

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 I

DEVELOPMENTAL DISABILITIES
STATE PLAN ANNUAL REVISION
(TITLE I, PART C, P.L. 91-517)

STATE: Minnesota

FISCAL YEAR ENDING 6-30-76

The State Plan Annual Revision is herewith submitted on behalf of the State Planning and Advisory Council for Developmental Disabilities. In accordance with requirements of P.L. 91-517 and 45 CFR 416.51 and 416.52, the State Planning and Advisory Council for Developmental Disabilities has reviewed and evaluated the current approved State Plan. Accordingly, this Preprint and Attachments incorporate the latest Revisions as recommended by the State Council and continues in force those portions of the current State Plan for which no changes are recommended.

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June 27, 1975
(Date)

STATE PLAN ANNUAL REVISION

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STATE PLAN ANNUAL REVISION
Developmental Disabilities Services
and Facilities Construction Act of 1970
(Public Law 91-517)

SECTION 1. STATE PLAN REQUIREMENT

A basic condition to the certification of Federal funds under the Act is a State Plan for planning, administration, provision of services, and construction of facilities for persons with developmental disabilities in the State, approved by the Secretary as meeting Federal requirements. The State Plan is a commitment that the program will be carried out in keeping with the provisions of the Act and all regulations, policies, and procedures established by the Secretary or the Administrator. The State Plan consists of the latest approved State Plan, revisions, attachments, and materials incorporated by reference.

SECTION 2. ORGANIZATION

2.1 State Agency or Agencies

The State agency or agencies designated responsible for the administration or the supervision of the administration of all or portions of the State Plan are listed below.

(a) Designated State Agency

State Planning Agency

(b) Portion of State Plan

All

2.2 State Planning and Advisory Council

The State Council will from time to time, but not less often than annually, review and evaluate its State Plan and submit appropriate modifications to the Secretary.

A. Attachment 2.2A (Parts I, II and III) lists the current and complete composition of the State Council.

B. Attachment 2.2B describes the functions and responsibilities of the State Council.

2.3 Attachment 2.3 describes the current activities of the State Council

All other items under this Section are applicable as submitted in the latest approved State Plan except as modified by appropriate Attachment.

SECTION 3. GENERAL PROGRAM ADMINISTRATION

3.1 Services and facilities are provided under this State Plan for persons with developmental disabilities. "Developmental disability" means a disability

which: (1) is attributable to (i) mental retardation, cerebral palsy, or epilepsy; or (ii) is attributable to other neurological conditions found by the Secretary to be closely related to mental retardation or to require treatment similar to that required for mentally retarded individuals; (2) originated before the individual attained age 18 and has continued or can be expected to continue indefinitely; and (3) constitutes a substantial handicap to the individual.

All other items under this Section are applicable as submitted in the latest approved State Plan except as modified by appropriate attachment.

SECTION 4. FINANCIAL ADMINISTRATION

All items under this Section are applicable as submitted in the latest approved State Plan except as modified by appropriate attachment.

SECTION 5. STATE PROGRAM--SERVICES AND FACILITIES

5.1 Goals and Objectives

- A. Attachment 5.1A describes the SHORT RANGE GOALS of the program.
- B. Attachment 5.1B describes the objectives leading to the achievement of short range goals.
- C. Attachment 5.1C describes the implementation of the national objectives for deinstitutionalization and incorporates the results of the grant for Institutional Reform and Deinstitutionalization Plan.
- D. Attachment 5.1D describes the LONG RANGE GOALS of the program.
- E. Attachment 5.1E provides data and information related to long range plan.
- F. Attachment 5.1F is a statement of priorities established for the selection and funding of programs and activities.

5.2 Program for Services to be Provided

- A. Attachment 5.2A summarizes the quality, extent and scope of services being provided or to be provided to persons with developmental disabilities under federally-aided and other State programs.
- B. and C. are applicable as submitted in the latest approved State Plan except as modified by appropriate attachment.
- D. Attachment 5.2D reflects program commitments of Developmental Disabilities funds to augment, supplement or initiate programs for Developmental Disabilities.

5.5 Attachment 5.5 is a summary of proposed Developmental Disabilities expenditures necessary to finance activities described in the State Plan.

All other items under this section are applicable as submitted in the latest approved State Plan except as modified by appropriate attachment.

APPENDIXES: All exhibits are in the appendixes in Volume II.

Functions of Designated State Agency

The functions of the designated state agency, the State Planning Agency in Minnesota, have not changed significantly from the 1971 State Plan. This revision of Attachment 2.1B from the 1971 State Plan is submitted for the purpose of making minor modifications in program and/or agency titles.

The Governor is the State Planning Officer. The Governor has delegated primary responsibility for implementation of the State Plan for Developmental Disabilities to the State Planning Agency. The State Planning Agency, in concert with the Governor's Planning and Advisory Council on Developmental Disabilities (hereafter referred to as the State Council), is in a unique position to formulate and implement an effective and meaningful State Plan. The Organizational Chart of the Minnesota State Planning Agency is included in this attachment (Figure A).

The Developmental Disabilities Planning Program (and its Advisory Council) reports to the Governor through the State Planning Agency (and the State Planning Advisory Committee). The Developmental Disabilities Planning Program charge includes consultation and planning assistance to all governmental units related to Developmental Disabilities at the state and regional level.

Relationship to Other Agencies

The State Agency Organizational Chart included in this attachment (Figure B) illustrates the relationships of the State Council to other state agencies. The Commission on the Handicapped and the Governor's Commission on Employment of Handicapped Persons are also directly accountable to the Governor. Their responsibilities include acting in an advisory capacity to the State Board of Education, the Commissioner of Public Welfare, the State Board of Health, and the Department of Corrections.

The other principle agencies which provide services for the developmentally disabled include the Department of Education, the Department of Manpower Services, the Department of Public Welfare, the Department of Corrections, and the State Board of Health. All of these agencies are represented on the State Council.

The Department of Education is administered by the State Board of Education which is appointed by the Governor. All efforts of the education system serve the developmentally disabled in one way or another. There are three sections of the state education agency with specific charges relating to the training of developmentally disabled persons.

- (1) The Division of Vocational Technical Education offers skill training programs free to persons under 21 years of age and at nominal cost to adults (including handicapped) in 33 vocational technical schools throughout the State of Minnesota.

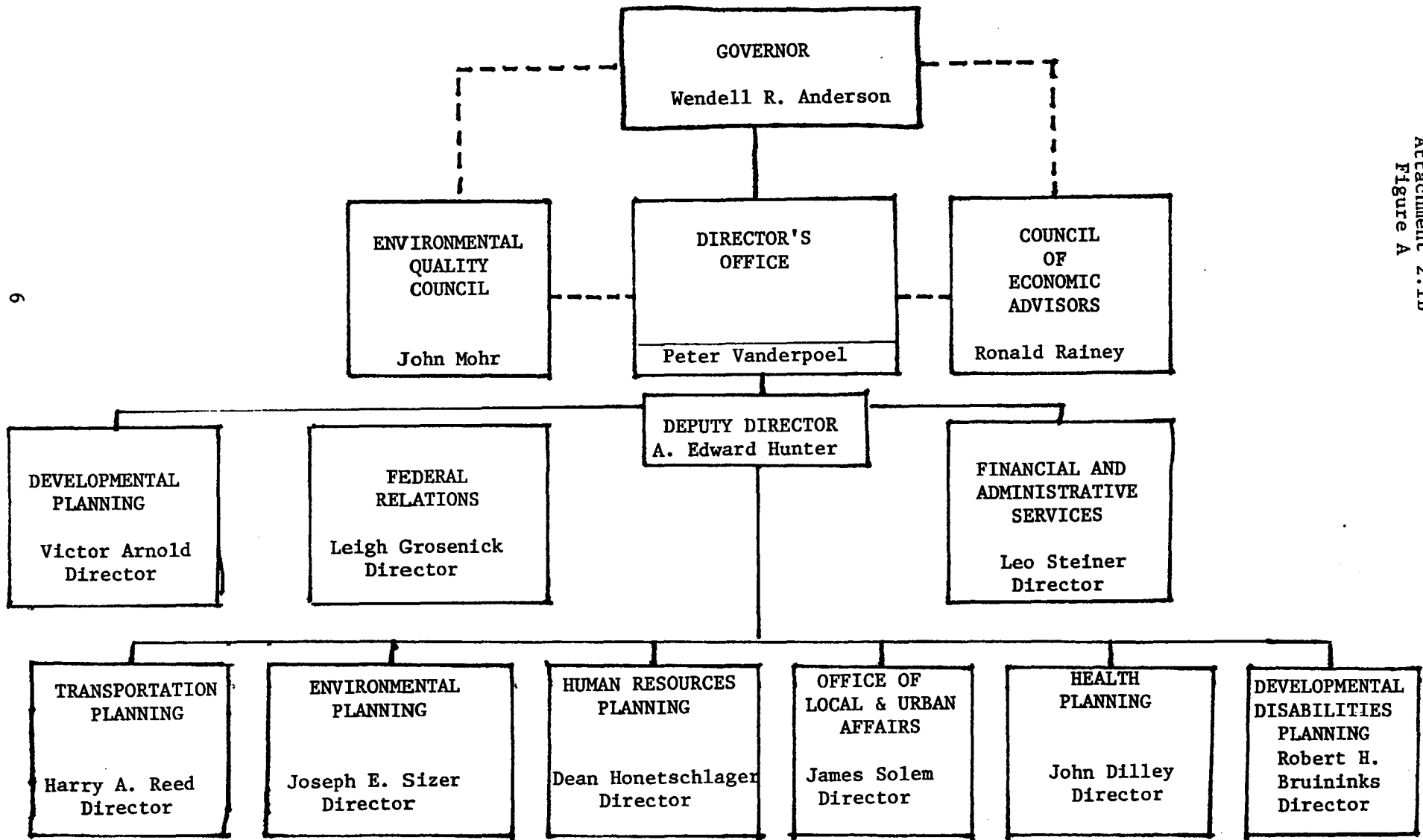
- (2) The Special Education Section under the Compensatory Education Division is concerned with the provisions of Special Education services through the state's school districts. These services involve special classes for handicapped children needing special instruction in addition to or separate from regular classroom instruction.
- (3) The Division of Vocational Rehabilitation provides a wide range of vocational rehabilitation services to physically, mentally, emotionally and behaviorally handicapped persons. These services include diagnosis, evaluation, treatment training, sheltered employment, counseling, follow-along, job placement, and physical restoration.

The Department of Manpower Services provides employment counseling and testing, and assists persons in job placement. Persons with special needs such as handicapped and otherwise disadvantaged persons are provided services under the special services for handicapped programs within the Department.

The Department of Public Welfare consists of four bureaus which include the new Retardation Services Section. The seven divisions are responsible for a broad array of services to the developmentally disabled. These include administration of regional centers for the retarded, licensure, family and guardianship services, day time activity centers, community mental health center programs, and many categorical aid programs through the county welfare departments.

The State Board of Health, Maternal and Child Care Section, provides medical and nursing consultation and assistance in developing maternal and child health programs including nutrition, genetic counseling, accident and poison prevention, and school health. They are instituting a statewide program on Early and Periodic Screening for Children 0 - 6. Crippled Children's Services has been transferred from the Department of Public Welfare to the Minnesota Department of Health and provides diagnostic and evaluative services to children under 21 years.

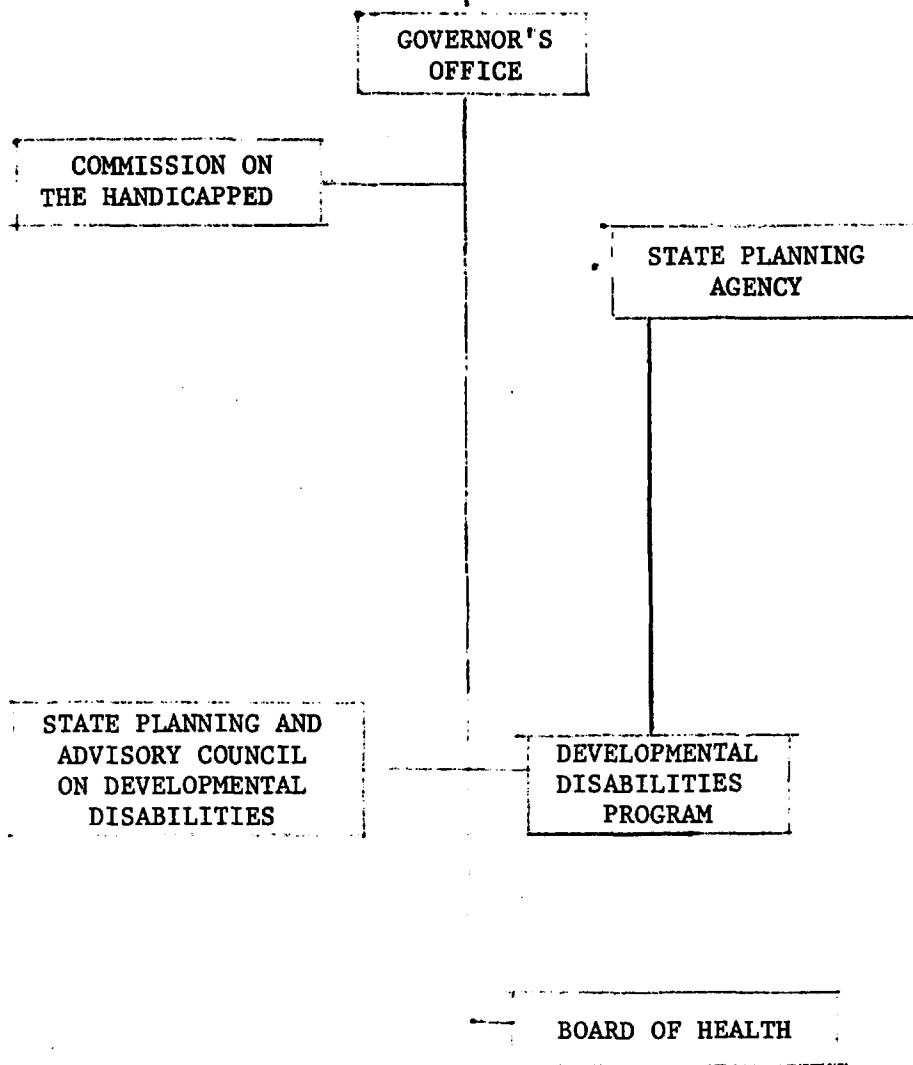
MINNESOTA STATE PLANNING ORGANIZATION CHART
JULY 30, 1975



Attachment 2.1B
Figure A

STATE: MINNESOTA FI ENDING 0/20/75

STATE AGENCY ORGANIZATIONAL RELATIONSHIPS
TO THE GOVERNOR'S PLANNING AND ADVISORY COUNCIL
ON DEVELOPMENTAL DISABILITIES



COMMISSIONER
DEPT. OF
CORRECTIONS

COMMISSIONER
DEPT. OF
EDUCATION

SECRETARY AND
EX. OFFICER
DEPT. OF HEALTH

COMMISSIONER
MANPOWER SER.

COMMISSIONER
DEPT. PUBLIC
WELFARE

Part I

Representative of principal State agencies
(which administer specified programs).¹

Attachment 2.2A

STATE Minnesota
FY ENDING 6/30/76

Service System	Name and Title of Representative	Name and Address of State Agency	Dates of Appointment
) Special Education	Dr. Will Antell Ass't. Commissioner	Compensatory Education Division Minnesota Department of Education Capitol Square Building St. Paul, Minnesota 55101	Permanent
) Vocational Rehabilitation	Mr. August W. Gehrke Assistant Commissioner	Division of Vocational Rehabilitation Capitol Square Building St. Paul, Minnesota	Permanent
) Residential services for mentally retarded persons.	Mr. Wesley Restad Assistant Commissioner	Bureau of Residential Services Department of Public Welfare Centennial Building St. Paul, Minnesota	Permanent
) Social services for the disabled and for families and children	Mr. Gary Haselhuhn Director	Social Services Division Department of Public Welfare Centennial Building St. Paul, Minnesota	Permanent
) Diagnostic and treatment services for crippled and/or retarded children.	Dr. Mildred Norval Director	Crippled Children's Services Department of Public Welfare Centennial Building St. Paul, Minnesota	Permanent

Part I

Representative of principal State agencies
(which administer specified programs).¹

Attachment 2.2A

STATE Minnesota
FY ENDING 6/30/76

Service System	Name and Title of Representative	Name and Address of State Agency	Dates of Appointment
6) Health services or long-term care programs for adults with chronic neurological disorders such as epilepsy and cerebral palsy.	Mr. John Dilley Director	Comprehensive Health State Planning Agency Capitol Square Building St. Paul, Minnesota	Permanent
Other: 7) Financial Assistance	Mr. Glenn Samuelson Administrative Assistant	Social Security Office 316 North Robert Street, Room 185 St. Paul, Minnesota	Permanent
Other: 8) Community Programs and Services	Dr. Loring McAllister Assistant Commissioner	Bureau of Comprehensive Services Department of Public Welfare Centennial Building St. Paul, Minnesota	Permanent
9) Community Program and Services (Federal - State Grant Adm.)	Mr. Edward Constantine Director	Community Programs Department of Public Welfare Centennial Office Building St. Paul, Minnesota	Permanent

¹Programs specified in 45 CFR 416.50(b)

Part II
Representatives of Other State agencies
and Local Governmental groups.¹

Attachment 2.2A

STATE Minnesota
FY ENDING 6-30-76

Service System	Name and Title of Representative	Name and Address of Agency or Group	Dates of Appointment
10) Mental Retardation Programs	Mr. Ardo Wrobel Director	Mental Retardation Program Office Department of Public Welfare Centennial Office Building St. Paul, Minnesota	Permanent
1) Health Services/Genetics Maternal and Child Health Services	Dr. Lee Schacht Supervisor Human Genetics Unit	Minnesota Department of Health 717 Delaware Street Southeast Minneapolis, Minnesota	Permanent
2) Public Health/Child Development	Dr. Eunice Davis Medical Director	Child Development Section St. Paul-Ramsey Hospital St. Paul, Minnesota	1971-1975
3) Special Education	Mrs. Elizabeth Hubbard Advocate	Special School District #625 360 Colborne Street St. Paul, Minnesota	1971-1976
4) Commission within the Governor's Office	Mr. Richard Ramberg Deputy Director	Commission for the Handicapped Metro Square Building, #492 7th and Robert Streets St. Paul, Minnesota	1975-1978
5) Day Activity Centers/ Special Education	Mr. Daro Larson Associate Professor	Special Education Mankato State College Mankato, Minnesota	1971-1977

¹Programs specified in 45 CFR 416.50 (b)

Part II
Representatives of Other State agencies
and Local Governmental groups.¹

Attachment 2.2A STATE: Minnesota
FY ENDING 6/30/76

Service System	Name and Title of Representative	Name and Address of Agency or Group	Dates of Appointment
16) Work Activity/Sheltered Workshop	Mr. John DuRand President	Occupational Training Center 666 Pelham Blvd. St. Paul, Minnesota 55114	1974-1977
17) Employment/Industry	Mr. Richard D. Conner Vice President-Human Resources	Control Data Corporation Box "O" 8100 34th Avenue South Minneapolis, Minnesota 55440	1974-1977
18) Higher Education	Dr. Bruce Balow Professor, Dept. of Psycho- Educational Studies	University of Minnesota 107 Pattee Hall Minneapolis, Minnesota 55455	1974-1977
19) Residential Services	Mr. Charles Turnbull Chief Executive Officer	Faribault State Hospital Faribault, Minnesota	1975-1978

¹Programs specified in 45 CFR 416.50(b)

Part III
Representatives of Non-Governmental
Organizations and Groups.

