconfiguration proposal includes increased funding for the counties' past and future deinstitutionalization efforts.

Support for Families & Consumers

The Department of Human Services is committed to a policy of supporting individuals in the least restrictive, most appropriate, living and working environment. This commitment is evident in a number of specific programs including subsidies to families, home and community-based services, group homes, services and supports for persons with developmental disabilities who are living independently, and medical assistance to families with children with disabilities.

SUPPORTS FOR FAMILIES

The Family Subsidy Program: Since 1976, Minnesota's public policy has focused on preventing unnecessary separation of children with developmental disabilities from their families. But families caring for their sons and daughters with disabilities in their own homes often require support services in addition to case management to address the daily needs of their child. Without such services, the risk of placement out of the home increases.

The Family Subsidy Program makes cash subsidies available for eligible families up to $250 per month for items and services such as:

- •child care
- •education
- •medical insurance deductibles
- •medical transportation
- •medications
- •respite care
- •special clothing
- •special diet
- •special equipment

In 1988, 410 families received subsidies at some time during the year. The average grant for a family that remained on the program for the entire year was $2,868.

Home and Community-Based Services Waiver. If a child or adult with developmental disabilities is living at home and is eligible for Title XIX Home and Community-Based Services, an array of services is available and paid for by a combination of federal, state and county funds. Those services include:

- •adaptive aids
- •case management
- •habilitation services
- •homemaker services
- •in home support services
- •respite care

In the fall of 1988, two hundred and forty-nine (249) children living in their families' homes received one or more of these "waivered services." In addition, approximately 100 adults received waivered services while residing in their families' homes.

The Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA) Entitlement. In 1988, Minnesota became one of the first states to provide services covered under the federal Title XIX Medical Assistance program to children with disabilities living with their families. This new entitlement to assistance for medical costs is available to certain children and youth whose disabilities would be severe enough to warrant placement in a long-term care facility or hospital.

SUPPORTS FOR INDIVIDUAL CONSUMERS

Minnesota's public policy acknowledges the value of adults with developmental disabilities living independently or semi-independently in the community whenever possible. But without assistance to maintain or improve their abilities to function in the communities in which they live, these persons risk isolation or placement in more restrictive community-based facilities or a Regional Treatment Center.

Semi-Independent Living Services (SILS): In 1982, the Minnesota Legislature appropriated $425,000 to supplement county expenditures for the purchase of supportive services for adults attempting to live independently. This was the beginning of Minnesota's SILS grant program. Since then, the number of persons served has grown from 458 in that year to 1,075 in 1988. The state's appropriation in state fiscal year '88 was $3,021,100, 69.2% of the total expenditures of $4,365,751. On the average, each of the 1,075 SILS recipients in 1988 received $4,061 toward the purchase of the following eligible services and assistance:

- •counseling
- •home maintenance
- •instruction
- •meal preparation
- •money management
- •monitoring
- •personal appearance
- •shopping
- •social skills
- •training
- •related services

Home and Community-Based Services Waiver. Individuals who are living in the community in an adult foster home, in their own home, or in a supervised group living arrangement and who are eligible for Title XIX Home and Community-Based Services may also receive case management, respite care, homemaker services, supported living services, day training and habilitation, and adaptive aids for the home. The array of particular services ultimately received by the client, as well as the intensity and frequency, are tailored to his/her specific needs as reflected in his/her Individual Service Plan.

In state fiscal year 1989 the average cost of services under the Home and Community-Based Services program cannot exceed $66.79 per day per recipient. A total of $24,371,383 was paid for waivered services during that fiscal year.

EXEMPLARY PRACTICE

The number of children and youth (birth to 21 years) with developmental disabilities placed out-of-home, whether in foster care, community-based residential facilities, or Regional Treatment Centers, has decreased steadily in Minnesota over the past decade (from 1,626 in 1977 to 1,115 in 1986) just as it has nationwide (from 91,000 in 1977 to 48,500 in 1986). Many factors have contributed to this trend, but probably most important was the enactment of the Education of All Handicapped Children Act which ensured access to special education and related services to children with handicaps living at home. Today, growing efforts to ensure permanency planning for children and youth with developmental disabilities promises to further reduce the number of children growing up without the benefits of family.

Permanency planning is a process required of child welfare agencies deriving funds from P.L. 96-272, the Adoption Assistance and Child Welfare Act. It has, however, had limited regulatory impact on services for persons with developmental disabilities. Yet the justification for permanency planning for children with disabilities is no different than for children who do not have handicaps. Children need permanent homes and stable relationships with nurturing adults. In Minnesota, permanency planning has been endorsed by the state legislature and has become a formal part of state policy and procedures governing services for children and youth, including those with developmental disabilities.

Chapter 256F of the Minnesota Statutes defines permanency planning as "the process of carrying out, within a short time, a set of goal-oriented activities designed to help children live in families that offer continuity of relationships with nurturing parents or caretakers and the opportunity to establish lifetime relationships."

It states further that: "It is the policy of this state that all children, regardless of minority, racial or ethnic heritage, are entitled to live in families that offer a safe, permanent relationship with nurturing parents or caretakers and have the opportunity to establish lifetime relationships. To help assure this opportunity, public social services must be directed toward accomplishment of the following purposes:

(1) preventing the unnecessary separation of children from their families by identifying family problems, assisting families in resolving their problems, and preventing breakup of the family if the prevention of child removal is desirable and possible;

(2) restoring to their families children who have been removed, by continuing to provide services to the reunited child and the families;

(3) placing children in suitable adoptive homes, in cases where restoration to the biological family is not possible or appropriate; and

(4) assuring adequate care of children away from their homes, in cases where the child cannot be returned home or cannot be placed for adoption."

INNOVATIONS

Nine Minnesota counties (Beltrami, Cass, Clearwater, Crow Wing, Hubbard, Mahnomen, Morrison, Todd and Wadena) have entered into a regional cooperative arrangement for using waivered services. The arrangement is coordinated by the Regional Services Specialist, an employee of the Department of Human Services. This cooperative allows the counties not making use of their allocated waiver positions to make them available to the counties needing them.

ISSUES AND CHALLENGES

Although the Family Subsidy Program achieves its goal of preventing out of home placement of children whose families are currently receiving subsidies, many families with older children who have graduated from the school system are frequently faced with few alternatives. With the limited state/county allocation for the SILS program, few persons can be added each year thus making it difficult for the new graduate to receive support services. Because of these resource limitations, "the system" tends to focus first on the persons with the greatest need. From an operational perspective, prevention is only a minor goal of the service system for persons with developmental disabilities.

Second, it is important to note that the success of the Title XIX Home and Community-Based Services Program depends on the availability of public and private providers of support services. While the number of such providers has increased in Minnesota during the first four years of the waiver, the need for additional providers, especially in the rural areas, is critical. County case managers frequently report having few choices as they prepare to establish purchase of service contracts. As a consequence, without competition in the marketplace, prices for the purchased services are frequently higher than they would otherwise be and the quality of service may suffer. More attention must be given to the recruitment of additional support services providers, especially those who can provide service to the rural areas and those with diverse capabilities.

Third, fiscal limits placed on the Home and Community-Based Waiver by federal regulations currently restrict the use of this program for persons with severe disabilities. The Department is currently presenting proposals to the federal government to increase resources for this group.

Homes

Where we live affects our self-esteem, our physical and mental health, our sense of emotional and material security, our presentation to others, our opportunities for participation in community life, and our friends and acquaintances. In recent years, state and federal public policy pertaining to persons with developmental disabilities has evolved to reflect this basic fact. The Department of Human Services believes that there is no valid evidence to suggest that housing goals for persons with developmental disabilities should be categorically different than those of other Minnesotans: A real home in a community, with or in proximity to people who love and respect them, that offers useful and enjoyable things to do, and that assures reasonable levels of safety, health and comfort. Historical reliance on large, congregate, institution-like facilities is steadily diminishing as the advocates, policymakers, professionals and the general public become more sensitive to the residential "facility" as a "home." This is a phenomenon that is not unique to Minnesota. In the past 20 years, nationwide, the number of people with mental retardation in state mental retardation and psychiatric institutions has been reduced by about 60%.

PROGRAMS & SERVICES

Significant progress is being made toward the attainment of the goal of assuring appropriate, culturally typical homes for Minnesotans with developmental disabilities. This progress is reflected in the following facts:

Care in the Family Home: In 1988, 659 families received public resources to help care for children with developmental disabilities at home. Of that number, 410 received state appropriated *Family Subsidy* grants and 249 received services paid for through the *Title XIX Home and Community-based Waiver*. In addition, approximately 100 more families received services paid through the waiver to care for their adult sons and daughters at home in that year. In 1982, two years before implementation of the Title XIX waiver and during the early stages of the Family Subsidy Grant program, only 165 families with children with disabilities were served.

Supervised and Independent Living in the Community: In 1988, 2,915 adults with developmental disabilities lived in small, supervised homes in the community:

•450 waiver-eligible persons in *Adult Foster Homes*
•540 non-waiver-eligible persons in *Adult Foster Homes*
•850 waiver-eligible persons in *Supervised Group Living Arrangements* • 1,075 persons eligible for *Semi-Independent Living Services* (SILS) under Minnesota Statutes 252.275

Nine years earlier, in 1979, there were only 411 adult foster homes certified in Minnesota, only 458 persons were receiving services under the SILS Grant program and, of course, the Title XIX waiver did not exist.

Meanwhile, the number of persons living in larger, congregate facilities has decreased in Minnesota:

Regional Treatment Centers: In 1987, there were 40.2 persons in Minnesota's Regional Treatment Centers for every 100,000 persons in the state's general population. This was virtually identical to the average daily population nationwide. As in other states, that population has been decreasing steadily. On December 1, 1988 there were 1,442 persons with developmental disabilities living in the Regional Treatment Centers in Minnesota. That number is significantly less than the 2,371 persons who resided there in 1982 (average daily census) and reflects both Department policy and external influences. Factors that have contributed to the relocation of RTC residents to the community in recent years include: (1) the requirements of the Welsch Consent Decree and Negotiated Settlement, (2) development of community-based alternatives prompted by implementation of the Title XIX Home and Community-based Waiver, and (3) the unwillingness of many families to accept placement in RTCs.

Nursing Homes: In December of 1988, there were 821 persons diagnosed as having mental retardation or a related condition residing in nursing homes (both SNFs and ICFs). As a direct result of Public Law 100-203 prohibiting nursing home placement except where medically appropriate, or representing a long-term and preferred residence for the individual, each of those persons is now being screened to assess his/her need for habilitative services and determine the appropriateness of the nursing home placement. As of that month, 423 of those persons have been screened, 198 are awaiting relocation to more appropriate community settings and 67 have actually been relocated.

