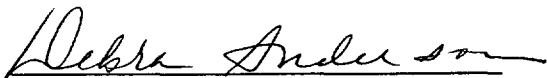


**DEVELOPMENTAL DISABILITIES  
THREE-YEAR STATE PLAN**  
Fiscal Years 1995-1997

State of Minnesota

Prepared and Submitted  
by the  
Governor's Planning Council  
on Developmental Disabilities

Minnesota Department of Administration



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## CONTENTS

	Page
<b>Introduction</b>	<b>1</b>
<b>Section 1) Developmental Disabilities: Definitions and Impact</b>	<b>2</b>
1.1 Definition of Developmental Disabilities	
1.1.1 The Federal Definition of Developmental Disability	
1.1.2 Minnesota's Application of the Federal Definition	
1.2 Minnesotans with Developmental Disabilities	
1.3 The Impact of Developmental Disabilities on Individuals, Families and Communities in Minnesota	
1.4 The Purpose of Federal Assistance through the Developmental Disabilities Basic State Grant Program	
<b>Section 2) The Governor's Planning Council on Developmental Disabilities/Department of Administration</b>	<b>6</b>
2.1 The Governor's Planning Council on Developmental Disabilities	
2.1.1 Mission and Mandate	
2.1.2 Membership	
2.2 The Administering Agency for the Developmental Disabilities Council	
<b>Section 3) The State Context</b>	<b>9</b>
3.1 The Environment in Minnesota	
3.2 The Scope of Services for Persons with Developmental Disabilities	
--Protection and Advocacy	
--State Departments and Agencies	
--University Affiliated Program	
--Federal Programs	
<b>Section 4) Plan Review and Revision</b>	<b>30</b>
4.1 Plan Review Process	
4.1.1 Review of Statewide Service Delivery and Other State Plans	
4.1.2 Review of Existing Priority Area	
4.2 State Plan Revisions	
4.2.1 The Priority Area	
4.2.2 Goals and Objectives	
4.2.3 Grant Funds Available	
Tables 5 and 6: Budget	
<b>Section 5) Assurances</b>	<b>63</b>

## INTRODUCTION

A state plan is required by the Developmental Disabilities Assistance and Bill of Rights Act of 1994 (Public Law 103-230), Part B, "Federal Assistance to State Developmental Disabilities Councils." Under this Act, federal funds are made available to states for the following purpose:

*. . .to promote, through systemic change, capacity building, and advocacy activities. . . , the development of a consumer and family-centered, comprehensive system, and a coordinated array of culturally competent services, supports, and other assistance designed to achieve independence, productivity, and integration and inclusion into the community for individuals with developmental disabilities. [Sec. 121]*

The plan, once approved by the Secretary of the Department of Health and Human Services, provides the basis upon which a state will participate in programs and activities under Title II, Part B of the Act.

The state of Minnesota's Three-Year Plan covers the period of October 1, 1994 through September 30, 1997. It builds on three previous documents:

- 1) *1990 Report, The Heart of Community is Inclusion*, required by the Developmental Disabilities Assistance and Bill of Rights Act, reviewed the dynamics of eligibility in Minnesota, the findings of a consumer satisfaction survey, the insights from testimony at public hearings, and a series of recommendations.
- 2) *State of Minnesota Three-Year Plan, October 1, 1991 through September 30, 1994*, presented a review of the existing service delivery system for the provision of services to persons with developmental disabilities and their families, and the priority areas selected by the Minnesota Governor's Planning Council on Developmental Disabilities.
- 3) *Minnesotans Speak Out: A Summary of Town Meetings Held Throughout Minnesota on Developmental Disabilities Issues*, (November 1992), described what Minnesotans wanted for themselves, their families, and their communities, with recommendations for systems change, including: individualization, empowerment, leadership, quality assurance, equitable distribution and availability of services, and adequate supports to individuals and families.

## SECTION ONE

### DEVELOPMENTAL DISABILITIES:

#### DEFINITIONS AND IMPACT

In this section "developmental disability" is described and defined in terms of the number of Minnesotans with developmental disabilities; how disabilities affect the lives of individuals, families, and the community where they live; and the intended impact of federal assistance through the Developmental Disabilities Basic State Grant Program.

#### 1.1 DEFINITION OF DEVELOPMENTAL DISABILITIES

This document is about the lives and futures of people. The primary focus is people with developmental disabilities; but the plan also concerns everyone who lives, learns, works, and belongs in the community of Minnesota.

"Developmental disabilities" is a term that describes the effects of impairments on people's lives. It describes neither the people nor their lives. Our concern is with the people whose lives are affected by developmental disabilities.

The most important fact about people with disabilities is that they are people with the same basic needs as others. They have the same rights, freedoms, and opportunities. Without special assistance, some people cannot take advantage of their basic rights and the opportunities our community offers; but with help, all things are possible.

Congress has described the realities faced by people with developmental disabilities:

- In 1993 there were more than three million individuals with developmental disabilities in the United States;
- Disability is a natural part of the human experience and in no way diminishes the right of individuals with developmental disabilities to live independently, enjoy self-determination, make choices, contribute to society, and experience full integration and inclusion in the economic, political, social, cultural, and educational mainstream of American society;
- Individuals with developmental disabilities continually encounter various forms of discrimination in such critical areas as employment, housing, public accommodations, education, transportation, communication, recreation, institutionalization, health services, voting, and public services;
- There is a lack of public awareness of the capabilities and competencies of individuals with developmental disabilities;
- Individuals whose disabilities occur during their developmental period frequently have severe disabilities which are likely to continue indefinitely;
- Individuals with developmental disabilities and their families often require specialized lifelong assistance, provided in a coordinated and culturally competent manner by many agencies, professionals, advocates, community representatives, and others to eliminate barriers and to meet the needs of such individuals and their families;
- A substantial portion of individuals with developmental disabilities and their families do not have access to appropriate support and services from generic and specialized service systems and remain unserved or underserved;
- Family members, friends, and members of the community can play a central role in enhancing the lives of individuals with developmental disabilities, especially when the family and community are provided the necessary services and supports; and
- The goals of the Nation properly include the goal of providing individuals with developmental

disabilities with the opportunities and support to:

- a. Make informed choices and decisions;
- b. Live in homes and communities in which such individuals can exercise their full rights and responsibilities as citizens;
- c. Pursue meaningful and productive lives;
- d. Contribute to their family, community, State, and Nation;
- e. Have interdependent friendships and relationships with others; and
- f. Achieve full integration and inclusion in society.

[Public Law 103-230, the Developmental Disabilities Assistance and Bill of Rights Act, 1994, Section 101(a)]

### **1.1.1 THE FEDERAL DEFINITION OF DEVELOPMENTAL DISABILITY**

Developmental disabilities result from severe chronic mental and/or physical impairments which occur at an early age. The impairments are likely to continue indefinitely, and have a pervasive effect on an individual.

The Developmental Disabilities Assistance and Bill of Rights Act of 1994 (Public Law 103-230), defines a developmental disability as:

"A severe, chronic disability of an individual 5 years of age or older that--

- is attributable to a mental or physical impairment or combination of mental and physical impairments;
- is manifested before the individual attains age 22;
- is likely to continue indefinitely;
- results in substantial functional limitations in three or more of the following areas of major life activity: self care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency;
- reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, supports, or other assistance that are lifelong or extended duration and are individually planned and coordinated, except that such term, when applied to infants and young children means individuals from birth to age 5, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided." [Section 103(8)]

### **1.1.2 MINNESOTA'S APPLICATION OF THE FEDERAL DEFINITION**

The Governor's Planning Council on Developmental Disabilities uses the federal definition in its Requests for Proposal and requires grant recipients to meet that definition in implementing grants.

### **1.2 MINNESOTANS WITH DEVELOPMENTAL DISABILITIES**

Approximately 70,000 Minnesotans live with a developmental disability. The Minnesota Governor's Planning Council on Developmental Disabilities uses the figure of 1.6 percent of the state's population (4,375,099 in 1990) based on various studies of prevalence.

### **1.3 THE IMPACT OF DEVELOPMENTAL DISABILITIES ON INDIVIDUALS, FAMILIES, AND COMMUNITIES IN MINNESOTA**

Definitions of developmental disabilities might suggest that the major impact is in terms of the

challenges the disability represents to the individual and family.

Increasingly, however, we have recognized the impact of a different and powerful dynamic. We have learned that the responses of society generally, and human services particularly, have a profound impact on individuals with developmental disabilities, their families, and communities.

Historically, society has set people with disabilities apart as different and less than capable. These exclusionary practices have fundamentally handicapped people, and disabled communities. The patterns have been systematic:

- Children grow up as strangers in their neighborhoods. Their education and recreation take place apart from their neighborhood and potential friends.
- Families go without support, or the support offered somehow suggests the family is in crisis.
- Young people and adults are seen as "unemployable" and incapable of contributing to the social and economic life of the many communities in which they live.
- When children and adults can no longer live at home with their families, they are placed in residential facilities. They live with groups of people with disabilities, and the groups are seen as different.
- Thus, people and organizations in our communities learn that special services are needed and ordinary citizens can not help "these people."

**These practices give rise to exclusion and exile.**

Over time, our services have been concerned with assisting people to return to and venture into community. For years, preparing and training people with developmental disabilities for the community actually meant keeping them apart until they were "ready." Few were ever deemed "ready". Many were trapped in segregated settings.

To compound the problem, the community was not always ready, willing and able to welcome these missing people. In many cases, the community did not know people were even missing. People with developmental disabilities had been kept apart, first for care and treatment, then for training. The community often forgets that people with developmental disabilities are a natural part of our lives.

At times, the welcoming and support of community was heartfelt. Good people did not see a disability. They saw a fellow citizen, a neighbor, a parishioner, a student; but at times, the response was hurtful.

Much has changed over the decades. Developmental disabilities will continue to challenge individuals, families, and communities. Together, we are getting better at meeting the challenge. The changing reality in Minnesota, and our changing vision for the future, is one of support and participation.

The guiding concepts and principles for enabling people with developmental disabilities to achieve increased independence, productivity, and integration in the community must include:

- Neighborhoods and communities that include diverse people rather than exclude specific members.
- Each person is a unique individual, having worth, regardless of what the degree of disability.
- All communities depend on the capacity of people, their fullness and possibility.

Community is built upon the capacity of individuals served and not on needs. Support will be provided so that people with developmental disabilities can participate in the same settings used by other people. For children, this means supporting families whether natural, adoptive, or foster; all children belong in families. For adults, this means developing the services and supports they need to live in real homes, work in real jobs in typical work settings, and to participate in regular community activities along with family members, neighbors, and friends. The development of good interpersonal

relationships is basic to healthy living.

[From the Mission Statement of the Minnesota Governor's Planning Council on Developmental Disabilities.]

#### **1.4 THE PURPOSE OF FEDERAL ASSISTANCE THROUGH THE DEVELOPMENTAL DISABILITIES BASIC STATE GRANT PROGRAM**

The purpose of the Developmental Disabilities Assistance and Bill of Rights Act is to assure that individuals with developmental disabilities and their families have access to culturally competent services, supports, and other assistance and opportunities that promote independence, productivity, and integration and inclusion into the community.

##### **Statement of Policies and Principles:**

In the reauthorization of the Developmental Assistance and Bill of Rights Act Amendment of 1994, Congress provided a statement of policy for the country:

*It is the policy of the United States that all programs, projects, and activities receiving assistance under the Developmental Disabilities Act shall be carried out in a manner consistent with the principles that:*

- 1) individuals with developmental disabilities, including those with the most severe developmental disabilities, are capable of achieving independence, productivity, and integration and inclusion into the community, and the provision of services, supports and other assistance can improve such individuals' ability to achieve independence, productivity, and integration and inclusion;*
- 2) individuals with developmental disabilities and their families are the primary decision makers regarding the services and supports such individuals and their families receive and play decision making roles in policies and programs that affect the lives of such individuals and their families;*
- 3) individuals with developmental disabilities and their families have competencies, capabilities and personal goals that should be recognized, supported, and encouraged;*
- 4) services, supports, and other assistance are provided in a manner that demonstrates respect for individual dignity, personal preference, and cultural differences;*
- 5) communities accept and support individuals with developmental disabilities and are enriched by the full and active participation and the contributions by individuals with developmental disabilities and their families; and*
- 6) individuals with developmental disabilities have opportunities and the necessary support to be included in community life, have interdependent relationships, live in homes and communities, and make contributions to their families, community, State, and Nation. [Section 102]*

## SECTION TWO

### THE GOVERNOR'S PLANNING COUNCIL ON DEVELOPMENTAL DISABILITIES MINNESOTA DEPARTMENT OF ADMINISTRATION

#### 2.1 THE GOVERNOR'S PLANNING COUNCIL ON DEVELOPMENTAL DISABILITIES

##### 2.1.1 MISSION AND MANDATE

Our mission is to work toward assuring that persons with developmental disabilities receive the necessary support to achieve increased independence, productivity, and integration and inclusion into the community.

The Governor's Planning Council on Developmental Disabilities was established in December 1971 in accordance with the authority prescribed to the Governor of Minnesota by the Developmental Disabilities Assistance and Bill of Rights Act [Section 122(b)(A)].

The Developmental Disabilities Assistance and Bill of Rights Act requires state Developmental Disabilities Councils "to promote, through systemic change, capacity building, and advocacy activities, the development of a consumer and family-centered comprehensive system and a coordinated array of culturally competent services, supports and other assistance designed to achieve independence, productivity, and integration and inclusion into the community for individuals with developmental disabilities." [Section 124(a)].

Minnesota's Council is charged with supervising the development of a state plan describing the quality, extent, and scope of needed services being provided or to be provided to persons with developmental disabilities. The Council monitors and evaluates the implementation of the state plan, and reviews state services plans for persons with developmental disabilities. (Executive Order 91-29)

The Developmental Disabilities Assistance and Bill of Rights Act Amendments of 1994 (P.L. 103-230) outlines specific responsibilities for the Council in the following areas:

- Systemic change, capacity building, and advocacy activities;
- Examination of priority areas;
- State plan development, implementation, and monitoring;
- Outreach to individuals and families;
- Training;
- Supporting communities;
- Interagency collaboration and coordination, including coordination with related councils, committees, and programs;
- Barrier elimination, systems design, and citizen participation; and
- Public education and coalition development, including training in self-advocacy, educating policymakers, and citizen leadership skills. [Sec. 124, (c)]

##### 2.1.2 COUNCIL MEMBERSHIP

The Minnesota Governor's Planning Council on Developmental Disabilities is composed of 27 members appointed for three-year terms with a maximum of two consecutive terms. Each member is appointed by the Governor from among the residents of the state of Minnesota.

The Developmental Disabilities Assistance and Bill of Rights Act Amendments of 1994 (Section 124) requires each state Council to include in its membership representatives of the principal state agencies



responsible for administering federal funds under:

- the Rehabilitation Act of 1973 (i.e., the Division of Rehabilitation Services of the Minnesota Department of Economic Security)
- the Individuals with Disabilities Education Act (i.e., Special Education Section of the Minnesota Department of Education)
- the Older Americans Act (i.e., Minnesota Board of Aging, Department of Human Services)
- Title XIX of the Social Security Act (i.e., the Minnesota Department of Human Services)
- Higher education training facilities and University Affiliated Program(s) (i.e., the Minnesota Institute on Community Integration at the University of Minnesota); and
- the state protection and advocacy system (i.e., the Minnesota Disability Law Center).

Other representation comes from local agencies, nongovernment agencies, and private nonprofit groups concerned with services for individuals with developmental disabilities.

The membership of the Council is required to represent people with developmental disabilities and their families.

- Not less than one-half of the membership of the Council must consist of persons with developmental disabilities, or parents/guardians and immediate relatives.
- Of this 50 percent, at least one-third must be persons with developmental disabilities.
- Another one-third (at least) must be immediate relatives or guardians of persons with mentally impairing developmental disabilities, one of whom must be an immediate relative or guardian of an institutionalized or previously institutionalized person with a developmental disability, or an individual with a developmental disability who resides or previously resided in an institution.
- Individuals with developmental disabilities or their family representatives cannot be an employee of a State agency or managing employee of other organizations receiving funds or providing services under the Act.

Council Members as of July 1994 are as follows:

Paul Odland, DDS, Chair

Dawn Anderson

Catherine Atneosen

Laura Bloomberg

Joanne Bokovoy

Stephen P. England, M.D.

William (Bill) Everett

Mary L. Golike

Karen Gorr

Norena A. Hale, Ph.D.

Stephen Harner, M.D.

Thomas (Jerry) Gerald Hayes

Lowell E. Hendrickson

Anne L. Henry

Andrew Hommerding

Byron Johnson, M.D.

Karol Johnson

Paul R. Kenworthy, CFP

Robert (Bob) Meyer

Debra G. Niedfeldt

Bernadine D. Nolte

Donna Petersen, Sc.D.

Jerry Pouliot

Kathy Stiemert

Dean F. Thomas

Kirk Williams

Levi Young

The state provides assurance that federal membership requirements have been met.

## **2.2 THE ADMINISTERING AGENCY FOR THE DEVELOPMENTAL DISABILITIES COUNCIL**

The Developmental Disabilities Assistance and Bill of Rights Act of 1994 requires the State Council (i.e., the Minnesota Governor's Planning Council on Developmental Disabilities) to indicate the state agency "which, on behalf of the state, shall receive, account for, and disburse funds..., and shall provide required assistance and other administrative support services." (Section 122)

The State Legislature and Governor have designated the Minnesota Department of Administration as the state administering agency. This agency is responsible for providing staff and other administrative assistance to the Council. The Council is staffed by Colleen Wieck, Audrey Clasemann, Suzanne Dotson, RoseAnn Faber, Mary Jo Nichols and Roger Strand.

## SECTION THREE

### THE STATE CONTEXT

In this section, we describe the environment in which programs for individuals with developmental disabilities in Minnesota operate; the scope of services for individuals with developmental disabilities; and the state plans which affect them.

**Requirement: Comprehensive Review and Analysis.** *The plan shall contain a comprehensive review and analysis of the extent to which services and supports for individuals with developmental disabilities and their families. Such review and analysis shall include:*

- A. *a description of the services, supports and other assistance being provided to or to be provided to, individuals with developmental disabilities and their families under such other federally assisted State programs, plans, and policies that the State conducts and in which individuals with developmental disabilities are or may be eligible to participate, including programs relating to education, job training, vocational rehabilitation, public assistance, medical assistance, social services, child welfare, maternal and child health, aging, programs for children with special health care needs, housing, transportation, technology, comprehensive health and mental health, and such other programs as the Secretary may specify; (and)*
- B. *a description of the extent to which agencies operating such other federally assisted State programs pursue interagency initiatives to improve and enhance services, supports, and other assistance for individuals with developmental disabilities. [Section 122(c)(3)(A) and (B)].*

#### 3.1 THE ENVIRONMENT IN MINNESOTA

The challenge of this decade is to build truly inclusive communities. Such communities will provide increased acceptance for all people, support to live in the community, hope that lives will improve, and love for one another. Communities will want each individual to have the quality of life he or she deserves.