Attachment 2.2A

STATE Minnesota
FY ENDING 6/30/76

Name and Address of Representatives	Name and Address of Affiliation	Representation (Check)					Dates of Appointment	Regular Occupation
		Consumer Non-Consumer	Primary Constituency			Other (Specify)		
			MR	CP	Epil.			
19) Mrs. Paralee Milligan 390 Robert Street St. Paul, Mn. 55101	State Minority Groups Rep. 390 Robert Street St. Paul, Minnesota 55101	X				X Minority Group	1971-1977	Representative Manpower Services
20) Ms. Yvonne Ottem 1449 10th Ave. N. St. Cloud, Mn. 56301	U.C.P. of Central Minnesota 1121 North 6th Avenue St. Cloud, Mn. 56301	X		X				Nurse St. Cloud Hospital
21) Mrs. Sophie Reuben St. Paul-Ramsey Hosp. St. Paul, Mn. 55101	Mn. Epilepsy League 529 Jackson Street St. Paul, Minnesota 55101	X			X		1971-1977	Social work St. Paul Ramsey Hospit
22) Mr. Ronald Sandness 216 6th Ave. S. Moorhead, Minnesota	Minnesota U.C.P. 296 N. Griggs, Midway Building 1821 University Avenue St. Paul, Minnesota 55104	X		X			1973-1976	Coordinator of Public Information for Region 4
23) Mr. William Messinger 2620 Glenhurst Place Minneapolis, Minnesota	Minnesota ARC 3225 South Lyndale Minneapolis, Minnesota	X	X				1975-1978	Attorney

Part III
Representatives of Non-Governmental
Organizations and Groups

Attachment 2.2A

STATE Minnesota
FY ENDING 6/30/76

Name and Address of Representatives	Name and Address of Affiliation	Representation (Check) Primary Constituency					Dates of Appointment	Regular Occupation
		Consumer	Non-Consumer	MR	CP	Epil.		
)Mrs. Jane Belau 433 Ninth Avenue Southwest Rochester, Minnesota 55901		X					X General Public	Citizen Advocate
)Mrs. Dona Caswell 14086 Rice Lake Circle Osseo, Minnesota 55369	Minnesota U.C.P 296 N. Griggs, Midway Building 1821 University Avenue St. Paul, Minnesota	X			X		1975-1978	Housewife
)Mrs. Mary Ann Jensen, Pres. 8107 Westwood Hills Drive St. Louis Park, Mn. 55426	Minnesota ARC	X		X			1971-1977	Housewife
)Mrs. Bernie Klein, Pres. 1840 Troy Lane Wayzata, Minnesota 55391	Minnesota U.C.P. 296 North Griggs Midway Bldg. St. Paul, Minnesota 55104	X			X		1971-1978	Housewife
)Mr. Shirley Held Worthington Public Schools Worthington, Minnesota		X					1971-1978	School Superintendent

¹Programs specified in 45 CFR 416.50(b)

Part III - Continued

STAFF

- A. Planning Director: (1) Name: Robert H. Bruininks
(2) Location and Telephone: Capitol Square Building
(612)296-4018
(3) Full-Time X Part-Time
- B. Other Staff (List Positions)
- (1) Planner III (Assistant Director)
 - (2) Planner III
 - (3) Planner II
 - (4) Research Analyst I
 - (5) Secretary (2)
- C. State Council members are appointed by:
- x Recommendation of State Council to Governor
 - Recommendation of State Agencies to Governor
 - Other (Explain)

Functions and Responsibilities of the State Council

A. Operational Policies

The operational policies for the State Council, adopted in January, were revised in May, 1975. These policies reflect the functions and responsibilities of the State Council, its committees and its membership.

1. Purpose of the State Council

The Minnesota Planning and Advisory Council on Developmental Disabilities was established under P.L. 91-517, "Developmental Disabilities Services and Construction Act of 1970." The State 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 State 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 State Council will function through the combined efforts and participation of related State and local agencies; non-governmental organizations; and consumers of services. The State 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.

2. Duties of the State Council

a. To undertake such planning activities as are assigned to the State Council by the Federal Regulations and Guidelines pertaining to the program. The planning activities will include, but are not necessarily limited to:

1. Surveillance and understanding of all planning efforts related to the developmentally disabled at each local level: local, regional, and state.
2. Identifying planning and service gaps or needs.

3. Establishing appropriate criteria for evaluating comprehensive planning efforts on behalf of the developmentally disabled.
 4. Establishing priorities among the wide range of diversified services related to the life-time human needs of the developmentally disabled.
 5. 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.
- b. To define and determine the target population for the program.
 - c. 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.
 - d. To encourage the development of coordinated, inter-departmental goals and objectives pertaining to the provision of programs, services, and facilities for the developmentally disabled.
 - e. To develop criteria for the development, review, and approval of the State Plan for the distribution and administration of federal resources under the Program.
 1. 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.
 2. 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.
 - f. To evaluate the effectiveness of the State Plan and programs sponsored under that plan.
 - g. To advise the Governor on matters pertaining to the administration of programs, services and facilities for the developmentally disabled by state agencies.
 - h. To assure distribution of information and technical assistance impartially across the state, and to assure special efforts to areas of urban and rural poverty.
 - i. To advise the State Planning Agency and the Civil Service Administration concerning the appointment of staff for the Council.
 - j. To increase public awareness and participation in comprehensive planning and service delivery for the developmentally disabled.

3. State Council 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, Procedures and Review Committee
- Advocacy Committee
- Governmental Affairs Committee
- Licensure Committee
- Information System Committee
- Public Information and Education 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.

4. Relationship of Standing Committees to the State Council

Being comprised of representatives of the State 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:

- a. The State Council will review, modify and approve procedures (operational policies) for which committee actions will be completed.
- b. Where the approved operational policies are followed, the State Council will discuss, approve or disapprove committee actions and/or recommendations without repeating the committee procedures and functions.
- c. Where a specific instance of failure to follow the established operational procedures is brought to the State Council, the Council may be majority vote review the case in question.

Operational Policies for the Proposal, Procedures and Review Committee were approved by the State Council in March, 1975, and are included as Attachment 2.2B Exhibit A.

B. Statewide Planning and Evaluation Efforts

A statewide emphasis on planning and evaluating by the State Council will include participation in and support of the following activities:

1. Obtaining statewide needs assessment and program evaluation information and data from within the state. This shall be accomplished by means of cooperative efforts between the State Council and the eight regional developmental disabilities councils and their planning staffs.
2. Development of a statewide human service information system and information and referral service by cooperating with the following key agencies:
 - a. Department of Administration
 - (1) Governor's Commission on the Handicapped
 - (2) Information and Referral Systems Division
 - b. State Planning Agency
 - (1) Human Resources Planning
 - (2) Child Development Planning Project
 - (3) Human Services Planning and the Regional Human Services Boards
 - (4) Local and Urban Affairs and the Regional Development Commissions
 - (5) Comprehensive Health Planning and the Regional Councils
 - (6) State Clearinghouse
 - c. State Service Agencies
 - (1) Department of Public Welfare
 - (2) Department of Health
 - (3) Department of Education and the Division of Vocational Rehabilitation
 - (4) Department of Corrections
 - (5) Department of Manpower Services
 - d. Developmental Disabilities Technical Assistance System

3. Review and evaluation of State Plans and Budget Requests of Minnesota Service Agencies to the State Legislators. This is to assure the effective coordination of other major activities and programs in the state for the developmentally disabled and insure that a comprehensive services delivery system is developed and maintained between state agencies and other public and voluntary agencies.
4. Dissemination of data and evaluation materials to the participating agencies, county commissioners, legislators, consumer groups, and to the public at large. Such information dissemination shall meet with the standards as established by the State Planning Agency and shall be accomplished through the cooperative efforts of the State and Regional Councils.
5. Development of public information materials and statewide workshops that relate to the functions of the Developmental Disabilities Councils and respond to the needs of developmentally disabled individuals.
6. Stimulation of local level planning through continued support of the concept of regional developmental disabilities planning councils.
7. Initiation of and support to special studies that may have a significant impact on developmentally disabled individuals in Minnesota. In addition to the implementation of CAIR and the potential initiation of studies through an RFP (Request for Proposal) procedure by the State Council, studies conducted by other agencies with potential impact on developmentally disabled individuals can be supported to varying degrees.

Any planning efforts in Minnesota must take into account that there are three major Planning Systems at the Regional level which include Comprehensive Health Planning, Regional Development Commissions and Human Service Boards. Regional developmental disabilities councils maintain direct and indirect relationships with the three major regional planning and development systems in Minnesota. Presently, regional developmental disabilities councils are attached administratively either to Comprehensive Health Planning Agencies or Regional Development Commissions. Five out of eight regional councils are attached to Comprehensive Health Planning Agencies, with three councils attached to Regional Development Commissions. All regional councils must receive review and approval of their annual plan from their host agency. Moreover, the developmental disabilities plan comprises part of the annual work plan of the host agency.

Human Services Boards have operated on a pilot basis in only a few areas of the state. In those areas with Human Service Boards, regional developmental disabilities councils have worked on economic problems and issues, but on an informal basis.

This past year Developmental Disabilities Program Staff served on a study committee of the State Planning Agency to assess the nature and scope of human service regional planning activities in Minnesota, including developmental disabilities. During this next year, attention will be devoted to improving the definition and coordination of regional planning in relationship to developmental disabilities councils.

Previous State Plans have included somewhat detailed information on Comprehensive Health, Regional Development Commissions and Human Service Boards. Attachment 2.2B Exhibit B includes brief summaries of these major planning systems.

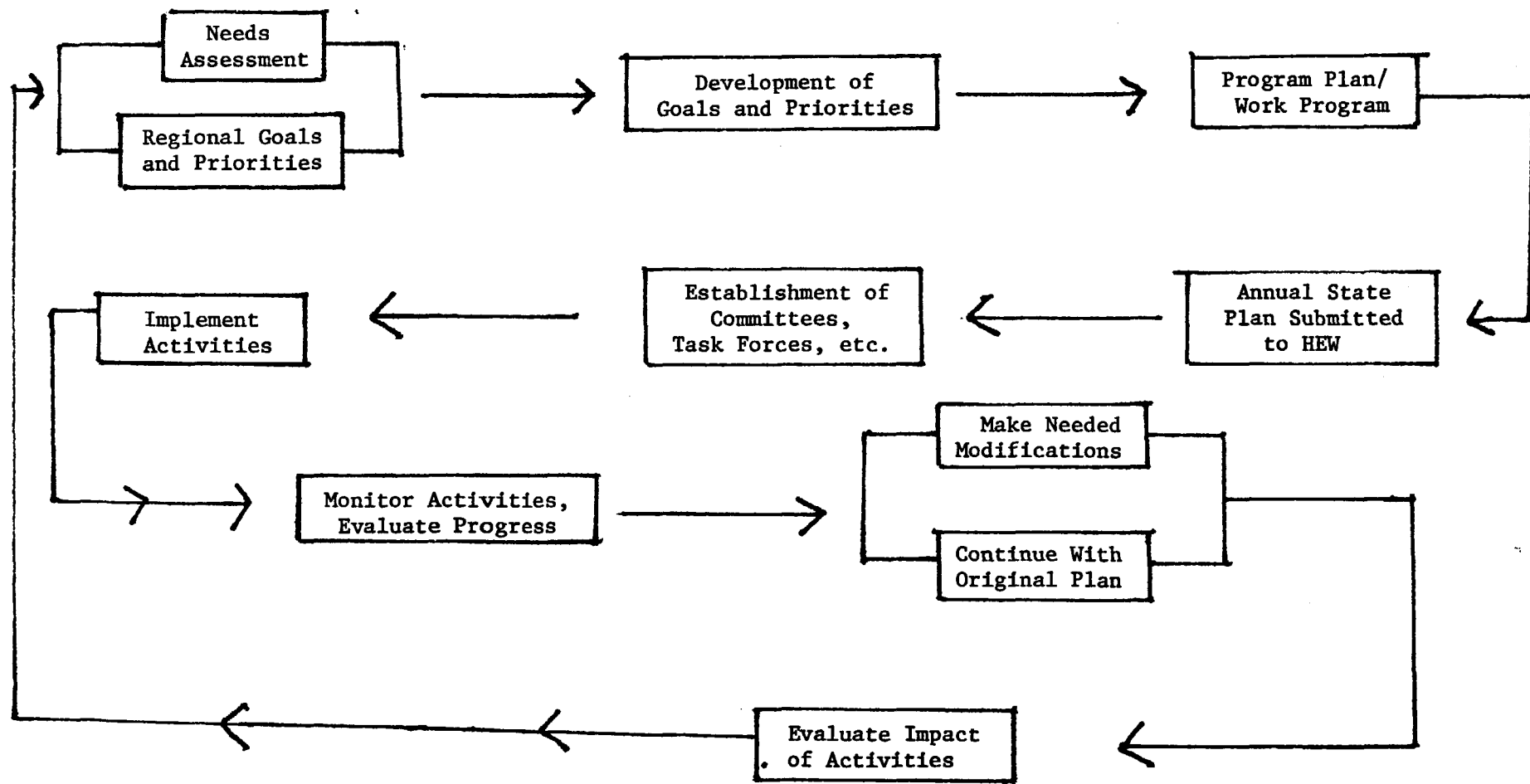
C. Planning Model

During the past year the State Council has invested considerable energy in developing a systematic approach to planning services and programs for developmentally disabled persons. The planning model developed during the past year summarized in Figure 1, contains the following principles:

1. Provision for assessment of service needs based on formal studies, expert judgments and plans of regional councils.
2. A formal approach to goal setting implemented at an Annual Planning Conference. The approach followed this year is a technique developed by Kepner and Tregoe for eliciting goals and achieving consensus in groups. The procedure maximizes participation of Council members in arriving at yearly goals.*
3. Procedures to assist committees, staff and ad hoc task forces in developing specific objectives, work activities and evaluation plans.
4. A system for monitoring and evaluating Council activities to assess progress toward meeting objectives and input on services for developmentally disabled persons.

Materials have been developed to assist Council members in developing goals, objectives, action plans and evaluation strategies. Throughout the next year they will be evaluated carefully to assess whether they promote meaningful participation of Council members in the planning, development and evaluation of services for developmentally disabled persons in Minnesota.

*Kepner, C.H., & Tregoe, B.B. The Rational Manager. New York: McGraw Hill, 1965.

PLANNING MODEL FOR THE
GOVERNOR'S PLANNING AND ADVISORY
COUNCIL ON DEVELOPMENTAL DISABILITIESPre-Conference ActivitiesAnnual Planning Conference

CURRENT ACTIVITIES OF THE STATE COUNCIL

A. Scope of State Council Activities

The Developmental Disabilities activity functions as a result of P.L. 91-517, the Developmental Disabilities Service and Construction Act, which provides federal support for a wide range of diversified services related to human needs of developmentally disabled.

The Act facilitates the orderly development of and planning for comprehensive services for the developmentally disabled through the combination and integration of efforts in both specialized and generic services of the state agencies representing health, welfare, education and rehabilitation without posing a set pattern of services.

1. Specific goals of the Act:

- a. Comprehensive planning of needed services and facilities providing for more efficient and effective utilization of existing human and fiscal resources at all levels.
- b. Development of new or innovative programs to fill gaps in existing services and to expand the reach of existing services among new groups of individuals.
- c. Integration of services and resources of all state, regional, and local agencies assisting the developmentally disabled.
- d. Responsibility at state level for developing strategies for the successful implementation of the program.

2. Major activity areas for comprehensive planning

- a. Grants Administration: The legislation authorizes grants for developing and implementing a comprehensive and continuing state plan for providing services to the developmentally disabled. It allows for the development of new and improved techniques of services. Funds are also provided for demonstration and training programs.
- b. Statewide Planning: The staff in connection with the State Council is involved in planning for the development of service delivery systems and allocating resources needed to meet the life-time human needs of the developmentally disabled. The comprehensive planning aims to develop new or innovative programs to fill gaps in the existing services and expand the reach of existing services among new groups of individuals. The planning aims to integrate services and resources in all state, regional, and local agencies assisting the developmentally disabled, and sets the responsibility

at the state level for developing strategies for successful implementation of the activity. The planning is accomplished on a continuing basis and emphasizes:

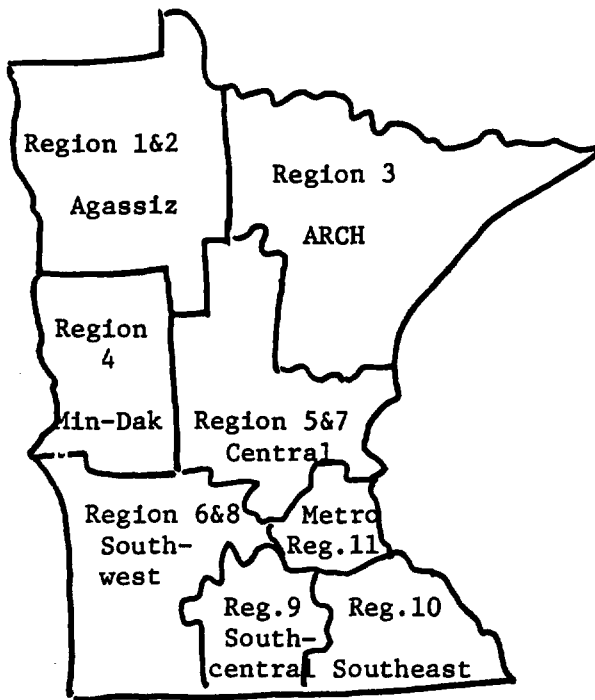
- (1) Identification, review, and evaluation of all major programs, services, and facilities for the developmentally disabled in the state.
- (2) Conduction of special studies or surveys, including analysis and data gathering.

c. Regional Comprehensive Planning: The Developmental Disabilities Program Office staff works toward the development of effective operational regional developmental disabilities planning activities covering the state. They assist the planning groups in grant application, organizational development, and planning projects which will define specific needs and develop coordinated services for the developmentally disabled in their area.

