

# EVALUATION OF REGIONAL DEVELOPMENTAL DISABILITIES COUNCILS

Conducted, spring 1975, for Minnesota's Governor's Planning and Advisory Council on Developmental Disabilities, by DD/TAS, University of North Carolina at Chapel Hill

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DEVELOPMENTAL DISABILITIES COUNCILS

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Conducted by:

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A Division of the Frank Porter Graham Child Development Center  
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## PREFACE

It can be seen from the statements of purpose listed on page four that this is essentially a descriptive study. Questions about the impact of regional councils on regional service programs for the developmentally disabled were never directly addressed, although some of the information collected clearly suggests some impact of regional councils on regional service programs. Councils at the very least, for example, have stimulated other agencies to think about developing a comprehensive planning process for the regions.

Because it is a descriptive study, it can be useful as a basis for future action by the state and regional councils. The study identifies the landscape of regional councils, it points to problem areas, it demonstrates areas where future studies will have to be made, and it contains a number of specific statements by individuals questioned which could form the basis for changes both within councils and between the regional councils and the state council.

The recommendations made by DD/TAS at the request of the Minnesota Council are based solely on the information collected by the study. If conditions have changed in Minnesota by the time this study is read or re-read, it is clear that some recommendations may have been anticipated or outdated. Many of the recommendations contain conditional clauses because it is recognized that both the entire human service planning/delivery system and thinking about regional councils is in a state of flux at all levels.

It should be clear that the data interpretation and discussion in each chapter of this study reflects some of the biases of DD/TAS

which are based on experience with developmental disabilities across the nation. We cannot pretend to be totally objective in our interpretation of the data, but we believe that our national perspective may be helpful in assisting Minnesotans to think about their developmental disabilities program. Specifically, we believe that every developmental disabilities program should be involved in targeting consumer input, in engaging agency cooperation, and in utilizing expertise to develop a comprehensive planning effort for developmentally disabled persons across the nation.

The format of this document is indicated in the table of contents which follows. A modular approach was determined by DD/TAS to be the most efficient way to present the large quantity of information collected by this study. Each of the eleven chapters contains a description of the data, an interpretation and discussion of the data by DD/TAS, and recommendations made by DD/TAS at the request of the Minnesota Council. There is a chapter devoted to each of the nine purposes of the study (see page 4), and a statement of purpose occurs at the beginning of each chapter. Appendices contain information which either clarifies the text or is too lengthy for a particular section of the text, and they include the instruments used in collecting information for the study.

Because the report contains a great amount of information, a statement of major findings is included at the beginning of the report (see page xvii) in order to provide an overview of the information presented. Also included at the beginning of the report (see page xxxi) is a list of major recommendations as requested by the Minnesota Council.

DD/TAS  
Chapel Hill, NC  
Summer, 1975

Roy V. Bruninghaus  
  
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STATEMENTS OF MAJOR FINDINGS

BY DD/TAS

In order to provide an overview of the large quantity of information collected by this study, DD/TAS compiled statements of major findings. These statements were organized according to the major question areas delineated for each purpose of the study. The table of contents can be used to identify the specific chapters in which all of the information related to these question areas can be found.

## STATEMENTS OF MAJOR FINDINGS BY DD/TAS

### Regional Council Composition

The data on regional council membership indicated that important service agencies in all regions are well represented on the councils. Although it is clear that the statewide average for consumer representation is at or above the 33% level required by the state Council's guidelines, it is also clear that some councils may be below that level.

### Formal Structure of Regional Councils

In terms of the amount and type of staff and the number and kind of officers, regional councils have an adequate personnel structure. Secretarial support to the council planner in three regions, however, may be inadequate.

In across the state figures, including both ad-hoc and standing committees, 26 committees have been devoted to council management (i.e., administration), and 34 committees have concentrated on council tasks in specific planning areas. At the time of this study five of the eight regional councils had the majority of their committees working on council planning tasks.

### Formal Policies of Regional Councils

The data on terms of office for council members showed variations across councils. The data on the selection of council members, council committee members, and committee and council officers showed variations across regions. There were also variations within regions, particularly in regard to the selection of council chairpersons and committee chairpersons.

### Regional Council Operating Procedures

The data on the existence of written statements of a council's and a council committee's purposes, by-laws, goals, objectives, activities, evaluation plans, and reporting plans showed lack of consistency both across regional councils and within regional councils. Not all councils had written statements of long term goals, short term goals, objectives for long term goals, and evaluation and reporting plans. Council committees across the regions were even less consistent in having written statements of purposes, goals, objectives, activities, and evaluation and reporting plans.

The regional council planner has the primary responsibility in six of the eight regions for initiating items for council consideration.

Only half of the councils make an effort to orient new members. There appeared to be only two councils in which some training of council members who were not new members occurred. Regional councils do not have a comprehensive orientation package for new members, and with one exception they do not provide members with on-the-job training in specific process or content areas.

No regional council planner had received formal training in planning prior to taking the position with the regional council, and three planners indicated that they had received no on-the-job training.

### Regional Council Planning Processes

The data on procedures for determining both council and committee priorities

showed three things: (1) not all councils and painfully few committees have these procedures, (2) some councils have these procedures and their committees do not, and (3) the procedures that do exist only outline who prepares and who approves (there is no mention of how priorities either in committees or councils are arrived at).

Information on data for council planning showed two things: (1) that data is hard to get, and (2) that data when collected is questionable in terms of reliability and validity. In almost every instance, planners stated that they collected data on developmentally disabled individuals. In only two cases was programmatic data collected, and in no instance was data on available resources reportedly collected by planners.

The data on plan review showed that only three regional council planners reviewed any agency plans, and that of these three planners, only one reviews one of the nine state agency plans.

Only half of the councils are sharing their plans with important groups in their regions.

#### Goals of Regional Councils

The data indicated trends across regional councils and showed that, in the opinion of the majority of chairpersons and planners, councils will continue to develop goals in the priority areas of planning and evaluation, needs assessment, and services coordination. Councils will not place much emphasis on developing goals in the area of service provision.

Across the various groups of persons interviewed, the greatest number of persons wanted to see councils assume more responsibility for the coordinating role. Planning, improving services, and involving all consumers were also regarded by a large number of persons across these groups as the proper roles of councils. No planners and only one chairperson, however, specifically indicated advocating as something which regional councils ought to be doing. (Planners listed advocacy as their number three priority area for developing regional council goals?)

#### Major Activities of Regional Councils

The greatest number of council activities listed by planners and chairpersons generally fell into the same goal areas which these persons across regions ranked as top priority areas. Both chairpersons and planners, however, seemed to consider the most successful activities in low priority goal areas. If the number of successful activities is looked at instead of mean rankings, it was clear, nevertheless, that the greatest number fell into the high priority goal areas with the exception of council reorganization which was not listed as a priority area by planners but in which they listed a high number of successful activities.

#### Accomplishments of Regional Councils

With the exception of planning and evaluation, categories of major accomplishments cited most often by planners and chairpersons did not fall into the top-ranked goal areas for both the past and the future.

No major accomplishments, for example, were listed by planners in the category of advocacy, although it was ranked third as a priority goal area for both the past and the future.

Given some cautions about interpreting the data noted in Chapter 4, it can be said that planning, coordinating, and implementing activities have had a "success rate" for regional councils of better than 50%. Activities in the areas of evaluating and "other" have had a success rate of less than 50%.

The greatest number of activities across councils occurred in the area of coordinating. The largest number of persons interviewed wanted councils to concentrate on this area, perhaps because 60% of all interviewees who listed activities in this area considered them to have been successful. (Important to note is the fact that services coordination was ranked by planners and chairpersons in the top four priority goal areas for both the past and the future.)

