

STATE OF MINNESOTA

STATE PLAN ANNUAL REVISION
FY 1976
JULY 1, 1975 TO JUNE 30, 1976

DEVELOPMENTAL DISABILITIES SERVICES
AND FACILITIES CONSTRUCTION ACT OF 1970

VOLUME II: APPENDIXES

STATE PLAN ANNUAL REVISION
APPENDIX

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OPERATIONAL POLICIES
for the
PROPOSAL, PROCEDURE, AND REVIEW COMMITTEE
of the
GOVERNOR'S PLANNING AND ADVISORY COUNCIL ON DEVELOPMENTAL DISABILITIES

APPROVED: March 5, 1975

DEVELOPMENTAL DISABILITIES PROGRAM OFFICE
STATE PLANNING AGENCY
110 Capitol Square Building
550 Cedar Street
St. Paul, Minnesota 55101

OPERATIONAL POLICIES

PROPOSAL, PROCEDURE AND REVIEW COMMITTEE

STANDARDS FOR PROPOSAL REVIEW

Each project should be objectively reviewed.

1. Members of the PPR Committee or the Developmental Disabilities Program Staff who are or will be directly involved in a proposed project, i.e., staff of the applicant agency or project consultant to the agency or project or board members of the agency or project, shall withdraw from the review of the proposal and abstain from voting on it.
2. Members of the PPR Committee shall not discuss proposed projects with applicants, committee members, or other individuals outside the context of the proposal review process.
3. Members of the PPR Committee, staff, and third party reviewers should not make commitments to support applicants or proposals.
4. Members of the PPR Committee and staff will rate all proposals independently and anonymously.
5. Proposals will be evaluated on material presented in written form to the PPR Committee.

GENERAL CRITERIA FOR PROPOSAL CONSIDERATION

A proposal should deal with a need or problem common to many individuals or groups in the state.

1. A proposal will include documentation of local, regional, and/or state-wide needs.
2. The results of the proposal project will be applicable to the needs of other groups, programs or developmentally disabled individuals in the state.
3. Each proposal will include concrete plans and commitments for dissemination of results and/or products.

GUIDELINES FOR CONTINUED FUNDING OF PROJECTS

Funding is generally provided for one year. Funding for more than one year should be the exception rather than the rule.

Renewal projects should be required to demonstrate the quality of the project, its significance, and the need for continued funding.

1. Applicants for continued funding or renewal will have met initial year commitments:
 - a. Schedules met
 - b. Products produced
 - c. Objectives met
 - d. Dissemination of results completed
 - e. Agreements or qualifications adhered to
 - f. Project reporting
 - g. Document that alternate funds have been sought
2. Applicants for continued funding or renewal will produce evidence of the effectiveness and/or value of the project; e.g.:
 - a. Numbers and types of clients served
 - b. Types of needs met
 - c. Significance of project outcomes to other individuals or groups
 - d. Formal evaluations of the effectiveness of services, etc. on clients and/or other target groups
3. Applicants for continued funding or renewal will produce evidence that they can provide the developed services, etc. on clients and/or other target groups.

When a project satisfactorily meets these review criteria, it should be considered on an equal basis with new proposals--not given priority.

Funded proposals should represent the needs of all developmentally disabled individuals.

1. Viewed as a composite set, projects will be given higher priority when they serve the needs of a cross-section of developmentally disabled individuals including those having seizures, those who are mentally retarded, and those who are cerebral palsied.
2. Viewed as a composite set, projects serving the severely handicapped will be given priority over projects which would meet the needs of less disabled individuals.

PROCEDURES FOR PROPOSAL REVIEW

Proposals should be efficiently but fairly reviewed.

1. Each proposal will be independently reviewed by two members of the Developmental Disabilities Program staff, a regional representative, third-party reviewers, appropriate agencies, and at least one member of the Proposal, Procedure and Review Committee.
2. The reviews will be summarized by the Developmental Disabilities Program staff. The synopsis will include a statement of the project objectives, methods, evaluation strategies, anticipated outcomes, an estimate of significance, and a statement of general strengths and weaknesses.
3. The synopsis will initially be presented in written and/or oral form to the total PPR Committee. The presentation will be limited to a "set" time limit and will be drawn exclusively from the summary statement.
4. Discussion of each proposal will be held only after an overview has been completed. All documents related to the proposal will be available for review at that time. A time limit will be set for discussion.
5. All proposals will be independently rated by each member of the committee, the ratings summarized, and the composite score and range presented prior to final voting on support or non-support.
6. The changes required on all proposals "accepted with modification" will be discussed and voted on by the PPR Committee. The specific modification shall be recorded in the committee minutes.
7. The recommendations of the PPR Committee will be forwarded to the Council for action.

REVIEW OF PROPOSAL RECOMMENDATIONS BY COUNCIL MEMBERS

Recommendations of proposals for funding should be objectively reviewed.

1. Members of the Governor's Planning and Advisory Council on Developmental Disabilities who are or will be directly involved in a proposed project, i.e., staff of the applicant agency or project consultant to the agency or project or board members of the agency or project, shall withdraw from the review of the recommendations of the Proposal, Procedure and Review Committee and abstain from acting on them.
2. Members of the Council shall not discuss proposed projects with applicants, committee members, or other individuals outside the context of the proposal review process.
3. Members of the Council should not make commitments to support applicants or proposals prior to formal review of the recommendations of the PPR Committee.
4. Members of the Council will review the recommendations of the PPR Committee and act on them.
5. Proposals will be evaluated only on material presented in written form to the Council.

ESTABLISHMENT OF COUNCIL PRIORITIES

Grant priorities will be developed and reassessed by the Council on an annual basis, generally before the beginning of the fiscal year, based upon information obtained from regional agencies, representatives, Council members and committees; through an analysis of federal reports and guidelines, special studies and projects of the Council, and through a review of current plans submitted by state agencies and consumer groups.

ATTACHMENT 2.2B

EXHIBIT B

SUMMARY OF MAJOR PLANNING SYSTEMS
IN MINNESOTA

REGIONAL DEVELOPMENT ACT OF 1969

PURPOSE

- FACILITATE INTERGOVERNMENTAL COOPERATION
- INSURE COORDINATION OF PLANNING AND
DEVELOPMENT PROGRAMS

PROVIDES FOR CREATION OF REGIONAL DEVELOPMENT
COMMISSIONS (RDCs)

RDCs - WHO SERVES ON THEM?

LOCAL ELECTED OFFICIALS REPRESENTING:

. COUNTY GOVERNMENT

1 MEMBER FROM EACH COUNTY BOARD

1 ADDITIONAL MEMBER FROM ANY COUNTY OVER 100,000

1 ADDITIONAL COUNTY BOARD MEMBER IF COUNTY CONTAINS
NO TOWNSHIP

. MUNICIPAL GOVERNMENT (FROM EACH COUNTY)

1 MEMBER REPRESENTING ALL MUNICIPALITIES UNDER 10,000

1 MEMBER FROM EACH MUNICIPALITY OVER 10,000

. TOWNSHIP GOVERNMENT (FROM EACH COUNTY)

1 MEMBER REPRESENTING ALL TOWN BOARDS OF SUPERVISORS

. SCHOOL BOARDS

2 MEMBERS REPRESENTING ALL SCHOOL BOARDS IN REGION

. OTHERS

1 MEMBER FROM EACH COUNCIL OF GOVERNMENTS IN REGION

CITIZENS REPRESENTING PUBLIC AND MINORITY INTEREST IN REGION

RDCs - STATUTORY POWERS AND DUTIES

. PLANNING REVIEW OF LOCAL GOVERNMENTAL UNITS

PLANS OF CITIES, VILLAGES, BOROUGHs, TOWNS, COUNTIES, WATERSHED DISTRICTS, AND SOIL CONSERVATION DISTRICTS THAT HAVE A SUBSTANTIAL EFFECT ON REGIONAL DEVELOPMENT MUST BE SUBMITTED TO RDCs FOR COMMENTS AND RECOMMENDATION.

. REVIEW OF INDEPENDENT AGENCIES

PLANS OF INDEPENDENT AGENCIES, COMMISSIONS, OR BOARDS DETERMINED TO HAVE A REGIONAL OR MULTI-COMMUNITY EFFECT MUST BE SUBMITTED TO RDCs FOR REVIEW AND CONCURRENCE PRIOR TO BEING IMPLEMENTED.

. REVIEW OF FEDERAL AND STATE AID PROGRAMS

ALL APPLICATIONS OF GOVERNMENTAL UNITS, INDEPENDENT COMMISSIONS, BOARDS OR AGENCIES OPERATING IN THE REGION FOR A LOAN OR GRANT FROM A STATE OR FEDERAL AGENCY MUST BE SUBMITTED TO RDCs FOR REVIEW AND COMMENT.

. A-95 REGIONAL CLEARINGHOUSE

CIRCULAR NO. A-95 (AS AMENDED) OF THE FEDERAL OFFICE OF MANAGEMENT AND BUDGET GIVES DESIGNATED RDCs REVIEW AND COMMENT AUTHORITY FOR SPECIFIED FEDERAL PROGRAM ASSISTANCE APPLICATIONS.

R D C 's - STATUTORY POWERS AND DUTIES

AUTHORIZED TO RECEIVE PLANNING FUNDS

ECONOMIC DEVELOPMENT DISTRICTS

COMPREHENSIVE PLANNING (701)

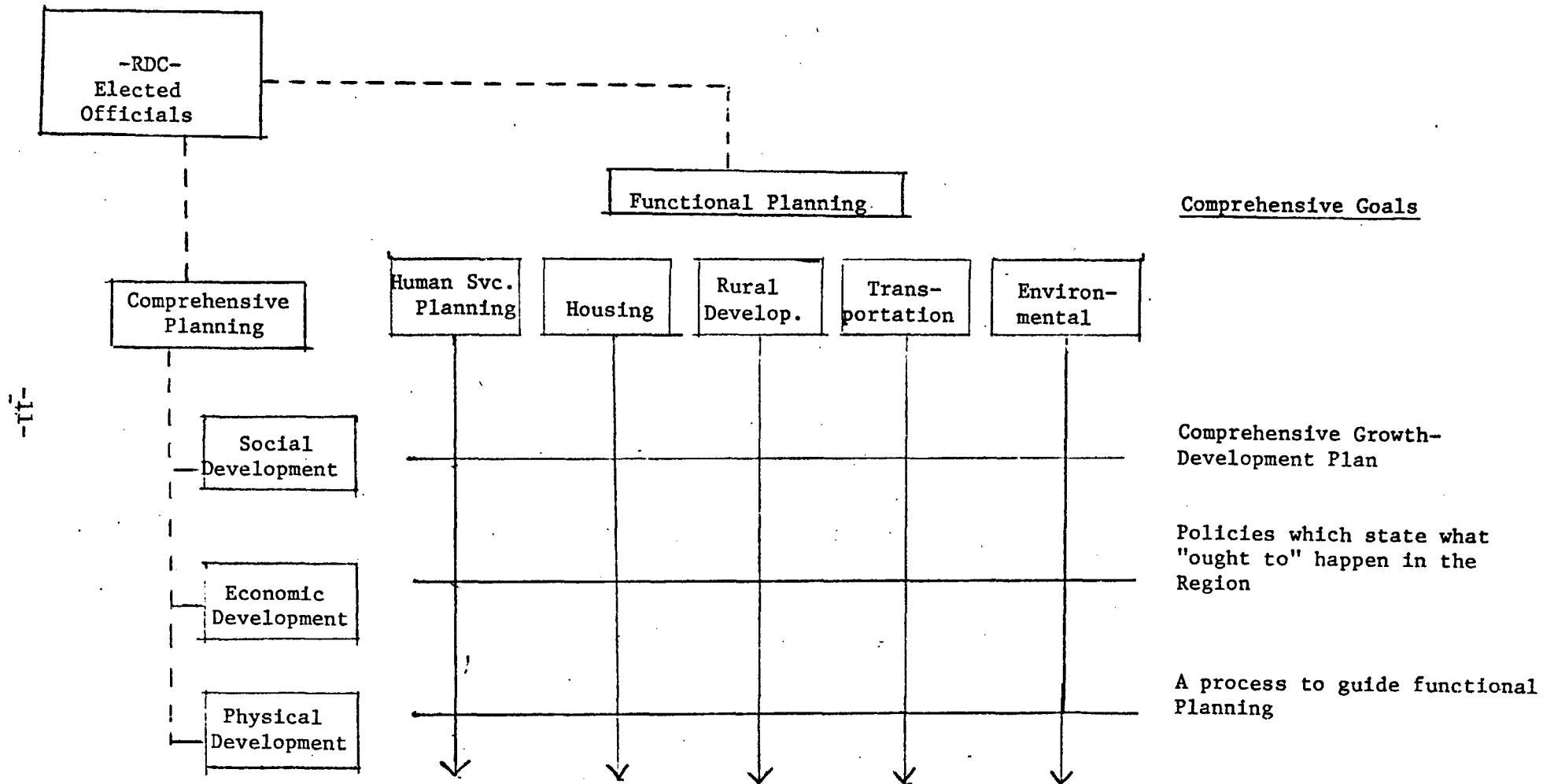
LAW ENFORCEMENT AND CRIMINAL JUSTICE

(COMMUNITY ACTION PROGRAMS, HEALTH PLANNING,
MANPOWER PLANNING, RESOURCE CONSERVATION AND
DEVELOPMENT PLANNING)

-OR-

ANY STATE OR FEDERAL PROGRAMS PROVIDING FUNDS FOR
MULTI-COUNTY PLANNING, COORDINATION, AND DEVELOPMENT
PURPOSES

COMPREHENSIVE - FUNCTIONAL PLANNING AT REGIONAL LEVEL



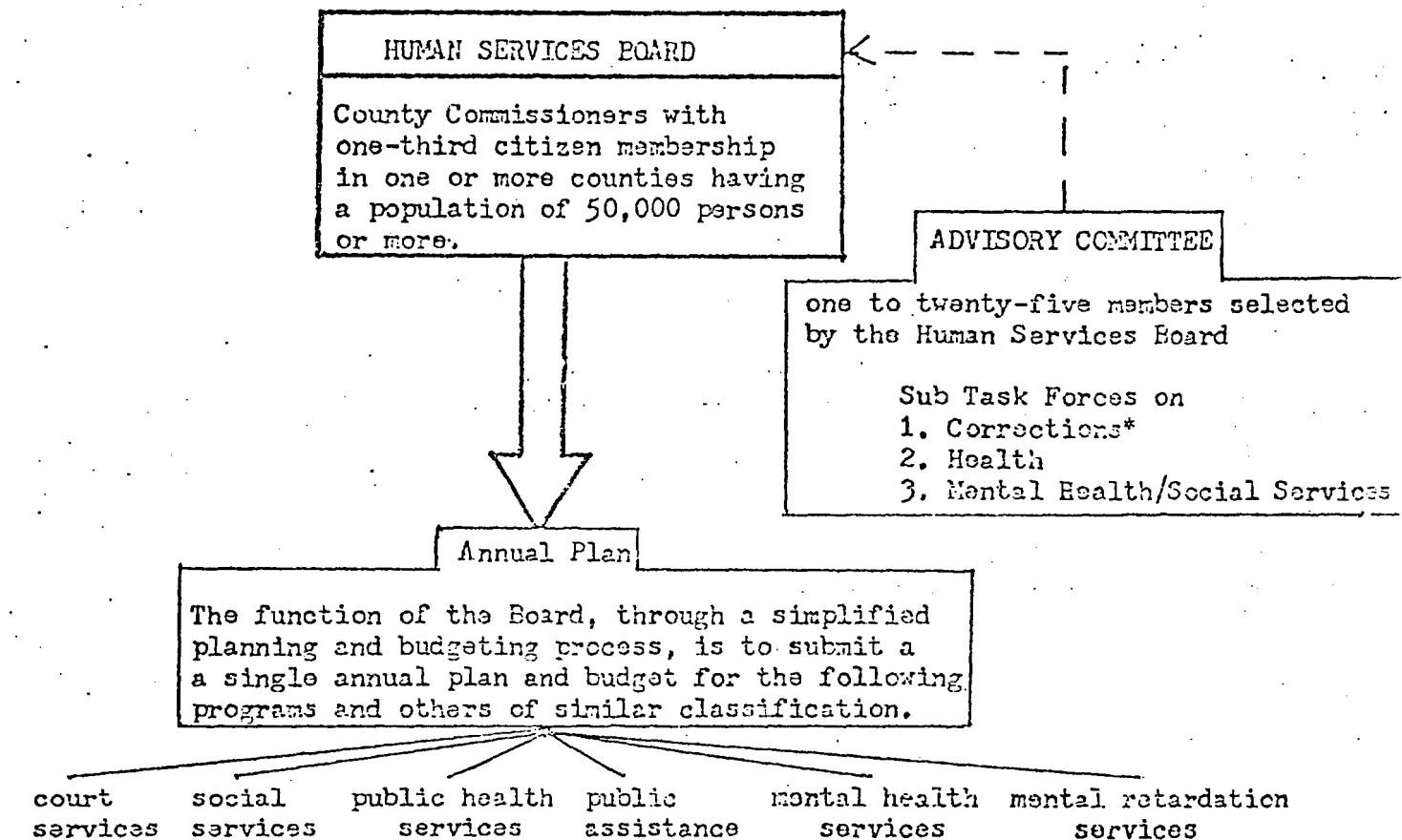
GOALS OF FUNCTIONAL PLANNING

Goals defined in terms of what "can" happen within the policy framework of what "should" happen to human and natural resources in the Region.

State of Minnesota

Permissive legislation for use by county boards of commissioners and health, corrections and welfare agencies wanting to coordinate or integrate their planning, budgeting and programming of human services.

The following structure replaces the existing hodgepodge of public boards and planning/budgeting requirements for all programs regulated or subsidized by the state Departments of Corrections, Health and Welfare. The diagram represents a minimum structure which can be expanded upon if a local area so desires.