3. Activity Location

The Developmental Disabilities planning activities take place in one of three localities:

- (1) The Capitol complex area and the Metropolitan area.
- (2) In meetings and headquarters located in out-state communities in eight area-wide Comprehensive Health Planning Regions, or Governor's Economic Development Regions. The map included in this attachment illustrates the boundaries of the developmental disabilities planning regions as they correspond to the Governor's Development Regions.
- (3) In a variety of service centers which receive grants under the Developmental Disabilities program, and provide service to the developmentally disabled.

MINNESOTA REGIONAL
DEVELOPMENTAL DISABILITIES PLANNING COUNCILS
JULY, 1975

Eight Regional Developmental Disabilities Councils have been established in Minnesota. Similar to the State Council, membership consists of at least one-third consumers of services, the remaining members representing providers and the community. Regional Developmental Disabilities Councils are attached either to Regional Comprehensive Health Planning Agencies or to Regional Development Commissions. Each region has a Developmental Disabilities Planner to carry out the work plan and sets its own priorities. The planning activities are then coordinated with the state-wide priorities as established in the Developmental Disabilities State Plan.

<u>REGION</u>	<u>ADDRESS</u>	<u>TELEPHONE</u>	<u>PLANNER</u>	<u>CHAIRPERSON</u>
1&2	123 DeMers East Grand Forks 56721	218-773-2471	Allen Erickson	Erma St.George
3	424 West Superior Ordean Bldg., Suite 202 Duluth 55802	218-727-8371	Diana Steckman	Barbara Goman
4	Box 915 Moorhead 56560	218-236-2746	Jerry Nelson	Bob Poyzer
5&7	1528 N. 6th Avenue St. Cloud 56301	612-253-2930	George Gottfried	Yvonne Ottem
6&8	1317 East Bridge Redwood Falls 56283	507-637-2346	Sandra Adams Wenisch	Rev. Dave Hernes
9	709 N. Front Street Mankato 56001	507-387-5643	Carole Boese	Ernie Silbernage
10	741 Marquette Bank Bldg. Rochester 55901	507-285-0902	Douglas Butler	Dean Nelson
11	300 Metro Sq. Bldg. 7th and Robert Streets St. Paul 55101	612-227-9421	Toni Lippert	Dona Caswell

B. Present Organization

1. Operational Policies on Council Membership and Representation

The Operational Policies of the State Council revised in May, 1975, include the following guidelines regarding the composition of the Council:

a. 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 consumers of services. At least one-third of the membership of the Council must represent consumers.
- (3) Presiding Officer: The chairperson is appointed by the Governor of Minnesota. The term of the chairperson shall be for two years and may serve for no more than two consecutive terms. The chairperson may designate a vice-chairperson who will assume all the duties of chairperson in the absence of the chairperson.
- (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.
- (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.

b. 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.

The complete Council composition by area of representation has been presented in Attachment 2.2A.

2. Organizational Structure

State Agency organizational relationships to the State Council have been described in Attachment 2.1B, "Functions of the Designated State Agency". Included in that section were brief descriptions of the roles of the Governor, the State Planning Agency, the State Council, the State Council staff and their inter-relationships with other agencies with respect to implementation of the State Plan.

C. Frequency of Meetings

The operational policies of the State Council specify that:

"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."

Generally the State Council meets, on a monthly basis, the first Wednesday of each month for a full day. In addition the Council meets for a two-day planning workshop on an annual basis.

D. Focus of State Council Meetings

The focus of the monthly State Council meeting in the past year has been on a variety of topics. These activities are summarized in the following chart under ten broad headings which include such areas as regional planning, deinstitutionalization, service grants and program and plan review. The chart is based on an analysis of agendas from nine State Council meetings in Fiscal Year 1975.

TOPIC	NO. OF SESSIONS	AMOUNT OF TIME
1) Regional Planning	9	20%
2) Deinstitutionalization/ Community Care	7	20%
3) State Legislation	9	16%
4) Service Grants	7	13%
5) Committee Reports	7	12%
6)*Special Projects	1	6%
7)**Issue Analysis	5	5%
8) State Agency Program Review	3	4%
9) Planning Grants	2	2%
10) Plan Review	1	2%
<p>*Planning for sponsorship of Governor's Conference on the Handicapped.</p> <p>**Relationship of Human Service Boards, Comprehensive Health Planning to Developmental Disabilities Planning.</p>		

Over half of the total meeting time of the State Council throughout Fiscal Year 1975 has focused on three broad areas including Regional Planning, Deinstitutionalization and Community Alternatives and State Legislation. Since Fiscal Year 1972, the State Council has been committed to support of regional developmental disabilities planning efforts and during Fiscal Year 1975 undertook an analysis of those regional planning programs with assistance from DD/TAS. Activities of the State Council with respect to Deinstitutionalization and Community Alternatives were in part a result of a commitment to Federal Goals and included a major emphasis on the CAIR Report which was

completed in Minnesota during Fiscal Year 1975. Reports on State Legislation included brief updates at each Council meeting as well as more in-depth analyses of legislation with significant potential to affect developmental disabilities planning in Minnesota.

E. Committees and Special Task Forces

The standing committees of the State Council that have been currently active have been:

1. Proposal, Procedure and Review Committee

The Committee evaluated and made recommendations to the Council on revised Service Grants Guidelines and procedures for proposal review and examined and made recommendations with respect to regional planning issues.

2. Advocacy Committee

The Committee has promoted public education on the human rights and needs of developmentally disabled persons and has been supportive of legal advocacy services through a developmental disabilities grant.

3. Licensure Committee

The Committee has gathered information, reviewed problems and made recommendations in broad areas including zoning, improvements to be made at state hospitals, and standards for residential facilities in Minnesota.

4. Governmental Affairs

The Committee has kept the State Council up to date by maintaining communication between the legislative process and the Council.

5. Public Information and Education

The Committee established priorities to focus on the development of public information materials that could include brochures, newsletters and tape-slide presentations.

6. Executive Committee

The Committee has convened upon special request to resolve issues or problems between Council meetings assisted the Council Chairperson and staff in the preparation of Council agendas, made recommendations regarding the hiring of personnel and recommended policies for Council consideration.

7. In addition, a Special Task Force Committee on CAIR was established on an ad hoc basis. Since completion of the CAIR document in Fiscal Year 1975, the CAIR Steering Committee has recently become the CAIR Implementation Committee. The focus of the Committee will shift to the preparation of implementation guides in the areas of funding sources, strategies for implementing CAIR recommendations, coordination of local service delivery, removal of barriers to community-based programs and development of alternative relationships for developing and maintaining community-based residences.
 8. Another proposed ad hoc committee not currently active is the Regionalism Steering Committee. With the completion of the Regional Evaluation Study it is anticipated this Committee will be active during Fiscal Year 1976 to help facilitate many of the recommendations developed by DD/TAS as a result of the Evaluation Study.
- F. The by-laws of the State Council, referred to as the "Operational Policies for the Governor's Planning and Advisory Council on Developmental Disabilities" were revised in May, 1975, and are included in the Appendix as Attachment 2.3A Exhibit A.

ACCOMPLISHMENTS OF THE STATE COUNCILMAJOR ORGANIZATIONAL AND INTERNAL OBJECTIVES

A. Comprehensive Planning

To facilitate the orderly development and planning of comprehensive services to meet the life-time human needs of the developmentally disabled through the combination and integration of efforts of state agencies representing Health, Education, Welfare and Rehabilitation in collaboration with the private sector and consumers.

1. Objectives

a. Coordination

To reduce fragmentation, duplication and lack of coordination in the organization, funding and provision of services for the developmentally disabled. The State Council is currently working toward meeting this objective through several channels which include:

- (1) Developmental Disabilities Council Meetings that continue to provide a forum for communication of issues and concerns of developmentally disabled persons locally, statewide and nationally. The Council also acts to coordinate the activities of its own committees to insure comprehensive planning.
- (2) Licensure Committee efforts toward recommending ways in which duplication of efforts between state departments can be avoided and how procedures can be simplified in order to encourage the development of quality residential programs. The committee is also currently examining Title XX of the Social Security Act, Social Service Program for Individuals and Families, to determine how the State Council through Licensure Committee efforts might relate and have some impact in that area.
- (3) Governmental Affairs Committee efforts to maintain communication between the legislative process and the State Council and to coordinate legislative activities that will meet the needs of developmentally disabled individuals.
- (4) Information Systems development through State Council and program staff participation in a statewide needs assessment study of developmentally disabled persons and an interagency task force on developing a human services Information and Referral System.
- (5) Early intervention and prevention efforts through program staff participation in interagency workshops to coordinate programs and services for young handicapped children. State Council efforts in this area would be coordinated with the Child Development Planning Project of the State Planning Agency and the Interagency Committee composed of assistant commissioner representatives of state agencies.

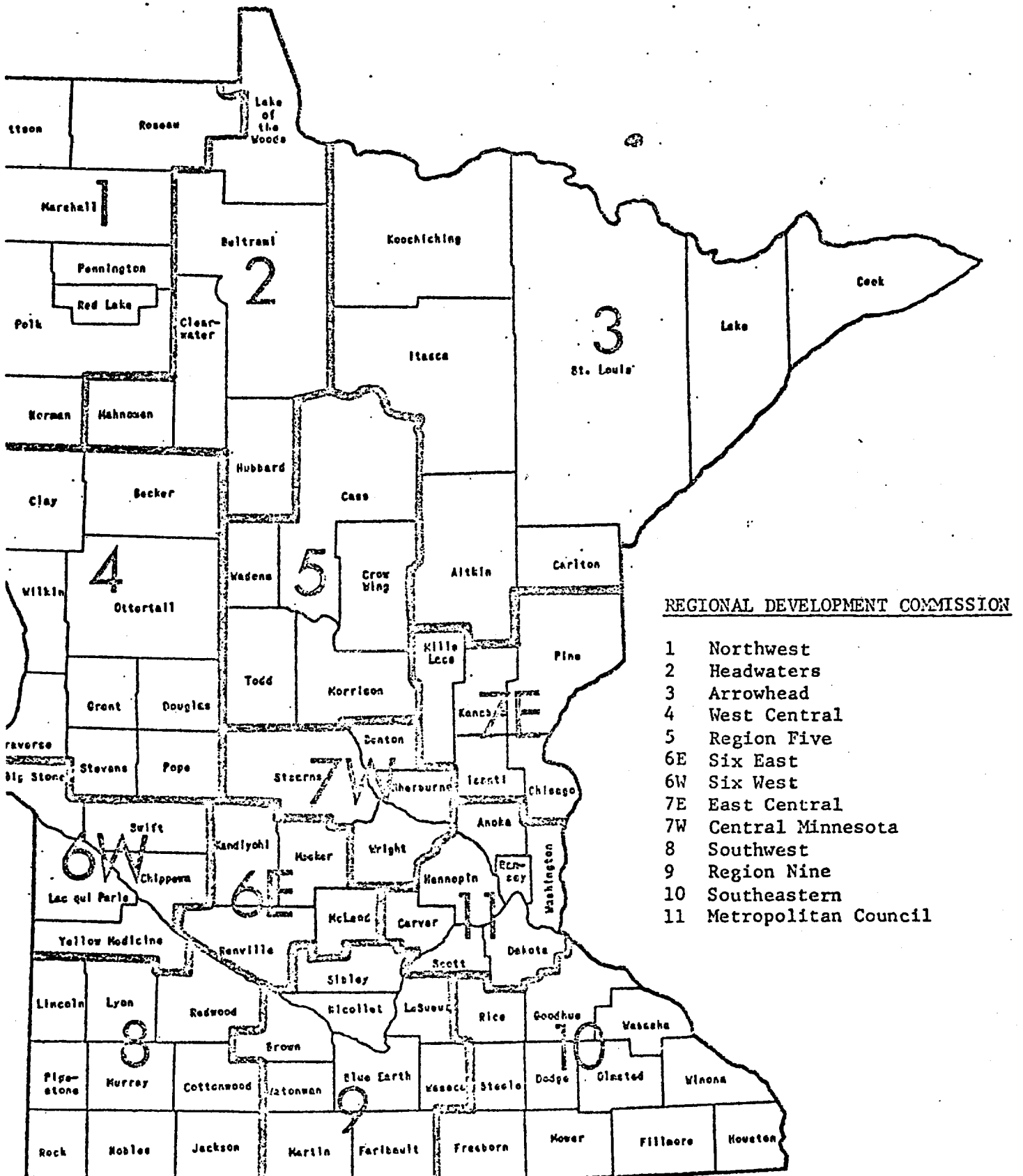
b. Regional Planning

To strengthen regional planning in order: (a) to assure the planning and delivery of services in a more comprehensive manner within the regions of the state; (b) to more effectively plan for the delivery of services to the developmentally disabled within the context of the human service delivery systems; and (c) to improve information and communication related to the needs of the developmentally disabled at the local level.

- (1) The Proposal, Procedures and Review Committee of the State Council will continue to monitor the activities of regional planning groups under contract with the Developmental Disabilities Program. Motions with respect to regional planning drafted by the Proposal, Procedures and Review Committee and adopted by the State Council during FY 1975 included recommendations that:
 - (a) The current number and configuration of Developmental Disabilities Planning Regions (8) should be encouraged in order to maintain the current aggregation of development regions. A map of the current regions is included in Attachment 2.3A, p.25.
 - (b) The maximum number of regional developmental disabilities planning grants shall be 13, corresponding to the current number and configuration of economic development regions. A map of these regions is included in this attachment as Figure 1.
 - (c) The State Council continue to fund regional councils at the present level (70 percent) for FY 1976.
 - (d) The State Council go on record as providing an on-going commitment to regional planning efforts.
 - (e) The Regional Councils be encouraged to develop affiliations with Regional Development Commissions but may continue linkage with Comprehensive Health Planning Agencies.
 - (f) Any host agency to a regional developmental disabilities council must have comprehensive, region-wide planning responsibility for human services.
- (2) The Executive Committee, composed of State Council Committee chairpersons, will continue to develop issues for Council consideration and monitor activities of the program.
- (3) Upon completion and publication of the Regional Evaluation Study conducted by DD/TAS during FY 1975, the State Council and the Developmental Disabilities Program staff will be able to identify specific areas where comprehensive planning efforts could be enhanced through development of better state and regional communication channels and identification of regional needs for technical assistance.

Attachment 2.3B
Figure 1

STATE: Minnesota
FY ENDING 6/30/76



c. Advocacy

To develop a plan for an effective system of advocacy for the developmentally disabled in Minnesota.

- (1) The Advocacy Committee of the State Council has continued to focus on the development of a statewide advocacy plan for developmentally disabled individuals by attempting to influence advocacy functions at every level.
- (2) The Public Information Committee has as one of its objectives monitoring the news media through subscription to a clipping service. One of the broad purposes of this activity is to determine whether the State Council could have an impact on the tone or content of articles written about developmentally disabled individuals in the public media. The committee serves an advocate role by attempting to develop and influence state-wide efforts in communicating about the rights and needs of developmentally disabled individuals.

d. Individualize Service Delivery

To gear service delivery to the functional characteristics and needs of the individual handicapped persons rather than diagnostic labels. This requires a concern for assessing individual needs and the development of individualized program planning as well as the development of a Continuum of Care to assure comprehensive treatment in keeping with the normalization principle.

- (1) The State Council has supported development of individualized service delivery through support of service grants whose evaluation strategies are based on the needs of individuals. Any community-based evaluation projects will require the joint efforts of many departments and agencies and will assist the State Council in its broad goal of comprehensive planning for developmentally disabled individuals.

e. Community Alternatives and Institutional Reform (CAIR)

To conduct a special project to assure integrated planning to develop a statewide plan for the deinstitutionalization of the developmentally disabled population and to develop community-based residential and program services in keeping with the normalization principle.

- (1) The CAIR Report, detailing a comprehensive plan for establishing community alternatives for developmentally disabled persons, was published in January, 1975. The project abstracts are included in the Appendix as Attachment 2.3B, Exhibits A and B.
- (2) The CAIR Implementation Committee will now proceed to prepare five planning guides and legislative recommendations in the areas of : (a) sources of funds for developing community based programs, (b) alternative strategies for implementing the CAIR recommendations, (c) procedures for coordinating local service delivery, (d) strategies for removal of barriers

to community based programs, (e) alternative relationships for developing and maintaining community-based residences.

B. Grant Administration

To adequately administer federally supported matching grants for development of programs and services for developmentally disabled individuals by establishing an administrative mechanism for soliciting projects, reviewing proposals, and the management of projects as they are approved for funding, by providing consultative support and technical assistance to regional developmental disabilities planning groups, and by establishing priority criteria for the solicitation project proposals.

1. The Proposal, Procedures and Review Committee participates directly in the grant review process and makes recommendations to the State Council for approval. Operational Policies of the Proposal, Procedures and Review Committee with respect to Grants Management were adopted by the State Council during FY 1975. These policies are included in the appendix as Attachment 2.2B, Exhibit A.
2. Staff consultation is provided by the staff relative to the development of new proposals, and on an ongoing basis, to all funded proposals. In addition, the staff assists those who are not funded under the Developmental Disabilities program in seeking support from other areas.
3. An ongoing Grant Management system is maintained to monitor all service grants and regional planning grants. During FY 1975 a substantial modification of the grant review procedures and materials was completed. Implementation and evaluation of these procedures will occur in the upcoming fiscal year.