#### Technical Assistance Needs of Regional Councils

Chairpersons and particularly planners saw the need for technical assistance in some of the same areas which they specified as top ranked, council goal areas both past and future: (1) planning and evaluation, (2) needs assessment, and (3) services coordination. There was a strongly stated need for technical assistance in the specific areas of in-service training, accessing resources, and information for planning. It was clear that the need for technical assistance is great, but that adequate resources for assistance have not yet been found by most regional councils.

### Purpose of Regional Councils

The majority of persons connected with regional councils interviewed in this study believed that the purpose of regional councils is to coordinate agencies and service programs and to generate new service programs.

### Purpose of the State Council

The majority of persons interviewed believed that the purpose of the state council is to coordinate agencies at the state level and to coordinate and to help the efforts of regional councils.

### Differences between the Purposes of the State and Regional Councils

Planners and chairpersons of regional councils seemed to believe that they are the "primary" planners in developmental disabilities across the state and that the state council's job is to coordinate their efforts. (This feeling of the importance of regional councils in the statewide developmental disabilities planning effort may not be shared by the state council.)

### Interaction between the State Council and the Regional Councils

The majority of responses by planners and chairpersons were negative about the formal interaction between the state council and the regional councils. (Planners did not state one positive thing about the formal procedures for interaction.)

The majority of regional planners and chairpersons believed that they



had been left out of the state planning process.

Planners and chairpersons were much more satisfied with the informal than with the formal procedures for regional council/state council interaction.

There was a clearly expressed need by regional council chairpersons and planners for formal procedures to translate regional council planning priorities into the state council's plan, and to get the information, resources, expertise, and clout which the state council is perceived to have back to the regional councils.

#### Relationship between the Regional Councils and their Host Agencies

Information collected by this study showed three things: (1) that each of the seven directors viewed the regional council's role as complementary to that of their own agencies, (2) that with two exceptions each of the seven directors did not consider the councils important enough to provide financial support if state council support were withdrawn, and (3) that if regional councils were to become part of their agency's program, with one exception the host agency directors made it clear that their agencies and not the state council would have control over their activities.

With two exceptions host agency directors seemed to feel comfortable with their present relationship with regional councils, and each agency director appeared to accept the regional councils' presence in the regions.

### Importance of the Regional Council Planner

With only three exceptions, all host agency directors, MR Generalists, SERCs, and service providers interviewed regarded the regional council planner as important to their agencies and to their regions. The reason given for this importance almost always had something to do with the fact that the regional council planner is seen as the focal point for developing a regional plan for a coordinated service program for the developmentally disabled.

### Uniqueness of the Regional Council Planner's Role

Except for five statements of no uniqueness, the majority of statements of all persons interviewed reflected the perception that the regional council planner is the focal point in the region for developing a plan for a coordinated service program for the developmentally disabled.

### Overlap of the Regional Council Planner's Role

Of the twenty-eight persons responding to the interview question, eighteen saw no overlap in the roles of the regional council planners and the service providers, MR Generalists, and SERCs.

### Interaction between Regional Councils and other Agencies Serving the Developmentally Disabled in the Regions

The information collected by this study showed that regional councils in the opinions of their planners and chairpersons have had a high degree of interaction with agencies which are involved in regional planning activities.

MH/MR Area Boards and Comprehensive Health Planning Agencies shared goals with the regional councils in the greatest number of regions (more than 5 according to planners and chairpersons).

MH/MR Area Boards and Comprehensive Health Planning Agencies were considered by planners and chairpersons to share activities with regional councils in the greatest number of regions (5 and 4 respectively).

Information in this study showed a consistent pattern of interaction across regions between regional councils and the two agencies most significantly involved in regional planning activities for the developmentally disabled. (MH/MR Area Boards and CHP Agencies)

#### Importance of Regional Councils

Although most regional council members believed that councils are necessary, directors of Comprehensive Health Planning Agencies and MR Generalists were not as positive in their endorsements of the importance of regional councils.

#### Coordination of Planning Efforts at the Regional Level

Although agency persons identified the important role consumers played on the councils, they did not mention the unique role regional councils could play in coordinating a regional planning effort because of their consumer representation.

Although the regional planner was regarded by other agency representatives interviewed as the focal point for developing a regional plan for a

coordinated service program, a number of agency representatives did not regard the regional councils as essential to service programs for the developmentally disabled.

#### Consumer Participation in Regional Council Planning

Almost all consumer members valued regional councils and were considered to be valuable members thereof.

Consumers were divided on the adequacy of their orientation to their regional councils, and they expressed reservations in a number of cases about their influence on the goals and activities of the councils.

Consumers identified substantial overlap in the roles and purposes of the consumer groups in their regions, and the differences which they specified (in most cases) did not appear to them to be significant.

Consumers stated almost unanimously that their membership on their regional councils had resulted in their contributions to the activities of the consumer groups which they represented.

#### Council Commitment to Goals and Objectives

Twenty-four of the twenty-seven persons who responded to the interview question indicated a moderate to high level of council commitment.

## MAJOR RECOMMENDATIONS

BY DD/TAS

At the request of the Minnesota Council DD/TAS, in addition to making recommendations based on the information collected for each purpose of the study, compiled a list of major recommendations from the recommendations made at the end of each chapter. Because more than one recommendation was selected from some of the chapters, the major recommendations were numbered consecutively 1-15 without reference to their numbering within a chapter.

## MAJOR RECOMMENDATIONS BY DD/TAS

- 1) In order to insure the intent of the federal developmental disabilities legislation, as well as the state council's guidelines for the composition of regional councils, it is recommended that the definition of "consumer representative" in the federal legislation should be uniformly applied by all regional councils. It is recommended that the primary reason why a new council member is chosen should be specified both to the council and to the new member. When it is apparent that a new member is both a "consumer" and a provider or agency person, it is further recommended that the council should specify a primary role for him, as a council member, and that this role be made known both to the council and to the member.
- 2) In order to insure an effective division of labor and the development of council member expertise, it is recommended that each regional council should determine what its major planning and advising functions are and develop committees to carry out each major function.
- 3) In order to stimulate the development of councils and council committees as effective work groups as well as to provide clear documentation of effort both for council members and for other groups, it is recommended that each regional council and each council committee develop a written statement of its purposes, goals, objectives, action plans, evaluation plans, and reporting plans.
- 4) In order to stimulate the development of councils and council committees as effective work groups, it is recommended that a comprehensive orientation package (such as outlined in Chapter 3)

should be developed by the state council together with the regional councils and distributed to each new regional council member. It is further recommended that this package should be designed with a modular format both to take into consideration regional differences and to make up-dating an easy, inexpensive task.

- 5) In order to insure that the work of the council is clearly defined and possible to accomplish, it is recommended that each council and each council committee adopt a procedure (such as the Delbecq) which is consistent within councils for developing and prioritizing goals, objectives and activities. It is suggested that if councils work through these procedures on a regular basis, the responsibility for initiating items for council consideration may shift from the planner to the council and its committees; the planner may then be free to assist the council and its committees in carrying out a clearly defined work plan.
- 6) If regional councils accept the idea that their primary function is to act as a catalyst for a comprehensive service program for all handicapped people at the regional level, it is recommended that program data, resource data, and the aggregate of individual client data should be collected by regional councils, that the agency plans which contain much of these data should be systematically reviewed, and that the regional council's plan should be shared with every regional agency or group which impacts the service programs for the developmentally disabled.