Pilot Human Services Boards:

1. Region 3 Human Services Board (7 counties in Arrowhead Region)
2. Brown-Nicollet-Sibley Human Services Board
3. Blue Earth-LeSueur-Waseca Human Services Board
4. Faribault-Martin-Watonwan Human Services Board

Operating Human Services Board:

1. Scott County

*same as the Community Corrections Act Advisory Committee

Dick Broeker
Planning Director
Human Services Act
612/236-4849

State Planning Agency
101 Capitol Square Building
550 Cedar Street
St. Paul, Minnesota 55101

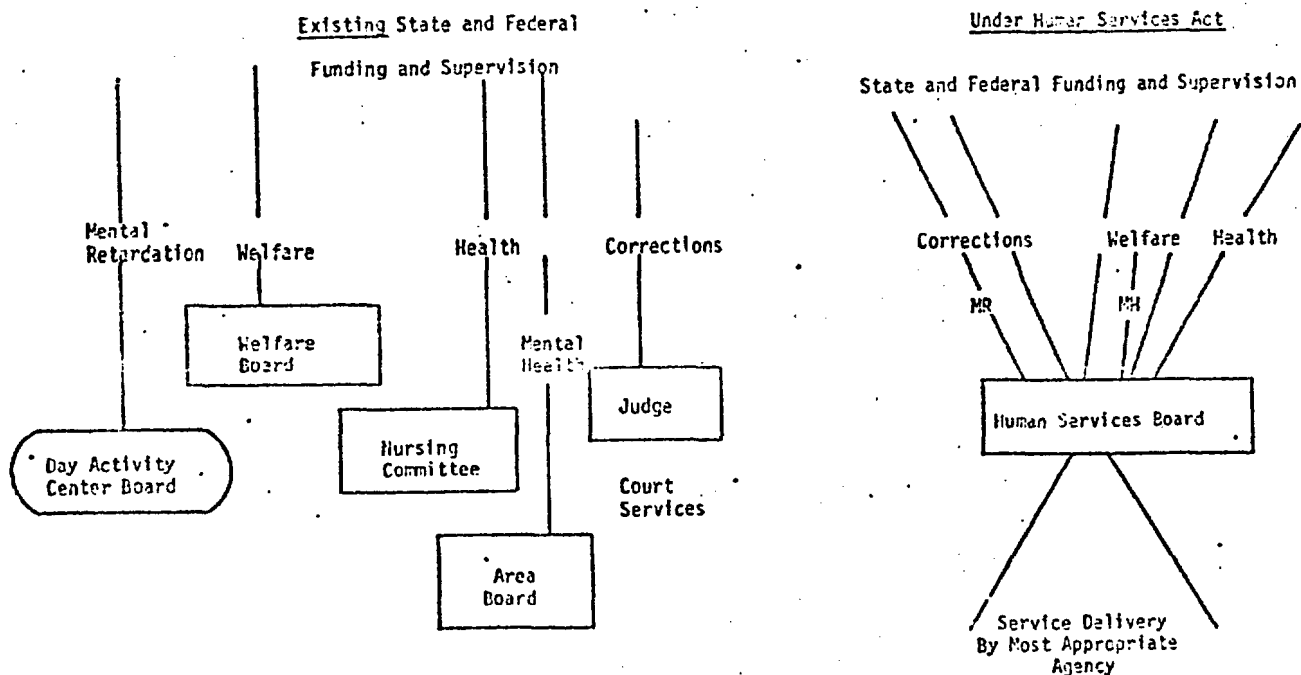
Minnesota historically has had a positive climate for the provision of human services. That climate generally extends across Democrat-Republican and Liberal-Conservative lines. The Minnesota Welfare System - organized along traditional lines has been considered relatively good and the state mental health programming for years was considered a leader.

However, time, inflation, increased complexity of social problems, the movement toward community based programming, and the increased cost of state residential programs brought the Minnesota Legislature to a major decision-making point in 1973. The options it had before it were many and each option not only had supporters but a legitimate rationale. There were many legislators who continued to favor the complete take over by the state of all welfare costs and administration. Others felt that the only solution was a massive state level reorganization to create a "super agency" State Department of Human Resources. There was significant support evolving from an interim legislative committee report for a regionalization of local welfare delivery so there might be 15-30 county welfare departments instead of 87.

However, the option chosen by the legislature was none of the above, but rather a unique piece of local option legislation known as the Human Services Act.

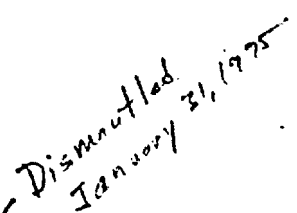
The HUMAN SERVICES ACT allows a county if it has a minimum population of 50,000 (or groups of counties which collectively meet this population requirement) to reverse the trend toward fragmentation of the local human service delivery system by creating a single administrative board to manage its public health, welfare, corrections and mental health responsibilities.

EFFECT OF THE HUMAN SERVICES ACT ON FUNDING



Association of Minnesota Counties

July, 1974



STATE COMPREHENSIVE HEALTH PLANNING

The State Comprehensive Health Planning Program in Minnesota has responsibility, under the State Planning Act, to "act as a directing, advisory, consulting, coordinating agency to harmonize activities at all levels of government, to render planning assistance to all governmental units, to stimulate public interest and participation in the development of the State."

The Minnesota Comprehensive Health Planning Program is responsible for four major areas of policy leadership and program guidance:

1. State Planning

Under Public Law 89-749, the Comprehensive Health Planning Program is responsible for developing a comprehensive health plan for the state which specified identified needs and agreed upon priorities. Such planning formulates policy and overall objectives to which public and private health service agencies can direct their planning and programming efforts. In this way, federal as well as state funds support the identification and solution of state problems.

2. Interagency Planning

The Comprehensive Health Planning Program stimulates the cooperation of public and private agencies in statewide health planning. Through such mutual cooperation, state needs can be identified, a framework of overall goals and policies to meet those needs can be developed, plans for the fulfillment of those needs can be coordinated, and program planning and implementation can take place.

3. Areawide Planning

The State Comprehensive Health Planning Program has given special attention to the development of areawide health planning to meet local needs and to the provision of continuing technical assistance in such planning efforts.

4. Consumer Participation in Planning

The Comprehensive Health Planning Program encourages consumer participation in state and areawide health planning. Such participation offers an opportunity to citizens who use health services ("consumers"), the professionals who provide these health services ("providers"), and local government representatives to join in partnership to plan for the health care needs of all Minnesotans. To stress this "Partnership for Health", all governing bodies of Comprehensive Health Planning agencies are composed, by law, of a majority of health care consumers. Thus, the consumer plays a large role in the determination of his health care needs and the ways in which these needs are fulfilled.

THE ADVISORY COUNCIL

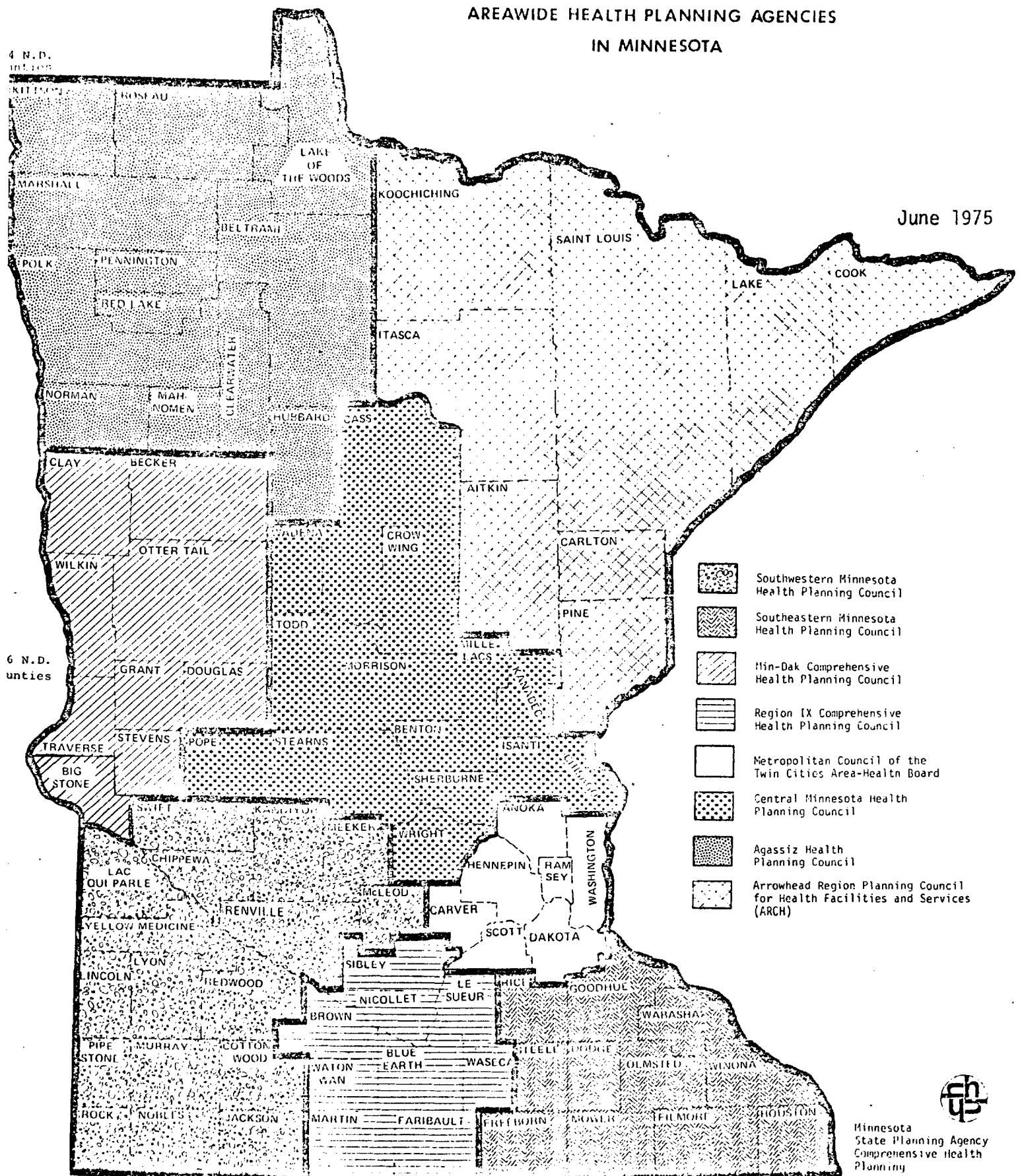
In order to accomplish the above tasks a Council of health service "consumers" and "providers" acts as an advisory body to the Minnesota Comprehensive Health Planning Program. This Advisory Council, having a majority of representatives of consumers of health services, advises the Minnesota Comprehensive Health Planning Program on the development and implementation of comprehensive health planning in the state. Council members are appointed by the State Planning Agency with the approval of the Governor's Office.

AREAWIDE COMPREHENSIVE HEALTH PLANNING

Areawide health planning organizations are being formed throughout the state. These organizations, called areawide comprehensive health planning councils, are composed of groups of counties which share common problems and resources and which have sufficient population to support a full range of health services, facilities, and manpower. By law each areawide health planning council, like the state counterpart, has a governing board having a majority of consumers of health services. Such areawide health planning councils stimulate local groups, agencies, institutions, and individuals responsible for the planning or providing of health services to coordinate their activities and resources. This cooperation at the local level reduces duplication of efforts, fragmentation of services and the misuse of scarce professional manpower, which can result in the spiraling of health care costs.

Areawide health planning councils also are responsible for identifying and planning for unmet community needs. It is such identification and planning which will assure all people within the area access to efficient, economical, high quality health services and the maintenance of a healthful physical environment.

June 1975



AREAWIDE HEALTH PLANNING AGENCIES IN MINNESOTA

June, 1975

1. Agassiz Health Planning Council

Address: 123 DeMers Avenue, East Grand Forks, Minnesota 56721 (218) 773-2471
Area Served: Beltrami, Clearwater, Kittson, Hubbard, Lake of the Woods, Mahnoman, Marshall, Norman, Pennington, Polk, Red Lake, and Roseau Counties in Minnesota, and Grand Forks, Nelson, Pembina and Walsh Counties in North Dakota.
Population Served: 157,300 in Minnesota; 100,100 in North Dakota (1973) Total: 257,400
Acting Director: Mr. Don DeMers
Chairman: Mr. Paul Woutat - 600 DeMers Avenue - Grand Forks, North Dakota 58201

2. Arrowhead Region Planning Council for Health Facilities and Services (ARCH)

Address: Suite 202 - Ordean Building, 424 West Superior Street, Duluth, Minnesota 55802 (218) 727-8371
Area Served: Aitkin, Carlton, Cook, Itasca, Koochiching, Lake, Pine and St. Louis Counties.
Population Served: 350,900 (1973)
Executive Director: Mr. William LaFrance
President: Mr. John Damberg - 524 First National Bank Building - Virginia, Minnesota 55792

3. Central Minnesota Health Planning Council

Address: 1528 North Sixth Avenue, St. Cloud, Minnesota 56301 (612) 253-2930
Area Served: Benton, Cass, Chisago, Crow Wing, Isanti, Kanabec, Mille Lacs, Morrison, Pope, Sherburne, Stearns, Todd, Wadena, and Wright.
Population Served: 390,800 (1973)
Executive Director: Mr. David J. Sauer
President: Mr. James H. Brockman, Personnel Director - St. Joseph's Hospital - 523 North Third Street - Brainerd, Minnesota 56401

4. Metro Health Board

Address: 300 Metro Square Building, 7th and Robert Streets, St. Paul, Minnesota 55101 (612) 227-9421
Area Served: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington Counties.
Population Served: 1,891,500 (1973)
Director: Mr. Malcolm Mitchell
Chairwoman: Ms. Doris Caranicas, 4832 Elliot Avenue South, Minneapolis, Minnesota 55417

5. Min-Dak Areawide Comprehensive Health Planning Council

Address: Box 915, 811-16th Street, Moorhead, Minnesota 56560 (218) 236-2746
Area Served: Becker, Big Stone, Clay, Douglas, Grant, Otter Tail, Stevens, Traverse and Wilkin Counties in Minnesota; and Cass, Ransom, Richland, Sargent, Steele and Traill Counties in North Dakota.
Population Served: 188,800 in Minnesota; 123,800 in North Dakota (1973) Total: 312,600
Executive Director: Mr. Bruce Briggs
President: Mr. D. F. Rentz - 102 Columbia - Morris, Minnesota 56267

6. Region IX Development Commission

Address: 709 North Front Street, Mankato, Minnesota 56001 (507) 387-5643
Area Served: Blue Earth, Brown, Faribault, Le Sueur, Martin, Nicollet, Sibley, Waseca and Watonwan Counties.
Population Served: 222,200 (1973)
Director of Health Planning: Mr. Paul Brye
Chairman of Region IX Health Planning Council: Mr. Barre Rorabaugh

7. Southeastern Minnesota Health Planning Council

Address: 1903 South Broadway Street, Rochester, Minnesota 55901 (507) 285-0900
Area Served: Dodge, Fillmore, Freeborn, Goodhue, Houston, Mower, Olmsted, Rice, Steele, Wabasha, and Winona Counties.
Population Served: 398,900 (1973)
Executive Director: Mr. Roger Whiting
Chairman: Ms. Ruth Kuechenmeister - R.F.D. #1 - Box 162 - Lyle, Minnesota 55953

8. Southwestern Minnesota Health Planning Council

Address: P.O. Box 21, Redwood Falls, Minnesota 56283
Area Served: Chippewa, Cottonwood, Jackson, Kandiyohi, Lac qui Parle, Lincoln, Lyon, McLeod, Meeker, Murray, Nobles, Pipestone, Redwood, Renville, Rock, Swift and Yellow Medicine Counties.
Population Served: 272,800 (1973)
Executive Director: Ms. Shirley Hjort
President: Mr. David Koster - Vadheim Pharmacy - Tyler, Minnesota 56178 (507) 247-5504

OPERATIONAL POLICIES
for the
GOVERNOR'S PLANNING AND ADVISORY COUNCIL ON DEVELOPMENTAL DISABILITIES
in the
STATE OF MINNESOTA

APPROVED: January 3, 1973
REVISED: May 21, 1975

DEVELOPMENTAL DISABILITIES PROGRAM OFFICE
STATE PLANNING AGENCY
110 Capitol Square Building
550 Cedar Street
St. Paul, Minnesota 55101

OPERATIONAL POLICIES

GOVERNOR'S PLANNING AND ADVISORY COUNCIL ON DEVELOPMENTAL DISABILITIES

PURPOSE OF THE COUNCIL

The Minnesota Planning and Advisory Council for Developmental Disabilities is established under P.L. 91-517, "Developmental Disabilities Services and Construction Amendments of 1970." The Council serves to plan for the direction, development and implementation of the Developmental Disabilities Program in Minnesota and to advise the Governor of Minnesota on matters pertaining to program, services, and facilities for the developmentally disabled. The administrative agency for the Developmental Disabilities Program is the State Planning Agency.

The Council shall act in behalf of those individuals with developmental disabilities attributable to mental retardation, cerebral palsy, epilepsy, or other neurological disabilities found to be closely related to mental retardation or to require treatment similar to that required by mentally retarded individuals: (1) the disability originates before such individuals attain the age of 18; (2) has continued, or can be expected to continue indefinitely; (3) constitutes a substantial handicap of such individuals.

The Council will function through the combined efforts and participation of related State and local agencies; non-governmental organizations; and consumers of services. The Council will develop and implement a State Plan for Developmental Disabilities to affect the wide range of diversified services in the terms of the life-time human needs of persons with developmental disabilities.

DUTIES

1. To undertake such planning activities as are assigned to the Council by the Federal Regulations and Guidelines pertaining to the Program. The planning activities will include, but are not necessarily limited to:
 - a. Surveillance and understanding of all planning efforts related to the developmentally disabled at each level: local, regional, and state.
 - b. Identifying planning and service gaps or needs.
 - c. Establishing an appropriate criteria for evaluating comprehensive planning efforts on behalf of the developmentally disabled.
 - d. Establishing priorities among the wide range of diversified services related to the life-time human needs of the developmentally disabled.

- e. Determining the annual budget, making best use of available funds in order to accomplish the objectives and methods identified in the State Plan. Adequate consideration must be given to: professional and supportive staff; planning, evaluation, monitoring and technical assistance; the needs around specific delivery systems.
2. To define and determine the target population for the program.
3. To encourage the development of joint inter-cabinet and inter-departmental planning, communication and coordination for programs, services, and facilities for the developmentally disabled in cooperation with the public and private agencies of the State.
4. To encourage the development of coordinated, inter-departmental goals and objectives pertaining to the provision of programs, services, and facilities for the developmentally disabled.
5. To develop criteria for the development, review, and approval of the State Plan for the distribution and administration of federal resources under the Program.
 - a. To make such revisions and amendments to the State Plan as are required to conform to federal requirements or meet the needs of the developmentally disabled.
 - b. To submit revisions of the State Plan to the Social and Rehabilitation Services regional office and transmit such other reports provided that the Governor has had at least 30 days to review such documents.
6. To evaluate the effectiveness of the State Plan and programs sponsored under that plan.
7. To advise the Governor on matters pertaining to the administration of programs, services and facilities for the developmentally disabled by state agencies.
8. To assure distribution of information and technical assistance impartially across the state, and to assure special efforts to areas of urban and rural poverty.
9. To advise the State Planning Agency and the Civil Service Administration concerning the appointment of staff for the Council.
10. Increase public awareness and participation in comprehensive planning and service delivery for the developmentally disabled.

MEMBERSHIP

1. Appointment

Members will be appointed by the Governor of Minnesota. Suggestions for new members where vacancies and membership term expiration occur may be submitted by current members, citizens, and organizations.

2. Diversity of Representation

The membership of the Council is to include representation from each of the related state, federally-aided agencies, non-governmental organizations and individuals concerned with provision of services for the developmentally disabled and consumer of services. At least one-third of the membership of the Council must represent consumers.

3. Presiding Officer

The chairman is appointed by the Governor of Minnesota. The term of the chairman shall be for two years and may serve for no more than two consecutive terms. The chairman may designate a vice-chairman who will assume all the duties of chairman in the absence of the chairman.

4. Attendance

Members who cannot attend a meeting of the Council or its committees may send a representative to meetings, but the substituting representative will be a non-voting member of the Council and/or committee.

In the event that a Council member does not attend three consecutive meetings of the Council, a recommendation will go to the Governor suggesting a replacement be designated.

5. Terms of Office

Council terms will be on a rotating three-year basis for the consumer and provider representatives on the Council. One-third of the total number of consumer and provider members will rotate on a three-year staggered basis. No member in the consumer or provider classification may serve for more than two consecutive three-year terms. State agency representation will remain continuous, the representatives being those individuals in charge of the related federally funded programs as specified in federal regulations.

