

**MINNESOTA GOVERNOR'S COUNCIL  
ON DEVELOPMENTAL DISABILITIES**

Wednesday, October 1, 2014  
9:30 a.m. – 2:25 p.m.  
Continuing Education and Conference Center  
University of Minnesota St. Paul Campus  
1890 Buford Avenue, St. Paul, Minnesota 55108

**MINUTES**

**MEMBERS PRESENT**

Dan Reed, Chair  
Ashley Bailey  
Alex Bartolic  
Marrie Bottelson  
Dawn Bly  
Mary Hauff  
Pamela Hoopes  
David R. Johnson  
Eric Kloos  
Steve Kuntz  
Barb Lundeen  
Lynne Megan  
Alexandra Morrissey  
Mary O'Hara Anderson  
David Quilleash  
Robbie Reedy  
Bonnie Jean Smith  
Mike Stern  
Wendy Velzke  
Katheryn Ware  
Melissa Winger

**MEMBERS EXCUSED**

Alex Bartolic (afternoon)  
Kevin Dawson  
Jim Lovold  
Carolyn Perron  
Mary Raasch

**GUESTS**

Laurie Beyer-Kropuenske, Department of  
Administration  
Ralph Brown, Management Analysis and  
Development  
Shelley Madore  
Judy Plante, Management Analysis and  
Development  
Angie Price, support staff for Marrie  
Bottelson

**STAFF PRESENT**

Colleen Wieck  
Mary Jo Nichols

**I. CALL TO ORDER**

Dan Reed, Council Chair, called the meeting to order at 9:30 a.m.

**II. INTRODUCTIONS**

Everyone present introduced him/herself.

**III. APPROVAL OF AGENDA**

Reed asked for approval of the Agenda.

**MOTION:** Stern moved, seconded by Smith to approve the Agenda.  
Motion carried; there were no dissenting votes.

**IV. APPROVAL OF MINUTES FOR AUGUST 6, 2014**

Reed asked for approval of the Minutes as written for August 6, 2014.

**MOTION:** Smith moved, seconded by Winger to approve the Minutes as written for August 6, 2014. Motion carried; there were no dissenting votes.

**V. MORNING SESSION – Comprehensive Review and Analysis**

Colleen Wieck introduced Judy Plante, Management Analysis and Development. Plante led the transition team and served as the transfer specialist with the incoming Dayton administration. When Minnesota Management and Budget was created as a new division, she was the first Assistant Commissioner.

In January 2013, Plante was asked to help guide the development of Minnesota's Olmstead Plan. During that process, Alex Bartolic, Department of Human Services, Disability Services Division, suggested a review of all laws, rules, policies, and funding to determine barriers to inclusion.

Plante will facilitate today's morning and afternoon working sessions to discuss where existing laws, rules, policies, and funding may create unintentional barriers or serve as disincentives in relation to the Olmstead Plan goals.

Plante explained the approach that would be used and referred back to the memo that Council members received. Minnesota has so many different programs and policies, and a very complex system. We want to know where the

pressure points are, where things are not fitting well together, and where are we unintentionally creating barriers to integration

There are seven goal areas. Small groups will cover six of the goals and everyone together will discuss the last goal, community engagement. Plante emphasized that clarity is important in what is recorded.

Small groups in the morning session focused on Employment, Housing, and Lifelong Learning and Education

**VI. AFTERNOON SESSION – Comprehensive Review and Analysis**

Small groups in the afternoon session focused on Transportation, Healthcare and Healthy Living, and Services and Supports.

The results of today's working sessions are attached to the Minutes.

**VII. EXECUTIVE DIRECTOR'S REPORT**

A. Annual Work Plan

Wieck presented the FFY 2015 Work Plan, based on the Baldrige Criteria, and summarized each section. The Council has a Five Year State Plan in place and then an annual work plan. Business Results and the annual Program Performance Report will be completed in December.

Reed asked for approval of the FFY 2015 Work Plan.

**MOTION:** Quilleash moved, seconded by O'Hara Anderson, to approve the FFY 2015 Work Plan. Motion carried; there were no dissenting votes or abstentions.