- 7) If regional councils consider it important to keep a record of their successful and unsuccessful activities both for their own planning purposes and for whatever accountability may be required of them, it is recommended that after each council activity is completed persons in any way significantly connected with the activity should be asked to rate its degree of success on a set of specified dimensions and that a yearly report of council activities and their evaluations should be compiled and circulated to all council members, to the state council, and to all other important persons connected in some way with regional councils. It is further recommended that the dimensions on which success will be judged should be uniform across all councils, that each council should have input on and final approval of the dimensions, and that the state council should coordinate the effort to design a simple (one or two page) self-evaluation and reporting instrument for all regional councils. It is suggested that if all councils have written statements of goals, objectives, and activities, ease of compiling the self-evaluation data will be enhanced and the cost reduced.
- 8) Since a need for technical assistance clearly exists for all regional councils, it is recommended that each regional council formally identify its needs for technical assistance, prioritize those needs, and develop strategies to meet those needs. It is further recommended that the state Council coordinate this effort by providing: (1) a uniform process for identifying and prioritizing need, (2) information on what assistance may be available at the regional and state level, and (3) information on alternative

funding sources for assistance at both the regional and the state level.

- 9) If regional council members generally share the opinion of their planners and their chairpersons that regional councils should be an essential element in an integrated state-wide, developmental disabilities planning effort and if the members of the state council share this opinion, it is recommended that the state council in conjunction with the regional councils should define and specify in writing the expectations and functions of both the state and the regional councils in this effort and that the state council together with the regional councils should develop standardized, formal procedures for the interactions required by an integrated, state-wide planning effort.
- 10) If it becomes necessary for the regional councils to choose another host agency because of future events in the state of Minnesota, it is recommended that regional councils elect an agency which is going to be supportive of a rational, comprehensive planning effort by the councils, an agency which will participate in that planning effort, and an agency which will not only promote but also financially support appropriate regional council planning activities without demanding extensive control of the regional council program. It is also recommended that if a change of host agency becomes necessary, both the state and regional councils should review together the rationale for having a host agency before the criteria for choosing one are developed.

- 11) It is recommended that the role of the regional council planner and the MR generalist should be clarified. This clarification should not be sought, however, until the regional council's role and the regional planner's role is clearly defined. It may be necessary for the state council to try to clarify these roles at the state level.
- 12) If Regional Development Commissions become a significant force for developing and integrating service programs for the developmentally disabled in the regions, it is recommended that the regional councils should develop relationships with these organizations by sharing information about council functions, purposes, needs, accomplishments, resources, and current activities.
- 13) It is recommended that regional councils should take the initiative in determining whether there is an explicit need for coordinating regional planning efforts for the developmentally disabled and who may be the most appropriate one to do it. It is further recommended that the councils should work together with other agencies involved in regional planning and perhaps with the state council to focus the issue, discuss it, and resolve it.
- 14) If it is determined that the regional councils should accept the role of coordinating and influencing regional planning efforts for the developmentally disabled, it is recommended that councils should develop an awareness both inside and outside the councils about the significance of their potential ability to target consumer input on these planning efforts. It is further recommended that councils

should very clearly define for themselves the resources, the strategies, and the specific tasks necessary to undertaking this effort, and that they should work to establish trust and mutual understanding with the Comprehensive Health Planning Agencies and the MH/MR Area Boards (and any other significant groups in the regions) that they are capable of carrying out the coordinating effort.

- 15) It is recommended that regional councils recognize that they may be able to generate regional support for the role of coordinating a comprehensive planning effort if they can combine consumer input with the expertise and apparent influence of the regional planners. If regional councils cannot capitalize on the unique position of their regional planners (described in Chapter 8) and on their unique ability to focus consumer input on the planning process, they may not be accepted by other groups in the regions as the ones to coordinate a comprehensive planning effort for the developmentally disabled.

## CHAPTER 1

### INTRODUCTION

## INTRODUCTION

### Background for the Evaluation Study of Minnesota's Regional Councils

In January, 1972, Minnesota's Governor's Planning and Advisory Council on Developmental Disabilities decided that the establishment of regional planning councils would be a top priority goal for the 1971-72 year. It was presumed that such programs would provide comprehensive planning of human services in local communities to meet the life-time needs of developmentally disabled persons in each region of the state. Since 1972 eight regional councils were established through support of the state council. Most of the regional programs have been operating for at least two full years at the time of this evaluation study.

(See Appendix A for a complete historical background)

The evaluation study of the regional councils was undertaken at the request of the Governor's Planning and Advisory Council on Developmental Disabilities and at the suggestion of the regional council planners. The study was implemented through the joint efforts of the Minnesota State Developmental Disabilities Program Office and the Developmental Disabilities Technical Assistance System (DD/TAS) at the University of North Carolina in Chapel Hill. The final draft of the report was prepared and written by the Developmental Disabilities Technical Assistance System. (See Acknowledgements for breakdown of responsibilities)

### Purposes of the Evaluation Study

The purposes of the evaluation study were initially based on those

specified in the FY1975 Minnesota State Plan. Statements of purpose were independently developed by the State Developmental Disabilities staff and DD/TAS. They were revised to include the following:

- 1) To describe the composition and structure of regional councils.
- 2) To describe the operating procedures and planning processes used by regional councils.
- 3) To describe the goals, activities and accomplishments of each regional council in the areas of planning, coordinating, implementing, and evaluating service programs for developmentally disabled individuals and their families.
- 4) To identify areas of technical assistance needed by regional councils.
- 5) To describe the relationship between the state council and the regional councils specifically in the areas of communication and joint planning.
- 6) To determine the nature of the relationship between the regional councils and their host agencies.
- 7) To describe the role of the regional council planner as it is perceived by host agency directors, MR Generalists, Special Education Regional Consultants (SERCs), council service provider members, consumer members, chairpersons, and planners.
- 8) To describe the interaction between regional councils and other important regional policy units, and to examine the roles of various agencies in planning for and providing services to developmentally disabled individuals in the region.
- 9) To determine whether the regional councils have served as a forum for consumer-agency communication and as a channel for consumer participation.

#### Instruments of the Evaluation Study

The instruments developed for the study included two questionnaires and five interviews. The staff from DD/TAS devised the initial questionnaire and interview schedules. These were reviewed by outside consultants,

regional planners, and members of the State Council and then revised by the State Developmental Disabilities staff and DD/TAS to be more sensitive to the particular structure of regional councils in Minnesota. The final instruments developed from this joint effort included two questionnaire forms and five interview forms.

The questionnaires were designed to obtain much of the factual data about the composition and structure of the regional council membership and to gather information about the councils' formalized procedures. In addition, the questionnaires gave the respondents an opportunity to comment (briefly) on their regional council's accomplishments, its relationships with other agencies, and its needs for technical assistance. Questionnaires called for both forced-choice and open-ended responses. Identical questionnaires were developed for the regional planner and the regional council chairperson. The planner questionnaire, however, contained a detailed section on the composition and structure of the regional council which was omitted in the chairperson questionnaire. It was assumed that the planner could more readily provide this information. Copies of the questionnaires can be found in the Appendices.