REPRESENTATIVES TO THE ADVISORY COUNCIL

Participation in the Council activities may be extended to public and private organizations and individuals who have an on-going interest in the developmentally disabled, through the designation of an official representative to the Council. These persons may serve on Council committees and participate in Council deliberations, but are non-voting members of the Council.

MEETINGS

The Governor's Planning and Advisory Council on Developmental Disabilities will meet monthly on a regular day of the month as established at the first meeting of the fiscal year. Exceptions to this regular meeting date may be made by a majority of a quorum of the members. A quorum shall consist of one-half of the members.

COMMITTEES

Standing and ad-hoc committees shall be appointed annually by the chairman of the Council to serve such functions and for such periods of time as are deemed necessary. The standing committee chairman shall be appointed from the membership of the Council and shall constitute the Executive Committee. Standing committees shall be designated by majority vote of a quorum of the Council. Council members should constitute at least one-half the membership of any standing committee and non-council members are voting members of the committee. Council members representing government or voluntary agencies may recommend designees for appointment as official council representatives on standing committees. Only Council members may constitute the Proposal, Procedure and Review Committee. All committee members are appointed annually by the chairman of the Council in consultation with the committee chairman.

The standing committees of the Council will be:

- Executive Committee
- Proposal, Procedure and Review Committee
- Advocacy Committee
- Governmental Affairs Committee
- Licensure Committee
- Information System Committee
- Public Information and Communications Committee
- Early Intervention and Prevention Committee

The duties and responsibilities of the standing committees are as defined in the annual State Plan for Developmental Disabilities.

RELATIONSHIP OF STANDING COMMITTEES TO THE DEVELOPMENTAL DISABILITIES COUNCIL

Being comprised of representatives of the Council, committees should be delegated responsibility to act for the Council to meet Council functions. However, committee recommendations and operating procedures should be submitted to the Council for review and action, subject to the following conditions:

1. The Council will review, modify and approve procedures (operational policies) for which committee actions will be completed.
2. Where the approved operational policies are followed, the Council will discuss, approve or disapprove committee actions and/or recommendations without repeating the committee procedures and functions.

3. Where a specific instance of failure to follow the established operational procedures is brought to the Council, the Council may be majority vote review the case in question.

CHANGE IN OPERATIONAL POLICIES

Any or all of these policies may be altered, amended, or appealed by an affirmative vote of a majority of the members present at any special or regular meeting of the Council. Providing that written notice of the proposed action is given seven days in advance of the meeting. Any changes in these policies shall be submitted to the State Planning Agency and to the Governor for consideration.

ATTACHMENT 2.3B

EXHIBITS A and B

ABSTRACTS OF THE

CAIR

REPORT

Community Alternatives and Institutional Reform

COMMUNITY ALTERNATIVES AND INSTITUTIONAL
REFORM PROJECT SUMMARY

Following the Presidential mandate for deinstitutionalization of developmentally disabled individuals and in keeping with the National Developmental Disabilities Council priority, the Governor's Planning and Advisory Council on Developmental Disabilities of the State Planning Agency received a grant in 1974 to create a comprehensive plan for establishing community alternatives for developmentally disabled persons.

The Community Alternatives and Institutional Reform Project was directed toward two major objectives:

To integrate the viewpoints of financial/program decision-makers with the perspective of individuals responsible for implementing programs.

To develop a systematic plan for returning developmentally disabled persons in state facilities to community settings based on their individual needs.

The complete results of the project are presented in the CAIR Report published by the State Planning Agency. The broad recommendations taken from the report are summarized below.

The concept of community-based treatment programs for developmentally disabled persons in Minnesota rests on the belief that individuals with substantial developmental handicaps are entitled to as nearly a normal life style as their condition allows and on the belief that each individual has a right to assistance which encourages self-sufficiency, maximum personal development and contribution to the society in which they live. Poorly planned, inadequately funded, and poorly supervised alternative residential programs can produce living conditions far less conducive to self-sufficiency and development than the present large institutions, unless legislative guidance structures the system to ensure the following:

For the Clients:

- Periodic examination of health and development which leads to tailored programs--programs developed around client needs.
- Individually tailored programs for health care, training, residential structure, and follow-up with adjustments for progress--individualized treatment programs.
- A complement of community services, e.g., education, transportation, health care, at least equal to the range provided within the institutions without requiring extensive travel or hardship.
- Development of transitional programs to ease moving and ensure client care.
- Protection of rights to an appropriate treatment program and to confidentiality--protect client rights.

For Community-based Facilities:

- Uniform, state-wide licensing standards which eliminate overlap among agencies and simplify procedures for developers.
- State-wide regulation and supervision to ensure that community facilities will not close precipitously, leaving clients without care or forcing them into a series of moves from residence to residence--assure continuity of programs.

- Developmental funds for construction and remodeling of community facilities--develop needed facilities.
- Legislative relief from discriminatory zoning laws--ease the development of community residences.
- A range of community residences to fit the varying abilities of the individuals.
- Dispersion of residences to avoid concentration in any one area according to a ratio which will maintain a normal atmosphere for disabled persons and community residents.
- Strong and positive public information systems to educate professionals, community leaders, parents and the public about community residential and treatment facilities.

For Relatives of the Developmentally Disabled:

- Comprehensive health, educational and financial support for parents who choose to raise their child at home.
- Stability and longevity of community facilities by establishing supervisory responsibility and authority through effective licensing.
- Availability and adequacy of services to each individual within community settings.

For Accountability:

- Frequent client progress review to ensure client needs are being met--follow-up on client progress.
- An evaluation system which measures the effectiveness of community services by assessment of the quality of client progress and care--evaluate programs based on what they do for a client.

To Reduce the Incidence of Developmental Disabilities:

- Educational programs for prenatal care and on techniques for reducing specific risk factors--prevent disabilities or their effects.
- Coordinated, state-wide early and periodic screening to identify clients for early treatment programs--assure early identification and treatment.
- An interagency research and development group to identify state research and development priorities and review proposals--develop better organized, focused research and development programs.

For Closing Present Facilities:

- Avoid precipitous closing of institutions during transition and maintain a portion of some facilities to serve regional needs and individuals whose needs are best met in an institutional setting--provide a "back-up" system to community residential facilities.

A CAIR Implementation Committee has been assembled to consider five issues related to establishing community based programs:

- Costs for developing community-based programs and sources of funds.
- Barriers to community based programs and how they can be reduced.
- Strategies and responsibilities for implementing the CAIR recommendations.
- Alternative arrangements for developing and maintaining residential programs.
- Coordination of planning for developmentally disabled persons at the local level.

An expanded summary or a copy of the complete CAIR Report can be obtained by writing:

Developmental Disabilities Program Office
 Minnesota State Planning Agency
 110 Capitol Square Building
 550 Cedar Street
 St. Paul, Minnesota 55101

COMMUNITY ALTERNATIVES AND INSTITUTIONAL REFORM PROJECT:

AN ANNOTATED SUMMARY

The movement toward arranging home-like residences in the community rather than placement in large institutions for developmentally disabled persons rests on two beliefs: that each developmentally disabled person has a right to treatment which encourages self-sufficiency, maximum development, and contribution to society consistent with the limits of the disability; and that each person develops best in a situation which is as normal as possible. The latter principle, normalization, undergirds each aspect of community-based programs for developmentally disabled individuals.

The concept of normalization rests on research which demonstrates that developmentally disabled persons represent underdeveloped human potential rather than a threat to society as was supposed earlier in this century. For the developmentally disabled, normalization means, in part, living arrangements which parallel those of nondisabled people. It implies having choices, making decisions, caring for one's self, meeting different people, being part of the ebb and flow of everyday living. Clearly, each person's disability limits the extent of participation in life experiences. This means some people may remain in full-care facilities not altogether unlike the present state facilities because their needs can be best met there; others, needing less continuous care will live in supervised board and lodging homes and take training in sheltered workshops. And some will live in minimally supervised apartments and work in the community. In each case, normalization means that the medical, educational, work and living

prescriptions for the individual must be specifically tailored to meet that individual's needs and abilities. The client's level of disability should determine the treatment program for optimal development (pp. 2-3, 9-11).

The process of moving clients into more normal home-like residences is known as deinstitutionalization. The experience of several states which have deinstitutionalized developmentally disabled people provides ample evidence that inadequate planning, inadequate funding, insufficient services in the community can quickly blunt the thrust of normalization, impeding rather than aiding client development (pp. 2-3, 9-11). The recommendations of the CAIR task forces (pp. 4-8) represent a planning alternative based on the experience of professionals, consumers, and agencies representing every aspect of care for the developmentally disabled in Minnesota (pp. 2, 9-11, 40-45).

ON CLIENT CARE

Planning for individual relocation in a community-based program must begin with an assessment of each developmentally disabled person to determine the present skill level, e.g., social, self-care, and physical status. The results of this assessment should lead to a comprehensive treatment plan for each client which prescribes programs in several areas: residential arrangements, health-care, training, and work programs. Client development must then be frequently reassessed to assure maximum progress and accountability. Data available on persons in state-operated facilities indicates that self-care skills will be a large part of each program (pp. 12-19).

Because of its size, the large institution offers a wide range of treatments on site. Moving individuals into community settings will require

CALR: Annotated Summary

that the same range of services, including advocacy, health-care, recreation, transportation, and education, be available within a reasonable distance. The selection of sites for residences as well as part of the program prescription should be based on the identification of the services which will be needed and their availability for each client (pp. 17-18, 21, 24-25, 55).

Moving from institution to community will cause stress for the developmentally disabled and their relatives. Clients should be prepared for such moves while in their present institutions and staffs are being reorganized and trained to carry out the move as naturally as possible (pp. 30-31, 51-54). Evidence should be provided to clients and family members demonstrating that new programs are based on the client's needs and represent his best interests.

Handling of all data related to the client must be consistent with the individual's right to privacy. Planning based on individual needs will require considerable assessment and progress review; these should not be opportunities for unauthorized access (pp. 16-17, 28-29, 32-33).

ON COMMUNITY-BASED FACILITIES

Construction and operation of community-based residential facilities should be encouraged under the direction and supervision of public agencies, which should remain ultimately responsible for the treatment received by each client. Construction and operation of community facilities will require: funds for development, assured continuous public support, assured quality of care, accountability for client care, and community acceptance.

Some communities have sought to "zone out" local facilities for the developmentally disabled. The zoning statute (Chapter 60, Laws of Minnesota, 1975) prohibiting discrimination against mentally retarded persons will ease the development of residential programs (pp. 25, 60).

Community-based programs require more than just houses; comprehensive treatment and developmental programs are needed as well. Not every community has the support services necessary to maintain community care facilities thus developmental assistance to service providers should be contingent on community capability (pp. 24-25).

Development of community care residences would be greatly aided by uniform, state-wide licensing standards and procedures which eliminate overlap between public agencies. While standards must be maintained in construction of residences to insure fire resistance, sanitation, utility and comfort, development and licensing procedures need streamlining. A comprehensive step-by-step procedure for developers and local officials on licensing standards, funding, trouble-shooting, and other data should be prepared (pp. 16-17, 27).

Without adequate developmental funding, community-based programs face a grueling and probably stunted growth. Community-care facilities are not so much a way to reduce state expenditures for the developmentally disabled as a way to insure maximum benefit from each dollar spent. Many clients will never cease to need full assistance, but dollars can be accounted for in terms of clients benefits and progress. Funding for community-based care should not fall heavily on the counties nor on the community; the state should provide incentives for local placement rather than encouraging institutional placement by increasing its participation when a client enters a state-operated facility (pp. 17, 25, 28, 32, 35, 51-54).

Residential facilities should be dispersed within each community to avoid construction of compounds or clusters of homes for disabled persons which would be inconsistent with the purpose: more normalized living.

The range of residential types and the number of clients should be based on a ratio which enhances normalization (pp. 16-18, 21, 24-25).

Community acceptance of local residential facilities and individual clients can only be developed with a strong, active, and positive public information campaign. Not only must health-care professionals and politicians be informed about the benefits of such programs, but popular prejudices and stereotypes must be exploded (pp. 24, 28-29, 35).

ON RELATIVES OF THE DEVELOPMENTALLY DISABLED

Because parents who elect to place their child in a large state-operated facility experience an emotionally draining process, they and those who counsel them need greater assistance in obtaining the best available information regarding community programs (pp. 27-29).

Parents who place their child in state facilities are concerned with the child's care after they are deceased, with having to make such a decision but once, with not having their child "shuffled" from side to side, and with skilled-care for the child in humane settings; parents need assurances that local programs will be as enduring as state-operated programs (pp. 28-29).

For parents who elect to raise a developmentally disabled child in the family home, comprehensive health, educational, and financial support equal to that provided in state-operated facilities should be readily and easily available. While funding should be limited to services which precisely meet client needs based on professional judgment/program planning, parents should incur no extraordinary cost or hardship in fostering their child's physical and behavioral development (pp. 29-30).

FOR ACCOUNTABILITY

A monitoring system independent of local facilities and serving the public interest should evaluate delivery systems in every phase of community-based programs. The criteria for determining the quality of programs would include individual client adjustment and progress, the effectiveness of care programs, the implementation of care programs, the maintenance of quality environments, and the effective use of state support. Data obtained in the monitoring would aid cost projection and program modification, but it should neither invade client privacy nor use clients as research subjects without control (p. 32).

Local facilities should maintain frequent review of client progress to insure program aptness and effectiveness. Local agencies should assist overall care facility reviews (pp. 32-33).

A uniform reporting system used across public agencies in the state would simplify reporting and evaluation, and, through connection with a centralized information source, aid placement of incoming clients in facilities and programs best able to meet the client's needs (pp. 21, 24-25, 32-33).

ON REDUCING THE INCIDENCE OF DEVELOPMENTAL DISABILITIES

The incidence of developmental disabilities could be reduced through a program of education aimed at teen-agers and pregnant women and focussing on specific risk factors, e.g., use of drugs, inadequate nutrition, inconsistent prenatal care. Presently no such program is widely available. Education, to be effective, should be associated with counselling and treatment programs (p. 33).

The impact of developmental disabilities could be reduced through

early intervention and treatment programs. But, such programs will depend on coordinated state-wide early and periodic screening of children and the availability of treatment programs to follow-up on screening results to significantly affect the need for later treatment and care (pp. 33-34).

Research on problems attendant to community-based programs and treatment for developmentally disabled individuals requires a directed rather than a non-focused approach. Such a focus could be maintained through an interagency research and development group which would establish research priorities and review proposals submitted to the various agencies (p. 34).

ON PRESENT STAFFS AND FACILITIES

The demands which community-based residential facilities place on professional staff will differ significantly from those which the institution places on them. At the same time, trained and skilled professionals are too valuable a resource to be simply lost. As clients move to alternative care facilities, the professional staffs should be encouraged to move also. The reorganization of staffing patterns mandated by community based programs must be part of an overall plan which also includes re-training present staff to meet the needs of clients in smaller living situations and to adapt to entirely different staffing patterns (pp. 30-31).

Precipitous closing of all present state facilities for the developmentally disabled would be ill-advised because a number of individuals would best be served at this time by a full-service, total-care facility. Closing would also eliminate an alternative for those who do not readily adapt to community-care facilities. The present hospital environment should be modified to meet individual client needs until sufficient

community-based residences are developed; some sections might also be remodelled to serve as in-service training centers, diagnostic centers, workshops, or day-care facilities because of their regional location (pp. 31-32).

A CAIR Implementation Committee has now been assembled to consider five issues related to establishing community-based programs:

- Costs for developing community-based programs and sources of funds.
- Barriers to community-based programs and how they can be reduced.
- Strategies and responsibilities for implementing the CAIR recommendations.
- Alternative arrangements for developing and maintaining residential programs.
- Coordination of planning for developmentally disabled persons at the local level.

Additional information related to the CAIR Report can be obtained by writing:

The Developmental Disabilities Program Office
Minnesota State Planning Agency
550 Cedar Street
St. Paul, Minnesota 55101

PROPOSED PROJECT SUMMARY

Submitted Under

The Developmental Disabilities Service Grant Program

Developmental Disabilities Planning Office
State Planning Agency
101-A Capitol Square Building
550 Cedar Street
St. Paul, Minnesota 55101

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General Guidelines	1
Background Information.	1
Criteria for Evaluation	3
List of Regional Planners	4
Statement of Council Priorities	5
Instructions for Proposed Project Summaries .	6
Proposed Project Summary Form	7

GENERAL GUIDELINES

Background Information

The Developmental Disabilities Services and Facilities Construction Act was passed in October, 1970. This act calls for activity directed toward the alleviation of developmental disabilities; toward the social, personal, physical, or economic habilitation of disabled individuals; or toward rehabilitation of individuals who have a developmental disability. "Developmental Disability" means a disability attributable to mental retardation, cerebral palsy, or epilepsy (or is found to be closely related to mental retardation or to require treatment similar to that required for mentally retarded individuals) which originates before the individual attains age 18, which has continued or can be expected to continue indefinitely, and which constitutes a substantial handicap to the individual.

Grants under the Developmental Disabilities Services and Facilities Construction Act are awarded by the Governor's Advisory Council on Developmental Disabilities and administered by the Developmental Disabilities Planning Office of the State Planning Agency.

Questions about the project summary and the completed Proposed Project Summary form should be directed to:

Robert H. Bruininks, Director
Developmental Disabilities Planning Office
State Planning Agency
101-A Capitol Square Building
St. Paul, Minnesota 55101

PROPOSAL SUBMISSION AND REVIEW SCHEDULE

The completed Proposed Project Summary form must be postmarked on or before 12:00 a.m., March 5, 1975, or delivered personally to the Developmental Disabilities Planning Office before 5:00 p.m. on March 7, 1975. The review will be forwarded to you on March 11, 1975. For planning purposes, you should be aware of the following dates:

<u>EVENT</u>	<u>DATE</u>
Deadline for submitting the Proposed Project Summary	Postmarked before 12:00 a.m., 3/5/75 ; Delivered personally by 5:00 p.m., 3/7/75.
Indication of results of review	March 11, 1975
Deadline for submitting proposals	April 14, 1975
Indication of results of review	June 1, 1975

GENERAL CRITERIA FOR EVALUATING
SERVICE GRANTS PROPOSALS

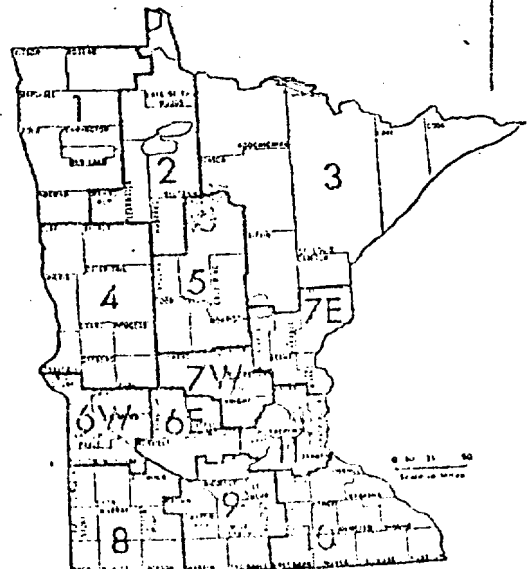
Your proposed project will be evaluated by representatives of the Governor's Council on Developmental Disabilities and members of the Developmental Disabilities Planning Office staff. Some of the major criteria for this review are summarized below:

- A. Projects which coordinate the activities of several agencies within a given community or region will be given high priority.
- B. Projects must deal with a problem or need which is common to many developmentally disabled individuals or groups in the state.
- C. Projects must identify and address a need. Your regional developmental disabilities council has established specific regional priorities. You should contact your Regional Planner (see Page 4) for information about these priorities.
- D. Project must not be fundable under other agencies or programs (e.g., Department of Public Welfare, Division of Vocational Rehabilitation).
- E. Grant funds may be used to support only activities which are not normally conducted by the grantee or others prior to receipt of the grant award. Developmental Disabilities grants must be used to augment and complement, not to duplicate existing programs or funding.