Since 1983, the Minnesota Governor's Planning Council on Developmental Disabilities has kept track of developments, charted a course of action, and had an impact on these changes.

☛ **The 1990 Report:** What we described and analyzed in the past is still a reality today. There is still a tremendous gap between what we know to be possible and desirable for people with developmental disabilities and their families, and what they experience daily.

Minnesotans and others have embarked on a number of new endeavors which have a promising future of inclusion. The values and reasoning which underpin what we described in 1987 as a "new way of thinking" are increasingly determining what we do, and our judgment of how well we are doing. (1990 Report, p. 10)

There is a new way of thinking about how, where, and with whom people with developmental disabilities can live, learn and work. This new way of thinking involved a shift from removing people from their families' homes to keeping them with their families, and from a preoccupation with preparation, care and treatment to a concentration on supporting participation, building on capabilities, adapting environments, and building relationships. This new way of thinking means assisting individuals and families in identifying what is important to them, and empowering them with decision-making and spending authority to act upon those choices. (1990 Report, p. 12)

☛ **The 1992 Town Meetings** held throughout Minnesota on developmental disabilities issues identified a dominant theme:

**We have a lot to be proud of and much remains to be done!** At town meetings and in letters and phone calls, people spoke of progress that we have made in Minnesota over the last decade. They spoke of a new vision of how life should be for people with developmental disabilities.

And, they spoke of the fact that the vision has yet to be realized for many, if not most, Minnesotans with developmental disabilities. They described how people with developmental disabilities often have to rely on services which do not meet their needs but are the only options available. They despaired over the fact that our gains are at risk, and what we have built is being eroded. (Minnesotans Speak Out, p.3)

**Current Trends.** There continue to be signs that the vision, at least, guides developments:

- ✓ Federal and state initiatives in health and human services reforms are progressing with relatively great speed.
- ✓ Changes have been made in the state-operated regional treatment center system. Of the centers serving individuals with disabilities, one center closed. Half of the current residents in the largest center will be moved into the community. All other centers continue to downsize toward closure.
- ✓ Larger Intermediate Care Facilities for Persons with Mental Retardation (ICFs-MR) with capacities over 12 are downsizing and/or closing.
- ✓ The inclusion of students with disabilities in general education classrooms continues to increase.
- ✓ The "Home of Your Own" and "People First" self advocacy movements are growing in Minnesota. More people are living independently with appropriate supports, many through waived services.
- ✓ Supports to families are increasingly available. These include services such as respite care offered through generic community resources.
- ✓ The implementation of the Americans with Disabilities Act is underway. There is improved acceptance by and awareness among the general public of the needs and rights of persons with disabilities. Communication media are increasingly available in a variety of formats, such as closed captioning, relay telecommunication services, and use of alternative formats in printed materials. There is increased accessibility to public services and resources.
- ✓ Increased attention by policymakers has expanded resources for early intervention and prevention activities, such as:
  1. The 1994 Minnesota Legislature approved an implementation plan to apply for Year-5, under Part H of P.L. 102-119, Individuals with Disabilities Education Act, which will strengthen interagency efforts to serve children from birth through age two and their families.
  2. National and state agencies and organization have increased efforts to prevent disabilities through public education and awareness about creating a lead free environment and how to prevent Fetal Alcohol Syndrome (FAS) or Effects (FAE); and to make available appropriate immunizations for all young children.
- ✓ Use of new technology is becoming a way of life in the daily lives of individuals with disabilities, liberating them in the areas of mobility/transportation, communications, learning/education, employment and access to community activities.
- ✓ Through improved standards of living and medical technology, new populations are emerging such as children with complex medical needs and people who are aging.
- ✓ More people with disabilities are entering the labor market through supported employment programs.
- ✓ Through national and state legislative mandates, individuals and families are being assisted in planning for their futures, helping them to make the major transition from school to adulthood.
- ✓ Greater emphasis is being placed on strengthening and providing needed supports to families.

### 3.2 THE SCOPE OF SERVICES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES

The following section describes the many services in Minnesota which include a focus on persons with developmental disabilities, and specific services for persons with developmental disabilities in Minnesota. They are grouped as follows:

Protection & Advocacy	Minnesota Disability Law Center
State Agencies	Minnesota Department of Human Services MN Department of Health MN Department of Education MN Department of Economic Security MN Department of Trade & Economic Development MN Housing Finance Agency MN Department of Transportation MN Technical College System Office of the Ombudsman for Mental Health & Mental Retardation MN State Council on Disability MN Governor's Advisory Council on Technology For People with Disabilities Telecommunications Access for Communication-Impaired Persons Board
University Affiliated Program	The Institute on Community Integration, University of Minnesota
Federal Programs	United States Department of Housing & Urban Development Social Security Administration

### PROTECTION AND ADVOCACY

#### 3.2.1 MINNESOTA DISABILITY LAW CENTER

Federal law requires that each state have a system to protect and advocate for the rights of people with developmental disabilities.

☛ **Legal Advocacy for Persons with Developmental Disabilities** is a part of the Minnesota Disability Law Center of the Legal Aid Society of Minneapolis. The Governor has designated this agency as the Minnesota Protection and Advocacy agency as required by the Developmental Disabilities Act.

Law Center services include: direct legal representation of people with disabilities, legislative and administrative advocacy, and training and education for individuals with disabilities, family members, and professionals. A major focus of legal advocacy is to assure that quality community services are available for people with developmental disabilities. In 1993, direct legal services were provided to 703 people with developmental disabilities.

☛ **The Client Assistance Project** provides information, support and advocacy services to clients and potential clients of the Division of Rehabilitation Services, State Services for the Blind, Centers for Independent Living, and Projects with Industry. This is to ensure that they receive the services and benefits available to them as provided by the Rehabilitation Act. As required by Section 112 of the Rehabilitation Act of 1973, the Governor designated the Legal Aid Society of Minneapolis, Inc. to provide this type of assistance.

☛ **The Minnesota Mental Health Law Project** is a legal assistance project to protect and advocate

for persons with mental illness in Minnesota. The Governor has designated the Project as the Minnesota Protection and Advocacy agency for persons with mental illness. The Project focuses on problems related to abuse and neglect, lack of appropriate individualized treatment or discharge plans, improper seclusion or restraints, violation of rights to confidentiality and privacy, and lack of a safe and healthy environment.

☛ **Protection and Advocacy for Individual Rights (PAIR)** is a new service to address the legal needs of individuals with disabilities who are not eligible for other advocacy services listed above.

☛ **Interagency Initiative—Technology.** In order to provide technical assistance and advocacy services to assist persons with disabilities obtain needed assistive technology and related services, the Disability Law Center has contracted with the STAR (A System of Technology to Achieve Results) program of the Minnesota Governor's Advisory Council on Technology for People with Disabilities.

## STATE DEPARTMENTS AND AGENCIES

### 3.2.2 MINNESOTA DEPARTMENT OF HUMAN SERVICES

The Department of Human Services (DHS) is a state agency directed by law to assist those citizens whose personal or family resources are not adequate to meet their basic human needs. It works in partnership with the federal government, counties, and other public, private and community agencies throughout Minnesota.

DHS is responsible for planning, administering, and coordinating the state's social services and public assistance programs. It delivers few services. In Minnesota, the state supervises human services, while the counties administer them. Eighty-seven counties operate most programs. The various divisions of DHS set rules, based on state statutes, that set basic standards for the provision of services to diverse populations.

#### 1) Health Care Administration--DHS

##### a) Home and Community Based Services Division

☛ **Community Alternative Care Program (CAC)** is a Medicaid waiver program that provides home and community services for persons with chronic illness or disability who are eligible for Medicaid, based on their own income and assets. Medical Assistance (MA) is Minnesota's Medicaid program. Recipients of CAC services are eligible for all of the services under regular MA. These include: case management, family counseling and training, foster care, home modifications, homemaker, extended home health services, transportation, respite, prescription drugs, and supplies and equipment. At any time, up to 200 individuals can be eligible to receive Community Alternative Care Program services.

☛ **Community Alternatives for Disabled Individuals (CADI)** is a Medicaid waiver that provides home and community services for persons with chronic illness or physical disability who are at risk of placement in a nursing facility. To be served by CADI, individuals must be eligible for Medical Assistance based on their own income and assets. Services include: case management, family counseling and training, foster care, adaptations to home/vehicle, homemaker, extended home health services, respite, adult day care, supplies and equipment, assisted living, residential care services, independent living skills, and home delivered meals.

☛ **Traumatic Brain Injury (TBI) Program** provides statewide regional consultation on case management resources for individuals who have sustained a brain injury. Assistance is provided to survivors to gain access to health and human services to remain in the community, while ensuring the accessible and appropriate use of Medical Assistance services. In Minnesota, there are approximately 10,000 occurrences of traumatic brain injury per year. About 1,000 of this number experience a long term disability. The TBI Program estimates that only one in twenty survivors of TBI is receiving appropriate rehabilitation services.

The TBI Waiver is a Medicaid waiver that provides home and community services for survivors of brain injury who under age 65 and experience significant behavioral, emotional, or cognitive problems related to the injury. Recipients of TBI Waiver services are eligible to receive the full range of services covered by MA as well as special services that are necessary to prevent nursing home placement. The waiver was recently amended to include neurobehavioral hospital level care. Services

include: case management, adult day care, structured day program, supplies/equipment not covered by MA, non-medical transportation, home delivered meals, night supervision, residential care, and assisted living.

☛ **Medical Assistance (MA)** helps people pay for their medical care. While the person is eligible, all or part of their medical bills can be paid by MA. Many factors, including income and assets, are involved in determining eligibility.

**Medical Assistance Home Care Services** cover medically necessary services in the home. These include: private duty nursing, personal care, skilled nurse and home health aide visits, medical supplies and equipment, and therapies. All private duty nursing and personal care services, and other limited services, must receive prior authorization by DHS.

**Children's Home Care Option (TEFRA)** is a family support program for children with disabilities who live with their families. If a child is eligible for Medical Assistance, all services available under the regular Medicaid program (for instance, home health services, prescribed drugs, medical transportation, and insurance premium reimbursement) are available. In 1993, 2,800 families utilized the TEFRA Option.

☛ **MinnesotaCare** provides subsidized health coverage to uninsured families with children. It was established under Minnesota Chapter 345, of 1993. Funds permitting, single adults and families without children were covered starting on July 1, 1994. Premiums are on a sliding scale based on income, family size, and number covered. For persons with low income, there is a state subsidy towards the premium. There are no exclusions for preexisting conditions. Coverage includes primary and preventive care, certain dental services, mental health, chemical dependency, and inpatient hospital services. More than 62,000 Minnesotans (over 37,000 children and over 25,000 adults) are enrolled. Enrollment is growing at a rate of approximately 2,000 people per month. Rural enrollment is twice that of the seven-county metro area.

#### **b) Community Mental Health and State Operated Services Administration**

☛ **Mental Health Division** is the State Mental Health Authority (SMHA). State law and federal regulations assign the following responsibilities to the SMHA: establishing, monitoring, and evaluating statewide policy for mental health service delivery and administration; coordinating development of statewide and local mental health system plans; developing new programs of service delivery; developing and disseminating standards for service programs, service delivery, and administration; providing technical assistance to local administrative agencies; allocating funds to local systems and demonstrating the accountability of these systems to the state legislature and to federal funding sources.

In addition, the SMHA operates five regional treatment centers (RTCs), a forensic hospital, and a nursing home that serve persons with mental illness.

State law assigns the responsibility of day-to-day administration of local community mental health systems to county boards of commissioners.

☛ **Comprehensive Mental Health Act:** The state legislature passed the Comprehensive Adult Mental Health Act in 1987, and the Comprehensive Children's Mental Health Act in 1989. Both acts define an array of services to be implemented in each county. The emphasis is on the development of community services. Services under the adult act are targeted to adults with serious and persistent mental illness (SPMI) or acute mental illness. Services under the children's act are for children with serious emotional disturbance (SED). The children's act also requires that services have a family focus; and that mental health services be integrated across the health, mental health, educational, social service, and correctional systems.

**Prospective Changes** in the organizational structure of the public system include:

- a reduced role for the SMHA as a provider of inpatient treatment;
- an increased role for consumer organizations and local advisory councils;
- the creation of local children's mental health collaboratives; and
- an increased role for the State Coordinating Council for children's mental health.

The SMHA is in the process of converting the role of its regional treatment centers from inpatient services to alternative (community) mental health services, or to other roles. Last year, the Legislature

passed a law to convert a 200 bed center from adult mental health inpatient treatment to corrections, and transfer most of the funding to community alternatives. At the same time, several pilot projects are underway to test the feasibility of converting the RTCs to provide crisis intervention and community mental health services.

Federal block grant funds have assisted the establishment of a statewide consumer network.

For the purpose of integrating children's services, the state has provided planning grants to collaboratives that are formed under agreements among the various local systems serving children. These collaboratives will submit integrated services and funding plans to the SMHA in late 1994.

It is estimated that 3.3 percent of all those receiving mental health services have a "dual diagnosis," persons with mental illness and chemical dependency, or developmental disability.

☛ **State Operated Community Services for Persons with Developmental Disabilities (SOCs)**, were established to implement 1989 legislation [MS Chapter 282, article 6]. This law set in motion a long-term restructuring plan for the RTCs. The plan addressed the services needed for persons with mental illness, chemical dependency, and developmental disabilities. By the end of the 1994/1995 biennium, the following expansion of state operated services for persons with developmental disabilities are anticipated:

- 64 residential State Operated Community Services for 286 individuals;
- 16 Day Training and Habilitation SOCS serving 300 individuals; and
- 4 crisis respite care SOCS serving 200 individuals per year.

#### c) Family Self-Sufficiency Administration

☛ **Quality Initiatives Division** monitors the quality of eligibility determinations, assesses administrative processes, provides technical and corrective action assistance, and promotes fraud prevention and control services.

☛ **The Assistance Payments Division** provides income maintenance through cash assistance and food stamps. Cash assistance programs include Aid to Families with Dependent Children, General Assistance, Minnesota Supplemental Aid, and Work Readiness. The Division coordinates the delivery of services through the development of state plans, training, and the provision of written instructions. The Division proposes and evaluates new services and legislative initiatives.

#### d) Social Services Administration

##### i) Aging and Adult Services

☛ **The Minnesota Board on Aging** is committed to serving 715,000 older Minnesotans by assisting them in living independent, meaningful, dignified lives in their own homes or places of residence. The emphasis is on reducing isolation and preventing untimely or unnecessary institutionalization. Fourteen Area Agencies on Aging plan and administer programs and services for older people. The Minnesota Board on Aging approves and funds the Area Plans developed by Area Agencies. The Aging network in Minnesota provides services in the following major categories:

- Social Services, • Nutrition Services, • Legal Services, • Senior Centers, • Volunteer Programs,
- Office of Ombudsman for Older Minnesotans.

☛ **Adult Protection Services** provides consultation and training on the Minnesota Vulnerable Adult Protection Act and related issues.

☛ **Deaf and Hard of Hearing Services Division** is required by statute to assure that persons with hearing loss have access to a full array of human services available in Minnesota. The Division manages eight Regional Service Centers. The Centers serve as central entry points for human services and distribute adaptive telephone equipment to persons with communication and mobility needs. The Division is also responsible for statewide planning and policy development relative to the human service needs of people who are deaf or hard of hearing. Additional services include: contracts for interpreter referral, specialized mental health services, and services to people who are deaf-blind.

In Minnesota, there are an estimated 252,000 people who are hard of hearing, plus an additional 39,000 people who are deaf. One out of 10 people have a hearing loss. Also, one out of every 4



persons age 65 or older have a hearing loss.

**ii) Family and Children Services Division**

☛ **Title XX of the Social Security Act--Block Grants** to States for Social Services is a major funding source for the provision of social services in Minnesota. In addition to these federal funds, local levies and state funds are provided under the Community Social Services Act. Each county is required to develop a biennial Community Social Services Plan indicating how it intends to serve various target populations. The most common categories of individuals and services under Title XX are: 1) families in need of child care; 2) individuals with a chemical dependency; 3) persons with developmental disabilities; 4) persons with mental illness; 5) services to adults; and 6) child/family services.

Specific services available to individuals with developmental disabilities and their families are: Information & Referral; Community Education/Prevention; Pre-Petition Screening/Hearing; Transportation; Homemaking Services; In-Home Family Support; Semi-Independent Living Services; Family Support Program; Supported Living Services-Adult; Supported Living Services-Child; Adult Day Training & Habilitation; Community Residential Facilities; Respite Care; Case Management (Rule 185); Case Consultation; and Public Guardianship. Over half of the \$8,453,929 Title XX funds in 1994 were dedicated to Supported Living Services for Adults, Adult Day Training and Habilitation, and Case Management (Rule 185).

In addition, the Children and Family Services Division supervises:

☛ **Foster Care Program** oversees the county programs involving approximately 11,000 (1992) children living in licensed foster homes. In 1993, there were 1,050 persons with developmental disabilities living in foster homes -- 205 (19.5 percent) children under age 18, and 845 (80.5 percent) adults.

☛ **Adoption Assistance Program** provides financial reimbursement and subsidies for expenses related to a child's special needs. This federally mandated program is designed to facilitate the adoption of children with special needs, including children with developmental disabilities, who have been placed under the guardianship of the Commissioner of Human Services or a licensed child-placing agency. Families who receive adoption assistance are eligible for the benefits of Medical Assistance, a monthly maintenance payment, and assistance in making necessary alterations to the home. As of January 1994, there were a total of 1,519 children with special needs enrolled in the Adoption Assistance Program. These children were living in 1,129 family homes.

**iii) Division for Persons with Developmental Disabilities** develops and manages programs to ensure that Minnesotans with developmental disabilities have the appropriate amount, quality and type of supervision, support, training, and other services as needed by the nature/severity of the disability and life's circumstances to promote full citizenship. Services include:

☛ **Case Management** is a service provided by county social service agencies under Minnesota statute. The service is defined as "identifying the need for planning, seeking out, acquiring, authorizing, and coordinating services to persons with mental retardation or other related conditions. [It] include(s) monitoring and evaluating the delivery of the services to, and protecting the rights of, the persons with mental retardation." (DHS Rule 185). Case management is the cornerstone for obtaining quality services for persons with developmental disabilities and their families. A survey in January 1992 documented that there were 410 case managers in the 87 counties serving 17,281 persons with mental retardation or related conditions.

☛ **Family Support Program** makes cash assistance available for eligible families up to \$3,000 per year for items and services such as: child care, respite care, clothing, medical insurance deductibles, diet, medical transportation, equipment, and medications. In January 1993, 640 families received Family Support Grants, with an average yearly grant of \$2,700 per family. Over 200 families were on the waiting list.

