

MINNESOTA



**DEVELOPMENTAL
DISABILITIES
STATE PLAN
F.Y. 1978**

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



STATE OF MINNESOTA

STATE PLANNING AGENCY
101 CAPITOL SQUARE BUILDING
550 CEDAR STREET
ST. PAUL, 55101

August 10, 1977

Mr. Robert Vogt, Director
Developmental Disabilities Office
Region V HEW
300 South Wacker Drive
Chicago, Illinois 60606

Dear Mr. Vogt:

The State Planning Agency is the designated state agency for the administration of the Minnesota State Plan under the Developmentally Disabled Assistance and Bill of Rights Act, P.L. 94-103.

The State Planning Agency has participated in the development of and has reviewed the FY 1978 State Plan which has been approved by the Governor's Planning Council on Developmental Disabilities. We are in support of this State Plan and will actively work to assure its effective implementation.

Sincerely,

A handwritten signature in cursive script that reads "Peter Vanderpoel".

Peter Vanderpoel
Director

MF/PV:mg

developing/improving services within the state, based upon Section II-IV data. Section VII was to contain a set of conditions that states "assured" would be fulfilled as a condition of receiving Federal funds under the D.D. Acts. Section I was to summarize and highlight Section II-VI materials.

The direction, character and extent of deinstitutionalization, and aspects of developing community-based services in Minnesota for persons having a developmental disability made it less than appropriate and practical to initiate planning efforts that would use population figures based primarily on estimates of prevalence, and information on service characteristics that would have little direct link with the population data presented. As cited in the FY'78 State Plan, the FY'78 work program for the Minnesota DD program was partially developed around a goal area directed at gathering and analyzing data on the needs/potential of persons having a developmental disability, then gathering and analyzing data on service characteristics. The resulting information would then be assessed and evaluated within the context of service delivery trends occurring within the State in order that subsequent recommendations regarding service development/improvement/management would complement and support such trends.

The introduction to Section III of the FY'78 State Plan contains a description briefly highlighting a number of trends affecting provision of a variety of human services in Minnesota. One prime aspect of such processes in general (and involving in particular services for persons having a developmental disability) has been the increasing emphasis on assessing need on an individual basis, and directing service resources toward such identified need through processes such as "individual program planning." As cited in the Section, the essential focus for the Community Alternatives and Institutional Reform project conducted by the Minnesota State Planning Agency (under a grant of national significance) was to outline various elements of organization and decision making requiring attention in initiating such an individualized planning process, as well as place them in perspective with efforts required to develop and manage a range of community services in general.

Another major aspect of recent service trends (cited in Section III) has been the decentralization of responsibility for planning, providing and managing human services from the state to local level. Under such a trend, community-based services are local not only in terms of location, but in terms of responsibility as well. Carrying out individualized program planning efforts in many service areas is no exception. As briefly cited in Section III, regulations and procedures are being developed by various state-level agencies that identify roles and responsibilities to be carried out in implementing these processes at the local level. Given that need on an individualized basis is being identified and addressed at this level, it would be practical to expect that such information could have utility in efforts to plan, coordinate and administer locally-based services.

To carry out the processes of deinstitutionalization and developing community services requires not only commitment of resources to develop and operate specific programs and facilities, but broader commitments of a managerial nature. Areas such as status/progress of persons receiving assistance, use/reuse of resources, cost containment, balancing development efforts against fluctuating levels of service need exemplify the type of issues that must receive attention on a long-term basis. Frequently, such issues areas entail commitments to regularly gather and monitor pertinent information for use by legislative and administrative decision makers.

Update materials provided in this Transmittal will be organized according to the applicable Sections of the FY'78 State Plan.

SECTIONS II-IV: POPULATION SERVICE NEEDS AND CHARACTERISTICS, SERVICE NETWORK CAPACITY, PROGRAM GAPS

As outlined in the FY'78 State Plan, a Comprehensive Planning Committee was formed and operated under the FY'77 work program. It had representation from a variety of service areas, from both the state and local perspective. The Committee addressed a number of issues during FY'77; among them were a review of definitions of a developmental disability, a review of service definitions and use of a "systems planning" approach, review of incidence/prevalence data from various sources, review of service delivery characteristics in select areas (residential, day activity, sheltered work), strategy for initiating a planning process that would coordinate activities of the State Council and the regional DD programs (supported in part through State Council funds).

For the FY'78 work program, a planning goal was developed to encompass not only the State Plan guideline requirements for information on population, need and service characteristics/availability/gaps, but to address certain basic themes and trends affecting delivery of services to persons having a developmental disability (such as the role/function of state hospitals within the continuum of services, and the issue of what constitutes inappropriate placement). The goal area was to involve the efforts of a number of Council committees, primary among them being the Comprehensive Planning Committee.

Initial Comprehensive Planning Committee activity in FY'78 involved finalizing definitional materials developed in FY'77. Attention was next directed to that portion of the planning goal dealing with the task of collecting data on individual need, an effort which the Committee has worked on for nearly all of FY'78. Rather than use incidence/prevalence rates to estimate population figures and characteristics, the Committee directed its attention into preparing a survey format for use in collecting information throughout the state on an individualized basis about persons having a developmental disability.

There are a number of considerations which support the selection of an individualized survey over use of prevalence information for indicating need. Two have been previously described -- one factor is that as responsibilities for aspects of human service development/administration are decentralized, local officials require specific information upon which funding decisions regarding services can be made and justified. (This is additionally important when substantial areas of the state are rural in character, and have small population bases so that the number of persons having a developmental disability requiring assistance/support within such areas may be identified fairly clearly). The second factor relates to the increasing availability of program planning data on an individualized basis that can be adapted (using a common approach or material) and used in making decisions about service development/improvement. A third factor deals with the timeliness of information for planning purposes. If the intent of planning is to forecast or predict, information indicating future demand for various types of services is as important as data on services currently received/not received. Minnesota at present has a range of major service components (at both the institutional and community levels) that can be characterized as comprising a "system" through which persons having a developmental disability may need to move to obtain differing types and levels of assistance

(with such changes indicated frequently through operation of the individualized program planning process). In order to anticipate and accommodate movement of individuals, data on current need must be linked with consistent information on projected need, and then related to decisions on service development/improvement. By gathering data on an individualized basis (and seeking information on both present and projected status), the necessary consistency may be obtained.

Soon after efforts were initiated to begin developing a survey format, it was found that the Minnesota Dept. of Public Welfare (Mental Retardation Division) was preparing to undertake a data collection project seeking very similar information about persons having retardation. One major outcome sought from this effort was to develop and operate a "management information system" having data not only on changes in status (i.e. movement) of persons receiving residential and day program services under the Department's auspices, but to also chart changes in developmental terms. Another outcome sought was to obtain better information on the status of persons under state guardianship and conservatorship. A third outcome was to assist county welfare departments, and the Area Boards of mental health programs to carry out their delegated responsibilities in the individualized program planning process and identification of need justifying development of community-based residential facilities and other necessary services. (This information system exemplifies the kinds of long-term managerial commitments required to carry out deinstitutionalization and developing community-based services, and represents a fourth factor in support of assessing need on the basis of individuals.)

Working jointly, the Comprehensive Planning Committee and the Dept. of Public Welfare attempted to develop a single, common survey format for use by both groups; additionally, efforts were made to expand the scope of the survey effort into a planning project having participation and/or official support of many interested parties - other state agencies providing services to persons having a developmental disability, local counterparts, statewide organizations representing persons having a developmental disability. Since one major goal of Developmental Disabilities programs is to foster inter-agency communication/cooperation and to seek to avoid duplication of services/activities within their states, a multi-agency project that would gather a common base of data on individual need and attempt to reduce the number of survey efforts to be undertaken by various agencies was viewed as highly desirable and wholly consonant with the purposes of the DD program.

By approximately the third quarter of FY'78, a common survey format had been developed, prepared in a manner that would seek information encompassing all of the conditions identified as a developmental disability. The survey sought data not only on personal characteristics and general indicators of functional ability, but data on current service status and projected service needs in the broad categories of residential, day program, health and therapy, community support service options.

Letters of support and/or memoranda of agreement for the project were obtained from state-level service agencies, and major consumer organizations. Materials were developed and disseminated in various parts of the state in order to provide public information about the project. The survey effort was also reviewed to assure its compliance with state data privacy standards. In July, 1978 approximately 20,000 survey forms were distributed to state hospitals, community-based residential facilities, developmental achievement centers, nursing and board and care homes, sheltered workshops, state and local chapters of consumer organizations, persons having a developmental disability or their parent/guardian requesting them. Once distribution/collection efforts have been completed, the resulting data will be processed both to yield general descriptive materials and provide a base for analyzing population characteristics and present and projected service needs. Information on local service characteristics will then be gathered in a manner basically consistent with that sought in the survey form, and analyzed with survey information to identify areas of service development/improvement requiring attention.

The initial level of analysis will be at the local level, since part of the impetus that led to the planning goal's development was an attempt to coordinate and standardize planning activities taking place among regional DD planning programs, and between the regional and state level. Further, as efforts have been made to develop a single survey format and obtain inter-agency cooperation in gathering a common base of information, an attempt has also been made to coordinate the analysis and planning being done by the regional DD programs and by the mental health programs (for preparation of "area" plans for persons having retardation, as required by regulation). Efforts will also be made to provide specialized analysis of survey information that may be useful for certain project participants (such as the consumer organizations).

The planning goal/project will continue on through FY'79, since it was anticipated that its activities would be multi-year in scope (along with other components of the FY'78 work program). It is expected that end results obtained from the effort will fulfill the data gathering/analysis sought in Sections II-IV and VI of the DD State Plan guidelines, and do so in a manner that both supports trends to develop, improve and better manage services and has utility for legislative and administrative decision makers within Minnesota. Consequently, this Transmittal will not amend or update data contained within Sections II-IV and VI of the FY'78 State Plan.

The guidelines concerning presentation of information on deinstitutionalization trends occurring within each state, however, have changed since those pertaining to State Plans were issued (in 1977). Originally, a "census status" of institutions within the state was to be provided, and a portion of Section IV in the FY'78 State Plan provides the necessary data. A brief historical description of deinstitutionalization trends affecting state hospitals for persons having retardation is also presented in this Section, along with the one-year census status, in order to place the latter into an appropriate perspective.

The revised Program Instructions from the D.A. Office/Dept. of Health, Education and Welfare (Issuance DDO-SFO-60-002, March 1978) seek explicit information regarding the population of persons residing in institutions in terms of functional characteristics and potential for movement to com-

munity settings. Additionally, explicit information on issues of a policy nature is also sought (such as transfers, follow-up, employee protection, manpower projections, appropriate/inappropriate placement criteria). Much of the population data necessary to meet the revised deinstitutionalization guidelines will be obtained as the inter-agency survey effort gathers data on all persons having retardation who reside in state hospitals as well as community-based residential facilities. Additionally, data on some, but not all, persons having a developmental disability who reside in nursing homes and board and care homes will be obtained by the project. Information obtained on persons residing in the latter two groups of long-term care facilities will be supplemented with that available through the Medical Assistance "Quality Assurance and Review Program," Social Security Title XIX, administered by the Dept. of Health. (This source of information contains data from external reviews conducted annually on the personal characteristics and placement status of individuals receiving assistance in Medicaid-supported facilities.)

Some of the other information sought under the revised deinstitutionalization guidelines relates to basic policy issues of a legislative and/or administrative nature that are being addressed in Minnesota in varying degrees. For example, it may not be practical and desirable administratively to separate out the issues of role, function and future use of state hospitals for persons having retardation from broader considerations regarding all state hospital facilities (for persons having a chemical dependency, a mental health problem). The Dept. of Public Welfare, which is the agency responsible under law for operation of state hospitals, has drafted and disseminated materials within the last year that addressed the issue of the role and function of state hospitals for persons having retardation, and a Departmental standard regarding use of state hospital resources in general may be developed and submitted for review during the 1979-80 legislative session.

The issue of how to address "employee protection standards," similarly, may be done as a component of broader policies on use of state hospital resources in general, or be done on an individualized basis. In Minnesota to date, the latter approach has been pursued in the closing of Hastings State Hospital in mid-1978, with legislation being passed to provide affected employees with state employment transfer rights, relocation assistance, severance pay arrangements. It would be expected that similar standards would be proposed for other state facilities similarly affected, either on an individual or general basis.

Explicit policies on transfers and appropriate/inappropriate placement, systematic follow-up of persons in community residential placement, projected need for service personnel and staffing patterns may result as outcomes of the tracking/information system being developed at present by the Dept. of Public Welfare in order to better manage operation of the "system" of residential and day program services within the state.

One last requirement of the deinstitutionalization guidelines is to describe how a minimum of 20% of the formula grant allotment received by each state will be expended for the purpose of carrying out deinstitutionalization efforts. These funds can be expended for developing a deinstitutionalization plan, for institutional programs oriented toward community resources (either used by persons in institutions or readying persons for release), or for community programs. FY'79 expenditures allocated to this purpose for the Minnesota DD program represent activities in the latter category of community programs, and encompass projects in the areas of regional planning, case plan-

ning and management, legal and citizen advocacy.

SECTION V: DEVELOPMENTAL DISABILITIES STATE PLANNING COUNCIL

Council Activities

Basic information on Council functions and organization as outlined in the FY'78 State Plan remains unchanged. In terms of focus of meetings during FY'78, the Council has addressed a variety of issues. Among those reviewed have been the following (compiled from Council agendas/minutes):

Federal

- Regular reports on the status of Developmental Disabilities legislation;
- Developmental Disabilities projects of Regional and National Significance at the University of Minnesota;
- Motion in support of a proposal for a satellite University-Affiliated Facility (UAF) at the University of Minnesota

State

- Regular administrative reports from the Developmental Disabilities Planning Office and state Council chairperson;
- Regular reports from state Council committees:
 - .Advocacy and Protective Services
 - .Comprehensive Planning
 - .Governmental Operations
 - .Grant Review
 - .Public Information
 - .Prevention, Screening, Diagnosis and Supportive Counseling
- Issue panels on:
 - .4 year-old Mandate, Education Due Process Regulations
 - .Data Privacy
 - .Early Periodic Screening
 - .Criminal Justice System and Developmentally Disabled Persons
 - .Human Fulfillment for Developmentally Disabled Persons
- Adoption by the Council of a definition of substantially handicapped;
- Nonresidential Community Programs Budget for Persons with Mental Retardation;
- Introduction to the Statewide Systems Planning Project;
- Update on the Minnesota Legal Advocacy Project;
- Status Report on Welsch vs. Dirkswager
- Annual Planning Conference, which reviewed FY'78 Work Program and developed objectives for FY'79;
- Presentation by Minnesota Epilepsy League of grant applications to various Federal programs and request for Council endorsement;
- Review and action on FY'78-80 Work Program update

Updated Council membership material are found in Table 5-1(a)-(c); Council chairperson and staff information are found in 5-1(d).

Committees active during FY'78 were:

- Executive
- Advocacy and Protective Services
- Comprehensive Planning
- Grant Review
- Governmental Operations
- Prevention, Screening, Diagnosis and Supportive Counseling
- Public Information

and a report of activities undertaken by each of them in carrying out the FY'78 work program is presented below (with the exception of the Executive Committee, which is comprised of chairpersons of all the committees and addresses Council administrative issues).

Advocacy and Protective Services Committee

The Minnesota D.D. program has given emphasis to formal advocacy efforts - both legally oriented and friendship or citizen advocacy - since its inception, and the Council is continuing to emphasize advocacy activities under Title II of the D.D. Act. The Council's Advocacy and Protective Services Committee works closely and coordinates its efforts with those of the Minnesota Protection and Advocacy System. During FY'78, the Committee reviewed/commented upon activities undertaken by advocacy-related projects funded by the State Council, reviewed requirements for establishing services under the Supplemental Security Income program (provided by Crippled Children's Services in the Dept. of Health), reviewed and/or made comments on the current status of guardianship/conservatorship services of the Dept. of Public Welfare, problems relating to the development of community residential facilities, identification of general barriers to deinstitutionalization, review and comment on proposed state legislation which would create a more comprehensive approach to the provision of child protection services, review of proposed state legislation relating to the creation of an Office of the Public Advocate, reviewed progress reports of the Minnesota Association for Retarded Citizens' Task Force on Sterilization, assisted the Protection and Advocacy System in designing a survey form to gather information on those agencies within the state providing various types of advocacy services.

Comprehensive Planning Committee

Activities of the Comprehensive Planning Committee are highlighted in the general description section of this Transmittal.

Grant Review Committee

As described in the FY'78 State Plan, the Grant Review Committee has responsibility for evaluating funding requests made upon State Council grant appropriations, as well as frequently performing review/comment on other DD-related grant proposals submitted to the Council.

During the first half of FY'78, the Grant Review Committee did not have major tasks requiring attention - there were no structured "requests for proposals" to develop/approve, or applications to review and there were no special projects

requiring review and comment. During the second half of FY '78, however, the schedule of activities to which the Committee must give attention will increase - there will be program reviews of two demonstration projects, regional planning grants to evaluate, possible special project applications for national requests for proposals requiring comment, review of a follow-up study of grants previously funded.

Governmental Operations

The Governmental Operations Committee reviews/comments upon state plans, legislation, rules and regulations affecting persons having a developmental disability. Committee review activities carried out during FY'78 are summarized in Table 5-2.

Prevention, Screening, Diagnosis and Supportive Counseling Committee

This Committee encountered some delays in getting started; its first full committee meeting was held on April 26, 1978 at which it reviewed and accepted its work program as outlined in the FY'78 State Plan. (The Council in developing its 1979 work program has broadened the committee's charge.)

- On May 31, 1978 Committee members heard from representatives of the State Departments of Health, Education and Welfare regarding the preschool screening programs which they administer.
- At its July 26, 1978 meeting the Committee will hear about the genetic services plan being developed by the Department of Health and some preschool education programs.

Public Information Committee

The Council's Public Information Committee carried out the following activities during FY'78:

- The fall NewsLetter on P.L. 94-142 (Education for all Handicapped Children), was distributed. The winter issue on comprehensive planning is in production and the spring issue on residential options is being written. Response to the fall NewsLetter was such that additional copies were made by the DD Office and other interested agencies.
- The Committee has begun discussing ideas for a reporter's guide to developmental disabilities, a positive-oriented reference book for use by reporters, editors, or other media personnel. The Committee has reviewed a glossary of terms, acronyms, resources for researching stories.
- The Committee has prepared sample news releases and radio public service announcement scripts to be used in publicizing the State Systems Planning Project. These materials have been distributed to regional DD programs.

SECTION VI: DEVELOPMENTAL DISABILITIES SERVICE NETWORK PLAN

Long-range policy guidelines of the State Council are highlighted in Section VI of the FY'78 Plan, to be amended and expanded as the state wide planning project (described elsewhere in this Transmittal) is conducted.

In terms of short-range goals, or the annual work program/design for implementation, the FY'78 Plan outlines how the Council holds a conference annually at which time the work program for the upcoming year is initially developed. Much of the work program for FY'78 is multi-year in character and

will be continuing on through FY'79. The one-day conference held in May, 1978 focused on a new issue area - that of evaluating recent activities and accomplishments of the DD program in Minnesota, as well as better assessing impact from proposed activities. As a result, a goal related to evaluation will become a component of the FY'79 work program. FY'78 Committees will continue in FY'79, with the addition of two new ones: an Evaluation Committee, and a Regionalism Committee (which will direct attention to assessing the current status of regional DD planning programs in Minnesota).

Goals for the FY'79 work program we ranked in importance as follows:

1. Advocacy
2. Comprehensive Planning, Governmental Operations
3. Public Information
4. Screening
5. Evaluation
6. Grant Review

SECTION VII: ADMINISTRATION AND ASSURANCES

The Minnesota State Planning Agency (and its Developmental Disabilities Planning Office) is the agency designated to administer the DD program in Minnesota. The information presented in the FY'78 Plan regarding the Agency and Planning Office require no revision. Tables 7-1 and 7-2 provide updated financial information according to the guidelines.

Each state participating in the DD program and receiving Federal funds must indicate that certain conditions will be met in the program's administration. Performance of the "Assurances" indicated in the attached pre-print forms is reaffirmed with this Transmittal.

ADVOCACY GOAL

GOAL: The State DD Council will serve as an advocate for the improvement of the life quality and services for persons who are developmentally disabled as well as support and assess the development/improvement of advocacy activities undertaken in Minnesota on behalf of persons having a developmental disability.

OBJECTIVES	TASKS/STRATEGIES	TIME TABLE	RESOURCES
1. Continue communication with and/or support to agencies conducting advocacy activities within the Protection and Advocacy System in order to continue protecting the rights of all developmentally disabled persons residing in Minnesota.	<ol style="list-style-type: none"> 1. Maintain financial support to and liaison with Minnesota Legal Advocacy Project at Central Minnesota Legal Services, Inc. and other advocacy organizations. 2. Provide technical assistance to Central Minnesota Legal Services, Inc. as they provide advocacy services to developmentally disabled persons. 3. Provide liaison representation on the Legal Advocacy Advisory Committee. 	Ongoing (quarterly at minimum)	State DD Council State Staff Advocacy Committee
2. To monitor, evaluate and provide technical assistance to two pilot demonstration projects and disseminate information to other committees as they develop and/or expand citizen advocacy services.	<ol style="list-style-type: none"> 1. Provide technical assistance to: <ul style="list-style-type: none"> - Duluth ARC - CADRE Project Evaluate each project 2. Public and disseminate final reports and products from each project. 	Ongoing (quarterly at minimum)	State Staff Project Staff Outside Service
3. Influence "systems advocacy" at the state level by means of legislative and/or administrative reform and support efforts to improve inter-agency coordination in order to deliver services more efficiently to the developmentally disabled population.	<ol style="list-style-type: none"> 1. Follow-up on the study that was conducted by the Office of Human Services on advocacy roles and functions of state governmental agencies, as well as review and comment on the recommendations they will be making in their report to the State Legislature. 	January, 1978 (completed)	State Staff Advocacy Committee

OBJECTIVES	TASKS/STRATEGIES	TIME TABLE	RESOURCES
	<p>2. Coordinate plans and activities with an array of other advocacy agencies which are internal to state government operations, such as:</p> <ul style="list-style-type: none"> - Office of Health Facility Complaints, Dept. of Health - Division of Vocational Rehabilitation Ombudsman - Council on Aging Ombudsman - State Hospital Patient Advocates - Corrections Ombudsman - The Human Rights Department - Office of the Attorney General - Office of Consumer Services - Governor's Office of Volunteer Services - Minnesota Foster Grandparent Program - Minnesota Council on the Handicapped - Supreme Court Study on Mental Disabilities and the Judicial System - U of M Study on the DD Offender and support efforts to coordinate, consolidate and strengthen their roles as "in-system advocates." Such coordination activities may include: <ul style="list-style-type: none"> - developing common definitions of advocacy terms - inter-committee representation - sharing of plans, minutes, training materials and other information - co-sponsorship of meetings, conferences, and special projects, e.g. training - combining efforts in public information/education activities - legislative and/or administrative reform 	Ongoing	<p>State Staff Advocacy Committee State Council Other State Agencies State Legislature Governor's Office Governmental Operations Comm. Public Information Committee</p>

OBJECTIVES	TASKS/STRATEGIES	TIME TABLE	RESOURCES
4. To assess and make recommendations for strengthening the scope and quality of protective services being provided in the State of Minnesota for persons with developmental disabilities and their families.	3. In cooperation with the DD Protection and Advocacy System, plan and conduct a state conference on advocacy in order to initiate and enhance the objective above.	Fall, 1978 (or when funding is acquired)	State Staff Advocacy Committee State DD Council Conference Committee Other State Agency Governmental Operations Comm. Public Information Committee
	4. Coordinate the activities of the Advocacy and Protective Services Committee with those of the Governmental Operations Committee, e.g. by holding joint meetings over common concerns, sharing minutes and materials, etc.	Ongoing	Staff Advocacy Committee Governmental Operations Comm.
	1. Collect and summarize in a written report all available information which pertains to the provision of protective services to the developmentally disabled population in Minnesota by addressing, making recommendations, and acting on the following prioritized issues: #1 Barriers to Deinstitutionalization #2 Residential Advocacy #3 Aversive Treatment #4 Implementation of Sections 503 and 504 of the Rehabilitation Act of 1973 #5 Child Abuse #6 Sterilization #7 Public Information/Education on Advocacy #8 State Hospitalization and Commitment Act	October, 1978 December, 1978 February, 1979 April, 1979 September, 1979 September, 1979 September, 1979 September, 1979	State Staff Advocacy Committee State DD Council DD/P&A System DPW Council on Handicapped DPW & State Health Dept. MinnARC Public Information Committee Supreme Court Study on Mental Disabilities

OBJECTIVES	TASKS/STRATEGIES	TIME TABLE	RESOURCES
To appoint new members and continue the Advocacy and Protective Services Committee.	<p>2. Publish and disseminate findings of the studies, with specific recommendations on methods for improving protective services in Minnesota. The studies should especially address:</p> <ul style="list-style-type: none"> - Manpower and training needs among protective service workers - Needs for legislative and policy reform - Coordination of services, e.g. in referral methods, developing individual program plans and in providing support services to families - Patterns and levels of funding - Maintenance of individual rights, e.g. due process procedures, etc. <p>3. Work cooperatively with the appropriate state agencies in developing plans for implementing the recommendations of the studies.</p>	As determined by publication of each study	State Staff Advocacy Committee DD/P&A System -14-
	<p>1. Recommend and appoint (or reappoint) members to the Committee (and sub-committees) who will provide knowledge, leadership, and representation in the following areas:</p> <ul style="list-style-type: none"> - Epilepsy - Cerebral Palsy - Mental Retardation - Autism - Dyslexia - Legal Advocacy - Citizen Advocacy - Regional Planning Councils - Research Design - Community Organization and Administration - Public Services (e.g., welfare, education, health, corrections, etc.) - Volunteer Service Organizations 	<p>October, 1977 (Completed)</p> <p>October, 1978</p>	Chairperson Committee Staff

OBJECTIVES	TASKS/STRATEGIES	TIME TABLE	RESOURCES
	<p>2. Orient new members on the Advocacy and Protective Services Committee which covers the following areas:</p> <ul style="list-style-type: none"> - History of past activities - The DD Act (particularly Title II) - State Plan of the Minnesota Protection and Advocacy System - Advocacy definitions, concepts, philosophy and services - Past and current DD service grants relating to advocacy - Description of state and local advocacy services 	Ongoing	<p>State Staff Advocacy Committee Resource Persons</p>

GOVERNMENTAL OPERATIONS

GOAL: The State DD Council will review and comment on major Federal and state plans, existing laws and proposed legislation, administrative rules and regulations in order to influence development of policies affecting the interests of persons having a developmental disability.

OBJECTIVES	TASKS/STRATEGIES	TIME TABLE	RESOURCES
1. Monitor development of proposed Federal/state rules and legislation, and impact of existing rules and legislation.	<p>1. <u>STATE AGENCY RULES</u> As established under the Minnesota Administrative Procedures Act, follow the official issuance of proposed agency rules in the <u>Minnesota State Register</u>; review and comment to the designated hearing examiner as an "interested party."</p> <p>2. <u>FEDERAL AGENCY RULES</u> Follow the announcement of proposed agency rules in the <u>Federal Register</u> and/or through other public information sources. Review/comment under procedures established by each proposal.</p> <p>3. <u>STATE LEGISLATION</u> Follow the introduction of legislation into the State House and Senate during the regular session through the public information sources such as the <u>Phillips Legislative Service</u> and the <u>Weekly Bulletin</u> of the Minnesota Council for the Handicapped. During interim session, follow activities of legislative study commissions through public information sources such as the <u>Phillips Legislative Service</u> and major newspapers.</p>	Ongoing	<p>State Staff Governmental Operations Committee State DD Council <u>Minnesota State Register</u> <u>Federal Register</u> <u>Phillips Legislative Service</u> <u>Weekly Bulletin</u> 1 (State Council 9 for the Handicapped) Legal Advocacy Project (Central Mn. Legal Services, Inc.) Advocacy and Protective Service Committee</p>

OBJECTIVES	TASKS/STRATEGIES	TIME TABLE	RESOURCES
<p>2. Review the content of Federal/state plans affecting persons having a developmental disability (at minimum, those for the Federal aid programs identified in the DD Act).</p>	<p>4. <u>FEDERAL LEGISLATION</u> Follow the introduction of legislation into the Congress. Review and comment to appropriate legislative body or administrative agency.</p> <p>5. <u>EXISTING LAWS/REGS</u> Review/comment on the impact of existing laws/regulations on persons having a developmental disability as situations are identified and action is deemed important.</p> <p>6. <u>POLICY/PROCEDURE DEVELOPMENT</u> As situations are identified which require cooperation/coordination among agencies that provide services to persons with developmental disabilities, work with the agencies in question to develop policies/procedures which will increase cooperation/coordination among the agencies.</p> <p>1. Review as plans can be obtained, record information on format developed for this purpose.</p>	<p>Ongoing</p>	<p>State Agencies</p>
<p>3. Coordinate the activities of the Advocacy and Protective Services Committee with those of the Governmental Operations Committee, e.g., by holding joint meetings over common concerns, sharing minutes and materials, etc.</p>	<p>1. Conduct joint meetings of the Governmental Operations and Advocacy Committees when issues of mutual concern are to be reviewed. Minutes and/or background will be exchanged between committees.</p>	<p>Ongoing</p>	<p>State Staff Advocacy & Protective Services Committee Governmental Operations Comm.</p>

COMPREHENSIVE PLANNING GOAL

GOAL: To design and implement a uniform statewide service planning process that:

- A. Identifies, on an individualized basis, service needs of all persons having a developmental disability that constitutes a substantial handicap
- B. Identifies service components, their availability and characteristics according to a "systems planning" format
- C. Makes use of planning data/information to selectively influence policy decisions regarding development/improvement (including coordination) of services in Minnesota.

OBJECTIVES	TASKS/STRATEGIES	TIME TABLE	RESOURCES
<u>IDENTIFICATION OF INDIVIDUAL NEED</u>			
1. To develop a definition of "substantial handicap" that is workable for planning purposes.	<ol style="list-style-type: none"> 1. Review materials prepared by the Comprehensive Planning Committee, definitions used by other states; seek comments from regional DD Councils, appropriate consumer groups, major state agency representatives. 2. Obtain State Council approval for use of definition for planning purposes. 	By November, 1977* (completed)	State DD Council Comprehensive Planning Comm. State Staff Regional DD Councils/Staff DD Programs in Other States Appropriate Consumer Groups
2. To undertake the collection of data on individual needs/developmental potential, and services needed at present and in the short-range future (2-4 years).	<ol style="list-style-type: none"> 1. Initiate efforts to develop written agreements between the State Planning Agency and major state/local service agencies to participate in collecting data on individual need/developmental potential in a coordinated process; obtain clearance for such efforts under the Minnesota Privacy Act; develop draft survey format and projections for procedures, resources and costs involved in the collection effort. Oversee implementation of the collection effort at the local level; provide assistance in analyzing results on a county, multi-county and regional level. 	December, 1977* (completed)	Comprehensive Planning Comm. State Staff Regional DD Councils/Staff State Agencies, including: Dept. of Education; Dept. of Health; Dept. of Public Welfare; Dept. of Economic Security Consumer Groups

OBJECTIVES	TASKS/STRATEGIES	TIME TABLE	SOURCES
<p>3. To clarify state policies regarding what constitutes "inappropriate placement" in institutions (both state hospitals and nursing homes) and community-based facilities of persons having a developmental disability.</p>	<p>1. Review current policy guidelines of the Dept. of Public Welfare regarding:</p> <ul style="list-style-type: none"> - admission, transfer, discharge, readmission standards for persons residing in state facilities - admission and transfer policies for community-based facilities <p>2. To review current policy guidelines of the Departments of Public Welfare, Health, and Education regarding programming for persons having a developmental disability who reside in nursing or board-and-care homes.</p>	<p>May, 1979</p>	<p>State Council Comprehensive Planning Committee Other appropriate Council committees State Staff Appropriate sections of DPW Depts. of Health, Education, Vocational Rehabilitation</p>
<p>4. To identify the status of development of individual program plans (IPP) for persons having a developmental disability eligible to receive services.</p>	<p>1. Designate committee(s) (either existing or ad hoc) to have responsibility for study.</p> <p>2. To identify agencies having responsibility (in law, rule, or contract) to prepare service plans for persons having a developmental disability; to identify that portion of the DD population served/not served by such agencies.</p> <p>3. To identify the policies followed in plan preparation: format and content, personnel requirements (including those for case planner/manager), service selection criteria, client/parent involvement in plan preparation, inter-disciplinary, intra- and inter-agency communication and confidentiality.</p> <p>4. To review the present managerial capability of the major service-providing agencies to track the progress of persons under plans.</p> <p>5. To identify any portion of the DD population for which plan preparation would be appropriate but is not at present being undertaken; to identify changes necessary in law and regulation to permit plan preparation.</p>	<p>June, 1980</p>	<p>State DD Council Appropriate Council committees State Staff Major Service Agencies, such as: Depts. of Public Welfare; Economic Security; Education; and Health Consumer Groups Regional DD Councils/Staff</p>

OBJECTIVES	TASKS/STRATEGIES	TIME TABLE	RESOURCES
<p><u>IDENTIFICATION OF SERVICE RESOURCES, CHARACTERISTICS</u></p> <p>5. To define the hierarchy of services within each "sub-system" and range of such components comprising a comprehensive system of services; to assure that this systems plan encompasses the service needs of <u>all</u> persons having a developmental disability that constitutes a substantial handicap.</p> <p>6. To refine the description and outline of agencies/programs comprising the current service network in Minnesota in a "systems planning" format.</p> <p>7. To gather data on service delivery characteristics and agency/program resources.</p>	<p>1. Refine the draft service definitions of the Comprehensive Planning Committee through review by appropriate consumer groups, regional DD programs. Obtain State Council acceptance to use these definitions as the guideline for the "systems planning" process.</p>	<p>By November, 1977* (Completed)</p>	<p>State DD Council Comprehensive Planning Comm. State Staff Consumer Groups Regional DD Councils/Staff</p>
	<p>1. Data presented in the FY '78 State Plan will serve to initially outline agencies/programs providing services within the system plan's major sub-systems. Subsequent activities to refine and further develop this network outline will be carried on through the regional DD programs.</p>	<p>By October, 1977* (Completed)</p>	<p>State DD Council Comprehensive Planning Comm. State Staff Regional DD Council/Staff Host Agency</p>
	<p>1. Initiate efforts to develop written agreements between the DD Planning Office and major state/local service agencies to obtain cooperation in gathering data on service characteristics and agency/program resources.</p> <p>2. Develop draft format of data needed to profile service characteristics and agency/program resources (including capacity, availability, utilization, direct-care staff, average unit costs, and other pertinent data).</p> <p>3. Oversee implementation of data collection efforts at both the local and state level.</p>	<p>December, 1977* (Completed)</p>	<p>Minnesota Information and Referral System and related program State Agencies, including: Dept. of Admin.; Dept. of Public Welfare Dept. of Education; Dept. of Economic Security Dept. of Health Office of Human Services; Office of Volunteer Services; Dept. of Human Rights Council for the Handicapped; Board on Aging; Housing Finance</p>

OBJECTIVES	TASKS/STRATEGIES	TIME TABLE	RESOURCES
<p>8. To clarify the role and function of state hospitals within the comprehensive system of services.</p>	<ol style="list-style-type: none"> 1. Review the effort of reorganization activities within the Dept. of Public Welfare, and the impact of such activities in establishing the role and function of state hospitals within the comprehensive system of services. 2. Review the recommendations regarding state hospital operation in the Medicaid cost containment study prepared by the Dept. of Administration in 1977. 3. Review the status of legislative consideration regarding closure of state hospitals (including studies done regarding the Fergus Falls State Hospital). 4. Review state policies regarding the protection of employee interests when state hospital closure or reduction of operations is planned. 	<p>May, 1979 (End of Legislative Session)</p>	<p>Natural Resources State Planning Agency; Dept. Transportation Public and Private Service Providers at the local/ regional level House and Senate Research Office Legislative Audit Commission</p> <p>State DD Council (including DPH representative Comprehensive Planning Comm State Staff</p> <p>State Staff House & Senate Research Staff Legislative Audit Commission Regions 1 & 4 T. Force Reports Fergus Falls Hospital Regional DD Councils/Staff</p> <p>State DD Council Comprehensive Planning Comm State Staff Dept. of Public Welfare Dept. of Personnel</p>

OBJECTIVES	TASKS/STRATEGIES	TIME TABLE	RESOURCES
<p><u>PLAN PREPARATION</u></p> <p>9. To prepare a state-level comprehensive plan format for development/improvement of services for persons having a developmental disability.</p>	<p>1. Oversee and assist in the merging of data on individual need and resources available in the preparation of local service plans (at the county, multi-county, and regional level).</p> <p>- use the data and results contained within these plans (as well as other pertinent information) to draft, refine and obtain State DD Council approval of a comprehensive plan that will identify service areas and/or administrative concerns requiring development of improvement (including coordination); to recommend priorities among these areas.</p> <p>- disseminate plan and provide follow-up and evaluation of its implementation.</p>	<p>Decemter, 1978</p>	<p>State DD Council Comprehensive Planning Comm. State Staff Other Council Committees State Legislature Governor Appropriate State Agencies</p>

SCREENING GOAL

GOAL: To review present status and make recommendations for developing a coordinated statewide sub-system in:

- a) Prevention
- b) Identification (screening, referral, public information)
- c) Diagnosis/Assessment
- d) Intervention (indirect/direct services, supportive counseling)
- e) Follow-along (track client through the system)

OBJECTIVES	TASKS/STRATEGIES	TIME TABLE	RESOURCES
1. As a special study effort, to define and identify services/programs within the system.	<ol style="list-style-type: none"> 1. To review present laws and regulations and identify major programs operating in Minnesota that provide services generally characterized as "prevention, identification, diagnosis/assessment, intervention, follow-along;" to develop a set of criteria to categorize these programs and services. 2. To review recent studies addressing delivery coordination; to review recommendations made by these respective studies and follow-up on the status of these recommendations. 3. To identify service delivery characteristics: <ul style="list-style-type: none"> - personnel (numbers and qualifications) - costs for service - duplication and possible cost savings 4. Draft report reviewed by State Council and/or ad hoc committee, evaluation and recommendations. 	<p>September, 1978</p> <p>February, 1979</p>	<p>State Staff State DD Council Studies such as <u>Child Development Study</u> (State Planning Agency), <u>Who Serves the Pre-School Handicapped Child?</u> (State Council for the Handicapped) Programs in related agencies such as: Dept. of Welfare, Dept. of Education, Dept. of Health Related private programs operating in the state</p>

PUBLIC INFORMATION

GOAL: The Minnesota Governor's Planning Council on Developmental Disabilities will increase public awareness, information and education regarding:

- a) Needs, rights, and capabilities of persons in Minnesota who have a developmental disability
- b) Resources available for persons with a developmental disability
- c) The philosophy, mission, and activities of the Council

OBJECTIVES	TASKS/STRATEGIES	TIME TABLE	RESOURCES
<p>Maintain or modify Council public information activities which are designed to accomplish the following objectives:</p> <ol style="list-style-type: none">a. Build support for the Council and for the planning, coordinating, and other influencing activities it carries out.b. Identify public information activities carried out by a wide variety of agencies and groups on an ongoing basis, and identify areas of need for additional activities.c. Coordinate public information activities where appropriate.d. Fill gaps in public information activities where appropriate.	<ol style="list-style-type: none">1. Continue activities described in the Council's Fiscal Year 1978 work program until decisions on revised activities are made.2. Identify possible public information activities. Some of these possible activities are:<ol style="list-style-type: none">a. Promoting public awareness, information, and education regarding the needs and capabilities of and services for persons with developmental disabilities.<ol style="list-style-type: none">1) Providing technical assistance to local public information projects2) A statewide speakers' bureau3) Have Public Information Committee members serve as resource people in their regions4) Each regional DD Council designate a public information person, and the state train those regional public information personsb. Promote public awareness, information, and education regarding Council philosophy, mission, and activities.<ol style="list-style-type: none">1) Publicize Council issue panels and other presentations	<ol style="list-style-type: none">1. For current activities see FY 1978 work program.2. Revised work program activities will be described by January, 1979, and a timetable will be included.3. For the evaluation task (Objective #1, Task/Strategy #5), refer to the timetable under the Council's self-evaluation goal.	<p>Public Information Committee Staff. Council Public Information Grants Regional DD Planners Persons from other agencies or organizations who are conducting public information activities</p> <p>Relevant literature</p> <p>Outside technical assistance (if available and needed)</p>

OBJECTIVES	TASKS/STRATEGIES	TIME TABLE	RESOURCES
	<ul style="list-style-type: none"> 2) Orient new Council members and new planners 3) Prepare for publication planning reports and studies 4) Promote dissemination of results of DD grants 5) Hold workshop for reporters when releasing reporters' guide 6) Cooperate with Advocacy Committee on workshop 7) Select a target audience for FY '79 and provide information to them about the Council <p>c. Both</p> <ul style="list-style-type: none"> 1) Publish the <u>DD Newsletter</u> 2) Issue DD NewsBriefs and news releases when needed 3) Provide technical assistance to regional DD planners and to DD-funded grants 4) Develop a statewide public information/education system (analogous to the statewide protection and advocacy system). <ul style="list-style-type: none"> 3. Select most promising activities (see objective 2 for detailed strategy) and write revised work program for Council approval. 4. Carry out revised work program. 5. Evaluate revised work program by comparing impact of past and then-current activities. 		

OBJECTIVES.	TASKS/STRATEGIES	TIME TABLE	RESOURCES.
<p>2. Determine what role and activities are likely to be most effective for the Council to play at the present time in increasing public awareness, information, and education; since this sort of self-examination has not been conducted in recent years.</p>	<ol style="list-style-type: none"> 1. Review past activities in which the Public Information Committee has been involved. 2. Review recommendations for Council public information activities contained in its 1976 publication <u>Public Information and Developmental Disabilities: A Feasibility Study</u> and in related literature. 3. Identify: <ol style="list-style-type: none"> a. Who is now doing public information on developmental disabilities or on Council activities. b. What they are doing c. What needs they see. 4. Agree on a working definition of "public information" for the coming year. <p>Some possibilities include:</p> <ol style="list-style-type: none"> a. Anything that goes via the mass media b. Anything that goes to "the public" c. Anything that publicizes what the Council (or someone else) is doing d. Anything that seeks to increase or improve communications among people and/or groups involved in services for developmentally disabled people e. Periodicals and published reports f. Training that seeks to give more information or knowledge, or to build awareness and sensitivity, rather than increasing skills g. Information and referral services h. Public relations, marketing 5. Identify areas of need for Council public information activities. 	<p>January, 1979</p>	<p>Public Information Committee Staff Chairpersons of other committees Council Council chairperson Public information grants Regional DD planners Persons from other agencies or organizations who are conducting public information activities Relevant literature Outside technical assistance (if available and needed)</p>

• • • OBJECTIVES	TASKS/STRATEGIES	TIME TABLE	RESOURCES
	<ol style="list-style-type: none"> 6. Recommend to Council types of persons who would be valuable appointees to the Public Information Committee. 7. Recommend to Council the extent to which the Public Information Committee should: <ol style="list-style-type: none"> a. Carry out activities itself b. Be aware of other state-level public information activities (whether conducted by Council or other agencies) c. Be aware of local and regional activities d. Serve as a resource to Council (and other committees) in publicizing their activities e. Serve as a resource to others (technical assistance) f. Evaluate, monitor, and/or perform needs assessments regarding public information 8. Draft for Council review operational policies for the Public Information Committee (if determined to be needed). 9. Summarize all of the above information for Council review and action. 		

GRANT REVIEW

GOAL: The State DD Council will continue to carry out grant review activities involving use of DD and DD-related resources in Minnesota.

OBJECTIVES	TASKS/STRATEGIES	TIME TABLE	RESOURCES
1. To provide information on grant resources that would support development/improvement of services for persons having a developmental disability.	1. To identify national/regional/state grant resources available to support service development/improvement; to provide such information to appropriate parties.	Ongoing	State DD Council Grant Review Comm. Other Appropriate Council Committ. State Staff State Agencies, including: Dept. of Admin.; Dept. of Public Welfare; Dept. of Health; Dept. of Education; Dept. of Economic Security House & Senate Research Offices Legislative Audit Commission DD Office/U.S. Dept. of HEW Chicago/Washingt. Literature Search/ Information Sys- tems (National Technical Infor- mation System, Catalog of Feder Domestic Assis- tance, Commerce Business Daily, Federal Register

OBJECTIVES	TASKS/STRATEGIES	TIME TABLE	RESOURCES
<p>2. To evaluate funding requests for State Council grant appropriations or through the State Council for other DD or DD-related appropriations.</p>	<ol style="list-style-type: none"> 1. To draft and issue requests for proposals and program announcements for priority issue areas identified by the State DD Council as resources are available. 2. To evaluate applications submitted under such formats according to established Grant Review Committee operating procedures; to select and recommend proposals to the State Council for approval. 3. To review and comment on projects seeking regional and national significance funds from the DD Office in the U.S. Dept. of HEW; to review and comment on DD-related grant applications under the U.S. Office of Management and Budget's A-95 review process. 	<p>As scheduled</p>	<p>State DD Council Grant Review Comm State Staff Other State Council Committees State Planning Agency</p>
<p>3. To monitor the activities and performance of projects supported by the State DD Council or other DD resources.</p>	<ol style="list-style-type: none"> 1. To follow the operations of grants under current State Council support. 2. To periodically monitor the operating characteristics of programs previously supported by the DD Council. 	<p>Ongoing (at least quarterly)</p> <p>As indicated in the annual work program</p>	<p>State Staff Grant Review Comm Regional DD Councils/Staff Host Agencies State Planning Agency (Office of Local and Urban Affairs) Quarterly reports to HEW State DD Council</p>

STATE Minnesota
FY ENDING 1979

TABLE 5-1a
COMPOSITION OF THE STATE PLANNING COUNCIL

(DDSP 5.1.1)

A. REPRESENTATION OF PRINCIPAL STATE AGENCIES			
NAME & ADDRESS OF STATE AGENCY 3	FEDERALLY ASSISTED PROGRAM 1	NAME & POSITION OF MEMBER 2	PERIOD OF APPOINTMENT 4
Dept. of Economic Security 200 Space Center St. Paul	.Vocational Rehabilitation	.Marijo Olson, Assistant Commissioner - Division of Vocational Rehabilitation	Permanent
Dept. of Health 717 Delaware St. Minneapolis	.Maternal and Child Health .Crippled Children's Services	.Richard Nelson, Director - Crippled Children's Services .Lee Schacht, Maternal and Child Health	Permanent
Dept. of Public Welfare Centennial Office Building St. Paul	.Public Assistance .Medical Assistance .Social Services .Institutional MR Services .Mental Health	.Ardo Wrobel, Director - MR Division .Ed Constantine, Director - Community Programs .Wesley Rested	Permanent
State Planning Agency 100 Capitol Square Building 550 Cedar Street St. Paul	.Comprehensive Health (Health Resource Planning and Development)	.John Dilley, Director - Health Planning and Development	Permanent
Dept. of Education 700 Capitol Square Building 550 Cedar Street St. Paul	.Education of the Handicapped	.John Groos, Director - Special Education	Permanent

STATE Minnesota
 FY ENDING 1979

TABLE 5-1b
 COMPOSITION OF STATE PLANNING COUNCIL

(DDSP 5.1.1)

5. REPRESENTATION OF OTHER STATE AGENCIES & OTHER LOCAL GOVERNMENTAL GROUPS			
NAME & ADDRESS OF AGENCY OR GROUP 1	NAME & POSITION OF MEMBER 2	PROGRAM REPRESENTED 3	PERIOD OF APPOINTMENT 4
U.S. Social Security Administration St. Paul Office 316 N. Robert St. St. Paul	Glen Samuelson	Social Security	1975-78
Minnesota State Council for the Handicapped 208 Metro Square Building St. Paul	Richard Ramberg, Assistant Director	Advocacy for the Handicapped	1975-78
Faribault State Hospital Faribault, MN	Charles Turnbull, Chief Executive Officer	Residential Service	1975-78
Special School District #625 St. Paul Public Schools 360 Colborne Street St. Paul	Betty Hubbard, Parent/School Community Program	Special Education	1976-79

STATE Minnesota
FY ENDING 1979

TABLE 5-1c
COMPOSITION OF STATE PLANNING COUNCIL

(DDSP 5.1.1)

C. REPRESENTATION OF NON-GOVERNMENTAL ORGANIZATIONS & GROUPS									
MEMBER'S NAME & REGULAR OCCUPATION 1	ORGANIZATION NAME AND ADDRESS 2	UDD PERSON 3	DD PERSON 4 REPRESENTATIVE	PRIMARY CONSTITUENCY					PERIOD OF APPOINTMENT 10
				MR	CP	E	A	OTHER	
				5	6	7	8	9	
Bonnie Ford (Teacher)	Forest Lake, MN							Education	1978-81
Linda Yates (Social worker - Community hospital and nursing home)	Crookston, MN							Social Work	1978-81
Dr. Bruce Balow (Professor)	University of Minnesota - Depart- ment of Psychoeducational							Special Ed. Higher Ed.	1978-81
Jane Belau (Citizen Advocate)								Public	1971-78
Eunice Davis (Doctor)	Director, Child Development Section, St. Paul Ramsey Hospital							Public Health Child Develop- ment	1971-78
Daro Larson (Professor)	Mankato State University Special Education Department							Special Educa- tion Higher Educa- tion	1971-78
Lois Fort (General Public)									1977-80

STATE Minnesota
FY ENDING 1979

TABLE 5-1c
COMPOSITION OF STATE PLANNING COUNCIL

(DDSP 5.1.1)

C. REPRESENTATION OF NON-GOVERNMENTAL ORGANIZATIONS & GROUPS									
MEMBER'S NAME & REGULAR OCCUPATION 1	ORGANIZATION NAME AND ADDRESS 2	VOTING PERSON 3	NON-VOTING PERSON 4	PRIMARY CONSTITUENCY					PERIOD OF APPOINTMENT 10
				MR 5	CP 6	E 7	A 8	OTHER 9	
Kathleen Berland (Parent)			X	X					1978-81
Dona Caswell (Parent)			X		X				1975-78
Barbara Goman (Parent)			X				X		1975-78
Shirley Held (Parent)			X		X				1971-78
Bernie Klein (Parent)			X		X				1971-78
Bill Messinger (Parent)			X	X					1975-78
Dottie Spencer (Parent)			X			X			1975-78
Marvin Trice (Parent)			X	X					1978-81

TABLE 5-1d
COMPOSITION OF THE STATE PLANNING COUNCIL

D. COUNCIL CHAIRPERSON AND STAFF:

1. Council Chairperson:	<u>Eunice Davis</u> (Name)	<u>Child Development Section</u> <u>St. Paul Ramsey Hospital</u> (Contact Address)	<u>612/221-3456</u> (Phone)
2. Planning Director:	<u>Marylee Fithian</u> (Name)	<u>Developmental Disabilities Planning Office</u> <u>Minnesota State Planning Agency</u> (Contact Address)	<u>612/296-4018</u> (Phone)
3. Other staff positions and related responsibilities are listed below:			
	<u>Roger Strand</u> (Name)	<u>Planner</u> (Title)	<u>Developmental Disabilities Planning Office</u> <u>Minnesota State Planning Agency</u> (Contact Address)
	<u>RoseAnn Faber</u> (Name)	<u>Planner</u> (Title)	<u>"</u> (Contact Address)
	<u>Diane Sprague</u> (Name)	<u>Planner</u> (Title)	<u>"</u> (Contact Address)
	<u>Karen Swenson</u> (Name)	<u>Planner</u> (Title)	<u>"</u> (Contact Address)
	<u> </u> (Name)	<u> </u> (Title)	<u> </u> (Contact Address)
			<u> </u> (Phone)

Table 5-2 Governmental Operations Committee Reviews 1977-78

Items Reviewed	Recommendations	Actions Taken
Position Paper "Role and Function of State Supported Institutions for the Mentally Retarded" (Adopted by Chief Executive Officers of the State Hospitals on June 11, 1977)	Re: State Hospital as "facility of choice," as a site for respite care/parental relief; as a back-up resource for community-based facilities with health, staff or housing emergencies; diagnostic center; site for care of persons with severe behavior problems; a site for innovative training of personnel; a site for research and data collection and site for use of deprivation and/or adverse techniques.	Letter to Mr. Ardo Wrobel, Director, MR Division - Dept. of Public Welfare (December 22, 1977)
Dept. of Public Welfare Rule 61: Early and Periodic Screening Diagnosis and Treatment Program	Re: Include social history as part of the diagnosis; clarification of local agency; three different kinds of clinics with differing standards for the screening process seem incompatible with the intent of the rule which is comprehensive screening, cost implications for the clinic; are physicians able to do Denver Developmental Screening Test; if done by others who is acceptable, what is the cost; procedures must ensure confidentiality and sensitivity to individuals; provision of free materials by Minnesota Dept. of Health; difference in periodicity charts based on who does the screening, what are the costs; monitoring of EPSDT Equivalent Clinics; control for duplicates; reimbursement for services; definition of outreach; double standard for training requirements of physicians and nurses; provision of materials for non-English speaking, illiterate and disabled persons; definition of parent; screening of foster children; and plan requirement.	Mr. Peter Erickson, Hearing Examiner - Dept. of Administration (January 13, 1978)
Minnesota Dept. of Health Chapter 11: Early and Periodic Health and Developmental Screening Program	Re: Need for State Department of Health, Education and Welfare rules relative to screening; inconsistent definitions in these rules; incorporation of a specific unavailing manual into a rule; provision of immunizations on site; selection and approval of developmental screening tests; consistent consent requirements for laboratory tests; personnel qualifications; delete procedures for applying to become a clinic as well as program.	Peter Erickson, Hearing Examiner - Dept. of Administration (February 17, 1978)

Items Reviewed	Recommendations	Actions Taken
Minnesota Dept. of Education (MDE) Chapter 36: Pre-School Health and Developmental Screening	Re: Legislative intent; definition of referral; what agencies can conduct screening; delete follow-up; qualifications of clinic assistant; common forms; on-site immunizations reimbursement; training in developmental screening and insufficient funds.	Letter to Peter Erickson, Hearing Examiner - Dept. of Administration (February 17, 1978)
Dept. of Public Welfare (DPW) Rule 30: Reimbursement for Cost of Care of Mentally Retarded or Epileptic or Emotionally Handicapped Children	Re: Change in title and other portions of the rule to reflect children with or having a particular condition; exclusion of children with emotional handicaps from definition of temporary care; clarification of the definition of cost of care; delete requirement that a child must contribute his/her earned income to cost of care; legality of payment of cost of care by certain other agencies; and prioritizing of facilities for reimbursement.	Letter to Steve Mihalovich, Hearing Examiner - Dept. of Administration (May 8, 1978)
(Social Security) Title XX State Plan, Department of Education State Plan		Later this fiscal year

(DDSP 7.1)

* These figures are artificial because of the overlap/interaction between categories

TABLE 7-2
SUMMARY OF PROPOSED DEVELOPMENTAL DISABILITIES EXPENDITURES

STATE Minnesota

FY ENDING 1979

Federal DD Fiscal Year Allotment \$542,290

(DDSF 7.1)

A. Allocations to State Agencies by Source of Funds: - CENTS NOT INCLUDED -						
DESIGNATED STATE AGENCIES 1	Non-Federal Funds				Federal Funds 6	Total (5+6) 7
	State 2	Local 3	Non-Profit 4	Total (2+3+4) 5		
State Planning Agency	\$ 53,084	\$ 66,667	\$ 62,373	\$ 182,124	\$ 542,290	\$ 724,414
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
Total	\$	\$ -	\$	\$	\$	\$

B. Allocations to State Agencies by Purpose: - CENTS NOT INCLUDED -							
DESIGNATED STATE AGENCIES 1	Total Federal * and Non-Federal 2	Planning		Administration 5	Demonstration Grants 6	Construction 7	DI ** 8
		Council 3	Other 4				
State Planning Agency	F \$ 542,290	\$ 56,525	229,330	\$ 27,114	\$ 60,821	\$ -0-	\$ 168,500
	NP \$ 182,124	\$ 7,423	56,461	\$ 35,862	\$ 26,216	\$ -0-	\$ 56,157
	F \$	\$	\$	\$	\$	\$	\$
	NP \$	\$	\$	\$	\$	\$	\$
	F \$	\$	\$	\$	\$	\$	\$
	NP \$	\$	\$	\$	\$	\$	\$
	F \$	\$	\$	\$	\$	\$	\$
	NP \$	\$	\$	\$	\$	\$	\$
SubTotals	\$	\$	\$	\$	\$	\$	\$
Totals	\$ 724,414	\$ 63,953	285,791	\$ 62,976	\$ 87,037	\$ -0-	\$ 224,657

C. Percentage devoted to Construction and ratio of Federal to State and local funds for Construction:	
(1) Federal funds allocated for construction \$ -- : -- % of FY allotment	
(2) Total cost of construction \$ --	
a. In poverty areas \$ --	
b. In non-poverty areas \$ --	
(3) Ratio of Federal to Total Funds	
a. For all construction -- %	
b. In poverty areas -- %	
c. In non-poverty areas -- %	

* State Formula Grant Funds under P.L. 94-103
** % of INSTITUTIONALIZATION

7.2 ASSURANCES (PREPRINT)

Assurances are hereby given that:

(1) FUNDS MADE AVAILABLE TO OTHER AGENCIES

- (a) Part of the funds paid to the State will be made available to other public agencies or other non-profit private agencies, institutions, and organizations for the purposes of carrying out the Act; and
- (b) Such funds will be expended in accordance with State procedures and standards and in accordance with the requirements contained in the regulations and policies established by the Secretary.

(2) STATE PARTICIPATION IN CARRYING OUT THE STATE PLAN

There will be reasonable State financial participation in the cost of carrying out the State Plan; and

- (a) That there is an organizational unit with major responsibilities for administration of the State Plan; that an adequate staff is available for carrying out its responsibilities in the administration of the State Plan; and
- (b) That State appropriated funds will be used in part to support the activities included under the State Plan.

(3) MAINTENANCE OF EFFORT

Funds paid the State under the State Plan will be used to supplement and, to the extent practicable, increase the level of funds that would otherwise be made available for the purposes for which the Federal funds are provided, and not to supplant such non-Federal funds. Information and data relative to the aggregate level of State, local and nonprofit funds available in the State for activities supported under the State Plan will be available for review upon request by the Secretary, DHEW, the General Accounting Office or their designees.

(4) FINANCIAL SUPPORT FOR ACTIVITIES

Adequate financial support will be available to complete the construction of facilities, and to maintain and operate them when such construction is completed. Compliance with this assurance may be made by a showing from the grantee that adequate funds are or will be on deposit in a bank, or that State and local funds will be made available for maintenance and operation upon completion of construction.

(5) GRANTS ADMINISTRATION REQUIREMENTS

The provision of DHEW Regulations under Title 45 CFR Part 74, establishing uniform administrative requirements and cost principles for grants to state and local governments, shall apply to all grants funded under this State Plan. Grants are also subject to the applicability, as cited therein, of the provisions of the following DHEW Regulations under Title 45 CFR to grants funded under this State Plan:

- 45 CFR Part 16 - Department Grant Appeals Process
- 45 CFR Part 46 - Protection of Human Subjects
- 45 CFR Part 75 - Informal Grant Appeals
 - Procedures, Subpart A - Indirect Cost Appeals
- 45 CFR Part 80 - Nondiscrimination under Programs Receiving Federal Assistance through the Department of Health, Education & Welfare- Effectuation of Title VI of Civil Rights Act of 1964
- 45 CFR Part 81 - Practice and procedure for Hearings under Part 80 of this Title.

(6) SPECIAL FINANCIAL AND TECHNICAL ASSISTANCE TO POVERTY AREAS

Special financial and technical assistance will be given to areas of urban or rural poverty in providing services and facilities for persons with developmental disabilities who are residents of such areas. (State Plan paragraph 2.1.1 lists the urban or rural poverty areas and contains the method used for determining such areas.)

(7) FISCAL ADMINISTRATION

Methods and procedures have been established for such fiscal control and fund accounting procedures as may be necessary to assure the proper disbursement of and accounting for funds paid to the state under this State Plan.

(8) RECIPIENT'S RECORDS

Each recipient of assistance under this State Plan shall keep records (1) which fully disclose (i) the amount and disposition by such recipient of the proceeds of such assistance, (ii) the total cost of the project or undertaking in connection with which such assistance is given or used, and (iii) the amount of that portion of the cost of the project or undertaking supplied by other sources, and (2) such other records as will facilitate an effective audit.

(9) NONDISCRIMINATION UNDER TITLE VI OF THE CIVIL RIGHTS ACT

The State has/has not previously submitted an assurance regarding nondiscrimination under Title VI of the Civil Rights Act of 1964, and DHEW Regulations Title 45 CFR 80. (If State has not submitted, attach copy of HEW Form 441).

(10) EMPLOYMENT OF HANDICAPPED INDIVIDUALS

As a condition for the receipt of financial assistance under the approved State Plan, each recipient of such assistance shall take affirmative action to employ and advance in employment, qualified handicapped individuals, on the same terms and conditions required with respect to the employment of such individuals by the provisions of the Rehabilitation Act of 1973 which govern employment (a) by State rehabilitation agencies and rehabilitation facilities, and (b) under Federal contracts and subcontracts.

(11) PROTECTION OF EMPLOYEES' INTERESTS

Fair and equitable arrangements will be made to protect the interests of employees affected by actions to carry out

the plan described in Paragraph 6.2.3 of this State Plan including arrangements designed to preserve employee rights and benefits and to provide training and retraining of such employees where necessary and arrangements under which maximum efforts will be made to guarantee the employment of such employees.

(12) USE OF VOLUNTEERS

In the implementation of this State Plan, maximum utilization will be made of all available community resources including volunteers serving under the Domestic Volunteer Services Act of 1973 (87 Stat. 394), and other appropriate voluntary organizations. The use of such services shall supplement, but shall not be in lieu of, paid employees.

(13) PAYMENT OF CONSTRUCTION WORKERS

All laborers and mechanics employed by contractors or subcontractors in the performance of work on any construction project assisted with funds under the State Plan will be paid at rates not less than those prevailing on similar construction in the locality as determined by the Secretary of Labor in accordance with the Act of March 3, 1931 (40 U.S.C. 276-a-276a-5, known as the Davis-Bacon Act); and the Secretary of Labor shall have with respect to the labor standards specified in this paragraph the authority and functions set forth in Reorganization Plan Numbered 14 of 1950 (15 F.R. 3176; 5 U.S.C. Appendix) and section 2 of the Act of June 13, 1934 (40 U.S.C. 276c).

(14) PERSONNEL ADMINISTRATION

- (a) Methods of personnel administration will be established and maintained (in the State agencies administering or supervising the administration of the State Plan program and in local agencies administering the program) in conformity with the standards for a Merit System of Personnel Administration, 45 CFR Part 70, and any standards prescribed by the U. S. Civil Service Commission pursuant to section 209 of the Intergovernmental Personnel Act of 1970 modifying or superseding such standards.

- (b) The State agency will develop and implement an affirmative action plan for equal employment opportunity in all aspects of personnel administration as specified in 45 CFR 70.4, Equal Employment Opportunity. The affirmative action plan will provide for specific action steps and timetables to assure equal employment opportunity. This plan will be made available for review upon request by the Secretary, Commissioner, Civil Service Commission, General Accounting Office, or their designees.

(15) HUMAN RIGHTS AND WELFARE OF INDIVIDUALS RECEIVING SERVICES

The human rights of all persons (especially those without familial protection) receiving services under the State Plan will be protected as may be set forth in DHEW Regulations and issuances.

(16) HABILITATION PLANS

- (a) After September 30, 1976, each program (including programs of any agency, facility, or project) which receives funds from the State's allotment under this State Plan has in effect for each developmentally disabled person who receives services from or under the program, a habilitation plan and that such plans are reviewed annually.
- (b) Attachment 8.6 sets forth the requirements of each plan which complies with Section 1386.47 of the regulations and describes the methods to be used to facilitate an annual review of such individual's habilitation plan.

(17) SERVICES FOR PERSONS UNABLE TO PAY

A reasonable volume of services will be furnished to persons unable to pay, in accordance with DHEW regulations.

(18) ANTICIPATED CONTRIBUTION TOWARD STRENGTHENING SERVICES

Funds paid to the State will be used to make significant contributions toward strengthening services for persons with developmental disabilities in the various political subdivisions of the State, in order to improve the quality, extent, and scope of services.

(19) STANDARDS FOR SERVICES AND CONSTRUCTION OF FACILITIES

Standards for services provided under this State Plan will not be lower than standards prescribed in section 1386.17(a) of the regulations and construction standards for facilities and equipment furnished under this State Plan will not be lower than standards prescribed in section 1386.17(b) of the regulations.

(20) OPPORTUNITY FOR APPEAL AND HEARING

Every applicant for a construction project who is dissatisfied with any action of the State agency for construction regarding its application, has an opportunity for appeal to and hearing before such State agency, according to established and recorded practices and procedures in the state.

(21) REPORTS

The State agency will make such reports in such form and containing such information, and at such time, as required by the Secretary of Health, Education, and Welfare, and will comply with such provisions as he may find necessary to assure the correctness and verification of such reports. These reports include, but are not limited to (a) the Developmental Disabilities Office's Program Performance Report and (b) financial reports.

(22) STATE SYSTEM FOR PROTECTION AND ADVOCACY OF INDIVIDUAL RIGHTS

The state understands that the Secretary shall not make an allotment under Title I, Part C of the Act to a

State for any fiscal year beginning after September 30, 1977, unless the State has in effect such a system.

(23) ASSURANCE REGARDING EVALUATION SYSTEM

- (a) Within six months after the development by the Secretary of DHEW, of an evaluation system in accordance with Part A, Section 110(a) of the Act, this State will submit to the Secretary of DHEW a proposal for a time-phased method of implementing the system. The proposals will be submitted in the form and at the time set forth in guidelines to be issued by the Secretary.
- (b) Within two years after the date of the development of such a system, this State will provide assurances satisfactory to the Secretary that the State is using such a system.
- (c) This State recognizes that the assurances in (a) and (b) above are conditions to the receipt of assistance under Title I, Part C of the Act.

(24) STATEMENT BY STATE ATTORNEY GENERAL

With reference to the State Plan for persons with developmental disabilities submitted under the provision of the developmental disabilities program, as amended by PL 94-103, to the best of my knowledge and belief:

- 1. The State agency or agencies designated in State Plan Paragraph 7.1 have authority to administer or supervise the administration of all or portions of the State Plan for which they are responsible.
- 2. Nothing in this State Plan is inconsistent with State law.

NAME: _____
(State Attorney General)

(as per '78 Plan on file)

SIGNATURE: _____ DATE: _____

(25) GOVERNOR'S REVIEW

Office of Human Development
Washington, D.C. 20201

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL
Office of Human Development State Plan Programs

To: Director, Regional
Developmental Disabilities Office
Department of Health, Education,
and Welfare

TRANSMITTAL NUMBER

I. PROGRAM IDENTIFICATION: (Catalog of Federal Domestic Assistance Program No. 13-630
Developmental Disabilities - Basic Support).

II. TYPE OF ACTION SUBMITTED FOR APPROVAL (Check one and enter effective date)

☐ New State Plan

☐ Section VII of Annual State
Plan is Reaffirmed

EFFECTIVE DATE

☐ Amendment

☒ Annual Revision of State Plan
is Attached

October 1, 1977

COMPLETE REMAINDER OF PART II IF THIS IS AN AMENDMENT (Separate Transmittal for Each Amendm
FEDERAL REGULATION CITATION

NUMBER OF THE PLAN SECTION OR ATTACHMENT

NUMBER OF THE SUPERSEDED PLAN SECTION OR AMENDME

SUBJECT OF AMENDMENT

III. GOVERNOR'S REVIEW (Check One):

☐ Governor's Office Reported No Comment

☐ No Reply Received Within 45 Days
of Submittal to Governor's Office

☐ Comments of Governor's Office Enclosed (See Paragraph 7.2)

SIGNATURE OF AUTHORIZED STATE PLANNING
COUNCIL OFFICIAL

Eunice A Davis

DATE: Jan 30 1977

TITLE: CHAIRPERSON, STATE PLANNING COUNCIL

Eunice Davis, M.D.
Child Development Section
St. Paul Ramsey Hospital
St. Paul, Minnesota 55101

Telephone: (Area Code): 612/296-4018

RETURN TO: Marylee Fithian, Director
Developmental Disabilities
Planning Office
Minnesota State Planning Agency
Capitol Square Building
550 Cedar St.
St. Paul, Minnesota 55101

REPORT OF OHD APPROVAL
DATE RECEIVED IN REGIONAL OFFICE

REGION

PLAN APPROVED - ONE COPY ATTACHED

SIGNATURE OF REGIONAL OFFICIAL

TITLE

DATE

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Minnesota
STATE

STATE PLAN

- FOR -

DEVELOPMENTAL DISABILITIES SERVICES

and

FACILITIES CONSTRUCTION PROGRAM

(as amended by PL 94-103 "Developmentally
Disabled Assistance and Bill of Rights Act")

FOR FISCAL YEAR 1978

SUBMITTAL

As a condition to the certification of Federal funds under the basic formula grant program of the Developmental Disabilities Services and Facilities Construction Act, as amended by PL 94-103, the State Planning Council submits this State Plan for planning, administration, provision of services, and construction of facilities for persons with developmental disabilities in the State. This State Plan consists of this preprinted document, attachments hereto, and materials incorporated by reference herein. The program will be administered in accordance with this State Plan, the requirements of the Act, and all applicable Federal regulations and official issuances of the U. S. Department of Health, Education, and Welfare.

1.1 PURPOSE OF THE DD PROGRAM

Description of the DD Program

In 1970, Congress passed the "Developmental Disabilities Services and Facilities Construction Act" (P.L. 91-517). This Act was directed at assisting states to carry out a comprehensive approach to planning and coordinating the provision of services for persons having a developmental disability. This Act recognizes the commonality of service needs among people with long-term, substantial, multi-handicapping conditions that begin early in life. In 1975, P.L. 91-517 was amended by the "DD Assistance and Bill of Rights Act" (P.L. 94-103). This Act emphasized the advocacy role and efforts to be carried out by state DD programs for persons having a developmental disability.

The developmental disabilities service concept emphasizes comprehensive, coordinated, life-long supportive services for persons with a developmental disability and their families. Emphasis is on services for substantially handicapped persons who have similar life-long needs regardless of traditional labels that categorize specific handicaps. Many aspects of a developmentally disabled individual's life may be affected by his or her handicap. Service needs, therefore, for many persons with developmental disabilities may be multiple and continuing.

The Developmental Disabilities Population

The 1970 DD Act defined "developmental disability" as a disability which:

- is attributable to mental retardation, cerebral palsy, or epilepsy, or another neurological condition ... closely related to mental retardation,
- originated before age 18,
- is expected to continue indefinitely, and
- constitutes a substantial handicap to the individual.

P.L. 94-103 amended the original definition and added two more disabilities to the definition -- autism and dyslexia (if the dyslexia results from one of the other four developmental disabilities). These definitions at present are used in Minnesota to represent "developmental disabilities."

From calculations based on generalized prevalence figures, it is projected that for the mid-1980's approximately 84,000 persons in Minnesota may have a developmental disability in sufficient degree to substantially impair their functional abilities.

The Developmental Disabilities Service Network

The "network" of agencies and organizations that provide services to persons having a developmental disability is comprised of a great number of public and private agencies at the state, regional, and local level. The strategy used in profiling the service network for the FY 1978 plan has been to

initially focus on the characteristics of state-level public agencies, (identified in Table 1-1), and other service-providing units that are either sub-state components of the agency, or regulated by the agency. The DD Council work program for FY 1978 is developed (in part) around a major goal area directed at carrying out systematic information gathering/evaluating at the state and local/regional level.

1.2 SUMMARY OF THE DD STATE PLANNING COUNCIL ROLE

The DD Act of 1970 stipulated that any state wishing to participate in the federal Developmental Disabilities program and to receive funds, which are disbursed on a formula grant basis, must designate a State Planning Council to be responsible for a wide range of planning and evaluation activities. Pursuant to that Act, the Minnesota Governor's Planning Council on Developmental Disabilities was created in 1971 to plan for the direction, development, implementation, and evaluation of a comprehensive system of services for persons with developmental disabilities in Minnesota. It advises the Governor of Minnesota on matters pertaining to programs, services, and facilities for persons with developmental disabilities. Staff for the Council are located in the State Planning Agency, which is an executive agency.

The DD Council's focus on integrated planning of human services through participation in the planning process by representatives of health, mental health, social work, education, rehabilitation and other fields is directed at lessening fragmentation, identifying important gaps in services, and facilitating plans for augmenting existing services for persons with developmental disabilities. The DD Council has diverse representation and can encourage and influence changes in policies, priorities, and methods of operation of service programs and agencies in order to improve services. The developmental disabilities concept encompasses the philosophy that the resources from federal, state, and local governmental agencies (including co-mingling of funds) together with private service providers and consumers of services, can be melded into a unified force for change on behalf of persons with developmental disabilities. It provides a context for common effort in which diverse special interest groups and agencies can combine energies. In addition, persons having a developmental disability, or a parent/guardian, are involved in implementing the DD concept, under the rationale that persons affected by the provision of services should be involved in decisions regarding their development and improvement.

Planning

The intent of the DD Act is to create a comprehensive approach to planning and promoting coordination of services for persons having a developmental disability. State Councils must develop a plan annually that will present integrated strategies and activities directed at accomplishing coordination and service development/improvement efforts.

The Minnesota DD Council annually develops a structured work program that contains specific goals and objectives to guide Council activities during the year. The May, 1977 planning conference established major goal areas in comprehensive planning, advocacy, special study of the status of screening/assessment services within the state, public information/education, review of various types of "governmental operations" and grant development/evaluation (rank-ordered by State Council members). The comprehensive planning goal is

a multi-faceted one, directed at gathering data on the service needs of persons having a developmental disability, and present characteristics of the service "network." It will be carried out at both the state and regional level.

Influencing/Evaluating

DD planning and programming activities are directed at facilitating the coordination and development of services necessary to meet the comprehensive, long-term needs and potential of individuals in Minnesota having a developmental disability. In the broadest sense, all DD planning and programming efforts are directed at influencing and evaluating the character of service delivery systems, the resources available to them, and the distribution of these resources. General "influencing" and "evaluating" functions occur as a result of the following activities:

Influencing

- Council composition itself (as an interagency forum), Council members' participation on various advisory and professional boards,
- public information/education efforts,
- formal advocacy efforts (legal and citizen); informal efforts.

Evaluating

- work program progress,
- grant solicitation, review,
- plans/legislation/administrative policies

1.3 SUMMARY OF GAPS IN SERVICES TO THE DD POPULATION

1.4 GOALS AND OBJECTIVES FOR THE DD SERVICE NETWORK

The state Council's work program for FY'78 is in part designed around a major planning goal area directed at gathering and analyzing data on both service delivery characteristics, and the needs/potential of persons having a developmental disability. The outcomes of these activities will provide a base upon which major gaps in service can be identified, and subsequent recommendations for development/improvement in service delivery will be prepared. These efforts will be undertaken within the framework of continuing trends in Minnesota to decentralize and reorganize the provision of human services, and particular trends to carry out deinstitutionalization and development of community alternatives.

TABLE 1-1
SUMMARY OF DD SERVICES BY STATE AGENCY
AND FEDERALLY AIDED PROGRAM

(DDSP 1.3.1)

[illegible]

TABLE 1-2a
SUMMARY OF DIRECT SERVICE GAPS BY REGION

(DDSP 1.3)

I-6

SERVICE REGION 1	DIRECT SERVICES										
	RESIDENTIAL SERVICES		DAY PROGRAMS							EMPLOYMENT	
			ADULT		SCHOOL AGE			PRE-SCHOOL			
	Domiciliary Care 2	Special Living Arrang 3	Day Care 4	Education/Training 5	Day Care 6	Education 7	Training 8	Day Care 9	Education/Training 10	Sheltered 11	Other 12
DD SERVICE POPULATION											
ESTIMATED DD AVAIL.											
ESTIMATED DD UTILIZ.											
UTILIZATION GAP											
SERVICE GAP											
AVG. PER/CAPITA COST											
DD SERVICE POPULATION											
ESTIMATED DD AVAIL.											
ESTIMATED DD UTILIZ.											
UTILIZATION GAP											
SERVICE GAP											
AVG. PER/CAPITA COST											
DD SERVICE POPULATION											
ESTIMATED DD AVAIL.											
ESTIMATED DD UTILIZ.											
UTILIZATION GAP											
SERVICE GAP											
AVG. PER/CAPITA COST											
DD SERVICE POPULATION											
ESTIMATED DD AVAIL.											
ESTIMATED DD UTILIZ.											
UTILIZATION GAP											
SERVICE GAP											
AVG. PER/CAPITA COST											

NOT PROVIDED AT PRESENT

NOT PROVIDED AT PRESENT

TABLE 1-2b
SUMMARY OF SUPPORT SERVICE GAPS BY REGION

(DDSP 1.3)

SERVICE REGION 1	SUPPORT SERVICES											
	IDENTIFICATION			CASE MANAGEMENT			TREATMENT			FAMILY/PROGRAM SUPPORT		
	Diagnostic 2	Evaluation 3	Informing 4 Referral	Counseling 5	Protective, Social, Socio- Legal 6	Follow- Along 7	Medical 8	Dental 9	OT,PT,SP &H Other Special 10	Recreation 11	Personal Care 12	Transportation 13
DD SERVICE POPULATION												
ESTIMATED DD AVAIL.												
ESTIMATED DD UTILIZ.												
UTILIZATION GAP												
SERVICE GAP												
AVG. PER/CAPITA COST												
DD SERVICE POPULATION												
ESTIMATED DD AVAIL.												
ESTIMATED DD UTILIZ.												
UTILIZATION GAP												
SERVICE GAP												
AVG. PER/CAPITA COST												
DD SERVICE POPULATION												
ESTIMATED DD AVAIL.												
ESTIMATED DD UTILIZ.												
UTILIZATION GAP												
SERVICE GAP												
AVG. PER/CAPITA COST												
DD SERVICE POPULATION												
ESTIMATED DD AVAIL.												
ESTIMATED DD UTILIZ.												
UTILIZATION GAP												
SERVICE GAP												
AVG. PER/CAPITA COST												
DD SERVICE POPULATION												
ESTIMATED DD AVAIL.												
ESTIMATED DD UTILIZ.												
UTILIZATION GAP												
SERVICE GAP												
AVG. PER/CAPITA COST												

NOT PROVIDED AT PRESENT

NOT PROVIDED AT PRESENT

TABLE 1-3
SUMMARY OF FISCAL RESOURCES
STATE AGENCY AND FEDERALLY ASSISTED PROGRAM (DDSP 1.3.2)

PUBLIC & PRIVATE SERVICE PROVIDER	FEDERALLY ASSISTED PROGRAMS	FY		FY	
		ESTIMATED BUDGET	ESTIMATED EXPENDITURE FOR DD SERVICES	ESTIMATED BUDGET	ESTIMATED EXPENDITURE FOR DD SERVICES
1	2	3	4	5	6
NOT PROVIDED AT PRESENT					
NOT PROVIDED AT PRESENT					
GRAND TOTAL					
STATE SUBTOTAL					
DD SUBTOTAL					
OTHER FEDERAL SUBTOTAL					

(DDSP 1.4.1)

GOALS			OBJECTIVES		ACTIVITIES	
PRI- ORITY NO.	RESPON- SIBLE AGENCY	DESCRIPTION	PRI- ORITY NO.	DESCRIPTION	PROJECT & IMPLEMENTATION DESCRIPTION	TOTAL FUNDS ALLOCATED
2		3	4	5	6	7

TABLE 1-5
RECOMMENDED GOALS AND OBJECTIVES
FOR DD SERVICE NETWORK

(DDSP 1.4.2)

I-10

GOALS			3 OR 5-YEAR OBJECTIVES		PLAN-YEAR OBJECTIVES	
GOAL PRI- ORITY NO. 1	SUGGESTED PRINCIPAL AGENCY 2	DESCRIPTION 3	PRI- ORITY NO. 4	DESCRIPTION 5	PRI- ORITY NO. 6	DESCRIPTION 7
		NOT PROVIDED AT PRESENT		NOT PROVIDED AT PRESENT		

SECTION II: CURRENT AND POTENTIAL SERVICE NEEDS OF THE DD POPULATION

"This Section of the Developmental Disabilities State Plan describes the basic characteristics of the developmentally disabled population of the State of Minnesota and the estimated service needs of this population."

2.1 DESCRIPTION OF THE DD POPULATION

Section 2.1. will provide information to-date on the definitions for the term "developmental disability" and the term "substantial handicap," estimates of prevalence for these conditions within the general population and within its age composition. Data on income determinants will not be presented, for reasons outlined in the text.

2.2. DIRECT SERVICE NEEDS OF THE DD POPULATION

2.3 SUPPORT SERVICE NEEDS OF THE DD POPULATION

Section 2.2. will provide definitions to-date describing the characteristics of DD services. Estimates of direct and support service needs will not be provided, for reasons identified in Sections III-VI of the Plan.

The DD Concept, Definitions, Planning Approach

During approximately the last two decades, American society has begun to gain increasing awareness and understanding of the needs and capabilities of persons having disabilities. Changes in the "philosophy" of care for less-able persons have been articulated in writings and research, made components of various social policies, and are being implemented through various service delivery strategies. These policies are based more on integrating a person with handicaps into his or her community, than segregating them in an "institutional setting." They emphasize habilitation instead of maintenance, and if there is any kind of overall theme that can be said to characterize such philosophies, primary among them would be a focus on the individual -- his or her needs, wants, potential, rights. This focus leads to an emphasis on individual-centered aid programs, with the human outcomes sought not to provide simple custodial support, but to recognize and work to realize self-worth, value and contribution than an individual can make to being a productive member of society.

Although the Federal, and state governments have provided substantial funding to develop and make available a wide array of health and social services in the recent past, one of the historical shortcomings of many forms of aid has been that eligibility frequently has been very narrowly defined. Few programs have been focused on long-term (or even short-term) policy planning for a particular "target group" that would encompass the needs/potential of the "whole person." Most programs have been direct service delivery programs, often having a very specific "category" of services that could be provided. In terms of programs directed at assisting less-able individuals, many have been designed for individuals with mild-to-moderate disabilities, but not tailored for those persons whose handicaps might require intensive or sustained, lifetime assistance. Similarly, programs have been designed to address one disabling condition, and individuals with multiple conditions may not have qualified across categories. They consequently may have received little or uncoordinated forms of aid.

In 1970, Congress passed the DD Act to respond to the necessity for coordinated service delivery for persons having certain conditions. A "developmental disability" is associated with mental retardation, cerebral palsy, epilepsy, or autism. During FY '77, the State DD Council's Comprehensive Planning Committee reviewed a variety of materials identifying each of these conditions, and the Committee

recommended the following synthesized descriptions to define "developmental disabilities" in Minnesota (no additional conditions have been included at present).

- mental retardation: Mental retardation refers to the sub-average general intellectual functioning which originates during the developmental period and is associated with impairment of adaptive behavior.
- cerebral palsy: Cerebral palsy is a term which describes individuals who have motor disorders due to non-progressive abnormalities of the brain, that occur in the developmental period.
- epilepsy: Epilepsy is a disorder of the central nervous system marked by sudden and periodic lapses of consciousness and distinctive, usually measurable, disturbances in the electrical discharges within the brain, resulting in seizures.
- autism: Autism is a condition with onset in early childhood characterized by severe problems in communication and behavior, and an inability to relate to people.

(References taken into consideration in developing the above definitions included materials provided by the respective advocacy organizations at the national level, Community Alternatives and Institutional Reform report, (Minnesota State Planning Agency, 1975) materials from the Developmental Disabilities Technical Assistance System, Chapel Hill, North Carolina.)

Substantial Handicap

The State Council has not yet formally agreed to a definition for "substantial handicap" primarily due to the difficulty in developing a categorical definition for application in functional terms that will vary from person to person, between the developmental disabilities, and between major areas of life activity. Materials regarding a possible strategy to use in developing a functional definition were prepared for Council review at its annual planning conference in May, 1977. The rationale to be outlined below will be further developed/refined and possibly adopted by the Council as a part of its F.Y. '78 work program (see Subgoal 2, Objective 1 of the F.Y. '78 Work Program in Section VI.).

Background Paper

"A Possible Strategy for Defining a Substantial Handicap" (April, 1977)

The Federal legislation defines a "developmental disability" as being attributable to mental retardation, cerebral palsy, epilepsy, autism that originate before age 18, has continued or can be expected to continue indefinitely, and "...constitutes a substantial handicap to such person's ability to function normally in society." Each state is to identify for its planning and programming purposes more specific definitions not only for each of the four conditions, but for what represents a "substantially handicapped" person having a developmental disability, because it is only this subset of persons toward which DD programming is to be directed.

According to the widely-quoted Federal definition, "substantial handicap means that a physical or mental disability is of such severity that, alone or in connection with social, legal, or economic constraints, it requires the provision of specialized services over an extended period of time directed toward the individual's social, personal, physical or economic habilitation or rehabilitation."

This phrase may adequately describe the effect of a substantially handicapping condition, but it is not necessarily a workable definition for planning purposes.

A developmental disability is not a "type" of disability. Rather, it represents a conceptual approach for planning the provision of assistance/support to individuals whose involvement with a mental and/or physical condition may require similar forms and levels of aid in major areas of life activity (self-care, education/training/employment, residential needs, mobility requirements). Such aid may be either intensive or extensive, short-term or long-term. DD programming, consequently, is to be directed at a "functional" definition of a person's needs and potential, and at planning for the provision of services to meet these needs. It is important to distinguish here that DD program is not a service delivery program: it is to be a planning and evaluation program.

In attempting to plan on a "functional" basis, the emphasis should be on the outcomes sought for a person: what service interventions and strategies does a person require in order to aid him/her in major areas of life activity? Each of the definitions for the four conditions under "developmental disability" is somewhat clinical in nature; they focus on identifying the occurrence of a condition, but do not address the service needs a person with one or more of the conditions may have. "Substantial handicap," however, is oriented toward the issue of a person's ability, "...to function normally in society..." and perhaps a key in fashioning a workable definition for substantial handicap is available in the definitions chosen to characterize the "continuum of services" a person having a developmental disability may need at any one point in life, or throughout life, in major life activity areas.

The services between the continuum end points of full-time, long-term care (state hospital, nursing home) and full integration into everyday community living address differing levels of functional ability/developmental potential. These services correspond to differing types and levels of "handicaps" or barriers in functional ability that need to be overcome/accommodated. Some of these barriers can be surpassed/accommodated through education/training/therapy, and an individual having attained certain levels can then attempt to surpass further barriers/levels. (In essence, this process characterizes the conceptual foundation of individualized program planning and case management.) In the case of a handicapping condition that is physical in nature, surpassing barriers requires "adapting" them through structural modifications, or "built" environments.

Certain physical and/or mental conditions are acknowledged as requiring special attention/service in major areas of life activity. These services can be viewed as intervention strategies to be employed in accommodating or surpassing what society perceives as "handicapping" conditions that may occur at various points in a person's life. This label of "handicap" should not be taken as a necessarily permanent state in all cases, and in all areas of life activity, though. For example, a person may have a physical condition that "substantially handicaps" mobility in the community and residential surroundings. However, this person may also have received certain

training/skill development that permitted him/her to secure competitive employment. In the employment area, various service interventions have aided the person to surpass certain developmental barriers in this area, and to obtain gainful employment. In the housing/mobility area, though, the handicapping condition must still be accommodated with adaptive surroundings and mobility aids. The important point to recognize is that, were specialized services in the continuum not provided in various life activity areas, absence of intervention could readily permit a handicapping condition to continue indefinitely, whereas certain service intervention strategies applied at various points in a person's life may augment functional ability/developmental potential sufficiently enough to alter and remove the designation of a "handicap."

RECOMMENDATION: For DD planning purposes, the following may be suggested:

- "developmental disability" represents a concept for addressing similar forms of assistance needed by persons who may have a commonality of needs, in terms of addressing developmental potential, and accommodating limitations in functional ability in major areas of life activity.
- definition of a "continuum" of services in each major area of life activity defines necessary strategies that should be made available to assist and aid persons having limitations in their functional ability/developmental potential. These intervention strategies can be characterized, then, as responding to "handicapping" conditions that substantially affect the life of an individual, for without their provision, some persons having these conditions may continue to be handicapped in major life activity areas.
- consequently, FOR PLANNING PURPOSES, to assure that these services are acknowledged as important and made available to assist individuals, these services could be characterized as responding to substantial handicaps.
- such an identification, then, would mean that FOR PLANNING PURPOSES, persons in need of these services within continuums for various areas of life activity could be characterized as having a substantial handicap, until such time as service intervention strategies would aid/assist the individual to surpass/accommodate the handicapping condition.

The positive aspect of using such a definition for "substantial handicap" is that it links categoric definitions of conditions with functional definitions of need, identified according to major realms of life activity that are grounded in continuums of services that should be/are provided within a state. From a practical standpoint, many of the persons who would need and use these services realistically may not have what they, or society, would necessarily characterize as a sustained, substantially handicapping condition. However, if the focus of DD programming is to be on planning for needed service development/delivery in various continuums, planning for their provision needs to be justified by their importance in the continuum. Consequently, definitions for planning purposes under this arrangement become very encompassing, and could realistically overcount or overestimate the number of persons actually having a "substantial handicap" in various areas of life activity at any one time. If the purpose for undertaking DD planning is to attempt to address both sufficient range and capacity in the provision of needed services, then this consideration must be acknowledged for planning purposes by estimating the need for capacity within various service areas in an encompassing manner.

The identification of "developmental levels," or levels of "involvement" for each of the conditions defined as a developmental disability is directly related to the definition of a "substantial handicap": DD planning and service coordination is to be targeted at that portion of the larger population (of persons having each of the conditons) that is characterized as having a "substantial handicap." In the case of retardation, developmental levels are commonly identified on the basis of breakdowns in scoring for IQ testing ("mild," I.Q. 60-75; "moderate," I.Q. 40-60; "severe," I.Q. 20-40, "profound," I.Q. under 20) as published in a variety of studies and reports (such as materials by the American Association on Mental Deficiency). Developmental levels are not similarly characterized for the other three conditions. As outlined previously, though, the term "developmental level" is not necessarily representative of a person's functional ability, nor does it necessarily indicate a person's present and/or long-term service needs. The delineation of precise development levels, have not yet been clearly identified by the Committee or Council; they will be a component of the FY '78 work program sub-goal directed at defining "substantial handicap" in terms workable for local planning efforts.

Minnesota Population Projections

In December, 1975 the State Demographer (of the State Planning Agency) published the report, Minnesota Population Projections: 1970-2000. This report presents "general utility projections" regarding the makeup of the state's population. These are not official "forecasts," but rather the totals anticipated if various conditions and assumptions used in developing the projections hold true over time.

The technique known as the "cohort survival" method was employed in developing these projections. A particular distribution of the population (here, in terms of chronological age groupings) is observed at a particular point, and then these population "cohorts" are moved in a step-wise fashion to a future period. Certain assumptions regarding mortality, fertility and migration within each cohort are applied to come up with a projection for population characteristics at a future point, comprised of the aggregate of population characteristics for each cohort.

In terms of the major assumptions used, it was projected that no change in general mortality rates within each cohort would occur in the period; that a birth rate of 1.9 children for women of childbearing age would be the case (a lower figure which takes account of the trends toward later marriages and fewer children); and that migration trends for the state would continue to follow those established in the recent past (giving a slight net in-migration of new residents). Projections resulting from using these basic assumptions for the 1970-1975 period were cross-checked against a number of factors, such as projected versus actual births and deaths, projected school age population versus actual enrollment, projected population 65 and over. The report projects that the percentage share of national population totals that Minnesota has held -- almost 2% -- will be essentially the same in the future. In its summary, the report cautions readers that the validity of these projections, necessarily, depend on the assumptions used in making the calculations; that the level of accuracy is proportional to the size of the population; and that it is expected that the magnitude of error would be greater for the later periods of the projections.

State population projections by counties and by economic development regions are provided on pgs. II-7/10.

Table 2-1a
POPULATION PROJECTIONS BY REGION IN MINNESOTA, 1970-2000

(Rounded to Nearest 100)

REGION	1970		1975		1980		1985		1990		1995		2000	
	NUMBER	%	NUMBER	%	NUMBER	%	NUMBER	%	NUMBER	%	NUMBER	%	NUMBER	%
1	94,600	2.5	96,600	2.5	96,500	2.4	98,200	2.3	99,000	2.2	99,200	2.2	97,800	2.1
2	54,600	1.4	58,500	1.5	60,800	1.5	64,200	1.5	66,900	1.5	70,100	1.5	72,800	1.6
3*	329,600	8.7	331,100	8.4	330,300	8.1	332,600	7.8	332,400	7.5	330,200	7.3	325,400	7.0
4	185,400	4.9	191,600	4.9	195,600	4.8	202,300	4.8	206,800	4.7	210,800	4.6	212,900	4.6
5	113,600	3.0	119,400	3.1	122,500	3.0	127,600	3.0	131,800	3.0	136,200	3.0	139,500	3.0
6E	98,200	2.6	100,900	2.6	104,000	2.6	108,900	2.6	113,000	2.6	116,500	2.6	118,900	2.6
6W	61,800	1.6	61,400	1.6	60,300	1.5	60,400	1.4	59,900	1.4	58,700	1.3	56,700	1.2
7E	76,400	2.0	85,300	2.2	93,500	2.3	104,800	2.5	116,900	2.6	128,800	2.8	142,400	3.1
7W	173,500	4.6	189,300	4.8	206,500	5.1	226,800	5.3	248,400	5.6	266,500	5.9	288,000	6.2
8	141,500	3.7	141,000	3.6	141,000	3.5	143,200	3.4	143,600	3.3	142,400	3.1	139,000	3.0
9	218,100	5.7	223,200	5.7	227,900	5.6	234,400	5.5	238,900	5.4	242,300	5.3	243,400	5.2
10	383,400	10.1	396,900	10.1	410,200	10.1	427,300	10.1	441,500	10.0	453,600	10.0	460,300	9.9
11	1,874,400	49.3	1,927,600	49.1	2,027,700	49.7	2,121,500	49.9	2,222,500	50.3	2,300,500	50.5	2,355,700	50.6
STATE	3,805,000	100.0	3,923,000	100.0	4,076,800	100.0	4,252,200	100.0	4,421,500	100.0	4,555,700	100.0	4,652,800	100.0

NOTE: Sum of Regions may not add to 100 per cent due to rounding.

*NOTE: Not based on Alternative St. Louis County Projection.

Table 2-1b
POPULATION PROJECTIONS BY COUNTY IN MINNESOTA,
1970-2000

(Rounded to Nearest 100)

COUNTY	1970	1975	1980	1985	1990	1995	2000
Aitkin	11,400	12,400	12,300	12,600	12,600	12,600	12,800
Anoka	154,600	175,200	200,300	225,000	255,500	283,000	305,900
Becker	24,400	25,200	25,600	26,700	27,600	28,300	28,600
Beltrami	26,400	28,300	30,200	32,400	34,300	36,200	37,900
Benton	20,800	22,000	23,400	25,200	27,000	28,600	29,700
Big Stone	7,900	7,800	7,600	7,600	7,500	7,300	7,000
Blue Earth	52,300	54,900	58,000	61,300	63,900	66,500	69,100
Brown	28,900	29,300	29,900	30,600	31,200	31,400	31,300
Carlton	28,100	28,900	29,300	30,300	30,900	31,100	30,800
Carver	28,300	31,600	34,400	36,500	40,300	43,800	46,900
Cass	17,300	18,800	19,400	20,300	21,200	22,500	24,100
Chippewa	15,100	15,000	14,900	15,200	15,100	14,900	14,500
Chisago	17,500	20,300	23,900	28,500	34,000	38,400	44,900
Clay	46,600	49,000	51,800	54,400	56,400	58,300	59,900
Clearwater	8,000	8,500	8,300	8,500	8,400	8,400	8,300
Cook	3,400	3,500	3,500	3,500	3,500	3,600	3,700
Cottonwood	14,900	14,700	14,300	14,500	14,200	13,800	13,200
Crow Wing	34,800	38,000	40,100	43,100	45,700	48,300	50,600
Dakota	139,800	158,100	181,100	204,300	234,600	264,800	293,300
Dodge	13,000	13,200	13,200	13,400	13,600	13,600	13,400
Douglas	22,900	24,500	25,900	27,700	29,500	31,500	33,500
Faribault	20,900	20,400	20,000	19,800	19,500	18,900	18,100
Fillmore	21,900	21,600	21,100	20,900	20,700	20,200	19,500
Freeborn	38,100	38,600	38,700	39,200	39,300	39,000	37,900
Goodhue	34,800	36,800	38,400	41,100	43,600	46,300	48,600
Grant	7,500	7,500	7,300	7,300	7,200	7,000	6,600
Hennepin	960,100	958,400	983,400	1,005,200	1,018,100	1,019,200	1,011,100
Houston	17,600	17,900	18,200	18,400	18,800	19,100	19,200
Hubbard	10,600	11,800	12,400	13,300	14,200	15,400	16,900
Isanti	16,600	19,200	21,700	25,300	29,000	33,000	37,000

COUNTY	1970	1975	1980	1985	1990	1995	2000
Itasca	35,500	36,500	36,600	37,700	37,700	37,500	36,400
Jackson	14,400	14,300	14,200	14,100	14,000	13,700	13,200
Kanabec	9,800	11,000	11,800	12,900	14,000	15,300	16,500
Kandiyohi	30,500	31,100	32,200	33,400	34,500	35,200	35,600
Kittson	6,900	7,000	6,800	6,800	6,700	6,500	6,200
Koochiching	17,100	17,600	17,800	18,200	18,400	18,300	17,800
Lac qui Parle	11,200	11,200	10,800	10,700	10,500	10,300	9,900
Lake	13,400	13,500	13,700	14,000	14,200	14,200	13,900
Lake of the Woods	4,000	4,200	4,200	4,300	4,300	4,300	4,200
Le Sueur	21,300	22,400	22,900	23,800	24,400	24,900	25,100
Lincoln	8,100	8,100	7,800	7,800	7,600	7,400	7,100
Lyon	24,300	25,000	26,200	27,500	28,600	29,400	29,800
McLeod	27,700	29,100	31,400	34,100	36,800	39,500	42,300
Mahnomen	5,600	5,700	5,600	5,700	5,600	5,600	5,400
Marshall	13,100	13,200	13,000	13,100	13,100	13,100	12,800
Martin	24,300	24,700	24,400	24,500	24,300	24,000	23,200
Meeker	18,800	19,600	19,700	20,500	20,900	21,400	21,400
Mille Lacs	15,700	16,900	17,700	18,800	19,900	21,300	22,900
Morrison	26,900	27,200	27,300	27,700	28,000	28,000	27,600
Mower	43,800	44,000	44,100	44,900	45,000	44,500	43,100
Murray	12,500	12,200	11,900	12,000	11,900	11,500	11,000
Nicollet	24,500	25,100	26,000	26,900	27,700	28,400	29,000
Nobles	23,200	23,300	23,400	23,800	23,900	23,700	23,100
Norman	10,000	9,700	9,500	9,500	9,400	9,200	9,000
Olmsted	84,100	89,700	97,800	105,900	114,100	121,500	127,400
Otter Tail	46,100	47,200	47,000	47,700	47,900	47,900	47,300
Pennington	13,300	14,400	15,100	16,100	16,900	17,600	18,200
Pine	16,800	17,900	18,500	19,400	20,100	20,700	21,100
Pipestone	12,800	12,500	12,400	12,500	12,500	12,300	11,900
Polk	34,400	34,900	34,800	35,100	35,000	34,600	33,700
Pope	11,100	11,200	11,200	11,300	11,400	11,500	11,400
Ramsey	476,300	476,100	485,700	494,100	498,000	495,000	487,200
Red Lake	5,400	5,300	5,200	5,200	5,200	5,200	5,100
Redwood	20,000	19,700	19,400	19,600	19,500	19,100	18,500
Renville	21,100	21,200	20,700	20,900	20,700	20,400	19,600

COUNTY	1970	1975	1980	1985	1990	1995	2000
Rice	41,600	43,300	44,700	46,400	47,600	49,000	50,200
Rock	11,300	11,300	11,300	11,500	11,600	11,500	11,300
Roseau	11,600	12,100	12,100	12,500	12,700	12,900	12,800
St. Louis*	220,700	218,700	217,100	216,400	215,000	212,900	210,000
Scott	32,400	35,500	39,100	43,000	47,800	52,500	56,800
Sherburne	18,300	22,700	25,500	29,600	34,000	39,400	45,300
Sibley	15,800	16,100	16,100	16,300	16,400	16,500	16,300
Stearns	95,400	100,200	106,300	112,400	117,800	122,300	126,000
Steele	26,900	28,100	29,000	30,300	31,200	31,800	31,900
Stevens	11,200	11,500	11,600	11,800	11,800	11,700	11,500
Swift	13,200	13,200	12,900	12,800	12,600	12,400	11,900
Todd	22,100	22,800	22,900	23,600	24,100	24,500	24,500
Traverse	6,300	6,100	5,900	6,000	5,900	5,700	5,500
Wabasha	17,200	18,200	18,300	18,700	18,800	19,000	19,000
Wadena	12,400	12,600	12,700	12,800	12,800	12,800	12,700
Waseca	16,700	16,900	17,300	17,800	18,300	18,600	18,700
Washington	82,900	92,700	103,700	113,400	128,100	142,100	154,400
Watonwan	13,300	13,400	13,300	13,300	13,200	12,900	12,500
Wilkin	9,400	9,400	9,300	9,300	9,200	9,000	8,600
Winona	44,400	45,600	46,800	48,100	48,900	49,600	50,100
Wright	38,900	44,400	51,200	59,600	69,500	76,300	87,000
Yellow Medicine	14,400	14,200	14,100	14,100	14,100	13,900	13,500
STATE	3,805,000	3,923,000	4,076,800	4,252,200	4,421,500	4,555,700	4,652,800
*Alternative St. Louis County Projection	220,700	224,400	230,900	238,400	244,700	248,500	250,500

Prevalence Estimates

Prevalence figures (or estimates measuring the number of persons within a certain population unit having a particular condition at a particular time) are an integral component used in undertaking planning efforts. Prevalence estimates can give an approximate number of persons having certain conditions, and based on general characteristics of services needed by persons having such conditions, estimates of service demand can subsequently be projected. A range of prevalence estimates for each of the conditions defined as a developmental disability can be outlined, based on the findings of various surveys and studies. The application of findings, though, is greatly limited and conditioned by many factors, among them being:

- variables within the population studied (age, sex, race, income, geographic locale) and variables within the population for which planning is undertaken.
- statistical techniques and controls used in a study/survey; accuracy in applying these results to other population bases.
- absence of measures establishing levels of impairment in various life activity areas.
- Use of figures from national organizations (such as advocate groups for various disabilities) that may represent a "lifetime incidence" rate (or the number of persons who may have the condition at some point in their lives), rather than number of individuals having a condition at one particular time.
- Errors in calculation.

The issue of persons having multiply handicapping conditions is also frequently difficult to project from prevalence studies, and this situation is of particular concern for the conditions identified in Federal legislation as a developmental disability. (The DD concept and program evolved as a result of national empirical data establishing that persons with the neurologically-related conditions of mental retardation, cerebral palsy, and epilepsy also frequently had multiple handicaps -- quite often, another developmental disability.) Some studies will attempt, for example to identify a "primary" condition for persons having multiple handicaps, but secondary and additional conditions are not always identified. Correlations between various handicaps and impairment in functional ability is not always available, either.

Ranges of figures that may be cited as broadly characterizing prevalence for each of the conditions defined as a developmental disability include:

Mental retardation ranges: 1% to 3% of the population (the 1% figure is from a six-year survey of the Connecticut Seaside Regional Center, the 3% is cited frequently from reports of the President's Commission on Mental Retardation). Of this 1%-3%, 89% are frequently labelled as having "mild" involvement, 6% "moderate," 3.5% "severe" and 1.5% "profound."

Cerebral Palsy: .3% - .4% are frequently cited in materials from United Cerebral Palsy, Inc. The DD Technical Assistance project at the

University of North Carolina cites 1% to 2% in its Orientation Notebook. A 1959 study at the University of Minnesota's School of Public Health (A Study of Cerebral Palsy: A Report on a Statewide Cerebral Palsy Survey in Minnesota) conducted an extensive survey throughout the state. Based on survey results for over 2,000 persons (out of a total sample base of approximately 4,000), prevalence was estimated at .134% for all ages.

Epilepsy: 2% is frequently cited (from studies of the Epilepsy Foundation of America) as the incidence of seizure-related conditions. The Minnesota Epilepsy League's 1975 study, Analysis and Recommendations Regarding Needs and Services for Individuals with Epilepsy identifies a number of studies citing ranges of 6 persons per 1,000 to 20 persons per thousand (depending on the type, intensity, periodic nature of the seizures).

Autism: 4 persons per 10,000 is cited in a number of studies and texts.

Overlaps among the Developmental Disabilities, Multiple Handicaps: Studies that identify overlap between the conditions identified as developmental disabilities, or developmental disabilities linked with other handicapping conditions (such as impairments in vision, speech, hearing) vary considerably in their estimates. Some studies estimate that 30% of persons having retardation also have physical handicaps. The Epilepsy Foundation of America is said to estimate that approximately 6% of persons with epilepsy also have some form of retardation. An organization known as the Institute for the Study of Mental Retardation estimates that approximately 75% of all children having cerebral palsy also have some degree of retardation in intellectual development. The text, The Economics of Retardation contains similar percentages, although somewhat higher. The University of Minnesota prevalence study on cerebral palsy indicated that of approximately 2,000 persons having cerebral palsy, 31% either had seizure conditions in the past, or had current occurrence.

Clearly, the outcomes of numerous prevalence studies vary greatly in their findings, and consequently in their application. Because the developmental disabilities concept is based on correlations between and among the conditions originally identified, (mental retardation, cerebral palsy, epilepsy) prevalence data on multiple handicaps is particularly important; unfortunately it also varies greatly. Any prevalence estimates selected for use, consequently, will provide only highly generalized population parameters.