It has been the policy of the Governor's Planning and Advisory Council on Developmental Disabilities to provide "seed money" for the development of programs to meet regional needs. Under this policy, funding is generally provided for only one year, and no further assistance is assured. While the Council has established that multi-year proposals may be considered, the Governor's Planning and Advisory Council can guarantee support only for one year.

REGIONAL PLANNERS

Region	Regional Planner	Telephone Number
1 & 2 (Northwest)	Mr. Allan Erickson DD. Project Director 123 De Mers East Grand Forks, Mn. 56721	(218)727-8371
3	Ms. Diana R. Steckman 424 West Superior Ordean Bldg, Suite #202 Duluth, Mn. 55812	(218)727-8371
4	Mr. Jerry Nelson Box 915 Moorhead, Mn. 56560	(218)236-2746
5 & 7 (Central Minn.)	Mr. George Gottfried 1528 North 6th Avenue St. Cloud, Mn. 56301	(612)253-2930
6 & 8 (Southwest)	Ms. Sandra Wenish Developmental Disabilities 1317 East Bridge Fedwood Falls, Mn. 56283	(507)637-2346
9	Ms. Carole Boese Region Nine Development Commission 709 North Front Street Mankato, Mn. 56001	(507)387-5643
10	Mr. Doug Butler 1903 South Broadway Rochester, Mn. 55901	(507)285-0902
11	Ms. Toni Lippert Metro Health Board 300 Metro Square Building 7th and Robert Streets St. Paul, Mn. 55101	(612)227-9421



Attachment 2.3B
Exhibit C
COUNCIL SERVICE GRANT PRIORITIES

STATE - Minnesota
FY ENDING 6/30/76

FOR FISCAL YEAR 1975

Priority will be given to proposals directed toward research, development and demonstrations which will be applicable to the needs or problems of many developmentally disabled individuals or groups in the state. Specifically, the Council has established the following priorities for service grant proposals:

- ▶ Models for providing direct support to children, e.g., instruction, infant stimulation at home, medical care, reimbursement, locating needed services for the purpose of maintaining developmentally disabled children in community settings.
- ▶ Models for providing direct support to families (including foster families) e.g., respite care, homemaker and home-aid services, training, crisis intervention, and other family support services which enable developmentally disabled persons to reside at home.
- ▶ Community education and/or training programs for professionals, paraprofessionals and service providers relative to the needs and rights of developmentally disabled persons.
- ▶ Development and implementation of procedures for measuring the quality and cost-effectiveness of programs for developmentally disabled persons in behavioral terms, e.g., evaluation of services, programs and procedures.
- ▶ Improved models for providing effective case management--access to, coordination of, and follow along services for developmentally disabled persons.
- ▶ Development and demonstration projects for implementing and evaluating alternative systems of advocacy. Projects in this area might evaluate issues such as: advocating for residents in public and private facilities, paid vs. volunteer advocates, legal vs. nonlegal advocates, relationships to other systems of monitoring, licensing, etc. protective services (e.g., financial assistance, wills).

INSTRUCTIONS FOR COMPLETING
THE PROPOSED PROJECT SUMMARY FORM

The Proposed Project Summary Form is designed to provide adequate information for a fair review of your project. Because it calls for specific types of information, instructions for completing each item are provided. As you complete the materials which follow, read each instruction presented on the left page and complete the corresponding item on the right page. For example, the instructions provided on page 8 tell you precisely how to complete the questions on page 10. It is not necessary to provide great detail - be brief and to the point.

After you have completed the Proposed Project Summary form, xerox four copies of pages 7,9,11,13,15, and 17 and forward them to the Developmental Disabilities Planning Office.

Complete the Proposal Cover Sheet on
page 7.

PROPOSED PROJECT SUMMARY FORM

Project Title _____

Project Director _____

Agency _____

Address _____

Telephone _____

INSTRUCTIONS

- A. Specify the purpose of your project. Summarize your goals and objectives. Be as specific as possible.

EXAMPLE: The purpose of the project is to improve the recreational opportunities of the 150 developmentally disabled in Counties X,Y, and Z by developing a comprehensive recreation and continuing education program for developmentally disabled individuals.

- B. Write the Council priority toward which your project is directed (See page 5). If you are addressing more than one, rank them in terms of their importance in your project (1--most important, 2--next important, etc.).

- C. Check the blank to which your project applies. If the project could fit into more than one category, check the one considered the most appropriate.

A research project is a study to determine the relationship between two or more variables. Example: to determine how changes in zoning ordinances affect the development of residential programs.

A development project is one which is concerned with organizing and originating a new program. Example: to develop a model community residential program; to develop a curriculum for parents on behavior modification.

A demonstration project is one which puts a previously developed program or funding into practice. Example: to implement the _____ Curriculum for preschool children with Down's Syndrome.

PROPOSED PROJECT SUMMARY

A. Statement of Purpose (about 150 words). The purpose of this project is to

B. Priority Area. The Developmental Disabilities Council priority which this project responds to is (are):

1. _____

2. _____

C. The objective of your project is:

_____ research _____ demonstration _____ development

- D. The target population is the group who will be incorporated in your project. Include the following information: approximate number of people, their characteristics (or needs), geographic area served, and potential sources of referral.

EXAMPLE: 250 teachers in School District 625 who will be recommended by their supervisor.

E. Problem Statement

Briefly describe the need or problem you're addressing, how extensive it is, what has been done about it, and what needs to be done. Also comment on how the anticipated results will be useful to other agencies and/or areas of the state. If there are unusual local circumstances or events, they should be described.

EXAMPLE:

1. Over 150 developmentally disabled adults in this region have no recreational programs.
2. Other regions have recreational programs connected with residential facilities, but this is not feasible in this region.
3. Churches, schools, and local community organizations make no provision for recreational programs for developmentally disabled individuals.
4. The only attempt to provide recreation programs was made three years ago by the MYCA. The program failed due to lack of facilities.
5. Recreational programs need to be organized and provided to developmentally disabled individuals in this region.

D. Describe the target population you plan to serve

E. Problem Statement

1. Describe the problem as you see it..

2. Is this problem common to other developmentally disabled individuals or groups of the state?

Yes _____ No _____

Comment:

3. Summarize what has already been attempted to resolve this problem.

4. What is needed to resolve this problem?

F. Objectives

1. List the actions which you will take to address the problem.

For any one problem, you will have a series of general objectives. This will be your actual plan of action.

EXAMPLE: a. Establish an advisory committee
b. Assess the needs of the disabled population
c. Evaluate all existing recreational programs
d. Develop new recreation programs where deficits exist
e. Design model for coordinating programs
f. Publicize programs
g. Evaluate the effects of the program in terms of clients served.

2. State how your program will contribute to resolving the problem. Refer to exactly what you said in the Problem Statement (page 11; item E).

EXAMPLE: The recreation program will provide social activities and opportunities to learn social skills for about one-third of the developmentally disabled population.

G. Procedures

List the major steps you will follow to meet each of your objectives. You should have at least one procedure for each objective. Be explicit in showing the objective to which the procedure refers.

EXAMPLE: In order to evaluate existing recreational programs (objective C), we will survey local agencies asking whether they have recreational programs, age limits, frequency of activities, and types of activities of the programs. We will then determine the types of recreational programs which are unavailable.

F. Objectives of your proposed project

1. List what you intend to do.

2. Indicate the contributions your project will make to
resolve the problem stated in Section E (page 11).

G. List the procedures you will follow to meet each of your stated
objectives.

H. Evaluation

How will you know if you have been successful? How will you define success?

List the procedures you will use to measure change in your consumers on other changes that may occur as a result of your project. You should list at least one evaluative procedure for each objective. Be explicit in showing the objective to which the evaluation refers ...

EXAMPLE: The success of the new programs (objective g) will be evaluated by noting change in participants' social skills. This will be done by having the staff administer a checklist before entrance to the program and administering the same checklist at three month intervals.

I. Coordination of agencies

List agencies which will be involved in the project. This might include agencies who will refer consumers to you, agencies whose resources you will use. If you are coordinating a project between agencies, what agencies are involved? Explain if cooperation has already been obtained. If not, do you foresee problems in obtaining cooperation?

EXAMPLE: Cooperation with the school district #65 has been assured by the director of recreational programs (see letter of support).

H. Explain how you plan to evaluate your accomplishments.

I. List all other groups or agencies you intend to be involved in this project.

Has cooperation already been established? Yes No
If not, do you foresee any difficulties in establishing cooperation?

J. Agency information

Describe major projects which your group has recently undertaken (in the last five years). Do not list all projects. Also provide a brief summary of the results of the projects.

EXAMPLE: Agency X completed a project teaching school-aged TMR children outdoor camping. Social skills were improved and children demonstrated competence in ten basic outdoor skill activities.

K. Contact person

Name the person to whom further communication regarding your proposed project should be addressed (include zipcode and area code).

Be sure to complete the checklist which follows before returning the proposed Project Summary Form to Developmental Disabilities Planning Office (see address on page 1) by March 5th, 1975.

J. Agency/group information

Please list and briefly describe:

1. Any previous projects dealing with disabled individuals
which your agency has completed.

2. Any major current projects dealing with disabled individuals
which your agency or group is involved.

K. Contact Person

- A. Name _____
- B. Group/Agency Name _____
- C. Address _____
- D. City _____ (zip) _____
- E. Phone _____

CHECKLIST

This checklist is provided for your review of your proposal. Check (✓) each item as you review it in answer to the questions which follow.

- ___ A. Have you specified the purpose of your proposed project objectively in terms of goals and objectives?
- ___ B. Have you indicated all the specified priorities your project would address itself to?
- If you are addressing more than one, have you ranked them according to importance?
- ___ C. Have you indicated whether your project is for the purpose of research, development or demonstration?
- ___ D. Have you indicated the classification of individuals to be served?
- Have you indicated the anticipated number of individuals to be served?
- Have you indicated the geographic area you intend to serve?
- Have you indicated potential sources of referral for your choice of the target population?
- ___ E. Have you described the problem briefly and completely?
- Have you indicated whether this problem is significant to other disabled individuals or groups in the state?
- Have you described previous attempts at resolution of this problem?
- Have you addressed your summary of needs to the entire problem as stated in E.1.
- ___ F. Have you listed your objectives?
- Are they stated in terms of specific actions?
- Have you addressed yourself specifically to the issues you indicated in the Problem Statement?
- ___ G. Have you listed all major procedures to be followed in meeting your objectives?
- Does each stated procedure address itself to a specific objective?
- Have you indicated a procedure for each objective listed in Section F?

_____ H. Have you listed the specific procedures you plan to follow in evaluating the success of your project?

Have you listed at least one evaluative measure for each objective stated in Section F?

_____ I. Have you indicated all cooperating groups and/or agencies?

_____ J. Have you described any previous or current projects your applicant group or agency has been involved in?

Have you described the results of those projects?

Did you xerox four copies of pages 7,9,11,13,15, and 17 for Developmental Disabilities Planning Office?

Note: If you were unable to check off any of the above questions, revise the proposed project summary so they can be answered Yes.

GUIDELINES FOR SERVICE GRANT PROPOSALS
SUBMITTED UNDER
THE DEVELOPMENTAL DISABILITIES PROGRAM
SPRING, 1975

Developmental Disabilities Program Office
State Planning Agency
101-B Capitol Square Building
550 Cedar Street
St. Paul, Minnesota 55101

CONTENTS:

- I. GENERAL GUIDELINES
- II. PROPOSAL APPLICATION FORMS

CONTENTS

Sections I and II provide materials for your information. Please retain this portion of the guidelines for further reference. Also retain a copy of your proposal application for your records.

I. General Guidelines for Service Grant Applications

A. Proposal Submission and Review Procedures	4
B. Criteria for Evaluating Service Grant Proposals	5
C. Regional Planners	6
D. Non-Profit Status	7
E. Conditions for the Grant.	7
F. Consideration of Areas of Urban and Rural Poverty. . .	7
G. Rights of Human Subjects	9

II. Proposal Application Forms

GENERAL GUIDELINES
FOR SERVICE GRANT APPLICATIONS

Background Information

The Developmental Disabilities Services and Facilities Construction Act was passed in October, 1970. This act calls for activity directed toward the alleviation of developmental disabilities; toward the social, personal, physical, or economic habilitation of disabled individuals; or toward rehabilitation of individuals who have a developmental disability. "Developmental Disability" means a disability attributable to mental retardation, cerebral palsy, or epilepsy (or is found to be closely related to mental retardation or to require treatment similar to that required for mentally retarded individuals) which originates before the individual attains age 18, which has continued or can be expected to continue indefinitely, and which constitutes a substantial handicap to the individual.

These guidelines are designed to provide direction to state, area, and local organizations in the development of proposals for providing services to the developmentally disabled individuals.

The Regional Developmental Disabilities Council has the responsibility for review of all applications submitted from the region. You may want to obtain technical assistance in preparing your proposal from the planner in your region.

Grants under the Developmental Disabilities Services and Facilities Construction Act are awarded by the Governor's Planning and Advisory Council on Developmental Disabilities and administered by the Developmental Disabilities Program Office of the State Planning Agency.

A. PROPOSAL SUBMISSION AND REVIEW SCHEDULE

Applicants for the Developmental Disabilities Service Grants must complete and return the enclosed forms to the Developmental Disabilities Program Office not later than April 14, 1975. Applicants must submit an original and three (3) copies of the application to:

Robert H. Bruininks, Director
Developmental Disabilities Program Office
State Planning Agency
101-B Capitol Square Building
550 Cedar Street
St. Paul, Minnesota 55101

In addition one (1) copy should be sent to your regional planner (see the attached list, page 6).

The following steps will be followed in the review procedure:

April 14, 1975--Deadline for receipt of proposal applications in the State Developmental Disabilities Program Office (five copies and the original) and the appropriate regional office (two copies).

April 25, 1975--Technical review of proposal by state and regional staff, agency personnel, and third party reviewers. Proposals are reviewed by the Developmental Disabilities Regional Councils, state agencies, professional readers, and members of the Proposal, Procedures and Review Committee of the Governor's Planning and Advisory Council on Developmental Disabilities.

April 25, 1975--Regional reports due at State Developmental Disabilities Program Office. Regional developmental disabilities groups review and assign a priority rating to proposals.

May 1, 1975 - Proposal, Procedures and Review Committee evaluates the reviews and recommends funding based on the established priorities and criteria.

May 14, 1975 - The recommendations of the Proposal, Procedures and Review Committee are acted upon by the Governor's Planning and Advisory Council on Developmental Disabilities.

May 15, 1975 - Project applicants are notified of decisions and details of contracts arranged.

B. GENERAL CRITERIA FOR EVALUATING
SERVICE GRANTS PROPOSALS

Your proposed project will be evaluated by representatives of the Governor's Planning and Advisory Council on Developmental Disabilities and members of the Developmental Disabilities Program Office staff. Some of the major criteria for this review are summarized below:

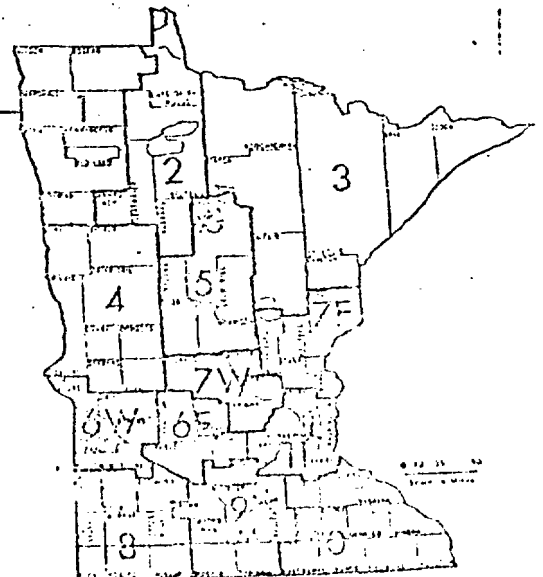
- A. Projects should coordinate the activities of several agencies within a given community or region will be given high priority.
- B. Projects must deal with a problem or need which is common to many developmentally disabled individuals or groups in the state.
- C. Projects must identify and address a need. Your regional developmental disabilities council has established specific regional priorities. You should contact your Regional Planner (see Page 4) for information about these priorities.
- D. Projects must not be fundable under other agencies or programs (e.g., Department of Public Welfare, Division of Vocational Rehabilitation, Department of Education, Department of Welfare, etc.
- E. Projects must be directed toward federal and state priorities as indicated in the Council statements.
- F. Grant funds may be used to support only activities which are not normally conducted by the grantee or others prior to receipt of the grant award. Developmental Disabilities grants must be used to augment and complement, not to duplicate existing programs or funding.

Other specific criteria will also be considered:

- A. The proposal will include documentation of local, regional, and/or statewide needs.
- B. The results of the proposed project will be applicable to the needs of other groups, programs or developmentally disabled individuals in the state.
- C. The proposal will include concrete plans and commitments for dissemination of results and/or products.
- D. Viewed as a composite set, proposals will be given higher priority when they serve the needs of a cross-section of developmentally disabled individuals including those having seizures, those who are mentally retarded, and those who are cerebral palsied.
- E. Viewed as a composite set, proposals serving the severely handicapped will be given priority over projects which would meet the needs of less disabled individuals.

C. REGIONAL PLANNERS

Region	Regional Planner	Telephone Number
1 & 2 (Northwest)	Mr. Allan Erickson DD. Project Director 123 De Mers East Grand Forks, Mn. 56721	(218)727-8371
3	Ms. Diana R. Steckman 424 West Superior Ordean Bldg, Suite #202 Duluth, Mn. 55812	(218)727-8371
4	Mr. Jerry Nelson Box 915 Moorhead, Mn. 56560	(218)236-2746
5 & 7 (Central Minn.)	Mr. George Gottfried 1528 North 6th Avenue St. Cloud, Mn. 56301	(612)253-2930
6 & 8 (Southwest)	Ms. Sandra Adams Wenisch Developmental Disabilities 1317 East Bridge Fedwood Falls, Mn. 56283	(507)637-2346
9	Ms. Carole Boese Region Nine Development Commission 709 North Front Street Mankato, Mn. 56001	(507)387-5643
10	Mr. Doug Butler 1903 South Broadway Rochester, Mn. 55901	(507)285-0902
11	Ms. Toni Lippert Metro Health Board 300 Metro Square Building 7th and Robert Streets St. Paul, Mn. 55101	(612)227-9421



D. NON-PROFIT STATUS

Under the provisions of the Developmental Disabilities Act funds are made available to public or non-profit, private agencies, institutions, and organizations.

Proof of voluntary, non-profit status must be submitted in support of the proposal. A copy of the letter from the Internal Revenue Service exempting the institution from taxation under the appropriate provisions of the Internal Revenue Code is acceptable as demonstration of non-profit status.

E. CONDITIONS OF THE GRANTS

Facilities providing services must meet state standards, appropriate licensing and certification requirements, and local zoning laws.