MODIFICATION OF GRANT REVIEW PROCEDURES

A. Purpose for Existence

The grant management program was considered for revision due to:

1. Larger number of grants and types of grants, e.g., service, RFP, program announcements needed to meet Council activities.
2. Limited amount of staff available to serve grant management functions in conjunction with other activities.
3. The need for an accountable grant management program.

B. Objectives

1. To create an effective grant management procedure that would clearly designate staff responsibilities, make efficient use of staff time, and would provide for annual scheduling of district grant management events.
2. To create a more diverse grant program to meet program needs.
3. To create a grant management sequence that would allow for greater participation by "non-professionals", assure equitable review, and lead to the meeting of state and federal guidelines.

C. Statement of Progress

The entire grant review and management sequence has been reviewed and analyzed in terms of precise events. Existing materials and procedures have been revised or new materials developed, and the sequence has now been implemented on a limited basis.

D. Statement of Recommendations

1. That the management sequence be professionally reviewed and modified.
2. That a timeline be established for implementing the entire sequence for the next service grant review.
3. That the materials/procedures be modified based on problems identified during implementation and dissemination.

E. Materials Modification**1. Revision of Materials****a. Completed:**

- (1) Proposed Project Summaries (letter of intent) modified to increase the amount of information for grant review. Provide for more equitable review in that all projects provide similar information--consumes less Proposal, Procedures and Review Committee time in that material is consistently presented. Instructs applicant in how to complete the form and provides a base for actual proposal development. The Proposed Project Summary Form is included in the Appendix as Attachment 2.3B, Exhibit C.
- (2) Criterion Based Rating Forms (for proposed project summaries and proposals). Rating forms based on present criteria for proposals will lead to efficient, unbiased review of proposals.
- (3) Quarterly Report Forms - Modified to provide more complete reporting and to allow for increased objective-based feedback to the grantee--better staff support to insure project outcomes. Better federal reporting, through continuous recording of clients by services rather than summative recording. Includes systematic instruction to assist grantee in completion.

b. Developmental:

- (1) Proposal Guidelines - Developed to instruct individuals in procedures for writing a proposal such that the skill in proposal writing does not become a primary issue in the evaluation of proposals. Also, it will increase the quality of proposals and the outcomes delivered. The Proposal Guidelines are included in the Appendix as Attachment 2.3B, Exhibit D.
- (2) Final Report Form - Will include instruction for grantee and will be directly tied to quarterly report forms such that it can be based on efficient quarterly reporting. Will provide for unified final reporting and disseminable outcomes of the developmental disabilities granting program -- documentation of Council program effects.

2. Procedures

a. Completed:

- (1) Establish project officer procedure and evaluation process which will provide for effective, rapid turnaround and personal feedback on ongoing project activities.

b. Developmental:

- (1) Develop a master list of reviewers--prepare a rapidly retrievable set of knowledgeable, uninvolved reviewers for impartial outside review of proposals.
- (2) Modify procedures for analyzing budgets and recording information - provides more accurate, rapid turnaround with less professional staff time commitment.
- (3) Increase circulation of notices of grants - we are attempting to increase the awareness around the state of service grant priorities and procedures for application. We have forwarded over 450 notices from our office and will be extending in the future.

INTER-AGENCY PLANNING

The State Council is consciously working toward developing interaction linkages, both formal and informal. An example of developing linkages is a product of Licensure Committee efforts to achieve a formal interagency agreement between the Departments of Health and Welfare related to mutual responsibilities in licensing of residential facilities. After many formal and informal activities such a document was promulgated and is being implemented by a joint departmental committee. Based on a report to the Office of the Governor, by the Institute for Interdisciplinary Studies, the interaction among public agencies, organizations, and other groups interviewed (all of whom had some interest or responsibility in developmentally disabled persons) varies considerably. While some of these groups make a deliberate effort to get broad involvement on their various committees for planning purposes, others depend on very informal contacts or have no connection whatever, even though they may be concerned about or work directly with many of the same people. Even where there is some sort of formal interaction, the effectiveness is usually very limited. Most interaction described is information sharing rather than joint planning. All of the groups express hope that the State Council can serve as a much needed mechanism for productive interaction.

A. Minnesota Commission on the Handicapped

The Developmental Disabilities Advisory Council has agreed to work closely with the newly formed Commission on the Handicapped. The staff and members of the Council meet regularly with representatives of the Commission to develop mutually supportive activities. An example of cooperative efforts in this area was the Governor's Conference on Handicapped Persons, a statewide conference of handicapped persons, providers of service and agency representatives at which legislative needs and recommendations were formulated. This Conference was coordinated by Mrs. Jane Belau, chairperson of the State Council.

- B. The Department of Education is administered by the State Board of Education which is appointed by the Governor. All efforts of the education system serve the developmentally disabled in one way or another. There are three sections of the state education agency with specific charges relating to the training of developmentally disabled persons:
1. The Division of Vocational Technical Education offers skill training programs free to persons under 21 years of age and at nominal cost to adults (including handicapped) in 33 vocational technical schools throughout the State of Minnesota.
 - (2) The Special Education Section under the Division of Special and Compensatory Education is concerned with the provisions of Special Education services through the state's school districts. These services involve special classes for handicapped children needing special instruction in addition to or separate from regular classroom instruction.

- (3) The Division of Vocational Rehabilitation provides a wide range of vocational rehabilitation services to physically, mentally, emotionally and behaviorally handicapped persons. These services include diagnosis, evaluation, treatment training, sheltered employment, counseling, follow-along, job placement, and physical restoration.

The Developmental Disabilities Program staff director is a member of the State Special Education Advisory Committee. This year the Committee will establish priorities and approve over one million dollars in grants under Title VI B of the Elementary and Secondary Education Act.

- C. The Department of Manpower Services provides employment counseling and testing, and assists persons in job placement. Persons with special needs such as handicapped and otherwise disadvantaged persons are provided services under the special services for handicapped programs within the Department.
- D. The Department of Public Welfare consists of four bureaus which include the Retardation Services section. The four bureaus are responsible for a broad array of services to developmentally disabled persons. These include administration of regional centers for the retarded, licensure, family and guardianship services, day time activity centers, community mental health center programs, and many categorical aid programs through the county welfare departments.
- E. The State Board of Health provides medical and nursing consultation and assistance in developing maternal and child health programs including nutrition, genetic counseling, accident and poison prevention, and school health. They are instituting a statewide program on Early and Periodic Screening for Children 0 - 6. Crippled Children's Services provides diagnostic and evaluative services to children under 21 years.
- F. Inter-Agency Task Forces

Presently Developmental Disabilities Program staff and State Council members participate in a number of other interagency task forces, including:

- (1) Human Services Information and Referral Task Force, under the Governor's Council on Aging. This task force is developing and implementing a statewide information and referral service for all persons including those with developmental disabilities.
- (2) Needs Assessment Coordinating Committee. This Committee is conducting a formal statewide study of the prevalence of handicapping conditions. Information on the number and needs of developmentally disabled persons will be available on a county and regional basis for the planning of human services.
- (3) Advisory Committee, Research and Training Center on Rehabilitation Services, University of Minnesota.
- (4) Advisory Committee for Development of a Comprehensive Research Center in Epilepsy, University of Minnesota.

- (5) Department of Public Welfare Task Force for the development of a comprehensive plan.
- (6) Advisory Committee Special Education Title VIB.
- (7) CAIR Study Committee, task forces, review panels and reaction panel comprised of nearly 200 individuals representing major public and private agencies and consumers.
- (8) Commission on the Handicapped.
- (9) MH/MR Board representation

Further, the staff and members of the State Council have provided direct professional input through presentations at:

- United Cerebral Palsy State Conference
- Minnesota Association of Retarded Citizens Conference
- Minnesota Epilepsy League
- The 1975 Governor's Conference on the Handicapped

This Governor's Conference provided a forum for handicapped persons providers of services, and public officials to define needed service for handicapped persons. Many of the findings of the Conference are being converted into legislation and policies of agencies providing needed services for handicapped persons. The Chairperson of the State Council was very instrumental in organizing and conducting the Conference. Partial support was provided by funds through the Developmental Disabilities Program. Over 2,000 handicapped persons attended the Conference with program and facility arrangements being made to accomodate individual needs. The presentations ranged from content related to planning by the Department of Public Welfare for financial support through planning of the Developmental Disabilities Office related to Community Alternatives and Institutional Reform.

Primary development for the Conference was completed by the Governor's Commission on the Handicapped in conjunction with representatives from the State Council.

- G. Participation in state and local agencie's plans/activities included the following activities:
- (1) Reviewed Urban Mass Transit Authorities grants and recommended funding.
 - (2) Reviewed Department of Public Welfare Comprehensive Plan.
 - (3) Participated on Department of Public Welfare Task Force for development of Comprehensive Plan.
 - (4) Reviewed Department of Public Welfare's proposal for Technical Assistance Project.
 - (5) Participated in DVR Incidence Study.

- (6) Participated in Council for the Aging planning for I&R System.
- (7) Participated in meetings of the Special Education Advisory Committee (amended State Plan for Title VI B).
- (8) Reviewed UMTA proposed regulations for transportation systems for the elderly and handicapped.
- (9) Reviewed Title XX (Social Security Act) in terms of applicability to purchase of legal services and training of foster parents.
- (10) Reviewed and made recommendation regarding:
 - ICF/MR Regulations (Title IX)
 - SLF Regulations (Title IX)
 - Rule 34 (Department of Public Welfare), "Standards for Residential Facilities for the Mentally Retarded"
 - Rule 80 (Department of Public Welfare), "Standards for Residential Facilities for Physically Handicapped"
 - Rule 52 (Department of Public Welfare), "Funding of Residential Facilities"

PUBLIC INFORMATION AND EDUCATION PROGRAM

One of the goals of the State Council is to promote community acceptance and adjustment of developmentally disabled persons through a statewide program of public information and education. This goal also includes an advocacy component to encourage development of a statewide advocacy program to meet the emotional, social or service needs of developmentally disabled individuals. The State Council has supported service grant projects in areas of statewide public information, legal advocacy and citizen advocacy that are described in the quarterly reports.

Committees of the State Council attempt to impact public information through several channels:

1. Governmental Affairs Committee

This committee serves as a communication channel between the State Council and the legislative process. It does not serve a direct influencing role, but relays appropriate information on legislation that relates to developmentally disabled individuals to its lobbying arm, the Minnesota Committee for the Handicapped, or other appropriate groups who are in a position to act and influence legislation.

2. Advocacy Committee

This committee attempts to influence advocacy functions in several areas at every level. Promotion of public education on the human rights and needs of developmentally disabled individuals has been accomplished through the committee's support of service grants responsive to the objectives of the Advocacy Committee as well as the committee's recommendations on specific legal advocacy issues, and communication with the Corrections Committee of the Commission on the Handicapped regarding treatment of developmentally disabled individuals.

3. CAIR Implementation Committee

The development of five planning guides by the CAIR Committee to assist in the implementation of CAIR should have some influence in carrying out the objectives and recommendations specified in the CAIR Report and supported by the State Council. The public information and education thrust has been geared to various target groups as abstracts of the CAIR Report have been prepared for: (1) the general public and legislators, and (2) professionals, general public and legislators. These abstracts are included in the Appendix as Attachment 2.3B, Exhibit A, and 2.3B, Exhibit B.

4. Public Information and Education Committee

The focus of this State Council committee can be viewed in terms of either internal or external public information efforts.

- A. Internal Public Information refers to communication of the State and Regional Council's goals, activities and accomplishments to the general public and private agencies and professionals. Toward this goal, the Public Information Committee has begun planning for development and dissemination of public information materials that could include: (1) a brochure, (2) a newsletter, and (3) tape-slide presentations.
- B. External Public Information refers to support of the State Council's commitment to be responsive to the rights and needs of developmentally disabled individuals and communicate those rights and needs through appropriate means. The Committee has begun to explore one aspect of this public information channel through a focus on the news media's sensitivity to developmentally disabled individuals by monitoring statewide news clippings.

The Committee is also committed to exploring the development of public information workshops or other channels of communication and liason with regional public information efforts to ensure local commitment and involvement.

THE SCOPE OF STATE COUNCIL ACCOMPLISHMENTS

The State Council has accomplished several major objectives during the past year. Some of these accomplishments and related problems are presented here, however, many issues and accomplishments have been integrated throughout other sections of this State Plan.

A. Regional Planning

1. Regional Study

The State Council has had an on-going commitment to regional planning since 1972. During FY 1975, Developmental Disabilities Technical Assistance System (DD/TAS) assisted the Council in an evaluation study of Minnesota's eight regional developmental disabilities councils.

The broad objectives of the regional study were for both descriptive purposes to determine the current status of regional planning efforts and for future planning purposes to determine future roles, relationships and needs in the area of regional planning. Fifty-four regional council representatives including regional planners, chairpersons, host agency directors, special education regional consultants, MR generalists, local service providers and consumers were contacted. The State Council will have the Regional Evaluation study available in FY 1976 to assist in resolving regional planning issues. The specific actions taken in FY 1975 regarding regional planning are detailed earlier in this attachment under Comprehensive Planning goals. One of the problems that has required immediate attention of the State Council has been the determination of host agency attachments for regional councils. While the State Council has recommended specific policies regarding regional council attachments, actual implementation of host agency affiliations will require some effort during FY 1976. The FY 1975 State Plan documented a need to redesign the service grant procedures for Regional Planning Grants. The recommended criteria for regional evaluation included:

- (a) A minimum standard of goal attainment as described in each region's work program.
- (b) Evidence that regional goals relate to identified regional needs.
- (c) Indications that the regional plan would coordinate with and be consistent with the State Plan.
- (d) Consideration of elements common to all regions as well as those elements unique to individual regions.

2. Regional Grant Guidelines

During FY 1975, the Guidelines for Regional Planning Grant Proposals were revised in order to provide the State Council and the Developmental Disabilities Program staff with useful information within a consistent format across regions. Evaluation of these new materials will occur during FY 1976 as each of the regions has recently submitted their grant proposals following the new format. The Regional Grant Guidelines are included in the Appendix as Attachment 2.3B, Exhibit E.

3. Regional Planning Workshops

A workshop for regional planners was conducted by the Developmental Disabilities Program staff during FY 1975 to provide planners with alternative methods they could utilize with their regional councils in developing goals and objectives for their regions. The planning methods presented included a modified Delphi technique, the Delbecq Nominal Group Process and Force-Field Analysis. An outline and some of the materials used are in the Appendix as Attachment 2.3B, Exhibit F.

The regional workshop was conducted prior to the State Council's Planning Workshop in an effort to provide an opportunity for regional input to the State Council's statement of goals and objectives for FY 1976. This may not have been accomplished to the degree anticipated as many of the regional planners did not have adequate time to introduce new procedures to their councils prior to the State Council Workshop. This problem should be alleviated somewhat in the future as the regional councils have more time to develop appropriate goal setting methods and to establish a calendar that will allow maximum input to the State Council.

The staff of the Developmental Disabilities Program Office also coordinated the monthly meetings of the regional planners which covered topics that included:

- a. Review of Guardianship and Protection Law
- b. The Housing and Community Development Act of 1974; local planning procedures and involvement
- c. Developmental Disabilities service grant review and current procedures
- d. Provision of technical assistance to Developmental Disabilities service grant applicants
- e. University of Minnesota Dental School Program for the Handicapped
- f. The Developmental Disabilities Public Information Coalition Project
- g. Comprehensive Health Planning 1122 Review procedures
- h. Transportation appropriations
- i. Coordination with Mental Health Area Boards
- j. ICF Surveys
- k. Minnesota Housing and Finance Agency
- l. Revenue bonding

4. Regional Council Accomplishments

Many of the perceived accomplishments and successful activities of regional councils are detailed in the Regional Evaluation Study. The areas of focus and the kinds of influence Regional Planners have felt their Councils have had during FY 1975 are briefly detailed here by specific region.

a. Region 1 & 2

- (1) Completed the Northwest Minnesota Plan for Services to the Developmentally Disabled. This plan includes plans for residential care support services, public information and advocacy and has been disseminated to 50 agencies.
- (2) Conducted a regional survey of nursing homes and boarding houses, documenting the numbers of developmentally disabled persons, their ages and nature of disability.
- (3) Surveyed 12 county welfare departments documenting the current and potential foster care placements for developmentally disabled children.
- (4) Completed an inventory/analysis of 70 services agencies documenting the types of services provided, the numbers of developmentally disabled persons being served and compiled the estimates for future needed services with recommendations for future development.

b. Region 3

- (1) Included Developmental Disabilities Regional Plan in Comprehensive Health Planning Plan.
- (2) Completed Residential Care Plan, based on assessed population needs. Disseminated to 100 agencies.
- (3) Housing Assistance Assessment Plan (HUD) for inclusion in Duluth Plan.
- (4) Broadened geographic representation on the Regional Council.

c. Region 4

- (1) Implemented "Project People", a major public information/education effort, which stemmed from the State Developmental Disabilities Public Information Coalition Project. Full-time staff was procured through the CETA Program. A public relations kit was produced as an aid to the established speakers bureau. A list of all mass media was compiled and information has been disseminated, e.g., spot advertising, talk shows, and speakers.
- (2) A presentation was given on the rights and needs of the developmentally disabled to the Cass and Clay County Bar Associations.
- (3) Section 1122 Reviews were completed for four group houses that will be serving 43 developmentally disabled individuals.

- (4) Coordinated and participated in the discussions regarding the future decisions that will be made regarding the alternative design and administrative structures of the Fergus Falls State Hospital, which serves 312 developmentally disabled persons.
- (5) The Region 4 Developmental Disabilities Council established housing as the top priority for the coming year.

d. Region 5 & 7

- (1) Established a pilot High Risk Program in the St. Cloud Hospital which provides detection and follow-up on 30 infants and their parents.
- (2) Survey of dentists as to their interest and availability in serving the developmentally disabled in Central Minnesota.
- (3) Completed a consumer service directory for all fourteen counties in the region. These directories will be distributed to 450 service agencies and to 21,000 families in the region.
- (4) Negotiated change of host agency from Comprehensive Health Planning to the Regional Development Commission.
- (5) Coordinated efforts with the University of Minnesota NIMH Feasibility Study on Epilepsy.
- (6) Developed a Residential Service plan making recommendations regarding future locations for program development.

e. Region 6 & 8

- (1) Completed residential survey via the 18 county welfare departments and the results will be distributed to approximately 200 agencies and groups.
- (2) Compiled and printed seven of eighteen consumer oriented directories which will be distributed to 7,000 families.
- (3) Provided ongoing technical assistance to four Developmental Disabilities service grant projects:
 - Early Intervention Pilot Project in Rural Minnesota
 - Minnesota Health, Early Identification
 - Region 6 Cooperative Work Activity Program
 - Licensure Opportunities

f. Region 9

- (1) Implemented a region-wide Home Start Training Program for 12 day activity center personnel serving approximately 60 developmentally disabled infants. This project includes speech and physical therapy services, technical assistance to parents and teachers, and is based upon the Portage, Wisconsin model.