B. Administrative Spending Plan

Wieck presented the FFY 2015 Administrative Spending Plan that covers Council operating expenses. Allocations for grant projects and activities were approved at the August meeting.

A separate budget for the \$74,000 in state funds is used primarily for internal costs and provides a portion of our required match. The remaining match is mostly in-kind, non-cash, and provided by grant recipients.

Reed asked for approval of the FFY 2015 Administrative Spending Plan

**MOTION:** Kloos moved, seconded by Reedy to approve the FFY 2015 Administrative Spending Plan. Motion carried; there were no dissenting votes or abstentions.

Pamela Hoopes spoke briefly about the annual Minnesota Disability Law Center Priorities Survey. She said that Surveys can be completed now and collected or faxed. A draft statement of Priorities and Objectives is attached to the Survey; additional comments can be provided.

#### **VIII. ADJOURNMENT**

Reed asked that the meeting be adjourned.

The meeting was adjourned by consensus at 2:25 p.m.

Respectfully submitted,

Colleen Wieck  
Executive Director

## Comprehensive Review and Analysis of Laws, Rules and Policies

### Results of the Minnesota Governor's Council on Developmental Disabilities Meeting

October 1, 2014

#### EMPLOYMENT

1. We don't know what unemployment statistics really mean. Which disabilities are included?
2. We measure unemployment and employment but not underemployment.
3. Social Security uses SGA and others use subminimum.
4. Disincentives include possible loss of social security, health insurance and living situations.
5. Measurements we use—there is not a clear understanding of how things fit together.
6. Skills for competitive employment; there are hard skills (academic and vocational) and there are soft skills (work experience and grooming for competitive jobs).
7. Minnesota is lagging behind in creation of post-secondary opportunities for persons with disabilities.
8. Training for a job ( if it exists) is not enough—it could be two hours a day.
9. If someone stays in the high school system such as a transition program may be losing out on other opportunities. They may wait too long and cannot flip the switch.
10. Need to get opportunities earlier to move toward integrated competitive employment. Randy Lewis job experience without job coaches.
11. During high school, get students into employment and work evaluation so they can get employment after high school.
12. Segregation during the school hurts students with disabilities from the get go.
13. Too many people believe that those people belong over there so we never create the circumstances of lifelong integration.
14. When people are segregated then the classmates do not know students with disabilities. We must see what people can do and not their deficits.
15. Larger societal and cultural attitudes about the capability of people with disabilities.
16. As students enter junior high school then segregation begins and extends to graduation.
17. Federal law allows discrimination because individuals interpret “least restrictive setting” to mean it is okay to segregate and you don't have to do inclusion.
18. Need to recognize that we have a wide range of abilities. There is no broad range of options; money does not follow the person; postsecondary options may not be available; there may be no other options than day programs and some parts of the state have no options.
19. People need to have choices about competitive employment. What is the person's choice? It may be a day placement.
20. The term choice must be discussed. We need broad agreement about the definition of choice.
21. Additional funding is needed.

22. Interdisciplinary issues—whether you have transportation or a PCA affects a person’s ability to be employed.
23. DHS website does not have any mention of employment in the section describing day training and habilitation. No mention of employment as part of licensure.
24. Federal limits in terms of what can be put into this training so need to set expectations. If the person is employable then how will training occur?
25. Follow the money—MDE, DHS, DEED –the funding dictates services and does not look at the individual.
26. Remember some families may choose or accept a day program.
27. No one system can do this alone and so we need to work smarter about this topic. Don’t forget a new federal law passed –WIOA.
28. Supports needed by a person seem light years away from natural supports. Be mindful to maintain jobs.
29. Reduce the stigma of identifying disability so people can self-identify and get supports.
30. Online applications and interview processes may be screening people out and may limit employment and may be illegal.
31. Public and private businesses need to look at people with disabilities as a talent pool. There is abundant talent.
32. Employment or lifelong learning—what is best for the individual.
33. Federal contradictions—the term LRE works at the margins but does not get to the heart of the issue—inclusion. Social Security still creates disincentives.
34. Acknowledge and support people who want to work. See the talent pool and train and educate employers.
35. Funding has not been aimed at employment so historically day programs are not focused that way.