Services must be provided by or supervised by personnel qualified to perform such services in accord with state and local licensing laws and specialty board requirements for paraprofessionals.

Services must meet or exceed the minimum federal standards accepted by the Department of Health, Education and Welfare, Special Rehabilitation Services, and Rehabilitation Services. Administration services must meet or exceed the minimum federal standards accepted by the Department of Labor.

All materials produced as a result of the project become public domain. Further assurances are listed in the Proposal Form.

It has been the policy of the Governor's Planning and Advisory Council on Developmental Disabilities to provide "seed money" for the development of programs. Under this policy, therefore, funding is provided for only one year. While the Council has established that multiple year proposals may be considered, federal guidelines and reimbursement procedures allow the Governor's Planning and Advisory Council on Developmental Disabilities to provide support on a one-year basis only.

F. CONSIDERATION OF AREAS OF URBAN AND RURAL POVERTY

Programs for the developmentally disabled in rural or urban poverty areas will be encouraged.

This poverty level, determined by the Social Security Administration, set a minimum level of income defined as necessary for individuals and families in order for them to maintain an adequate, subsistence level of living. An annual income of \$1,834 or more was considered adequate for an unrelated individual, while the poverty cut-off level was \$3,721 for a family of four. The Census of Population of 1970 estimated that 397,662 persons, representing 10.5% of the state's population, were living on incomes below this level.

G. RIGHTS OF HUMAN SUBJECTS

1. Measurement

Evaluation of results and assessment of individuals may involve psychometric tools as a component of the project. Attitude or behavioral measures to be used must be explicitly identified in the evaluation or procedure section of the proposal. If you are using a standardized test, a discussion of the rationale for selecting that test, its adequacy, and the applicability to the task and the target population should be included. Under federal law and regulations regarding research on human subjects, final approval of the use of standardized and unstandardized measures must be obtained from the Developmental Disabilities Program Office prior to their use.

2. Individual Protection

Under federal law and regulations, the rights of human subjects will be insured in all projects funded by Developmental Disabilities. A subject is defined as any individual about whom information is gathered as a result of research, development, or demonstration activities. Research includes information gathering activities conducted in classrooms, individual or group therapy sessions, public places and the home as well as in laboratories and other controlled settings.

Three basic premises related to individual rights must be observed:

- (a) All data collected, as well as the data source, will be held confidential.
- (b) The privacy of the subject will be insured.
- (c) Human subjects will be protected from experimental manipulation without informed consent of either the subject or their representative.

Projects should consider the following dimensions:

- (a) Risk to which the subject is exposed and, when such exposure takes place, how long it lasts, and what after-effects it may have. It is possible that the researcher may be able to "take advantage" of a situation in which the subject is voluntarily participating in a non-research activity (e.g., therapy diagnoses, special training, education), In this situation, the problem of

- (a) Continued
risk in quite different from instances in which the
subject volunteers for research only.
- (b) Consent - who, when and under what conditions informed
consent is obtained. The consent form should indicate
what the subject is consenting to, when the form was
signed relative to the project (e.g., before data are
collected or after), and the date the form is signed.
- (c) Subject Contacts - Every effort should be made to avoid
the use of deception; in cases in which deception is
necessary, deception must be minimized and manipulations
must later be explained to the subjects and/or their
representatives.
- (d) Deception - Specify the nature of the deception which
is employed. The researcher will make specific, written
plans concerning how he plans to explain the deception
to the subject and make amends for any negative con-
sequences that may arise.
- (e) The issues of confidentiality and right to privacy will
also be considered. All information regarding personal
facts and circumstances including lists of names and
addresses as well as records of clients obtained will
be held confidential. The use of such information and
records will be limited to purposes connected with
the developmental disabilities program and should not
be disclosed unless consent of the individual to whom
the information applies or his representative has been
obtained. Purely descriptive data, which cannot be
related to an individual, e.g., data on ethnicity,
severity of handicap, success of specific program may
be used for research or planning purposes. Confiden-
tiality implies that the identity of individuals
involved not be released without their consent. The
individual's right to privacy implies that his identity
is protected and that reasonable limits be placed on
the data collected about him.

II. GRANT APPLICATION FORMS

The following grant application forms are designed to provide a comprehensive description of the project you are proposing. Because it calls for detailed information, instructions are provided for completing most items -- your Proposed Project Summary should provide an invaluable basis for the expanded description of your project.

After you have completed the application forms, fill in the page numbers on the bottom of the sheets, e.g., Page ___ of ___ pages etc. Then xerox four copies of each page and forward three copies plus the original to the Developmental Disabilities Program Office and one copy to your Regional Planner.

A. Face Sheet

Use Facesheet (attachment A) as the first page of all seven copies to be submitted.

A. FACT SHEET

BUDGET PERIOD: From _____ to _____

TOTAL PROJECT FUNDING:
\$ (100%)

DATE _____

STATE _____

b. PLANNING REGION

B. SUMMARY

Briefly summarize your project (page 15). Include information about your goals, objectives and target population. You may wish to use the project summary submitted earlier to the Developmental Disabilities Program Office.

Attachment B

SUMMARY

C. Existence and Coordination of Services (if applicable)

1. In the first column, please check those services which are presently available in your area. In the second column, please check those services which will be provided by your project.
2. If your project will be providing a service which is already available in your area explain how your project differs from the existing service.
3. Briefly explain how your project will relate to other services presently in your area. If a formal relationship (e.g., mutual provision of services, use of a facility at another agency) is to be established, you must formally document the agreement in a letter from the cooperating agency.

NOTE: It is assumed that this section will not be applicable to research projects.

C. EXISTENCE AND COORDINATION OF SERVICES

1.

	* 1	2
a. Residential		
b. Transportation		
c. Sheltered Workshop		
d. Activity Center		
e. Developmental Day Care		
f. Recreation		
g. Advocacy		
h. Manpower Training		
i. Diagnosis		
j. Evaluation		
k. Treatment		

	* 1	2
l. Personal Care		
m. Special Living Arrangements		
n. Training		
o. Education		
p. Counseling		
q. Protective and other Social and Socio-Legal Services		
r. Information and Referral		
s. Follow-Along		

*Column #1: Now available in area
Column #2: To be available

2. Briefly explain how your project differs from existing services in the same category.
3. Briefly explain if applicable how your project will coordinate activities with other agencies.

D. The Problem

State the specific problem toward which the project is directed. If appropriate give the philosophic basis of the project, and general reasons for approach you've taken.

1. Provide a specific statement (s) of need for this project, with supporting data. Documenting evidence of need may be difficult if the actual need is not fully known. In that case, existing information can be used as a basis for projecting actual need if sufficient justification is provided. (The proposal should then outline a process of collecting evidence to document the actual need as the project develops.)
2. Include supporting information which defines the problem area. You should include a review of literature on available information related to your project from published and unpublished sources.
3. If there are unusual local circumstances in this section, interactions, or events, they should be made explicit. Local or specialized knowledge may be taken for granted, but the absence of its explanation may cause rejection of a good idea.
4. Outline any obstacles or limitations you anticipate in conducting the project.
5. Indicate how your project is consistent with state and regional priorities.

D. Problem: (State the specific problem including detailed statement of need.)

(Attach additional sheets as required)

D. Problem: (State the specific problem including detailed statement of need.)

(Attach additional sheets as required)

E. PROJECT DIGEST

1. Project Goals

2. Objectives
(at least one for each goal.)

-75-

Attachment 1.00
Attachment 1.00

Attachment 1.00
Attachment 1.00

(Attach additional sheets, if necessary)

Page ____ of ____

3. Strategies and/or Methods (See attachment E.2)

Describe the methods you will use to achieve each of the objectives proposed on Attachment E.2. This section should answer the questions - Who? What? How? Where? When?

Each objective should be treated separately.

The following table provides a comparison of objectives and strategies and/or methods. The strategy statement should give the action planned/needed to achieve the objective. The two examples should help clarify this relationship):

<u>OBJECTIVES</u>	<u>STRATEGIES OR METHODS</u>
Represent statements of expected project benefits.	Useful for program management and progress reports.
<u>Examples</u>	<u>Examples</u>
To increase parents' personal non-hostile interactions with their children by 25 percent by June 1, 1974.	Establish a parents counseling group that meets once a month during 1974.
To increase the vocabulary of students by 30 percent (as determined for each child based on his development profile).	Implement the X,Y,Z language program by May 1, 1974.

Also, the dates for completing major project activities is the column marked "Schedule".

4. Evaluation (See attachment E.2)

- A. This section should describe what criteria you will use to measure whether the method used has successfully met each objective.
- B. In order to insure this consistency between the problems, goals, objectives, methods and/or strategies, and evaluation, applicants are required to use the format where each objective is immediately followed by the method and/or strategy to be used in realizing the objective and the criteria which will be used to evaluate the success in reaching the objective. A final section on evaluation could then address the criteria which will be used to determine whether the objectives and activities have solved the original problem statement, if some were more successful than others, and reasons for the success or failure of all or some of the objectives.

PROJECT DIGEST (cont'd.)

3. Strategies/steps
(At least one for each objective)

4. Evaluation Data to be Collected
(At least one set of data for each strategy)

Schedule

Attn: Susan J. Smith
Exhibit D

SP/AT: Susan J. Smith
P/ND: Susan J. Smith
6/10/74

(Attach additional sheets as necessary)

F. PERSONNEL

1. Complete attachment "F" for each professional staff member or proposed staff member beginning with the project director. Use a separate sheet for each staff member. If personnel are proposed, please describe how you will insure the recruitment of persons who are capable of conducting the project.
2. The role of all professional personnel involved in the project should be clearly stated.
3. The director or principal investigator should have a history of professional experience in the project area and/or a clearly demonstrated competence for conducting work in that area.

INTER-AGENCY COOPERATION

1. Describe and document with letters of agreement any intended cooperative relationships with other agencies on the project. If the project requires cooperation from other agencies, concrete assurance of cooperation should be supplied rather than general letters of endorsement.

Example:

If another agency will be responsible for implementing the product of a development project, written assurance should be secured in advance and attached to the proposal.

PROFESSIONAL STAFF ROLES AND RESPONSIBILITIES

Give the following information for each professional staff member, beginning with the Project Director.

Name:

Title:

Relationship to Proposed Program:

Education:

Previous Professional Employment:

Previous Professional Experience:

Comments:

(Attach additional sheets as necessary)

P.2 JOB DESCRIPTION OF PROFESSIONAL STAFF TO BE ACQUIRED

Title:

Salary Range:

Educational Experience Required:

Professional Experience Required:

Role to be Performed:

Required Skills:

(Attach additional sheets as necessary)

G. BUDGET FORM

Other Sources of Support (include on Budget Justification form, Attachment H).

The applicant must indicate what other grant support has been applied for and/or received in behalf of this activity. The use of Developmental Disabilities funds must not result in a decrease in the level of effort at state and local levels. To the extent feasible, this program should stimulate an increase in effort. Furthermore, the applicant must indicate what efforts have been made to seek alternative sources for future support, should it be desirable to extend the project beyond the project period.

II. BUDGET JUSTIFICATION FORM

Furnish a narrative statement containing any information pertaining to a budgetary entries including (1) justification for requests exceeding \$25,000, (2) such information as is required to support entries in various expenditive categories as noted in the instructions, (3) an explanation of any entries which are not clearly justified in the information contained in the overall project design, and (4) other sources of support, and accounting procedures.

II. BUDGET JUSTIFICATION

Attach Additional Sheets As Required

I. READ AND SIGN ASSURANCES - Pages 33-35

I. ASSURANCES

Each grant shall be subject to the condition that the applicant will comply with the following assurances. These assurances are given in consideration of and for the purpose of obtaining a grant, under P.L. 91-517 entered into after the date hereof to the applicant. The applicant recognizes and agrees that such financial assistance will be extended in reliance on the representations and agreements made in these assurances. The assurances are binding on the applicant, its successors, transferees and assignees.

- A. The program will be planned to serve the need of the particular community or communities in or near which program activities are being carried on, and that consideration will be given to the involvement of residents of the community in the management and operation of such activities.
- B. With respect to facilities for the developmentally disabled which do not provide service principally for persons residing in a particular community in or near which the facility is situated, consideration shall only be given to those projects which have as their objectives (a) decreasing institutional populations by moving the developmentally disabled into community living situations, (b) extending institutional services to the community as needed, or, (c) supporting additional services within the institution without increasing the capacity of the institution beyond its designed capacity.
- C. That the services of the facility will not be denied to any person within the community served solely on the ground that such person does not meet a minimum period of residence in such community.
- D. That the facility will furnish a reasonable volume of services to persons unable to pay for them.
- E. That in the selection, compensation or other employment practices of the facility with respect to its technical or professional personnel there shall be no discrimination because of race, creed, color, sex or national origin.
- F. That all portions and services of the entire facility of which, or in connection with which, aid is sought, will be made available without discrimination or account of race, creed, color, sex, or national origin.
- G. That it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by or pursuant to the Regulations of the Department of Health,

Education and Welfare issued pursuant to the title, to the end that, in accordance with Title VI of that Act and the regulations, no person in the United States shall, on the ground of race, creed, color, sex or national origin, be excluded from participation in, or denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant received financial assistance under P.L. 91-517, known as the Developmental Disabilities Act and thereby gives assurance that it will immediately take any measures necessary to effectuate this agreement.

- H. Applicant agrees to safeguard the rights and welfare of individuals served, including right to receive proper professional care, to enjoy privacy and confidentiality in use of information, and be free from undue embarrassment, discomfort and harassment. The provision of services will be in compliance with the Department of Health, Education and Welfare policy concerning Human Subjects.
- I. Standards for services provided under this State Plan shall not be lower than standards prescribed by regulations, including standards as to the extent, scope and quality of such services. Standards for services will meet the standards prescribed by the administrator and set forth in "Minimum Standards for Services and Programs for Developmentally Disabled Persons," SRS, RSA Publication No. 180.
- J. That it will maintain adequate and separate accounting and fiscal records and accounts for all funds provided through this grant application and permit audit of such records and accounts at any reasonable time by authorized representatives of Health, Education and Welfare.
- K. Any products developed under funds provided under a developmental disabilities service grant will be public domain.

AS THE PROJECT DIRECTOR OF _____,
_____, THE APPLICANT AGENCY, I, THE
UNDERSIGNED, HAVE READ AND AGREE TO THE ASSURANCES STATED ABOVE AND
AGREE TO COMPLY FULLY WITH THESE REQUIREMENTS.

Signature: _____

Title: _____

Date: _____

3. Proposal Abstract

After the proposal is written, complete the attached Proposal Abstract form. This form will be distributed to Committees as a description of your project.

J. PROPOSAL ABSTRACT

Part 1. General Summary

1. Applicant Agency:
2. Primary Contact Person:
Telephone:
3. Title of Project
4. Summary (Brief Narrative) (Review of Problem, Goals and Overall
Project Design and Procedures)
5. Budget: a. Local Match _____
b. DD Request _____
c. Total _____
6. Attempts at Securing Other Funding Sources:

R. LETTERS OF SUPPORT

1. Applications should include supporting documents from collaborating agencies which indicate the preliminary ideas and commitments of these agencies in a support role to the project. (Other than fiscal.)

Letters of Support may only be included if the proposal summary and objectives have been reviewed by the signatory of the letter. Endorsement of a project after hearing or reading a general description of the project will not be accepted as letters of support and could invalidate the application.

2. Applications must also indicate that any immediate supervisory department or agency (e.g., State Department of Education, etc.) is knowledgeable about and is in support of this grant application.
3. Letters of Support should be numbered legal style (Page ____ of ____) as the rest of the proposal.

GENERAL INSTRUCTIONS

Numbering Pages: Each page must be numbered in legal style, e.g., Page 1 of X, Page 2 of X, etc. (with "X" being the total number of pages). This proposal, once approved, will become part of the official contract between the State Planning Agency and the applicant agency.

Number of Copies: Please send three (3) copies of the proposal and the original to the address below, plus one additional copy to the regional planner in your area (See Guidelines).

Submit all proposals and correspondence to:

Robert H. Bruininks
Developmental Disabilities Program Office
State Planning Agency
101 Capitol Square Building
550 Cedar Street
St. Paul, Minnesota 55101

Phone: (612) 296-4018

GUIDELINES FOR REGIONAL PLANNING GRANT PROPOSALS

SUBMITTED UNDER

THE DEVELOPMENTAL DISABILITIES PROGRAM

SPRING, 1975

Developmental Disabilities Program Office
State Planning Agency
101-B Capitol Square Building
550 Cedar Street
St. Paul, Minnesota 55101

CONTENTS:

- PART I. GENERAL GUIDELINES
- PART II. PROPOSAL APPLICATION FORMS
- PART III. APPENDIX CONTENTS

I. GENERAL GUIDELINES
FOR REGIONAL PLANNING GRANT APPLICATIONS

Background Information

The Developmental Disabilities Services and Facilities Construction Act was passed in October, 1970. This act calls for activity directed toward the alleviation of developmental disabilities; toward the social, personal, physical, or economic habilitation of disabled individuals; or toward rehabilitation of individuals who have a developmental disability. "Developmental Disability" means a disability attributable to mental retardation, cerebral palsy, or epilepsy (or is found to be closely related to mental retardation or to require treatment similar to that required for mentally retarded individuals) which originates before the individual attains age 18, which has continued or can be expected to continue indefinitely, and which constitutes a substantial handicap to the individual.

These guidelines are designed to provide direction to state, area, and local organizations in the development of proposals for providing services to the developmentally disabled individuals.

Grants under the Developmental Disabilities Services and Facilities Construction Act are awarded by the Governor's Planning and Advisory Council on Developmental Disabilities and administered by the Developmental Disabilities Program Office of the State Planning Agency. Approved planning proposals will be attached to a contract, which will indicate the mutual agreements between the State Planning Agency and the Regional Planning Agency.

A. PROPOSAL SUBMISSION AND REVIEW SCHEDULE

Applicants for the Developmental Disabilities Planning Grants must complete and return the enclosed forms to the Developmental Disabilities Program Office not later than June 1, 1975. Applicants must submit an original and four (4) copies of the application to:

Robert H. Bruininks, Director
Developmental Disabilities Program Office
State Planning Agency
101-B Capitol Square Building
550 Cedar Street
St. Paul, Minnesota 55101

B. GENERAL CRITERIA FOR EVALUATING
SERVICE GRANT PROPOSALS

Your proposed project will be evaluated by representatives of the Governor's Planning and Advisory Council on Developmental Disabilities and members of the Developmental Disabilities Program Office staff. Some of the major criteria for this review are summarized below:

- A. Regional Planning Projects must coordinate the planning activities of several agencies within a given region.
- B. Regional Planning Projects must deal with a problem or need which is common to many developmentally disabled individuals or groups in the region, and must specifically include the mentally retarded, cerebral palsied, and epileptic population.
- C. Regional Planning Projects must identify priorities, and address regional needs.
- D. Planning projects must be directed toward federal and state priorities and services as indicated in the 1975 State Plan.
- E. Grant funds may be used to support only activities which are not normally conducted by the grantee or others prior to receipt of the grant award. Developmental Disabilities grants must be used to augment and complement, not to duplicate existing programs or funding.