☛ **Home and Community-Based Services.** Minnesota obtained a federal waiver in 1985 to use medical assistance funds to purchase home and community support services for persons with developmental disabilities who would otherwise require services of intermediate care facilities for persons with mental retardation. (ICFs/MR). These services are available to families who have children with developmental disabilities and to adults with developmental disabilities.

Services a person may receive through the waiver include case management, supported living services, in-home support service, homemaker services, respite care, and physical adaptations to the home. In addition, adults are eligible to receive supported living and day training and habilitation services. The waiver combines federal, state, and county funds.

In fiscal year 1990, enhanced rates for waived services were made available to persons residing in regional treatment centers. The enhanced rate made it possible for counties to relocate RTC residents needing intensive support services to community settings. As of January 1993, 200 people received services under the "Enhanced Fund."

In July 1993, 3,408 persons with developmental disabilities received Home and Community-Based Services. This included approximately 430 individuals living with their families, 589 living with foster families or in an apartment, and 1,951 living in corporate foster homes.

Medical Assistance payments in 1993 for the Family Support Program and Home and Community-Based Waiver Services served 640 families and 3,408 individuals. These payments were less than the 1992 payments to Regional Treatment Centers where 875 people lived in 1993.

☛ **Semi-Independent Living Services (SILS)** supplements county expenditures for the purchase of supportive services for adults who live independently. Services and assistance include: counseling, grooming and hygiene, home maintenance, shopping, instruction, social skills, meal preparation, training, money management, and monitoring. In fiscal year 1992, there were 1,660 individuals receiving Semi-Independent Living Services.

☛ **Regional Treatment Centers, Nursing Homes, and Community ICFs/MR** are congregate care facilities of varying sizes.

**Regional Treatment Centers:** The number of people with developmental disabilities in Regional Treatment Centers has declined as a result of: the requirements of the *Welsch* Consent Decree and Negotiated Settlement, and development of community-based alternatives prompted by the implementation of the Title XIX Home and Community-Based Waiver. In July 1993, there were 875 individuals with developmental disabilities residing in regional treatment centers, a decline of 2,600 in 1980.

**Nursing Homes:** Public Law 100-203 prohibits nursing home placements for people with disabilities except where medically appropriate, or when it was the preferred long term residence for the individual. As a result, each person in a nursing home has been assessed in terms of habilitation services and appropriateness of placement. As of January 1993, there were 850 Minnesotans with developmental disabilities residing in nursing homes. The Alternative Community-Based Waiver has assisted in the relocation of almost 50 people to more appropriate community settings.

**Intermediate Care Facilities for Persons with Mental Retardation (ICFs/MR):** Although many individuals with developmental disabilities live in community group homes (ICFs/MR), the number has decreased due to the Home and Community-Based Waiver program. People have moved to less restrictive settings. The decrease in the number of people living in ICFs/MR is also due to downsizing and/or closure of over 30 community facilities since 1986.

In July 1993, there were 4,206 people living in ICFs/MR in Minnesota, a reduction of 416 from the previous year. Of the nearly 3,000 people who receive home and community-based services, about 55 percent previously resided in either an ICF/MR or a regional treatment center.

**Day Training and Habilitation Services** are operated by not-for-profit vendors under contract with county human service agencies. They are licensed by the Department of Human Services. Primary services include supported employment in integrated community settings with support of a job coach,

part-time work, specialized training and use of adaptive technologies to increase independence in work and other settings, and instruction in life-skills. DHS and the Department of Economic Security coordinate efforts to promote supported employment programs.

In 1993, there were an estimated 7,575 individuals served by 130 licensed providers in day training and habilitation services. The number of individuals served has increased from 6,811 in 1992, and 6,216 in 1991.

☛ **The Public Guardianship Office** oversees approximately 5,800 wards of the Commissioner of Human Services. Eligible individuals must be 18 years of age or older with a diagnosis of mental retardation. Public guardianship/conservatorship is viewed as the most restrictive form of substitute decision making for an individual. It is sought only in the absence of an appropriate private guardian/conservator. Acting as guardian, the Commissioner delegates all but the most controversial consents to the county social service agencies. The Public Guardianship Office has final consent in areas primarily related to life ending decisions, research, and areas requiring court orders.

#### e) Finance and Management Administration

☛ **The Division of Licensing** regulates living programs, nonresidential programs, and agency services to children and specified groups of adults with functional impairments or disabilities.

Licensing is administered by the Department of Human Services through regular inspection and evaluation to: determine minimum compliance; investigate complaints; provide information and assistance to applicants for licensure; and make licensing compatible with the changing needs of clients by revising licensing laws, regulations, policies, and procedures.

The programs for persons with developmental disabilities that are licensed directly by the Division include Community Residential Facilities; Day Training and Habilitation Services; Regional Treatment Centers; Residential-Based Habilitation Services (Waiver Services); Residential Facilities and Services for Persons with Physical Disabilities; and Semi-Independent Living Services.

Standards and investigations which require enforcement (rather than licensure) include:

- Aversive and Deprivation Procedures for Persons with Mental Retardation or Related Conditions, and
- Investigation of Maltreatment of Vulnerable Adults in Licensed Facilities.

There are three units in the Division that relate to services to people with developmental disabilities. The **Investigation Unit** investigates all maltreatment reports in licensed programs under the Vulnerable Adult Protection Act and Maltreatment of Minors Act. The **Applicant Background Studies Unit** conducts background studies on all direct-contact employees in licensed programs. The **Licensing Unit** monitors programs to assure compliance with minimum standards.

The number of License Holders relating to Developmental Disabilities has declined from 1,991 holders to 1739 holders in 1993. The significant reduction was in Waiver Services -- 443 holders in 1992 to 368 in 1993.

#### 3.2.3 MINNESOTA DEPARTMENT OF HEALTH

☛ **Community Health Services System:** The Community Health Services Act provides for the development and maintenance of an integrated system of community health services in Minnesota operated under local administration. Services are performed and largely funded at the local Community Health Board level. Community Health Services protect and improve the health of people within a geographically defined community by emphasizing services to prevent illness, disease, and disability. This is accomplished by promoting the effective coordination and use of community resources, and by extending health services into the community. The services of Community Health Boards include Family Health, Home Health, Disease Prevention and Control; Emergency Medical Services; Health Promotion; and Environmental Health.

☛ **Maternal and Child Health Services** aims to improve the health status of children and youth, women, and families by providing technical and financial support services to local community health agencies, schools, and voluntary organizations. Clinical services are provided in local health agencies

and schools. Services include infant and child health assessment, health maintenance services such as immunizations, health promotion including childhood injury prevention, general health screening, Early and Periodic Screening, Early Childhood Health and Developmental Screening, hearing and vision screening, scoliosis screening, and screening for elevated levels of lead.

Other specific programs of Maternal and Child Health Services include:

- The Special Supplemental Food Program for Women, Infants and Children (WIC), and the Commodity Supplemental Food Program (CSFP)—both funded through the U.S. Department of Agriculture.
- The Human Genetics Program—counseling, consultation, education and diagnostic support regarding people with known or suspected genetic diseases.
- The Child Health Screening, Health Promotion Unit.
- The Minnesota Injury Prevention Project—technical support and public education.
- The Hearing and Vision Conservation Project—early identification, treatment and remediation.
- Home Health Care Services—assistance to persons who are ill or with disabilities to achieve maximum restoration or maintenance of health, as well as to provide the care needed in cases of terminal illnesses.

☛ **Minnesota Children with Special Health Needs (MCSHN)** provides: 1) reimbursement for diagnostic and treatment services at medical centers and physician offices; 2) diagnostic clinic services where sufficient community resources do not exist; 3) technical consultation to promote the development of coordinated, family-centered, community services as well as statewide systems of care; and 4) support services to families, including advocacy and assistance in locating resources and the most appropriate payment sources.

In 1993, 8,620 people were served by Minnesota Children with Special Health Needs.

#### **Interagency and Other Initiatives:**

- Part H of the Individuals with Disabilities Education Act, Early Intervention, including development of Individualized Family Service Plans (IFSP) for children ages birth to 3 years, Child Find, Follow-Along programs for high risk infants.
- Keep In Touch Program, which follows children (graduates from neonatal intensive care) to age three.
- Combined Program, which forms a partnership with MinnesotaCare (Department of Human Services), under a single enrollment, care authorization, and provider reimbursement process; and
- Interagency agreement with Social Security Administration for identification and referral children potentially eligible for Supplemental Security Income.
- Design of an ongoing needs assessment system for children and families;
- Study of number and needs of children considered medically fragile and/or technology dependent;
- Establishment of a statewide, central information and referral service;
- Data Utilization and Enhancement grant from SPRANS, which combines efforts from the Information Policy Office, Minnesota Network, Disability Determination Service, Department of Education, Department of Jobs and Training/Head Start, Department of Human Services and the Social Security Administration.

☛ **The Office of Health Facility Complaints** is responsible for receiving, investigating, and resolving complaints from any source regarding services provided by health care facilities, health care providers, and administrative agencies. It is also responsible for assisting residents of health care facilities in the protection of their rights. The Office is specifically responsible for investigating complaints or reports of abuse/neglect of patients or residents in licensed health care facilities, as authorized under the Minnesota Vulnerable Adult Protection Act. Such facilities include nursing homes, hospitals, supervised living facilities, boarding care homes, and state-operated Regional Treatment Centers.

☛ **Developmental Disabilities Act Requirement/Compliance:** ICF-MR Deficiency Reports are routinely sent by the Minnesota Department of Health to the Governor's Planning Council on Developmental Disabilities. These reports are then reviewed and summarized for the Council.

### 3.2.4 MINNESOTA DEPARTMENT OF EDUCATION

1) **The Office of Special Education** in the Department of Education is the state agency responsible for supervising, coordinating, and monitoring local school districts as they provide special education services to students with disabilities from birth to age 21. Special Education Services are provided under the authority of the Individuals with Disabilities Education Act (P.L. 101-457); Minnesota Statutes 120.03, 120.17, and 124.32, and State Board of Education Rules Chapter 3525.

☛ **Early Intervention Services:** Minnesota has implemented interagency, comprehensive early intervention services for young children with disabilities from birth through age two and their families (in accordance with Public Law 99-457) through the following components:

- The Lead Agency—Minnesota Department of Education—is responsible for the general administration, supervision and monitoring of programs and activities relating to early intervention.
- The State Agency Committee consists of the Departments of Education, Human Services, and Health. The Year IV Interagency Agreement commits these departments to identify and implement changes in fiscal and program policies for the departments that may be necessary to improve coordination of services to these children and families. The 1994 Minnesota Legislature approved the proposed plan to apply for Year V funding under Part H of Individuals with Disabilities Education Act.

Through the State Agency Committee, the departments are committed to coordinating child find activities; establishing a system of data collection and program evaluation; ensuring timely comprehensive multidisciplinary child and family evaluation; ensuring family focused, multidisciplinary, interagency planning processes; supporting flexible interagency case management services; defining financial responsibilities; defining policy and procedures to resolve intra- and interagency disputes; and, defining interagency policies and procedures for ongoing monitoring and supervision of programs and services.

- The Governor's Interagency Coordinating Council on Early Childhood Intervention advises and assists the Department of Education and recommends policies to the Governor, Legislature, State Agency Committee, and other Departments. The Council is established by the Governor.
- An extensive network of local and regional cooperative efforts have been established, consisting of:  
a) Interagency Early Intervention Committees (IEICs); and b) regional coordinators who assist school districts, other providers of services, and families. People within this system work toward improved coordination of services model interdisciplinary approaches to early intervention services.

☛ **Early Childhood Special Education** is the responsibility of local school districts. In 1986, Minnesota school districts were mandated by the Legislature to serve all eligible children with disabilities (or at risk of developing disabilities) beginning at birth.

☛ **The Secondary Vocational Education Unit**, Minnesota Department of Education, is the state agency responsible for administering vocational educational programs.

☛ **Community Education** programs provide an opportunity for local citizens, community schools, agencies and organizations to become active partners in addressing education and community concerns. The most common components include early childhood development, family education, adult basic education, and youth development planning.

#### **Interagency Initiatives:**

- **The Interagency Office on Transition Services** was established within the Department of Education by the 1985 Minnesota Legislature for the purpose of addressing the needs of students with disabilities as they progress through school and enter postsecondary training, employment, and community living.

The Office provides staff to the State Transition Interagency Committee; coordinating personnel training; providing information, consultation and technical assistance to state and local agencies about transition services; assisting agencies in establishing local interagency agreements; and gathering and coordinating information on transition services. School districts are required to establish committees at the local level. In 1993, there were 75 local committees. As required by state legislation, the Individualized Education Plan must address the student's transition needs by grade nine, or age 14.

In 1991, the Minnesota Department of Education received a five-year systems change grant for transition planning and coordination from the U.S. Department of Education, Office of Special Education and Rehabilitative Services. This project involves extensive interagency collaboration among many agencies and organizations. Several areas are addressed under this effort: student and family participation, professional development and training, best practices, and follow-up data collection and evaluation. Other areas also include: curricula development, preparation for independent living, information dissemination, and employer training.

- **Minnesota Deaf-Blind Technical Assistance Project:** The efforts and resources from several state agencies are brought together to provide support services for children and youth with deaf-blindness. In 1993, there were 208 children identified as having hearing and vision impairments. Training and technical assistance is made available to professionals and parents. The project also provides direct family support services, such as Children Linking Families events. Resources are made available through the Materials Resource Center.

- **Minnesota Youth Works, Youth Service:** This new program, established under the Minnesota Youth Works Act and the National and Community Service Trust Act provide youth/young adults with opportunities to be involved in significant community service programs. They receive a monthly living allowance and, after successfully completing their service commitment, are eligible for a post-service education award. Community service grants focus on education, public safety, human needs and environment.

- **Regional Interagency Systems Change (RISC):** The RISC Project is sponsored by the Minnesota Departments of Education, Health, Human Services and Economic Security. RISC coordinates the activities of various committees at the regional level relating to early intervention and transition committees, and local coordinating and advisory councils. Focus is upon the coordination of services to families, increasing information, skills, and competencies of personnel, and resolving/mediating disputes between agencies.

Table 1

<p><b>Special Education Unduplicated Child Count</b>  <b>(School Year 1992-93)</b>          By Disability (Birth to Age 21)          Under Individuals with Disabilities Act, Part B</p>
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<u>Primary Disability/Age Group</u>	<u># of Children</u>
<b>Early Childhood</b>	
• Birth to Age 3	2,442
• Ages 3-5	10,284
<b>Ages 6 to 22</b>	
Speech impairment	15,905
Mild/moderate mental disability	7,271
Severe/profound mental disability	2,813
Physical disability	1,358
Hearing impairment	1,608
Visual disability	351
Specific learning disability	34,186
Emotion/behavior disorder	15,529
Deaf/blind	22
Other health impairment	1,964
Autism	434
<u>Traumatic brain injury</u>	<u>36</u>
<b>TOTAL</b>	<b>94,203</b>

Table 2

**Percentage of Students (Ages 6-21)  
By Educational Setting  
(School Year 1992-1993)**

<u>Setting</u>	<u>% of Students</u>
Regular Class <sup>a</sup>	48 %
Resource Room <sup>b</sup>	31 %
Separate Class	11 %
Separate School	5 %
<u>Other (e.g. residential/ homebound)</u>	5 %
TOTAL	100 %

<sup>a</sup> in general education class 80% of time, and more.

<sup>b</sup> in resource room from 49% to 79% of time.

### 3.2.5 MINNESOTA DEPARTMENT OF ECONOMIC SECURITY

The purpose of the Department of Economic Security is to develop, implement, and coordinate employment and income policies for the state of Minnesota. It is the state's principal agency for employment and job training, vocational rehabilitation, and the unemployment insurance program.

☛ **The Division of Rehabilitation Services (DRS)** provides an array of services to assist Minnesotans with disabilities reach their goals for working and living in the community.

**Vocational Rehabilitation** focuses on employment outcomes, both competitive and supported. Each individual receives counseling and guidance, training, and job placement assistance, based on an Individualized Written Rehabilitation Plan.

**The Independent Living Program** supports opportunities for individuals with severe disabilities to live independently and function within their family and community. Services are provide through Centers for Independent Living and Vocational Rehabilitation field offices located throughout the state.

**Extended Employment** provides individuals with developmental disabilities with the ongoing supports they need to remain employed in facility-based employment or in community supported employment. Thirty-two private, nonprofit or government agencies provide these services under contract with the Division of Rehabilitation Services. Emphasis is placed on providing services in the most integrated setting possible, which is usually employment in the community.

**Change in Service Eligibility:** The Rehabilitation Act Amendments of 1992 simplified and clarified eligibility requirements. To be eligible for Vocational Rehabilitation (VR) the person must have a disability and must require VR services. There is no longer a requirement that the agency must document that the person will benefit from services; it is presumed that all individuals can benefit from appropriate services regardless of the severity of the disability.

*As we move towards the 21st Century, our economy is changing and growing. Service jobs are replacing manufacturing jobs. Sophisticated technology makes physical abilities less important. The workforce is becoming more diversified, with women, people with disabilities, minorities, and immigrants playing larger roles. We believe that these changes can provide new opportunities for the integration of workers with disabilities.*

Harold Russell

President's Committee on Employment of People with Disabilities

[Source: *Working Together: The Key to Jobs for Workers with Disabilities: An AFL/CIO Guide*, 1993.]

**Interagency Initiatives:** DRS is involved in the following cross-agency activities, each under separate arrangements:

- Red Lake Indian Nation to establish an independent VR program.
- Mental Health Division, Department of Human Services to improve the quantity and quality of

services to persons with mental illness.

- Minnesota Head Injury Association to promote services.
- State Transition Interagency Agreement and local committees to coordinate services to youth.
- Supported Employment Collaborative Agreements with DHS, Medical Assistance and Community Social Services.
- University of Minnesota, Multiattribute Utility Evaluation Project.
- Department of Education, Transition Systems Improvement Grant.
- Projects with Industry, six rural sites, coordinating training and employment placement for 230 individuals each year with the business community.

☛ **State Services for the Blind and Visually Handicapped (SSB)** aim to facilitate the achievement of vocational personal independence by children and adults who are blind or who have a visual disability. Many individuals served had additional disabilities. In 1993, over 25,000 persons received services designed to assist to achieve employment, literacy, and personal goals. Programs and services include Business Enterprises; Career and Independent Living Services; the Communication Center; and the STORE.

☛ **The State Job Training Office** administers the Job Training Partnership Act (JTPA) in Minnesota. The purpose of the Act is to establish programs to prepare youth and unskilled adults, including people with disabilities, for entry into the labor force. The office provides staff support to the Governor's Job Training Council which is responsible for making recommendations to the Governor on policies, coordination of services, and the implementation of a state plan.