Community-Based ICFs/MR: In October of 1988, Medical Assistance payments were made on behalf of 4,595 Minnesotans residing in 321 community-based, group facilities certified as ICFs/MR. Forty-four percent of those persons resided in facilities with 15 or fewer beds.

Minnesota was one of the earliest users of the Medical Assistance ICF/MR program to support community living opportunities for people with developmental disabilities in "small" facilities. In 1977, Minnesota had 113 small ICFs/MR with 1,050 residents. At the same time, Minnesota had 78% of all small ICFs/MR residents nationwide. Today, Minnesota has

NOTE: The table on page 9 displaying expenditures and per diems/grants for SFY 88 was misprinted. The correct printing is:

STATE FISCAL YEAR 1988 EXPENDITURES AND PER DIEMS/GRANTS FOR MAJOR DD SERVICES

RESIDENTIAL SETTING/SERVICE	TOTAL COST	AVG. PER DIEM/GRANT
Regional Treatment Centers	$ 106,258,543	$ 194.00[a]
Nursing Homes (SNFs & ICFs)	$ 20,400,000(est)	$ 62.02[b]
Community-Based ICFs/MR	$ 110,854,046	$ 74.66[c]
Home and Community Waiver	$ 24,371,383	$ 66.79[d]
Semi-Independent Living SILS	$ 4,365,751	$ 11.12[e]
Family Subsidy	$ 1,062,700	$ 7.86[f]

aIncludes residential costs and the cost of day training and habilitation services provided at the facility.
"Does not include the cost of day training and habilitation services which are received by only 8% of the residents. The estimate of annual cost was calculated using a per diem of $62.02 for 900 persons. The per diems and annual costs for ICFs/MR, SILS and Family Subsidy do not include the cost of day training and habilitation services. The average per diem for those services is $38.72. "The per diem and annual cost for the Home and Community-Based Waiver includes the cost of day training and habilitation services as well as (he cost of all other approved waivered services. Room and board costs are not included, however. Those costs are estimated to be $17.82 per person per day, the average amount of SSI/MSA received by 76% of all recipients of waivered services.

Our apologies for the inconvenience.

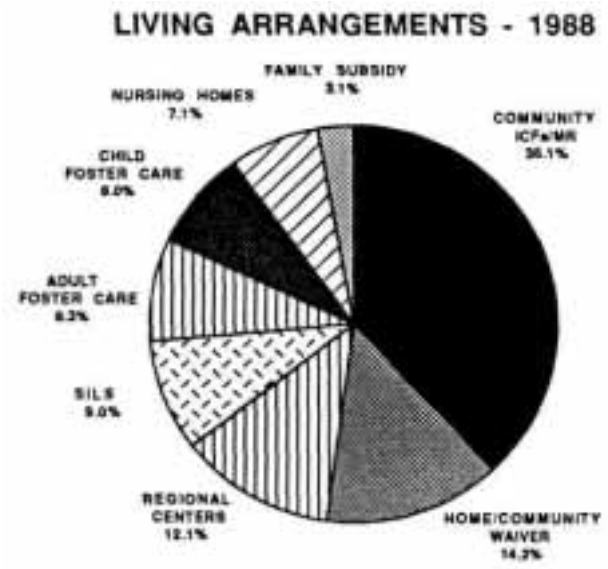
Department of Human Services
Division for Persons with Developmental Disabilities

274 small ICFs/MR with 2,600 residents, and it has 12% of all small ICFs/MR residents nationwide (see Braddock, et al., 1989).

In recent years, the Department has attended carefully to the quality of care in all community-based ICFs/MR and has worked closely with counties who choose to close, downsize, and/or relicense their facilities as smaller community living residences. Since July 1, 1986, eight large ICFs/MR and thirteen small ICFs/MR have closed, most as a result of formal closure agreements with the Department of Human Services. And, as a result of closure and downsizing, more than 600 community beds have been decertified and a comparable number of persons relocated to other settings.

The growing need for community residences, however, prompted the 1988 Minnesota legislature to approve development of 150 new community-based ICFs/MR beds during the 1990-1991 biennium. The Department is currently working with providers and counties to establish these new facilities in those areas of the state where the need is the greatest. All will be limited to six beds; some 4 and 5 bed facilities will be allowed.

Figure 1 below shows the housing status of persons served by the major Department programs providing residential services.



RESOURCES

The following table shows the annual expenditures, average daily grant for the major residential settings and services mentioned above:

STATE FISCAL YEAR 1988 EXPENDITURES AND PER DIEMS/GRANTS FOR MAJOR DD SERVICES

RESIDENTIAL SETTING/SERVICE	TOTAL COST	AVG. PER DIEM/GRANT
Regional Treatment Centers	$106,258,543	$194.00[a]
Nursing Homes (SNFs & ICFs)	$ 20,400,000(est)	$ 62.02[b]
Community-Based ICFs/MR	$110,854,046	$ 74.66[c]
Home and Community Waiver	$ 24,371,383	$ 66.79[d]
Semi-Independent Living SILS	$ 4,365,751	$ 11.12[e]
Family Subsidy	$ 1,062,700	$ 7.86[f]

aIncludes residential costs and the cost of day training and habilitation services provided at the facility.
bDoes not include the cost of day training and habilitation services which are received by only 8% of the residents. The estimate of annual cost was calculated using a per diem of $62.02 for 900 persons. The per diems and annual costs for ICFs/MR, SILS and Family Subsidy do not include the cost of day training and habilitation services. The average per diem for those services is $38.72 "The per diem and annual cost for the Home and Community-Based Waiver includes the cost of day training and habilitation services as well as the cost of all other approved waivered services. Room and board costs are not included, however. Those costs are estimated to be $17.82 per person per day, the average amount of SSI/MSA received by 76% of all recipients of waivered services.

EXEMPLARY PRACTICES

Minnesota abounds with specific examples of successful efforts to assure that persons with developmental disabilities have homes and opportunities for participation in communities and local neighborhoods. One major metropolitan care provider exemplifies how an organization once committed and exclusively involved in the provision of residential services in a large, congregate care facility has evolved with changing understanding regarding the rights, potential and needs of persons with developmental disabilities and the responsibility of the provider community in responding to these. Until 1988, that provider served 46 persons in one building. Today, all of those persons live in ordinary homes in the Twin Cities.

Several basic principles to govern the establishment of the new homes for persons with developmental disabilities were laid down by that organization. They included:

1. Households will include no more than 4 people.
2. People will choose with whom they live.
3. Homes will be situated to provide ready access to basic resources such as: stores and shops, recreation centers (YMCA, YWCA, parks).

INNOVATIONS

The Title XIX Home and Community-Based Waiver with its emphasis on client-specific service plans involving both residential and supportive services is one of the most innovative programs developed in Minnesota in the past five years. When viewed in concert with good case management, client screening, and the growing number of adult family foster homes, "the waiver" provides both an appropriate, home-like living arrangement in the community as well as appropriate care for persons who would otherwise require the services provided by ICFs/MR.

While the Department of Human Services is refining its waiver program, it is simultaneously exploring the feasibility of accelerating the relocation of residents of the regional treatment centers by establishing state operated community ICFs/MR. This population, as a group, is more severely disabled than their counterparts in the community. With the authority it received from the Minnesota legislature in 1985, the Department established seven community residential facilities on a pilot basis, each of which serves persons receiving Home and Community-Based Waivered Services. Using a shift staff, four resident model, the state operated facilities are expected to pave the way for additional state operated services in the future. A Department plan currently before the legislature calls for the development of several additional state-operated facilities during the 1990-1991 biennium, and many more before 1999. Each will be certified as an intermediate care facility under the federal medical assistance regulations. A similar amount of development will be requested for private ICFs/MR. If approved, this plan will provide community residences for all but a few RTC residents.

Meanwhile, the Department has upgraded its rules regulating both community ICFs/MR and waivered services. Those rules were effective in October, 1989.

Semi-independent and supported living arrangements have also been successful innovations in Minnesota in the last few years. They have helped reduce reliance on the more costly ICF/MR model of community residential service. They have permitted over 1,000 people, most of whom in the past would have been placed in ICFs/MR, to enjoy greater independence while receiving the services, supports and supervision they need to ensure basic health, safety and skill development.

Family-owned housing is still another innovation being explored by some Minnesotans. Home ownership by persons with severe disabilities, once considered out of the question, may become an additional way of addressing the residential needs of some people, if adequate funding and supports are available. Currently, procedures for establishing clients as homeowners are being discussed by county agency staff, private providers, clients and their families.

ISSUES AND CHALLENGES

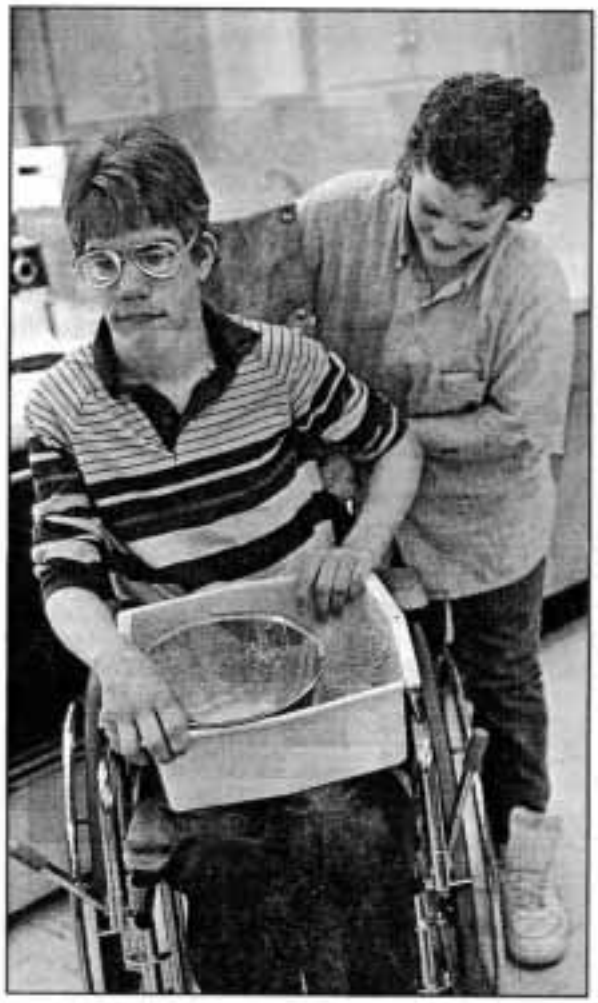
The promulgation in 1987 of Department of Human Services Rules, parts 9555.5015 to 9555.6265 (Rule 51), pertaining to standards and licensing for adult foster homes and the growth in the availability of those homes (especially family foster homes), has been both praised and welcomed by all professionals in the field of developmental disabilities in Minnesota. In addition to providing real homes to live in, the adult foster care setting provides a cost-effective alternative to the larger, congregate living environment. Recruitment of adult foster care homes continues, and, if possible, will be accelerated in the future. In addition to providing an alternative for persons relocating from regional treatment centers and community ICFs/MR, additional adult foster homes are needed for many recipients who are ineligible for community ICFs/MR services and whose resources are insufficient to obtain other community-based residential options. One of the major challenges in this effort is the growing tendency for families to have all adult members in the work force. While in some situations adult foster care is possible without an adult family member home during the day, other supervision is needed for most adult foster care residents. Establishing compensation rates that can permit a family member to forego outside employment would obviously add substantially to the ability to recruit good foster care providers and to ensure their ability to offer appropriate supervision and community participation to the person with developmental disabilities.