Other specific criteria will also be considered:

- A. The regional proposal will include documentation of local, regional, and/or statewide needs.
- B. The proposal will include concrete plans and commitments for dissemination of results and/or products.
- C. Appropriate roles and functions of a Regional Planning Council are:
 - 1. To define the needs of the region in relation to Developmental Disabilities.
 - 2. To establish priorities in programming to meet the needs.
 - 3. To identify strategies and programs, and the agencies that could implement them. To work with those agencies to see that those strategies and/or programs are carried out.
 - 4. To develop planning capability at the regional level that would be continuing, with organization and financial stability.
 - 5. To review or comment, as well as to actively solicit and develop, service projects that will meet the identified needs of developmentally disabled persons in the region.

6. To make recommendations to the state and federal agencies regarding grants and other financing mechanisms for programming within the region.
 7. To study program operations at state regional, area, county, community areas to assure that they are assigned to appropriate operating agencies for the purpose of meeting the needs of the developmentally disabled.
- D. Comparison of State Developmental Disabilities Council Goals and Regional Goals.

In the past, as well as present, the philosophy and policy of the Governor's Planning and Advisory Council on Developmental Disabilities has been to allow for maximum flexibility in establishing regional goals and objectives. Regional plans should reflect State Plan goals, but may also have additional goals which are unique to a particular region.

C. RIGHTS OF HUMAN SUBJECTS

Individual Protection

Under federal law and regulations, the rights of human subjects will be insured in all projects funded by Developmental Disabilities. A subject is defined as any individual about whom information is gathered as a result of research, development, or demonstration activities. Research includes information gathering activities conducted in classrooms, individual or group therapy sessions, public places and the home as well as in laboratories and other controlled settings.

Three basic premises related to individual rights must be observed:

- (a) All individual client data collected, as well as the data source, will be held confidential.
- (b) The privacy of the subject will be insured.
- (c) Human subjects will be protected from experimental manipulation without informed consent of either the subject or their representative.

Projects should consider the following dimensions:

- (a) Risk to which the subject is exposed and, when such exposure takes place, how long it lasts, and what after-effects it may have. It is possible that the researcher may be able to "take advantage" of a situation in which the subject is voluntarily participating in a non-research activity (e.g., therapy diagnoses, special training, education). In this situation, the problem of risk is quite different from instances in which the subject volunteers for research only.

- (b) Consent - Who, when and under what conditions informed consent is obtained. The consent form should indicate what the subject is consenting to, when the form was signed relative to the project (e.g., before data are collected or after), and the date the form is signed.
- (c) Subject Contacts - Every effort should be made to avoid the use of deception; in cases in which deception is necessary, deception must be minimized and manipulations must later be explained to the subjects and/or their representatives.
- (d) Deception - Specify the nature of the deception which is employed. The researcher will make specific, written plans concerning how he plans to explain the deception to the subject and make amends for any negative consequences that may arise.
- (e) The issues of confidentiality and right to privacy will also be considered. All information regarding personal facts and circumstances including lists of names and addresses as well as records of clients obtained will be held confidential. The use of such information and records will be limited to purposes connected with the developmental disabilities program and should not be disclosed unless consent of the individual to whom the information applies or his representative has been obtained. Purely descriptive data, which cannot be related to an individual, e.g., data on ethnicity, severity of handicap, success of specific program may be used for research or planning purposes. Confidentiality implies that the identity of individuals involved not be released without their consent. The individual's right to privacy implies that his identity is protected and that reasonable limits be placed on the data collected about him.

II. GRANT APPLICATION FORMS

The following grant application forms are designed to provide a comprehensive description of the projects you are proposing. Because it calls for detailed information, instructions are provided for completing most items.

After you have completed the application forms, fill in the page numbers on the bottom of the sheets, e.g., Page ____ of ____ pages, etc. Then xerox four copies of each page and forward these copies plus the original to the Developmental Disabilities Program Office.

A. FACE SHEET

Use Face Sheet (attachment A) as the first page of all five copies to be submitted.

B. PROPOSAL ABSTRACT

Briefly summarize your regional planning project. Include information about your goals, objectives and target population. (Complete this summary after you have completed the subsequent sections.)

B. PROPOSAL ABSTRACT

Part I. General Summary

1. Applicant Agency:

2. Regional Developmental Disabilities Planner:

Telephone:

3. Economic Development Region # (s):

4. Summary (Brief Narrative) (Review of Problem, Goals and Overall
Project Design and Procedures)

5. Budget: a. Local Match (Non-Federal) _____

b. D.D. Request (Federal) _____

c. Total

6. Non-Federal Funding Sources:

Cash \$ _____ Source(s) _____

In-kind \$ _____ Source(s) _____

C. HISTORY, ACCOMPLISHMENTS, AND CURRENT NEEDS

Briefly describe the following:

1. When was the Regional Planning Council first established?
2. Describe the relationship of the Regional Planning Council to the host agency and how planning efforts have been coordinated.
3. What have been the major accomplishments since the inception of the Regional Planning Council, e.g., successful implementation of previous goals and objectives?
4. What current needs have been identified in your region, e.g.:
 - Need for coordination of services
 - Need for minimizing duplication of efforts
 - Specific needs of the developmentally disabled population
 - Gaps in services
 - Etc.

C. HISTORY, ACCOMPLISHMENTS AND CURRENT NEEDS:

D. STATEMENT OF PURPOSE OF THE REGIONAL DEVELOPMENTAL
DISABILITIES PLANNING COUNCIL

The statement of purpose for a Regional Planning Council should:

1. Define the reason for which the Regional Planning Council was established.
2. State the needs, of what defined populations, the Regional Planning Council intends to meet.
3. Define the relationship of the Regional Planning Council to other agencies including host agency, other regional agencies, and state and federal agencies, in terms of developmentally disabled people and their needs.
4. Define the geographical area in which the Regional Planning Council will function.
5. Describe the direction which planning by the Regional Planning Council will take, e.g., planning for the life-time human needs of the developmentally disabled population.

D. STATEMENT OF PURPOSE OF THE REGIONAL DEVELOPMENTAL DISABILITIES
PLANNING COUNCIL:

E. GOALS, OBJECTIVES, STRATEGIES, AND EVALUATION PROCEDURE

The goals, objectives, strategies, and evaluation procedure will be on line across pages E.1 and E.2. You may want to carry this out by stating one overall goal at a time, listing the objectives of your project which addresses that goal, the strategies you will use to meet each objective as you have them listed, and procedures you will use to evaluate each objective.

Please read all the following instructions before beginning to complete this section.

1. GOALS:

Goals are statements of the general outcomes required by an organization to meet the needs of the population served. Goal statements should reflect the purpose of the organization.

a. Long Range Goals: (Attachment E.1)

- are the general outcomes the organization anticipates achieving over a two-to-four year period. List the Long Range Goals in the order that your Regional Planning Council has prioritized them on Attachment E.1).

b. Short Term Goals: (Attachment E.2)

- are specific, measurable outcomes the organization anticipates achieving during a one-year period. Together, the short-term goals should indicate achievement of the long-range goals.

2. OBJECTIVES: (Attachment E.2)

- are content limited
- are time specific
- are program oriented statements
- are based on problems the organization will address

State the specific objectives of the project in terms of what is to be accomplished by the activity. Use numbers when possible. The objectives should be realistic and stated in terms of measurable outcomes useful for evaluation purposes.

These should be very specific and measurable. They should not be stated in general terms.

There should be at least one objective stated for each goal. For example, if the long-range goal is "To develop adequate community services for the developmentally disabled," a short-term goal would be "To identify community services presently available in the region,"

and an objective would be "Using the CAIR description for residential programs, the Regional Planning Council will record by March 15, 1976 the number of residences meeting each category and the number of vacancies in each residence."

Special Instructions:

- E.1 - List the Long-Range Goals in the priority order established by the Regional Planning Council.
- E.2 - Taking one Long-Range Goal at a time, list the Short-Term Goals and the specific objectives under each goal. (Add additional pages for each Long-Range Goal).
- E.3 - For each objective, list the strategies and specify how each objective will be evaluated.

E.1 Statements of Long Range Goals by Priority
for Region _____

1.

2.

3.

4.

5.

6.

Long Range Goal #1: _____

E.2 PLANNING PROJECT DIGEST

2. Short Term Goals

3. Objectives (At least one for each objective)

-112-

Attachment 2.3B
Exhibit E

STATE: Minnesota
FY ENDING 6/30/76

(Attach additional sheets, if necessary)

Page ____ of ____

Long Range Goal #2: _____

E.2 PLANNING PROJECT DIGEST (cont'd)

2. Short Term Goals	3. Objectives (At least one for each objective)

-114-

Attachment 2.3B
Exhibit E

STATE: Minnesota
FY ENDING 6/30/76

(Attach additional sheets for each Long Term Goal)

Page ____ of ____

E.3 PLANNING PROJECT DIGEST (cont'd)

Schedule	4. Strategies/steps (At least one for each objective)	5. Evaluation Data to be Collected (At least one set of data for each strategy)

(Attach additional sheets, as necessary)

Page ____ of ____

ATTACHMENT 2.55
Exhibit E

STATE: MINNESOTA
FY ENDING 6/30/76

F. PLANNING METHODS

1. Current Methods used:

Briefly describe what methods the Regional Planning Council has used in arriving at the following:

- Statement of purpose
- Long Range Goals
- Short Term goals
- Strategies
- Plan for Evaluation
- Annual Budget

What specific functions were provided by the Regional Developmental Disabilities Planner, Special Committees, outside agencies, and the Regional Planning Council to the planning process?

2. Development of Future Plans:

Specify how future planning processes will be improved. What models and/or procedures will be used? Indicate where and how outside technical assistance might be helpful. In what areas?

F. PLANNING METHODS:

G. CONSIDERATION OF AREAS OF URBAN AND RURAL POVERTY

Planning efforts for the developmentally disabled in rural or urban poverty areas will be encouraged.

Poverty level, as determined by the Social Security Administration, sets a minimum level of income defined as necessary for individuals and families in order for them to maintain an adequate, subsistence level of living. An annual income of \$1,834 or more was considered adequate for an unrelated individual, while the poverty cut-off level was \$3,721 for a family of four. The Census of Population of 1970 estimated that 397,662 persons, representing 10.5% of the state's population, were living on incomes below this level.

Briefly, state the economic characteristics of the population which have been considered in your plans. Indicate any actions you have taken or plan to take related to the impact of poverty on developmentally disabled persons.

G. STATEMENTS REGARDING URBAN AND RURAL POVERTY:

II. PERSONNEL

1. Complete attachments "H.1" and "H.2" for each professional staff member or proposed staff member beginning with the project director. Use a separate sheet for each staff member. If personnel are proposed, please describe how you will insure the recruitment of persons who are capable of conducting the project.
2. The role of all professional personnel involved in the project should be clearly stated.
3. The director or principal investigator should have a history of professional experience in the project area and/or a clearly demonstrated competence for conducting work in that area.

INTER-AGENCY COOPERATION

1. Describe and document with letters of agreement any intended cooperative relationships with other agencies on the project. If the project requires cooperation from other agencies, concrete assurance of cooperation should be supplied rather than general letters of endorsement.

Example:

If another agency will be responsible for implementing the product of a development project, written assurance should be secured in advance and attached to the proposal.

2. Inter-agency agreement: Include any memoranda of agreements between the host agency and the Regional Developmental Disabilities Planning Councils in the Appendix.

H. 1. PROFESSIONAL STAFF NOW EMPLOYED

Give the following information for each professional staff member,
beginning with the Project Director.

Name:

Title:

Relationship to Proposed Program:

Education:

Previous Professional Employment:

Previous Professional Experience:

Comments:

(Attach additional sheets as necessary)

H. 2. JOB DESCRIPTION OF PROFESSIONAL STAFF TO BE ACQUIRED

Title:

Salary Range:

Educational Experience Required:

Professional Experience Required:

Role to be Performed:

Required Skills:

(Attach additional sheets as necessary)

I. BUDGET FORM

Other Sources of Support (include on Budget Justification form, Attachment H).

The applicant must indicate what other grant support has been applied for and/or received in behalf of this activity. The use of Developmental Disabilities funds must not result in a decrease in the level of effort at state and local levels. To the extent feasible, this program should stimulate an increase in effort. Furthermore, the applicant must indicate what efforts have been made to seek alternative sources for future support, should it be desirable to extend the project beyond the project period.

DEVELOPMENTAL DISABILITIES PROGRAM CAPITOL SQUARE BLDG., ST. PAUL TITLE OF PROJECT Applicant (NAME, ADDRESS, PHONE) LOCAL MATCH IS: CASH FOR THE AMOUNT OF \$ _____ IN-KIND FOR THE AMOUNT OF \$ _____	Proposed Budget PERIOD FROM _____ TO _____ SIGNATURE OF AUTHORIZED OFFICIAL SOURCE OF MATCHING CASH IS FROM: <input type="checkbox"/> CONTRIBUTIONS, FOUNDATIONS, <input type="checkbox"/> STATE MONIES, <input type="checkbox"/> LOCAL TAX MONEY, <input type="checkbox"/> FEDERAL (SPECIFY)
--	---

LINE ITEM (1)	D.D. REQUEST (2)	LOCAL MATCH (3)		TOTAL (4)
		CASH	IN-KIND	
Personnel				
Rent				
Travel				
Supplies and Materials				
Equipment				
Communications				
Purchase of Professional Services				
Other				
TOTAL				

(70%)

(30%)

(100%)

(Please attach Budget Justification)

J. BUDGET JUSTIFICATION FORM

Furnish a narrative statement containing information pertaining to budgetary entries.

Indicate the formulas which you used to arrive at your budget projections. For example, regarding Communications:

Telephone: \$15.00/month for 12 months equals \$180.00

Postage: \$30.00/month for 12 months equals \$360.00,
plus special mailing in December for
brochures @ \$100.00, Totaling \$460.00.

J. BUDGET JUSTIFICATION

(Attach additional sheets as required)

K. ASSURANCES

Each grant shall be subject to the condition that the applicant will comply with the following assurances. These assurances are given in consideration of and for the purpose of obtaining a grant, under P.L. 91-517 extended after the date hereof to the applicant. The applicant recognizes and agrees that such financial assistance will be extended in reliance on the representations and agreements made in these assurances. The assurances are binding on the applicant, its successors, transferees and assignees.

- A. The program will be planned to serve the need of the particular community or communities in or near which program activities are being carried on, and that consideration will be given to the involvement of residents of the community in the management and operation of such activities.
- B. With respect to facilities for the developmentally disabled which do not provide service principally for persons residing in a particular community in or near which the facility is situated, consideration shall only be given to those projects which have as their objectives (a) decreasing institutional populations by moving the developmentally disabled into community living situations, (b) extending institutional services to the community as needed, or, (c) supporting additional services within the institution without increasing the capacity of the institution beyond its designed capacity.
- C. That the services of the facility will not be denied to any person within the community served solely on the ground that such person does not meet a minimum period of residence in such community.
- D. That the facility will furnish a reasonable volume of services to persons unable to pay for them.
- E. That in the selection, compensation or other employment practices of the facility with respect to its technical or professional personnel there shall be no discrimination because of race, creed, color, sex or national origin.
- F. That all portions and services of the entire facility of which, or in connection with which, aid is sought, will be made available without discrimination or account of race, creed, color, sex, or national origin.
- G. That it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by or pursuant to the Regulations of the Department of Health, Education and Welfare issued pursuant to the title, to the end that, in accordance with Title VI of that Act and the regulations, no person in the United States shall, on the ground of race, creed, color, sex or national origin, be excluded from participation in, or denied the benefits of, or be otherwise subjected to discrimination under any program

or activity for which the applicant received financial assistance under P.L. 91-517, known as the Developmental Disabilities Act and thereby gives assurance that it will immediately take any measures necessary to effectuate this agreement.

- H. Applicant agrees to safeguard the rights and welfare of individuals served, including right to receive proper professional care, to enjoy privacy and confidentiality in use of information, and be free from undue embarrassment, discomfort and harassment. The provision of services will be in compliance with the Department of Health, Education and Welfare policy concerning Human Subjects.
- I. Standards for services provided under this State Plan shall not be lower than standards prescribed by regulations, including standards as to the extent, scope and quality of such services. Standards for services will meet the standards prescribed by the administrator and set forth in "Minimum Standards for Services and Programs for Developmentally Disabled Persons," SRS, RSA Publication No. 180.
- J. That it will maintain adequate and separate accounting and fiscal records and accounts for all funds provided through this grant application and permit audit of such records and accounts at any reasonable time by authorized representatives of Health, Education and Welfare.
- K. Any products developed under funds provided under a developmental disabilities service grant will be public domain.
- L. The grantee agrees to submit an audited financial statement by a Certified Public Accountant within three months of the completion of the project.
- M. The grantee agrees to submit quarterly financial and narrative reports according to State Planning Agency guidelines.

AS THE PROJECT DIRECTOR OF _____
_____, THE APPLICANT AGENCY, I, THE
UNDERSIGNED, HAVE READ AND AGREE TO THE ASSURANCES STATED ABOVE AND AGREE
TO COMPLY FULLY WITH THESE REQUIREMENTS.

Signature: _____

Title: _____

Date: _____

III APPENDIX CONTENTS

In addition to Part II, Proposal Application Forms, the Regional Developmental Disabilities Planning Council will be required to provide additional information as an Appendix. The specific contents should include the following items and are encouraged to include additional information which may help clarify and expand upon the contents in Part II:

- A. List of Regional Planning Council members. Please use Appendix Form A, which is attached.
- B. List of Standing and Ad Hoc Committees.
- C. Operational Policies or By-Laws of the REgional Planning Council.
- D. Letter of Agreement(s) between the sponsoring agency and the Regional Developmental Disabilities Council.
- E. Include other relevant materials.

*Check appropriate area of representation.

A. Regional Developmental Disabilities Planning Council Representatives

Region # _____

[illegible]

ATTACHMENT 2.3B

EXHIBIT F

WORKSHOP MATERIALS

TECHNIQUES FOR SETTING PRIORITIES
FOR USE BY REGIONAL COUNCILS

OUTLINE OF THE MAY 1st MEETING
FOR THE REGIONAL COUNCILS

Topic	Strategy	Materials
Needs Assessment	Oregon material	Document #1
"What do you believe are the most important needs of developmentally disabled persons in your region?"		
A. Individually complete Document #2		Document #2
B. Round robin		Newsprint, magic marker
Establishment of goals	Delbecq	Document #3 Document #4
"Based on the assessment of needs, what do you believe should be the important goals for your regional council during the next year?"		
A. Complete Document #5, Part I		Document #5, Part I
B. Round robin		Newsprint, magic marker
Setting of priorities	Delbecq	
"Using the top goals, what do you believe should be the important priorities in this area for your regional council during the next year?"		
A. Complete Document #5, Part II		Document #5, Part II
B. Round robin		Newsprint, magic marker
Identifying related problems and issues.	Delbecq	
"What are the major forces for and against the solution of the priority problem?"		
A. Complete Document #6		Identifying #6
Development of organizational plan for implementing the program.		State Council Training Materials

DRAFT OUTLINE FOR SETTING PRIORITIES
FOR REGIONAL COUNCILS

- . Define Needs
 - A. Directly assess populations
 - B. Results of other studies
 - C. Survey opinions
 - 1. Consumers
 - 2. Providers
 - 3. Others
- . Develop general goals and priorities through a nominal group process (e.g., Delbecq method, etc.).
- . Define problems and issues for each goal area (e.g., Delbecq method).
- . Analyze forces for and against the solution of problems (e.g., Delbecq method, force field analysis, etc.).
- . From an analysis of forces, develop an organizational plan -- using Council training materials.
 - A. Develop committees/task forces, etc.
 - B. Develop specific goals and objectives
 - C. Develop a work plan to achieve objectives
 - D. Develop a schedule for activities and assign resources
 - E. Develop an evaluation plan to monitor activities and results of activities
- . Start over

Attachment 2.3B
Exhibit F
IDENTIFICATION OF NEEDS

STATE: Minnesota
FY ENDING 6/30/76

NAME: _____

REFERENCE GROUP: _____

STATEMENT OF THE TASK: "What do you consider to be the most important problems faced either by developmentally disabled individuals you know personally or by most developmentally disabled in your particular region of the state?"