## SERVICES AND SUPPORTS

1. Environments are segregated including school buildings. “Exceptional education” means segregation.
2. Parents are experiencing high turnover with PCAs hired through provider agencies.
3. Crisis homes are not available.
4. CDCS is still not person-centered. The county still makes the decisions and that reflects old thinking.
5. County to county differences with no universal approaches to individual planning. Some counties say, “We don’t do CDCS.”
6. Some counties only have one group home and one day program so there is no choice.
7. There are limited housing options. There is a moratorium on group homes; some people want a group home and some do not want a group home. A home should be a home.
8. Parents are being broken down with no respite and then the county wants to send the child out of the home and place in a crisis home.
9. If people complain then the provider can kick the person out of a group home.
10. Olmstead is about choice and is person-centered.
11. Some people do need 24 hours of staff time.
12. There are waiting lists for waivers and unspent funds. It is a barrier to getting services or additional funding for some individuals.
13. Some counties do not keep waiting lists.
14. The system is complex and people do not know what they do not know.
15. There are some families with no waivers and no housing options.
16. There are group homes and family homes and nothing in the middle. Housing is costly. Some individuals do want to live alone and some want to pool their money and share housing.
17. Olmstead means shifting from a service model to a supports model.
18. Natural supports do work.
19. Medicaid places limits on technology. For example, some apps require access to the Internet but there are limits placed on Internet. Some equipment needs replacement before the warranty expires. There are delays in getting approvals and getting wheelchairs delivered.
20. Often medical justification or medical necessity is necessary and so segregated programs are supported and regular program are not. For example attending a segregated art class is funded but not an inclusive art class.
21. Lack of trust in families and how public funds are spent.
22. Medical appointments—mileage is set at 20 cents a mile and \$50.00 for a hotel room. Some families and self-advocates do not have credit cards so medical appointments can be limited.
23. A case worker comes to my home one hour a year and evaluates me. Because I can use a fork it is believed I can shop for groceries and cook. My plan was written by the county person before she came to my apartment. My hours of service are tied to my disability label.
24. We need more attorneys to fight SSA.
25. Screening tools screen people out not in.

26. Quality and accountability must begin to address changes in the system. We must have standards.
27. Different settings such as Anoka and St Peter have different barriers. Need specialty courts. Counties have inconsistent civil commitment practices and prosecution. There are poor reintegration practices from county to county.
28. Schools have emotional disturbance immersion programs. Some behaviors send students to juvenile facilities.
29. Students must connect with the community.
30. We must do more to help people. Counties must serve people and not protect the funds.
31. Money drives policy.
32. Child protection is called because kids with disabilities may have behaviors. Rather than support the family the county tries to remove the child.



## COMMUNITY ENGAGEMENT

1. Transportation, PCA and AT are all important.
2. Accessibility issues—a school group went one way at a Capitol field trip and the student with a disability went another way.
3. The lack of exclusion does not mean full inclusion.
4. Communities need to practice inclusion in order to get used to inclusion.
5. Lack of staffing means that a group home does everything together—there is no independent activity.
6. A single staff member cannot accommodate 3-4 people with disabilities.
7. Give more respect to those on the front lines.
8. A school will say that the staff ratio is 1:1 when it is really 1:4.
9. If funding follows the person then there will be better options and more flexibility.
10. The system is top-down and dictating how money is spent and how time is spent.
11. CDCS must be improved. Funds have been reduced.
12. Very few people have choice.
13. Barriers exist because of how the system is set up.
14. If a PCA cannot work a shift when needed then a person may not have the needed assistance to attend community engagement activities. There are limits on the number of hours a PCA can work and so funds are not available.
15. Risk management limits people. We all manage risk but people with disabilities are held to a different standard.
16. There is an overall staff shortage.
17. People are told what they want to do and what they can do.
18. Need to know what is available and be able to get to community activities.
19. I should not be treated as a 10 year old with a curfew.
20. No one size fits all. Decisions should be made by and closest to the person.
21. Reach out to community clubs in order to involve people with disabilities.
22. Specific buildings were mentioned that are inaccessible even after renovation.
23. We need to embrace universal design principles both physical and programmatic access. Demographics are shifting and this driving principle should be added to the Olmstead Plan. Can Universal Design be a driving force for the next several years?
24. Voting issues—there are still accessibility problems at polling places; judges need training about voter assistance and rights; there are still attitudinal barriers (They should not vote); and same day registration has problems for people with disabilities.
25. Are group homes segregated or not? Check the CMS guidelines.
26. Architects and building inspectors need training about accessibility.
27. Technology will continue to drive access which in turns allows greater participation by people with disabilities (and they are recognized as a market or customer segment).
28. Need stable or long term funding for self-advocacy to scale up.