In a 1971 study effort for the Governor of Minnesota (prepared for the newly-formed DD Council), the Institute for Interdisciplinary Studies reviewed various aspects of developmental disabilities programming in the states of Kansas, Nebraska, Ohio, Pennsylvania and Wisconsin. In the area of prevalence statistics, a paper entitled "Developmental Disabilities Prevalence Estimates," prepared by the Wisconsin Division of Mental Hygiene (October 1, 1971) was provided for review. This paper highlighted the contents of a report prepared by Dr. Elizabeth Boggs, entitled "Summary of Recommended Estimates on Existence of Developmental Disability" (1971). In her report Dr. Boggs estimated:

Approximately 75% of all severe adult disability which originates in childhood is attributed to either mental retardation by itself (49.5%), to another condition similar to mental retardation (3.7%), mental retardation with cerebral palsy (10%), or mental retardation with epilepsy (10.3%) (for a total 73.5%). Cerebral palsy by itself accounts for 3.6% and epilepsy by itself accounts for 2.5%, for an approximate total of 80% (79.6% non-duplicated). Of the remaining 20% (20.4%) of conditions affecting persons having a developmental disability, it was estimated that childhood schizophrenia accounted for 6.2%, other mental disorders 1.9%, other nervous and sensory conditions 3.6% and physical disorders 8.7%, for the total of 100% (it apparently was felt that identification of a multi-handicap involving other than another developmental disability was not to be separated out).

Mental Retardation (alone)	49.5%	} 73.5% Mental Retardation
Other Conditions Implying Mental Retardation	3.7%	
Cerebral Palsy with Mental Retardation	10.0%	
Epilepsy with Mental Retardation	10.3%	
Cerebral Palsy alone	3.6%	} 11.7%
Epilepsy Alone	2.5%	
	79.6% non-duplicated	
Childhood Schizophrenia	6.2%	} 20.4%
Other Mental	1.9%	
Other Nervous, Sensory	3.6%	
Physical Disorders	8.7%	
	20.4%	

As with related prevalence materials, this study's results have shortcomings. The correlation of cerebral palsy and epilepsy is not identified (unless it is found in the latter categories of nervous and physical disorders). Autism was included in DD legislation in 1975, after the formula's development; however, autism is frequently diagnosed as "childhood schizophrenia" so the listing for this category may be taken as perhaps generally representing autism. Although admittedly imprecise, this formula could be used in conjunction with prevalence estimates for any of the conditions and "worked backwards" to arrive at population proportions for each of the developmental disabilities. Early and more recent planning efforts of the DD Program in the State of Wisconsin used this formula by first establishing a percentage figure for persons in the state having a level of involvement with mental retardation that is not "borderline." They began with a prevalence figure of 1.83% for "substantially handicapping" mental retardation that had been developed by a "California Study Commission on Mental Retardation" in 1960. Adjusting the figure upwards to accommodate population change within the intervening decade, Wisconsin used a 1.90 rate (or .0190) to compute the percentage share for the aggregate 73.5% mental retardation figure in the calculations by Dr. Boggs, then went on to estimate the other elements.

In comparing general population characteristics, Wisconsin and Minnesota are fairly similar in terms of aggregate population figures, as well as percentage distribution of the population by age (as referenced in the FY '77 Wisconsin State DD Plan.) Although there are limitations in using the materials prepared by Dr. Elizabeth Boggs (who has been active in the formation and operation of the Developmental Disabilities Program nationally) they seem to present a generally acceptable rationale for use by Minnesota at present.

These prevalence estimates will serve as "benchmarks," and will be revised as new prevalence data is obtained. There are two notable developments occurring at present that may serve to alter these findings:

- More precise figures may be obtained from the "Statewide Incidence/Prevalence Survey of the Disabled," which was undertaken by the Minnesota Department of Education/Division of Vocational Rehabilitation. A number of agencies (one primary one being the State DD Council) provided financial and programmatic support to enable the Division to carry out a statewide survey directed at more precisely identifying the incidence/prevalence of disabling conditions, identifying the character of services and assistance rehabilitation agencies should be providing (particularly the Division of Vocational Rehabilitation), and incorporating the study into a statewide needs assessment program. Basic information on utilization of health and medical services was also obtained throughout the state. This study is in an advantageous position in that surveying is being done from the standpoint of an individual's ability to function (physically and mentally) in various activities (home, school, work, general community). Results, consequently, will provide a survey profiled along the lines of "functional ability/disability" in Minnesota.
- A grant of "national significance" was awarded in 1976 to the University of Minnesota to carry out a three-year study of characteristics of public/private facilities for persons having retardation, and "follow-along" or community adjustment characteristics. This study effort is to perform an extensive literature search on prevalence rates during its first year of activity.

Using the formula, the following 1980 population projections for Minnesota are obtained:

<u>Disability</u>	<u>% of General Population</u>	<u>Number</u>
Mental Retardation (alone)	1.276	52,020
Other conditions implying M.R.	.095	3,873
Cerebral Palsy with M.R.	.257	10,477
Epilepsy with M.R.	.265	10,804
Cerebral Palsy (alone)	.093	3,791
Epilepsy (alone)	.064	2,609
Autism	.006	245
All other mental	.049	1,998
All other nervous/sensory	.093	3,791
Physical disorders (muscular)	.224	9,132
Total	2.422	98,740

Based on such calculations, it is estimated that for 1980 approximately 84,000 persons in Minnesota will have mental retardation, cerebral palsy, epilepsy or autism. (No figure on "substantial handicap" will be provided at present.)

Limitations In Preparing, Using Substate Population Estimates

Based on computations involving selected prevalence rates, Section II is to contain projections of the total number of persons having the various developmental disabilities residing in sub-state areas,

projections within age groupings in these areas, income characteristics of families (and families with a member having a developmental disability). Such projections are to be presented on Tables 2-1, 2-2, 2-3/4, respectively.

Prior to presenting such data, it must be strongly emphasized that the validity and utility of any of these computations is compromised by factors additional to those previously cited as affecting the use of prevalence study results. One of the most serious qualifications involves the application of prevalence figures to small geographic/population areas.

Applied to substantial population groupings (such as a major urban area, states having large populations in relation to other states, and the county as a whole), prevalence estimates will be judged as having a certain measure of validity. Applying such estimates to small divisions within a large grouping -- a geographic area such as a county, an age grouping within a geographic area may greatly reduce the validity of such projections. Perhaps the factor most substantially compromising their validity is the assumption that distribution of characteristics within a large population unit will necessarily remain parallel within a smaller unit. Population in many states is not equally distributed -- frequently there are a set of major urban/suburban areas and rural portions of the state. In the State of Minnesota, for example, approximately 50% of the population resides in the seven counties comprising the Twin Cities metropolitan area; major portions of the state are low-density/rural in character. From a practical standpoint, if it can be assumed that concentrations of a state's population will result in concentrations of many types of resources and services needed by persons having handicapping conditions, then it also perhaps can be assumed that the availability of such services might effectively attract individuals having a handicap and/or their families to move from other portions of the state to reside in such areas. The validity of applying the same prevalence rates to population units such as a state and sub-units such as a county must be questioned by such practical considerations. (The alternative to this situation is to weight and adjust the figures applied to smaller units, if clear rationales for the adjusted figures can be developed.)

Sub-state projections based on age groupings also may be questioned. It is not wholly appropriate, for example, to assume that the chronological ages of persons having a developmental disability are necessarily the same as functional ages or ability. (A person having retardation may be chronologically a middle-age adult, yet developmental skill training needs may be those of a grade-school or junior-high school student.) Consequently, population age breakdowns are not wholly appropriate for estimating service needs. Further, portraying prevalence in age groupings within sub-state population units compounds the difficulties inherent in working with substate prevalence estimates.

Tables 2-1 and 2-2 are being completed for each county, using the base population figures prepared by the State Demographer for 1975 and 1980 (although these figures may not be wholly appropriate for the 1978 plan year and 1983 projections, interpolations based on simple linearity would not be appropriate, either. Base population figures for 1980 and 1985 could have been used, but it was decided to use figures closer to the original projection base.

The State Demographer's population projections are available for each county on the basis of five-year increments from birth to over age 85. If age groupings are to be established, they can generally cover the following categories; pre-school, school-age, adulthood to middle-age, elderly adulthood.

- Pre-school: With the passage of legislation in 1977 extending school age for handicapped children in Minnesota to four years, the pre-school category should cover ages 0-3. However, the Demographer's first population age division is 0-4, so this category will have to be used to represent the pre-school grouping.
- School-age: There are a number of age divisions that could be used to characterize school age. Upper age limits could extend anywhere from 17 to 20, depending on the standards for regular and special education classes. The figures to be used here will be 5-19.
- Adulthood through Middle-age: Any number of age combinations could be proposed here, so the range of 20-59 will be used herein. (It was not felt that there was a rationale for subdividing this large grouping, based on differences in service needs.)
- Elderly Adulthood: This group extends from age 60 onward, and has been subdivided into two; the "younger" elderly (60-74) and the "older" elderly (75+). The rationale for this division comes from the current practice in the field of geriatrics to focus on differing service needs frequently presented by persons in both these groupings (although such a rationale's applicability to elderly persons having a developmental disability may or may not have bearing).

Because of the considerations outlined previously, though, IT MUST BE ACKNOWLEDGED THAT THE VALIDITY OF THESE FIGURES ARE OPEN TO QUESTION AND CHALLENGE.

Estimates of persons having a developmental disability from households/families having incomes less than the "poverty" threshold and below an income level important in the service network is also to be included in this Section. Projections for Table 2-3/4 have not been provided, because data of recent enough origin to assure that projections would have some measure of validity and utility could not be obtained. 1970 figures are available, based on survey work undertaken by the U.S. Census Bureau. However, these figures are prepared on a base of 1969 data; when viewed in relation to the substantial economic changes occurring within the U.S. in the approximately eight intervening years, resulting projections would be of quite questionable value.

Other agencies in the state (such as the Dept. of Public Welfare, the Legislative Reference Bureau, the Governor's Manpower Office) were polled regarding the availability of updated data upon which to base projections. These agencies indicated that they were not familiar with a standardized data base on the county/regional level that could be used for the calculations. The U.S. Dept. of Health, Education and Welfare was contacted to find out whether "urban and rural poverty areas" necessary for the Health Resources Planning and Development program had yet been announced in the

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TABLE 2-1c
ESTIMATED CURRENT AND PROJECTED DD POPULATION
BY TYPE OF DISABILITY INCLUDING THE SUBSTANTIALLY DISABLED (DDSP 2.1.2)

GEOGRAPHIC SUBDIVISION (County) 1	PLAN YEAR FY '78							PROJECTED 5 YEAR FY '83						
	TOTAL POPULATION YR. 1975 2	TOTAL DD POPULATION 3	MR 4	CP 5	E 6	A 7	NO. SUBST. 8	TOTAL POPULATION YR. 1980 9	TOTAL DD POPULATION 10	MR 11	CP 12	E 13	A 14	NO. SUBST. 15
Aitkin	12,400	300	235	12	8	1		12,300	298	233	11	8	1	
Anoka	175,200	4,243	3,317	163	112	11		200,300	4,851	3,792	186	128	12	
Becker	25,200	610	477	23	16	2		25,600	620	485	24	16	2	
Beltrami	28,300	685	536	26	18	2		30,200	731	572	28	19	2	
Benton	22,000	533	416	20	14	1		23,400	567	443	22	15	1	
Big Stone	7,800	189	148	7	5	0		7,600	184	144	7	5	0	
Blue Earth	54,900	1,330	1,039	51	35	3		58,000	1,405	1,098	54	37	3	
Brown	29,300	710	555	27	19	2		29,900	724	566	28	19	2	
Carlton	28,900	700	547	27	19	2		29,300	710	555	27	19	2	
Carver	31,600	765	598	29	20	2		34,400	833	651	32	22	2	
Cass	18,800	455	356	17	12	1		19,400	470	367	18	12	1	
Chippewa	15,000	363	284	14	10	1		14,900	361	282	14	10	1	
Chisago	20,300	492	384	19	13	1		23,900	579	452	22	15	1	
Clay	49,000	1,187	928	46	31	3		51,800	1,255	981	48	33	3	
Clearwater	8,500	206	161	8	5	1		8,300	201	157	8	5	1	
Cook	3,500	85	66	3	2	0		3,500	85	66	3	2	0	
Cottonwood	14,700	356	278	14	9	1		14,300	346	271	13	9	1	
Crow Wing	38,000	920	719	35	24	2		40,100	971	759	37	27	2	
Dakota	158,100	3,829	2,992	147	101	9		181,100	4,386	3,428	168	116	11	
Dodge	13,200	320	250	12	8	1		13,400	325	254	12	8	1	
Douglas	24,500	593	464	23	16	1		25,900	627	490	24	17	2	
Faribault	20,400	490	386	19	13	1		20,000	484	379	19	13	1	
Fillmore	21,600	523	409	20	14	1		21,100	511	399	20	14	1	
Freeborn	38,600	935	731	36	25	2		38,700	937	733	36	25	2	
Goodhue	36,800	891	697	34	24	2		38,400	930	727	36	25	2	
Grant	7,500	182	142	7	5	0		7,300	177	138	7	5	0	
Hennepin	958,400	23,212	18,143	291	613	58		983,400	23,817	18,616	915	629	59	
Houston	17,900	434	339	17	11	1		18,200	441	345	17	11	1	
Hubbard	11,800	286	223	11	8	1		12,400	300	235	12	8	1	
Isanti	19,200	465	363	18	12	1		21,700	526	411	20	14	1	
Itasca	36,500	884	691	34	23	2		36,600	886	693	34	23	1	
Jackson	14,300	346	271	13	9	1		14,200	344	269	13	9	1	
Kanabec	11,000	266	208	10	7	1		11,800	286	223	11	7	1	
Kandiyohi	31,100	753	589	29	20	2		32,200	780	610	30	20	2	

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TABLE 2-1c
ESTIMATED CURRENT AND PROJECTED DD POPULATION
BY TYPE OF DISABILITY INCLUDING THE SUBSTANTIALLY DISABLED (DDSP 2.1.2)

GEOGRAPHIC SUBDIVISION (County)	PLAN YEAR FY '78							PROJECTED 5 YEAR FY '83						
	TOTAL POPULATION YR. 1975	TOTAL DD POPULATION	MR	CP	E	A	NO. SUBST.	TOTAL POPULATION YR. 1980	TOTAL DD POPULATION	MR	CP	E	A	NO. SUBST.
	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Kittson	7,000	170	133	7	4	0		6,800	165	129	6	4	0	
Koochiching	17,600	426	333	16	11	1		17,800	431	337	17	11	1	
Lac Qui Parle	11,200	271	212	10	7	1		10,800	262	204	10	7	1	
Lake	13,500	327	256	13	9	1		13,700	332	259	13	9	1	
Lake of the Woods	4,200	102	80	4	3	0		4,200	102	80	4	3	0	
LeSueur	22,400	543	424	21	14	1		22,900	555	433	21	14	1	
Lincoln	8,100	196	153	8	5	0		7,800	189	148	7	5	0	
Lyon	25,000	606	473	23	16	2		26,200	635	496	24	16	2	
McLeod	29,100	705	551	27	19	2		31,400	761	594	29	20	2	
Mahnomen	5,700	138	108	5	4	0		5,700	138	108	5	4	0	
Marshall	13,200	320	250	12	8	1		13,000	315	246	12	8	1	
Martin	24,700	598	468	23	16	1		24,400	591	462	23	16	1	
Meeker	19,600	475	371	18	13	1		19,700	477	373	18	13	1	
Mille Lacs	16,900	409	320	16	11	1		17,700	429	335	16	11	1	
Morrison	27,200	659	515	25	17	2		27,300	661	517	25	17	2	
Mower	44,000	1,066	833	41	28	3		44,100	1,068	835	41	28	3	
Murray	12,200	295	231	11	8	1		11,900	288	225	11	8	1	
Nicollet	25,100	608	475	23	16	2		26,000	630	492	24	16	2	
Nobles	23,300	564	441	22	15	1		23,400	566	443	22	15	1	
Norman	9,700	235	184	9	6	1		9,500	230	180	9	6	1	
Olmsted	89,700	2,173	1,698	83	57	5		97,800	2,369	1,851	91	63	6	
Ottertail	47,200	1,143	893	44	30	3		47,000	1,138	890	44	30	3	
Pennington	14,400	349	273	13	9	1		15,100	366	286	14	10	1	
Pine	17,900	434	339	17	11	1		18,500	448	350	17	11	1	
Pipestone	12,500	303	237	12	8	1		12,400	300	234	12	8	1	
Polk	34,900	845	661	32	22	2		34,800	843	659	32	22	2	
Pope	11,200	271	212	10	7	1		11,200	271	212	10	7	1	
Ramsey	476,100	11,531	9,013	443	305	29		485,700	11,764	9,194	452	311	29	
Red Lake	5,300	128	100	5	3	0		5,200	126	98	5	3	0	
Redwood	19,700	477	373	18	13	1		19,400	470	367	18	13	1	
Renville	21,200	513	401	20	14	1		20,700	501	392	19	13	1	
Rice	43,300	1,049	820	40	28	3		44,700	1,083	846	42	29	3	
Rock	11,300	274	214	11	7	1		11,300	274	214	11	7	1	

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TABLE 2-1c
ESTIMATED CURRENT AND PROJECTED DD POPULATION
BY TYPE OF DISABILITY INCLUDING THE SUBSTANTIALLY DISABLED (DDSP 2.1.2)

GEOGRAPHIC SUBDIVISION (County) 1	PLAN YEAR FY '78							PROJECTED 5 YEAR FY '83						
	TOTAL POPULATION YR. 1975	TOTAL DD POPULATION	MR	CP	E	A	NO. SUBST.	TOTAL POPULATION YR. 1980	TOTAL DD POPULATION	MR	CP	E	A	NO. SUBST.
	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Roseau	12,100	293	229	11	7	1		12,100	293	229	11	7	1	
St. Louis	218,700	5,297	4,140	203	140	13		217,100	5,258	4,110	202	139	13	
Scott	35,500	860	672	33	23	2		39,100	947	740	36	26	2	
Sherburne	22,700	550	430	21	15	1		25,500	618	483	24	18	2	
Sibley	16,100	390	305	15	10	1		16,100	390	305	15	10	1	
Stearns	100,200	2,427	1,897	93	64	6		106,300	2,575	2,012	99	68	6	
Steele	28,100	681	532	26	18	2		29,000	702	549	27	19	2	
Stevens	11,500	279	210	11	7	1		11,600	281	212	13	9	1	
Swift	13,200	320	250	12	8	1		12,900	312	258	12	8	1	
Todd	22,800	552	432	21	15	1		22,900	555	435	21	15	1	
Traverse	6,100	148	115	6	4	0		5,900	143	112	6	4	0	
Wabasha	18,200	441	345	17	12	1		18,300	443	347	17	12	1	
Wadena	12,600	305	239	12	8	1		12,700	308	242	12	8	1	
Waseca	16,900	409	320	16	11	1		17,300	419	330	16	11	1	
Washington	92,700	2,245	1,755	86	59	6		103,700	2,512	1,963	96	66	6	
Watsonwan	13,400	325	254	12	9	1		13,300	322	251	12	9	1	
Wilkin	9,400	228	178	9	6	1		9,300	225	175	9	6	1	
Winona	45,600	1,104	863	42	29	3		46,800	1,133	886	44	30	3	
Wright	44,400	1,075	840	41	28	3		51,200	1,240	969	48	35	3	
Yellow Medicine	14,200	344	269	13	9	1		14,100	342	267	13	9	1	
STATE	3,923,000	95,015	94,262	3,648	3,511	235		4,076,800	98,740	77,173	3,791	2,609	245	

TABLE 2-2a ESTIMATED CURRENT/PROJECTED DD POPULATION BY AGE GROUP
GROUP: Pre-School (0-4)

Geographic Subdivision	1975						1980					
	Total Age	Total DD	MR	CP	EP	AUT	Total Age	Total DD	MR	CP	EP	AUT
Attkin	571	12	11	1	-	-	726	15	14	1	-	-
Anoka	14,001	288	265	13	9	1	17,135	352	324	16	11	1
Becker	1,355	28	26	1	1	-	1,754	36	33	2	1	-
Beltrami	2,211	45	42	2	1	-	2,640	54	50	2	2	-
Benton	1,569	32	30	1	1	-	1,890	39	36	2	1	-
Big Stone	381	8	7	-	-	-	487	10	9	-	-	-
Blue Earth	4,943	102	94	5	3	-	5,527	114	105	5	4	-
Brown	1,949	40	37	2	1	-	2,314	48	44	2	1	-
Carlton	1,708	35	32	2	1	-	2,076	43	39	2	1	-
Carver	2,157	44	41	2	1	-	2,718	56	51	3	2	-
Cass	855	18	16	1	1	-	1,099	23	21	1	1	-
Chippewa	872	18	17	1	1	-	1,047	22	20	1	1	-
Chisago	1,318	27	25	1	1	-	1,741	36	33	2	1	-
Clay	4,132	85	78	4	3	-	4,704	97	89	4	3	-
Clearwater	453	9	9	-	-	-	562	12	11	1	-	-
Cook	169	3	3	-	-	-	185	4	4	-	-	-
Cottonwood	799	16	15	1	1	-	961	20	18	1	1	-
Crow Wing	2,344	48	44	2	2	-	2,850	59	54	3	2	-
Dakota	12,272	252	232	11	8	1	14,962	308	283	14	16	1
Dodge	779	16	15	1	-	-	937	19	18	1	1	-
Douglas	1,456	30	28	1	1	-	1,863	38	35	2	1	-
Faribault	1,096	23	21	1	1	-	1,329	27	25	1	1	-
Fillmore	1,152	24	22	1	1	-	1,410	29	27	1	1	-
Freeborn	2,365	49	45	2	2	-	2,759	57	52	3	2	-
Goodhue	2,266	47	43	2	1	-	2,719	56	51	3	2	-
Grant	369	8	7	-	-	-	465	10	9	-	-	-
Hennepin	77,411	1,592	1,465	72	50	5	83,566	1,718	1,582	78	54	5
Houston	1,032	21	20	1	1	-	1,270	26	24	1	1	-
Hubbard	590	12	11	1	-	-	771	16	15	1	-	-
Isanti	1,312	27	25	1	1	-	1,604	33	30	1	1	-
Itasca	2,132	44	40	2	1	-	2,650	54	50	2	2	-
Jackson	787	16	15	1	1	-	983	20	19	1	1	-
Kanabec	713	15	14	1	-	-	853	18	16	1	1	-
Kandiyohi	1,941	40	37	2	1	-	2,465	51	47	2	2	-
Kittson	358	7	7	-	-	-	438	9	8	-	-	-
Koochiching	1,065	22	20	1	1	-	1,306	27	24	1	1	-
Lac Qui Parle	564	12	11	1	-	-	721	15	14	1	-	-

NOTE: SEE TEXT FOR
LIMITATIONS IN USE

TABLE 2-2a ESTIMATED CURRENT/PROJECTED DD POPULATION BY AGE GROUP
GROUP: Pre-School (0-4)

Geographic Subdivision	1975						1980					
	Total Age	Total DD	MR	CP	EP	AUT	Total Age	Total DD	MR	CP	EP	AUT
Lake	807	17	15	1	1	-	994	20	19	1	1	-
Lake of the Woods	217	4	4	-	-	-	268	6	5	-	-	-
LeSueur	1,415	29	27	1	1	-	1,670	34	32	2	1	-
Lincoln	373	8	7	-	-	-	472	10	9	-	-	-
Lyon	1,662	34	31	2	1	-	2,106	43	40	2	1	-
McLeod	2,011	41	38	2	-	-	2,430	50	46	2	2	-
Mahnomen	295	6	6	-	-	-	383	8	7	-	-	-
Marshall	724	15	14	1	-	-	909	19	17	1	1	-
Martin	1,446	30	27	1	1	-	1,695	35	32	2	1	-
Meeker	1,183	24	22	1	1	-	1,422	29	27	1	1	-
Mille Lacs	927	19	18	1	1	-	1,132	23	21	1	1	-
Morrison	1,551	32	29	1	1	-	1,996	41	38	2	1	-
Mower	2,556	53	48	2	2	-	3,194	66	60	3	2	-
Murray	604	12	11	1	-	-	792	16	15	1	1	-
Nicollet	2,037	42	29	2	1	-	2,317	48	44	2	1	-
Nobles	1,380	28	26	1	1	-	1,683	35	32	2	1	-
Norman	458	9	9	-	-	-	572	12	11	1	-	-
Olmsted	7,392	152	140	7	5	-	8,200	169	155	8	5	-
Ottertail	2,645	54	50	2	2	-	3,279	67	62	3	2	-
Pennington	970	20	18	1	1	-	1,194	25	23	1	1	-
Pine	911	19	17	1	1	-	1,155	24	22	1	1	-
Pipestone	710	15	13	1	-	-	898	18	17	1	1	-
Polk	2,109	43	40	2	1	-	2,465	51	47	2	2	-
Pope	561	12	11	1	-	-	707	15	14	1	-	-
Ramsey	37,178	764	704	35	24	2	41,208	847	780	38	26	2
Red Lake	275	6	5	-	-	-	340	7	6	-	-	-
Redwood	1,078	22	20	1	1	-	1,326	27	25	1	1	-
Renville	1,073	22	20	1	1	-	1,346	28	25	1	1	-
Rice	3,301	68	63	3	2	-	3,714	76	70	3	2	-
Rock	698	14	13	1	-	-	856	18	16	1	1	-
Roseau	701	14	13	1	-	-	861	18	16	1	1	-
St. Louis	14,103	290	267	13	9	1	16,225	334	307	15	10	1
Scott	2,539	52	48	2	2	-	3,159	65	60	3	2	-
Sherburne	1,633	34	31	2	1	-	2,074	43	39	2	-	-
Sibley	916	19	17	1	1	-	1,115	23	21	1	1	-
Stearns	7,749	159	147	7	5	-	9,620	198	182	9	6	1
Steele	1,865	38	35	2	-	-	2,226	46	42	2	1	-
Stevens	771	16	15	1	-	-	931	19	18	1	1	-

NOTE: SEE TEXT FOR
LIMITATIONS IN USE

TABLE 2-2b ESTIMATED CURRENT/PROJECTED DD POPULATION BY AGE GROUP
GROUP: School-Age (5-19)

Geographic Subdivision	1975						1980					
	Total Age	Total DD	MR	CP	EP	AUT	Total Age	Total DD	MR	CP	EP	AUT
Attikin	3,224	66	61	3	2	-	2,447	50	46	2	2	-
Anoka	63,543	1,306	1,203	59	41	4	59,336	1,220	1,123	55	38	4
Becker	7,795	160	148	7	5	-	6,173	127	117	6	4	-
Beltrami	8,080	166	153	8	5	-	7,639	157	145	7	5	-
Benton	7,328	151	139	7	5	-	6,427	132	122	6	4	-
Big Stone	2,222	46	42	2	1	-	1,688	35	32	2	1	-
Blue Earth	14,302	294	271	13	9	-	14,694	302	278	14	9	-
Brown	8,736	180	165	8	6	1	7,364	151	139	7	5	-
Carlton	8,837	182	167	8	6	1	7,102	146	134	7	5	-
Carver	10,176	209	193	9	7	-	9,115	187	173	8	6	1
Cass	4,947	102	94	5	3	-	4,095	84	78	4	3	-
Chippewa	4,217	87	80	4	3	-	3,390	70	64	3	2	-
Chisago	6,396	131	121	6	4	-	6,592	135	125	6	4	-
Clay	13,951	287	264	13	9	1	13,461	277	255	13	9	-
Clearwater	2,461	51	47	2	2	-	1,971	41	37	2	1	-
Cook	963	20	18	1	1	-	744	15	14	1	-	-
Cottonwood	4,155	85	79	4	3	-	3,252	67	62	3	2	-
Crow Wing	10,700	220	203	10	7	1	9,490	195	180	9	6	-
Dakota	55,384	1,139	1,048	52	35	3	53,270	1,095	1,008	50	34	3
Dodge	4,134	85	78	4	3	-	3,383	70	64	3	2	-
Douglas	6,869	141	130	6	4	-	6,176	127	117	6	4	-
Faribault	5,758	118	109	5	4	-	4,442	91	84	4	2	-
Fillmore	6,159	127	117	6	4	-	4,854	100	92	5	3	-
Freeborn	11,152	229	211	10	7	1	9,075	205	189	9	6	1
Goodhue	10,861	223	206	10	7	1	9,660	199	183	9	6	1
Grant	1,977	41	37	2	1	-	1,499	31	28	1	1	-
Hennepin	258,258	5,310	4,889	240	165	15	235,765	4,847	4,463	219	151	15
Houston	5,575	115	106	5	4	-	4,539	93	86	4	3	-
Hubbard	3,251	67	62	3	2	-	2,716	56	51	3	2	-
Isanti	6,310	130	119	6	4	-	6,572	135	124	6	4	-
Itasca	10,862	223	206	10	7	-	8,495	175	161	8	5	1
Jackson	4,005	83	76	4	3	-	3,151	65	60	3	2	-
Kanabec	3,356	69	64	3	2	-	3,057	63	58	3	2	-
Kandiyohi	8,637	178	163	8	6	1	7,347	151	139	7	5	-
Kittson	1,897	40	36	2	1	-	1,454	30	28	1	1	-
Koochiching	5,315	109	101	5	3	-	4,215	87	80	4	3	-
Lac Qui Parle	3,086	63	58	3	2	-	2,309	47	44	2	1	-

TABLE 2-2a ESTIMATED CURRENT/PROJECTED DD POPULATION BY AGE GROUP
GROUP: Pre-School (0-4)

Geographic Subdivision	1975						1980					
	Total Age	Total DD	MR	CP	EP	AUT	Total Age	Total DD	MR	CP	EP	AUT
Swift	664	14	13	1	-	-	830	17	16	1	1	-
Todd	1,224	25	23	1	1	-	1,552	32	29	1	1	-
Traverse	299	6	6	-	-	-	383	8	7	-	-	-
Wabasha	1,043	21	20	1	1	-	1,276	26	24	1	1	-
Wadena	649	13	12	1	-	-	846	17	16	1	1	-
Waseca	1,072	22	20	1	1	-	1,287	26	24	1	1	-
Washington	6,582	135	125	6	4	-	8,249	170	156	8	5	-
Watsonwan	751	15	14	1	-	-	905	19	17	1	1	-
Wilkin	520	11	10	-	-	-	649	13	12	1	-	-
Winona	3,444	71	65	3	2	-	3,908	80	74	4	3	-
Wright	3,077	63	58	3	2	-	4,033	83	76	4	3	-
Yellow Medicine	733	15	14	1	-	-	951	20	18	1	1	-
TOTAL	280,249	5,754	5,297	261	179	17	325,290	6,679	6,148	303	208	20

NOTE: SEE TEXT FOR
LIMITATIONS IN USE

TABLE 2-2b ESTIMATED CURRENT/PROJECTED DD POPULATION BY AGE GROUP
GROUP: School-Age (5-19)

LI-24

Geographic Subdivision	1975						1980					
	Total Age	Total DD	MR	CP	EP	AUT	Total Age	Total DD	MR	CP	EP	AUT
Lake	4,287	88	81	4	3	-	3,290	68	63	3	2	-
Lake of the Woods	1,172	24	22	1	1	-	911	19	17	1	1	-
LeSueur	7,010	144	133	7	4	-	6,077	125	115	6	4	-
Lincoln	2,288	47	43	2	1	-	1,715	35	32	2	1	-
Lyon	7,370	152	140	7	5	-	6,448	133	122	6	4	-
McLeod	8,254	170	156	8	5	-	7,778	160	147	7	5	-
Mahnomen	1,914	39	36	2	1	-	1,462	30	28	1	1	-
Marshall	4,046	83	77	4	3	-	3,203	66	61	3	2	-
Martin	6,870	141	130	6	4	-	5,534	114	105	5	4	-
Meeker	5,666	116	107	5	4	-	4,655	96	88	4	3	-
Mille Lacs	4,971	102	94	5	3	-	4,348	89	82	4	3	-
Morrison	9,070	186	172	8	5	-	7,093	146	134	7	5	-
Mower	13,013	268	246	12	8	1	10,134	208	192	9	6	-
Murray	3,724	77	70	3	2	-	2,742	56	52	3	2	-
Nicollet	7,376	152	140	7	5	-	7,088	146	134	7	5	-
Nobles	7,020	144	134	7	4	-	5,596	115	106	5	4	-
Norman	2,575	53	49	2	2	-	2,001	41	38	2	1	-
Olmsted	27,114	557	513	25	17	2	25,951	534	491	24	17	2
Ottertail	13,181	271	250	12	8	1	10,769	221	204	10	7	-
Pennington	4,083	84	77	4	3	-	3,690	76	70	3	2	-
Pine	5,106	105	97	5	3	-	4,306	89	82	4	3	-
Pipestone	3,702	76	70	3	2	-	2,929	60	55	3	2	-
Polk	10,136	208	192	9	6	1	8,097	166	153	8	5	-
Pope	3,114	64	59	3	2	-	2,419	50	46	2	2	-
Ramsey	132,661	2,728	2,511	123	85	8	116,620	2,398	2,208	108	75	7
Red Lake	1,754	36	33	2	1	-	1,385	28	26	1	1	-
Redwood	5,991	123	113	6	4	-	4,704	97	89	4	3	-
Renville	6,275	129	119	6	4	-	4,763	98	90	4	3	-
Rice	12,976	267	246	12	8	-	12,477	257	236	12	8	-
Rock	3,310	68	63	3	2	-	2,650	54	50	2	2	-
Roseau	3,722	77	70	3	2	-	3,041	63	58	3	2	-
St. Louis	61,105	1,256	1,157	57	39	4	50,176	1,032	95	47	32	3
Scott	12,576	259	238	12	8	1	11,319	233	214	11	7	-
Sherburne	6,960	143	132	6	4	-	7,160	147	136	7	5	-
Sibley	4,774	98	90	4	3	-	3,824	79	72	4	2	-
Stearns	33,191	682	628	30	21	2	30,414	625	576	28	19	2
Steele	8,487	174	161	8	5	1	7,232	149	137	7	5	-
Stevens	3,239	67	61	3	2	-	2,716	56	51	3	2	-

NOTE: SEE TEXT FOR
LIMITATIONS IN USE

TABLE 2-2b ESTIMATED CURRENT/PROJECTED DD POPULATION BY AGE GROUP
GROUP: School-Age (5-19)

Geographic Subdivision	1975						1980					
	Total Age	Total DD	MR	CP	EP	AUT	Total Age	Total DD	MR	CP	EP	AUT
Swift	3,865	79	73	4	2	-	2,947	61	56	3	2	-
Todd	6,875	141	130	6	4	-	5,430	112	103	6	3	-
Traverse	1,809	37	34	2	1	-	1,343	28	25	1	1	-
Wabasha	5,319	109	101	5	3	-	4,328	89	82	4	3	-
Wadena	3,848	79	73	4	2	-	2,993	62	57	3	2	-
Waseca	5,058	104	96	5	3	-	4,280	88	81	4	3	-
Washington	33,784	695	640	31	22	2	30,813	634	583	29	20	2
Watonwan	3,742	77	70	3	2	-	2,912	60	55	3	2	-
Wilkin	2,845	58	54	3	2	-	2,204	45	42	2	1	-
Winona	12,475	256	236	12	8	1	11,847	244	224	11	8	1
Wright	14,756	303	279	14	10	1	14,502	298	275	13	9	1
Yellow Medicine	4,120	85	78	4	3	-	3,136	64	59	3	2	-
TOTAL	1,153,463	23,680	21,800	1,073	738	69	1,020,417	20,949	19,286	949	653	61

TABLE 2-2c ESTIMATED CURRENT/PROJECTED DD POPULATION BY AGE GROUP
GROUP: Adulthood through Middle Age (20-59)

Geographic Subdivision	1975						1980					
	Total Age	Total DD	MR	CP	EP	AUT	Total Age	Total DD	MR	CP	EP	AUT
Attkin	5,069	104	96	5	3	-	5,417	111	103	5	4	-
Anoka	88,046	1,810	1,667	82	56	5	111,262	2,288	2,106	104	71	7
Becker	10,933	225	207	10	7	1	12,290	253	233	11	8	1
Beltrami	13,848	285	262	13	9	1	15,497	319	293	14	10	1
Benton	10,185	209	193	9	7	1	11,963	246	227	11	8	1
Big Stone	3,367	69	63	3	2	-	3,651	75	69	3	2	-
Blue Earth	28,249	581	535	26	18	2	30,031	617	569	28	19	2
Brown	13,110	270	248	12	8	1	14,534	299	275	14	9	1
Carlton	13,508	278	256	13	9	1	14,852	305	281	14	10	1
Carver	14,951	307	283	14	10	1	17,967	369	340	17	12	1
Cass	7,616	157	144	7	5	-	8,378	172	159	8	5	1
Chippewa	6,651	137	126	6	4	-	7,111	146	135	7	5	-
Chisago	9,015	185	171	8	6	1	11,705	241	222	11	8	1
Clay	24,986	514	473	23	16	2	27,068	556	512	25	17	2
Clearwater	3,504	72	66	3	2	-	3,712	76	70	4	2	-
Cook	2,037	42	39	2	1	-	1,743	36	33	2	1	-
Cottonwood	6,460	133	122	6	4	-	6,789	140	129	6	4	-
Crow Wing	16,983	349	322	16	11	1	19,220	395	364	18	12	1
Dakota	77,828	1,600	1,473	72	50	5	97,429	2,003	1,844	91	62	6
Dodge	5,856	120	111	5	4	-	6,392	131	121	6	4	-
Douglas	10,765	221	204	10	7	1	12,216	251	231	11	8	1
Faribault	9,150	188	173	9	6	1	9,712	200	184	9	6	1
Fillmore	9,536	196	181	9	6	1	10,086	207	191	9	7	1
Freeborn	18,506	380	350	17	12	1	19,940	410	378	19	13	1
Goodhue	16,660	343	315	16	11	1	18,892	388	358	18	12	1
Grant	3,223	66	61	3	2	-	3,321	68	63	3	2	-
Hennepin	496,090	10,100	9,391	461	317	30	533,128	10,961	10,092	496	341	32
Houston	7,747	159	147	7	5	-	8,680	179	164	8	6	1
Hubbard	4,918	101	93	5	3	-	5,549	114	105	5	4	-
Isanti	8,472	174	160	8	5	1	10,471	215	198	10	7	1
Itasca	16,880	347	320	16	11	1	18,173	374	344	17	12	1
Jackson	6,531	134	124	6	4	-	6,890	142	130	6	4	-
Kanabec	4,727	97	89	4	3	-	5,527	114	105	5	4	-
Kandiyohi	14,621	301	277	14	9	1	16,141	332	306	15	10	1
Kittson	3,181	65	60	3	2	-	3,299	68	63	3	2	-
Koochiching	8,398	173	159	8	5	1	9,112	187	173	9	6	1
Lac Qui Parle	4,804	99	91	5	3	-	5,078	104	96	5	3	-

NOTE: SEE TEXT FOR
LIMITATIONS IN USE

TABLE 2-2c ESTIMATED CURRENT/PROJECTED DD POPULATION BY AGE GROUP
GROUP: Adulthood through Middle Age (20-59)

Geographic Subdivision	1975						1980					
	Total Age	Total DD	MR	CP	EP	AUT	Total Age	Total DD	MR	CP	EP	AUT
Lake	6,460	133	122	6	4	-	7,241	149	137	7	5	-
Lake of the Woods	1,958	40	37	2	1	-	2,134	44	40	2	1	-
LeSueur	9,548	196	181	9	6	1	10,625	219	201	10	7	1
Lincoln	3,562	73	67	3	2	-	3,698	76	70	3	2	-
Lyon	11,851	244	224	11	8	1	13,311	274	252	12	9	1
McLeod	13,563	279	257	13	9	1	15,511	319	294	14	10	1
Mahnomen	2,397	49	45	2	2	-	2,626	54	50	2	2	-
Marshall	5,866	120	111	6	4	-	6,290	129	119	6	4	-
Martin	11,259	232	213	10	7	1	11,874	244	225	11	8	1
Meeker	8,719	179	165	8	6	1	9,514	196	180	9	6	1
Mille Lacs	7,179	148	136	7	5	-	8,141	167	154	8	5	1
Morrison	11,414	235	216	11	7	1	12,792	263	242	12	8	1
Mower	20,868	429	395	19	13	1	22,314	459	422	21	14	1
Murray	5,414	111	103	5	4	-	5,810	120	110	5	4	-
Nicollet	12,373	254	234	12	8	1	13,325	274	252	12	9	1
Nobles	10,568	217	200	10	7	1	11,576	238	219	11	7	1
Norman	4,149	85	79	4	3	-	4,448	92	84	4	3	-
Olmsted	4,427	91	84	4	3	-	51,800	1,065	981	48	33	3
Ottertail	20,621	424	390	19	13	1	22,070	453	418	21	14	1
Pennington	6,577	135	125	6	4	-	7,337	151	139	7	5	-
Pine	7,778	160	147	7	5	1	8,705	179	165	8	6	1
Pipestone	5,549	114	105	5	4	-	6,005	124	114	6	4	-
Polk	15,832	325	300	15	10	1	17,070	351	323	16	11	1
Pope	4,727	97	89	4	3	-	5,203	107	99	5	3	-
Ramsey	239,100	4,916	4,526	222	153	14	258,146	5,307	4,887	240	165	16
Red Lake	2,245	46	43	2	1	-	2,423	50	46	2	1	-
Redwood	8,622	177	163	8	6	1	9,160	188	173	9	6	1
Renville	9,144	188	173	9	6	1	9,764	201	185	9	6	1
Rice	20,539	422	389	19	13	1	21,890	450	414	20	14	1
Rock	5,196	107	98	5	3	-	5,600	115	106	5	4	-
Roseau	5,354	110	101	5	3	-	5,890	121	112	6	4	-
St. Louis	104,145	2,141	1,972	97	67	6	109,087	2,243	2,065	102	70	7
Scott	16,539	340	313	15	11	1	20,225	416	383	19	13	1
Sherburne	10,569	217	200	10	7	1	12,475	257	236	12	8	1
Sibley	7,180	148	136	7	5	-	7,767	160	147	7	5	1
Stearns	46,413	954	879	43	30	3	52,551	1,080	995	49	34	3
Steele	13,176	271	249	12	8	1	14,608	300	277	14	9	1
Stevens	5,476	113	104	5	4	-	5,878	121	111	6	4	-

NOTE: SEE TEXT FOR
LIMITATIONS IN USE

TABLE 2-2c ESTIMATED CURRENT/PROJECTED DD POPULATION BY AGE GROUP
GROUP: Adulthood through Middle Age (20-59)

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Geographic Subdivision	1975						1980					
	Total Age	Total DD	MR	CP	EP	AUT	Total Age	Total DD	MR	CP	EP	AUT
Swift	5,745	118	109	5	4	-	6,092	125	115	6	4	-
Todd	9,838	202	186	9	6	1	10,853	223	205	10	7	1
Traverse	2,622	54	50	2	2	-	2,822	58	53	3	2	-
Wabasha	7,839	161	148	7	5	1	8,518	175	161	8	6	1
Wadena	5,236	107	99	5	3	1	5,793	119	110	5	4	-
Waseca	7,669	158	145	7	5	1	8,459	174	160	8	5	1
Washington	44,645	918	845	42	29	3	55,826	1,147	1,057	52	36	3
Watsonwan	6,085	125	115	6	4	-	6,560	135	124	6	4	-
Wilkin	4,157	86	79	4	3	-	4,517	93	86	4	3	-
Winona	21,817	449	413	20	14	1	23,002	473	435	21	15	1
Wright	19,456	400	368	18	13	1	24,879	511	471	23	16	2
Yellow Medicine	6,363	131	121	6	4	-	6,929	143	131	6	4	-
TOTAL	1,893,680	38,878	35,791	1,761	1,212	114	2,102,270	7,400	3,974	1,955	1,345	126

NOTE: SEE TEXT FOR
LIMITATIONS IN USE

TABLE 2-21 ESTIMATED CURRENT/PROJECTED DD POPULATION BY AGE GROUP
GROUP: "Young" Elderly (60-74)

Geographic Subdivision	1975						1980					
	Total Age	Total DD	MR	CP	EP	AUT	Total Age	Total DD	MR	CP	EP	AUT
Attkin	2,545	52	48	2	2	-	2,676	55	51	2	2	-
Anoka	7,602	156	144	7	5	-	10,250	211	194	10	7	1
Becker	3,764	77	71	4	2	-	3,931	81	74	4	3	-
Beltrami	2,983	61	56	3	2	-	3,121	64	59	3	2	-
Benton	2,052	42	39	2	1	-	2,235	46	42	2	1	-
Big Stone	1,232	25	23	1	1	-	1,247	26	24	1	1	-
Blue Earth	5,041	104	95	5	3	-	5,331	110	101	5	3	-
Brown	3,784	78	72	4	2	-	3,832	79	74	4	2	-
Carlton	3,559	73	67	3	2	-	3,894	80	74	4	2	-
Carver	3,006	62	56	3	2	-	3,129	64	59	3	2	-
Cass	3,884	80	74	4	2	-	4,095	84	78	4	3	-
Chippewa	2,215	46	42	2	1	-	2,209	45	42	2	1	-
Chisago	2,504	51	47	2	2	-	2,658	55	50	2	2	-
Clay	4,110	85	78	4	3	-	4,593	94	87	4	3	-
Clearwater	1,387	29	26	1	1	-	1,331	27	25	1	1	-
Cook	536	11	10	-	-	-	563	12	11	1	-	-
Cottonwood	2,252	46	43	2	1	-	2,215	46	42	2	1	-
Crow Wing	5,937	122	112	6	4	-	6,274	129	119	6	4	-
Dakota	9,514	196	180	9	6	1	11,829	243	224	11	8	1
Dodge	1,620	33	31	2	1	-	1,642	34	31	2	1	-
Douglas	3,591	74	68	3	2	-	3,756	77	71	3	2	-
Faribault	3,003	62	57	3	2	-	3,042	63	58	3	2	-
Fillmore	3,130	64	59	3	2	-	3,166	65	60	3	2	-
Freeborn	4,559	94	86	4	3	-	4,860	100	92	5	3	-
Goodhue	4,836	99	92	4	3	-	4,863	100	92	5	3	-
Grant	1,290	27	24	1	1	-	1,311	27	25	1	1	-
Hennepin	88,558	1,821	1,676	82	57	5	92,906	1,910	1,759	86	59	6
Houston	2,124	44	40	2	1	-	2,204	45	42	2	1	-
Hubbard	2,262	47	43	2	1	-	2,450	50	46	2	2	-
Isanti	2,024	42	38	2	1	-	2,011	41	38	2	1	-
Itasca	4,892	101	93	5	3	-	5,220	107	99	5	3	-
Jackson	1,959	40	37	2	1	-	2,068	43	39	2	1	-
Kanabec	1,519	31	29	1	1	-	1,580	32	30	1	1	-
Kandiyohi	4,081	84	78	4	3	-	4,359	90	83	4	3	-
Kittson	1,076	22	20	1	1	-	1,129	23	21	1	1	-
Koochiching	2,103	43	40	2	1	-	2,363	49	45	2	2	-
Lac Qui Parle	1,821	37	34	2	1	-	1,768	36	33	2	1	-

NOTE: SEE TEXT FOR
LIMITATIONS IN USE

TABLE 2-2d ESTIMATED CURRENT/PROJECTED DD POPULATION BY AGE GROUP
GROUP: "Young" Elderly (60-74)

Geographic Subdivision	1975						1980					
	Total Age	Total DD	MR	CP	EP	AUT	Total Age	Total DD	MR	CP	EP	AUT
Lake	1,415	29	27	1	1	-	1,599	33	30	1	1	-
Lake of the Woods	609	13	12	1	-	-	655	13	12	1	-	-
LeSueur	3,054	63	58	3	2	-	3,049	63	58	3	2	-
Lincoln	1,215	25	23	1	1	-	1,269	26	24	1	1	-
Lyon	2,834	58	54	3	2	-	3,032	62	57	3	2	-
McLeod	3,721	77	70	4	2	-	3,969	82	75	4	3	-
Mahnomen	809	17	15	1	1	-	800	16	15	1	1	-
Marshall	1,770	36	34	2	1	-	1,783	37	34	2	1	-
Martin	3,539	73	67	3	2	-	3,640	75	69	3	2	-
Meeker	2,764	57	52	3	2	-	2,834	58	54	3	2	-
Mille Lacs	2,671	55	51	2	2	-	2,769	57	52	3	2	-
Morrison	3,520	72	67	3	2	-	3,591	74	68	3	2	-
Mower	5,443	112	103	5	3	-	6,127	126	116	6	4	-
Murray	1,654	34	31	2	1	-	1,756	36	33	2	1	-
Nicollet	2,396	49	45	2	2	-	2,381	49	45	2	2	-
Nobles	3,023	62	57	3	2	-	3,179	65	60	3	2	-
Norman	1,621	33	31	2	1	-	1,543	32	29	1	1	-
Olmsted	7,419	153	140	7	5	-	8,077	166	153	8	5	-
Ottertail	7,528	155	143	7	5	-	7,459	153	141	7	5	-
Pennington	1,801	37	34	2	1	-	1,886	39	36	2	1	-
Pine	2,919	60	55	3	2	-	2,950	61	56	3	2	-
Pipestone	1,702	35	2	2	1	-	1,722	35	33	2	1	-
Polk	4,568	94	86	4	3	-	4,718	97	89	4	3	-
Pope	1,869	38	35	2	1	-	1,855	38	35	2	1	-
Ramsey	47,010	967	890	44	30	3	49,224	1,012	932	46	32	3
Red Lake	694	14	13	1	-	-	733	15	14	1	-	-
Redwood	2,766	57	52	3	2	-	2,851	59	54	3	2	-
Renville	3,142	65	59	3	2	-	3,193	66	60	3	2	-
Rice	4,423	91	84	4	3	-	4,503	93	85	4	3	-
Rock	1,453	30	28	1	1	-	1,569	32	30	1	1	-
Roseau	1,633	34	31	2	2	-	1,648	34	31	2	2	1
St. Louis	28,254	581	535	26	18	2	30,262	622	573	28	19	1
Scott	2,690	55	51	3	2	-	3,082	63	58	3	2	-
Sherburne	2,280	47	43	2	1	-	2,545	58	48	2	2	-
Sibley	2,309	47	44	2	1	-	2,374	49	45	2	2	-
Stearns	8,962	184	170	8	6	1	9,594	197	182	9	6	-
Steele	3,206	66	61	3	2	-	3,447	71	65	3	2	-
Stevens	1,355	28	26	1	1	-	1,393	29	26	1	1	-

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OTE: SEE TEXT FOR
IMITATIONS IN USE

TABLE 2-2d ESTIMATED CURRENT/PROJECTED DD POPULATION BY AGE GROUP
GROUP: "Young" Elderly (60-74)

Geographic Subdivision	1975						1980					
	Total Age	Total DD	MR	CP	EP	AUT	Total Age	Total DD	MR	CP	EP	AUT
Swift	2,016	41	38	2	1	-	2,062	42	40	2	1	-
Todd	3,440	71	65	3	2	-	3,457	71	65	3	2	-
Traverse	921	19	17	1	1	-	886	18	17	1	1	-
Wabasha	2,600	53	49	2	2	-	2,694	55	51	3	2	-
Wadena	2,011	41	38	2	1	-	2,045	42	39	2	1	-
Waseca	2,072	43	49	2	1	-	2,184	45	41	2	1	-
Washington	5,596	115	106	5	4	-	6,648	137	126	6	4	-
Watsonwan	1,960	40	37	2	1	-	1,962	40	37	2	1	-
Wilkin	1,273	26	24	1	1	-	1,277	26	24	1	1	-
Winona	5,312	109	101	5	3	-	5,352	110	101	5	3	-
Wright	4,981	102	94	5	3	-	5,392	111	102	5	3	-
Yellow Medicine	2,071	43	39	2	1	-	2,074	43	40	2	1	-
TOTAL	416,649	8,554	7,875	387	267	25	441,205	9,057	8,339	410	282	26

NOTE: SEE TEXT FOR
LIMITATIONS IN USE

TABLE 2-2e ESTIMATED CURRENT/PROJECTED DD POPULATION BY AGE GROUP
GROUP: Elderly (75+)

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Geographic Subdivision	1975						1980					
	Total Age	Total DD	MR	CP	EP	AUT	Total Age	Total DD	MR	CP	EP	AUT
Attikin	958	20	18	1	1	-	1,076	22	20	1	1	-
Anoka	2,040	42	39	2	1	-	2,352	48	44	2	2	-
Becker	1,349	27	25	1	1	-	1,487	30	28	1	1	-
Beltrami	1,210	25	23	1	1	-	1,313	27	25	1	1	-
Benton	865	18	16	1	1	-	930	20	18	1	1	-
Big Stone	585	12	11	1	-	-	633	13	12	1	-	-
Blue Earth	2,382	49	45	2	2	-	2,465	51	47	2	2	-
Brown	1,704	35	32	2	1	-	1,841	38	35	2	1	-
Carlton	1,286	26	24	1	1	-	1,416	29	27	1	1	-
Carver	1,313	27	25	1	1	-	1,448	29	27	1	1	-
Cass	1,497	30	28	1	1	-	1,728	36	33	2	1	-
Chippewa	1,085	23	21	1	1	-	1,134	23	21	1	1	-
Chisago	1,080	22	20	1	1	-	1,185	24	22	1	1	-
Clay	1,865	38	35	2	1	-	1,961	40	37	2	1	-
Clearwater	674	14	13	1	-	-	768	16	15	1	-	-
Cook	194	4	4	-	-	-	226	4	4	-	-	-
Cottonwood	1,021	21	19	1	1	-	1,100	23	21	1	1	-
Crow Wing	1,998	41	38	2	1	-	2,315	47	44	2	1	-
Dakota	3,119	92	59	29	2	2	3,618	73	68	3	2	-
Dodge	825	18	16	1	1	-	878	19	17	1	1	-
Douglas	1,814	37	34	2	1	-	1,939	40	37	2	1	-
Faribault	1,434	29	27	1	1	-	1,497	30	28	1	1	-
Fillmore	1,576	31	29	1	1	-	1,611	32	30	1	1	-
Freeborn	1,997	41	38	2	1	-	2,075	42	39	2	1	-
Goodhue	2,168	44	41	2	1	-	2,270	46	43	2	1	-
Grant	672	14	13	1	-	-	691	14	13	1	-	-
Hennepin	38,058	781	719	36	24	2	38,083	781	720	35	24	2
Houston	1,449	29	27	1	1	-	1,465	30	28	1	1	-
Hubbard	791	17	15	1	1	-	914	19	17	1	1	-
Isanti	1,060	22	20	1	1	-	1,076	22	20	1	1	-
Itasca	1,758	36	33	2	1	-	2,031	41	38	2	1	-
Jackson	1,023	21	19	1	1	-	1,077	22	20	1	1	-
Kanabec	687	14	13	1	-	-	752	15	14	1	-	-
Kandiyohi	1,794	37	34	2	1	-	1,857	38	35	2	1	-
Kittson	501	9	9	-	-	-	495	9	9	-	-	-
Koochiching	716	15	14	1	-	-	795	17	15	1	1	-
Lac Qui Parle	887	19	17	1	1	-	927	20	18	1	1	-

NOTE: SEE TEXT FOR
IMITATIONS IN USE

TABLE 2-2e ESTIMATED CURRENT/PROJECTED DD POPULATION BY AGE GROUP
GROUP: Elderly (75+)

Geographic Subdivision	1975						1980					
	Total Age	Total DD	MR	CP	EP	AUT	Total Age	Total DD	MR	CP	EP	AUT
Lake	566	12	11	1	-	-	576	12	11	1	-	-
Lake of the Woods	213	4	4	-	-	-	225	4	4	-	-	-
LeSueur	1,350	28	26	1	1	-	1,515	31	29	1	1	-
Lincoln	615	13	12	1	-	-	637	14	12	1	1	-
Lyon	1,291	26	24	1	1	-	1,346	27	25	1	1	-
McLeod	1,568	32	30	1	1	-	1,760	36	33	2	1	-
Mahnomen	309	6	6	-	-	-	348	7	7	-	-	-
Marshall	808	17	15	1	1	-	818	17	15	1	1	-
Martin	1,618	34	31	2	1	-	1,702	35	32	2	1	-
Meeker	1,261	26	24	1	1	-	1,277	26	24	1	1	-
Mille Lacs	1,148	24	22	1	1	-	1,312	27	25	1	1	-
Morrison	1,643	34	31	2	1	-	1,794	37	34	2	1	-
Mower	2,132	43	40	2	1	-	2,291	46	43	2	1	-
Murray	791	17	15	1	1	-	796	17	15	1	1	-
Nicollet	897	19	17	1	1	-	863	18	16	1	1	-
Nobles	1,268	26	24	1	1	-	1,367	28	26	1	1	-
Norman	902	19	17	1	1	-	888	19	17	1	1	-
Olmsted	3,460	70	65	3	2	-	3,739	76	71	3	2	-
Ottertall	3,201	65	60	3	2	-	3,384	69	64	3	2	-
Pennington	979	20	18	1	1	-	1,010	21	19	1	1	-
Pine	1,159	24	22	1	1	-	1,339	27	25	1	1	-
Pipestone	869	18	16	1	1	-	888	19	17	1	1	-
Polk	2,365	49	45	2	2	-	2,428	50	46	2	2	-
Pope	908	19	17	1	1	-	984	21	19	1	1	-
Ramsey	20,176	414	381	19	13	1	20,468	420	387	19	13	1
Red Lake	2,970	61	56	3	2	-	310	6	6	-	-	-
Redwood	1,257	26	24	1	1	-	1,340	27	25	1	1	-
Renville	1,518	31	29	1	1	-	1,630	34	31	2	1	-
Rice	2,061	42	39	2	1	-	2,153	44	41	2	1	-
Rock	604	12	11	1	-	-	649	13	12	1	-	-
Roseau	690	14	13	1	-	-	699	14	13	1	-	-
St. Louis	11,129	228	210	10	7	1	11,342	233	214	11	7	1
Scott	1,172	24	22	1	1	-	1,276	26	24	1	1	-
Sherburne	1,220	25	23	1	1	-	1,272	26	24	1	1	-
Sibley	939	20	18	1	1	-	992	21	19	1	1	-
Stearns	3,912	81	74	4	3	-	4,164	86	79	4	3	-
Steele	1,373	28	26	1	1	-	1,462	30	28	1	1	-
Stevens	658	13	12	1	-	-	665	14	13	1	-	-

NOTE: SEE TEXT FOR
LIMITATIONS IN USE

TABLE 2-2e ESTIMATED CURRENT/PROJECTED DD POPULATION BY AGE GROUP
GROUP: (Elderly 75+)

Geographic Subdivision	1975						1980					
	Total Age	Total DD	MR	CP	EP	AUT	Total Age	Total DD	MR	CP	EP	AUT
Swift	904	19	17	1	1	-	968	20	18	1	1	-
Todd	1,466	30	28	1	1	-	1,649	34	31	2	1	-
Traverse	470	9	9	-	-	-	489	9	9	-	-	-
Wabasha	1,371	28	26	1	1	-	1,469	30	28	1	1	-
Wadena	897	19	17	1	1	-	1,041	22	20	1	1	-
Waseca	998	21	19	1	1	-	1,044	22	20	1	1	-
Washington	2,046	42	39	2	1	-	2,151	44	41	2	1	-
Watsonwan	892	19	17	1	1	-	953	20	18	1	1	-
Wilkin	585	12	11	1	-	-	641	13	12	1	-	-
Winona	2,515	52	48	2	2	-	2,652	54	50	2	2	-
Wright	2,124	43	40	2	1	-	2,396	49	45	2	2	-
Yellow Medicine	955	20	18	1	1	-	1,007	21	19	1	1	-
TOTAL	178,985	3,675	3,383	166	115	11	187,598	3,852	3,546	174	120	12

TABLE 2-3/2-4
ESTIMATED CURRENT AND PROJECTED (FIVE YEARS) DD POPULATION FROM
HOUSEHOLDS HAVING ANNUAL INCOMES LESS THAN _____ AND LESS THAN _____ (DDSP 2.1.2)

[illegible]

Federal Register. (These areas are specified in the regulations for DD programs to use in their planning efforts.) The response received was that these areas had not yet been identified, but were to be so designated at some time during 1977. State income tax information available through the Dept. of Revenue, however, may contain some of the data necessary for preparing Table 2-3/4 income projections. Although Revenue personnel have indicated that some difficulty may be encountered in accessing data on families (for it is presently stored on the basis of individual tax returns filed), willingness to explore the project's feasibility has been given. This option is being pursued, and it is hoped that a useful data base can be obtained in this manner.

2.2 DIRECT SERVICE NEEDS / 2.3 SUPPORT SERVICE NEEDS

As described more fully in Sections II-VI, estimates of direct and support service needs will not be provided in this Section. Service definitions to date, however, will be outlined. In terms of "service areas" to be used throughout the remainder of this document, materials will be presented on the basis of the 87 counties within the state, whenever possible. In a few instances, economic development regions (as described and identified more fully in Sections III and V) may also be used as the base, and/or service areas particular to a program or agency. An attempt has been made to use a standardized county base map for the state throughout the text.

Draft Service Definitions

The DD Act identifies 16 categories comprising a comprehensive system of services for persons having a developmental disability. Each state must adapt and redefine these service elements in a format most descriptive of its patterns of service delivery for persons having a developmental disability. Among activities undertaken during F.Y. '77 by the State Council's Comprehensive Planning Committee was to begin drafting a set of definitions for use in describing the Minnesota system of services. These service definitions were reviewed by persons participating in the Council's annual planning conference in May, 1977.

The outcome of the annual planning conference, the State Council's work program for FY '78-79, contains a multi-faceted goal area for designing and implementing a uniform statewide service planning process that will coordinate efforts between state and regional DD programs (see Section VI) Subgoal I of this planning goal involves definitional activities. Among such activities will be a refining of the draft service definitions prepared by the Comprehensive Planning Committee, and parallel refining/updating at the regional level.

Below is the listing of "draft service definitions" prepared for review at the annual planning conference.

Background

Draft Service Definitions (April, 1977)

RESIDENTIAL

"Residential settings" represent living arrangements for persons having a developmental disability. Some arrangements involve various levels of developmental/skill training/counseling, and may be outside of a natural family environment (with "family" representing a household having members

related by blood or marriage in which at least one member has a developmental disability). Other options may involve no programming intervention, but be specially constructed to accommodate persons having a developmental disability.

Institutional Programs -- provision of living quarters, board, personal care and supervision in a state hospital or nursing home (although interaction with community programming resources such as education, training, recreation, may occur).

Special Living Programs -- residential settings (sometimes having provision for counseling and leisure time activities) for persons who may be able to leave their place of residence for work, recreation, or participation in other community activities. Developmental programs may or may not be involved, depending on the developmental disability. Examples would include:

Developmental/Medical Program, Level A -- a residential program providing primarily life support care in conjunction with training in basic daily living (developmental) skills in a medically-oriented environment.

Developmental/Medical Program, Level B -- a residential program providing primarily intensive training in basic daily living (developmental) skills in conjunction with the medical/nursing support required in an "intermediate care facility."

Developmental/Behavior Training Program -- a short-term residential program directed at reducing or eliminating maladaptive behavior to a level appropriate for placement in other developmental residential programs.

Developmental/Family Living Program -- a residential program primarily providing training in basic daily living (developmental) skills in a family-like living environment.

Developmental/Foster Program -- a residential program emphasizing individualized attention in a surrogate family environment, involving licensed foster parents (attention is more intensive than in a "Developmental/Family Living Program).

Social/Vocational Program -- a residential program providing basic training in independent-living and vocational skills in a group environment directed toward 24-hour self-sufficiency.

Minimally Supervised Apartment Program -- a residential program with resource staff to provide situational counseling for maintaining 24-hour independent living. (Counseling may be provided on or off the premises.)

Board and Lodging Program -- residential settings providing weekday accommodations enabling persons in sparsely-populated areas having a developmental disability to participate in day programming activities during weekdays, and return to a family or family-like residential environment on weekends.

Structurally-Adapted Community Housing -- standard community housing (single-family, two-to-four family, multi-family units) adapted to enable adults having a developmental disability that impairs mobility or requires structural safety features to reside relatively independently in the community. Such housing may or may not involve any form

of developmental programming or counseling, and may or may not involve various forms of family/personal assistance.

DAY PROGRAMMING

"Day programming" options represent activities in which a person having a developmental disability participates in order to acquire skills necessary for community living and increasing self-sufficiency. Services comprising this general category may be viewed as sequentially linked, building upon basic living/physical development skills, and progressing to efforts directed at acquisition of social interaction skills and education/training skills oriented toward the goal of employment. Broad categories would include:

Basic Developmental Services -- comprehensive sets of developmental learning activities for children and youth usually conducted outside the home during a portion of the day. These creative, social, physical and cognitive activities supplement the services provided by parents or parent surrogates, and emphasize maturation (focusing on the developmental schedule itself) and upon the acquisition of self-care skills. Complimentary services for adults would promote self-dependence and constructive use of leisure time.

Training Services -- a systematic sequence of instruction offered at the appropriate time in the life of an individual of any age, designed to enhance daily living skills, emotional, personal and social development, a positive self-concept and the desire to learn any other skills needed to function as a part of productive society.

Education -- structured learning experiences obtained through the use of broad curriculum and practical academic subjects designed to develop the ability to learn and to acquire useful knowledge and basic skills. Public school districts have primary responsibility for provision of such services, with private program options increasingly being developed. These educational services extend through the equivalent of a secondary education, where interaction occurs with occupational/employment services.

Employment Services -- activities directed toward assisting a person having a developmental disability to become employable, gain and hold employment, acquire skills necessary for employment in a particular occupation. Such employment may occur in a variety of settings, ranging from programs adapted to serve persons having a disability, to the end goal of competitive employment in government/business/industry (included here would be self-employment and homebound employment). Sequentially linked programming efforts would include:

Vocational Evaluation -- a structured assessment of worker characteristics, typically through the use of real or simulated work tasks in a rehabilitation facility or similar controlled experiential setting. The evaluation discovers occupational strengths and weaknesses, and potential for vocational development or specific occupations.

Work Adjustment -- a structured program of learning activities, typically involving real or simulated work situations, intended to assist a person to develop basic social and interpersonal skills, attitudes, motivational directions and work habits needed in work activity, sheltered employment or competitive employment. Its

focus is upon basic employability, rather than upon specific occupational skills.

Work Activity -- a program of adult occupation which includes a productive element. It is for individuals whose productivity is less than that required by sheltered employment, but who need a work setting with a legally certified small wage to foster feelings of self-esteem through work and earnings. Work activity may include creative, social, physical and learning activities, in addition to production.

Sheltered Employment -- a structured program usually carried out in a sheltered workshop which provides partial self-support through the employment of a worker who is handicapped. Sheltered employment must pay at least one-half the minimum wage to a worker who, because of his handicap, has a low production rate, needs special work supervision, adaptive equipment, a less than full range of job duties, or special job engineering.

Job Placement -- organized and competent assistance in the process of securing and adjusting to a competitive job.

PREVENTION

Activities occurring in the pre-natal, natal, and post-natal stages of development directed at preventing the occurrence (or incidence) of a disability. Such activities would include public information/awareness programs (directed at making prospective parents, parents and the general public aware of environmental and physiological factors which may lead to the incidence of a developmental disability) and genetic counseling (personalized counseling for prospective parents and parents to identify hereditary traits which may lead to, or be responsible for the occurrence of a disability). Prevention services are closely related to identification services, such as screening and diagnosis.

DIAGNOSTIC/CLINICAL/REFERRAL

Efforts directed at detecting a developmental disability, and responding to its physiological and social impact. Service categories include:

Screening Services -- programs directed at quickly and simply monitoring medical history, basic physiological indicators to identify the likelihood or presence of a condition requiring more intensive attention (such as through diagnosis, evaluation, treatment).

Diagnostic Services -- coordinated psychological, social, medical and other services necessary to identify the presence, causes and complications of a disability, directed to the cause of poor adaptive functioning and to the alleviation of the disability itself, rather than to its effects.

Evaluation Services -- the systematic appraisal of pertinent physical, psychological, vocational, educational, cultural, social, economic, legal, environmental and other factors of a person having a disability and his family to determine the limitations imposed on the individual by the dis-

ability, and to devise an individualized program of action which utilizes services that will minimize the effects of the disabling condition.

Treatment -- interventions such as surgery, dietary controls, chemotherapy, physical therapy, dentistry, medical, psychological treatment and others which halt, control or reverse those processes which cause, aggravate or complicate a disability.

SERVICE ACCESS ACTIVITIES

Activities which are directed at aiding a person having a developmental disability in identifying and securing necessary resources and assistance may be termed "service access" efforts. Activities in this category would include:

Counseling -- a face-to-face relationship with a disabled individual and/or his relatives and "significant others" to promote understanding and acceptance of capabilities and limitations, and to carry through on a program of adjustment and self-improvement.

Case Planning -- undertaking an assessment of the needs/potentials of an individual and/or family, and outlining the services and resources necessary to respond to those needs/potentials. This assessment is developed and periodically reviewed by an individual officially designated as a case planner, the person having a developmental disability, and/or parents/guardians.

Case Management -- securing resources needed by a person having a developmental disability and coordinating their delivery, according to an individualized case plan. These activities are carried out by an officially designated case planner.

Follow-Along -- as an individual having a developmental disability and his/her family desires, establishing a long-term relationship directed at evaluating changes in need, and appropriately responding to these changes.

Protective Services -- provision of a system of social, legal and other appropriate and least restrictive services to assist individuals who are unable to manage their own resources or protect themselves from neglect, exploitation or other hazards, and to help them exercise their rights as citizens.

Information and Referral (professional use) -- provision of an up-to-date, complete listing of community resources which can be made available and accessible to professionals serving individuals having a developmental disability and their families so that referrals to the most appropriate resources can be made.

Information and Referral (client use) -- obtaining information about services, or direct referral to them, in response to inquiry regarding their availability, characteristics, appropriateness.

FAMILY/PERSONAL ASSISTANCE

"Family/personal" assistance is directed at enabling an individual having a developmental disability and/or family/surrogate family (such as foster

parents) to fulfill basic daily living needs in the home setting--developmental training, health/medical, nutritional, housekeeping/maintenance, grooming needs. Such services may involve a stipend to pay for the cost of various supports, or the provision of the actual service. Options include:

Homemaker Services -- activities directed at performing light housekeeping tasks (such as cleaning, washing, meal preparation, sewing/mending), and personal care tasks.

Home Health Services -- provision of necessary medical assistance which is frequently periodic, and able to be performed without the services of a doctor or nurse (such as dispensing medications, changes of dressings, therapy services).

Chore Services -- activities which are directed at home upkeep (such as yard work, structural maintenance and/or repair) and carrying out personal tasks for an individual (such as shopping, errand-running).

Respite Care -- an organized program to provide temporary care and supervision for a person having a developmental disability to enable the individual and/or parents/guardians to be absent from the usual family living situation. The program may be available in the residence of person(s) designated to provide such care, the residence of a family/guardian, a community-based facility or state hospital.

Home-Delivered/Congregate Meals -- preparation and delivery of meals (frequently involving heated foods), or provision of such meals in an organized program.

Citizen Advocacy Services -- structured programs using volunteer personnel to assist individuals having a developmental disability to become increasingly integrated into everyday community living.

Leisure Activities -- provision of adapted or regular community leisure/recreational activities which may meet specific individual therapeutic needs in self-expression and social interaction, and may develop interests leading to constructive use of leisure time.

Personal Mobility Options -- efforts to increase physical accessibility in various aspects of daily living for a person having a developmental disability (such as certain types of aids and appliances, adapted public/private vehicles and transit services, stipends for use of transportation options, alteration/reduction of physical barriers in various areas of daily living activities).

SERVICE SYSTEM SUPPORTS

Although not in immediate contact with a person having a developmental disability and/or his/her family, certain programming efforts complement and support more "direct" service delivery activities. This general category includes efforts such as:

Public Information/Education/Awareness -- provision of information and materials for specific audiences within the general public

which describe the nature of the developmental disabilities, the needs and potentials of persons having a developmental disability, the resources necessary and planning/programming efforts directed at responding to these needs and potentials.

Policy Planning -- analysis aimed at assessing, in a systematic and long-term fashion, needs and potentials of a particular group of individuals; resources available and necessary to address such needs and potentials. The outcome of policy planning efforts results in a guideline for alternatives in current and future resource programming, with choices among strategies being made by elected officials and administrators of direct service delivery programs.

Research and Demonstration -- the study, testing and evaluation of the causes of developmental disabilities, and of innovative methods for prevention, early intervention, education/training/treatment and delivering services.

Parent/Staff Training -- programs directed at increasing the knowledge, awareness, programming skills of the parents/guardians and individuals who provide services to persons having a developmental disability.

(DDSP 2.2)

NOT PROVIDED AT PRESENT

(DDSP 2,3)

II-44

NOT PROVIDED AT PRESENT

NOT PROVIDED AT PRESENT

SECTION III: DD SERVICE NETWORK CAPACITY AND RESOURCES

"This Section of the State Plan for Services to the developmentally disabled contains a review of the services and resource availability and utilization and of the organizational framework and quality of the current service network. It provides the framework for identifying the type and extent of service system gaps as they relate to the needs of the developmentally disabled specified in Section II."

3.1 SUMMARY OF THE DD SERVICE NETWORK STRUCTURE AND SERVICES

The philosophy underlying long-term care and support for many groups of "less-able" citizens has changed markedly in the recent past. Up until only a few years ago, the standard policy response had been to provide long-term support in settings in which individuals having similar conditions and needs were grouped and separated from the community-at-large. In some cases, the rationale was attributed to supposed "economies of scale" in this form of service delivery; in other cases, public attitudes dictated that certain individuals needed to be sequestered from the community for the community's safety and welfare. Such care was, and is, often custodial in nature, with minimal attention given to fostering programming that stressed recognition of individual capabilities and potential, or addressed and assured that basic human and civil rights for individuals in such settings would be upheld. Substantial capital expenditures were invested in structures to provide full-time, long-term accommodations for persons requiring such support.

Within the last decade or so, public policy emphasis has been shifted away from primary investment in institutional programming, and into developing systems of care and support for less-abled individuals within everyday community settings. A continuum of care is envisioned in basic service areas -- residential, educational, occupational/vocational, health/medical, others -- gradated according to intensity of assistance required. This major shift in human service delivery has been fostered by many influences -- executive and legislative policies at the national and state levels, actions in various judiciary levels, public information campaigns directed at greater understanding of the rights, needs, potential of less-able citizens.

The concept of normalization recognizes that many individuals having substantial developmental handicaps will increasingly benefit by participating in the rhythms and patterns of everyday life experienced by the community-at-large, rather than residing in a sequestered institutional setting. Consequently, they are entitled to a life style that is as close to "normal" and "least restrictive" as their condition allows, and to assistance that will encourage self-sufficiency, maximum personal development and the opportunity as a citizen to contribute one's worth and value to the community. This assistance should be provided according to unique needs and potential, on the basis of individualized planning for the acquisition/maintenance of essential living skills. Deinstitutionalization represents efforts to return institutionalized individuals who can develop necessary living skills to settings in which an array of community service and alternatives necessary for their personal development are available. It also represents efforts to maintain individuals who have or can develop necessary skills and are now residing in a community setting within that setting, rather than their entrance and residency in a state facility. Programming for those whose needs are best met in an institutional setting should have a corresponding emphasis on encouraging personal development in as least restrictive a manner and setting as possible.

The emphasis and shift toward deinstitutionalization and developing community alternatives has brought about great changes in the planning, funding, administration, management and evaluation of human service programs in many states. In the State of Minnesota, effort to translate these newer philosophies into actual operating and workable delivery programs for providing services to persons having a developmental disability has both affected and been affected by a number of fundamental policies regarding human service delivery within the state in general.

Efforts to decentralize and reorganize general patterns of service delivery -- for persons who are retarded, who have a handicap, the elderly, persons in the criminal justice system, persons having a chemical dependency or mental health problems -- can be said to basically describe the major focus of human service programming trends in Minnesota within approximately the last two decades. These trends in part have been facilitated by Federal programs and funding, but could not have advanced to their present-day extent were there not efforts actively supporting their advancement at both the state and local level.

Efforts to provide decentralized and community-based service delivery at basic have been directed at giving local units of government the statutory authority and financial incentives (frequently through cost-sharing arrangements with the state) to assume responsibility for service planning, development and delivery. The state is increasingly assuming a standard-setting and evaluative role in this process. Inherent in many of these recent efforts has been an emphasis on assuring active local citizen participation in such development and delivery by requiring advisory groups and boards to oversee service provision in many program areas. The role of county government in the general area of social service delivery (health and welfare) has been expanded and strengthened by this process.

Legislation and appropriations have been approved, and state agency regulations developed to guide local programming in a number of service areas. A trend to develop community alternatives for persons having a developmental disability has been fostered within this larger context. Examples would include:

- Community mental health center programming
- Formation and operation of "daytime activity centers" for persons having retardation and cerebral palsy
- Cost-of-care support to counties for persons residing in state hospitals and community-based facilities
- Clear standards of procedures and responsibility for hospitalization and commitment
- Support for "community corrections" programs
- State support for construction start-up grants, and long term mortgaging of community-based residential facilities
- Work activity and sheltered employment supports

Two other important legislative acts changed the administrative patterns for social and health service delivery:

- The 1973 Legislature authorized establishment of human service boards on a county/multi-county basis. Boards are given the responsibility for planning, managing, coordinating the delivery of human service resources in the fields of health, welfare, corrections. They have authority to replace and supplant efforts of existing advisory boards and groups within a given locale in these particular service fields. They have responsibility for submitting an annual plan that indicates efforts taken to carry out such administrative and service integration.
- The Community Health Services Act was passed by the Legislature in 1976. It gives boards of health (newly-created or existing) and human service boards general authority and responsibility to develop and maintain an integrated system of community health services, and to coordinate the provision of such services with the delivery of personal, institutional, and related human services. Planning grants are available on the municipal/county/multi-county basis to undertake planning efforts directed at such integration.

In the area of educational programs, the Omnibus Educational Act of 1973 attempted to equalize local school financing throughout the state by establishing a minimum level of state support, known as the "foundation aid." Legislation was passed to assure that local school districts would provide special education programs for handicapped children from their districts, including those residing in state hospitals. State transportation aids are provided for all children -- those in regular classes as well as those in special educational classes or in daytime activity programs. Changes in federal supports for assisting handicapped students have facilitated a recent development of due process standards for evaluating a child's appropriate placement, and for developing individualized educational program plans. Age limits for eligibility in attending public school has been extended from the age of four to 21. Recent legislation in 1977 expanded outreach and screening responsibilities of school districts to require assessment of all four year-old children.

Additional sub-state service coordination/development has taken place at the "regional level" in Minnesota. The Regional Development Act was passed in 1969. Thirteen "development regions" were delineated, and Commissions comprised of local elected officials were given responsibility for broad policy development/coordination areas such as land use, transportation, natural resources, human services. Planning/coordination efforts, such as regional Area Aging Programs, Developmental Disabilities Programs, Community Corrections Programs are administered by Regional Development Commissions. RDC's also have responsibility under their enabling legislation for conducting broad review and comment efforts for financial requests affecting the region; among them is Federal A-95 review process of the US Office of Management and Budget. Broad community development planning (including preparation of a statewide housing resource plan) has been prepared on a regional basis. Comprehensive health planning programs also operate on a regional level, in order to coordinate the development and

use of local health resources. Recent Federal legislation expanded these units into Health Systems Agencies, some of which are inter-state in area.

As persons residing in state hospitals continue to return to community settings and institutional populations decline, the issue of the role of state facilities in the continuum of care -- their alternative use or closure -- becomes an issue area of significance. At the direction of the Governor in 1967, The State Planning Agency undertook a study of the use of state institutional facilities and alternative forms of assistance. A Planning Study for Residential Care in Minnesota was produced in 1968. A task force on policies for persons having behavioral disabilities was appointed by the Governor in 1970. In 1971, the State Planning Agency published the task force's results in, Behavioral Disabilities: A Recommended Policy for Minnesota. Between approximately 1971 and 1975 the Department of Public Welfare was given responsibility to develop comprehensive reports and plans for the Legislature dealing with the future use of all state hospitals, and the development of community-based services for persons having retardation, a chemical dependency, mental health problems. During the 1975 Legislative Session, the Department of Public Welfare was directed to prepare plans for the closing of a state facility; a report, A Plan for Ceasing Department of Public Welfare Operations at Hastings State Hospital and Further Developing Community Services was drafted in January of 1976. No final action was taken on the issue during the 1976 Session; however, in the interim 1976 Session, a Select Committee on Deinstitutionalization was established by the House. This Committee had the broad objective of obtaining information for making short-term and long-term recommendations to the House during the 1977 Session, and specific areas reviewed included characteristics of populations being served, ranges of costs involved, quality of care, responsibility for provision of care, quality control mechanisms. The House and Senate also formed Select Committees on Nursing Homes which reported in 1976 on major issues dealing with the long-term care provided in the state in nursing facilities, and alternative care arrangements.

During the 1977 Session, the issue of state hospital use/closure was further reviewed and deliberated by the Legislature. The Governor had proposed the closing of Hastings and Anoka State Hospitals (the latter being a security facility), and legislation to effect the Hastings closing in 1978 was approved. Attention was also given to studies undertaken by citizen groups regarding alternative uses and roles for Fergus Falls State Hospital (done by task forces for the Northwest Regional Development Commission and West Central Regional Development Commission). Developments also continued to occur in the Welsch v. Likins case, that was initiated in 1973 and is being heard in the U.S. District Court for Minnesota. It deals with the quality of care being provided for residents of Cambridge State Hospital (particularly in the areas of staffing and inadequacies in the physical plant). Initial findings directed Department of Public Welfare to make certain improvements at the hospital; subsequent findings involved compliance with the initial Court Order, and a controversial finding in 1976 directed the State Legislature to allocate certain funds to the Department to carry out the required improvements.

Within the Department of Public Welfare, efforts are being initiated at present

to define and clarify the role of state hospitals within a continuum of care for persons having retardation. This policy will be based on efforts to develop a definition of those individuals for whom institutional care is most appropriate and to identify the role that the hospital facilities can serve as resources and back-up for programming efforts occurring in community residential and training/educational/employment programs. The resulting projections will serve as a basis upon which to clearly identify the limits to deinstitutionalization in functional terms.

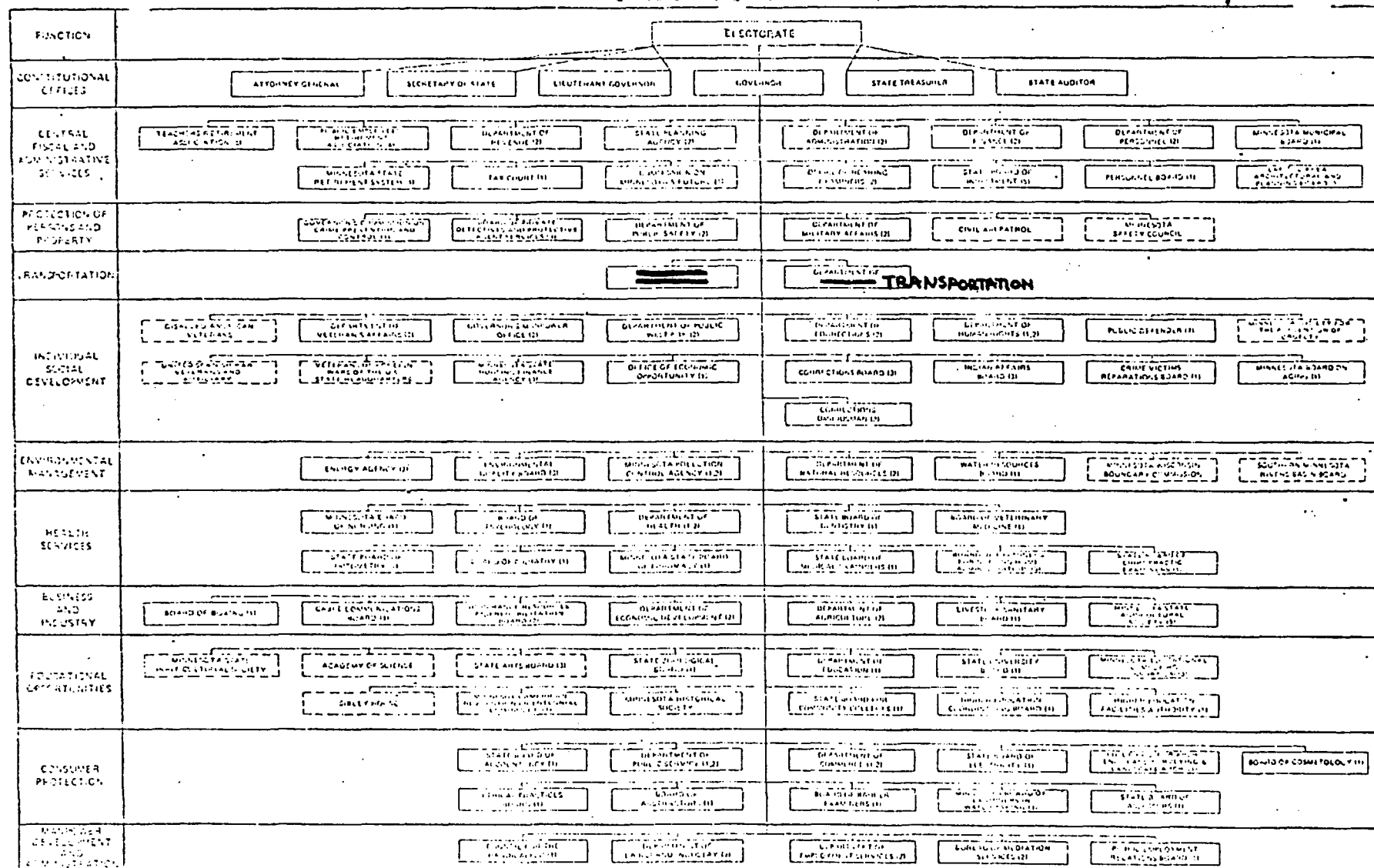
Overview of the Executive/Administrative Organization of Public Agencies;
Reorganization Proposals

The "business" or purpose of all public agencies and programs is to provide service for either a general or particular group of citizens, or to deal with and manage a concern acknowledged as "public." Since persons who live in Minnesota and have a developmental disability are state citizens, all the services provided by public agencies (and agencies operating under their auspices) have the potential to affect their lives and interests, just as they may affect other state citizens. Some agencies and programs will affect a person very directly, by actually delivering a needed service. Some will have major impact because they oversee the provision of services by other agencies (licensing, standard setting, personnel credentialing). By their nature, those agencies and programs whose responsibilities fall in the general categories of health and social service may substantially affect the services provided to meet various major lifetime needs of persons having a developmental disability. Some agencies and programs whose responsibilities may involve the more managerial aspects of running state/local government nevertheless still have an impact on services for persons having a developmental disability, for they may deal with issues such as quality in programs and services, cost trends in service delivery, organization and reorganization of service delivery systems. Other agencies and programs whose responsibilities are not in the general health/social services category may still have a definite impact on persons having a developmental disability because a conscious emphasis may be made in their programming to assure that special needs of less-able citizens are addressed and included in their general service development and delivery efforts.

The issue of public agency impact on the provision of services to persons having a developmental disability, then, is in relative terms, not absolute. In order to acknowledge this, public programs can be roughly divided into two categories. The first group are those providing or overseeing services to persons having a developmental disability in which such a service focus is fairly central to the agency's purpose; also included here are agencies who have a fairly specific interest in such issues. The second group represents those agencies/programs who may have certain work components having some focus on service delivery to persons having a developmental disability, but other major service activities are central to the agency's purpose. The chart on page 7 provides an overview of state government organization in functional terms, and can reference agency alignments).

**Fig. 3-1 ORGANIZATION CHART EXECUTIVE BRANCH
STATE OF MINNESOTA**

(8/75)



(I) Board of Directors and Committees composed of members appointed by the Governor.
(II) Board of Directors and Committees composed of members appointed by the Governor.
(III) Board of Directors and Committees composed of members appointed by the Governor.
(IV) Board of Directors and Committees composed of members appointed by the Governor.
(V) Board of Directors and Committees composed of members appointed by the Governor.

(VI) Board of Directors and Committees composed of members appointed by the Governor.
(VII) Board of Directors and Committees composed of members appointed by the Governor.
(VIII) Board of Directors and Committees composed of members appointed by the Governor.
(IX) Board of Directors and Committees composed of members appointed by the Governor.
(X) Board of Directors and Committees composed of members appointed by the Governor.

MINNESOTA STATE BOARD OF CONSUMER PROTECTION (I)

THESE AGENCIES, BOARDS, AND COMMISSIONS ARE SHOWN IN THE FUNCTIONS IN WHICH THE GREATEST NUMBER OF THEIR ACTIVITIES ARE LOCATED. HOWEVER, NEARLY ALL DEPARTMENTS HAVE ACTIVITIES IN MORE THAN ONE FUNCTION.

Agencies whose Programs are Fairly Directly Related to Service Delivery for Persons Having a Developmental Disability

- The Dept. of Administration is responsible for overall coordination/management of the state government.

The Office of Human Services was established to initiate and facilitate changes in state government policies, procedures and structure that will result in a more effective human delivery system at the state and local level.

The Management Services Division undertakes studies evaluating management issues of statewide concern (for example, the study of Medicaid cost expenditures, published in 1977).

The Building Codes Division works to carry out the state's Uniform Building Code (that affects construction of, among other projects, community-based residential units).

The Dept. of Education is administered by a State Board (appointed by the Governor). It has two divisions particularly affecting the provision of educational programs for persons having a developmental disability:

- . The Special Education Section under the Compensatory Education Division is concerned with the provisions of special education services through the state's school districts. These services involve special classes for handicapped children needing special instruction in addition to, or separate from, regular classroom instruction.
- . The Division of Vocational-Technical Education offers skill training programs free to persons under 21 years of age and at nominal cost to adults (including handicapped) in 33 vocational technical schools throughout the state.
- The Dept. of Health supervises the delivery of a variety of health services for persons in Minnesota, among them medical and nursing consultation, screening, nutrition, genetic counseling, school health. The Department carries out licensing of a structural/environmental nature for medical facilities (such as hospitals, nursing home, community-based residential programs) and provides grants for coordinating community health services.
- The Dept. of Public Welfare is responsible for supervising the provision of a broad array of social services to persons in Minnesota. Services affecting persons having a developmental disability include administration of state hospitals for the retarded, family and guardianship services, program licensure of residential and day time activity centers, community mental health center programs, and many categorical aid programs through the county welfare departments.
- The Dept. of Transportation was created in 1976 by merging various activities from other agencies whose programs dealt with transit/transportation. The Department is preparing a state plan for all types of transportation resource use - ground, air and water - and one particular component of the plan is to address the special needs of persons having handicaps. The Department administers U.S. Urban Mass Transit Administration grant programs in the state, one of which (the "16b2" program) provides adapted vehicles for use by persons who are elderly and/or handicapped.

- The Dept. of Vocational Rehabilitation. Legislation passed in 1976 gave the Division of Vocational Rehabilitation in the Dept. of Education full department status in 1977 (although subsequent human service reorganization legislation in 1977 has left the status in question). A wide array of diagnosis, evaluation, treatment, training, sheltered employment, counseling, follow-along, job placement, and physical restoration services are provided under its auspices.
- The Housing Finance Agency facilitates the construction and rehabilitation of housing for low- to moderate-income individuals and families. It administers a bonding program that supports long-term mortgages for community-based residential facilities.

Executive agencies and functions that have bearing on service development/delivery for persons having a developmental disability would include the following general listing:

Councils, Offices and Agencies Having Close Relation to the Governor

- The Governor's Citizens' Council on Aging coordinates the plans and activities of state departments and groups involved in affairs regarding elderly Minnesotans. It also is the agency administering and making policies related to the Federal "Older Americans Act." Staff for the Council are located in the Dept. of Public Welfare.
- The Governor's Planning Council on Developmental Disabilities
- The State Council for the Handicapped is responsible for advising the Governor on matters pertaining to individuals in Minnesota having disabilities. It is also responsible for planning and conducting a biennial Governor's Conference on Handicapped Persons.
- The Governor's Manpower Office coordinates the Comprehensive Employment Training Act (C.E.T.A.) program in the State of Minnesota, works with "Community Action Agencies" and has contact with "Head Start" programs operating in Minnesota.
- The Governor's Office of Volunteer Services coordinates the use of volunteer personnel resources within the state, particularly under programs receiving support from the Federal ACTION Program.
- The State Planning Agency advises the Governor, Legislature and state/local governmental programs on issues affecting the orderly and economic growth and development of the state (frequently undertaking special studies in the process). The Developmental Disabilities Office, which serves as staff for the Governor's Planning Council as well as its administrative agent, is located in the Agency, as is the Comprehensive Health Planning Office.

Agencies Whose Programs in General Relate to Service Delivery for Persons Having a Developmental Disability

- The Dept. of Corrections supervises the rehabilitation of persons in the state's criminal justice system.
- The Department of Employment Services provides employment counseling and testing, and assists persons in job placement. Persons with special needs, such as handicapped and otherwise disadvantaged persons, are provided services under the special services programs within the Department. It administers state unemployment compensation programs.

- The Department of Human Rights was established to facilitate compliance with state standards dealing with discrimination in housing, education, employment, public accommodations and services.
- The Department of Natural Resources oversees the development and management of state forests, minerals, lands, wildlife. It also manages the development of state park resources, and has begun programs to increase the physical accessibility of state park/recreation areas.
- The Department of Public Safety oversees and regulates matters of convenience and safety for persons in the state (such as criminal investigation, various types of licenses). Its fire inspection functions (by the State Fire Marshall) affect the construction and operation of facilities through out the state (including community-based residential and day programs).

State Human Service Reorganization

As human service delivery efforts have been focused upon decentralization in Minnesota in the recent past, there also has been a corresponding emphasis on reorganization. As cited previously, the "Human Service Act" passed by the Legislature was directed at reorganizing the planning, management and coordination of health, welfare and corrections services at the county/multi-county level. Under the Act, five Boards were initially established and the outcome from their first few year's of operations were documented and subsequently reported to the Legislature. General results identified the widespread need for greatly increased statewide coordination of activities, procedures, reporting requirements in order that an integrated approach to planning and providing health/welfare services succeed.

During this same general time period, the Office of Human Resources in the State Planning Agency received a grant from the U.S. Department of HEW to analyze the impact of Federal and state human service program delivery characteristics. This study, entitled Human Services Planning Study: A Comparative Analysis of HEW & State Requirements Impacting Substate Human Service Planning in Minnesota, highlighted the profusion of human service planning efforts and the need for coordination among them. Task forces of the Governor (such as the "Human Service Council") organized and operated during this general period to review issues regarding the delivery of human services within the state and review of the results from efforts such as the State Planning Agency Study led to the establishment by executive order of an Office of Human Services in 1975. This Office was to follow up on the evaluation of human service board operations (and provide continued support to the boards) and to study and recommend possible reorganization patterns for the state's delivery of human service (primarily administrative, in areas such as consolidation of licensing functions, coordinating advocacy activities, standardizing reporting forms and information systems, budget integration). The Office was to report its findings to the 1977 Legislature.

In meeting its responsibility, OHS prepared a number of reports recommending changes for both state and local human service organization, management, and delivery. In brief summary, OHS recommended a plan to reorganize nine existing state agencies and programs involved in providing health, welfare and employment services, into a new structure of two departments -- a

Department of Economic Security and a Department of Health and Social Services. A diagram of this organizational arrangement appears on page 12. The intent of the reorganization was to emphasize a broad functional grouping of services (and permit each of the new agencies to develop broad policies in major service areas), to integrate Federally-funded planning activities currently separate from program agencies into the new management structure, to integrate administrative support activities contained within each program unit, to attempt to improve client access to services, to strengthen the administrative responsibilities of local elected officials (county commissioners). Certain human service activities were not affected by the reorganization plan, primary among them being the Housing Finance Agency, public/vocational/post-secondary activities, the Governor's Council for the Handicapped, Workmens' Compensation Programs.

As of the end of the first half of the 1977-79 Biennium, legislation to establish the Department of Economic Security (House File 3) had been passed by the Legislature and approved by the Governor; this legislation was passed only after considerable debate and discussion. The status of companion Health and Social Services reorganization legislation (House File 2) was not acted upon and will receive further review and analysis during the "interim session" prior to the Legislature's reconvening in January of 1978.

In conjunction with the reorganization legislation and as further indication of the trend toward decentralization, a bill consolidating social service planning and funds distribution authority in the offices of county commissioners ("House File 1") was proposed during the 1977 Session. This bill would give counties a single state grant for all social services, rather than fund separately various social service programs -- in essence, a social services "block grant." No final action was taken on the bill during the 1977 Session, but it is anticipated that it will also be reviewed in the 1977 "Interim" and reintroduced during the 1978 Session. Should such legislation be enacted into law, it will represent a major consolidation of responsibility for the planning and funding of a wide array of locally-based human service programs (including many services for persons having a developmental disability) within the offices of commissioners for each of the state's 87 counties.

Status of Habilitation Planning

In 1974, the Minnesota State Planning Agency/DD Planning Office received a grant from the National DD program to carry out a project of "national significance." The Community Alternatives and Institutional Reform (CAIR) report produced under this grant focuses on outlining an individual-centered process for planning and providing a range of services in community settings needed by persons having a developmental disability as they grow and progress throughout life. The report essentially focuses on the needs of persons having retardation, with the expectation being that many needs, rights and program requirements identified for persons having retardation are applicable in planning for all individuals having a developmental disability.

The CAIR report is directed at taking the abstract terms which characterize recent changing philosophies in providing assistance for persons who have a developmental disability, and outlining the major issues and decisions involved in pragmatically introducing these trends into the state's service delivery systems. A substantial portion of the report addresses issues involved in setting up and implementing an individualized planning process, for

Fig. 3-2 Reorganization

FIGURE A

III-12

THE EXISTING ORGANIZATION OF HUMAN SERVICES PROGRAMS

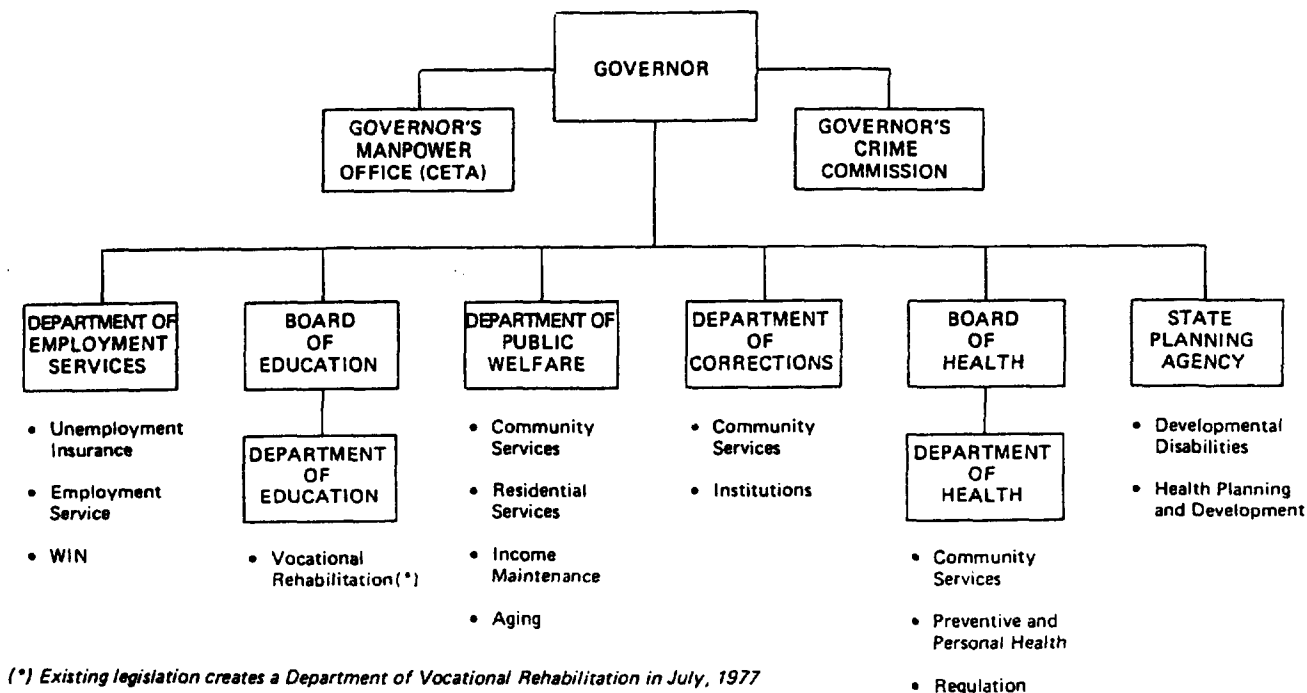
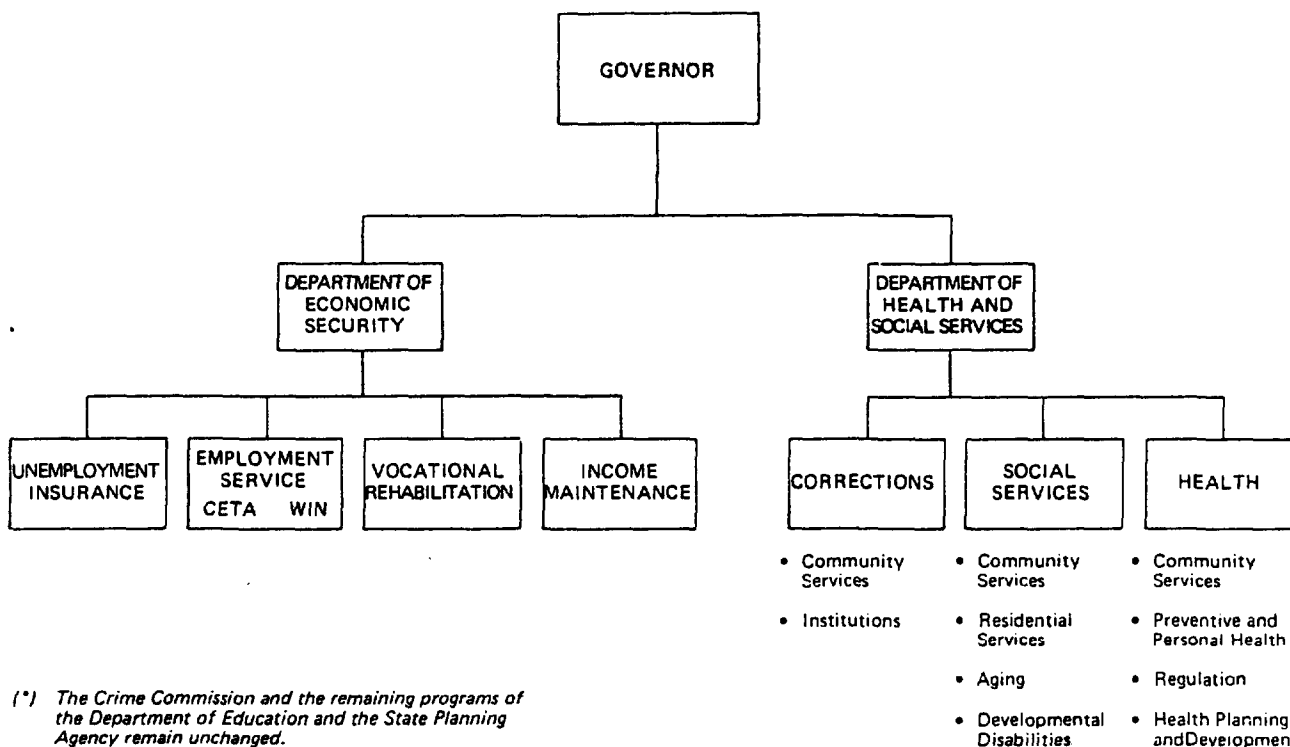


FIGURE B

RECOMMENDED ORGANIZATION FOR HUMAN SERVICES PROGRAMS(*)



(From: Economic Security and Health and Social Services: A Strategy For Change in State Government. Executive Summary. Office of Human Services)

perhaps no issue is more critical to the core concepts of the DD program than to concretely demonstrate whether the philosophy of individual-centered programming can be made workable and implemented on a long-term basis. "Case planning and management" activities are the administrative mechanisms that implement individualized program planning: their goal is to systematically identify such needs and potential, secure necessary service and assistance, and periodically evaluate effects and appropriateness. These activities translate the denominator of service into its most important terms: the impact on persons having a developmental disability. Such a process is directed at the end goal of assuring that necessary services are available, and that assistance that is appropriate, timely and adequate is provided. Although equally applicable for individuals residing in institutional settings, the decentralized nature of community-based programming makes the case planning and management mechanism particularly vital to linking and integrating the services provided by an array of community agencies.

Many of the CAIR report's recommendations were made to the Dept. of Public Welfare, for it has statutory authority/responsibility in the areas of institutional care and in community day activity and residential services. The Dept. has used the Report as a guideline in developing local service capacity that is under its jurisdiction. As described in Section III (under the outline of DPW activities), Rule 185 and Rule 23 were developed and promulgated within the last year in order to systematically implement the individualized planning process throughout the state for persons under the service jurisdiction of D.P.W. (residential, day activity centers).

In the area of educational services, individualized program plans for students having a developmental or other disability, are required under the "due process" guidelines for students receiving special education services. (A description of these standards is found under the outline of Dept. of Education activities in Section III.) In the area of vocational rehabilitation services, all persons receiving assistance from the state's Vocational Rehabilitation program are to have program plans prepared for them. (This would affect all persons having a developmental disability who receive counseling and training from Vocational Rehabilitation, as well as persons working in sheltered workshops.) Also in the area of physical rehabilitation, all persons receiving assistance from the Crippled Children's Service of the Dept. of Health are to have program plans.

Developing local capacity to administer the individualized program planning approach is an issue of priority concern in efforts to change the methods used in assisting persons having a developmental disability. In recognition of this consideration, the state DD Council in 1976 directed that a portion of its grant authorization be designated for seeking proposals from local organizations who would carry out pilot projects to establish feasibility, and then implement a strong case planning and management system within a particular locale. Proposals were sought under what may be termed a "solicited" granting process, also known as a "request for proposals" format. The intent of this RFP was to follow through on policy planning (the CAIR report) and service administration guidelines (DPW standards subsequently developed) to assure that use of the individualized program planning approach is feasible and can be adequately implemented. A grant was awarded for the project "feasibility" stage, with a subsequent "implementation" RFP to be developed and issued at the completion of the feasibility stage.