1a) "What Is"

1b) "What Is Preferred"

2a) "What Is"

2b) "What Is Preferred"

3a) "What Is"

3b) "What Is Preferred"

4a) "What Is"

4b) "What Is Preferred"

5a) "What Is"

5b) "What Is Preferred"

GUIDE FOR SETTING PRIORITIES

1. With groups of five to eight participants, hand out an 8 x 11 sheet of paper with a clear statement of the issue pertinent to that particular group typed on top of the sheet.
2. Request each person to individually make a list of responses to the issue typed on the sheet of paper. Request no talking. Let the participants know that their list will be shared with each other.
3. The recorder (person conducting the procedure) lists on a flip chart each persons's list of responses, one item at a time per person, round-robin until all items from everyone's list is exhausted. Allow duplication, avoid discussion justifications, etc. Number each item (1...n).
4. The recorder reads each item for clarification and understanding. Items should not be eliminated. Duplications may be grouped (for example items 3 and 8 may be grouped and treated as one item).
5. The recorder hands out five 3 x 5 cards to each participant. Have each person select and write, by name and number, one item per card, the five (or more) most important items. Once those five are chosen, give the most important item of those five a "5" and circle that number; the next most important item receives a "4"; and so on down to the least important item receiving a "1".
6. The recorder prepares a tally sheet on the flip chart as follows:

PRIORITIES

Item #	Ranks Assigned To Item	Sum of Ranks	Weighted Sum	Priorities
2	2, 1	3	6	3
14	3, 4, 1	8	24	2
7, 20	5, 5, 4	14	42	1
18	2	2	2	4

The recorder asks for the items (column 1) and their ranks (column 2) from each participant, round robin, one item at a time, starting with the most important item, i.e., that item receiving a rank of "5" and so on until each participant's list of five is exhausted.

The recorder sums the ranks (column 3), multiplies that sum by the number of persons giving that item a rank (column 4), and the highest weighted sum is the top priority, the next highest sum the second from top, etc. (column 5). Example numbers are provided in the above table.

ESTABLISHMENT OF GOALS AND PRIORITIES

Based on the assessment of needs, what do you believe should be the important goals for your regional council during the next year?

(1)

(2)

(3)

(4)

(5)

Using the top goals, what do you believe should be the important priorities in this area for your regional council during the next year?

(1)

(2)

(3)

(4)

(5)

FORCE FIELD ANALYSIS

Goal Statement:

Forces for

Forces against

ATTACHMENT 2.3B

EXHIBIT G

FOLLOW-UP STUDY

STATUS OF PREVIOUSLY FUNDED PROJECTS

STATUS OF PREVIOUSLY FUNDED PROJECTS

June 15, 1975

The Minnesota Developmental Disabilities Program Office completed a review of projects funded during Fiscal Year 1972 and 1973 to determine the current status. The survey of previously funded projects provides two types of information: First, it represents means for assessing the impact of the Service Grants Program, and second, it provides a source of data for reviewing and modifying service grant guidelines and procedures. Based on these goals, a number of objectives for the survey were listed:

1. To describe the allocation of service grants
 - by disability groups
 - by region
 - by type of service offered
2. To determine the present status of previously funded projects
 - whether the service is continuing
 - how it is currently funded
3. To describe how the project has changed since funding from Developmental Disabilities ended
 - changes in staff
 - changes in consumer groups (e.g., size, severity)

Method

Files of the previously funded projects (FY 1972 and 1973) were checked for completeness. A synopsis of the file and other literature was then made. Data collected included:

- number of consumers served
- disability group served
- severity of disability
- racial/economic distribution of consumers
- products/materials generated through the project
- communication with Developmental Disabilities staff
- program organization
- problems mentioned in quarterly and final reports

After the review of the files had been completed, a telephone survey was conducted to gain further information. Questions from the unstructured telephone interview determined:

- whether the service was continuing
- how it currently is funded
- difficulties in finding alternate sources of funding
- status of project staff and consumers

Phone interviews were conducted in April and May by a University student intern and lasted between five and ten minutes. In four cases, it was not necessary to conduct a phone interview since sufficient information was available in the file. Four projects were not included in survey of current status. These projects had funds withheld due to a delay in their scheduling. For this reason, it was decided to assess the status of these projects in a later survey.

Information was collected only on projects which have been completed during 1972 and 1973. No projects currently receiving Developmental Disabilities funding were included in this report.

For the purpose of this survey, the definition of "continuation of the project" was left to the project director. From further questions, it was possible to determine the level of activity surrounding a project. In most instances it appeared that the project's self definition of continuation was adequate for preliminary analysis. It might be suggested that a more concrete definition of continuation be developed for use in further follow-up studies. It could be that the definition of continuation lies in both the continued adoption of a set of goals and objectives and the continued emphasis on specific problem areas or need.

At the same time, it is important to consider the intent of the follow-up study. The study was designed to document the impact of the service grants program. Documentation of impact is even more than definitions of continuation. It can not be assumed for example, that continuation of projects is proof of impact. In some cases, if true impact was made, problems addressed in the projects would be lessened, eliminating the need for the project. Final determination of impact ultimately depends on individual progress of consumers in the program. For the purpose of this study, it will be assumed that continuation of the project is a correlate of impact. For future studies, alternative definitions of impact should be developed.

Results

I. Description of the allocation of service grants.

A. Disability Group Representation of Grants;

Mentally Retarded	Cerebral Palsy	Epilepsy	All 3 Disabilities	Planning/ Training Projects	Total
3	1	2	13	3	22

The majority of grants have served all three disability groups included in the current Developmental Disabilities Act. These projects have been responses to general needs of all groups - residential facilities, camps, evaluation clinics, sheltered workshops, advocacy. (Little change in the distribution of service grants is found in grants awarded in 1974 and 1975.)

	Mental Retardation	Cerebral Palsy	Epilepsy	All 3 Disabilities	Planning/Training Projects	
1974	3	0	0	10	1	
1975	1	0	0	7	0	
Total	4	0	0	17	1	22

B. Regional Representation of Grants

Regions	Statewide	1&2	3	4	5&7	6&8	9	10	11	Total
# of Grants	5	1	2	1	2	1	1	0	9	22

About 20 percent of the service grants have been statewide projects. These projects have most often been surveys, advocacy projects, or projects for training personnel. The Metro Region received 41 percent of the service grants during this time period of 1972-1975. This may be due to a number of factors. First, there may be more resources in the metropolitan area. This may generate more ideas for projects as well as offer a greater variety of potential agency affiliations. It is also possible that proximity to a number of state offices and resource people allows greater expertise in grant writing.

Serious consideration should be given to increasing the number of projects submitted from other regions. An increased effort must be made to encourage the development of projects in out-state areas along with special attention given to poverty areas.

Projects funded in 1974 and 1975 indicate a shift in regional distribution of service grants:

Region	Statewide	1&2	3	4	5&7	6&8	9	10	11	
1974	4	0	2	0	1	1	0	1	4	
1975	3	1	1	0	0	2	0	0	2	
Total	7	1	3	0	1	3	0	1	6	22

It may be seen that the proportion of grants received by the Metro Region decreased from 41 percent to 28 percent; at the same time the proportion of grants with statewide significance increased from 23 percent to 32 percent.

C. Representation of grants by service

Approximately 4/5 of the service grants have provided direct service to the developmentally disabled. The distribution of grants may be summarized:

<u>SERVICE</u>	<u># OF GRANTS</u>
I. Direct Service (service provided to d.d. persons)	
Diagnosis	3
Evaluation	1
Treatment	0
Personal Care	0
Day Care	1
Domiciliary Care	1
Special Living Arrangements	2
Training	1
Education	1
Sheltered Employment	1
Recreation	2
Counseling	1
Protective and Legal Service	1
Information and Referral	1
Follow-Along	1
Transportation	0
Outreach	0
Advocacy	0
Total:	17

<u>SERVICE</u>	<u># OF GRANTS</u>
II. Indirect Service (service in which the client is a service provider to d.d. persons)	
Consultation	0
Community Organization	2
Public Relations	0
Pre-Service/In-Service Training	2
Research	<u>1</u>
	Total: 5

It should be noted that these figures do not include projects funded during the period of 1974 and 1975.

II. Current Status of Previously Funded Projects

Before examining the current status of projects, the products of the projects may be noted. A variety of products, which could be adapted for use in other areas, have been developed through the service grant program. If the impact of the service grant program is to be maximized, these products should be used. The most common product, developed in about 20 percent of the projects, was a manual for developing that type of service. Three projects held workshops. Three follow-up studies on clients served have been completed. Others have developed public relations/information material (news releases, videotape, brochures). Other spin-off projects have been parent support groups, needs assessment, incidence figures on high risk infants, and information and referral services.

Of the eighteen completed projects, 17 percent (3) are no longer continuing. One of these was a research project designed to be completed in one year. The results of that project are currently being used as justification for other programs.

Various sources of funding have been found for continuing projects. Local county support and support from Welfare funds were obtained in 28 percent of the cases. Some projects (22 percent) use client fees for support. Large charities such as March of Dimes or United Way may provide some funds. Others have been able to maintain support for their programs by fund-raiser activities such as plant sales or celebrity golf tournaments.

II. Changes in the Program

Few changes in staff were noted. All changes found reflected an increase in staff. Few personnel changes were indicated during the interviews. Consumer groups among the projects appear to have expanded. The number served, the geographical area served, and the ages served seem to have increased. The activities have increased.

In two cases, this reflects cooperation with organizations in other states - either for training or diagnosis. This may be seen as an impressive feat of agency coordination.

Summary and Recommendations

A survey of twenty-two service grants funded in 1972 and 1973 was completed by a document analysis of the files and a telephone interview with project directors. Distributions of project by region, disability, and service were compiled. Four of the projects were not included in the analysis of current status, since they are still receiving some Developmental Disabilities funds. Of the eighteen projects no longer receiving Developmental Disabilities support, 83 percent are continuing to function. Programs appear to have maintained the program as it was originally funded or increased in number of clients served or the number of services offered.

A few recommendations may be offered:

- (1) That an annual follow-up of previously funded projects be undertaken in a standardized manner.
- (2) Projects should be surveyed after one-year has elapsed from the cessation of Developmental Disabilities funding.
- (3) Standardized information should be maintained so that cumulative data may be compiled.
- (4) Alternative definitions of impact should be considered.
- (5) A listing of alternative sources of funding should be developed to assist projects in securing alternative support.

*According to 1970 Census figures, the area of greatest poverty within the State of Minnesota is along the western border.

TYPE	SERVED	NUING	CURRENT FUNDING	CHANGES IN STAFF	CONSUMERS	CHANGES IN PROGRAM	COMMENTS
Residential	44	Yes - DD start-up money	Medical assistance from county, Cost of Cure funding (DPW)	No	Real	Change	Timing the key to getting other funds.
Residential	9	Yes	Donations Ramsey County Welfare				Staff turn-over during project
Residential	9	Yes	Self-supporting - room and board fee charged individuals, contributions				Change of admin. during ?
Evaluation Clinic	271	Yes	Local counties, state welfare, fees		Have one more county in program	Infant stimulation in 2 counties	Has follow-up
Evaluation Clinic	118	Yes	March of Dimes, Insurance fees, parental fees, Child Welfare, State of Michigan, school funds	-1 additional staff person -educational	Younger kids, larger than before, more referrals from physicians (indicates increasing acceptance)	Resource people come in from local area with child, do a type of in-service training. Hope soon to dev. clinics by disability.	Did follow-up. Many out-of-state requests & visits for model. Cooperation with Upper Peninsula of Mich. to send children, family & teacher to clinic.
Info. and Referral	Variable	yes	Through school system-hard money.			three additional programs in suburbs	Directory of Services See need for more staff, publicity.
Sheltered Workshop	39	Yes	Vocational Rehab., training fees, long-term shelter, contract income, United Way, donations, counties	Adding one more vocational counselor, contract procurement worker	Now have 65 in two workshops. Could handle a few more if had the referrals from Voc. Rehab, Welfare, schools	In addition to on the job training, now offer work adjustments, long-term sheltered work, work with schools. SKILL TRAINING-workshop pays fees for 1st few wks. to prove	DD money was essential to continuation of project. Had tried to get county support prior to DD grant and failed. After proving they could do the project the counties willing to fund the existing

PROGRAM	SURVEY NUMBER	NUMBER	CURRENT FUNDING	CHANGES IN STAFF	COMMENTS	CHANGES IN PROGRAM	CONCLUSIONS
Vocational Training	14	Yes	DVR, transportation, Gen. Mills Foundation, Ober Foundation		Funding for 10-18		
Vocational Training		Yes	Annual plant sale	No full-time staff. use of volunteers.			Difficult transition after DD funds. Change of adminis. during projects.
Camp	130	Yes	Each county ARC donates money for campership. Each camper pays own registration. Camp is provided by Lutheran Church.	Director of camp working with program.	11 counties in program		Open to all d.d.
Camp	800	Yes	Contributions, Celebrity golf tournament	2 state employees 5 through non-profit camp (3 full time), work-study students, short-term CETA	19-20 DAC's regularly use the program	Colleges use program for internships (Oregon St., Penn. St., Florida St.). Increased usage	Out-of-state college cooperation
Diagnosis/ Counseling	912	Yes	Incorporated into hospital			May do more referral than counseling	Still has some DD support, so can talk only of anticipated change.
Diagnosis/ Counseling	101	No					Epilepsy League Chapter may be doing something
Needs Assessment	(200 surveyed)	No (re-sults are being used)					Findings used to document programs. To get increased funding from DPW. Park board began new program. Mpls. Rehab. Ctr. used it for some of their

SERVICE	SERVED	NUING	CURRENT FUNDING	CHANGES IN STAFF	CONSUMERS	CHANGES IN PROGRAM	COMMENTS
(0) Legal Services	Rotating caseload 60 closed 70 cases	Yes	DD grant renewed. Legal Aid	Increased from 3 to 5	Expanded case-load	Workshops, info. sessions, developed a manual on legal rights	
(p) Teacher Training	87 in work-shops (teachers)	Yes	University pay for ? on materials develop-ment.			Developing written training materials	Training sessions not being run, but materials are being developed for use by others.
(q) Residential Planning		Yes	ARC, United Fund		No longer possible to relate to other 2 consumer groups but still go to meetings when possible		
(r) Advocacy		No					Continue working own youth. Still gets requests for curriculum
(s) Infant Stimulation	17	Yes	DPW, Day Activity funds				DD made service possible - now are about 40 projects of the same kind Minnesota

ATTACHMENT 2.3B

EXHIBIT H

ORGANIZATIONAL PLANNING
WORKSHOP MATERIALS

9:00 - 9:30	Welcome & Orientation (Jane Belau & Steve Lilly)
9:30 - 9:50	INPUT - Defining Problems (Lanny Morreau)
9:50 - 10:00	INPUT - Establishing Goals (Steve Lilly)
10:00 - 10:30	SMALL GROUP - Generation of Committee Goals
10:30 - 10:45	Break
10:45 - 11:15	INPUT - Organizational Objectives (Lanny Morreau)
11:15 - 11:40	INDIVIDUAL WORK - Writing of Objectives
11:40 - 12:00	SMALL GROUP - Sharing Individual Objectives
12:00 - 1:00	Lunch
1:00 - 1:15	INPUT - Group Decision Making on Organizational Objectives (Steve Lilly)
1:15 - 1:30	INPUT - DDC Plan for Action (Jane Belau)
1:30 - 2:00	INPUT - Action Planning (Steve Lilly)
2:00 - 2:30	SMALL GROUP - Generation of Committee Activities
2:30 - 2:45	Break
2:45 - 3:00	INPUT - Examples of Group Work (Steve Lilly)
3:00 - 3:15	INPUT - Resource Allocation and Time Loading (Steve Lilly)
3:15 - 4:00	SMALL GROUP - Generation of Action Plans
4:00 - 4:30	Plans for the Future

CONFERENCE GOALS

1. CONFERENCE PARTICIPANTS WILL ACQUIRE SKILLS IN DEFINING GOALS AND OBJECTIVES FOR COMMITTEE AND SMALL GROUP WORK.
2. CONFERENCE PARTICIPANTS WILL ACQUIRE SKILLS IN DEVELOPING DETAILED WORK PLANS BASED ON STATED ORGANIZATIONAL GOALS AND OBJECTIVES.
3. CONFERENCE PARTICIPANTS WILL LEARN PROCEDURES FOR COMMITTEE FUNCTIONING IN THE AREAS OF PLANNING AND MANAGEMENT.

WORKSHOP OBJECTIVES

1. EACH COMMITTEE UNIT (SMALL GROUP) WILL GENERATE A LIST OF AT LEAST TEN GOALS FOR COMMITTEE ACTIVITIES. THESE GOALS WILL REPRESENT A MINIMUM OF THREE PRIORITY AREAS AS DETERMINED FROM NEEDS ASSESSMENT INFORMATION.

2. EACH COMMITTEE UNIT WILL GENERATE A MINIMUM OF FIVE SPECIFIC OBJECTIVES FOR COMMITTEE WORK FOR THE 1974-75 PLANNING YEAR. AT LEAST 75% OF ALL OBJECTIVES WRITTEN WILL MEET MINIMUM ACCEPTABILITY CRITERIA AS SET BY MAGER, AND AS JUDGED BY TWO INDEPENDENT JUDGES.

3. EACH COMMITTEE UNIT WILL GENERATE A SERIES OF WORK ACTIVITIES TO ACCOMPLISH A SPECIFIC COMMITTEE OBJECTIVE DEFINED AND PROVIDED BY THE WORKSHOP STAFF. AT LEAST 80% OF COMMITTEE UNITS WILL GENERATE ACTIVITIES SUFFICIENT TO MEET THE OBJECTIVE, AS JUDGED BY AN INDEPENDENT RATER.

4. EACH COMMITTEE UNIT WILL PRODUCE A DETAILED WORK PLAN CONTAINING RESOURCE ALLOCATIONS AND TIME ESTIMATES FOR EACH ACTIVITY STATED IN (3) ABOVE. AT LEAST 80% OF THESE WORK PLANS WILL BE JUDGED ACCEPTABLE, IN BOTH FORMAT AND CONTENT, BY TWO INDEPENDENT JUDGES, USING THE CRITERIA OF COMPLETENESS AND FEASIBILITY.

WHAT DOES A GOOD COMMITTEE DO?