☛ **Minnesota Project Head Start** is administered by the Economic Opportunity Office of the Department of Economic Security. Head Start is a family-centered child development program with the central goal of increasing social competence in children of low income families. In Minnesota, these services are delivered by local community action agencies, Indian tribal governments, private nonprofit agencies, and one school district. At least ten percent of enrollment opportunities must be made available for children with diagnosed disabilities. These children and their families receive the full range of services in an inclusive setting. In school year 1992-93, there were 1,561 children with disabilities enrolled in Head Start, which was 15 percent of the total enrollment.

**Interagency Initiative--Project Cornerstone State Collaborative Project:** Head Start, Department of Economic Security, serves as the lead agency to bring Head Start and low income families into the process of developing family resource and support centers that increase access and improve outcomes in a comprehensive system of coordinated services for children and families. This effort is funded by the U.S. Department of Health and Human Services, Administration for Children, Youth and Families.

### 3.2.6 MINNESOTA DEPARTMENT OF TRADE AND ECONOMIC DEVELOPMENT

**The Division of Community Development** within this Department administers:

☛ **Small Cities Development Program (SCDP)**, The SCDP is the state-administered portion of the U.S. Department of Housing and Urban Development's Community Development Block Grant program. SCDP is a competitive program designed to develop viable small cities by providing decent housing and suitable living environments and expanding economic opportunities principally for persons of low- and moderate-income. Grants may be awarded to cities and towns with populations under 50,000 and counties with populations under 200,000. The program is designed to address a broad range of community development needs, including:

- **Housing Grants** where local governments establish revolving loan funds for the purpose of rehabilitating the local housing stock;
- **Public Facilities Grants** covering a broad range of community development activities, such as sewage treatment and disposal, wells, water towers, fire halls, and senior centers; and
- **Comprehensive Grants** which frequently involve both housing and public facility components; and include economic development through loans to businesses for building construction/ renovation, purchase of equipment, or working capital.



### 3.2.7 MINNESOTA HOUSING FINANCE AGENCY (MHFA)

This state agency works to ensure that decent, safe, energy efficient, and affordable housing is available throughout the state for low and moderate income households. MHFA is involved in lending and financing, allocating housing grants and subsidies, advocating for affordable housing, establishing state housing policies, and providing technical assistance to housing sponsors. MHFA operates a wide range of programs providing financing for single-family home ownership, single-family home improvement, and multi-family development and rehabilitation.

Households with members with a disability qualify and receive assistance through these programs. The agency also administers certain programs specifically targeted toward the needs of persons with a disability, including:

☛ **The Great Minnesota Fix-up Fund** provides reduced-interest rate loans for a wide variety of improvements (including accessibility) in one- to four-unit properties owned by low and moderate income households. **Fix-up Fund Accessibility Loan Program** targets assistance to households with an individual with a severe physical disability. This assistance is for installing modifications which will help the person remain at home and avoid placement in a long-term care facility.

☛ **The Rehabilitation Loan Program** is a cluster of programs providing deferred loans (similar to a grant) or very low-interest loans for basic, high-priority improvements (including accessibility) in one- and two-unit properties owned by low income households. The program is administered by housing redevelopment authorities and community action agencies. The **Accessibility Loan Program** provides assistance for installing modifications directly related to the basic living needs of a person with a physical disability.

☛ **The Homesharing Program** matches low and moderate income homeowners who are elderly or have a disability with tenants who contribute rent or services in exchange for sharing the home. The program operates with state appropriations made available to non-profit sponsors operating homeshare services.

☛ **The Housing Trust Fund** provides no-interest deferred loans for developing, constructing, acquiring, preserving and repairing rental housing, limited equity cooperative housing, and homes for ownership. Such housing must predominantly benefit very low income households. While the Trust Fund is not expressly targeted at assisting households with a member with a disability, it is one of the Agency's more flexible programs. It has financed many "special needs" projects in the recent past.

☛ **Group Homes for Persons with Developmental Disabilities:** Although no longer accepting applications, MHFA provided mortgage financing for approximately 15 years for developing group homes for persons with a developmental disability. Eighty-four developments throughout the state were financed in this manner.

#### **Interagency Initiatives:**

- "Intercom"--Interagency Long-Term Care Planning Committee is delegated the responsibility by the Governor for developing a coherent policy for long-term care.
- Community housing: Together with the Department of Human Services and non-profit groups, MHFA is exploring financial options for purchase of foreclosed single-family homes available from the U.S. Department of Housing and Urban Development and other public agencies.
- Training in home accessibility: Together with the Department of Human Services, workshops for county social service and public health personnel who administer waiver programs.

### 3.2.8 MINNESOTA DEPARTMENT OF TRANSPORTATION (MN/DOT)

Public transit is a lifeline which connects Minnesotans to jobs, schools, health facilities, and to many other essential goods and services. Eighty-one million rides were provided in 1989 by transit systems throughout the state. This service meant that thousands of commuters reached work each day, that hundreds of the elderly were able to remain independent and active community participants, and that hundreds of persons with disabilities were able to lead healthy and productive lives.

Currently, 19 of the 80 counties in Greater Minnesota have no public transit service and 22 additional counties have public transit service in only a few urban areas.

☛ The Office of Transit administers public transit services in the eighty-county geographic area outside the seven-county Twin Cities Metropolitan Area. The Public Transit Assistance Program was established by the Minnesota Legislature in 1977 (M.S. 174.21) for the following purposes:

- To provide access to transit for persons who have no alternative mode of transit available;
- To increase the efficiency and productivity of public transit systems;
- To alleviate problems of automobile congestion and energy consumption and promote desirable land use where such activities are cost effective;
- To maintain a state commitment to public transportation; and
- To meet the needs of individual transit systems to the maximum extent possible.

The Office of Transit administers the Federal Transit Administration Section 16 Capital Assistance Grant. Capital Assistance is a statewide grant program providing funds to private non-profit organizations and public bodies, serving people who are elderly and/or disabled. Eighty percent of the funds are used for the purchase of accessible buses and vans. There are approximately 322 grant-funded vehicles operated by 194 recipient organizations providing accessible transit service throughout Minnesota.

☛ **ISTEA:** The Intermodal Surface Transportation Efficiency Act (ISTEA) was signed in 1991. The purpose of ISTEA is "to develop a National Intermodal Transportation System that is economically efficient, environmentally sound, provides the foundation for the nation to compete in the global economy and will move people and goods in an energy efficient manner." Among many other provisions is a formula for funding to states for transportation services for persons with disabilities or who are elderly. It also increased the federal share for bus-related equipment needed to meet requirements of the Clean Air Act and the Americans with Disabilities Act.

State Public Transit Assistance Fund--For fiscal years 1994 and 1995, the 1993 Minnesota Legislature approved \$79.7 million in state funds for the Public Transit Assistance Program, a 10.3 percent increase.

Mn/DOT is responsible for the administration of state and federal transit assistance funds for Greater Minnesota (outside the seven-county Twin Cities Metropolitan Area). In addition, Mn/DOT has statewide responsibility for the administration of the Federal Section 16(b)(2) and 18 programs. To receive federal funds Mn/DOT submits applications to the Urban Mass Transportation Administration, administers contracts with local providers, and monitors their compliance with federal regulations. Several categories of federal funding provide support for capital purchases, operating assistance, demonstration projects, and other related operational, capital, and transit planning assistance activities.

Public transit provides over 55,000 rides to work each year for rural, small urban and metropolitan Minnesotans. Approximately 50 percent of all employees in Minneapolis commute to work using transit.

☛ **Regional Transit Board (RTB) and Metropolitan Transit Commission.\*** The Regional Transit Board (RTB) is responsible for short-term planning, policy-making, and funding distribution for transit services in the seven-county metropolitan area. As joint administrators of the Minnesota Public Transit Assistance Program, Mn/DOT and the RTB work closely to coordinate activities which influence public transit throughout the state. The RTB's purpose was established in Minnesota Statute 473.371, Subdivision 2:

- To provide, to the greatest feasible extent, a basic level of mobility for all people in the Metropolitan Area;
- To arrange, to the greatest feasible extent, for the provision of a comprehensive set of transit and paratransit services to meet the needs of all people in the Metropolitan Area;
- To cooperate with private and public transit providers to ensure the most efficient and coordinated use of existing and planned transit resources; and
- To maintain public mobility in the event of emergencies or energy shortages.

The Regional Transit Board annually reviews providers' capital and operating budgets, plays a key role in developing transit priorities, plans and implements new services, and analyzes local and

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\* The 1994 Minnesota Legislature abolished the Regional Transit Board (RTB) and Metropolitan Transit Commission, and transferred the functions of these agencies to the Metropolitan Council.

regional marketing strategies. The Regional Transit Board also oversees:

- **Regional fixed route services** carry over 97 percent of all trips made on the metropolitan transit system, representing almost 67 million annual rides.
- **Metro Mobility** is the region's public transit program for people whose disabilities prevent them from using standard bus service. After major restructuring, a new centralized operation management center was established in October 1993 to take riders' reservations, schedule trips, and dispatch vehicles. Metro Mobility provides an average of 102,000 rides per month throughout the metro area to approximately 20,000 certified riders. Metro Mobility provided 1.1 million trips in 1993.
- **The Metropolitan Transit Commission (MTC) and the Metropolitan Council** are the designated recipients of federal funds in the seven-county Metropolitan Area. The MTC administers the Urban Mass Transportation Administration's Section 3 program (Discretionary Capital) and the Section 9 program (Operating and Capital Assistance). The Metropolitan Council administers the Section 8 program (Planning) and passes some of these funds to the RTB for transit planning activities.

**Meeting Requirements of the Americans with Disabilities Act:** All communities in the nation must be in full compliance with the transportation aspects of the Americans with Disabilities Act (ADA) by January 1997. To accomplish this in the metropolitan area, the Regional Transit Board and the Metropolitan Transit Commission worked together to develop the "ADA Paratransit Plan for the Twin Cities Metropolitan Area." The plan contains year-by-year milestones for the region to achieve full compliance.

### 3.2.9 MINNESOTA TECHNICAL COLLEGE SYSTEM

In recent years, technical training has been made available to persons with disabilities in Technical Colleges. The occupational programs of the Colleges provide students with: 1) initial job training or retraining; 2) an opportunity to improve or upgrade current job skills; 3) a chance to explore other careers; and 4) an opportunity for personal or professional development.

The System, as established by the Minnesota Legislature, has a shared governance between state and local boards. State board members are appointed by the governor. Local college board members are industry leaders and representatives of the public. Students with recognized disabilities receive supplemental services (in addition to all regular student development services) in order to enable them to succeed in technical education.

In 1992, 2,885 students with disabilities were attending the 18 technical colleges in Minnesota. The goal for all students is employment. Among all technical college graduates in the class of 1990, 81 percent of the students with disabilities had jobs. Eighty five percent of those without disabilities were employed.

#### **Interagency Initiatives:**

- The State Board of Technical Colleges has been involved in the Minnesota Interagency Cooperative Agreement to plan for transition from secondary education to postsecondary education, integrated employment, and community living.
- **Minnesota Statewide Direct Service Training Initiative:** This is a collaborative venture to establish a statewide training system for personnel who provide direct services to people with developmental disabilities, including parents/family members. (See description in Section 4).

### 3.2.10 OFFICE OF THE OMBUDSMAN FOR MENTAL HEALTH AND MENTAL RETARDATION

The Ombudsman Office is an independent agency created by Minnesota Statute 245.91. The Office works closely with public and private agencies, parents and guardians, consumers, and interested others in improving the standards of care, competence, efficiency, and justice for individuals receiving services or treatment for mental illness, mental retardation or related conditions, chemical dependency, or emotional disturbance.

The Office receives and resolves complaints; provides mediation and advocacy services for clients; reviews the causes and circumstances of a serious injury or death of a client; monitors and evaluates services and programs; and issues reports to the Governor and public.

There were 768 persons with developmental disabilities represented in 1993, 34 percent of all populations served.

### **3.2.11 MINNESOTA STATE COUNCIL ON DISABILITY**

In 1973, the Legislature created the Council as the primary public agency to recommend and advocate for programs and legislation that will improve the quality of life and promote the independence of persons with disabilities in Minnesota.

The Council strives to fulfill its mission through a combination of activities:

- Maintains an organized information and referral database;
- Takes the lead in assuring improved physical and program accessibility;
- Provides technical consultation;
- Develops position statements on the delivery of services to persons with disabilities, based on research, community involvement, and interaction with other government agencies; and
- Coordinates legislative initiatives among a variety of agencies and organizations.

### **3.2.11 MINNESOTA GOVERNOR'S ADVISORY COUNCIL ON TECHNOLOGY FOR PEOPLE WITH DISABILITIES**

The Advisory Council was established by the Governor as a public-private initiative to develop public policy on the use of technology for people with disabilities. The Council received a five-year grant under the Technology-Related Assistance for Individuals with Disabilities Act of 1988 (P.L. 103-218). The grant established the **STAR Program (A System of Technology to Achieve Results)** as the lead agency to establish a comprehensive statewide system of technology-related assistance that is responsive to consumer needs.

The purpose of the STAR Program is to increase awareness and access to assistive technology in Minnesota. Specific goals include:

- Educating the public about the availability and usefulness of assistive technology;
- Analyzing current policies and practices and advocating for change that will increase access to technology;
- Providing information regarding funding mechanisms and investigating alternatives;
- Expanding community services throughout the state through a grants program; and
- Promoting interagency collaboration and coordination.

#### **Interagency Initiatives:**

- Contracting with Minnesota Disability Law Center to assist people in obtaining assistive technology devices and services;
- State Transition Interagency Committee;
- State Services for the Blind, Technology Center Committee;
- Department of Education, Statewide Assistive Technology Committee;
- Celebrate Success, a coalition of individuals and agencies to promote awareness;
- Used Equipment Referral Systems Committee.

### **3.2.11 TELECOMMUNICATIONS ACCESS FOR COMMUNICATION-IMPAIRED PERSONS (TACIP) BOARD**

The Board was created by the Minnesota Legislature in 1987 for the purpose of making the Minnesota telephone network fully accessible to people with "communication impairments," which includes both hearing and speech disabilities. The Board has two programs. **The Equipment Distribution Program**, operated by Deaf Services Division of the Department of Human Services, provides specialized telecommunications equipment to eligible persons which enables them to access the telephone network. **The Minnesota Relay Service**, operated by a private vendor, allows a person using a Telecommunications Device for (Persons who are) Deaf (TDD) to communicate with any other

telephone user.

Since the beginning of the two programs, over 11,000 telecommunication devices have been distributed without charge to over 7,500 individuals, and over 2.4 million calls have been placed through the relay service. The Minnesota Relay Service and Equipment Distribution Program are funded entirely through a ten-cent monthly surcharge on each telephone customer access line in the state.

## **UNIVERSITY AFFILIATED PROGRAM**

### **3.2.12 THE INSTITUTE ON COMMUNITY INTEGRATION (ICI)**

The Institute is a University Affiliated Program (UAP) on Developmental Disabilities in the University of Minnesota's College of Education. It was established in 1985 to provide interdisciplinary training, exemplary services, and information for Minnesota citizens with developmental disabilities, their families, service providers, and communities.

The mission of the Institute is to apply its resources to improve the quality and community orientation of professional services and social supports available to individuals with disabilities and their families. Its mission is carried out through a program of interdisciplinary professional education, service and technical assistance, applied research and information dissemination based on the belief that persons with disabilities should experience the benefits of family and community living while receiving services necessary to develop their full potential.

The Institute on Community Integration has emphasized activities that (a) promote integration and inclusion; (b) build local capacity; (c) are interdisciplinary in design; and (d) link in-service/preservice training, technical assistance, service development, and applied research.

Core UAP activities include interdisciplinary training, service and consultation, and research and dissemination. In addition, grants from several state and national sources support service, consultation, research and information dissemination in several program areas addressing: early childhood/early intervention; school age services, transition and employment, and adult and community services.

Accomplishments during academic year 1992-1993 include:

- 180 University of Minnesota students received long term, interdisciplinary training;
- 11,196 people attended continuing education/conferences;
- 7,763 hours of technical assistance hours were provided to community agencies; and
- 38,445 copies of publications were disseminated.

## **FEDERAL PROGRAMS**

### **3.2.13 U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT, (HUD)**

#### **MINNEAPOLIS-ST. PAUL OFFICE, REGION V**

The United States Congress mandated the Department of Housing and Urban Development to create conditions for every family to have decent and affordable housing, to ensure equal housing opportunity for all, and to strengthen and enrich our Nation's communities.

Six priorities were identified as essential to revitalizing the American Dream for those who have been left behind:

- Expand home ownership and affordable housing opportunities;
- Create jobs and economic development through enterprise zones;
- Empower the poor through resident management and homesteading;
- Enforce fair housing for all;
- Help make public housing drug free;
- Help end the tragedy of homelessness.

There are several options for procuring financial assistance for providing affordable homes for persons with disabilities. HUD administers many programs which can assist individuals and communities to develop homes and accessible housing. Only a few major programs are described below.

- Direct Loans for Housing for People Who Are Elderly or Handicapped (Section 202) is the

standard financing mechanism for subsidizing housing for persons with disabilities and for persons who are elderly. It provides 100 percent direct mortgage loans and rent subsidy for residents. It provides funding for the development of apartment complexes referred to as independent living complexes of up to 24 units on one site, as well as for group homes of up to 15 residents.

- **Rental Rehabilitation Program** provides grants to rehabilitate existing rental units and rental assistance to low-income households. This program is designed to minimize displacement and attract private financing.

- **Supportive Housing Demonstration Program—Permanent Housing Component** advances funds or provides grants to states on behalf of project sponsors, private non-profit organizations or public housing authorities to defray the cost of: 1) acquiring and/or rehabilitating existing buildings for permanent housing for not more than eight homeless people with disabilities; 2) retirement of mortgage debt; 3) portions of operating expenses for the first two years of operation; and 4) technical assistance related to one or more of the above activities. This program was created under Subtitle C of Title IV of the Stewart B. McKinney Homeless Assistance Act.

- **Community Development Block Grants (Entitlement)** [See also Minnesota Department of Trade and Economic Development which administers the Non-Entitlement Program for Small Cities] provides grants to communities for use in financing projects that foster development of viable urban communities. At least 51 percent of funds are to be targeted to projects benefiting low and moderate income persons. Most communities attempt to leverage CDBG benefits by using them to provide a portion rather than all the financing needed for a project, such as low-interest second mortgages, low interest construction financing, building acquisition, relocation, demolition, rehabilitation, and in some cases, new construction.