Because the issue of individualized program planning is so central to the philosophy of normalization and deinstitutionalization, and because of guidelines like the CAIR report and subsequent implementation efforts by various

state agencies in Minnesota, major attention in the state Council work program for FY '78 is being directed at the status of program planning for all persons having a developmental disability. There are a number of distinct, yet interrelated areas that require attention at present:

- the criteria that are, or should be, used to establish when program plan preparation is appropriate/inappropriate
- the extent of program plan coverage under Rule 185 by the Dept. of Public Welfare for persons having a developmental disability other than retardation
- the scope of plans (content, format) developed for persons receiving services from the various agencies
- the sharing of plan data/information across agencies preparing program plans for an individual
- the need for a "management information system" to track the movement and progress of an individual within the service delivery system. (The Dept. of Public Welfare published a study in February, 1977, entitled, An Analysis of Minnesota's Effort to Reintegrate Its Mentally Retarded Citizens Into the Community. This study, in part, addresses the issue of the need for such a system.)
- the relationship of data gathering and sharing under program plans to state privacy laws. The "Official Records - Collection, Security and Dissemination Act," or the Minnesota Privacy Act as it is more commonly known, was passed by the Legislature in 1975 (MS 15.162-169). This Act sets standards on the type of data that may be collected, stored and disseminated by state agencies regarding an individual. Data are categorized as either public, private or confidential, with guidelines established for handling each category. The Commissioner of the Department of Administration is in charge of carrying out the Act.

As outlined in Section VI under the "Design for Implementation," the State DD Council will undertake a multi-faceted comprehensive planning goal during FY '78 and '79 that deals with designing and implementing a uniform state-wide service planning process. Its second sub-goal addresses data-gathering on individual developmental potential and service needs at the local level. This sub-goal contains an objective and work outline directed at evaluating the status of program plan development for all persons having a developmental disability for whom program planning is appropriate. The outcome of this study will be a written and published report identifying the extent of program plan development/coordination for persons in Minnesota having a developmental disability.

Recent Reports Evaluating Service Delivery Characteristics

In 1977, a number of studies and reports evaluating certain aspects of human service delivery were prepared and issued by state-level agencies. These reports in many cases directly address services being provided for persons having a developmental disability, and contain data very important for planning purposes. Consequently, they will need to be reviewed during the upcoming planning year. The scope of these studies are outlined below.

The Legislative Audit Commission undertakes studies and evaluations as directed by the Legislature, and a Program Evaluation Division was established within it in 1975. As stated in its authorization, the Division is to determine the degree to which activities and programs entered into or funded by the state are accomplishing their goals and objectives, as well as assessing program outcomes, resource allocation efficiency and alternative approaches.

During 1976-77, the Division produced a number of timely reports evaluating various managerial aspects of service delivery affecting persons having a developmental disability:

- Regulation and Control of Human Service Facilities
- Department of Public Welfare Regulatory Functions
- The Impact of Regulation
- Cost of Regulatory and Control Activities of the Minnesota Dept. of Health
- Cost of Regulating and Control Activities of the Minnesota Dept. of Public Welfare"
- Cost of Compliance with Regulations Incurred by Facilities for the Mentally Retarded and Mentally Ill
- Amount and Cost of Services Delivered in Facilities Serving the Mentally Retarded and Mentally Ill
- The Need for Residential Placements for the Mentally Retarded in Minnesota

At the request of the Governor, early in 1976, the Management Services Division of the Dept. of Administration undertook an extremely extensive evaluation of state expenditures being incurred under the Medicaid program. The purpose of the study was to identify alternative ways to contain Medicaid costs, and projecting the impact resulting from instituting such measures. Since Title XIX support is the prime funding mechanism used to develop and operate community-based facilities for persons having retardation, major emphasis is given to analyzing characteristics of ICF/MR funding, and the role such support has in the state Medicaid program as a whole. The final report, Medicaid Cost Containment and Long-Term Care in Minnesota, was released in mid-1977, and it evaluates delivery characteristics and costs for a range of community services, as well as for institutional programs. Due to its size (500 pages) and the extensiveness of data collected and analyzed, this report's findings and recommendations must serve as a foundation upon which cost projections and trends in service delivery for persons having a developmental disability will be subsequently assessed in Minnesota.

Contents of Section III

As outlined in the guideline, Section III of the Plan is to provide a compendium of data on all public and private agencies in the state that provide services for persons having a developmental disability. Organizational, eligibility, budgetary, personnel, capacity, utilization, availability characteristics, all are to be highlighted on the basis of group or agency, service area and geographic locale. Tables 3-1 to 3-10 and various supporting figures are to be completed in this process.

In those states where many services for persons having a developmental disability are centralized both in geographic as well as administrative terms, profiling the characteristics of such delivery systems presents a task of a certain magnitude. In a state such as Minnesota where trends toward deinstitutionalization and decentralization have been in effect for a number of years, this task is greatly complicated by the number of units that would need to be profiled. The scope and impact of the major state agencies serves as a logical starting point from which to initiate such efforts; this scope is greatly expanded when the local units with which they interact are included in the perspective. The Dept. of Education oversees major programs for school-age persons having a developmental disability; at the local level approximately 440 general districts have a responsibility for assuring the provision of special educational services to handicapped students. (This figure may not include educational cooperatives, and vocational/technical programs.) The Dept. of Health provides services for handicapped children -- screening and assessment, clinics -- throughout the state. It also licenses and certifies all health-related facilities, many of which serve persons having a developmental disability (360 nursing homes, 180 boarding care homes, 190 supervised living facilities, for example). Under the Dept. of Public Welfare's auspices, approximately 90 county social/human service departments operate; 27 mental health centers provide a wide array of mental health-related services. Approximately 160 community-based residential programs for persons having retardation or a physical handicap are licensed; over 100 daytime activity center programs provide a range of developmental/training services. Approximately 40 sheltered workshops provide services under contractual arrangements with the Dept. of Vocational Rehabilitation; 60 daytime activity centers provide work activity center programming.

This cursory listing should emphasize the fact that profiling characteristics of even the major publicly-related programs in Minnesota is an undertaking of substantial magnitude. Further, a myriad of agencies characterized as private/non-public also need to be profiled, such as:

- Major advocacy organizations (state and local chapters of the Association for Retarded Citizens, United Cerebral Palsy, Minnesota Epilepsy League, National Society for Autistic Children, Minnesota Association for Children with Learning Disabilities, Minnesota Society for Crippled Children and Adults).
- A wide range of religious, civic, fraternal, philanthropic organizations (involved in funding services and/or actually involved in service delivery).
- Specialized resources in various service areas (such as the Comprehensive Epilepsy Program of the Mayo Clinic and the University of Minnesota, operating under contract with the National Institute of Health; the Vinland National Center, a recreation-oriented facility directed at improving the health status of handicapped and non-handicapped individuals, being developed at present through partial support of the Norwegian government).

Undertaking a data gathering and analysis effort of the scope outlined by the guidelines is conditioned not only by the number of agencies/programs involved, but also by the availability of data, the format in which it is stored, effort required for retrieval, its timeliness. In these latter respects, there are a number of considerations that need to be noted:

- As described in a subsequent listing, the Minnesota Office of Information and Referral, from 1974 to 1977, initiated efforts to strengthen and improve regional information and referral resources throughout the state. It also undertook the formatting and updating of a very extensive computerized resource file on the characteristics of human service programs throughout the state. This data base contains a substantial amount of information that is now becoming available for planning/analysis purposes, and any effort to profile agencies providing services to persons having a developmental disability must build upon this compendium.

- The Human Resources Planning Office of the State Planning Agency is working on a proposal to develop computerized bases of data useful for local/county decision-makers involved in planning and providing various human services. These county profile bases will highlight various service delivery characteristics of programs -- persons served, costs for service units, budgets, personnel -- and will complement current proposals for consolidating human service planning, funding and management at the local level. Again, efforts to profile services for persons having a developmental disability must be coordinated with the character of this envisioned system.

- At present, there are a variety of computerized data bases at the state level that are being used for initiating service profile efforts. The state has standardized the format system used by major agencies, for storing and retrieving computerized information, so that it is both the Dept. of Administration and the respective agencies with whom activities need to be initiated.

Although certain forms of data will be available through respective state-level organizations, there are a great many instances in which data can only be obtained by contacting and polling individual local service agencies. Since one of the functions that regional DD programs in Minnesota perform is to profile needs assessment and service characteristics for their respective areas, one FY '78 work program goal area is directed at carrying out coordinated information gathering and analysis at the regional level. These work program components are identified more fully in Sections V and VI of the Plan.

The approach that has been used in preparing Section III for this plan has been to highlight available profile data for the major state agencies and their local offices and/or service providers under their auspices. Profile and budget information has been drawn primarily from the State of Minnesota, Detailed Biennial Budget Proposal, Fiscal Years 1978 and 1979, Presented by Governor Rudy Perpich to the Seventieth Legislature. Volumes used included those for State Departments (Vol. 1 and 2), Education, Health, Welfare and Corrections. Each agency is outlined in terms of its overall operations, organizational, budgetary and personnel characteristics. Major categories of operations are then identified as "programs;" programs are broken down into respective "activities" (and activities further divided infrequently as "management activities"). As available in a readily usable form, data on service delivery characteristics has been obtained from the agencies to complete the respective outlines. In some instances, this data may be specific enough to identify persons having a developmental disability who are receiving services. In many other cases, though, only aggregate data on persons receiving services is available, and it has been cited to at least give a general indication of the scope of service provision.

Because proposals for reorganizing and realigning human service administrative arrangements within Minnesota are being acted upon at present, the outline of agency characteristics provided herein is already dated and inaccurate. The previous organizational structure, however, was judged as the appropriate format to use until the newly-approved administrative arrangements have become better established.

The strategy that will be used during the upcoming planning year is for gathering, analyzing and formatting data activities at both the state and regional level. State Council efforts will be directed toward identifying very specifically the array of data bases available from state-level organizations, and the formats of each of these bases; this activity will be done in conjunction with efforts by the Human Resources Planning Office in the State Planning Agency to develop county data base profiles for human service decision makers. The Council will also focus upon the ability of the regional DD planning programs to gather, assess and format data specific to local service delivery characteristics, as well as data on the service needs of persons having a developmental disability. In many of the regions (as described more fully in Section V), programs have not only gathered and analyzed such data, but are using its results for identifying priority service development/improvement within their area. Much of the FY '78 planning year will be devoted to reviewing the data sources presently available to the regional programs, providing the results of state-level gathering and analysis efforts to the regional programs to supplement their local resources, attempting to generally standardize the formats used among programs, assisting the regional programs in their analysis efforts as requested, reviewing the timetables and resources required for them to carry out the task.

The data found in the remainder of this section, then, provides only a brief overview of the organization and programs for major state-level public agencies. Tables 3-1 to 3-10 have not been completed, but data that approximates the types sought for completing these Tables has been provided as available. Each profile presents Biennial Budget information on agency purpose, persons/groups served, functional (program) organization. Specific programs and activities affecting services for persons having a developmental disability have been described with information readily available about, or from, each agency. Budget and personnel data for FY'76 has also been obtained from the Biennial Budget. Statutory cites have been reproduced from various volumes of Minnesota Statutes 1976 (West Publishing Co.).

SUMMARY TABLE 3-1
RESPONSIBLE AGENCY, PROGRAMS, AND TYPES
OF SERVICE AVAILABLE TO THE DEVELOPMENTALLY DISABLED

(DDSP 3.1)

[illegible]

AGENCY TABLE 3-1
AGENCY SERVICES - DESCRIPTION, TARGET POPULATION
AND ELIGIBILITY REQUIREMENTS

Agency
(DDSP 3.2.1.1)

TITLE OF SERVICE 1	AUTHORITY * 2	DESCRIPTION OF SERVICES 3	TARGET POPULATION 4	ELIGIBILITY REQUIREMENTS 5
	NOT PROVIDED AT PRESENT		NOT PROVIDED AT PRESENT	

* FEDERAL AND/OR STATE STATUTE OR REGULATION

AGENCY TABLE 3-3
AGENCY GOALS, OBJECTIVES AND ACTIVITIES

(Agency)
(DDSP 3.2.1.1)

GOALS 1	OBJECTIVES 2	ACTIVITIES 3	COMP. DATE 4
NOT PROVIDED AT PRESENT			
NOT PROVIDED AT PRESENT			

III-22

AGENCY TABLE 3-4a
CAPACITY, DD UTILIZATION & POTENTIAL DD AVAILABILITY OF AGENCY
DIRECT SERVICES FOR _____ (FY)

(Agency)
(DDSP 3.2.1.2)

GEOGRAPHIC SUBDIVISION 1	DIRECT SERVICES										
	RESIDENTIAL SERVICES		DAY PROGRAMS							EMPLOYMENT	
			PRE-SCHOOL		SCHOOL AGE			ADULT			
	Domiciliary Care 2	Special Living Arrang. 3	Day Care 4	Education/ Training 5	Day Care 6	Education 7	Training 8	Day Care 9	Education/ Training 10	Sheltered 11	Other 12
ESTIMATED TOTAL CAPACITY											
EST. DD POTENTIAL AVAIL.											
EST. DD UTILIZATION											
DD UTILIZATION GAP											
ESTIMATED TOTAL CAPACITY											
EST. DD POTENTIAL AVAIL.											
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EST. DD UTILIZATION											
DD UTILIZATION GAP											
ESTIMATED TOTAL CAPACITY											
EST. DD POTENTIAL AVAIL.											
EST. DD UTILIZATION											
DD UTILIZATION GAP											

NOT PROVIDED AT PRESENT

NOT PROVIDED AT PRESENT

AGENCY TABLE 3-4b
CAPACITY, DD UTILIZATION & POTENTIAL DD AVAILABILITY OF AGENCY
SUPPORT SERVICES FOR ____ (FY)

(Agency)

(DDSP 3.2.1.2)

GEOGRAPHIC SUBDIVISION 1	SUPPORT SERVICE											
	IDENTIFICATION			CASE MANAGEMENT			TREATMENT			FAMILY / PROGRAM SUPPORT		
	Diagnostic 2	Evaluation 3	Information & Referral 4	Counseling 5	Protective Social, Legal 6	Follow- Along 7	Medical 8	Dental 9	OT, PT, SP &H other Special 10	Recreation 11	Personal Care 12	Transpor- tation 13
ESTIMATED TOTAL CAPACITY												
EST. DD POTENTIAL AVAIL.												
EST. DD UTILIZATION												
DD UTILIZATION GAP												
ESTIMATED TOTAL CAPACITY												
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DD UTILIZATION GAP												
ESTIMATED TOTAL CAPACITY												
EST. DD POTENTIAL AVAIL.												
EST. DD UTILIZATION												
DD UTILIZATION GAP												

NOT PROVIDED AT PRESENT

NOT PROVIDED AT PRESENT

AGENCY TABLE 3-5
PERSONNEL & FISCAL RESOURCE SUMMARY

III-25

Agency
(DDSP 3.2.1.3)

Personnel Summary

FY _____ FY _____ FY _____ (Est.)
Past Yr. Current Yr. Plan Yr.

Permanent full-time positions

Full-time equivalents

Other than full-time

Budget Summary

Capital facilities equipment

Total

NOT PROVIDED AT PRESENT

Federal

Local

Operating Expenses Total

State Direct

Interagency transfer

Federal Total

Program (specify)

Program (specify)

County/local

Other (specify)

NOT PROVIDED AT PRESENT

AGENCY TABLE 3-6a
COSTS FOR AGENCY DIRECT SERVICES FOR _____ (FY)

(Agency)

(DDSP 3.2.1.3)

GEOGRAPHIC SUBDIVISION 1	TOTAL	RESIDENTIAL SERVICES		PRE-SCHOOL		NOT PROVIDED AT PRESENT	DIRECT SERVICES Y PROGRAMS				EMPLOYMENT	
		Domiciliary Care 2	Special Living Arrang. 3	Day Care 4	Education/ Trainings 5		SCHOOL AGE		ADULT		Sheltered 11	Other 12
							Education 7	Training 8	Day Care 9	Education/ Training 10		
FEDERAL												
STATE												
OTHER												
TOTAL												
FEDERAL												
STATE												
OTHER												
TOTAL												
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OTHER												
TOTAL												
FEDERAL												
STATE												
OTHER												
TOTAL												

NOT PROVIDED AT PRESENT

NOT PROVIDED AT PRESENT

AGENCY TABLE 3-7
PER CAPITA EXPENDITURES FOR AGENCY SERVICES (ACTUAL)

(Agency)

(Type of Service)

(DDSP 3.2.1.3)

[illegible]

ESTIMATED CURRENT AND PROJECTED PERSONPOWER BY SKILL AREA

(Agency)

(DDSP 3.2.1.3)

[illegible]

III-28

AGENCY TABLE 3-9
MONITORING AND EVALUATION ACTIVITIES - PAST & PROJECTED

(Agency)

(DDSP 3.2.1.4)

AGENCY SERVICE PROGRAM & IDENTITY OF EVALUATED PROJECT 1	PROJECTS REVIEWED IN THE PAST YEAR			PLANNED REVIEW	
	PRIMARY TYPE OF SERVICE 2	TYPE OF MONITORING/ EVALUATION CONDUCTED 3	SUMMARY OF RESULTS 4	TYPE OF MONITORING/ EVALUATION 5	TARGET DATE 6

(Agency)
(DDSP 3.2.1.4)

[illegible]

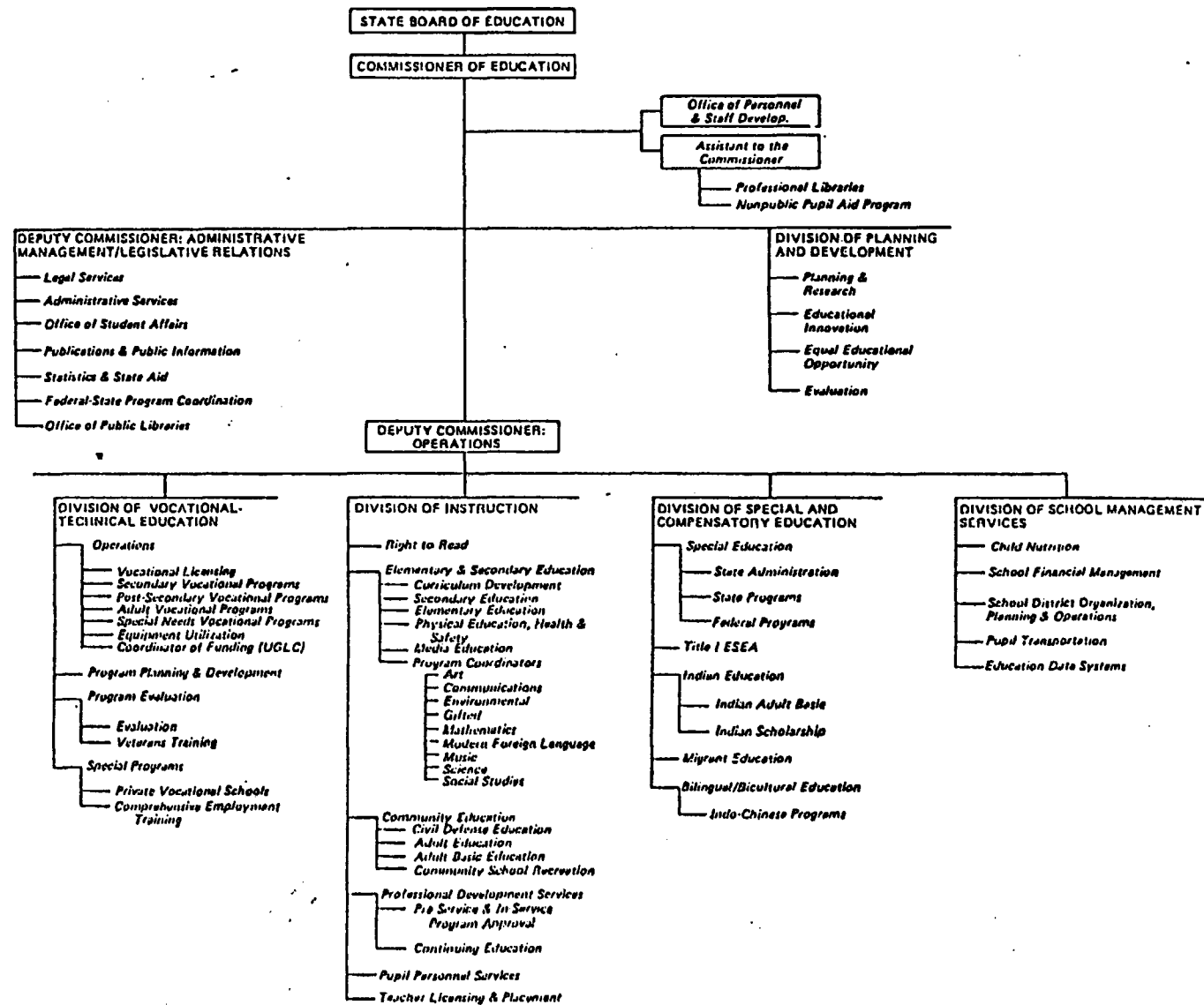
AGENCY: DEPARTMENT OF EDUCATIONPURPOSE/GENERAL CLIENTELE/ADMINISTRATIVE AND PROGRAM (FUNCTIONAL)
ORGANIZATION

As outlined in the 1978-79 Biennial Budget (p. C-0101)

- "The Department of Education assists local school districts in developing and maintaining a general, uniform and quality system of public education and in providing special education to persons with handicaps who could not reach their full potential without such services. The State Board of Education also serves as the State Board for Vocational Education and, along with the Department, provides guidance and direction to the provision of post-secondary vocational education in the state's 33 area vocational technical institutes. The Department also serves as the operating agency through which education-oriented laws and State Board of Education policies are administered."
- "The Department of Education serves the people of Minnesota, particularly the students of the public school system and their parents. Specifically, the Department assists the personnel and students of 437 local school districts, as well as the approximately 300 students attending the Braille and Sight-Saving School or the School for the Deaf at Faribault. The Department helps the local school districts to meet and exceed minimum requirements established by law or State Board of Education rules and regulations. General supervision and assistance is provided in the areas of curriculum, staffing, financing, and the administration of public elementary, secondary and area vocational-technical schools. The Department of Education is also responsible for the calculation and payment of state and federal aids."
- "The Department's responsibilities also include regulatory functions relative to private trade schools and educational institutions offering services under the Federal Veteran's Benefit Law."
- "Public libraries are provided developmental and consultative assistance. The distribution of state and federal aid to public libraries is also a responsibility of the Department."
- "The major goal has been the provision of equal access to quality education. The Department together with the Legislature and the Governor has worked to formulate and administer the equalization of financial support for education throughout the state and to help local school districts establish minimum objectives in comprehensive curricular offerings. Minnesota's education system is rated as a leader nationally. The most recent data available indicates that approximately 90% of Minnesota's ninth-graders graduate from high school four year later."
- "Each person has a right to an education fitted to his or her individual needs. The Minnesota educational system is acknowledging that right and is assisting each student to reach his or her potential."
- "The Department of Education carries out the responsibilities noted above through six major divisions, which generally correspond to the programs used in structuring this budget request."

Fig. 3-3 Dept. of Education Organization

STATE OF MINNESOTA
DEPARTMENT OF EDUCATION
ORGANIZATION CHART
JANUARY 1977



From a functional standpoint, there are seven major programming efforts carried out by the Department of Education:

- General/Academic Instructional Services and Related Services
- Vocational-Technical Instruction and Related Services
- Special and Compensatory Instructional Services
- Department Planning and Development
- Auxiliary and General Support Services
- Public Library Services and Inter-Library Cooperation
- School Management Services

The operations most directly affecting school-age persons having a developmental disability are the Special and Compensatory Instructional Services Program, and the Vocational-Technical Instruction and Related Services Program. These operations are highlighted below:

Special and Compensatory Instruction and Services Program

As described in the 1978-79 Biennial Budget (p. C-0157 - 0158), this program is

"To assure the availability of appropriate educational programs for all handicapped, educationally disadvantaged, Indian, and migrant persons of school age and for students whose primary language in the home is other than English and/or whose cultural heritage is so significantly different as to require unique educational consideration. To operate the state residential schools for hearing impaired and visually impaired students who cannot be served by their resident school districts; and to operate the regional library for the blind as a resource to visually impaired readers throughout the state. The desired end result is to have programs for all the above groups of students routinely available through every public school as needed. The agency's mission is education for all eligible residents of the State of Minnesota, with adequate provisions for persons who have atypical needs. It is this program's responsibility to interact across the entire department to advocate for the needs of specified types of students who have atypical educational needs."

" This program strives toward the following goals:

- The advocacy, development, management, and administration of program standards and laws for handicapped, migrant, educationally disadvantaged, Indian students and those who require special consideration due to language and cultural difference;
- Assessing needs, monitoring, auditing and evaluating results of state and federally funded programs;
- Assisting schools with program design and inservice training; and
- The provision of direct service to students and/or parents, including operating two state residential schools and a regional library; providing post-secondary scholarships to Indian students and adult basic education programs for Indian adults. Major goals include: developing new and updating existing regulations; assuring compliance with laws, rules and regulations, and standards;

and recommending legislative changes for more effective delivery of appropriate education to all residents with unique educational needs that they may receive the most adequate education available to promote further education, future employment, and self-sufficiency."

"This program serves and regulates school districts that provide programming to handicapped, educationally disadvantaged, Indian and migrant children or others whose language and culture differs so significantly as to require special adaptations in their educational process; it further services and regulates the state residential schools for the deaf and the blind and the regional library for blind and handicapped individuals. This program service includes assistance to:

- 440 school districts serving 70,000 students who, because of their limited reading and mathematics abilities, need supplemental help;
- 2 state residential schools serving approximately 300 deaf/blind, hearing impaired or visually impaired students;
- 17 school districts serving 4900 migrant students;
- 115 districts serving 1300 Indian children;
- 110 districts serving 1300 Indochinese children; and
- 434 school districts serving an estimated 87,658 handicapped children including educable retarded, trainable retarded, physically handicapped, hearing impaired, visually impaired, speech impaired, and students with special learning disabilities and behavior problems."

Vocational-Technical Instruction and Related Services Program

As outlined in the 1978-79 Biennial Budget (p. C-0121)

"This program administers a comprehensive statewide system of vocational-technical education services for Minnesotans. It guides the allocation and expenditure of state and federal funds according to the established statutes, rules, and regulations. It also offers various supporting program services to local education agencies: consultation, program planning, supervision, evaluation, teacher training, and statistical reporting. Vocational-technical programs provide services to students in the secondary school system and in area vocational-technical institutes (AVTI's). Support is also provided to vocational-technical teachers. Within each of the population levels served, programs provide specialized training to meet the current and future manpower needs of business and industry and the social needs of citizens."

" This program administers, supervises, and funds vocational activities at the secondary, post-secondary, and adult levels. The secondary program: (1) provides exploratory occupational experience; (2) prepares students for advanced entry into post-secondary vocational education; and (3) prepares students for immediate entry-level employment. The goal of the post-secondary activities is to provide training to allow students to obtain and maintain employment. The adult activity provides training for persons currently working in order to upgrade their skills or become retrained. Expansion in each of these levels is anticipated in FY 1978-79 because previous goals have been exceeded as a result of demands beyond the availability of local funds and facilities to provide training programs."

"The vocational education services are delivered through 437 local educational agencies, 33 of which contain post-secondary AVTI's. In addition, there are 59 secondary vocational cooperative centers. Regulatory provisions also cover 80 private schools and 450 agencies providing post-secondary education to veterans. Within these units service is provided that affects 445,000 secondary students, particularly the 225,000 in grades 10, 11 and 12, of which 58,000 will attend classes reimbursed with state and/or federal funds provided through the Department of Education. The other activities deliver full and part-time training services to persons over 16 years of age who desire to enter or who have entered the labor force (which is approximately 1,800,000 persons). The educational needs of these persons are constantly changing as technology changes."

STATE STATUTORY AUTHORITY/RULES AND REGULATIONS:

State Statutes

Education

CHAPTER 120

DEFINITIONS; GENERAL PROVISIONS

Sec.		Sec.	
120.01	Citation, education code.	120.59	Flexible school year programs; purpose.
120.02	Definitions.	120.60	Definition.
120.03	Handicapped children, defined.	120.61	Establishment of program.
120.05	Public schools.	120.62	Division of children into groups.
120.06	Admission to public school.	120.63	Hearing.
120.065	Farms in more than one district, attendance option.	120.64	Assignment of teachers.
120.07	Attendance.	120.65	Establishment and approval.
120.08	Attendance; high school in adjoining state.	120.66	Powers and duties of the state board.
120.085	School census.	120.67	Termination of program.
120.10	Compulsory attendance.	120.71	Minnesota public school fee law, citation.
120.11	School boards and teachers, duties.	120.72	General policy.
120.12	Compulsory attendance; how enforced.	120.73	Authorized fees.
120.13	Duties and powers of labor and industry department.	120.74	Prohibited fees.
120.14	Truant officers.	120.75	Hearing.
120.15	Schools for truants and delinquents.	120.76	Post-secondary instructional programs.
120.16	Investigation and aid to children.	120.77	Fuel conservation.
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CHAPTER 123

III-36

SCHOOL DISTRICTS; ELECTION, POWERS AND DUTIES

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CHAPTER 128A

SCHOOLS; DEAF AND SIGHT-SAVING

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CHAPTER 129A

DEPARTMENT OF VOCATIONAL REHABILITATION

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NOTE: Except for section 129A.09 which is effective April 21, 1976, this chapter is effective July 1, 1977.

Rules

Minnesota State Agency Rules. Rules of the State Board of Education
(1977 Edition)

There are approximately 750 State Board of Education Rules, organized into 36 Chapters. These Chapters and Rules address requirements for receiving state financial supports, classification of school types, personnel qualifications and certification, pupil transportation standards. Many of these Rules have more than general applicability to those students having a developmental disability who either participate in regular classes, or in special education programs. However, only those having a direct reference to special educational/vocational services are identified below. (Additionally, the State Board of Teaching operates under approximately 120 Rules; these will not be highlighted.)

Chapter 1: Classification for State Aids, Minimum Requirements for all Elementary and Secondary Schools.

EDU 4 Curriculum (including "suitable" special education curriculum)

Chapter 7: Standards and Procedures for the Provision of Special Education Instruction and Services for Children and Youth who are Handicapped

EDU 120 Policies and definitions
EDU 121 Application

EDU 122	<u>Facilities, staff and supervision</u>
EDU 123	<u>Surrogate parents</u>
EDU 124	<u>Identification and assessment procedures</u>
EDU 125	<u>Team determination and program needs determination</u>
EDU 126	<u>Periodic reviews, reassessment and follow-up</u>
EDU 127	<u>Formal notice to parents</u>
EDU 128	<u>Conciliation conference</u>
EDU 129	<u>The hearing</u>

Chapter 25: Services for the Severely Disabled Through Long-Term Sheltered Workshops

EDU 480	<u>Definitions</u>
EDU 481	<u>Purpose</u>
EDU 482	<u>Eligible applicants</u>
EDU 483	<u>Eligible costs</u>
EDU 484	<u>Application content</u>
EDU 485	<u>Clientele served</u>
EDU 486	<u>Standards of service</u>
EDU 487	<u>Workshop board of directors</u>
EDU 488	<u>Approval of application</u>
EDU 489	<u>Allocations and priorities</u>
EDU 490	<u>Grant awards</u>
EDU 491	<u>Payments</u>
EDU 492	<u>Certification</u>

Programs/Activities Affecting Delivery of Services to Persons Having a Developmental Disability

- Special and Compensatory Education Program

This program in the Dept. of Education administers the statewide program of special education for children having handicapping conditions, as well as provides direct service in public residential schools for children having hearing impairments (Minnesota School for the Deaf) and visual impairments (Minnesota Braille and Sight-Saving School) who cannot be served adequately by their local district. A comprehensive elementary and secondary educational program are provided for students from ages 4 to 21, as well as provision of social learning experience in the residential facilities. Approximately 40 students graduate from the School for the Deaf annually; approximately 8 graduate from the Braille and Sight Saving School.

• Special Education of Handicapped Children Activity

This activity is directly involved in developing and carrying out state standards regarding the provision of special education services in local school districts, which total approximately 440. ("Handicapped" is defined as a school-age child having a hearing or vision impairment, a physical impairment, having retardation, an emotional disturbance or a special behavior problem, a speech impairment, a learning disability.) As of August 15, 1977, "school age" extends from age 4 to 21 for all handicapped students, including students having mental retardation, an emotional disturbance or learning disability. (Previously, only students having a hearing, vision or physical impairment were included.) Provision of education services beyond these ages also may be provided by districts: preschool services may be arranged and districts may provide special instruction to "trainable" mentally retarded students up to age 25 if a student has attended public school less than nine years.

Every state school district must provide special education services for its students having handicapping conditions. These services may be provided in regular classes, in special classes, in the home, under a cooperative agreement with another district, and through various other arrangements. School districts are also to provide special education services for handicapped children enrolled in parochial schools on a "shared time" basis. Under the Omnibus Education Act of 1973, the state provides a certain base amount of financial support for all students, known as the "foundation aid". Special foundation aid supports are provided to districts serving handicapped children.

The "Minnesota Due Process Amendment" was passed by the Legislature in 1976. Under this standard regulations are formalized for the procedures to be followed regarding inquiries into testing/ placement of students in special education classes. Under these regulations, the State Board of Education has been required to adopt rules which insure that all handicapped children are provided appropriate instruction and services and have an educational program plan prepared for them; that such children and their parents are guaranteed procedural and substantive safeguards in identification, assessment and placement of handicapped children; that to the maximum extent feasible handicapped children are to be educated with normal children; that testing materials are not discriminatory; that the rights of parents and children are protected; and that a hearing procedure is established.

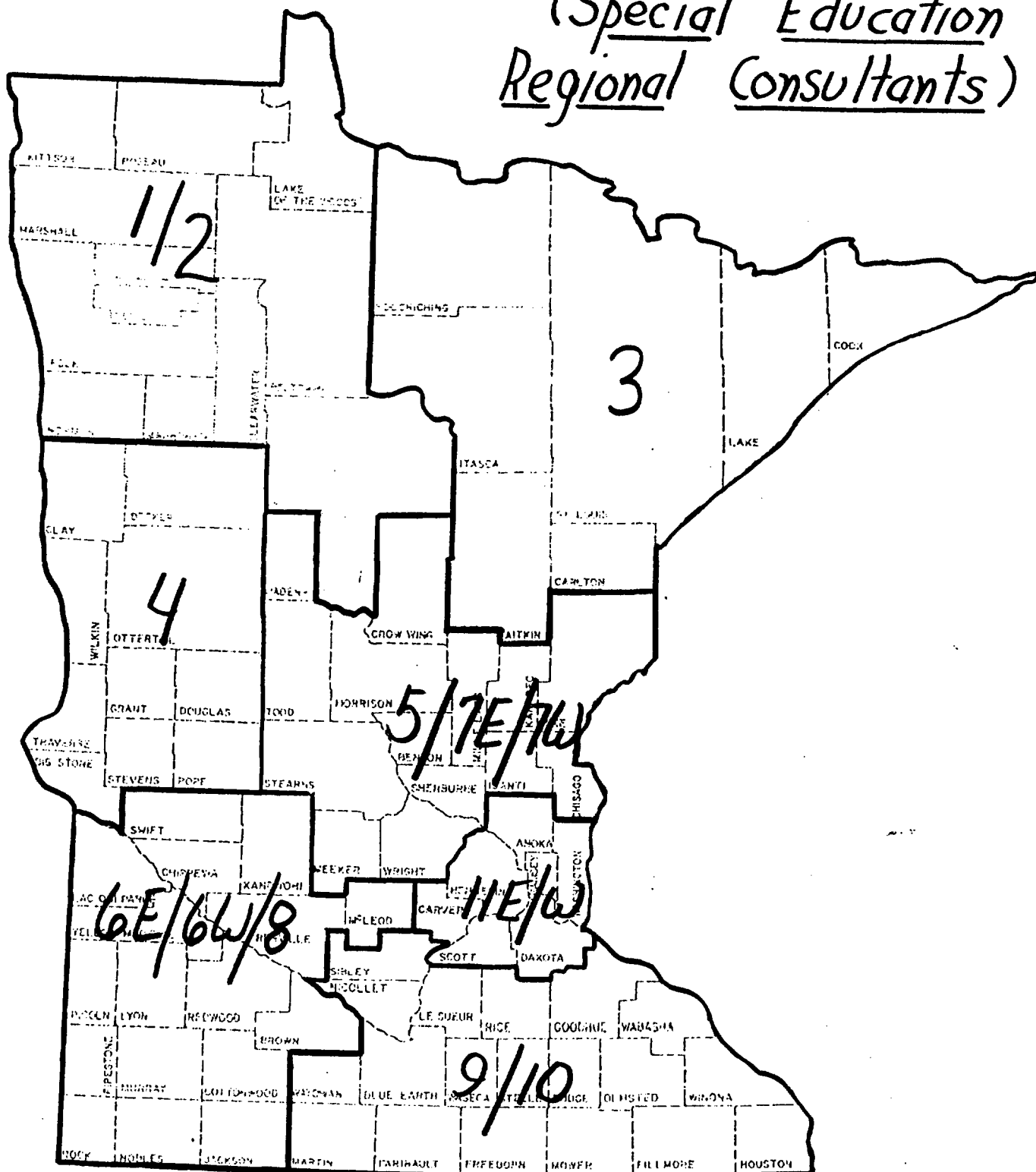
The state makes financial aids available to districts for transporting all pupils, including those having handicapping conditions. In 1975, the Legislature also passed a law dealing with safe and efficient carrying of handicapped students, requiring districts receiving state transportation aid to provide certain kinds of safety equipment and training.

In 1974 the "Pupil Fair Dismissal Act" was approved by the Legislature. This standard establishes uniform procedures for exclusion, suspension or expulsion of students, including an established notice and hearing procedure. (This Act may have applicability for students having a developmental disability in that one of the criteria for initiating action is that a student's actions were "willful." Actions of a student having a developmental disability who might display inappropriate behaviors would not necessarily be classified as "willful.")

Special Education Regional Consultants, or "SERCs" as they are commonly known as, are employees of the Dept. of Education who are located in various areas of the state and are responsible for assisting local districts in carrying out their special education programming efforts. SERC regions and offices are identified on page 41.

Special Education records regarding the number of handicapped students served during the month of March, 1977 were obtained in order to outline the magnitude of service being provided by districts. Districts are identified on pgs. 42-44, and data on service provided is identified on pgs. 45-55.

Fig. 3-4 SERC Regions
(Special Education
Regional Consultants)



Minnesota School Districts (1976)

Table 3-11

DISTRICT NAME	NO.	CO	RGN			
ADA	521	54	1	DODGE CENTER	282	28
ADRIAN	511	53	8	DOVER-EYOTA	533	55
AITKIN	1	1	3	DULUTH	789	69
AKELEY	381	29	2	EAGLE BEND	798	77
ALBANY	745	73	7W	EAST CHAIN	453	46
ALBERT LEA	241	24	18	EAST GRAND FORKS	595	68
ALDEN	242	24	18	ECHO	893	87
ALEXANDRIA	286	21	4	EDEN PRAIRIE	272	27
ALVARADO	436	45	1	EDEN VALLEY-WATKINS	463	47
AMBOY-GOODTHUNDER	79	7	9	EDGERTON	581	59
ANNANDALE	876	86	7W	EDINA	273	27
ANOKA	11	2	11	ELBOW LAKE	263	26
APPLETON	784	76	6W	ELGIN-MILLVILLE	886	79
ARGYLE	457	45	1	ELK RIVER	728	71
ARLINGTON	731	72	9	ELLENDALE-GENEVA	762	74
ASHBY	261	26	4	ELLSWORTH	514	53
ASKOV	566	58	7E	ELMORE	219	22
ATWATER	341	34	6E	ELY	696	69
AUDUBON	21	3	4	EMMONS	243	24
AURORA-HOYT LAKES	691	69	3	ERSKINE	597	68
AUSTIN	492	58	18	ESKO	99	9
BABBITT	692	69	3	EVANSVILLE	288	21
BACKUS	114	11	5	EVELETH	697	69
BADGER	676	68	1	FAIRFAX	649	65
BAGLEY	162	15	2	FAIRMONT	454	46
BALATON	411	42	8	FARIBAULT	656	66
BARNESVILLE	146	14	4	FARMINGTON	192	19
BARNUM	91	9	3	FERGUS FALLS	544	56
BARRETT	262	26	4	FERTILE-BELTRAMI	599	64
BATTLE LAKE	542	56	4	FINLAYSON	578	58
BEARDSLEY	57	6	6W	FISHER	688	68
BECKER	726	71	7W	FLOODWOOD	698	69
BELGRADE	736	73	7W	FOLEY	51	5
BELLE PLAINE	716	78	11	FOREST LAKE	831	82
BELLINGHAM	371	37	6W	FOSTON	681	68
BELVIEW	631	64	8	FRANCONIA	323	13
BEMIDJI	31	4	2	FRANKLIN	658	65
BENSON	777	76	6W	FRAZEE-VERGAS	23	3
BERTHA-HEWITT	786	77	5	FREEBORN	244	24
BIG LAKE	727	71	7W	FRIDLEY	14	2
BIRD ISLAND	646	65	6E	FROST	228	22
BIWABIK	693	69	3	FULDA	585	51
BLACKDUCK	32	4	2	GARDEN CITY	78	7
BLOOMING PRAIRIE	756	74	18	GARY	523	54
BLOOMINGTON	271	27	11	GAYLORD	732	72
BLUE EARTH	216	22	9	GIBBON	733	72
BORUP	522	54	1	GILBERT	699	69
BRAMH	314	38	7E	GLENCOE	422	43
BRAINERD	181	18	5	GLENVILLE	245	24
BRANDON	287	21	4	GLENWOOD	612	61
BRECKENRIDGE	846	84	4	GLYNDON-FELTON	145	14
BREWSTER	513	53	8	GOLDEN VALLEY	275	27
BRICELYN	217	22	9	GONVICK	158	15
BROOKLYN CENTER	286	27	11	GOODHUE	253	25
BROOKTON	737	73	7W	GOODRIDGE	561	57
BROWERVILLE	787	77	5	GRACEVILLE	68	6
BROWNS VALLEY	881	78	4	GRAMMIA-MUNTLEY	468	46
BROWNTON	421	43	6E	GRAND MEADOW	495	58
BUFFALO	877	86	7W	GRAND RAPIDS	318	31
BUFFALO LAKE	647	65	6E	GRANITE FALLS	894	87
BUHL	694	69	3	GREENBUSH	678	68
BURNSVILLE	191	19	11	GREY EAGLE	791	77
BUTTERFIELD	836	83	9	GROVE CITY	464	47
BYRON	531	55	18	GRYGLA-GATZKE	447	45
CALEDONIA	299	28	18	HALLOCK	351	35
CAMBRIDGE	911	38	7E	HALLSTAD	524	54
CAMPBELL-TINTAH	852	84	4	HANCOCK	768	75
CANBY	891	87	6W	HARMONY	228	23
CANNON FALLS	252	25	18	HASTINGS	288	19
CARLTON	93	9	3	HAWLEY	158	14
CASS LAKE	115	11	5	HAYFIELD	283	28
CENTENNIAL	12	2	11	HECTOR	651	65
CEYLON	451	46	9	HENDERSON	734	72
CHANDLER-LAKE WILSON	918	51	8	HENDRICKS	482	41
CHASKA	112	18	11	HENORUM	525	54
CHATFIELD	227	25	18	HENNING	545	56
CHISAGO LAKES	141	13	7E	HERMAN	264	26
CHISHOLM	695	69	3	HERMANTOWN	788	69
CHOKIO-ALBERTA	771	75	4	HERON LAKE	323	32
CLARA CITY	126	12	6W	HIBBING	781	69
CLAREMONT	281	28	18	HILL CITY	2	1
CLARISSA	789	77	5	HILLS-BEAVER CREEK	671	67
CLARKFIELD	892	87	6W	HINCKLEY	573	58
CLEARBROOK	161	15	2	HOFFMAN	265	26
CLEVELAND	391	48	9	HOLDINGFORD	738	73
CLIMAX	592	68	1	HOPKINS	274	27
CLINTON	58	6	6W	HOUSTON	294	28
CLOQUET	94	9	3	HOWARD LAKE	888	86
COLD SPRING-RICHMOND	758	73	7W	HUMBOLT	352	35
COLERAINE	316	31	3	HUTCHINSON	423	43
COLUMBIA HEIGHTS	13	2	11	INTERNATIONAL FALLS	361	36
COMFREY	81	8	9	INVER GROVE-PINE BEND	199	19
COOK COUNTY	166	16	3	ISLE	473	48
COSMOS	461	47	6E	IVANHOE	483	41
COTTONWOOD	412	42	8	JACKSON	324	32
CROMWELL	95	9	3	JANESVILLE	838	81
CROOKSTON	593	68	1	JASPER	522	59
CROSBY-IRONTON	182	18	5	JORDAN	717	78
CYRUS	611	61	4	KARLSTAD	353	35
DANUBE	648	65	6E	KASSON-MANTORVILLE	284	28
DASSEL-COKATO	466	47	6E	KELLIHER	36	4
DAWSON	378	37	6W	KENNEDY	354	35
DEER CREEK	543	56	4	KENSINGTON	289	21
DEER RIVER	317	31	3	KENYON	254	25
DELANO	879	86	7W	KERKHOVEN	783	76
DELAVAN	218	22	9	KIESTER-WALTERS	222	22
DETROIT LAKES	22	3	4	KIMBALL	739	73
DILLWORTH	147	14	4			

DISTRICT NAME	NO.	CO	RGN				
LA CRESCENT	388	28	18	RANDOLPH	195	19	11
LAKE BENTON	484	41	8	RAYMOND	346	34	6E
LAKE CITY	813	79	18	RED LAKE FALLS	638	63	1
LAKE COUNTY	361	38	3	RED LAKE	38	4	2
LAKE CRYSTAL	78	7	9	RED WING	256	25	18
LAKEFIELD	325	32	8	REDWOOD FALLS	637	64	8
LAKE OF THE WOODS	398	39	2	REMER	118	11	5
LAKE PARK	24	3	4	RENNVILLE	654	65	6E
LAKEVILLE	194	19	11	RICHFIELD	288	27	11
LAMBERTON	633	64	8	ROBBINSDALE	281	27	11
LANCASTER	356	35	1	ROCHESTER	535	55	18
LANESBORO	229	23	18	ROCKFORD	883	86	7W
LAPORTE	386	29	2	ROSEAU	682	68	1
LE CENTER	392	48	9	ROSEMOUNT	196	19	11
LE ROY-OSTRANDER	499	58	18	ROSEVILLE	623	62	11
LESTER PRAIRIE	424	43	6E	ROTHSAY	858	84	4
LE SUEUR	393	48	9	ROUND LAKE	516	53	8
LEWISTON	857	85	18	ROYALTON	485	49	5
LITCHFIELD	465	47	6E	RUSH CITY	139	13	7E
LITTLE FALLS	482	49	5	RUSHFORD	234	23	18
LITTLE FORK	362	36	3	RUSSELL	418	42	8
LONG PRAIRIE	792	77	5	RUTHTON	584	59	8
LUVIERNE	678	67	8	SACRED HEART	655	65	6E
LYLE	497	58	18	ST ANTHONY VILLAGE	282	27	11
LYND	415	42	8	ST CHARLES	858	85	18
				ST CLAIR	75	7	9
MABEL-CANTON	238	23	18	ST CLOUD	742	73	7W
MADELIA	837	83	9	ST FRANCIS	15	2	11
MADISON	377	37	86W	ST JAMES	848	83	9
MAGNOLIA	669	67	8	ST LOUIS COUNTY	718	69	3
MAHNOHEN	432	44	2	ST LOUIS PARK	283	27	11
MAHOMEDI	832	82	11	ST MICHAEL-ALBERTVILLE	885	86	7W
MANKATO	77	7	9	ST PAUL	625	62	11
MAPLE LAKE	881	86	7W	ST PETER	588	52	9
MAPLETON	72	7	9	SANBORN	638	64	8
MARIETTA	376	37	6W	SANDSTONE	576	58	7E
MARSHALL	413	42	8	SARTELL	748	73	7W
MAYNARD	127	12	6W	SAUK CENTRE	743	73	7W
MAZEPPA	889	79	18	SAUK RAPIDS	47	5	7W
MC GREGOR	4	1	3	SEREA	828	88	5
MC INTOSH	683	68	1	SHAKOPEE	728	78	11
MEDFORD	763	74	18	SHERBURN	456	46	9
MELROSE	748	73	7W	SILVER LAKE	425	43	6E
MENAMGA	821	88	5	SIOUX VALLEY	328	32	8
MENTOR	684	68	1	SLAYTON	584	51	8
MIDDLE RIVER	448	45	1	SLEEPY EYE	84	8	9
MILACA	912	48	7E	SOUTH KOOCHICHING	363	36	3
MILAN	128	12	6W	SOUTH ST PAUL	SP 6	19	11
MILROY	635	64	8	SOUTH WASHINGTON CO	833	82	11
MINNEAPOLIS	SP 1	27	11	SOUTHLAND	588	58	18
MINNETONKA	414	42	8	SPRING GROVE	297	28	18
MINNESOTA LAKE	273	22	9	SPRINGFIELD	85	8	9
MINNETONKA	276	27	11	SPRING LAKE PARK	16	2	11
MONTVIDEO	129	12	6W	SPRING VALLEY	237	23	18
MONTGOMERY-LONSDALE	394	48	9	STAPLES	793	77	5
MONTICELLO	832	86	7W	STARBUCK	614	61	4
MOOREHEAD	152	14	4	STEPHEN	443	45	1
MOOSE LAKE	97	9	3	STEWART	426	43	6E
MORA	332	33	7E	STEWARTVILLE	534	53	18
MORGAN	636	64	8	STILLWATER	834	82	11
MORRIS	769	75	4	STORDEN-JEFFERS	178	17	8
MORRISTOWN	657	66	18	STRANDQUIST	444	45	1
MORTON	652	65	6E	SWANVILLE	486	49	5
MOTLEY	483	49	5				
MOUND	277	27	11	TAYLORS FALLS	148	13	7E
MOUNDSVIEW	621	62	11	THIEF RIVER FALLS	564	57	1
MOUNTAIN IRON	783	69	3	TOWER-SOUDAN	788	69	3
MOUNTAIN LAKE	173	17	8	TRACY	417	42	8
MURDOCK	782	76	6W	TRIMONT	457	46	9
				TRUMAN	458	46	9
NASHWAUK-KEEWATIN	319	31	3	TWIN VALLEY	526	54	1
NETT LAKE	787	69	3	TYLER	489	41	8
NEVIS	388	29	2				
NEW FOLDEN	441	45	1	ULEN-HITTERDAL	914	14	4
NEW LONDON	345	34	6E	UNDERWOOD	558	56	4
NEW PRAGUE	721	78	11	UPSALA	487	49	5
NEW RICHLAND-MARTLAND	827	81	9				
NEW ULM-HANSKA	88	8	9	VERDI	488	41	8
NEW YORK HILLS	553	56	4	VERNDAL	818	88	5
NICOLLET	587	52	9	VILLARD	615	61	4
NORTH BRANCH	138	13	7E	VIRGINIA	786	69	3
NORTHFIELD	659	66	18				
NORTH ST PAUL-MAPLEWOOD	622	62	11	WABASHA	811	79	18
NORWOOD-YOUNG AMERICA	188	18	11	WABASSO	648	64	8
				WACONIA	118	18	11
OGILVIE	333	33	7E	WADENA	819	88	5
OKABENA	326	32	8	WALDORF-PEMBERTON	913	81	9
OKLEE	627	63	1	WALKER	119	11	5
OLIVIA	653	65	6E	WALNUT GROVE	641	64	8
ONAMIA	488	48	7E	WANAMINGO	258	25	18
ORONO	278	27	11	WARREN	446	45	1
ORTONVILLE	62	6	6W	WARROAD	698	68	1
OSAKIS	213	21	4	WASECA	829	81	9
OSLO	442	45	1	WATERTOWN-MAYER	111	18	11
OSSEO	279	26	11	WATERVILLE	395	48	9
OWATONNA	761	74	18	WATSON	283	12	6W
				WAUBUN	435	44	2
PARKERS PRAIRIE	547	56	4	WAYZATA	284	27	11
PARK RAPIDS	389	29	2	WELLCOME	459	46	9
PAYNESVILLE	741	73	7W	WELLS	224	22	9
PELICAN RAPIDS	548	56	4	WESTBROOK	175	17	8
PEQUOT LAKES	186	18	5	WEST CONCORD	285	28	18
PERHAM	549	56	4	WEST ST PAUL	197	19	11
PETERSON	232	23	18	WHEATON	883	78	4
PIERZ	484	49	5	WHITE BEAR LAKE	624	62	11
PILLAGER	116	11	5	WILLMAR	347	34	6E
PINE CITY	578	58	7E	WILLOW RIVER	577	58	7E
PINE ISLAND	255	25	18	WINDOM	177	17	8
PINE POINT	117	11	5	WINNEBAGO	225	22	9
PINE RIVER	117	11	5	WINOMA	861	85	18
PIPESTONE	583	58	8	WINSTED	427	43	6E
PLAINVIEW	818	79	18	WINTHROP	735	72	9
PLUMMER	628	63	1	WOOD LAKE	896	87	6W
PRESTON-FOUNTAIN	233	23	18	WORTHINGTON	518	53	8
PRINCETON	477	48	7E	WRENSHALL	188	18	3
PRINSBURG	815	34	6E	WYKOFF	236	23	18
PRIOR LAKE	719	78	11				
PROCTOR	784	69	3	ZUMBROTA	268	25	18

*Fig. 3-5 County and Development
Region Codes for
Identifying School
Districts*

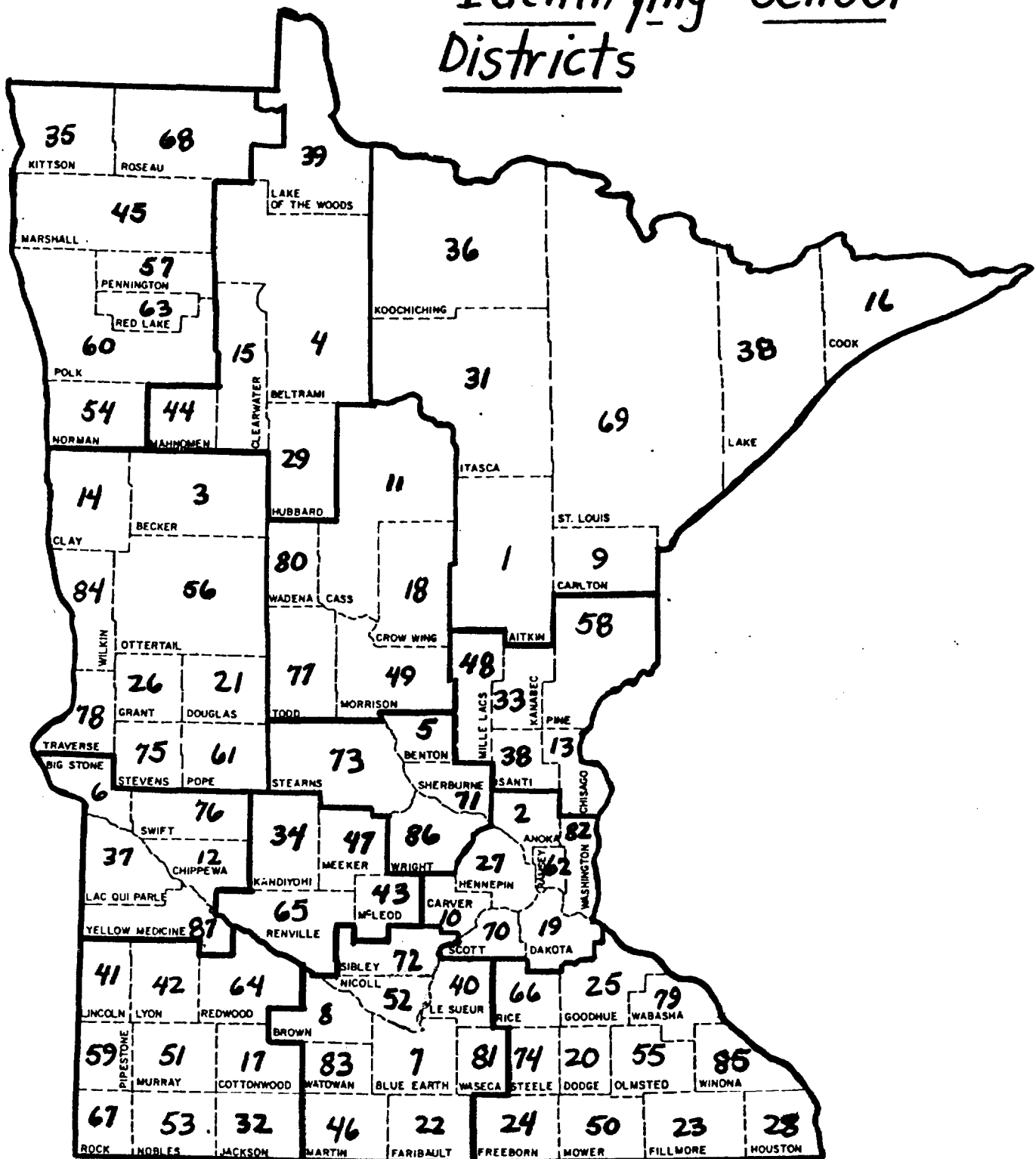


Table 3-12 School Reimbursements For Special Education Services (March, 1977)

III-45

DEVELOPMENT REGIONS, COUNTIES, AND SCHOOL DISTRICTS	Educable Mentally Retarded (EMR)	Trainable Mentally Retarded (TMR)	Physically Handicapped	Emotional, Special Learning and Behavior Problems
<u>REGION 1</u>				
Kittson County				
Hallock	6			30
Humboldt				19
Karlstad	7			30
Kennedy	7			15
Lancaster				10
Marshall County				
Alvarado				15
Argyle				17
Grygla-Gatzke				30
Middle River				21
Newfolden		2		4
Oslo				15
Stephen				30
Stranquist				7
Warren	8			25
Norman County				
Ada	11			
Borup				
Gary				1
Halstad				15
Hendrum-Pepley				
Twin Valley				10
Pennington County				
Goodridge			4	23
Thief River Falls	45	9	3	117
Polk County				
Climax - Shelly	2			20
Crookston	15	4		
East Grand Forks	23	12		75
Erskine				8
Fertile - Beltrami				50
Fisher				15
Fosston	15			15
Mc Intosh				30
Mentor				
Red Lake County				
Oklee				22
Plummer				50
Red Lake Falls				30
Roseau County				
Badger				30
Greenbush			1	45
Roseau				
Warroad	5		2	39
<u>REGION 2</u>				
Beltrami County				
Bemidji	16	14		186
Blackduck				56
Kelliher				40
Red Lake	5			30

DEVELOPMENT REGIONS, COUNTIES, AND SCHOOL DISTRICTS	Educable Mentally Retarded (EMR)	Trainable Mentally Retarded (TMR)	Physically Handicapped	Emotional, Special Learning and Behavior Problems
<u>REGION 2 (continued)</u>				
Clearwater County				
Bagley	6	6		90
Clearbrook				54
Gonvick				15
Hubbard County				
Akeley				
Laporte	12			35
Nevis				15
Park Rapids	30	12		67
Lake of the Woods Co.				
Lake of the Woods	16	5		55
Mahnomen County				
Mahnomen	8	3		18
Waubun	4	2		60
<u>REGION 3</u>				
Aitkin County				
Aitkin	19			24
Hill City				15
Mc Gregor	12			15
Carlton County				
Barnum				30
Carlton	12			37
Cloquet	23	16		75
Cromwell				19
Esko				55
Moose Lake	27			30
Wrenshall				30
Cook County				
Cook County				64
Itasca County				
Coleraine	7			85
Deer River	15			
Grand Rapids	60			160
Nashwauk - Keewatin	52		1	44
Koochiching County				
International Falls	80	15		45
Littlefork				15
So. Koochiching-R P	6			
Lake County				
Lake Superior	25	10		112
St. Louis County				
Aurora - Hoyt Lakes	19			84
Babbitt	23			45
Biwabik		16		30
Buhl	8	2		5
Chisholm		37		
Duluth	224	102	21	990
Ely		9		66
Eveleth	10			60
Floodwood				

DEVELOPMENT REGIONS, COUNTIES, AND SCHOOL DISTRICTS	Educable Mentally Retarded (EMR)	Trainable Mentally Retarded (TMR)	Physically Handicapped	Emotional, Special Learning and Behavior Problems
St. Louis Co. (Cont'd)				
Gilbert	8			15
Hermantown	28			27
Hibbing	45			30
Mountain Iron	11			47
Proctor	7			130
St. Louis County	30		2	180
Tower - Soudan	6			15
Virginia	15	10		110
REGION 4				
Becker County				
Audubon				16
Detroit Lakes	10	7	3	136
Frazee - Vergas	7			125
Lake Park				15
Clay County				
Barnesville	11	7		53
Dilworth		6		33
Glyndon - Felton				60
Hawley				14
Moorhead	76	15	18	309
Ulen - Hitterdal				15
Douglas County				
Alexandria	55	14	3	140
Brandon	7			7
Evansville				
Kensington		1		15
Osakis	5	6		10
Grant County				
Ashby				15
Barrett				
Elbow Lake				30
Herman	10			8
Hoffman				15
Otter Tail County				
Battle Lake	7			22
Deer Creek				
Fergus Falls	63	129		120
Henning	15			30
New York Mills	10			30
Parkers Prairie	15			35
Pelican Rapids	3	5		10
Perham	14			68
Underwood				30
Pope County				
Cyrus	4			
Glenwood	24			62
Starbuck				30
Villard				13
Stevens County				
Chokio - Alberta	8			30
Hancock				30

DEVELOPMENT REGIONS, COUNTIES, AND SCHOOL DISTRICTS	Educable Mentally Retarded (EMR)	Trainable Mentally Retarded (TMR)	Physically Handicapped	Emotional, Special Learning and Behavior Problems
Stevens County (cont'd)				
Morris	20	18		15
Traverse County				
Browns Valley	10			12
Wheaton	16			30
Wilkin County				
Breckenridge	16	4		37
Campbell - Tintah	9			30
Rothsay				12
REGION 5				
Cass County				
Backus	13		2	
Cass Lake	6			45
Pillager				
Pine River	13	6		
Remer	22			6
Walker				45
Crow Wing County				
Brainerd	142	232		158
Crosby - Iron-ton	24	1		15
Pequot Lakes	15			
Morrison County				
Little Falls	115	30	10	215
Motley	15		1	15
Pierz	15		4	50
Royalton ,				35
Swansville				35
Upsala	7			15
Todd County				
Bertha - Hewitt				45
Browerville	12			15
Clarissa	20			15
Eagle Bend			1	21
Grey Eagle	12		1	8
Long Prairie	16	8		40
Staples	30	4		105
Wadena County				
Menahga	9			15
Sebeka	14	6		30
Verndale				50
Wadena	37	16		60
REGION 6 E				
Kandiyohi County				
Atwater	30			
New London	30			30
Raymond	23			
Willmar	65	84		137
Mc Leod County				
Brownton				
Glencoe	26	6	1	80
Hutchinson	52	12	135	135

DEVELOPMENT REGIONS, COUNTIES, AND SCHOOL DISTRICTS	Educable Mentally Retarded (EMR)	Trainable Mentally Retarded (TMR)	Physically Handicapped	Emotional, Special Learning and Behavior Problems
Mc Leod County (cont'd)				
Lester Prairie				15
Silver Lake				15
Steward				
Meeker County				
Cosmos				15
Dassel - Cokato	30			25
Eden Valley-Watkins	28			37
Grove City				
Litchfield	45			
Renville County				
Bird Island				15
Buffalo Lake				15
Danube				15
Fairfax				
Franklin				6
Hector	12	11		
Morton	1			
Olivia				15
Renville	10			
Sacred Heart		5		
<u>REGION 6W</u>				
Big Stone County				
Beardsley				7
Clinton				
Graceville,	12			15
Ortonville	12	8		53
Chippewa County				
Clara City				17
Maynard				
Milan				15
Montevideo	26	12		61
Lac Qui Parle County				
Bellingham				
Dawson	7			27
Madison	5		1	15
Marietta				
Swift County				
Appleton	9			15
Benson	14			15
Kerkoven	15			15
Murdock				12
Yellow Medicine County				
Canby	13	24		21
Clarkfield	7			15
Echo	5			30
Granite Falls				
Wood Lake				

DEVELOPMENT REGIONS, COUNTIES, AND SCHOOL DISTRICTS	Educable Mentally Retarded (EMR)	Trainable Mentally Retarded (TMR)	Physically Handicapped	Emotional, Special Learning and Behavior Problems
<u>REGION 7E</u>				
Chisago County				
Chisago Lakes	20			20
North Branch	36			36
Rush City	5			30
Taylor's Falls	6			15
Isanti County				
Braham	38			36
Cambridge	55	300		60
Kanabec County				
Mora	46	18		49
Ogilvie	14			30
Mille Lacs County				
Isle	10	5		16
Milaca				
Onamia	26			61
Princeton	51		4	135
Pine County				
Askov	20			
Finlayson				7
Hinckley	25			40
Pine City	40			40
Sandstone	30	18		175
Willow River	1			
<u>REGION 7W</u>				
Benton County				
Foley	30	15		30
Sauk Rapids	47			78
Sherburne County				
Becker	20	5	1	25
Big Lake	30			30
Elk River	43	10		140
Stearns County				
Albany	37	3		25
Belgrade	15			
Brooklyn	12			
Cold Spring-Richmond	11	9	6	85
Holdingford	31			74
Kimball	10			30
Melrose	16	8		
Paynesville	10			5
Sartell	20			23
Sauk Centre	30	45		15
St. Cloud	160	76	6	553
Wright County				
Annandale	33	8		75
Buffalo	60	20		108
Delano	45			60
Howard Lake	30			60
Maple Lake	26			35
Monticello	31	40		60

DEVELOPMENT REGIONS, COUNTIES, AND SCHOOL DISTRICTS	Educable Mentally Retarded (EMR)	Trainable Mentally Retarded (TMR)	Physically Handicapped	Emotional, Special Learning and Behavior Problems
Wright Co. (cont'd.) Rockford St. Michael-Albert- ville				
REGION 8				
Cottonwood County				
Mountain Lake	15			14
Storden-Jeffers	8			10
Westbrook	10			8
Windom	25	13		46
Jackson County				
Heron Lake				
Jackson	16	6		30
Lakefield	19			
Okabena			1	
Sioux Valley				
Lincoln County				
Hendricks	4			
Ivanhoe				8
Lake Benton				
Tyler				
Verdi				
Lyon County				
Balaton				8
Cottonwood	2			8
Lynd				7
Marshall	28	11		30
Minnesota	6			15
Russell				
Tracy	22	12		35
Murray County				
Chandler-Lake Wilson				
Fulda	10			30
Slayton	15	7		30
Nobles County				
Adrian	5			15
Brewster				5
Ellsworth				6
Round Lake				
Worthington	48	12	51	51
Pipestone County				
Edgerton	12	5		
Jasper				7
Pipestone	33	8		15
Ruthton				

DEVELOPMENT REGIONS, COUNTIES, AND SCHOOL DISTRICTS	Educable Mentally Retarded (EMR)	Trainable Mentally Retarded (TMR)	Physically Handicapped	Emotional, Special Learning and Behavior Problems
Redwood County				
Belview				20
Lamberton	14			
Milroy				
Morgan				
Redwood Falls	23	11		24
Sanborn	4	2		15
Wabasso	7	6		45
Walnut Grove				
Rock County				
Hills - Beaver Creek				15
Luverne	21	8		22
Magnolia				
REGION 9				
Blue Earth County				
Amboy-Good Thunder	11			2
Garden City				35
Lake Crystal				34
Mankato	109	24	18	225
Mapleton	3			
St. Clair				15
Brown County				
Comfrey				
New Ulm - Hanska	40	19		75
Sleepy Eye				
Springfield	20			
Faribault County				
Blue Earth	15	5	1	20
Bricelyn				15
Delavan				6
Elmore				6
Frost				11
Kiester - Walters	10			
Minnesota Lake		38		
Wells	21	5		
Winnebago	8			
Le Sueur County				
Cleveland	8			15
Le Center	12			30
Le Sueur	20			15
Montgomery-Lonsdale	22			30
Waterville	25	10		16
Martin County				
Ceylon				
East Chain				
Fairmont				39
Granada - Huntley				
Sherburn				
Trimont				7
Truman				15
Welcome				15

DEVELOPMENT REGIONS, COUNTIES, AND SCHOOL DISTRICTS	Educable Mentally Retarded (EMR)	Trainable Mentally Retarded (TMR)	Physically Handicapped	Emotional, Special Learning and Behavior Problems
Nicollet County				
Nicollet	28			
St. Peter	54	68		90
Sibley County				
Arlington			1	15
Gaylord	7			10
Gibbon				
Henderson				6
Winthrop	23	9		20
Waseca County				
Janesville	10			
New Richland-Hartland	20			15
Waldorf - Pemberton	8			
Waseca	30	5		45
Watsonwan County				
Butterfield				
Madelia	20			12
St. James	40			
REGION 10				
Dodge County				
Claremont	7			7
Dodge Center				15
Hayfield	10	7		45
Kasson-Mantorville	20			30
West Concord	7	7		15
Fillmore County				
Harmony				30
Lanesboro	21	11		15
Mabel - Canton				9
Peterson				12
Preston-Fountain				30
Rushford	16	2		30
Spring Valley	13			30
Wykoff				
Freeborn County				
Albert Lea	53	16		167
Alden				
Emmons				15
Freeborn				
Glenville	16			15
Goodhue County				
Cannon Falls	22			30
Goodhue				15
Kenyon	19			18
Pine Island	24			60
Red Wing	52	57		173
Wanamingo				15
Zumbrota	6			24
Houston County				
Caledonia	28	8		50
Houston	18			38
La Crescent	25	8		38

DEVELOPMENT REGIONS, COUNTIES, AND SCHOOL DISTRICTS	Educable Mentally Retarded (EMR)	Trainable Mentally Retarded (TMR)	Physically Handicapped	Emotional, Special Learning and Behavior Problems
Houston Co. (Cont'd) Spring Grove				
Mower County				
Austin	90	56		280
Grand Meadow	6			15
Le Roy-Ostrander				45
Lyle				18
Southland	9	7		40
Olmsted County				
Byron				
Chatfield	8			30
Drover - Eyota				
Rochester	153	128	15	620
Stewartville	30	11		90
Rice County				
Faribault	65	386		86
Morristown				15
Northfield	30	5		98
Steele County				
Blooming Prairie	8	2		45
Ellendale - Geneva				16
Medford	15			
Owatonna	48	13		178
Wabasha County				
Elgin - Millville	15			30
Lake City	46	7		48
Mazeppa	14			15
Plainview	8	6		30
Wabasha	30			15
Winona County				
Lewiston	27	9		15
St. Charles	30			30
Winona	122	27		240
<u>REGION 11</u>				
Anoka County				
Anoka	400	84	45	700
Centennial	61			102
Columbia Heights	75	1		130
Fridley	29		1	125
Spring Lake Park	75	14		105
St. Francis	45		1	160
Carver County				
Chaska	75	27		150
Norwood-Young Amer.	24			66
Waconia	30	6		70
Watertown - Mayer	38			60
Dakota County				
Burnsville	88	12		600
Farmington	45			135
Hastings	41	5		120
Inver Grove-Pine Bend	60	8		145

DEVELOPMENT REGIONS, COUNTIES, AND SCHOOL DISTRICTS	Educable Mentally Retarded (EMR)	Trainable Mentally Retarded (TMR)	Physically Handicapped	Emotional, Special Learning and Behavior Problems
Dakota Co. (cont'd.)				
Lakeville	26			80
Randolph				30
Rosemount	75	8		346
South St. Paul	120	7		195
West St. Paul	45	12		250
Hennepin Coutny				
Bloomington	200			775
Brooklyn Center	26		8	111
Eden Prairie	35			130
Edina	30		5	463
Golden Valley				68
Hopkins	56		62	530
Minneapolis	1840	375	750	5600
Minnetonka	54	8		230
Mound	30			120
Orono	53			128
Osseo	142			700
Richfield	67			450
Robbinsdale	210	10		940
St. Anthony Village	20	4		80
St. Louis Park	45			450
Wayzata	45			338
Ramsey County				
Mounds View	128		8	626
No. St. Paul-Maplewood	165		8	262
Roseville	157		8	596
St. Paul	1016	253	105	1201
White Bear Lake	93			300
Scott County				
Belle Plaine	25			50
Jordan	28			30
New Prague	18			61
Prior Lake	22		1	102
Shakopee	75			125
Washington County				
Forest Lake	50	6		160
Mahtomedi	23			80
So. Washington Co.	90			210
Stillwater	124			130

- Vocational-Technical Instruction and Related Services Program

. Disadvantaged and Handicapped Activity:

"Area Vocational Technical Institutes" provide post-secondary instruction for occupational training not necessarily requiring a baccalureate degree. Secondary level programs may also be provided through AVTIS, in conjunction with a number of cooperating school districts. These institutes are owned and operated by local educational units, under the overview of the Division of Vocational Technical Education and the State Board for Vocational Education. There are 33 AVTI programs operating within Minnesota at present.

Approximately 15-20% of eligible students enrolled in secondary or post-secondary vocational education programs are estimated to be handicapped or disadvantaged. The Vocational - Technical Division monitors the performance of local programs in assisting handicapped/disadvantaged students in completing their courses of study, and the Division assists local educational personnel through in-service training.

BUDGET AND PERSONNEL

Department
Programs

FY'76

General Academic Instruction	\$ 8,001,090
Vocational-Technical Education	71,795,568
Statewide Educational Assessment	290,837
Special and Compensatory Education	82,095,921
Planning and Development	4,108,233
Auxilliary and General Support	601,863,058
Public Library Services	3,293,947
School Management Services	99,556,636
Total	\$ 871,005,290

Sources

FY'76

General	\$ 771,637,795
General (dedicated)	--
Special Revenue	191,350
Federal	98,943,841
Agency	217,605
Revolving	11,880
Other	2,819
Total	\$871,005,290

Personnel

#

FY'76

Unclassified	25.40	\$ 472,920
Management	16.00	435,229
Professional	244.50	4,941,385
Trades	16.00	243,153
Clerical	346.10	2,982,710
Other	75.00	1,103,344
Total	723.00	\$ 10,178,741

<u>Program: Special/Compensatory Education</u>	<u>FY'76</u>
Education of the Disadvantaged	\$ 32,935,632
Special Education of the Handicapped	44,098,510
Bilingual and Bicultural Education	8,986
Indian Education	754,237
Migrant Education	940,850
School for the Deaf	2,178,363
Braille and Sight-Saving School	1,067,834
Regional Library for the Blind	<u>111,509</u>
Total	\$ 82,095,921

<u>Sources</u>	<u>FY'76</u>
General	\$ 43,449,102
General (dedicated)	--
Special Revenue	--
Federal	38,607,499
Agency	36,501
Revolving	--
Other	<u>2,819</u>
Total	\$ 82,095,921

<u>Personnel</u>	<u>#</u>	<u>FY'76</u>
Unclassified	9.40	\$ 135,000
Management	3.00	79,756
Professional	41.00	791,888
Trades	15.00	231,514
Clerical	183.25	1,538,704
Other	<u>74.25</u>	<u>1,088,159</u>
Total	325.90	\$ 3,865,021

Activity: Special Education of Handicapped Children

<u>Budget</u>	<u>FY'76</u>
Personnel	\$ 449,054
Expenditures and Contractual Services	240,093
Supplies and Materials	12,751
Equipment	9,633
Real Property	1,995
Debt Service	--
Claims, Grants	43,384,984
Other	--
Total	\$ 44,098,510

<u>Sources</u>	<u>FY'76</u>
General	\$ --
General (dedicated)	39,906,187
Special Revenue	--
Federal	4,192,323
Agency	--
Revolving	--
Other	--
Total	\$ 44,098,510

III-58

<u>Personnel</u>	<u>#</u>	<u>FY'76</u>
Unclassified	3.00	\$ 40,859
Management	1.00	29,371
Professional	13.00	308,029
Trades	--	--
Clerical	8.00	70,620
Other	--	175
<u>Total</u>	<u>25.00</u>	<u>\$ 449,054</u>

Activity: Education of the Disadvantaged (Title I)

<u>Budget</u>	<u>FY'76</u>
Personnel	\$ 213,711
Expenditures and Contractual Services	37,674
Supplies and Materials	2,003
Equipment	625
Real Property	--
Debt Service	--
Claims, Grants	32,681,619
Other	--
<u>Total</u>	<u>\$ 32,935,632</u>

<u>Sources</u>	<u>FY'76</u>
General	\$ --
General (dedicated)	--
Special Revenue	--
Federal	32,935,632
Agency	--
Revolving	--
Other	--
<u>Total</u>	<u>\$ 32,935,632</u>

<u>Personnel</u>	<u>#</u>	<u>FY'76</u>
Unclassified	--	\$ --
Management	1.00	27,898
Professional	5.00	117,993
Trades	--	--
Clerical	8.00	67,820
Other	--	--
<u>Total</u>	<u>14.00</u>	<u>\$ 213,711</u>

<u>Program: Vocational-Technical Education</u>	<u>FY'76</u>
Secondary Voc.-Tech. Education	\$ 13,875,784
Post-Secondary Voc.-Tech. Education	39,008,759
Adult Voc-Tech Education	6,154,978
Disadvantaged/Handicapped	
Vocational Education	4,899,740
Construction-Vocational Education	3,614,899
Teacher Education	402,325
Program Accreditation	92,290
Program Planning	1,046,300

Comprehensive Employment and Training (CETA)	2,128,002
Private Vocational Schools	89,268
Veterans Training Schools	170,305
Equipment Utilization	312,918
Total	\$ 71,795,568

BudgetFY'76

Personnel	\$
Expenditures and Contractual Services	
Supplies and Materials	
Equipment	
Real Property	
Debt Service	
Claims, Grants	
Other	
Total	

SourcesFY'76

General	\$ 53,317,210
General (dedicated)	--
Special Revenue	170,305
Federal	18,308,053
Agency	--
Revolving	--
Other	--
Total	\$ 71,795,568

Personnel

#

FY'76

Unclassified	1.00	\$ --
Management	2.00	59,794
Professional	73.00	1,599,280
Trades	--	--
Clerical	38.50	353,405
Other	--	--
Total	114.50	\$ 2,012,479

Activity: Disadvantaged/HandicappedBudgetFY'76

Personnel	\$ 65,277
Expenditures and Contractual Services	69,202
Supplies and Materials	1,196
Equipment	299
Real Property	--
Debt Service	--
Claims, Grants	4,763,766
Other	--
Total	\$ 4,899,740

III-60

Sources

FY'76

General
General (dedicated)
Special Revenue
Federal
Agency
Revolving
Other
Total

\$ --
--
--
4,899,740
--
--
--
\$ 4,899,740

Personnel

#

FY'76

Unclassified
Management
Professional
Trades
Clerical
Other
Total

--
.10
2.10
--
2.40
--
4.60

\$ --
3,004
42,209
--
20,064
--
\$ 65,277

AGENCY: DEPARTMENT OF HEALTHPURPOSE/GENERAL CLIENTELE/ADMINISTRATIVE AND PROGRAM (FUNCTIONAL)
ORGANIZATION

As outlined in the FY 1978-79 Biennial Budget (p. D-3001 - 3002),

" The State Board of Health acting through its secretary has general authority as the state's official health agency and is responsible for the development and maintenance of an organized system of programs and services for protecting, maintaining, and improving the health of the citizens. This authority shall include but not be limited to the following:

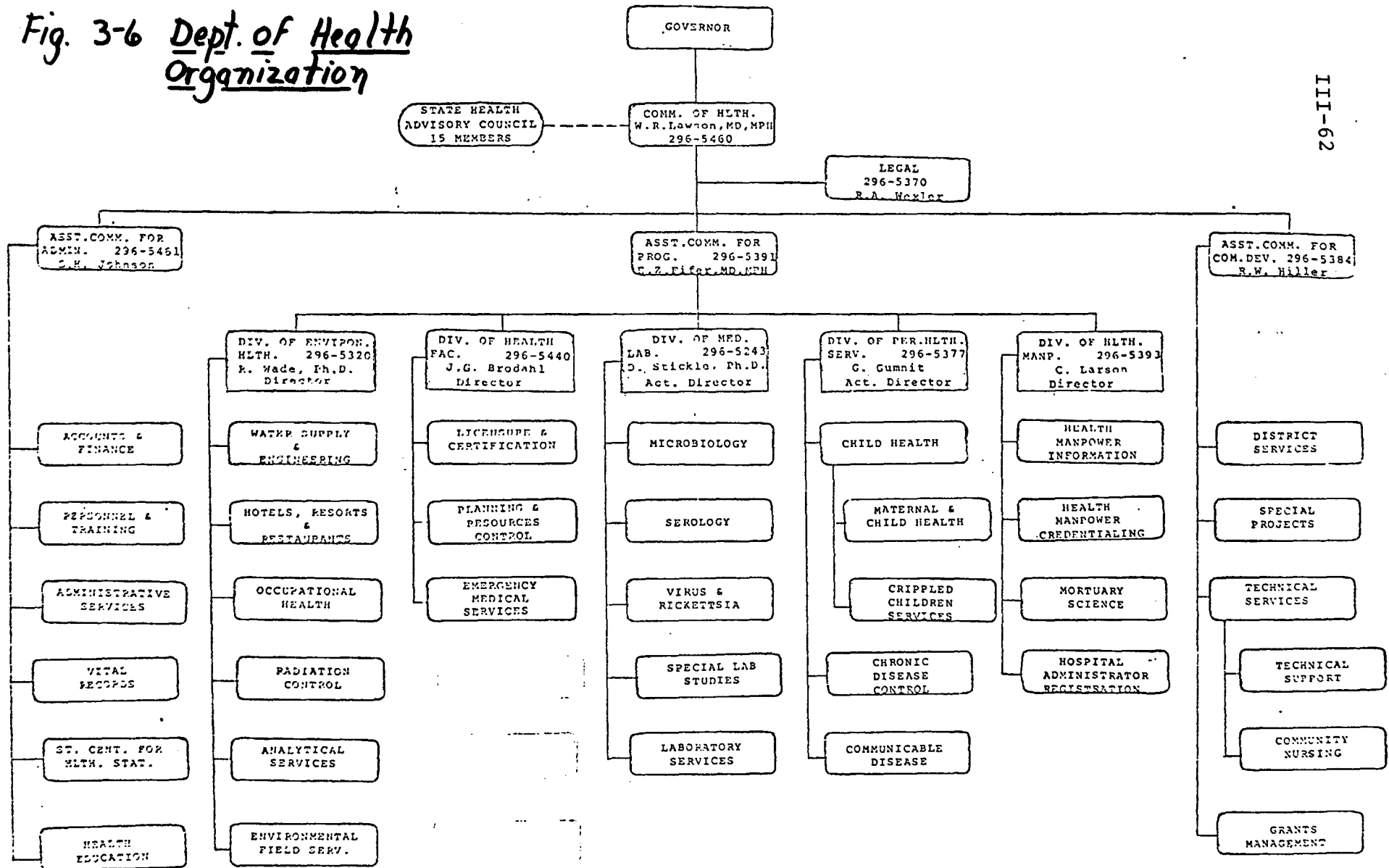
- Conduct studies and investigations, collect and analyze health and vital data, and identify and describe health problems.
- Plan, facilitate, coordinate, provide, and support the organization of services for the prevention and control of illness and disease and the limitation of disabilities resulting therefrom.
- Establish and enforce health standards for the protection and promotion of the public's health, such as quality of health services, reporting of disease, regulation of health facilities, environmental health hazards and manpower.
- Affect the quality of public health and general health care services by providing consultation and technical training for health professionals and paraprofessionals.
- Promote personal health by conducting general health education programs and disseminating health information.
- Coordinate and integrate local, state and federal programs and services affecting the public's health.
- Continually assess and evaluate the effectiveness and efficiency of health service systems and public health programming efforts in the state.
- Advise the governor and legislature on matters relating to the public's health."

" The agency performs three major functions to fulfill its mission:

- A. Provision of services to prevent disease and accidents, control spread of disease, identify health problems early and provide for intervention in the disease process.
- B. Regulatory functions directed at health facilities, health manpower and environmental conditions intended to assure safe and healthy surroundings and services that are provided by competent personnel.

Fig. 3-6 Dept. of Health
Organization

III-62



- C. Assistance to local health agencies, both fiscal and technical; information, consultation and assistance to health professionals of all disciplines and in a variety of settings in order to continually improve the health services available to people."

"The clientele consists primarily of the health system personnel throughout the state; staffs of local health agencies, hospitals, health maintenance organizations, nursing homes, ambulance services, clinics, individual health providers, and the personnel of other regulated industries. In a few programs (for example: Crippled Children's Services) the direct clientele are the citizens with health problems. This clientele will decrease as the Community Health Services Act is implemented over this biennium."

"The major five year goals of the agency are:

- To complete the organization of a statewide system of comprehensive community public health services.
- To recast the role of the Board and the Department to that of a standard setting, regulatory, and technical assistance agency insofar as practical.
- To continue efforts to encourage the defragmentation of the health functions and responsibilities within state government.
- To expand the leadership role of the agency in health and medical care affairs.
- To emphasize the evaluation of human health considerations in environmental management matters.
- To emphasize the importance of prevention as a strategy, as an alternative to treatment for illness and disease."

A major change affecting the Department's administrative organization was passed by the Legislature in the 1977 Session. As of July 1, 1977, the Board of Health (which had previously exercised general authority as the official state health agency) was abolished. The Department Commissioner is now directly responsible for the Governor for Department operations, with a State Council being appointed by the Governor to advise and recommend on health-related issues.

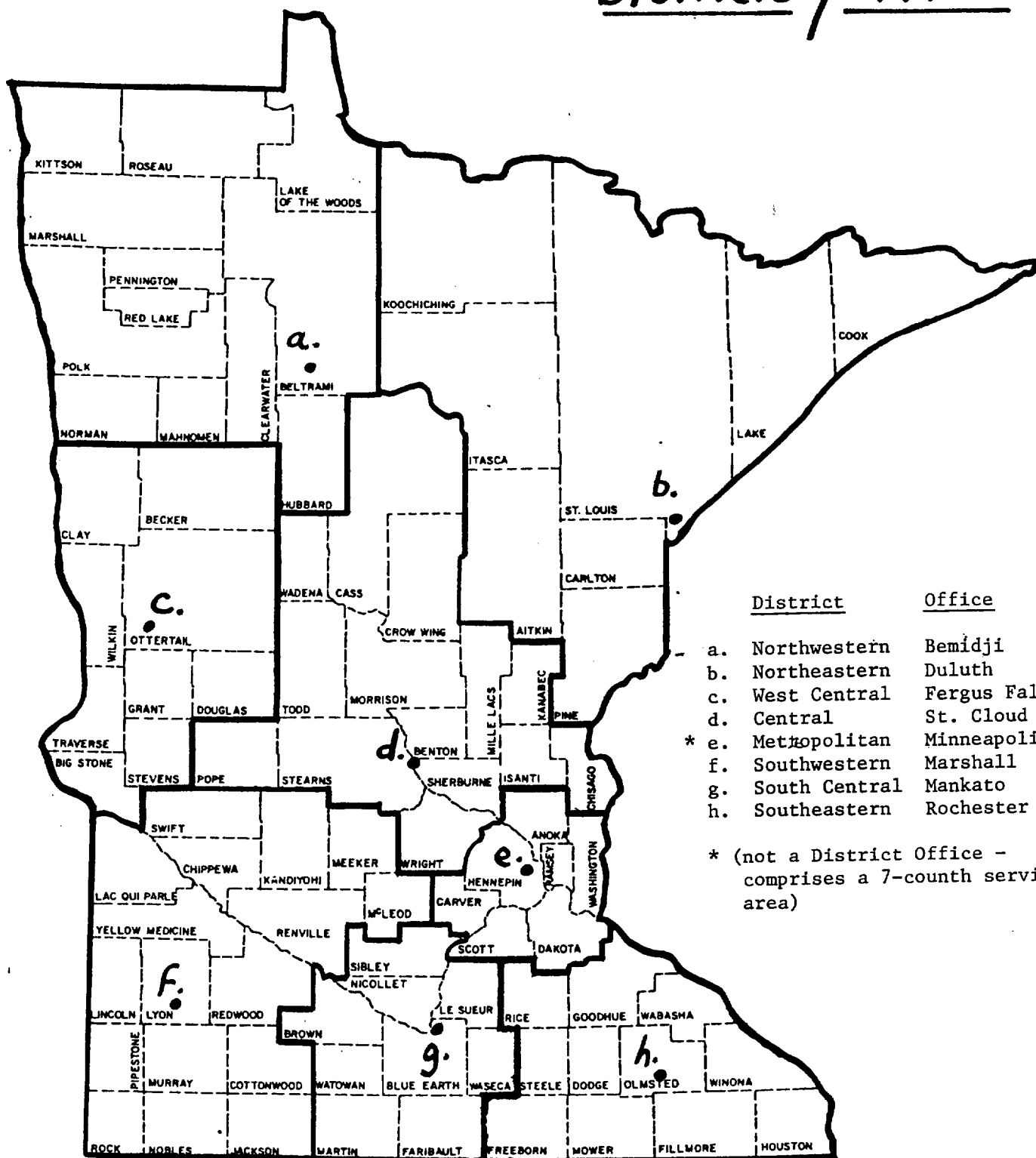
On a sub-state basis the Health Department has six "distinct" offices and a "service area" in the Metropolitan Twin Cities region. These districts are identified on page 64.

Department of Health efforts are grouped into three major areas: Prevention and Personal Health Services, Health Systems Quality Assurance, Health Support Services. Each of these programs will be briefly highlighted, then subsequently described in more detail.

Prevention and Personal Health Program

As outlined in the Biennial Budget (p. D-3006)

Fig. 3-1 Dept. of Health Districts / offices



"The program provides the services required to prevent disease and accidents; to prevent spread of communicable diseases; to detect certain health problems at the earliest stage and prevent further progression; to control environmental conditions that foster communicable disease; and to assist mothers, infants and children with special health needs and problems. The various activities have been established in response to identified needs in the communities of the state and, in general, are directed at preventive activities, as opposed to medical care. The goal is the reduction to an absolute minimum of preventable disease and accidents and early identification of problems which are amenable to arrest or delay. The "absolute minimum" cannot properly be quantified, and varies greatly between different disorders or diseases, although a goal has been set, for example, to eradicate tuberculosis in the next decade. This program is the most essential component of the agency and the basis for public health. Many of these activities cannot be performed on an individual basis, but must be provided by the community, through local government or by the state. Maintenance of safe drinking water supplies is a good example of essential governmental activity."

"The activities include: the provision of immunization materials (jet injectors and vaccine) and assistance with community clinics; field investigations of outbreaks of hepatitis, food-borne illnesses, encephalitis and other communicable diseases and the institution of control measures; contact follow-up and treatment of venereal diseases; provision of anti-tuberculosis drugs to patients and contacts, cervical cancer screening; hypertension screening training and program development; performance of a wide range of laboratory tests; surveillance and regulation of hotels, resorts, restaurants, water supplies, mobile home parks, recreation areas, sources of ionizing radiation and the work environment; licensing of water system operators and related personnel; establishment and maintenance of a system for early and periodic hearing and vision screening for children as well as diagnostic evaluation of handicapped children and provision of treatment for those eligible; educational programs in dental health and nutrition; genetics counseling; provision of nutrition supplements to eligible mothers and children; and monitoring and reporting systems to keep the agency informed to take appropriate actions. The staff required for the performance of these activities is generally highly specialized and technically expert."

"The goals of the activities include the performance of a measurable number of tasks annually, as well as the review of activities in terms of cost-effectiveness and priority. Program goals have been achieved and clientele are benefited by the absence of certain communicable diseases that would otherwise be prevalent; by the availability of certain tests and procedures which inform them and allow them to make decisions about their own health; and by the provision of some direct health services."

"The activities and subactivities in this program affect different clienteles as follows:

- activities and subactivities which provide protection to all residents of Minnesota and visitors to the state from environmental hazards and communicable diseases;

- activities and subactivities which serve individuals who are at risk or have a disorder or disease for which prevention, early detection, diagnosis or treatment is provided.
- activities and subactivities serving specific groups defined by age or sex as directed by federal or state law, or as appropriate for the specific disease prevention activity."

Health Systems Quality Assurance Program

As described in the 1978-79 Biennial Budget (p. D-3028)

"The goal of the program is to assure that health services provided in hospitals, long-term care facilities, health maintenance organizations, emergency medical services meet quality standards established by the state; that the facilities and surroundings are safe and suitable to the needs of the users, and that the personnel providing health services in this state are well-trained and competent. The state health agency is appropriately responsible for establishing the standards of service, providing the technical assistance and consultation necessary and enforcing the standards."

"The program inspects and enforces licensure standards for health facilities and service, including hospitals, nursing homes, boarding care homes, supervised living facilities, health maintenance organizations, ambulances and ambulance services. Health occupational groups not presently licensed or registered in Minnesota are evaluated and, if appropriate, registered by the Board of Health or recommended to the Legislature for licensure. Morticians and hospital administrators are licensed and registered. Health facilities are further regulated by means of Certificate of Need requirements for new or expanded facilities, construction review and approval, and hospital rate review. Specialized technical assistance and consultation are provided to health personnel in all settings in order to improve the provision of care. Assistance is provided to Emergency Medical Services in terms of equipment, training and system planning and development. A health facility complaint system is established and operative."

"The staff providing these services are health administrators, nurses, engineers, and other technically trained personnel who receive extensive on the job training. The goals of the activities are defined in terms of numbers of facilities and services regulated and consultative and training services provided. Goals have generally been met, although health facility reinspections have not been timely due to excessive workload."

"The clientele, primarily the personnel in health facilities and organizations, are affected by the requirements which raise the standards for the conduct of their work and for the environment in which they work. The ultimate clientele, the individuals in such facilities and using these services, hopefully receive a higher level of service in safe and healthful surroundings, provided by competent personnel as a result of these activities."

"The program regulates 664 long-term care facilities, 194 licensed and certified hospitals, 93 outpatient health services; 306 ambulance services; administers credentials for 1,429 morticians and 451 hospital administrators; reviews for credentialing all health occupation applicant groups of which 8 are in process; performs individual patient evaluations for 27,687 patients in nursing homes, provides technical assistance and training for 6,176 health personnel in health facilities. The primary clientele are the personnel operating and employed by health service organizations. The ultimate clientele are, of course, the residents of the state who require the services of the personnel and facilities so regulated and trained. The needs of the clientele of this program are expanding in terms of need for technical advice and assistance, and their numbers are increasing. The demand for quality control of the health system requires that more occupational groups be credentialed and that facilities and services come under more rigorous and extensive regulatory programs. Recently enacted federal and state laws are directed at both improving quality and cost containment which, in some circumstances, are conflicting goals."

Health Support Program

As outlined in the 1978-79 Biennial Budget (p. D-3043)

"Activities within this program have the common purpose of providing support and assistance to public health activities administered by the department or by local public health service providers, and in some instances by other health institutions and providers. The support services include management, legal services, financial and personnel services, information education and statistics, and consultation from regional staff. Ideally the final result of the proper implementation of this program will be a total system of public health activities administered at the appropriate level of government and applied to the priority problems of each community of the state. The result is totally consistent with the mission of the agency as stated in the agency purpose."

"The support provided by this program takes three separate forms as indicated by the activities comprising the program:

- provision of management and administrative services to activities conducted by the Department of Health. These include the legal, fiscal, personnel and executive management activities;
- provision of information services to state level activities, regional health agencies, local health agencies, institutions and providers, as well as to individual consumers. Health education is an ongoing consumer function, as is the provision of birth and death records;
- provision of funds and technical assistance to local units of government when appropriate.

STATE STATUTORY AUTHORITY/RULES AND REGULATIONS

State Statutes

CHAPTER 144
DEPARTMENT OF HEALTH

- Sec. STATE BOARD OF HEALTH
- 144.01 Membership.
- 144.02 Meetings; officers; quorum.
- 144.03 General duties of officers.
- 144.04 Employment of agents, experts and other assistants; compensation; expenses.
- 144.05 General duties of board; reports.
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- 144.06 State board of health to provide instruction.
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- 144.074 Funds received from other sources.
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- 144.154 Primary registration districts, cities, counties.
- 144.155 State registrar; compensation.
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- 144.34 Investigation and control of occupational diseases.
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CHAPTER 145

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Rules and Regulations

Minnesota Administrative Rules and Regulations. Rules and Regulations of the Department of Health. Rules 1 to approximately 511, various dates.

Chapter 4 (Rules 36-39) Hospital Administrators

Chapter 5 (Rules 44-71) Construction, Equipment, Maintenance, Operation and Licensing of Nursing Homes and Boarding Care Homes

Chapter 6 (Rules 76-116) Construction, Equipment, Maintenance, Operation and Licensing of Hospitals

Chapter 11 (Rules 171-180) Maternal and Child Health

Chapter 23 (Rules 391-401) Regulations for the Construction, Equipment, Maintenance, Operation and Licensing of Supervised Living Facilities

(Rules 461-470) The Maternal and Child Nutrition Act of 1975

PROGRAMS/ACTIVITIES AND OPERATIONS AFFECTING SERVICES FOR PERSONS HAVING A DD

Prevention and Personal Health Program

- Prevention and Early Intervention Activity:

This activity is directed at planning, developing and managing a wide variety of health-related services for mothers, infants and children. Activities are carried out through standard-setting and monitoring of local services, technical assistance, awarding of project grants, supervision in the provision of clinical services in low-income areas. Particular components affecting the provision of services for persons having a developmental disability include the following:

- Early and Periodic Screening. The Dept. of Health sets guidelines and standards for local health agencies to use in carrying out preventive health programs directed at screening on a periodic basis children and youths up to 21 years of age. The intent of such screening is to improve the general health status by identifying those children and youth having physical and/or mental conditions requiring further attention. A majority of Early Period Screening Programs approved by the Health Dept. are based on assessment efforts that are nurse-administered. EPS procedures are screening, and not diagnostic or treatment measures; they are intended to be used quickly and simply to identify persons having conditions that may warrant further, more clinically-oriented attention.

Local EPS programs must contain five components -- outreach, the screening effort, interpretation of data, referral, follow-up -- in order to be approved by the Dept. of Health. To assure local personnel possess necessary knowledge and expertise, the Department conducts training programs for key personnel, who subsequently are responsible for training local staff.

- EPS/EPSTD Linkage. The "Early Periodic Screening Diagnosis and Treatment" program was approved in Congress in 1967, as an amendment to Social Security Title XIX, Medicaid. This program is directed at providing screening services to children eligible to receive Title XIX assistance. Federal laws require the notification of all eligible AFDC recipients of the availability of EPSTD services.

The Dept. of Public Welfare is the agency designated to administer the Medicaid (Title XIX) program in Minnesota, and is consequently responsible for assuring availability of EPSTD services for eligible children. The Dept. of Health entered into a cooperative agreement with the Dept. of Welfare in order to assist them in meeting Federal EPSTD requirements. Screening programs that meet state EPS standards or program equivalency standards jointly developed by the two agencies will be certified as eligible to provide screening services under the Title XIX program. The Dept. of Health provides special training programs, assistance and consultation for screening projects seeking the EPS/EPSTD status.

- Human Genetics. This activity is involved in providing and coordinating services that will increase the understanding and awareness of the implication from diseases having genetic origins. Counseling field clinics, public education programs, consultation activities, are held around the state for the benefit of individuals, families, health personnel. The Department also carries out related laboratory testing activities.

- Services to Children with Handicaps Activity. This activity uses state and federal funds (essentially, Crippled Children's Service, Social Security Act, as amended, Title V, Section 504; P.L. 90-248) to carry out a program to locate and identify, diagnose and treat children (under 21) having handicapping conditions (defined as an organic disease, defect or condition which may hinder normal growth and development). Approximately 200 field clinics are provided throughout the state during a year at which examination and diagnosis activities are carried out, and treatment plans recommended. Crippled Children's Service also may arrange for, and support the expense of required treatment services (through appropriate service vendors).

Crippled children clinics are held around the state at various times during the year. They are either general field clinics, or specialized clinics (cardiac, speech and hearing, otological facial-dental, school diagnostic, genetic counseling, young children). The following clinics (and their frequency during the year) were held at the locations identified on page 73.

	<u>City</u>	<u>Type of Clinic(Frequency)</u>
a.	Roseau	young children (3)
b.	Baudette	young children (2)
c.	International Falls	general (2)
d.	Hibbing	general (2), cardiac (2)
e.	Grand Marais	general (2), cardiac (1)
f.	Thief River Falls	general (3), cardiac (2)
g.	Crookston	school diagnostic (10)
h.	Red Lake	otological (4)

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i.	Bemidji	general (3), cardiac (2), speech/hearing (12)
j.	Moorhead	speech/hearing (4)
k.	Fergus Falls	general (4), cardiac (2), speech/hearing (12)
l.	Brainerd	general (2), cardiac (2), speech/hearing (6)
m.	Aitkin	general (2)
n.	Cloquet	general (2), cardiac (2)
o.	Duluth	otological (4), facial/dental (12)
p.	Alexandria	general (2)
q.	Morris	general (2)
r.	St. Cloud	general (4), cardiac (2), otological (6), speech/hearing (12)
s.	Willmar	school diagnostic (12)
t.	Glencoe	young children (2)
u.	Minneapolis	cardiac (12), facial/dental (36)
v.	St. Paul	general (12), facial/dental (24)
w.	Marshall	general (4), cardiac (2), speech/hearing (12), school diagnostic (10)
x.	Pipestone	general (2)
y.	Worthington	general (2)
z.	Mankato	general (4), cardiac (2)
aa.	Faribault	general (3), otological (6) speech/hearing (6)
bb.	Albert Lee	general (3), cardiac (3)
cc.	Austin	general (3), cardiac (3)
dd.	Winona	general (2), speech/hearing (12)

In the summary report for services provided by the Crippled Children Services in 1975-76, the following profile information was provided:

Physician services under the program

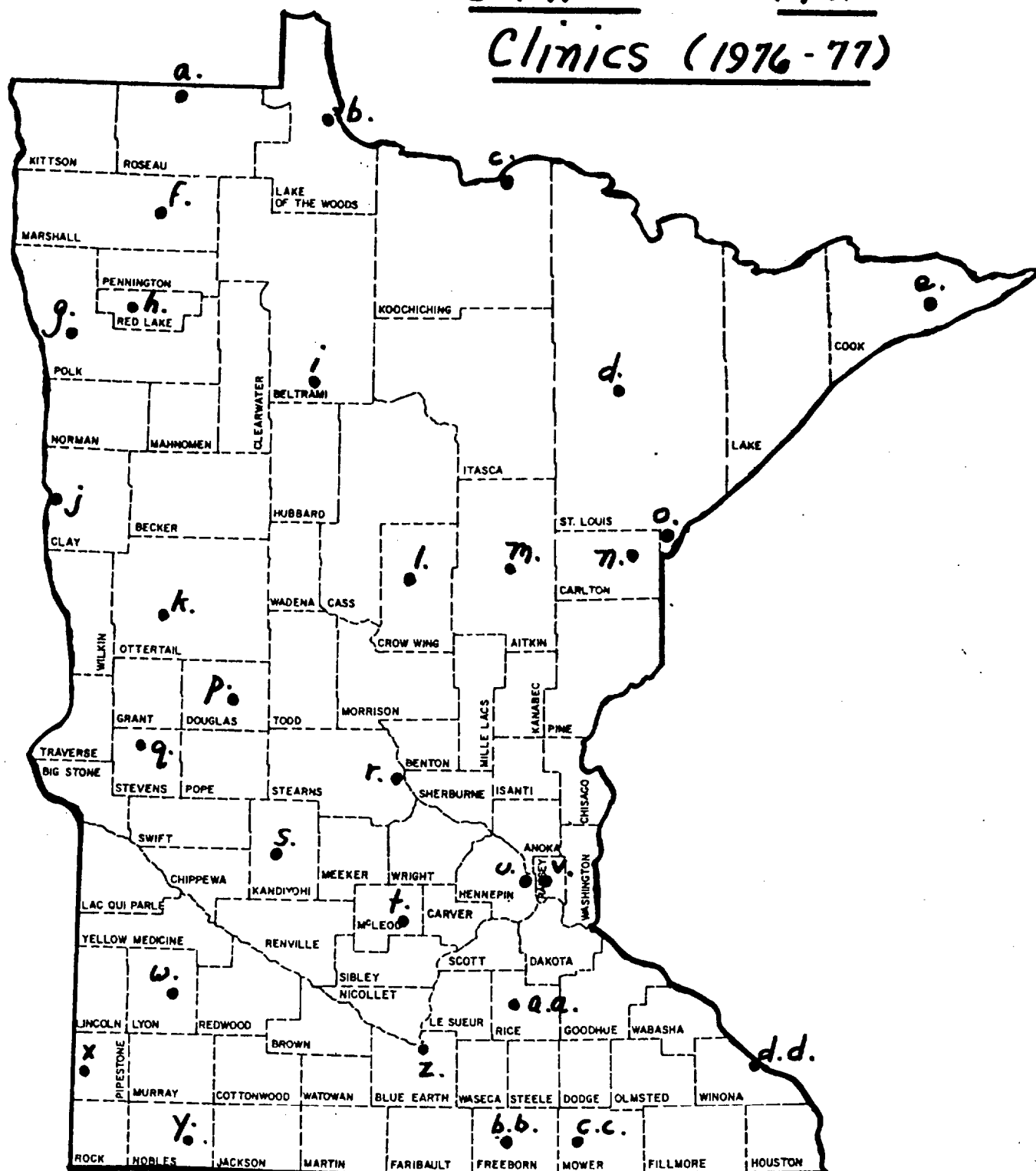
	# children	# visits/day's care
Field clinic	11,180	15,959
Hospital inpatient	678	10,938
Outpatient	2,528	7,104
Total	13,563	

Age distribution of children receiving physician services

<u>Age</u>	<u># Children</u>
Under 1 year	295
1 - 4 years	3,173
5 - 9 years	3,426
10 - 14 years	3,444
15 - 17 years	2,217
18 - 21 years	798
Unknown	210

Musculoskeletal, arthretic disorders (excluding curvature of the spine)	5748
Hearing/ear disorders	2910
Curvature of the spine	2290
Cardiovascular disorders	2032
Nervous system disorders/epilepsy	1387

Fig.3-8 Crippled Children
Services - Field
Clinics (1976-77)



Mental retardation, mongolism, psychoneurotic and personality disorders	1242
Speech defects	902
Cleft lip/palate	735
Dental disorders	642
Hydrocephalus/meningocele	544
Eye disorders	323
Genitourinary/gastrointestinal	220
Skin disorders	165
Metabolic and nutritional disorders	164

Health Support Service Program

- Community Health Service Activity. The "Community Health Service Act" (MS 145.911-.922) was passed by the Legislature in 1976. The purpose of this Act was to assist local governmental units in planning for and coordinating an integrated system of local community health services (defined as including community nursing, nutrition, family planning, emergency medical, health education, disease prevention/control, home health, environmental health).