- (2) Began the development of an ongoing computerized system for surveying the developmentally disabled population and their needs for residential and daytime programs. This system will be used for information and referral and for ongoing planning purposes.
- (3) Began a cross disciplinary approach toward developing a comprehensive plan regarding early identification, diagnosis, treatment, and follow along system of services.
- (4) Influenced the founding of a five county early identification pilot program, serving 175 families.
- (5) Developed and disseminated brochures regarding the Minnesota Student Fair Dismissal Act to 48 school districts who serve 50,000 school age children.
- (6) Twenty-four legal advocates have been trained by the Legal Advocacy Project of Minnesota who serve as volunteers to developmentally disabled persons, addressing their individual needs and rights to services.

g. Region 10

- (1) Identified the commonly shared areas of concern and general understanding of joint planning and coordination through the Regional Development Commission for evaluating the continuation of human services for citizens who have developmental disabilities in Southeastern Minnesota.
- (2) The Region 10 Developmental Disabilities Planning Council wrote and distributed approximately 200 copies of a report entitled, "A Regional Philosophy of Community Residential Living". Those reports were distributed to 11 county social services departments, to all elected officials from Southeastern Minnesota, state mental health centers, Southeastern Minnesota Comprehensive Health Planning Boards, and others (e.g., Region 10 Planning Council Board members). In addition, the basic principles of that report have been adopted by the Southeastern Minnesota Health Planning Council as an official decision making policy guide.
- (3) Conducted a survey to identify developmentally disabled persons in need of sheltered residential services and have distributed the results of that survey to 20 regional and state agencies in Southeastern Minnesota.
- (4) Developed a report entitled, "Guide for the Development of a Community-Based Residential Facility: A Use Example". The report has received limited distribution but will receive more in the near future.

h. Region 11: Metro Region Developmental Disabilities Task Force

- (1) In an effort to arrive at a realistic solution to the Department of Public Welfare's announcement of the closing of the Hastings ROC Units by July, 1975, an Ad Hoc Study group was convened which met many times over a period of several months. As a result of these meetings, the Department of Public Welfare agreed to appoint a small Steering Committee and to work closely with it to finally develop a solution which would be in the best interests of the ROC residents.
- (2) The Task Force staff reconvened a provider-consumer Advisory Committee which had been appointed by the Minnesota Housing Finance Agency (MHFA) to pursue the use of state funds from this agency for the construction of residential facilities for developmentally disabled persons. The MHFA program will begin receiving applications for mortgage funds on January 1, 1975, and will make five million dollars available as an initial amount.
- (3) The Task Force office was requested by regional developmentally disabled providers to convene a series of meetings and act as coordinator of information regarding the Community Services and Housing Assistance Act (P.L. 93-383). Although the initial information is that the Special Project of Housing Assistance for the Elderly and the Handicapped is not going to be funded, nevertheless the area developmentally disabilities representatives who were convened under DDTF auspices have decided to intervene and to use Congressional influence to reverse the unilateral decision made by Secretary James Lynn of HUD. The Developmental Disabilities Office has continued to act as the central source for receiving and disseminating information on this legislation.
- (4) Staff, as a representative of the Task Force, has been appointed to:
 - (a) The Lake Owasso Study Group which is attempting to develop a precedent in preparing a plan for the transfer of a state-operated residential facility to a county-level operation. This process is still being negotiated and could become a model for future transfer to local governmental operation of residential programs all over the state.
 - (b) The CAIR Project Steering Committee, chairing the sub-committee which produced a state-wide services specifically for epileptic persons.
 - (c) The Minnesota Epilepsy League's "Individual Program Plan" Steering Committee. Staff's assignment is to assist in collating an inventory of state-wide services specifically for epileptic persons.

- (5) The MHRI Advisory Committee had instructed the Task Force Staff to work with the Metropolitan Council Housing Program to develop a report on the feasibility of studying local zoning ordinances to determine what specific ordinance language provides obstacles to the location of developmental disabilities residential programs in metro region communities of R1 and R2 zones. From this study model zoning ordinance language will be developed.

Staff was invited to attend a meeting of local metropolitan municipal planners where she presented the idea of developing model zoning ordinances which would accommodate community residential facilities for developmentally disabled persons in R1 and R2 zones.

(6) Comprehensive Service Continuum

- (a) The component services within the continuum have been identified and defined by a committee of the Task Force. These component services have been clustered into sub-systems (residential, educational, occupational, etc.) and their inter-relationships have been described.
- (7) A procedures manual has been written which will allow providers to follow a step-by-step procedure for determining the needs of developmentally disabled individuals within each sub-system or category of services.
- (8) The Information Committee has developed and published an annotated Metropolitan Directory of DD Services . 500 copies will be disseminated to regional consumers, providers and elected officials.
- (9) The Task Force has published a monthly Information Exchange listing job opportunities, jobs wanted, new publications, resource material available at the Metropolitan Council and notices of meetings, workshops, etc. which are relevant to developmental disabilities. This monthly publication is distributed to over 100 agencies and consumers in the Metropolitan Region, together with the notices and summary minutes of the Developmental Disabilities Task Force monthly meetings.
- (10) A list of acronyms and a glossary for developmental disabilities providers and consumers based on a project begun by the State Council was edited by staff and 120 copies have been distributed to providers, consumers and others working in the field of developmental disabilities.
- (11) Proposal reviews have been conducted to determine which Metropolitan Region applications for federal developmental disabilities funds should be recommended for funding. Technical

assistance in preparing applications were rendered to several applicants; proposals referred to our Task Force were reviewed in depth and recommendations were made to the Metropolitan Health Board and the Governor's Planning and Advisory Council on Developmental Disabilities.

- (12) Staff also assisted in preparing an A-95 Review for the Comprehensive Epilepsy Feasibility Program of the University of Minnesota which was seeking funds from the National Institute of Health and for the St. Paul Health Department which is seeking second year funding for a Lead Paint Poison Prevention Project.
- (13) Staff has assisted in Section 1122 Review (Federal Capital Expenditure Review) of proposed residential facilities since the State Comprehensive Health Agency has contracted with the "B" agency, the Metropolitan Health Board, Metropolitan Council, to review and make recommendations for all projects which require such review. Twenty-seven community-based group homes have been reviewed and approved to date. These homes will serve 265 developmentally disabled individuals.
- (14) Staff prepared review and comment on a proposal under Title III - Older Americans Act for the Metropolitan Council's Program on Aging since the proposal requested funds for a Developmental Disabilities Senior Citizens Day Activity Center, and for requests for UMTA funds for transportation of developmentally disabled persons.
- (15) The Task Force sponsored a symposium on the development of community-based residential facilities.

B. Service Grant Program

The service grant program and review procedures have been substantially revised and improved. Earlier sections of this attachment have detailed many of the accomplishments in this area and the materials developed are included in the Appendix as Attachment 2.3B, Exhibit C and D.

The number of grants awarded to date in the last two fiscal years by the State Council are summarized in the following chart.

	<u>FY 1974</u>	<u>FY 1975</u>	<u>FY 1976</u>
Service Grants	14	10	3
Regional Grants	8	8	8

Follow-Up Study

The impact of the service grants program may be assessed in part by the continuation of projects after their year of Developmental Disabilities funding. A follow-up study of previously funded projects was completed by analysis of the files and telephone interviews with the project director. The survey did not include projects currently receiving support. Of the eighteen projects no longer receiving Developmental Disabilities support, 83 percent are continuing to function. Projects appear to have maintained the program as it was originally funded or increased in the number of services offered or the number of clients served.

A few projects have demonstrated notable accomplishments in coordination. An evaluation clinic in Northern Minnesota now cooperates with the upper peninsula of Michigan. The Michigan school system sends the children, family, and teachers to the clinic for assessment and some counseling. A camping program has developed an internship program with three large out of state universities (Oregon State, Penn State, Florida State). The Universities send their advanced undergraduates to the camp to work with the staff as part of the students professional preparation.

Many programs felt that the Developmental Disabilities funding was essential for the initiation of the program. One sheltered workshop noted that they had tried to get county support prior to their service grant and failed. However, after receiving a year's funding and proving that they could do the project, the counties are willing to support the project. More data on the status of previously funded projects is included in the appendix as Attachment 2.3B, Exhibit G.

The Developmental Disabilities Program Office is currently developing a process for replicating this study on an annual basis. This survey will assess:

- Impact of funded projects
- Current status and scope of services
- Problems of management and funding
- Needs for assistance

Information from the survey should provide the Council and staff with information needed to improve the program on a continuing basis.

C. State Council Committees

The standing and ad hoc committees of the State Council have moved forward toward setting committee goals and objectives as a result of a formal all-day workshop on organizational planning conducted for state and regional council members. Specific training was given on organizing and conducting committee meetings, developing objectives and work programs and evaluating committee efforts. Copies of the materials are included in the Appendix as Attachment 2.3B, Exhibit H.

Since much of the actual program implementation of the State Council's goals is delegated to Council committees, many of the committee's accomplishments and problems are documented throughout the State Plan. In addition, the specific goals and accomplishments of State Council Committees are specifically detailed here. Those State Council Committees which have been active during the past fiscal year are Advocacy, Licensure, Governmental Affairs, Public Information and Education, Proposal, Procedures and Review, and CAIR as well as the Executive Committee which is composed of chairpersons from all standing and ad hoc committees.

Advocacy Committee

1) Relationship to General Goals

The Advocacy Committee's efforts relate to the general goals by attempting to develop and influence advocacy functions at every level (relates to the State Goal of Public Information, Education and Advocacy).

2) Specific Objectives

-To provide Legal Advocacy Services via the Minneapolis Legal Aid Society project.

-To provide leadership to regional Developmental Disabilities Councils.

-To develop and promote education of public on human rights and needs of developmentally disabled population.

3) Program Description

(a) Coordinated and monitored the Legal Advocacy Project at the Minneapolis Legal Aid Society. The committee reviewed a new proposal on Legal Advocacy and recommended that the Council fund them for a third year.

(b) Studied and made recommendations regarding the Minnesota class action suit (Welch vs. Likins), which United States District Court Judge Larson issued a final decision in October, 1974.

- (c) Studied Title XX of the Social Security Act and made recommendations to the Minneapolis Legal Aid Society that they explore future funding potential through this source.
 - (d) Completed goal and objective statements on Advocacy for the 1976 State Plan.
 - (e) Explored some initial data regarding the need for a state supported facility which would provide specialized treatment to persons who are mildly retarded adults with behavior problems and have been charged with criminal offenses. Currently, these people are "thrown in" with the criminally insane in maximum security.
 - (f) Reviewed current status of Human Rights Department services and the impact of expanded legislation to the handicapped regarding anti-discrimination in housing employment and education. A marked increase in referrals and complaints have been experienced. The Department has conducted massive public relations efforts in order to inform the handicapped people of their rights and the procedures to follow when discrimination has been experienced. Approximately 300 people, many of whom were handicapped, attended the special session on Human Rights at the Governor's Conference on the Handicapped, October, 1975.
- 4) Special Coordination Efforts

The Advocacy Committee has maintained liaison with the following committees and organizations:

- Corrections Committee of the Commission on the Handicapped
- Mental Health Association Task Force on State Hospital Advocacy

There is presently some concern that the State Legislature will not provide funds for the Consumer Concerns section in the Department of Public Welfare. This section has provided for communication between and coordination of the State Hospital Advocates.

5) Advocacy Project Accomplishments

Since legal advocacy has been a primary objective supported by the Advocacy Committee, accomplishments of grants in that area are detailed here as they represent indirect accomplishments through support by the State Council.

(a) Legal Advocacy

Legal Advocacy meets general goals of the State Plan by providing access to legal representation and socio-legal services to the developmentally disabled population of Minnesota. In addition, a state-wide effort is made to educate consumers and the general public about the needs

and rights of the target population. The specific objectives are:

- To provide individual and class legal representation
- To draft new legislation and effect positive change in administrative policies and procedures in human service organizations
- To educate consumers and general public regarding state/federal laws and opportunities
- To train para-legal advocates.

Two full-time lawyers and two para-legal staff provide an array of direct and indirect advocacy services to clients. Emphasis is placed upon enforcing existing constitutional and civil rights laws as well as to expand and improve upon human service delivery systems.

Some of the most recent accomplishments in the area of legal advocacy include:

- (1) A new Guardianship Bill was drafted and authors procured in cooperation with the Department of Public Welfare.
- (2) A new zoning statute for legislative consideration.
- (3) Federal District Court in Minneapolis, Judge Lord, ruled that 1,000 developmentally disabled be declared eligible for SSI payments via a class action suit against the Social Security Administration.
- (4) A manual on pertinent state and federal laws has been published and disseminated.
- (5) Eight advocates have received training and will serve in eight respective community residential facilities. This is a pilot attempt in coordination with the Association of Residences for the Retarded In Minnesota.
- (6) Coordinated efforts will be made with the University of Minnesota Law School in providing clinical instruction for students.

(b) Legal Training

A Law School project is providing: (a) a specialized law curriculum which is addressed to the needs and rights of the developmentally disabled, and (b) an educational opportunity for future professional lawyers. Specific objectives are:

- To develop a law curriculum regarding the needs and civil rights of mentally retarded, cerebral palsied and epileptic persons.
- To provide a one-quarter seminar experience for selected law students and other students.

-To provide supervised clinical field placements in the human service field for students in community agencies.

The law curriculum has been compiled by a law professor, and the academic portion (seminar) of the project is now in process with clinical field placements to begin in the Spring (FY 1975). Students will acquire in-depth understanding of laws and social policy which effect the needs and rights of developmentally disabled persons. Several agencies plan to provide clinical experiences: e.g.: (1) the Minneapolis Legal Aid Society, (2) St. Paul-Ramsey Hospital Seizures Clinic, (3) The Consumer Concerns Division of the Department of Public Welfare.

Licensure Committee

1) Relationship to General Goals

The Licensure Committee's efforts relate to the general goals by focusing on licensure standards for community residential facilities (relates to the goal of Community Alternatives as well as the state goal of Monitoring and Evaluating Services).

2) Specific Objectives

To recommend ways in which duplication of efforts between state departments can be avoided and how procedures can be simplified in order to encourage the development of quality residential programs.

3) Program Description

Because of many events and activities occurring so rapidly throughout the state, the Licensure Committee has played, primarily, the roles of gathering information, reviewing problems, and making recommendations in the following areas:

(a) Zoning

Several neighborhoods in the metropolitan area have brought legal suits against proposed residential facility operators. Recently the Governor signed a new bill into law which will ban zoning restrictions in regard to developing small group houses in areas zoned as residential. This legislation was drafted by the Minneapolis Legal Aid Society via the Legal Advocacy Project, funded by Developmental Disabilities.

(b) Welsch vs. Likins

The Licensure Committee reviewed the Federal District Court judgements of the Welsch vs. Likins case regarding improvements to be made at the Cambridge State Hospital. Some progress has been made in response to the verdict, but much will depend on what the State Legislature appropriates to the Department of Public Welfare.

(c) Application of Rule 34 to the Cambridge State Hospital

The Licensure Committee received a full report from the Department of Public Welfare on how the Cambridge State Hospital is complying with Minnesota Standards (Rule 34). These standards must apply to both public and private residential facilities. In view of the many discrepancies and deficiencies at Cambridge, the Licensure Committee will be recommending to the Governor's Planning and Advisory Council that they take a strong stand that "a single" standard approach be taken in regard to both public and private facilities. What is being tested, here, is "can the 'state' license its own programs?" and "can we eliminate the double standard system that has existed over the past century?"

(d) Other Reports and Recommendations

The Licensure Committee will also be making recommendations regarding:

- enrollment of institutionalized children in public schools
- application of health standards to state facilities
- the need to thoroughly study ICF-MR reimbursement rates, state/federal cash flow, and the economic reasoning behind the present set-up
- the foster care picture in Minnesota

Proposal, Procedures and Review Committee

1) Relationship to General Goals

The Proposal, Procedures and Review Committee relates to the general goals of "improving the delivery of services at the local level and adequately administering grants for development of services for the developmentally disabled". The Committee provides the necessary support for the Developmental Disabilities staff in evaluating proposals for meeting the needs of developmentally disabled individuals. (Relates to the state goal of Administration and Delivery of Services.)

2) Specific Objectives

- To establish procedures for the efficient, equitable review of proposals.
- To establish priority areas for research, development on demonstration projects to meet the needs of developmentally disabled individuals in Minnesota.
- To evaluate all regional and service grant proposals and submit recommendations for funding.
- To specify procedures for the development of alternative types of proposals including requests for proposals (RFP's) proposal announcements, and general priority dissemination for service grants.

3) Program Description

The Committee analyzed existing procedures for proposal review and has recommended new guidelines to the State Council. A complete set of materials and procedures has been developed for each step in the review process. Specifically, the guidelines for proposed projects and for actual proposal writing have been cast in an instructional format to assist grant applicants (Attachment 2.3B, Exhibits C and D). The complete package will be reviewed and modified in mid-June and the final grant management program will be implemented.

The procedures adopted by the Proposal, Procedures and Review Committee (Attachment 2.2B, Exhibit A) have been demonstrated to lead to equitable, efficient proposal review. Thirty-seven proposed project summaries were reviewed in the initial grant review cycle for Fiscal Year 1976. Of these 37, eight were requests for continued funding. The Proposal, Procedures and Review Subcommittee encouraged 17 of those who submitted proposed project summaries to submit full proposals. Thirteen proposals were submitted for consideration by the Proposal, Procedures and Review Committee. Six of these proposals were requests for continued funding. The Committee recommended that six of the proposals be approved for funding in Fiscal Year 1976.

4) Special Coordination Efforts

The Committee is comprised of representatives from state agencies as well as consumer groups. The proposals to which they respond should serve to foster interagency cooperation and should deal with multiple services for developmentally disabled individuals.