The interview format was designed to obtain more qualitative information than were the questionnaires. While the content areas of the interviews and questionnaires were essentially the same, the interviews gave the respondents a chance to discuss the successes, strengths and weaknesses of various regional council activities and processes as well as to specify problems and issues. It was the intention of the study group to interview eight persons in each region, including:

1. Each regional council planner



2. Each regional council chairperson
3. Each regional council's host agency director (if one existed)
4. An MR/DD Generalist serving on the regional council
5. A special education regional consultant (SERC) serving on the regional council
6. One local service provider member from each regional council
7. Two consumer representatives from each regional council

Five interview schedules were developed. The MR generalists, special education regional consultants, and service providers responded to the same interview form. All persons interviewed responded to the following topic areas, and in many instances there were identical questions:

1. Accomplishments of regional councils
2. Purposes and functions of regional councils
3. External relationships of regional councils

Other topic areas responded to by interviewees (where the content area was relevant to them) included:

1. Internal relationships of regional councils
2. Planning processes of regional councils
3. Support service needs of regional councils
4. Information for planning and evaluation by regional councils

#### Procedures of the Evaluation Study

Questionnaires were mailed to each regional council planner and to each regional council chairperson. A cover letter explained the history and objectives of the study. Seventeen questionnaires were mailed during the second week of January, 1975. At the suggestion of one regional planner, his two council chairpersons (past and current) received questionnaires. The questionnaires were to have been returned within a week. The actual time of return ranged from one week to one month. Fifteen of the seventeen questionnaires were eventually returned; eight from planners

consultant who represented two regions, and the decision to interview both a past and present chairperson in another region.

Because of scheduling difficulties, eight persons originally scheduled for on-site interviews were unavailable but later were interviewed by telephone. These included one chairperson, two agency directors, two special education regional consultants and three MR generalists.

Telephone interviews of 20-45 minutes were scheduled for two consumers and for a local service provider member of each regional council. One consumer and one local service provider were unavailable during the times the telephone interviews were scheduled. A total of 15 consumers and seven local service providers were contacted.

The criteria for selecting "consumers" to be interviewed included those developmentally disabled individuals who could communicate via a telephone interview (at the discretion of each regional planner) or the parents of developmentally disabled individuals.

Service providers to be interviewed included representatives from welfare departments, day activity centers, institutional residential staff, public health, vocational rehabilitation and area program boards.

From their regional council memberships, the regional council planners provided the state Developmental Disabilities staff with a list of consumers and providers who had served on the regional council for at least one year. From these lists, the Developmental Disabilities staff member who coordinated the scheduling of the interviews randomly selected two consumers and one local service provider from each region. No control was established to insure representation of different consumer groups within

and seven from council chairpersons. Council chairpersons in two regions failed to respond. Follow-up attempts to obtain these questionnaires included a personal reminder from the interviewer at the time of the interview and two phone calls to the regional planners.

Two interviewers with no previous association with the Minnesota developmental disabilities program were paid by DD/TAS to conduct the interviews. The interviewers were University professors with backgrounds in special education and school psychology. The State Developmental Disabilities staff and DD/TAS personnel jointly planned and conducted a one day interviewer orientation session.

Two types of interviews were scheduled: on-site interviews and telephone interviews. A member of the State Developmental Disabilities staff was responsible for scheduling and coordinating interview dates and for arranging appointments with the planner in each region.

In addition to the interviews in the metro region, the interviewers shared the responsibility of traveling to seven out-state regions to conduct on-site interviews with each regional planner, council chairperson, host agency director, an MR generalist, and a special education regional consultant. The regional planners were to forward a copy of the cover letter explaining the history and broad objectives of the regional study to each person being interviewed in their region. On-site interviews were to have been conducted with thirty-nine individuals: 8 regional planners, 9 council chairpersons, 7 agency directors, 7 special education regional consultants and 8 MR generalists. The number of interviews deviated somewhat from the expected eight per position. Factors affecting this deviation were the lack of a host agency director in one region, one special education regional

regions. But the criteria of random selection did assure nearly equal statewide representation of the three major consumer groups: mental retardation, epilepsy and cerebral palsy. Of those contacted, six represented mental retardation, seven represented cerebral palsy and five represented epilepsy. Some consumers represented more than one disability area, and those numbers are reflected in the tally. The service providers were randomly selected within the six broad categories outlined in the previous paragraph. Across the state, at least one representative from each of those broad service areas was selected. Three of the providers interviewed, however, represented welfare. In regions where one or more MR generalists or special education regional consultants were serving on the regional council, the selection of the interviewee was made at random.

Those who were contacted by telephone were to have received a copy of the cover letter explaining the broad purposes of the study and a copy of the interview questions before the call was made. The regional planners were responsible for forwarding the material to each of the telephone interviewees as well as for personally contacting the provider and consumers in their regions to inform them that they were randomly selected to participate in the study and to schedule a specific date and time for each of the calls. All of the telephone interviews were conducted by the same interviewers who conducted the on-site interviews.

The questionnaires and interviews were all returned to the state Developmental Disabilities office. On-site interviews were conducted between January 20 and February 4, 1975, and telephone interviews were completed between February 7 and February 13, 1975.

## CHAPTER 2

### COMPOSITION AND STRUCTURE

PURPOSE: To describe the composition and structure of regional councils.

#### DATA DESCRIPTION

##### Regional Council Total Membership

The regional council membership across the state of Minnesota totals approximately 210 persons. The number of persons serving on any regional council ranges from 20 to 35. The average number of persons serving on a regional council is 26.

##### Region Council Representation by Governmental and Non-Governmental Agencies

Each of the regional councils has, as members, representatives of Welfare and Mental Health/Mental Retardation Area Boards. Seven of the eight regional councils have, as members, representatives of Special Education, Public Health Nursing, State Institutions, and Vocational Rehabilitation. Six of the eight regional councils have, as members, representatives of Day Activity Centers. No regional council reported, as members, representatives of Development Commissions. (For complete representation figures of governmental and non-governmental agencies, see Table 1.)

##### Regional Council Representation by Consumers

The numbers for consumer representation, as members of regional councils, given in the questionnaires completed by regional council planners indicate that consumer representation in each of the regions ranges from 33% to 58%. The average consumer representation across regional councils is 43%.

The numbers for consumer representation developed from membership lists submitted by regional council planners differed somewhat from the numbers taken from their questionnaires. Numbers from these lists in half the regions agreed with those from the questionnaires. In the other four regions, the

Table 1

**REGIONAL COUNCIL REPRESENTATION BY GOVERNMENTAL  
AND NON-GOVERNMENTAL AGENCIES**

Name of Agency	Total number of Representatives Across Councils	Extent of Representation Across Councils	Average Numbers State-wide Per Council
Welfare	26	100% (8/8)	3.3
MI/MR area boards	19		2.4
Special education	16	88% (7/8)	2
State institutions	13		1.6
Public health and nursing	12		1.5
Vocational rehabilitation	8		1
Day activity centers	13	75% (6/8)	1.6
Private residential facilities	8	63% (5/8)	1
Comprehensive health planning	5	50% (4/8)	.6
Crippled children's services	4	30% (3/8)	.5
*Rehabilitation centers	3	25% (2/8)	.9
*Sheltered workshops	2		.3
*OBO	2	13% (1/8)	.3
*Medical profession	2		.3
*Indian groups	2		.3
*College training representatives	2		.3
*School social worker	1		.1
*School superintendent	1		.1
*Community alternatives	1		.1
*University of Minnesota	1		.1
*County Hospital diagnostic center	1		.1
*United Cerebral Palsy	1		.1
Development Commissions	0	0% (0/8)	0
148			

\*Agencies with (\*) were not specified in the questionnaire, but were listed by respondents under "Other"

number of consumer representatives appeared to be considerably lower, and in three of these regions the number appeared to be below the one-third representation required by the state Council guidelines for regional council composition. Data collected exclusively from membership lists indicated a range of consumer representatives in each region from 20% to 47%, with the average state-wide, 33%.

Each of the regional councils (8/8) has consumer representatives from mental retardation and cerebral palsy. Representatives of epilepsy serve on six of the eight regional councils. Four of the eight regional councils list "other" consumer representatives. Those consumers listed under "other" on the questionnaires completed by planners were not always limited to disability area. For example, "Indian" was listed as a sub-group under "other" in one instance. Table 2 below lists consumer representation by disability area.