A GOOD COMMITTEE:

- 1) STATES ITS MISSION (INCLUDING ITS REASON FOR EXISTENCE AND TARGET AUDIENCE)
- 2) ASSESSES NEEDS OF THE TARGET AUDIENCE
- 3) SETS PRIORITIES FOR AREAS OF EMPHASIS
- 4) SETS ORGANIZATIONAL GOALS
- 5) SETS ORGANIZATIONAL OBJECTIVES
- 6) SHARES OBJECTIVES WITH SIGNIFICANT OTHERS AND GETS FEEDBACK
- 7) CHOOSES PRIORITY OBJECTIVES AND REFINES THEM
- 8) PLANS NECESSARY ACTIVITIES TO ACHIEVE EACH TARGET OBJECTIVE
- 9) ASSIGNS RESPONSIBILITY FOR ACTIVITIES TO COMMITTEE MEMBERS OR STAFF
- 10) MONITORS PERFORMANCE WITH REGARD TO ASSIGNED ACTIVITIES
- 11) ACCOMPLISHES ITS STATED OBJECTIVES
- 12) TELLS PEOPLE ABOUT IT
- 13) CELEBRATES
- 14) STARTS PLANNING AGAIN

TASK SHEET #1
PROBLEM STATEMENT

CLIENT	MOST SIGNIFICANT PROBLEMS	NEEDED TO RESOLVE?	WHO AFFECTS
Mentally Retarded	1. 2.		
Epileptics	1. 2.		
Cerebral Palsied	1. 2.		

PRINCIPLES OF WRITING GOALS

PRINCIPLES OF WRITING ORGANIZATIONAL GOALS:

- 1) DECIDE ON THE TARGET POPULATION
- 2) DECIDE ON THE BEHAVIOR OR CONDITION OF THE TARGET POPULATION WHICH YOU WANT TO AFFECT
- 3) DECIDE ON THE CHANGE YOU WISH TO MAKE IN THE TARGET POPULATION
- 4) INCORPORATE THE THREE PIECES OF INFORMATION ABOVE INTO A SENTENCE.

FOR EXAMPLE:

FAMILIES WITH INCOME BELOW POVERTY LEVEL WILL HAVE FEWER CAVITIES.

AN INCREASING NUMBER OF TMR ADULTS WILL BE EMPLOYED IN INDUSTRIAL SETTINGS.

PARENTS OF DEVELOPMENTALLY DISABLED CHILDREN WILL INCREASE THEIR USE OF NON-SCHOOL COMMUNITY RESOURCES FOR DIRECT SERVICES TO THEIR CHILDREN.

GENERATING COMMITTEE GOALS

The following steps are recommended in generating committee goals:

- 1) List target audiences of concern
- 2) For each target audience, *brainstorm (see below) behaviors or conditions which need to be changed
- 3) Write goals (split the task among group members)
- 4) Share goals and rate each one on a 1-4 scale (1 = not important, 4 = very important).
- 5) Assemble data and make priority ranking of goals.

*Methods and rules for brainstorming:

- 1) Set time limit (e.g., 5 minutes)
- 2) Appoint recorder (on board if possible)
- 3) Record member suggestions without discussion
- 4) Keep contributions moving at a fast pace

TASK SHEET #2
GENERATING COMMITTEE GOALS
9:45 - 10:15

On this task sheet you are to assemble materials necessary to write committee goals. First, generate up to 3 target audiences for committee activities and write them in the three spaces at the top of the columns. Take no more than two minutes for this activity. Second, for each target audience, brainstorm (see instruction sheet) behaviors or conditions of these target audiences which your committee wants to change. Be sure these statements refer to your needs assessment information, and take no more than four minutes for each target population. Third, number each suggested behavior or condition sequentially and divide them among group members. Fourth, have each group member write a goal for each behavior or condition she/he has been assigned and give his/her goals to the group recorder. Fifth, have the group recorder turn in all goals to the workshop coordinator. Sixth, take a break, you've earned it (see you at 10:30).

TASK SHEET #2
 GENERATING COMMITTEE GOALS
 9:45 - 10:15

Committee: _____

Target Audience: _____ Behaviors or conditions of target audience to be changed:	Target Audience: _____ Behaviors or conditions of target audience to be changed:	Target Audience: _____ Behavior or conditions of target audience to be changed:
---	---	--

STATE OF MINNESOTA
 DEPARTMENT OF REVENUE
 6/30/76

Attachment 2.3B
 Exhibit II.

IMPORTANCE

(1)

1

2

3

4

DOCUMENT

ORGANIZATIONAL OBJECTIVES

AN ORGANIZATIONAL OBJECTIVE CONTAINS THREE MAJOR COMPONENTS:

- 1) WHO IS GOING TO DO SOMETHING TO REACH A GOAL?
- 2) WHAT IS GOING TO BE DONE?
- 3) HOW WELL WILL THE ACTION BE DONE?

THE "WHO" REFERS TO THE COMMITTEE SO WE CAN ALWAYS WRITE, "THE COMMITTEE WILL....."

THE "WHAT" REFERS TO A SPECIFIC OBSERVABLE ACTION OF THE COMMITTEE. THE ACTION CAN BE EVALUATED BY ASKING:

- 1) IS IT OBSERVABLE?
- 2) IS IT MEASURABLE?
- 3) IF TEN PEOPLE OBSERVED THE ACTION, WOULD THEY ALL AGREE AS TO WHAT HAD OCCURRED?

THE "HOW WELL" REFERS TO THE LEVEL OF SUCCESS REQUIRED FOR AN ACTION TO BE MEANINGFUL.

THE LEVEL OF SUCCESS WE SET CAN BE EVALUATED BY ASKING:

- 1) IS IT THE BEST MEASURE OF SUCCESS?
- 2) IF WE PERFORM AT THIS LEVEL, WILL WE REACH OUR GOAL?

TASK SHEET #3
WRITING ORGANIZATIONAL OBJECTIVES
11:15 - 11:40

On this task sheet, complete each statement below, telling what the committee will do in seeking to attain its stated goal, and the date by which each action will be completed.

1. The committee will:

2. The committee will:

3. The committee will:

Attachment 2.3B
Exhibit H
TASK SHEET #4
COMMITTEE OBJECTIVES
11:40 - 12:00

STATE: Minnesota
FY ENDING 6/30/76

During this group meeting, you are to review objectives written individually, and the group chairperson will write a master list of committee objectives on this sheet.

GOAL:

OBJECTIVES:

1. The committee will

2. The committee will

3. The committee will

4. The committee will

5. The committee will

Committee Objectives

6. The committee will _____

7. The committee will _____

8. The committee will _____

9. The committee will _____

10. The committee will _____

11. The committee will _____

12. The committee will _____

13. The committee will _____

STEPS IN FINALIZING OBJECTIVES

1. GENERATE FIRST DRAFT OBJECTIVES
2. DO INDIVIDUAL RATINGS OF OBJECTIVES
3. COLLATE RATINGS
4. CHOOSE HIGH PRIORITY OBJECTIVES
5. REVISE HIGH PRIORITY OBJECTIVES
6. REVIEW OBJECTIVES INDIVIDUALLY AND MAKE CRITICAL COMMENTS
7. FINALIZE OBJECTIVES

ACTION PLANNING

ACTION PLANNING IS DONE:

- 1) AFTER YOU HAVE OBJECTIVES
- 2) FOR EACH COMMITTEE OBJECTIVE
- 3) BEFORE YOU START TO WORK

ACTION PLANNING INVOLVES:

- 1) LISTING NECESSARY ACTIVITIES
- 2) ESTIMATING TIME FOR EACH STEP
- 3) ASSIGNING RESPONSIBILITIES FOR COMPLETING ACTIVITIES
- 4) ESTABLISHING A TIME LINE
- 5) SHARING THE PLAN WITH ALL CONCERNED

GENERATING PROJECT ACTIVITIES

STEPS IN GROUP GENERATION OF PROJECT ACTIVITIES:

- 1) CHOOSE ORGANIZATIONAL OBJECTIVE
- 2) BRAINSTORM ACTIVITIES NEEDED TO ACHIEVE OBJECTIVE
(SEE PREVIOUS NOTES ON BRAINSTORMING--DON'T
WORRY ABOUT ORDER OF ACTIVITIES IN THIS LIST)
- 3) ARRANGE ACTIVITIES IN CHRONOLOGICAL ORDER
- 4) FILL IN MISSING ACTIVITIES
- 5) SEPARATE NECESSARY FROM DESIRABLE ACTIVITIES
- 6) ASSESS FEASIBILITY OF EACH ACTIVITY, BASED ON
RESOURCES AND INFORMATION NEEDED, AND TIME
AVAILABLE
- 7) REVISE ACTIVITY LIST, IF NECESSARY, BASED ON
FEASIBILITY ANALYSIS

TASK SHEET #5
GENERATING COMMITTEE ACTIVITIES
2:00 - 2:30

COMMITTEE: _____

During the next 10 minutes, you are to brainstorm activities related to the committee objective you have been provided. Don't worry about order of activities in this listing, just be as exhaustive as possible in listing activities.

OBJECTIVE: By December 1, each committee will submit to the DDC a report outlining priorities for goals, objectives, and activities in behalf of developmentally disabled people in Minnesota during the next year.

Committee activities to accomplish objective:

1.

TASK SHEET #6
FINALIZING COMMITTEE ACTIVITIES
2:00 - 2:30

COMMITTEE: _____

During the remainder of your small group time, your group is to accomplish two things. First, arrange the "brainstormed" list of activities in chronological order and eliminate any that are either too time-consuming or too expensive to be feasible. Second, add any necessary additional activities and make a final list of committee activities, in chronological order, in the space below.

COMMITTEE ACTIVITIES

RESPONSIBILITIES AND TIMELINES

STEPS IN MAKING TIMELINE:

- A) ESTIMATE TIME FOR EACH ACTIVITY
- B) ASSIGN END DATE FOR EACH ACTIVITY
- C) ASSIGN START DATE FOR EACH ACTIVITY
- D) ASSIGN RESPONSIBILITY FOR ACTIVITIES
- E) ASSIGN OVERALL ACTIVITY MONITOR

TASK SHEET #7
FINALIZING ACTION PLANS
3:15 - 4:00

On the attached task sheet, your group is to finalize plans for achieving the committee objective as stated. First, on the final list of activities you produced in the last small group session, estimate the time needed for each activity. Second, transfer each activity to the attached task sheet and decide on a finish and start date for each one. Third, assign responsibility for activities to individuals on the committee. Fourth, assign a person to monitor committee activities with regard to this objective. Finally, review the entire work plan and determine that the activities are inclusive and, if completed, will lead to achievement of the committee objective.

1. Overall Value of Workshop:

2

3

4

Comments:

2

3

4

Comments:

2

3

4

Comments:

2

3

4

Comments:

Yes

No

Comments:

6. Additional Comments and Suggestions:

Attachment 2.3B
Exhibit I

STATE: Minnesota
FY ENDING 6/30/76

ATTACHMENT 2.3B

EXHIBIT I

STATE COUNCIL
ANNUAL PLANNING WORKSHOP

ANNUAL PLANNING CONFERENCE

WHY HAVE THE CONFERENCE?

Healthy organizations are ones which have clear cut goals and a process for measuring goal accomplishment. Social psychologists have found that one of the best organizational techniques for goal setting is the small group discussion. Small groups allow each individual to contribute to the goal setting effort, while at the same time providing an interactive environment where the final product is superior to that which would have been generated by separate individuals.

During the conference you will participate in a variety of small and large group discussions designed to achieve the following results:

- Development of goals and priorities to guide Council planning and development of the next state plan (Fall, 1975).
- Generation of action plans implementing goals, including issues of reorganizing committees, etc.
- Developing priorities to guide allocation of resources.

HOW WILL THE CONFERENCE BE CONDUCTED?

The conference will be divided into three major theme areas:

- Survey of Council concerns on important issues
- Consideration of future trends on services for developmentally disabled persons
- Development of goals, priorities and action plans.

The conference will begin with a survey conducted by Jane Belau, Chairperson of the Council. The survey is designed to elicit Council opinions on meetings, committees, relationships, functions, priorities and procedures.

Two resource persons will be responsible for conducting the other sessions. Following an orientation to the workshop and discussion of Council concerns led by Mrs. Belau, we will participate in a series of structured futures exercises led by Ms. Kristen Harkness of the University of Minnesota. The purpose of this part of the conference is to consider the impact of current and future trends on services for developmentally disabled persons and the activities of the Council.

Ms. Harkness graduated from the University of Minnesota with a B.S. in Art Education. She is currently completing her M.A. in Alternative Social and Educational Futures. Ms. Harkness has conducted several workshops in futures and alternative design, including presentations to United Cerebral Palsy, the Minnesota Home Economics Association, the Science Museum of Minnesota, and a number of schools in the Twin Cities area.

The next major portion of the workshop will be devoted to the formulation of goals, priorities and action plans to guide Council activities. This part of the workshop will be led by Dr. Allen H. Henke, Section Chief, Human Information Systems of Honeywell, Inc. Dr. Henke has had extensive training and experience as a management consultant. The objective of the seminar is to generate a list of organizational goals for the next year, a method of measuring goal accomplishment, and an action plan for goal accomplishment. Dr. Henke will provide the materials and create the environment for making these tasks productive and meaningful. Basically the process involves small group decisions, integration of small group products into a larger group environment, and the quantification of qualitative opinion.

One of Dr. Henke's principle specialties is assisting groups in achieving consensus on organizational goals, strategies for achieving them and evaluating progress.

WHO WILL PARTICIPATE?

The working sessions will include only Council members and representatives from regional programs. Guests will be able to observe, but will not participate in the formal discussions and voting.

WHAT DO YOU NEED TO DO?

Attached to the memorandum is a pre-conference assignment we would like you to complete before coming to the conference. In doing the assignment, think carefully about what goals are appropriate for the Council and how you would like to realize them. Having prepared the assignment, we hope you will find the goal setting seminar productive (and fun).

Also being sent to you under separate cover is a large Council Orientation notebook. This notebook includes general orientation material on the Council as well as a number of briefing materials for the conference itself. In reviewing these materials, it might be particularly important to consider the following areas:

- Flowcharts on Council Planning Process
- Regional Goals and Objectives
- Council Committee Reports
- Goals and Objectives from Previous State Plans
- CAIR Materials and Other Special Reports
- Recent State and Federal Legislation

All of the material is pertinent to the conference so we hope your schedule in the next few days will provide ample time to review these materials.

IT IS VERY IMPORTANT THAT YOU BRING THIS NOTEBOOK AND THE WORKSHEETS WITH YOU TO THE CONFERENCE!

ANNUAL PLANNING CONFERENCE
GOVERNOR'S PLANNING AND ADVISORY COUNCIL
ON DEVELOPMENTAL DISABILITIES

June 18, 1975
Spring Hill Conference Center
Wayzata, Minnesota
1:00 p.m. - 8:30 p.m.

FIRST DAY AGENDA

1:00 p.m.	Survey of Council Concerns on Important Issues Jane Belau, Chairman
2:00 p.m.	Introductory Comments and Orientation to the Workshop Bob Bruininks
2:30 p.m.	"Future Shock"
3:00 p.m.	Coffee Break
3:15 p.m.	Future Trends Analysis
4:00 p.m.	Small Group Meetings
5:00 p.m.	Review of Group Products and Summary
5:45 p.m.	Social Hour
6:30 p.m.	Dinner
7:30 p.m.	Discussion of Preliminary State Plan*
8:30 p.m.	Social Hour PPR Committee Meeting

*To be amended in Fall, 1975.

ANNUAL PLANNING CONFERENCE
GOVERNOR'S PLANNING AND ADVISORY COUNCIL
ON DEVELOPMENTAL DISABILITIES

June 19, 1975
Spring Hill Conference Center
Wayzata, Minnesota
9:00 a.m. - 5:00 p.m.

SECOND DAY AGENDA*

9:00 a.m.	Orientation to the Day's Activities Dr. Allen Henke
9:30 a.m.	First Small Group Meetings
11:15 a.m.	Large Group Meeting
12:00 p.m.	Lunch
12:30 p.m.	Second Small Group Meetings
2:15 p.m.	Break
2:30 p.m.	Second Large Group Meeting
4:00 p.m.	Review of Group Products and Summary

*All meeting times are flexible. The schedule will be changed as necessary to respond to group needs.

Orientation to Second Day Activities -- Group Goal Setting

June 19, 1975

WHY?

Healthy organizations are organizations which have clear cut goals and a process for measuring goal accomplishment. Social psychologists have found that one of the best organizational techniques for goal setting is the small group discussion. Small groups allow each individual to contribute to the goal setting effort while at the same time providing an interactive environment where the final product is superior to that which would have been generated by separate individuals.

HOW

On Thursday June 19 you and your colleagues will be participating in a group goal setting seminar. The objective of the seminar is to generate a list of organizational goals for the next year, a method of measuring goal accomplishment, and an action plan for goal accomplishment. A trained consultant will provide the materials and create the environment for making these tasks productive and meaningful. Basically the process involves small group decisions, integration of small group products into a larger group environment, and the quantification of qualitative opinion. The second day's agenda has been included in this information package.

WHAT YOU CAN DO

Think carefully about what goals are appropriate for your organization and how you would like to realize them. The short prework assignment (enclosed) will guide your reflection. Having thus prepared, we hope you will find the goal setting seminar productive (and fun).

GROUP GOAL SETTING
SECOND DAY ACTIVITIES

June 19, 1975

This prework should be completed before the group goal setting conference.

Objective of the Prework

The purpose of this prework activity is to encourage you -- the participant in a goal setting exercise -- to set aside a few moments to reflect on the nature of your own goals and how you hope to see your goals reflected in organizational priorities. These prework materials will also provide you with the raw materials for making group activities fruitful and will familiarize you with some tools (scales) to be used as a medium for group discussion.

You should plan to spend approximately 30 minutes on this prework activity prior to the beginning of the goal setting exercise.

Activity 1: Individual Goals to be Realized Through the Organization

Instructions . Group goals are often a product of the synergy of the goals of its participating members. Please list, in the space provided below, your personal goals for the next year and briefly note how you think these personal goals should be reflected in organizational priorities. Mention as many as you think reasonable in about 10 minutes.

Individual Goals

Affect on Organizational Priorities

Example

I want to be responsible for the development of a new training program.

High priority should be given to the development of new areas during the next year.

WORKSHEET #1

MY PERSONAL GOALS FOR THE NEXT YEAR

AFFECT ON ORGANIZATIONAL PRIORITIES

Second Day Prewrite-2

Activity 2: Organizational Goal Setting and Evaluation

Instructions . List organizational goals. Using the material you generated in activity 1 and your knowledge of the organization, please list the organizational goals you would like to see realized during the next year.

. After listing organizational goals, please evaluate each listed goal using the scales described below. Your evaluation should take the form of a number between 1 and 10.

- Value scale. "The degree to which I feel that this goal is important to organizational functioning during the next year".

1 (feel it doesn't contribute)

to

10 (feel it contributes strongly)

- Feasibility Scale. "The degree to which I feel that the organizational context will permit the realization of this goal".

1 (feel it cannot be realized)

to

10 (feel it can be realized fully)

- Tradeoff Scale. "Given that compromise is often necessary, the degree to which I would tend to sacrifice this goal because of organization constraints."

1(would easily sacrifice)

to

10(would fight before switching)

Take about 20 minutes on this activity.

WORKSHEET #2

ORGANIZATIONAL GOALS I WOULD LIKE TO SEE
REALIZED DURING THE NEXT YEAR

VALUE
RATING

FEASIBILITY
RATING

TRADE OFF
RATING

Example In the example below, the respondent feels that developing new sources of funding is an important (Value = 8) goal to be realized during the next year. Despite the fact that he rates the feasibility of accomplishment only "so-so" (Feasibility = 5), he would like to see it remain high priority goal in the organization.

(Rating 1-10)

<u>Organizational Goal</u>	<u>Value</u>	<u>Feasibility</u>	<u>Tradeoff</u>
Example			
Develop new sources of funding	8	5	9