Likewise, state agency staff and county case managers must continue their efforts to identify appropriate settings and services for the more than 275 nursing home residents who will be relocated to the community during the next biennium. Simultaneously, planning must begin to ensure that active treatment services are provided as needed by those persons who remain in nursing homes and require such services. These needs, when added to the hundreds of families with adult members at home awaiting residential, work, and other services, will present major challenges to the Department and the various counties during the next biennium.

Other issues pertain to the management and future funding of community-based facilities. First, recruitment, retention and training of direct care staff is a concern of many service providers. Recommendations made by the Commissioners Advisory Task Force on Mental Retardation and Related Conditions pertaining to the level of direct care staff wages and standardized, competency-based training should be reviewed and considered for future implementation.

Second, new federal regulatory standards for community-based ICFs/MR have been published by the Health Care Financing Administration (June 3, 1988). The changes proposed are designed to "increase the focus on the provision of active treatment services to

clients, clarify federal requirements, maintain client protections and provide state agencies with a more accurate mechanism for assessing the quality of care". Minnesota welcomes such a focus and will work with service providers to ensure implementation of these regulations. However, the ultimate impact of the new regulations in terms of service quality and cost will not be known for several years.



Jobs & Job Training

To work, to feel productive, and to contribute to the communities in which we live are goals shared by most Minnesotans, including those with disabilities. Since the mid-1980's, public policy at both the federal and state levels has been redirected to acknowledge the importance of community-based, productive employment for persons with developmental disabilities. Today the majority of Minnesotans participating in training and support programs related to personal and/or vocational development remain in day training and habilitation centers. But significant changes in our understanding of the ability of Minnesotans with developmental disabilities to contribute to our communities and our economy are affecting the training and work opportunities being given to persons with developmental disabilities in dramatic ways.

PROGRAMS AND SERVICES

Employment programs: In 1986, Minnesota received a grant from the U.S. Department of Education Office of Special Education and Rehabilitation Services (OSERS) to stimulate the development of a statewide system of "supported employment." *Supported employment* is a training and support program aimed at securing and retaining "meaningful work" in an integrated setting for individuals with severe disabilities for whom such employment has not traditionally occurred. Support services include, but are not limited to, the services of a "job coach," job redesign, and increased work supervision. Meaningful work is work that needs to be done, if not by a person with developmental disabilities, then by someone else. The Department is committed to helping persons with developmental disabilities find meaningful opportunities to contribute to their communities through work. In cooperation with the Department of Jobs and Training, it is attempting to promote programs that provide support services to persons with developmental disabilities to help them maintain meaningful jobs in the community for pay.

Day Training and Habilitation Service: For years "Developmental Achievement Centers" or "DACs" have been the core of Minnesota's habilitation services for persons with developmental disabilities. They are still important as a service option and, indeed, they serve more clients today than ever before. Day Training and Habilitation Service programs as they are now called are licensed by the Department of Human Services. Most are operated by not-for-profit vendors under contract to county human services agencies. A few are operated by the county agencies themselves. The services provided by these programs include "supervision, training, assistance, and supported employment, work-related activities, or other community-integrated activities designed and implemented in accordance with the individual service and individual habilitation plans required under Minnesota Rules, parts 9525.0015 to 9525.0615, to help an adult reach and maintain the highest possible level of independence, productivity, and integration into the community". (Minnesota Statute 252.41, subd. 3.)

In December of 1987, there were 97 Day Training and Habilitation providers serving 6,267 persons in Minnesota. These included 5,214 adults and 1,053 very young children. Today, there are 110 facilities providing these services. The number of children served by these facilities is decreasing because Minnesota law now places responsibility for serving children age 3 or younger with local school districts. The changes in program use from 1979 to 1987 are shown below. The most notable change in use over this period was the rapid increase in children enrolled in day training programs from 1983 to 1985 as a result of mandated early education and then the rapid decrease in enrolled children from 1985 to 1987 as children moved to programs offered by educational agencies. During that same four year period, the number of adults enrolled in day training programs grew steadily, increasing by 30%.

PERSONS WITH DEVELOPMENTAL DISABILITIES IN DAY TRAINING AND HABILITATION SERVICES: December 1979, 1981, 1983, 1985, 1987

	1979	1981	1983	1985	1987
Adults	3,329	3,646	3,985	4,842	5,214
Children	890	786	621	1,522	1,053
TOTAL	4,219	4,432	4,606	6,364	6,267

Eighty three percent (83%) of all adult day habilitation and training participants in December 1987 were enrolled in some form of employment/ work-related programs through the center. Of those working, 4,047 participated in work programs within the center during the previous quarter, 1,367 in community-based activities and approximately 1,000 in both. The following table shows the living arrangement of the 5,214 noninstitutionalized adults in day training and habilitation programs:

LIVING ARRANGEMENTS OF PERSONS IN DAY TRAINING AND HABILITATION PROGRAMS

Residence	%
Community ICFs/MR	55.0
Family Homes	22.0
Supervised Group Living Arrangements	6.5
Adult Foster Homes	6.4
Nursing Homes	3.6
Semi-Independent Living Services	2.3
Other arrangements	4.2

Specialized training and adaptive technology: In recent years there has been dramatic growth in the application of specialized technologies to assist persons with developmental disabilities who also have severe physical, sensory and cognitive impairments. The use of microswitch, sound and light activated computers and robotic technologies have had dramatic vocational implications for thousands of people with developmental disabilities. Even more people will benefit from such technology applications focused on accommodating work environments. People who are not able to walk, or communicate through speech, or workers who need their workplace adapted to enable them to operate machines or do their jobs in other ways, can benefit from such technology. Specialized technologies are supported by the Department when they show prospects of increasing an individual's independence, productivity and community integration.

In addition, the Department and the Governor's Planning Council on Developmental Disabilities hope to work with community colleges and Area Vocational Technical Institutes to develop and expand curricula that will provide additional post-secondary educational opportunities for persons with developmental disabilities. This is especially critical for persons who have been exposed to specialized technology during their high school years and require continued access to educational opportunities in order to be fully integrated in the community. Lifelong learning is an accepted principle of adult education for non-disabled persons. It is equally important to people with disabilities.

EXEMPLARY PRACTICE

The most notable accomplishments in the past biennium in providing vocational and habilitation services to Minnesotans with developmental disabilities have been in supported employment, especially for persons with severe disabilities. Many of the most successful efforts have been provided by agencies with a long history of traditional, center-based services.

In 1986, Faribault Regional Center received a supported employment grant to employ 15 of its residents in real work situations through supported individual placements, work enclaves and mobile crews within the Faribault community. In addition to providing the opportunity for productive participation in the local economy, a major goal of this program has been to provide skills and experiences that would facilitate the participants' return to their home communities. The Faribault Regional Center program has exceeded its own original goals, assisting a total of 28 residents in receiving supported employment in SFY 1988. Participants averaged $2.11 per hour over an average 17 hours per week in a range of meaningful work opportunities in community-based settings. A similar supported employment program is operating at the Regional Treatment Center at Moose Lake.

One of the more experienced and successful supported employment agencies in Minnesota is Kaposia, Inc. located in St. Paul. Kaposia has been evolving its focus for a number of years to providing individually oriented support for real work in community settings for its approximately 100 clients. Today nearly half of Kaposia clients work in the community. In the past two years, with assistance from a state supported employment grant, Kaposia placed an additional 27 people in work settings where they earned an average of $2.88 per hour and worked an average of 25.5 hours per week. Because of early and comprehensive experience in the evolution from day training and habilitation to supported employment, Kaposia has become a valued source of guidance and technical assistance to the increasing number of service providers who recognize the potential of persons with developmental disabilities to contribute to their communities through work.

East Suburban Resources serving Washington County and the East Metro Area offers another excellent example of community-based, supported employment services. That agency began its conversion from a traditional, facility-based developmental achievement center to a corporation providing community-based supported employment three years ago. Today, forty different businesses and organizations collaborate -with East Suburban Resources to provide individualized supported employment services. Most of those employers have hired one person; a few, more than one. East Suburban Resources employs a staff of highly trained job developers and job coaches to assist the person in finding and maintaining their job. The four step process used by East Suburban Resources includes: (a) career planning - assessment, (b) job/program development, (c) systematic instruction, and (d) ongoing supports. Most notable about this "facility-free" agency, is its "zero-reject" service policy. All services provided by East Suburban Resources are available to all persons with developmental disabilities, regardless of the severity of their disability.

INNOVATIONS

Two major developments have occurred in Minnesota during the last biennium that affect work and training opportunities for persons with developmental disabilities. Both are documented in Minnesota Statutes

252.40 to 252.47 passed by the Minnesota Legislature in 1987.

The first pertains to the specification of outcome-oriented *service principles* for adults with mental retardation and related conditions receiving day training and habilitation services. In addition to defining supported employment and specifying it as a service to be provided by vendors of day and habilitation services, those statutes articulate the following principles for delivery of all such services:

/. *Services must suit a person's chronological age and be provided in the least restrictive environment possible, consistent with the needs identified in the person's individual service and individual habilitation plans under Minnesota Rules, parts 9525.0015 to 9525.0165.*

2 *A person with mental retardation or a related condition whose individual service and individual habilitation plans authorize employment or employment-related activities shall be given the opportunity to participate in employment and employment-related activities in which non-disabled persons participate.*

3. A person with mental retardation or a related condition participating in work shall be paid wages commensurate with the rate for comparable work and productivity except as regional centers are governed by section 246.151.

4. A person with mental retardation or a related condition shall receive services which include services offered in settings used by the general public and designed to increase the persons active participation in ordinary community activities.

5. A person with mental retardation or a related condition shall participate in the patterns, conditions, and rhythms of everyday living and working that are consistent with the norms of the mainstream of society.

The second major development, also reflected in those statutes, pertains to new county rate setting procedures for vendors of day training and habilitation services. Section 252.47 of the law calls for a revision of current procedure to make it more flexible, more easily understood, and to increase accountability. The new procedures recently developed will, when implemented, be organized so that, (a) services will be provided and paid for on an hourly rather than a daily basis as is currently the case, and (b) negotiated rates will be based on the relative differences in service need levels of clients, and the services and staffing ratio provided by the vendor. The rate setting statute also gives the commissioner authority to initiate a rate setting pilot project with 4 counties and 4 vendors representing different geographical regions of the state. These changes are expected to increase access of Minnesotans to appropriate, comprehensive daytime activities, while providing payments to providers that better reflect the duration and intensity of services they provide.