Table 2				
CONSUMER REPRESENTATION BY DISABILITY AREA				
EXTENT OF REPRESENTATION	DISABILITY AREA	TOTAL NUMBER OF REPRESENTATIVES:		
		BY QUESTIONNAIRE	BY MEMBER-SHIP LISTS	AVERAGE STATE-WIDE REPRESENTATION
100% (8/8)	Mental Retardation	37	39	4.7
100% (8/8)	Cerebral Palsy	20	18	2.4
75% (6/8)	Epilepsy	12	12	1.5
50% (4/8)	"other"	17	8	(range 1-2)

#### Formal Council Structure: Staff

The regional councils are staffed by one to three persons; the average number of staff positions per council is 2.1. Each of the eight regional councils has a full-time planner. Seven of the eight councils have from 25% to 100% secretarial time available for council activities. One council staff



does not have secretarial time available to it. Table 3 below indicates the staffing patterns of the eight regional councils.

Table 3									
REGIONAL COUNCIL STAFF									
Regions	A	B	C	D	E	F	G	H	Totals
No. of Staff	2	3	2	1	2	3	2	2	17 $\bar{X}$ 2.1
% of time by staff position:									
Planner	100%	100%	100%	100%	100%	100%	100%	100%	
Secretary	100%	25%	50%	-	50%	10%	50%	100%	
Director	-	10%	-	-	-	-	-	-	
Intern	-	-	-	-	-	50%	-	-	

#### Formal Council Structure; Officers

Each of the regional councils has a chairperson and a vice-chairperson. Seven of the eight councils have council secretaries. Half of the councils have treasurers. Two councils list past chairpersons among their officers. One regional council lists a member-at-large. Table 4 below lists the regional council officers by region.

Table 4									
REGIONAL COUNCIL OFFICERS									
Regions	A	B	C	D	E	F	G	H	Totals
No. of Officers	3	4	5	3	4	4	5	2	30 $\bar{X}$ 3.8
Chairperson	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	8
Vice-chairperson	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	8
Secretary	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX	XXXX		7
Treasurer			XXXX		XXXX	XXXX	XXXX		4
Past Chairperson		XXXX					XXXX		2
Member-at-large			XXXX						1

Table 5										
REGIONAL COUNCIL COMMITTEES										
	R E G I O N S								T O T A L S	
	A	B	C	D	E	F	G	H	Standing	Ad hoc
Executive	(s)	(s)	(s)	(s)	(s)	(s)	(s)	(s)	7	
Policy, Procedures, Review			(s)	(s)	(s)			(s)	4	
Public Information and			(s)		(s)		(s)	X	4	1
Education	(s)		(s)		(s)			X	2	1
Information systems			(s)	(s)	(s)	X			2	1
Legislative										
Early I.D., intervention,				(s)		(s)			2	
treatment									1	
Prevention	(s)					(s)			1	
Infant programs				(s)		(s)			2	
Residential services					(s)				1	
Community service				(s)					1	
Education, recreation,									1	
special prog.			(s)						1	
Program development						(s)			1	
Adult work programs						*	(s)		1	
Nominating		X			X	X			1	3
By-laws, procedures		X		*						2
Membership								X		2
Reorganization		X								1
Admission to state		X								1
hospital										
Meeting (annual)					X	*				2
Advocacy	(s)		(s)	(s)	(s)	(s)	(s)	X	6	1
Regional Council Committee				X						1
Continuum and Philosophy							*			1
Service Systems								X		1
Special report, review								X		1
Personnel						X				1
Interstate			X				*			1
Survey										1
RDC planning								X		1
Development guide								*		1
TOTALS*	4 0	1 4	7 1	7 2	5 2	6 5	4 2	2 8	36	24
*First number is total No. of Standing Committees in each region <span style="border: 1px solid black; padding: 0 5px;">4</span> *Second number is total No. of Ad Hoc Committees in each region <span style="border: 1px solid black; padding: 0 5px;">2</span>										
Total Standing Committees:					Total Ad Hoc Committees:					
36 X = 4.5					24 X = 3.0					

Key: (s) Standing Committee (\*) ad hoc, current (X) Ad hoc, past

#### Formal Council Structure: Committees

Each of the regional councils has standing committees. The total number of council standing committees statewide is 36. The number of standing committees per council ranges from 1 to 7. The average number of standing committees per regional council is 4.5. Fifteen different kinds of standing committees were identified. Seven of the eight councils have executive committees, and six of the eight councils have advocacy committees.

Seven of the eight regional councils have or have had ad-hoc committees. Four councils at the time of this study have ad-hoc committees; two councils currently have two ad-hoc committees each. Three councils have had ad-hoc committees prior to this study. A total of 24 ad-hoc regional council committees have existed at one time or another across the state. Eighteen different kinds of ad-hoc committees have been identified by this study. Fourteen ad-hoc committees can be considered to address council management issues and ten to address council task issues. The range of ad-hoc committees (past and current) per regional council is 0 to 8. The average number of ad-hoc committees (past and present) per council is 3.0. See Table 5 for a listing of the standing and ad-hoc committees identified by regional council planners on their questionnaires. Appendix B lists the committees, as they have been named by council planners, and it describes their functions, as identified by the planners.

#### Formal Council Policies: Terms of Office

Terms of office for council members and council committee members vary across regions. Tables 6 and 7 show the variation, as reported by council planners on their questionnaires.

Table 6				
LENGTH OF TERM/COUNCIL MEMBERS				
Length of Term	1-2 years	2 years	1-3 years	Indefinite
Region	A, G, H	D, E, F	C	B

Table 7			
LENGTH OF TERM/COMMITTEE MEMBERS			
Length of Term	1 year	1-2 years	Unspecified
Region	G, H	A	B, C, D, E, F

The term of office for chairpersons of regional councils is limited to one year in seven of the eight regions. In the remaining region (B), the chairperson presides for two years.

Formal Council Policies: Selection of Members

Election of new regional council members is carried out in seven of the eight regions. In five of those regions, the regional council casts the approving vote, but it is not clear how the nominating process works in those regions. In one region, the vote is by the board of directors of the council with referral by other council members. In the remaining two regions, the council approves nominees who are then appointed by a subcommittee or the host agency.

The council chairperson is elected in each of the eight regions. In seven regions the regional council members vote, but in the eighth region the vote is by a board of directors.

Committee members are most often selected by volunteering. Half the regions allow members to state a committee preference, although in one region the volunteers come from the board membership rather than the full council membership. In three regions, committee members are appointed by the council chairperson. Nomination and election is the method used to select committee members in one region.

The chairperson appoints committee chairpersons in five regions.

In one region the chairpersons are elected by the committees themselves if a chairperson is needed. And in two regions a person volunteers for the position of committee chairperson. Table 8 below indicates the selection procedures by region.

Table 8								
SELECTION PROCESSES								
Persons Selected	Regions							
	A	B	C	D	E	F	G	H
Council Members	e	e	e	e	e	e	e	a
Council Chairpersons	e	e	e	e	e	e	e	e
Committee Members	v	a	v	a	v	v	e	a
Committee Chairpersons	e	a	a	v	a	v	a	a
Key    e - election a - appointment v - volunteer								
Please refer to the text which describes <u>who</u> elects or appoints persons to these positions.								