Public Information Committee

1) Relationship to General Goals

The Public Information Committee's efforts relate to the general goals by attempting to develop and influence statewide efforts in communicating about the rights and needs of developmentally disabled individuals.

2) Specific Objectives

-To implement a program that routinely communicates the accomplishments, goals and activities of the state and regional developmental disabilities councils to the general public and private agencies and professionals.

-To support and monitor efforts of the statewide public information coalition project among the three primary consumer groups.

-To provide leadership and technical assistance to the eight regional programs in the area of public information.

3) Program Description

The Public Information Committee has begun to establish its goals and priorities for the year. The current focus of the Committee has been on:

-monitoring the media on various aspects dealing with the developmentally disabled through a statewide clipping service

-developing appropriate materials and resources for a brochure relating to the activities of the Governor's Planning and Advisory Council on Developmental Disabilities

-exploring various other aspects of public information and education such as newsletters, slide presentations and regional workshops.

4) Special Coordination Efforts

The Committee will attempt to provide coordination and technical assistance to the regional developmental disabilities councils to aid regional public information efforts.

Governmental Affairs

1) Relationship to General Goals

The activities of the Governmental Affairs Committee relate to the general goals by helping to generate legislative proposals to meet needs of developmentally disabled persons, and by maintaining communication between the legislative process and the Governor's Planning and Advisory Council on Developmental Disabilities.

2) Specific Objectives

- To identify legislative action that should be taken on behalf of developmentally disabled individuals.
- To monitor the progress of current legislation.
- To monitor the implementation of legislation that has been passed.
- To prepare for next legislative session, i.e., to recommend the reintroduction of legislation).

3) Program Description

The Governmental Affairs Committee monitors, reports and communicates legislation that relates to developmentally disabled individuals. The Committee does not serve a direct influencing role, but relays appropriate information to their lobbying arm (The Minnesota Committee for the Handicapped) or other appropriate groups who are in a position to act and influence. As the legislature is still in session, the fate of many bills pertaining to special education, vocational rehabilitation, "pass along" of federal increases in supplemental aid to state recipients remain to be determined and a report of any significant developments can be made in the succeeding quarterly report.

4) Special Coordinating Efforts

The Committee communicates legislative affairs on developmental disabilities to the Developmental Disabilities Council as well as to private providers and has open communication with other state agencies that deal with handicapped persons.

CAIR Committee

1) Relationship to General Goals

The CAIR Committee relates to the goals of deinstitutionalization and establishing community alternatives. Since the Developmental Disabilities Program has no direct responsibility for implementing programs with clients, planning and development activities have focused on three distinct goal areas:

- To develop a plan for deinstitutionalization and the creation of community-based programs.
- To provide services at the regional level and evaluate models for service provision through a directed service grant program.
- To directly and indirectly coordinate inter-agency planning related to the development of community-based programs.

A plan for deinstitutionalization has been completed and approved by major state agencies and the State Council (CAIR Report, 1975). There are, however, issues to be resolved related to implementing the plan. Consequently, a CAIR Implementation Committee has been established to consider these areas. While many recommendations of the CAIR Report have been acted on, the implementation of others will require that new issues be addressed.

2) Specific Objectives

-To prepare implementation guides in the areas of: (a) sources of funds for developing community-based programs, (b) alternative strategies for implementing the CAIR recommendations, (c) procedures for coordinating local service delivery, (d) strategies for removal of barriers to community-based programs, (e) alternative relationships for developing and maintaining community-based residences.

3) Program Description

Structural materials have been developed for Committee review and completion by July 15, 1975. The content will provide a basic set of guides for the implementation of the CAIR recommendations.

4) Special Coordination Efforts

The Committee is comprised of representatives from each state agency having a direct responsibility for developmentally disabled persons, individuals representing the major consumer agencies for each of the three areas of disability, and consumers. The CAIR Committee panels and task groups provided for the combined input of nearly 200 individuals.

5) Products

1,500 copies of the CAIR Report have been distributed on request to:

- Consumers
- State Hospitals
- Area MH/MR Boards
- Regional Development Commissions
- Legislators
- DAC's
- Consumer Agencies
- County Welfare Boards

The Report contains 74 major recommendations (CAIR, 1975, p. 4-8) relating to deinstitutionalization and developing community-based programs and has been disseminated statewide and nationally with requests for additional copies continuing.

A legislative abstract of the report has been prepared and 500 copies disseminated and an annotated abstract is scheduled for dissemination in July, 1975. These abstracts are included in the Appendix as Attachment 2.3B, Exhibits A and B.

6) Current Impact

The implementation of the CAIR activities and report are many.

- (a) Several significant pieces of legislation were proposed in the CAIR Report and, subsequently, passed in the State Legislature:

-A state zoning statute prohibiting discrimination in the development of group homes.

-A parent-support program for parents of developmentally disabled individuals.

-A guardianship statute

- (b) Further, the CAIR Report has been endorsed by the Department of Public Welfare as the planning guide for local planning by Area MH/MR Boards and an individualized assessment and prescription procedure is being developed and implemented.

- (c) Through service grant activities several basic recommendations have implemented, e.g., an information and referral system related to residential programs for developmentally disabled persons. This relates directly to the development and implementation of a statewide continuum of community-based residential and support services and to the goals of information, referral, and regional service delivery. The major thrust of the project is to identify residential programs serving specific client needs and to maintain an on-going inventory of vacancies in these residential programs. The program is actuarial rather than evaluative in that no performance criteria will be applied to the registration of available programs -- it is anticipated that criteria will be applied after the system becomes operational.

- (d) Also, as an activity of the CAIR Project, the Developmental Disabilities staff participated in the review of the Urban Mass Transit Association proposals related to the elderly and handicapped. As a consequence a number of transportation programs for the handicapped were funded.

This program relates most directly to improving the delivery of services at the local level. The development of community residential alternatives to institutionalization requires that new support systems be developed. Because it serves as the interfacing between community residences and other required support services, e.g., education and

vocational programs, arranging transportation services for the developmentally disabled is critical to the progress of clients. The specific objectives of the UMTA grants were to significantly increase the mobility of elderly and handicapped individuals by providing funds for obtaining capital equipment in communities of 5,000 or more. Sixty-one grant applications requesting \$1.6 million were reviewed. The total available funds were \$348,000. Of the preliminary applications accepted, 45% were directed toward serving the needs of handicapped individuals, 38% were directed toward serving the needs of both the handicapped and the elderly, 32% were from the Twin Cities, and 68% represented outstate populations. Projects which involved interagency cooperation in the use of funds were given priority. The review process was conducted on an interagency basis including: The Commission on the Handicapped, Council on the Aging, Transportation Planning, and the Developmental Disabilities Program.

7) Related Concerns

- (a) The CAIR Project was primarily directed toward meeting the needs of institutionalized individuals, most of whom were mentally retarded. While many of the basic outcomes of the CAIR Project are applicable to planning for all developmentally disabled individuals, an Individualized Program Planning Project supported by the State Council is directed exclusively toward determining the needs of and planning for individuals with seizures. The project outcomes will provide a statewide, regional, and local planning base.
- (b) If deinstitutionalization is to be effectively realized, it must be accomplished in planned stages. At the present time, there are insufficient numbers of community-based residential programs to accommodate the developmentally disabled individuals prepared to leave institutional programs. As a first step, then, toward deinstitutionalization, new community-based residences must be developed -- MHFA Housing Program funds will provide monies for construction and financing of small community-based residential facilities.
- (c) In addition, through the direct efforts of a project supported by Developmental Disabilities service grant funds \$100,000 in Community Development Funds was identified for use in supporting development of community alternatives for developmentally disabled individuals.

D. State Council Annual Planning Conference

Major efforts have been made this past year to improve formal planning procedures of the State Council and regional developmental disabilities programs through two workshops that have been described in this section. In addition, the State Council's Annual Planning Conference, a two-day session in June, is conducted for the purpose of establishing short and long range objectives of the State Council. In advance of the conference, participants will have received a Council Manual which includes such briefing materials as:

1. A summary of State Council goals and objectives from FY 1972 through FY 1975.
2. Statements of current long and short range goals established by regional councils.
3. History and goal statements of current State Council committees.
4. Modifications of service grant procedures.
5. Progress report and recommendations from the CAIR study.
6. A summary of state legislation concerning developmentally disabled individuals.
7. A report on federal state plans including budgets and funding, services provided and opportunity for outside input.
8. State Council orientation materials.

The Conference will include formal group procedures for considering future trends and their impact on services for developmentally disabled persons, as well as activities designed to revise and develop goals and objectives. The Kepner-Trago method will be used to produce goals and priorities for the State Council, with full participation of regional council members. Material describing the Conference is included in the Appendix as Attachment 2.3B, Exhibit I.

TECHNICAL ASSISTANCE

A. Five Areas for Possible Technical Assistance

There are several areas in which the State Council, its program staff, and the regional councils and planners could utilize assistance from outside sources. Specific needs for technical assistance will be better defined, with designated priorities, during FY 1976 but the broad areas in which technical assistance could be helpful include:

1. Regional Planning and Development
2. Administration and Service Grants
3. Effective implementation of the CAIR Project recommendations
4. The development of a statewide information system based on individual and service data.
5. Procedures for developing community based services

B. Utilization of Technical Assistance

Technical Assistance will be explored through a variety of sources in the following areas:

1. Regionalism -- Establishing formal and informal relationships for cooperative planning efforts with:
 - (a) Comprehensive Health Planning
 - (b) Regional Developmental Commissions
 - (c) Human Service Boards
2. Techniques for carrying out the Council's functions at the regional level in the areas of planning, influencing and evaluating.
3. Evaluation techniques regarding service grants and regional planning activities.
4. Technical assistance workshops for consumer agencies, regional developmental disabilities programs and others concerning:
 - (a) Revenue sharing programs
 - (b) Organizational development
 - (c) Formal plan and evaluation procedures
 - (d) Methods for improving work plans
5. Organizational planning and development for the Governor's Conference on Handicapped Persons.

The Individual Data Base in Minnesota

The delivery of services based on individual needs requires that a comprehensive assessment be completed for each developmentally disabled client. The Minnesota Department of Public Welfare has been completing such an on-going assessment using the revision of the Adaptive Behavior Scale. It was anticipated that by December, 1974, individual client data on specific items would be available for global decision-making, e.g., the type of residential program needed. This data base as yet has not been fully developed. However, two projects currently funded by the State Council as well as a joint project of the University of Minnesota and the Minnesota Department of Public Welfare will provide more precise individual data for program prescription and follow-up. Specifically, the projects will provide an individualized assessment device and behavioral objectives for use in prescribing individual client programs.

These projects respond in part to the following CAIR Project recommendation:

We recommend that a bi-level system of assessment be developed based on individual behavior. The first, more global level of assessment would be used for screening purposes and would assist in making placements in programs described in this report. A second, more specific assessment device would monitor the development of specific skills around which programs could be developed. Further, both assessment devices should be periodically administered to all developmentally disabled residents of state hospitals, residential training programs, foster homes, and personal family homes.

The key to the development of an individual data base is an effective assessment procedure. The review of existing assessment procedures conducted as part of the CAIR Project indicated the following limitations of presently available assessment devices:

- "-Multiple behaviors are assessed in single items
- Multiple scoring methods are used both between and within tests
- The tests yield a global score which cannot be used for planning individual programs
- The items are not arranged on a developmental continuum
- Recording is based chiefly on hindsight and recall rather than direct observation
- Many items are cast in the form of "not" or negative behavior rather than on-going, positive performance, yielding problems of reliability and validity

- Most items are not evaluative, for they do not include the conditions under which the behavior occurs or the criteria to be used in evaluation (CAIR, 1975, p.13). "

Because of these limitations and the absence of significant behaviors in all assessment devices reviewed, no currently available assessment device could be recommended.

Minnesota Developmental Programming System

The Minnesota Department of Public Welfare in conjunction with the University of Minnesota has created an assessment device based on the behavioral categories identified in the CAIR Report. While the instrument does not respond to all criticisms of other instruments it represents a more accurate procedure on which to base individualized program planning. Further, because it has been developed with involvement by the Minnesota Department of Public Welfare, it will be completed for all developmentally disabled individuals during the next two years.

Based on the results of such a comprehensive statewide assessment, the specific service requirements for the developmentally disabled will be defined. An index of available providers meeting established criteria, e.g., residential programs meeting licensing requirements was developed under a grant from the Developmental Disabilities Program Office. This index will allow for both an analysis of service availability by area and a later analysis of service adequacy. The State Council is also presently supporting a project aimed at establishing the basic evaluation criteria for Day Activity Center Programs. It is anticipated that the process by which these criteria are being established will be generalizable to the development of criteria for other service areas.

Client needs and service requirements are the basis for effective service development and delivery. The prime criterion for the adequacy of services, however, must be based on the evaluation of client progress. Consequently, several service/client monitoring systems were reviewed. From the perspective of the CAIR Task Forces, follow-up systems generally have several limitations:

- The categories for assessment are not tied directly to behavior consistent with the principle of normalization and, in general, are based on inadequate assessment instruments for individual program planning and evaluation.
- The assessment schema is directed primarily toward the mentally retarded and may not accommodate program planning for other disabilities.
- The data are often provided on a normative basis rather than in terms of individual progress on precise objectives.
- The systems do not have competency-based training programs for reporting agents.

Because of these limitations, it is the intent of the Developmental Disabilities Program Office to capitalize on the process which has been generated by other projects while facilitating development of a unique system for client/service monitoring based on individual client needs and objectives. Specifically, development will follow the recommendations of the CAIR Task Forces:

A follow-up system should control the identified deficits. It should provide multiple assessment devices covering all areas (psychological, physical, social) which are directly tied to the need for specific programs, including residential and educational program requirements, health-care needs, general service requirements (transportation), and specific specialist follow-through. The systematic input of individual progress data and service outcomes would allow evaluation of the program plan and its modification based on areas of inadequacy.

The follow-up system should store data related to all services. For example, listings of all residential and educational programs by region and community maintained through a monthly vacancy report could assure immediate access to available programs. Similar regional and community lists for other service areas could be compiled and provided to help parents or staff select services for meeting individual needs.

Finally, the follow-up system should be developed as an information retrieval system. The data could be drawn for individual case management, for example, program planning units could evaluate the adequacy of a program plan by reviewing the progress of an individual. Or it could be used to evaluate the effectiveness of a specific type of program for individuals having common characteristics. In both cases, if the data indicate program effectiveness, the program could be continued and recommended in the future: if the program is demonstrably ineffective, it could be modified and re-evaluated.

Arranging optimal programs for developmentally disabled individuals requires a systematic interagency follow-up. The system should be designed to provide service in all areas of developmental disability, to prescribe programs for individual clients, to provide sources of required services, and to evaluate the adequacy of programs for individual clients (CAIR, 1975, p.33).

GENERAL PROGRAM ADMINISTRATION

Services and Facilities are provided under this State Plan for persons with developmental disabilities attributable to mental retardation, cerebral palsy and epilepsy. Federal funds are expended only in connection with this target population specified in the preprint.

Staff Support

As of July 1, 1974, Dr. Robert H. Bruininks became planning director. Staff support has been increased during Fiscal Year 1975 and now includes a director, assistant director, two planners, one research analyst, two secretaries and part-time student interns.

Administrative Accomplishments

A complete task analysis by project has been developed for each staff member. This written task description will allow for:

- a. Staff management by objectives
- b. Project status analysis in terms of established timelines
- c. Project cost projection
- d. Administrative feedback

The State Planning Agency assures that:

- A. There will be reasonable State financial participation in the cost of carrying out this State Plan, in accordance with 45 CRF 416.30;
- B. Methods and procedures for properly charging the costs of activities under the plan to the program have been established and maintained in accordance with BOB Circular A-102 and the Department of Health, Education, and Welfare instructions and regulations.
- C. Fiscal controls and procedures will be developed and adopted by the State agency necessary to assure the proper disbursement and accounting of funds paid to the State and to other grantees, in accordance with 45 CFR 416.35.

Section 5

STATE PROGRAM -- SERVICES AND FACILITIES

This section includes both immediate and long range goals and objectives which reflect the combined input of the major state agencies, the eight regional developmental disabilities councils and planners, the consumer groups, the State Council members and staff, and the several standing committees of the Council. As with any plan, the objectives have changed over time reflecting new needs, updated information, and changing circumstances.

The general good of the State Council and its administering agency, the Minnesota State Planning Agency, is to conduct comprehensive planning of services for developmentally disabled persons and to effectively influence the implementation of these planning efforts. The Council serves a unique function of synthesizing diverse interests and resources in the state, bringing together individuals and representatives of agencies to deal with common concerns in order to provide opportunities to the developmentally disabled that will insure their rights to as normal a life as possible.

The implementation of the goals and objectives which follow will require the cooperative efforts of many individuals and agencies throughout the state. The major tasks will be coordinated and/or accomplished by the standing and ad hoc committees of the Council and supporting staff. The current standing Committees of the Council include the:

- Executive Committee
- Proposal, Procedures and Review Committee
- Advocacy Committee
- CAIR Implementation Committee
- Governmental Affairs Committee
- Licensure Committee
- Public Information and Education Committee

Actual implementation of plans and programs have been and will be facilitated by the State Council by using several strategies, including:

- (1) Designing and disseminating requests for proposals and awarding grants which address regional and statewide needs as well as federal priorities.
- (2) Influencing agency policies and delivery of services by involving the decision makers in the planning and implementation process and by cooperating on interagency projects.
- (3) Providing leadership and assistance to the eight regional developmental disabilities councils and staff as they plan and implement plans at the local and regional levels.
- (4) Acting as an advocate by and for developmentally disabled persons.

A. SHORT RANGE GOALS

1. Compliance with Federal Goals

Minnesota's goals, as stated in terms of the priorities for the next five years by the State Council, are consistent with local, regional, state and national goals. As stated in the Federal Developmental Disabilities Guidelines (Draft, February, 1974, p.4), a major goal of the National Developmental Disabilities Council is:

"To reduce the institutional caseload for mentally retarded and other developmentally disabled persons by one-third."

This goal is to be accomplished by the following objectives and strategies:

(a) Community Alternatives and Institutional Reform

To improve the quality of residential care - including both institutional care for those who require it and alternative residential care for those who can benefit from it. The program strategy for accomplishing this objective includes the development and utilization of accreditation standards to assess quality of care in public and private institutions for developmentally disabled persons. This objective relies on states to follow up through state councils and other agencies for implementation (see Licensure Committee).