ISSUES AND CHALLENGES

Implementation of the service principles articulated in Minnesota Statutes 252.52 pertaining to day and rehabilitative services will be the overriding challenge of the 1990's, as will expansion of opportunities for community-based and supported employment, especially for persons with the most severe disabilities. Most of the basic elements for a Minnesota supported employment system are in place somewhere within the state. However, linkages between state and local agencies need to be improved. Providers of day training and habilitation services need to continue actively developing meaningful, paid work opportunities for Minnesotans with developmental disabilities. The public, and especially potential employers, need to be better informed about the promise of supported employment. Finally, case managers and families should include community-based and supported employment in service planning for the person. Traditional thinking assumed that the person with disabilities must be able to eventually be competitively employed. This excluded large numbers of people with very severe disabilities from the world of work in which non-disabled people operate. In coming years we will need to educate people to see the potential of having staff support people at their place of work.

Other practical issues represent challenges during the 1990-1991 biennium. First, implementation of the new method of setting rates for day training and habilitation providers will require consideration of the relationship between individual needs, vendor resources and county interests. The Department is optimistic that the legislatively mandated advisory task force composed of vendors, providers, advocates, legislators and consumers will provide recommendations that will yield a new, mutually acceptable procedure.

Issues pertaining to the limitations of medical assistance reimbursement for work related activities remain to be addressed. Current federal regulations prohibit reimbursement for activities provided through extended employment programs. A Department report pertaining to the feasibility of expanding Medical Assistance funding to these services has been completed in accordance with legislation enacted during the 1988 legislative session and is currently being reviewed by legislative staff. The Department has concluded that, under current federal regulations, it is not feasible to reimburse extended employment agencies under the auspices of the Department of Jobs and Training with Medical Assistance dollars. Such agencies are encouraged to seek licensure under Minnesota Rules 9525.1500 to 9525.1690 governing provision of day training and habilitation services. Counties are also encouraged to request proposals for new or expanded

training and habilitation services which include employment and related services.

On the federal level two different Medicaid reform proposals recently introduced in Congress would offer new coverage of vocational services for persons with developmental disabilities. They represent an important redirection of federal policy to promote opportunities for Minnesotans with developmental disabilities to do meaningful work. The eventual outcome of these legislative proposals cannot yet be predicted, particularly given current budget concerns, but known support within the Congress for some change is quite substantial. Securing expanded federal support for vocationally oriented services is a challenge that the Department shares with almost all major advocacy and professional organizations in Minnesota and across the nation.

Training & Support for Service Providers

The Department of Human Services operates services to persons with developmental disabilities primarily through private vendors under contract to county human services agencies. In addition, the Minnesota Departments of Health, Education, and Jobs and Training serve this population through programs of their own. Families, friends, and interested citizens also provide a wide array of informal services and goods which help people with developmental disabilities to grow and develop.

In brief, the service delivery system which depends upon public dollars includes:

- Eighty-seven counties organized into 83 county human services agencies, with a total of about 325 case managers providing case management services to • nearly 17,000 persons with developmental disabilities in Minnesota.

- Three hundred twenty-one community-based ICFs/MR. All are privately-owned businesses (except Lake Owasso Home which is owned and operated by Ramsey County). These facilities served 4,539 persons in December of 1988 according to Medical Assistance payment records.

- One thousand nineteen licensed adult foster homes, of which approximately 600 were family foster care providers and 419 were corporate foster care providers in the spring of 1989 and which together were serving approximately 1,700 persons.

- Approximately 1,000 providers of Title XIX Home and Community-Based Waiver. All but 7 providers of waivered services are private vendors under contract to county human services agencies.

- Eighty-two providers of Semi-Independent Living Services (SILS), 9 of which are operated by county social service agencies and the remainder by private vendors. In December 1988,1,075 persons received SILS grants.

- Four hundred ten families and their developmentally disabled children served in December 1988 under the Family Subsidy Grant program.

- One hundred ten Developmental Achievement Centers, operated by private providers or by county human services agencies, which were serving 6,267 persons (83.2% of whom were adults) as of December, 1987.

- Seven Regional Treatment Centers serving persons with developmental disabilities operated by the Minnesota Department of Human Services with 1,442 residents on December 1, 1988.

- Twenty-five Long-Term Sheltered Employment Centers, each privately owned and operated, regulated by the Department of Jobs and Training, many under contract to county social services agencies, serving 3,294 persons in 1988.

- Twenty-three Work Activity Centers, each privately owned and operated, regulated by the Department of Jobs and Training, many under contract to county social services agencies, serving 1,874 persons in 1988.

TRAINING FOR SERVICE PROVIDERS

County human service agencies, private service providers and staff of the Department of Human Services are recipients of the department's training efforts. During the 1988-1989 biennium, training pertaining to case management, home and community-based waivered services, services for persons with special needs, the use of psychotropic medications, and the use of aversive and deprivation procedures has been the primary focus.

During that two year period, 95% of all case managers throughout the State of Minnesota have participated in a variety of Department of Human Services sponsored training events on case management. Evaluations of those sessions indicate a high level of satisfaction among the participants. In addition, 400 persons were provided training pertaining to waivered services. Evaluations of those training sessions were also quite positive.

Meanwhile, a project to train county case managers and service providers for persons with special needs is currently underway. That demonstration project is a cooperative effort with 11 county human services agencies and involves private providers. "Special needs" training for case managers is focusing on serving persons with (1) communication deficits, (2) challenging behaviors, and (3) conditions which leave the person "medically fragile."

Special training for services providers and case managers pertaining to the use of psychotropic medications and aversive and deprivation procedures has also been sponsored by the Department of Human Services. This training has been conducted by experts in the field from several states, including Minnesota.

And, in anticipation of legislative approval of the Department's plan to establish new state operated community services (SOCS) before June 30, 1991, DHS

has also prepared a training agenda for the staff of its Regional Treatment Centers who will be reassigned to work in those programs. The focus of that training will be to prepare staff in the operational functions of small community programs.

TECHNICAL ASSISTANCE TO COUNTY SOCIAL SERVICES AGENCIES

Professional staff of the Department of Human Services, serving in a consultant capacity, provide technical assistance to county social services agencies on a variety of subjects and issues, including: (1) case management, (2) implementation of the Title XIX Home and Community-Based Waiver, (3) purchase of service contracting, and (4) relocation of persons to community settings from Regional Treatment Centers and community-based ICFs/MR. Some technical assistance contacts are prompted by requests from individual counties, some by requests from the Department's nine Regional Services Specialists, and some as a result of the Department of Human Services review of county invoicing practices or purchase-of-seryice contracting. Examples of this technical assistance include:

- Resolution of issues relevant to the relocation of Regional Treatment Center residents and the development of an appropriate ISP (Individual Service Plan) frequently prompts the need for a conference between the county case manager, staff from the Regional Treatment Center and staff from the Division for Persons with Developmental Disabilities;

- Regional Services Specialists are often called upon by counties to evaluate purchase-of-service contract options for persons being enrolled in the Title XIX Home and Community-Based Waiver program;

- The Department of Human Services routinely monitors invoices submitted by counties to obtain Medical Assistance reimbursement for persons receiving waivered services. Counties that have experienced frequent invoice rejections have either requested technical assistance from the state agency or been targeted for such assistance for this reason.

RESOURCE DEVELOPMENT ASSISTANCE

Professional staff from the Department of Human Services also assist counties and private providers of service with consultation and planning assistance necessary to develop new community-based services. As the demand for small homes and support services increases, private providers and county human services agencies work closely to develop additional services. Some of those are targeted for persons who will receive Title XIX Home and Community-Based Services, some for persons who are eligible for Semi-Independent Living Services and some for persons who will live in a small group home certified as a community ICF/MR.

EXEMPLARY PRACTICE

The Minnesota Governor's Planning Council on Developmental Disabilities and the Institute on Community Integration at the University of Minnesota are currently engaged in the development of specific curriculum to train community providers in current state-of-the-art practice. These curriculum include: augmentative communication strategies, nonaversive behavior management, physical interventions for persons with multiple disabilities, and service planning practices. The Institute on Community Integration is also developing training materials, particularly in the area of supported employment. The recently formed Minnesota Alliance for Training and Technical Assistance (comprised of the Institute, Minnesota Association of Rehabilitation Facilities, Minnesota Developmental Achievement Center Association, Minnesota Division of Rehabilitative Services, the Minnesota Habilitation Coalition, and the Minnesota Supported Employment Project) has recently begun a series of training and technical assistance efforts focused on supported employment issues. In addition, some of the effort of the Alliance includes a "train-the-trainer" component to increase regional capacity to assist in supported employment efforts.

The Department of Human Services recently applied for assistance from two federal projects providing state-wide training and technical assistance. The Research and Training Center of the University of Oregon will assist in the development of a state identified team and will train this team to serve persons with developmental disabilities who exhibit challenging behaviors through the use of non-aversive approaches. Results of this effort should include the development of regional technical assistance teams to support service providers in the management of problematic behaviors using "humane" procedures in integrated community settings.

The other project, provided by Syracuse University's Center on Human Policy, Research and Training Center on Community Integration, will assist counties in the development of policies and practices that promote community integration for persons with developmental *disabilities. Its focus is on the 11 county project (p. 17) but hopefully what is learned can be generalized and put i*n place in other communities.

INNOVATION

Recently approved changes to Minnesota Rule 9525.0215-.0355 (Rule 34) and the promulgation of Minnesota Rules 9525.200-.2140 (Rule 42) have re-focused the training requirements of staff who serve persons with developmental disabilities in congregate residences and residential-based habilitation services under the Title XIX Waiver. Specific staff orientation,

hours of training, contents of training, and documentation of training are identified in the rules. The Department will be conducting state-wide training regarding these rules during the summer and fall of 1989. The curriculums being developed by the Governor's Planning Council on Developmental Disabilities and by the University of Minnesota address several of the content areas and may be incorporated into higher education systems within the next year or two to provide state-wide access to the staff of providers who wish to take advantage of the training.

ISSUES AND CHALLENGES

Developing and maintaining a comprehensive training curriculum that is sensitive to the changing needs of the field of developmental disabilities is an ongoing, challenging task. Training needs change for a variety of reasons: 1) our understanding of the rights and abilities of persons with developmental disabilities change; 2) consumer and parental expectations of service providers change; 3) federal and state statutes, rules, and policies change; 4) the knowledge gained in the study of best practices increases; and, 5) staff providing direct care change as a result of staff turnover.