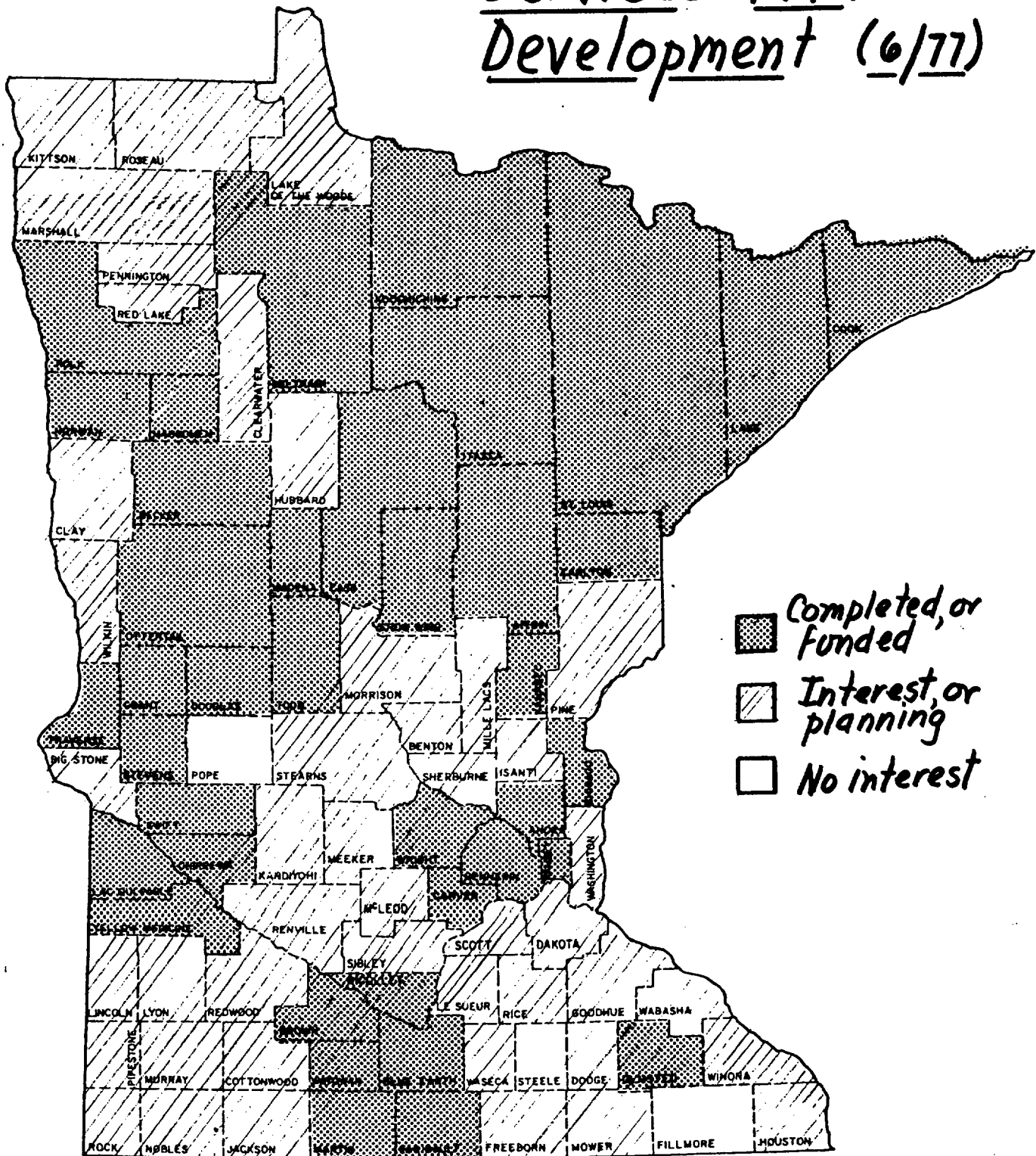
Municipalities, county government, and human service boards (including local boards of health at any of these levels) are eligible to obtain grants from the State Department of Health in order to develop community health service plans directed at developing, implementing, operating and coordinating a system of local community health services to meet priority needs. These planning activities are to integrate efforts with the planning and development of other related local human services (personal, institutional health; environmental health). Grants are calculated on a formula basis, to a maximum of \$25,000. State Department of Health activities involve administering these grants, developing program guidelines, public information materials, technical assistance.

As of June, 1977, all but a few counties of the state had either expressed an interest in participation, begun the planning effort, or had completed the effort and received funding. The extent of Community Health Service planning activities is indicated on page 76.

Health Systems Quality Assurance Program

- Health Services Quality Assurance Activity. The primary goal of this activity is to insure that persons who require services from long-term care facilities, health maintenance organizations and emergency medical services receive sufficient and appropriate assistance/support. One major component of this activity involves evaluating the status of persons receiving care from Medicaid-supported long-term care facilities: this is known as the "Health Services Quality Assurance" review process. Data regarding appropriate or inappropriate placement of individuals in long-term care facilities is gathered, along with information on the quality and quantity of service provided. As estimated by the Department, such records are obtained on an estimated 600 long-term care facilities around the state (FY '76 estimate).
- Health Facilities Regulation Activity. In broad terms, this activity involves planning for, regulating, and evaluating health care facilities and related services being provided within the state. Among specific responsibilities would be:

Community Health Services Plan Development (6/77)



- reviewing and processing state licensing and Federal certification standards;
 - conducting on-site inspections of all licensed health care facilities;
 - reviewing applications under the state's "Certificate of Need" evaluation process;
 - reviewing and approving health facility construction projects (including engineering consultation);
 - conducting rate reviews of hospitals within the state.
- Office of Health Facilities Complaints Activity. In 1976, the Legislature established an Office of Health Facilities Complaints in the Department of Health (an Advisory Task Force oversees Office operations). The purpose of this activity is to assist patients and residents of health facilities in enforcing their rights by receiving, investigating and acting upon filed complaints. Public information regarding the quality of care provided in facilities is also provided, and recommendations for changes in health-related legislation and administrative standards is also prepared. Based on the volume of complaints received by various sections of the Department of Health, it is estimated that this activity may have responded to as many as 1,000 complaints during FY 1976.
- Manpower Credentialing Activity. This activity administers licensing/registration standards affecting regulated health occupations, coordinates the activities of various health licensing boards (of which there are 10) and prepares recommendations regarding unregulated human service occupational areas that should have competency and/or performance standards established. In conjunction with the State Planning Agency/Comprehensive Health Planning Office and the state Higher Education Coordinating Board (which plans for post-secondary educational resource development), recommendations are prepared regarding projected health manpower demands in the state and the capacity of higher educational programs to meet this demand.

Medical Facilities Licensed/Certified By the Department of Health

The Department of Health's computerized "Health Facility Information System" contains records on all facilities in the state licensed under its standards. These standards apply to general and specialized hospitals, state hospitals, nursing homes, "board and care" homes, "supervised living facilities." The Department also "certifies" that various facilities and programs are eligible to receive reimbursement under Social Security Titles XVIII (Medicare) and XIX (Medicaid). Licensure and certification are on the basis of "bed capacity" for a program.

By looking at the aggregate state totals, it can be seen that there are over 170 general hospitals licensed in the state, many having related clinical facilities and extended care components. There are over 360 nursing homes operating in Minnesota; most provide long-term care of a geriatric nature, but some also provide care for persons having a developmental disability (who may or may not be "inappropriately" placed.)

There are almost 180 board-and-care homes throughout the state; many provide residential support for persons having mental health problems, but others

support persons having a developmental disability. In aggregate, there are almost 180 facilities licensed under the "supervised living facility" standards; this licensure category applies predominantly to community-based residential programs for a number of target groups (major among them being facilities for persons having retardation).

To profile in detail the precise availability and utilization of each of these programs for persons having a developmental disability represents a survey effort of considerable magnitude, one that would entail a study effort of its own. In lieu of such an extensive analysis at present, licensure and certification totals on a county-by-county basis will be provided instead, in order to provide a broad outline of the extent of these resources.

Codes used are the following:

Licensed Beds (state)

- A General hospital
- B Bassinet unit
- C Chronic disease unit
- D Psychiatric unit
- E Mental Hospital
- F Tuberculosis treatment
- G Alcoholism treatment
- H Convalescent and nursing care
- N Nursing Home
- J Board and Care
- K Supervised Living Facility A
- L Supervised Living Facility B
- M Other

Certified Beds (Federal, under Social Security Titles XVIII, XIX)

- A Hospital
- B Hospital (tuberculosis)
- C Hospital (psychiatric - primarily state facilities)
- D Independent laboratory
- E Portable X-Ray unit
- F Outpatient/physical therapy
- G Renal dialysis
- H Home health agency
- N Supervised Nursing Facility (SNF - Title XVIII)
- J Supervised Nursing Facility (SNF - Title XVIII and XIX)
- K Supervised Nursing Facility (SNF - Title XIX)
- L Intermediate Care Facility (ICF, Title XIX)
- M Intermediate Care Facility - Mentally Retarded (ICF/MR - Title XIX)

Table 3-13

State Totals - Number of Licensed Facilities and Beds by Type, Size, Ownership (Note: Figures do not correspond with county-by-county totals; Dept. reconciliation is in process)

Type of Facility (by # Beds)	#Facilities	#Beds	Public		Non-Profit		Proprietary	
			#Facilities	#Beds	#Facilities	#Beds	#Facilities	#Beds
<u>General Hospitals</u>								
1-24	23	433	13	247	10	186		
25-49	72	2,569	45	1,646	27	923		
50-99	27	1,880	12	776	15	1,104		
100-299	37	5,936	7	859	30	5,077		
300+	18	8,754	3	1,599	15	7,155		
Total	177	19,572	80	5,127	97	4,445		
<u>Nursing Homes</u>								
1-24	23	415	5	81	13	242	5	92
25-49	73	2,882	20	791	44	1,753	9	338
50-99	210	14,836	51	3,499	82	5,807	77	5,530
100-299	128	18,598	9	1,251	55	7,564	64	9,783
300+	6	2,154	3	1,144	1	310	2	700
Total	440	38,885	88	6,766	195	15,676	157	16,443
<u>Board-and-Care Homes</u>								
1-24	82	1,174	5	52	26	378	51	744
25-49	49	1,661	4	134	22	814	23	713
50-99	29	1,833	1	58	24	1,553	4	222
100-299	17	2,439	-	-	12	1,726	5	713
300+	1	494	1	494	-	-	-	-
Total	178	7,601	11	738	84	4,471	83	2,392
<u>Supervised Living Facilities</u>								
1-24	141	1,480	2	28	70	743	67	694
25-49	28	1,066	1	40	15	588	12	438
50-99	12	739	1	75	8	494	3	170
100-299	6	841	2	330	-	-	4	511
300+	3	2,484	3	2,484	-	-	-	-
Total	190	6,610	9	2,957	93	1,825	86	1,813

(Source: Dept. of Health, "Health Facilities Information System Directory Bed Report," 4/77)

Table 3-14

Capacity/Number of Facilities By County Licensed by the Dept. of Health

08-III

County	A	B	C	D	E	F	G	H	N	J	K	L	M
Aitkin	38	6						48	66	6			
	1	1						1	1	1			
Anoka	563	77			295				608	52	228		
	2	2			1				7	1	3		
Becker	97	16							336	10	6		
	1	1							4	1	1		
Beltrami	77	20						58	207	36	23		
	1	1						1	3	1	2		
Benton									355	66			
									4	4			
Big Stone	71	15						14	54	51			
	2	2						1	1	2			
Blue Earth	290	27		260				12	503	28	95		
	2	1		1				1	6	2	3		
Brown	242	42						49	315	23			
	5	4						2	4	1			
Carlton	118	23			667			142	95	50	12		
	2	2			1			2	1	1	2		
Carver	144	29							92	56	112	70	
	2	2							2	3	2	1	
Cass									624				
									3				
Chippewa	35	6							215				
	1	1							2				
Chisago	78	19						40	265	55	57		
	2	2						1	4	1	2		
Clay	127	12		28					299		18		
	1	1		1					4		2		
Clearwater	50	6							167		14		
	1	1							2		1		
Cook	16	6						46					
	1	1						1					
Cottonwood	24	19							225	48			
	3	3							3	1			
Crow Wing	186	22			70		42	50	266	36		799	20
	2	2			1		1	1	4	1		1	
Dakota	277	44			137		60	126	681	8	69	48	
	3	3			1		1	2	6	1	3	1	

Capacity/Number of Facilities By County Licensed by the Dept. of Health

	A	B	C	D	E	F	G	H	N	J	K	L	M
odge									154	14			
ouglass	101	14							2	1			
	1	1							360	52	40		
aribault	85	19							4	1	2		
	3	3						20	277	48	19		
illmore	53	10						1	3	1	2		
	2	1						91	362				
reeborn	115	26						2	5				
	1	1							416	111	58		
odhue	164	28							4	7	2		
	3	3							587	105	12	55	
rant	32	7							6	5	1	1	
	1	1							187				
ennepin	5,423	4,193	176	734		10	224	679	3	8,833	793	134	130
	15	13	5	9		1	5	6	74	40	39	6	3
uston	40	16						137	145				
	2	2						2	2				
ubbard	50	10							130				
	1	1							1				
santi	86	8							188	40		660	20
	1	1							2	1		1	1
tasca	156	32						140	186	58	33		
	3	3						3	2	1	2		
ackson	78	19						68	143				
	3	3						2	2				
anabec	62	8							87	29	8		
	1	1							1	1	1		
andiyohi	156	20		19	591		150		321	140	152		
	1	1		1	1		1		4	3	7		
ittson	55	14						40	90		11		
	2	2						1	2		1		
ochiching	86	18						40	118				
	2	2						1	2				
ac Qui Parle	57	8							180	65			
	2	2							2	1			
ake	37	9						50		40			
	1	1						1		1			
ake of the Woods	34	5											
	1	1							52				
									1				

Capacity/Number of Facilities By County Licensed by the Dept. of Health

II-82

	A	B	C	D	E	F	G	H	N	J	K	L	M
LaSueur	29	9						81	166	12			
	1	1						1	2	1			
Lincoln	90	26						149		30			
	3	3						3		2			
Lyon	106	13						76	282	8	45		
	2	2						1	4	1	3		
McLeod	136	26		12				84	206	11	71		
	3	3		1				1	2	1	3		
Mainmomen	30	10						40					
	1	1						1					
Marshall	41	11							102		10		
	1	1							1		1		
Martin	108	20						30	210	62	13		
	2	2						1	3	2	1		
Meeker	91	12							156	46			
	1	1							3	1			
Mille Lacs	113	25						40	212				
	3	3						1	2				
Morrison	124	20						159	177	7	12		
	1	1						1	2	1	1		
Mower	138	18							434	60	49	41	
	1	1							6	3	2	1	
Murray	48	10							126		14		
	1	1							2		1		
Nicollet	46	10		112	176		58	60	116	20			
	1	1		1	1		1	1	2	1			
Nobles	99	18	15					51	212	80	16		
	2	2	1					2	3	4	2		
Norman	31	10						54	97	48			
	1	1						1	2	2			
Olmsted	1,636	54	41	68	246		24	24	575	88	99	204	135
	3	2	1	2	1		1	1	6	2	4	2	2
Otter Tail	206	36			203		194	156	568	194	64	8	352
	5	5			1		1	3	8	4	3	1	1
Pennington	105	20	36	10				90	75	163	30		
	1	1	1	1				1	1	3	2	1	
Pine	30	9							181				
	1	1							2				
Pipestone	44	12						42	157	33	10		
	1	1						1	2	1	1	1	

Capacity/Number of Facilities By County Licensed by the Dept. of Health

	A	B	C	D	E	F	G	H	N	J	K	L	M
olk	147	18						150	430	192			
	2	2						2	5	6			
ope	53	10							191	61			
	2	2							3	3			
amsey	2,827	271	99	255		32	70	172	4,079	1,131	447	162	197
	10	8	3	4		1	2	3	31	18	19	5	2
ad Lake	23	4							75				
	1	1							1				
adwood	88	10							383	10	154		
	1	1							6	1	2		
enville	35	6							337	14			
	1	1							5	1			
ice	149	32						40	500	80	89	1,025	35
	2	2						1	6	3	5	1	1
ock	42	12							118	4			
	1	1							2	1			
ouseau	69	12						104	27	48		33	
	2	2						2	1	2		1	
. Louis	1,552	136		95			59	330	1,796	94	206	42	
	10	8		3			2	5	14	2	17	2	
ott	186	29							466	65			
	2	2							4	1			
erburne									280	79			
									4	2			
ibley	64	17						38	111	15			
	2	2						1	2	1			
earns	503	70	50	40			34	232	318	89	39		
	5	5	1	1			1	4	5	4	1		
eele	101	16							300	41	15		
	1	1							3	2	1		
evens	54	12							150		10		
	1	1							1		1		
vift	63	15						25	92	57			
	2	2						1	2	2			
odd	106	29						106	134	56			
	3	3						2	2	2			
raverse	38	8							128	2			
	1	1							2	1			
abasha	99	20						42	177	66	8		
	2	2						1	3	3	1		
adena	56	9							204	22			
	1	1							2	1			

Capacity/Number of Facilities By County Licensed by the Dept. of Health

III-84

	A	B	C	D	E	F	G	H	N	J	K	L	M
Waseca	35 1	6 1							199 3				
Washington	171 2	21 2							517 6	94 3	12 2		
Watsonwan	61 2	17 2							168 2				
Wilkin	113 1	20 1							124 1				
Winona	150 1	28 1						104 1	324 4	150 4	12 1		
Wright	96 2	19 2					12 1		448 6	56 2	38 4		
Yellow Medicine	87 3	23 3						133 2	86 1		106 3		
STATE	19,572 177	2,318 167	417 12	1,399 25	2,385 8	42 2	927 17	4,482 77	3,440 363	7,601 178	3,329 162	3,281 27	1,159 12

Table 3-15 Capacity/Number of Facilities By County Certified by the Dept. of Health

County	A	B	C	D	E	F	G	H	N	J	K	L	M
Itkin	38							-		48		66	
	1							1		1		1	
oka	563		295					-		161	330	339	58
	2		1					1		5	5	4	2
ecker	97							-		52	115	179	6
	1							1		1	2	3	1
eltrami	77							-		30	49	222	23
	1							1		1	1	4	2
anton								-		30	303	40	23
								1		1	3	2	1
lg Stone	71							-			14	79	
	2							1			1	1	
ue Earth	316			-				-		28	207	324	95
	2			1				1		2	4	6	3
own	242							-			131	244	
	5							1			2	6	
rlton	118		460					-		104	121	269	12
	2		1					1		3	2	3	2
urver	144			-				-				98	112
	1			1				1				2	2
uss								-			70	554	
								1			1	3	
ippewa	35										65	150	
	1										1	2	
isago	78									35	132	193	15
	2									1	4	3	1
ay	155							-		14	22	263	18
	1							1		1	1	4	2
earwater	50							-			70	97	14
	1							1			1	2	1
ok	16										46		
	1										1		
ttonwood	74											273	
	3											4	
ow Wing	206		70		-			-			133	220	799
	3		1		1			1			3	4	85
kota	277		197					-		89	398	295	117
	3		1					1		2	6	5	4

Capacity/Number of Facilities By County Certified by the Dept. of Health

[illegible]

Capacity/Number of Facilities By County Certified by the Dept. of Health

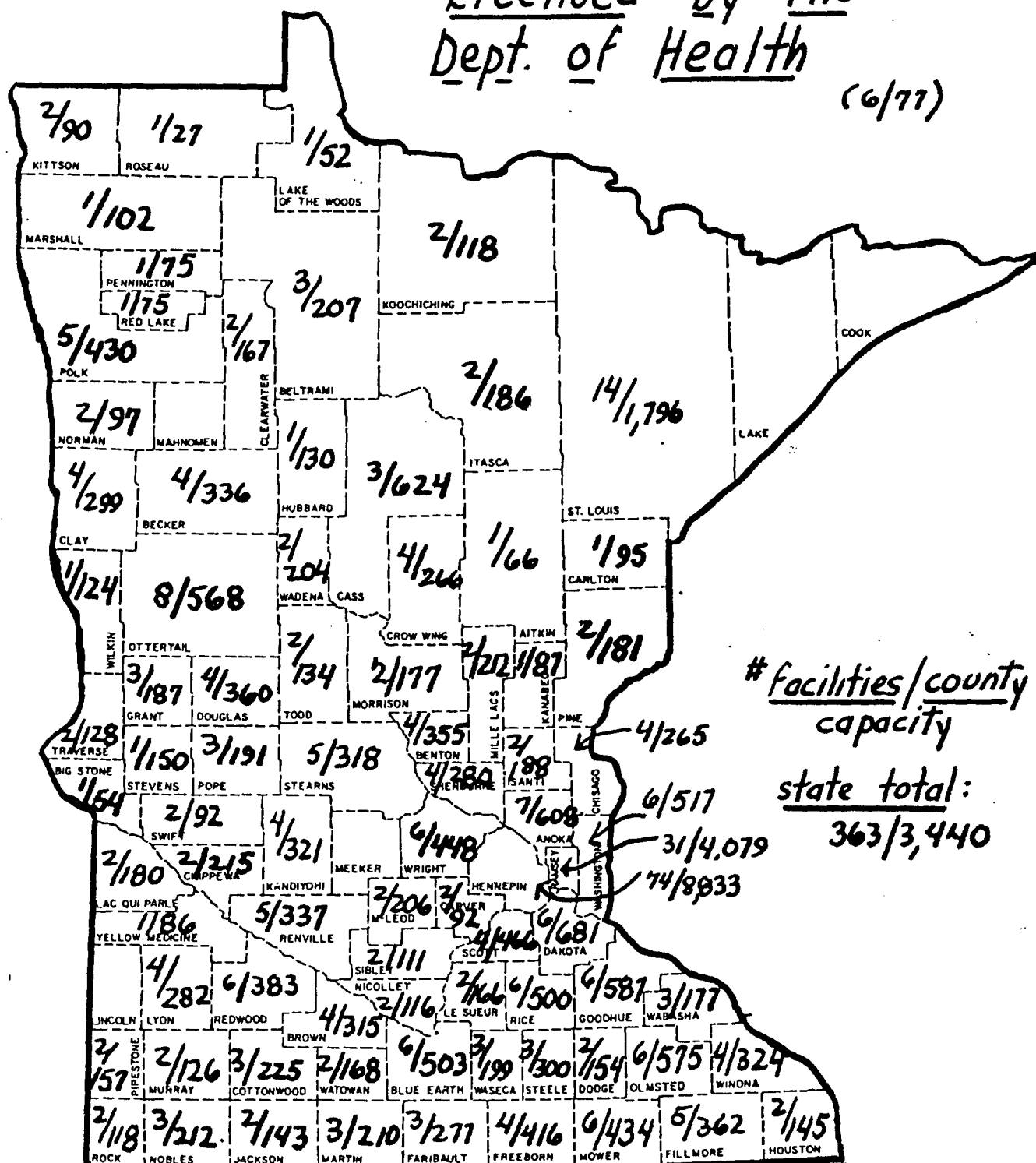
	A	B	C	D	E	F	G	H	N	J	K	L	M
LeSeuer	29 1							- 1			133 2	126 3	
Lincoln	90 3							- 1			120 3	44 2	
Lyon	106 2							- 1			179 3	187 3	45 3
McLeod	148 3							- 1		30 2	90 2	181 3	71 3
Mahnomen	30 1										40 1		
Marshall	41 1							- 1				102 1	10 1
Martin	108 2							- 1			210 3	75 2	13 1
Meeker	91 1							- 1			56 1	146 3	
Mille Lacs	113 3					- 1		- 1		80 2	172 2		
Morrison	124 1							- 1			263 3	80 3	12 1
Mower	138 1			- 1				- 1		- 1	328 6	152 5	41 1
Murray	48 1											126 2	14 1
Nicollet	280 2		234 1					- 1		20 1	40 1	136 3	318 1
Nobles	114 2							- 1		25 1		277 4	16 2
Norman	31 1							- 1			54 1	145 2	
Olmsted	2209 4		350 1				26 1	- 1		80 3	351 5	221 5	210 3
Otter Tail	623 6		203 1					- 1		44 2	112 2	762 9	388 5
Pennington	151 1										90 1	75 1	30 2
Pine	30 1							- 1	20 1		90 2	61 1	211-87
Pipestone	44 1							- 1			42 1	190 2	10 1

Capacity/Number of Facilities By County Certified by the Dept. of Health

	A	B	C	D	E	F	G	H	N	J	K	L	M
Polk	147							-		73	204	467	16
	2							1		1	2	8	1
Pope	53										65	183	1
	2										1	3	III
Ramsey	3473			-	-	-	-	6		423	2723	1910	5998
	12			4	1	1	1	2		11	27	29	19
Red Lake	23											75	
	1											1	
Redwood	88							-			80	279	132
	1							1			2	6	1
Renville	35										40	297	
	1										1	5	
Rice	149							-	13	344	231	140	1059
	2							1	1	3	5	2	5
Rock	42											122	
	1											2	
Rousseau	69										60	90	33
	2										2	3	1
St. Louis	169			-		-		-		273	1002	1001	238
	10			1		2		1		5	9	15	17
Scott	186										286	180	
	2										3	2	
Sherburne								-		60	134	165	
								1		1	2	3	
Sibley	64									20	54	111	
	2									1	1	2	
Stearns	617			-				-	40	-	371	163	73
	5			1				1	1	1	6	5	6
Steele	101							-			266	34	15
	1							1			3	2	1
Stevens	54							-			110	40	10
	1							1			1	1	1
Swift	63							-				148	
	2							1				3	
Todd	106							-			135	161	
	3							1			3	2	
Traverse	38											130	
	1											2	
Wabasha	99										158	91	8
	2										2	2	1
Wadena	56							-				204	
	1							1				2	

Fig. 3-11 Nursing Homes Licensed by the Dept. of Health

(6/77)



Capacity/Number of Facilities By County Certified by the Dept. of Health

	A	B	C	D	E	F	G	H	N	J	K	L	M
Waseca	35									22	154	45	126-III 206
Washington	1			-				-		1	2	1	
	171			1				1		70	177	357	
Watsonwan	2									2	4	6	
	61											168	
Wilkin	2											2	
	113							-			85	39	
Winona	1							1			1	1	
	150							-		114	249	204	12
Wright	1							1		1	4	3	1
	108							-			100	358	130
Yellow Medicine	2							1			2	6	5
	87										94	133	30
	3										2	3	2
STATE	22,968	10	2,327	-	-	-	89	-	220	4,201	18,490	22,274	6,620
	184	1	8	20	5	6	5	69	5	93	248	361	158

Fig. 3-12 Boarding Care
Homes Licensed
by the Dept. of
Health (6/77)

III-91

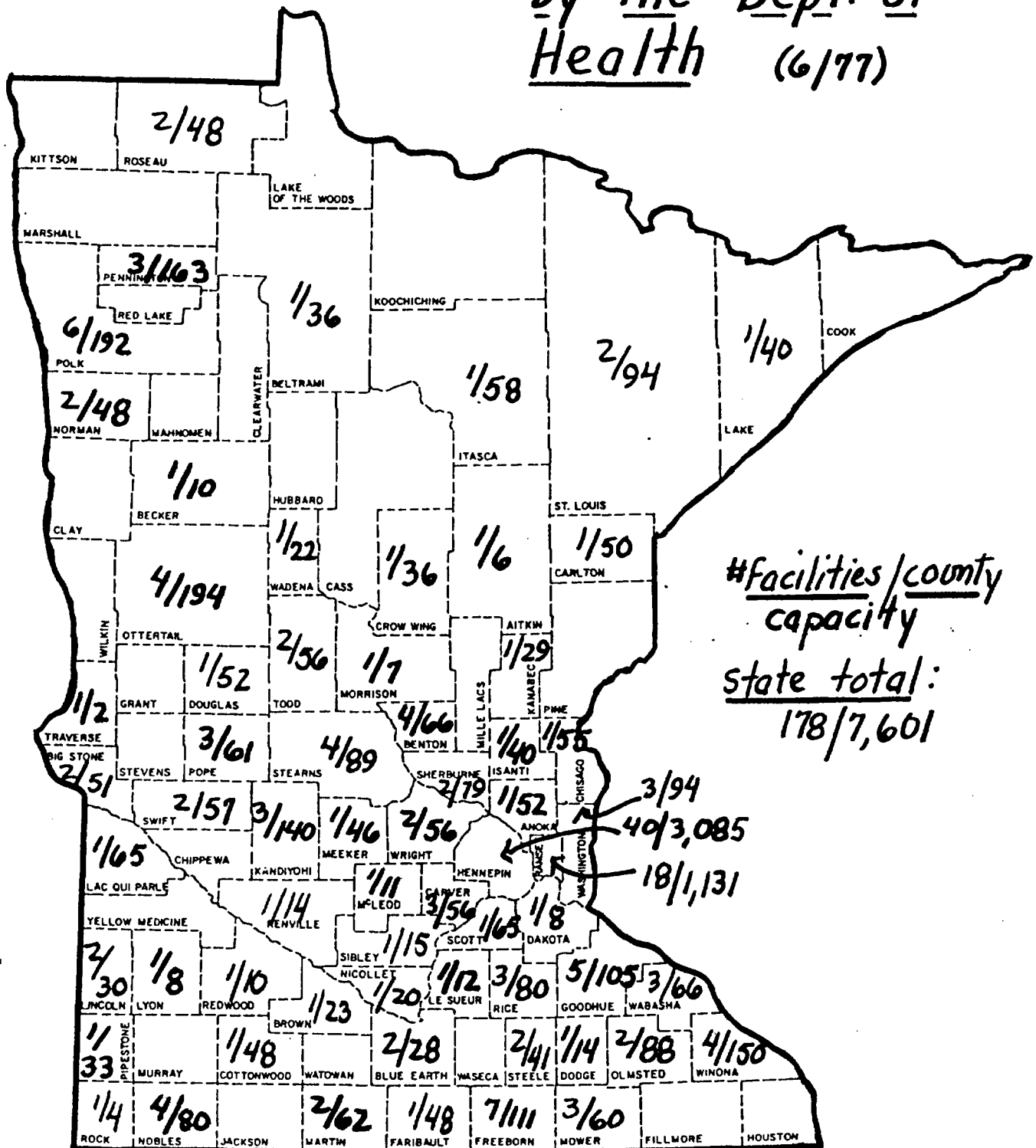
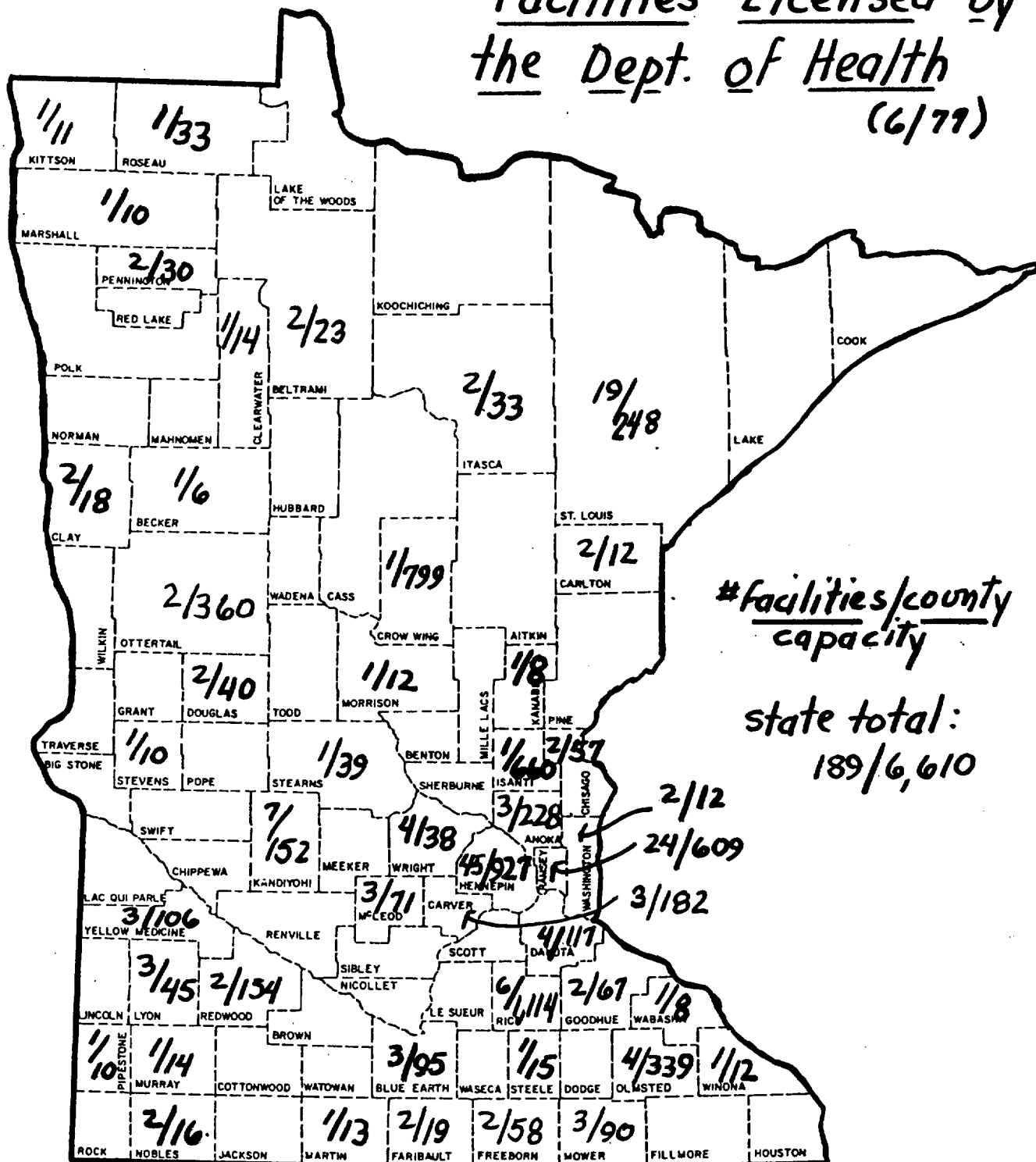


Fig. 3-13 Supervised Living
Facilities Licensed by
the Dept. of Health
(6/79)



BUDGET AND PERSONNELDepartment ProgramsFY'76

- Preventive and Personal Health	\$ 8,497,093
- Health Systems Quality Assurance	7,721,764
- Health Support Services	<u>7,288,337</u>
	\$23,507,194

SourcesFY'76

General	\$ 7,676,618
General (dedicated)	-
Special Revenue	199,361
Federal	13,208,540
Agency	62,127
Revolving	2,360,548
Other	-
<u>Total</u>	\$ 23,507,194

Personnel#FY'76

Unclassified	30.35	\$ 412,517
Management	12.00	297,718
Professional	388.85	5,735,974
Trades	2.00	9,269
Clerical	285.28	2,382,012
Other	-	<u>171,357</u>
<u>Total</u>	<u>718.48</u>	\$ 9,008,847

Budget and Personnel for Selected Programs/ActivitiesProgram: Preventive and Personal HealthFY'76

Disease Control	\$ 974,712
Medical Laboratory Services	1,281,286
Environmental Health	2,052,698
Prevention and Early Intervention	907,469
Services to Children with Handicaps	<u>3,280,928</u>
	\$ 8,497,093

SourcesFY'76

General	\$ 5,031,036
General (dedicated)	-
Special Revenue	-
Federal	2,952,879
Agency	60,457
Revolving	452,721
Other	-
<u>Total</u>	\$ 8,497,093

<u>Personnel</u>	<u>#</u>	<u>FY'76</u>
Unclassified	13.60	\$ 109,207
Management	4.00	105,296
Professional	195.70	2,940,393
Trades	2.00	9,269
Clerical	138.15	1,117,118
<u>Other</u>	<u>-</u>	<u>82,207</u>
Total	353.45	\$ 4,363,490

Activity: Prevention and Early Intervention

<u>Budget</u>	<u>FY'76</u>
Personnel	\$ 561,599
Expenditures and Contractual Services	323,601
Supplies and Materials	18,923
Equipment	3,346
Real Property	-
Debt Service	-
Claims, Grants	-
<u>Other</u>	<u>-</u>
Total	\$ 907,469

<u>Sources</u>	<u>FY'76</u>
General	\$ 118,122
General (dedicated)	-
Special Revenue	-
Federal	730,167
Agency	12,591
Revolving	46,589
<u>Other</u>	<u>-</u>
Total	\$ 907,469

<u>Personnel</u>	<u>#</u>	<u>FY'76</u>
Unclassified	.60	\$ -
Management	24.10	441,411
Professional	-	-
Trades	12.20	86,206
Clerical	-	33,982
<u>Other</u>	<u>-</u>	<u>-</u>
Total	36.90	\$ 561,599

Activity: Services to Children with Handicaps

<u>Budget</u>	<u>FY'76</u>
Personnel	\$ 561,939
Expenditures and Contractual Services	2,673,230
Supplies and Materials	28,768
Equipment	16,991
Real Property	-
Debt Service	-
Claims, Grants	-
<u>Other</u>	<u>-</u>
Total	\$ 3,280,928

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<u>Sources</u>	<u>FY'76</u>
General	\$ 2,213,436
General (dedicated)	-
Special Revenue	-
Federal	1,067,492
Agency	-
Revolving	-
<u>Other</u>	-
<u>Total</u>	<u>\$ 3,280,928</u>

<u>Personnel</u>	<u>#</u>	<u>FY'76</u>
Unclassified	-	\$ -
Management	-	-
Professional	24.60	389,651
Trades	-	-
Clerical	23.70	172,093
<u>Other</u>	-	195
<u>Total</u>	<u>48.30</u>	<u>\$ 561,939</u>

Program: Health Systems Quality Assurance

Manpower Credentialing	\$ 315,474
Service Quality Assurance	1,942,462
Facilities Regulation	5,463,828
<u>Office of Health Facilities Complaints</u>	-
<u>Total</u>	<u>\$ 7,721,764</u>

<u>Sources</u>	<u>FY'76</u>
General	\$ 810,207
General (dedicated)	-
Special Revenue	199,361
Federal	4,821,960
Agency	1,670
Revolving	1,888,566
<u>Other</u>	-
<u>Total</u>	<u>\$ 7,721,764</u>

<u>Personnel</u>	<u>#</u>	<u>FY'76</u>
Unclassified	5.50	\$ 88,752
Management	3.00	50,266
Professional	140.75	2,018,589
Trades	-	-
Clerical	43.50	354,408
<u>Other</u>	-	41,339
<u>Total</u>	<u>192.75</u>	<u>\$ 2,553,354</u>

Activity: Manpower Credentialing

<u>Budget</u>	<u>FY'76</u>
Personnel	\$ 266,411
Expenditures and Contractual Services	43,606
Supplies and Materials	3,161
Equipment	2,292
Real Property	-
Debt Service	-
Claims, Grants	-
<u>Other</u>	-
<u>Total</u>	\$ 315,472

<u>Sources</u>	<u>FY'76</u>
General	\$ 186,473
General (dedicated)	-
Special Revenue	-
Federal	128,999
Agency	-
Revolving	-
<u>Other</u>	-
<u>Total</u>	\$ 315,472

<u>Personnel</u>	<u>#</u>	<u>FY'76</u>
Unclassified	5.50	\$ 88,752
Management	1.00	27,213
Professional	4.00	54,965
Trades	-	-
Clerical	8.00	61,252
<u>Other</u>	-	34,229
<u>Total</u>	18.50	\$ 266,411

Activity: Health Services Quality Assurance

<u>Budget</u>	<u>FY'76</u>
Personnel	\$ 944,736
Expenditures and Contractual Services	326,037
Supplies and Materials	14,979
Equipment	68,217
Real Property	-
Debt Service	-
Claims, Grants	588,495
<u>Other</u>	-
<u>Total</u>	\$ 1,942,464

<u>Sources</u>	<u>FY'76</u>
General	\$ 212,548
General (dedicated)	-
Special Revenue	199,361
Federal	690,825
Agency	1,670
Revolving	838,060
<u>Other</u>	-
<u>Total</u>	\$ 1,942,464

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<u>Personnel</u>	<u>#</u>	<u>FY'76</u>
Unclassified	-	-
Management	-	-
Professional	51.75	805,303
Trades	-	-
Clerical	17.00	137,850
Other	-	1,583
<u>Total</u>	<u>68.75</u>	<u>\$ 944,736</u>

Activity: Health Facilities Regulation

<u>Budget</u>	<u>FY'76</u>
Personnel	\$ 1,342,207
Expenditures and Contractual Services	462,764
Supplies and Materials	17,138
Equipment	11,257
Real Property	-
Debt Service	-
Claims, Grants	3,630,462
Other	-
<u>Total</u>	<u>\$ 5,463,828</u>

<u>Sources</u>	<u>FY'76</u>
General	\$ 411,186
General (dedicated)	-
Special Revenue	-
Federal	4,002,136
Agency	-
Revolving	1,050,506
Other	-
<u>Total</u>	<u>\$5,463,828</u>

<u>Personnel</u>	<u>#</u>	<u>FY'76</u>
Unclassified	-	\$ -
Management	2.00	23,053
Professional	85.00	1,158,321
Trades	-	-
Clerical	18.50	155,306
Other	-	5,527
<u>Total</u>	<u>105.50</u>	<u>\$1,342,207</u>

Program: Health Support Services

General Support	\$ 1,401,293
Health Information	677,404
Community Health Services	5,209,640
	<u>\$ 7,288,337</u>

<u>Sources</u>	<u>FY'76</u>
General	\$ 1,835,375
General (dedicated)	-
Special Revenue	-
Federal	5,433,701
Agency	-
Revolving	19,261
<u>Other</u>	-
<u>Total</u>	<u>\$ 7,288,337</u>

<u>Personnel</u>	<u>#</u>	<u>FY'76</u>
Unclassified	11.25	\$ 214,558
Management	5.00	142,156
Professional	52.40	776,992
Trades	-	-
Clerical	103.63	910,486
<u>Other</u>	-	<u>47,811</u>
<u>Total</u>	<u>172.28</u>	<u>\$ 2,092,003</u>

Activity: Community Health Services

<u>Budget</u>	<u>FY'76</u>
Personnel	\$ 687,776
Expenditures and Contractual Services	174,831
Supplies and Materials	24,096
Equipment	7,451
Real Property	-
Debt Service	-
Claims, Grants	4,320,480
<u>Other</u>	-
<u>Total</u>	<u>\$ 5,209,640</u>

<u>Sources</u>	<u>FY'76</u>
General	\$ 601,284
General (dedicated)	-
Special Revenue	-
Federal	4,596,830
Agency	-
Revolving	11,526
<u>Other</u>	-
<u>Total</u>	<u>\$ 5,209,640</u>

<u>Personnel</u>	<u>#</u>	<u>FY'76</u>
Unclassified	2.50	\$ 30,110
Management	1.00	31,286
Professional	25.60	394,709
Trades	-	-
Clerical	26.63	221,575
<u>Other</u>	-	<u>5,096</u>
<u>Total</u>	<u>55.73</u>	<u>\$ 682,776</u>

AGENCY: DEPARTMENT OF PUBLIC WELFARE

PURPOSE/GENERAL CLIENTELE/ADMINISTRATIVE AND FUNCTIONAL (PROGRAM)
ORGANIZATION

As outlined in the 1978-79 Biennial Budget (p. D-0101)

"The Department of Public Welfare is charged by the Legislature to develop and administer a public welfare program that will meet the basic needs of Minnesota residents through the provision of financial and medical care to low income persons, social services, and rehabilitative and residential services to the mentally ill, mentally retarded, chemically dependent and physically handicapped as reflected in federal regulations and state law. The Department's general goal is to provide such aids and services to all needy Minnesota residents meeting established eligibility requirements in the most equitable, effective and efficient manner as possible."

"In most instances, the primary clientele of the Department are the various service providers for whom the Department either has direct supervisory responsibilities, makes grant allowances, licenses, or provides rate reimbursement (e.g., the county welfare agencies, mental health centers, medical providers, providers of residential services for mentally ill, mental retardation and chemically dependent). Ultimately, the Department's clientele are the consumers of the services provided by the network of service agencies. The exceptions to this are in those areas where the Department directly provides services (e.g., blind services and state hospitals)."

In terms of administrative arrangement, Department of Public Welfare is divided into three Bureaus - Income Maintenance, Community Services, Residential Services - plus Executive Offices of the Commissioner (who is appointed by the Governor). Each of the Bureaus is delineated into specialized "Divisions," that deal with particular aspects programming.

In functional terms, DPW's operations are divided into three main program areas that essentially parallel the Bureau structure. Each of these programs will be highlighted briefly below, then subsequently described in further detail.

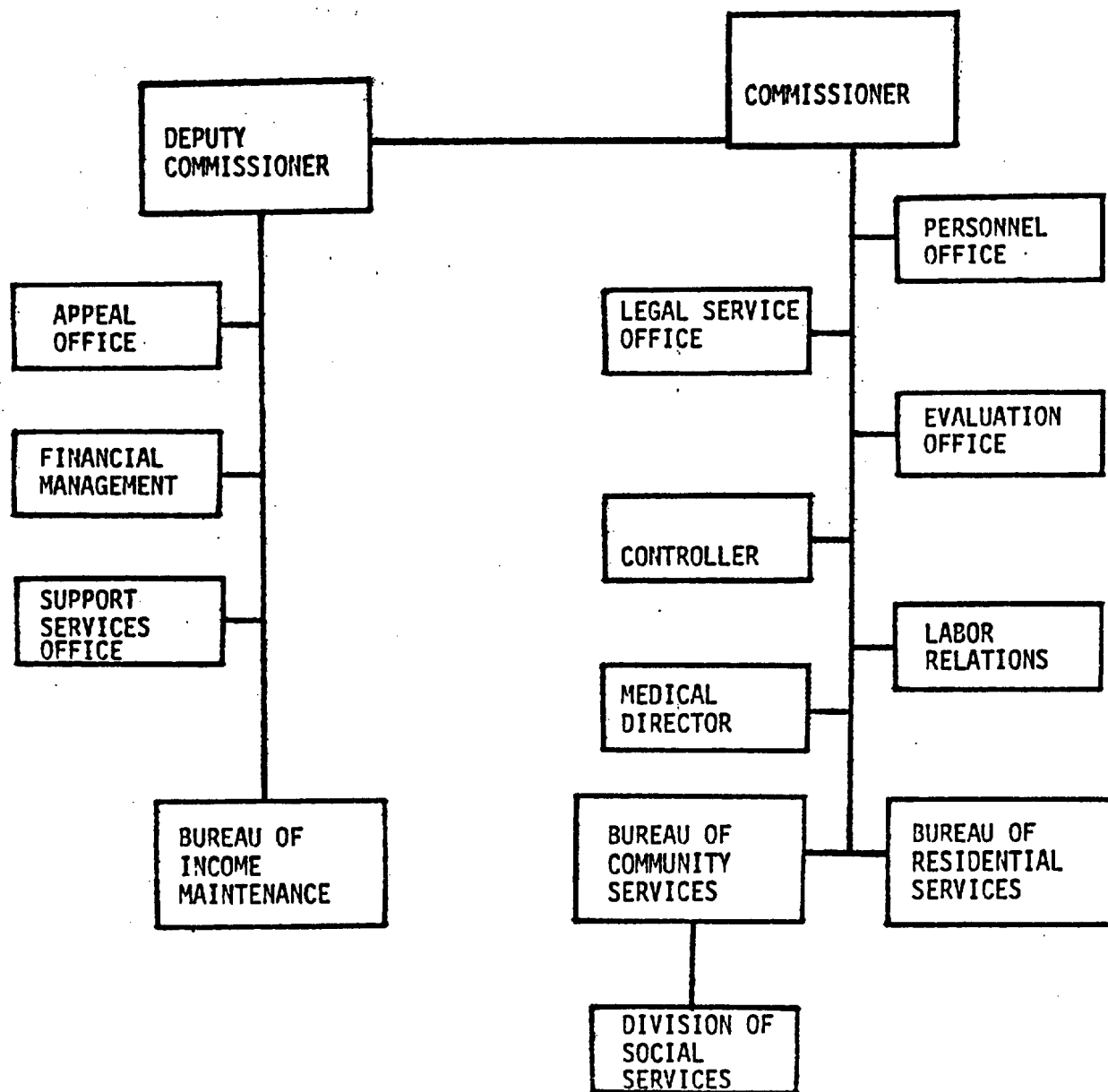
Community Programs

As described in the Biennial Budget (p. D-0150)

"This program fulfills Departmental responsibility for assuring the provision of specific human services through all delivery systems, such as the private community residential and non-residential facilities, the county welfare departments, and local hospitals. Program development and program licensing of state institutions is the responsibility of Community Services in conjunction with Residential Services."

Fig. 3-15 Organization :

DEPARTMENT OF PUBLIC WELFARE



"This program allocates funds or directly provides services to most efficiently achieve the following designated client-centered goals:

1. Maximizing self-sufficiency.
2. Treatment alternatives for mental illness, chemical dependency and similar conditions.
3. Treatment and/or care in the least restrictive manner.
4. Services which are accessible, cost-effective and reasonably financed."

"Major goals of this program are:

1. To determine the need for specified human service programs (needs assessment).
2. To establish priorities within which identified needs should be met (planning).
3. To allocate available resources to achieve the established priorities, within the limitation of available funds (program development and service delivery).
4. To foster and monitor maintenance of specified standards in delivery of the specified programs (standard-setting and licensing)."

"Agencies funded and/or regulated include: 85 county welfare boards, 4 human services boards, 22 community mental health boards, 1,000 (approx.) nonresidential programs, 500 (approx.) residential programs, and 25 (approx.) child-placing agencies. Clientele served include social service clients, the mentally ill, the mentally retarded, the chemically dependent, the elderly, and the blind. Generally, the chemically dependent persons, the social service clients, and 3,000 blind persons receive services on a short-term basis and have changing needs. Needs and services for other client groups tend to be more constant. Each identified group of persons should have a continuum of alternative services available as his requirements change. Client requirements range from long-term residential living arrangements to a short-term counseling or referral service."

Income Maintenance Program

As described in the 1978-79 Biennial Budget (p. D-01103),

"The Income Maintenance programs provide cash assistance, food stamps, and payments to providers of medical and health care services to and on behalf of needy citizens of the state. These cash assistance and medical payments provide basic standards of living and enable low income citizens to have access to quality medical care for both acute and chronic health related problems. Through this assistance low income citizens have access to the basic necessities - food, clothing, shelter, and medical care - required by all persons. The programs associated with Income Maintenance are consistent with the Department's mission to provide services to low income citizens."

"State agency staff provide program guidelines to local agencies in the form of rules and policy which are designed to maximize federal funding while insuring that the needs of low income citizens are met. In addition, state agency staff make payments to providers of medical and health services. Local agency staff determine individual eligibility for all programs, make cash assistance payments, and issue food stamps. The major goal of the Income Maintenance program is to provide the appropriate cash assistance, noncash benefits or medical program to all eligible citizens in an effective and efficient manner."

"The following number of low income clients are served by programs (recipient counts are taken from third quarter F.Y. '76):

Aid to Families with Dependent Children (AFDC) - 129,743
 Medical Assistance (MA) - 207,701
 General Assistance Maintenance (GA) - 16,225
 General Assistance Medical (GAMC) - 3,593
 Minnesota Supplemental Assistance (MSA) - 6,007
 Food Stamps (FS) - 190,483

"The above figures represent duplication since most all recipients of cash assistance are eligible for food stamps and all recipients of Aid to Families with Dependent Children and Minnesota Supplemental Assistance are eligible for Medical Assistance. In addition to the numbers of recipients listed above, the policies and reimbursement procedures impact approximately 12,000 providers of medical and health related services. In general, certain basic needs of those served by the Income Maintenance programs remain constant - i.e., food, clothing, shelter and medical care. The number of people requiring assistance and the cost of programs change in relation to national and state economic conditions;"

Residential Services Program

As described in the 1978-79 Biennial Budget (p. D-01151),

"Residential Services provides management and supervision to all state residential facilities under the jurisdiction of the Department of Public Welfare, including those facilities and programs that provide direct care for the mentally ill, mentally retarded, chemically dependent, geriatric, deaf, and special direct services for handicapped children and adults."

Major Goals:

1. To provide direction, supervision, and administrative management to the 12 residential facilities and direct and service programs administered by the Department-Bureau so as to effect the delivery of quality services in a cost effective manner.
2. Recruit and hire staff for the Bureau in accordance with the Department's approved plan.
3. Continue the phasing out of physical facilities within the 12 residential facilities under the Department's jurisdiction - declare surplus for sale, lease, or demolition old and obsolete property.

4. To increase the capacity of the 10 hospitals to better cope with patients who need a more secure facility.
5. Effect a consolidation of support services at the 3 Faribault institutions in conformance with the 1975 appropriations bill.
6. Develop and install a viable system-wide medical record system.
7. Support the Department's efforts in the development of a personnel system which will encompass career ladder principles for individuals employed by residential facilities.
8. Support and oversee the continued implementation of the Department affirmative action plan within the residential facilities.
9. Continue to effect changes within the system which will ensure high quality care and services on behalf of individuals served which in turn will ensure maximum third party reimbursement, i.e., prompt development of individualized treatment plans and periodic updating of plans; effecting appropriate system-wide monitoring and review systems (Utilization Review - PSRO, etc.).
10. Continue to support and help implement necessary staff training efforts directed toward staff acquiring knowledge and skills needed to maximize habilitative-rehabilitative potential of population served.
11. Further define and implement services for hearing impaired within the hospital system.
12. Develop a demonstration project which would more directly involve state hospitals in the development of community services-programs."

"The clientele who will be served directly by the Bureau during the 1978-79 biennium include:

	Approximate No. Per Year	
	<u>1977-78</u>	<u>1978-79</u>
Mentally Ill	1,630	1,630
Mentally Retarded	3,070	2,970
Chemically Dependent	600	600
Geriatric	810	810
Deaf	475	475

Program and Administrative Support

As described in the Biennial Budget (pg. D-0104),

"This program supports all other Departmental programs by providing overall Department management and centralized staff services, such as information systems, personnel (including operating a merit system for county agencies), accounting and office services. In addition, this program provides general evaluation in programs of Aid to Families with Dependent Children, Medicaid and Food Stamps."

"Program goals are:

- To assure that the major goals of all Department activities are met.
- To complete the review of federally prescribed quality control sample of AFDC and Medical Assistance cases on schedule for food stamp quality control.
- To issue findings and orders on all appeals filed by welfare applicants and recipients within 90 days of the appeal.
- To design and implement a social services information system.
- To expand the operating capabilities of the Medicaid Central Disbursements system to provide support to county welfare agencies in payment of General Assistance Medical, Support Collection and local processing of assistance payments.
- To conduct reviews of county welfare agencies' and mental health centers' performance to ensure correct implementation and administration of program requirements.
- To provide statistical reports as required by federal and state law and requested by management and the Minnesota Legislature.
- To help assure that all components of affirmative action (including goals of 4% metro and 2% rural minorities hired) are met not only in the Department but also by county welfare agencies and mental health centers.
- To continue to develop and maintain the Department's financial system."

"The clientele directly affected are the 31 activity managers of the Department's activities, the Legislature, Federal agencies of Health, Education and Welfare, U. S. Department of Agriculture and Labor, county welfare boards and directors, area mental health boards and indirectly all clients of welfare programs."

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Rules and Regulations: DPW has a large number of Rules affecting delivery of services to persons having a developmental disability. Among them are the following (as found in Minnesota State Regulations. Rules of the Department of Public Welfare, 1973 and various updates):

Chapter 1-25: Child Welfare Rules

- 1 Standards for Foster Boarding Homes for Children
- 2 Standards for Family Day Care and Group Day Care Homes
- 3 Standards for Group Day Care Centers
- 4 Standards for the Licensing of Child-Caring or Placing Agencies
- 5 Standards for Child-Caring Institutions
- 8 Standards for Group Homes and Licensing Procedures
- 9 Funding of Child-Care Facilities
- 19 Parent Subsidy Program

- 23 Community-Based Residential Services for Persons Who are Retarded
- 25 State Administration of Licensing for Public Welfare (proposed)

Chapter 26-24: Mental Health Rules

- 28 Community Mental Health Services
- 30 Reimbursement for Cost-of-Care of Mentally Retarded or Epileptic Children
- 31 Organization and Operation of Daytime Activity Centers for the Mentally Retarded
- 33 Reimbursement for Cost-of-Care of Emotionally Handicapped Children
- 34 Operation of Residential Facilities and Services for Persons Who Are Mentally Retarded
- 37 Administration of Grants-in-Aid to Residential Facilities For the Mentally Retarded and Cerebral Palsied
- 38 Standards for Daytime Activity Centers (proposed)
- 40 Location of Residences for the Mentally Retarded (proposed)

Chapter 3 - DPW 44-56: Public Assistance Rules

- 44 Standards of Assistance (AFDC)
- 45 Protection of Public Assistance Records
- 47 Medical Assistance
- 49 Welfare Per Diem Rates for Nursing Home Providers Under the Title XIX Medical Assistance Program
- 50 County Nursing Home Standards
- 51 Standards for Foster Homes for Adults
- 52 Welfare Per Diem Rates for ICF-MR Providers Under the Title XIX Medical Assistance Program
- 55 General Assistance
- 56 State Financial Participation in County Welfare Administration Costs
- 57 Minnesota Supplemental Aid
- 58 General Assistance Medical Care

Chapter 4 - DPW 79-89: Rehabilitation Services

- 80 Standards for Residential Facilities and Services for the Physically Handicapped

Chapter 5 - DPW 90-149: Personnel Standards and Practices for County Welfare Boards

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- 151 Health Care Facilities Report
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- 185 Community Mental Health Board and County Welfare or Human Service Board Responsibilities to Individuals Who Are Mentally Retarded

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- 205 Home Delivered and Congregate Meals
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- 207 Protective Services to Children
- 208 Family Planning

PROGRAMS/ACTIVITIES AND OPERATIONS AFFECTING SERVICES FOR PERSONS HAVING A DD

The Community Service Program is divided into four main activity areas. They are particular community service divisions, grant-in-aid, social services, and licensing.

- Program Division Activities oversee the delivery of community-based services for persons having mental retardation, a mental health problem, a chemical dependency, and for the elderly (with plans being prepared in each of these areas). Direct rehabilitation and support services are also provided to persons having visual handicaps.

- Mental Retardation Division. This Division is responsible for coordinating DPW laws and regulations affecting the interests of persons having retardation. One of its main emphases in the recent past has been in fostering development of community residential facilities and programs, and achieving local provider compliance with appropriate Federal and state standards. The "Technical Assistance Project," or "TAP," operated here from 1974-1977. The goal of this project was to provide assistance to individuals and groups interested in constructing and/or operating community-based residential programs. A guideline entitled, Developing Community-Based Residential Alternatives: A Manual for Prospective Developers, was one of a number of documents prepared by the Project. TAP played a very definite role in fostering the development of community-based residential programs for persons having retardation by serving as an initial contact point in the licensing, certification/compliance process, providing follow-along services, and acting as an information resource.

- Family and Guardianship Division oversees provision by county welfare agencies of guardianship and protective services to persons having retardation. The Minnesota Mental Retardation Protection Act (MS 252A.01-.21) was passed in 1975. This Act substantially updated the state's guardianship/conservatorship standards. It outlines the procedures to be followed for initiating and hearing actions and identifies the scope of rights restricted. The Commissioner of Public Welfare has ultimate responsibility for all persons under guardianship.

Actions to commit a person under guardianship to a state or private hospital must proceed under standards of the "Minnesota Hospitalization and Commitment Act," (MS 253A.01-.21), the state law outlining the form and procedures to be followed in committing a person to an institution or hospital. Among

other standards, this Act requires that every person hospitalized under it must receive proper care and treatment, and have a written program plan prepared for them.

Records of the Division (as reported in the "Monthly Statistical Report of Minnesota State Public Welfare Institutions and Retardation Guardianship Services," June, 1976) indicate that as of the end of FY'76, 7591 persons having retardation were under state guardianship. 2,730 of these individuals resided in state hospitals, and the remaining resided in community settings. Of those living in the community, 3,126 previously resided in a state hospital, and the remaining 1,732 had never been placed in an institution. The total number of persons under guardianship has remained relatively stable in the recent past; FY'77 increases are projected at approximately 60 new wards, with approximately 125 persons being taken off guardianship (excluding deaths). Active implementation of the Guardianship and Protection Act during FY'78, however, is expected to result in substantial changes, for as the status of current wards is evaluated, many individuals may be placed under more appropriate levels of supervision that the Act affords.

A statewide register providing information on accommodations in community-based residential facilities is also administered under this Division's auspices. This service provides information on community facilities in various areas of the state, so that if a new placement can be arranged, or if an individual should need to move from one facility to another (due to changes in status under an individual program plan, or a move by parents/guardians), facilities in the locale having available capacity to accommodate the individual may be identified, and placement can be pursued.

- Mental Health Division. The Dept. of Public Welfare is the agency responsible for preparing and administering the "State Community Mental Health Plan," with funding support from the Public Health Service of the U.S. Dept. of Health, Education and Welfare (authorization: Title II, Part A of the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963, PL 88-164, as amended by PLs 89-105, 90-31, 90-574, 91-211, 91-513, 91-515 and Title III of PL 94-63). The purpose for this funding and Plan is to provide comprehensive mental health services through community mental health centers, and related mental health service resources in the state. The Division is responsible for developing and maintaining the Plan, surveying mental resources available throughout the state, and conducting needs assessment activities to establish priority service areas. (Additional information on mental health centers will be found under Grant-in-Aid activities). As required under its enabling legislation, a state Mental Health Advisory Council oversees the development and implementation of the Plan.
- Aging Division. This Division provides staff support to the Governor's Citizens' Council on Aging, and administers its programs and grants. The Council is comprised of 25 members, appointed from the state congressional districts, and at-large. It is to carry out efforts to coordinate the delivery of services to elderly

Minnesotans, and develop needed services using Federal supports (provided under the Older Americans Act) and state aids. It is to also promote public awareness regarding the status of elderly individuals. The Board (through its administrative agency) is responsible for carrying out a variety of programs using the talents and skills of elderly citizens. One particular program affecting persons having a developmental disability is the "Foster Grandparents" program, in which participating elderly individuals regularly interact with children on a personal basis. Many "foster grandparents" in Minnesota work and interact with persons residing in the state hospitals.

"Area Aging" programs are carried out on a regional basis. These programs, frequently administered by Regional Development Commissions, are to prepare comprehensive plans directed at coordinating local service resources on behalf of elderly persons. Service projects supported under Title III and VII of the Older Americans Act (such as "chore services," "in-home support" services, transportation projects, "congregate dining" and "meals on wheels") are coordinated through Area Aging programs.

- Minnesota Office of Information and Referral Services. The Governor's Citizens' Council on Aging, with financial assistance from a number of state programs (including the DD Council), supported an "Information and Referral" project from approximately 1974 to 1976. In July of 1976, the "Minnesota Office of Information and Referral Services" was established in DPW. It began to assist regionalized information and referral projects throughout the state in order to expand and improve I and R services. The Office also was to maintain, update and distribute copies of an extremely comprehensive computerized resource file on human service providers throughout the state. Extensive survey work was undertaken to identify human service programs, their organizational arrangements, eligibility criteria, location of facilities, and hours of service. These data were then computerized and cross-tabulated on a regional basis to create a compendium of data on local programs.

The Office collected and updated data on approximately 7,000 programs identified as providing human services in Economic Development Regions 1, 2, 4, 5, 6E/6W, 7E, 8, 9. In the other regions (3, 7W, 10, 11), it worked with already-existing I and R systems. Data on approximately 350 statewide programs were also gathered. The Office prepared over 30 county or regional catalogs on available human services.

The Office was to be fully assumed under state support after FY 1977; however, the Legislature did not approve the necessary funding during the 1977 Session. Although the state office has ceased operations, complete documentation of its statewide resource file is available for use from DPW. Additionally, there are at present approximately 30 local I and R programs operating in the state. They serve approximately 50 counties having about 75% of the state's population. These local/regional bodies maintain data on the types of information/referral requests received, and follow up on referrals. From their records, data on service gaps and duplications can be made available to organizations that plan and fund various human service projects.

While the Office of Information and Referral Services has ceased operations, availability of the data gathered and updated during its period of operations (either through the Office itself, or through the local I and R agencies) represents a valuable resource on the characteristics of services that may be available for persons having a developmental disability. Data from the computerized base was not used in the preparation of this State Plan, due to the timing of data access for a large portion of the System (spring, 1977), and the magnitude of the undertaking. Working both through regional DD programs and through the DD Planning Office/State Planning Agency, efforts will be made in FY 1978 to extract and refine data usable for DD planning and service coordination purposes.

- Grant in Aid Activities. DPW reviews and approves budget requests, and monitors the operation of mental health programs, human service boards and daytime activity centers operating with Federal/state financial supports.
- The Community Mental Health Centers Act was passed in 1957 (MS 245.61-.69). This Act gives local units of government and non-profit organizations the authorization to establish and operate community mental health facilities and programs. The minimum population base for a program is 50,000, and units of government are given the authority to raise tax funding for support of a program with the remaining funding (50%) being provided by the state on a grant-in-aid basis. A mental health center's grant-in-aid application, in which a variety of commitments are made for providing services to persons having retardation, a mental health problem, or a chemical dependency, serves as its annual contract with the Department of Public Welfare.

The following activities must be carried out by mental health programs:

- collaborative and cooperative services with public health and other groups for programs of prevention of mental illness, mental retardation, alcoholism, and other psychiatric disabilities
- informational and educational services to the general public, and lay and professional groups
- consultative services to schools, courts and health and welfare agencies, both public and private
- outpatient diagnostic and treatment services
- rehabilitative services for patients suffering from mental or emotional disorders, mental retardation, alcoholism, and other psychiatric conditions
- detoxification and alcoholism evaluation and service facilities.

Under the Act, a Community Mental Health Service Board must be established. Advisory committees in the areas of retardation, chemical dependency and mental illness are to be established to

assist an Area Board in assessing the need for programs in the respective service areas, and in determining local mental health priorities. Among other responsibilities, Mental Health Boards must review and evaluate the services being provided by a mental health program, facilitate inter-agency cooperative working arrangements, review annual plans and budgets, seek sources of local financial support for the program. DPW "Rule 28" sets out procedures for establishing and operating mental health programs, including standards for staffing and services to be provided.

At present, there are 26 mental health programs operating in Minnesota, as identified on page 115. Six of these programs (those starred) also operate under Federal mental health program financial support. As of FY 1976-77, two of the programs operate with support for children's mental health services (Washburn Child Guidance Center and Northeast Area Mental Health/Mental Retardation/Inebriety program). (Certain changes in catchment area, primarily affecting human service boards in Region IX, are occurring. Other boundary changes have been noted as identified.)

- The Daytime Activity Centers Act (MS 252.21-.26) was passed by the Legislature in 1963. This Act authorizes public and private community groups to develop programs for providing skill and developmental training for persons having retardation and cerebral palsy. DAC programming is to be directed at the basic goals of developing self-help ability and skills, developing social skills, providing exercise for motor skill development, providing training for certain academic skills, providing counseling services to the parents/guardians of persons enrolled in a center.

A board having representation balanced among parents of the retarded clients, professional persons having responsibility for services to mentally retarded persons, and representatives of the community at large must be designated for each Daytime Activity Center (DAC). The Daytime Activity Center board is responsible for cooperative planning with other agencies in the community. Each board must submit a statement of purposes and goals of the program as well as copies of the minutes of all board meetings to the Department of Public Welfare.

The board and the director of the program must develop and make available to the public a statement of eligibility requirements for participation in the center. There may be no categorical exclusions on the basis of orthopedic and neurological handicaps, sight or hearing deficits, lack of speech, severity of retardation, personal care habits, behavior disorders or failure to make progress, except where appropriate services are available from other community agencies. When an individual is refused admission or excluded from a center, the parents or guardians must be notified in writing of their right to appeal. School age mentally retarded children may be served by the center if a child is legally excluded, excused or expelled from attendance in public school, or with the approval from the Commissioners of Education and public Welfare. Admission procedures must include a written application for services and reports of medical examinations, psychological examinations, and a social evaluation. All requests and applications for services must be brought before the board or its admission committee. A report which includes the names of all applicants for admission must be attached to the board minutes.

Fig. 3-16

MINNESOTA'S

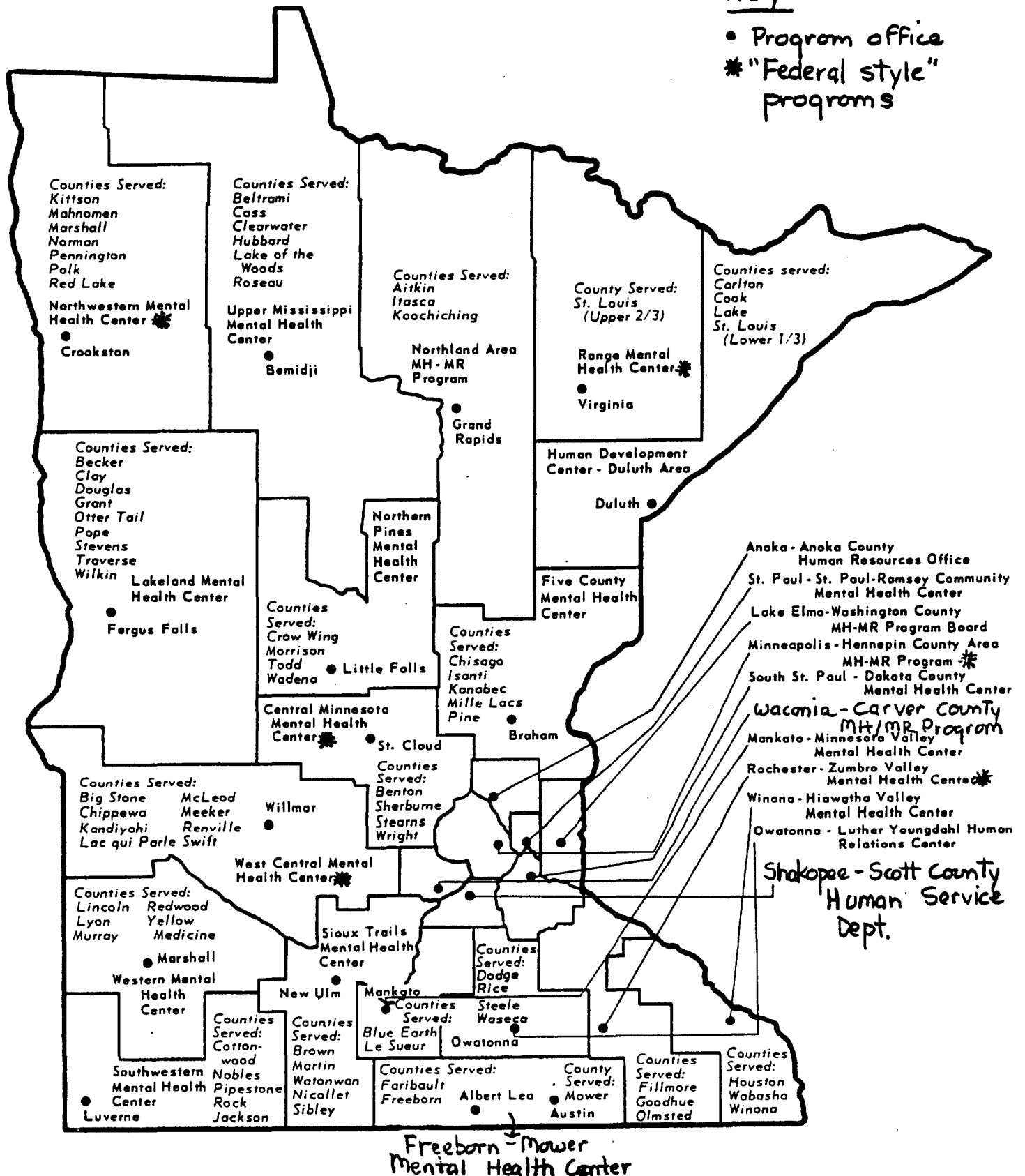
AREA MENTAL HEALTH-MENTAL RETARDATION PROGRAMS

III-115

Source: FY 76-77 Minnesota Comprehensive Mental Health Services Plan, Dept. of Public Welfare

Key

- Program office
- * "Federal style" programs



For every participant in the center a case record must be prepared which includes: admission information, current medical and psychological information, a treatment plan, periodic progress evaluations, a plan for family involvement and conference records, and referral and termination information.

DPW Rule 38 sets standards for DAC program planning for persons enrolled, staffing ratios, space and equipment requirements. The state will provide a grant-in-aid up to a maximum 60% of a DAC's budget, and all DAC's receiving support from the state must comply with DPW Rule 31, which deals with grant-in-aid standards. Included in this grant-in-aid is full support for the cost of transportation for participants.

1977 legislation has renamed programs as "developmental achievement centers."

As of mid-1977, over 100 DACs were licensed and operating in the state, with capacity to serve over 4,900 persons (enrollment is estimated to average approximately 90% of capacity by DPW personnel); statewide distribution is identified on pages 117-128.

In the fall of 1976, the Bureau of Community Services undertook a study of persons being served and programming occurring in DACs throughout the state. (A Study of Daytime Activity Centers in Minnesota, October, 1976.) The report profiled 96 of the then-101 facilities and a total of 3,679 persons being served. Ages served ranged from infants under one year old (in homebound stimulation programs) to 80, in the following percentage breakdowns: 25% are children five or under (including homebound), 7% are school-age (6-20), 63% are non-elderly adults (21-59) and 5% are elderly (60+). It was reported that over 50% of the facilities have infant stimulation programs. As of 1975, almost 90% of the DACs served persons having multiple handicaps (two or more major disabilities) representing approximately 21% of all persons served.

In general, DACs provide developmental training for acquiring basic living skills. DAC programming frequently also contains a work component for individuals who can acquire skills and perform in a work-oriented setting. In an effort to provide a link between the very basic developmental training occurring in DACs and the activities taking place in sheltered workshops that require production-oriented skills, the Dept. of Public Welfare and the Department of Vocational Rehabilitation coordinate structural "work activity" between neighboring DACs and sheltered work facilities. Department of Vocational Rehabilitation records indicate that as of mid-1977, approximately 80 DACs carried out a work activity component with a neighboring sheltered workshop. (These are identified in the profile of the Dept. of Vocational Rehabilitation.)

- The Licensing Division is responsible for processing applications for all facilities/programs regulated by the Department of Welfare under licensure standards: included are residential facilities for persons having retardation, emotional handicaps, physical handicaps; child-caring and placing units, day care and day activity centers (now called developmental achievement centers), foster boarding homes. The Division is responsible for conducting periodic field evaluations of all programs operating under licensure. It is also responsible for periodic revision/updating of all licensing standards.

To assure basic standards on residential care, Federal and state guidelines are used to approve both structural (environmental) and programmatic elements in non-family/foster family community residential

Fig. 3-17 Day Activity /
Developmental Achievement
Centers (DACs)
Licensed Under DPW
Rule 31 (7/11)

III-117

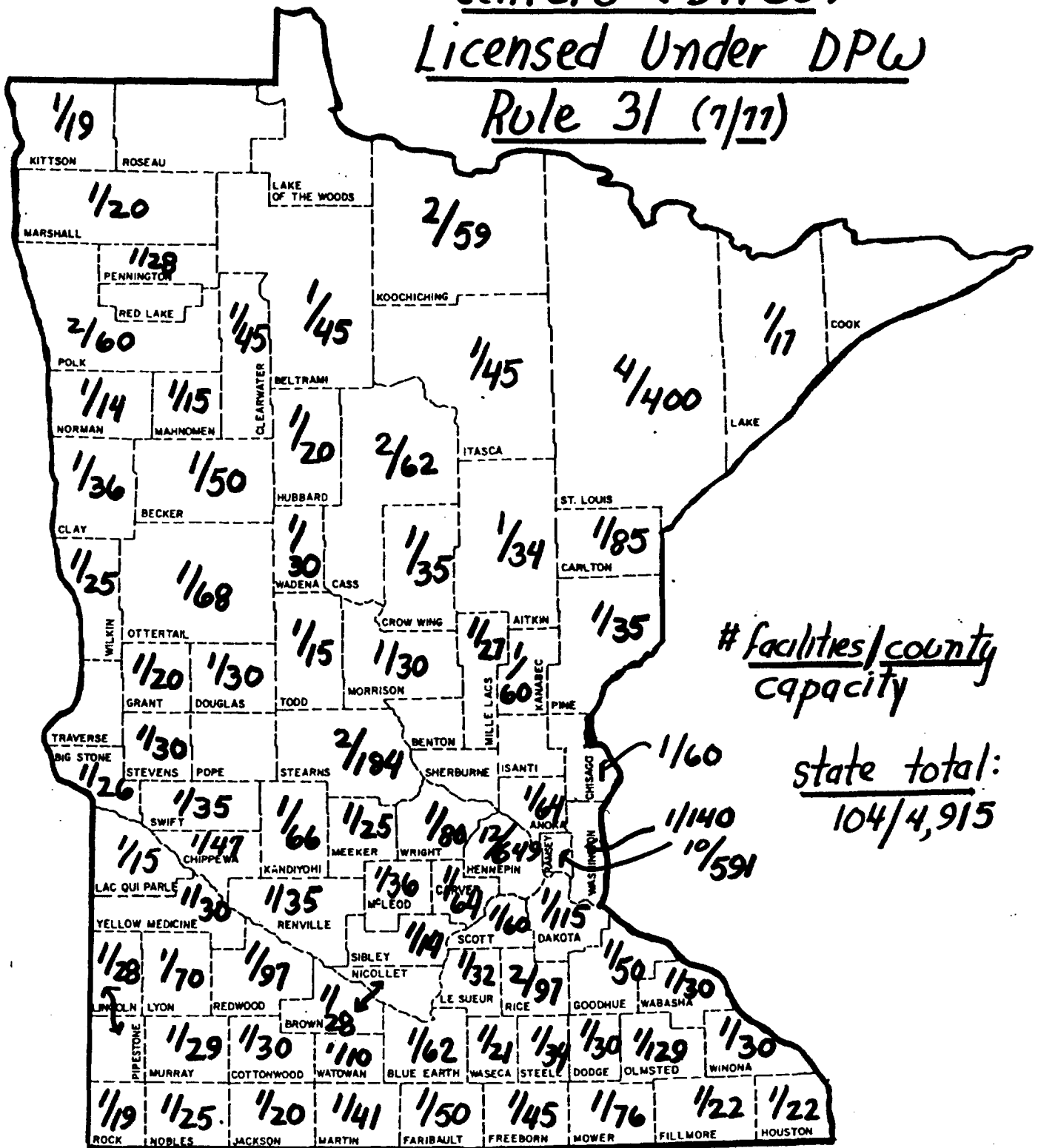


Fig. 3-18

7/1/77

MINNESOTA DEVELOPMENTAL ACHIEVEMENT CENTERS (DACs)

FOR MENTALLY RETARDED AND CEREBRAL PALSIED INDIVIDUALS

AITKIN COUNTY DAC, INC.
Route #3
McGregor, MN 55760
Phone: 218/426-3357
Director: Paul Kellerman
Chair: Mrs. Ben Dotzler
Region III

BIG STONE COUNTY DAC, INC.
Box 321
Clinton, MN 56225
Phone: 612/325-5251
Director: Karen Brandt
Chair: Ronald Schmitz
Region VI

ANOKA COUNTY DAC
6633 Arthur Street NE
Minneapolis, MN 55432
Phone: 612/571-0790
Director: Richard Bro
Chair: Commissioner Mike O'Bannon
Region XI

BLUE EARTH COUNTY DAC *
P.O. Box 818
Mankato, MN 56001
Phone: 507/345-4507
Director: Arne J. Berg
Chair: Del Meyer
Region IX

BECKER COUNTY DAC, INC.
Box 852
Detroit Lakes, MN 56501
Phone: 218/847-8206
Director: Judy Thorson
Chair: Robert McTaggart
Region IV

BRIGHTER DAY ACTIVITY CENTER, INC.
(Kanabec County)
500 S. Walnut Avenue
Mora, MN 55051
Phone: 612/679-2354
Director: Richard Ogren
Chair: Ralph Warriner
Region VII

BELTRAMI COUNTY DAC, INC.
523-19th Street
Bemidji, MN 56601
Phone: 218/751-2320
Director:
Chair: Donald DeKrey
Region II

BROWN COUNTY: SEE WEST NICOLLET/BROWN
COUNTY DAC, INC.

BENTON COUNTY:

CANBY ACTIVITY CENTER, INC.
(Yellow Medicine County)
Canby, MN 56220
Phone: 507/223-7900
Director: Mrs. Leola E. Ruth
Chair: Rev. Michael Guetter
Region VI

*Indicates that DAC services are either purchased by or provided by a Human Service Board.

CARLTON COUNTY: SEE PINWOOD
LEARNING CENTER

CARVER COUNTY DAC, Inc.
St. Boniface School
St. Bonifacius, MN 55375
Phone: 612/446-1475
Director: Charles Cummins
Chair: Bart Blinstrup
Region XI

CASS COUNTY: SEE NORTHERN CASS
COUNTY DAC, INC., PINE RIVER AREA
DAC, INC.

CHIPPEWA/YELLOW MEDICINE DAC, INC.
(Chippewa County)
Fairgrounds
Montevideo, MN 56265
Phone: 612/269-6134
Director: Ludie Mammen
Chair: Ron Tschaekofske
Region VI

CHISAGO COUNTY DAC, INC.
P.O. Box 410
Chisago City, MN 55013
Phone: 612/257-6709
Director: Alan Olson
Chair: Marcelyn Schaffner
Region VII

CLAY COUNTY DAC, INC.
1000 1/2 South 14th Street
Moorhead, MN 56560
Phone: 218/233-8657
Director: Emily Evanson
Chair: Dr. David Green
Region IV

CLEARWATER DAC, INC.
Box 29
Bagley, MN 56621
Phone: 218/694-6541
Director: Don Blooflot
Chair: Marvin Sauers
Region II

COMMUNITY INVOLVEMENT PROGRAMS DAC, INC. ^{III-119}
1900 Stevens Avenue South
Minneapolis, MN 55403
Phone: 612/871-8525
Acting Director: Lee Harness
Chair: James Campbell
Region XI, Hennepin Co.

COOK COUNTY:

COTTONWOOD COUNTY: SEE SWAN LAKE DAC, INC.

CROW WING COUNTY: SEE PAUL BUNYAN DAC, INC.

CURATIVE THERAPEUTIC PRE-SCHOOL DAC
\$915 Golden Valley Road
Golden Valley, MN 55422
Phone: 612/588-0811
Director: Phyllis Rodrick
Chair: Mrs. Kendall Houlton
Region XI, Hennepin Co.

DACS OF MINNEAPOLIS, INC.
2730 E. 31st Street
Minneapolis, MN 55406
Phone: 612/729-8288
Director: Dianna Krogstad
Chair: Merlyn Larson
Region XI, Hennepin Co.

DAKOTA COUNTY DEVELOPMENTAL LEARNING CENTER,
INC.
P.O. Box J
Mendota, MN 55150
Phone: 612/454-2732
Director: George Moudry
Chair: Jerry Leimer
Region XI

DALE STREET PRE-SCHOOL CENTER
THOMAS-DALE DAC (NEW NAME)
Thomas-Dale Community Center
911 Lafond Avenue
St. Paul, MN 55104
Phone: 612/489-8057
Director: Margaret Lewis
Chair: Robert H. Tucker
Region XI, Ramsey County

DODGE COUNTY DAC, INC.
P.O. Box 328
Dodge Center, MN 55927
Phone: 507/374-2724
Director: Alan Kokesch
Chair: Ronald Davis
Region X

FARIBAUT COUNTY DAC, INC. *
Seventh and Holland
Blue Earth, MN 56013
Phone: 507/526-3422
Director: Kim Johnston
Chair: Merlyn Winter
Region IX

DOUGLAS COUNTY DAC, INC.
518-7th Avenue West
Alexandria, MN 56308
Phone: 612/762-1771
Director:
Chair: David Dzvik
Region IV

FILLMORE COUNTY DAC, INC.
Box 205
Preston, MN 55965
Phone: 507/765-3378
Director: Nellie Erickson
Chair: Charlotte Boyum
Region X

EAST POLK COUNTY DAC, INC.
Box 178
Fosston, MN 56542
Phone: 218/435-9798
Director: Richard Simonson
Chair: Robert Wolf
Region I

FLOODWOOD DAY ACTIVITY CENTER, INC.
(St. Louis County)
Box 347
Floodwood, MN 55736
Phone 218/476-2317
Director: Charles Shiel
Chair: George Jous
Region III

EAST RANGE DAC, INC.
(St. Louis County)
800 Avenue A
Eveleth, MN 55734
Phone: 218/741-5108
Director: Howard Margulas
Chair: Louis Parlanti
Region III

FREEBORN COUNTY ALPHA DAC, INC.
919 James Avenue
Albert Lea, MN 56007
Phone: 507/373-6064
Director: Frank Cuden
President: Robert Andersen
Region X

EPIC DAC (Extended Program in
the Community)
(Rice County)
Box 148-C
Dundas, MN 55019
Phone: 507/645-6800
Director: Dan Kaasa
Chair: William F. Arndt
Region X

GOODHUE COUNTY DAC, INC.
Box 222
Red Wing, MN 55066
Phone: 612/388-4309
Director: Nancy Gurney
Chair: James Klindworth
Region X

FALLS DAC, INC.
(Pennington County)
Box C
Thief River Falls, MN 56701
Phone 218/681-5951
Director: Evan Armstrong
Chair: Judy Dimich
Region I

GRANT COUNTY DAC, INC.
Retzlaff House
Hoffman, MN 56339
Phone: 612/986-2923
Director:
Chair: John Dehaan
Region IV

*Indicates that DAC services are either purchased by or provided by a Human Service Board.

GREEN HAVEN HEIGHTS COMMUNITY DAC
2169 Stillwater Avenue
St. Paul, MN 55119
Phone: 612/739-0464
Director: Ray Kelley
Chair: Raymond L. Dalby
Region XI, Ramsey Co.

JACKSON COUNTY DAC, INC.
412 Broadway Avenue
Lakefield, MN 56150
Phone: 507/662-6156
Director: Nancy Pietz
Chair: James Moller
Region VIII

KANABEC COUNTY: SEE BRIGHTER DAC, INC.

HOPE DAC, INC.
(Pipestone & Lincoln Counties)
Ruthton, MN 56170
Phone: 507/658-6711
Director: Ethel Sether
Chair: Carl Hauschild
Region VIII

KANDIYOHI COUNTY DAC, INC.
Box 299
Atwater, MN 56209
Phone: 612/974-8840
Director: June Monson
Chair: Linnea Hinz
Region VI

HOUSTON COUNTY DAC, INC.
Box 308
Caledonia, MN 55921
Phone: 507/724-2057
Director: Beth Isemenger
Chair: Richard Leary
Region X

KAPOSIA DEVELOPMENTAL LEARNING CENTER
179 East Robie Street
St. Paul, MN 55107
Phone: 612/227-9291
Director: Dianne A. Anderson
Chair: Ronald T. Finnegan
Region XI, Ramsey Co.

HUBBARD COUNTY DAC, INC.
P.O. Box 86
Park Rapids, MN 56470
Phone: 218/732-3233
Director: Anita Anderson
Chair: Mark Schurmann
Region II

KIMBALL DAC, INC.
(Stearns County)
Kimball, MN 55353
Phone: 612/398-5673
Director: James Malach
Chair: Dolores Madden
Region VII

ISANTI COUNTY:

ITA-BEL-KOO DAC, INC.
(Koochiching County)
Box 54
Northome, MN 56661
Phone: 218/897-4684
Director: Henry Lord
Chair: Dwight Wuenschel
Region III

KITTSOON COUNTY DAC, INC.
Lake Bronson School
Lake Bronson, MN 56734
Phone: 218/754-3225
Director: Laverne Nyflot
Chair: Victor Johnson
Region I

KOOCHICHING COUNTY: SEE ITA-BEL-KOO DAC,
INC., NORTHLAND DAC, INC.

ITASCA ASSOCIATION FOR THE MENTALLY
RETARDED, INC.
Box 226
Coleraine, MN 55722
Phone: 218/245-1178
Director: Roy Toivonen
Chair: Jack Buckley
Region III

LAC QUI PARLE COUNTY DAC, INC.
703-8th Avenue
Madison, MN 56256
Phone: 612/598-3976
Director: Phyllis Skurdahl
Chair: Mrs. Carrie Lindquist
Region VI

LAKE COUNTY DAC, INC.
Box 143
Knife River, MN 55609
Phone: 218/536-8321
Director: Randall Norenberg
Chair: Betty L'Esperance
Region III

LAKE OF THE WOODS COUNTY:

LESUEUR COUNTY DAC, INC.
405 A West Lake Street
Waterville, MN 56096
Phone: 507/362-8560
Director: Carolyn Engquist
Chair: John Kunelius
Region IX

LINCOLN COUNTY: SEE HOPE DAC, INC.

LWF DAC (Louise Fraser), INC.
2400 West 64th Street
Minneapolis, MN 55423
Phone: 612/861-1688
Director: Robert J. Kowalczyk
Chair: William Goblirsch
Region XI, Hennepin Co.

LYON COUNTY DAC, INC.
501 South Whitney Street
Marshall, MN 56258
Phone: 507/532-5607
Director: Dan Jerzak
Chair: Leonard Johnson
Region VIII

MAHNOMEN COUNTY DAC, INC.
Box 323
Mahnomen, MN 56557
Phone: 218/935-2442
Director: Ann Spilde
Chair: Ann Klinkhammer
Region II

MARSHALL COUNTY DAC, INC.
228 East Johnson Avenue
Warren, MN 56762
Phone: 218/742-4011
Director: Mrs. June Edgar
Chair: Leonard Olson
Region I

MARTIN COUNTY DAC, INC. *
P.O. Box 467
Sherburn, MN 56171
Phone: 507/764-3741
Director: Audrey Nelson
Chair: Edward Hanlon
Region IX

McLEOD COUNTY DAC, INC.
Route #3
Glencoe, MN 55336
Phone: 612/864-3276
Director: Norma Syverson
Chair: James Albers
Region VI

MEEKER COUNTY DAC, INC.
416 South Sibley Avenue
Litchfield, MN 55355
Phone: 612/693-6257
Director: Bob Carlson
Chair: Mrs. Delores Willette
Region VI

MERRIAM PARK DAC
2000 St. Anthony Avenue
St. Paul, MN 55104
Phone: 612/645-0349
Director: Harold Kerner
Chair: Stuart Weitzman
Region XI, Ramsey Co.

MERRICK DAC
715 Edgerton Street
St. Paul, MN 55101
Phone: 712/776-6417
Director:
President: Neil Charpentier
Region XI, Ramsey Co.

MILLE LACS COUNTY AREA DAC, INC.
P.O. Box 92
Milaca, MN 56353
Phone: 612/983-6667
Director: Fred Hoffman
Chair: Harry Roberts
Region VII

*Indicates that DAC services are either purchased by or provided by a Human Service Board.

MORRISON COUNTY DAC, INC.
 514 Northeast Third Street
 Little Falls, MN 56345
 Phone: 612/632-5743
 Director: Evelyn Aalgaard
 Chair: Sister Carla Przybilla
 Region V

NORTH SUBURBAN DAC
 433 East Little Canada Road
 St. Paul, MN 55117
 Phone: 612/484-8650
 Director: Phillip Saari
 Chair: Bonnie Salverda
 Region XI, Ramsey Co.

MOWER COUNTY CENTERS FOR THE
 DEVELOPMENTALLY DISABLED, INC.
 Box 531
 Austin, MN 55912
 Phone: 507/433-2324
 Director:
 Chair: Robert Werner
 Region X

NORTHEAST LEARNING CENTER FOR PERSONS
 WITH DEVELOPMENTAL DISABILITIES, INC.
 2675 East Highway 36
 North St. Paul, MN 55109
 Phone: 612/777-5358
 Director: Jim Eron
 Chair: John Broady
 Region XI, Ramsey Co.

MURRAY COUNTY DAC, INC.
 Box 57
 Currie, MN 56123
 Phone: 507/763-3144
 Director: Shirley Reedy
 Chair: Rev. Robert Moritz
 Region VIII

NORTHERN CASS COUNTY DAC, INC.
 P.O. Box 95
 Ah-Gwah-Ching, MN 56430
 Phone: 218/547-1121
 Director: David Terdan
 Chair: Dorothy Buck
 Region V

NICOLLET COUNTY: SEE WEST NICOLLET/
 BROWN COUNTY DAC, INC.

NOBLES COUNTY DAC, INC.
 Adrian Public School
 Adrian, MN 56110
 Phone: 507/483-2980
 Director: Alan Greenfield
 Chair: Elvin Thue
 Region VIII

NORTHLAND DAC, INC.
 (Koochiching County)
 800 Fifth Street
 International Falls, MN 56649
 Phone: 218/283-4266
 Director: Chrystal Clance
 Chair: Ron Tarro
 Region III

NORMAN COUNTY DAC, INC.
 103 W. 4th Ave.
 Ada, MN 56510
 Phone: 218/784-4582
 Director: Linda Jamison
 Chair: Beverley Aanenson
 Region I

OLMSTED COUNTY DAC, INC.
 Assisi Heights
 Rochester, MN 55901
 Phone: 507/289-3305
 Director: Mina Wilson
 Chair: James Ross
 Region X

NORTH METRO DAC
 1701 Oak Park Avenue North
 Minneapolis, MN 55411
 Phone: 612/374-2862
 Director: Patricia Findley
 Chair: Stephen J. Dess
 Region XI, Hennepin Co.

OPPORTUNITY WORKSHOP DAC, INC.
 5500 Opportunity Court
 Minnetonka, MN 55343
 Phone: 612/938-5511
 Director: Mary Jo Glumack
 Chair: Robert Whaner
 Region XI, Hennepin Co.

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OTTERTAIL COUNTY DAC, INC.
P.O. Box 205
Parkers Prairie, MN 56361
Phone: 218/338-2691
Director: Evelyn South
Chair: Ms. Del Schwartz
Region IV

PAUL BUNYAN DAC, INC.
(Crow Wing County)
Box 701
Brainerd, MN 56401
Phone: 218/829-0755
Director: Diane Swenson
Chair: James Daly
Region V

PENNINGTON COUNTY: SEE FALLS DAC,
INC.

PINE COUNTY DAC, INC.
United Church of Christ
Box 378
Sandstone, MN 55072
Phone: 612/245-2246
Director: John Stanchfield
Chair: John Hesch
Region VII

PINE RIVER AREA DAC, INC.
(Cass County)
Box 8-N
Pine River, MN 56474
Phone: 218/587-2688
Director: Larry Glassman
Chair: James Tulenshik
Region V

PINEWOOD LEARNING CENTER
(Carlton County)
915-18th Street
Cloquet, MN 55720
Phone: 218/879-4566
Director: Dave Felske
Chair: Harry Newby
Region III

PIPESTONE COUNTY: SEE HOPE DAC, INC.

POLK COUNTY DAC, INC.
P.O. Box 113
Crookston, MN 56716
Phone: 218/281-4181
Director: Rita Hoff
Chair: Shirley Boekken
Region I

POLK COUNTY: SEE ALSO EAST POLK DAC, INC.

POPE COUNTY:

RANGE CENTER DAC
(St. Louis County)
1001 Eighth Avenue Northwest
Chisholm, MN 55719
Phone: 218/254-4813
Director: James Mickelson
Chair: Edward Roberts
Region III

RED LAKE COUNTY:

REDWOOD COUNTY DAC, INC.
515 W. Bridge Street
Redwood Falls, MN 56283
Phone: 507/637-3503
Director: Mary Jo Boots
Chair: Kenneth Hemmingsen
Region VIII

RENVILLE COUNTY DAC, INC.
Fairgrounds, Box 115
Bird Island, MN 55310
Phone: 612/365-3380
Director: Darlene Chan
Chair: Mrs. Corwin Anderson
Region VI

REUBEN LINDH LEARNING CENTER, INC.
3616-12th Avenue South
Minneapolis, MN 55407
Phone: 612/721-5551
Director: Dorothy Mollien
Chair: Karen Sharets
Region XI, Hennepin Co.

RICE COUNTY ACTIVITY CENTER, INC.
21 Northeast Tenth Street
Faribault, MN 55021
Phone: 507/334-2231
Director: Mr. & Mrs. Richard Dienst
Chair: Frank Schreckenberg
Region X

ROCK COUNTY DAC, INC.
301 East Crawford
Luverne, MN 56156
Phone: 507/283-4582
Director: Pamela Thompson
Chair: Hermina Dykhous
Region VIII

ROSEAU COUNTY:

ST. DAVID'S SCHOOL
13000 St. David Road
Minnetonka, MN 55343
Phone: 612/935-3336
Director: Sybil Lynch
Chair: Richard Henze
Region XI, Hennepin Co.

ST. LOUIS COUNTY: SEE EAST RANGE DAC,
INC., FLOODWOOD DAC, INC., RANGE
CENTER, UNITED DAC OF DULUTH, INC.

ST. PAUL'S DAC
1524 Summit Avenue
St. Paul, MN 55105
Phone: 612/698-8349
Director: Judy Pappenfus
Chair: Father T. Ronald Taylor
Region XI, Ramsey Co.

SCHOOL FOR SOCIAL DEVELOPMENT, INC.
1637-39 Hennepin Avenue South
Minneapolis, MN 55403
Phone: 612/339-9653
Director: Doris McGregor
Chair: Dudley Ericson
Region XI, Hennepin Co.

SCOTT COUNTY DAC *
310 W. Fourth Avenue
Shakopee, MN 55379
Phone: 612/873-6869
Director:
Chair:
Region XI

*Indicates that DAC services are either purchased by or provided by a Human Service Board.

SHERBURNE COUNTY:

SHORELINE EARLY CHILDHOOD DEVELOPMENT
CENTER-INFANT STIMULATION PROGRAM
3745 Shoreline Drive
Wayzata, MN 55391
Phone: 612/471-8433
Director: Joyce Olson
Chair: Betty Stribbling
Region XI, Hennepin Co.

SIBLEY COUNTY DAC, INC.
600 East Clinton Avenue
Arlington, MN 55307
Phone: 612/964-5640
Director: Grace Raiter
Chair: Mrs. Gordon Methrop
Region IX

SOUTH MINNEAPOLIS DAC
43rd Avenue South & East 32nd Street
Minneapolis, MN 55406
Phone: 612/721-5838
Director: Beth Olson
Chair: Nancy Lynch
Region XI, Hennepin Co.

STEARNS COUNTY DAC, INC.
St. Joseph School
103 Sixth Avenue North
Waite Park, MN 56387
Phone: 612/251-0087
Director: Gretchen Cress
Chair: Michael Boyle
Region VII

STEELE COUNTY DAC, INC.
P.O. Box 241
Owatonna, MN 55060
Phone: 507/451-0569
Director: James Karkhoff
Chair: Donald Wesely
Region X

STEVENS COUNTY DAC, INC.
211 East Sixth Street
Morris, MN 56267
Phone: 612/589-2169
Director: Emmy Kvatum
Chair: Dean Paulson
Region IV

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SWAN LAKE DAC, INC.
(Cottonwood County)
P.O. Box 736
Delft, MN 56124
Phone: 507/678-2441
Director: Donovan Pankratz
Chair: Carl Lund
Region VIII

SWIFT COUNTY DAC, INC.
DeGraff, MN 56233
Phone: 612/843-4201
Director: Sylvia Loy
Chair: Paul Hayden
Region VI

THERAPEUTIC PRE-SCHOOL DAC
319 Eagle Street
St. Paul, MN 55102
Phone: 612/227-8471
Director: Vivian Errickson
Chair: Betsy Doermann
Region XI, Ramsey Co.

TODD COUNTY DAC, INC.
P.O. Box 206
Browerville, MN 56438
Phone: 612/594-6423
Director: Michael McDonnell
Chair: Dale Pufpaff
Region V

TRAVERSE COUNTY:

UNITED CEREBRAL PALSY OF MINNEAPOLIS,
INC.
360 Hoover Street Northeast
Minneapolis, MN 55413
Phone: 612/331-5958
Director: Regis Barber
Chair: Dona Caswell
Region XI, Hennepin Co.

UNITED CEREBRAL PALSY OF ST. PAUL, INC.
463 Maria Avenue
St. Paul, MN 55107
Phone: 612/776-1558
Director: Billie Ransom
Chair: Howard Dixon
Region XI, Ramsey Co.

UNITED DAC OF DULUTH, INC.
(St. Louis County)
500 East Tenth Street
Duluth, MN 55805
Phone: 218/722-5867
Director: Creighton Koski
Chair: George Jauss
Region III

WABASHA COUNTY DAC, INC.
Route #1, Box 101
Wabasha, MN 55981
Phone: 612/565-3588
Director: Margaret Gisslen
Chair: Richard Meincke
Region X

WADENA COUNTY DAC, INC.
Box 235
Sebeka, MN 56477
Phone: 218/837-5182
Director: Steve Kohls
Chair: June Schmietz
Region V

WASECA COUNTY DAC, INC.
308 West Elm Avenue
Waseca, MN 56093
Phone: 507/835-5004
Director: Stuart A. Miller
Chair: Bernadine Lee
Region X

WASHINGTON COUNTY DACS, INC.
6043 Hudson Road, Suite 370
Woodbury, MN 55119
Phone: 612/739-3827
Director: Robert Nafie
Chair: Norma Weakly
Region XI

WATONWAN COUNTY VOCATIONAL & SOCIAL
DEVELOPMENT CENTER, INC.*
307 Ninth Street South
St. James, MN 56081
Phone: 507/375-4572
Director: Joe Doshan
Chair: Harland Hultgren
Region IX

*Indicates that DAC services are either purchased by or provided by a Human Service Board.

WEST NICOLLET/BROWN COUNTY DAC, INC.*
1417 South State Street
New Ulm, MN 56073
Phone: 507/354-8533
Director: Jeannette Barsness
Chair: Verna Markert
Region IX

WILKIN COUNTY DAC, INC.
430 Ninth Street North
Breckenridge, MN 56520
Phone: 218/643-2844
Director: Carolyn Dumke
Chair: Ernest Chizek
Region IV

WINONA COUNTY DAC, INC.
Washington and Sanborne Streets
Winona, MN 55987
Phone: 507/452-1798
Director: Jean Cole
Chair: Dr. Frank Rocco
Region X

WRIGHT COUNTY DAC, INC.
Box 60
Silver Creek, MN 55380
Phone: 612/963-3562
Director: Ruth Anderson
Chair: Loretta Diem
Region VII

YELLOW MEDICINE COUNTY: SEE CANBY
ACTIVITY CENTER, INC., CHIPPEWA/
YELLOW MEDICINE DAC, INC.

Related Organizations:

Minnesota DAC Association (MinnDACA)
President: Harold Kerner
(See Merriam Park DAC)

East Metropolitan DAC Council (EMDACC)
529 Jackson Street-Suite 327
St. Paul, MN 55101
Acting Director: Kay Zwernik
Phone: 612/227-0675

Minnesota Association for Retarded
Citizens (Minn ARC)
3225 Lyndale Avenue South
Minneapolis, MN 55408
Director: Robert Tuttle
Phone: 612/827-5641

United Cerebral Palsy of Minnesota
Griggs-Midway Building, Room 380
1821 University Avenue
St. Paul, MN 55104
Executive Director: Joyce Arnes
Phone: 612/646-7588

*Indicates that DAC services are either purchased by or provided by a Human Service Board.

***HUMAN SERVICE BOARDS PURCHASING OR PROVIDING DAC SERVICES:**

Blue Earth Human Service Board (Blue Earth County DAC)
402 North 5th Street
Mankato, MN 56001
Phone: 507/388-2993
Director: Gordon Fuller
Chair: Robert Hodapp
Region IX

Brown-Nicollet Human Service Board (West Nicollet/Brown County DAC)
100 Freeman Drive
St. Peter, MN 56082
Phone: 507/931-4140
Director: Robert C. Butler
Chair: Denis Warta
Region IX

Faribault-Martin-Watonwan Human Service Board (Faribault County DAC, Martin County
Board DAC, Watonwan County Vocational and
118 South Main Street Social Development Center)
Fairmont, MN 56031
Phone: 507/238-4447
Director: Sam Walz
Chair: Paul Beyer
Region IX

Scott County Human Service Board (Scott County DAC)
428 South Holmes
Shakopee, MN 55379
Phone: 612/445-7750
Director: Thomas Lindquist
Chair: Anthony Worm
Region XI

settings of a certain size (usually over four persons). The licensing/certification process in Minnesota correspondingly has two main components. The Health Department's Facility and Compliance section inspects for structural and fire safety elements (in conjunction with the Fire Marshal in the Department of Public Safety). The standards employed are those for "supervised living facilities" (SLFs), and "boarding care" arrangements, and licenses are given for facilities meeting them. These standards are directed at basic environmental, nutritional and personal health/hygiene standards. The evaluation of programs and developmental activities occurring within a facility are carried out by the Department of Public Welfare. DPW "Rule 34" sets standards for group facilities for persons having retardation, and "Rule 80" sets standards in units for the physically handicapped. Both of these standards deal with the quality of assistance being provided, and the development and implementation of individualized program plans for group homes for persons having emotional handicaps.