- **Rental Assistance—Housing Vouchers, and Section 8 Certificates**, helps low and very low income families in obtaining decent, safe, and sanitary housing in private accommodations. Housing vouchers and Section 8 certificates provide assistance to reduce rental payments. Rental assistance is targeted to individuals with less than 80 percent of the area median income adjusted for family size. Tenants apply directly for vouchers and existing Section 8 certificates.

### 3.2.14 SOCIAL SECURITY ADMINISTRATION

- ☛ **Supplemental Security Income (SSI)** provides a national minimum income floor of protection for people who are elderly, have a disability, or are blind. The program is designed to assist individuals with disabilities who are below specified income and resource limits. Various eligibility criteria apply to (i) persons age 65 and over, (ii) persons 18 and older; and (iii) children with severe disabilities.

A person who lives independently can receive as much as \$406 a month from SSI (or \$669 for a couple if both persons are eligible). People in group homes are often considered to be living independently, while individuals living in someone else's household, including that of parents, qualify for a lower amount.

SSI recipients are also likely to qualify for Food Stamps, Medicaid and Minnesota Supplemental Assistance (MSA).

In Minnesota, 49,00 persons—including 10,200 persons who were elderly, 700 persons who were blind, and 38,400 persons with disabilities—received Federal SSI payments in December 1992. Federal payments totaled \$15.3 million. The average Federal payment was \$310 per month. In addition, 21,300 persons in Minnesota received State-administered supplementation in September 1992, which totaled \$4,513,000. Of these, 16,400 received both Federal SSI and State supplementation, and 4,900 only State supplementation. In December 1992, the total number of persons in Minnesota receiving either a Social Security benefit, a Federal SSI payment, or both was 718,800.

The number of children with disabilities in Minnesota receiving SSI increased from 4,021 in December 1991 to 5,891 in December 1992.

- ☛ **Social Security Disability Insurance (SSDI)** provides monthly benefits for workers and eligible members of their family, if an illness or injury is expected to keep the worker from working for a year or longer, or to result in death. Family members may also qualify for "auxiliary" benefits on the

employee's work record. Under Social Security, "disability" is related to the ability to work, and requires total disability.

### **3.2.15 ADDITIONAL INTERAGENCY COLLABORATIVE ACTIVITIES**

☛ **Family Service/Community-Based Collaboratives:** The Governor's Children's Cabinet, Minnesota Planning, is the lead agency to establish Family Services Collaboratives and Community-Based Collaboratives with the intent to provide comprehensive service delivery systems for families and children. Funding comes from the Health and Human Services Omnibus Bill and Education Omnibus Bill. In 1993 and 1994, planning grants totaled \$2.4 million; implementation grants totaled \$5.3 million.

☛ **Children's Mental Health Collaboratives:** The Mental Health Division of the Department of Human Services is the lead agency to design, develop, and ensure implementation of an integrated service system, within a targeted area. The system will develop interagency agreements necessary to implement a coordinated system of outreach to families, with measurable outcomes. A total of \$695,000 is available in FY 1994-95 for planning and development grants to local collaboratives.

☛ **PEW Initiative:** Minnesota Planning coordinates this effort in a competitive grant application to reshape service delivery systems and to make investments necessary to foster inclusion and effective support for all children. This initiative seeks four pivotal outcomes: improved child health; adequate child development; reduced barriers to adequate school performance; and improved family function and stability.

☛ **Learning Readiness:** This initiative is headed up by the Minnesota Department of Education for the purpose of strengthening and building upon existing services and resources to assist children (ages 3 1/2 to 5) to enhance learning, development, and future success in school. Funding is through the Education Omnibus Bill.

☛ **Integrated Service Networks:** Led by the Minnesota Department of Health, with use of Health Care Access funds from a variety of agencies, the intent of this initiative is to increase access to quality health care via insurance reforms; MinnesotaCare; and the Minnesota Employees Insurance Program.

## SECTION FOUR

### PLAN REVIEW AND REVISION

This section presents the requirements made by Congress in the Developmental Disabilities Assistance and Bill of Rights Act, and the ways in which the Governor's Planning Council has complied with the requirements.

#### 4.1 PLAN REVIEW PROCESS

☛ **Laying the Groundwork, 1987-1993:** The Developmental Disabilities Assistance and Bill of Rights Act of 1987 (P.L. 101-496) contained a number of provisions which required states to review and analyze state policies, practices, and patterns. The intent of these provisions was to assist states in their planning processes, and generate useful information for state and federal policymakers.

Many of the requirements contained in P.L. 101-496 were addressed in previous publications of the Minnesota Governor's Planning Council in January 1990: the *1990 Report: The Heart of Community Is Inclusion...* and *Two-Year Transitional Plan, Developmental Disabilities*.

The purpose of the reviews and planning for both of these documents, as mandated by P.L. 101-496 [Section 122(f)] was to lay the groundwork for the development of a three-year plan for Federal Fiscal Years 1992-1994: *Three-Year Plan: Interdependence, Inclusion, and Contribution* (March 15, 1992).

☛ **Reauthorization of the Developmental Disabilities and Bill of Rights Act of 1994, (P.L. 103-230)--Systemic Change, Capacity Building, and Advocacy:** The new Act expanded and modified provisions, and in particular outlined the responsibilities of the Council in the planning process:

1. Overall purpose/mission is *to promote through systemic change, capacity building, and advocacy activities . . . the development of a consumer and family-centered comprehensive system and a coordinated array of culturally competent services, supports and other assistance designed to achieve independence, productivity, and integration and inclusion into the community for individuals with developmental disabilities.* [Section 124 (a)]
2. State Councils must examine and select priority areas outlined in the Act, which include:
  - Federal priority areas:
    - community living activities (optional);
    - employment (mandatory priority activity for all states);
    - child development activities (optional);
    - system coordination and community education activities (optional).
  - State priority area: an area of activity considered essential by the State Developmental Disabilities Council.
3. In addition, Councils must conduct comprehensive reviews and analyses of services, supports, and other assistance, including financial analysis and projections; convene public forums for the purpose of receiving public review and comment; review eligibility for services, evaluate effectiveness of and consumer satisfaction with services; identify and address the needs of populations who are unserved and underserved; and make recommendations concerning the removal of barriers to services.
4. Once the Council collects such information, priorities are selected, a plan is written and, once approved, is implemented, monitored, and evaluated. [Section 124 (C)]



☛ **Public Forums/Town Meetings Held in Minnesota:** During July to September 1992, the Minnesota Governor's Planning Council on Developmental Disabilities, in conjunction with a Study Group of the Department of Human Services, sponsored 12 regional Town Meetings to identify service needs, cost, and related issues. In addition, people expressed their views in letters or on the telephone; a one-day toll-free call-in opportunity was available for those who could not attend the Town Meetings.

Approximately 1,000 people shared their experiences and views. The comments made by Minnesota citizens, an analysis, and recommendations were published in *Minnesotans Speak Out: A Summary of Town Meetings Held Throughout Minnesota on Developmental Disabilities Issues* (November 1992).

SUMMARY OF MINNESOTANS SPEAK  
OUT

✓ **Theme One: "We have a lot to be proud of and much remains to be done!"**

People appreciated the accomplishments made during the last decade, especially the increase in community services options. Of particular note are: early intervention services, supported employment, family supports, inclusion in general education classrooms, and less use of Regional Treatment Centers and ICFs-MR; with increased usage of Semi-Independent Living and Supported Living Arrangements, and increased use of waived services. On the other hand, most people mentioned additional challenges yet to be met. For instance, parents and providers of services talked about supports to families, early intervention and supported employment.

*"The most important and essential service our family receives is home health care. It is the best, we couldn't live without it. It keeps us sane. We can be employed. We have opportunities. However, health aides are poorly trained. Turnover is staggering."*

*"The Children's Home Care Option and Waiver are miracles. Children with disabilities are now eligible for Medicaid because parents' income is not considered. As a result, no child from our county is placed out of the home. We don't even think about placement of children. The pressure is off."*

*"The early intervention process works to help coordinate providers, but this coordination ends when the child enters kindergarten. It should continue."*

*"People are out working who have never worked before. We have 20 new work sites, and people are gainfully employed."*

*"Supported employment has given my son self-confidence, assertiveness, and dignity. Supported employment has done more for him than 25 years with his family."*

For some people, Regional Treatment Centers have been the only safe, secure option available. For a few, they remain the only option. Most agreed, however, that the challenge is to develop supports in the community for all. Many obstacles stand in the way of developing such supports:

- Money doesn't follow people when they leave the regional treatment centers to live in community.
- There are few or no options for children with complex health needs--placement in a nursing home

is restricted by federal regulations, and there are no homes that provide pediatric services.

- Schools are not "ready" for full inclusion, and teachers are overwhelmed.

*"Special education teachers don't even bluff. They say they're too busy. Teachers are doing two or three person's work."*

- Children remain in inappropriate settings while they sit on waiting lists for waived services.
- Schools start too late or are inadequately addressing transition planning for many youth.
- Continuity between school and adult services is a major issue.
- Quality supports in the community, particularly for adults with developmental disabilities, were often described as a promise unmet. Behavioral and medical crisis intervention services are needed.

Many families spoke up about their visions and dreams for their children:

*"My vision is my son will be in our home, not their regional treatment center; included in our school, not their special education program; included in our day care, not their special day care."*

#### ✓ Theme Two: Individualization.

Services and supports must be designed and delivered for the individual, and in ways that make sense for the individual with disabilities. The concept demands that systems and services listen to the individual and family, empower them to make and act on choices, and create opportunities so that people have choices upon which to act.

Three barriers to promoting individualization were identified:

- State and federal funding patterns and rules result in a system that funds programs and types of services rather than individuals. The amount of funding is determined more by the type of service than the needs of the person.
- Case management has fallen far short of its promise to ensure that individual needs are met and services are coordinated.
- There are few "real" choices/options available. "Some are held hostage because of the funding stream they are in."

*"Money goes to programs, not people. The system is driven by funding streams, not individual needs."*

*"Let's address individual needs, not geographic location."*

*"The amount of money you receive depends on where you live."*

*"We're pushing round pegs into square holes. Individualization doesn't exist."*

*"We say individualized plan, but we don't fund it."*

*"In developing individualized plans, there are too many details, we are too rigid; there is no flexibility."*

*"We must have a retirement policy. Why do people still have to go to work when they're past retirement age?"*

Families must also have their needs met in ways they think is appropriate.

*"It is abnormal to have strangers in your home 24 hours a day especially nurses. A family can have 25 different nurses in their home."*

*"It is a 'travesty and destructive' not to meet family needs in the home or out of the home. We need out-of-home respite."*

*"We need more flexibility and more individualization. We need vouchers so money can follow people."*

#### ✓ Theme Three: Staffing

Specific issues involve pay scales, staff turnover, and staff training in community programs. High turnover means increased training and staffing costs. The fundamental issue is the impact of all these conditions on the lives and futures of people with developmental disabilities who are supported by staff. The issues are **quality of support, continuity of relationships with staff, and fundamental issues of safety.**

Providers of services expressed their frustrations:

*"The state wants high quality services but will not pay for it. Staff can earn as much money at McDonald's."*

*"A person with a four-year degree earns \$12,500 to \$14,000 annually (in a community group home)."*

*"Our agency has 93 entry level positions and 81 of the 93 positions have new employees with less than one year experience. Turnover is directly related to wages."*

*"The staff are asking, 'Whatever happened to the concept of home?'"*

*"We are plagued by low pay and high turnover. Individuals with disabilities have to constantly get used to new staff and can't move ahead with such instability in direct care staff."*

#### ✓ Theme Four: Leadership and Bureaucracy

In every Town Meeting, consistent and serious issues were raised in terms of the leadership performance of state agencies. **Generally, the system is complicated by a preoccupation for red tape instead of quality.** There is little in the system geared to quality. Much stands in the way of quality. There was a loud cry from both providers and family members for increased cooperation and collaboration between agencies.

*"The system is not user friendly. The vision of quality has been replaced by an obsession with paper compliance."*

*"There is a crying need for team work and cooperation among and within government departments at all levels."*

*"Millions of dollars are spent on paperwork and process. Monitoring focuses on paper, not people. Paper is not equal to good lives."*

*"The rules and regulations that should enhance quality inhibit it."*

*"In my 16 years of experience, this is the worst I have ever seen."*

✓ **Theme Five: Inequity of Resources--Inconsistency in the System**

Practices do not coincide with values and vision. There are great disparities in the system.

- There are really two systems with quite different resources. The state operated system of facilities runs at high cost for relatively few people, while the community system runs at very low cost for a far greater number of people.
- As a result, much of the money goes to maintaining a congregated, segregated system, and the administration of the system, rather than to people.
- Tremendous differences exist throughout the state, and between rural and urban, in terms of what supports are available to individuals with disabilities and their families. Some saw these differences resulting from the various approaches of county governments.
- There is a marked bias in the system favoring out-of-home placement, in contrast to supporting families to stay together.
- Each of these trends is inconsistent with the values and principles of community inclusion.

*"The money does not match the need. The money rests with the type of service."*

*"Money should follow people. Money should be controlled by the people."*

*"Where you live is the handicap rather than the person's disability."*

*"Funding has been frozen, but our costs continue to go up."*

- There are waiting lists for waivers. Older parents who have never utilized services are now in need, but are refused the assistance and services they seek.

*"It's been our choice to have our son live with us for 24 years. But now we'd like a group home placement. The waiting list is ten years. It's discriminatory how parents who kept their children don't get services. Regional treatment center residents leave and go into town houses. My son will live in a dump."*

- Greatest needs for services included: early childhood services, integrated public education, transition programs, supported employment, family support, a range of residential programs, and a range of day programs.
- Groups whose needs are not being met include those individuals who are deaf and those with epilepsy.

✓ **RECOMMENDATIONS THAT RESULTED FROM THE TOWN MEETINGS:**

The Study Group analyzed the outcomes from the Town Meetings and reached consensus regarding the following conclusions and recommendations:

**1. Individual and Family Support.**

Conclusions: Children with developmental disabilities have a right to a safe, permanent, stable, and nurturing family in the community.

Families must be supported on an ongoing basis to assist them in meeting their responsibilities.

Families are the greatest natural resource available to their children and are the major providers of support, care, training, and meeting needs. It is in the best interest of the state to preserve, strengthen, and maintain the family unit.

### **Recommendations**

- ▶ Place the individual with a disability and the family first in all policy decisions.
- ▶ Designate the individual with a disability and the family as **the customers**. Ask the customer, respond to the customer, and base decisions on the customer's specifications.
- ▶ Reallocate resources toward individual and family support.
- ▶ Create supports and services that are individually and family centered. The family should identify needed supports and how those supports will be provided. The support must be reliable, ongoing, readily available, and change as needed.

**2. Community Programs.** Conclusions: Personnel issues including recruitment, selection, training, and retention of staff are linked with the level of funding in community programs.

### **Recommendations**

- ▶ Increase funding levels for community programs to maintain quality programs.
- ▶ The recruitment, selection, training, and retention of direct care staff must be addressed at all levels. Funding must reduce the gap between state employees and community staff salaries.
- ▶ Training must address and promote human dignity, self-determination, and independence of people with developmental disabilities. Training should promote state of the art, be delivered locally, in a cost-effective manner, and be linked with technical assistance, follow-up, incentives, and consequences.

**3. Array of Services.** Conclusions: The state has invested 40 percent of all the public money spent on services to persons with developmental disabilities using Intermediate Care Facilities for Persons with Mental Retardation (ICF-MR) beds, both public and private. This figure includes capital and operations.

### **Recommendations**

- ▶ Assess the population of those residing in ICF-MR facilities to determine how many, with appropriate support, could be relocated to waived service, semi-independent living services, or other less restrictive community programs.
- ▶ Develop a time-phased plan for transition to less restrictive settings and make projections for the continuing need for ICF-MR services. Assist providers in designing and offering alternative services to ICFs-MR. Eliminate the incentive for counties to choose inappropriate services based on cost.

**5. Coordination.** Conclusions: There is currently no effective mechanism for the state of Minnesota to formulate unifying and comprehensive policies and identify, track, and address issues that extend across agency lines at the state level.

### **Recommendation**

- ▶ Restructure the Executive Branch so that: disability issues are linked to the Health and Human Services Cluster; within the Department of Human Services there is no internal, centralized coordination of functions related to developmental disabilities in order to be user friendly.

**6. Individual Service Coordination.** Conclusions: Individuals and families are often left in a maze when they try to get services which meet their needs. There are four levels of government (federal, state, county, and school district), eight state departments of independent agencies (without counting the criminal justice and corrections systems), 22 major program areas, and 32 different funding streams.

## Recommendations

- ▶ Provide individuals with developmental disabilities and their family members with a single, continuous point of contact with the services system (service coordinator) where all threads are woven together into a seamless plan that is continuously responsive to individual needs. Several methods for reaching this goal were suggested, including the assurance of built-in quality of services.

7. **Quality Assurance.** Conclusions: Licensing rules which emphasize process over results, are largely ineffective. The systems for assuring quality are fragmented, full of duplication, redundancies, and gaps.

## Recommendations

- ▶ Apart from necessary prescriptive requirements, such as fire protection, life safety measures, etc., the system for assuring quality of services provided to people with developmental disabilities should be overhauled to emphasize outcomes or actual improvements in the quality of people's lives.
- ▶ Consolidate health and human services quality assurance functions.

8. **Planning Data.** Conclusions: Minnesota does not have complete and accurate data on the population with developmental disabilities and their needs.

## Recommendation

- ▶ To engage in intelligent planning, the state needs a uniform and relatively accurate data base of information on the demographics and needs of people with developmental disabilities, as well as up-to-date data on how public funds are being used to serve that population.

## 9. Guardianship.

## Recommendation

- ▶ Transfer the overall responsibility of the Department of Human Services to oversee public guardianship and the specific responsibilities of counties to act as public guardians to either a separate and independent state guardianship office or at least to another state agency where there is relatively little potential conflict of interest.

### 4.1.1 REVIEW OF STATEWIDE SERVICE DELIVERY AND OTHER STATE PLANS

Additional requirements of the Developmental Disabilities Act include:

☞ **Requirement/Eligibility:** *The state shall review the eligibility for and scope of services provided to persons with developmental disabilities and their families* [Section 122 (b)(2)(C)(i)]; [Section 122(f)(i)]; and [Section 122(b)(5) (C)].

**Compliance:** The Minnesota Governor's Planning Council has collected and analyzed existing reports, plans and original materials which identify agencies (including public assistance) that receive federal and state funds to provide services to people with developmental disabilities. Eligibility requirements were documented and analyzed for each service. The extent and scope of services were documented. (see *The 1990 Report*)

Eligibility requirements were also reviewed in a survey of state agencies in January through March 1994. No major changes were reported.

☞ **Requirement/Effectiveness and Satisfaction:** *Each State Planning Council shall conduct a review and analysis of the effectiveness of, and consumer satisfaction with, the functions performed by, and services provided or paid for from federal and state funds, by each of the state agencies (including*

public assistance) responsible for performing functions for, and providing services to, all persons with developmental disabilities in the state. Such review and analysis shall be based upon a survey of a representative sample of persons with developmental disabilities receiving services from each agency and their families if appropriate. [Section 122(f)(2)].