Past training efforts have been limited to annual conferences, seminars, and workshops. They have sometimes not included the "hands-on" staff who work directly with clients but have been attended only by administrative and professional employees. Further, there has been no state-wide "system" of training, but rather an agency-by-agency effort, some exemplary but many lacking.

While training per se is important and state-wide access imperative, there is a greater need for "hands on" technical assistance at the local level which can address crises that place persons with developmental disabilities at risk of placement in a more restrictive setting. The strength of our service system lies not in what we know, but in what we can do. We must identify the specific training and technical assistance needs of staff who serve individuals with developmental disabilities. Who should provide that specific training and technical assistance, and how, are two significant issues that must be addressed in this coming decade.

Quality Assurance

Though not a direct service to people, *quality assurance* mechanisms help insure that they receive the appropriate level and types of service they need.

In a report to Commissioner Sandra Gardebring dated November, 1987, the Commissioner's Advisory Task Force on Mental Retardation and Related Conditions defined quality assurance as "... the systematic effort to guarantee that services are provided according to standards." Standards, which are essential to measure the extent to which quality services are being provided, are set forth in federal, state and local law, federal regulations and state program and licensing rules.

Departmental resources for monitoring the quality of services include:

- County case managers who monitor every person regularly to assure that service plans are being carried out and that the person is served in a humane, safe, and dignified manner;
- The Division of Licensing, which has responsibility for insuring compliance with standards reflected in all licensing rules promulgated by the Department of Human Services;
- The County Monitoring Section of the Office of Policy Coordination which monitors county case management services for persons with mental retardation and related conditions;
- The Department's child and adult protection staff who investigate allegations of abuse, including allegations pertaining to persons with developmental disabilities;
- Department activities pertaining to compliance with the Welsch-Gardebring Consent Decree and the 1987 Welsch Negotiated Settlement;
- The professional staff of the Division for Persons with Developmental Disabilities, including nine Regional Services Specialists, who supervise programs and services administered by county social services agencies.

In addition, quality assurance responsibilities are a significant part of the work program of the Office of the Ombudsman for Mental Health and Mental Retardation created by the 1987 legislature.

The Department of Human Services is also preparing to enhance its volunteer monitoring efforts at the local level during the next two years. If its request for RTC resources is approved by the 1989 Legislature, the Department will provide local agencies with support to recruit and train volunteers to work with persons with developmental disabilities to ensure individual advocacy and monitoring efforts. Regional volunteer coordinators will be hired to develop these resources in collaboration with county human services agencies and the non-profit social services providers.

RECENT ACCOMPLISHMENTS

During the past 2 years, the Department's quality assurance activities have resulted in the following:

- Implementation of appeal and conciliation procedures for clients dissatisfied with the case management services they have received;
- Identification and closure of several community-based facilities that were not in compliance with licensing rules;
- Implementation of procedures to monitor discharge planning for residents of Regional Treatment Centers, in compliance with the 1987 Welsch Negotiated Settlement;
- Implementation of procedures to monitor discharge planning for children and persons with special needs who were placed from the Regional Treatment Centers, in compliance with the 1987 Welsch Negotiated Settlement;
- Revisions to the Department of Human Services Rules 9525.0215-9525.0355 (Rule 34) and the development of Department of Human Services Rules 9525.2000-9525.2140 (Rule 42) pertaining to the training requirements for staff providing services in congregate residences and residential-based habilitation programs;

EXEMPLARY PRACTICE

Quality assurance has become an area of heightened attention and concern in recent months as the Department has been involved in negotiations pertaining to the future role of RTC's. Recognizing the importance of mechanisms for ensuring compliance with standards of care in the community, the Department will seek increased emphasis on quality through some or all of the following:

- asking the consumer
- increasing family involvement
- increasing public involvement
- increasing case management

- increasing volunteer monitoring
- conducting field reviews
- continuing reviews to ensure compliance with licensing standards
- involving the Office of the Ombudsman for Mental Health and Mental Retardation
- cooperating with other state agencies as they review facilities and programs to ensure compliance with health and safety regulations.

ISSUES AND CHALLENGES

Although the Department has made significant progress in the development of quality assurance mechanisms, additional work can and will be done during the next biennium. Perhaps the most critical objective in this regard pertains to the need for greater coordination among the components of the Department's quality assurance "system" and other involved state agencies in order to design and implement more effective, comprehensive procedures.

Additional challenges are reflected in the recommendations of the Commissioner's Advisory Task Force on Mental Retardation and Related Conditions. Among their many recommendations are the following:

1. Implement and support organized, independent volunteer monitoring by trained volunteers, and encourage service providers to participate.
2. Develop specific actions/consequences of quality assurance reviews, including: (1) recognition of outstanding efforts by counties and providers, (2) incentives for improved performance, (3) offers of training and technical assistance, and (4) adverse actions in response to non-compliance by counties and agencies.
3. Increase the number of trained case managers and systematically monitor county case management services.

Finally, new challenges have been presented by the recent revision of federal regulations pertaining to services provided to residents of ICFs/MR. In June of 1988 the Health Care Financing Administration (HCFA) issued revised standards for the Intermediate Care Facility for the Mentally Retarded Program (ICF/MR) which govern the minimal quality of care for over 6,000 Minnesotans in ICF/MR certified facilities. The revised standards, which replace those promulgated in 1974, emphasize a number of quality of life areas for persons with developmental disabilities in ICFs/MR. They range from protection of rights to demonstrating basic human respect. They include determination of appropriateness of the ICF/MR level of care for those receiving it and controls on psychotropic drug use. The regulations show much greater attention than previous regulations to the many aspects of living that add to an individual's "quality of life." Implementation of these regulations', as well as Rules 34 and 42, constitute an important challenge in ensuing months.

IV. TRENDS IN SERVICE & SUPPORTS

The 1980s have been a decade of major progress and innovation for Americans with developmental disabilities. Due to increasing knowledge about and experience with community-based services, and the perseverance and dedication of individuals, parents and advocates, persons with developmental disabilities are viewed as citizens first and as persons with disabilities second. Significant changes in the attitudes of the general public and its representatives are reflected in major improvements in services to this population. For example:

- It is now widely acknowledged that persons with developmental disabilities, like everyone else, are most satisfied, most active in their community, and most likely to benefit developmentally and socially when they live in their own homes in the community rather than in large, congregate facilities. In the Developmental Disabilities Assistance and Bill of Rights Act Amendments of 1987, the U.S. Congress observed that, "it is in the national interest to offer persons with developmental disabilities the opportunity, to the maximum extent feasible, to make decisions about themselves and to live in typical homes and communities where they can exercise their full rights and responsibilities as citizens" (Public Law 100-146). As the demand for small, homelike settings has increased throughout the United States, traditional "total" institutional facilities have experienced a significant decline in populations. Even in the private sector, historically provider-driven service delivery systems have moved toward consumer-driven service models.

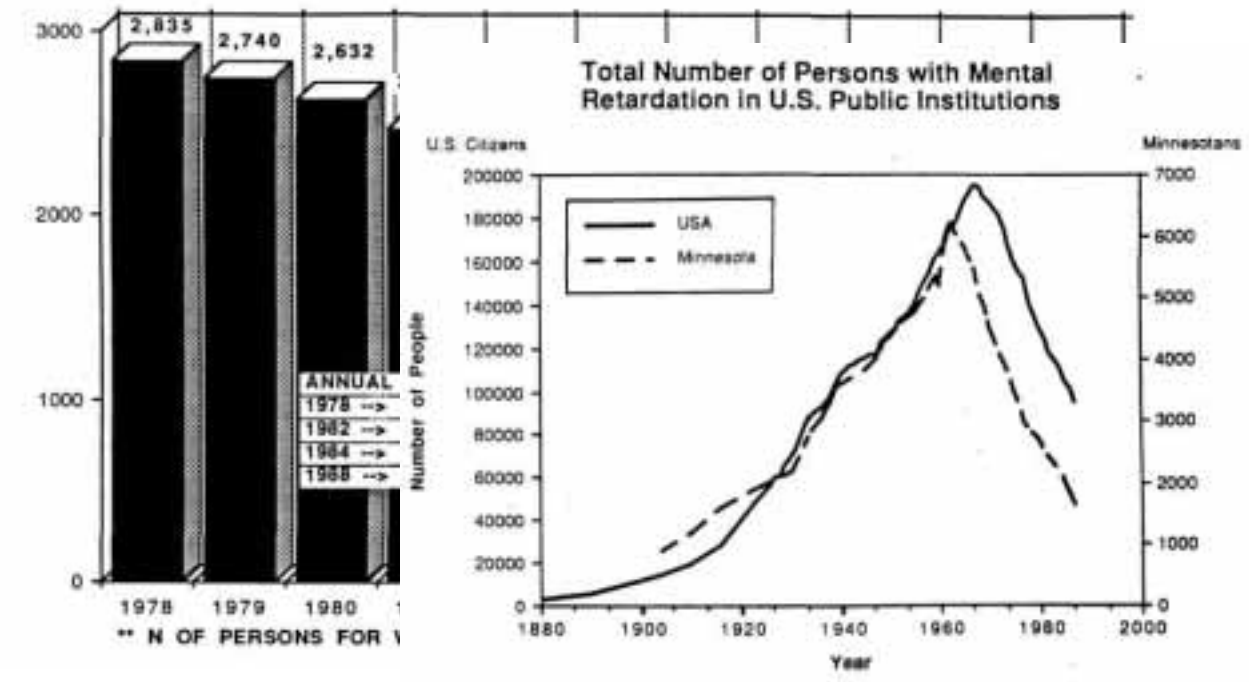
- Families are major sources of support to persons with developmental disabilities. Today, they play a major role in service planning. Services to support parents who care for their children at home and to support adults living in their own homes have been an equally notable change. Those services are now available to approximately 3,500 persons in Minnesota through funding programs such as Family Subsidy Grants, Semi-Independent Living Services Grants and Home and Community-Based Waivered Services. Efforts to maintain family involvement for persons placed out of their own homes has also been increased, including significant efforts to keep people in their home communities.

- Among the most recent stages in the evolution of public and professional attitudes has been recognition that people with developmental disabilities can not only live in our communities, but they can also contribute to those communities through productive activities. Today, in Minnesota about one out of three adults who receive day training and rehabilitation services in the community are engaged in community-based and supported employment opportunities. These opportunities are now enjoyed by more workers with developmental disabilities than sheltered work, while the total number of wage-earning Minnesotans with developmental disabilities has continued to grow. Along with vocational productivity there is a growing sense that people with developmental disabilities can, and should, participate in maintaining their homes, the neighborhood and their communities to the extent they are able.

Residential Resources

• Minnesota's use of Regional Treatment Centers for persons with developmental disabilities has declined considerably in the past 10 years, reflecting the national trend. By 1988, the average daily census at the RTCs dropped to 1,498 persons, nearly half of what it had been a decade earlier. However, the cost of operating Regional Treatment Centers more than doubled and the average cost per resident per day increased from $52 to $194 over the same 10 year period.