Legislation passed in 1975 fostered DPW "Rule 40." This rule sets a statewide standard for acceptable-sized community-based residential units for persons having retardation for the purpose of municipal zoning regulations. (Such a standard was judged necessary to assure that municipal physical development codes will not unfairly curtail the location of community residential facilities.) Facilities for the retarded serving six or fewer individuals are permissible in single-family zoning districts, and facilities serving from seven to sixteen residents are acceptable multi-family uses. Standards setting minimum spatial proximity for various residential social service programs locating in a neighborhood are also included to insure that neighborhoods do not become de facto "social service districts." Rule 40 also requires a review phase in the licensing process for facilities serving persons having retardation that will assess the community in which the facility is to be located for its size, land use plans, number of similar facilities in the area, available social/supportive services. The purpose for this assessment is to assure that residential facilities are not constructed or operated in locations where services necessary to carry out individualized programming for residents are unavailable.

As of mid-1977, there are 157 facilities in the state licensed and operating under Rule 34 standards, 5 facilities operating under Rule 80 standards, and 98 facilities operating under Rule 8 standards. The geographic distribution of these facilities and their capacity are identified on pgs. 130-151.

Developmental Achievement Centers are also licensed by the Division, and information on their organization, operation, geographic distribution, and capacity is found in the previous Grant-in-Aid Section.

- The Social Services Division supervises the provision of an array of social services through county social service departments, using various Federal and state funding supports. One primary Federal aid program is Social Security "Title XX" which is state supervised/locally administered in Minnesota. The Division has responsibility for developing an annual Title XX state plan, various service plans, developing program standards, supervising the provision of services and overall supervision of the Title XX program. County social service agencies are identified on p. 157-161.

Fig. 3-19 Community Residential Facilities for Persons Having Retardation, Licensed Under DPLW Rule 34 (4/77)

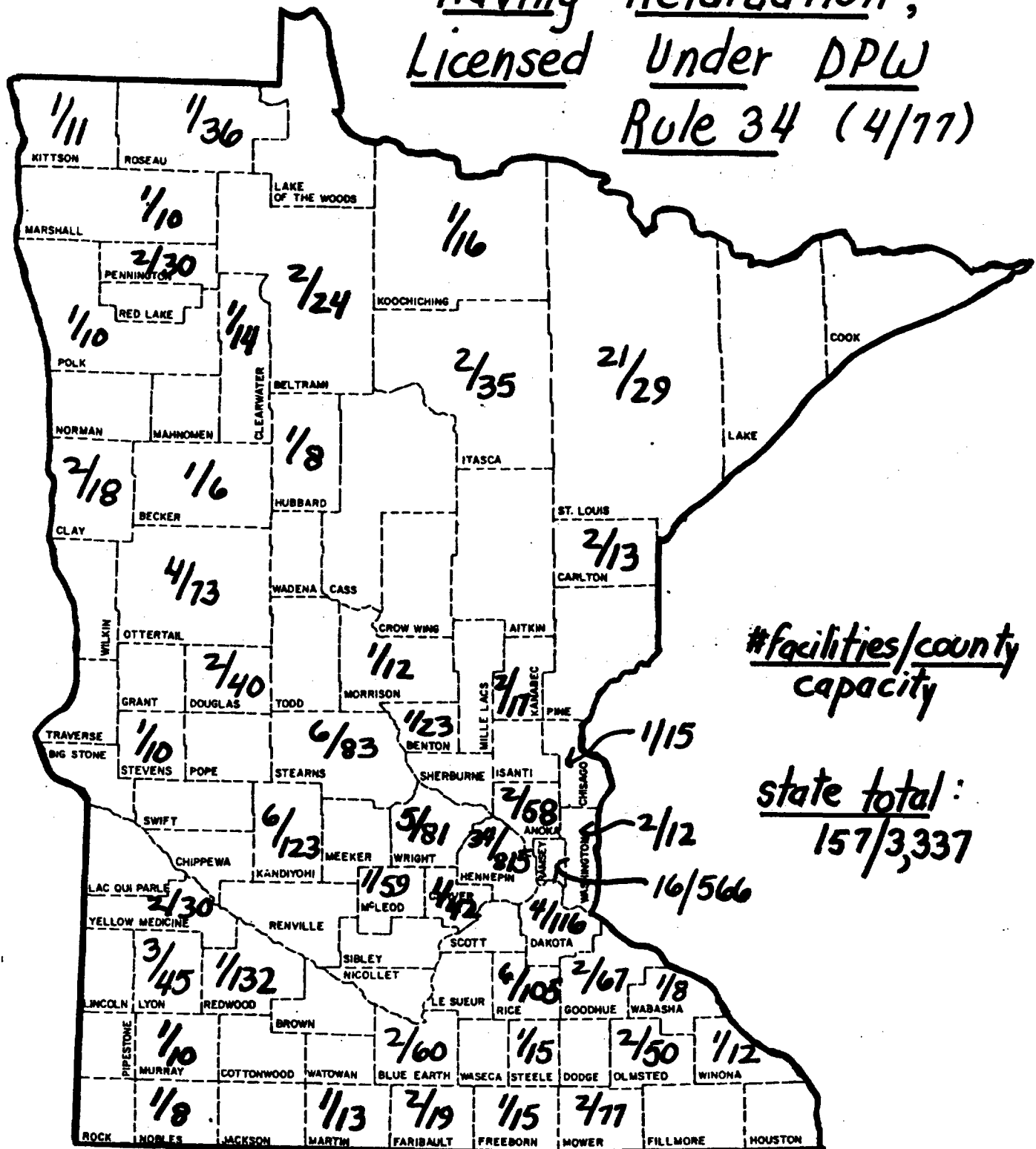


Fig. 3-20 Community Residential Facilities for Persons Having Physical Handicaps, Licensed Under DPW Rule 80 (3/77)

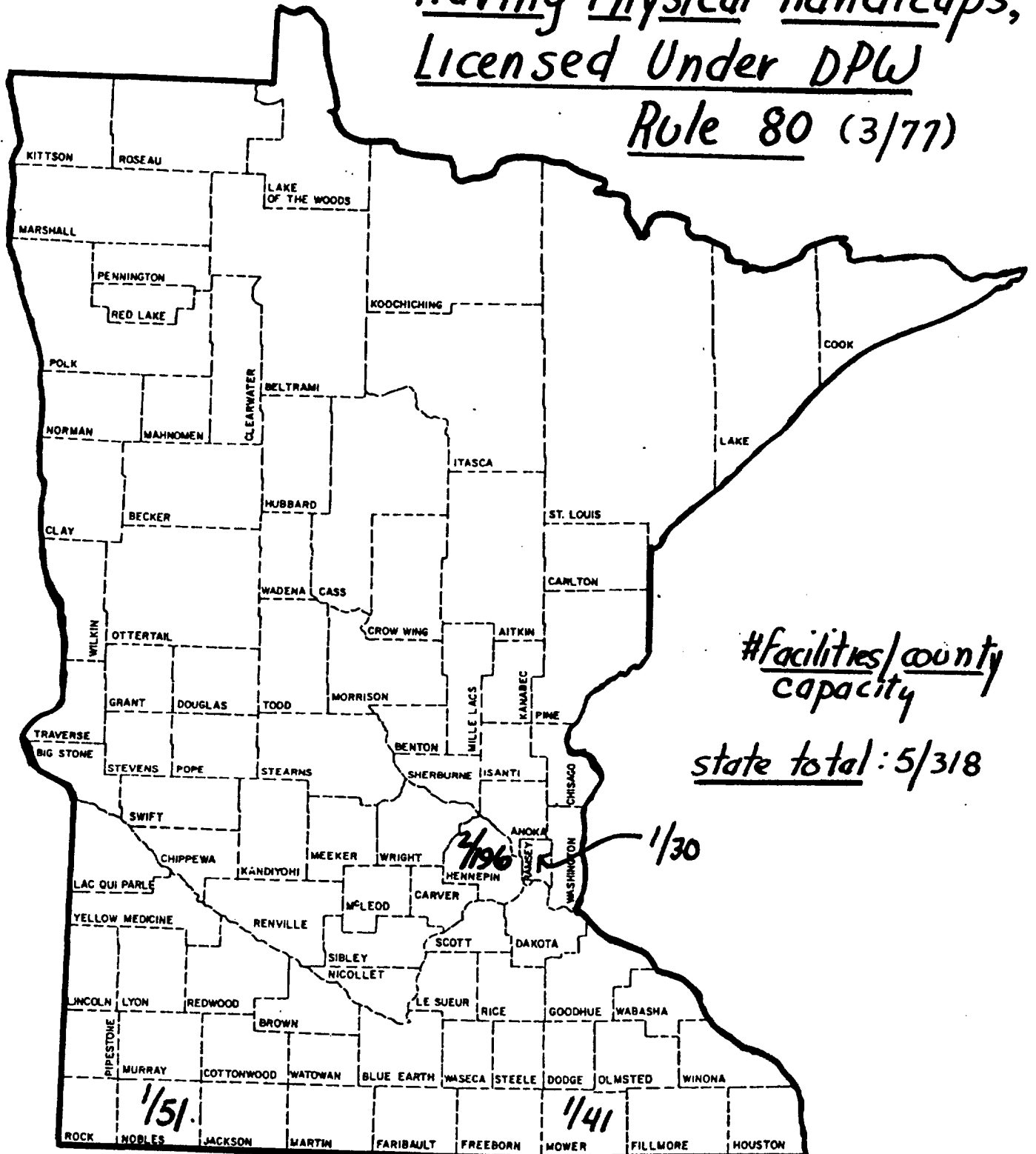


Fig. 3-21 Group Homes
Licensed Under
DPW Rule 8 (3/77)

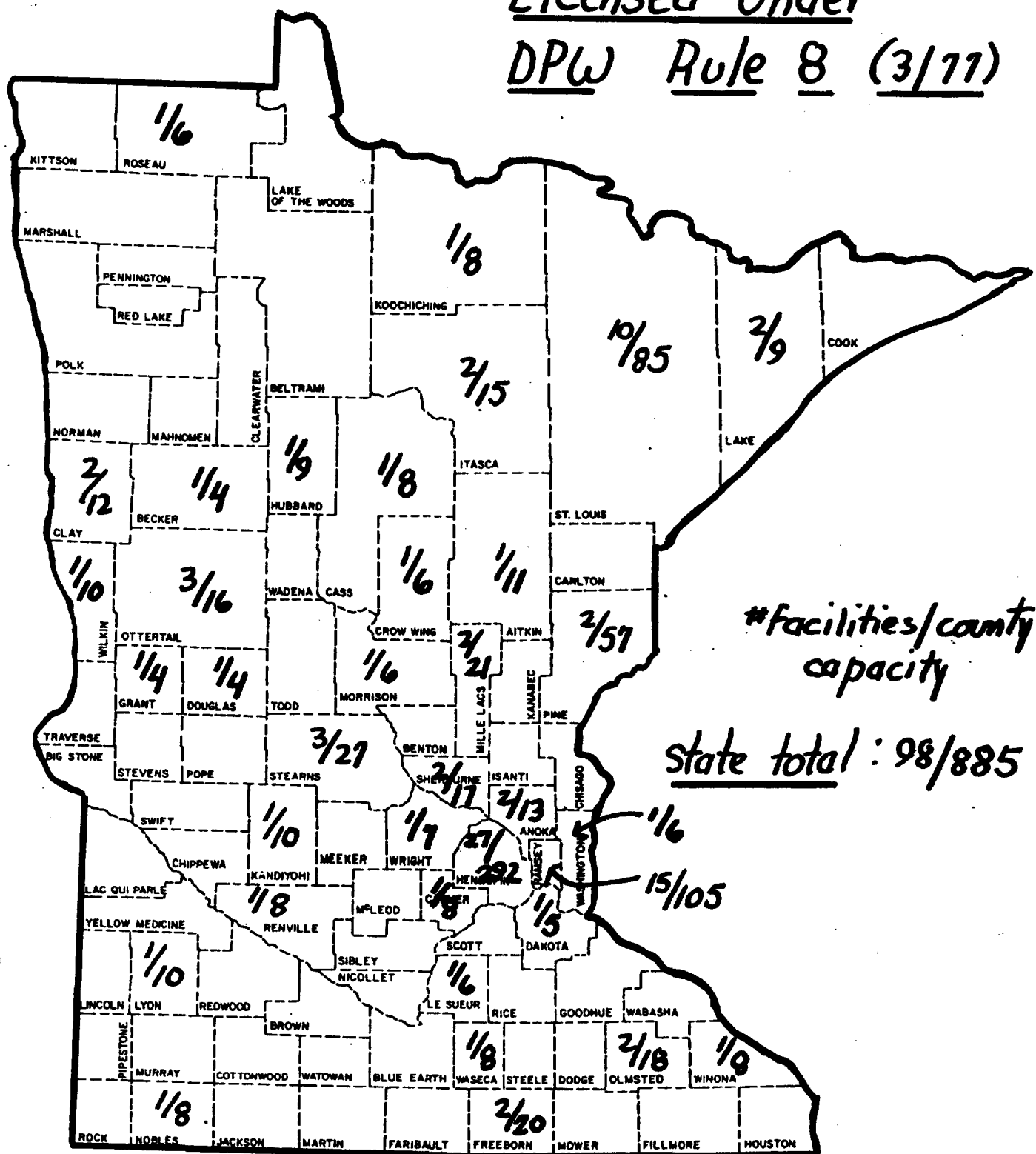


Fig. 324 LICENSED RESIDENTIAL FACILITIES FOR MENTALLY RETARDED - DPW RULE 34

REGIONS 1, 2, 4, 5 & 7 - MINNESOTA

REGION 1

CROOKSTON GROUP HOME
315 Summit Avenue
Crookston, MN 56716
Polk County
218/281-4811
Dir: Kevin Clementson
10 MR 18 years & over

HANSON BOARDING CARE HOME
1023 North Dewey
Thief River Falls, MN 56701
Pennington County
218/681-4527
Dir: Lyle Hanson
15 MR, 16 years & over

JOHNSON'S RIVERSIDE BOARDING HOME
Rt. 4, Box 39A
Thief River Falls, MN 56701
Pennington County
218/681-1278
Dir: Mr. & Mrs. Oscar Johnson
15 MR, 30 years & over

MARSHALL COUNTY GROUP HOME
Rural Route
Argyle, MN 56713
Marshall County
218/437-6695
Dir: Terry & Kathy Roy
10 MR, 21 years & over

ROSEAU CHILDREN'S HOME
204 Second Avenue NE
Roseau, MN 56751
Roseau County
218/463-1031 or 1319
Dir: Mrs. Marie Olson
36 MR, 5 - 20 years

VALLEY GROUP HOME
Karlstad, MN 56732
Kittson County
218/436-2518
Dir: Roger C. Young
11 MR, 18 years & over

REGION 2

BRUNDAGE HOME
916 South First St.
Bemidji, MN 56601
Beltrami County
218/751-5791
Dir: Beverly Grage
15 MR, 18 years & over

HEARTLAND HOME, INC.
114 North Park Avenue
Park Rapids, MN 56470
Hubbard County
218/732-4572
Dir: Gregory Barnier
8 MR, 18 years & over

MISSISSIPPI HAVEN
1001 Mississippi Avenue
Bemidji, MN 56601
Beltrami County
218/751-8805
Dir: Beverly Grage
9 MR, 18 years & over

PINE RIDGE RESIDENCE
Box 29
Bagley, MN 56621
Clearwater County
218/694-6716
Dir: Donald Blooflat
14 MR, 18 years & over

REGION 4

BAKKE GROUP HOME
405 Lake Street
Osakis, MN 56360
Douglas County
218/859-4200
Dir: Mrs. Ella Bakke
10 MR, 12 thru 25 years

CLAY COUNTY GROUP HOME
Main Street
Hawley, MN 56549
Clay County
218/236-7120
Dir: Douglas E. Johnson
8 MR, 18 to 65 years

HOFFMAN HOME
210 West 7th
Morris, MN 56267
Stevens County
218/589-2057
Dir: James Hoffman
10 MR, 16 years & over

KOEP GROUP HOME
Route 3
Fergus Falls, MN 56537
Otter Tail County
218/739-9704
Dir: Ione Koep
9 MR, 14 years & over

LAKE PARK-WILD RICE CHILDREN'S HOME
South Maybelle Avenue, Box 477
Fergus Falls, MN 56537
Otter Tail County
218/736-7549
Dir: Terry Denley
48 MR, 8 - 16 years

PELESKE GROUP HOME
Dant, MN 56528
Otter Tail County
218/758-2570
Dir: Steve & Mary Peleske
8 MR, 30 to 65 years

PROJECT NEW HOPE
Box 178
Alexandria, MN 56308
Douglas County
612/762-1670
Dir: Glenn Medicraft
30 MR, 15 years & over

SHELTON GROUP HOME
Route 1
Richville, MN 56576
Otter Tail County
218/758-2438
Dir: Waymon & Carol Shelton
8 MR, 18 years & over

SMITH GROUP HOME
Route 1, Box 17A
Frazee, MN 56544
Becker County
218/334-5651
Dir: Leona Smith
6 MR Females, 16 yrs & over

• VALLEY GROUP HOME
1330 - 2nd Avenue N.
Moorhead, MN 56580
Clay County
218/236-9805
Dir: Mr. & Mrs. Roger Young
10 MR, 18 years & over

REGION 5

LITTLE FALLS GROUP HOME
315 6th Street SW
Little Falls, MN 56345
Morrison County
Dir: John B. Peterson
12 MR, 18 years & over
Contact: Luth. Soc. Serv. of MN
612/871-0221

REGION 7

AMBASSADOR BOARDING CARE HOME
46 Ninth Avenue North
Waite Park, MN 56387
Stearns County
612/251-6142
Dir: John W. Hendricks
8 MR, 21 years & over

BRIGHTER DAY RESIDENCE, INC. I
620 North Wood Street
Mora, MN 55051
Kanabec County
612/679-2354
Dir: Dick Ogren
8 MR, 18 years & over

BRIGHTER DAY RESIDENCE, INC. II
229 North 7th Street
Mora, MN 55051
Kanabec County
612/679-2374
Dir: Kathy LaCombe
9 MR, 18 years & over

DELL'S PLACE, INC.
234 2nd Street South
Delano, MN 55328
Wright County
612/972-3664
Dir: Loretta Diem
10 MR, 15 to 38 years

GRANITE BOARDING HOME
202 Second Avenue South
Sauk Rapids, MN 56379
Benton County
612/251-4736
Dir: Quinton Hommerding
23 MR, 18 years & over

HOMES, INC.
725 - 32nd Avenue
St. Cloud, MN 56301
Stearns County
612/825-1755
Dir: Dale Van Ryswyk
20 MR, 16 - 60 years

LAKEVIEW CHILDREN'S HOME
Lincoln & West 2nd Street
Sauk Centre, MN 56378
Stearns County
612/352-3081
Dir: Mr. & Mrs. A.M. Polipnick
8 MR males, 3 - 12 years

DOROTHE LANE CHILDREN'S HOME
205 Sixth Street
Sauk Centre, MN 56378
Stearns County
612/352-3652
Dir: Dorothe Lane
8 MR, 4 - 21 years

MADDEN HAVEN HOME
101 Oak Street
South Haven, MN 55382
Wright County
612/236-7521
Dir: Joseph & Delores Madden
44 MR, 18 years & over

MADDEN NURSING HOME, INC.
Kimball, MN 55353
Stearns County
612/398-5678
Dir: Dolores Madden
24 MR, 18 years & over

PETTIT CHILDREN'S HOME
812 South Main Street
Sauk Centre, MN 56378
Stearns County
612/352-2844
Dir: Mrs. Fern Friedrichs
15 MR, 6 - 21 years

SOUTH CENTER MANOR
Park Island
Center City, MN 55012
Chisago County
612/433-5520
Dir: Lowell J. Peterson
15 MR, 21 years & over

WARNER CARE HOME I
450 East Third Street
Cokato, MN 55321
Wright County
612/286-2185
Dir: John L. Warner
15 MR males, 18 years & over

WARNER CARE HOME II
180 6th Street
Cokato, MN 55321
Wright County
612/286-2185
Dir: John L. Warner
6 MR, 18 - 65 years

WARNER CARE HOME III
370 East Third Street
Cokato, MN 55321
Wright County
Dir: John L. Warner
6 MR, 18 years & over

REGION 3 - MINNESOTA

CARMIN HOUSE, INC.
6009 Tioga Street
Duluth, MN 55804
St. Louis County
218/525-1834
Dir: Trudy Carlson
15 residents, 18 years & over

CHAMPION CHILDREN'S HOME
Rt. 6, Box 7, Lester River Rd.
Duluth, MN 55804
St. Louis County
218/525-1165
Dir: Gordon Atol
20 residents, 0 to 12 years

DULUTH REGIONAL CARE CENTER I
Baldwin House
2232 E. First St.
Duluth, MN 55812
St. Louis County
218/728-4347
Dir: Clyde & Julie Johnson
10 residents, 12 to 23 years

DULUTH REGIONAL CARE CENTER II
323 90th Avenue West
Duluth, MN 55801
St. Louis County
Dir: Clyde Johnson
218/728-4347
6 residents, 12-23 years

DULUTH REGIONAL CARE CENTER III
631 West Skyline
Duluth, MN 55806
St. Louis County
218/722-6130
Dir: Clyde Johnson
10 residents, 18 years & over

DULUTH REGIONAL CARE CENTER
Apartment Training Units
1024 Glen Place
Duluth, MN 55802
St. Louis County
218/728-4347
Dir: Clyde Johnson
9 residents, 18 years & over

ECONOMY BOARD AND LODGING HOME
27 North 29th Ave. West
Duluth, MN 55806
St. Louis County
218/624-7573
Dir: Marie Economy
5 residents, 30 years & over

GRAND RAPIDS GROUP HOME
510 13th St. SE
Grand Rapids, MN 55744
Itasca County
Dir: Jack Buckley
12 residents, 18 years & over
Contact: Luth. Soc. Serv. of MN
612 871-0221

HAWTHORNE HOUSE
Rt. 1, Box 189
Bovey, MN 55709
Itasca County
218/245-1853
Dir: Mrs. Lou (Susan) Whyte
23 MR adults, 18 years & over

HEARTHSIDE HOME
Pike Bay Drive, Lake Vermillion
Tower, MN 55790
St. Louis County
218/753-2700
Dir: Ronald L. Abrahamson
37 MR adults, 18 years & over

HOMES, INC.
965 - 89th Avenue West
Duluth, MN 55811
St. Louis County
218/626-3128
Dir: Dale Van Ryswyk
24 MR adults, 18 years & over

HOMES, INC.
311 - 38th Street East
Hibbing, MN 55746
St. Louis County
218/263-4280
Dir: Dale Van Ryswyk
19 MR adults, 18 years & over

LINCOLN MANOR
2302 West 2nd St.
Duluth, MN 55806
St. Louis County
218/728-4060
Dir: Lee Plante
10 MR, 18 years & over

MAKI HOME, INC.
Star Route
Brookston, MN 55711
St. Louis County
218/453-4358
Dir: Helen Maki
28 MR, 18 years & over

NEKTON - GREYSOLON ROAD
3518 Greysolon Road
Duluth, MN 55803
St. Louis County
612/225-7865
Dir: Sheldon Schneider
6 MR, 3 through 18 years

NEKTON SPRINGVALE
2214 Springvale Road
Duluth, MN 55811
St. Louis County
218/722-2153
Dir: Joe Modec
6 residents, 18 & over

NEKTON ON WALLACE
1702 Wallace Avenue
Duluth, MN 55803
St. Louis County
612/225-7865
Dir: Sheldon Schneider
6 MR, 3 through 18 years

NORTHOME NURSING HOME, INC.
Northome, MN 56661
218/897-3566
Koochiching County
Dir: Emy Nelson
16 MR, 18 & over

OAKWOOD HOME
28 N.E. 11th Street
Chisholm, MN 55719
St. Louis County
218/254-4813
Dir: Sheldon Schneider
6 MR, 3 through 18 years

PINE RIDGE HOMES, INC. I
413 Broadway
Cloquet, MN 55720
Carlton County
218/879-3910
Dir: David A. Felske
7 MR, 18 years & over

PINE RIDGE HOMES, INC. II
16 11th Street
Cloquet, MN 55720
Carlton County
218/879-4566
Dir: David A. Felske
6 MR, 12 years & over

PLANTE BOARDING HOME
1911 East Third St.
Duluth, MN 55812
St. Louis County
218/728-4060 or 5225
Dir: Virginia Lee Plante
13 MR, 18 years & over

RANGE CENTER, INC.
1001 - 8th Avenue NW
Chisholm, MN 55719
St. Louis County
218/254-4813 or 254-3347
Dir: Sheldon Schneider
30 MR, 3 through 18 years

RANGE CENTER, INC. - Free Standing
Self-Dependent Living Program
1001 - 8th Avenue NW
Chisholm, MN 55719
St. Louis County
218/254-4813
Dir: Sheldon Schneider
8 MR, 17 through 30 years

SALMI BOARD & LODGING HOME
Route 1, Box 235
Aurora, MN 55705
St. Louis County
218/638-2855
Dir: Clyde E. Salmi
15 MR, 18 years & over

VIRGINIA GROUP HOME
9th Avenue North & 5th St. S.
Virginia, MN 55792
St. Louis County
Dir: Jack Buckley
12 MR, 18 years & over
Contact: Luth. Soc. Serv. of MN
612/871-0221

LICENSED RESIDENTIAL FACILITIES FOR MENTALLY RETARDED - DPW RULE 34

REGIONS 6, 8, 9 & 10 - MINNESOTA

REGION 6

ALEXANDER HOUSE

Rt. 2, Lakeland Dr.
Willmar, MN 56201
Kandiyohi County
612/235-5897

Dir: Beverly Helgeson
15 MR, 18 years & over

ALPHA HOMES, INC.

137 North Lake Avenue
Spicer, MN 56288
Kandiyohi County
612/796-5709

Dir: Sondra Anderson
15 MR, 18 years & over

ATWATER HOUSE

5th and Minnesota
Atwater, MN 56209
Kandiyohi County
Dir: Beverly Helgeson
612/235-5897

15 MR, 18 years & over

FRIENDSHIP HOUSE

901 Memorial Parkway
Willmar, MN 56201
Kandiyohi County

Dir: Beverly Helgeson
Presbyterian Family Foundation
612/235-5896
15 MR, 18 years & over

ALICE HANEY HOME

Lester Prairie, MN 55354
McLeod County
612/395-2517 or 2518
Dir: Karl Spellman
59 MR, 18 years & over

HEATHER HILL

Lakeland Drive, Route 2
Willmar, MN 56201
Kandiyohi County
612/235-5897
Dir: Beverly Helgeson
15 MR females, 18 - 65 yrs

KINDLEHOPE

1217 SE 7th St.
Willmar, MN 56201
Kandiyohi County
612/235-2838

Dir: Norma Ruud
48 MR, 18 years & over

REM, INC., II "A"

1201 Haarfager Street
Canby, MN 56220
Yellow Medicine County
507/223-7186

Dir: Robert E. Miller
15 MR, 16 years & over

REM, INC. II "B"

1205 Haarfager Street
Canby, MN 56220
Yellow Medicine County
507/223-7186

Dir: Robert E. Miller
15 MR, 16 years & over

REGION 8

ROBERT MILTON HOME

1011 East Elm Street
Redwood Falls, MN 56283
Redwood County
507/637-3541

Dir: Robert E. Miller
132 MR males, 18 yrs & over

NEW DAWN, INC.

RR 1, Box K1
Fulda, MN 56131
Murray County
507/425-3296

Dir: Eleanor Larson
10 MR, 13 years & over

PROJECT INDEPENDENCE - McMillan Home

1310 McMillan
Worthington, MN 56187
Nobles County
507/376-3171

Dir: Irene Holmquist
8 MR, 18 years & over

REM I "A"
1003 N. 4th Street
Marshall, MN 56528
Lyon County
507/532-3680
Dir: Robert E. Miller
15 MR, 16 years & over

REM I "B"
1005 N. 4th Street
Marshall, MN 56528
Lyon County
507/532-3680
Dir: Robert E. Miller
15 MR, 16 years & over

REM I "C"
1007 N. 4th St.
Marshall, MN 56528
Lyon County
507/532-3680
Dir: Robert E. Miller
15 MR, 16 years & over

REGION 9

ASSISI RESIDENCE
218 S. Linton
Blue Earth, MN 56013
Faribault County
507/526-5629 or 526-2344
Dir: David Hinds
12 MR, 18 years & over

ASSISI II
325 2nd Street West
Blue Earth, MN 56013
Faribault County
507/526-2344
Dir: David Hinds
7 MR, 18 years & over

FRIENDSHIP HAVEN, INC.
Sherburn, MN 56171
Martin County
507/764-3312
Dir: Louis Buryn
13 MR, 18 years & over

HARRY MEYERING HOME
So. 4th & Liberty St.
Box 302
Mankato, MN 56001
Blue Earth County
507/387-8281
Dir: Walter A. Baldus
15 MR, 18 years & over

REM III, INC. "A", "B", "C"
210 Thomas Drive
Mankato, MN 56001
Blue Earth County
507/387-1151
Dir: Thomas Miller
15 MR each unit, 16 years & over

REGION 10

LAURA BAKER SCHOOL
211 Oak Street
Northfield, MN 55057
Rice County
507/645-8866
Dir: Virginia Gleason
55 MR, 4½ years & over

CEDARVALE
P.O. Box 673
Austin, MN 55912
Mower County
507/433-7954
Adm: Walter A. Baldus
36 MR, 5 to 17 years

CREST HOME OF ALBERT LEA
1205 Garfield Avenue
Albert Lea, MN 56007
Freeborn County
507/373-0188
Dir: Harold Kleinpaste
15 MR Females, 16 years & over

HARMONY RESIDENT HOME
Resident Homes, Inc.
611 NW 5th Street
Faribault, MN 55021
Rice County
507/332-8320
Dir: Norma Pomeranz
8 MR Females 21 years & over

HAVEN RESIDENT HOME
Resident Homes, Inc.
538 NW 2nd St.
Faribault, MN 55021
Rice County
507/332-8320
Dir: Norma Pomeranz
8 MR Males, 21 years & over

HIAWATHA CHILDREN'S HOME

1820 Valkyrie Drive NW
Rochester, MN 55901
Olmsted County
507/289-7222

Dir: Byron L. Quinn
44 MR, 0 to 21 years

KROEGERS' HOUSE

122 NW 7th St.
Faribault, MN 55021
Rice County
507/334-6292

Dir: Charles Kroeger
6 MR, 16 through 40 years

RED WING GROUP HOME

West Highway 61
Red Wing, MN 55066
Goodhue County
612/871-0221

Dir: Roy Harley
12 MR, 18 years & over

SEVEN SEVENTEEN RUSTIC LANE

717 Rustic Lane
Wabasha, MN 55981
Wabasha County
612/565-4884

Dir: Nancy McGuinness
8 MR, 18 years & over

SIXTH STREET HOUSE

805 - 6th Street SE
Rochester, MN 55901
Olmsted County
507/282-8001

Dir: Steve Larson
6 MR, 18 to 40 years

THREE SEVENTY SEVEN MAIN

377 Main Street
Winona, MN 55987
Winona County
507/452-1021

Dir: Sis. Yvonne Elskamp
12 MR, 18 years & over

VASA LUTHERAN HOME FOR CHILDREN

Route 2
Red Wing, MN 55066
Goodhue County
612/388-4727

Dir: Roy A. Harley
55 MR, 5 - 19 years

WOODS BOARDING CARE HOME I

214 Park Avenue
Faribault, MN 55021
Rice County
507/334-7808

Dir: John Goedel
16 MR, 18 years & over

WOODVALE HOMES II

127 Pearl Street
Owatonna, MN 55060
Steele County
507/437-1003

Dir: Walter A. Baldus
15 MR, 18 years & over

WOODVALE HOMES III

1209 First Street NE
Austin, MN 55912
Mower County
507/437-7621

Dir: Walter A. Baldus
41 MR, 18 years & over

REGION PARK HALL

1150 SW Third Street
Faribault, MN 55021
Rice County
507/334-6292

Dir: Charles Kroeger
12 MR, 16 years & over

LICENSED RESIDENTIAL FACILITIES FOR MENTALLY RETARDED - DPW RULE 34

REGION 11 - MINNESOTA

BIRCHWOOD CARE HOME, INC.
715 West 31st Street
Mpls., MN 55408
Hennepin County - 11W
612/823-7286
Dir: Dave Docken
5 MR, 18 years & over

CHARLES W. BRONSTIEN HOME
2644 Fremont Avenue South
Mpls., MN 55408
Hennepin Co. - 11W
612/377-3710
Dir: Howard Paulson
10 MR, 18 years & over

CAMILIA ROSE
11800 Xeon
Coon Rapids, MN 55433
Anoka County - 11W
612/755-8489
Dir: Dr. Mary Tjosvold
34 MR, 18 years & over

COMMUNITY INVOLVEMENT PROGRAM, INC.
1900 Stevens Avenue South
Mpls., MN 55403
Hennepin County - 11W
612/333-4438
Dir: William Funari
32 MR, 18 years & over

COMMUNITY LIVING, INC.
2483 109th Street
Coon Rapids, MN 55431
Anoka County - 11W
612/443-2048
Dir: Jerry Gross
24 MR, 18 years & over

COMMUNITY LIVING, INC.
Box 128
Victoria, MN 55336
Carver County - 11W
612/443-2048
Dir: Jerry Gross
42 MR, 18 years & over

THOMPSON AVENUE GROUP HOME
219 East Thompson Avenue
W. St. Paul, MN 55118
Dakota County - 11E
612/455-1286
Dir: Kathy Pine
8 MR, 13 to 35 years

DAKOTA'S CHILDREN, INC.
400 West Marie
W. St. Paul, MN 55118
Dakota County - 11E
612/445-1286
Dir: Kathy Pine
48 MR, 3 to 21 years

CLARA DOERR RESIDENCE
1717 2nd Avenue South
Mpls., MN 55403
Hennepin County - 11W
612/332-2531
Dir: Dorothy Thompson
60 MR, 18 years & over

DUNGARVIN, INC.
1086 Como Place
St. Paul, MN 55103
Ramsey County - 11E
612/489-0745
Dir: Diane Jones
15 MR, 20 to 45 years

DUNGARVIN, INC. II
3101 West Owasso Blvd.
Roseville, MN 55112
Ramsey County - 11E
612/489-0745
Dir: Diane Jones
6 MR, 18 to 45 years

FOREST VIEW CHILDREN'S HOUSE
115 Forestview Lane North
Mpls., MN 55441
Hennepin County - 11W
612/473-6014
Dir: William Koski
12 MR, 10 - 18 years

FORESTVIEW COMMUNITY HOME - MINNETONKA
14212 Excelsior Blvd.
Minnetonka, MN 55343
Hennepin County - 11W
612/546-1969
Dir: Roger Moore
6 MR, 17 to 25 years

GREENBRIAR HOUSE, INC.
941 Birmingham Street
St. Paul, MN 55106
Ramsey County, 11E
612/771-5531
Dir: Don Van Slyke
171 MR Males, 16 years & over

GREENWOOD RESIDENCE
22 - 27th Avenue South
Mpls., MN 55414
Hennepin County - 11W
612/338-7111
Dir: Ross A. Craig
28 MR, 18 years & over

GROVELAND RESIDENCE
705 12th Avenue SE
Mpls., MN 55414
Hennepin County - 11W
612/331-3452
Dir: Gerald Roddy
12 MR, 18 years & over

HENRY HAGEN RESIDENCE
19345 Lillehei
Hastings, MN 55033
Dakota County - 11E
612/437-9363
Dir: Henry Hagen
6 MR, 18 years & over

HAMMER SCHOOL, INC.
1909 E. Wayzata Blvd.
Wayzata, MN 55391
Hennepin County - 11W
612/473-8341
Dir: Merlyn Larson
61 MR, 5 years & over

HOMES, INC.
4121 and 4123 Columbus Ave.
Mpls., MN 55407
Hennepin County - 11W
612/825-8343
Dir: Harold Tapper
5 MR, 18 years & over

HOMeward BOUND, INC.
4741 Zealand Ave. No.
New Hope, MN 55423
Hennepin County - 11W
612/535-6171
Dir: Wayne Larson
64 MR, 0 - 21 years

M & R III, INC.
1307 - 6th St. SE
Mpls., MN 55404
Hennepin County - 11W
612/871-1954
Dir: Thomas Miller
10 MR, 50 years & over

M & R IV, INC.
2210 Lyndale Ave. N.
Mpls., MN 55411
Hennepin County - 11W
612/871-1954
Dir: Thomas Miller
10 MR, 17 to 26 years

THE MARIA HOME
420 Ridgewood
Mpls., MN 55403
Hennepin County - 11W
612/871-0805
Dir: Larry Greenstein
9 MR, 19 years & over

MOUNT OLIVET ROLLING ACRES
Route 1, Box 576
Excelsior, MN 55331
Hennepin County - 11W
612/474-5974
Dir: Gerald Walsh
70 MR, 4 years & over

NEKTON FROST
1695 Frost Avenue
St. Paul, MN 55109
Ramsey County - 11E
612/770-2531
Dir: Dr. Milton Bartsh
6 MR, 3 - 18 years

NEKTON ON GOODRICH
917 Goodrich Avenue
St. Paul, MN 55105
Ramsey County - 11E
612/225-4904
Dir: Dr. Milton Bartsh
8 MR, 12 - 20 years

NEKTON ON IMPERIAL
8050 Imperial Court
Stillwater, MN 55082
Washington County - 11E
612/225-7865
Dir: Peter Sajevic
6 MR, 3 to 18 years

NEKTON-MINNEHAHA PARK
3822 East 49th St.
Mpls., MN 55417
Hennepin County - 11W
612/225-7865
Dir: M.A. Bartsh
6 MR, 6 to 18 years

NEKTON ON THE MISSISSIPPI
1866 S. Mississippi River Blvd.
St. Paul, MN 55116
Ramsey County - 11E
612/225-4904
Dir: Peter Sajevis
6 MR, 8 - 18 years

NEKTON - QUEEN
614 Queen Avenue So.
Mpls., MN 55405
Hennepin County - 11W
Dir: M.A. Bartsh
6 MR, 6 to 18 years

NEKTON SEXTANT
332 Sextant
St. Paul, MN 55117
Ramsey County - 11E
612/225-7865
Dir: M.A. Bartsh
6 MR, 7 to 10 years

NEKTON-STILLWATER LANE
10092 Stillwater Lane
Lake Elmo, MN 55042
Washington County - 11E
612/225-7865
Dir: Peter Sajevis
6 MR, 18 years & over

NEKTON ON WHEELER
148 South Wheeler St.
St. Paul, MN 55105
Ramsey County - 11E
612/690-2569
Dir: Milton A. Bartsh
6 MR, 10 to 20 years

NEKTON ON WILLIAM
5100 William Avenue
Edina, MN 55436
Hennepin County - 11W
612/225-7865
Dir: M.A. Bartsh
6 MR, 12 - 20 years

NEKTON ON WYOMING
445 E. Wyoming
St. Paul, MN 55107
Ramsey County - 11E
612/225-4904
Dir: Dr. Milton A. Bartsh
6 MR, 18 years & over

NOR-HAVEN HOMES, INC.
1394 Jackson St.
St. Paul, MN 55117
Ramsey County - 11E
612/488-0275
Dir: Peter Sajevis
110 MR, 18 years & over

NORTHEAST RESIDENCE
104 Bald Eagle Avenue
White Bear Lake, MN 55110
Ramsey County - 11E
612/426-4331
Dir: Mrs. Pat Butcher
9 MR, 2 years - puberty

ORVILLA
3430 Westcott Hills Dr.
Eagan, MN 55123
Dakota County - 11E
612/454-8501
Dir: Jim Driscoll
54 MR, 18 years & over

OUR HOUSE OF MINNESOTA, INC. I
1846 Dayton Avenue
St. Paul, MN 55104
Ramsey County - 11E
612/644-1506 or 0056
Dir: Sr. Carol Podlasek
6 MR, 18 years & over

OUR HOUSE OF MINNESOTA, INC. II
1846 Portland Ave.
St. Paul, MN 55104
Ramsey County - 11E
612/644-6650
Dir: Sr. Carol Podlasek
6 MR, 18 years & over

OUTREACH COMMUNITY CENTER, BLOOMINGTON
10633 Kell Avenue
Bloomington, MN 55420
Hennepin County - 11W
612/336-7761
Dir: Neil Tift
6 MR, 16 years & over

OUTREACH COMMUNITY CENTER GROUP HOME
7425 - 4th Avenue So.
Richfield, MN 55423
Hennepin County - 11W
612/336-7761
Dir: Neil Tift
6 MR, 16 - 60 years

OUTREACH COMMUNITY CENTER RESIDENCE

507 - 69th Avenue North
Brooklyn Center, MN 56430
Hennepin County - 11W
612/561-9030
Dir: Neil Tift
5 MR, 18 years & over

OUTREACH GROUP HOME

729 Adams St. NE
Mpls., MN 55413
Hennepin County - 11W
612/338-4781
Dir: Neil Tift
6 MR, 18 years & over

OUTREACH HOME - MINNEAPOLIS

5304 Stevens Avenue So.
Mpls., MN 55419
Hennepin County - 11W
612/336-7761
Dir: Neil Tift
6 MR, 18 years & over

LAKE OWASSO CHILDREN'S HOME

210 N. Owasso Blvd.
St. Paul, MN 55112
Ramsey County - Region II
612/484-2234
Dir: Steve Katz
56 MR, 18 years & over

PILLSBURY MANOR

2311 Pillsbury Avenue So.
Mpls., MN 55404
Hennepin County - 11W
612/871-1954
Dir: Thomas Miller
34 MR, 18 years & over

PLEASANTVIEW MANOR

2548 Pleasant Ave.
Mpls., MN 55404
Hennepin County - 11W
612/827-2969
Dir: Thomas Miller
15 MR, 16 years & over

PORTLAND RESIDENCE, INC.

1619 Portland Avenue, So.
Mpls., MN 55404
Hennepin County - 11W
612/336-7761
Dir: Ross Craig
100 MR, 18 years & over

REANEY HEIGHTS, INC.

905 East 7th St.
St. Paul, MN 55106
Ramsey County - 11E
612/774-1165
Dir: Richard Waldon
113 MR, 16 years & over

ST. ANN'S RESIDENCE

2120 Clinton Avenue So.
Mpls., MN 55404
Hennepin County - 11W
612/871-0666
Dir: John Webb
30 MR, 18 years & over

ST. STEPHEN GROUP HOMES A & B

8450 France Avenue So.
Bloomington, MN 55420
Hennepin County - 11W
612/871-0221
Dir: Norman Doeden
Luth. Soc. Serv. of MN
MR each, 18 years & over

SUMMIT HOUSE

1004 Summit Avenue
Mpls., MN 55403
Hennepin County - 11W
612/377-1350
Dir: Dan S. Marsh
6 MR, 12 to 18 years

THREE THREE FIVE RIDGEWOOD

335 Ridgewood Avenue So.
Mpls., MN 55403
Hennepin County - 11W
612/871-0805
Dir: Larry Greenstein
Edmund Homes, Inc.
9 MR, 18 years & over

sur la rue de Skillman

373 Skillman
Maplewood, MN 55117
Ramsey County - 11E
612/488-6956
Dir: Peter Sajevic
6 MR, 18 years & over

TREVILLA OF ROBBINSDALE
3130 Grimes Avenue North
Robbinsdale, MN 55422
Hennepin County - 11W
612/583-0771
Dir: Larry Greenstein
132 MR & PH, 18 years & over
(Rules 34 & 80)

'2002' AKA
Homes, Inc.
2636 Pillsbury Ave. So.
Mpls., MN 55408
Hennepin County - 11W
612/825-1755
Dir: Carol Van Ryswyk
12 MR, 18 years & over

UPTOWN GROUP LIVING PROJECT
1446 West 34th St.
Mpls., MN 55408
Hennepin County - 11W
612/823-3927
Dir: Paul Martodam
6 MR, 5 to 17 years

WELCOME HOMES
1609 Jackson St.
St. Paul, MN 55117
Ramsey County - 11E
612/488-5921
Dir: Eugene J. Schway
30 MR, 0 - 15 years

Fig. 3-25 Facilities Licensed Under DPW Rule 80 (Physically Handicapped)

The Courage Residence
3915 Golden Valley Road
Golden Valley, MN 55422
Hennepin County - Region 11W
612/588-0811
Dir: LeRoy Horn
64 residents, 18 & over

Lakeview School
Knollwood Drive, Route 4
Worthington, MN 56187
Nobles County - Region 8
507/372-2171
Dir: Norma Johansen
51 residents, 4 to 21 yrs.

Trevilla of Robbinsdale, Inc.
3130 Grimes Avenue North
Robbinsdale, MN 55422
Hennepin County - Region 11W
612/588-0771
Dir: Larry Greenstein
132 residents, 18 & over

Woodvale III
1209 1st Street NE
Austin, MN 55912
Mower County - Region 10
507/437-1003
Dir: Walter A. Baldus
41 residents, 18 & over

3/77

Fig. 3-26**GROUP HOMES IN MINNESOTA
Licensed Under Rule #8****ANDERSON GROUP HOME**

Route #3, Box 150
Hawley, MN 56549
Clay County-Region 4
8 Residents, 12-18 years
Director: Lloyd Anderson
218/483-4602

ARNIE LEE MEMORIAL GROUP HOME

Route #2
Evansville, MN 56326
Douglas County-Region 4
4 Residents, 18 & over
Director: Alice Hamilton
218/948-2904

BALTES GROUP HOME

2732 North Edgerton
St. Paul, MN 55117
Ramsey County-Region 11E
7 Residents, 0-18 years
Contact Ramsey CWD
612/298-5351

BERGENHAGEN GROUP HOME

Rural Route #1, Box 148
Nevis, MN 56467
Hubbard County-Region 2
9 Residents, 6-16 years
Director: Robert Berghagen
218/652-4219

BERRY PATCH GROUP HOME

3502 LaPlante Road
Grand Rapids, MN 55744
Itasca County-Region 3
5 boys and girls, 5-14 years
Directors: Alex and Susan Kerr
218/326-1671

BIRCH LAKE GROUP HOME

Box 124, Route 2
Melrose, MN 56352
Stearns County-Region 7
7 boys, 12-17 years
Director: Gary D. Lee
612/256-3532

FLOOMST GROUP HOME

1084 Sims Avenue
St. Paul, MN 55106
Ramsey County-Region 11E
6 Residents, 0-18 years
Contact Ramsey CWD
612/298-5351

BOERGER HOUSE

10687 Verdin
Coon Rapids, MN 55433
Anoka County-Region 11W
4 girls, 13-17 years
Director: Paul Boerger
612/421-8609

BRIDGE FOR RUNAWAY YOUTH, INC. (THE)

2200 Emerson Avenue South
Minneapolis, MN 55405
Hennepin County-Region 11W
10 Residents, 11-18 years
Director: Sr. Marlene Barghini
612/333-5401

COLONIAL GROUP HOME

6424 Winsdale
Golden Valley, MN 55427
Hennepin County-Region 11W
6 Residents, 12-18 years
Director: Bill Nelson
612/544-3012

COLONIAL RESIDENCE

1918 Park Avenue
Minneapolis, MN 55404
Hennepin County-Region 11W
40 Residents, 16-18 years
Director: Lenel Vaughn
612/874-0332

CONNELLY GROUP HOME

12020 Kennelly Road
Burnsville, MN 55337
Dakota County-Region 11E
5 Residents, 0-18 years
Directors: William and Mary Connelly
612/890-3857

COOPER GROUP HOME

110115 Friendship Lane North
Chaska, MN 55318
Carver County-Region 11W
8 Residents, 12-17 years
Contact Carver CWD
612/448-3661

COURAGE HOUSE

316 Second Avenue Southeast
Aitkin, MN 56431
Aitkin County-Region 3
11 Residents, 13-17 years
Directors: Roger and Muriel Glaim
218/927-3946

CRUX GROUP HOME (THE)
221 Ferry Street
LeSueur, MN 56058
LeSueur County-Region 9
6 girls, 13-17 years
Director: Larry D. Lindstrom
612/665-2372

DULUTH INDIAN GROUP HOME
2615 West Third Street
Duluth, MN 55806
St. Louis County-Region 3
9 Residents, 12-18 years
Director: Thomas Peacock
218/722-1001

FREEPORT WEST
1 - 27th Avenue Southeast
Minneapolis, MN 55414
Hennepin County-Region 11W
7 Residents, 13-18 years
Director: Mary G. Jagodzinski
612/338-7440

FRONTIER FARM
Route #1, Box 36
Effie, MN 56639
Itasca County-Region 3
10 Residents, 12-16 years
Director: Richard Dale
218/653-2356

GEISEN GROUP HOME
225 North Wilder
St. Paul, MN 55104
Ramsey County-Region 11E
3 Residents, 0-18 years
Contact Ramsey CWD
612/298-5351

GORDON GROUP HOME
101 Main Street South
Dilworth, MN 56259
Clay County-Region 4
4 Residents, 21-19 years
Contact Clay CWD
218/233-2781

GROUP HOME OF THE CITY, INC.
3222 - 16th Avenue South
Minneapolis, MN 55407
Hennepin County-Region 11W
9 girls, 14-18 years
Director: Delores Moleen
612/729-0566

GROUP HOMES, INC.
512 Marshall Avenue
St. Paul, MN 55102
Ramsey County-Region 11E
10 Residents, 10-18 years
Director: Ron Collins
612/224-8350

GROUP HOMES, INC.
176 Prospect
St. Paul, MN 55107
Ramsey County-Region 11E
10 Residents, up to 15 years
Director: Ron Collins
612/770-3156

GROUP HOMES, INC.
1004 Grand Avenue
St. Paul, MN 55105
Ramsey County-Region 11E
10 Residents, 12-17 years
Director: Ron Collins
612/224-8519

GROUP HOMES, INC.
2101 Knapp Street
St. Paul, MN 55108
Ramsey County-Region 11E
10 Residents, 10-18 years
Director: Ron Collins
612/647-9433

HIS PLACE
1120 - 69th Avenue North
Brooklyn Center, MN 55430
Hennepin County-Region 11W
4 Residents, 13-17 years
Director: Larry Lindstrom
612/566-5570

HOME AWAY, INC. #1
2119 Pleasant Avenue South
Minneapolis, MN 55404
Hennepin County-Region 11W
10 Residents, 12-16 years
Director: John Raun
612/871-1996

HOME AWAY, INC. #2
3032 Emerson Avenue South
Minneapolis, MN 55408
Hennepin County-Region 11W
10 Residents, 15-18 years
Director: John Raun
612/522-6061

HOME AWAY, INC. #3
2433 Aldrich Avenue South
Minneapolis, MN 55405
Hennepin County-Region 11W
10 Residents, 16-18 years
Director: John Raun
612/377-4620

HOME AWAY, INC. #4
2219 Pleasant Avenue South
Minneapolis, MN 55404
Hennepin County-Region 11W
10 girls, 13-16 years
Director: John Raun
612/871-7912

HOME AWAY, INC. #5
223 West Franklin Avenue
Minneapolis, MN 55404
Hennepin County-Region 11W
10 girls, 13-18 years
Director: John Raun
612/871-1096

HOME AWAY, INC. #6
3101 Columbus Avenue
Minneapolis, MN 55404
Hennepin County-Region 11W
10 Residents, 15-18 years
Director: John Raun
612/823-3883

HOME AWAY SHELTERS
7155 Madison West
Golden Valley, MN 55427
Hennepin County-Region 11
16 girls, 13-18 years
Director: Rodney Stivland
612/544-7034

HORNER GROUP HOME
2463 - 17th Avenue Northwest
New Brighton, MN 55112
Ramsey County-Region 11E
5 Residents, 10-18 years
Contact Ramsey CW
612/293-5351

HOUSE BY THE SIDE OF THE ROAD
715 Dayton Avenue
St. Paul, MN 55104
Ramsey County-Region 11E
10 boys, 13-18 years
Director: Peggy McGinley
612/226-7979

JACOBSON GROUP HOME
Route #3
Lake Wymer
Frazee, MN 56544
Becker County-Region 1
6 Residents, 12-18 years
Directors: Kenneth and Marlys Jacobson
334-5875

JONATHON GROUP HOME
4537 Third Avenue South
Minneapolis, MN 55409
Hennepin County-Region 11
10 Residents, 13-18 years
Director: Joe Julie
612/823-5497

JUVENILE NEWGATE
632 Ontario Street Southeast
Minneapolis, MN 55414
Hennepin County-Region 11
22 Residents, 16-19 years
Director: Dennis Chapman
612/464-6998

KANDIYOH1 COUNTY GROUP HOME
325 South First Street
Willmar, MN 56201
Kandiyohi County-Region 6
10 girls, 13-18 years
Director: Michael J. Fischer
612/235-6637

LAKE COUNTY GROUP HOME
Box 42
Two Harbors, MN 55616
Lake County-Region 3
6 males, 14-22 years
Director: Charles Trieschmann
218/834-3782

LITTLE SAND GROUP HOME
Rural Route 1
Remer, MN 56672
Cass County-Region 5
8 Residents, 12-19 years
Directors: Eugene and Jeanie Schmitz
218/566-2342

LO MAR GROUP HOME

Route #1
Warroad, MN 56753
Roseau County-Region 1
6 Residents, 12-18 years
Directors: Lloyd and Margaret Olson
218/386-1350

LOMBARD GROUP HOME

305 West Morton Street
St. Paul, MN 55107
Ramsey County-Region 11E
4 Residents, 10-18 years
Directors: Mr. and Mrs. Donald Lombard
612/222-5459

LYON COUNTY RESIDENTIAL FACILITY

409 South Fourth
Marshall, MN 56258
Lyon County-Region 8
10 children, 12-18 years
Director: Wilfred K. Hildebrandt
507/532-6466

MARIA GROUP HOME

193 Maria
St. Paul, MN 55106
Ramsey County-Region 11
6 Residents, 14-17 years
Director: Sr. Helen Louise Roth
612/489-1255

MILLE LACS RESERVATION GROUP HOME

Box 119
Onamia, MN 56359
Mille Lacs County, Region 7
12 Residents, 12-18 years
Director: Ben Sam
612/532-3157

MISSION CREEK BOY'S HOME

Rural Route #3
Pine City, MN 55063
Pine County-Region 7
10 Residents, 12-18 years
Director: Arthur Waggoner
612/629-3129

MORGAN PARK GROUP HOME

9239 Idaho Street
Duluth, MN 55909
St. Louis County, Region 3
8 Residents, 12-18 years
Director: Alden G. Adams
218/626-1479

MORRISON COUNTY ADOLESCENT GROUP HOME
(Project Morad)

Route #1, Box 212
Little Falls, MN 56345
Morrison County, Region 5
6 Residents, 8-18 years
Director: Ron Rudek
612/632-3107

MUENCH BOY'S HOME

Bird Island, MN 55310
Renville County-Region 6
8 Residents, 12-17 years
Director: Daniel Reigstad
612/365-3248

NATIVE AMERICAN BOY'S HOME

2446 Portland Avenue South
Minneapolis, MN 55404
Hennepin County-Region 11W
10 Residents, 12-15 years
Director: Don H. Goodman
612/332-8271

NEW LIFE HOME

5257 Emerson Avenue North
Minneapolis, MN 55430
Hennepin County-Region 11W
7 Residents, 11-18 years
Director: Steve Goranson
612/920-8147

ODENWALD GROUP HOME

6197 - 25th Street North
St. Paul, MN 55119
Washington County-Region 11E
6 Residents, 12-18 years
Directors: Loren and Florence Odenwald
612/777-4779

I.A. O'SHAUGHNESSY
919 Lafond Avenue
St. Paul, MN 55104
Ramsey County-Region 11E
9 Residents, 6-16 years
Director: Donald Tomsuden
612/488-9320

PARK AVENUE GROUP HOME
2433 Park Avenue
Minneapolis, MN 55404
Hennepin County-Region 11W
9 Residents, 14-18 years
Directors: Mr. and Mrs. Jeffrey Bies
612/349-6468

PARK PLACE GROUP HOME
25 North Second Street
Waite Park, MN 56387
Stearns County-Region 7
10 Residents, 12-18 years
Director: John L. Doman
612/252-7654

PATHWAY BOYS GROUP HOME
3600 - 13th Avenue South
Minneapolis, MN 55404
Hennepin County-Region 11W
10 Residents, 13-18 years
Director: Kathleen Murphy
612/724-5198

PATHWAY GIRLS GROUP HOME
2418 Pillsbury Avenue
Minneapolis, MN 55404
Hennepin County-Region 11W
8 Residents, 13-18 years
Director: Kathleen Murphy
612/871-1991

PITTMAN'S RANCH
Route #1
Becker, MN 55308
Sherburne County-Region 7
8 Residents, 6-18 years
Directors: Melvin and Beverly Pittman
612/263-3505

PORT GROUP HOME
110 Northwest Second Street
Brainerd, MN 56401
Crow Wing County-Region 5
6 Residents, 12-17 years
Director: Robert Aufderhar
218/829-0263

PORT GROUP HOME FOR BOYS
1429 Fourth Avenue Southeast
Rochester, MN 55901
Olmsted County-Region 10
9 boys, 13-17 years
Director: Lee Blenkush
507/288-3385

PORT OF OLMSTED COUNTY
1025 Mayowood Road Southwest
Rochester, MN 55901
Olmsted County-Region 10
9 Residents, 13-17 years
Director: Lee Blenkush
507/288-3385

RANGE YOUTH EMERGENCY SHELTER
415 First Street South
Virginia, MN 55792
St. Louis County-Region 3
11 Residents, 0-18 years
Director: Douglas Sundstrom
218/741-1648

ROBERTS GROUP HOME
221 East Fourth
Winona, MN 55987
Winona County-Region 10
8 Residents, 12-18 years
Director: Dean M. Roberts
507-454-3906

ROLLING HILLS GROUP HOME
21384 Highway 169 Northwest
Elk River, MN 55330
Sherburne County-Region 7
10 male residents, 12-18 years
Directors: Barney and Eleanor Horvath
612/441-5076

ST. CROIX CAMP
Route 1, Box 62
Markville, MN 55048
Pine County-Region 7
50 males, 14-18 years
Director: Dennis Hanson
612/245-2825

SCULLY GROUP HOME
Route #1
Dent, MN 56528
Otter Tail County-Region 4
3 Residents, 18 & over
Directors: Frank and Mildred Scully
218/758-2580

SLETTEN GROUP HOME
2747 North Clarence
St. Paul, MN 55109
Ramsey County-Region 11E
3 children, 0-6 years
Contact Ramsey CWD
612/298-5351

SOUTHWEST ADOLESCENT GROUP HOME
1224 Fourth Avenue
Worthington, MN 56187
Nobles County-Region 8
8 Residents, 13-17 years
Director: Adele R. Marker
507/372-2314

THOMAS LAKE TREATMENT HOME
Box 15, North Star Route
Two Harbors, MN 55616
Lake County-Region 3
9 Residents, 6-18 years
Directors: Fritz and Nancy Schmidt
218/834-3698

TIFFANY HOUSE GROUP HOME
301 Fourth Avenue South
St. Cloud, MN 56301
Stearns County-Region 7
10 Residents, 12-18 years
Director: John L. Doman
612/253-6614

TIMBERLANE GROUP HOME
Route #1
Milaca, MN 56353
Mille Lacs County-Region 7
9 Residents, 12-17 years
Directors: George and Joyce Oleen
612/556-3329

UNITED INDIAN'S GROUP HOME FOR GIRLS
2525 Park Avenue South
Minneapolis, MN 55404
Hennepin County-Region 11W
10 Residents, 12-16 years
Director: Gordon Thayer
612/333-3771

UNITED INDIAN'S GROUP HOME
3033 Portland Avenue South
Minneapolis, MN 55407
Hennepin County-Region 11W
Director: Gordon C. Thayer
15 boys, 12-18 years
612/823-7243

U'REN GROUP HOME
1917 East County Road B
St. Paul, MN 55109
Ramsey County-Region 11E
8 Residents, 0-18 years
Contact Ramsey CWD
612/298-5351

UTTERMARK GROUP HOME
621 West Seventh Street
Fergus Falls, MN 56537
Otter Tail County-Region 4
3 MR adults, 16 & over
Director: Teresa Uttermark
218/736-5798

VALLEY-LAKE TREATMENT CENTER
Box 411
Breckenridge, MN 56520
Wilkin County-Region 4
10 boys, 12-17 years
Director: Kent A. Thomas
218/643-4036

VOLUNTEERS OF AMERICA
Independence House
2728 Portland Avenue South
Minneapolis, MN 55407
Hennepin County-Region 11W
9 Residents, 13-19 years
Director: William Nelson
612/721-7521

WALBERG GROUP HOME
Route 1
Evansville, MN 56326
Otter Tail County-Region 4
10 Residents, 12-18 years
Directors: Laverne and Karen Walberg
218/267-2271

WASECA-LESUEUR GROUP HOME FOR BOYS
301 Second Avenue Northeast
Waseca, MN 56093
Waseca County-Region 10
8 boys, 11-17 years
Director: Gary Eustice
507/835-1506

WAVERLY ACRES
Route #1
Waverly, MN 55390
Wright County-Region 7
7 Residents, 13-19 years
Directors: Lloyd and Jeanette Tenhoff
612/658-4441

WELCOME COMMUNITY HOME
205 South Brown Road
Long Lake, MN 55391
Hennepin County-Region 11W
9 Residents, 13-17 years
Director: Robert Miggins
612/473-2297

WELCOME COMMUNITY HOME, BLOOMINGTON
10001 Lyndale Avenue South
Bloomington, MN 55420
Hennepin County-Region 11W
8 Residents, 13-17 years
Director: James Just
612/825-0831

WELCOME COMMUNITY HOME, LEXINGTON
9329 Dunlap Avenue North
Lexington, MN 55112
Anoka County-Region 11W
9 girls, 13-17 years
Director: James Just
612/546-1472

WELCOME COMMUNITY HOME, NORTH
6451 Brooklyn Boulevard
Brooklyn Center, MN 55429
Hennepin County-Region 11W
10 Residents, 13-17 years
Director: Robert Miggins
612/537-8023

WHITE GROUP HOME
2660 Keller Parkway
Maplewood, MN 55109
Ramsey County-Region 11E
4 Residents, 10-18 years
Contact Ramsey CWD
612/298-5351

YOUNGBERG GROUP HOME
Hoffman, MN 55369
Grant County-Region 4
4 Residents, 18 & over
Director: Harry and Mae Youngberg
612/986-2955

ZION NORTHSIDE GROUP HOME
1700 Penn Avenue North
Minneapolis, MN 55411
Hennepin County-Region 11W
9 Residents, 12-16 years
Director: Barbara Andrus
612/521-3666

EW/had

COUNTY OPERATED - CERTIFIED

CENTRAL GROUP HOME
105 East Fourth Street
Duluth, MN 55804
St. Louis County-Region 3
8 Residents, 15-18 years
Director: Ron Gajewski
218/727-4177

FREEBORN COUNTY GIRLS GROUP HOME
Route #3
Albert Lea, MN 56007
Freeborn County-Region 9
10 Residents, 12-17 years
Director: Fred Silbaugh
507/373-0808

FREEBORN COUNTY STARLITE GROUP HOME
FOR BOYS REF
Albert Lea, MN 56007
Freeborn County-Region 10
10 Residents, 12-17 years
Director: Fred Silbaugh
507/373-7038

KOOCHICHING COUNTY GROUP HOME
16 Avenue and Fourth Avenue West
International Falls, MN 56679
Koochiching County-Region 3
8 boys, 13-17 years
Director: Ronald Laurion
218/283-3709

KRIESE GROUP HOME
115 West 63 Avenue
Duluth, MN 55807
St. Louis County-Region 3
6 Residents, 14-18 years
Directors: Beverly and Conrad Kriese
218/624-4953

MILBERGER GROUP HOME
Star Route
Brookston, MN 55711
St. Louis County-Region 3
9 boys, 13-16 years
218/453-4792

NOPEMING GROUP HOME
Nopeming, MN 55770
St. Louis County-Region 3
7 boys, 10-14 years at intake
Director: Ronald Gajewski
218/624-2360

PERRAULT DIAGNOSTIC TREATMENT CENTER
1615 East Second Street
Duluth, MN 55812
St. Louis County-Region 3
10 Residents, 15-18 years at intake
Directors: James and Janice Perrault
218/724-2920

SHELTER (THE)
1830 East Fourth Street
Duluth, MN 55812
St. Louis County-Region 3
11 Residents, 0-18 years
Director: Thomas Patten
218/724-0259

WEST GROUP HOME
818 West Third Street
Duluth, MN 55806
St. Louis County-Region 3
6 Boys 15-17 years
Director: Ronald Gajewski
218/722-3512

EW/bae

Title XX has six major goal areas toward which a hierarchy of mandatory/priority/optional services are to be directed: encouraging self-support and self-sufficiency; preventing or remedying neglect, abuse or exploitation; preserving families; provision of community-based and institutional care (as appropriate). Eligibility for Title XX support is determined in part by relationship of a person's income to the state median income: "service without charge" is available for persons having incomes from 0-60% of the state's median (which was \$15,792/family of 4 in FY '77) "fee for service" for incomes between 60-115% of the median. Above 115%, Title XX reimbursement is available only for select services (such as information and referral, and prevention/remedying of neglect, abuse, exploitation). Services can also be reimbursed if a person is eligible for various types of federal income maintenance programs (Aid to Families with Dependent Children, Supplemental Security Income).

States are given broad discretion in the types of services that will be provided under the Title XX Program. In Minnesota, there are 23 major service categories, as identified by the chart on page 162. As indicated, certain services are designated as mandatory, and must be made available within every county. The provision of "priority" and "optional" services, though, are decided at the local level, through the local Title XX planning process. The array of services provided in each county under the FY '77 Title XX Plan are identified in the charts on pgs. 163-4.

Estimated numbers of persons to be served in each of the Title XX goal areas, according to the major categories of service are identified on page 165.

- Residential Services Program. The Residential Services Division administers the state hospitals and facilities for persons having retardation, chemical dependency, mental health problems. At present there are nine state hospitals serving persons having retardation under the Bureau's management:

- Brainerd State Hospital, Minnesota Learning Center
- Cambridge State Hospital
- Faribault State Hospital
- Fergus Falls State Hospital
- Willmar State Hospital

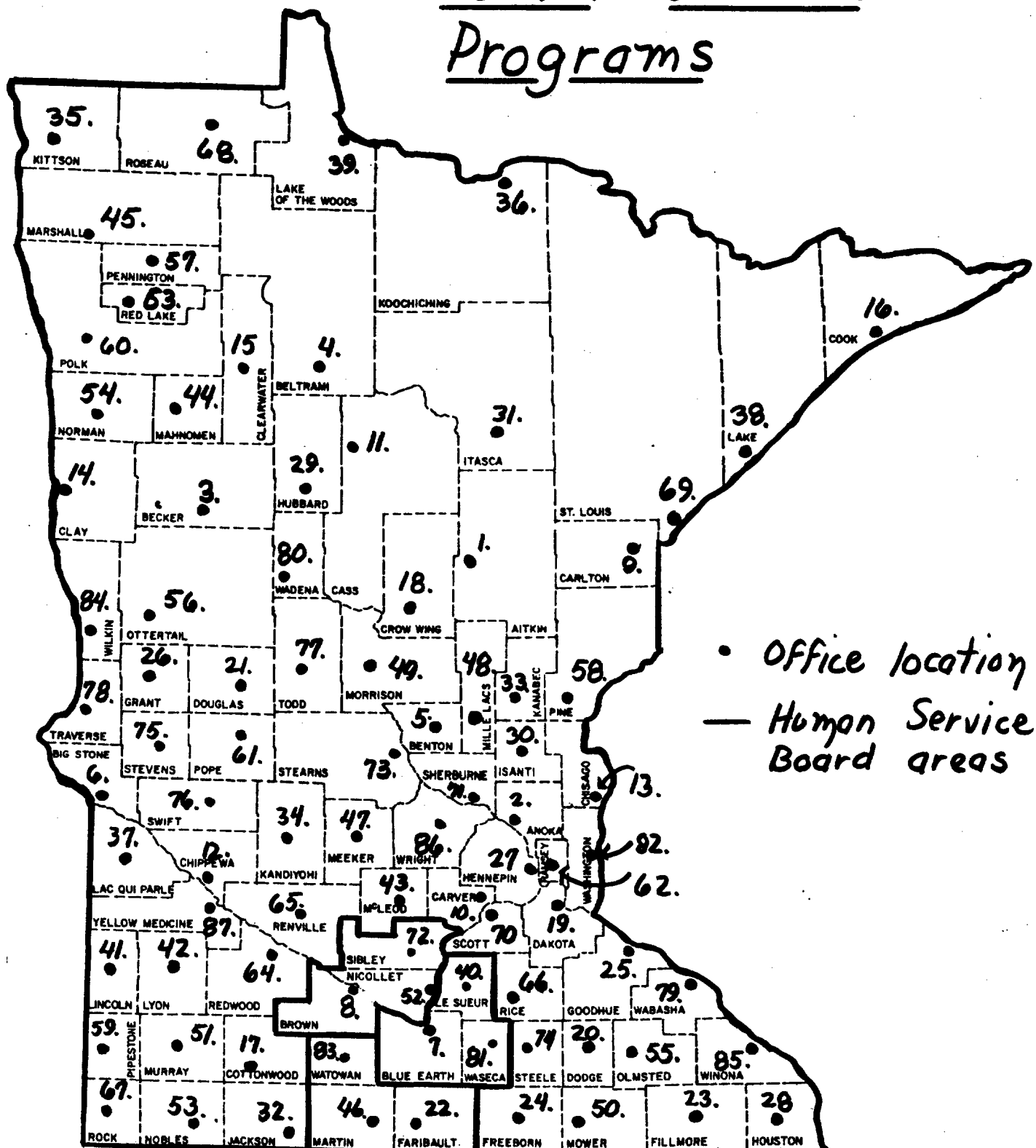
Special Units at:

- Moose Lake State Hospital
- Minnesota Valley Social Adaptation Center, St. Peter State Hospital
- Rochester Social Adaptation Center, Rochester State Hospital

Hastings State Hospital also provides services for persons having retardation; however, by action of the State Legislature in 1977, it will cease operations in mid-1978.

Residential and habilitative services provided in state hospitals for persons having retardation are covered under either Federal Intermediate Care Facility Standards (ICF-General or ICF-MR), and under Rule 34 programming standards. School-age children, for whom special education classes are appropriate, receive these services in either local school

Fig. 3-27 County Welfare/
Social Service
Programs



MINNESOTA COUNTY WELFARE DEPARTMENTS
(Social Service Agencies)

1. AITKIN COUNTY FAMILY SERVICE AGENCY (218) 927-3744
Court House Annex, Aitkin 56431
2. ANOKA COUNTY SOCIAL SERVICE (612) 421-4760
Court House, Anoka 55303
3. BECKER COUNTY WELFARE DEPARTMENT (218) 847-5684
Court House, Detroit Lakes 56501
4. BELTRAMI COUNTY WELFARE DEPARTMENT (218) 751-4310
Court House, Bemidji 56601
5. BENTON COUNTY SOCIAL SERVICE AGENCY (612) 968-6256
Court House, Foley 56329
6. BIG STONE COUNTY FAMILY SERVICE CENTER (612) 839-2555
340 Northwest 2nd Street, Ortonville 56278
7. BLUE EARTH COUNTY WELFARE DEPARTMENT (507) 387-4111
400 Washington Court, Mankato 56001
8. BROWN COUNTY FAMILY SERVICE CENTER (507) 354-8246
114 North State Street, New Ulm 56073
9. CARLTON COUNTY WELFARE DEPARTMENT (218) 384-4281
Court House, Carlton 55718
10. CARVER COUNTY FAMILY SERVICE DEPARTMENT (612) 448-3661
Court House, Chaska 55318
11. CASS COUNTY DEPARTMENT OF SOCIAL SERVICES (218) 547-1340
Welfare Building, Walker 56484
12. CHIPPEWA COUNTY FAMILY SERVICE & WELFARE DEPARTMENT (612) 269-6581
Court House, Montevideo 56265
13. CHISAGO COUNTY WELFARE & FAMILY SERVICE DEPARTMENT (612) 257-1300
Court House Annex, Center City 55012
14. CLAY COUNTY WELFARE DEPARTMENT (218) 233-2781
Court House, Moorhead 56560
15. CLEARWATER COUNTY SOCIAL SERVICE DEPARTMENT (218) 694-6164
Court House, Bagley 56621
16. COOK COUNTY FAMILY SERVICE DEPARTMENT (218) 387-1484
Court House, Grand Marais 55604
17. COTTONWOOD COUNTY FAMILY SERVICE AGENCY (507) 831-1891
Court House, Windom 56101

18. CROW WING COUNTY SOCIAL SERVICE CENTER (218) 829-3556
1112 Willow Street, Brainerd 56401
19. DAKOTA COUNTY WELFARE DEPARTMENT (612) 451-1741
820 Southview Blvd., So. St. Paul 55075
20. DODGE COUNTY SOCIAL SERVICES (507) 635-2211
Court House, Mantorville 55955
21. DOUGLAS COUNTY SOCIAL WELFARE CENTER (612) 763-5183
Court House, Alexandria 56308
22. FARIBAULT COUNTY SOCIAL SERVICE & WELFARE DEPARTMENT (507) 526-3265
Box 436, Faribault County Office Bldg., Blue Earth 56013
23. FILLMORE COUNTY WELFARE DEPARTMENT (507) 765-3821
Court House, Preston 55965
24. FREEBORN COUNTY WELFARE DEPARTMENT (507) 373-6482
410 South Broadway, Albert Lea 56007
25. GOODHUE COUNTY SOCIAL SERVICE CENTER (612) 388-7195
Court House, Red Wing 55066
26. GRANT COUNTY WELFARE DEPARTMENT (218) 685-4417
Court House, Elbow Lake 56531
27. HENNEPIN COUNTY WELFARE DEPARTMENT (612) 348-8125
400 South 5th Street, Minneapolis 55415
28. HOUSTON COUNTY SOCIAL SERVICES (507) 724-3344
Court House, Caledonia 55921
29. HUBBARD COUNTY WELFARE DEPARTMENT (218) 732-3339
Court House, Park Rapids 56470
30. ISANTI COUNTY FAMILY SERVICE & WELFARE DEPARTMENT (612) 689-1711
221 Southwest 2nd Street, Cambridge 55008
31. ITASCA COUNTY SOCIAL SERVICES (218) 326-9441
Court House, Grand Rapids 55744
32. JACKSON COUNTY WELFARE DEPARTMENT (507) 847-4000
Court House, Jackson 56143
33. KANABEC COUNTY FAMILY SERVICE DEPARTMENT (612) 679-4740
209 East Maple, Mora 55051
34. KANDIYOHI COUNTY FAMILY SERVICE DEPARTMENT (612) 235-8317
Court House, Willmar 56201
35. KITTSOON COUNTY WELFARE DEPARTMENT (218) 843-6741
Court House, Hallock 56728
36. KOOCHICHING COUNTY FAMILY SERVICES (218) 283-8405
Court House Annex, International Falls 56649

37. LAC QUI PARLE COUNTY FAMILY SERVICE CENTER (612) 598-7594
Court House, Madison 56256
 38. LAKE COUNTY WELFARE DEPARTMENT (218) 834-2136
616 3rd Avenue, Two Harbors 55616
 39. LAKE OF THE WOODS COUNTY SOCIAL SERVICE DEPARTMENT (218) 634-2642
Court House, Baudette 56623
 40. LESUEUR COUNTY WELFARE DEPARTMENT (612) 445-7543
Court House, LeCenter 56057
 41. LINCOLN COUNTY FAMILY SERVICE CENTER (507) 694-1452
Court House, Ivanhoe 56142 (See Region VIII North)
 42. LYON COUNTY WELFARE DEPARTMENT (507) 532-2201
Court House, Marshall 56258 (See Region VIII North)
 43. MCLEOD COUNTY SOCIAL SERVICE CENTER (612) 864-5551
Court House, Glencoe 55336
 44. MAHNOMEN COUNTY WELFARE DEPARTMENT (218) 935-2568
County Office Building, Mahnomen 56557
 45. MARSHALL COUNTY WELFARE DEPARTMENT (218) 748-5481
Court House, Warren 56762
 46. MARTIN COUNTY SOCIAL SERVICE DEPARTMENT (507) 238-4447
Court House, Fairmont 56031
 47. MEEKER COUNTY SOCIAL SERVICE DEPARTMENT (612) 693-2418
Court House, Litchfield 55355
 48. MILLE LACS COUNTY FAMILY SERVICE & WELFARE DEPARTMENT (612) 983-6161
Court House, Milaca 56353
 49. MORRISON COUNTY SOCIAL SERVICES (612) 632-9201
Court House, Little Falls 56345
 50. MOWER COUNTY WELFARE DEPARTMENT (507) 433-3416
Court House, Austin 55912
 51. MURRAY COUNTY FAMILY SERVICE CENTER (507) 836-6144
2711 Broadway Avenue, Slayton 56172 (See Region VIII North)
 52. NICOLLET COUNTY WELFARE DEPARTMENT (507) 931-1170
Court House, St. Peter 56082
 53. NOBLES COUNTY FAMILY SERVICE AGENCY (507) 372-2157
Court House, Worthington 56187
 54. NORMAN COUNTY SOCIAL SERVICE CENTER (218) 784-7136
County Office Building, Ada 56510
 55. OLMSTED COUNTY DEPARTMENT OF SOCIAL SERVICES (507) 288-2471
915 3rd Avenue S.E., Rochester 55901
-

- | | |
|--|----------------|
| 56. OTTER TAIL COUNTY SOCIAL SERVICES
Court House, Fergus Falls 56537 | (218) 739-2271 |
| 57. PENNINGTON COUNTY SOCIAL SERVICE CENTER
Court House, Thief River Falls 56701 | (218) 681-2880 |
| 58. PINE COUNTY WELFARE & FAMILY SERVICE DEPARTMENT
Village Hall, Sandstone 55072 | (612) 245-2313 |
| 59. PIPESTONE COUNTY FAMILY SERVICE CENTER
Court House, Pipestone 56164 | (507) 825-3357 |
| 60. POLK COUNTY SOCIAL SERVICE CENTER
Court House, Crookston 56716 | (218) 281-3127 |
| 61. POPE COUNTY FAMILY SERVICE DEPARTMENT
Court House, Glenwood 56334 | (612) 634-4591 |
| 62. RAMSEY COUNTY WELFARE DEPARTMENT
160 East Kellogg Blvd., St. Paul 55101 | (612) 298-5351 |
| 63. RED LAKE COUNTY WELFARE DEPARTMENT
Court House, Red Lake Falls 56750 | (218) 253-4131 |
| 64. REDWOOD COUNTY WELFARE DEPARTMENT
P.O. Box 27 Cliffwood Plaza, Redwood Falls 56283 | (507) 637-2926 |
| 65. RENVILLE COUNTY FAMILY SERVICE DEPARTMENT
Court House, Olivia 56277 | (612) 523-2202 |
| 66. RICE COUNTY WELFARE DEPARTMENT
2855 North Hwy., #3, Faribault 55021 | (507) 334-4357 |
| 67. ROCK COUNTY FAMILY SERVICE AGENCY
107 East Main, Luverne 56156 | (507) 283-4481 |
| 68. ROSEAU COUNTY SOCIAL SERVICE CENTER
307 3rd Street, Roseau 56751 | (218) 463-2411 |
| 69. ST. LOUIS COUNTY WELFARE DEPARTMENT
422 West 3rd Street, Duluth 55806 | (218) 727-8231 |
| 70. SCOTT COUNTY HUMAN SERVICES
310 West 4th Avenue, Shakopee 55379 | (612) 445-6676 |
| 71. SHERBURNE COUNTY SOCIAL SERVICES
County Admin. Bldg., Elk River 55330 | (612) 441-1711 |
| 72. SIBLEY COUNTY SOCIAL SERVICES
14 4th Street, Gaylord 55334 | (612) 237-5266 |
| 73. STEARNS COUNTY SOCIAL SERVICE CENTER
700 St. Germain, St. Cloud 56301 | (612) 251-3272 |
| 74. STEELE COUNTY SOCIAL SERVICE CENTER
Steele County Admin. Annex (West Hills), Owatonna 55060 | (507) 451-6740 |

75. STEVENS COUNTY WELFARE & FAMILY SERVICE AGENCY (612) 589-1481
Court House, Morris 56267
76. SWIFT COUNTY WELFARE & FAMILY SERVICE AGENCY (612) 843-3160
103 12th Street South, Benson 56215
77. TODD COUNTY SOCIAL SERVICES (612) 732-6181
Court House Annex, Long Prairie 56347
78. TRAVERSE COUNTY FAMILY SERVICE DEPARTMENT (612) 563-8255
15 10th Street South, Wheaton 56296
79. WABASHA COUNTY DEPARTMENT OF SOCIAL SERVICES (612) 565-4544
Court House, Wabasha 55981
80. WADENA COUNTY SOCIAL SERVICE DEPARTMENT (218) 631-2832
Court House Annex, Wadena 56482
81. WASECA COUNTY WELFARE DEPARTMENT (507) 835-3240
Security Building, Waseca 56093
82. WASHINGTON COUNTY WELFARE DEPARTMENT (612) 439-6901
939 West Anderson Street, Stillwater 55082
83. WATONWAN COUNTY SOCIAL SERVICE CENTER (507) 375-3329
715 3rd Avenue South, St. James 56081
84. WILKIN COUNTY FAMILY SERVICE AGENCY (218) 643-8561
Court House, Breckenridge 56520
85. WINONA COUNTY DEPARTMENT OF SOCIAL SERVICES (507) 452-8200
Court House, Winona 55987
86. WRIGHT COUNTY SOCIAL SERVICE DEPARTMENT (612) 682-3900
Court House, Buffalo 55313
87. YELLOW MEDICINE COUNTY FAMILY SERVICE CENTER (612) 564-2211
Court House, Granite Falls 56241

- REGION VIII NORTH WELFARE DEPARTMENT (507) 532-2201
(Lincoln, Lyon, Murray Counties)
Court House, Marshall 56258

- BLUE EARTH/LESUEUR/WASECA HUMAN SERVICE BOARD (507) 625-3031
420 Cherry Street, Mankato 56001
Ext. 266

- BROWN/NICOLLET HUMAN SERVICE BOARD (507) 931-4140
100 Freeman Drive, St. Peter 56082
Ext. 346

- FARIBAULT/MARTIN/WATONWAN HUMAN SERVICES BOARD (507) 238-4141
118 South Main Street, Fairmont 56031

Fig. 3-29

MANDATORY-PRIORITY-OPTIONAL STATUS OF SERVICES

CLIENT CATEGORY

SERVICES	AFDC(EP)	SSI-MSA	0-60%	60-115%	ALL OTHER
Adoption	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory
Chore	Optional	Priority	Optional	Optional	Optional
Counseling	Optional	Optional	Optional	Optional	Optional
Day Care (Adult)					
Regular Day Care	Optional	Optional	Optional	Optional	Optional
D.A.C.	Priority	Priority	Priority	Priority	Priority
Day Care (Children)					
Regular Day Care	Mandatory	Priority	Priority	Optional	Optional
D.A.C.	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory
Educational Assistance	Optional	Optional	Optional	Optional	Optional
Employability	Mandatory	Priority	Priority	Optional	Optional
Family Planning	Mandatory	Optional	Optional	Optional	Optional
Foster Care (Adult)	Optional	Optional	Optional	Optional	Optional
Foster Care (Children)	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory
Health					
General and Mental Health	Priority	Priority	Priority	Optional	Optional
Deinstitutionalization (MHCA)	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory
Home Del. & Cong. Meals	Optional	Priority	Priority	Optional	Optional
Homemaking	Priority	Priority	Priority	Priority	Optional
Housing	Optional	Optional	Optional	Optional	Optional
Information & Referral	Priority	Priority	Priority	Priority	Priority
Legal	Optional	Optional	Optional	Optional	Optional
Money Management	Priority	Priority	Priority	Priority	Priority
Protection (Adult)					
Protection	Priority	Priority	Priority	Priority	Priority
Sub-acute Detoxification	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory
MR Guardianship	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory
Protection (Children)	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory
Residential Treatment					
Emotionally Disturbed Children	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory
Primary Treatment/Extended Rehabilitation - CD	Priority	Priority	Priority	Priority	Priority
Half-way House-CD-MI	Priority	Priority	Priority	Optional	Optional
Correctional-Children	Optional	Optional	Optional	Optional	Optional
MR Children and Adults	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory
Social & Recreational	Optional	Optional	Optional	Optional	Optional
Transportation	Optional	Priority	Optional	Optional	Optional

Mandatory: Services so designated are required in State Law or Federal Regulation. These services must be available in all geographic areas.

Priority: Services so designated are implied in statutory language, have significant legislative funding and have a history of extensive utilization. These services are strongly recommended to be available but are within welfare board discretion.

Optional: Services so designated have a significant history of utilization but are neither specifically or implicitly required. The availability of these services is totally at the discretion of the welfare board.

Source: *Minnesota Comprehensive Annual Service Plan, FY1977, Dept. of Public Welfare*

SERVICES AVAILABLE BY COUNTY (SHADED AREAS INDICATES SERVICE NOT AVAILABLE)

[illegible]

Source: Minnesota Comprehensive Annual Service Plan, FY1977, Dept. of Public Welfare

[illegible]

Minnesota CASP Summary A-1

Fig 3-31

ESTIMATED NUMBER OF PERSONS TO BE SERVED BY SERVICE AND GOAL (Duplicated Count)

SERVICES	I SELF SUPPORT	II SELF SUFFICIENCY	III-A PROTECTION OF ADULTS & CHILDREN	III-B REUNITING REHABILITA - TING FAMILIES	IV COMM. CARE TO PREVENT INSTI'TUTION	V INSTITUTION - ALIZATION	TOTAL
TOTAL-ALL SERVICES	92,499	293,107	199,264	51,988	116,670	37,744	791,272
Adoption	347	2,494	1,093	318	315	7	4,574
Chore	750	3,906	202	246	1,046	112	6,262
Counseling	7,579	99,356	15,739	12,255	7,481	4,016	146,426
Day Care Adult-Reg.	138	361	67	30	130	4	730
Day Care Adult-DAC	89	2,559	129	156	1,730	48	4,711
Day Care Child-Reg.	12,569	1,355	1,908	728	172	37	16,769
Day Care Child-DAC	608	778	157	164	512	4	2,223
Educational Assistance	507	2,781	1,441	989	2,232	719	8,669
Employability	10,435	2,437	354	269	559	54	14,108
Family Planning	923	5,834	650	1,061	130	27	8,625
Foster Care-Adult	32	286	313	23	1,601	111	2,366
Foster Care-Child	318	4,172	7,705	1,868	3,509	354	17,926
Health-General & Mental	1,867	9,662	2,820	908	3,837	1,694	20,788
Health-Deinstitutionalization	352	2,423	1,037	260	2,519	1,729	8,310
Home Del. & Cong. Meals	78	1,970	33	104	424	12	2,620
Homemaking	797	5,124	1,144	2,496	1,143	9	10,712
Housing	955	5,654	726	183	361	50	7,929
Information & Referral	46,503	111,082	121,270	22,694	66,005	21,663	389,214
Legal	903	2,639	1,070	765	1,318	381	7,076
Money Management	2,607	4,210	540	482	321	71	8,231
Protection-Adult	635	1,325	8,427	472	1,336	515	12,710
Protection-Adult-Subacute Detox	45	154	9,787	106	4,855	78	15,025
Protection-Adult-MR Guardianship	26	321	1,764	89	801	459	3,460
Protection-Child	423	3,788	16,622	2,485	4,158	2,315	29,791
Res. Treat. - ED Child	46	252	1,345	270	1,250	542	3,705
Res. Treat. - Primary Treat. - CD	466	688	496	281	2,680	612	5,223
Res. Treat. - 1/2 House-CD-MI	149	420	172	93	1,351	279	2,464
Res. Treat. - Correction-Child	20	39	206	166	559	983	1,973
Res. Treat. - MR Child-Adult	358	632	526	164	1,873	616	4,169
Social & Recreational	165	6,805	550	1,361	642	110	9,633
Transportation	1,809	9,600	971	502	1,820	148	14,850

Source : Minnesota Comprehensive Annual Service Plan, FY1977, Dept. of Public Welfare

programs or at the facility. Residents for whom work activity or sheltered employment programs are appropriate similarly are enrolled in either nearby programs, or participate in programs at the facility.

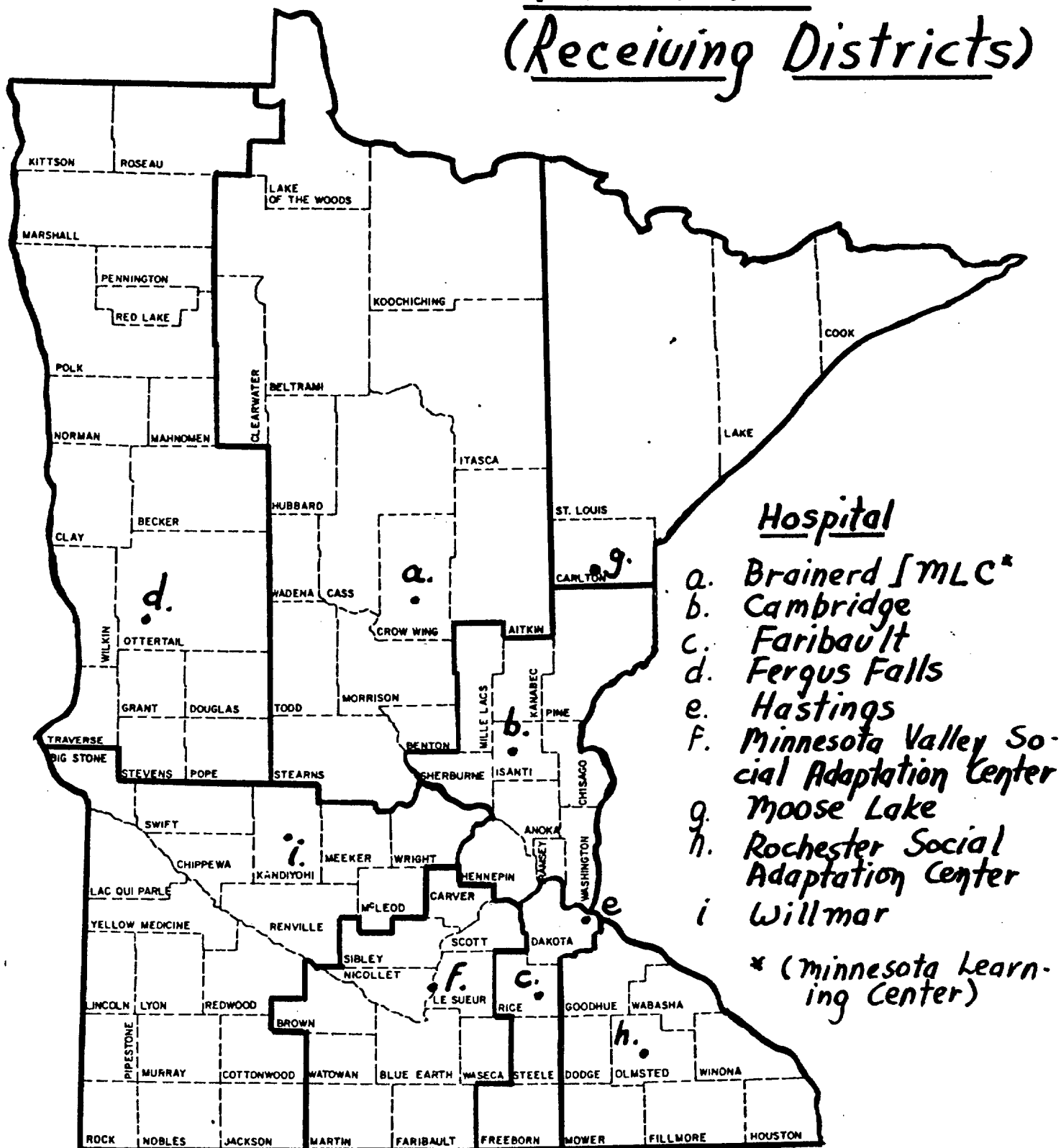
Financial responsibility for supporting an individual either comes from Federal, state or personal supports. Each resident (or his parents or guardians) is financially responsible for support. For persons under the age of 18, if a resident is unable to pay the full cost, the ability of relatives is taken into account to a maximum of either 10% of the cost or \$125 per month (whichever is less). Parental responsibility ceases when a child becomes 18; for certain low-income families, payment requirements are waived. The state provides a "cost of care" reimbursement for supporting persons under age 18 that makes up the difference between available Federal and personal/family support for an individual. For persons over 18, Federal supports, such as Social Security Disability Insurance, and other personal supports usually will cover the cost of care.

Each state hospital has a hospital review board established by statute (M.S. 253A.16). Members are appointed by the Commissioner of Public Welfare. Boards are responsible for reviewing the admission and retention of residents, hearing resident grievances regarding their hospitalization, evaluating conditions affecting humane care of residents. Boards report their findings to the facility's administrator and/or the Commissioner.

Additional information highlighting trends in state hospital residency will be found in Section IV.

- Program and Administrative Support Program: There are 13 activities identified under this program. Activities and sub-activities that may have impact on the provision of services for persons having a developmental disability would include the following:
 - The Quality Control activity performs a random sample evaluation of the eligibility and correct level of payment for persons receiving support under the Aid to Families with Dependent Children, Food Stamp and Medical Assistance program.
 - The Auditing activity conducts desk and/or field audits of annual cost reports for nursing homes and community-based residential facilities receiving support under Social Security Title XIX. Its auditing activities determine the "per-diem" or daily rate that will be provided for support of persons residing in these facilities. Grant-in-aid provided by the state through the Welfare Dept. to daytime activity and mental health centers is also randomly audited.
 - Under the Finance Administration activity are the accounting, budgeting and fiscal reporting functions for the Dept. of Public Welfare. State "cost of care" support to reimburse counties for the care of children under state guardianship who reside in either state hospitals or community residential facilities takes place here.
- Income Maintenance Program: There are four major activities occurring under this program.
 - The Administration of Assistance Payments activity involves supervising the provision of cash and non-cash benefits to eligible and needy recipients by county welfare/social service

Fig. 3-32 State Hospitals for Persons Having Retardation (Receiving Districts)



units in programs such as Aid to Families with Dependent Children, General Assistance, Minnesota Supplemental Assistance, Food Stamps, Early Periodic Screening/Diagnosis and Treatment, General Assistance/Medical Care. (General Assistance provides income support for persons not eligible for various Federal income supports, but below the assistance eligibility standard. Minnesota Supplemental Aid provides income for persons receiving Federal aid to the aged, blind, disabled, as well as Federal Supplemental Security Income when the support from both these sources falls below the MSA standard level.)

- Administration of Medical Assistance and Central Disbursement of Medical Assistance involve the development of the state's Medical Assistance plan, the review of facility/resource use for appropriateness (Utilization Control), securing payments for eligible recipients from other sources (Benefits Recovery) and the centralized processing of claims made under the Medical Assistance program.
- Child Support Enforcement activity oversees and assists county efforts to assure that persons having a duty to support minors are fulfilling their responsibility. This activity relates to AFDC payment efforts.

BUDGET AND PERSONNEL

Department Programs

FY'76

Income Maintenance	\$420,716,300
Community Services	81,190,643
Residential Services	91,122,236
<u>Administrative and Program Support</u>	<u>32,541,054</u>
Total	\$625,570,233

Sources

FY'76

General	\$247,826,365
General (dedicated)	34,602,858
Special Revenue	-
Federal	338,233,476
Agency	4,760,172
Revolving	147,362
<u>Other</u>	<u>-</u>
Total	\$625,576,233

Personnel

#

FY'76

Unclassified	56.29	\$ 1,222,169
Management	59.00	1,674,686
Professional	1,447.66	25,132,953
Trades	307.00	4,918,731
Clerical	4,674.21	48,041,296
<u>Other</u>	<u>132.40</u>	<u>3,517,120</u>
Total	6,676.56	\$ 84,506,964

Program: Community Services

FY'76

Community Services Program Division	\$ 14,122,681
Grants-in-Aid	16,611,019
Social Services	49,888,300
<u>Licensing of Facilities</u>	<u>568,643</u>
Total	\$ 81,190,643

<u>Sources</u>	<u>FY'76</u>
General	\$ 15,654,632
General (dedicated)	-
Special Revenue	-
Federal	71,551,231
Agency	214,259
Revolving	38,999
<u>Other</u>	-
Total	\$87,459,121

<u>Personnel</u>	<u>#</u>	<u>FY'76</u>
Unclassified	6.00	\$ 97,634
Management	5.60	159,565
Professional	139.85	2,238,943
Trades	1.40	10,601
Clerical	54.09	430,257
<u>Other</u>	-	-
Total	206.94	\$ 2,937,003

Activity: Community Services

<u>Budget</u>	<u>FY'76</u>
Expenditures and Contractual Services	\$ 2,048,382
Supplies and Materials	292,200
Equipment	485,363
Real Property	16,836
Debt Service	-
Claims, Grants	9,261,159
<u>Other</u>	5,378
Total	\$14,122,681

<u>Sources</u>	<u>FY'76</u>
General	\$ 3,063,611
General (dedicated)	-
Special Revenue	-
Federal	10,554,322
Agency	381,890
Revolving	122,858
<u>Other</u>	-
Total	\$14,122,681

<u>Personnel</u>	<u>#</u>	<u>FY'76</u>
Unclassified	12.00	\$ 178,687
Management	4.00	116,122
Professional	80.00	1,345,409
Trades	1.00	10,789
Clerical	36.00	333,423
<u>Other</u>	1.00	28,933
Total	134.20	\$2,013,363

Activity: Grant-in-Aid

<u>Budget</u>	<u>FY'76</u>
Expenditures and Contractual Services	\$ 15,477
Supplies and Materials	366
Equipment	537
Real Property	-
Debt Service	-
Claims, Grants	16,488,723
<u>Other</u>	-
Total	\$16,611,019

<u>Sources</u>	<u>FY'76</u>
General	\$16,248,019
General (dedicated)	-
Special Revenue	-
Federal	363,000
Agency	-
Revolving	-
<u>Other</u>	0
Total	\$16,611,019

<u>Personnel</u>	<u>#</u>	<u>FY'76</u>
Unclassified	-	\$ *
Management	1.00	12,456
Professional	7.00	87,199
Trades	-	-
Clerical	1.45	6,261
<u>Other</u>	-	-
Total	9.45	\$ 105,916

Activity: Social Services

<u>Budget</u>	<u>FY'76</u>
Expenditures and Contractual Services	\$ 167,303
Supplies and Materials	11,254
Equipment	18,680
Real Property	-
Debt Service	-
Claims, Grants	\$48,958,803
<u>Other</u>	-
Total	\$49,888,300

<u>Sources</u>	<u>FY'76</u>
General	\$ 4,905,503
General (dedicated)	-
Special Revenue	-
Federal	44,973,638
Agency	9,159
Revolving	-
<u>Other</u>	-
Total	\$49,888,300

<u>Personnel</u>	<u>#</u>	<u>FY'76</u>
Unclassified	-	\$ -
Management	2.00	57,808
Professional	28.80	548,945
Trades	-	-
Clerical	13.00	115,336
<u>Other</u>	-	<u>10,171</u>
<u>Total</u>	<u>43.80</u>	<u>\$ 732,260</u>

Activity: Facility Licensing

<u>Budget</u>	<u>FY'76</u>
Expenditures and Contractual Services	\$ 87,593
Supplies and Materials	2,817
Equipment	972
Real Property	-
Debt Service	-
Claims, Grants	-
<u>Other</u>	<u>545</u>
<u>Total</u>	<u>\$ 568,643</u>

<u>Sources</u>	<u>FY'76</u>
General	\$ 324,138
General (dedicated)	-
Special Revenue	-
Federal	244,505
Agency	-
Revolving	-
<u>Other</u>	<u>-</u>
<u>Total</u>	<u>\$ 568,643</u>

<u>Personnel</u>	<u>#</u>	<u>FY'76</u>
Unclassified	1.00	\$ 11,608
Management	1.00	22,493
Professional	24.00	372,689
Trades	-	-
Clerical	4.00	35,309
<u>Other</u>	<u>1.00</u>	<u>34,617</u>
<u>Total</u>	<u>31.00</u>	<u>\$ 476,716</u>

Program: Residential Services

Central Office	\$ 484,972
Collection from State Hospitals	496,780
Social/Rehabilitation Services for the Deaf	54,609
Residential Services - Mentally Ill	10,224,986
Security Hospital Residential Services	1,437,177
Residential Services - Mentally Retarded	23,228,293
Residential Services - Chemical Dependency	3,316,051
State Hospital General Support	43,266,300
State Nursing Home Administration	3,382,667
<u>State Nursing Home General Support</u>	<u>5,230,401</u>
<u>Total</u>	<u>\$ 91,122,236</u>

<u>Sources</u>	<u>FY'76</u>
General	\$86,904,199
General (dedicated)	-
Special Revenue	-
Federal	1,416,176
Agency	2,777,357
Revolving	24,504
<u>Other</u>	-
<u>Total</u>	<u>\$91,122,236</u>

<u>Personnel</u>	<u>#</u>	<u>FY'76</u>
Unclassified	32.29	\$ 722,503
Management	40.00	1,177,655
Professional	1,130.56	19,542,246
Trades	306.00	4,907,942
Clerical	4,388.51	45,354,115
<u>Other</u>	<u>130.40</u>	<u>3,423,783</u>
<u>Total</u>	<u>6,027.76</u>	<u>\$ 75,128,244</u>

Activity: State Hospitals - General Support

<u>Budget</u>	<u>FY'76</u>
Expenditures and Contractual Services	\$ 2,507,005
Supplies and Materials	8,344,055
Equipment	549,187
Real Property	8,075
Debt Service	-
Claims, Grants	114,558
<u>Other</u>	<u>2,077,340</u>
<u>Total</u>	<u>\$ 43,266,300</u>

<u>Sources</u>	<u>FY'76</u>
General	\$ 39,500,990
General (dedicated)	-
Special Revenue	-
Federal	1,313,362
Agency	2,427,444
Revolving	24,504
<u>Other</u>	<u>-</u>
<u>Total</u>	<u>\$ 43,266,300</u>

<u>Personnel</u>	<u>#</u>	<u>FY'76</u>
Unclassified	26.59	\$ 585,226
Management	18.48	580,218
Professional	419.03	8,215,239
Trades	266.00	4,215,239
Clerical	1,341.89	14,504,846
<u>Other</u>	<u>17.90</u>	<u>1,488,447</u>
<u>Total</u>	<u>2,089.89</u>	<u>29,666,074</u>

Activity: Residential Services - Mentally Retarded

<u>Budget</u>	<u>FY'76</u>
Expenditures and Contractual Services	\$ 48,886
Supplies and Materials	47,091
Equipment	127,966
Real Property	-
Debt Service	-
Claims, Grants	29,637
<u>Other</u>	-
Total	\$ 23,228,293

<u>Sources</u>	<u>FY'76</u>
General	\$ 23,166,876
General (dedicated)	-
Special Revenue	-
Federal	61,417
Agency	-
Revolving	-
<u>Other</u>	-
Total	\$ 23,228,293

<u>Personnel</u>	<u>#</u>	<u>FY'76</u>
Unclassified	1.00	\$ 13,890
Management	8.77	239,764
Professional	314.78	4,929,489
Trades	2.00	29,111
Clerical	1,613.06	16,136,463
<u>Other</u>	94.55	1,625,996
Total	2,034.16	\$ 22,974,713

Program: Program and Administrative Support

Administrative Support	\$ 642,139
Quality Control	611,002
Fair Hearings and Appeals	101,975
Auditing	341,863
Information Systems	351,115
Personnel Administration	798,881
Finance Administration	27,691,517
Office Services	779,893
Food Stamp Review	-
Field Review	527,881
Monitoring and Evaluation	-
Special Projects	246,058
<u>Research and Statistics</u>	448,729
Total	\$32,541,054

<u>Sources</u>	<u>FY'76</u>
General	\$17,524,437
General (dedicated)	-
Special Revenue	-
Federal	15,016,617
Agency	-
Revolving	-
<u>Other</u>	-
Total	\$32,541,054

<u>Personnel</u>	<u>#</u>	<u>FY'76</u>
Unclassified	10.00	\$ 279,473
Management	7.00	207,942
Professional	127.30	\$ 2,451,197
Trades	-	-
Clerical	86.25	905,705
Other	-	2,912
<u>Total</u>	<u>230.55</u>	<u>\$ 3,847,229</u>

Program: Income Maintenance

Administration of Assistance Programs	\$ 122,849,826
Administration of Medical Assistance	292,981,765
Central Disbursement of Medical Assistance	4,710,998
<u>Child Support Enforcement</u>	<u>173,711</u>
<u>Total</u>	<u>\$ 420,716,300</u>

SourcesFY'76

General	\$ 118,856,458
General (dedicated)	34,602,858
Special Revenue	-
Federal	265,665,218
Agency	1,591,766
Revolving	-
Other	-
<u>Total</u>	<u>\$ 420,716,300</u>

Personnel#FY'76

Unclassified	1.00	\$ 29,898
Management	4.00	80,210
Professional	50.00	785,268
Trades	-	-
Clerical	144.80	1,291,147
Other	-	16,713
<u>Total</u>	<u>199.80</u>	<u>\$ 2,203,236</u>

AGENCY: DEPT. OF TRANSPORTATIONPURPOSE/GENERAL CLIENTELE/ADMINISTRATIVE AND FUNCTIONAL (PROGRAM) ORGANIZATION

The Dept. of Transportation, known as "MnDOT," began operating in November of 1976. Programming functions of the previous state Depts. of Highways and Aeronautics were merged with transportation activities taking place in the Public Service Commission and the State Planning Agency in order to create the new agency.

The MnDOT was created by the Legislature in order to provide a balanced transportation system for the state--planning for all modes (air, pipeline, ground, water), coordinating granting activities, maintaining state transportation facilities and carrying out state functions regulating certain transportation modes. The Dept. is responsible for developing the policies and programs required to bring about such a system and is to prepare a State Plan by July, 1978.

One particular component of the Plan is to address special needs of persons having disabilities. It will be developed around responses from the public, as well as from interested groups and programs. (In this respect, results from needs assessment work done for the State Council for the Handicapped's 1976 Governor's Conference on Handicapped Individuals made recommendations regarding transportation issues of concern to handicapped persons. A Council Transportation Policy Task Force operated during 1977, and in April issued a report containing a number of recommendations regarding service development, coordination and improvement.)