## DATA INTERPRETATION AND DISCUSSION

### Regional Council Composition: A Problem of Definition

The questionnaire given to regional council planners asked for: (1) the total number of council members, (2) the number of representatives of governmental and non-governmental agencies specified on the questionnaire, (3) the number of governmental and non-governmental agency representatives who are also "consumers", and (4) the number of "consumers" who do not represent an agency or a group specified in #3. Planners were also asked to submit membership lists which indicated what group or agency each person on the regional council represents. The questionnaire data, on total council membership, varied only slightly from data collected from membership lists and should be considered accurate. The questionnaire data on representation, however, did not agree in a number of instances with data taken from membership lists. Consumers listed on membership lists, for example, totalled 68 plus 3 with a "dual role" (i.e. also representing a group or agency) across regional councils; whereas, consumers identified by questionnaire data totalled 86 plus 11 with a "dual role".

The discrepancy may be accounted for by confusion over the questions as they appeared on the questionnaire. "Consumer" was not defined as a disabled person, or a parent or a relative of a disabled person, and the volunteer groups such as the ARC were not listed under non-governmental agencies or groups. It is clear, however, that in Minnesota, as across the nation, the definition of "consumer representative" on developmental disabilities council is not uniformly applied. For some it is a disabled person, or a parent or a relative of a disabled person. For others, it is a person who represents disabled persons and their families by participating in a volunteer organization such as the Epilepsy League or the local ARC. For still others, "consumer" means

anyone who isn't a bureaucrat or a provider of services. The Federal developmental disabilities legislation defines "consumer" as either a handicapped person (or a parent or a relative of a handicapped person) or a representative of handicapped persons. The problem of identification of "consumer" members of councils is compounded when a person who may be both a "consumer" and a provider of services (or an agency person) does not know whom he has been selected to represent.

#### Regional Council Composition: Representation Examined

The data on regional council membership indicated that important service agencies in the regions are well represented on the councils. In each of the eight regions, the Welfare agency and the Mental Health and Mental Retardation area boards are represented on the councils. In seven of the eight regions, the special education, state institution, public health and nursing, and vocational rehabilitation agencies are adequately represented. The data indicate, however, that no regional council includes members of the development commission (RDC). In one region, the council is affiliated with the RDC, and formal ties are maintained.

The problems mentioned above in identifying consumer representatives on regional councils should make one hesitate in assessing the adequacy of consumer representation on councils. Although it is clear that the statewide average, regardless of whether questionnaire data or membership lists are used, is at or above the 33% level required by the state Council's guidelines for regional council composition, it is also clear that some councils may be below that level.

#### Formal Council Structure: Staff and Officers

The data suggested that in terms of the amount and type of staff and the number and kind of officers, regional councils have an adequate personnel structure. Secretarial support to the council planner in three regions, however, may be inadequate.

### Formal Council Structure: Committees

What stands out on Table 5 which lists regional council committees by type and name is the large number of differently named committees. Where differently named committees appear to be working on similar tasks, the data from the questionnaires completed by the council planners allow common purposes to be identified (see Appendix B). Needs assessment for programs, services, or persons is accomplished by committees variously named: public information, information systems, community services, service systems, survey and education, recreation, and special programs. Manuals, catalogues or directories are being prepared by both procedures and information systems committees. The work of several variously named committees appears to be related to the process of deinstitutionalization and community-based residential care; these named committees include: residential services, survey, executive, Regional Development Commission planning, public information, development guide, adult work programs, and program development. No committee, however, appears to be devoted to accessing state, federal, and local funds at the regional and local level.

Table 5 also says something about the different ways in which councils use their committee structures. In across the state figures, including both ad-hoc and standing committees, 26 committees have been devoted to council management\* and 34 committees have concentrated on council tasks in specific planning areas. Twelve standing committees have worked on council management, and 24 standing committees have concentrated on council tasks in specific planning areas. Four current ad-hocs have targeted on council management, and 2 have worked on council tasks. Ten past ad-hoc committees have worked on council management, and 8 have concentrated on council tasks in planning areas. The figures from Table 5 show that a good deal of council effort has gone into council management. But the figures also show that at the time of this study,

**\*i.e. administration**



five of the eight regional councils have the majority of their committees working on council planning tasks. Of the three other regional councils, one council has only an executive committee. Another council has three management committees and six planning tasks committees. And the other regional council has two management committees and one planning tasks committee.\*

#### Formal Council Policies: Terms of Office

The data on terms of office for council members show variations across councils. It appears that council members have some choice in four regions whether or not they will serve from one to two or one to three years. In one region the member's term is indefinite. Rotation of members with the exception of the one region occurs at what appears to be semi-regular intervals. Council chairpersons are limited to a one year term of office in seven of the eight regions; a two year term in the remaining region. Rotation of chairpersons occurs at regular intervals.

#### Formal Council Policies: Selection of Members

The data on the selection of regional council members, council committee members, and committee and council officers show variations across regions. There are also variations within regions, particularly in regard to the selection of council chairpersons and committee chairpersons. Only two regions have similar selection processes. Only one region maintains the election process for council members, council chairpersons, and committee chairpersons (committee members volunteer).

**\*This planning task committee is charged with developing a comprehensive plan for DD services**

Regional Council Composition

- 1) In order to insure the intent of the federal developmental disabilities legislation, as well as the state council's guidelines for the composition of regional councils, it is recommended that the definition of "consumer representative" in the federal legislation should be uniformly applied by all regional councils. It is recommended that the primary reason why a new council member is chosen should be specified both to the council and to the new member. When it is apparent that a new member is both a "consumer" and a provider or agency person, it is further recommended that the council should specify a primary role for him, as a council member, and that this role be made known both to the council and to the member.
- 2) In order to implement the principle that a regional council should include in its membership representatives of groups or agencies which impact the service programs for the developmentally disabled, it is recommended that each council should include in its membership a representative of (or seek formal ties with) the Regional Development Commission, if it is clear that these commissions are going to increase their impact on service programs for the developmentally disabled in Minnesota.

Regional Council Structure

- 3) In order to insure an effective division of labor and the development of council member expertise, it is recommended that each regional council should determine what its major planning and advising functions are and develop committees to carry out each major function.
- 4) In order to insure effective use of council members' time in carrying out the regional council's planning and advising functions, it is recommended that

the committees concerned with council management should be as few in number as is possible. Perhaps an executive committee and a procedures, proposals and review committee is sufficient.

- 5) Since there are a number of state and federal programs (e.g. revenue sharing) which must be accessed at the regional and local level, it is recommended that each council should develop a committee (or instruct an appropriate existing committee) to work on this important area for the developmentally disabled.

Regional Council Policies: Terms of Office and Selection of Members

- 6) Given the apparent need to adjust the regional council policies in setting terms of office and in selecting new members (to the contingencies of the local milieu), it is recommended that regional councils should be allowed to continue to set their own policies in this regard. It is further recommended, however, that a clearly stated rationale for these policies should be developed by the councils and included in their by-laws or their minutes. In this way the contingencies become clearly articulated, and they define the policies rather than tradition.

## CHAPTER 3

### OPERATING PROCEDURES AND PLANNING PROCESSES

PURPOSE: To describe the operating procedures and planning processes used by regional councils.

#### DATA DESCRIPTION

##### Operating Procedures: Frequency of Council Meetings

The frequency of regional council meetings varied from region to region. In three regions council meetings are scheduled twice a month. Three regional councils hold monthly meetings, and two councils meet once every two months. Each regional council has a written agenda for its meetings, and only one council does not distribute the agenda to its members prior to the day of the scheduled meeting.