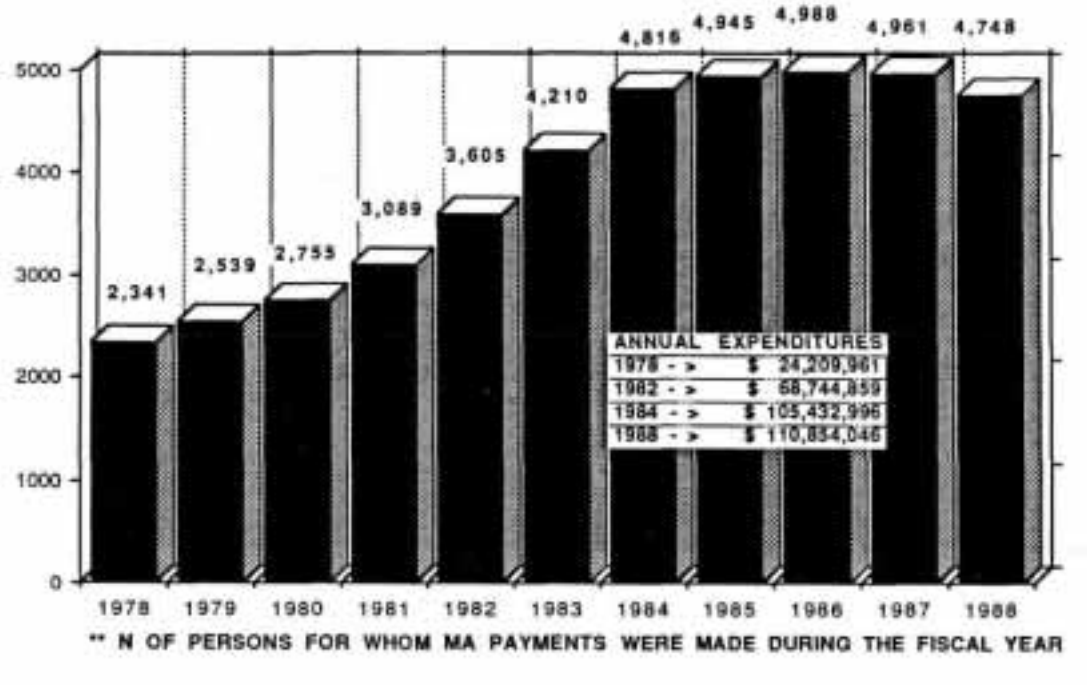
REGIONAL TREATMENT CENTERS



• Minnesota's rate of Regional Treatment Center depopulation has been somewhat more rapid than the national average as reflected in the graph at the right, although current use is quite similar to the national average. In 1987, the last year for which national statistics are available, Minnesota had 40.2 Regional Treatment Center residents per 100,000 persons in the general population. The national average was 40.1 state institution residents per 100,000 U.S. citizens. Minnesota's state institution population is also remarkably similar to the national norm in terms of level of impairment. On June 30, 1987, 62% of all persons with developmental disabilities residing in U.S. institutions were profoundly mentally retarded and 20% were severely mentally retarded. Minnesota's statistics are 63% and 20%, respectively.

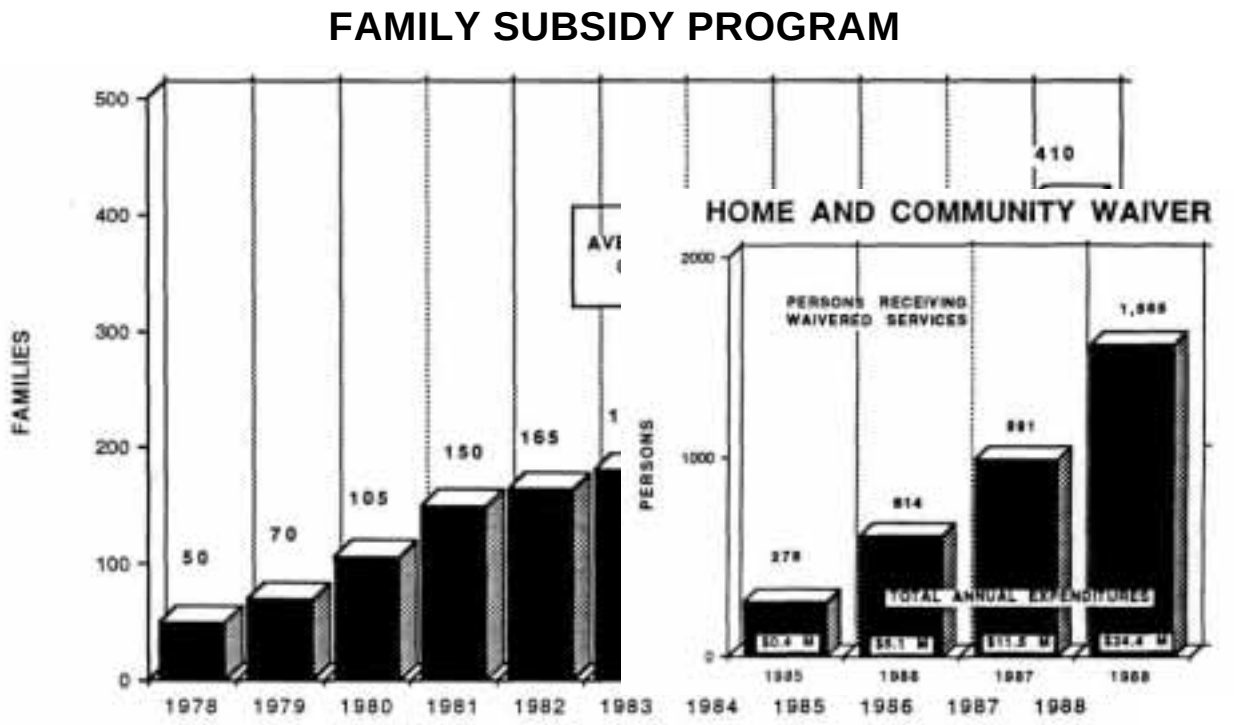
• The number of ICFs/MR in the community grew steadily over most of the past 10 years, serving nearly 5,000 persons by 1986. However, that rapid growth was halted by a legislative moratorium on ICF/MR capacity enacted in 1984. Since July 1986, more than 600 beds have been decertified in the community, many as a result of formal closure agreements between the Department of Human Services and the facilities. More recently, the 1988 legislature authorized development of 150 new ICFs/MR beds in Minnesota in response to growing recognition of inadequate, noninstitutional capacity to meet current needs.

COMMUNITY-BASED ICFs/MR



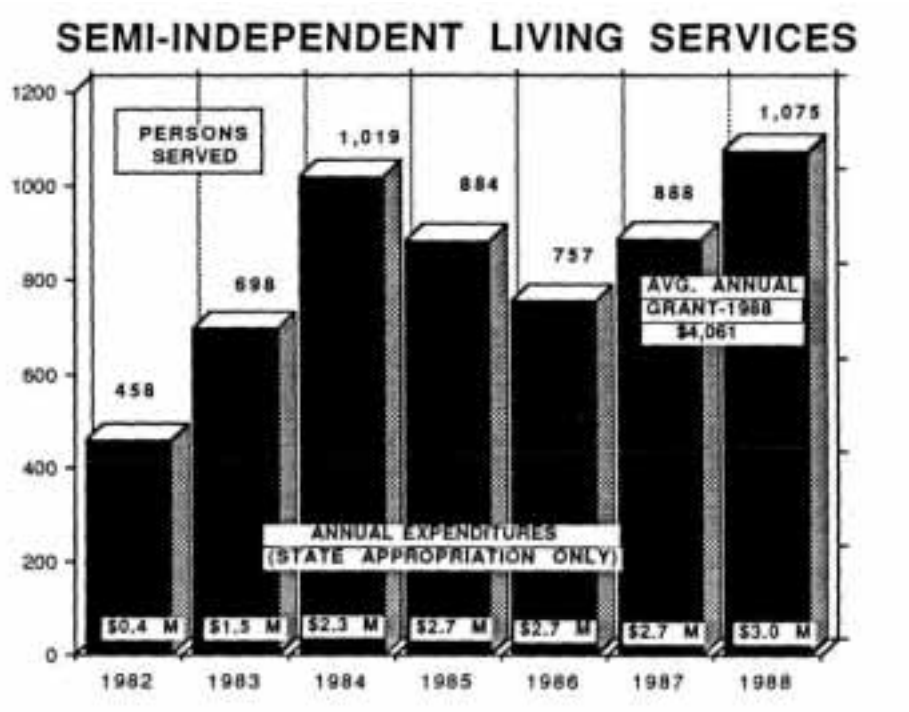
Support for Families & Individuals

- In 1988, 410 Minnesota families received family subsidy grants to help care for their children at home. This represents a substantial increase from the 165 families who received subsidies in 1982. However, the average subsidy per family increased at a rate well below the average for other services, less than 3% per year from 1982 to 1988. This is due to the $250/month cap on those grants.



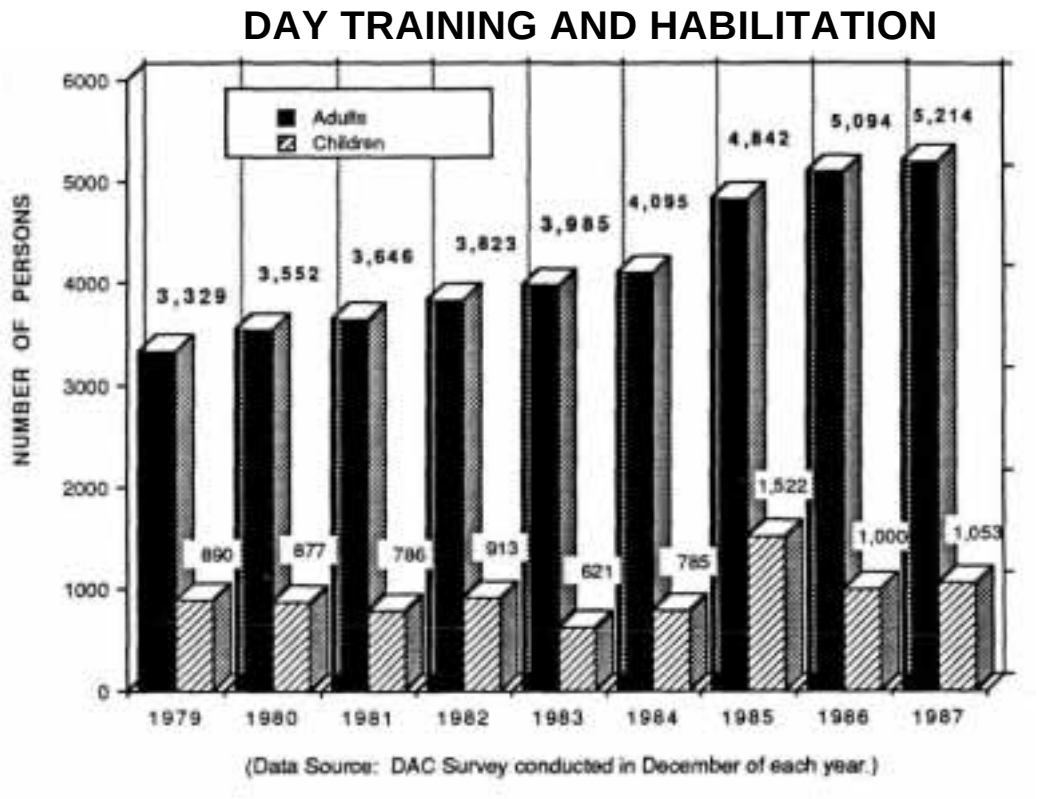
- In 1984, the Minnesota legislature approved the Department's plan to obtain a waiver to federal medical assistance regulations so that those funds could be used to purchase home and community-based support services for persons who would otherwise reside in a Regional Treatment Center or a community-based ICF/MR. In its first year (1985) only 278 individuals received waivered services. Today in the spring of 1989, more than 1,700 Minnesotans receive those services, the cost of which is shared with the federal government at the normal Medicaid rate of federal financial participation. The average cost to the state for Medicaid waiver services per beneficiary in 1987 was $4,380. Nationally per beneficiary costs for states were $5,760. In 1988 the per beneficiary state cost increased to $6,720, with no comparable national statistic yet available. Minnesota ranked 5th in the U.S. on June 30,1987 in terms of total active Medicaid waiver beneficiaries.