STATE STATUTORY AUTHORITY/RULES AND REGULATIONSState Statutes

CHAPTER 174

DEPARTMENT OF TRANSPORTATION

Sec.	
174.01	Creation; policy.
174.02	Commissioner; powers; duties.
174.03	Duties of commissioner.
174.04	Financial assistance; applications; disbursement.

Sec.	
174.05	Pollution control agency; regulations and standards.
174.06	Transfer of powers.
174.10	Proceedings before department.
174.50	Minnesota state transportation fund.
174.51	Minnesota state transportation bonds.

Rules and RegulationsPROGRAMS/ACTIVITIES AND OPERATIONS AFFECTING SERVICES FOR PERSONS HAVING A DD

In terms of specific services for persons having handicaps, MnDOT now administers grants of the Urban Mass Transportation Administration of the U.S. Dept. of Transportation. In particular, UMTA's "16(b)(2)" grant program provides funds for projects to meet special needs of elderly and handicapped individuals. These grants support acquisition of capital equipment (i.e. "rolling stock" or the vehicles) and rely on local initiative to support operations and certain aspects of maintenance.

BUDGET AND PERSONNEL

The FY '76 budget for the agency was reported in the Biennial Budget as follows (note: this is an aggregation of elements from each of the four agencies combined in the consolidation):

<u>Budget</u>		<u>Personnel</u>	
<u>Source</u>	<u>FY '76</u>	<u>Level</u>	
General	\$ 11,605,639	Unclassified	31.31
Special Revenue	422,921,843	Managerial	90.05
Federal	1,244,529	Professional	1,046.15
Agency	33,131,687	Service	1,998.00
TOTAL	\$468,903,698	Clerical	1,939.10
		Other	--
		TOTAL	5,104.61

Table 3-16

UMTA "16b2" Vehicles Operating in Minnesota

<u>Service Area</u>	<u>Operated by</u>	<u># Vehicles</u>	<u>Capacity</u> (# Persons)	<u>Number *</u> <u>Passengers</u>	<u>Period</u>
<u>FY 1975 Projects</u>					
A. Hibbing, Chisholm, Buhl (Municipal)	Range Center	1	8	356	Week
B. Carlton (County)	Pine Ridge Homes (on behalf of Carlton County Association for Retarded Citizens, Carlton County Council on Aging, Carlton County Daytime Activity Center, Inc.)	1	16	515	Week
C. International Falls, Grand Rapids (Municipal)	Arrowhead Economic Opportunity Agency	1	15	7,500	?
		1	27		
D. Duluth Area (Municipal)	United Cerebral Palsy	1	24	24	Day
E. Fergus Falls (Municipal)	Fergus Falls Senior Citizens Program	1	16	1,850	Month
F. Fergus Falls (Municipal)	Lake Region Rehab. Industries	1	30	54,080	Year
G. Worthington and Five-County Area	Crippled Children's School, Inc.	1	15	1,040	Year
		1	15		
H. Mankato Area (Municipal)	Mankato Rehab. Center	1	15	8 Wheel-chair	Year
I. Waseca (Municipal)	Waseca County Day Activity Center	1	15	12+	Day
J. Steele (County)	Steele County Day Activity Center	1	24	46	Day
K. Mower (County)	Mower County Consultation Center	1	12	60-70	Day
		1	15	15	
L. Olmstead, Fillmore, Goodhue (Counties)	Zumbro Valley Mental Health Center	1	15	1,045	Week
		1	15		
		1	48		
M. St. Paul (Municipal)	Merriam Park Community Center	1	37	18,000	Year
N. Washington (County)	Washington County Day Activity Centers	1	15	25	Day
		1	15		

O. Central Hennepin (County)	Minnesota Society for Crippled Children and Adults, Inc.	1 1 1	10-15 10-15 10-15	25,911	?
<u>FY 1976 Projects</u>					
P. Cook and Lake (Counties)	Cook and Lake County Welfare Boards	1 1	10-16 10-16	12,000	Year
Q. Eveleth and Virginia (Municipal)	Lutheran Social Services of Minnesota	1	17-24	150 elderly 1,260 hand.	Month
R. Aitkin (County)	Aitkin County Senior Citizens Committee on Aging	1	10-16	250 elderly 50 hand.	Month
S. Grand Rapids, Coleraine (Municipal)	Lutheran Social Services of Minnesota	1	15	118 elderly 767 hand.	Month
T. Pipestone (County)	Hiawatha Manor, Inc.	1	10-16	10-16 persons	Month
U. Faribault (Municipal)	Faribault State Hospital Volunteer Council, Inc.	1	10-16	1,200	Month
V. Houston, Fillmore, Winona (Counties)	Southeastern Minnesota Citizens Action Council, Inc.	1	30	500 elderly 5 hand.	Month
W. Northeastern Ramsey and Southern Anoka (Counties)	White Bear Lake Lions Club	1	10-16 pass.	?	?
X. Minneapolis (Municipal)	Minneapolis Society for the Blind	1	10-16 pass.	17-30 hand.	?
Y. Minneapolis (East) (Municipal)	East Side Neighborhood Services, Inc.	1 1 1	10-16 pass. 7-24 " 7-24 "	5,900	Month
Z. Minneapolis, Burnsville (Municipal)	Ebenezer Society	1 1	10-16 pass. 10-16 pass.	1200 elderly 960 hand.	Month
AA. Ramsey (County)	Jewish Community Center of St. Paul	1	17-24 pass.	400 elderly 12 hand.	Month

BB. Minneapolis Area (Municipal)	Minneapolis Age and Opportunity Center, Inc.	1	10-16 pass.	700	Month
CC. Hennepin (County)	Salvation Army	4	10-16 pass.	920 elderly	Month
		1	10-16 pass.	230 hand.	
DD. St. Paul (Municipal)	Willow Manor Community Center, Inc.	1	Max. 30 passengers	1,890 elderly	Month
EE. St. Paul Area	Phoenix Residence, Inc.	1	10-16 pass.	48 hand.	?

* Number of passengers and time period of service is not consistently reported in the records - some are person-trips per period, others only indicate number of individuals who are receiving service.

AGENCY: DEPT. OF VOCATIONAL REHABILITATION

(Note: Up to the 1976 Session of the Legislature, Vocational Rehabilitation was a Division in the Dept. of Education. A 1976 law conferred full Department status on the Division on July 1, 1977. 1977 Legislative proposals for human service reorganization approved the creation of a "Department of Economic Security," which contained Vocational Rehabilitation and consequently negated the 1976 law; this Department was to be organized for July 1, 1977. Technical difficulties in the transfer, however, leave Vocational Rehabilitation with Department status until late 1977, at which time it is to be merged into the newly-created Department of Economic Security. The information presented in the following listing was prepared at a time when Department status for Vocational Rehabilitation was anticipated.)

PURPOSE/CLIENTELE/ADMINISTRATIVE AND FUNCTIONAL ORGANIZATION

As described in the 1978-79 Biennial Budget (p. D-2001)

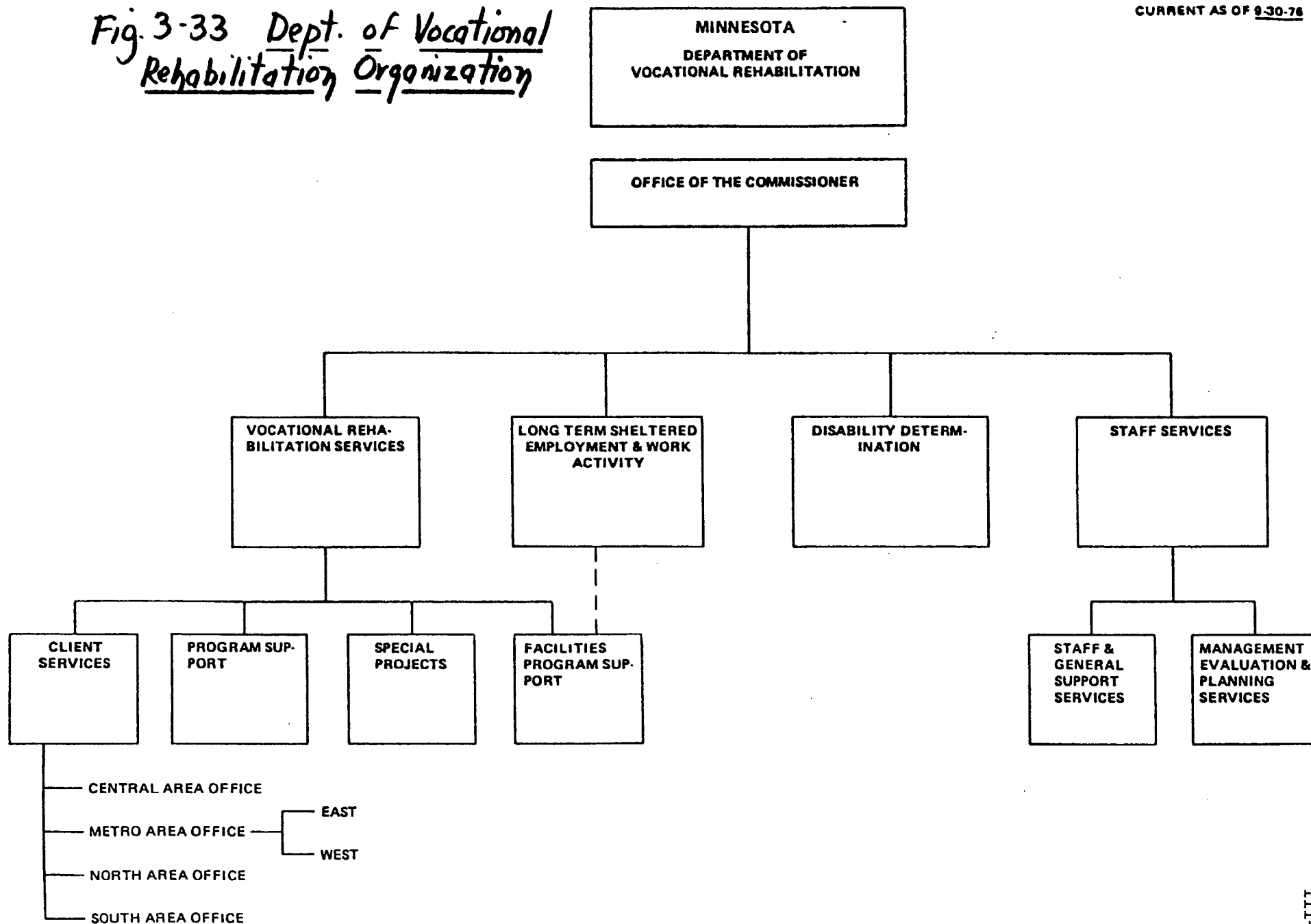
"The primary mission of the Minnesota Department of Vocational Rehabilitation is to provide services designed to help disabled Minnesotans overcome vocational handicaps and return to gainful employment. In addition, the agency adjudicates eligibility for Social Security Disability applicants."

"The primary clientele of the Department are disabled persons who are unable to work unless they are provided with special services. The agency directs its primary efforts toward serving those "most severely handicapped" persons who require multiple services over extended periods of time, or who would require extensive services in order to obtain or sustain competitive employment or who may never be fully self-supporting and who may need special sheltered employment. More specifically, the agency plans, organizes, administers and conducts the following 4 programs:

- Vocational Rehabilitation Services: This program provides direct client services as well as consultative, technical and grant support to private rehabilitation facilities. It develops and carries out special projects to test new methods of providing services to the severely handicapped and provides leadership and consultation in client advocacy, program development, inter-agency program coordination and service delivery techniques.
- Long-Term Sheltered Employment and Work Activity: Provides for the development and expansion of new and existing sheltered employment and work activity programs.
- Disability Determination Services: Provides adjudication of Supplemental Security Income and Social Security Disability Insurance claims for the Social Security Administration.
- Office of the Commissioner, Management, Staff and General Support Services: Provides agency management, financial, accounting, administrative, personnel, staff development, data processing program evaluation, planning and intergovernmental coordination services for department activities."

Fig. 3-33 Dept. of Vocational Rehabilitation Organization

CURRENT AS OF 9-30-78



VOCATIONAL REHABILITATION PROGRAM

As described in the 1978-79 Biennial Budget (p. D-2003)

"This program is responsible for the direct provision of vocational rehabilitation services to eligible disabled persons in Minnesota. Eligibility for vocational rehabilitation services is contingent upon two factors:

- A. The individual must have a physical or mental disability, which for such individual, constitutes or results in a substantial handicap to employment;
- B. Vocational rehabilitation services must be reasonably expected to benefit the individual in terms of employability.

"The services which may be provided to an eligible individual include: counseling and guidance, job placement assistance, vocational evaluation, training, books and supplies, physical restoration services, maintenance and transportation, services to family members (where requested to enable a handicapped person to benefit from other services), interpreter services for the deaf, telecommunications, sensory and other aids, occupational licenses, tools, equipment and other goods and services, as needed. The vocational rehabilitation services an individual eligible person receives are dependent upon the development and execution of an Individualized Written Rehabilitation Program (IWRP), developed jointly between the handicapped individual and the agency counselor. The focus of services provided to an individual is on assisting that person to become employable and actually employed to the level of his or her capacity."

"This program is accomplished through four activities, described in detail later.

- A. Client rehabilitation services.
- B. Program support services.
- C. Special projects in the delivery of rehabilitation services.
- D. Rehabilitation facilities program support.

Each activity blends to achieve the purposes indicated above."

"Vocational rehabilitation services are delivered to eligible disabled persons by vocational rehabilitation counselors, who are housed in field offices throughout the State of Minnesota, and in locations developed cooperatively with state institutions and public schools. There are 180 Rehabilitation Counselor positions assigned to 70 offices throughout the state. Management of the program is accomplished by 26 supervisors, 5 Area Directors and the Director of Operations for the agency. Geographically, the management alignment of territories corresponds to Minnesota Economic Development Regions, or combinations thereof."

This program serves disabled persons with substantial job handicaps. It is the direct service function of the Department. This program serves all disability groups with the exception of persons with visual disabilities, who are served in a similar program operated by the Department of Public Welfare. Disabled persons who have job problems are referred to, or come to, the Department's field offices, are evaluated individually to determine their job assets and liabilities. Subsequent to a thorough evaluation, an Individualized Written Rehabilitation Program is developed jointly between the agency client and the Rehabilitation Counselor. This IWRP specifies the job goal to be sought by the individual disabled person, and the steps and services necessary to achieve that job objective. When the services are completed, and the individual becomes ready for employment, the agency assists the client in obtaining suitable employment. Follow-up services can be provided to employed former clients, if they are needed to maintain employment. Most disabled persons find out about, and are referred to, vocational rehabilitation services by other agencies, organizations and individuals, such as the Worker's Compensation Division of the Department of Labor and Industry, the Social Security Administration, the local welfare departments, doctors, hospitals, medical clinics, public and private schools, Minnesota State Employment Service, private social service organizations and similar groups and individuals."

SHELTERED EMPLOYMENT/WORK ACTIVITY PROGRAM

As described in the 1978-79 Biennial Budget (pp. D-2105-2106)

"The purpose of this program is to expand and improve day services to the severely disabled by providing for the development and continuing support of long-term sheltered employment and work activity programs. The following definitions are necessary to a full understanding of this program:

- Long-Term Sheltered Employment--the provision of paid employment for an indefinite period of time, for those severely handicapped persons unable to meet production standards required in competitive employment.
- Work Activity--the provision of purposeful activity, having a productive work component for which wages are paid, where the level of productivity is less than that required in sheltered employment. Work activity programs will also provide services, such as training in self-care skills, socialization, basic educational skills and recreation.

The ultimate goal of the program is to make both services available to all severely handicapped persons requiring them. This goal is consistent with the agency mission and of particular importance in view of the increased emphasis on services to the severely handicapped throughout the vocational rehabilitation program.

The following major activities are carried out in support of this program purpose:

- development and expansion of existing and new sheltered employment and work activity stations through program consultation, technical assistance and grant support;
- the continued funding of these programs;
- the program monitoring and regulation, through certification of all long-term sheltered employment and work activity programs.

Public subsidization of long-term sheltered employment and work activity is necessary for two primary reasons:

- the productivity level of the workers is significantly less than that of a non-handicapped worker doing the same task (generally from 25% to 75% of standard). This results in increased overhead costs to produce the product or service. These increased costs cannot be passed on to the business customers of the sheltered workshop.
- the existence of rehabilitation staff and services not found in industry, but vital in the workshop or work activity center to insure client progress.

The "average" long-term sheltered workshop in Minnesota employs 58 severely handicapped persons, and pays approximately \$140,000 in wages to those workers annually. This workshop gets its income from the following sources, and in the proportions noted:

Subcontract and sales income	60%
DVR subsidy	22%
Local (county) subsidy	9%
United Way	4%
Other sources	5%

The proportionate contribution of each source of income is not expected to change significantly during the '78-'79 biennium.

The direct clientele affected by this program are the 35 long-term sheltered employment and 8 work activity programs located throughout the state. The long-term sheltered employment programs vary in size from those employing 25 persons to those serving over 250 clients daily. The work activity programs may serve as few as 10 clients, with the largest work activity program serving over 100.

Also affected by this program are the 55 daytime activity centers, which offer work activity as a part-time program component. The distinction made throughout this material between a part-time, satellite work activity program, occurring in day-time activity centers, and the 8 full-time work activity programs is a matter of degree. In the full-time work activity programs, for which DVR

assumes a major share of the funding and program development responsibility, 50% or more of the day is spent on production activities. In a typical work activity component at a day-time activity center (primarily DPW funded), the amount of time spent in work production activities will vary from 1 to 3 hours. The primary emphasis will be on developmental programming."

"All clients participating in long-term sheltered employment will have completed a comprehensive evaluation and training program sponsored by DVR, and are determined to have been rehabilitated and employed. By contrast, many work activity programs are more transitional in nature. Many work activity clients can be expected to move into a sheltered workshop. In other instances, the work activity program represents an outcome for that client."

"During F.Y. 1976, the sheltered workshops and work activity centers in Minnesota produced approximately \$10,500,000 in goods and services, and paid \$4,500,000 in wages to severely handicapped persons. Approximately 7% of the clients served in long-term sheltered workshops were moved from that status into competitive employment during that same year."

PROGRAMS/ACTIVITIES AND OPERATIONS AFFECTING SERVICES FOR PERSONS HAVING A DEVELOPMENTAL DISABILITY

Major activities of the Vocational Rehabilitation Services program include the following:

- . Client Rehabilitation Services Activity. This activity provides vocational rehabilitation services to eligible disabled individuals in order to help them prepare for and/or return to positions of gainful employment. The range of assistance required is identified and tailored to meet the unique situation of the handicapped person. Services are provided throughout the state at approximately 70 offices affiliated with DVR, by approximately 180 rehabilitation counselors.

According to data cited either in DVR's Annual Report (1976) or the 1978-79 Biennial Budget, characteristics of persons served included the following:

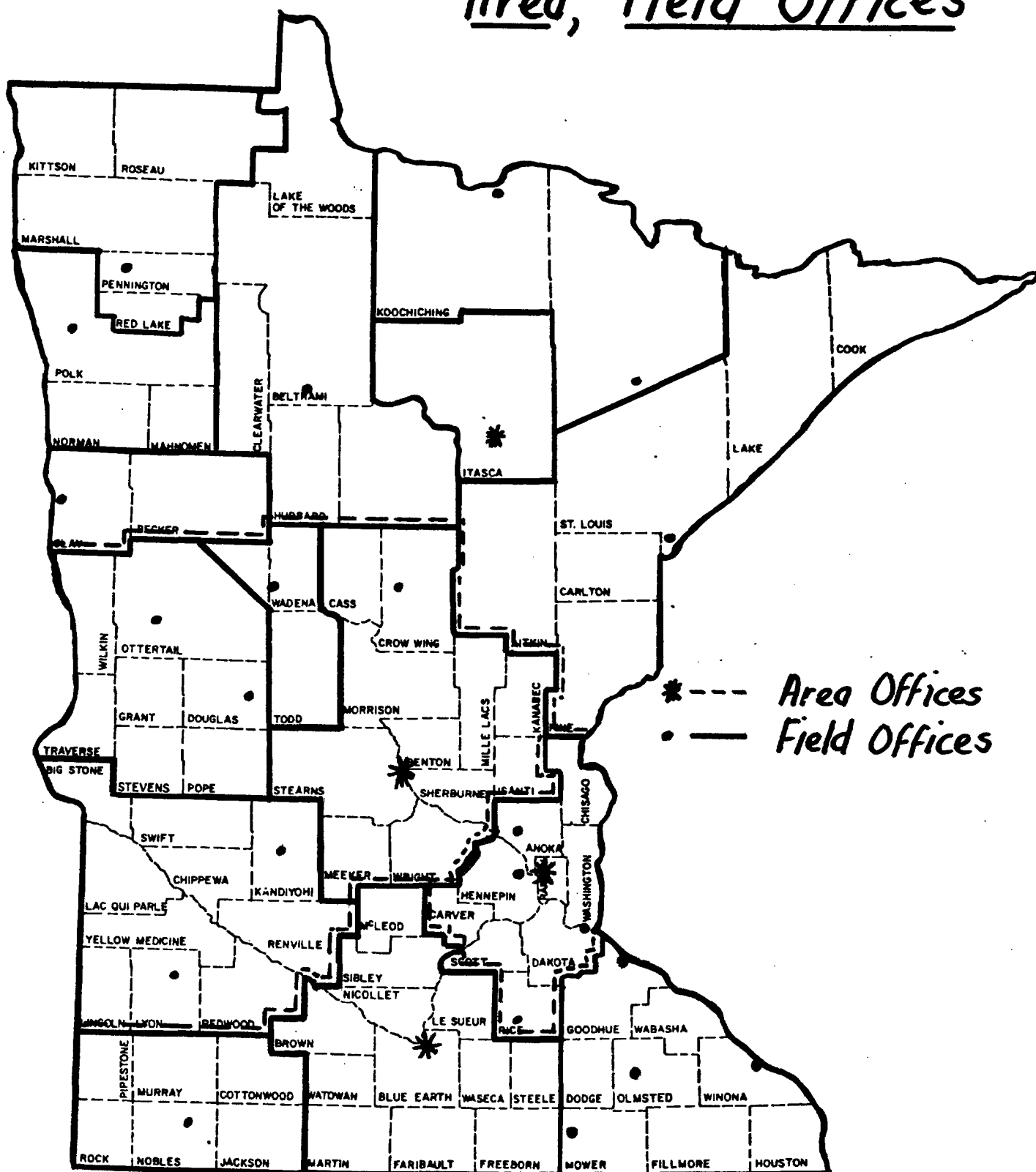
Newly registered persons	15,362
Persons eligible and accepted for service	8,104
New rehabilitation plans initiated	6,903
Persons successfully rehabilitated	5,212

"Severely disabled" persons constituted almost 50% of the state caseload as of 7-1-76.

Of the 5,212 persons who completed their rehabilitation and became employed, 17% had mental retardation (865), 4% had epilepsy/related neurological conditions (200), 23% had orthopedic impairments (1,210).

- . Program Support Services Activity is directed at providing technical assistance to client service efforts. It includes assistance in interpreting Social Security regulations, working with business and organized labor to increase employment opportunities, developing innovative placement approaches, working with consumer advocates. In this latter respect, an "Ombudsman" project was initiated during 1976-77. Its purpose is to provide assistance to clients having disagreements or disputes with agency policies, personnel.

*Fig 3-34 Vocational Rehabilitation
Area, Field Offices*



.Rehabilitation Facilities Program Support Activity

Persons having more severe handicaps who may require specialized occupational/vocational assistance receive assistance from the network of rehabilitation facilities operating under the financial/programmatic auspices of the Dept. of Vocational Rehabilitation. Facilities may provide a range of services -- work evaluation, vocational evaluation, work adjustment training, on-the-job training. Remunerative employment is emphasized in these facilities/workshops, with employees receiving income set in relation to the Federal minimum wage. The Facilities Section is responsible for certification of all rehabilitation facilities, workshops and work activity centers.

In conjunction with daytime activities center programs throughout the state (operated under the auspices of the Dept. of Public Welfare), "work activity centers" carry on manufacturing-type efforts involving DAC participants. Therapy activity/training, rather than remunerative employment, are emphasized in work activity center programs. Employees may receive payment for their efforts at a reduced rate in comparison to that paid by sheltered employment facilities/workshops.

As cited in the Annual Report, there were approximately 1,600 persons receiving long-term sheltered employment services during FY 1976 from approximately 40 facilities throughout the state. (The total number of facilities may vary during the year, according to expiration/negotiation of contracts with DVR.) There were 900 persons who participated in work activity center programs at approximately 60 DAC's throughout the state during this same time period.

Funding to support sheltered workshops programming comes from a mix of Federal/state/local sources; the primary Federal source is the Vocational Rehabilitation Act (as amended) P.L. 93-112, under an 80% Federal/20% state matching basis. These grants are also referred to as "establishment grants."

Funding to support work activity center programs is also a combination of Federal/state/local supports. State Legislative appropriations to DVR are matched with Social Security Title XX resources from the Dept. of Public Welfare.

.Special Projects in the Delivery of Rehabilitation Services Activity

The intent of this activity is to increase the number of persons being served by DVR (particularly the most severely handicapped), and to study improved methods of serving persons having a disability. Project activities are targeted toward specific groups of individuals and/or techniques during each year. The "Incidence and Prevalence" study, described in Section II of the Plan is an example of a project supported under this activity. Funding is a mix of Federal and state supports.

Fig. 3-35

SUMMARY REFERENCE OF SERVICES
PROVIDED BY REHAB FACILITIES

Facility	Work Evaluation	Vocational Evaluation	Work Adjustment Training	On The Job Training
Ability Building Center - Rochester		X	X	
Cedar Valley Rehab. - Austin		X	X	
C.W.D.C. - Hibbing, Grand Rapids, & Virginia	X		X	X
Duluth Goodwill - Duluth			X	
Duluth Office Services - Duluth			X	
Duluth Sheltered Workshop - Duluth		X	X	X
Interstate Rehab Center - Red Wing	X		X	
Jewish Vocational Workshop - Mpls.	X		X	
Jewish Vocational Workshop - St. Paul		X		
Lake Region - Fergus Falls	X		X	
Mankato Rehab. Center - Mankato	X	X	X	
MN Academy of Seizure Rehab - Mpls.		X	X	
Multi Resource Center - Minneapolis		X	X	
Minnesota Homecrafters - Golden Valley	X	X		
North Central Workshop - Bemidji				X
Occupational Development Center - Thief River Falls			X	
Occupational Rehabilitation Center - Winona, MN & LaCrosse, WI	X		X	X
Occupational Training Center - St. Paul	X		X	
Opportunity Training Center - St. Cloud	X		X	
Opportunity Workshop - Minnetonka,	X		X	
Owobopte Industries - Inver Grove Hgts.				X
Rise, Inc. - Spring Lake Park				X
St. Paul Goodwill Ind. - St. Paul	X	X	X	
St. Paul Rehab Center - St. Paul		X	X	
St. Paul Society For The Blind - St. Paul			X	

Fig. 3-36**"STATE OF MINNESOTA"****"SHELTERED WORKSHOPS AND WORK ACTIVITY CENTERS"**

Mr. Wallace Bigelow (507) 289-1891
ABILITY BUILDING CENTER
1500 First Avenue NE
Rochester, MN 55901
Olmstead County DAC (WA)

Mr. Richard Ogren (612) 679-2354
BRIGHTER DAY ACTIVITY CENTER
500 South Walnut Street
Mora, MN 55051
Pine County DAC (WA)
Mille Lacs County DAC (WA)
Chisago County DAC (WA)

Mr. Thomas Flannagan (507) 433-2303
CEDAR VALLEY REHABILITATION WORKSHOP
2111 Fourth Street NW
Austin, MN 55912
Houston County DAC (WA)
Oak Grove Training Center (WA)
Steele County DAC (WA)
Dodge County DAC (WA)
Fillmore County DAC (WA)
Cedar Branch DAC (WA)
Careers Training Center (WA)

Mr. DeWayne Hayes (218) 741-7273
C.W.D.C. INDUSTRIES, INC.
101 - 2nd Street So.
Virginia, MN 55792
East Range DAC, Inc. (WA)
Itasca DAC (WA)
Ita-Bel-Koo DAC (WA)
Aitkin County DAC (WA)
Northland DAC (WA)

Mr. Carl Bustell (218) 722-7459
DULUTH GOODWILL INDUSTRIES
1732 West Superior
Duluth, MN 55806

Mr. Robert Pistel (218) 722-4443
DULUTH LIGHTHOUSE FOR THE BLIND
16 West First Street
Duluth, MN 55802

Mr. Max Rheinberger (218) 727-1555
DULUTH OFFICE SERVICES, INC.
202 Computata Bradley Bldg.
Duluth, MN 55802

Mr. John Kurkowski (218) 722-6351
DULUTH SHELTERED WORKSHOP
310 Lake Avenue So.
Duluth, MN 55802
Knife River DAC (WA)
Patterson House - Cloquet DAC (WA)
United Day DAC (WA)

Mr. Roger Stensland (612) 388-7108
INTERSTATE REHABILITATION CENTER
PO Box 317
Red Wing, MN 55066
Goodhue County DAC (WA)
Wabasha County DAC (WA)
Wanamingo DAC (WAC)

Mr. Duane Kelso (612) 338-8771
JEWISH VOCATIONAL WORKSHOP
811 LaSalle Avenue
Minneapolis, MN 55402

Mr. James Wolfe (218) 736-5668
LAKE REGION REHABILITATION INDUSTRIES
201 North Whitford
Fergus Falls, MN 56537
Douglas County DAC (WA)
Becker County DAC (WA)
Clay County DAC (WA)
Ottertail County DAC (WA)
Dent DAC (WA)
Parkers Prairie DAC (WA)
Stevens County DAC (WA)

Mr. Arne Berg (507) 345-4507
MANKATO REHABILITATION CENTER
309 Holly Lane
Mankato, MN 56001
Rice County DAC (WA)
Blue Earth County DAC (WA)
Cottonwood County DAC (WA)
Martin County DAC (WA)
Brown County DAC (WA)
Watsonwan County DAC (WA)
Swan Lake DAC (WA)
Faribault County DAC (WA)
Scott County DAC (WA)
LeSueur County DAC (WA)
Waseca County DAC

Page 2 - Continued

Summary Reference of Services Provided By Rehab Facilities

Facility	Work Evaluation	Vocational Evaluation	Work Adjustment Training	On The Job Training
Tasks, Unlimited - Anoka	X		X	
The Achievement Center - Worthington				X
United Cerebral Palsy - Minneapolis	X		X	
United Cerebral Palsy - St. Paul	X		X	
West Central Industries - Willmar		X	X	
Service Industries (old Willing Hands) -Redwood Falls			X	

S K I L L T R A I N I N GAbility Building Center - Rochester

Key punch

Ve Region Rehab Industries - Fergus Falls

Agricultural Training
Meat Processing
Laundry Training
Woodworking & Carpentry
Production Line
Plastics Training

Mankato Rehab Center - Mankato

Food Service
Automotive Reconditioning

Opportunity Workshop - Minneapolis

Janitorial
Food Services

St. Paul Goodwill - St. Paul

Skill Training

St. Paul Rehab Center - St. Paul

Printing
Janitorial
Clerical
Food Service
Electronics Assembly

Occupational Training Center - St. Paul

Housekeeping
Orderlies
Kitchen Helper
Machine Operator
Welding
Automotive
Power Sewing
In-plant Printing
Shipping & Receiving
Custodial
General Assembly
Power Machine Assembly
General Bindery
Wood Products Manufacturing
Mail Room
Retail Sales
Office Help

St. Paul Society for the Blind - St. Paul

Janitorial

United Cerebral Palsy - Minneapolis

Power Sewing Machines

United Cerebral Palsy - St. Paul

Skill Training

Mr. Gary Nielsen (612) 235-5310

WEST CENTRAL INDUSTRIES

711 Willmar Avenue E.

Willmar, MN 56201

McLeod County DAC (WA)

Kandiyohi County DAC (WA)

Renville County DAC (WA)

Chippewa County DAC (WA)

Yellow Medicine County DAC (WA)

Swift County DAC (WA)

Big Stone County DAC (WA)

Lac Qui Parle County DAC (WA)

Meeker County DAC (WA)

Mr. Dave Luth (507) 428-3599

SERVICE INDUSTRIES

1317 East Bridge Street

Redwood Falls, MN 56283

Lyon County DAC (WA)

Redwood County DAC (WA)

Canby DAC (WA)

Mr. Vern Wahlstrom (612) 682-4336

FUNCTIONAL INDUSTRIES, INC.

PO Box 206

Buffalo, MN 55313

Department: BUDGET AND PERSONNEL

<u>Programs</u>	<u>FY'76</u>
Vocational Rehabilitation Services	\$ 12,426,265
Sheltered Employment and Work Activity	2,352,159
Disability Determination	2,203,933
Office of the Commissioner and Management and General Support	<u>764,614</u>
	\$ 17,746,971

<u>Sources</u>	<u>FY'76</u>
General	\$ 3,082,847
General (dedicated)	--
Special Revenue	14,664,124
Federal	--
Agency	--
Revolving	--
<u>Other</u>	<u>---</u>
Total	\$ 17,746,971

<u>Personnel</u>	<u>#</u>	<u>FY'76</u>
Unclassified	3.00	\$ 52,761
Management	9.00	205,402
Professional	270.00	3,854,195
Trades	--	--
Clerical	188.00	1,562,608
<u>Other</u>	<u>---</u>	<u>27,194</u>
Total	470.00	\$ 5,702,160

Activity: Client Rehabilitation Services

<u>Budget</u>	<u>FY'76</u>
Personnel	\$ 7,437,521
Expenditures and Contractual Services	273,220
Supplies and Materials	68,921
Equipment	--
Real Property	--
Debt Service	337,030
Claims, Grants	500
<u>Other</u>	<u>---</u>
Total	\$ 11,871,425

<u>Sources</u>	<u>FY'76</u>
General	\$ 1,879,260
General (dedicated)	--
Special Revenue	9,992,165
Federal	--
Agency	--
Revolving	--
<u>Other</u>	<u>---</u>
Total	\$ 11,871,425

<u>Personnel</u>	<u>#</u>	<u>FY'76</u>
Unclassified	2.00	\$ 21,142
Management	5.00	115,186
Professional	177.00	2,595,868
Trades	--	--
Clerical	117.00	1,012,098
<u>Other</u>	<u>--</u>	<u>9,936</u>
Total	301.00	\$ 3,754,230

Activity: Special Projects in the Delivery of Rehabilitation Services

<u>Budget</u>	<u>FY'76</u>
Personnel	\$ 22,691
Expenditures and Contractual Services	95,527
Supplies and Materials	1,224
Equipment	--
Real Property	--
Debt Service	--
Claims, Grants	20,500
<u>Other</u>	<u>--</u>
Total	\$ 139,942

<u>Sources</u>	<u>FY'76</u>
General	\$ 13,400
General (dedicated)	--
Special Revenue	--
Federal	126,542
Agency	--
Revolving	--
<u>Other</u>	<u>--</u>
Total	\$ 139,942

<u>Personnel</u>	<u>#</u>	<u>FY'76</u>
Unclassified	--	\$ --
Management	--	--
Professional	1.00	3,384
Trades	--	--
Clerical	1.00	2,049
<u>Other</u>	<u>--</u>	<u>17,258</u>
Total	2.00	\$ 22,691

Activity: Rehabilitation Facilities Program Support

<u>Budget</u>	<u>FY'76</u>
Personnel	\$ 53,486
Expenditures and Contractual Services	20,300
Supplies and Materials	727
Equipment	129
Real Property	--
Debt Service	--
Claims, Grants	200,070
<u>Other</u>	<u>--</u>
Total	\$ 274,712

<u>Sources</u>		<u>FY'76</u>
General		\$ 40,309
General (dedicated)		--
Special Revenue		--
Federal		234,403
Agency		--
Revolving		--
<u>Other</u>		--
Total		\$ 274,712

<u>Personnel</u>	<u>#</u>	<u>FY'76</u>
Unclassified	--	--
Management	--	--
Professional	3.00	53,486
Trades	--	--
Clerical	--	--
<u>Other</u>	--	--
Total	3.00	\$ 53,486

Program: Sheltered Employment/Work Activity

<u>Budget</u>	<u>FY'76</u>
Personnel	\$ 78,913
Expenditures and Contractual Services	16,388
Supplies and Materials	552
Equipment	53
Real Property	--
Debt Service	--
Claims, Grants	2,256,353
<u>Other</u>	--
Total	\$ 2,352,159

<u>Sources</u>	<u>FY'76</u>
General	\$ 998,637
General (dedicated)	--
Special Revenue	--
Federal	1,353,522
Agency	--
Revolving	--
<u>Other</u>	--
Total	\$ 2,352,159

<u>Personnel</u>	<u>#</u>	<u>FY'76</u>
Unclassified	--	\$ --
Management	1.00	26,840
Professional	2.00	42,929
Trades	--	--
Clerical	1.00	9,144
<u>Other</u>	--	--
Total	4.00	\$ 78,913

AGENCY: GOVERNOR'S MANPOWER OFFICE

PURPOSE/GENERAL CLIENTELE/ADMINISTRATIVE AND PROGRAM (FUNCTIONAL)
ORGANIZATION

As described in the FY 1978-79 Biennial Budget (p. E-6802)

"The agency's purpose is to provide employment training to the unemployed, underemployed and disadvantaged individuals who reside in economic development regions 1 and 6 through 10, in an effort to assist these identified groups in obtaining unsubsidized employment. This agency is also responsible for the coordination of manpower programs administered by other state agencies as well as other prime sponsors within the state of Minnesota and providing technical assistance and resources to improve the quality of life and the self-sufficiency of poverty and low income persons."

"Funding is primarily from federal monies allocated by the Department of Labor through the Comprehensive Employment and Training Act (CETA). Manpower training and job opportunities are provided to 10,000 Minnesotans in economic development regions 1 and 6 through 10 out of an estimated 26,632 (calendar 1975) unemployed population in these regions through a decentralized planning and delivery system. A key feature of the system is that locally appointed regional advisory committees are involved in the decision-making process."

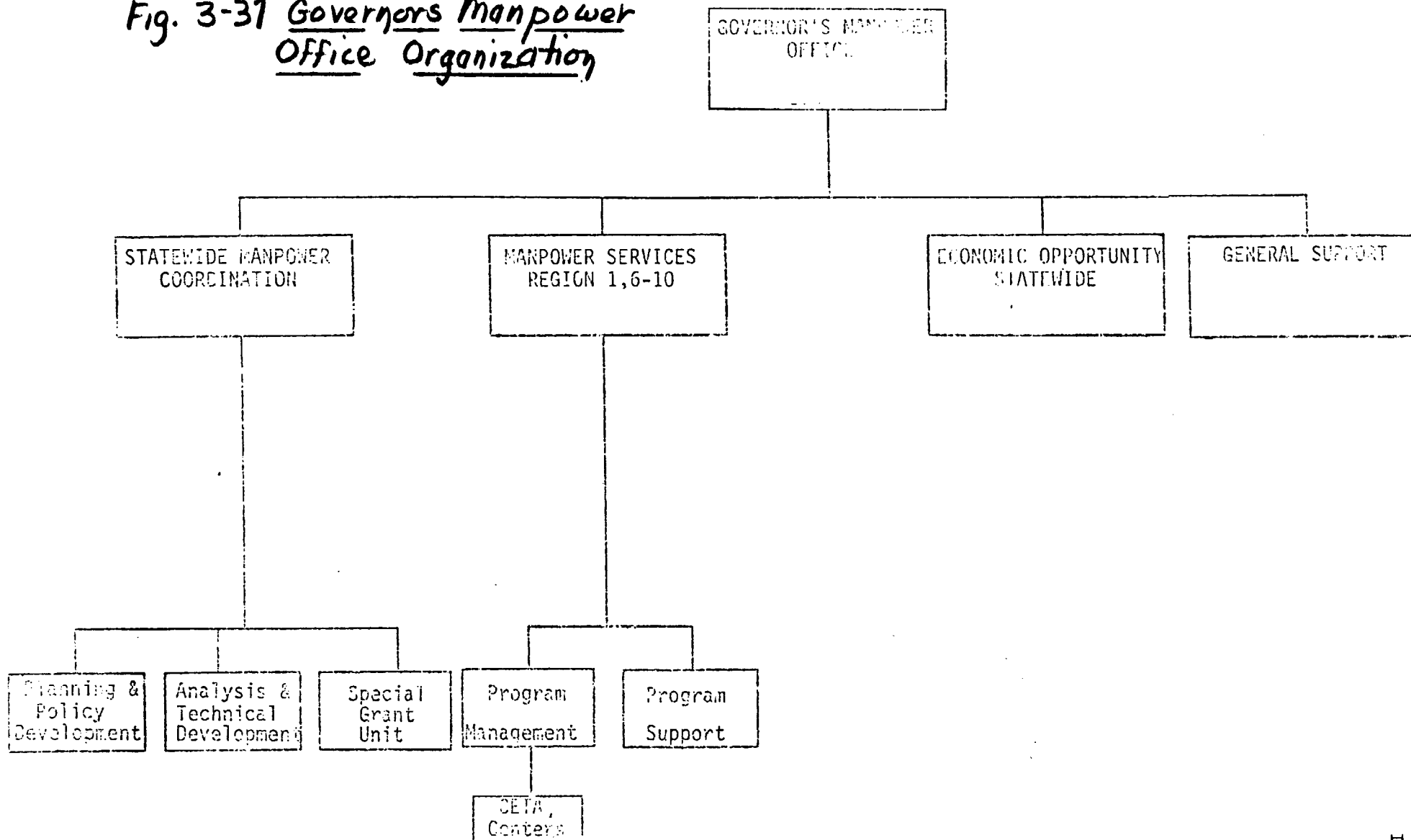
"Major areas of agency operations include:

- A. Four office divisions: Manpower Services Region 1, 6-10, Statewide Manpower Coordination, Economic Opportunity Statewide and General Support;
- B. Twelve outstate centers directly involved in providing services to clients who are seeking job training skills and ultimate job placement. On-the-job training, work experience, and classroom training is provided along with job related supportive services and job placement assistance. Federal funds allocated to the program administration are to provide employment training and job opportunity for the unemployed, underemployed, and disadvantaged. Within these categories, specific target groups are determined by the local regional advisory boards. Examples of these target groups are Indians, veterans, female head of households, welfare recipients, youth, handicapped, and elderly persons;
- C. Manpower planning and service delivery coordination for the 10 prime sponsors within the state, other state agencies, and for local public and non-profit agencies. This assistance enables these agencies to develop improved capabilities to plan, administer and deliver federal and state manpower training and employment programs."

The Governor's Manpower Office (GMO) coordinates and provides technical assistance to all Community Action Agencies (CAA's) and related poverty programs in Minnesota. Most of the funding allocated to Minnesota by Congress goes directly to the local agencies and requires matching state money.

AS OF OCTOBER 6, 1976

Fig. 3-31 Governor's Manpower
Office Organization



STATE STATUTORY AUTHORITY/RULES

The agency operates under an Executive Order of the Governor, so there are no statutory cites, or agency rules.

The main programs carried out by the Governor's Manpower Office are the following:

- Statewide Manpower Coordination Program. This program provides assistance to units of state and local government, and various public and non-profit agencies involved in planning, administering and providing Federal/state employment and training programs.
- Manpower Services Program. Federal funds made available under the CETA program support the provision of employment training and job opportunities for persons who are unemployed, underemployed, or economically disadvantaged. These services are provided through Comprehensive Employment Training Centers and program grants throughout the state. The development regions in which these services are provided are Regions 1, 6E, 6W, 7E, 8, 9, and 10.
- Economic Opportunity (Statewide) Program. This program assists local "community action agencies" (26) and "Head Start" (27) programs operating throughout the state in their efforts to help low-income persons and families become more socially and economically self-sufficient. (The areas in which these programs operate are identified on pgs. 199-201). This program also disburses emergency assistance funds for low-income families, and provides financial support for home energy conservation for low-income families.

PROGRAMS/ACTIVITIES AND OPERATIONS AFFECTING PERSONS HAVING A DD

- Head Start/Home Start. The Economic Opportunity and Community Partnership Act of 1974, also known as the Community Services Act (PL 93-644, Part A) provides funds for local agencies (Community Action Agencies, educational units) to carry out educational programs for disadvantaged pre-school children (including health, nutrition, career development and education for their parents). Head Start programs are provided usually at a central location; Homestart is home-based assistance. 90% of the children participating in a program must come from families with incomes below the poverty level; a minimum of 10% of the children served must have handicapping conditions. Ages served range from 3 to school-age (frequently, 6). Federal funding supports 75% of a program, with the remaining 25% coming from local resources.

In Minnesota (as of 1977), there are 27 Head Start programs operating, and they are all administratively linked to Community Action Agencies. The Governor's Manpower Office, in a sheet entitled, "Some Facts About Minnesota Head Start/Home Start Programs," indicates that approximately 4,050 children are enrolled in regular programs, and 1,160 are enrolled in Migrant and Indian Headstart programs. The Dept. of Public Welfare licenses Head Start programs under its "Rule 3" for group day care.

Fig. 3-38 Community Action Agencies

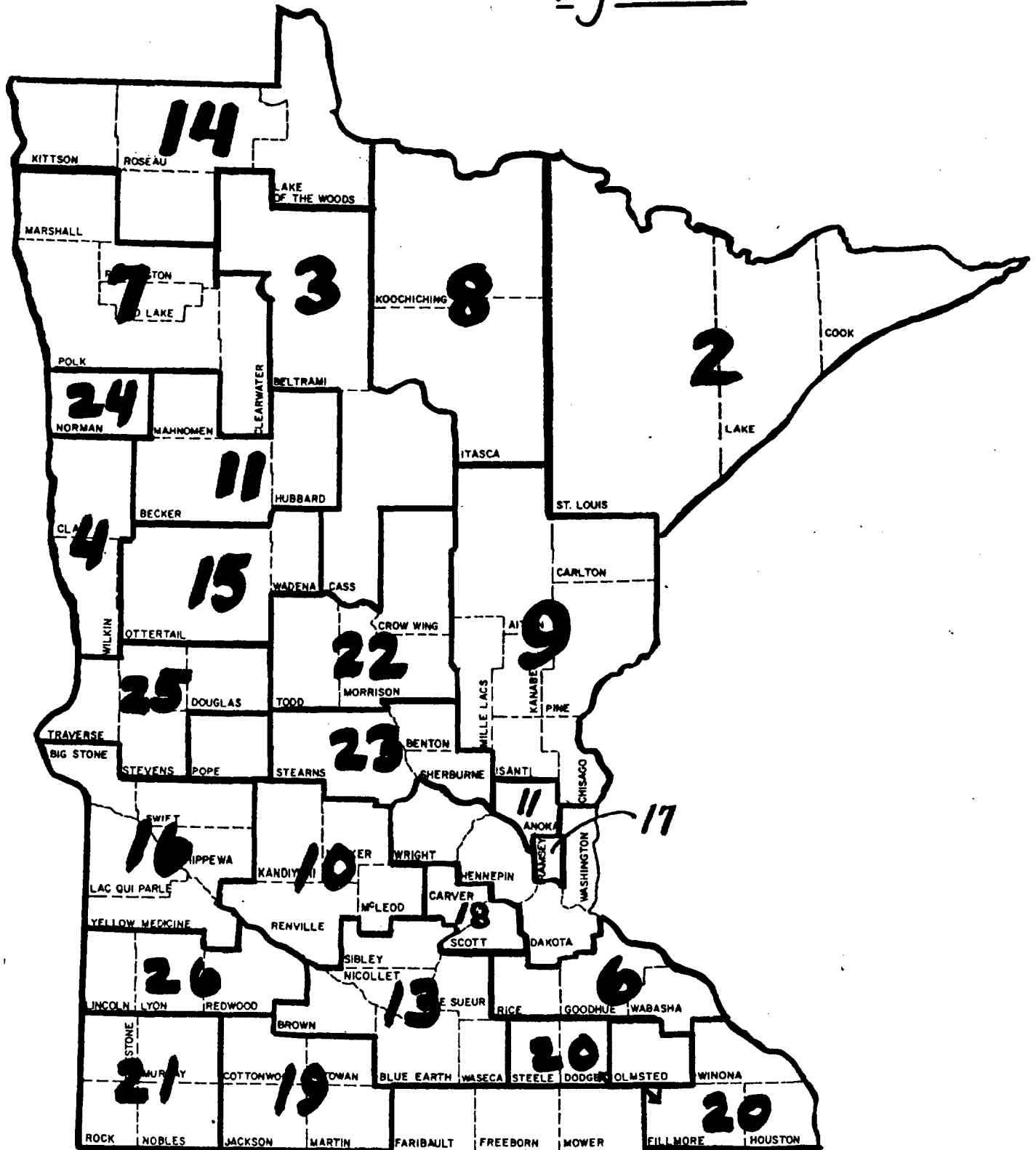
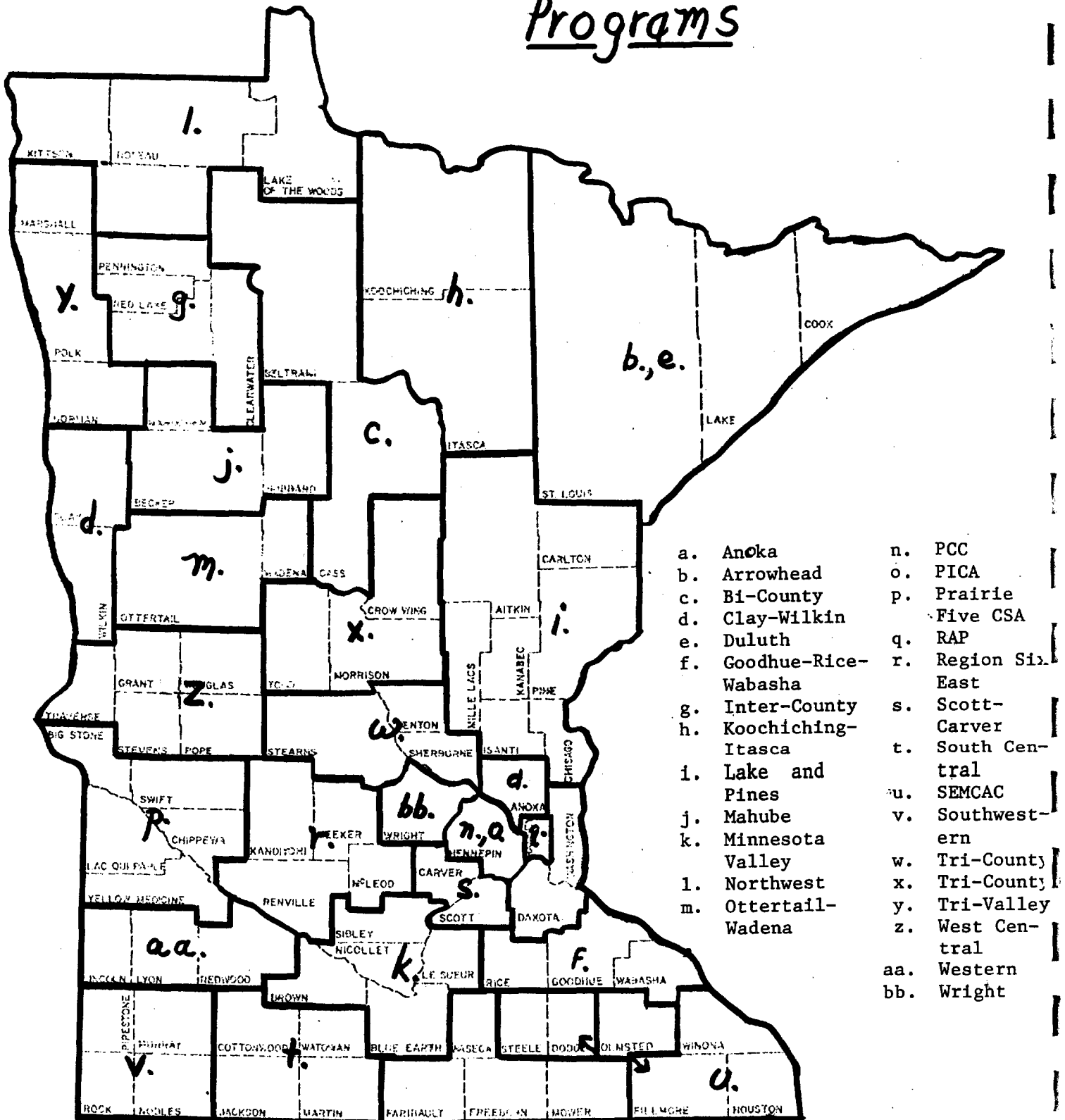


Fig. 3-39 Head Start
Programs



BUDGET AND PERSONNELFY 1976

Manpower Planning Coordination (Statewide)	\$ 1,059,855
Manpower Services	23,274,026
Economic Opportunity (Statewide)	2,417,954
General Support	<u>217,656</u>

TOTAL	\$26,969,491
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Sources

General	\$ 454,880
Federal	<u>26,514,611</u>

TOTAL	\$26,969,491
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Personnel

#

FY 1976

Unclassified	120.33	1,216,079
Management	-	-
A-Professional	1.00	8,743
B-Trades	-	-
C-Clerical	-	-
Other	-	<u>1,158,166</u>

TOTAL	121.33	\$ 2,382,988
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Budget and Personnel for Selected Programs/ActivitiesEconomic Opportunity (Statewide) ActivityFY'76

Personnel	\$ 466,986
Exp. & Contr. Serv.	141,545
Supplies & Materials	3,887
Equipment	250
Real Property	-
Debt Service	-
Claims, Grants, etc.	1,805,286
Other	<u>-</u>

TOTAL	\$ 2,417,954
-------	--------------

SourcesFY 1976

General	\$ 454,880
General-Dedicated	
Special Revenue	
Federal	1,963,074
Agency	
Revolving	
Other	<u>-</u>

TOTAL	\$ 2,417,954
-------	--------------

<u>Personnel</u>	<u>#</u>	<u>FY 1976</u>
Unclassified	39.21	\$ 466,986
Management		
A-Professional		
B-Service		
C-Clerical		
Other		
	<hr/>	<hr/>
TOTAL	39.21	\$ 466,986

AGENCY: HOUSING FINANCE AGENCY

PURPOSE/GENERAL CLIENTELE/ADMINISTRATION AND FUNCTIONAL (PROGRAM)
ORGANIZATION

As described in the 1978-79 Biennial Budget (p. E6901):

"The Minnesota Housing Finance Agency is charged to provide decent, safe and sanitary residential dwellings at prices and rentals which persons and families of low and moderate income can afford. The agency provides a variety of housing assistance options such as homeowner-ship, rehabilitation loans and grants and rental assistance for persons of low and moderate income."

"The Minnesota Housing Finance Agency was established to provide a source of low cost financing for the development, purchase, and improvement of housing for persons of low and moderate income. The agency coordinates and administers housing assistance programs of the federal government."

"Through the sale of tax exempt bonds the Minnesota Housing Finance Agency is able to provide below-market interest loans which decrease mortgage payments and, in developments financed by the Minnesota Housing Finance Agency, provide lower-rents."

"Since the agency began operation in 1973, 3,186 homes have been financed at interest rates of 6-3/4%, 8% and 8-1/4% through the Minnesota Housing Finance Agency Mortgage Loan Program. The agency has provided interim or permanent financing for over 2,900 apartment units currently occupied and 1,800 under construction. The Home Improvement Loan Program, which has only been in operation one year, has assisted 2,640 households."

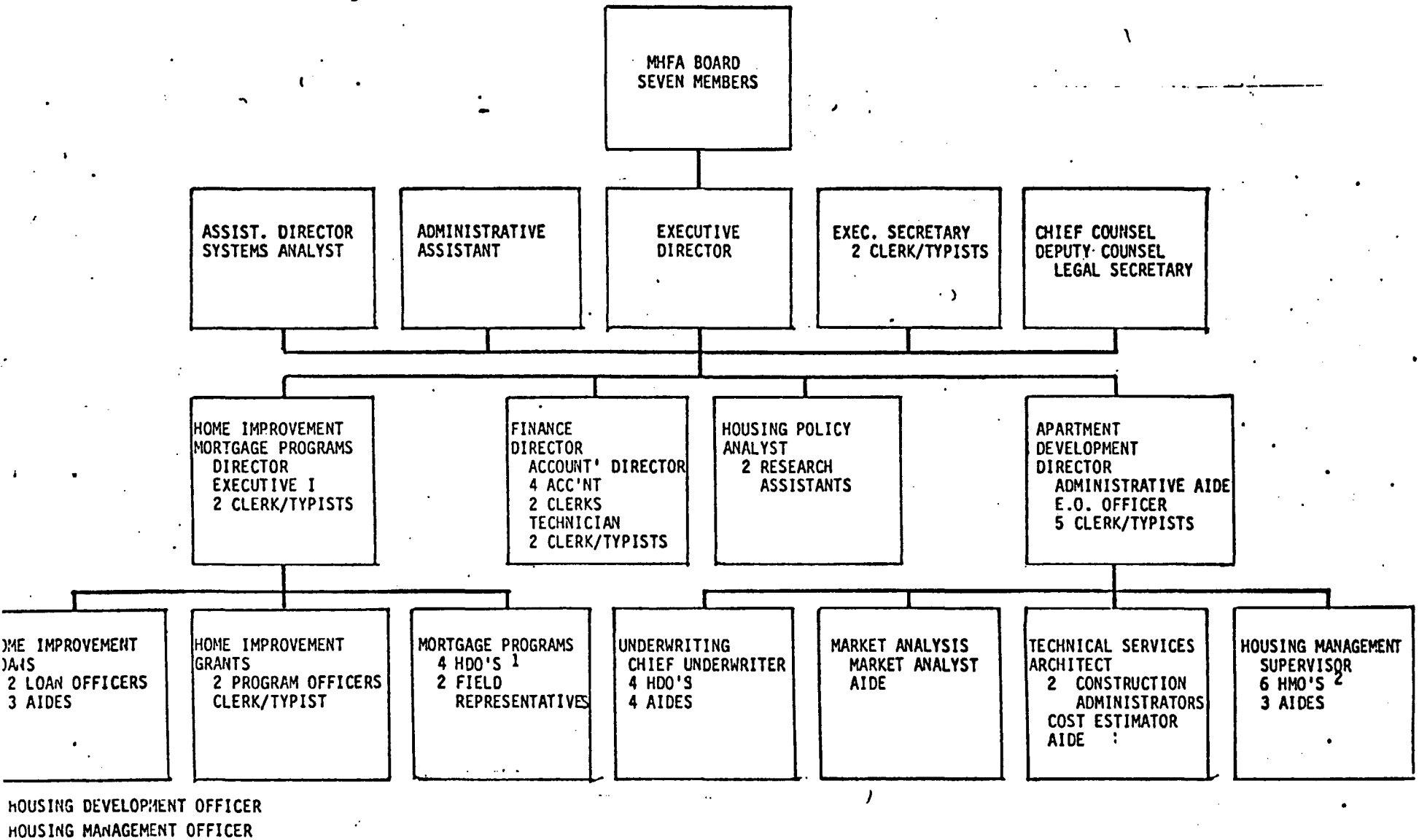
"The agency serves the housing needs of low and moderate income people with adjusted gross annual income under \$16,000 through its loan programs and people with adjusted gross annual income under \$5,000 through its grant program. Through the Federal Housing Assistance Program (Section 8), the agency is able to provide assistance to low income people to ensure that not more than 25% of their income goes toward rent."

"The needs of low and moderate income people in Minnesota for housing assistance has been projected at 194,000 households by 1985. The Minnesota Housing Finance Agency has set Home Improvement Loan and Grant Program goals of increasing available housing through new construction and of rehabilitating the projected 200,000 homes which are or will be in need of moderate to substantial rehabilitation by 1985."

"Clientele are affected by increasing the supply of housing, lowering rents and mortgage payments and improving the condition of existing housing."

Fig. 3-41

MINNESOTA HOUSING FINANCE AGENCY ORGANIZATION



STATE STATUTORY AUTHORITY/RULES AND REGULATIONSState Statutes

CHAPTER 462A

HOUSING FINANCE AGENCY LAW OF 1971

Sec.	Citation.	Sec.	
462A.01	Policy.	462A.14	Bonds and notes; nonliability of state.
462A.02	Policy.	462A.15	State pledge against impairment of contracts.
462A.03	Definitions.	462A.16	Default in payments; appointment of trustee.
462A.04	Housing finance agency.	462A.17	Powers and duties of trustee.
462A.05	Specific powers of the agency.	462A.18	Moneys of agency.
462A.06	General powers of the agency.	462A.19	Exemption from taxes.
462A.07	Additional powers and duties of the agency.	462A.20	Housing development fund; creation, sources.
462A.08	Bonds and notes; purposes, terms, approval.	462A.21	Housing development fund; advances, use repayment.
462A.09	Bonds and notes; resolutions authorizing, additional terms, sale.	462A.22	Bond fund.
462A.10	Bonds and notes; optional resolution and contract provisions.	462A.23	Commissioner of banks; duties.
462A.11	Pledges.	462A.24	Construction.
462A.12	Bonds and notes; nonliability of individuals.	462A.25	Appropriation.
462A.13	Bonds and notes; purchase and cancellation by agency.		

Rules and Regulations

Minnesota State Agency Regulations. Rules and Regulations of the Housing Finance Agency (1976). Rules 1-65.

PROGRAMS/ACTIVITIES AND OPERATIONS AFFECTING SERVICES FOR PERSONS
HAVING A DEVELOPMENTAL DISABILITY

The Housing Finance Agency has programs in the area of apartment financing and development, single-family and housing rehabilitation financing, general housing research, and activities related to managing the sale and retirement of agency bonds.

Housing Research Program efforts include:

- Statewide Housing Plan Activity: In an effort to coordinate the flow and impact of housing-related funds within Minnesota, the Housing Finance Agency has been working with the State Planning Agency/Office of Local and Urban Affairs, the U.S. Department of Agriculture's Farmers Home Administration program in the state, the U.S. Department of Housing and Urban Development's Area Office, local housing authorities and other related organizations to develop a rational system for allocating Federal and state resources for developing and improving the housing stock in Minnesota. Initial efforts have focused upon carrying out a "housing needs assessment" for the various economic development regions: estimating the demand for new units, rehabilitation of existing stock, and housing subsidy demands (primarily rent subsidies) projected for the next 10 years. This preliminary work forms the basis for a "housing assistance plan," which will be a comprehensive, coordinated policy guideline for priority investment of housing resources throughout the state.

One component of the initial needs assessment efforts is the identification of "special user" need within the "housing subsidy" estimates. The requirements for specialized financial supports for low-to-moderate income individuals (primarily elderly) has been projected into the initial needs assessment, and represents an important consideration in overall housing resource planning.

Apartment Financing Program activities include:

- Community-Based Residence Activity: In 1975, the Housing Finance Agency was given authorization to operate a program supporting the long-term mortgaging of certain types of residential options for persons having a developmental disability. Agency bonds could be used to a maximum of \$10,000,000 to finance the establishing of homelike residential facilities for ambulatory individuals. In 1976, the eligibility definition was expanded to include persons having a mental health problem, a chemical dependency or a physical disability. Program guidelines are being redrafted in order to include in consideration facilities proposing to serve persons not fully ambulatory. The program initially provided backing for only new construction/permanent mortgage financing (40-year period); however, program guidelines have been amended so that persons may seek funding to secure and rehabilitate existing units to alter architectural barriers.

At maximum, facilities may serve 16 individuals. Project applicants must meet with the agency's definition of eligible "sponsor," and only non-profit organizations may apply. Support for projects is provided by the Housing Finance Agency by its backing of bonds for the building and long-term financing of a project (100% replacement cost).

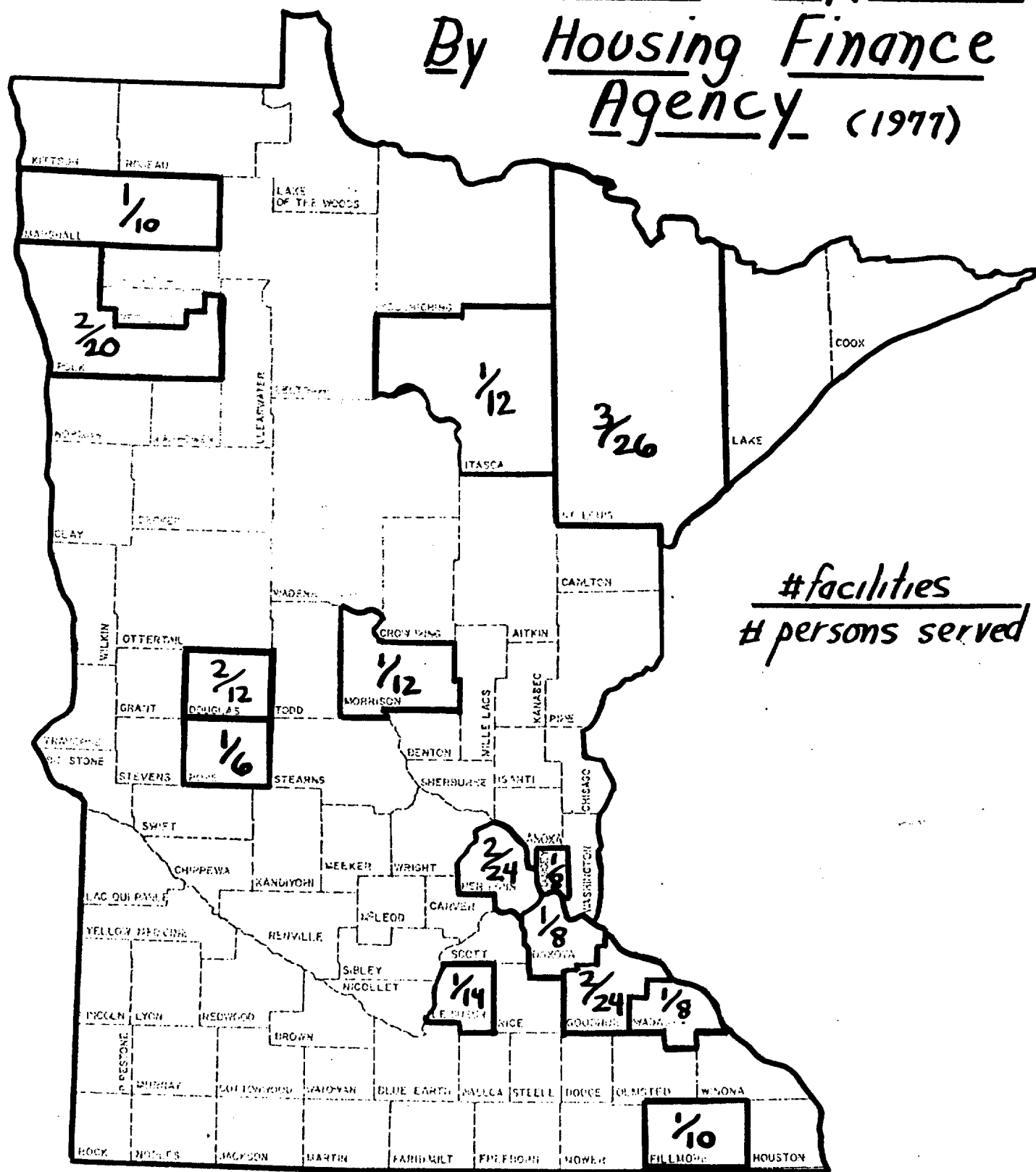
As of the beginning of 1977, 17 residences for persons having a developmental disability had been given HFA financial commitments from bonding sales. Three additional facilities have received tentative approval, and are awaiting the next agency bond sale for their support. Total mortgaging commitments for the 17 facilities is approximately \$1,814,800; commitments approved pending the next bond sale are approximately \$417,400. A map identifying project locations is presented on pg. 209.

BUDGET AND PERSONNEL

	<u>FY 1976</u>
Apartment Financing	\$38,331,946
Single-Family Financing	140,232
Housing Rehabilitation Financing	141,423
Housing Research	10,790
General Support	622,805
<u>Debt Reserve and Service</u>	<u>363,205</u>
 TOTAL	 \$39,610,401
 <u>Sources:</u>	 <u>FY 1976</u>
General	\$ 263,126
General (dedicated)	-
<u>Agency</u>	<u>39,347,275</u>
 TOTAL	 \$39,610,401

<u>Personnel</u>	<u>#</u>	<u>FY 1976</u>
Unclassified	6.00	\$ 112,016
Management	1.00	16,500
A-Professional	25.00	374,727
B-Trades		
C-Clerical	10.00	95,550
<u>Other</u>		<u>16,344</u>
TOTAL	42.00	\$ 615,137

Fig. 3-42 Community Residential
Facilities Supported
By Housing Finance
Agency (1977)



AGENCY: STATE COUNCIL FOR THE HANDICAPPED

PURPOSE/GENERAL CLIENTELE/ADMINISTRATIVE AND PROGRAM (FUNCTIONAL) ORGANIZATION

As stated in the Biennial Budget (p. E-3501)

"The Council exists to evaluate the effectiveness of services; to plan for services needed by at least 400,000 people with physical, mental or emotional disabilities in Minnesota; to inform the Governor, State Legislature, service providing agencies, employers and the public regarding handicapped needs and potentials; to advocate improvements in service coordination and delivery for people with disabilities; and to provide referral services."

The Council is composed of 30 members, 15 of whom must be handicapped or the parents/guardians of handicapped persons. Twenty members must represent the general public and ten service providers. Representatives of a number of state agencies providing services that affect persons having a handicap participate on the Council in an ex-officio capacity.

The Council has two standing committees: Children and Youth; and Employment and other Problems of Handicapped Adults. Task forces for F.Y. '76 - '77 included Job Placement Services, Service Delivery Structure, Transportation Policy, Criminal Justice, Annual Awards Program, Legislative Concerns, Affirmative Action in State Government, Access Minnesota, 1976 Governor's White House Conference on Handicapped Individuals, and Consumer Representatives on Boards and Committees. A number of policy statements/research documents have been developed as a result of committee/task force efforts.

Activities recently undertaken by the Council include,

- provision of information/referral services to persons seeking assistance
- publishing a quarterly newsletter, "Handicaptions "
- publishing, during the Legislative Session, a Weekly Bulletin which documents the status of proposed legislation of concern to persons with handicaps
- publishing a Transportation Policy Task Force report containing recommendations for improving transit/transportation services for persons having handicaps
- conducting three statewide conferences and one series of regional conferences designed to bring persons with handicaps, and other interested individuals, together to discuss the needs and potentials of persons with handicaps. The recommendations of the regional

conferences and the November, 1976 statewide conference were taken by Minnesota's delegates to the White House Conference on Handicapped Individuals in May, 1977

- conducted two "Access Minnesota" Conferences designed to inform architects, city planners and others concerned with building design/construction/renovation of design characteristics facilitating access by persons having impaired mobility. In addition, through initial funding by the Division of Vocational Rehabilitation and subsequent legislative support, an "Access Minnesota Project" was established. The intent of this project is to survey existing buildings for architectural barriers according to standards established by the Policy Board for the project, and award the international accessibility symbol for display as appropriate. To carry out this activity on a statewide basis, a number of citizen task forces have been established throughout the state.

A DD staff member serves in an ex-officio capacity on the Council and Regional DD staff and Council members participate in State Council for the Handicapped activities of a regional nature.

STATE STATUTORY AUTHORITY/RULES AND REGULATIONS

State Statutes

- MS 256.481 Handicapped Person; Definition
 .482 Council for the Handicapped (composition, responsibilities)
 .483 Transfer of Functions (from the Commission on Employment of Handicapped Person)

BUDGET AND PERSONNEL

	<u>FY'76</u>
Personnel	\$ 78,142
Expenditures and Contractual Services	59,440
Supplies and Materials	3,867
Equipment	4,199
Real Property	-
Debt Service	-
Claims, Grants	-
<u>Other</u>	-
Total	\$146,161

Sources

	<u>FY '76</u>
General	\$134,507
General (dedicated)	-
Special Revenue	-
Federal	10,294
Agency	1,360
Revolving	-
<u>Other</u>	-
Total	\$146,161

<u>Personnel</u>	<u>#</u>	<u>FY '76</u>
Unclassified	1.00	\$25,589
Management	1.00	21,792
Professional	-	
Service	-	
Clerical	1.75	18,917
<u>Other</u>	<u>-</u>	<u>11,844</u>
Total	3.75	\$78,142

AGENCY: STATE PLANNING AGENCYPURPOSE/CLIENTELE/ADMINISTRATIVE AND FUNCTIONAL (PROGRAM) ORGANIZATION

As outlined in the 1978-79 Biennial Budget (p. E-3201),

"The purpose of the State Planning Agency is to coordinate the management of the state's planning process, and to provide problem-solving assistance to the Governor and the Legislature. The agency's programs are designed to help the Governor and the Legislature analyze issues, formulate policy and develop programs; assist in the coordination of state activities and programs; provide planning and technical assistance to local and regional units; and provide a basic framework of data, projections, and future assumptions to guide the planning efforts of state agencies."

"The purpose of the State Planning Agency is accomplished through three programs. The first is State Planning and Development. The goal of this program is to provide for services to the executive and legislative branches of Minnesota state government to insure (1) effective policy formulation; (2) the preparation of a systematic strategy for state growth and development; (3) effective coordination of state programs and federal grants-in-aid; and (4) effective planning in other state agencies (by providing planning information and technical assistance)."

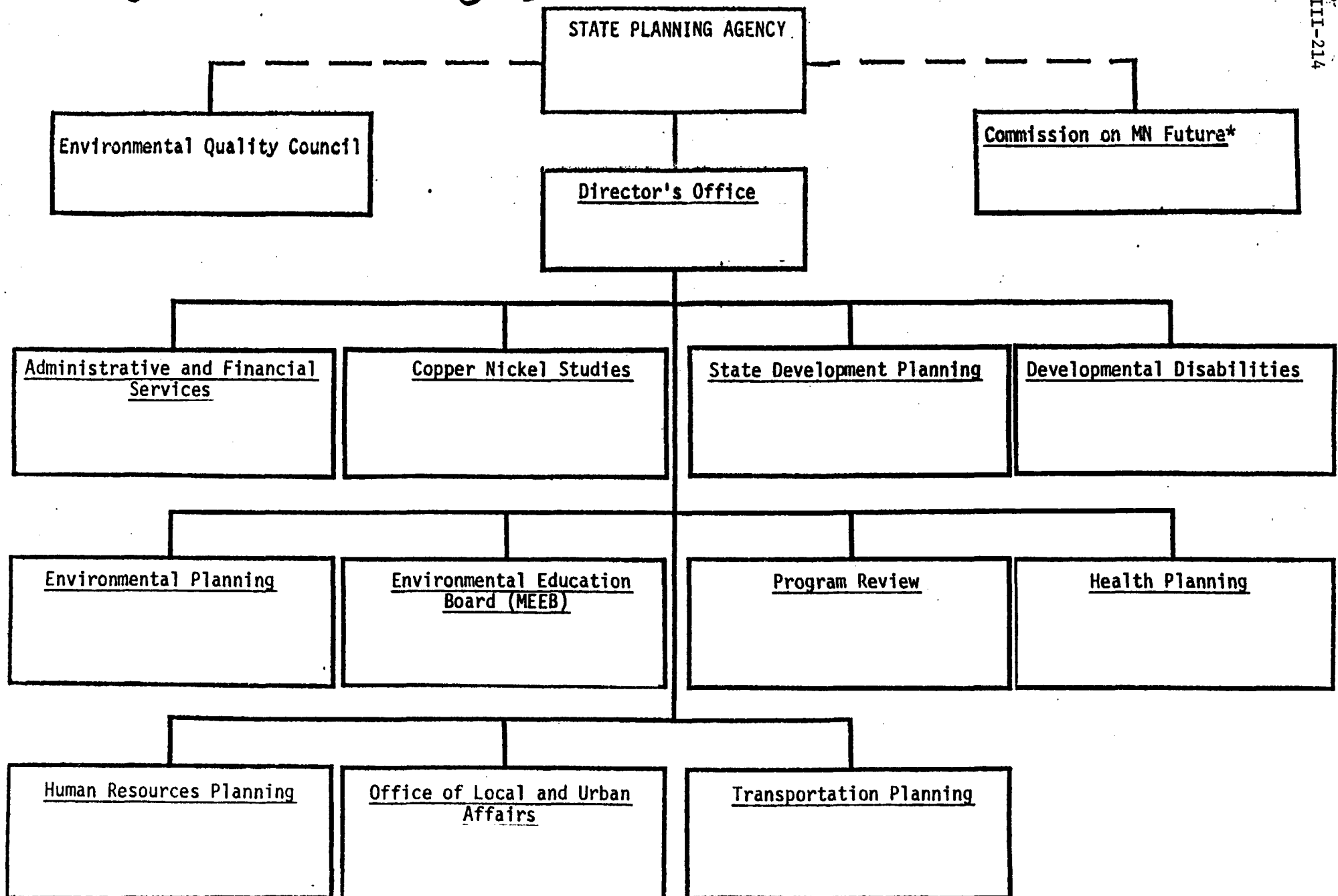
"The second program is to engage in comprehensive planning in several specific functional areas. The goal is to engage in a systematic planning process in the areas selected, identifying issues, gathering relevant information, and portraying alternative solutions. In several instances, the planning process is matched with a grant-in-aid program. Five functional areas are included: Comprehensive Health Planning, Developmental Disabilities Planning, Environmental Planning, Transportation Planning, and Human Resources Planning. In addition, the administration and other tasks of the Environmental Quality Council are included under this program."

"The third program is that of Regional and Local Planning and Management Assistance. The goal is to assist local governments and regional units to establish a competent planning capacity and to provide for assistance to improve their management capability and utilization of federal grants-in-aid. The agency achieves this goal through (1) providing both planning grants and planning technical assistance, particularly where a planning effort is required by federal grants-in-aid programs; (2) providing technical assistance to local and regional units in improved management practices and utilization of federal grants-in-aid; (3) providing training programs to improve skills of local government staff; and (4) providing assistance and grants to local units of government to acquire park and open space land and construct recreational facilities."

Fig. 3-43 State Planning Agency Organization

CURRENT AS OF October 22, 1976

III-214



"A fourth program is General Administration, which provides executive management, program guidance and administrative services to the activities of the State Planning Agency. The goal of this program is to provide executive and financial management to achieve effective internal decision-making and to insure the use of appropriate and sufficient resources and administrative techniques for successful completion of agency goals and objectives. The activities within this program include the operations of the director's office and the financial and administrative services section."

"The primary clientele of the agency are the Governor and members of the Legislature, other state agencies, and regional and local units of government."

STATE STATUTORY AUTHORITY/RULES AND REGULATIONS

Statutes (as of 1976) M.S. 4.10 - 4.30

- 4.10 Statewide Planning, Purpose
- 4.11 State Planning Agency; Creation and Organization
- 4.12 Powers and Duties
- 4.125 Population Estimates and Projections, Submission by State Agencies
- 4.13 Cooperative Contracts
- 4.15 Cooperation by State Departments and Agencies
- 4.16 Transfer of Certain Functions
- 4.17 Rules and Regulations
- 4.18 Recommendation as to Placement of New State Buildings
- 4.19 Consultant Contracts by State Agencies or Departments; Functions of State Planning Agency
- 4.26 Local Land Use Planning Grants
- 4.27 Administration
- 4.28 Eligibility
- 4.29 Regional Development Commission Review
- 4.30 Mandatory Transfer of Funds

Rules and Regulations

Minnesota Administrative Rules and Regulations. Rules and Regulations of the State Planning Agency. Various dates.

Rules 1-25 Rules of Procedure

Rules 201-210 Certificate of Need

PROGRAMS/ACTIVITIES AND OPERATIONS AFFECTING SERVICES FOR PERSONS HAVING A DEVELOPMENTAL DISABILITY

State Planning and Development Program

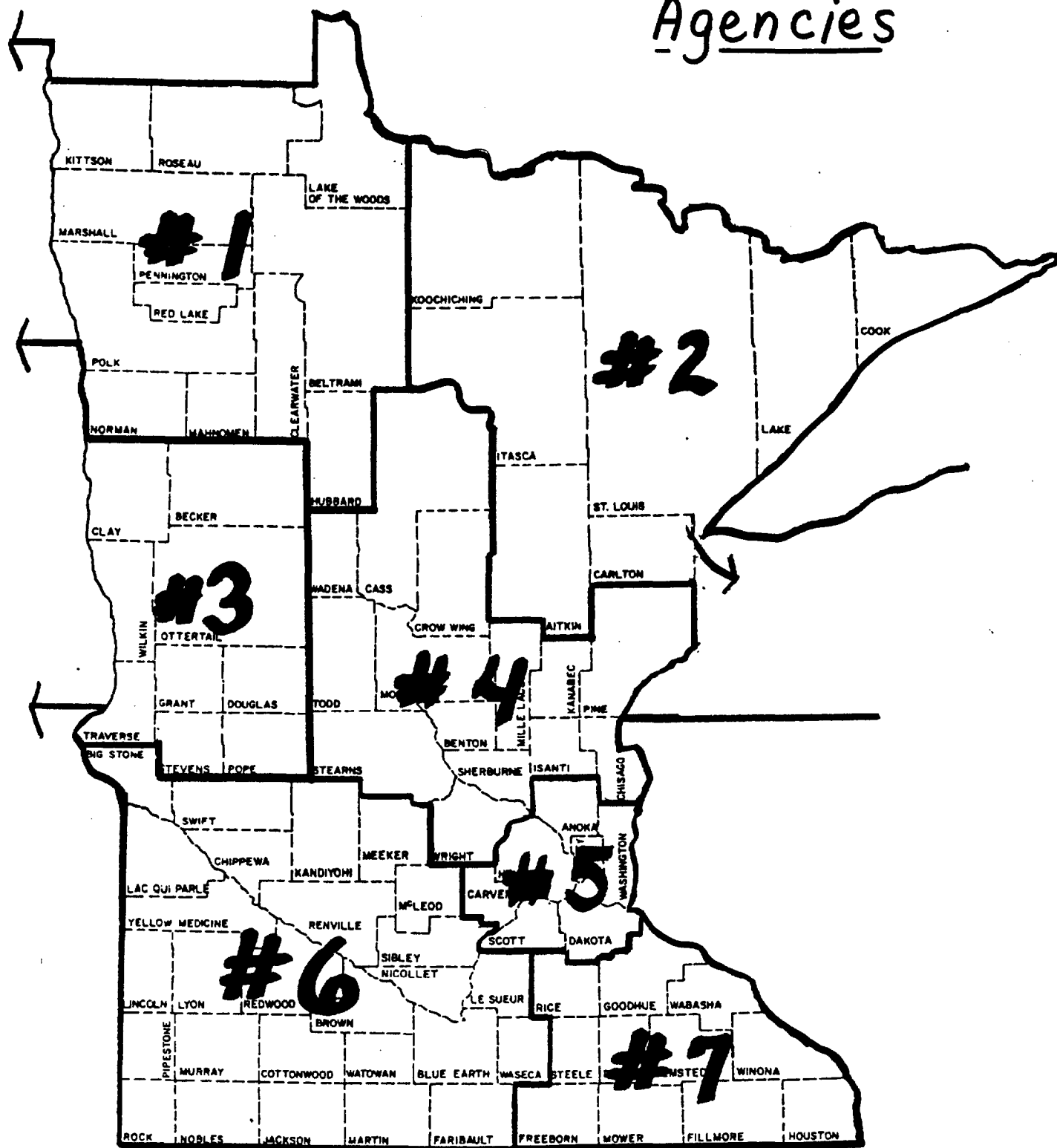
- Housing Studies Activity: A "Housing Allocation Plan" for Minnesota is being prepared through a cooperative effort with the Housing Finance Agency, regional development commissions and the U.S. Depts. of HUD and Agriculture/Farmer's Home Administration. This Plan will project the need for new and rehabilitated units in each region of the state. One component of the Plan addresses "Special user needs" -- of persons who are elderly and/or have handicapping conditions.

- State/Local/Regional Policy Development Activity: Issue area analysis is undertaken for, and in consultation with the Governor and Legislative leadership regarding state government relationship to regional and local governmental units, and regional/local structure and organization.
- Population Forecast Activity: The State Demographer is the official source of information regarding population estimates, projections, and analysis of selected characteristics.
- Program Review Activity: State Planning is responsible for reviewing programs (and their coordination) carried out by state agencies; and reviewing the use of Federal grant-in-aid funds by state/local governmental and non-governmental units. The Federal "A-95" review process is carried out under this activity.

Functional Area Planning Program

- Health Planning and Development Activity: The Comprehensive Health Planning Office is the "Health Planning and Development Agency" for Minnesota, established under the National Health Planning and Resource Development Act of 1974 (P.L. 93-641, amending Title XV, Parts B and C of the Public Health Services Act of 1921). This Federal legislative authorization succeeds P.L. 89-749, the Comprehensive Health Act. Among activities carried out by the office are:
 - . Coordination of the "Limitation on Federal Participation for Capital Expenditures" review program, known as the "1122" review program (Social Security Act Title XI, Section 1122 as amended by Section 221 of P.L. 92-603; 42USC 1320a-1). This program reviews expenditures proposed under certain Social Security Titles, among them Title XIX, which supports development in Minnesota of many community-based residential facilities for persons having a developmental disability.
 - . Coordination of a similar state program known as the "certificate of need" review process. This review affects funding proposals for development/utilization of various types of health facilities and resources, such as construction/addition to hospitals, nursing homes, board and care homes; acquisition of certain capital equipment.
 - . Establishing regional "Health Systems Agencies," as required, under the National Health Planning and Resource Development Act, and providing them with technical assistance as they prepare regional health plans. H.S.A. boundaries are identified on page 217.

Fig 3-44 Health
Systems
Agencies



- . Assisting, and providing staff support to the statewide Health Coordinating Council, as required under the Act.
- . Preparing plans for even distribution of health facilities and personnel throughout the state.
- Developmental Disabilities Activity: (as outlined throughout this document
- Human Resources Planning Activity: The Human Resources Planning Office analyzes issue areas dealing with organization, planning and management of human services. It undertakes studies for other state agencies involved in various aspects of service development/delivery, and for the Governor and Legislature. Major recent projects have dealt with family and child development services, the creation/organization/operation of "human service boards," school enrollment trends, needs assessment in human service planning, organization/reorganization of human service delivery.

Regional and Local Planning and Management Assistance Program

- Regional Assistance Activity: Units of local government are assisted in managing issues of regional concern by the operation of a statewide regional planning and development program. Regional development commissions are sub-state planning/service coordination units that carry out the 1969 Regional Development Act of Minnesota. RDC's carry out broad policy planning efforts in areas such as physical development, economic development, environmental quality and resource development, housing, human resources, transportation, local government assistance. The Commission that guides RDC efforts is comprised of local elected officials. RDC boundaries are identified on page 219.
- Planning Assistance Grants Activity: Grants under the State's Regional Development Act or the U.S. Housing Act of 1954 (as amended)/Section 701 are awarded to eligible organizations (regional and local units of government).

BUDGET AND PERSONNEL

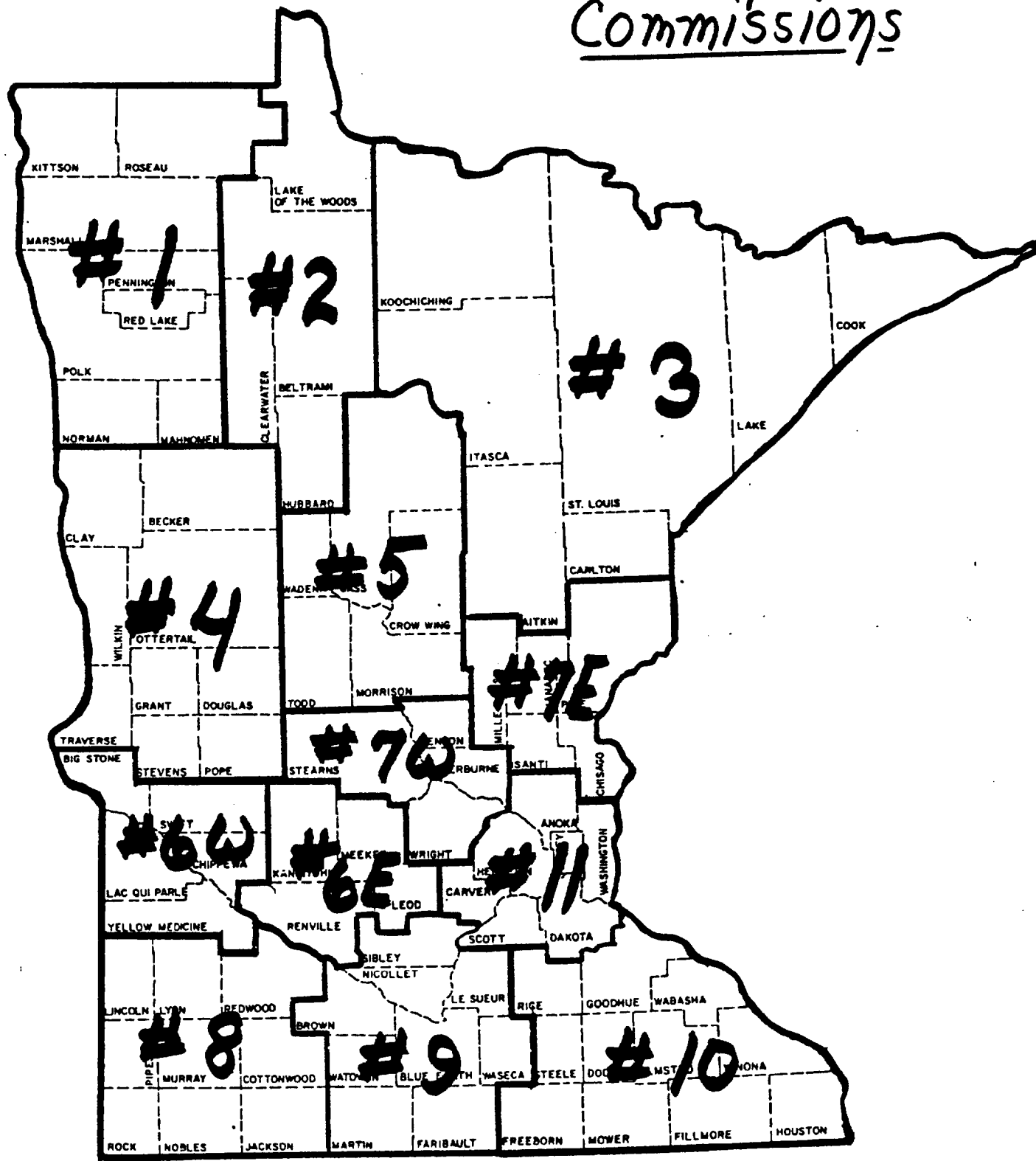
State Planning Agency Programs

FY '76

- State Planning and Development	\$ 506,076
- Functional Area Planning	3,304,830
- Local/Regional Assistance	7,514,135
- General Administration	306,087
Total	\$11,631,128

Fig 3-45

Regional Development Commissions



Sources

General	\$ 7,473,952
General (dedicated)	-
Special Revenue	346
Federal	3,275,439
Agency	6,597
Revolving	446,800
Other	427,994
Total	\$11,631,128

<u>Personnel</u>	<u>#</u>	<u>FY'76</u>
Unclassified	45.00	\$ 518,428
Management	7.45	191,764
Professional	71.10	1,064,644
Trades	-	-
Clerical	30.51	263,684
Other	1.00	169,439
Total	155.06	\$ 2,207,959

Budget and Personnel for Selected Program ActivitiesActivity: Health Planning and Development

	<u>FY'76</u>
Personnel	\$ 125,581
Expenditures and Contractual Services	20,142
Supplies and Materials	1,165
Equipment	1,079
Real Property	
Debt Service	
Claims, Grants	113,692
Other	10,822
Total	\$ 272,481

Sources:

	<u>FY'76</u>
General	\$ 89,945
General (dedicated)	-
Special Revenue	-
Federal	182,536
Agency	-
Revolving	-
Other	-
Total	\$ 272,481

<u>Personnel</u>	<u>#</u>	<u>FY'76</u>
Unclassified	-	\$ -
Management	1.00	32,376
Professional	6.00	76,683
Trades	-	-
Clerical	2.00	16,522
Other	-	-
Total	9.00	\$ 125,581

Activity: Developmental Disabilities

	<u>FY'76</u>
Personnel	\$ 131,808
Expenditures and Contractual Services	35,710
Supplies and Materials	789
Equipment	22,271
Real Property	660
Debt Service	-
Claims, Grants	354,858
<u>Other</u>	<u>7,959</u>
Total	\$ 534,055

<u>Sources</u>	<u>FY'76</u>
General	\$ 93,688
General (dedicated)	-
Special Revenue	-
Federal	440,367
Agency	-
Revolving	-
<u>Other</u>	<u>-</u>
Total	\$ 534,055

<u>Personnel</u>	<u>#</u>	<u>FY'76</u>
Unclassified	1.00	\$ 14,756
Management	-	-
Professional	5.00	92,301
Trades	-	-
Clerical	2.51	24,751
<u>Other</u>	<u>-</u>	<u>-</u>
Total	8.51	\$ 131,808

SECTION IV: DEVELOPMENTAL DISABILITIES PROGRAM GAPS

"This Section of the State Plan for services to the developmentally disabled contains an assessment of the gaps in service to the developmentally disabled population and a service-by-service summary of the network capability to address the estimated needs of the DD population. Section IV also contains an identification and description of special needs and gaps in DD program operations in the state."

4.1. SUMMARY OF MAJOR GAPS IN SERVICE4.2. DIRECT SERVICE GAPS4.3. SUPPORT SERVICE GAPS

Part of this section is to project estimates of "gaps" in the provision of a range of services for persons having a developmental disability; such projections are to be developed from data regarding service utilization, availability and unavailability. Such data is at present not available, for reasons highlighted in Section III and more fully in Section VI. Consequently, 4.1 to 4.3 will not be completed.

4.4 SPECIAL NEEDS IN THE DD PROGRAM AND SERVICE NETWORK

This part of Section IV is to identify activities related to national, state and DD Planning Council program goal areas/needs.

A summary of state trends directed toward the national goal area of "deinstitutionalization" will be highlighted herein, as will the FY '78 work program's special study of the status of screening/diagnosis/assessment services within the state (also a national priority area). Efforts directed toward the national goal area of protection and advocacy will not be outlined within this document, but within the Minnesota Plan for the Protection of the Individual Rights of and Advocacy for Persons with Developmental Disabilities Under the Developmental Disabilities Services and Facilities Construction Act, as Amended by Section 113 of P.L. 94-103 for FY '78 (available from the DD Planning Office of the Minnesota State Planning Agency). Identification of special state service program needs is conditional upon data gathering and analysis to be undertaken in the FY '78 work program. No special needs of the DD Council are identified.

Deinstitutionalization Trends

The trend toward "deinstitutionalization" of persons in Minnesota residing in a variety of state long-term care facilities (primarily, institutions for persons having mental retardation or mental illness) has been both definite and pronounced within approximately the last two decades. As treatment and care resources have been developed to assist individuals moving into community settings, state facility populations have substantially declined. In historical perspective, records of the Dept. of Public Welfare (such as the statistical monograph, "Minnesota State Public Welfare Institutions and Retardation Guardianship Services," published monthly until mid-1976) show that from the end of FY 1870 to FY 1970 on a decade basis, the resident population of state hospitals for the retarded has been:

<u>F.Y.</u>	<u>NO. OF PERSONS</u>	<u>F.Y.</u>	<u>NO. OF PERSONS</u>
1870	---	1930	2,306
1880	21	1940	3,623
1890	301	1950	4,412
1900	721	1960	6,008
1910	1,231	1970	4,589
1920	1,742		

TABLE 4-1a
SUMMARY OF POTENTIAL DD AVAILABILITY, DD UTILIZATION AND
UTILIZATION GAPS IN DIRECT SERVICES FOR PLAN YEAR

(DDSP 4.1.1)

GEOGRAPHIC SUBDIVISION 1	DIRECT SERVICES										
	RESIDENTIAL SERVICES		DAY PROGRAMS							EMPLOYMENT	
			PRE-SCHOOL		SCHOOL AGE			ADULT			
	Domiciliary Care 2	Special Living Arrang. 3	Day Care 4	Education/ Training 5	Day Care 6	Education 7	Training 8	Day Care 9	Education/ Training 10	Sheltered 11	Other 12
ESTIMATED DD AVAIL.											
ESTIMATED DD UTILIZ.											
DD UTILIZATION GAP											
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ESTIMATED DD UTILIZ.											
DD UTILIZATION GAP											

NOT PROVIDED AT PRESENT

NOT PROVIDED AT PRESENT

TABLE 4-1b
SUMMARY OF POTENTIAL DD AVAILABILITY, DD UTILIZATION AND
UTILIZATION GAPS IN SUPPORT SERVICES FOR PLAN YEAR

(DDSP 4.1.1)

IV-4

GEOGRAPHIC SUBDIVISION 1	SUPPORT SERVICE											
	IDENTIFICATION			CASE MANAGEMENT			TREATMENT			FAMILY/PROGRAM SUPPORT		
	Diagnostic 2	Evaluation 3	Information & Referral 4	Counseling 5	Protective Social- Legal 6	Follow- Along 7	Medical 8	Dental 9	OT,PT,SP, &H other Special, 10	Recreation 11	Personal Care 12	Transport- ation 13
ESTIMATED DD AVAIL.												
ESTIMATED DD UTILIZ.												
DD UTILIZATION GAP												
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DD UTILIZATION GAP												

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TABLE 4-2a
SUMMARY OF DD SERVICE POPULATION, POTENTIAL DD AVAILABILITY & SERVICE GAPS
IN DIRECT SERVICES FOR PLAN YEAR

(DDSP 4.1.2)

GEOGRAPHIC SUBDIVISION 1	DIRECT SERVICES										
	RESIDENTIAL SERVICES		DAY PROGRAMS						EMPLOYMENT		
			PRE-SCHOOL		SCHOOL AGE			ADULT			
	Domiciliary Care 2	Special Living Arrang. 3	Day Care 4	Education/ Training 5	Day Care 6	Education 7	Training 8	Day Care 9	Education/ Training 10	Sheltered 11	Other 12
ESTIMATED SERVICE POP.											
ESTIMATED DD AVAIL.											
DD SERVICE GAP											
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DD SERVICE GAP											
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ESTIMATED SERVICE POP.											
ESTIMATED DD AVAIL.											
DD SERVICE GAP											

NOT PROVIDED AT PRESENT

NOT PROVIDED AT PRESENT

TABLE 4-2b
SUMMARY OF DD SERVICE POPULATION, POTENTIAL DD AVAILABILITY & SERVICE GAPS
IN SUPPORT SERVICES FOR PLAN YEAR

(DDSP 4.1.2)

GEOGRAPHIC SUBDIVISION 1	SUPPORT SERVICE											
	IDENTIFICATION			CASE MANAGEMENT			TREATMENT			FAMILY / PROGRAM SUPPORT		
	Diagnostic 2	Evaluation 3	Information & Referral 4	Counseling 5	Protective Social Socio- Legal 6	Follow- Along 7	Medical 8	Dental 9	OT, PT, SP & other Special 10	Recreation 11	Personal Care 12	Transpor- tation 13
ESTIMATED SERVICE POP.												
ESTIMATED DD AVAIL.												
DD SERVICE GAP												
ESTIMATED SERVICE POP.												
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ESTIMATED DD AVAIL.												
DD SERVICE GAP												

NOT PROVIDED AT PRESENT

NOT PROVIDED AT PRESENT

TABLE 4-3

(Type of Service) GAPS IN THE DEVELOPMENTAL DISABILITIES SERVICE NETWORK

(Type of Service)

NOT PROVIDED AT PRESENT

The resident population reached its peak in the early 1960's, when approximately 6,500 persons were living in state hospitals. From that time to the present, there has been a generally steady and continued overall decline. From the end of FY 1970 to the end of FY '76, population figures for the state hospitals for the retarded were:

<u>Facility</u>	<u>1970</u>	<u>1971</u>	<u>1972</u>	<u>1973</u>	<u>1974</u>	<u>1975</u>	<u>1976</u>
Brainerd	985	846	754	688	565	563	541
Cambridge	1086	939	862	795	708	647	625
Faribault	1705	1572	1534	1357	1169	1060	991
Fergus Falls	173	264	312	328	312	299	301
Hastings	67	60	28	49	58	43	--
Minn. Learning Center	28	72	68	73	52	51	37
Minn. Valley Social Adaptation Center	391	375	372	353	293	291	266
Moose Lake	28	63	64	69	169	154	151
Rochester Social Adaptation Center	20	99	95	171	177	171	160
Willmar	--	--	30	33	167	172	184
TOTAL	4589	4378	4186	3994	3746	3517	3256

(Source: DPW "Monthly Statistical Report," June, 1976)

In terms of a generalized age distribution of persons residing in state facilities for the retarded (done for January, 1976):

<u>FACILITY</u>	<u>TOTAL</u>	<u>UNDER</u>					<u>MEDIAN</u>
		<u>18</u>	<u>18-34</u>	<u>35-54</u>	<u>55-64</u>	<u>65+</u>	
Brainerd	550	24	40	26	6	3	26.9
Cambridge	634	22	63	13	2	--	21.9
Faribault	1047	18	52	22	5	3	28.6
Fergus Falls	295	8	51	28	9	2	31.2
Hastings	--	--	--	--	--	--	--
M.L.C.	35	89	11	--	--	--	15.7
M.V.S.A.C.	288	7	53	32	6	1	31.0
Moose Lake	148	1	47	40	8	4	36.7
R.S.A.C.	166	22	67	15	--	--	32.1
Willmar	164	20	53	22	5	1	30.1
TOTAL	3387	18%	53%	22%	5%	2%	26.8

(Source: "DPW Monthly Statistical Report," January, 1976)

The Department of Public Welfare undertook a study in 1975 directed at gathering comparative data on institutions, populations and staffing patterns for the publicly-operated institutions for the mentally retarded within the states in the 8th Federal Court Circuit (also included were Illinois, Michigan and Wisconsin). This report presented an array of profile characteristics of the facilities, staff and residents. ICF-MR standards (which subdivide levels of functional ability into degrees of supervision required) were used to characterize the present resident population. Of an approximate total of 3,400 residents, functional ability was identified as follows:

<u>NO. OF RESIDENTS</u>	<u>CATEGORY</u>
3,118 (92%)	Group A - children under six; severely/profoundly handicapped; severely physically handicapped; residents who are aggressive/assaultive
118 (4%)	Group B - individuals who are retarded who need developmental training
164 (5%)	Group C - residents in vocational training and/or adults in sheltered employment

(Source: A Study of Midwest Institutions for the Mentally Retarded)

Categorizations of hospital residents using assessment scales such as the "Adaptive Behavior Scale" and the "Minnesota Developmental Programming System" has provided more highly refined data on characteristics of functional ability; in general terms, though, all these assessments show that nearly all the individuals residing in state hospitals have substantial involvement with retardation, frequently accompanied by multiple handicaps. The question of "inappropriate" versus "appropriate" placement, then, for persons currently in state facilities who require both intensive and long-term assistance is at present being addressed in Minnesota. This issue can generally be equated with the question of what role and function state hospitals should occupy in the continuum of care; and the issue also involves the availability of community resources to serve persons having more severe and substantial handicaps. (Projections of the need for a range of resources--residential and day activity, for example--hinge in part on such considerations.)

In mid-1976, the Dept. of Public Welfare began using a computerized record system, known as the "Patient-Oriented Information System," for keeping data on persons receiving services in all state hospitals. Records on movement of persons having retardation receiving services from the state hospitals were obtained for the period July 1, 1976 to June 30, 1977. These records are formatted in a manner that will permit identification of entirely new admissions (and source), prior admissions, inter-hospital transfers and transfers to the acute medical hospital at the Rochester Hospital, discharges to the community (and source), deaths. Entries are explained as follows:

1. CAPACITY figures for Health, and Welfare Department licensure and intermediate care facility certification are from 1977 records of the respective agencies. Health licenses are either for Supervised Living Facilities (SLF), Mental Hospital (M - where the hospital may have a component serving persons having mental health problems), or Other (O - a miscellaneous category).

2. AVERAGE DAILY CENSUS figures for June 1976 are from the Monthly Statistical Report of the Dept. of Public Welfare, June 1976.

3. NEW ADMISSIONS are obtained from POIS records showing persons having no prior admissions, coming from the community or care facilities other than state hospitals. In other words, figures for inter-hospital transfers were not included; such an adjustment should accurately portray persons first coming into a state hospital. This figure may be inflated, for records with no coding as to admission status or other clarifying data were taken to represent a new admission.

4. PRIOR ADMISSIONS are obtained from POIS records showing persons coming into a facility from the community or a care facility other than a state hospital, BUT NOT ON AN INTER-HOSPITAL TRANSFER BASIS. This again should more accurately represent persons who have previously been in a state hospital, but not in the immediate past.

5. MOVEMENT BETWEEN HOSPITALS indicates POIS records for inter-hospital transfers and for persons being transferred to the acute hospital at Rochester. The "A" designations are from admission records, the "D" designations are from discharge records.

6. DISCHARGES are obtained from POIS records showing persons leaving a hospital and going into the community or a care facility, BUT NOT BACK TO A STATE HOSPITAL. These records should show under Movement Between Hospitals.

7. DEATHS are obtained from the POIS records.

8. AVERAGE DAILY CENSUS is obtained from POIS records.

Caution should be exercised in interpreting the Prior Admission and Discharge figures for various reasons; for example, both sets of totals may be inflated in terms of persons either coming into the facility for a short time, or leaving for a short period and then returning; such would be the case for respite care episodes either in the hospital or in the community.

Table 4.4 is an adaptation of the one required in the guidelines. Population changes are shown only for persons in state hospitals, and only for persons receiving assistance from hospitals for persons having retardation. In terms of data on other institutions -- primarily nursing and boarding care homes -- the Dept. of Health has records regarding the status of persons residing in nursing facilities receiving reimbursement under Title XIX Medicaid, in a system known as the "Minnesota Periodic Medical Review," or MPMR. Data from these medically-oriented evaluations can have some utility in attempting to identify persons having a developmental disability residing in these facilities. In 1975, for example, an evaluation was done for the Dept. of Public Welfare entitled Mentally Retarded Persons Reported to be in Non-MR Residential Placement in Minnesota that undertook just such a review.