29. Children's community programs are not inclusive but segregated including: sports, church, park and recreation, music, theater and arts.
30. There continues to be accessibility problems with buildings.
31. Community events must be free or low cost because people with disabilities tend to be impoverished.
32. Transportation—cannot get to resources if transportation is not there or if it is not reliable.
33. If there are no staff members then there is no opportunity to be involved in the community. Natural supports are not there.
34. Staffing ratios dictate that a group goes together.
35. Lack of understanding of person centered planning and thinking.
36. Are we still operating on a charity model vs. real friendships?
37. Some staff members are told that they cannot be friends because of boundary issues.
38. Paid staff members consume a person's life.
39. High staff turnover.

## TRANSPORTATION

1. Para-transit programs lack flexibility and their lack of on time performance affects the employment of people with disabilities.
2. There is no transportation system in greater Minnesota.
3. Metro Mobility—now people with medical appointments are get top priority.
4. Metro Mobility follows the mainline bus schedule for start and end times but does not follow any type of standard for waiting times. Metro Mobility waiting times are excessive and it makes the system unreliable.
5. Lack of safety on mainline transit and so people feel vulnerable waiting for a bus.
6. Lack of snow removal and lack of curb cuts.
7. Training of drivers is inconsistent and so people may not get to the right place or drivers do not verify correctly.
8. Expand alternatives to Metro Mobility.
9. The 5310 program provides vehicles to nonprofits and buses can be made available on weekends and evenings but that rarely happens. Insurance and maintenance can be barriers.
10. Off hour employment is not feasible if the transit is not available. So when Metro Mobility is not operating then transit options must pay full price.
11. School buses for students with disabilities operate separately not full day and not available for after-hours activities.
12. Transportation is underfunded especially for employment.
13. Can't technology be used to better coordinate transit?
14. Air travel is problematic.
15. Asset limits mean that cars for people with disabilities must be junkers.
16. Are hour cars an option?
17. Are car coops an option?

## HOUSING

1. HUD sets policies for its money but the state participation can be designated for people with disabilities.
2. There is a waiting list for Section 8 vouchers.
3. Bonding funds dictate the terms and how many units are designated for low income.
4. IRS & HUD determine rents in tax credit programs so rent can be higher than what Section 8 allows.
5. County to county rent differences.
6. GRH congregates and segregates people. Funds can only be used in licensed settings and not in independent living.
7. MSA needs to pay more income for rent. Eligibility is limited to one or another—MSA or GRH.
8. Accessible units may be available but people cannot get money to rent.
9. Waivers do not restrict, rents do.
10. Housing Link does not work as well as it should because of complexity of funding, location and disability.
11. The Bridging Program requires disclosure of disability.
12. MSA shelter needy—there are entire buildings where people with disabilities are congregated (county created segregated housing).
13. If GRH eligible—then that dictates housing placement. Limited options.
14. Federal housing policies are not aligned.
15. There is no alignment across federal, state, county funded housing programs in terms of how used and who can live there.
16. Bonds issued by MHFA but bonds set restrictions on how buildings are used, who lives there, who pays what including rent. Not all units pay the same rent.
17. Subsidies and spend-downs leave people in perpetual poverty.