**Compliance:** A consumer survey was conducted in 1988. The form was based on several national survey forms developed for previous studies. Requests for volunteers to participate were distributed to agencies, monthly newsletters and newspapers. The results of the survey were presented in *The 1990 Report*. We identified the following critical issues for the 1990s:

- Having a Home and a Family
- Having an Education
- Having a Job
- Making Sense of Your World
- Being Supported.

Outcomes from this survey were substantiated during the Town Meetings held in 1992.

☛ **Requirement/Review ICF-MR Deficiency Reports:** *The plan shall provide assurances that the State will provide the state Developmental Disabilities Council with a copy of each annual survey report and plan of corrections for cited deficiencies prepared pursuant to section 1902(a)(31) of the Social Security Act with respect to any intermediate care facility for the mentally retarded in such State not less than 30 days after the completion of each such report or plan.* [Section 122(I)].

**Compliance:** The Council assigned a staff person to review the annual survey reports received from the Minnesota Department of Health. The following number of deficiency reports were reviewed:

<u>YEAR</u>	<u>NUMBER OF REPORTS</u>
FFY 1992	1,108
FFY 1993	744
FFY 1994	419 (as of July 1, 1994)

☛ **Requirement/Statewide Service System Review:** Section 122 (f) of the Developmental Disabilities Assistance and Bill of Rights Act of 1990 required a comprehensive review and analysis of services in the state, and the subsequent use of that review in developing the State plan.

**Compliance:** *The 1990 Report* was submitted in January 1990. The findings of the review are an integral part of the revisions to the plan reported below in Section 4.2. In addition, the Minnesota Department of Administration conducted an in-depth review and analysis of fiscal resources relating to services and programs for persons with developmental disabilities, as published in *Public Expenditures for Services to Persons with Developmental Disabilities in Minnesota*, (April 1991), Management Analysis Division, Minnesota Department of Administration.

☛ **Requirement/Education Data:** *The plan must be developed after consideration of the data collected by the state education agency under Section 1418 (b)(3) of Title 20.* [Section 122(b)(5)(C)].

**Compliance:** The Governor's Planning Council reviewed the special education state plan; analyzed data collected in the review of eligibility requirements, and the extent, scope and effectiveness of services; and participated in the State Transition Interagency Committee. The Council also participated on an advisory committee to the Minnesota Department of Education System Change Grant regarding the design and implementation of a statewide data collection system for ongoing follow-up of students

after leaving the public education system.

The Leadership priority of this Three-Year Plan reflects our consideration of the data collected by the state education agency.

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#### 4.1.2 REVIEW OF EXISTING PRIORITY AREA

**Requirement/Priority Area:** *The state shall review the extent to which existing priority area activities are responsive to the needs of persons with developmental disabilities and their families.* [Section 122(b)(5)(A)] and [Section 122(b)(5)(B)(i)].

**Compliance:** The priority activities identified in the *Three-Year Plan: Interdependence, Inclusion, and Contribution* (October 1, 1991, to September 30 1994) focused on **Leadership for Empowerment**.

**Compliance/Priority Area (FFY 1992-1994).** The Minnesota Governor's Planning Council on Developmental Disabilities selected the option of a "State Priority Area Activity." According to the Developmental Disabilities Assistance and Bill of Rights Act, a State Priority Area is:

*[A]ctivities to increase the capacities and resources of public and private nonprofit entities and others to develop a system for providing special adaptations of generic services or specialized services or other assistance which responds to the needs and capabilities of persons with developmental disabilities and their families to enhance coordination among entities [Section 102(9)(A)]... in an area considered essential by the State Planning Council [Section 102(11)].*

The State Priority Area Activity was called **Leadership for Empowerment**. The term

"Empowerment" was defined as:

- To assist individuals to learn how to obtain information, develop skills, and make choices;
- To create an environment where choices are honored; and
- To give individuals and families direct control of resources.

In 1991, it was the Council's intent to embark on a decade-long strategy:

- To promote and multiply personal empowerment;
- To significantly expand personal choices in relation to community life, school, work, leisure, cultural affairs, economic equity, and parity; and
- To enhance the level of social participation among its constituency.

It was the intent of the Council that grants made during the 1990s would work to bring about a society where all individuals are:

- Valued and included;
- Interdependent and contributing;
- Fully enfranchised with the right to make informed choices, and directly control and possess the resources to achieve a valued future.

The Council's policies now fund work that intentionally advances:

- the principles of full democratic citizen involvement;
- uncompromising integration;
- individualized support services at home, school, work, and in the community;
- political empowerment; and
- the creation of personal futures based on the dreams for and of people with the most severe mental and physical disabilities.



During Federal Fiscal Years 1992-1994, the Governor's Planning Council made grants to organizations for projects related to the **Leadership for Empowerment** priority. In addition, employment, the federal mandatory option, was funded.

**State Priority Area Outcomes.** The following grant and administrative activities produced the outcomes related to the State Plan Objectives in the priority area: Leadership for Empowerment:

## **LEADERSHIP**

☛ **FFY 1992-1994, State Plan Objective/Strategy 1:** *To develop local and statewide leadership through state-of-the-art training, skill and competency based curriculum and real community-based experience.*

To develop local and statewide leadership, the Governor's Planning Council supported:

- ✓ Partners in Policymaking
- ✓ Advanced Leadership Training--Summer Institutes
- ✓ Negotiation and Mediation Training
- ✓ Youth Leadership
- ✓ Circles of Friends
- ✓ Mini-grants to resolve local problems
- ✓ Training Conferences
- ✓ Publications
- ✓ Personal Futures Planning
- ✓ Parents as Case Managers
- ✓ Bi-monthly Leadership Meetings
- ✓ Direct Care Training Initiative
- ✓ Evaluation/Research

✓ **Partners in Policymaking:** (FFYs 1992-1994) This project has operated since 1987. Its purpose is to provide experiential training to parents, family members, and persons with developmental disabilities in order to increase their skills for personal advocacy and citizen activism--to be community leaders. The program is designed to provide information, training, resources and skill building in two areas: a) what is state-of-the-art, and b) how to influence public policy. Individuals then use these tools to obtain better services through political advocacy, policy development and change, and community

leadership. The overall goal is to reach a productive partnership between people who need and use services and the people who make public policy. As of September 1993, a total of 234 people had graduated from Partners.

Thirty-five people graduated in FFY 1992 and 34 people graduated in FFY 1993. In FFY 1994, thirty individuals attended the program at a Twin Cities location. Thirty individuals also participated in a program delivered in Moorhead (Western Minnesota). Each year a total of 128 hours of training were provided during eight two-day sessions over an eight month period. Many participants continue to influence public policy by: serving on public committees or commissions, testifying in public hearings, appearing in the media, and making presentations at conferences. For example, a follow-up evaluation of the Class of 1993, six months after graduation, revealed that over half (52 percent) had contacted state and/or local public officials regarding policy issues.

Graduates provided qualitative feedback about Partners in Policymaking:

- Partners is a wonderful program which has enabled me to be a more effective parent advocate for not only myself, but for others.
- I have become more resourceful for not only the benefit of my family, but for the many families I meet and assist throughout the year.
- I had the courage to persuade the school to uphold the law. Things will be better at my son's school for the younger kids because of what he went through and because of what we did.
- This program was extremely well organized and motivating--a rare example of how tax/government monies should be spent.
- This was a transforming experience for me.
- Since participating in Partners I have been involved on committees and I am the chairperson of the local Community Transition Interagency Committee.
- We (as parents) are broadening our expectations for our daughter's education and her future.

**Replication in Other States:** In 1993, 147 individuals from 34 states and one U.S. Territory were trained during a three-day academy to replicate Partners in Policymaking. Twenty-seven of those states have graduated at least one class of Partners. Eight more states started training in FFY 1994. Two additional states are planning to adopt Partners in 1995.

**Cultural Diversity--Parent Leadership Training:**

This project was administered by the Institute for Minority Development in Minneapolis. Fourteen Parent Leadership Training sessions were held over eight months in the Twin Cities Metropolitan Area for the purpose of addressing the needs of people of color: self-determination, parenting, acquiring and utilizing services, and knowing about state-of-the-art practices which are culturally competent. Brochures were developed and disseminated, an article was published in a local minority newspaper, and a public service announcement was developed for local radio stations. Eight training and support groups were established with 6 to 12 participants in each group. As of July 1994, a total of 237 parents have contacted the Institute for Minority Development. One hundred twenty-six individuals have participated in leadership training. Ten major agencies (transitional and ethnic-specific) were visited by staff to provide on-going outreach and follow along services.

✓ **Advanced Leadership Training** is intended to provide advanced training to graduates of the Partners program so that they can continue to increase their knowledge and skills related to self-advocacy, empowerment, and leadership.

Leadership means many things, but includes having a vision of the future, drawing others to that vision, and making it easier for people to carry out activities consistent with the vision. Leadership means ensuring that people have resources and support to achieve the vision.

**Summer Institutes:** Three-day "Summer Institutes" were held each Fiscal Year, 1992, 1993, and 1994. In 1992, 100 people participated, with representatives from 12 other states that had graduates from Partners. Presentations included: transition to adulthood, adult services, networking skills, building alliances, community organizing, facilitating meetings, accessing county services, negotiation skills, planning a systems campaign, fund raising, and independent living.

In 1993, a total of 151 people participated, 67 Minnesotans, and 84 individuals from 13 other states. Scholarships of \$300 were awarded to 42 non-Minnesota participants. The following topics were presented: building alliances through trust and interpersonal relationships, community organizing, grass roots empowerment to achieve advocacy goals, effective presentations, marketing yourself, making meetings matter, negotiation skills, power of disability, practice of politics, school inclusion, and a two-part program--accessing Minnesota's resources and funding for technology. Evaluations by the participants indicated that the opportunities to network with Partners from other states were highly valued, in addition to learning about team building and forming alliances.

In 1994, a total of 157 people participated (91 from other states and 66 from Minnesota). Nationally recognized speakers/facilitators addressed such leadership/empowerment topics as building alliances, organizing communities, effective board membership, facilitating meetings, grantsmanship, influencing the political process, lifestyles for adults, negotiation skills, personal assistance services, and school inclusion. In addition, four teams explored current issues and provided testimony to policymakers in public hearings on: 1) implementing Individuals with Disabilities Education Act; 2) health care reform; 3) personal assistant services; and 4) family support policy.

**Negotiation/Mediation Training:** Intensive training for acquiring negotiation skills by participants of Partners in Policymaking was provided during the past three years. Topics included: approaches to conflict, characteristics of negotiation, breaking deadlocks, alternative dispute resolution techniques, and settlement agreements. In 1992, a negotiation workshop was held prior to the Summer Institute for 30 trainees. In 1993, a separate, two-day workshop was held (February 4-5, 1993) with 32 participants; and a negotiations workshop was built into the Summer Institute. In 1994, negotiation training became part of the Summer Institute agenda. Evaluation results showed that negotiation techniques are critical skills, essential to effective

advocacy and the empowerment process. Participants reported that they had gained a better understanding of conflict resolution, were able to consider other points of view, felt more comfortable with the negotiation process, and could establish clearer goals, becoming better advocates.

✓ **Youth Leadership:** Administered by the Ridgedale YMCA, the intent of this multi-dimensional project was to provide youth in middle school (grades 6-8) with a value based vision, information, training, and experiential learning that would increase: life and career planning skills; assertiveness skills; leadership and organizing skills; awareness of social justice; and interdependence/full inclusion in school and community. The key concept is that all youth, including youth with disabilities, have the capacity to be leaders. Youth with disabilities can play a vital role in changing systems and policy so as to promote the inclusion of youth with disabilities in the social, economic, political, and spiritual life of the community. The cooperative efforts of and friendships among youth with and without disabilities can change the nature of community life for generations to come.

**FFY 1992 and 1993**, during school and after school groups and clubs were organized in four schools during the first year, with expansion to seven schools during the second year of the project. Through school partnerships, a variety of issues and opportunities are identified between youth, teachers, parents, and school staff to provide integrated activities and encourage youth leadership among all youngsters. A total of 129 youth participated at the eight schools (Northeast Middle School, Minneapolis; Anwatim Middle School, Minneapolis; Minnetonka Junior High School, Minnetonka; Edgewood Middle School, St. Paul; Southwest Junior High School, Albert Lea; Moorhead Junior High, Moorhead; and Grand Rapids Middle School, Grand Rapids). A number of community service projects took place. A five-day summer service trek was held in June 1993, with 61 students from 15 communities participating at a four-day camp setting. To chronicle the trek, the *Beyond Boundaries* videotape was produced by youth with and without disabilities, filmed in 1992. In January 7-10, 1993, the annual statewide Youth in Government Conference was held at the St. Paul Radisson Hotel and the State Capitol. For the first time, the conference opened its doors to students with disabilities. A total of 10 Leadership for Empowerment youth and 10 peer advocates participated. Participants also served as legislative pages during the Minnesota legislative session. Two youth with disabilities and two peer advocates also participated in a National Youth Leadership Project in Chicago.

**FFY 1994:** A Leadership for Empowerment Curriculum was completed and piloted by leadership site staff. Twenty-eight individuals from 10 sites throughout the state participated in train-the-trainer sessions. Eleven students with disabilities and twelve students without disabilities participated in Youth in Government, serving as legislative pages, and helping in the press room. A student with disabilities was elected governor by his peers at a mock state convention. During school and after school groups and clubs expanded to four additional sites: Twin Bluff Middle School, Red Wing; Dakota Hills Middle School, Eagan; Central Middle School, Eden Prairie; and Folwell Middle School, Minneapolis. Over 200 students (80 students with disabilities) participated in school groups and clubs during and after school hours. In the summer of 1994, 68 youth (25 youth with

disabilities and 43 youth without disabilities) participated in Service Treks at a four-day camp setting.

School personnel and YMCA staff helped to evaluate the Leadership for Empowerment Project each year. When asked by the evaluator, "Would you recommend this project to another agency/school?" the answer was an overwhelming and resounding, "Yes." When asked why, this is what they said:

- "The experience has developed friendships and personal growth to all in the group--strong friendships that come from working together for common good."
- "People don't have to be sheltered or separated because of different ability levels."
- "The experience has really had an impact on all our lives."
- "People are starting to focus on what these kids CAN do instead of what they CAN'T do."
- "Leadership and empowerment emerge through improved self-esteem, gained by working together in meaningful activities; meeting the challenges and opportunities to contribute to their communities."

✓ **Facilitated Communication:** In FFY 1993, as part of a "Communications Grant," the Brainerd Staples Technical College prepared training materials and curricula for training people to do facilitated communication. This curriculum module will be disseminated and used in the "Training Initiative," described below.

Also, in FFY 1993, the Twin Cities Autism Society conducted Introductory Workshops and technical assistance on Facilitated Communication. "Introduction to Facilitated Communication" workshops were attended by approximately 200 individuals, representing 27 agencies, from 43 communities in Minnesota and 4 communities in Wisconsin. Participants rated the content and format of the workshops positively, reporting that the information was new, helpful, and relevant to their needs. The majority of participants indicated they planned to implement Facilitated Communication in home, school, residential, and vocational program settings.

✓ **Circles of Friends:** Administered by Arc Anoka County, this grant (initiated in FFY 1991 and completed in FFY 1992) established the "Circles of Friends" concept in the Anoka School District by training school personnel and completing circle of friends [or use of McGill Action Planning System (MAPS)] planning for students. Several activities were built into the project to encourage replication in other schools or communities. A "how to" manual or guide, *Friendships in Schools*, was developed and disseminated. A six-hour facilitator training session was provided to 100 education personnel, and 26 staff people from a consortium of YMCAs. In addition 237 parents, regular education staff, community education, and church personnel have attended in-service training on the vision of inclusion and observed how a "Circles" process works. Most importantly, 22 students directly benefitted from completing the "Circles of Friends" process. The major outcome was that students without disabilities are more accepting of diversity and are including children with disabilities in everyday activities.

✓ **Mini-Grants:** (FFYs 1993-1994) Mini-grants were awarded to Partners graduates with up to \$200 to help resolve local problems that would result in improving the lives of people with disabilities. Mini-Grants provided the opportunity to apply leadership skills acquired in Partners training. Forty-

five mini-grants were allocated in FFY 1993. Many recipients were successful in influencing the creation of parent support networks, parent training, and promoting inclusion in recreational programs.

✓ **Training Conferences:** In FFYs 1993 and 1994, conference grants of \$750 each were awarded to financially assist statewide provider, parent and consumer organizations with their annual conferences. Cosponsorship was an effective way of forming alliances around common goals. Organization conferences supported each Federal Fiscal Year were:

- **FFY 1993:**

- Advocating Change Together (assisted toward support of 11 self-advocates and 3 staff members to participate and present on "Power and Decision-Making" at the International People First Conference in Toronto, Canada).
- American Association on Mental Retardation, Minnesota Chapter.
- Minnesota Developmental Achievement Center Association (MnDACA) and the Minnesota Association of Residential Facilities (MARF).
- Minnesota Epilepsy Foundation (2 conferences).
- Minnesota Head Injury Association.
- People First of Minnesota Annual Conference.
- Twin City Autism Society.
- United Cerebral Palsy Association of Minnesota.

- **FFY 1994:**

- American Association on Mental Retardation, MN Chapter "Aging: Expanding Options," 100 participants.
- Association of Residential Resources in Minnesota, Annual Conference, 800 participants.
- Creative Options, training symposium for direct care workers, 76 direct care staff from 58 provider agencies attended.
- Epilepsy Foundation of Minnesota, "Consumer Empowerment and Quality of Life," 24 participants.
- Minnesota Developmental Achievement Center Association (MnDACA), "Providing Quality Services in Changing Times," 150 participants.
- Minnesota Developmental Achievement Center Association (MnDACA) and Association of Residential Resources of Minnesota (ARRM), "Performance-Based Contracting," 150 people attended.
- Minnesota Habilitation Coalition, "Diversity in the Workplace: Promoting Jobs for People with Disabilities," 92 participants.
- Minnesota Tourette Syndrome Association, 117 participants.
- Opportunity Workshop and Courage Center, "At the Crossroads: Disability and Aging," 168 participants.
- United Cerebral Palsy Association of Minnesota, Annual Meeting, 28 participants.
- West Central Educational Cooperative Service Unit (ECSU), parent retreat/strengthening families, 100 participants.

☛ **Publications to Educate Policymakers and Others.** The following were produced and distributed (as of June 1, 1994):

*The 1990 Report, The Heart of Community is Inclusion:* 60,100 copies disseminated.

*Friends: A Manual for Connecting Persons with Disabilities and Community Members,* Human Services Research and Development Center: 2,169 copies disseminated. Alternative format: audio cassette.