• In 1988, counties received grants for 1,075 community residents to purchase semi-independent living services (SILS). The number of individuals receiving SILS in 1988 was only modestly more than the number served in 1984, but has been showing steady increases in the past three years. Fiscal Year 1988 brought the first increase in legislative appropriation since 1985 (from $2.7 million to $3.0 million), which in turn permitted nearly 200 new beneficiaries to receive services through this program.



Jobs & Job Training

- As the number of Minnesotans with developmental disabilities has increased over the past decade, so has the number of persons receiving day training and habilitation services. In December 1987, 5,214 adults and 1,053 children received those services. In future years, the number of children served is expected to decline (as is already evident) because Minnesota law now places responsibility for serving children age 3 or less on local school districts. With respect to "adult services," program populations continue to increase despite parallel increases in the use of community-based employment opportunities by persons with developmental disabilities, some of which are provided by day training and habilitation providers.



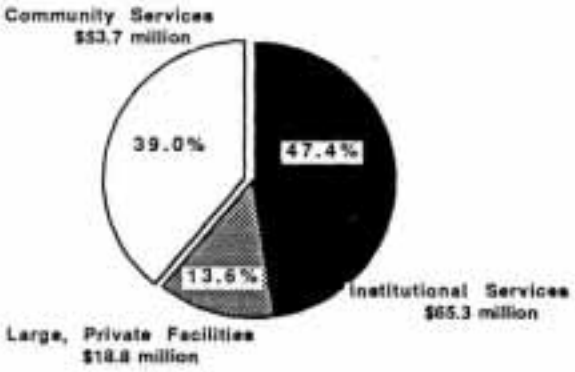
Expenditures

- Minnesota's expenditures for persons with developmental disabilities over the first eight years of this decade clearly demonstrate the state's emphasis on community-based services. Between 1980 and 1988, the percent of dollars spent for non-institutional services increased from 39.0% to 54.2%. In contrast expenditures for Regional Treatment Center expenditures decreased as a proportion of total expenditures (from 47.4% to 30.8%), although increasing substantially in actual expenditures (see Braddock, et al., 1989).

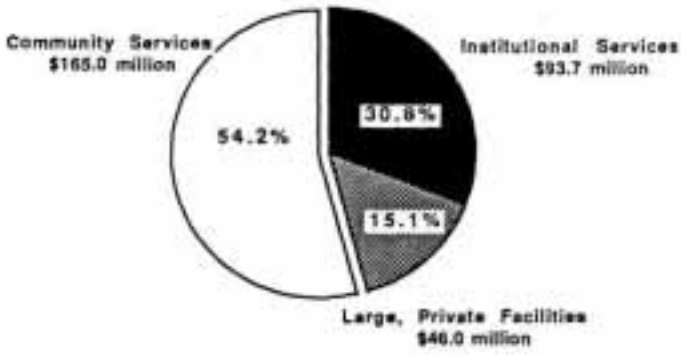
- Minnesota's spending on various types of institutional and community services has been generally similar to national trends. As noted earlier Minnesota was somewhat earlier than most states in adopting a commitment to community services. In 1980, 39% of Minnesota's expenditures were for community services, as compared with 34.6% nationwide. In 1988 that tendency is still evident with Minnesota now committing 54.2% of its expenditures for community services, as compared with 47.2% nationwide.

EXPENDITURES FOR SERVICES USED BY PERSONS WITH DEVELOPMENTAL DISABILITIES

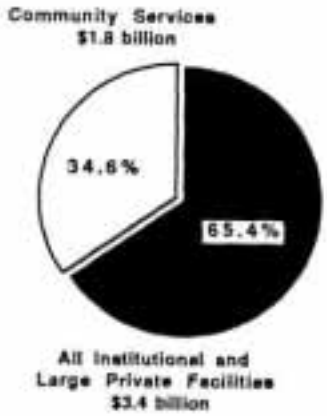
MINNESOTA: 1980



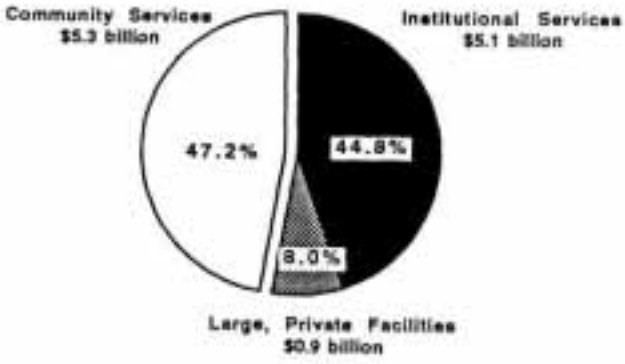
MINNESOTA: 1988



UNITED STATES: 1980



UNITED STATES: 1988



V. OBJECTIVES & PRIORITIES FOR THE BIENNIUM

Below are listed the Department's objectives and priorities for the 1990-1991 biennium.

CASE MANAGEMENT

- The Department will continue to provide both pre-service and in-service training to county case managers in Minnesota. As part of that training, it will disseminate the detailed Case Management Policy and Procedures Manual currently being completed by the Division for Persons with Developmental Disabilities.

- In conjunction with the Department's plan to develop appropriate community placements for the 1,400+ persons with developmental disabilities currently residing in Minnesota's Regional Treatment Centers, the Department will (a) provide necessary training and consultation to all county case managers so that this major department initiative can be accomplished with maximum ease and in accordance with the needs and desires of all clients and their families, and (b) provide counties additional resources through their CSSA allocation to cover additional case management-related expenditures incurred as a result of implementation of the Department's plan.

- Department of Human Services Rules Parts 9525.0015-9525.0165 (Rule 185) will be revised to streamline and clarify case management, case planning, and screening procedures at the county level, in accordance with the recommendations of the Case Management Advisory Committee currently assembled.

- The Department will also propose legislation which, if enacted, will permit (a) county case managers to serve as qualified mental retardation professionals if the case manager meets the federal definition, and (b) county human services agencies to contract with a public or private agency or individual who is not a service provider for the person for the public guardianship representation required by the screening and individual service and habilitation planning procedures, thereby simplifying the process established under Minnesota Statute 256B.092.

SUPPORT FOR FAMILIES & CONSUMERS

- During the forthcoming biennium, the Department will continue both its technical assistance to counties and its state-level information management initiatives to facilitate efficient operation of the Home and Community-Based Waiver. In addition, the Department plans to obtain federal approval to seek enhanced per diem rates to provide home and community-based services to persons now residing in Regional Treatment Centers and nursing homes who will be relocated to more appropriate placement in the community. The Department will also continue negotiations with the federal government to obtain additional waivered services for children and adults not now being served.

- In conjunction with the Department's 1990-1991 budget proposal, the Department is requesting an increase in the' SILS Grant appropriation to facilitate relocation of 200 persons now residing in community-based ICFs/MR to more appropriate settings in the community in order to serve their best interests as well as to respond to new federal regulations pertaining to "active treatment" for persons in those facilities.

- The Department is also requesting an additional appropriation to provide Family Subsidy Grants to 25 additional families during the 1990-1991 biennium.

- Department of Human Services Rule 19 pertaining to the management and funding of the Family Subsidy Grant program will be revised to continue the Department's efforts to simplify and streamline that program.

- The Department of Human Services and county case managers will continue to identify families whose sons and daughters need health care and who are eligible for the TEFRA Title XIX option.

- The Department will continue its work with county human services agencies to increase the availability of quality services to persons living in their own homes or in other community living arrangements.

- The Department will continue to encourage development of post-secondary educational opportunities for persons with developmental disabilities, especially opportunities that use specialized training and technologies to facilitate learning for persons with severe physical, sensory and cognitive impairments.

HOMES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES

- In accordance with the Department's plan to find more appropriate placements in the community for persons now residing in Regional Treatment Centers, the Department proposes to develop several state-operated community residences (ICFs/MR), each with six beds or less, during the 1990-1991 biennium.

- Also in accordance with that plan, Department staff will work with private providers and county human services agencies to increase the availability of privately operated, community-based ICFs/MR in order to accomplish its objectives for the relocation of RTC residents.

- In addition, the Department will develop several community crisis homes and training and habilitation programs to serve Regional Treatment Center residents returning to their home communities.

- During the 1990-1991 biennium, the Department will also continue to screen current and prospective nursing home residents. It will provide technical assistance to county case managers as they develop community options for persons needing relocation and establish procedures to insure that persons with mental retardation who do remain in nursing homes are provided "active treatment" as specified in federal regulations.

- The Department will continue its technical assistance to community-based ICFs/MR involved in mandatory closure. At the present time, two facilities are in the process of closure and five more are expected to begin the process sometime in 1989. Those five facilities have over 200 beds and are large congregate facilities. In addition, the Department will (1) work with counties to maximize the use of existing and planned resources so that they are targeted according to the actual needs of county residents; (2) work with county human services agencies and provider organizations to implement the new federal regulations pertaining to ICFs/MR, particularly those provisions that require that "active treatment" be provided in accordance with the needs of the individual, and (4) provide training on the revised Department of Human Services Rule 34 regarding congregate residences and Department of Human Services Rule 42 regarding residential-based habilitation services provided under the Title XIX Waiver.