##### Operating Procedures: Written Statements of Purpose, By-laws, Objectives, and Activities of Regional Councils

Each of the regional councils has written statements of purpose, by-laws, objectives for short-term goals, and activities to achieve objectives. Seven councils have written documents specifying long-term and short-term goals. Five councils have a written plan for evaluating and reporting activities and accomplishments. Three of the regional councils have developed written objectives for long term goals. (See Table 9)

Operating Procedures: Written Statements of Purpose, By-laws, Objectives, and Activities of Council Committees  
(See Table 9)

Table 9																		
EXISTENCE OF WRITTEN STATEMENTS																		
Written state- ment of:	Regional Councils								Totals	Council Committees								Totals
	A	B	C	D	E	F	G	H		A	B	C	D	E	F	G	H	
Purpose	X	X	X	X	X	X	X	X	8	X		X		X	X	X	5	
By-Laws	X	X	X	X	X	X	X	X	8	X				X			X	3
Long term goals	X	X	X	X	X	X	X		7	X		X		X	X	X	5	
Objectives for long-term goals	X	X					X		3	X					X		2	
Short term goals	X	X	X	X	X	X	X		7	X		X	X	X	X	X	6	
Objectives for short-term goals	X	X	X	X	X	X	X	X	8	X		X	X		X	X	X	6
Activities to achieve objectives	X	X	X	X	X	X	X	X	8	X		X	X		X	X	X	6
Evaluation/ reporting plan	X				X	X	X		5	X			X		X		X	4

Operating Procedures: Primary Role of Initiating Items for Council Consideration

The written questionnaires of this study asked regional council chairpersons and planners who has the primary role of initiating items for regional council consideration: the chairperson, the planner, the executive committee, a committee other than the executive committee, a council member other than the chairperson, or other (selection of one

only was required). Six of the eight regional council planners chose themselves for the role. One planner placed the role with the council's executive committee, and one planner did not narrow the response to one choice. In five regions, regional council chairpersons agreed with the planner's selection of himself as the primary initiator of items for council consideration. Chairpersons in two regions did not respond to the question. One chairperson did not narrow his response to one choice.

#### Operating Procedures: Orientation Packages for New Council Members

Three regional councils have an orientation package for new members. One of these councils provides new members with a policies and procedures manual. One of these councils distributes to new members a folder containing the host agency's annual report, the council work plan, the minutes of past meetings, a membership list of the council and of other councils and subcommissions in the region. And one of these councils has an orientation package which includes a guide to the host agency's organizational structure, a list of council achievements for the previous year, the council's project objectives for the current year, an article on "normalization", a narrative and a chart on the organizational structure of developmental disabilities in the state, a list of state council members and staff, a copy of the Developmental Disabilities Act (P.L. 91-517), organizational charts and regional boundary maps for other agencies concerned with developmentally disabled individuals, and a list of acronyms relating to D. D. (See Table 10)

#### Operating Procedures: Training of Council Members

Half of the regional councils provide training for new council members. Two of these four councils also have orientation packages for new members.

The training in one of these four regions for new members consists of their attending the council's meetings and being briefed by staff. In one of these regions training of the council's board of directors includes information presented by service providers at the board's bi-monthly meetings. One of these regional councils has a half-day session of a council meeting devoted to a slide presentation of council activities, committee chairman reports, and presentation by other planners in the region on their complementing roles. And one of these councils has a two hour meeting for new members to explain the orientation package materials, and guest speakers also address new members of this council. (See Table 10)

Table 10									
ORIENTATION & TRAINING									
Training Method	Regions								Totals
	A	B	C	D	E	F	G	H	
Orientation Package: New Council Members		X				X		X	3
In-Service/Council	X		X			X		X	4
In-Service/Planner	X	X	X	X				X	5
Pre-Service/Planner	X								1

#### Operating Procedures: Selection of Regional Council Planner

Two regional councils have a written policy statement for selecting a planner. In five of the eight regions, the regional council plays a role in the selection process. In one of these regions the council's board of directors hires the planner. In one of these regions the chairperson together with the host agency and consumer representatives choose the planner. And in one of these regions the approval of the



council's board of directors is required in selecting the planner. Two planners did not describe the role that their councils play in selecting a planner. (See Table 11)

Table 11									
POLICY, PROCESS OF SELECTION AND TURNOVER OF REGIONAL COUNCIL PLANNERS									
Items	Regions								Totals
	A	B	C	D	E	F	G	H	
1. Written Policy for Selection of Planner					X		X		2
2. Regional Council Selects Planner	X		X	X	X		X		5
3. Total No. of Planners	3	2	1	1	1	2	1	1	$\bar{X}=1.5$
a. Total Months of Service: Each Planner	11,12 1.5	22 7	26	28	18	13 6.5	23	26	
b. Average Length of Service in Months	8	14.5	26	28	18	9.8	23	26	$\bar{X}=19.2$

#### Operating Procedures: Training of Regional Council Planners

Three regional council planners stated on their questionnaires that they had received no formal training directly related to areas of their responsibility to the council either prior to taking the position or while occupying the position of council planner. One planner responded that he had had formal training both before taking the position and while

in the position. Four council planners stated that they had received some formal training while on the job.

The planner who stated that he had had formal training prior to becoming the council planner described the training as working experience with a developmentally disabled population. On-the-job training described by council planners on their questionnaires included:

- a. Training with professional staff of (B) agency and State Developmental Disabilities staff
- b. Workshop on organization planning (self-determined)
- c. Comprehensive Health Planning (B) agency management-by-objectives training, the Governor's Planning and Advisory Council (self-determined)
- d. Workshops and meetings on state level
- e. Monthly workshops provided by Governor's Planning and Advisory Council on Developmental Disabilities
- f. Time and materials from the Governor's Planning and Advisory Council and staff for specific problems

One planner indicated that two weeks in the Governor's Planning and Advisory Council's office was promised when he was hired, but that the training never occurred. The on-the-job training mentioned most frequently included training by host agency (two regions), state council workshops and meetings (three regions), and Governor's Planning and Advisory Council staff support (two regions). Two of the five planners who indicated that they had received some type of on-the-job training stated that it resulted from their own initiatives in seeking out such training. (See Table 10)

## Planning Processes: Procedures for Determining Priorities of Goals and Objectives

Data from the planners' questionnaires showed that five regional councils have formal procedures for determining council priorities for goals and objectives. Four of these five councils also have formal procedures for determining the priorities of council activities. One council approves the priorities for activities set by the council planner.

Formal procedures for setting priorities vary from council to council. Data from planners' questionnaires showed that final approval of priorities in the five regions mentioned above lies with the full council in three regions, with the host agency board in one region, and with the board of directors of the council in the other region. Data showed that in regions where priorities are approved by the full council, they are drafted by council committees or the planner. Priorities approved by the host agency board are prepared and approved by the council. The priorities approved by the council's board of directors are drafted as recommendations by the council's executive committee.

Only two regional councils have developed formal procedures for council committees to determine the priority order of goals, objectives, and activities. The committees of one council follow the same procedure as the council itself: alternatives are drafted by committee members or the planner and approved by the committee. Committee priorities are presented to the full council for final approval. The executive committee of the other council mentioned above charges the committees with special tasks; the committees devise work activities. These committees also generate other tasks. (See Table 12)

Table 12																		
FORMAL PROCEDURES FOR SETTING PRIORITIES																		
Priorities For:	Councils								Total	Committees								Total
	Regions									Regions								
	A	B	C	D	E	F	G	H		A	B	C	D	E	F	G	H	
Goals				X	X	X	X	X	5						X	X	2	
Objectives				X	X	X	X	X	5						X	X	2	
Activities					X	X	X	X	4						X	X	2	

Planning Process: Adequate Data for Planners

In response to an interview question about the adequacy of data for planning, six planners stated that they did not have an adequate data base. One planner said that he had enough information for planning purposes.