*Futurity*, a monthly newsletter to inform the 4,600 readers about Council activities, policy and service trends, and current events. An additional 5,000 people access this newsletter via electronic bulletin boards, i.e., DRAGnet and the Consortium on Children, Youth, and Families at the University of Minnesota. Alternative format: audiotape cassette.

*It's Never Too Early, It's Never Too Late: A Booklet About Personal Futures Planning* (October 1989--publication), 20,716 copies disseminated. Alternative format: audio cassette.

*It's Never Too Early, It's Never Too Late* (videotape). Loaned out to approximately 210 people via the Lending Library. Alternative format: closed caption.

*Grant Policy of the Minnesota Governor's Planning Council on Developmental Disabilities*, (brochure), 245 copies distributed.

*"Listen, Lady, This Is My Life": A Book of Stories about Personal Futures Planning in Minnesota*, (1992), Human Services Research and Development Center: 400 copies disseminated.

*Making Futures Happen: A Manual for Facilitators of Personal Futures Planning* (1990): 1,061 copies disseminated.

*Making Your Case*, (May 1994): 5,000 copies made, dissemination in process.

*Minnesotans Speak Out! A Summary of Town Meetings Held Throughout Minnesota on Developmental Disabilities Issues*, (November 1992): 7, 509 copies disseminated. Alternative format: audio cassette.

*A New Way of Thinking*, (1987), publication, 30,000 copies have been distributed (of which 11,669 copies were disseminated during the past three years). In addition, Japan has translated the text into Japanese and has disseminated it throughout that country.

*A New Way of Thinking*, (1988), videotape, approximately 400 copies disseminated, and over 500 people borrowed a copy via the lending library.

*Partners in Policymaking Curriculum Highlights*, 1993: 866 copies disseminated.

*Read My Lips: It's My Choice*, (1989): 11,054 copies disseminated. Alternative format: audiotape.

*Shifting Patterns* (October 1, 1992--publication): 9,970 copies disseminated. Alternative formats: Braille and audio cassette.

*Shifting Patterns*, (November, 1992--videotape): over 700 copies disseminated, with another 100 people borrowing a copy through a lending library. Alternative format: closed caption.

*State Technical College Task Force on Educational Opportunities for Developmental Disabilities Service Providers* [1. Report and Recommendations; 2. Executive Summary; and 3. Criteria for Competency Based Training], Minnesota Technical College System: 500 copies of each document were disseminated.

*Three-Year Plan: Interdependence, Inclusion, Contribution* (October 1, 1991 to September 30, 1994): 4,094 copies disseminated.

An evaluation by readers in 1993 of Council publications revealed the following results:

**TABLE 3**  
**SAMPLE EVALUATION OF COUNCIL PUBLICATIONS**

TITLE OF PUBLICATION	"n"	SCORE
<i>A New Way of Thinking</i> (publication)	57	9.4
<i>Friends Manual</i>	62	9.1
<i>Futurity</i> (monthly newsletter)	41	9.2
<i>It's Never too Early, It's Never too Late</i> (book and videotape)	101	9.2
<i>"Listen, Lady, This Is <u>My</u> Life"</i>	22	9.2
<i>Making Futures Happen</i>	49	9.3
<i>Minnesotans Speak Out!</i>	47	9.0
<i>Partners Curriculum Guide</i>	8	9.4
<i>Read My Lips: It's My Choice</i>	82	9.1
<i>Shifting Patterns</i> (book and videotape)	1,126	7.6
<i>Three-Year Plan</i> (FFY 1992-1994)	24	9.8

"n" = Number of persons providing evaluation of publication.

SCORE = Mean average score obtained from total responses received, with range from 1 to 10, with 10 as highest score.



✓ **Personal Futures Planning:** This project created networks of persons with the skills to facilitate the preparation of Personal Futures Plans. Each person is trained to prepare Personal Futures Plans for at least two persons with developmental disabilities. In FFY 1993, five major activities were completed:

- "Rejuvenation Update" Workshop was held for previously trained facilitators. A two-day workshop with Dr. Beth Mount was held in August 1993. It focused on implementation issues.
- Two one-day Personal Futures Planning Overview sessions were held in conjunction with the facilitator training sessions in six Greater Minnesota locations for a total of 172 participants.
- Six facilitator training workshops were held in six communities in Greater Minnesota, with a total of 66 participants.
- Mentor Program was planned and developed. While many people showed interest, few could commit to the time involved.
- Feedback, Support and Evaluation: During August 1993, Dr. Beth Mount conducted a two-day workshop focusing on monitoring and evaluation issues. Based on evaluation data, including longitudinal information from the last three years, Council members and staff concluded that Personal Futures Planning leadership training resulted in changes in attitudes and how team meetings are conducted; however, it does not result in the use of the Personal Futures Planning approach in team planning. This occurs because of Minnesota rules and regulations regarding team planning, and restrictions on time and money by counties responsible for the planning. People believe in the principles, but have neither the time nor the funding to engage in this process. The Council has concluded that the intended positive outcomes will depend on changes in state rules and regulations.

✓ **Parents as Case Managers:** In FFY 1992, as part of the "Case Management for Self-Determination and Empowerment/Parent Case Management Project," thirty-two persons from 18 counties were trained as facilitators, attending one of three training sessions. The training included handouts, an updated Resource Guide and a Facilitator's Guide, monthly information packets, and newsletters. Each facilitator was expected to implement training for parents as case managers in their respective community. As an incentive, stipends up to \$100.00 were made available to support implementation of the Project. An additional mini-grant of \$100.00 was made available to 18 facilitators to strengthen their efforts. A total of 46 individuals received training in Parents as Case Managers in three training sites: Grand Rapids, Mankato, and St. Paul.

"Parents as Case Managers training taught us that people have the right to be integrated in their own communities."

Participants reported improvements in the quality of their lives (for instance, placement of children in age appropriate activities, greater confidence in dealing with professionals, and the ability to support others).

In FFY 1993, A Parents as Case Managers Renewal Conference was held on September 11, 1993. It was attended by 29 participants from the previous Parent Case Management training program. The *Parents as Case Managers Resource Guide* was updated and printed. The Institute on Community Integration, University of Minnesota, a University Affiliated Program, made a commitment to continue support of this project. Major outcomes reported by participants were: felt empowered and re-freshed/updated; useful and relevant presentations; networking was most valuable component; a significant positive impact on their families and the services to their son/daughter with a disability; significant positive changes in the quantity and quality of services available; regular and frequent use of the skills and information obtained.

✓ **Leadership (Joint) Meetings:** In 1992, grant recipients/contractors, Council members, and staff met bi-monthly to network and share ideas for continuously improving delivery of services and exploring the "empowerment process." In 1993, the grant recipients and contractors continued to meet, share, and build upon what they were learning about empowerment.

✓ **Training Initiative.** (FFY 1991-1994) The Council has been actively involved in the establishment of a statewide training system for direct care providers/personnel since 1980. Recent outcomes from Council efforts included: development of five training modules; training of trainers to deliver the modules; and establishment of a network within the technical college system to continue the development and delivery of training of direct service personnel.

In 1991, the Minnesota Legislature created a Task Force on Training for Educational Opportunities for Service Providers. The Council contracted with Brainerd Staples Technical College to assist with producing the Task Force report: *State Technical College Task Force on Educational Opportunities for Developmental Disabilities Service Providers* (1993). The Task Force recommended the establishment of a comprehensive, state-of-the-art, competency-and value-based, training system for direct care personnel, including family members. Such a training system would be delivered locally through technical and community colleges. The Task Force recommendations were "strongly endorsed" by the State Board of Technical Colleges on February 9, 1993.

**Development of training modules:** In FFY 1990 the Minnesota Governor's Planning Council on Developmental Disabilities developed the first five training modules, or core curricula, in a series:

- *Communication for Persons with Severe Disabilities*
- *How to Develop an Individual Plan*
- *How to Position People with Severe Disabilities*
- *Positive Learning: An Alternative to Behavior Management*
- *Technological Adaptations to Increase Independence.*

In FFYs 1992 and 1993, The Brainerd Staples Technical College was involved in two projects described under "Facilitated Communication" and "Personal Futures Planning," above.

During the past two years (FFYs 1993-94), with the assistance of a grant of \$185,000 from the Bush Foundation eleven additional modules, *Instructor's Guides* were completed. This was a collaborative effort between the Minnesota Association of Rehabilitation Facilities, the Minnesota Developmental Achievement Center Association, Brainerd Staples Technical College and the Minnesota Governor's Planning Council on Developmental Disabilities. Curricula guides included:

- *An Introduction to Vocational Rehabilitation Services for Adults with Serious and Persistent Mental Illness;*
- *Augmentative and Alternative Communication;*
- *Department of Labor Standards and Employer Incentives for Community Integrated Employment;*
- *Developing Community Integrated Employment for People with Disabilities;*
- *Health and Medical Support for Persons Who Are Medically Complex;*
- *Promoting Self-Advocacy;*
- *Providing Integrated Services to Persons with a Dual Diagnosis: Developmental Disabilities and Mental Illness.*
- *Providing Services for Aging Persons with Developmental Disabilities;*

- *Sexuality Education: Resources and Techniques for Working with Persons with Developmental Disabilities;*
- *Transition from School to Work*
- *Traumatic Brain Injury Service Provision.*

In FFY 1994, the Council funded delivery of training through the technical college system. Sixteen technical college sites and nearly 30 campuses throughout the state were participating to assure local training delivery. A total of 248 individuals attended 13 regional meetings in February and March 1994 to learn about the goals of the training initiative and the roles of participants. A total of 344 individuals participated in 21 training sessions, including 6 train-the-trainer sessions. An additional 22 sessions, including 4 train-the-trainer sessions, will be completed by the end of September 1994. Tuition costs of \$29.00 for each 6 hours of training are uniform throughout the state. Scholarships for training courses are available for adults with disabilities and family members administered by Arc Minnesota through a Council grant. In addition, training is available through the technical college Interactive Television system (ITV). The ITV system will assure greater access and local availability of training information to all direct care providers regardless of geographic location in the state. The Institute on Community Integration, University of Minnesota, a University Affiliated Program, received a grant from the Administration on Developmental Disabilities to provide: coordination, technical assistance, and support; distribution of state-of-the-art training materials and resources to trainers; and the creation of a career ladder for direct service providers.

✓ **Ten County Replication Initiative.** The purpose of this initiative was to assist the Department of Human Services to replicate Council projects in no more than ten counties throughout Minnesota. The 1991 Minnesota Legislature authorized the Commissioner of Human Services to waive certain rules in order to demonstrate alternative methods to provide case management services. Counties could then replicate a number of innovative ideas. This included three that were pioneered by the Council -- the use of Personal Futures Planning, the use of parents, relatives, or self-advocates as case managers, and the use of vouchers for services. The Department of Human Services was given the responsibility for implementing the legislation. The use of vouchers for services was replicated in Anoka, Hennepin, and Ramsey Counties. Evaluation by families who participated in the project was highly favorable because of the flexibility allowed in selecting respite care workers (feeling more comfortable and safe), and because of the self-respect gained from having a right to determine (control and act upon) what parents thought was best for their family member. For example, parents stated:

- "The sense of control has made me more confident in making decisions. I am better able to take certain risks. I was nervous about sending my child to camp, but the resources (funds) were there so I decided to go ahead and have my child try new things, without the financial strain."
- "We have been able to be more creative, thinking of ways that our son can be more active in the community and in recreational activities. Our home life has been calmer since we have been able to provide our son with the sensory experiences he needs--with exercise and therapy equipment."
- "The flexibility allows us to concentrate on the most critical needs at any given time--it is essential in allowing us to manage stress."

- "We went on a vacation for the first time as a whole family and hired a woman to come along to meet my son's needs--then Mom had fun too!"

"One choice means no option. We need to give people real choices and options." (From 1992 Town Meetings, *Minnesotans Speak Out.*)

☛ **Evaluation/Research:** The purpose of this component is to assure that federal funds allocated by the Council are being appropriately spent and result in the intended outcomes of the Council. Through this project, the Council can track short- and long-term outcomes and plan for future initiatives.

**Priority Activity Expenditures:** Table 4 lists the amounts spent for each of the above projects and activities of the Council for each fiscal year.

TABLE 4  
**PRIORITY ACTIVITY EXPENDITURES**  
 Minnesota Governor's Planning Council on Developmental Disabilities  
 October 1, 1991 through September 30, 1994

Grants/Projects	1992	1993	1994	TOTAL
Partners in Policymaking	\$100,000(T)*	\$144,500(T)*	\$235,000(T)*	\$479,500(T)*
• Metropolitan Area	100,000	110,000	100,000	
• West Central Area			100,000	
• Cultural Diversity		34,500	35,000	
Adv. Ldrship Trng.	80,000(T)*	103,500(T)*	88,000(T)*	271,500(T)*
• Negotiation Workshops	10,000	17,800	18,000	
• Summer Institute	70,000	85,700	70,000	
Youth Leadership	90,200(T)*	162,850(T)*	186,278(T)*	439,328(T)*
• School program	24,000	87,550	102,428	
• Service Trek		41,000	45,000	
• Youth in Govt./NYLC	35,250	14,300	10,000	
• Program Development	22,750			
• Program Replication			20,350	
• Training			8,500	
• Fac. Communication	8,200	20,000		
Circle of Friends	14,000			14,000
Mini Grants		9,007	6,000	15,007
Training Conferences		10,000	7,500	17,500
Publications	50,000	50,000	50,000	150,000
Evaluation/Research	20,000	35,000	35,000	90,000
Personal Futures Planning	75,000			75,000
Parents/Case Mgrs. Training	52,000			62,000
-- Renewal Conference		10,000		
Leadership (Joint) Meetings	15,000	15,000		30,000
Training Initiative	51,000	75,000	65,000	191,000
DHS County Initiative	50,000			50,000
<b>TOTAL</b>	<b>\$597,200</b>	<b>\$614,857</b>	<b>\$749,278</b>	<b>\$1,884,835</b>

\* (T=Total in each category of funding.)

## **BUILDING ALLIANCES**

**FFY 1992-1994, State Plan Objective/Strategy 2:** *To organize and sustain new civic networks, coalitions, alliances specifically to advance the full inclusion and economic independence of individuals with the most severe disabilities.*

The Minnesota Governor's Planning Council has made a concerted effort to shift and/or expand partnerships from the traditional "disability oriented," or "special" organizations and agencies to that of generic community programs. Powerful constituencies exist in the society-at-large that share identical goals and dreams held by persons with disabilities. Therefore, a major purpose of the Council's grant program and other activities is to stimulate new alliances and working relationships to promote change in keeping with the principles of full inclusion and integration for persons with developmental disabilities in Minnesota.

Expanding organizational relationships is a critical component within the process for achieving inclusive communities. The focus is upon "enhancing a community's capacity to be inclusive and supportive as efforts are underway to assist individuals with disabilities and their families to access, live, and work in those communities." (R. Torner, April 27, 1994) Grant recipients are required to take responsibility for building meaningful expanded networks of support and participation among the economic and civic institutions and enterprises of their communities. Simultaneous efforts must occur for achieving inclusive communities--changing individual behavior while also changing the system within which that individual operates. "We cannot achieve inclusionary goals through segregated means, nor can we encourage the use of supports that occur naturally in the community through the use of 'unnatural' supports." (R. Torner, 1994, p. 2).

The Council's priority activity under "Leadership," through grant and Council activities, has opened new vistas and the formation of new alliances over the past three years, for example:

- YMCA, 12 statewide locations.
- Independent School Districts (12).
- Government Training Services.
- State Board on Technical Colleges.
- Technical Colleges (30 campuses).
- County Commissioners (30 of 87 counties).
- Minnesota Institute of Public Health.
- Concordia College Leadership Center (Moorhead).
- Youth in Government.
- National Youth Leadership Conference.
- Institute for Minority Development.

**The Council plans to continue expansion of such alliances during the next 3-year planning cycle.**

## INFLUENCE PUBLIC POLICY

FFY 1992-1994, State Plan Objective/Strategy #3: *To influence and change local, state, and federal laws, policies, regulations, service delivery, litigation, civic and social values, and cultural images to: 1) promote full democratic participation, personal enfranchisement, command of meaningful choices, and resources; and 2) eliminate deviancy-based segregation and exclusions, disincentives to the exercise of full participation in all our social institutions, and end the conditions that impose economic underdevelopment and impoverishment upon people with disabilities.*

✓ **Influencing Federal and State Policies (Administrative Activities).** The Minnesota Governor's Planning Council concentrated on several public policy changes during the past three years (October 1, 1991 through September 30, 1994):

### 1. Federal Issues:

- Rehabilitation Act Reauthorization--Major changes in the Rehabilitation Act resulted from nationwide efforts to bring the Act under compliance with the Americans with Disabilities Act. The Minnesota Council co-hosted meetings, authored papers, prepared advocacy documents, and provided technical assistance.
- Inclusive Education--The Council provided stories to national media on inclusive education; provided testimony to the National Education Goals Panel; provided support to Judy Heumann, Secretary of the Office of Special Education and Rehabilitative Services, regarding inclusion; and provided technical assistance on how to make inclusive education work.
- Developmental Disabilities Act Reauthorization--Provided input on changes needed to the Developmental Disabilities Act; sponsored a witness at a Congressional reauthorization hearing; and responded to requests for technical assistance.
- Technology-Related Assistance for Individuals with Disabilities Act Reauthorization--Provided input on changes needed to the Technology Act.
- Self-Determination--Completed a national study on self-determination; produced a book and videotape entitled *Shifting Patterns*; distributed 10,000 copies of the book and 700 copies of the videotape; provided technical assistance on an ongoing basis to promote the concept and changes in public policy.
- National Family Support Legislation--Co-hosted national summits on family support; sponsored advocacy documents and family support packets; contacted national media to sponsor stories about family support; and generated national interest on the topic.
- Personal Assistance Services--Provided support of Personal Assistance Services initiatives under the direction of the World Institute on Disability.

### 2. Multi-State Issues:

- Ethical Issues--Provided background information to national media on eugenics and disabilities; the Council opposed state legislation legalizing withdrawal of life and medical supports; the Council supported individuals with disabilities in their efforts to gain appropriate medical services.
- Closure of State Institutions--Generated letters of support to states that have closed state institutions; reviewed closure plans for state institutions in several states and compiled list of tasks for successful closure; prepared fact sheets on key issues and disseminated to other states.

- Partners in Policymaking--Sponsored national training academies to teach 36 states/territories how to replicate Partners in Policymaking; and provided ongoing technical assistance to assure quality training delivery.
- Quality Assurance--Collected alternative methods to assure quality; provided technical assistance to states redesigning quality assurance methods; and generated interest in other methods through public presentations on continuous quality improvements.