(b) Deinstitutionalization

- (1) To continue all efforts for identifying and evaluating the range of residential care alternatives and means of linking community-based services to new residential settings.
- (2) To encourage development of a comprehensive array of community-based support services and community living arrangements to enable institutionalized developmentally disabled persons to return to the community.

2. Additional Goals of the Minnesota Developmental Disabilities Program

a. Goal #1: CAIR (Community Alternatives and Institutional Reform)

- (1) To develop strategies and guidelines for implementing a statewide continuum of community-based residential and supportive services based on the CAIR Report.
- (2) To encourage legislation and agency planning which will improve the quality, extent and scope of services provided in state and private residential facilities.
- (3) To improve statewide programs by funding development of model programs in areas where deficiencies have been identified (see Service Grant Priorities).

(b) Goal #2: Regional Planning

- (1) To develop and strengthen comprehensive planning efforts in behalf of all developmentally disabled at the regional level by means of:
 - (a) integrating and coordinating efforts with existing authorities (Comprehensive Health Planning, Human Service Boards, and the Regional Development Commissions), and (b) by assisting in coordination of regional developmental disabilities council planning based on the Regional Study.

(c) Goal #3: Regional Administration and Service Delivery

- (1) To improve the delivery of services at the local level by participating in regional program planning.

(d) Goal #4: Public Information/Education and Advocacy

- (1) To promote community acceptance and adjustment of developmentally disabled persons through a statewide program of public information and education.
- (2) To encourage development of a statewide advocacy program to meet the emotional, social or service needs of developmentally disabled individuals.

(e) Goal #5: Program Monitoring and Evaluation

- (1) To monitor and evaluate planning and services provided at state and regional levels to developmentally disabled persons.
- (2) To support a statewide incidence and prevalence study of developmental disabilities.

3. Relationships to Other Programs

The objectives of several state efforts will contribute directly toward meeting these objectives.

(a) Governor Anderson's Budget Message to the Legislature

These objectives include:

- (1) An increase of 28.7 million dollars for Special Education (this represents an increase of 53 percent).
- (2) A change in the Special Education aid program although it remains unspecified as of this edition.
- (3) Mandatory summer school programs for severely handicapped children who reside full-time in public or private facilities.
- (4) An increase of 40 million dollars or 43 percent in transportation aides.

Other recommendations from the Governor which did not directly affect schools included:

- (1) The moving of 700 out of the 3,600 mentally retarded residents of state hospitals out of the institutions into their own homes or into community-based facilities. (The ultimate goal is to move out 1,300 additional residents in future years.)
 - (2) a new family subsidy program whereby state funds can be used for support of family services.
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 - (3) The transfer of 100 of the most severely retarded to special community care centers at a cost of \$715,000.
 - (4) The transfer of 400 of the 700 state hospital residents to nearly 50 small 8 to 16 bed community centers at a cost of 10 million dollars in construction.
 - (5) The closing of Hastings State Hospital and its conversion into a veteran's home.
 - (6) An increase of 3 million dollars for funding daytime activity centers to a level of 7 million dollars.
 - (7) An increase of \$500,000 for sheltered workshop funding.
- (b) The Minnesota Department of Public Welfare which has the primary mandates for deinstitutionalization has indicated the CAIR Report as the guide for individualized client planning.

(c) Individualized Program Planning Project and Outreach Training Program

The Minnesota Mental Retardation Plan has as its central theme and requirement the provision of an individualized program plan for each resident of state and private facilities. A major project is the development of a system of Individualized Program Planning (IPP) which has interchangeable use within the service delivery system in Minnesota. The IPP system is being implemented through the Outreach Training Program which is a project hosted by the University of Minnesota and Department of Public Welfare and funded through Social Rehabilitation Services based on the CAIR Report. The IPP project will provide direct training to 100 key program staff in public and private facilities in Minnesota who will, in turn, train direct care staff in the use of the IPP system. Certification of eligibility for ICF/MR services and determination of ability of the individual to act in behalf of his own safety will be incorporated in the IPP system.

The overall objective of this project is the development of skills in behavioral assessment and individual program planning through an outreach training program for those professionals who make decisions affecting mentally retarded persons in Minnesota. The ultimate goal to which the proposed activities will contribute is the expedient selection and provision of appropriate developmental services to the approximately 6,500 retarded persons who receive services from these provider agencies.

(d) AARM - Statewide Residential Service I and R System

The Association of Residences for the Retarded in Minnesota (AARM) is operating a statewide information and referral system to provide parents, county welfare placement staff, and providers of service a central source of placement information concerning residential programs for the developmentally disabled. This service is funded by the Minnesota Developmental Disabilities Program. The system develops and maintains current listings of available openings and current descriptions of programs and services provided in public and private residential facilities throughout the state. The system also maintains records of requests for residential service, including demographic and developmental data. This data will provide a basis for future development of community based residential facilities, based on known need and location. Monthly information bulletins containing information relative to openings in facilities, new programs being developed, and new facilities opened are published and disseminated. This project is currently being transferred to a public agency for continued development and operation.

(e) The DPW Technical Assistance Project

The Minnesota Department of Public Welfare has developed a program for providing technical assistance to developers of community-based residential programs. The previous procedures for the development

of community programs, as described in the CAIR Report, tended to discourage rather than foster development. The manual to be developed by this project should provide developers with a direct, systematic approach to state agencies.

B. OBJECTIVES FOR ATTAINMENT OF GOALS**Goal #1: CAIR (Community Alternatives and Institutional Reform)**

1. To develop strategies and guidelines for implementing a statewide continuum of community-based residential and supportive services based on the CAIR Report.
2. To encourage legislation and agency planning which will improve the quality, extent and scope of services provided in state and private residential facilities.
3. To improve statewide programs by funding development of model programs in areas where deficiencies have been identified (see Service Grant Priorities).

1. The CAIR Project

The original CAIR Project objectives were met with the:

- (a) Dissemination of 1,500 copies of the Report. (The Report has been abstracted into both a general and annotated version which can be readily understood and put into immediate use by a variety of audiences; e.g., legislators, consumers, professionals. These abstracts are included in the Appendix as Attachments 2.3B, Exhibits A and B.)
- (b) Development and presentation of more than 70 recommendations for legislative and agency consideration. However, it was found that the CAIR recommendations could not be implemented without further consideration and action. An interagency, multidisciplinary group has been assembled to meet four specific objectives.
 - (1) To prepare implementation guidelines for community-program developers, local agency personnel and planners in the areas of sources of funds for programs, local service delivery responsibilities, procedures, ongoing activities and contacts related to removal of barriers to community-based programs, alternative operating relationships for community-based programs, and the status of implementing the CAIR recommendations.
 - (2) To propose legislative or agency action in each of the five planning areas (above) and submit a formal report to legislators and the Governor's Office.
 - (3) To monitor and report on the implementation of the CAIR recommendations.
 - (4) To prepare studies for obtaining data required for implementation.

2. Construction of Facilities

The objective of facility construction is to promote an increase of financial participation by private investors; local, state and federal appropriations; and community funds in order to meet the increased needs for residential facilities in the community.

- (a) The Developmental Disabilities Program Office and the State Council will continue to support planning for and development of residences through the service grant program, e.g., The Phoenix Project.
- (b) The State Council has placed construction grants lower in priority than appropriating monies for planning and services. It is the intent of the Council to facilitate and encourage the development and utilization of other funding sources, e.g., revenue sharing and the Minnesota Housing Finance Authority.

Goal #2: Regional Planning

- 1. To develop and strengthen comprehensive planning efforts in behalf of all developmentally disabled at the regional level by means of : (a) integrating and coordinating efforts with existing authorities (Comprehensive Health Planning, Human Service Boards, and the Regional Development Commissions), and (b) by assisting in coordination of regional developmental disabilities council planning based on the Regional Study.

1. Integration of Regional Planning Efforts

Regional planning efforts will be supported through studying, designing and implementing a plan for an ongoing structure and funding to support comprehensive planning for the developmentally disabled at the regional level. Based on the comprehensive study of the regional structure and Council needs conducted by the Developmental Disabilities Program Office in conjunction with DD/TAS in Fiscal Year 1975, financial and planning support will be provided to regional councils:

- (a) To identify the optimal host agency affiliations and statewide configurations for the regional planning facilities.
- (b) To provide input from the regions through support of regional activities to the State Council.
- (c) To provide a population, incidence and prevalence, planning base for regional development (e.g., Incidence and Prevalence Study).

2. Technical Assistance to the Regions

- (a) To administer and coordinate comprehensive planning at the regional level, via the eight regional councils, and involve the eight regions to a greater extent in developing the State Plan.

To continue development toward this objective, the following steps are planned:

- (1) To train regional planners in procedures for establishing priorities, setting goals, and writing objectives.
- (2) To provide direct technical assistance to the regions.
- (3) To directly incorporate the resulting regional plan into the plan for the State Council.

Goal #3: Regional Administration and Service Delivery

To improve the delivery of services at the local level by participating in regional program planning.

1. Review of State Plans and Budget Requests

- (a) To review and make recommendations regarding the annually submitted State Plans and Budget Requests as developed by the major state service agencies. Plans which the State Council may review with appropriate staff support include:

- (1) Department of Public Welfare
 - a. Social Services (Title XX of Social Security Amendments)
 - b. Medical Assistance (Title XIX of Social Security Act)
- (2) Health Department
 - a. Maternal and Child Health and Crippled Childrens Services (Title V of the Social Security Act)
- (3) State Planning Agency
 - a. Comprehensive Health Planning and Basic Grants to States
- (4) Department of Education
 - a. Special Education: Education of the Handicapped (Title VIB, Elementary and Secondary Education Act)
 - b. Department of Vocational Rehabilitation: Vocational Rehabilitation (Vocational Rehabilitation Act of 1973 and 1974 amendments)
 - c. Vocational Education: Vocational Education (Title IB, Vocational Education Act)

2. Legislation Activities

- (a) To participate in the coordinated efforts to meet legislative needs of state and federal levels through:

1. Providing planning support for the anticipated 1976 Governor's Conference on the Handicapped in order to influence legislators through the combined efforts of all individuals and agencies concerned with the needs and rights of developmentally disabled individuals.
 - (b) Coordination of Developmental Disabilities Council efforts by maintaining liaison with:
 - The major state service agencies
 - The Governor's Commission on the Handicapped
 - The Committee on the Handicapped
 - The Coalition of and for the Handicapped
 - Consumer agencies (e.g., Minnesota ARC, UCP and the Epilepsy League)
 - (c) To influence federal legislation and regulation development as they affect Minnesota and other states with similar problems.
 - (d) To provide planning information directly to the Governor and legislators.
3. Administering Service Grants
- (a) To design and implement a system for effective and efficient proposal development and review by:
 - (1) Improving the quality and impact capacity of proposals.
 - (2) Developing alternative funding strategies which will take into consideration and encourage:
 - Assessed needs
 - Creative approaches
 - Regional priorities
 - State Council priorities
 - Implementation of CAIR
 - Continuity and coordination in the support of community planning and service efforts.
 - (3) To develop and test an instructional program for project directors on administrative and reporting procedures for service grants.
 - (4) To test an instructional program for potential grant applicants on procedures for proposal writing (to promote increased participation).
 - (5) To design, implement, test and modify a system for effective and efficient proposal review and grant management.
 - (6) To provide increased technical assistance to service grant recipients.

Goal #4: Public Information/Education and Advocacy

- (1) To promote community acceptance and adjustment of developmentally disabled persons through a state-wide program of public information and education.
- (2) To develop a statewide plan to meet the emotional, social or service needs that developmentally disabled individuals

1. Influencing the General Public

- (a) To develop and influence statewide efforts in communicating about the rights and needs of developmentally disabled individuals.
- (b) To develop and implement a public relations program which effectively and routinely communicates the significant goals, activities, and accomplishments of the State Council and regional developmental disabilities councils to professionals, public and private agencies, elected officials, mass media, and the general public.
- (c) To provide technical assistance to the eight regional developmental disabilities councils as they plan, coordinate and carry out public information/education programs at the local level.

2. Advocacy

- (a) To develop a variety of advocacy functions at every level, from the citizen advocate (a friend) to the ombudsman in order to assure full protection of rights of all developmentally disabled persons, especially those individuals who will be returning to community settings from state institutions.
- (b) To complement the CAIR Project through specific objectives of the Advocacy Committee, which include:
 - (1) Providing legal advocacy services to developmentally disabled persons on a statewide basis via the Legal Advocacy Project for Developmentally Disabled in Minnesota.
- (c) Providing leadership and assistance to the eight planning regions as they plan, develop and influence advocacy functions at the local levels.

- (1) Developing and disseminating an informational brochure on advocacy.
- (2) Developing with mutual input of the regional and state Advocacy Committees, a comprehensive plan for a statewide advocacy system or systems.
- (c) To develop and promote public and specialized education on the rights and needs of developmentally disabled persons through the Public Information Coalition Project.
- (d) To develop a new model for community participation in advocacy functions through the St. Paul ARC Citizen Advocacy Project.

Goal #5: Program Monitoring and Evaluation

- (1) To monitor and evaluate planning and services provided at state and regional levels to developmentally disabled persons.
- (2) To support a statewide incidence and prevalence study of developmental disabilities.

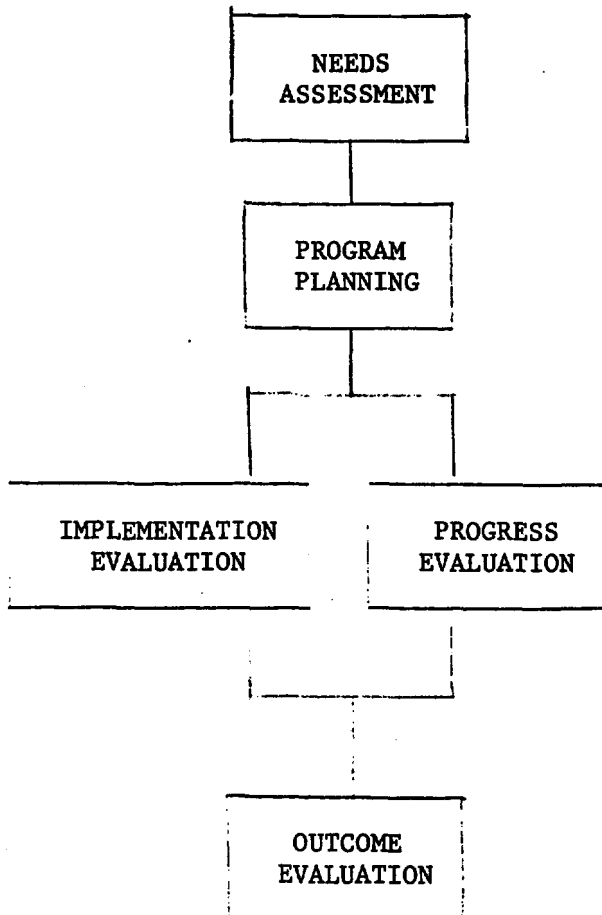
1. Residential Facilities

- (a) To improve the quality of existing residential facilities (from foster care to state institutions) and to promote the development of a wide range of residential living situations in the community to meet the specific developmental needs of individuals.
- (b) To improve the quality, extent and scope of day programs (e.g., day activity centers, and work activity centers).
- (c) To improve the quality and quantity of trained personnel who work in community and state operated treatment and educational programs.
- (d) To coordinate planning efforts with respect to monitoring and evaluating services through the Licensure Committee of the State Council.

EVALUATION PROCEDURES

During the 1976 Fiscal Year, the State Council will continually evaluate its activities in terms of accomplishments of the stated goals and objectives. Evaluation is defined as the process of determining the kinds of decisions that have to be made and selecting, collecting and interpreting the information needed in making these decisions. Criteria to be included in evaluation measurements will be established by the State and Regional Council members and planners, with possible technical assistance from Developmental Disabilities/Technical Assistance System; the Health, Education and Welfare Regional Office in Chicago, and University Affiliated Facilities located in the Midwest.

The evaluation and planning model developed by the University of California, Los Angeles Center for the Study of Evaluation will continue to be used to develop an evaluation plan for the program. This model includes five phases for providing a framework for evaluating the decision-making process:



1. Needs Assessment involves stating the objectives to be met and determining how well an existing program is meeting these objectives. This information is used to identify program needs.
2. In Program Planning, the evaluator provides the project director with tools to help make planning decisions. He also builds into the program the procedures that will be needed for assessing whether or not it is operating as planned and how well it is achieving its objectives.
3. Implementation Evaluation is a monitoring process to determine the extent to which the specified elements of the program have been implemented as planned.
4. Progress Evaluation provides information about the progress of the program's components in meeting the program's objectives. This information is used to modify the program where necessary.
5. Outcome Evaluation provides information about the success of the entire program. This information can support a decision to maintain, modify, expand, or discontinue the program.

Further, a management by objective procedure which has been introduced will be used to evaluate staff performance and program effectiveness by precise objectives and pre-established criteria.

IMPLEMENTATION OF NATIONAL OBJECTIVES FOR DEINSTITUTIONALIZATION

In line with the federal priorities, goals and objectives, deinstitutionalization and the planning for appropriate community alternatives has been a major activity of the State Council. The CAIR Project (Community Alternatives and Institutional Reform) was directed toward the development of a comprehensive plan for deinstitutionalization of the developmentally disabled (mentally retarded) in Minnesota state facilities. The CAIR Report (see Attachment 5.1C, Exhibit A) was based on three primary assumptions:

1. It must be applicable to developmentally disabled residing in both state-operated and community based facilities;
2. It must be consistent with the "normalization principle" and its corollaries; and
3. It must include implementation strategies, policies, and legislative recommendations.

The study resulted in seventy-four recommendations dealing with client protection and assurances, the development and licensing of residential programs, meeting the needs of families who elect to raise a disabled child at home, assuring accountability of agencies and service providers, closure of state-operated facilities, and reducing or preventing developmental disabilities.

The primary objective resulting from the project, however, is to assure implementation of the CAIR recommendations through cooperative interagency planning, legislative recommendations and the Developmental Disabilities Service Grant awards.