## HEALTH CARE AND HEALTHY LIVING

1. Dental/oral health care –there is limited access because of low reimbursement rates (Medicaid), few providers and those who do provide cannot break even. MA covers only certain procedures. Preventative care coverage is limited. There are physical access issues in dental offices. Appointments may take longer. Some people need anesthesia. What is the baseline capacity of dentists? How many dentists do we actually need?
2. Those who have low incomes may have limited options for health food.
3. Health care homes are going well.
4. Medical or health care clinics—there are accessibility issues (no automatic door openers, narrow aisles, no Hoyer scales for weighing a person, too much furniture, small exam rooms) all of which contribute to lack of proper medical exams.
5. Thick-it cannot be purchased which results in aspirational pneumonia (CHECK THIS SENTENCE).
6. Facilities determine menus and will provide the least costly food so you can get pot pies but no fresh vegetables.
7. Medical professional bias exists against people with disabilities. Assume all people live in group homes.
8. Attitude and culture affect health care.
9. Invest in preventative care—don't wait too long for big problems to develop.
10. Nursing and professional bias exist about quality of life.
11. Lots of funding issues—if a feeding tube backs up then only allowed to have one every six months. A person has to go to the ER to get one.
12. If there is no provider then there is no choice.
13. If the State pays for performance quality data then some people will be screened out and that could be a person with complex health situations.
14. Vulnerable adult issues—people with disabilities are not trained to know what is appropriate and what is not. Screeners, investigators and first responders need training to judge validity of a claim.
15. EMTS/ER professionals need training. Otherwise the default is to do nothing.
16. Mandate proper diets and dietician consultations.
17. Cannot get an airflow mattress to prevent pressure ulcers until you have one.
18. Is it legislation or policy or an arbitrary decision about limits?
19. By the time a new wheelchair is delivered the person may have outgrown it.
20. Chair repairs are not covered.
21. The transition from a pediatrician to an adult practitioner is difficult. There may not be a transition process or plan in place.

## LIFELONG LEARNING AND EDUCATION

1. Embedded in state and federal laws are the concepts of LRE. Most integrated setting must replace LRE.
2. Rural areas are at a disadvantage. Where you live determines access.
3. Graduation rates are not accurate since students can graduate at age 18, 19, 20 or 21. Most published rates are at age 18 which misses the older ages.
4. Transition programs are segregated. Transition Plus segregates all ages and all disabilities together.
5. Transition programs shift from academics back to functional skills.
6. In terms of Positive Behavior Support—there are gaps in capacity, training, expertise and supports which lead to restrictive placements.
7. Students do not have choice in placement; the parents are the decision makers.
8. Add self-determination and self-advocacy to state law.
9. Students should be able to learn at their own pace and still graduate on time.\
10. It seems easier to build a segregated school building that make funds available for inclusion. This is regressive and the opposite of inclusion.
11. Intermediate districts are building segregated buildings. Their original purpose was to send kids out of district and now what is their mission?
12. There is confusion about transition and learning. There is inconsistency with lots of funding going to Transition Plus.
13. Work skills, volunteering, internships and paid job experiences should be made available to students with disabilities. Employment begins too late for students with disabilities.
14. Pediatricians may be allies in talking to families about letting go and adult life.
15. Teacher training is separated for special education and general education. Should teacher training be integrated?
16. Technology barriers include access, training, support and consistency for all students.
17. The field shifts from standards and access to academic curriculum to individual needs.
18. There tends to be a separation of students especially in testing. In order to drive test scores up, students with disabilities are excluded from the test pool.
19. School choice has led to new tensions. On one block, 20 students can attend 8 different schools. This trend means neighborhood school is a historical concept.
20. Some districts recruit students to get more money but at the same time special education is marginalized.
21. There may be greater satisfaction with lower grades education and then dissatisfaction grows in older age groups. Outcomes also vary by age.
22. Funding formula can drive segregation but the formula is changing and getting more complicated.
23. Congress has never fully funded IDEA.

24. Cultural issues can be a barrier. If a student is not English speaking and in special education and has behavior issues then what is the school staff to do? It can take four adults to assure safety and 911 is called. Staff members need support through training and development.
25. Presume competence and build on strengths. No one should have to prove or earn their way into general education. Focus on strengths and not deficits.
26. Some students are not receiving any help because they fly below the radar.
27. Charter schools may lead to more segregation.
28. The new trend is "college and career ready." What does this mean for students with disabilities?
29. All people want to learn no matter the age. Funding should allow taking classes as an adult.
30. Look at all post-secondary education options.
31. How do we measure retention beyond a short period?
32. Schools are not engaged with Work Force Centers.