After reviewing these records and identifying persons having retardation who were placed in these facilities, the report recommended ways that this data base could be adapted for use in the future to identify and evaluate placements. As described in Section VI, one DD Council work program objective

TABLE 4.4 DEINSTITUTIONALIZATION DATA 1976-77

State Hospital (Location)	Capacity ¹			Population Movement, July 1, 1976-June 30, 1977						
	Health Licensure	Welfare Licensure (Rule 34)	Federal Certification (ICF-MR)	Average Daily Census (June 1976) ²	New Admissions ³	Prior Admissions ⁴	Movement Between Hospitals ⁵	Discharges ⁶	Deaths ⁷	Average Daily Census (June 1977) ⁸
Brainerd (Brainerd) (Minnesota Learning Center also located here)	799 (SLF)	660	799	574	89	36	44(A), 50(D)	146	7	488
Cambridge (Cambridge)	660 (SLF)	662	660	613	16	16	31(A), 43(D)	56	11	590
Faribault (Faribault)	1025 (SLF)	1036	1025	972	13	8	112(A,D)	101	18	875
Fergus Falls (Fergus Falls)	332 (O)	300	316	297	21	13	56(A), 53(D)	35	4	282
Hastings (Hastings)	137 (M)	1	-	1	1	-	-	1	-	1
Moose Lake (Moose Lake)	207 (M)	172	-	148	4	1	25(A), 17(D)	17	4	133
Minnesota Valley Social Adaptation Center (St. Peter State Hospi- tal, St. Peter)	270 (O)	270	318	262	4	3	1(A), 2(D)	55	2	218
Rochester Social Adaptation Center (Rochester State Hospital, Rochester)	200 (SLF)	270	160 (plus 40 ICF-G)	161	7	4	68(A), 71(D)	27	-	150
Willmar (Willmar)	613 (M)	209	223	183	23	16	5(A), 2(D)	61	1	169

for FY '78 is to clarify state policies regarding "inappropriate placement" for persons having a developmental disability in all types of facilities --state hospitals, nursing homes, community-based residential facilities. Efforts by the Dept. of Public Welfare to assess appropriateness of placement for persons having retardation will be followed up and be augmented by an evaluation of updated MPMR data on persons having a developmental disability other than retardation. These materials will be used in conjunction with related materials from other sources for preparing the report.

Status of Prevention and Early Intervention Services

The regulations for the DD program identify certain types of services to which state plans must give particular attention and emphasis. Provision of "early screening, diagnosis and evaluation" services is one area singled out for very special attention. In Minnesota at present there are a large number of groups involved in providing prevention, screening, early intervention services. Examples would include:

- "Early Periodic Screening Diagnosis Treatment" (EPSDT) program administered on behalf of persons under 21 who are eligible under the Social Security Medicaid program (DPW and the Dept. of Health); general "Early Periodic Screening" programs administered by the Department of Health.
- Head Start and Home Start programs for pre-school children (DPW).
- Screening/diagnosis activities under the recently-promulgated DPW Rule 185 (individualized assessment/program planning).
- Council on Quality Education early childhood and family education programs (from a special legislative appropriation).
- Public schools (with particular emphasis on identifying handicapping conditions in children younger than school-age, under the Federal Education for the Handicapped Act, and other state programs).
- Vision/hearing screening programs through the Dept. of Health.
- Various programs under the Maternal and Child Health Act (Crippled Children's Services, genetic counseling).
- Private and specialized programs (such as the Minnesota Medical Association/Minnesota Society for the Prevention of Blindness Pre-School Medical Survey of Vision and Hearing, Minnesota Lung Association, ongoing services of various clinics and private practices).

The issue of availability of services is one concern, and can be addressed through survey efforts and review of program adminis-

tration activities. The issue of coordination of the services that are available in Minnesota is a further concern, one that has received attention from a number of groups in the recent past. For example, the Minnesota State Council for the Handicapped has a standing Committee on Children and Youth. In 1975, a Committee Task Force on Early Intervention was set up, with the original charge to focus on whether poor or minority children were adequately represented in pre-school programs for individuals having handicaps. This charge was subsequently expanded to encompass three broad issue areas: 1) to obtain basic information about the population of pre-school children having handicapping conditions; 2) to assess whether poor and minority children have equal access to programs serving preschoolers having handicaps; 3) to review guidelines and regulations related to programs serving preschoolers having handicapping conditions. The report prepared by the Task Force, entitled Who Serves the Handicapped PreSchool Child?, made major recommendations dealing with the lack of overall coordination of screening/diagnostic services in the state.

In reviewing the availability of, and coordination among programs providing prevention/early screening/diagnosis/evaluation services within Minnesota, the impact that the state's Community Health Services Act (passed in 1976) may have had is also timely to consider. This Act provided planning grants to county/multi-county units for identifying local health services, and how they interact with the provision of other human services in the planning unit. Since certain screening programs are administered on a county/multi-county basis, there would be some attention given in Community Health Service plans to the issue of availability and coordination of prevention/screening/diagnosis/evaluation services.

The FY '77 State Plan contained two directly-related special study areas. One was for undertaking an evaluation effort "to assess the scope and quality of screening/diagnosis/treatment services being provided throughout the state, and make recommendations on how these services can be administratively improved and adequately funded" (page 73 of the Plan). A second area dealt with a follow-up of activities initiated by the State Planning Agency's Child Development Planning Project, subsequently pursued by the Governor's Inter-Agency Committee on Young Children and Their Families and the "Child Development Coalition." Because state plans are required to give special attention to the provision and coordination of prevention/early screening/diagnosis and evaluation services for persons having a developmental disability, the State Council work program for FY '78 contains a goal area that will study the present status of these services in Minnesota (See Section VI).

SECTION V: DEVELOPMENTAL DISABILITIES STATE PLANNING COUNCIL ACTIVITIES

"This Section contains a description of the focus and general content of the activities of the Developmental Disabilities Planning Council in Minnesota. This Section also includes information on the organization and functions of the Council."

STATE Minnesota
FY ENDING '78

TABLE 5-1a
COMPOSITION OF THE STATE PLANNING COUNCIL

(DDSP 5.1.1)
N-21

A. REPRESENTATION OF PRINCIPAL STATE AGENCIES			
NAME & ADDRESS OF STATE AGENCY 3	FEDERALLY ASSISTED PROGRAM 1	NAME & POSITION OF MEMBER 2	PERIOD OF APPOINTMENT 4
Dept. of Public Welfare Centennial Office Bldg. St. Paul	Public Assistance Medical Assistance Social Services Institutional MR Services Mental Health	-Edward Constantine, Bureau of Community Services, (Director, Community Programs)	Permanent
		-Ardo Wrobel, Bureau of Com- munity Services, (Director, MR Division)	Permanent
		-Wesley Restad, Bureau of Residential Services (Asst. Commissioner)	Permanent
Dept. of Education 700 Capitol Square Bldg. 550 Cedar Street St. Paul	Education of the Handicapped	-Dr. Will Antell, Special and Compensatory Education Division (Asst. Commissioner)	1975-1978
		-John Groos, Special and Compensatory Education Division (Director, Special Education)	Permanent
Dept. of Health 717 Delaware St. Minneapolis	Maternal and Child Health, Crippled Children's Services	-Dr. Lee Schacht, Personal Health Division (Supervisor, Human Genetics Unit)	Permanent
		-Dr. Mildred Norval, Personal Health Division (Director, Crippled Children's Services)	Permanent
Dept. of Vocational Rehabilitation 200 Space Center St. Paul	Vocational Rehabilitation	-August Gehrke (Acting Commissioner)	Permanent

STATE Minnesota
FY ENDING '78

TABLE 5-1a
COMPOSITION OF THE STATE PLANNING COUNCIL

(DPS 5-1-1)

REPRESENTATION OF PRINCIPAL STATE AGENCIES			
1 ADDRESS OF STATE AGENCY 3	2 FEDERALLY ASSISTED PROGRAM 1	3 NAME & POSITION OF MEMBER 2	4 PERIOD OF APPOINTMENT 4
<u>Continued</u> State Planning Agency 100 Capitol Square Bldg. 550 Cedar Street St. Paul, OTHER: U.S. Social Security Administration, St. Paul Office 316 North Robert St. St. Paul	Comprehensive Health (Health Resource Planning and Develop- ment)	-John Dilley, Director	Permanent
	Social Security	-Glenn Samuelson	1975-1978

STATE Minnesota
FY ENDING '78

TABLE 5-1b
COMPOSITION OF STATE PLANNING COUNCIL

(DDSP 5.1.1)

4

3. REPRESENTATION OF OTHER STATE AGENCIES & OTHER LOCAL GOVERNMENTAL GROUPS

NAME & ADDRESS OF AGENCY OR GROUP 1	NAME & POSITION OF MEMBER 2	PROGRAM REPRESENTED 3	PERIOD OF APPOINTMENT 4
Minnesota State Council for the Handicapped 200 Metro Square Bldg. St. Paul	Richard Ramberg, Assistant Director	Advocacy for the Handicapped (Advises Governor)	1975-1978
Faribault State Hospital, Faribault	Charles Turnbull, Administrator	Residential Services	1975-1978
Special School District #625 St. Paul Public Schools 360 Colborne Street St. Paul	Betty Hubbard Parent/School Community Program	Special Education	1971-1979

STATE Minnesota
FY ENDING '78

TABLE 5-1c
COMPOSITION OF STATE PLANNING COUNCIL

(DDSP 5.1.1)

C. REPRESENTATION OF NON-GOVERNMENTAL ORGANIZATIONS & GROUPS									
MEMBER'S NAME & REGULAR OCCUPATION 1	ORGANIZATION NAME AND ADDRESS 2	7 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100	PRIMARY CONSTITUENCY					PERIOD OF APPOINTMENT 10	
			MR	CP	E	A	OTHER		
			5	6	7	8	9		
Dr. Bruce Balow (Professor)	University of Minnesota, Dept. of Psychoeducational Studies							Spec. education, higher education	1974-1977
Jane Belau (Citizen advocate)	-							Public	1971-1978
Dona Caswell (Parent)	-	x		x				-	1975-1978
Eunice Davis (Doctor)	Director, Child Development Section, St. Paul Ramsey Hospital							Public Health, Child Develop- ment	1971-1978
Barbara Goman (Parent)	-	x					x	-	1975-1978
Shirley Held (Parent)	-			x				-	1971-1978
Mary Ann Jensen (Parent)	-	x	x					-	1971-1977
Bernie Klein (Parent)	-	x		x				-	1971-1978
Daro Larson (Professor)	Mankato State University, Special Education Dept.							Special Educa- tion, Higher Education	1971-1978

V-5

STATE Minnesota
FY ENDING '78

TABLE 5-1c
COMPOSITION OF STATE PLANNING COUNCIL

(DDSP 5.1.1)

9-A

C. REPRESENTATION OF NON-GOVERNMENTAL ORGANIZATIONS & GROUPS									
MEMBER'S NAME (REGULAR OCCUPATION 1	ORGANIZATION NAME AND ADDRESS 2	3	4	PRIMARY CONSTITUENCY					PERIOD OF APPOINTMENT 10
				NR 5	CP 6	E 7	A 8	OTHER 9	
<u>Continued</u>									
William Messinger (Parent)	-		x	x				-	1975-1978
Sophie Reuben (Director)	Comprehensive Seizure Center, St. Paul Ramsey Hospital							Social Work	1971-1977
Dottie Spencer (Parent)	-		x			x		-	1975-1978

STATE Minnesota
FY ENDING '78

TABLE 5-1d
COMPOSITION OF THE STATE PLANNING COUNCIL

(DESP 5.1.1)

D. COUNCIL CHAIRPERSON AND STAFF:

1. Council Chairperson:	<u>Eunice Davis</u> (Name)	Child Development Section <u>St. Paul Ramsey Hospital</u> (Contact Address)	<u>612/221-3456</u> (Phone)
2. Planning Director:	<u>Marylee Fithian</u> (Name)	Developmental Disabilities Planning Office <u>Minnesota State Planning Agency</u> (Contact Address)	<u>612/296-4018</u> (Phone)
3. Other staff positions and related responsibilities are listed below:			
<u>Roger Strand</u> (Name)	<u>Assistant Director</u> (Title)	Developmental Disabilities Planning Office <u>Minnesota State Planning Agency</u> (Contact Address)	<u>612/296-4018</u> (Phone)
<u>RoseAnn Faber</u> (Name)	<u>Planner</u> (Title)	" (Contact Address)	" (Phone)
<u>Cheri Gilman</u> (Name)	<u>Planner (resigned May, 1977)</u> (Title)	" (Contact Address)	" (Phone)
<u>Diane Sprague</u> (Name)	<u>Planner</u> (Title)	" (Contact Address)	" (Phone)
<u></u> (Name)	<u></u> (Title)	<u></u> (Contact Address)	<u></u> (Phone)

5.1 COUNCIL ORGANIZATION AND FUNCTIONS

COUNCIL FUNCTIONS

In 1975 and 1976, the Minnesota DD Council developed and approved a Philosophy and Mission statement. In this statement, certain "fundamental beliefs" that support the Council's goals and activities are articulated. These "fundamental beliefs" can be said to represent the "values" of the Minnesota DD program; they essentially mirror and reflect the philosophy and concepts that form the core for the DD program nationwide. As outlined in its Philosophy and Mission Statement, the DD Council promotes the development of needed human and fiscal resources to support services for persons with developmental disabilities, including support from other public agencies, private organizations, and volunteer groups. Its activities may include but are not limited to the following:

Planning. The DD Council conducts systematic long-range and short-range planning activities, using a structured, orderly process for establishing goals and objectives and for seeking possible methods to achieve them. Consumers, agency personnel, and service providers participate in the planning process. These efforts seek to promote improved services for persons with developmental disabilities by emphasizing coordination and joint efforts of the many human service agencies, consumer groups, and others involved with services for persons with developmental disabilities.

Evaluation. The DD Council promotes implementation of varied evaluation systems to measure the quality, effectiveness, and quantity of services, staff, and facilities for persons with developmental disabilities, while protecting the confidentiality of records of, and information describing, persons with developmental disabilities. The DD Council also evaluates its own activities and annually develops a work program describing its current goals, objectives, and tasks.

Public Information and Education. The DD Council disseminates findings from activities and work it sponsors in order to inform and educate professionals, consumers, parents, agencies, and the general public regarding issues, research findings, and other matters of significance to persons with developmental disabilities. The DD Council supports the establishment of public awareness and public education programs to assist in the elimination of social, attitudinal, and environmental barriers confronted by persons with developmental disabilities. The DD Council submits periodic reports to the Department of Health, Education and Welfare, summarizing its planning and other related activities.

Legislative and Plan Review. In order to facilitate cooperation and eliminate unnecessary duplication, the DD Council provides to the maximum extent feasible, an opportunity for its members and staff to give prior review and comment on all state plans which relate to programs affecting persons with developmental disabilities. The DD Council also reviews new and existing laws and regulations which may have some bearing on the planning, delivery, and evaluation of services for persons with developmental disabilities.

In order to promote quality of and access to services, the DD Council assists in moving its recommendations toward the executive and legislative processes in Minnesota so as to assure their effective funding and implementation. It further supports the introduction and passage of new laws and appropriate changes in the existing laws that would improve the service delivery system for persons with developmental disabilities. The DD Council also seeks to insure effective implementation of laws and regulations affecting persons with developmental disabilities.

Research and Development. The DD Council undertakes or supports needed research and development efforts to find new or improved techniques for providing services to persons with developmental disabilities. It also supports efforts to implement and use known research and development findings through programs of translation and dissemination of information.

Prevention and Early Intervention. The DD Council promotes programs designed to reduce the incidence and minimize the prevalence of developmental disabilities. Such programs involve the early screening, diagnosis and evaluation (including maternal care), developmental screening, home care infant and preschool stimulation programs, and parent counseling, and training of developmentally disabled infants and preschool children, particularly those with multiple handicaps.

Residential Services. The DD Council supports efforts to improve the quality of care and the state of surroundings of persons for whom institutional care is appropriate and to eliminate inappropriate residential placement of persons with developmental disabilities.

Community Programs. The DD Council supports the establishment of community programs and promotes the provision of appropriate and effective services for persons with developmental disabilities. These services should be available to all persons regardless of their place of residence.

Advocacy. The DD Council promotes and supports the development of a comprehensive advocacy system for persons with developmental disabilities. This system includes but is not limited to counseling, program coordination, follow-along services, legal services, protective services, and personal advocacy.

COUNCIL ORGANIZATION

Membership

- Appointment: Members will be appointed by the Governor of Minnesota. Suggestions for new members when vacancies and membership term expiration occur may be submitted by current members, citizens, and organizations.
- Diversity of Representation: The membership of the Council is to include representation from each of the related state, federally-aided agencies, non-governmental organizations and individuals concerned with provision of services for persons having a developmental disability and consumers of services. At least one-third of the membership of the Council must represent consumers.

- Presiding Officer: The chairperson is appointed by the Governor of Minnesota. The term of the chairperson shall be for two years, and he/she may serve for no more than two consecutive terms. The chairperson may designate a vice-chairperson who will assume all the duties of chairperson in the absence of the chairperson.
- Attendance: Members who cannot attend a meeting of the Council or its committees may send a representative to meetings, but the substituting representative will be a non-voting member of the Council and/or committee.
- Terms of Office: Council terms will be on a rotating three-year basis for the consumer and provider representatives on the Council. One-third of the total number of consumer and provider members will rotate on a three-year staggered basis. No member in the consumer or provider classification may serve for more than two consecutive three-year terms. State agency representation will remain continuous, the representatives being those individuals in charge of the related federally-funded programs as specified in federal regulations.

Representatives to the Council

Participation in Council activities may be extended to public and private organizations and individuals having an ongoing interest in persons having a developmental disability, through the designation of an official representative to the Council. These persons may serve on Council committees and participate in Council deliberations, but are non-voting members of the Council.

In a particular effort to increase communication between the Council and consumer groups in Minnesota (Minnesota Association for Retarded Citizens, United Cerebral Palsy, Minnesota Epilepsy League, Twin Cities Chapter of the National Society for Autistic Children, Minnesota Association for Children with Learning Disabilities) the Executive Committee requested that representatives of these organizations attend and participate in Executive Committee meetings during the year.

Operating Policies

The State Council promulgated standards to govern its organization and activities in 1973; these standards were updated in 1975.

Frequency of Meetings.

The operational policies of the State Council specify that:

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

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

Focus of Meetings During FY 1977

The focus of the monthly State Council meeting has been on a variety of topics. Among issues reviewed by the Council during FY 1977 have been the following (compiled from Council agendas/minutes):

Federal

- Regular reports on the activities of National Advisory Council on Developmental Disabilities.
- New Developmental Disabilities Regulations.
- Video Tape on interpretation of the Developmental Disabilities Regulations/Guidelines.
- Reports on the Region 5 (HEW) Committee established to address issues concerning National Significance grant issues.
- Report on National Association for Retarded Citizens' Residential Forum.
- Brief presentation of the findings of the U.S. Comptroller General in his report to Congress on Deinstitutionalization.
- Announcement of the availability of National Developmental Disabilities Significance Monies.

State

- Designation by the DD Council of Regional Development Commissions as the only host agency for Regional DD Councils, effective July 1, 1977.
- Adoption by the DD Council of "The Roles and Responsibilities of Regional Developmental Disabilities Planning Program."
- Adoption of FY 1977 Work Program.
- Presentation by Mr. Kevin Kinney, staff to the House Committee on Deinstitutionalization (Minnesota Legislature).
- Report from the Office of Human Services concerning the integration of human services in Minnesota.
- Regular DD Council Committee Reports.
- Resolution on Office of Human Services report

- Issue Panel: Early Education for Handicapped Children.
- Issue Panel: Diagnosis, Treatment and Counseling
- Issue Panel: Community-based Facilities.
- Issue Panel: Early Identification and Screening Issues.
- University Affiliated Facility Satellite Proposal from the University of Minnesota.
- Legislative Program (Review) of:
Twin Cities Chapter/National Society for Autistic Children;
MN Association for Children with Learning Disabilities (MACLD);
MN Epilepsy League (MEL);
United Cerebral Palsy of MN, Inc. (UCP);
MN Association for Retarded Citizens (MinnARC).

Local (Regional)

- Reports from Regions 6 and 8, 10, and 11
- Status Report on the Redwood Falls Recreation Project.
- Fergus Falls State Hospital Study, Regions 1 and 4.

State Council Committees

As the Council develops its work program on an annual basis, it also develops a committee structure annually. Committee chairmen are appointed from the membership of the Council and constitute the Executive Committee. Committees are designated by majority vote of a quorum of the Council, and Council members should constitute at least one-half of committee membership. Non-Council members are voting members of committees. Council members representing government or voluntary agencies may recommend designees for appointment as official Council representatives on committees. Only Council members may constitute the Grant Review Committee. All committee members are appointed annually by the chairperson of the Council, in consultation with the committee chairperson.

For FY 1977, the following committees carried out Council work activities:

- Executive
- Grant Review
- Advocacy/Protective Services
 - Citizen Advocacy subcommittee
- Comprehensive Planning
- Governmental Affairs
- Public Information

For FY 1978, it is anticipated that the following committees will carry out

Council work activities (augmented by a number of ad hoc task forces, to be appointed as required by the work program):

- Executive
- Grant Review
- Advocacy/Protective Services
- Comprehensive Plan Development
- Governmental Operations
- Public Information

Relationship of Committees to the State Council

Committees are delegated responsibility to act for the Council to carry out Council work efforts. However, committee recommendations and operating procedures are submitted to the Council for review and action, subject to the following conditions:

- The State Council will review, modify and approve procedures (operational policies) for which committee actions will be completed.
- Where the approved operational policies are followed, the State Council will discuss, approve or disapprove committee actions and/or recommendations without repeating the committee procedures and functions.
- When an issue which has not been examined by a committee is brought to the State Council, the Council may by majority vote review the case in question.

5.2 PLANNING ACTIVITIES: PROCESSES, GOAL-SETTING, IMPLEMENTATION

The intent of the DD Act is to create a comprehensive approach to planning and promoting coordination of services for persons having a developmental disability. State Councils must develop a plan at least annually that will present integrated strategies and activities directed at accomplishing coordination and service development/improvement efforts.

In the spring of 1975, 1976, and again in 1977, the State Council has held a two-day planning conference, at which time a structured work program has been developed. To facilitate work of conference participants, staff of the DD Planning Office has prepared resource notebooks for reference prior to and during the conference. This notebook contains orientation materials on the purpose and desired output of the conference; a description of the DD concept; national legislation, program organization and changes; long-term and short-term goals of the State Council; organizational policies, funding review procedures; committee activities and accomplishments, regional DD program efforts, special study areas for possible review; pertinent federal and state legislation promulgated during the year; federal/state/local program resources.

Group process priority-setting techniques are used to formulate goals and objectives to guide Council activities during the year. The conference

outcomes are then refined by the staff of the DD Planning Office and submitted to the Council for review as the "implementation" or "work" program. For each goal area, specific work statements are developed, timelines set, resources identified, and staff and committee responsibilities assigned. The goals, priorities, and work program become the action plan for the State Council, its committees, and the administrative activities of the DD Planning Office for the upcoming year. By using the annual workshop approach, State Council members and other conference participants make the actual decisions regarding broad program goals and objectives for the upcoming year. The staff of the Planning Office provide background resource materials to facilitate the process, design a work program of strategies (approved by Council) for pursuing the various goals and objectives resulting from the conference and "implement" the plan/work program. However, full participation in the process of deciding on DD program goals and annual objectives is afforded State Council members through this approach.

In preparing for the May, 1977 planning conference that would result in the State Council's 1978 work program, the format of conference preparation materials had to be focused upon recent changes in the DD regulations and guidelines in order that the 1978 work program be directed at fulfilling Federal requirements.

In terms of state/regional planning responsibilities, discussions had been initiated during the year regarding how regional DD planning efforts could be better coordinated and integrated with state-level activities. Since regional programs have a responsibility to focus on the service needs of persons in their area having a developmental disability, and to identify local service delivery characteristics, it is only practical that efforts to fulfill new Federal requirements for data collection be coordinated through regional DD programs. Part of the 1977 planning conference and 1978 work program, consequently, address the major issue of coordinated state/regional "systems planning."

A set of issue areas dealing with major themes and trends in providing services for persons having a developmental disability also had to be addressed by conference participants, because of the emphasis given to them under new Federal regulations:

- the status of individual program planning for all persons having a developmental disability; the political and managerial aspects of coordinating case planning/management activities between service agencies.
- the issue of "quality" in direct care service personnel: manpower requirements, qualifications/credentialing/licensure, educational/training resources.
- the costs of service development and delivery: follow-up of major cost studies recently completed, development of cost monitoring mechanisms.
- the status of "deinstitutionalization" in Minnesota, boundaries to the process.

- prevention/early screening/diagnosis/evaluation services: the issue of coordination among state/local programs.

The 1978 work program, which is an outcome of the planning conference, has been developed around these two components -- state/regional data collection efforts and planning strategies, and particular issue area analysis.

Comprehensive Planning Committee

The Comprehensive Planning Committee has been comprised of members of the Council's Executive Committee, interested Council members, agency representatives, representatives from the regional programs and from the appropriate "consumer" groups. Its chairperson has been the Council chairperson.

The committee met monthly during 1976-77, and began to address a number of planning issues:

- review of definitions of a "developmental disability"
- review of service definitions (in functional terms)
- review of incidence/prevalence data
- preliminary review of delivery characteristics in select service areas (residential, day activity, sheltered workshops)
- strategy for initiating a coordinated state/regional planning process

It is anticipated that the Committee will continue to operate during 1977-78, and be responsible for the major work program component dealing with state/regional planning coordination.

5.3/5.4 INFLUENCING/EVALUATING ACTIVITIES

DD planning and programming activities are directed at facilitating the coordination and development of services necessary to meet the comprehensive, long-term needs and potentials of individuals in Minnesota having a developmental disability. In the broadest sense, then, all DD planning and programming efforts are directed at influencing and evaluating the character of the service delivery systems, the resources available to them, and the distribution of these resources. General "influencing" and "evaluating" activities occur as a result of inter-agency communication of efforts, and as a result of "internal" and "external" review efforts.

Influencing: Inter-Agency Coordination and Communication

The composition of the State Council, and its mandated planning/programming responsibilities are both directed at fostering inter-agency service delivery/coordination efforts. From the standpoint of membership, certain Council members participate in Council activities as representatives of state agencies directly related to the provision of services for persons having a developmental disability. Most Council members also serve on advisory and professional boards similarly related to service development/provision efforts. DD Planning Office staff also interact with individuals from related agencies and organizations at the state and local level, as they carry out Council work program activities.

Influencing: Public Communications

The Council's Public Information Committee carried out the following activities during FY 1977:

- Communication among the State DD Council, Region DD Councils and others in the DD field in Minnesota has continued through the quarterly publication of DD News Letter.
- A formal report emphasizing effective strategies for promoting understanding and acceptance of persons with developmental disabilities in Minnesota, Public Information and Developmental Disabilities: A Feasibility Study, was edited, prepared for printing, and disseminated to persons interested in DD public information in Minnesota and in HEW Region V. Based on relevant research, prior experiences in Minnesota and elsewhere, and the current status of DD public information efforts, the Feasibility Study has been well received as a useful tool throughout Region V's six-state area. The Public Information Committee's objectives are, to a large extent, based on the recommendations of this report.
- Technical assistance in public information planning and implementation was provided to approximately 40 regional DD staff and Council persons through a Public Information Workshop. The workshop, co-sponsored by the Regional Developmental Disabilities Information Center (RDDIC), in Madison, Wisconsin, was conducted by professionals in the areas of journalism, graphics and planning of public information programs.
- A Request for Proposal (RFP) in the area of "Exemplary Public Information Projects for Persons Having a Developmental Disability" was developed and issued, based on the recommendations of the Feasibility Study. It is anticipated that \$50,000 will be allocated for one to four short-term public information projects targeted at very specific audiences.

Influencing: Advocacy

The Minnesota DD program has given emphasis to formal advocacy efforts -- both legally-oriented and friendship, or "citizen"-oriented -- almost since its inception, and the Council is continuing to emphasize advocacy activities under Title II of the DD Act. The Council's Advocacy and Protective Services Committee provides guidance to DD Planning Office in the State Planning Agency as the Office carries out its responsibilities under Title II to plan and implement the state protection and advocacy system.

During 1977, the Advocacy Committee was involved in the following activities:

- The Committee reviewed and discussed the implications of the newly-promulgated draft guidelines, particularly as they would relate to the altered administrative status of the DD program if state Office of Human Service reorganization proposals were approved and put into effect.

- Federal Protection and Advocacy Guidelines: The Advocacy Committee reviewed and discussed the implications of the newly-promulgated draft guidelines. There is every indication that Minnesota will continue to qualify under the proposed requirements. However, much discussion has been given to the Office of Human Services' recommendation to the Legislature to place both the DD Council and the DD Protection and Advocacy System into the proposed Department of Health and Social Services. If this were to occur, Minnesota would no longer qualify for DD funds, as such a placement would go against the DD Act requirement that there be separation from any direct service providing agency.
- Protection and Advocacy Draft Plan for FY 1977: This "Draft Plan" was developed and submitted to HEW as requested in December, 1976. Copies were also shared with the DD Regional Information Center in Madison and with several other states.
- FY 1978 Protection and Advocacy System Plan: This State Plan has been completed and was approved by the State DD Planning Council on April 6, 1977. It was submitted to HEW in July, 1977.
- Legal Advocacy Project: The Advocacy Committee and staff have continued to communicate and serve as liaison on this project's advisory committee.
- The Citizen Advocacy RFP was given final approval by the Grant Review Committee and the DD Council. This RFP was announced throughout the state. Approximately 40 agencies requested the application and five agencies submitted proposals. Selection was based on appropriateness, demonstrability, and agency capability. Two projects were selected from the five submitted.
- Proposal on Hosting a Region V Conference on Legal Advocacy: A proposal was submitted to Region V HEW/DD office in the fall of 1976.
- Advocacy Conference in Washington, D.C.: Bill Messinger, Chairperson of the Advocacy Committee, attended the conference that was held in November, 1976.
- DPW Rule 185: The Advocacy Committee reviewed and made recommendations on the proposed DPW Rule 185, which delineates the specific responsibilities of the County Welfare (Social Service) Departments and the Mental Health Centers for providing services to mentally retarded persons and their families. This rule also spells out the content and procedures for the development of individual habilitation and treatment plan. The Advocacy and Protective Services Committee will be encouraging the effective implementation of this new ruling during the coming year.
- Information Distribution: Staff of the Developmental Disabilities Planning Office and staff of the Legal Advocacy Project have spent considerable time and energy in responding to requests from other

states about the Minnesota Protection and Advocacy System. In addition to sending written information, several state representatives have visited Minnesota to learn about the Project first-hand.

- The focus of the Fall, 1976, DD News Letter was on advocacy and was distributed to over 900 subscribers.

Internal/External Evaluation

There are certain Council and committee activities that are directed at undertakings identified as "evaluation." These activities may be grouped into "internal" and "external" evaluation efforts, as outlined below.

Internal Evaluation: Work Program

The Council's annual plan/work program is designed to readily facilitate its evaluation. Priority-setting techniques are used to establish annual goals at the Council's planning conference. Specific work statements, timelines, and resources required are then identified in the work program developed by the DD Planning Office staff. Quarterly progress is then measured and evaluated by the Council and staff against the anticipated timelines, resource requirements, objectives and outcomes outlined in the work program.

Internal Evaluation: Role of the Grant Review Committee

The Grant Review Committee has the responsibility for evaluating funding requests made for State Council grant appropriations. The main programs coordinated are the review of service and regional planning grant proposals; additional grant requests (whether structured "requests for proposals," other grant requests) are also reviewed. Development and review of guidelines for the various application processes, technical assistance to grant applicants and recipients, thorough evaluation of proposals and recommendations for programming over time constitute the annual work program of the Grant Review Committee.

The Committee directly affects not only the allocation of nearly all Developmental Disabilities funds in Minnesota, but also directly affects the quality of output and outcomes received from these investments. The Committee directly affects the caliber of research carried out by the state program through its development and selection of structured research proposals.

The Committee indirectly affects the quality of service provision for persons with developmental disabilities by fostering planning and service coordination efforts at the local level through the regional Councils, planners, annual work plans. The quality of service is also indirectly affected by the service grants awarded, because these activities in many cases become long-term elements in local service systems. The quality of service provision for individuals with developmental disabilities is indirectly affected in general terms, in that the abstracted results and outcomes from many of the service grants and structured research proposals can be utilized by other groups and organizations throughout the state and country in addressing similar problems and needs.

Grants are given careful evaluation when submitted for consideration. Projects must outline basic goals, objectives, work strategies, evaluation methods, personnel and budgetary resources, inter-agency support, potential for continuation funding in their application. Project goals must be directed at activities and services identified by the State Council as its priority areas for grant support. Applications are evaluated and selected under the procedures of the Council's Grant Review Committee. Grants that receive approval are then evaluated on a quarterly basis, according to the work program laid out in the grant application (with a particular focus on assessing impact of project efforts on individuals receiving services, or individuals having a developmental disability, in general). DD Planning Office staff are assigned as "project officers" to follow grant activities and offer any necessary technical assistance. Upon completion of DD funding support, final reports are prepared which outline project goals, objectives, accomplishments, recommendations.

In June, 1975, the DD Planning Office undertook a review of projects previously funded to determine their operating status, characteristics of service delivery, funding support, staffing, and impact of service. A similar review was initiated in the spring of 1977, and will profile grants supported from the beginning of the program to approximately FY 1976.

During the 1977 planning year, efforts were made to more closely link Council funding activities of a service or issue nature to the Council's work program and a "Request for Proposal" development process was subsequently initiated in selected areas. The Committee also pursued its previously-established policy of evaluating regional planning work programs on an annual and individualized basis.

The following activities were undertaken/reviewed by the Grant Review Committee during 1976-77:

- Review of successive drafts of the Case Management and Citizen Advocacy "requests for proposal," approvals for issuance.
- Review of a grant proposal from the Higher Education Coordinating Board (regarding service personnel needs/demand), decision not to approve.
- Review and approval of continuation planning grant applications for Region 3, 4, 6/8, 9, 10, 11.
- Review of a new planning grant application from Region 7E, approval to negotiate a revised work program.
- Review of a new planning grant application from Region 5, delay of approval pending negotiations throughout the year.
- Review of the status of the DPW "Community Adjustment Study" and an amended proposal, decision to defer action until study efforts in related areas are completed and their impact can be established.
- Initiation of efforts to "follow-up" on grants previously funded by DD (subcommittee).

- Review of materials presented by staff on Region V HEW technical assistance funding recommendations from Minnesota; on national and regional "significance" grants being conducted at the University of Minnesota.
- Review and approval of updated committee operating procedures.
- Review of successive drafts of the Public Information RFP, approval for issuance.
- Review of successive drafts of RFP's in the areas of housing accessibility, training for direct-care staff, regional technical assistance.
- Final review of Case Planning/Management proposals, recommendation for funding; final review of Citizen Advocacy proposals, recommendations for funding.
- Decision to amend the RFP schedule to focus on the service personnel issue area (and defer action on the remaining RFP's); decision to " earmark" 1978 funding for the Legal Advocacy Project (based on receipt of acceptable work program).
- Review of "Special Project" applications for Region V HEW.
- Review of Public Information proposals, recommendation for funding.

External Evaluation: Plan/Legislation/Policy Review

A substantial amount of the external review activities of the Council has been performed by its Governmental Operations Committee. This committee monitors, reports and communicates information relating to the delivery of services and provision of assistance for individuals having a developmental disability. Major responsibilities include:

- To review and comment on, when possible, federal/state plans which impact on the lives of individuals having a developmental disability. (It should be noted that regulations for the development of federal/state plans do not universally require comment and input from outside agencies.)
- To review and comment on proposed legislation.
- To review and comment on regulations which are developed subsequent to the passage of new legislation.
- To develop guidelines for review of plans, legislation and regulations for use by this committee and others of the State Council for possible publication.

The following tables outline Committee/Council review activities that were undertaken during FY 1977. The Committee's review efforts are greatly facilitated by the availability of summary materials on major federal and

Table 5-2 Governmental Operations Committee Reviews 1976-77

Item Reviewed	Recommendations	Actions Taken
Proposed Regulations for the DD Program	<ul style="list-style-type: none"> - Sec. 1386.1 (b)(5)(x) re: habilitation plans - Sec. 1386.12 re: deinstitutionalization plans - Sec. 1386.27 re: protection of employees' interests - Sec. 1385.3 re: grant administrative requirements - Sec. 1385.6 re: affirmative action - Sec. 1386.61 re: Council membership - Re: computation formula for state allotments - Re: notification for hearings of state's compliance - Sec. 1386.70 re: Council P and A functions 	Submitted to Mr. Francis X. Lynch, Director, DD Office/ Dept. of HEW
Minnesota Dept. of Public Welfare Rule 19: Experimental Program for the Home Care and Training of Children Who Are Mentally Retarded	Re: Statutory cites, eligibility, individual program plan preparation responsibility, use of generic developmental scales, progress indices.	Submitted to Mr. Peter Erickson, State Hearings Examiner (Nov. 19, 1976).
Minnesota DPW Rule 185: Community Mental Health Board and County Welfare or Human Service Board Responsibilities to Individuals Who Are Mentally Retarded	Re: Statutory basis clarification, scope of service jurisdiction, definitional expansion, diagnostic review content/timelines, effects of local social service agency placement, extent of local agency involvement in plan implementation, regional DD program participation in the planning process, sequential presentation of plan development stages, plan submittal (number of copies), functional service classification.	Submitted to Mr. Peter Erickson, State Hearings Examiner (Nov. 19, 1976).
Position on the Proposed Human Service Reorganization	See attached position paper.	Distributed to the Governor and all members of the Legislature, state and regional DD Council members (Feb. 16, 1977 developed)

Table 5-2 con't.

Item Reviewed	Recommendations	Actions Taken
Minnesota DPW Rule 1: Family Foster Care, Group Family Foster Care	Re: Parental training requirements, definition of "family visitors," periodic notification of family foster homes of agency placement intentions, definition simplification, clarification of requirements for family references, plan preparation for children with special needs, respite care scheduling, environmental adaptation for handicapped children, subjective character of compliance standards, utility of accompanying training manual, prohibitions on sexual intimacy, clarification of administrative/monitoring responsibilities, inclusion of adults under standard.	
Minnesota Department of Public Welfare Rule 3: Standards for Group Day Care of Preschool and School-age children	Re: Modification of exemption of facilities serving handicapped children, compatibility with Rule 185.	Submitted to Mr. Peter Erickson, State Hearings Examiner (May 18, 1977)
Minnesota DPW Rules: 171 Children Under State Guardianship Dependent/ Neglected; 200 Adoption; 210 Counseling Services for Families and Indi- viduals; 211 Educational Assistance; 212 Housing Services; 213 Information and Referral Services; 214 Legal Services; 215 Money Management Services; 216 Residential Services; and 217 Social and Recrea- tional Services.	Re: Preparing a single document incorporating rules outlining county/human service board service delivery responsibility, clarifying standards for non-selection of prospective adoptive homes and appeal	Submitted to Mr. Peter Erickson, State Hearings Examiner (May 18, 1977)



Minnesota Governor's Planning Council on Developmental Disabilities

DEVELOPMENTAL DISABILITIES PLANNING OFFICE OF THE STATE PLANNING AGENCY
550 CEDAR STREET, ROOM 110 • ST. PAUL, MN 55101 • 812-296-4018

POSITION ON THE PROPOSED HUMAN SERVICES REORGANIZATION

2/16/77

The Governor's Planning Council on Developmental Disabilities is most appreciative of the effort that has gone into the development of proposals for human services integration by the Office of Human Services. As a Planning Council we have reviewed many situations where functional and effective integration of human services would be beneficial. However, we cannot support the proposed bills establishing a Department of Economic Security and a Department of Health and Social Services because we are in basic disagreement with the Office of Human Services' proposals for the following reasons:

1. We question how moving administrative boxes at the State level will provide easier access to improved services for consumers at the local level. The proposal does not really address this, nor does it address the important question of the elapsed time from entry into the system to actual delivery of service and how the proposed restructuring will improve it. A strong case management system with authority to secure services from a variety of agencies to better meet the needs of individual clients may be more appropriate than structural changes at the administrative level.
2. Some important agencies are conspicuous by their absence from the proposals. Although OHS explains this as due to not having a clear mandate to include them, true integration of services cannot take place without their inclusion. These would include the Department of Education, Veterans Programs, Migrant Affairs, and the Department of Labor and Industry.
3. Although the proposal does speak of co-location of services, co-location alone does not guarantee better coordination and communication. This can be seen when within some large existing departments there may be a lack of coordination and communication though co-located and co-administered. Further, co-location of State programs will not do much for service delivery which is for the most part the responsibility of local government.
4. Since both the Governor and the Legislature have taken a hold-the-line stance on budgets, it will be difficult to reduce gaps in service that currently exist, particularly as a result of administrative shuffling at the State level. Even by eliminating certain administrative positions at the State level, cost savings will not be enough

to meet service needs. Along this same line, OHS does not indicate what the cost of the reorganization will be. It alludes to cost savings, but what are they? Further, what is the breakdown of costs between administration and service delivery? Our rough estimate is that the cost to date of reorganization is in excess of half of a million dollars.

5. An evaluation design for the proposed service delivery reorganization is lacking. How is the Legislature going to evaluate the changes it would be mandating? The statement of the problem is too vague to have a good baseline against which to measure the impact of the proposed change.
6. The meaningful input of citizens or "lay" people is significantly diminished by the OHS proposals. A mechanism should be built in for strong citizen input. Although citizen participation can be demanding and time-consuming, in the long run it serves government well and has positive outcomes. While the Council recognizes the general concern about the effectiveness of citizen participation and the ultimate accountability of the elected official for decisions about human services, we believe that--properly applied--this process is essential to assuring a reality oriented human services policy in Minnesota. The Developmental Disabilities Planning Council, for example, which is directly affected by one of the proposals, was never invited to discuss anything until after the Council initiated contact. Further, it appears that in the OHS proposed restructuring, citizen input is diminished greatly.
7. The OHS suggests asking the Federal Government for waivers of certain regulations/guidelines in order to carry out portions of its proposals. The proposal suggests waivers from the Federal government but does not provide a mechanism for allowing waivers of State rules/regulations by local government or by private citizens for that matter.
8. The proposal does not address the "turnaround time" for decision making. This could be seen as an opportunity to delay the decision-making process even further through addition of another layer. Related to this, we question how the Commissioner of such a super-structure can have adequate information/expertise in so many fields to be able to make sound decisions. It takes not only administrative/management skills, but also knowledge and expertise in many human service areas.
9. The various departments/programs will have their identity and integrity diminished. Consumer awareness of programs and services will be drastically reduced.
10. The administration of Title XIX, Medicaid, is an extremely important part of human service activities, and is not considered a simple fiscal process of income maintenance. Title XIX is considered as important as Title XX, Social Services, in the provision of human

services. The OHS proposal assigns administration of Title XIX to the Department of Economic Security, but retains administration of Title XX in the Department of Health and Social Services. This will cause serious problems in fragmented sources of human services.

In addition to the above points, the Governor's Planning Council on Developmental Disabilities objects to that part of the plan that calls for its inclusion in the proposed Department of Health and Social Services for the following reasons:

1. An advisory body cannot set priorities, yet under P.L. 94-103 that is an important function of the Developmental Disabilities Council as the "core planning authority" for persons with developmental disabilities in the State. By changing the Developmental Disabilities Council from a Planning Council to an advisory body to the Commissioner, the Office of Human Services is circumventing the intent of P.L. 94-103.
2. The Governor's Planning Council on Developmental Disabilities has a broad-scoped planning function. The Council must assess needs and plan for service delivery policy not only in health and social service programs, but also in education, transportation, employment, housing, public assistance, and vocational rehabilitation. Placement of the Council in the State Planning Agency is more appropriate because of the compatibility of its charge with that defined in the statute which established the State Planning Agency (M.S. 4.12).
3. The Developmental Disabilities Council has a responsibility to review and comment on all State Plans which relate to programs affecting or having the potential to affect persons with developmental disabilities. This charge is also more compatible with the function of the State Planning Agency than with a service delivery agency.
4. The Developmental Disabilities Council has a mandated advocacy function which can best operate independently of the operating agencies. Also, under Title II of P.L. 94-103 the State must have in effect a statewide system to protect and advocate the rights of persons with developmental disabilities which shall be independent of any State agency which provides treatment, services or habilitation to persons with developmental disabilities. The Developmental Disabilities Planning Office in the State Planning Agency was given this responsibility by Governor's designation. If Developmental Disabilities is taken out of the State Planning Agency, the advocacy system and funds will have to be placed outside State government. The OHS proposal will fragment the activities of the Developmental Disabilities Planning Council by placing its planning and advocacy functions in two separate agencies.

The attached resolution was passed by the Governor's Planning Council on Developmental Disabilities at its February 2, 1977, meeting and forwarded to Governor Rudy Perpich.

The Developmental Disabilities Council feels that there is a need for some standardization of rules, forms, procedures, data collection, and information systems. These things can be accomplished without structural reorganization. The Council also feels that other service delivery problems could be better addressed through a coordinated case management system and coordination of State, local and Federal fiscal cycles. We would recommend implementation of these suggested alternatives. Review and evaluation of the outcome of these steps should provide information relative to any future changes which may be needed. Our experience (based on our efforts to implement coordination in specific situations) indicates that increased coordination can be accomplished between existing departments.

This position statement was approved by the Executive Committee and the Governmental Operations Committee of the Governor's Planning Council on Developmental Disabilities, February 16, 1977.

state legislation affecting persons having a developmental disability prepared by a number of sources (among them the State Register and the Weekly Bulletin of the State Council for the Handicapped that highlights development/progress of pertinent legislation).

5.5 REGIONAL D.D. COUNCILS: FUNCTIONS AND ORGANIZATION

In January, 1972, Minnesota's State Council decided that the establishment of regional planning programs would be a priority goal of the State Plan. Since that time, eight regional planning programs have been established through support of the State Council and local resources. The rationale for support of regional planning programs includes a desire to conduct, stimulate, and coordinate planning at the local level in order to achieve a continuum of programs and services in each region of the state. Support of local planning which involves key local parties from the human service system acknowledges that the nature of problems and their solutions will vary in different regions of the state. Each region has the flexibility to document and establish its own needs and priorities, and within the framework of its available resources, to implement appropriate plans that address priority service needs of persons with developmental disabilities. In order to assure that regional developmental disabilities planning programs would not exist in isolation of other local planning efforts, the State Council stressed that Regional Developmental Disabilities Planning Councils be linked to regional administrative agencies with broad based planning responsibility and the potential to influence local services.

On a local level, regional Developmental Disabilities Planning Councils are to carry out the following efforts:

- Provide the State Council with objective information on regional characteristics, needs, and resources.
- Serve as forums where local consumers of developmental disabilities services can potentially influence the direction of programs and policies that directly affect them. Consumers plan and work together with the local agency representatives who are in a position to influence agency policies.
- Serve as information clearinghouses on available resources in the region for persons with developmental disabilities.
- Serve as advocates for individuals with developmental disabilities, by speaking and acting on their behalf.
- Supervise development of, approve, monitor and evaluate the implementation of a Comprehensive Regional DD Plan that addresses local service needs as well as issues of significance identified at the national and state levels (outlined in Federal legislation and the Minnesota State Plan).
- Develop a process that provides a rationale for establishing rank-ordered regional needs and priorities for service development and coordination.

The State DD Planning Program, through its support of regional planning activities, assumes that those elements outlined above can best be done at a regional rather than statewide level. The State Council has continued to seek approaches to strengthen and improve planning efforts at the regional

level. In FY 1975, Minnesota contracted with the Developmental Disabilities Technical Assistance System in North Carolina for an evaluation study that described Minnesota's regional Council structures and development. The information obtained through that study highlights some common needs in regional planning which the State Council continues to address. In a further effort to strengthen and improve regional planning, the State DD Planning Program has set basic standards through its Guidelines for Regional Planning Grants that are designed to improve the quality of regional planning processes and assure the State DD Program of increasingly accurate information for comprehensive statewide planning. In 1976, a policy statement, "The Roles and Responsibilities of Regional DD Programs," was also prepared in order to more clearly define the kinds of program outputs and outcomes to be accomplished by regional programs.

Regional DD Council-Host Agencies

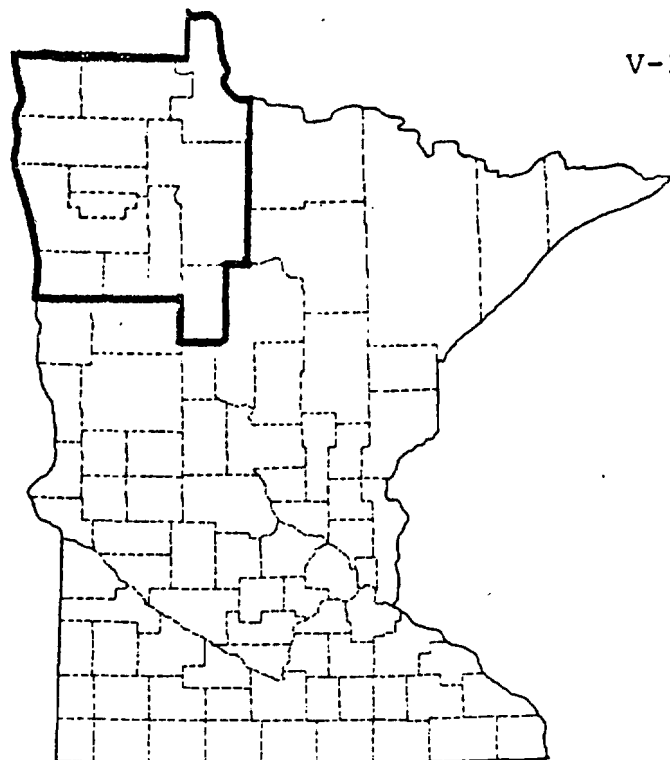
Since their inception, regional DD planning programs have been linked to regional administering agencies having broad-based comprehensive planning responsibilities -- "comprehensive health planning" programs, or "development commissions" operating at the regional level. Regional development commissions (or RDC's) were created under the state's Regional Development Act of 1969, and their purpose is to coordinate federal, state and local planning programs within the framework of broad regional growth and development policies for each designated development region in the state. Since the type of comprehensive policy planning undertaken by RDC's is wholly compatible with the type of planning to be undertaken by regional DD programs, an effort has been made to administratively link all regional DD programs with RDC's. As of July, 1977, the Region 1/2 DD program is the only program still in the process of changing its alignment from a regional health systems agency to a regional development commission. The other administrative change to note is the dissolution of the interagency agreements linking Regions 5/7E/7W into a DD planning unit; Regions 5 and 7E have been in the process of renegotiating their arrangement with the State Council and State Planning Agency during FY 1977.

The relationship between Regional Councils and their administering host agencies must be formally documented in a memorandum of agreement or be clearly stated within host agency policy statements. The host agencies must assume responsibility for implementing the regional components of the DD Comprehensive State Plan and provide staff support to the Council, including the hiring and supervising of regional DD staff.

Regional DD Council Planning, Influencing/Evaluating: 1977-78

To parallel the description of State Council work program activities occurring during FY 1977, regional programs were asked to prepare a profile of their activities and accomplishments for 1977, and work program objectives for 1978 (as developed). These profiles are provided in the remainder of Section V; Section VI presents a more detailed description of state and regional DD Council planning activities contained in the FY'78-79 work program.

Region 1/2



REGIONAL PROFILE Regions 1 & 2

- COUNTIES IN REGION: Kittson, Roseau, Lake of the Woods, Marshall, Pennington, Red Lake, Polk, Beltrami, Hubbard, Clearwater, Mahnomen and Norman

- POPULATIONS:

REGION 1	-	94,600
Kittson	-	6,900
Roseau	-	11,600
Marshall	-	13,100
Norman	-	10,000
Pennington	-	13,300
Polk	-	34,400
Red Lake	-	5,400

REGION 2	-	54,600
Beltrami	-	26,400
Clearwater	-	8,000
Hubbard	-	10,600
Lake of Woods	-	4,000
Mahnomen	-	5,600

- REGIONAL CHARACTERISTICS: The Northwest Minnesota Developmental Disabilities Council includes the Minnesota Governor's Economic Regions I and II. Economic Region I consists of Kittson, Roseau, Marshall, Polk, Norman, Pennington, and Red Lake counties. Mahnomen, Lake of the Woods, Beltrami, Clearwater, and Hubbard counties comprise Region II. The two (2) region planning area of Northwestern Minnesota encompasses an area of over 14,000 square miles.

The total population for the Northwest Minnesota area has shown a steady decrease from 1950 to 1970. Beltrami and Pennington were the only counties to show an increase for that period. The majority of the people live in communities with less than a 2,500 population.

In our region, the economy revolves around agriculture; approximately 22% of the region work force is employed in agriculture. This figure is not a stable one; farm employment dropped dramatically between 1960 and 1970 and is expected to decline further. Nevertheless, agriculture, is the dominant employment activity for our region. A continuous pattern of agricultural dominance is interrupted by those counties having urban service centers which service the agricultural area.

Retailing is important as a secondary activity in communities with smaller urban centers, while agriculture becomes the secondary employer in counties with dominant urban service centers. In communities with higher education facilities, they will traditionally employ a rather substantial portion of the locale's population. Another job category which offers a community continual job opportunities is the grouping of transportation, communications and utilities. These three fields when combined employ a substantial number of people.

Of all the planning areas in the State of Minnesota, Regions I and II planning area has the greatest incidence of poverty among families and among individuals. The incidence of poverty in the family category ranged from a low of 4.7% in the Metropolitan area to a high of 16.6% in the Northwest Minnesota area. In the individual category it ranged from a low of 6.6% in the Metropolitan area to a high of 19.7% in Regions I and II. As the accompanying table indicates, the Minnesota state averages for these categories are - 8.2% for families and 10.5% for individuals.

Of the top seven counties in Minnesota which have the greatest incidence of poverty among families, the Northwest Minnesota Developmental Disabilities Council has five:

Mahnomen	- 24.6%
Clearwater	- 24.0%
Marshall	- 21.5%
Red Lake	- 21.2%
Hubbard	- 20.7%

(State Average) - 8.2%

Of the top seventeen (17) counties in Minnesota (there are a total of 87 counties in Minnesota) which have the greatest incidence of poverty among individuals, the area has seven:

Mahnomen - 27.0%
 Clearwater - 26.1%
 Marshall - 25.9%
 Red Lake - 23.3%
 Hubbard - 23.0%
 Norman - 21.4%
 Beltrami - 20.7%

(State Average) - 10.5%

Within Regions I and II there are three Indian reservations - White Earth, Red Lake and Leach. As expected, there are limited economic and manpower resources available to the citizens of these reservations.

Over forty-one percent of the migrants that come to Minnesota come to four counties in the region - Kittson, Marshall, Polk, and Norman. The influx of migrants, with their special needs, represents significant increases in the summer population of these counties - 3.3%, 4.3%, 6.0%, and 7.0% respectively.

- HOST AGENCY: Host agency for the Regions I & II D.D. Council is the Agassiz Health Systems Agency, East Grand Forks, Minnesota.

A shift in the housing of the Program is anticipated October 1, 1977 with the program moving to the Headwaters R.D.C., Bemidji and to the Northwest R.D.C., Crookston.

- REGIONAL COUNCIL PROFILE:

<u>Member</u>	<u>Region</u>	<u>Organization</u>
Dan Wilson	I	Mental Health Center
Mourits Sorenson	II	Mental Health Center
Norman Cole	II	Special Education
Warren Green		Vocational Rehabilitation
Phyllis Solee	I	College Training Representative
Chris Twomey	I	Sheltered Workshops
Jerry Swenson	II	Consumer
Victor Bettger	I	Department of Public Welfare
Tessie Dahlman		Crippled Children's Services
Mary Thomerud	II	Public Health Nursing
Erma St. George	II	Office of Economic Opportunity
Anita Anderson	II	Day Activity Center
Alice Collins	II	Consumer - Epilepsy
Mrs. Sanna Brovold	I	Consumer - M.R.
RoseMary Henderson	I	Consumer - Aging
Ann Spelde	I	Day Activity Center
Kurmeth Hill	I	Consumer - M.R.
Edna Casey	I	Consumer - General Public
Don Blooflat	II	Community Residential Facility
Dr. Charles Austad	II	Consumer - General Public
Kevin Clemetson		Association for Retarded Citizens
Eileen McDonald	I	Consumer - Epilepsy
Rev. Ray Torgerson		Consumer - C.P.
Jim Dale	II	Sheltered Workshops

V-32 Breakdown

- 15 - Service providers
- 4 - Consumers, general public
- 5 - Consumers, M.R., E.P. C.P.

- COMMITTEES: Executive
Advocacy
Nominating
Public Information

- MEMORANDA OF AGREEMENT:

Memorandum of Agreement with the Agassiz HSA for a combined planning effort, April 17, 1974.

- WORK PROGRAM DEVELOPMENT

Procedures

Methods

- | | |
|---|---|
| A. Determination of Long-Range Goals | --Historical goals of the Council and key person survey |
| B. Short-Range Goal Setting | --Nominal group process and issue identification |
| C. Prioritizing and Rank Ordering Goals | --Nominal group process |

- IMPLEMENTATION: Regions I and II Residential Services Plan utilized as the base for the D.D. component of the Agassiz HSA Health Systems Plan.

- LONG-RANGE GOALS:
 1. Increased and improved community services to the developmentally disabled - May 28, 1976
 2. Increase and expand information about D.D. to the general population, May 28, 1976
 3. Advocacy - May 28, 1976

- SHORT-RANGE GOALS-1977:
 1. Develop a Regions I and II plan for community residential facilities
 2. Determine if there is a need for a full-time M.R. generalist in Region II
 3. Develop a public education/information program
 4. Act as a catalyst in the development of a Region I epilepsy league chapter
 5. Develop a directory of services for the developmentally disabled
 6. Strive for maximum participation by consumers at the 1976 Governor's Conference on the Handicapped
 7. Coordinate with the area RDC's for the transfer of regional D.D. program in September

- SHORT-RANGE GOALS-1978: Not available

- PLANNING ACTIVITIES:
 1. Regions I and II Residential Services Plan
 2. Developmental Disabilities component to the Agassiz Health Systems Agency HSP

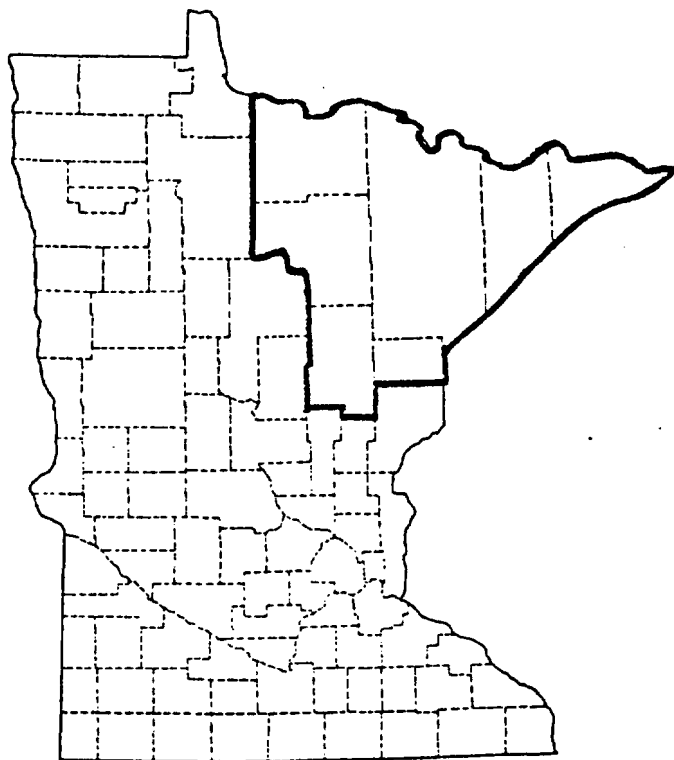
- INFLUENCING/EVALUATING ACTIVITIES:

The Regions I and II Council developed a public information program which highlighted the service system of Regions I and II and addressed some of the needs of the area. The Regional Council participated in reviews of the Park Rapids Group Home - 1122, HEW transportation grant by Northwest Mental Health Center for Region I RDC - A-95, and the D.D. component for Agassiz's HSP.

Special activities the Council engaged in were the coordination of the Region I Conference of the Handicapped and in promoting and coordinating bus transportation for consumers to the 1976 Governor's Conference.

The Regions I and II D.D. Council developed a slide presentation in their public information/education effort. The slide presentation describes the service systems of Regions I and II and presents some of the unmet needs.

Region 3



Counties:

Aitkin, Carlton, Cook, Itasca
Koochiching, Lake, St. Louis.

Population:

Office of State Demographer
State Planning Agency
September, 1976

July 1, 1975 estimates:

Aitkin	12,600
Carlton	28,500
Cook	3,600
Itasca	37,600
Koochiching	17,500
Lake	14,200
St. Louis	215,000
Total	329,000

GENERAL PHYSICAL ECONOMIC CHARACTERISTICS OF THE REGION.

Physical Characteristics

The region is the largest in the state. The region has a land area of 18,292 square miles which is 23.2% of total land area of the state. There are 3,824 lakes in the region representing 25% of the lakes in the state. It borders Lake Superior and topographically consists of a series of heavy forests and rolling hills to a prairie-like area in the southwestern portion of the region.

Comparing the region as a geographic unit to the states in the nation, it would rank 41st among the 50 states. It is geographically larger than the combined land area of 5 states.

The region has a wealth of natural resources in the form of vast iron ore deposits, large timber (pulpwood) supply, an estimated 12 billion ton peat reserve, copper nickel deposits, and an abundance of fresh water.

Population Characteristics

The bulk of the population of the region is in the south-central portion of the region. The majority of the land area is sparsely settled and large land areas have for all practical purposes no inhabitants. The densely populated areas are the metropolitan area of Duluth and the string of communities across the Iron Range. These concentrations have approximately two-thirds of the population of the region. Elsewhere in the region there are no other dense concentrations of population.

Age Composition

The declining birth rate in the past decade has had a significant effect on the number of pre-school children in the region, while the age group of 60 and over has shown a steady increase over the last two decades.

Racial Composition

Indians constitute the largest non-white population in the region. There are four reservations located within the area including Grand Portage, Nett Lake, Fond du Lac and Mille Lacs. A fifth, Leech Lake, falls partially in Itasca County. Total Indian population in 1970 was 3,605, about 1 percent of the region's total.

Negroes constitute the only other non-white population of any size in the region. In 1970 there were, 1,215 Negroes in the region, with 857 residing in Duluth.

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Educational Characteristics

The Arrowhead Region falls below the state average and above the national in terms of high school graduates over 25 years of age. The region also falls below the state and national average in terms of percentage of persons over 25 completing four or more years of college. The figure for the region is 8.4%, while those for the state and nation were 11.1% and 10.6%, respectively.

Income Characteristics

Median family income in 1970 fell considerably below the state and national levels. The regional median family income was \$8,774. The dollars amount and rate of increase of median income in the region between 1959 and 1970 was also somewhat lower than that of state. Within the area there was a gain of \$3,440 or 65% in this time, while the increase for the state as a whole amounted to \$1,358, a 58% rate.

Aitkin County, with a median family income of \$5,899, was the lowest in the region and the lowest of Minnesota's 87 counties.

Host Agency

Since August, 1976, Arrowhead Regional Development Commission (ARDC)
200 Arrowhead Place, 211 West Second Street, Duluth, Minnesota 55802
(612) 722-5545

Previous Host Agency (no longer in operation)

Arrowhead Region Planning Council for Health Facilities and Services (ARCH). 202 Ordean Building, 424 West Superior Street, Duluth, Minnesota 55802

Regional Council Profile

21 Total Memberships
17 Members presently serving

Consumers - 4

Mental Retardation - 2
Cerebral Palsy - 2
Epilepsy - vacant
Autism- vacant

Service Agencies - 10

Area Boards - 3
State Hospital - 1
Group Homes - 1
DUR - 1
DAC's - 1
Sheltered Workshops - 1
Public Health - 1
County Social Services - 1
Special Education - vacant

Consumer Groups - 3

Association of Retarded Citizens - 1
United Cerebral Palsy - 1
Arrowhead Epilepsy League - 1

Committees

FY77 - Public Information
Planning
Nominating
Personnel Advisory

FY78 - Public Information
Planning

Memos of Agreement

Between ARDC and Regional Developmental Disabilities Council
signed September 29, 1976.

The Regional Council agreed to prepare the developmental disability component of ARDC's Comprehensive human resource plan, develop an annual regional plan/work program, monitor and evaluate the implementation of annual regional plan. Also, the Council would submit to ARDC its membership policies, appointments and operating procedures for approval and assist ARDC by analyzing data, policies, programs affecting persons with developmental disabilities, or other human service efforts, and advise ARDC on such matters.

ARDC agreed to act as the legal entity on behalf of the Council, secure available federal or state assistance to finance the work/plan development, jointly prepare applications for such assistance using Regional Council resources. ARDC also agrees to provide adequate, identified staff, including hiring such staff, merge the Council Staff with ARDC staff so work activities can be integrated; provide administration, provide basic management procedures, office support, provide accounting services and submit reports and materials to the State Planning Agency as required.

Other memos have been discussed, or are in the process of negotiation. However, there are no formal memos of agreement in place.

Work program development/implementation.

In January and February of 1977 the Council undertook a needs assessment session identifying needs and problems in goal categories. The goal categories had been identified earlier in the planning year. The goals are three year goals for the DD Council's Comprehensive plan. Nominal group technique was used to identify the needs and problems.

In March the Council prioritized the needs and problems in each goal category. In April they reviewed their priorities, developing refined, condensed needs and problems. The result was one need and problem in each goal category. The Council also prioritized their priorities: That is, deciding each goal category/need and problem importance.

In May and June the Council and staff developed implementation strategies, work plans and committee structure to carry out the council's decision.

Staff and some Council members are involved with metropolitan transportation planning for the elderly and handicapped at ARDC. Also, the Aging Committee and staff are integrating work efforts with the Developmental Disabilities Council on mutual projects.

Long Range Regional Goals

- (1) To stimulate local government and agency planning.
- (2) To set goals for Region-wide planning and develop Region-wide plans.
- (3) To represent the needs of consumer and service providers in Region-wide planning.
- (4) To insure that problems unique to particular areas are studied and understood.
- (5) To recommend programs which will lead to the solution of Region-wide problems.
- (6) To stimulate planning and operational innovations
- (7) To interpret federal and state guidelines to local areas and agencies.
- (8) To translate broad state-wide planning guidelines to local areas and agencies.
- (9) To provide public information regarding area and state developmental disabilities planning.
- (10) To assure protection of human rights and serve as an advocate on behalf of persons with developmental disabilities.
- (11) To develop objective information on regional characteristics, needs, and resources for the developmentally disable population.
- (12) To supervise development of, approve, monitor and evaluate the implementation of a Comprehensive Region DD Plan that addresses local service needs as well as issues of significance identified at the national and state levels.
- (13) To review and comment on applications for State and Federal funding and projects to develop services to meet the needs of developmentally disable persons in the region.
- (14) To develop coordinated planning relationship with other local human service organizations serving the DD population.

Short-Range Goals and Objectives FY77

A. Orderly Transition of Host Agencies

OBJECTIVE (list)

1. Complete all Necessary letters of Agreement between ARDC and Regional Council
-

2. Prepare planning grant application to State DD Council
3. Secure approval of Agreements and planning grant application from ARDC and Regional Council
4. Hire DD Planner
5. Transfer Regional Council files from ARCH to ARDC
6. Review Regional Council Membership Policies, revising where necessary and appropriate
7. Establish formal By-Laws for Regional Council

DEVELOPMENT OF REGIONAL COMPREHENSIVE DEVELOPMENTAL DISABILITIES PLAN

1. Preplanning Activities
 - A. Clarification of Council Mission, Role, and Responsibility
 - B. Delineation of Intended Purposes
 - C. Determination of Plan Framework and Format
- B. 2. Establish Goals, Guidelines and Standards
 - A. Develop Planning Process
 - B. Develop Workprogram
 - C. Establish Goals
 - D. Establish Guidelines and Standards
3. Identify Needs and Priorities. Established Objectives and Develop Plan Implementaiton Strategy
 - A. Develop planning process
 - B. Develop Workprogram
 - C. Identify Needs

D. Determine Priorities

E. Establish Objectives

F. Develop Plan Implementaiton Strategy

4. Publish and Implement Plan

5. Evaluate Results and Review, Revise,
Update Plan

C. Coordinate DD Planning in the Arrowhead Region

1. Develop written memorandum of understanding with each of the three Area Mental Health Boards in the Arrowhead Region
2. Develop a written memorandum of understanding with the Health Systems Agency of Western Lake Superior, Inc.
3. Develop a written memorandum of understanding with each county Welfare Department in the Arrowhead Region
4. Coordinate Council Planning Process with Area Mental Health Boards comprehensive Mental Health Boards Systems planning process
5. Coordinate with regional housing, transportation, aging and human resources planning staff with ARDC
6. Coordinate with the staff of the State DD Council
7. Coordinate with the staffs of the other Regional Councils in Minnesota

. REVIEW GRANT APPLICATIONS AND PLANS RELATED TO THE DEVELOPMENTALLY DISABLED

1. Review grant application generated from within the Region seeking funding from the State DD Council
2. Review grant applications generated from within the Region for State or Federal funds which are DD related
3. Review plans of other organizations which are DD related and impact upon the DD population of the Region

E. PROVIDE TECHNICAL ASSISTANCE

1. Provide technical assistance to applicants for State DD Council grnats
2. Provide technical assistance on an "as requested" basis to organizations with the Region

V-40 F. PROVIDE INFORMATION ON COUNCIL ACTIVITIES.

1. Publish regular articles on DD Council activities in the monthly ARDC newsletter
2. Prepare news releases to cover each major phase of planning process and findings for dissemination through local media
3. Prepare periodic news releases relating to needs and problems of the DD population in the Region, including the preparation and dissemination of a series of newspaper articles and other public information concerning foster home placements of handicapped persons
4. Prepare and make presentations to other organizations and group about the DD Council, its planning activities and the needs and problems of the DD population in the Region

Short Range Goals and Objectives FY1978

See attached Work Program Tasks, Item B. There are two working committees - The planning committee and the public information committee. The planning committee will: a) develop Second Annual Plan. b) participate in statewide data collection process. c) plan for transportation. d) Analyse Management information systems needs. e) investigate early and periodic screening.

The Public information committee will: a) do legislative analysis. b) coordinate and advocate. c) undertake a public information campaign. e) act as legal advocacy liaison. These objectives have not been developed into complete goal statements at present. The final work plan has not been officially approved by the Council, but the final form will undoubtedly be similiar.

Planning Activities FY 77-78

As a part of FY77 planning activities, the needs assessment data gathered by the three Area Boards in the early spring of 1976 was used. The survey examined the known developmentally disabled population to determine numbers, degree of disability, geographic location, and program innvolvement and need.

Also, as part of FY77 planning activities, the service resources of the Arrowhead Region are being examined to determine numbers served, programming, geographic location.

Influencing/Evaluating Activities for FY1977

Interagency - Coordination efforts - Much effort has been expended trying to arrive at a Memorandum of Agreement with Western Lake Superior Health Systems Agency. To date there has been a rough draft developed, but there is no final agreement.

The Regional Development Disabilities Council has worked with the three Area Boards in the Region on projects. This cooperation has fostered a willingness to continue joint planning efforts.

Articles about the Developmental Disabilities Council were placed in the ARDC newsletter.

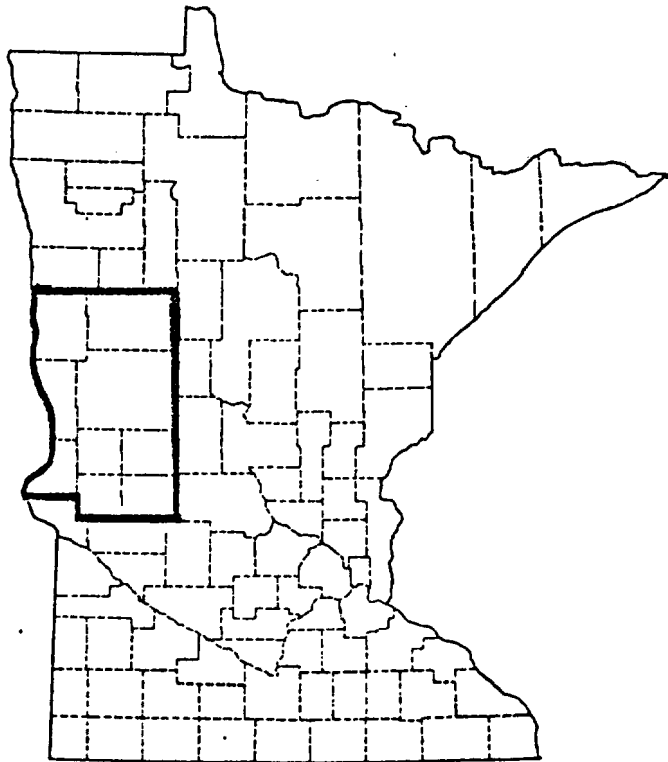
Review Efforts

The Regional Developmental Disabilities Council reviewed assorted pieces of proposed legislation as information exchange for Council members. The Council reviewed two A-95's, one State Council RFP, four - 1122 Reviews, and one follow-up of a State DD Council grant.

Other Work Activities

The majority of FY 77's work activities was directed toward developing a comprehensive plan for developmental disabilities in the Arrowhead Region.

Region 4



REGIONAL PROFILE (REGION IV)

COUNTIES IN REGION

Becker, Clay, Douglas, Grant, Otter Tail, Pope, Stevens, Traverse, and Wilkin.

COUNTY AND REGIONAL POPULATIONS

(Source: Reinhardt, Hazel, County Population Estimation Data, Minnesota State Planning Agency, June, 1975)

	<u>1970</u>	<u>1975</u>
Region IV	185,400	191,600
Becker County	24,400	25,200
Clay County	46,600	49,000
Douglas County	22,900	24,500
Otter Tail County	46,100	47,200
Pope County	11,100	11,200
Stevens County	11,200	11,500
Traverse County	6,300	6,100
Wilkin County	9,400	9,400
Grant County	7,500	7,500

GENERAL PHYSICAL, ECONOMIC CHARACTERISTICS OF THE REGION

Region IV is a nine-county area located in West Central Minnesota. Included within the region are the counties of Becker, Clay, Douglas, Grant, Otter Tail, Pope, Stevens, Traverse, and Wilkin. The nine-county area is primarily rural with only the cities of Moorhead and Fergus Falls having populations of over 10,000. The region encompasses 8,615 square miles with a total population of 191,621 in 1975. The economy of Region IV is primarily agricultural and service industries (tourism, education, etc.)

HOST AGENCY FOR THE REGIONAL PROGRAM

The Region IV Developmental Disabilities Council was created in 1972. From 1972 to 1976, the Developmental Disabilities Council was housed with the Min-Dak Health Systems Planning Agency (811 16th Street South, P.O. 915, Moorhead, Minnesota 56560). As of July, 1976, the Developmental Disabilities Council and staff has been housed with the West Central Regional Development Commission (Fergus Falls Community College, Fergus Falls, Minnesota 56537).

REGIONAL COUNCIL PROFILE

Membership

Consumer

Ione Amundson (Mental Retardation)
 Jean LeDoux (Multi-Handicaps)
 Mary Florance Parker (Mental Retardation and Becker Co. Developmental Achievement Center)
 Joanne Welsh (Multi-Handicaps)
 Marion Gorman (Cerebral Palsy)
 Marvin Tritz (Mental Retardation)
 Ronald Frohrip (Autism and Superintendent of Rothsay Schools)

Providers

George Bang, State Regional Retardation Center (Fergus Falls State Hospital)
 Bill Casey, Department of Vocational Rehabilitation
 Terry Denley, Lake Park-Wild Rice Children's Home
 Thomas M. Fawcett, Wilkin County Social Services
 Linda Gress, Region IV Association for Retarded Citizens (Field Representative) and member and past president of the Northern Epilepsy Association
 Glen Medcraft, Project New Hope
 Marilyn Moen, Mental Retardation Generalist for Region IV
 W.N. Pierce, Region IV Special Education Consultant
 Robert Poyzer, Department of Health
 Betty Shaw, Stevens County Developmental Achievement Center
 Judy Schultz, Otter Tail County Public Health Nursing Service

Presently there are three vacancies on the Region IV Developmental Disabilities Council. These vacancies are expected to be filled in the next two months.

COMMITTEES FOR 1977

Nominating Committee

W.N. Pierce
Mary Florance Parker
George Bang

Needs Assessment Committee

Jean Le Doux
Betty Shaw

Public Information Committee

Linda Gress
W.N. Pierce
Marilyn Moen
Joanne Welsh
Ronald Frohrip

Residential Committee

Mary Florance Parker
Marilyn Moen
Betty Shaw
Glen Medicraft

Officers for Region IV Developmental Disabilities Council

W.N. Pierce, Chairperson
Mary Florance Parker, Vice-Chairperson
Betty Shaw, Secretary

MEMOS OF AGREEMENT

SPECIAL AGENCY RELATIONSHIPS

The Developmental Disabilities Council's planning responsibility includes all facets of planning for the total life needs of the developmentally disabled population of Region IV. The Developmental Disabilities Council, because of its broad planning responsibility, has developed special relationships with local agencies involved in similar planning activities. These special agency relationships are described below.

REGIONAL DEVELOPMENT COMMISSION

Regional Development Commission were created under the Regional Development Act of 1969 to coordinate federal, state, and local planning programs within the framework of broad regional growth and development policies. Regional developmental disabilities planning programs, since their inception, have been linked to regional administering agencies that have broad based planning responsibilities and the potential to influence local service development and delivery. Effective July 1, 1977, Regional Development Commissions will be the only acceptable administering host agencies for Regional Developmental

Disabilities programs. Administering host agencies must provide adequate personnel to fulfill the Developmental Disabilities Council's responsibilities.

The role of the West Central Commission is five-fold. It provides long-range planning; acts as a coordinative management agency; serves as a public forum for ideas and issues; acts as a review agency of federal/state aid programs and independent agencies and local comprehensive plans; and provides data, information, and technical assistance to local units of government.

The Region IV Developmental Disabilities Council is an Advisory Committee to the West Central Regional Development Commission. The West Central Commission's staff carries out a Commission-approved comprehensive planning program in the areas of aging, developmental disabilities, law and justice, economic development, manpower, land use, transportation, and human resources. The Commission staff of specialists act as resource people for member governments and for the citizen and technical committees which are advisory to the West Central Commission. These advisory committees help develop and recommend to the Commission various proposals and plans regarding area-wide concerns.

AREA MENTAL HEALTH BOARD

Lakeland Mental Health Center is a private, non-profit corporation providing a full range of outpatient mental health services to residents of the nine-county west central Minnesota area. The Center's Administrative Board of Directors also serves as the Area Mental Health Board for Region IV, as outlined in state legislation. The Area Mental Health Board is responsible for ensuring the planning, development, implementation, coordination and evaluation of area-wide mental health services.

The Mental Retardation Generalist for Region IV, who serves as the planner to the Area Mental Health Board, is also a member of the Developmental Disabilities Council. By being a member of the Developmental Disabilities Council, the Mental Retardation Generalist serves as a liaison between the Area Mental Health Board and the Developmental Disabilities Council. A cooperative staff relationship exists between the Mental Retardation Generalist and the Developmental Disabilities staff person and serves to avoid duplication of planning efforts and to share common areas of concern.

REGION IV HUMAN SERVICES COORDINATING COMMITTEE

The Human Services Coordinating Committee's membership is comprised of staff representatives from all of the agencies in the region which are involved with planning and/or delivery of human services. The Committee's purpose is to plan and coordinate the delivery of human services in the region. The Committee has been delegated a clear responsibility from the Area Mental Health Board for planning for the mentally ill, mentally retarded and chemically dependent.

The West Central Regional Development Commission is a member of the Human Services Coordinating Committee. The Developmental Disabilities staff person provides information and input to the Committee on issues relating to developmental disabilities.

MIN-DAK HEALTH SYSTEMS AGENCY

Min-Dak Health Systems Agency (HSA) has the responsibility to plan for health

facilities, health services, health manpower, and related areas of concern for a 23-county area in Minnesota and North Dakota. The Minnesota planning area for Min-Dak HSA is contiguous with the boundary of the nine counties of west central Minnesota. In addition to comprehensive health planning, Min-Dak has the responsibility to review, comment and make recommendations on proposals to increase, decrease, or significantly change existing services in health care facilities including Intermediate Care Facilities for persons who are mentally retarded (I.C.C./M.R.). This review authority and responsibility is derived from State and Federal Certificate of Need legislation. Prior to award of the Certificate of Need, the proposed change in service must be reviewed by Min-Dak HSA.

In order to coordinate planning and review activities, Min-Dak HSA and the West Central RDC have developed a memorandum of agreement. The agreement addresses areas of cooperation including: (1) Planning Coordination, (2) Data Collection, (3) Review and Comment Activities. Under the review and comment section, Min-Dak HSA and West Central RDC agree to notify each other of all appropriate grants and loans under consideration and allow each agency the opportunity to review and comment on these activities. In addition, Min-Dak HSA shall notify the Developmental Disabilities Council of all 1122 reviews involving group homes for mentally retarded in Region IV. The Developmental Disabilities Council shall review these applications and provide comments and recommendations to Min-Dak HSA prior to any formal action on the 1122 application.

The following is a draft Memo of Agreement between the Min-Dak Health Systems Agency and the West Central Regional Development Commission. The Memo of Agreement is expected to be finalized in the next few months.

DRAFT
RESOLUTION ON RELATIONSHIPS BETWEEN THE
MIN-DAK HEALTH SYSTEMS AGENCY AND THE
WEST CENTRAL REGIONAL DEVELOPMENT COMMISSION

WHEREAS, the West Central Regional Development Commission (WCRDC) under Minnesota State Statute is the recognized regional planning agency for west central Minnesota including the counties of Becker, Clay, Douglas, Grant, Otter Tail, Pope, Stevens, Traverse, and Wilkin; and

WHEREAS, the WCRDC has the responsibility for preparing and updating physical, economic and social development plans for the citizens of west central Minnesota; and

WHEREAS, the WCRDC, as the local clearinghouse under the A-95 review process, is responsible to review and make recommendations on all grants and projects seeking or receiving federal funding; and

WHEREAS, the Min-Dak Health Systems Agency (HSA) is the designated agency with responsibility to plan for health facilities, health services, health manpower and related areas of concern for a 23-county area in Minnesota and North Dakota; and

WHEREAS, the Minnesota planning area for the Min-Dak HSA is contiguous with the boundary of the west central Minnesota Region IV; and

WHEREAS, the Min-Dak HSA is the responsible agent for review and comment on health care facility expansion under Minnesota Certification of Need legislation; and

WHEREAS, the Min-Dak HSA shall assume responsibility for review and approval of health related grants and projects upon full HSA designation; and

WHEREAS, the WCRDC and Min-Dak HSA have established active planning programs in accordance with their authorities and responsibilities and are committed to the common goals of improving the well-being of the citizens of west central Minnesota;

NOW THEREFORE, BE IT RESOLVED, that the WCRDC and Min-Dak HSA recognize and accept each other's legislatively defined authority and responsibilities for planning and enact this agreement to coordinate the health related planning of Min-Dak HSA with the comprehensive planning of the WCRDC as outlined below.

Planning Coordination

- (1) The WCRDC and Min-Dak HSA staff will meet quarterly to review the status of each agency's work program, identify planning projects that can be implemented through joint staffing effort and review planning approaches to insure consistency and compatibility of plans developed within the nine counties of west central Minnesota.
- (2) The WCRDC shall notify Min-Dak HSA of meetings of the Commission and its Board of Directors, including copies of meeting agendas and minutes.
- (3) The WCRDC shall submit to Min-Dak HSA copies of all plans and related publications of the Commission and shall request Min-Dak to review, comment and adopt Commission plans related to health issues.
- (4) Min-Dak HSA shall notify WCRDC of meetings of the Board of Directors and its Health Plan Development Committee, including copies of meeting agendas and minutes.
- (5) Min-Dak HSA shall submit to WCRDC copies of all plans and related publications of the HSA and shall request WCRDC to review, comment and adopt HSA plans pertaining to west central Minnesota.

Data Collection

- (1) The WCRDC and Min-Dak HSA shall each identify and catalogue the data resources generated by their agency and shall maintain open libraries for use of agency staff.
- (2) Min-Dak HSA shall participate in the Human Service Data System Development activities of the WCRDC, including development of common baseline data and information to be used consistently throughout west central Minnesota.
- (3) Prior to initiating any data collection activity, each agency shall submit copies of the data collection forms to the other for review for consistency and applicability to the other agency's work program.

Review and Comment Activities

- (1) Under the A-95 review process, WCRDC shall notify Min-Dak HSA of all grants and loans for projects relating to health concerns or related services in west central Minnesota and provide Min-Dak HSA with the opportunity to review and comment on same.

- (2) Min-Dak HSA shall notify WCRDC of all health grants and loans involving projects in west central Minnesota and provide WCRDC with the opportunity to review and comment on same.
- (3) Min-Dak HSA shall notify the WCRDC's Developmental Disabilities Council of all 1122 reviews submitted for HSA processing involving group homes for the mentally retarded in west central Minnesota; the Region IV Developmental Disabilities Council shall review these applications and provide comments and recommendations to Min-Dak HSA prior to any formal action on the 1122 application by Min-Dak HSA.

WORK PROGRAM DEVELOPMENT/IMPLEMENTATION

The 1977-1978 Work Program was taken from the Long-Range Objectives and Implementation Strategy Section of the Region IV Developmental Disabilities Plan. The Region IV Developmental Disabilities Plan is a general policy plan to guide and direct activities relating to developmental disabilities in Region IV. It sets out the general framework within which the Region IV Developmental Disabilities Council will work and establish the goals which we hope to achieve. The Council recognizes that any plan must be continually evaluated and reviewed. The priorities, long-range objectives, and implementation strategy will be reviewed annually. Goals, overall policies and the service inventory will be formally updated every three years.

For information on the planning approach used to develop the Region IV Developmental Disabilities Plan refer to the Summary of Planning Approach attached to the end of these sheets.

LONG-RANGE REGIONAL GOALS

The Long-Range Objectives and Implementation Strategy were approved by the Region IV Developmental Disabilities Council (in conjunction with the entire Region IV Developmental Disabilities Plan) on April 25th at their regular monthly meeting.

LONG-RANGE OBJECTIVES AND IMPLEMENTATION STRATEGY*

The Developmental Disabilities Council is primarily involved in planning for all circumstances and services which affect the developmentally disabled population of Region IV. It is important to note that the D. D. Council is a planning council and not responsible for delivering services to the developmentally disabled population of the region. The long-range objectives and implementation strategy, therefore, focus upon activities aimed at influencing the action of others.

OBJECTIVE 1

To provide adequate community-based residential alternatives for every individual who is developmentally disabled and in need of these services in Region IV.

IMPLEMENTATION STRATEGY

1. D. D. Council will develop a "Residential Service Design and Development Plan" for Region IV.

2. The D. D. Council will review 1122 applications involving group homes for the mentally retarded in Region IV and provide comments and recommendations to Min-Dak Health Systems Agency prior to any formal action on the 1122 applications.
3. The D. D. Council shall assist and support the Group Home Committee of Region IV in its efforts to change regulations for small group homes.
4. The D. D. staff will provide, on a limited basis, technical assistance to communities, appropriate groups, agencies, and developers in the area of community-based residential alternatives.
5. The D. D. Council will distribute, to the appropriate persons, all pertinent information about housing programs that relates to the developmentally disabled population of Region IV.
6. The D. D. Council shall assist in identifying and developing start-up funds for community-based residential alternatives.
7. The D. D. Council will help to stimulate the development of community-based residential alternatives in anyway the Council deems appropriate.

OBJECTIVE 2

To eliminate inappropriate institutional placements of persons with developmental disabilities in Region IV.

IMPLEMENTATION STRATEGY

1. The D. D. Council will assist the Mental Retardation Generalist, the Area Board, the county social services departments, and the state hospitals in providing a mechanism to ensure that placements in institutions (nursing homes, state hospital, etc.) are appropriate.
2. The D. D. Council, by assisting in the development of community-based residential alternatives, will enable developmentally disabled persons to have more options in their placement.

OBJECTIVE 3

To improve the environment and provide a higher standard of care of persons with developmental disabilities appropriately placed under institutional care.

IMPLEMENTATION STRATEGY

1. The D. D. Council will assist the Mental Retardation Generalist, the Area Board, the county social services departments, and the State Hospital to ensure follow-up monitoring and supervision of residents in institutions (State Hospital, nursing homes, etc.).

OBJECTIVE 4

To keep the people of Region IV well-informed about developmental disabilities and related issues.

IMPLEMENTATION STRATEGY

1. The D. D. Council will develop a Public Information/Education Program for Region IV.

2. The D. D. Council will develop a Speakers Bureau.
3. The D. D. Council with the cooperation of other interested groups will develop and/or sponsor workshops throughout the region on developmental disabilities and related issues.
4. The D. D. Council with other interested groups will provide seminars and discussion groups on developmental disabilities (and related issues) for high school and college classes.
5. The D. D. Council will coordinate consumers to appear on television and radio talk shows.
6. The D. D. Council will submit articles on a variety of developmental disabilities subjects and issues to local newspapers.

OBJECTIVE 5

To keep consumers and providers aware and well-informed of the services that are available to the developmentally disabled population of Region IV.

IMPLEMENTATION STRATEGY

1. The D. D. Council will distribute to all agencies, organizations and personnel the Council's Directory of Services.
2. The D. D. Council will review and update the Directory on a regular basis.

OBJECTIVE 6

To have needed services readily available and accessible to all persons with developmental disabilities in Region IV.

IMPLEMENTATION STRATEGY

1. The D. D. Council will assist the Mental Retardation Generalist and the Area Board in making needed therapy services available throughout Region IV.
2. The D. D. Council will cooperate with the M.R. Generalist and the Area Board in publicizing the availability and appropriate use of therapy services in Region IV.
3. The D. D. Council will assist the M.R. Generalist and the Area Board in developing an effective referral mechanism so that individuals in need of services can obtain them.
4. The D. D. Council will help the Area Board to develop stable funding for the Division of Vocational Rehabilitation in order to increase the availability of services to residents of Region IV.
5. The D. D. Council will work with the Area Board in developing more work activity contracts and to stimulate the development of Work Activity Centers in our region.
6. The D. D. Council will work with the Area Board to increase long-term sheltered employment opportunities within Region IV.

to educate and encourage employers to hire developmentally disabled persons.

9. The D. D. Council will assist the county social services departments, Human Services Coordinating Committee and the Area Board to assist in the development and/or expansion of Developmental Achievement Centers (D.A.C.) as is needed in our region.
10. The D. D. Council will evaluate and assess the funding for D.A.C.s throughout the Region.
11. The D. D. Council will develop a presentation of funding needs for legislators and county officials (people who make the funding decisions for D.A.C.s).
12. The D. D. Council will cooperate with the Area Board to identify and fix responsibility for outpatient services (related to developmental disabilities) among all the provider agencies.
13. The D. D. Council will assist the Area Board and county social services departments to have available a central, well-publicized phone number for Information and Referral Assistance in each county.
14. The D. D. Council will develop workshops to offer additional training to volunteer/consumer personnel who are already involved in family counseling.
15. The D. D. Council will develop and sponsor Parent Training Workshops for parents of developmentally disabled children.
16. The D. D. Council will assist the Area Board in encouraging the county social services departments to emphasize family support services and family orientated treatment within its programs.
17. The D. D. Council will encourage and assist in the development of more Infant Stimulation and Pre-School Programs for developmentally disabled children.
18. The D. D. Council will stimulate the organization and coordination of Recreation/Leisure Time programs in Region IV.
19. The D. D. Council will assist in the development of more community-based Recreation/Leisure Time programs.
20. The D. D. Council will identify specific transportation needs of the developmentally disabled population of Region IV and assist in developing funding and/or identify funding sources for transportation programs for our region.
21. When requested, the D. D. Council will assist D. D. families to better utilize the State Hospital respite care program.
22. The D. D. Council will stimulate community-based alternatives for Parental Relief Programs.

OBJECTIVE 7

To develop an effective advocacy program to serve all of the developmentally disabled population of Region IV.

IMPLEMENTATION STRATEGY

1. The D. D. Council will help maintain existing D. D. Advocates in Region IV.
2. The D. D. Council will assist the expansion of volunteer D. D. advocates and advocacy projects.
3. The D. D. Council will develop a staffed advocacy project in Region IV for individuals with developmental disabilities.

OBJECTIVE 8

To continue planning efforts for the development of a comprehensive service delivery system for persons in Region IV who are developmentally disabled.

IMPLEMENTATION STRATEGY

1. The D. D. Council and staff will monitor and evaluate changes in developmental disabilities programs and services in Region IV on an ongoing basis.
2. The D. D. Council will annually evaluate and review the priorities, long-range objectives, and implementation strategy.
3. The D. D. Council will formally update and republish the Comprehensive Plan every three years.

* The Region IV Developmental Disabilities Plan, 1977, p 38-42.

SHORT-RANGE GOALS AND OBJECTIVES - FY 1977

Goal 1 - Identify and stimulate the development of a full range of services for D.D. in Region IV.

Objective 1 - To prepare the 1976-1977 comprehensive plan for the delivery of needed services to D.D. in Region IV.

Objective 2 - Conduct detailed studies in specific program area and develop detailed plans for resolving problems defined as priority areas of concern in the comprehensive plan.

Sub-Objective 2A - Finish the present study assessing the housing and other residential programming needs of D.D. persons in Region IV and develop a strategy for meeting those needs.

Sub-Objective 2B - Develop additional detailed studies based on priorities outlined in the comprehensive plan.

Goal 2 - To improve development, coordination and delivery of services for D.D. persons in Region IV.

Objective 1 - Develop clear statement of the roles, functions, responsibilities and authority of the Region IV D.D. Council.

Objective 2 - Identify those agencies with planning or coordination responsibility for the D.D. and develop working agreements specifying the roles, functions,

Objective 3 - Formally define the inter-related roles, responsibilities, mission, authority and functions of the Region IV D.D. Council, the Governor's Planning Council on D.D. in Minnesota, and Minnesota State Planning Agency. Special attention will be given to defining the Regional Council's role and relationship to projects funded from State D.D. monies.

Objective 4 - Relate the D.D. Planning Program to other planning programs of the R.D.C. such as housing, aging, manpower, and transportation to insure that the concerns of the D.D. are addressed in other plans.

Goal 3 - To inform general and specific audiences about the needs of developmentally disabled persons, about agencies serving them and about any other information pertinent to developmentally disabled and their welfare.

Objective 1 - To provide the D.D. Council with orientation/training to aid each individual on the council to make better decisions.

Objective 2 - Provide information and support legislators, county and city elected officials and other decision-makers in fulfilling identified needs of D.D. persons.

Objective 3 - Provide technical assistance to D.D. service providers and others requesting assistance on an on-going basis.

Objective 4 - Provide D.D. related information to consumer groups, provider agencies and the general public.

Goal 4 - To develop strong leadership in and administration of the planning programs of the Region IV D.D. Council.

Objective 1 - Provide necessary staff support services to Region IV D.D. Council.

SHORT-RANGE GOALS AND OBJECTIVES - FY 1978

WORK PROGRAM FOR 1977 - 1978

Objective 1

Develop a "Residential Service Design and Development Plan" for Region IV.

<u>Responsibility</u>	<u>Work Activities</u>	<u>Completion Date</u>
Staff/Council	Develop a "Philosophy of Community Residential Living" to serve as the basis for the Residential Services Plan.	September, 1977
Staff/Council	Develop a model for a continuum of Community Residential Programs.	March, 1978
Staff/Council	Develop criteria for determining location for residential and support services (D.A.C., W.A.C., etc.)	April, 1978

Staff	Prepare draft of Residential Services Plan; conduct public hearings and prepare final plan for publication.	June, 1978
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Objective 2

Identify transportation problems and needs of the D.D. and other handicapped in Region IV.

<u>Responsibility</u>	<u>Work Activities</u>	<u>Completion Date</u>
Staff	In cooperation with Aging and Transportation planners and their councils, identify and analyze transportation problems and needs faced by the handicapped in the Region.	March, 1978
Staff	Publish summary of problems and needs and distribute to appropriate regional agencies.	March, 1978

Objective 3

Develop a Public Information/Education Program on Developmental Disabilities for citizens of Region IV.

<u>Responsibility</u>	<u>Work Activities</u>	<u>Completion Date</u>
Council	Develop a Speakers Bureau including identification of interested persons and publicizing of the Speakers Bureau.	September, 1977
Staff/Council	Develop and/or sponsor workshops on D.D. and related subjects including joint sponsorship of Advocacy Workshops in Region IV with state D.D. program.	On-going
Staff/Council	Distribute an update of the Directory of Services to all relevant agencies, organizations and personnel.	December, 1977
Staff/Council	Conduct a Public Information program to educate and encourage employers to hire D.D.	On-going

Objective 4

Coordinate developmental disabilities planning activities with related state and local agencies and provide technical assistance to D.D. service providers and units of local government on issues affecting the developmentally disabled.

<u>Responsibility</u>	<u>Work Activities</u>	<u>Completion Date</u>
Staff	Provide technical assistance on a limited basis to communities, D.D. agencies, and developers to assist them to develop community-based residential programs for the D.D.	On-going
Staff	In cooperation with the Regional Manpower Advisory Committee, seek to develop more contracts for work activity centers in Region IV.	January, 1978
Staff	Assist local communities to develop and implement an expanded volunteer developmental disabilities advocacy program.	On-going
Staff/Council	Review and comment on 1122 proposals and other project grants affecting the D.D. to insure that such proposals are consistent with the goals and policies contained in the D.D. Plan.	On-going

PLANNING ACTIVITIES FOR FY 77-78

The Region IV D.D. Council's "planning" activities for FY 77 were to develop, write and publish the Region IV Developmental Disabilities Plan. For specific information on data gathering/analysis, "system plan" used, needs assessment refer to the Region IV D.D. Plan.

The Region IV D.D. Council's "planning" activities for FY 78 are outlined in the Work Program for 1977-1978. The Work Program is presented under the Short-Range Goals and Objectives - FY 78 section of this report.

INFLUENCING/EVALUATION ACTIVITIES FOR FY 1977

I. Specific Inter-Agency Coordination Efforts

- D.D. Council in conjunction with Region IV Association for Retarded Citizens, Northern Epilepsy Association and United Cerebral Palsy of the Red River Valley has worked on several joint projects throughout the year (Public Information, Advocacy, etc.)
- The D.D. staff person attends the Fergus Falls Transit Study Committee meetings to ensure that the needs of the developmentally disabled in Fergus Falls are addressed in developing a transit system within the city.
- The D.D. staff person has prepared information about the transportation and recreational needs of the D.D. population in the region. This information was presented to the Region IV Transportation Committee and the Region IV Recreation Committee.
- The RDC Housing planner for Region IV keeps the D.D. Council and staff up-to-date on all housing programs for handicapped.

- West Central RDC publishes a monthly newsletter and relevant information about D.D. and the regional D.D. planning program in included in the RDC Newsletter.
- West Central RDC developed a slide presentation about the various activities and programs (including categorical programs) at the RDC. The slide presentation will be presented throughout the region.
- The D.D. Council and MARC co-sponsored a Legislative Dinner for area legislators to heighten their awareness about the needs of the developmentally disabled in Region IV.
- The Region IV Special Education Consultant and the D.D. Council co-sponsored a Portage Project workshop in our region.
- D.D. staff person assisted in publicizing the PACER workshops in Region IV.
- The D.D. Council developed, printed, and distributed the Region IV Directory of Services for Persons with Developmental Disabilities.
- The D.D. Council wrote and submitted articles about developmental disabilities to local newspapers throughout the region.

III. Review Efforts (legislation, policies, rules, A-95, 1122, grants, follow-up)

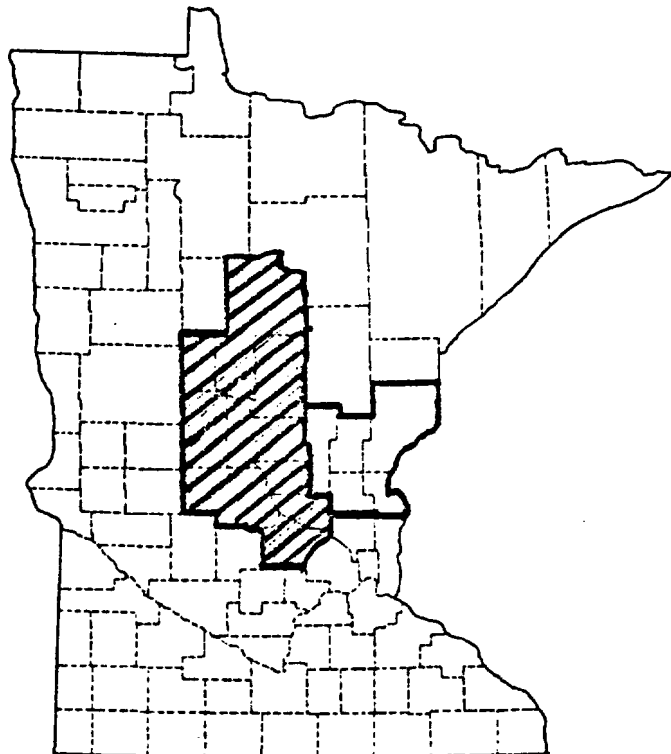
- The D.D. Council wrote a letter of support to Minnesota Community Education Association for a "fair share" provision for handicapped individuals in community education programs.
- West Central RDC and Min-Dak Health Systems Agency is working on an agreement to have the Region IV D.D. Council be involved in the 1122 process.
- The D.D. staff person is assigned to be the staff person at the West Central RDC office for all A-95 reviews that are relevant and/or relate to developmental disabilities in Region IV.
- The D.D. Council unanimously supported the recommendations to the Legislature by the Fergus Falls State Hospital Study Task Force. The Council wrote a letter of support to the chairperson of the Task Force.
- D.D. Council opposed the proposed reorganization by the Office of Human Services. The Council wrote a letter to Bill Quiren and area legislators stating their opposition to the proposed reorganization.

IV. Other Work Program Activities

- D.D. staff person attended Region IV Needs Assessment Workshop sponsored by Minnesota Association of Counties.
- D.D. staff person and several D.D. Council members attended the Minnesota Governor's Conference on Handicapped Individuals.
- D.D. staff person attended the Agassiz Shores Chapter of the Minnesota Association of Children with Learning Disabilities Workshop ("Edge

- D.D. staff and RDC Transportation planner attended Para-Transit Conference sponsored by the University of Minnesota.
- D.D. staff attended the Minnesota Planning Association Annual Meeting and Conference.
- D.D. staff and several council members attended the Minnesota Association of Retarded Citizens Convention.
- D.D. staff and chairperson attended the Developmental Disabilities Annual Meeting.
- D.D. staff and chairperson attended the Public Information Workshop sponsored by the State D.D. Office.
- D.D. staff provided information about housing programs (Section #8, Section 202, etc.) to various relevant human service providers and developers, recreation funds available to the State Hospital, grant programs on various subjects related to D.D. to interested persons throughout region, and provided technical assistance on grants to various groups.
- D.D. staff attended workshop on Due Process sponsored by the Region IV Special Education Consultant's office.
- D.D. staff and chairperson attend Council for Exceptional Children meetings in Region IV.

Region 7E



3. Counties in Region 7E

Chisago
Kanabec
Isanti
Mille Lacs
Pine

4. Population*

Chisago County	22,000
Isanti County	20,600
Kanabec County	11,300
Mille Lacs County	17,800
Pine County	18,700

Region 7E 90,400

The East Central Region is described as an area of rapid growth, experiencing a growth rate of more than 12%, as compared to the state's 3.1%. Kanabec, Chisago and Isanti counties experience very rapid growth, exceeding 15.0%.

The Regional pattern reflects general characteristics of the national trends--decrease in population under 9, increase in 14-19 age group, the majority in the 30-55 age group, and increase in the elderly. The State Demographer's population projections for the year 2000 indicates that there should be 66,049 more persons residing in the Region--an 86.5% increase from 1970.

*Population Estimates for
Minnesota Counties - 1975
 Office of State Demographer
 SPA - September, 1976

5. Characteristics of Region 7E

The East Central Region encompasses the five counties of Chisago, Kanabec, Isanti, Mille Lacs and Pine, totaling 3,450 square miles and including a population of approximately 90,400 persons distributed throughout 40 cities, 80 townships, and 18 school districts, a total of 143 political subdivisions.

Personal Income:

According to the 1970 Census and other state and local information:

- a. Median family income range was \$8-9,000 in 1970, with the State median range being \$9-10,000.
- b. Average family income was \$8,787 with \$11,097 being the State average.
- c. The mode (income range of greatest frequency) was \$10-12,000--State was \$15-25,000.
- d. The Region has 7,466 persons living in families below the poverty level - 9.8% of the Region's total population.

Economic

During 1975 retail sales in the East Central Region totaled \$172,771 a 4.8% increase over the 1974 total of \$164,942,000. The State showed an increase in retail sales of 3.1% for the same period of time. Region 7E's percent of the total sales of the State for the year of 1975 was 1.5%, while 2.3% of the State's population lives in the Region. Region 7E experienced a decrease in number of units (retail establishments) from 1974-1975 of -3.9%, as compared to the State decrease of -1.1%.

When comparing gross sales of manufacturing industries for 1974 and 1975, Region 7E experienced a decrease from 42,558,000 in 1974 to 40,570,000 in 1975, as well as a decrease in number of establishments (120 to 116). The State as a whole experienced growth in manufacturing sales, and also experienced slight decrease in number of establishments from 1974 to 1975.

The general national trend in agriculture in the last few decades has been one of fewer but larger farms, and this is certainly the situation in the East Central Region. In the period 1939-1975, there was a loss of over 6,000 farms, yet the average farm size increased 58%. Farming is becoming more technical and dependent on large outlays of cash for machinery and land which tends to force small independent persons out of the market.