During the Fiscal Year 1975, the Developmental Disabilities Program Office:

1. Will, in conjunction with the Minnesota Department of Public Welfare, work with the Area MH/MR Boards in implementing the CAIR recommendations for individualized program planning and evaluation.
2. Will award service grants which respond to CAIR recommendations and will continue to support those projects already funded that:
 - (a) Provide for information and referral systems within a public agency.
 - (b) Assure adequate incidence and prevalence data for planning by all state agencies.
 - (c) Promote early intervention in rural areas.
 - (d) Insure client's rights and basic protective services.
 - (e) Develop models for citizen support.
 - (f) Promote systematic programming between health care and educational programs.

3. Will prepare legislation which, if enacted, will lead to implementation of the CAIR recommendations. To be effective, legislation will be derived through analysis conducted by a CAIR Implementation Committee comprised of representatives from each state agency having a direct responsibility for the care/treatment of developmentally disabled persons, individual representatives from major consumer agencies for each of the three areas of disability, legislative representatives, and consumers. The committee will consider the following areas and create recommendations to deal with them.
 - (a) Costs for developing community-based programs and sources of funds.
 - (b) Barriers to community based programs and how they can be reduced.
 - (c) Strategies and responsibilities for implementing the CAIR recommendations.
 - (d) Alternative arrangements for developing and maintaining residential programs.
 - (e) Coordination of planning for developmentally disabled persons at the local level.

D. LONG RANGE GOALS

The long range goals of Minnesota's State Council have been incorporated into the goals and objectives stated in Attachments 5.1A and 5.1B. The long range goals include concentration on planning for developmentally disabled individuals in the following broad areas:

1. Community Alternatives and Institutional Reform (CAIR)
2. Regional Planning
3. Regional Administration and Service Delivery
4. Public Information, Education and Advocacy
5. Program Monitoring and Evaluation

CAIR relates directly to the federal goals of deinstitutionalization and community alternatives by focusing on the development of strategies and guidelines for implementing a statewide continuum of community-based residential and supportive services for developmentally disabled individuals. Public Information, Education and Advocacy Goals as well as those relating to Program Monitoring and Evaluation are supportive of federal goals in terms of promoting and assessing the quality of care and services.

Minnesota continues to be committed to the support of regional planning efforts to improve the delivery of services at the local level. More specific objectives in this area will be developed on the basis of the Regional Evaluation Study conducted in FY 1975 and the State Council's Annual Planning Conference in June.

F. MINNESOTA'S PRIORITIES FOR FUNDING OF PROGRAMS AND ACTIVITIES**1. Service Grant Priorities**

Based on the priority analysis conducted during FY 1974 (See Attachment 5.1F, Cross Analysis Chart) as well as the State Council's own analysis of program deficiencies, the State Council established the following priorities for funding of programs and activities 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. General priority will be given those proposals which relate directly to deinstitutionalization and/or the development of community-based service components. Specifically, the Council has established the following priorities for service grant proposals:

- a. 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.
- b. 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.
- c. Community education and/or training programs for professionals, paraprofessionals and service providers relative to the needs and rights of developmentally disabled persons.
- d. 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.
- e. Improved models for providing effective case management--access to, coordination of, and follow along services for developmentally disabled persons.
- f. 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. non-legal advocates, relationships to other systems of monitoring, licensing, etc. protective services, (e.g., financial assistance, wills).

2. Barriers to Accomplishing Priorities

a. Grant Management

While these priorities respond to major deficiencies in terms of programs for developmentally disabled persons, they do not respond to barriers which hinder program development. Specifically, the staff of the developmental disabilities program conducted an analysis of the service grant solicitation and award procedure. The results indicated that statewide participation as well as efficient and effective grant review could only be established if materials were designed to facilitate application and if technical assistance were systematically provided to grant recipients. Consequently, the entire grant management sequence was revised (see Attachment 2.3B Exhibits C and D Proposed Project Summary and Guidelines for Service Grant Proposals) to provide not only adequate information for review, but sufficient instruction for ease of completion. During Fiscal Year 1975 the complete revised sequence will be implemented and systematically evaluated.

b. Council Committees

The Committees of the State Council include expertise across a variety of fields. This talent has in many ways provided a base for meeting numerous objectives. However, the Committees have historically operated without the benefit of a systematic planning base. To remediate the situation all members of the standing committees were provided instructions on establishing priorities, writing goals, writing objectives for meeting goals, and establishing timelines and resource needs (see Attachment 2.3B Exhibit H).

Based on this sequence, the committees are presently formulating objectives. Currently, the following objectives have been established by Council Committees:

1. Advocacy Committee

- (a) To provide Legal Advocacy Services via the Minneapolis Legal Aid Society.
- (b) To provide leadership to regional developmental disabilities councils.
- (c) To develop and promote education of public on human rights and needs of developmentally disabled population.

2. Proposal, Procedures and Review Committee

- (a) To establish procedures for the efficient, equitable review of proposals.

- (b) To establish priority areas for research, development on demonstration projects to meet the needs of developmentally disabled individuals in Minnesota.
- (c) To evaluate all regional and service grant proposals and submit recommendations for funding.
- (d) To specify procedures for the development of alternative types of proposals including requests for proposals (RFP's), proposal announcements, and general priority dissemination for service grants.

3. Governmental Affairs

- (a) To identify legislative action that should be taken on behalf of developmentally disabled individuals.
- (b) To monitor the progress of current legislation.
- (c) To monitor the implementation of legislation that has been passed.
- (d) To prepare for next legislative session, i.e., to recommend the reintroduction of legislation.

4. Public Information and Education Committee

- (a) To implement a program that routinely communicates the accomplishments, goals and activities of the state and regional developmental disabilities councils to the general public and private agencies and professionals.
- (b) To provide leadership and technical assistance to the eight regional programs in the area of public information.
- (c) To begin to monitor the news media regarding developmental disabilities via subscription to a newspaper clipping service.

5. Licensure Committee

- (a) To recommend ways in which duplication of efforts between state departments can be avoided and how procedures can be simplified in order to encourage the development of quality residential programs.

c. Community Programs

While many recommendations of the CAIR Report have been acted on, the implementation of others will require that new issues be addressed and barriers removed. Specifically, implementation guides must be prepared in the areas of: (a) sources of funds for developing community-based programs, (b) alternative

strategies for implementing the CAIR recommendations, (c) procedures for coordinating local service delivery, (d) strategies for removal of barriers to community-based programs, (e) alternative relationships for developing and maintaining community-based residences.

An Implementation Committee comprised of representatives from each state agency having a direct responsibility for developmentally disabled persons, individuals representing the major consumer agencies for each of the three areas of disability, legislative representatives and consumers will complete an analysis in each area and prepare recommendations during Fiscal Year 1975.

Attachment 5.1F

STATE: Minnesota
FY ENDING 6/30/76

Conducted in Fiscal Year 1974

FOR DISCUSSION PURPOSES ONLY

CROSS ANALYSIS OF STATE GOALS AND PRIORITIES FOR THE FUNDING OF SERVICES AND ACTIVITIES

GOALS WHICH ARE COMMONLY SHARED	STATE PLANNING AGENCY										MINNESOTA DEPARTMENT OF PUBLIC WELFARE FOR THE DEVELOPMENTALLY DISABLED IN MINNESOTA								MINNESOTA DEPARTMENT OF EDUCATION DIV. OF VOC. REHABILITATION							MINNESOTA DEPARTMENT OF HEALTH						STATE CORRECTION AGENCIES																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
	Minnesota Developmental Disabilities State and Regional Councils										DPM (as whole)	NR Prog. Off.	Bur. - Res. Serv.	Mut. - Comp. Serv.	Licensing	Fam. & Grdshp.	Educa. Hndyng.	Consumer Concerns	Community Proj.	DPR (as whole)	Staff Serv.	Operations	Fac. & Long-Term Care	SPECIAL ED.	Voc. Tech. Sch.	Infant/Tot Bur. of Prog.	Child. Crisis	Internal & Child Health	Health Fac. Div.	Human Genetics	Diagnostic Services	Minn. Commission for the Handicapped	Minn. ANC.	Minn. JCP	Minn. Pr. L.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
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	Reg. 1-2	Reg. 3	Reg. 4	Reg. 5-6	Reg. 6-8	Reg. 9	Reg. 10	Reg. 11	Comp. Health Plan.	Human Res.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
Implement Plan for Community Alternatives and Institutional Reform	1	2	1	3	1	2	2	1	1	3	5																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							

Number of DD Persons to be Served and Services to be Provided by the Program. M-Mandatory Services O-Optional ON-Optional, Not Provided N-Needed AH-Data Includes All Handicapped	Total Number of DD Persons Served	Diagnostic Services	Evaluation Services	Treatment Services	Personal Care Services	Day Care Services	Domiciliary Care Services	Special Living Arrangements	Training Services	Educational Services	Sheltered Employment	Recreation Services	Counseling Services	Protective and Other Social & Socio-Legal Services	Info. and Referral	Follow-Along Service	Transportation Service	Other (Specify) Genetic and Diagnosis
FEDERALLY -AIDED & OTHER PROGRAMS																		
(1) Education of the Handicapped	FY 73 & 74 3,560	O	O	O					O	O						O	O	
(2) Vocational Rehabilitation	5,519	M	M	M					M	M	M		M	O		M	O	
(3) Public Assistance (Soc. Sec. Act, Title IV-A: Families & Children)	NA																	
(4) Medical Assistance (Soc. Sec. Act, Title XIX, Medicaid)	5,254	M		M			M	O										
(5) Social Services (a) Families & Children (b) Adults								M										
		M	M	M	M	O		O					M	M	M	M		
(6) Maternal and Child Health	NA	O	O	O	O								O	O	O	O		M
(7) Crippled Children's Services	1,644	M	M	O									M		M	M		
(8) Comprehensive Health (PHS Act ____)																		
(a) 314 (a) Planning																		
(b) 314 (d) Public Health Services	NA	M	M	M									M		M	M		
(c) 314 (d) Mental Health Services	NONE																	
(9) Community Mental Health Centers Construction																		
(10) Institutional Mental Retardation Services	3,652	M	M	M	M	O	M	O	M	M	ON	M	M	O	M	O	O	
(11) Hospital and Other Medical Facilities Construction																		
(12) Developmental Disabilities Serv.																		

Number of DD Persons to be Served and Services to be Provided by the Program. M-Mandatory Services O-Optional ON-Optional, Not Provided N-Needed AH-Data Includes All Handicapped	Total Number of DD Persons Served	Diagnostic Services	Evaluation Services	Treatment Services	Personal Care Services	Day Care Services	Domiciliary Care Services	Special Living Arrangements	Training Services	Educational Services	Sheltered Employment	Recreation Services	Counseling Services	Protective and Other Social & Socio-Legal Services	Info. and Referral	Follow-Along Service	Transportation Service	Other (Specify) Genetic and Diagnosis
FEDERALLY -AIDED & OTHER PROGRAMS																		
(13) Developmental Disabilities Construction																		
(14) University-Affiliated Facilities Services																		
(15) Vocational Education	4,952 AH	ON	O						M	M			M		M	M	O	
OTHER PROGRAMS																		
(16) Supplemental Security Income (Soc. Sec. Act, Title XVI for Aged, Blind, & Disabled Adults - Federal Program)	18,350 Includes all Disabled		M		M		M	M	M		M				M	O	O	
(17) Special Education	16,625	M	M	M	O			O	M	M		M	M		M	M	M	
(18) ESEA Title I	60,000 AH		M	M						M						O		
(19) ESEA Title III	650	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
(20) Transportation of Handicapped (ed.)	8,870																M	
(21) Child Development Centers (MCH-MR)	450+	O	O							O			O	O	O	O		
(22) Mental Retardation Residential Construction																		
(23) OCD - Head Start (Mn. OED)	500		M	M	O		O			M			O	O	O	O	O	
(24) Minnesota Day Activity Centers	3,215	O	M	M	M				M			M	M	O	M	O	O	

Program Financial Commitments and DDSA Funds to Augment, Supplement or Initiate Programs for Developmentally Disabled.

Federally-aided and Other Programs (1)	Non-P.L.91-517 Level of Federal Funding By Program		Level of State Funding By Program		P.L.91-517 FY 74 & 75 Level of DDSA Funding (6)	TOTAL ALL PROGRAMS (7)
	Previous Fiscal Yr. (2)	Current Fiscal Yr. (3)	State Appro. (4)	Other (5)		
(1) Education of the Handi.	FY 73 & 74 1,586,791		FY 75 395,386			1,982,177
(2) Vocational Rehabilitation		2,257,200	564,300		35,884	2,857,384
(3) Public Assistance (Soc. Sec. Act, Title IV-A: Families and Children)	Not Available				15,262	15,262
(4) Medical Assistance (Soc. Sec. Act, Title XIX: Medicaid)		25,805,880	17,654,521	1,521,088		44,981,489
(5) Social Services (a) Families & Children (b) Adults						
(6) Maternal & Child Health		3,111,700		1,800,000	23,851	4,935,551
(7) Crippled Children's Services	82,200 T		82,200 T			164,400
(8) Comp. Health (PHS ACT III) (a) 314, (a) Planning		151,200	79,801			231,001
(b) 314, (d) Pub. Health Ser		1,382,100	1,265,100			2,647,200
(c) 314, (d) M.H. Services		None	None			None
(9) Community MH Centers Construction	(MICD) 245,000	Legislation Pending				Pending
(10) Institutional Mental Retardation Services	State Hosp. 38,599 Minn L.C. 735,855 South Injurious Beh. Unit		18,450,446 91,196 178,892		46,628	19,541,616
(11) Hospital and Other Medi- cal Facilities Cons.		None				None
(12) Developmental Dis- abilities Service						
(13) Developmental Dis- abilities Construction	None	None	None			None
(14) University-Affiliated Facilities Services						None

Federally-aided and Other Programs (1)	Non-P.L. 91-517 Level of Federal Funding By Program		Level of State Funding By Program		P.L. 91-517 FY 74 & 75 Level of DDSA Funding (6)	TOTAL ALL PROGRAMS (7)
	Previous Fiscal Yr. (2)	Current Fiscal Yr. (3)	State Appro. (4)	Other (5)		
(15) Vocational Education		789,182		908,064		1,697,246
OTHER PROGRAMS						
(16) Supplemental Security Income (Soc. Sec. Act, Title XVI for Aged, Blind, & Disabled Adults -Federal Program)		1,642,424 Includes all Disabled	214,602	70,703		1,927,729
(17) Special Education		650,000	12,750,000	10,440,000	34,010	23,874,010
(18) ESEA I		AH 20,000,000				20,000,000
(19) ESEA III		282,785				282,785
(20) Transportation of Handi.			2,918,169			2,918,169
(21) Child Development Ctrs.		137,000				137,000
(22) MR Construction Grant			450,000		53,460	503,460
(23) OEO Prog. (Head Start)		41,127		9,019		50,146
(24) Day Activity Centers & Work Activity Centers			1,900,000		65,570	1,965,570
(25) Other State Programs			168,084			168,084
TOTALS	1.913.991	57.025.052	57,162,697	14,748,874	274,665	130,880,278

Summary of proposed Developmental Disabilities expenditures
for current fiscal year by Source and Purpose:A. Designated State Agencies and proposed expenditures under
P.L. 91-517 by Source:

Designated State Agencies (1)	Non-Federal Funds			Total (5)	Fed. Funds P.L. 91.517	Total (7)***
	State (2)	Local (3)	Other NP* (3)			
State Planning Agency	47,756		171,185		510,859	729,800
Total	47,756		171,185		510,859	729,800

*NP = Non-profit

** This total must equal the State's
fiscal year DDSA allotment

*** Totals of Columns 5 & 6

B. Designated State Agencies and proposed expenditures under P.L. 91-517
by Purpose:

Designated State Agencies (1)	Total (2)	(3) Planning		Admin. (4)	Services (5)	Constructi (6)
		Council**	Other			
F	510,859	8,050	120,000	103,379	279,430	-0-
State Planning Agency	NF 218,941	3,450	51,429	44,306	119,756	-0-
Sub-Total						
TOTAL	729,800	11,500	171,429	147,685	399,186	-0-

*F = Federal DDSA Title I, Part C funds; NF = State, local and NP funds (Non-Federal)

** State Planning and Advisory Council

C. Enter: (1) Percent of allotment designated for construction grants: NA
(2) Federal Share of cost of construction projects:NA
Poverty AreasNA
Non Poverty Areas(3) State Fiscal Year DDSA Allotment: \$510,859

BUDGET JUSTIFICATION

1. Administration:

- A. Personnel -- Five professional and two clerical staff persons will be employed to fulfill the work program approved by the Developmental Disabilities Advisory Council. The staff are employees of the State Planning Agency, the administering agency for the program.

The staff will perform administrative and central planning functions, provide technical assistance and consultative services to grantees and potential grantees, and staff support to the Planning and Advisory Council. All personnel costs allocated to Council activities, grant administration and other activities are listed under Administration.

- B. The State Planning Agency will provide space, office furniture and equipment, fiscal management and administrative supervision.
- C. Travel and subsistence covers transportation and subsistence for staff in performance of statewide administrative and planning duties.
- D. Office expenses include costs of grant administration, expendable supplies, printing, membership and subscriptions.
- E. Council expenses cover meeting costs, and travel and subsistence for consumer members of the Council.

II. Planning:

Eight regional planning grants provide support for regional planning and coordination in behalf of the developmentally disabled. The regional organizations are attached to either Economic Development Commissions or Comprehensive Health Planning organizations so as to maintain coordinated human service planning.

III. Service Grants and Contracts

These grants are made in keeping with established priorities and criteria.

Each grantee must provide 30 percent local match, either cash or inkind.

IV. Construction

It is the consensus of the State Council that construction proposals will not be considered for the Fiscal Year 1976 funds.

EXPLANATION OF FUNDING SUPPORT - 1975

- Federal - \$510,859 is the amount of the federal allocation available to Minnesota in support of Developmental Disabilities programs under P.L. 91-517. Matching funds of 218,941 will be provided from state and local funds for 30% "matching funds".
- State - Funds appropriated by the State of Minnesota to the State Planning Agency will be considered in support of the Administration of the Developmental Disabilities Programs, special projects of the State Council (e.g., CAIR Project) as well as for general Council support.
- Local - All grantees, whether regional bodies, local governments or private, non-profit agencies will be required to provide 30% matching funds.

EXPLANATION OF USE OF FUNDS

All funds will be administered directly by the State Planning Agency.

Distribution of Federal funds under the categories of Planning, Administration and Services, (no funds are allocated for construction) will be determined by the Council as projects are awarded.