- Finally, the Department will continue to focus on the development of trained, specialized adult foster care resources in Minnesota.

JOBS & JOB TRAINING

- The Department of Human Services will continue to provide support to providers of day training and habilitation services as well as other vendors of vocational services in their efforts to extend supported employment and community-based employment opportunities to all persons with developmental disabilities, especially those with severe disabilities.

- Implementation of a pilot study pertaining to the new procedure for setting rates for vendors of day training and habilitation services will be in place in 1989.

TRAINING & SUPPORT FOR SERVICE PROVIDERS

- In accordance with the Department's plan to develop alternative community placements for persons with developmental disabilities currently residing in Regional Treatment Centers, the Department will provide all necessary training to RTC staff re-assigned to work in the state operated community facilities.

- The Department will continue its emphasis on the training of county case managers.

- The Department will continue to co-sponsor a statewide conference with the University of Minnesota Institute on Community Integration for county case managers that focuses on service planning and service outcomes.

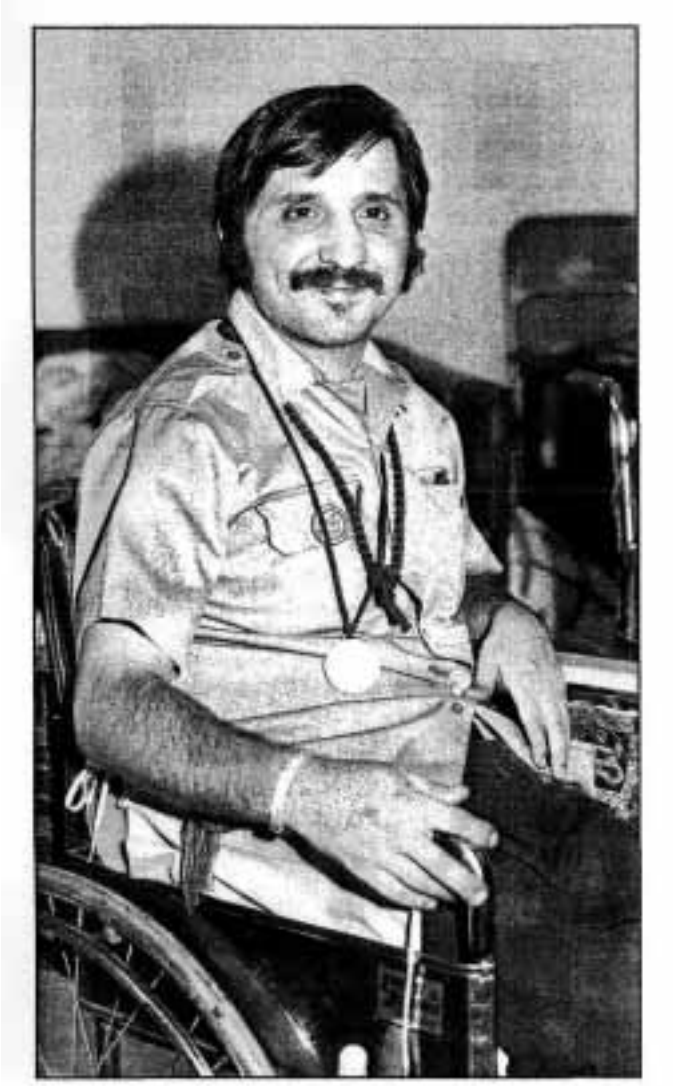
- The Department will conduct training with the Department of Jobs and Training pertaining to supported employment. This training will be available to county case managers, mental health counselors, and employment counselors from the Department of Jobs and Training.

QUALITY ASSURANCE

- In conjunction with the Department's plan for developing community-based resources for persons who now reside in Regional Treatment Centers, the Department has requested funds from the state legislature to support county agencies in recruiting and training volunteers to work with persons with mental retardation and related conditions. The volunteers will (a) provide support in community services planning and help arrange discussions with families who face or have faced similar situations; (b) establish one-to-one relationships with persons needing service to assist with community transition; and (c) observe the person's services following discharge through on-site visits, with follow-up to the providers and the counties.

- During the 1990-1991 biennium the Department will also develop an integrated approach to assessing and improving the quality of community-based services through monitoring of county human services agencies and private providers of services. Review of discharge plans for people returning to their communities will be an integral part of this approach.

- Finally, and perhaps most critical to the quality of services provided to persons in Minnesota with developmental disabilities, the Department will continue to work with county human services agencies, the state legislature, public and private providers of services and advocacy groups to increase the number of trained case managers and insure that the principles of case management are in place.



VI. PROSPECTS FOR THE FUTURE

In January 1989, the Department of Human Services presented the Minnesota Legislature with a plan that would very substantially reduce the role of the State of Minnesota as a provider of large, congregate, institutional services for persons with developmental disabilities. If the plan is implemented as written, the Regional Treatment Centers will eventually provide residential and treatment services to only a few persons on campus. Those persons will be those with the most severe disabilities for whom we have not yet identified the most appropriate services.

During the next few years, while continuing to facilitate the development of additional services in the private sector, the Department of Human Services proposes to develop additional state-operated community-based residences to provide services to approximately half of the 1,440 persons with developmental disabilities currently residing in Regional Treatment Centers. In addition, it proposes to develop state-operated day training and habilitation programs to serve approximately 800 of those persons. Private vendors would serve the others. Existing state employees from the Regional Treatment Centers would be made available regionally to provide (1) technical assistance to public and private programs, and (2) direct support.

Meanwhile, those persons who are appropriately placed in nursing homes and community-based ICFs/MR will observe a renewed emphasis on quality of care and active treatment as Minnesota responds to new federal regulations and revised state agency rules. The Department is fully aware that the movement to community settings of increasing numbers of people who are severely impaired in their abilities to advocate for themselves increases governmental responsibility to insure protection of health, safety and basic rights of these new community residents. The plan put before the state legislature proposes increases in all the essential aspects of ensuring a high quality of community care, including extensive monitoring, staff training, program supports, family supports and technical assistance.

Likewise, in accordance with Minnesota's continuing emphasis on appropriate care in the least restrictive setting, the 1990s will bring accelerated effort to relocate those persons now living in nursing homes and community-based ICFs/MR whose needs can be better addressed in other, more suitable care settings in the community. The development of additional, small homes, including adult and child foster homes, will occur as this transition creates increased demand for these resources.

The 1990s will also see a growth in the demand for services to support families and individuals, including semi-independent living services, home and community-based waivered services, and family subsidy grants. During the last decade, many Minnesotans with developmental disabilities have successfully moved to supported living arrangements in the community that were once thought to be too difficult for persons with their needs to manage. But support services made the "impossible" a reality. The 1990s will bring demands for the same opportunities for many other people still residing in more restrictive settings. We will see an increase in the variety of housing options available. Just like other citizens, Minnesotans with developmental disabilities can accomplish no more than they are given the opportunity to accomplish. In the basic areas of independence, self-care, and community integration, supported opportunities to live independently and safely are essential to the well-being of Minnesotans with developmental disabilities.

The 1990s will also bring new challenges. Persons with developmental disabilities are living longer than ever and the numbers who are elderly will increase. Just as dealing appropriately, cost-effectively and respectfully with elders who are not developmentally disabled presents real challenges to the Department, so to will responding to the needs for older persons with developmental disabilities.

In addition, the demand for specialized opportunities for post-secondary education will increase. As adaptive technologies and innovative training methods become more available, persons with developmental disabilities who have experienced the educational innovations of the 1980s will not be satisfied with participation in the traditional day training and habilitation programs. New, specialized, post-secondary education opportunities will have to be developed to meet these expectations.

The Department is convinced that its plans for the next biennium will go far to implement the dominant tenets of contemporary human services while strongly and uncompromisingly protecting the standards of normalization, placement in the least restrictive settings and non-discrimination by nature or degree of impairment. They will enhance the quality of life of Minnesotans with developmental disabilities while never compromising their basic health, safety and comfort.

RECOMMENDED READING

1. Braddock, David; Hemp, Richard; Fujiura, Glenn; Bachelder, Lynn; & Mitchell, Dale. *Public Expenditures for Mental Retardation and Developmental Disabilities in the United States: State Profiles,* 3rd Edition (Working Paper): FY 1987-88, University of Illinois at Chicago, University Affiliated Program on Developmental Disabilities, 1989.

2. Center for Residential and Community Services. *Persons with Mental Retardation in State-Operated Residential Facilities: Year Ending June 30, 1987 with Longitudinal Trends from 1950 to 1987* (Report No. 26). University of Minnesota, Institute on Community Integration, December 1988.

3. The Governor's Planning Council on Developmental Disabilities, *A New Way of Thinking,* Minnesota State Planning Agency, January, 1987.

4. The Governor's Planning Council on Developmental Disabilities, *State of Minnesota - Developmental Disabilities, 10/1/86 - 9/30/89, Three Year Plan,* Minnesota State Planning Agency, 1983.

5. Minnesota Department of Human Services, *The Commissioner's Task Force Recommendations on Designing Client-Oriented Disability Service Systems,* The Commissioner's Advisory Task Force on Mental Retardation and Related Conditions, May 9, 1988.

6. Minnesota Department of Human Services, *Regional Treatment Center Proposal: Final Draft,* February 1, 1989.

7. Minnesota Department of Human Services, *Report to Commissioner Gardebring on Case Management,* The Commissioner's Advisory Task Force on Mental Retardation and Related Conditions, January 11, 1988.

8. Minnesota Department of Human Services, *Report to Commissioner Gardebring on Quality Assurance Issues,* The Commissioner's Advisory Task Force on Mental Retardation and Related Conditions, November 9, 1987.

9. Minnesota Department of Human Services, *RTC Fact sheet No. 1: Involvement of Family,* February 13, 1989.

10. Minnesota Department of Human Services, *RTC Fact sheet No. 2: Value of Community Placement,* February 14, 1989.

11. Minnesota Department of Human Services, *RTC Fact sheet No. 3: The Quality of Services,* February 14, 1989.

12. Minnesota Department of Human Services, Mental Retardation Division, *Minnesota State Plan for Services to Persons with Mental Retardation and Related Conditions, January 15, 1987 to January 14, 1989.*

13. Minnesota State Planning Agency, *Final Report: Legislative Task Force on Employment for Persons Who Are Disabled,* February 1, 1988 (Prepared by the Mediation Center, St. Paul, Minnesota).

14. Minnesota Supported Employment Project, *It's Working,* Department of Jobs and Training, Division of Rehabilitation Services, 390 N. Robert St., 15th Floor, St. Paul, MN 55101, June 1, 1988.

15. Research and Training Center on Community Living. *Deinstitutionalization of Persons with Mental Retardation: The Impact on Daily Living Skills* (Policy Research Brief No. 1). University of Minnesota, Institute on Community Integration, March 1989.