The East Central Region lies on the transition zone between the major agricultural areas of the south and the forested areas of northern Minnesota.

The agricultural activities in the Region are characterized by small dairy and mixed grain farms and also, a relatively large number of beef operations. Remnants of the once flourishing lumber industry remain today, but these take the form of small sawmill operations, mainly in the northern portion of the Region. Forested areas make up 46% of the land area of the Region. Agricultural uses account for 43%. The majority of communities in the Region contain relatively small commercial areas centrally located. Transportation routes have traditionally played an important role in the developing Twin Cities Metropolitan Area many southern areas of the Region will be converted from rural to residential or urban uses. Residential developments outside of the incorporated areas are scattered throughout the southern portions of the Region, particularly along the major transportation routes.

6. Host Agency for the Region 7E
Developmental Disabilities Program

East Central Regional Development
Commission
18 North Vine Street
Mora, Mn. 55051
Phone (612) 679-4065

7. Region 7E Planning Council

(Y) Dan McNally, Chairman	South Center Manor Center City, Mn. 55012
(Y) Alan Olson	Chisago County DAC Box 140 Chisago City, Mn. 55013
(Y) Gene Helfinstine	Mille Lacs Co. Family Services Milaca, Mn. 56353
(Y) Marcia Stevens	Cambridge State Hospital Cambridge, Mn. 55008
(Y) Fred Hoffman	Mille Lacs County DAC Milaca, Mn. 56353
(Y) Dick Ogren	Brighter DAC Mora, Mn. 55051
(Y) John Hesch	Pine Co. Social Services Pine County Courthouse Pine City, Mn. 55063
(X) Caroline Greeley	Isanti, Mn. 55040
(Y) Gene Kremer (DVR)	Cambridge, Mn. 55008
(X) Marilyn Hanson	Route 3, Box 232A Pine City, Mn. 55063
(X) Margaret Lindquist	Ogilvie, Mn. 56358
(Z) Kathy Berland	Milaca, Mn. 56353
(Z) Clarence Hass	Route 1 Ogilvie, Mn. 56358
(X) Donald Almos	Brighter DAC Mora, Mn. 55051
(X) Michael Bandow	Brighter DAC Mora, Mn. 55051
(X) Jean Youngberg	Mille Lacs County DAC Milaca, Mn. 56353
(X) Dorothy Akderson	Chisago County DAC Box 140, Center City, Mn. 55013
(X) Doug Aldrich	Chisago County DAC Box 140, Center City, MN. 55013

Committees

- i Comprehensive Planning Subcommittee
- ii Public Information/Education Subcommittee
- iii Sheltered Workshop Subcommittee

Memos of Agreement

On December 27, 1976, the East Central Regional Development Commission (EC RDC) formally entered into a Memorandum of Agreement with the 7E Developmental Disabilities Advisory Committee to the Area Mental Health Board.

Basic responsibilities assumed by the advisory committee as a result of entering into an agreement with the EC RDC include:

- A. Expand committee membership to include full representation of consumers as well as resources available to the developmentally disabled in Region 7E.
- B. To develop a comprehensive resource development plan for the developmentally disabled in Region 7E which identifies needs of and resources available to the developmentally disabled.
- C. Develop policy recommendations relative to resources development and utilization of existing resources, based upon "B" above.
- D. Complete the comprehensive plan, with recommendations for inclusion in the overall comprehensive Human Resource Development Plan of the EC RDC to be completed during FY78.
- E. The 7E Advisory Committee also agrees to serve as a coordinating "link" between the human resource planning of the EC RDC and other related planning activities occurring in Region 7E. This includes advising the EC RDC as it fulfills its' Circular A-95 Review responsibilities.
- F. Work with the Governor's Planning Council on Developmental Disabilities by providing information requested about regional activities, work programs and other data for inclusion in the State work program.

Work Program Development/Implementation

The Region 7E developmental disabilities planning program is in its' first year of implementation. Work program development for FY78 will utilize key informant and small group within the advisory committee which has been formed during the current year.

The work programs of the 7E Developmental Disabilities Advisory Committee is included as one component of the EC RDC's FY78 Work Program and OPD.

8. Long-Range Regional Goals

Development of long-range goals for the region will be a product of the FY77 and FY78 work programs of the 7E Developmental Disabilities Advisory Council.

9. Short-Range Goals and Objectives - FY 1977

- A. A developmental disabilities advisory council is formed for Region 7E; memo of agreement and/or responsibilities clarified and defined.
- B. Development of a comprehensive regional development plan for Region 7E;
 - i develop and implement planning process
 - ii needs-resources identified
 - iii priority recommendations are defined
 - iiii work program is included in FY 78 EC RDC OPD.

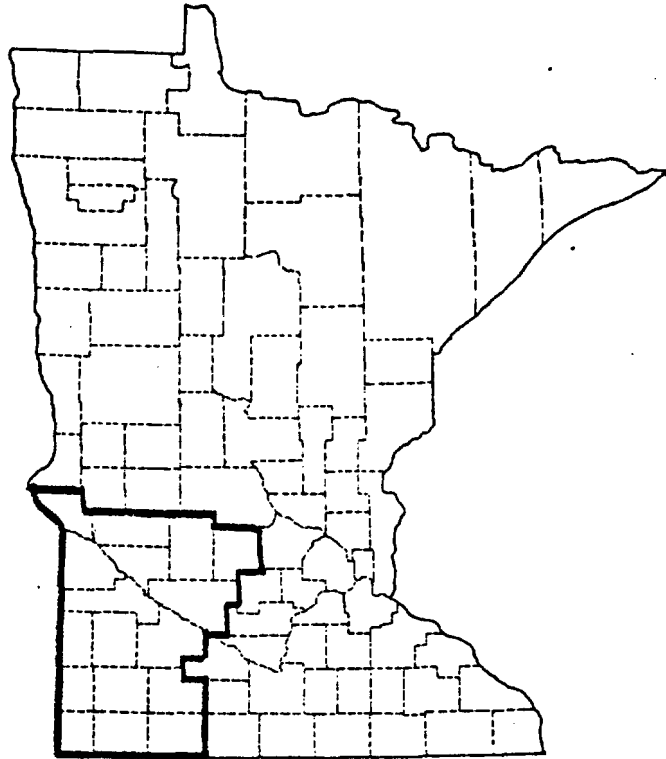
10. Planning Activities for FY77-78

Primary planning activities of the 7E Committee for FYs '77 and '78 include the following tasks or steps:

- a. Definition of planning council's role and mission;
- b. Definition of regional goals for the developmentally disabled;
- c. Statement of range of services which should exist in Region 7E to meet defined goals.

- d. Complete a service assessment and resource inventory;
- e. Identify priority needs and alternatives to meet those goals;
- f. Define objectives and strategies;
- g. Comprehensive plan is disseminated to local units of government, policy making bodies, program deliverers, state agencies.

Region 6/8



PROFILE OF REGIONS 6 and 8

3. Counties in Region:

Big Stone	Lincoln	Pipestone
Chippewa	Lyon	Redwood
Cottonwood	McLeod	Renville
Jackson	Meeker	Rock
Kandiyohi	Murray	Swift
Lac Qui Parle	Nobles	Yellow Medicine

4. 1970 County, Regional Population

Big Stone: 7941	Lincoln: 8143	Pipestone: 12791
Chippewa: 15109	Lyon: 24273	Redwood: 20024
Cottonwood: 14887	McLeod: 27662	Renville: 21139
Jackson: 14352	Meeker: 18810	Rock: 11346
Kandiyohi: 30548	Murray: 12508	Swift: 13177
Lac Qui Parle: 11164	Nobles: 23208	Yellow Medicine: 14418
Region 6E: 98159		
Region 6W: 69750		
Region 8: 141132		
Total: 309041		

5. General Physical, Economic Characteristics of the Region.

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Southwestern Minnesota is an overwhelmingly agricultural region. The principle crops are corn, soybeans, and sugar beets, and the outlook is generally good for this region. Population is evenly spread throughout the region, with the highest density in Region 6E. There are no towns over 20,000 in population; however, the growing season brings a large number of migrant workers, who generally turn to the local family service agencies for help.

6. Host Agency for the Regional Program.

The former host agency was the Southwest Minnesota Health Planning Council. At the beginning of FY 77, the D.D. program began to be hosted by the three Regional Development Commissions here, with the Six East Regional Development Commission acting as the primary host agency. The address is: Six East Regional Development Commission
311 West Sixth Street
Willmar, MN 56201

7. Regional Council Profile.

a. Membership:

Consumers	Service Agencies	General Public
MR - 7	Residential - 4	1
CP - 2	Employment - 3	
Other - 1	State Hospital - 3	
	Education - 2	
	D.A.C. - 2	
	Welfare - 2	
	Headstart - 2	
	A.R.C - 1	
	Mental Health - 1	
	Health - 1	

b. Committees: All committees in FY 77 are to be continued into FY 78.

Executive	Advocacy
Community Services	Legislative
Public Information	Information Systems

c. Memos of Agreement: Attached are copies of the current memos of agreement with the Regional Development Commissions in Southwest Minnesota and with the Minnesota Health Systems Agency Six for facility review. The first was signed on _____ and is expected to be renewed shortly. The second was signed on _____ and is also expected to be reviewed during FY 78. The regional Council enjoys a good relationship with all signers of agreement. Cooperation has been very positive.

d. Work Program Development/Implementation: At the April 18, 1977 planning meeting, the Southwest Developmental Disabilities Council worked on its planning priorities for FY 77. Using the entire Board and several guests as "key informants," the Council followed a nominal group process and a forced-choice method to arrive at the following priority areas:

1. Development of a Planning Model
2. Advocacy
3. Employment
4. Interagency Cooperation, including development of consumer groups

5. Residential Services
6. Data Collection
7. Public Information
8. Legislation
9. Administrative & systems attention

In reaching its decisions, the Council took into consideration the following:

1. Federal priorities under P.L. 94-103.
2. An educated guess at the State Council's priorities for FY 78.
3. Our own Council's priorities from FY 77.

The planner has met with the Executive Director and discussed methods of integrating the D.D. plan with the O.P.D. of the Six East Regional Development Commission. Full integration of regional D.D. work plans with all three O.P.D.'s in the region is perhaps a year away.

8. Long Range Regional Goals.

Other than those goals outlined in the Regional Council's By-laws, no long-range goals have been formally identified. It is hoped that long-range goals will become part of the systems planning effort to be developed:

1. To utilize the normalization principle of making available to developmentally disabled persons, patterns and conditions of every day life which are as close as possible to the norms and patterns of the mainstream of society and to the degree possible within their capabilities as developing human beings.
2. To develop an integrated and coordinated comprehensive plan for a continuum of services and programs for the developmentally disabled of the Southwest Minnesota area, and to assist in the implementation of such a plan through cooperation with all agencies, both public and private, working with the developmentally disabled.
3. To facilitate and encourage cooperation among existing agencies in order to improve delivery of services and to avoid duplication of services.
4. To assess and evaluate the numbers and needs of the developmentally disabled in the Southwest Minnesota area.
5. To keep public and private officials and agencies aware of surveys and studies in order to assist them in improving and revising programs.
6. To develop an information and referral system to identify services and programs needed by the developmentally disabled and to produce sources of referral for the developmentally disabled.
7. To develop an advocacy system for consumers of the various services for the developmentally disabled.
8. To develop a program of public education and information.
9. To develop a community services system which will implement meeting the needs of the developmentally disabled.
10. To support and enhance the training and education of personnel who work in the area of developmental disabilities.
11. To coordinate developmental disabilities legislation from the region.
12. To locate funding to carry out the purposes of the Southwest Minnesota Developmental Disabilities Council.

9. Short-Range Goals and Objectives-FY 1977.

The following goals and objectives are taken from the FY 77 grant application:

Goal # 1 There will be a coordinated service plan and an up to date collection system so that the needs of developmentally disabled persons can be identified, needs can be met, and gaps in service filled.

Objectives

- a. Revitalize the Information Systems Committee
- b. Develop a format to survey needs
- c. Conduct a pilot survey
- e. Engage the cooperation of other organizations

Goal # 2 A plan will be developed by which residential and other developmental services lacking in Southwest Minnesota will be more easily provided.

Objectives

- a. Revitalize Community Services Committee
- b. Identify services already available
- c. Identify gaps in service
- d. Develop ways to meet these needs through financial and community support.

Goal # 3 The population of Southwest Minnesota will have a greater understanding and acceptance of developmentally disabled persons.

Objectives

- a. Create a network of 18 contact persons and a speakers' bureau, coordinated by the Council's Public Information and Education Committee
- b. Implement and oversee the workings of the network for public education purposes
- c. Distribute materials

Goal # 4 A system of advocacy will be implemented, both legal and consumer, and it will be made available to all developmentally disabled persons.

Objectives

- a. Activate the council's Advocacy Committee
- b. Coordinate with the State Advocacy Committee
- c. Develop priorities for advocacy in Southwest Minnesota
- d. Distribute information on available advocacy services
- e. Implement one need advocacy service

Goal # 5 More developmentally disabled persons in Southwest Minnesota will be employed.

Objectives

- a. Education of employers and other persons who have influence in terms of job opportunities for developmentally disabled persons.
- b. Development of skills for technical assistance for job development the established of work stations, and public relations.
- c. Investigation of the availability of funds for, and providing technical assistance to, organizations seeking work for sheltered employment.
- d. Get rehabilitation facilities to use a program to encourage employers.

Goal # 6 Legislators and public officials will acknowledge the needs of developmentally disabled persons through input from an informed regional council.

Objectives

- a. Form a legislative committee to identify legislative issues
- b. Promote the passage of positive concerns and eliminate issues potentially detrimental to developmentally disabled persons.

- c. Inform the council of issues and legislative concern for appropriate council action
- d. Develop a system for keeping the public informed.

Goal # 7 The Council will have adequate local funding to carry out its programs.

Objectives The Council will seek local money in several areas to make the FY 77 work program operational.

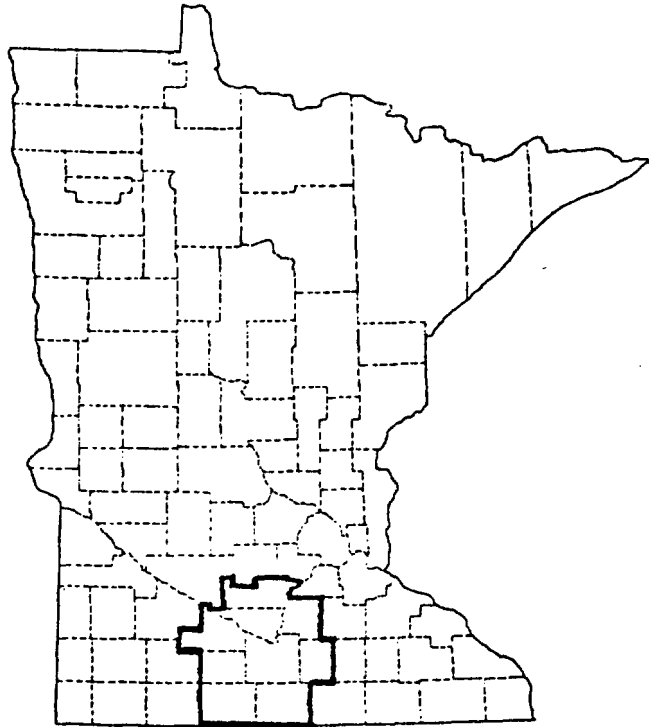
- a. Approach the organizations that can provide local match for the council.
- b. Secure cash or in-kind match that will allow the council to function efficiently.

Goals for the upcoming year have not been fleshed out as yet. The ranked goal areas are as follows:

- a. Development of a planning model
 - Data collection
 - Interagency cooperation, including development of consumer groups.
 - b. Advocacy
 - c. Employment
 - d. Residential Services
 - e. Public information
 - f. Legislation
 - g. Administrative and systems attention
10. Planning Activities for FY 77-78. Planning activities for FY 77 were extremely limited. Fully meeting our Number One goal of a data collection system to identify gaps in services was a dismal failure. There were some successful efforts, however:
- a. The Community Services Committee developed an "ideal continuum" of residential services for the region.
 - b. The office was able to gather up to date information on special education and persons with cerebral palsy living in nursing homes.
 - c. Much information was gathered on the development of a systems plan model, which is to be worked out during FY 78.
11. Influencing/Evaluating Activities for FY 1977
- a. Interagency coordination efforts:
 - Memo of agreement with R.D.C.'s
 - Memo of agreement with H.S.A. Six
 - Staff liaison with R.D.C. 8
 - Serving on M.R. advisory committee for Western Human Development Center
 - Coordination meetings with M.R. Generalist at West Central Services.
 - Explanatory meetings on D.D. activities with various groups, including Family Service Agency Directors, Mental Health Center groups, A.R.C.'s and Area Coordinating Council.
 - b. Public Information efforts: The committee changed objectives in midyear, and despite vigorous planning, has no specific activities to display.
 - c. Review efforts:
 - Legislative Committee and Council reviewed and acted upon several pieces of legislation affecting the D.D. population.
 - Staff and Council reviewed and commented on several proposals affecting the D.D. population
 - Recent 1122 reviews (3) have come before the Council.
 - The Council adopted a citizen advocacy plan for the region.

- V-65
- The Council's major accomplishment this year has been a return to activity through a year that saw a changeover in host agency and a new planner after having survived a loss of contract and existing without staff for several months at the end of FY 76. Little by little, the Council is receiving recognition as the D.D. planning and advocacy organization for the region and is returning to its former status. It is hoped that the future will see even more growth for the organization.

Region 9



1977-1978 REGION NINE DEVELOPMENTAL DISABILITIES PROFILE

Counties in region: Blue Earth, Brown, Faribault, LeSueur, Martin, Nicollet, Sibley, Waseca and Watonwan.

<u>1970 Population Data</u>		<u>1975 Population Estimates</u>
Blue Earth	52,322	54,900
Brown	28,887	29,300
Faribault	20,896	20,400
LeSueur	21,332	22,400
Martin	24,316	24,700
Nicollet	25,518	25,100
Sibley	15,845	16,100
Waseca	16,663	16,900
Watonwan	<u>13,298</u>	<u>13,400</u>
Region Nine Total	218,077	223,200

General physical, economic characteristics of the region:

The livelihood of Region Nine literally grows from the ground up. Nearly 92% of the land is used for agricultural production. Interspersed among this patchwork quilt of corn, soybeans, oats, and alfalfa are the major retail centers of Mankato, North Mankato, New Ulm, Fairmont, LeSueur, St. Peter, Blue Earth, St. James, and Waseca. Region Nine accounts for 4.6% of all retail sales within the state; monetarily this represents just over \$525,000,000 gross sales from 2,846 retail establishments. For a view of 1976 New and Expanding Industry and Jobs Created please refer to Figure 1 which follows.

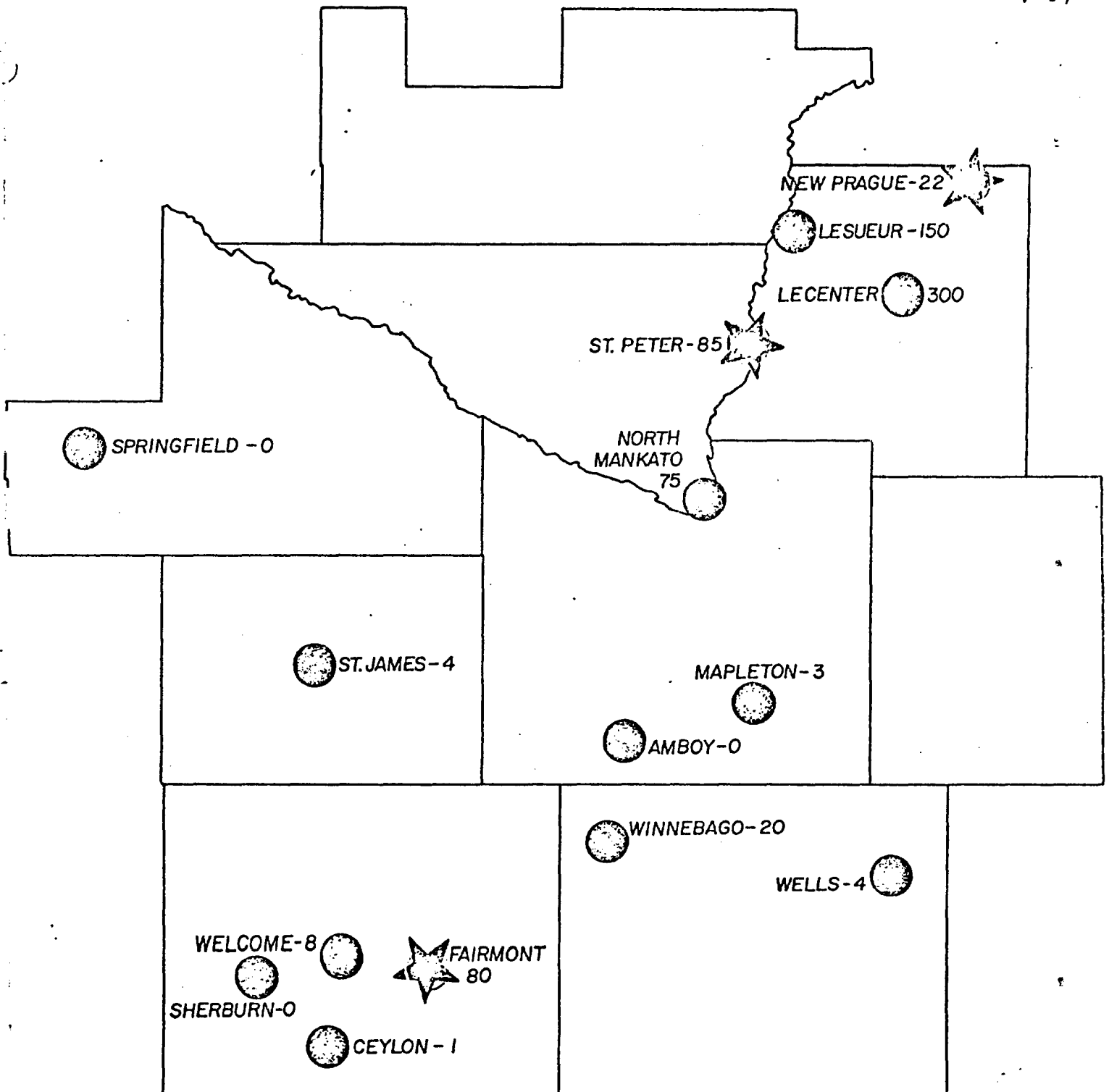
Host agency for the regional program

Region Nine Development Commission
709 North Front Street
Mankato, MN 56001

Regional Council Profile: Membership

There are thirty members of full council; of these, eleven members are consumers, with four representing mentally retarded, three representing cerebral palsy, three representing epilepsy, and one representing autism. Of the nineteen other council members, eighteen represent service agencies from such categories as: Health Department, Residential Services, Welfare Department, Crippled Children, Medical, DAC Directors, MVSAC staff, School System, Mental Health Center staff and Board, Department of Vocational Rehabilitation, and Rehab Center. The remaining position is filled by an at-large member representing the general public. A listing of council members and who they represent follows in the Appendix.

Committees: Six major committees were active during FY 77 they were: Residential and Adult Work, Advocacy-Information-Education, Early Identification, Legislative and Funding, Nominating and Executive, in addition three ad hoc committees were also active during FY 77, they were: Personnel, Nominating and Executive. No committees have been formally developed for FY 78. It is anticipated that the committees for next year will be decided upon at the DDPC meeting scheduled for July 14, 1977.



**1976 REGION 9 NEW & EXPANDING INDUSTRY
AND JOBS CREATED**

 1 NEW INDUSTRY

 2 NEW INDUSTRIES

Council was formally organized in October, 1972. It signed a letter of agreement with its host agency, the Region Nine Development Commission on March 5, 1973. As a result of that letter of agreement, the Region Nine Development Commission became the grantee organization to which the Region Nine Developmental Disabilities Planning Council attached itself for the purposes of carrying out the objectives of its program. The Region Nine Developmental Disabilities Planning Council, with administrative approval of the Region Nine Development Commission, is vested with responsibility of establishing. 1) its own membership in keeping with State Developmental Disabilities Planning and Advisory Council guidelines; 2) a work program; 3) policies of operation; and 4) regional activities on behalf of the developmentally disabled.

It is anticipated that a memorandum of agreement between the Region Nine Developmental Disabilities Planning Council and Health Systems Agency Six will be implemented in January 1978. The crux of such an agreement would most likely be acknowledgement on the part of HSA VI of the Region IX DDPC as an advisory agent in relation to issues concerning the developmentally disabled.

Work program development/implementation

The first step in program development for the coming year should center on an assessment of program goals and objectives which were not completed from the previous fiscal year. Once the uncompleted programs have been identified, the issues upon which those programs were developed are referred back to the appropriate committee of the Region Nine Developmental Disabilities Planning Council where they are reevaluated and prioritized along with other "new" issues which are identified. As is evidenced in the membership breakdown, the Region Nine Developmental Disabilities Planning Council, has comprehensive representation from every major service agency or organization which deals with developmentally disabled

individuals within Region Nine; consequently, the process of issue identification and program development is rooted in the reports and recommendations of the various committees of the Region Nine Developmental Disabilities Planning Council. The issues and strategies outlined by the Developmental Disabilities Planning Council are incorporated in the Region Nine Development Commission Overall Program Design (OPD). The OPD is the blueprint for regional planning and related activities; thus, incorporation of the Developmental Disabilities Planning Council program recommendations into the Region Nine OPD ensures integration of the council's work program into that of the host agency.

Long-Range Regional Goals

As identified by the Region Nine Developmental Disabilities Planning Council in submission of the 1977 planning grant application on May 13, 1976, the long-range three year goals for the region are:

- 1) Develop appropriate community-based residences for the developmentally disabled.
- 2) Develop appropriate community-based day programs for the developmentally disabled.
- 3) Promote a system of early-identification and follow-up based on existing models.
- 4) Educate and advocate for the developmentally disabled so they are assured of their full human rights.
- 5) Provide homebound services to developmentally disabled preschoolers.
- 6) Develop a fully operational planning council.

Short-Range Goals and Objectives - FY 77:

- I. Get approval throughout Region 9 for DDPC plan for residential facilities and day programs development.
 - A. actively promulgate the plan through publicity and public relations
 - B. hold public hearings regarding plan
 - C. disseminate plan to communities, developers, public officials and other interested persons.

II. Aid in the development of facilities and programs which are recommended in the plan.

- A. identify funding sources
- B. provide technical assistance regarding licensing, etc.
- C. use the DDPC to bring together DVR counselors, DAC directors, Rehab Center personnel, and others as part of the implementation process.
- D. involve MR generalists in implementing plan

III. Initiate activities to address the "future recommendations" section of the plan.

- A. set up task force to examine "future recommendations" section of the plan.
- B. set priorities for action from within this section
- C. begin work activities on top priorities

IV. Educate people (parents, doctors, educators, etc.) to the necessity of early identification of problems which could cause handicapping conditions.

- A. examine use of the media to publicize early identification
- B. design other materials such as brochures, directories of service, etc. to educate people
- C. examine use of hospitals as information resource centers

V. Examine additional alternatives to Early & Periodic Screening Clinics.

- A. examine use of the school census as an identification tool
- B. persuade county welfare departments and/or human service boards to determine the feasibility of I & R systems for outreach
- C. examine hospital high risk registry systems as identification tools

VI. Compile information on available resources, programs, and information regarding the DD and disseminate to appropriate persons and agencies.

- A. review existing methods on information resource collections
- B. design a system suited for the region
- C. begin compiling information

VII. Better identify the need for advocacy and then formulate an advocacy system to meet those needs.

- A. list specific instances when help was/is sought
- B. contact local persons concerned about the needs of the cerebral palsied, epileptic, and autistic in order that their needs may be more clearly defined and, then, define them.
- C. seek assistance from the LAP in formulating an advocacy system to deal with the identified needs

VIII. Coordinate the activities of day activity centers in the region.

- A. review legislation, such as Senate File 6, and determine its impact on providing service
- B. aid DACs in identifying additional adult populations currently not served
- C. provide assistance to DACs in expanding and/or modifying their programs to meet the needs of newly identified populations

- IX. Develop additional Council expertise in its planning capabilities.
- A. explore funding available from federal grants and other sources to address the needs of the DD in many areas
 - B. refine A-95, 1122, and agencies' plans review processes within the Council
 - C. expand Council potential for developing its plans and related work activities

Short-Range Goals and Objectives - FY 78:

A preliminary listing of goals and objectives for FY 78 has been compiled although this list may increase in the coming months prior to submission of the FY 78 work plan and grant application. The preliminary list includes:

- I. Implementation of Region Nine Developmental Disabilities Residential Plan.
 - A. Continue appeal efforts regarding HUD review of Community Development Act Grant application for Sheltered Workshop Facility in New Ulm.
 - B. Investigate funding sources such as HUD, MHFA and private foundations for the purpose of securing resources to build Intermediate Care Facilities in Fairmont and other cities within the region.
 - C. Investigate funding sources for Satellite Sheltered Workshops which must be built in conjunction with new residential facilities.
 - D. Develop process for establishing semi-independent and other residential facilities throughout the region.
 - E. Conduct needs assessment on residential facilities for developmentally disabled children in Region Nine.
 - II. Establish programs for Parent-to-Parent counseling and Respite Care for Developmentally Disabled.
 - A. Seek assistance from Developmental Disability Planning Council and other agencies already involved in various counseling activities in developing Parent-to-Parent program.
-

- B. Review Child Day Care programs already in existence for families in Region Nine; these programs are administered through DPW and the Region IX Council for Coordinated Child Care and may serve as possible models for a Respite Care program.
 - C. Review Respite Care programs for developmentally disabled already in existence in neighboring states (Michigan, Iowa, Wisconsin).
 - D. Working with DPW and other related agencies develop certification and training procedures for licensing Respite Care service providers.
- III. Develop training and education programs aimed at specific target groups among professionals and concerned public.
- A. Establish workshops geared at specific target groups for the purpose of providing training and education.
- IV. Develop public information network (geared towards general public with additional emphasis on autism) and advocacy program.
- A. Utilize hospitals as information resource centers and investigate new outlets of information to ensure that all significant portions of the population are included.
 - B. Utilize media to publicize early identification and to provide outlet for advocacy information.
 - C. Disseminate brochure on "Community Services for Preschool Children in Region Nine" and design other materials, brochures/directories of services, etc., to educate people.
 - D. Submit Title VI Manpower Grant application for the establishment of full-time advocates for DD and program director for Public Service Broadcasting on behalf of the developmentally disabled.

Planning Activities for FY 1977-1978:

The FY 78 OPD will outline a number of planning activities that are based upon or will include data gathering/survey work. The residential plan is based upon the results and analysis of surveys distributed to sheltered workshops, MVSAC, and other facilities serving the developmentally

disabled in Region Nine. Brochures printed for the purpose of early identification information are the result of surveying any and all agencies/organizations which may have a program relating to developmental disabilities. The hoped for establishment of a Respite Care program is based upon the data from the residential plan which indicates a significant portion of the developmentally disabled population resides in foster homes or with their own families. If the grant application for a Social Adaptation Resource Center and Human Sexuality Workshop is funded, there will be data gathered and a report written on the effects of that program. Another grant application for regional advocates would demand similar reporting efforts to be conducted.

Influencing/Evaluating Activities for FY 77:

Advocacy: During FY 77 the Region Nine Advocacy Committee worked with the Student Council for Exceptional Children at Mankato State University and put together an audio-visual presentation on developmental disabilities. This presentation is to be used in the coming year as a component for a proposed training workshop to certify advocates for a Respite Care program. A possible method of implementing a Respite Care program is to tie-in with existing clinics sponsored by the Mrs. Jaycees on child care. Additionally, in 1977 an Advocacy grant from Region Nine was submitted to the State Planning Agency but unfortunately it was not approved for funding.

Early Identification: The Early Identification Committee in FY 77 completed and is disseminating a brochure, "Community Services for Pre-School Children in Region Nine." The brochure outlines approximately 100 services from the Region Nine area and was formulated with the assistance of the Blue Earth County Information and Referral Service.

Residential-Work Programs: (Quoting Charles Johnson, Residential Committee Chairman) "In Mankato, REM III opened in November, offering a residential program to 45 adults. Ground was broken in Waterville for 12 persons. Plans

V-74 were developed for a REM facility in Fairmont for 30. The Family House in Mankato was planning for a 1977 opening for 6 children. Efforts were being made in New Ulm to encourage developers to begin planning for one or more facilities. Other communities have voiced interest in seeing developments occur and advocates for the disabled have been speaking to the need. In Mankato also, the Harry Meyering Center developed a replacement facility. A total of 97 new residential beds and 45 replacement beds were in stages of development.

A significant related program development long in the minds of many developmental disabilities advocates has been the hard planning currently for the development of sheltered work-work activity satellite programs in New Ulm and Fairmont. Efforts on the part of the Human Service Boards in these areas have brought about a plan for the Mankato Rehabilitation Center in Mankato to provide these much needed work programs. From all indications, 1977 should see the results of these plans."

Region Nine Developmental Disabilities Annual Meeting: This meeting was the setting for an information and early identification workshop on various developmental disability categories. Speakers came from various agencies around the state and attendance for the one-day conference was approximately 100 people.

During FY 77 there were A-95 reviews conducted on the following proposals and the sponsoring agencies concerning the developmentally disabled:

- 1) Development of Management Systems Utilizing Data Processing Equipment - Mankato Rehab Center.
 - 2) Foster Grandparents Program - Minnesota Association for Retarded Citizens.
 - 3) Mental Health Resource Center - Faribault, Martin, Watonwan, Human Service Board.
 - 4) Self-Help Epilepsy Project - Mankato State University
 - 5) Exemplary Public Information Project - Region Nine Development Commission.
-

- 6) Work Activity Program - Mankato Rehab Center.
- 7) Van Replacement - Harry Meyering Center
- 8) Budgetary and Program Coordination Project - Blue Earth, LeSueur, Waseca Human Service Board.
- 9) Community Development (Sheltered Workshop) - Brown County
- 10) Advocacy - Region IX ARC
- 11) Comprehensive System of Services - Blue Earth, LeSueur, Waseca Human Service Board.
- 12) Assistant to Rural Communities for Epilepsy - Minnesota Epilepsy League.
- 13) Elimination of Abusive Behavior in State Institutions - DPW

FY 77 REPRESENTATION

DEVELOPMENTAL DISABILITIES PLANNING COUNCIL

CONSUMERS

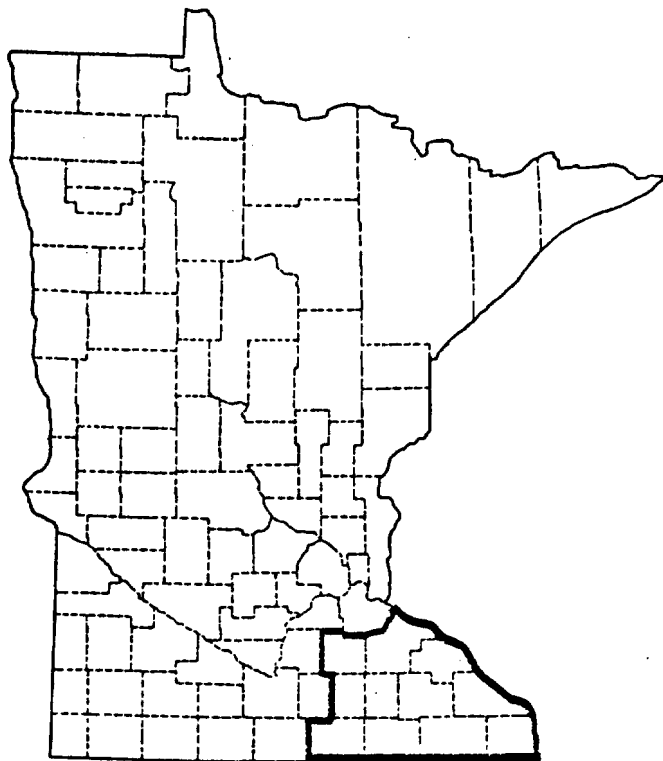
Cerebral Palsy	1977	Helen Kuehl RFD Ormsby, MN 56162	639-3075 (H)
	1978	Faith Reinhart 1219 North Fifth New Ulm, MN 56073	354-2919 (H) 794-7995 (S)
	1977	LeRoy Wendt 310 West Central Avenue Springfield, MN 56087	723-6653 (H)
Epilepsy	1977	Jean Olson 114 Cliff Court North Mankato, MN 56001	625-6491 (H)
	1977	Hal Sandberg 203 East Main Madelia, MN 56062	642-8833 (H) 389-2514 (H)
	1978	Dottie Spencer 326 Second Street N.E. Madelia, MN 56062	642-8654 (H)
Mental Retardation	1977	Catherine Jenkins 309 Washington Court Mankato, MN 56001	387-2173 (H)

V-76	1977	Rita Dranginis 2057 Roe Crest Drive North Mankato, MN 56001	387-1481 (H)
	1978	Jan Munz 611 E. Prince Lake Crystal, MN 56055	726-6720 (H)
	1977	Barb Schultz, Director Region Nine ARC 208C NW Bank Bldg., PO 3227 Mankato, MN 56001	388-1084 (B) 388-3874 (H)
Autism	1978	Wayne Prichard 61 Skyline Drive Mankato, MN 56001	388-3696 (H) 389-2685 (B)

PROVIDERS

Health Department	1977	Roger Paquin MN Dept. of Health 75 Navaho Avenue Mankato, MN 56001	389-6025 (B) 387-4689 (H)
	1978	Lorene Wedeking MN Dept. of Health 75 Navaho Avenue Mankato, MN 56001	389-6025 (B)
Residential Services	1978	Carol Lee Harry Meyering Center Cooper Hall - M.S.U. Mankato, MN 56001	387-8281 (B)
	1977	Larry Steffen Friendship Haven 100 W. Second Sherburn, MN 56171	764-3312 (B)
Welfare (Director or Social Worker)	1978	Tom Henderson Brown County Welfare Director Family Service Center 114 North State Street New Ulm, MN 56073	354-8246 (B) 354-6369 (H)
Crippled Children	1977	Louise Foley Crippled Children's Service MN Dept. of Health 75 Navaho Avenue P.O. Box 3047 Mankato, MN 56001	389-6025 or 389-1226 (B) 257-3224 (H)
Medical	1978	Anita Hoffman Brown County PHN Family Service Center 114 North State Street New Ulm, MN 56073	354-4418 (B)

DAC Directors	1978	Jeanette Barsness W. Nicollet/Brown DAC 1417 South State Street New Ulm, MN 56073	354-8533 (B)
	1978	Carolyn Engquist LeSueur County DAC 415 West Lake Street Waterville, MN 56096	362-8560 (B) 362-4657 (H)
DAC Directors (cont.)	1977	Joe Doshan Watowwan County DAC 307 Ninth Street South St. James, MN 56081	375-4572 (B) 375-4746 (H)
MVSAC Staff	1977	Charlie Johnson MVSAC 100 Freeman Drive St. Peter, MN 56082	931-3000 (B)
School System	1978	Carol Cole Special Ed. Director E. 6th Street Blue Earth, MN 56013	526-3215 (B)
MHC Staff, Board	1978	Earl Henslin Sioux Trails MHC 1407 South State Street New Ulm, MN 56073	354-3181 (B)
	1978	Joe Harding MN Valley MHC 402 North Fifth Street Mankato, MN 56001	388-2993 (B) 388-4488 (H)
DVR	1978	Dale Else School Rehab Counselor Winthrop High School Winthrop, MN 55396	647-5382 (B)
	1978	Norma Elrod Dept. of Voc. Rehab. 709 South Front Street Mankato, MN 56001	389-6511 (B)
Rehab Center	1977	DeWayne Hamlin Mankato Rehab Center 309 Holly Lane Mankato, MN 56001	345-4507 (B)
	1977	Ernie Silbermagel Mankato Rehab Center 309 Holly Lane Mankato, MN 56001	345-4507 (B) 931-3041 (H)
At Large	1978	Roz Skillman 231 W. Skyline Ct. Mankato, MN 56001	625-5179 (H) 243-3786 (Lake)

Region 10

REGION 10 D.D. PROFILE
FOR THE
FY 78 STATE D.D. PLAN

Counties in Region 10:

Dodge	Olmsted
Fillmore	Rice
Freeborn	Steele
Goodhue	Wabasha
Houston	Winona
Mower	

1970 County and Regional Population:

Dodge - 13,037	Olmsted - 84,104	
Fillmore - 21,916	Rice - 41,582	
Freeborn - 38,064	Steele - 26,931	
Goodhue - 34,763	Wabasha - 17,224	
Houston - 17,556	Winona - 44,409	
Mower - 43,783	Region 10 - TOTAL	383,369

General physical, economic characteristics of the region:

Region 10 may be physically characterized as being rolling hills with a more rugged terrain as one moves from the west to the eastern Mississippi River Valley. There are approximately 7,000 square miles of land of which 82% is under cultivation or used for pasture.

Sixty-eight percent of the regions employment relates to agriculture and related manufacturing. There is a trend toward larger farms while the number of persons employed in farming is declining.

There are seven trade centers (full service) serving 86 communities in the region. About 5% (9,000) of the nearly 167,000 families in Region 10 in 1970 had incomes below the poverty level. There are two small Indian reservations with a total population of about 100 people.

Host Agency for the Regional Program:

Southeastern Minnesota Regional Development Commission

Regional Council Profile:

There is a total of 21 members serving on the Region 10 DDPC.

X = 7
 m.r. - 5
 C.P. - 1
 E.P. - 1
 Y = 12
 Z = 2

Committees:

- Task Force on Diagnosis, Evaluation and Care Management (1976-77)
- Region 10 Mental Health, Mental Retardation, Developmental Disabilities Task Force (1976-77)
- Membership Committee (1976-77)
- Executive Committee (1976-77)
- Regional Conference for Handicapped Steering Committee (1976-77)
- 1122 Review Committee
- Epilepsy Committee (became Southeastern Minnesota Epilepsy League)

Memos of Agreement:

- 1122 Review Agreement

Work Program Development/Implementation:

Information was obtained from individuals with recognized knowledge of the community's needs-Key Informants.

A survey was conducted to identify the D.D. population and to assess participation in service programs-Direct Survey.

Advice and consent has been received from a variety of consumer groups. In addition elected officials have been asked to ratify the proposed work program-Community Forum.

Long Range Regional Goals:

- Promote the general welfare of all D.D. citizens in Region 10 and assure their civil and human rights.
- Develop a comprehensive plan for a continuum of services and programs for the D.D. in Region 10.

- Facilitate cooperation among existing agencies in order to avoid duplication of services and improve delivery of services.
- Keep public and private officials aware of findings of surveys and studies.
- Develop public awareness and support for the establishment and improvement of needed services.
- Further the training and education of personnel who work with and for the D.D.
- Develop and maintain a bank of information concerning programs for the D.D. in Region 10 and serve as a Clearinghouse on information.

Short-Range Goals and Objectives - FY 1977:

- Establish a comprehensive regional residential service design and development plan.
- Review and identify the need for regional diagnosis and evaluation service.
- Review and comment on legislation, rules and regulations affecting the D.D. population.
- Conduct a regional conference for the developmentally disabled.
- Fulfill administrative and organizational requirements.

Short-Range Goals and Objectives - PY 1978:

GOAL I:

Continued Development of Residential Services Plan.

- Objective 1: Project numbers and types of residential programs at the regional, area and county level.
- Objective 2: Coordinate efforts with area and other regional planning activities.
- Objective 3: Review data for potential community resident referrals from state hospitals, family homes and nursing homes.
- Objective 4: Provide technical assistance to counties for development of residential programs compatible with plan.
- Objective 5: Update and publicize plan for review and comment.

GOAL II:

Continued Review and Monitoring of DD Related Matters.

- Objective 1: Provide staff assistance for DD-related 1122 Reviews, A-95 reviews, etc.
 - Objective 2: Review and comment of existing and developing legislation.
 - Objective 3: Review and comment on rules and regulations for public hearings.
 - Objective 4: Identify and review emerging issues.
-

GOAL III:

Continue to Manage Region 10 Developmental Disabilities Program.

- Objective 1: Develop annual work program.
- Objective 2: Prepare annual planning grant application and Budget.
- Objective 3: Prepare quarterly reports, monthly reports, etc. for State DD Council and SEMRDC.
- Objective 4: Supervise and evaluate program personnel.
- Objective 5: Provide staff support to Region 10 DDPC, SEMRDC and their committees.

GOAL IV:

Promote Inter/Intra Agency Cooperation

- Objective 1: Coordinate with the SEMRDC (Area Agency on Aging, Manpower, Criminal Justice, Health Systems Agency, Housing, etc.)
- Objective 2: Coordinate with the state, regional, and county consumer organizations and professional organizations.
- Objective 3: Coordinate with county social service departments and area mental health programs.
- Objective 4: Coordinate with residential and day programs.

GOAL V:

Provide Technical Assistance and Develop Community Liaisons.

- Objective 1: Promote an awareness and understanding of the DD program in southeastern Minnesota.
- Objective 2: Regularly meet with service providers and consumer groups throughout the region.
- Objective 3: Assist in the provision and planning of regional technical assistance and advocacy conferences or workshops.

GOAL VI:

Describe Regional Issues Relating to Social and Vocational Training.

- Objective 1: Develop a profile of daytime activity programs and participation.
- Objective 2: Develop a profile of sheltered workshop programs and DD participation.
- Objective 3: Develop a profile of work activity programs and DD participation.

Objective 4: Review issues and develop alternative solution proposals.

Objective 5: Draft a social-vocational training service plan for review and comment.

GOAL VII:

Write a Diagnosis and Evaluation Services Plan.

Objective 1: Summarize, review, and comment responses to D & E Report (D & E Task Force 4/77).

Objective 2: Disseminate preliminary plan for outside review and comment.

Objective 3: Initiate strategy to carry out D & E report recommendations.

Planning Activities for FY 77-78:

There were three primary reports produced through the Region 10 D.D. Work Program for FY 77-78. These included:

- Residential Service Design and Development Plan (Update)
- Task Force Report on Diagnosis and Evaluation
- 1976 Region 10 Conference on the Handicapped report/shared statements of concern

These reports are the product of committee activity and with the exception of the 1976 statements of shared concern report, they have all been approved for distribution by the Southeastern Minnesota Regional Development Commission. The 1976 statements of shared concern will serve as a basis for our 1977 conference this fall.

Influencing/Evaluating Activities for FY 77:

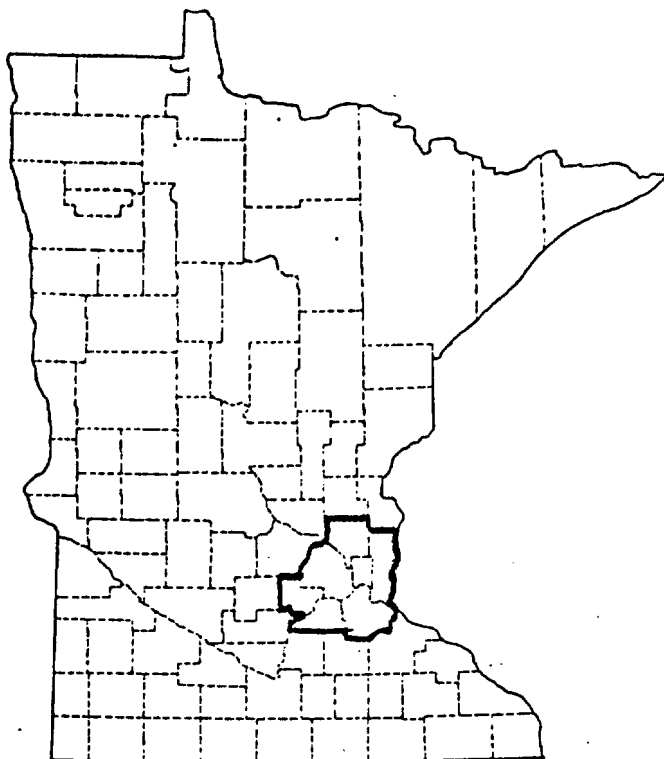
During the fiscal year '77 planning period, the Minnesota Epilepsy League was "spun off" as a direct activity of the Regional D.D. program. It is now developing its own autonomy with less administrative support from the D.D. program.

Regular news articles have appeared in the Southeastern Minnesota Regional Development Commission's Newsletter - Developments.

Joint planning and review with the SEMHSA has evolved to an improved level of shared activity. The D.D. Council has appointed an 1122 Review Committee who will sit with the HSA's Project Review Committee on appropriate matters.

During the recent legislative session, there has been significant formal involvement in legislative issues (deinstitutionalization) and in bureau-cratic rule making (Rule 185). There has been an expanded involvement by the council in the broader issues of handicapped people and community living. (housing and transportation are examples). At the state level, this has occurred with the Minnesota Council for the Handicapped. Regionally, it has occurred relative to local consumer organizations and conference planning.

Regular monthly reports are made by the D.D. Council Chairman and Staff to the SEMRDC Board of Directors.

Region II

TWIN CITIES METROPOLITAN REGION (XI)-DD REGIONAL PROFILE

Counties in Region Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington

<u>1970 County, regional population</u>	County	1970	1975	1980
	Anoka	154600	175200	200300
	Carver	28000	31600	34400
	Dakota	139800	158100	181100
	Hennepin	960100	958400	983400
	Ramsey	476300	476100	485700
	Scott	32400	35500	39100
	Washington	82900	92700	103700
	Total for Region XI	1,874,400	1,927,600	2,027,700

Source - State Demographer, State Planning Agency

General physical, socio-economic characteristics

The region is a large metropolitan center which includes an industrial/commercial concentration in the urban/suburban areas and more sparsely distributed agricultural components in the outer-ring rural areas. The two major counties have the largest concentration of low-income/black and Native American residents. The economic status ranges from a high degree of economic viability to very low economic indicators in specific areas such as the core cities and outermost ring of rural communities.

Host Agency

Metropolitan Health Board/Metropolitan Council
300 Metro Square Building
7th and Robert
St. Paul, Minnesota 55101

Regional Council Profile/Membership

The DDTF includes 25 members; 8 consumers and 19 providers including 1 representative from a poverty area.

V-84

Consumers - CP: 2, MR: 4, Ep: 1, A: 1

Providers: residential services, consumer agencies, state and local welfare departments, mental health centers, special education, vocational rehabilitation, health (nurses), child development/diagnostic services.

Committees

Standing Committees: Executive, Membership, Proposal Review

Ad Hoc: Operations, Systems Plan

Memo of Agreement

Completed this year, July, 1977. Sets role and responsibilities of Metropolitan Council, Metropolitan Health Board (HSA) and Developmental Disabilities Task Force in the implementation of regional DD program.

Work program development/implementation

Formal planning conference with solicited region-wide input set annual work program goals and objectives through small-group process. DD goals were integrated into the host agency's (HSA) and Metro Council's work program goals.

Long-Range regional goal

To facilitate the development of a comprehensive service system in the Metropolitan Region which provides a range of choices, high quality services, responsiveness to individual needs, easy access to the service system and follow-through for the lifetime of developmentally disabled persons.

Short-range Goals and Objectives-Fy1977

I. Develop written agreements re role and responsibilities of DDTF, Metropolitan Health Board and Metropolitan Council

A. Review pertinent materials

B. Identify problem areas

C. Negotiate written Memorandum of Agreement with principals of Metropolitan Health Board, State DD Council

I.D. Agreements with other local agencies

I.E. DDTF ratifies agreements

II. Strengthen DDTF

II.A-D Identify weaknesses/problems (organization and procedures); make recommendations for improvement.

II.E. Implement recommendations

Goals and Objectives III. Perform activities required by DD State Council

III.A. Develop and maintain a DD Information System

III.B. Review pertinent programs, policy, legislation, regulations

III.C. Develop DD Systems Plan

III.D. Exchange DD Information (data and narrative)

III.E. Provide Community Liaison/Technical assistance

III.F. Manage planning govt/work program

III.G. Coordinate relevant intra/inter agency activities

IV. Identify other regional needs

IV.A. Identify obstacles to meeting needs

IV.B. Identify resources

IV.C. Recommend strategies to solve problems and meet needs.

Short Range Goals
FY:78

I. Refine DD Systems Plan

II. Continue Required Activities

A. Information System

B. Reviews

C. Exchange of information

D. Community Liaison/technical assistance

E. Manage planning grant/work program

F. Coordinate with intra/inter agency activities

Planning Activities
FY 77-78

1. DD Information System - prepare for a Client-Profile Survey on DD consumers identified in Service Profile Survey to determine individual characteristics of consumers.
2. Define DD Systems Plan to project types and numbers of residential and day-training programs needed based on data collected from survey described above (#1).
3. Integrate DD Systems component in the HSP of the host HSA
4. Prepare public education products on regional planning program: new brochure, slide-tape show, and article for Metro Council's quarterly journal, "Perspectives."

Influencing/Evaluating
Activities FY 77

1. Coordinate efforts with 260 DD service agencies to produce survey results.
2. Published analysis of this survey indicating service delivery and aggregate consumer characteristics and implications of these.
3. Presented findings of survey to local agencies for their information and to provide a basis for cooperating on the forthcoming Client Profile Survey.

4. Working with state agencies to establish a uniform format for collecting Client Profile data.
5. Reviewed proposed legislation, regulations, policies, A-95, 1122, DD grants
6. Provided I&R to agencies and consumers on request.

SECTION VI: DEVELOPMENTAL DISABILITIES SERVICE NETWORK PLAN

"This Section of the State Plan describes the long range goals and objectives for the DD service network and the plan year objectives and activities."

6.1 LONG-RANGE GOALS AND OBJECTIVES FOR THE DD SERVICE NETWORK

6.2 PLAN YEAR OBJECTIVES AND ACTIVITIES

Section VI of the State Plan guidelines calls for an outline of long- and short-range goals and objectives for both service network agencies, and the DD Council. In terms of long-range goals for the service network, many of the types of major service development goals that Councils in other states might need to recommend and work to establish are not only accepted, but being acted upon in Minnesota at present. As sketched out in Section III, major efforts to carry out deinstitutionalization and development of community alternatives for persons having a developmental disability have been under way within the state for a number of years. This trend has been fostered and subsumed into larger trends involving decentralizing and reorganizing historic patterns of human service delivery. To have utility in such a context, then, state DD Council's planning, influencing and evaluating efforts must complement and augment these positive trends, and be prepared in policy-oriented formats useful for decision makers at a number of levels.

As highlighted previously (in Section III), local governments and agencies are assuming increasing responsibility for the provision of a range of services throughout the state. Assuming responsibility for providing and coordinating local service "systems" requires that local planning and management efforts have to be carried out based upon a fairly clear identification of the number of persons having a developmental disability who reside in the area, their developmental age and potential, and present and projected service needs based upon such needs/potential. Consequently, managing the delivery of services requires planning that is developed around identified need.

The Community Alternatives and Institutional Reform report produced in 1975 by the DD Planning Office/State Planning Agency can be viewed as a guideline that highlighted policies required to foster local service capacity based upon aggregated individual need. Examples of actual policies that implement such a guideline would include the following:

- the first step in developing a community-based residential program, for example, requires that prospective facility operators generally identify the persons to be served, and the range of developmental potential.
- as another important example, DPW Rule 185 sets general standards to be employed by area mental health boards and county social service departments in preparing and carrying out individualized program plans for persons having retardation. These plans are to identify a person's developmental potential and program goals, and identify a specific complement of services required to attain these goals.

DD planning in Minnesota, particularly at the regional level, must attempt to follow through and utilize such needs assessment and identification data in order that analysis and recommendations will be useful for local decision makers.

A number of the regional DD programs have undertaken such specific planning efforts within the last few years, and a major state Council work program goal during 1978-79 will be to generally standardize the processes used, data collected, and the character of resulting recommendations. A systems planning format is being proposed - an approach to identify service capacity on the basis of how persons in need of assistance in various areas of life activity come in contact with, and move into and around in the "system" of services. A critical aspect in such a process is to not only identify service availability/unavailability, but also necessary linkages between services (in other words, management aspects of coordinating service delivery). Another important aspect is to assure that service definition and identification is comprehensive enough in this process so that needs particular to each of the conditions identified as a developmental disability are accommodated along with more generic service needs held in common.

The State DD Council work program outlined in the following pages was designed, in part, to fulfill general data-gathering and analysis requirements that will lead to the kinds of long-range service network recommendations sought by the Federal plan guidelines. This design, though, was also prepared in order to complement and support service development/delivery trends occurring within the state, and to utilize the resources of regional DD planning programs in performing these tasks.

Tables 6-1 to 6-5, and the accompanying narrative, consequently, cannot be readily completed at present, but a review of the work program will indicate the extent and type of data-gathering/analysis efforts to be undertaken during the upcoming plan year. In synopsis, the work program's planning component is directed at not only data-gathering and analysis, but at placing the results of such efforts into policy-oriented contexts useful for decision-makers at both the local and state level. The work program's other components are directed at carrying out ongoing efforts - advocacy, grant review, evaluation of various aspects of "governmental operations," public information/education. It also contains a special study area (as highlighted in more detail in Section IV) involving the status of screening/assessment services within the state.

While the State DD Council at present has not identified specific, long-range service development goals, its Statement of Philosophy and Mission outlines "fundamental beliefs" of the Council, which guide its activities. These beliefs are identified as including the following (p. 5-6 of the Statement):

1. All persons, regardless of their disability, deserve the respect of others. The dignity, worth, and potential of every individual, disabled or not, must be respected, preserved, and never compromised in the process of providing services.
2. Our Constitution guarantees equal rights to all citizens. Exercising rights must be accompanied by assumption of responsibility. A belief in basic human rights and responsibilities and Constitutional guarantees shall provide a basis for all decisions of the DD Council on behalf of persons with disabilities. These rights imply, but are not limited to, the assurance of:

- Adequate food, clothing, and shelter to assure a decent standard of living.
 - Education and training to develop one's potential.
 - Health care, including preventive services, diagnosis, treatment, rehabilitation, and periodic evaluation.
 - Economic opportunity, and productive work or other meaningful occupation.
 - Participation in one's own community, including access to programs and facilities for recreation, transportation, entertainment, and other public services.
 - Protection from discrimination or abuse in any form.
3. No persons with disabilities should be deprived of any basic rights because of cost.
 4. In all matters relating to persons with disabilities, potential performance and methods of effective adaptation should be emphasized rather than the disabilities themselves.
 5. All persons have the right to function in a setting which provides for development of independence, is as similar as possible to the norms of society, and provides an opportunity for participation in meaningful activity and assumption of personal responsibility in the life of that community.
 6. Human life is not static. Each individual should assume maximum possible responsibility for achievement of his or her own human growth and development potentials. As persons move from one level of development to another, changes in settings and circumstances of their lives may be appropriate. These changes may include physical environment, assumption of increased responsibility, and increased freedom of movement.
 7. All persons should have the maximum possible choice in making decisions in their own lives. Decisions regarding the lives of persons with disabilities should be made by the persons themselves whenever possible and otherwise by those as close as possible to them. The opportunity to make decisions involves risks and has the potential to contribute to the personal development and human dignity of the persons concerned.
 8. When persons need assistance in representing themselves, other individuals or groups have a responsibility to act on their behalf in order to help them obtain and maintain their human and civil rights and exercise their responsibilities. Any assistance to persons with disabilities must be offered with great concern for them, with their consent, and only in instances when they cannot function independently.

9. All persons shall be afforded maximum possible security against unwarranted intervention including protection against violations of privacy and the maximum possible confidentiality consistent with preservation of public interests. All persons should maintain themselves by their own resources to the extent that their capacity and circumstances permit.

In terms of short-range goals, the following priorities were established for the FY 1978 work program:

Rank

Comprehensive Planning
Advocacy
Screening
Public Information
Plan Review
Grant Review

F.Y. 1978 Work Program

GOAL: To design and implement a uniform statewide service planning process that:

- identifies service components, their availability and characteristics according to a "systems planning" format
- identifies, on an individualized basis, service needs of all persons having a developmental disability that constitutes a substantial handicap
- makes use of planning data/information to selectively influence policy decisions regarding development/improvement of services in Minnesota

SUB-GOAL I: To define the scope and range of components comprising a comprehensive system of services in Minnesota for persons having a developmental disability; to develop "systems plans" for each of these components.

OBJECTIVES	TASKS/STRATEGIES	TIMETABLE	RESOURCES	EVALUATION
To define the hierarchy of services within each "sub-system" and range of such components comprising a comprehensive system of services; to assure that this systems plan encompasses the service needs of <u>all</u> persons having a developmental disability that constitutes a substantial handicap.	<u>STATE LEVEL:</u> Refine the draft service definitions of the Comprehensive Planning Committee through review by appropriate consumer groups, regional DD programs.	By November, 1977 ↓	State Staff Comprehensive Planning Com. Consumer Groups Regional DD Councils/staff State Council ↓	Actual preparation and approval. ↓
	Obtain State Council acceptance to use these definitions as the guideline for the "systems planning" process. <u>REGIONAL LEVEL:</u> As an output of the planning contract with the State Planning Agency, each regional DD program will develop and refine service definitions in basic agreement with those of the State DD Council, and use these to begin implementing a regional systems planning process.	By March, 1978 ↓	State Staff Grant Review Committee Comprehensive Planning Comm. Regional DD Councils/staff Host Agency ↓	Actual development of definitions format, acknowledgement of use. ↓
To clarify the role and function of state hospitals within the comprehensive system of services.	To review the effort of reorganization activities within the Dept. of Public Welfare, and the impact of such activities in establishing the role and function of state hospitals within the comprehensive system of services. To review the recommendations regarding state hospital operation in the medicated cost containment study prepared by the Dept. of Administration in 1977.	By March, 1978 ↓	State Staff Comprehensive Planning Comm. State Council (including DPW reps) ↓	Report of findings and subsequent recommendations. ↓

SUB-GOAL 1 (con't)

OBJECTIVES	TASKS/STRATEGIES	TIMETABLE	RESOURCES	EVALUATION
	<p>To review the status of legislative consideration regarding closure of state hospitals (including studies done regarding the Fergus Falls State Hospital).</p> <p>To review state policies regarding the protection of employee interests when state hospital closure or reduction of operations is planned.</p>		<p>Staff Staff House and Senate Research Staffs Legislative Audit Commission Region 1 and Region 4 Task Force Reports on Fergus Falls State Hospital Regional DD Councils/Staff</p> <p>State Staff Dept. of Public Welfare Dept. of Personnel State Council Comprehensive Planning Comm.</p>	
<p>To clarify state policies regarding what constitutes "inappropriate placement" in institutions (both state hospitals and nursing homes) and community-based facilities of persons having a developmental disability.</p>	<p>To review current policy guidelines of the Dept. of Public Welfare regarding:</p> <ul style="list-style-type: none"> - admission, transfer, discharge, readmission standards for persons residing in state facilities - admission and transfer policies for community-based facilities <p>To review current policy guidelines of the Departments of Public Welfare, Health and Education regarding programming for persons having a developmental disability who reside in nursing or board-and-care homes.</p>	<p>By July, 1978</p>	<p>State Staff Appropriate Sections of DPW Depts. of Health, Education Vocational Rehabilitation State Council Comprehensive Planning Comm.</p>	<p>Report of findings and subsequent recommendations.</p>

SUB-GOAL 2: To identify individuals in Minnesota having a developmental disability, their developmental potential and types/characteristics of services needed at present; to use this and related data to project service needs on a short-range (3-5 years) and longer range (5-10 years) basis.

OBJECTIVES	TASKS/STRATEGIES	TIMETABLE	RESOURCES	EVALUATION
Develop a definition of "substantial handicap" that is workable for planning purposes.	<p>Review materials prepared by the Comprehensive Planning Committee, definitions used by other states; seek comments from regional DD Councils, appropriate consumer groups, major state agency representatives.</p> <p>Obtain State Council approval for use of definition for planning purposes.</p>	By November, 1977	<p>State Staff State DD Council Comprehensive Planning Comm. Regional DD Councils/Staff DD Programs in Other States Appropriate Consumer Groups</p>	Preparation and approval, use of definition.
To undertake the collection of data on individual needs/developmental potential.	<p><u>STATE LEVEL:</u> Initiate efforts to develop written agreements between the State Planning Agency and major state/local service agencies to participate in collecting data on individual need/developmental potential in a coordinated process; obtain clearance for such efforts under the Minnesota Privacy Act. Develop draft survey format and projections for procedures, resources and costs involved in the collection effort.</p> <p><u>REGIONAL LEVEL:</u> As an output of the planning contract with the State Planning Agency, each regional DD program will initiate collection of data on individual potential and present service needs.</p>	<p>By December, 1977</p> <p>By December, 1978</p>	<p>State Staff Comprehensive Planning Comm. Regional DD Councils/Staff State Agencies, including: Dept. of Education Dept. of Health Dept. of Public Welfare Dept. of Economic Security</p> <p>Regional DD Councils/Staff Host Agency Local Service Providers (inter-agency agreements)</p>	<p>Written agreements, development of survey format, report on procedures and costs.</p> <p>Initiation and completion of survey, processing of data undertaken.</p>

SUB-GOAL 2 (con't)

OBJECTIVES	TASKS/STRATEGIES	TIMETABLE	RESOURCES	EVALUATION
<p>To identify the status of development of IPP for persons having a developmental disability eligible to receive services.</p>	<p>To identify agencies having responsibility (in law, rule, or contract) to prepare service plans for persons having a developmental disability; to identify that portion of the DD population served/not served by such agencies.</p> <p>To identify the policies followed in preparing IPP: format and content, personnel requirements (including those for case planner/manager), service selection criteria, client/parent involvement in plan preparation, interdisciplinary, intra- and inter-agency communication, and confidentiality.</p> <p>To review the present managerial capability of the major service-providing agencies to track the progress of persons under IPPs.</p> <p>To identify any portion of the DD population for which IPP preparation would be appropriate but is not at present being undertaken; to identify changes necessary in law and regulation to permit plan preparation.</p> <p>To develop strategies required to insure that all persons having a developmental disability will be eligible under law and regulation for major services involving IPP.</p>	<p>By June, 1978</p> <p>By December, 1978</p>	<p>State Staff State DD Council Major Service Agencies, such as the Departments of Public Welfare, Economic Security, Education, and Health Consumer Groups Regional DD Councils/Staff</p>	<p>Report of findings and subsequent recommendations.</p>

SUB-GOAL 3: To undertake the collection of data--useful for both planning purposes and influencing the development/improvement of services--that will profile service delivery and program operating characteristics under the "systems planning" format.

OBJECTIVES	TASKS/STRATEGIES	TIMETABLE	RESOURCES	EVALUATION
<p><u>SERVICE NETWORK</u> Refine the description and outline of agencies/programs comprising the current service network in Minnesota in a "systems planning" format.</p>	<p><u>STATE LEVEL:</u> Data presented in the FY '78 State Plan will serve to initially outline agencies/programs providing services within the system plan's major sub-systems. Subsequent activities to refine and further develop this network outline will be carried on through the regional DD programs.</p> <p><u>REGIONAL LEVEL:</u> As an output of the planning contract with the State Planning Agency, each regional program will use the format of its systems plan to identify and categorize agencies within its region having programs/services affecting persons having a developmental disability.</p>	<p>By October, 1977</p> <p>By March, 1978</p>	<p>State Staff State DD Council Comprehensive Planning Comm. Regional DD Council/Staff Host Agency Minnesota Information and Referral System and related programs State agencies, including: Dept. of Administration Dept. of Public Welfare Dept. of Education Dept. of Economic Security Dept. of Health Office of Human Services Office of Volunteer Svcs. Dept. of Human Rights Council for the Handicapped Council on Aging Housing Finance Agency Dept. of Natural Resources State Planning Agency Dept. of Transportation Public and Private Service Providers at the Local/Regional Level House and Senate Research Offices Legislative Audit Commission</p>	<p>Preparation of initial service network profile for FY '78 State Plan.</p> <p>Initiation and completion of regional service network profile on a "systems plan" basis.</p>
<p>To gather data on service delivery characteristics and agency/program resources.</p>	<p><u>STATE LEVEL:</u> Initiate efforts to develop written agreements between the DD Planning Office and major state/local service agencies to obtain cooperation in gathering data on service characteristics and agency/program resources.</p> <p>To develop draft format of data needed to profile service characteristics and agency/program resources:</p> <p><u>service characteristics</u></p> <ul style="list-style-type: none"> - capacity - availability - utilization 	<p>By December, 1977</p>		<p>Written agreements, development of data format, identification of state-level data resources (published reports, periodically issued reports, in-house records), feasibility report on preparing and updating trend data on service costs and personnel demands</p>

SUB-GOAL 3 (con't)







OBJECTIVES	TASKS/STRATEGIES	TIMETABLE	RESOURCES	EVALUATION
	<ul style="list-style-type: none"> - direct-care staff involved (including qualifications) - average unit cost for service provision <p><u>agency/program resources</u></p> <ul style="list-style-type: none"> - authorization - operating costs - capital costs - funding sources, breakdown <p>To begin identifying data sources readily available at the state-level that will provide desired information (all or part) for state and regional planning purposes; to identify data formats and utility for planning purposes.</p> <p>To discuss with major state agencies and legislative representatives the possibility of using the DD data collection effort for trend analysis of service delivery costs and personnel demands.</p> <p><u>costs</u></p> <ul style="list-style-type: none"> - within service manpower areas - for IPP administration - individual case history projections <p><u>personnel</u></p> <ul style="list-style-type: none"> - job classifications - credentialing/licensing - staff ratios - pre-service/in-service training 			

SUB-GOAL 3 (con't)

OBJECTIVES	TASKS/STRATEGIES	TIMETABLE	RESOURCES	EVALUATION
	<p><u>REGIONAL LEVEL:</u> As an output of the planning contract with the State Planning Agency, each regional DD program will undertake collection and/or refine existing data bases on the characteristics of services and agency program operations under their regional systems plan format. At minimum, each regional DD program will develop sub-system plans dealing with residential and day programming services.</p>	<p>By December, 1978</p>		<p>Initiation and completion of data collection preparation of sub-system plans required at minimum.</p>

GOAL: The State DD Council will continue to support and assess the development/improvement of advocacy activities undertaken in Minnesota on behalf of persons having a developmental disability.

OBJECTIVES	TASKS/STRATEGIES	TIMETABLE	RESOURCES	EVALUATION
To revitalize the Advocacy and Protective Services Committee and provide adequate staff back-up for this committee.	<p>Recommend and appoint (or reappoint) members to the Committee (and sub-committees) who will provide knowledge, leadership, and representation in the following areas:</p> <ul style="list-style-type: none"> - epilepsy - cerebral palsy - mental retardation - autism - dyslexia - legal advocacy - citizen advocacy - regional planning councils - research design - community organizations and administration - public services (e.g., welfare, education, health, corrections, etc.) - volunteer service organization 	By October, 1977	Chairperson Committee Staff	Committee appointed and functioning.
	<p>Conduct an orientation session for the Advocacy and Protective Services Committee which covers the following areas:</p> <ul style="list-style-type: none"> - History of past activities - The D.D. Act (particularly Title II) - State Plan of the Minn. Protection and Advocacy System - Advocacy definitions, concepts, philosophy and services - Past and current DD service grants relating to advocacy - Description of state and local advocacy services 	By November, 1977	Staff Committee Resource Persons	Orientation session held and documented.

OBJECTIVES	TASKS/STRATEGIES	TIMETABLE	RESOURCES	EVALUATION
To maintain financial support to and liaison with Minnesota Legal Advocacy Project at the Legal Aid Society of Minneapolis in order to continue protecting the rights of all developmentally disabled persons residing in Minnesota.	<p>Provide technical assistance to the Mpls. Legal Aid Society in the state-wide funding base for legal services to the developmentally disabled.</p> <p>Provide liaison representation on the Legal Advocacy Advisory Committee.</p>	<p>Ongoing (quarterly at minimum)</p> 	<p>State DD Council State Staff Advocacy Committee</p> <p>State Staff Advocacy Committee</p>	<p>Documentation of contacts and activities.</p> <p>Liaison representative appointed.</p>
To monitor, evaluate and provide technical assistance to two pilot/demonstration projects and disseminate information to other communities as they develop and/or expand citizen advocacy services.	<p>Provide technical assistance to the selected projects.</p> <p>Evaluate each project.</p> <p>Publish and disseminate final reports and products from each project.</p>	<p>Ongoing (quarterly at minimum)</p> 	<p>State Staff</p> <p>State Staff Project Staff Outside Services</p> <p>Project Personnel State Staff</p>	<p>Documentation of contacts and activities.</p> <p>Reports of review of quarterly reports, site visits and other contacts with project personnel.</p> <p>Actual dissemination of reports and products.</p>
To coordinate efforts and resources with public and private agencies.	<p>Follow-up on the study that was conducted by Office of Human Services on the advocacy roles and functions of state governmental agencies, as well as review and comment on the recommendations they will be making in their report to the State Legislature.</p> <p>Coordinate plans and activities with an array of other advocacy agencies which are internal to state and local government operations, such as:</p>	<p>By January, 1978</p>  <p>Ongoing</p> 	<p>State Staff Advocacy Committee State Council</p> 	<p>Recommendations and/or position statements by the State Council on the report.</p> <p>Documentation of coordination activities.</p> 

OBJECTIVES	TASKS/STRATEGIES	TIMETABLE	RESOURCES	EVALUATION
	<ul style="list-style-type: none"> - Office of Health Facility Complaints, Dept. of Health - Division of Vocational Rehabilitation Ombudsman - Council on Aging Ombudsman - State Hospital Patient Advocates - Corrections Ombudsman - The Human Rights Department - Office of the Attorney General - Office of Consumer Services - Governor's Office of Volunteer Services - Minnesota Foster Grandparent Program - Minnesota Council on the Handicapped <p>and support efforts to coordinate, consolidate and strengthen their roles as "in-system advocates." Such coordination activities may include:</p> <ul style="list-style-type: none"> - developing common definitions of advocacy terms - inter-committee representation - sharing of plans, minutes, training materials and other information - co-sponsorship of meetings, conferences and special projects, e.g., training - combining efforts in public information/education activities 			

OBJECTIVES	TASKS/STRATEGIES	TIMETABLE	RESOURCES	EVALUATION
<p>To assess and make recommendations for strengthening the scope and quality of protective services being provided in the State of Minnesota for persons with developmental disabilities and their families.</p>	<p>Collect and summarize in a written report all available information which pertains to the provision of protective services to the developmentally disabled population in Minnesota, e.g.:</p> <ul style="list-style-type: none"> - Sterilization issues - Title XX (Social Services) - Title XIX - Minnesota Mental Retardation Protection Act (Guardianship and Conservatorship) - Minnesota Hospitalization and Commitment Act - Judicial issues - Child abuse - Dependency and neglect - Patient Bill of Rights Act <p>(Such studies will be conducted as prioritized by the Advocacy Committee and will depend on the resources available, e.g., staff and finance.)</p> <p>Work cooperatively with the appropriate monitoring and evaluation divisions (e.g., in the Dept. of Public Welfare) and other key informants, to collect data, analyze data, evaluate the scope and quality of protective services in Minnesota.</p>	<p>October, 1978 (Exact timetable for each study will be determined when committee sets priorities in November, 1977.)</p>	<p>State Staff Advocacy Committee Outside Services</p> <p>State Staff</p>	<p>Preparation, acceptance and dissemination of the studies.</p>

OBJECTIVES	TASKS/STRATEGIES	TIMETABLE	RESOURCES	EVALUATION
	<p>Publish and disseminate findings of the studies, with specific recommendations on methods for improving protective services in Minnesota. The studies should especially address:</p> <ul style="list-style-type: none"> - Manpower and training needs among protective service workers. - Needs for legislative and policy reform - Coordination of services, e.g., in referral methods, developing individual program plans and in providing support services to families - Patterns and levels of funding - Maintenance of individual rights, e.g., due process procedures, etc. <p>Work cooperatively with the appropriate state agencies in developing plans for implementing the recommendations of the studies.</p>	<p>As determined by publication of each study.</p>	<p>State Staff Committee</p>	

GOAL: To review present status and make recommendations for developing a coordinated statewide sub-system in:

- a) Prevention
- b) Screening
- c) Diagnosis
- d) Supportive Counseling

OBJECTIVES	TASKS/STRATEGIES	TIMETABLE	RESOURCES	EVALUATION
As a special study effort, to define and identify services/programs within the sub-system.	<p>To review present laws and regulations and identify major programs operating in Minnesota that provide services generally characterized as "prevention/screening/assessment/diagnosis"; to develop a set of standardized definitions and categorize these programs and services under this format.</p> <p>To review recent studies addressing delivery coordination; to review recommendations made by these respective studies and follow-up on the status of these recommendations.</p> <p>To identify service delivery characteristics:</p> <ul style="list-style-type: none"> - personnel (numbers and qualifications) - costs for service - duplication and possible cost savings <p>Draft report reviewed by state Council and/or ad hoc committee, evaluation and recommendations</p>	<p>By March, 1978</p> <p>By June, 1978</p>	<p>State Staff State DD Council Studies such as <u>Child Development study</u> (State Planning Agency), <u>Who Serves the Pre-School Handicapped Child</u> (State Council for the Handicapped)</p> <p>Programs in related state agencies, such as:</p> <ul style="list-style-type: none"> - Dept. of Public Welfare - Dept. of Education - Dept. of Health <p>Related private programs operating in the state</p>	<p>Report of findings, subsequent recommendations, dissemination</p>

COAL: The State DD Council will continue to carry out grant review activities involving use of DD and DD-related resources in Minnesota.

OBJECTIVES	TASKS/STRATEGIES	TIMETABLE	RESOURCES	EVALUATION
<p>To evaluate funding requests for State Council grant appropriations or through the State Council for other DD or DD-related appropriations.</p>	<p>To draft and issue requests for proposals and program announcements for priority issue areas identified by the State DD Council as resources are available.</p> <p>To evaluate applications submitted under such formats according to established Grant Review Committee operating procedures; to select and recommend proposals to the State Council for approval.</p> <p>To review and comment on projects seeking regional and national significance funds from the DD Office in the U.S. Dept. of HEW; to review and comment on DD-related grant applications under the U.S. Office of Management and Budget's A-95 review process.</p>	<p>As scheduled</p>	<p>State staff State DD Council Grant Review Committee Other State Council committees State Planning Agency</p>	<p>As State Council resources are made available, preparation and issuance of RFPs and program announcements, evaluation of submitted applications and records of proceedings.</p> <p>As required under the DD Act or the OMB A-95 process; review and comment on proposals; preparation and submission of recommendations.</p>
<p>To monitor the activities and performance of projects supported by the State DD Council or other DD resources.</p>	<p>To follow the operations of grants under current State Council support (including increased interaction with the Regional DD programs in order to identify areas in which assistance is needed to carry out their work programs).</p> <p>To periodically monitor the operating characteristics of programs previously supported by the DD Council.</p>	<p>Ongoing (at least quarterly)</p>	<p>State staff Grant Review Committee Regional DD Councils, staff, host agencies State Planning Agency (Office of Local and Urban Affairs)</p> <p>State staff State DD Council Grant Review Committee</p>	<p>Review of quarterly reports and contract performance; meetings with Regional DD program personnel.</p> <p>Preparation of report on status of grants previously funded.</p>

GOAL: The State DD Council will continue to carry out grant review activities involving use of DD and DD-related resources in Minnesota.

OBJECTIVES	TASKS/STRATEGIES	TIMETABLE	RESOURCES	EVALUATION
<p>To identify resources required by major state agencies to support state-wide service development/improvement or management functions; to attempt to facilitate the acquisition of such resources.</p>	<p>To survey key state agencies (directly and through their State DD Council representatives and appropriate consumer groups) regarding major service developments/improvements and managerial functions requiring attention within the Minnesota system of services; to identify issue areas in which coordination/integration could be arranged.</p> <p>To attempt to identify national/regional/state resources available to support such efforts.</p> <p>To assist in efforts to secure such resources (such as grant preparation and submission, administrative sponsorship of projects).</p>	<p>By February, 1978</p> <p>As identified in the survey</p>	<p>State staff State DD Council Grant Review Committee State agencies, including Dept. of Administration Dept. of Public Welfare Dept. of Health Dept. of Education Dept. of Economic Security House and Senate Research Offices Legislative Audit Commission DD Office/U.S. Dept. of HEW (Chicago, Washington) Literature search/information systems (National Technical Information System, <u>Catalog of Federal Domestic Assistance</u>, <u>Commerce Business Daily</u>, <u>Federal Register</u>)</p>	<p>Based on survey results, feasibility report on availability of resources; actual acquisition effort.</p>

GOAL: The State Council will continue to develop and disseminate materials that inform, educate, and increase public awareness regarding the needs and capabilities of persons having developmental disabilities and the philosophy and mission of the Developmental Disabilities program.

OBJECTIVES	TASKS/STRATEGIES	TIMETABLE	RESOURCES	EVALUATION
To continue publication of the <u>DD News Letter</u> and <u>News Brief</u> .	<p>Define themes, identify articles to be written; gather information and photographs, prepare copy and layout; work with printer on typesetting and proofing.</p> <p>Disseminate, periodically evaluate utility preference of readership.</p>	Ongoing (quarterly dissemination) 	<p>Staff Outside Contributors Relevant literature and publications Printer Outside reviewers</p>	<p>Actual publication and dissemination of <u>News Letter</u> and <u>News Brief</u></p>
Provide assistance to specific public information/education projects at the local level, and to the Regional DD programs.	<p>For projects selected under the State Council's request for proposal application process, monitor project activities, products.</p> <p>As requested, provide assistance and materials to other public information/education/awareness programs in Minnesota, and to the Regional DD programs.</p>	Ongoing (at least quarterly for DD grants) 	<p>Staff Public Information/Education Committee</p>	<p>Documentation of technical assistance contacts and activities.</p>
To prepare for publication and disseminate planning reports and studies.	<p>As study and review activities in the FY78-79 work program are completed, develop, print and disseminate findings.</p>	As identified and scheduled in the work program 	<p>Staff Council Committees Outside reviewers</p>	<p>Completion and dissemination of reports and studies.</p>

GOAL: The State DD Council will review and comment on major Federal and state plans, existing laws and proposed legislation, administrative rules and regulations in order to influence development of policies affecting the interests of persons having a developmental disability.

OBJECTIVES	TASKS/STRATEGIES	TIMETABLE	RESOURCES	EVALUATION
Monitor development of proposed Federal/state rules and legislation, and impact of existing rules and legislation.	<p><u>STATE AGENCY RULES</u> As established under the Minnesota Administrative Procedures Act, follow the official issuance of proposed agency rules in the Minnesota <u>State Register</u>; review and comment to the designated hearing examiner as an "interested party."</p> <p><u>FEDERAL AGENCY RULES</u> Follow the announcement of proposed agency rules in the <u>Federal Register</u> and/or through other public information sources. Review/comment under procedures established by each proposal.</p> <p><u>STATE LEGISLATION</u> Follow the introduction of legislation into the state House and Senate during the regular session through the public information sources such as the <u>Phillips Legislative Service</u> and the <u>Weekly Bulletin</u> of the Minnesota Council for the Handicapped. During interim session, follow activities of legislative study commissions through public information sources such as the <u>Phillips Legislative Service</u> and major newspapers.</p> <p><u>FEDERAL LEGISLATION</u></p>	Ongoing ↓	<p>State Staff Governmental Operations Committee State DD Council Minnesota <u>State Register</u> <u>Federal Register</u> <u>Phillips Legislative Service</u> <u>Weekly Bulletin</u> (State Council for the Handicapped) Legal Advocacy Project (Minneapolis Legal Aid Society) Advocacy and Protective Services Committee</p> ↓	<p>Recommendations and/or position statements by the State Council on each item reviewed.</p> ↓

OBJECTIVES	TASKS/STRATEGIES	TIMETABLE	RESOURCES	EVALUATION
<p>Review the content of Federal/state plans affecting persons having a developmental disability (at minimum, those for the Federal aid programs identified in the DD Act).</p>	<p><u>EXISTING LAWS/REGS</u> Review/comment on the impact of existing laws/regulations on persons having a developmental disability as situations are identified and action is deemed important.</p> <p>Review as plans can be obtained, record information on format developed for this purpose.</p>			<p>Review formats are completed.</p>

TABLE 6-1
RECOMMENDED GOALS AND OBJECTIVES FOR THE SERVICE NETWORK

(DDSP 6.1.1 & 6.1.2)

VI-24

GOALS			3 OR 5-YEAR OBJECTIVES		PLAN-YEAR OBJECTIVES	
GOAL PRI- ORITY NO. 1	SUGGESTED PRINCIPAL AGENCY 2	DESCRIPTION 3	PRI- ORITY NO. 4	DESCRIPTION 5	PRI- ORITY NO. 6	DESCRIPTION 7
		NOT PROVIDED AT PRESENT		NOT PROVIDED AT PRESENT		

TABLE 6-2
SUMMARY OF PLAN YEAR DD SERVICE NETWORK OBJECTIVES
AND ASSOCIATED PLANNED ACTIVITIES

(DDSP 6.2)

OBJECTIVES			PROJECT/PROGRAM/ACTIVITIES	BUDGET				
SUGGESTED PRINCIPAL AGENCY 1	NO. 2	STATEMENT 3	DESCRIPTION 4	DDSA ALLOCATION 5	OTHER FEDERAL 6	STATE 7	OTHER L-LOCAL NP - NON- PROFIT 8	TOTAL PROG/ PR FUND 9
			NOT PROVIDED AT PRESENT					
			NOT PROVIDED AT PRESENT					

TABLE 6-3

(DDSP 6.2.1 & 6.2.2)

1. OBJECTIVE # _____												DESIGN FOR IMPLEMENTATION												
2. RELATIONSHIP TO GOALS																								
3. DESCRIPTION OF PROGRAM/PROJECT/OR ACTIVITY																								
4. RESPONSIBLE AGENCY				5. PLAN YEAR FUNDING																6. TIME FRAME				
				LOCAL				STATE				FEDERAL												
				SOURCE		AMOUNT		SOURCE		AMOUNT		SOURCE		AMOUNT										
7. SCOPE & EXTENT OF SERVICES (ENTER EXPECTED CAPACITY WHERE APPLICABLE)																								
SERVICE PROJECTS	RESID.	DAY ACTIVITIES			EMPLOY.	IDENT.	CASE MGT.	TREAT.	FAM/PROG.	OTHER (SPECIFY)														
		P.S.	S.A.	ADULT																				
MENTAL RETARDATION																								
EPILEPSY																								
CEREBRAL PALSEY																								
AUTISM																								
OTHER (SPECIFY)																								
8. STEPS TO IMPLEMENTATION												RESPONSIBILITY												
NOT PROVIDED AT PRESENT																								
9. MONITORING & EVALUATION PROCEDURES																								
NOT PROVIDED AT PRESENT																								
10. MEASURES & CRITERIA OF ACHIEVEMENT																								

TABLE 6-4
CONSTRUCTION PROJECTS AFFECTING THE DD SERVICE NETWORK*

(DDSP 6.2.1)

PROJECT TITLE & PURPOSE OF FACILITY 1	LOCATION 2	CAPACITY 3	STATUS			FUNDING			
			PLANNED FOR DATE 4	IN PROGRESS		TOTAL 7	FEDERAL IDENTITY/DOSA 8	STATE 9	OTHER 10
				START 5	EXPECTED COMPLETE 6				
			NOT PROVIDED AT PRESENT						
						NOT PROVIDED AT PRESENT			

TABLE 6-5
SPECIAL DD SERVICE NETWORK PROGRAMS

(DDSP 6.2.3)

VI-28

SPECIAL PROGRAM TITLE 1	RESP. AGENCY 2	OBJECTIVES 3	DESCRIPTION 4	BUDGET						
				NON- DDSA 5 FEDERAL	STATE 6	OTHER 7	TOTAL 8	DDSA FUNDS 9	TOTAL ALL SOURCES 10	% = DDSP 11

NOT PROVIDED AT PRESENT

NOT PROVIDED AT PRESENT

SECTION VII: ADMINISTRATION AND ASSURANCES

"This Section of the State Plan for services to the developmentally disabled contains the description of the administrative structure of the program, the administration of the State Plan and assurances that the state will operate the DD program in a manner consistent with the rules and regulations of the program."

7.1. ADMINISTRATION

State Planning Agency

The 1970 DD Act as amended by P.L. 94-103 required that each state designate a single agency to administer the State DD Plan and the monies which flow to the state under the DD Act. The selection of an appropriate agency was left up to each state. In Minnesota, the State Planning Agency was named by the Governor in March, 1972, as the designated agency for administering the DD Council and the DD State Plan. A DD Planning Office was established within the State Planning Agency.

The State Planning Agency is an executive agency under the supervision and control of the Governor (who is the State Planning Officer). Provisions under the statute establishing the State Planning Agency (Minnesota Statute 4.12) emphasize long-range, inter-departmental planning. The statute mandates review of all plans filed with the federal government by Minnesota state departments and agencies, and review of current programming and future planning of all state departments and agencies (consequently, the agency is responsible for coordinating "review and comment" activities under programs such as the U.S. Office of Management and Budget's "A-95" review). The statute further emphasizes that the powers and duties of the State Planning Agency include the preparation of "comprehensive, long-range recommendations for the orderly and coordinated growth of the state." These provisions are similar in mission, intent, and requirement to the 1970 Developmental Disabilities Act, as amended by P.L. 94-103.

The State Planning Agency is comprised of six offices and each deals with particular planning activities occurring within Minnesota. The DD Planning Office works to coordinate its activities with other programs being carried out by the State Planning Agency, particularly in the following areas:

- Health Planning (regional Health Systems programs under the National Health Planning and Resources Development Act)
- Human Resources (analyzes human resource planning and service delivery issues for state and local agencies, the Legislature, and the Governor)
- Office of Local and Urban Affairs (which guides sub-state "regional development commission" activities that administer regional DD programs, community development programs under the Housing and Community Development Act of 1974, open space/recreation program under U.S. Dept. of Interior and state supports)
- State Demographer (who prepares official analyses and projections of state growth, population trends)

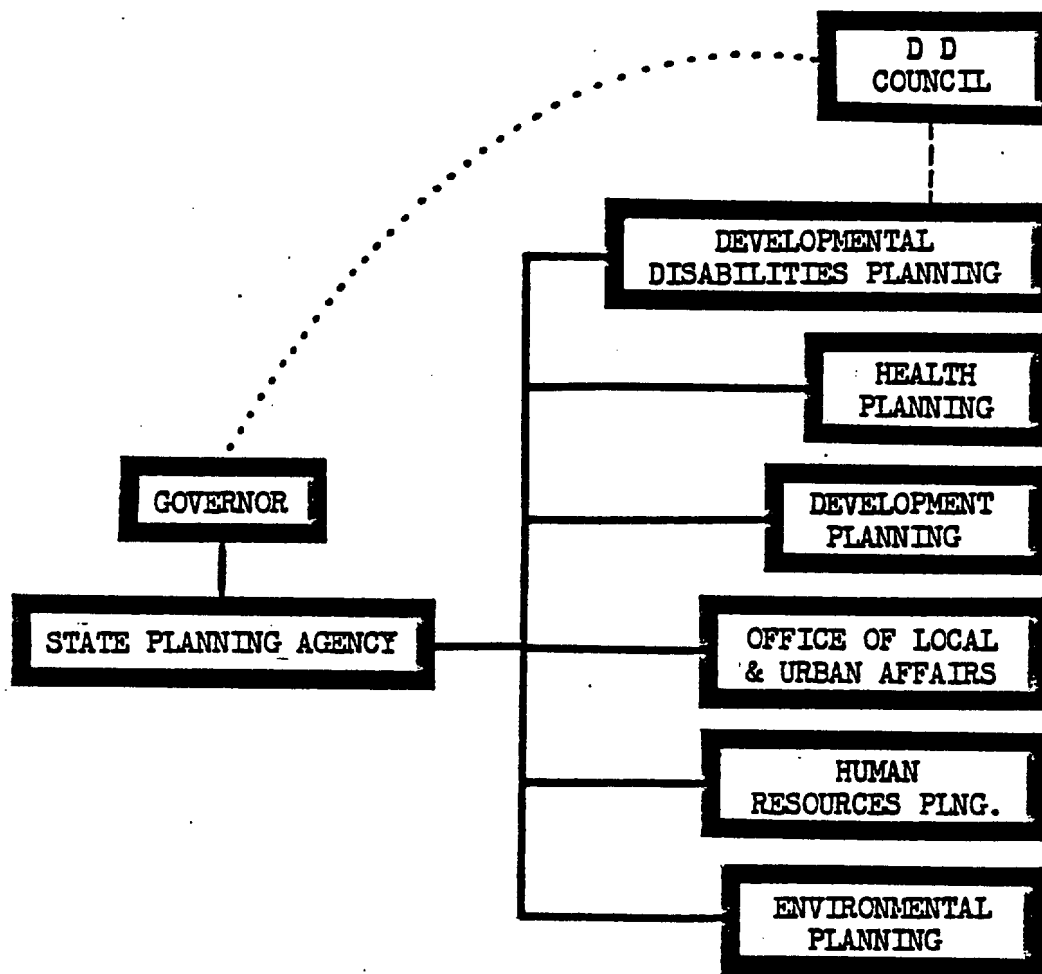
Developmental Disabilities Planning Office

Personnel of the State Planning Agency/DD Planning Office serve as staff to the State Council, as well as the agency designated to administer Council funds. The DD Planning Office has also been designated as the agent responsible for planning and implementing the Minnesota Protection and Advocacy System for Persons with Developmental Disabilities (Title II of P.L. 94-103).

The DD program is supported by a full-time Planning Office staff of seven: a Director, Assistant Director, three planners, and two secretaries (with part-time graduate student intern assistance, as necessary). As employees of the State Of Minnesota, staff for the DD Planning Office are hired under civil service policies of the State Planning Agency, as approved by the Dept. of Personnel. (These policies cover the employment of women, minority and handicapped individuals.)

The State Planning Agency/DD Planning Office is responsible for implementing the annual State DD Council Plan/work program, in accordance with applicable Federal and state laws, regulations and review procedures. Accounting practices appropriate for proper fiscal management are employed by the DD Office (in conjunction with the State Planning Agency Business Office and the Dept. of Finance) in carrying out its responsibilities. Administrative services provided to the Council include grants management (contracting, performance evaluation, fiscal control, technical assistance), personnel administration, arrangements for Council-related activities (primarily financial), public information and public relations.

FIGURE 7.1
PLACEMENT OF DD OFFICE AND COUNCIL



(DDSP 7.1)

VII-5

TABLE 7-2
SUMMARY OF PROPOSED DEVELOPMENTAL DISABILITIES EXPENDITURES

STATE Minnesota

FY ENDING 1978

Federal DD Fiscal Year Allotment \$ 542,290

(DDSP 7.1)

A. Allocations to State Agencies by Source of Funds:

- CENTS NOT INCLUDED -

DESIGNATED STATE AGENCIES 1	Non-Federal Funds				Federal * Funds 6	Total (5+6) 7
	State 2	Local 3	Non-Profit 4	Total (2+3+4) 5		
State Planning Agency	\$ 52,403	\$ --	\$ 129,040	\$ 181,443	\$ 542,290	\$ 723,733
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
Total	\$ 52,403	\$ --	\$ 129,040	\$ 181,443	\$ 542,290	\$ 723,733

B. Allocations to State Agencies by Purpose:

- CENTS NOT INCLUDED -

DESIGNATED STATE AGENCIES 1	Total Federal * and Non-Federal 2	Planning		Administration 5	Demonstration Grants 6	Construction 7	DI ** 8
		Council 3	Other 4				
State Planning Agency	F \$ 542,290 NF \$ 181,443	\$ 54,956 \$ 4,889	\$ 238,101 \$ 69,951	\$ 27,114 \$ 32,563	\$ 222,119 \$ 74,040	\$ \$	\$ 222,119 \$ 74,040
	F \$ NF \$	\$ \$	\$ \$	\$ \$	\$ \$	\$ \$	\$ \$
	F \$ NF \$	\$ \$	\$ \$	\$ \$	\$ \$	\$ \$	\$ \$
Subtotals	F \$ NF \$	\$ \$	\$ \$	\$ \$	\$ \$	\$ \$	\$ \$
Totals	\$ 723,733	\$ 59,845	\$ 308,052	\$ 59,677	\$ 296,159	\$	\$ 296,159

C. Percentage Allocated to Construction and ratio of Federal to State and local funds for construction:

(1) Federal funds allocated for construction \$ -- : -- % of FY allotment

(2) Total cost of construction \$ --

a. In poverty areas \$ --

b. In non-poverty areas \$ --

(3) Ratio of Federal to Total Funds

a. For all construction -- %

b. In poverty areas -- %

c. In non-poverty areas -- %

* Basic Formula Grant Funds under P.L. 94-103

** DEINSTITUTIONALIZATION

1 "Other Planning" includes Planning Staff costs and support for Regional Planning.

2 "DI" represents those FY 1978 RFP's that will have direct impact on deinstitutionalization.

7.2 ASSURANCES (PREPRINT)

Assurances are hereby given that:

(1) FUNDS MADE AVAILABLE TO OTHER AGENCIES

- (a) Part of the funds paid to the State will be made available to other public agencies or other non-profit private agencies, institutions, and organizations for the purposes of carrying out the Act; and
- (b) Such funds will be expended in accordance with State procedures and standards and in accordance with the requirements contained in the regulations and policies established by the Secretary.

(2) STATE PARTICIPATION IN CARRYING OUT THE STATE PLAN

There will be reasonable State financial participation in the cost of carrying out the State Plan; and

- (a) That there is an organizational unit with major responsibilities for administration of the State Plan; that an adequate staff is available for carrying out its responsibilities in the administration of the State Plan; and
- (b) That State appropriated funds will be used in part to support the activities included under the State Plan.

(3) MAINTENANCE OF EFFORT

Funds paid the State under the State Plan will be used to supplement and, to the extent practicable, increase the level of funds that would otherwise be made available for the purposes for which the Federal funds are provided, and not to supplant such non-Federal funds. Information and data relative to the aggregate level of State, local and nonprofit funds available in the State for activities supported under the State Plan will be available for review upon request by the Secretary, DHEW, the General Accounting Office or their designees.

(4) FINANCIAL SUPPORT FOR ACTIVITIES

Adequate financial support will be available to complete the construction of facilities, and to maintain and operate them when such construction is completed. Compliance with this assurance may be made by a showing from the grantee that adequate funds are or will be on deposit in a bank, or that State and local funds will be made available for maintenance and operation upon completion of construction.

(5) GRANTS ADMINISTRATION REQUIREMENTS

The provision of DHEW Regulations under Title 45 CFR Part 74, establishing uniform administrative requirements and cost principles for grants to state and local governments, shall apply to all grants funded under this State Plan. Grants are also subject to the applicability, as cited therein, of the provisions of the following DHEW Regulations under Title 45 CFR to grants funded under this State Plan:

- 45 CFR Part 16 - Department Grant Appeals Process
- 45 CFR Part 46 - Protection of Human Subjects
- 45 CFR Part 75 - Informal Grant Appeals
 - Procedures, Subpart A - Indirect Cost Appeals
- 45 CFR Part 80 - Nondiscrimination under Programs Receiving Federal Assistance through the Department of Health, Education & Welfare- Effectuation of Title VI of Civil Rights Act of 1964
- 45 CFR Part 81 - Practice and procedure for Hearings under Part 80 of this Title.

(6) SPECIAL FINANCIAL AND TECHNICAL ASSISTANCE TO POVERTY AREAS

Special financial and technical assistance will be given to areas of urban or rural poverty in providing services and facilities for persons with developmental disabilities who are residents of such areas. (State Plan paragraph 2.1.1 lists the urban or rural poverty areas and contains the method used for determining such areas.)

(7) FISCAL ADMINISTRATION

Methods and procedures have been established for such fiscal control and fund accounting procedures as may be necessary to assure the proper disbursement of and accounting for funds paid to the state under this State Plan.

(8) RECIPIENT'S RECORDS

Each recipient of assistance under this State Plan shall keep records (1) which fully disclose (i) the amount and disposition by such recipient of the proceeds of such assistance, (ii) the total cost of the project or undertaking in connection with which such assistance is given or used, and (iii) the amount of that portion of the cost of the project or undertaking supplied by other sources, and (2) such other records as will facilitate an effective audit.

(9) NONDISCRIMINATION UNDER TITLE VI OF THE CIVIL RIGHTS ACT

The State has/has not previously submitted an assurance regarding nondiscrimination under Title VI of the Civil Rights Act of 1964, and DHEW Regulations Title 45 CFR 80. (If State has not submitted, attach copy of HEW Form 441).

(10) EMPLOYMENT OF HANDICAPPED INDIVIDUALS

As a condition for the receipt of financial assistance under the approved State Plan, each recipient of such assistance shall take affirmative action to employ and advance in employment, qualified handicapped individuals, on the same terms and conditions required with respect to the employment of such individuals by the provisions of the Rehabilitation Act of 1973 which govern employment (a) by State rehabilitation agencies and rehabilitation facilities, and (b) under Federal contracts and subcontracts.

(11) PROTECTION OF EMPLOYEES' INTERESTS

Fair and equitable arrangements will be made to protect the interests of employees affected by actions to carry out

the plan described in Paragraph 6.2.3 of this State Plan including arrangements designed to preserve employee rights and benefits and to provide training and retraining of such employees where necessary and arrangements under which maximum efforts will be made to guarantee the employment of such employees.

(12) USE OF VOLUNTEERS

In the implementation of this State Plan, maximum utilization will be made of all available community resources including volunteers serving under the Domestic Volunteer Services Act of 1973 (87 Stat. 394), and other appropriate voluntary organizations. The use of such services shall supplement, but shall not be in lieu of, paid employees.

(13) PAYMENT OF CONSTRUCTION WORKERS

All laborers and mechanics employed by contractors or subcontractors in the performance of work on any construction project assisted with funds under the State Plan will be paid at rates not less than those prevailing on similar construction in the locality as determined by the Secretary of Labor in accordance with the Act of March 3, 1931 (40 U.S.C. 276-a-276a-5, known as the Davis-Bacon Act); and the Secretary of Labor shall have with respect to the labor standards specified in this paragraph the authority and functions set forth in Reorganization Plan Numbered 14 of 1950 (15 F.R. 3176; 5 U.S.C. Appendix) and section 2 of the Act of June 13, 1934 (40 U.S.C. 276c).

(14) PERSONNEL ADMINISTRATION

- (a) Methods of personnel administration will be established and maintained (in the State agencies administering or supervising the administration of the State Plan program and in local agencies administering the program) in conformity with the standards for a Merit System of Personnel Administration, 45 CFR Part 70, and any standards prescribed by the U. S. Civil Service Commission pursuant to section 208 of the Intergovernmental Personnel Act of 1970 modifying or superseding such standards.

- (b) The State agency will develop and implement an affirmative action plan for equal employment opportunity in all aspects of personnel administration as specified in 45 CFR 70.4, Equal Employment Opportunity. The affirmative action plan will provide for specific action steps and timetables to assure equal employment opportunity. This plan will be made available for review upon request by the Secretary, Commissioner, Civil Service Commission, General Accounting Office or their designees.

(15) HUMAN RIGHTS AND WELFARE OF INDIVIDUALS RECEIVING SERVICES

The human rights of all persons (especially those without familial protection) receiving services under the State Plan will be protected as may be set forth in DHEW Regulations and issuances.

(16) HABILITATION PLANS

- (a) After September 30, 1976, each program (including programs of any agency, facility, or project) which receives funds from the State's allotment under this State Plan has in effect for each developmentally disabled person who receives services from or under the program, a habilitation plan and that such plans are reviewed annually.
- (b) Attachment 8.6 sets forth the requirements of each plan which complies with Section 1386.47 of the regulations and describes the methods to be used to facilitate an annual review of such individual's habilitation plan.

(17) SERVICES FOR PERSONS UNABLE TO PAY

A reasonable volume of services will be furnished to persons unable to pay, in accordance with DHEW regulations.

(18) ANTICIPATED CONTRIBUTION TOWARD STRENGTHENING SERVICES

Funds paid to the State will be used to make significant contributions toward strengthening services for persons with developmental disabilities in the various political subdivisions of the State, in order to improve the quality, extent, and scope of services.

(19) STANDARDS FOR SERVICES AND CONSTRUCTION OF FACILITIES

Standards for services provided under this State Plan will not be lower than standards prescribed in section 1386.17(a) of the regulations and construction standards for facilities and equipment furnished under this State Plan will not be lower than standards prescribed in section 1386.17(b) of the regulations.

(20) OPPORTUNITY FOR APPEAL AND HEARING

Every applicant for a construction project who is dissatisfied with any action of the State agency for construction regarding its application, has an opportunity for appeal to and hearing before such State agency, according to established and recorded practices and procedures in the state.

(21) REPORTS

The State agency will make such reports in such form and containing such information, and at such time, as required by the Secretary of Health, Education, and Welfare, and will comply with such provisions as he may find necessary to assure the correctness and verification of such reports. These reports include, but are not limited to (a) the Developmental Disabilities Office's Program Performance Report and (b) financial reports.

(22) STATE SYSTEM FOR PROTECTION AND ADVOCACY OF INDIVIDUAL RIGHTS

The state understands that the Secretary shall not make an allotment under Title I, Part C of the Act to a

State for any fiscal year beginning after September 30, 1977, unless the State has in effect such a system.

(23) ASSURANCE REGARDING EVALUATION SYSTEM

- (a) Within six months after the development by the Secretary of DHEW, of an evaluation system in accordance with Part A, Section 110(a) of the Act, this State will submit to the Secretary of DHEW a proposal for a time-phased method of implementing the system. The proposals will be submitted in the form and at the time set forth in guidelines to be issued by the Secretary.
- (b) Within two years after the date of the development of such a system, this State will provide assurances satisfactory to the Secretary that the State is using such a system.
- (c) This State recognizes that the assurances in (a) and (b) above are conditions to the receipt of assistance under Title I, Part C of the Act.

(24) STATEMENT BY STATE ATTORNEY GENERAL

With reference to the State Plan for persons with developmental disabilities submitted under the provision of the developmental disabilities program, as amended by PL 94-103, to the best of my knowledge and belief:

- 1. The State agency or agencies designated in State Plan Paragraph 7.1 have authority to administer or supervise the administration of all or portions of the State Plan for which they are responsible.
- 2. Nothing in this State Plan is inconsistent with State law.

NAME: Warren S. ...
(State Attorney General)

SIGNATURE: H. A. Kanner DATE: 17 Aug 1977
Special Assistant Attorney General

(25) GOVERNOR'S REVIEW