### 3. Minnesota Issues:

- State Reform--Sponsored 12 town meetings and toll free call-in day to collect input about reforming the service delivery system; published *Minnesotans Speak Out*; provided technical assistance to regional groups on how to implement recommendations; and served on follow-up committees.
- Education Issues--Supported implementation of P.L. 99-457, Part H, on Early Intervention; opposed attempts to repeal all special education rules; provided information and technical assistance to individuals and families interested in quality, inclusive education; served on statewide committee focused on transition.
- Regional Treatment Centers--Served on interagency committee that coordinated closure of Moose Lake Regional Treatment Center (RTC) and downsizing of other RTCs.
- Health Care--Cosponsored a health care conference and monitored developments in Medicaid and health care proposals at the state and federal levels.
- Training of Direct Care Staff--Funded curriculum development, a statewide task force, and delivery of training through technical colleges.
- Innovation--Provided review and comment to the Board of Innovation on proposals that would expand Council demonstration grants (e.g., vouchers, parents as case managers, etc.).



## **4.2 STATE PLAN PRIORITIES, GOALS, AND OBJECTIVES (FFY 1995-1997): LEADERSHIP AND EMPLOYMENT**

### **4.2.1 Priority Areas (FFYs 1995-1997): Context and Rationale**

**☛ Requirement/Examination of Priority Areas:** *Not less than once every 3 years, the Council shall examine the provision of and need for the four federal priority areas and an optional state priority area to address, on a statewide and comprehensive basis, urgent needs for services, supports, and other assistance for individuals with developmental disabilities and their families, pursuant to Section 122. [(Section 124(c)(2))]*

**Compliance:** The Minnesota Governor's Planning Council on Developmental Disabilities met on February 2, 1994, and discussed trends, issues, and population needs that had been identified with respect to the four federal priority areas: (1) community living activities, (2) employment activities, (3) child development activities, and (4) system coordination and community education activities.

**☛ Requirement/Selection of Priority Areas:** *The plan shall specify employment, and at the discretion of the state, any or all of the three other federal priority areas and an optional state priority area that are selected by the State Developmental Disabilities Council for such Council's major systemic change, capacity building, and advocacy activities to be addressed during the plan period and describe the extent and scope of the federal and state priority areas that will be addressed under the plan in the fiscal year. [Section 122(c)(4)] The term "State Priority Area" means priority area activities in an area considered essential by the State Developmental Disabilities Council. [Section 102(27)]*

**Compliance:** At its February 2, 1994, meeting, the Minnesota Council selected two priority areas: (1) a state priority area--"LEADERSHIP"; and the federal priority area--"EMPLOYMENT." The Council discussed how the development of competent leadership will influence all of the federal priority areas. In addition, emphasis would be placed on outreach to diverse communities.

**☛ Requirement/Public Review and Comment:** *The plan shall be made available for public review and comment with appropriate and sufficient notice in accessible formats and take into account and respond to significant suggestions, as prescribed by the Secretary in regulation. [Section 122(d)(1))]*

**Compliance:** After the Minnesota Council selected the priorities for the next three years and developed recommendations for expenditures, a draft plan was prepared and approved for public review and input on June 1, 1994. An announcement requesting public review and comment of the draft state plan was published in the *State Register* on June 13, 1994, page 2598, requesting public input by July 15, 1994. Draft copies of the state plan were available in alternative formats (audio cassette tape and computer disk). Comments from both the Council members and the public were incorporated into the plan, which was then presented to the Council for final approval on August 3, 1994.

**☛ Requirement/Consultation with Designated State Agency:** *Before the plan is submitted to the Secretary, the State Developmental Disabilities Council shall consult with the designated state agency to ensure that the state plan is consistent with state law and to obtain appropriate state plan assurances. [Section 122(d)(2))]*

**Compliance:** This plan was submitted to the Minnesota Department of Administration on August 4, 1994, and was signed by Commissioner Debra Rae Anderson. See title page and Section 5, Assurances.

## **Leadership: An Investment in People**

The Council has intended to embark on a decade-long strategy:

- To promote and multiply personal empowerment.
- To significantly expand personal choices in relation to community life, school, work, leisure, cultural affairs, economic equity, and parity.
- To enhance the level of social participation among its constituency.

At the February 2, 1994 Council meeting, Council Members selected **Leadership and Employment (with outreach to diverse communities as a component)**, as priorities for the next three years. When selecting these priorities, the Council reaffirmed the values stated in *A New Way of Thinking* (1987):

*People with developmental disabilities, like all people, need to be seen first as people; to experience love and friendship; to experience continuity in their lives, especially in relation to the people who are important to them; to be respected and treated with dignity; to have access to opportunities and information, to make choices and to exercise rights; to have opportunities to continue to learn throughout life; to have meaningful employment and contribute to the community.*

The Council intends to support efforts that will bring about a society where all individuals are:

- Valued and included;
- Interdependent and contributing; and
- Fully enfranchised with the right to make informed choices, and directly control and possess the resources to achieve a valued future.

These outcomes would be attained by adhering to the following three strategies:

1. Develop local and statewide leadership (people with disabilities, families, youth, civic leaders, and citizens) through state-of-the-art training, skill and competency based curriculum, and real community experiences.
2. Organize and sustain new civic networks, coalitions, and alliances specifically to advance the inclusion and economic independence of individuals with the most severe disabilities and those individuals from culturally diverse communities.
3. Influence and change local, state, and federal laws, policies, regulations, service delivery, litigation, civic values, and cultural images to:
  - Promote full democratic participation, personal enfranchisement, command of meaningful choices and resources; and
  - Eliminate deviancy-based segregation and exclusions, disincentives to the exercise of full participation in all our social institutions and end the conditions that impose economic underdevelopment and impoverishment upon people with disabilities. (Concept Paper Leadership for Empowerment, April 3, 1991)

The Council's purpose is to train a pyramid of citizens across Minnesota who will embrace and transmit a progressive vision and quality of life. They will forge creative friendships, civic alliances, and community development.

The approach is to enhance personal competence, knowledge, judgment, participation in the political process, and public role models. New civic leaders will be groomed. They will join the ranks of existing community representatives and makers of policy. Together they will guide and influence our social and democratic institutions in every arena.

#### **4.2.2 Goals and Objectives (FFYs 1995-1997):**

**Requirements/Plan Objectives:** *The plan shall describe the specific 1-year and 3-year objectives to be achieved and include a listing of the programs, activities, and resources by which the State Developmental Disabilities Council will implement its systemic change, capacity building, and advocacy activities in selected priority areas, and set forth the non-federal share required to carry out each objective. [Section 122(c)(4)(B)]*

**Compliance:** The following information is submitted to meet this requirement:

#### **PRIORITY ACTIVITY AREA: LEADERSHIP**

##### **I. YOUTH LEADERSHIP:**

**Goal:** To increase the inclusion of youth with developmental disabilities in leadership programs.

**Assurance:** The Council will act affirmatively to assure effective and meaningful opportunities for full participation by individuals from racial and ethnic minority backgrounds. Services, supports, and other assistance will be provided in a culturally competent manner, and the Council's programs and activities will represent the geographical distribution and diversity of Minnesota's population.

##### **A. One-Year Objective:**

By September 30, 1995, 50 youth with disabilities will be integrated and included in youth leadership programs.

##### **B. Two-Year Objective:**

By September 30, 1996, 100 youth with disabilities will be integrated and included in youth leadership programs.

##### **C. Three-Year Objective:**

During the next three years (FFY 1995-1997), 150 youth with disabilities will be integrated and included in youth leadership programs.

## **II. PARTNERS IN POLICYMAKING:**

**Goal:** To increase the number of citizen leaders (adults with disabilities and family members) who are culturally competent, knowledgeable about state-of-the-art services, skilled in educating public officials and in developing constructive/positive relationships with policymakers at all levels of government, and represent unserved/underserved counties.

**Assurance:** The Council will act affirmatively to assure effective and meaningful opportunities for full participation by individuals from racial and ethnic minority backgrounds. Services, supports, and other assistance will be provided in a culturally competent manner, and the Council's programs and activities will represent the geographical distribution and diversity of Minnesota's population.

### **A. One-Year Objective:**

By September 30, 1995, 70 people will graduate from Partners in Policymaking.

### **B. Two-Year Objective:**

By September 30, 1996, approximately 140 people will graduate from Partners in Policymaking.

### **C. Three-Year Objective:**

During the next three years (FFY 1995-1997), approximately 210 people will graduate from Partners in Policymaking.

### **D. Partners Outreach:**

During the next three years (FFY 1995-1997), 100 individuals from ethnic minority backgrounds will graduate from the Partners Outreach Program.

### **III. ADVANCED LEADERSHIP TRAINING:**

**Goal:** To promote statewide participation of citizen leaders in advocating for integrated and inclusive life opportunities.

**Assurance:** The Council will act affirmatively to assure effective and meaningful opportunities for full participation by individuals from racial and ethnic minority backgrounds. Services, supports, and other assistance will be provided in a culturally competent manner, and the Council's programs and activities will represent the geographical distribution and diversity of Minnesota's population.

#### **A. One-Year Objective:**

By September 30, 1995, approximately 125 Minnesota graduates of Partners in Policymaking will participate in advanced training opportunities, regional meetings, and community organizations.

#### **B Two-Year Objective:**

By September 30, 1996, approximately 185 Minnesota graduates of Partners in Policymaking will participate in advanced training opportunities, regional meetings, and community organizations.

#### **C. Three-Year Objective:**

During the next three years (FFY 1995-1997), approximately 250 Minnesota graduates of Partners in Policymaking will participate in advanced training opportunities, regional meetings, and community organizations.

#### **IV. PUBLIC AWARENESS, PUBLIC POLICY, AND CAPACITY BUILDING**

**Goal:** To increase the knowledge, improve the skills, and change the attitudes of the general public; to promote integration and inclusion, interdependence, productivity of, and contributions by individuals with developmental disabilities through training opportunities and dissemination of publications.

**Assurance:** The Council will act affirmatively to assure effective and meaningful opportunities for full participation by individuals from racial and ethnic minority backgrounds. Services, supports, and other assistance will be provided in a culturally competent manner, and the Council's programs and activities will represent the geographical distribution and diversity of Minnesota's population. Affirmative efforts will be made to recruit individuals from minority backgrounds into the field of developmental disabilities.

##### **A. One-Year Objective:**

By September 30, 1995, 6,000 individuals, families, staff, and public officials will receive publications or participate in training opportunities that improve knowledge, skills, and attitudes.

##### **B. Two-Year Objective:**

By September 30, 1996, 12,000 individuals, families, staff, and public officials will receive publications or participate in training opportunities that improve knowledge, skills, and attitudes.

##### **C. Three-Year Objective:**

During the next three years (FFY 1995-1997), 18,000 individuals, families, staff, and public officials will receive publications or participate in training opportunities that improve knowledge, skills, and attitudes.

## **PRIORITY ACTIVITY AREA: EMPLOYMENT**

### **V. EMPLOYMENT**

**Goal:** To increase employment opportunities for individuals with developmental disabilities by strengthening and improving the process of transition from school to adulthood through person-centered planning, career planning, and systems change.

**Assurance:** The Council will act affirmatively to assure effective and meaningful opportunities for full participation by individuals from racial and ethnic minority backgrounds. Services, supports, and other assistance will be provided in a culturally competent manner, and the Council's programs and activities will represent the geographical distribution and diversity of Minnesota's population. Affirmative efforts will be made to recruit individuals from minority backgrounds into the field of developmental disabilities.

#### **A. One-Year Objective:**

By September 30, 1995, a research/concept paper will be completed to address the barriers which impede the process of person-centered planning, and recommend the feasibility of using person-centered planning for Minnesotans with developmental disabilities to pursue career visions.

#### **B. Two-Year Objective:**

By September 30, 1996, person-centered planning will be implemented in 3 counties and will be based on recommendations of the feasibility study.

#### **C. Three-Year Objective:**

During the next three years (FFY 1995-1997), person-centered planning will be demonstrated in 5 counties in Minnesota with minimal administrative barriers under current federal and state requirements.

**Requirement/Periodic Evaluation:** *The plan shall establish a method for the periodic evaluation of the plan's effectiveness in meeting the objectives described in Section 122(c)(4)(B).*

**Compliance:** The following methods are scheduled for keeping the Council members informed with many opportunities for dialogue and evaluation:

- Monthly activity reports that document achievements.
- Completion of evaluation reports by grant recipients and submitted to the Council's Grant Review Committee according to the approved evaluation plan.
- Completion of evaluation reports by an evaluator with reports submitted bimothly to the Grant Review Committee according to the approved evaluation plan.

#### 4.2.3 BUDGET

State of Minnesota, Federal Fiscal Years 1995-1997  
(October 1, 1994 through September 30, 1997)

**Table 5**  
**Projected First-Year Funding by Priority Areas**  
**FFY 1995**

Priority Area Activities	Federal Funds	Matching Funds	Total Projected Funding
Federal Priority Activities:			
Employment (Mandatory)	\$40,000	\$13,200	\$53,200
Community Living	0	0	0
Child Development	0	0	0
System Coord./Com. Education	0	0	0
State Priority Activity			
Leadership Development	467,390	154,239	621,629
<b>TOTAL PRIORITY ACTIVITY ALLOCATIONS</b>	<b>507,390</b>	<b>167,439</b>	<b>674,829</b>
Other Activities:			
Evaluation	35,000		35,000
Publications	50,000		50,000
Preparation of State Plan [Sec. 122(c)(3)]	75,000		75,000
State Financial Participation		46,000	46,000
<b>GRAND TOTAL</b>	<b>\$667,390</b>	<b>\$213,439</b>	<b>\$880,829</b>

**Table 6**  
**Basic State Grant**  
**Projected Three-Year Funding Plan**  
**FFY 1995-1997**

Projected Expenditures	Federal	Non-Federal	Total
Priority Activities:			
Employment	\$120,000	\$39,600	\$159,600
Leadership Development	1,402,170	462,716	1,864,886
Agency Administration	819,630	138,000	957,630
<b>TOTAL</b>	<b>\$2,341,800</b>	<b>\$640,316</b>	<b>\$2,982,116</b>



## **Section Five**

### **Assurances**

Specific assurances are required by Congress in the Developmental Disabilities Assistance and Bill of Rights Act of 1994, Title II, Part B, Section 122(C)(5). The Minnesota Governor's Planning Council on Developmental Disabilities assures that:

#### **(A) Use of Funds--**

- (i) With respect to the funds paid to Minnesota under Section 125, such funds will be used to make a significant contribution toward enhancing the independence, productivity, and integration and inclusion into the community of individuals with developmental disabilities in various political subdivisions of the state;
- (ii) Such funds will be used to supplement and to increase the level of funds that would otherwise be made available for the purposes for which federal funds are provided and not to supplant non-federal funds;
- (iii) Such funds will be used to complement and augment rather than duplicate or replace services for individuals with developmental disabilities and their families who are eligible for federal assistance under other state programs;
- (iv) Part of such funds will be made available by the state to public or private entities;
- (v) Not more than 25 percent of such funds will be allocated to the agency designated under Section 124(d) for service demonstration by such agency and that such funds and demonstration services have been explicitly authorized by the State Developmental Disabilities Council;
- (vi) Not less than 65 percent of the amount available to the state under section 125 shall be expended for activities in the federal priority area of employment activities, and, at the discretion of the state, activities in any or all of the three other federal priority areas and an optional state priority area; and
- (vii) The remainder of the amount available to the state from Section 125 (after making expenditures required by clause (vi)) shall be used for the planning, coordination, administration, and implementation of priority area activities, and other activities relating to systemic change, capacity building, and advocacy to implement the responsibilities of the State Developmental Disabilities Council pursuant to Section 124(c).

#### **(B) State Financial Participation--**

The State of Minnesota assures that there will be reasonable state financial participation in the cost of carrying out the State Plan.

#### **(C) Conflict of Interest--**

The Minnesota Governor's Planning Council on Developmental Disabilities established a "Policy Related to Conflict of Interest in Grant Awards" on December 14, 1988, which ensures that no member of the Council shall cast a vote on any matter that would provide direct financial benefit to the member or otherwise give the appearance of a conflict of interest.

**(D) Program Standards--**

The State of Minnesota assures that programs, projects, and activities assisted under the plan, and the buildings in which such programs, projects, and activities are operated, will meet standards prescribed by the Secretary in regulation and all applicable federal and state accessibility standards.

**(F) Individualized Services--**

Any direct services provided to individuals with developmental disabilities and funded under this plan will be provided in an individualized manner, consistent with unique strengths, resources, priorities, concerns, abilities and capabilities of an individual.

**(G) Human Rights--**

The human rights of all individuals with developmental disabilities (especially those individuals without familial protection) who are receiving services under programs assisted under this part will be protected consistent with section 110 (relating to rights of individuals with developmental disabilities).

**(H) Minority Participation--**

The State of Minnesota has taken affirmative steps to assure that participation in programs under this part is geographically representative of the State, and reflects the diversity of the State with respect to race and ethnicity.

**(I) Intermediate Care Facility for the Mentally Retarded Survey Reports--**

The Minnesota Department of Health will provide the Minnesota Governor's Planning Council on Developmental Disabilities with a copy of each annual survey report and plan of corrections for cited deficiencies prepared pursuant to Section 1902(a)(31) of the Social Security Act with respect to any intermediate care facility for the mentally retarded in Minnesota not less than 30 days after the completion of each such report or plan. The Health Department will also provide summaries of ICF-MR reports.

**(J) Volunteers--**

All available community resources including volunteers serving under the Domestic Volunteer Service Act of 1973 and other appropriate voluntary organizations will be provided for, except that such volunteer services shall supplement, and shall not be in lieu of, services of paid employees.

**(K) Employee Protections--**

Fair and equitable arrangements (as determined by the Secretary after consultation with the Secretary of Labor) will be provided to protect the interests of employees affected by actions under the plan to provide community living activities, including arrangements under which maximum efforts will be made to guarantee the employment of such employees.

**(L) Staff Assignments--**

Staff and other personnel of the Minnesota Governor's Planning Council on Developmental Disabilities, while working for the Council, are responsible solely for assisting the Council in carrying out its duties and are not assigned duties by the Minnesota Department of Administration, the designated state agency, or any other agency or office of the State of Minnesota.

**(M) Noninterference--**

The designated agency, Minnesota Department of Administration, or other office of the State of Minnesota will not interfere with systemic change, capacity building, and advocacy activities, budget, personnel, state plan development, or plan implementation of the Minnesota Governor's Planning Council on Developmental Disabilities, except that the Department of Administration shall have the authority necessary to carry out the responsibilities described in Section 124(d)(3).

**(N) Other Assurances--**

The State of Minnesota shall make any additional assurances as the Secretary of the Department of Health and Human Services may find necessary to carry out the provisions and purposes of the Developmental Disabilities Assistance and Bill of Rights Act.