Each planner interviewed mentioned specific problems with obtaining an adequate data base for planning. Seven of the eight regional planners cited reliability or validity as a problem of the data. These seven expressed concerns about outdated information and lack of knowledge of on-going trends. Lack of agency cooperation was stated by four of the eight planners as a problem in obtaining adequate data for planning. These four cited a general unwillingness of agencies to share information, instances of unwillingness to provide information on individuals because of fear of a breach of confidentiality, and a general feeling that neither Developmental Disabilities nor other agencies have a mandate to share information. Four of the eight planners stressed the need for a standardized system for reporting and sharing information. (See Table 13)

Table 13									
ADEQUACY OF DATA FOR PLANNING									
Problems Cited:	Regions								Totals
	A	B	C	D	E	F	G	H	
Lack of Agency Cooperation	X	X	X			X			4
Lack Standardized Information and Reporting System	X				X		X	X	4
Questionable Reliability and Validity	X		X	X	X	X	X	X	7
Lack Information on Those <u>Not</u> in Service System					X				1
Lack Specific Contact Person						X			1

Planning Process: Type of Data Collected by Planners:

Those planners who described in the interview the type of data which they actually collected, stated that they obtained data on the number of developmentally disabled individuals receiving services (2 regional planners), the incidence and prevalence of developmental disabilities (1 regional planner), national statistics on the percent of developmentally disabled individuals (1 regional planner), birthdate and sex of developmentally disabled individuals (1 regional planner), and residential care survey data from mental health boards (1 regional planner), and a residential needs survey (1 regional planner).

#### Planning Processes: Use of Data Collected by Planners

The three regional planners who indicated in their interviews the type of data they collected also specified their use of it. National statistics were used to estimate percentage of developmentally disabled individuals in any given area (one region), and incidence and prevalence data and data on the numbers of individuals receiving service were used to justify statements of service needs (2 regions). One planner who did not state that any particular type of data was collected in his region suggested the use of data in general would be to develop plans and to support council recommendations, as well as to give the council authority to develop goals and objectives.

#### Planning Processes: Value to Planners of Data Collected

Those planners who discussed in their interview the value of data in their planning efforts did so not on the basis of information which they actually collected but on a hypothetical basis of what kinds of data would be desirable to have. Planners in six of the eight regions stated that factual surveys would be most valuable to them. One planner stated that the policies of other groups in the region would be most valuable for planning purposes.

#### Planning Processes: Plan Review

When planners were asked which plans of agencies or groups that provide services to developmentally disabled individuals are systematically reviewed, three of the planners stated on their questionnaires that they had been involved in M.R. residential facilities review (1122) and another had been involved in review of the Education Service Area (ESA) plan.

The questionnaire also asked which plans regional planners did not review. Five of the planners listed eight groups or agencies whose plans they do not systematically review. The most frequently mentioned (5 regions) were MH/MR area program plans. Others listed as not reviewed were plans of County Welfare (2 regions), State Hospitals (2 regions), Day Activity Centers (2 regions), County Nursing (1 region), Development Commissions (1 region), Vocational Rehabilitation (1 region), and Sheltered Workshops (1 region). The reasons for not reviewing those plans included not having a mandate to do so (2 regions), a feeling it was not a required procedure or a role of the council (2 regions), and "just never having reviewed them" (1 region).

Nine plans submitted by state agencies were listed on the questionnaire, and each of the planners indicated that he did not review those plans (with the possible exception of one regional planner who included the Medical Assistance Plan as part of 1122 residential review.)

Comments on the usefulness of those nine plans were supplied by four planners on their questionnaires. While one planner stated that these nine plans have implications for the developmentally disabled, another planner stated that the relevant information from the plans was distributed to regional offices from the Governor's Planning and Advisory Council for the Developmentally Disabled. Another regional planner stated that all but the plans of Public Assistance and Social Service for adults would have varying degrees of usefulness. One regional planner stated that these plans could be useful in facilitating cooperation and reducing duplication, if regional plans of those agencies existed. (See Table 14)

Table 14									
SYSTEMATIC PLAN REVIEW BY REGIONAL PLANNERS									
Plans	Regions								
	A	B	C	D	E	F	G	H	
M.R. Residential Facilities Dev. (1122)			X	X				X	
MH/MR Area Programs	0	0	0	0				0	
Sheltered Workshops				0					
ESA					X				
County Welfare		0	0						
State Hospitals		0	0						
County Nursing		0							
Day Care Centers		0		0					
Development Commission			0						
Nine Plans Specified									
Maternal/Child Health Crippled Children Serv.	0	0	0	0	0	0	0	0	0
Education of Handicapped	0	0	0	0	0	0	0	0	0
Vocation Rehabilitation	0	0	0	0	0	0	0	0	0
Social Services, Family & Children	0	0	0	0	0	0	0	0	0
Social Service, Adults	0	0	0	0	0	0	0	0	0
Public Assistance	0	0	0	0	0	0	0	0	0
Comprehensive Health Planning	0	0	0	0	0	0	0	0	0
Vocational Education	0	0	0	0	0	0	0	0	0
Medical Assistance	0	0	X	0	0	0	0		
Key: X - review plans    0 - not review plans									



### Planning Processes: Sharing of Regional Council's Plan

Each of the regional council planners stated on his questionnaire that his regional council's plan is shared. Four of the eight planners indicated that their council's plans were shared with the service providers and other agencies who are represented on the councils. Four of the eight planners stated that they shared their regional council's plans with the mental health centers. Three planners shared the council's plans with the host agencies. (See Table 15 for plan distribution within regions)

Planners who responded to the question (on the questionnaire) about sharing the council's plan cited the following reasons for doing so:

- 1) review and comment (3/8 regions)
- 2) information (2/8 regions)
- 3) coordination (2/8 regions)
- 4) endorsement and support (2/8 regions)
- 5) agency mentioned in the plan (1/8 regions)

Table 15									
SHARING OF REGIONAL COUNCIL'S PLAN									
Plans Shared With:	Regions								Totals
	A	B	C	D	E	F	G	H	
Agencies Represented by Council Members		X	X				X	X	4
Mental Health Centers	X		X	X	X				4
Host Agency			X			X	X		3
Welfare				X	X				2
Day Activity Center	X			X					2
Sheltered Workshop	X			X					2
Spec. Ed. Admin.			X		X				2
SERC	X		X						2
State Hospital				X	X				2
Units of Government		X							1
Public Health Nursing	X								1
Health Planning					X				1

Planning. Process: Distribution of Information to Agencies and Consumer Groups

Each of the eight regional council planners stated in their interviews that some effort was made to distribute information on developmental disabilities programs. The most frequently mentioned means were radio and television (5 planners), mailings (3 planners), and a resource directory (3 planners). (See Table 16)

Four chairpersons, when interviewed, indicated that they were not sure how the council distributed information or that they considered the distribution of information to be inadequate. Chairpersons in three regions stated that a resource directory was the means used by the council to distribute information on developmental disabilities programs. (See Table 16)

Table 16									
MEANS FOR COUNCIL DISTRIBUTION OF INFORMATION									
According to Planners:	Regions								Totals
	A	B	C	D	E	F	G	H	
Radio/T.V.	X		X		X	X	X		5
Mailings			X		X		X		3
Resource Directory				X	X			X	3
Board Membership	X					X			2
Committees	X						X		2
Other Agencies	X					X			2
Planner		X							1
Film							X		1
According to Chairpersons:	Regions								Totals
	A	B	C	D	E	F	G	H	
Unsure/Not Adequate			X			X	X	X	4
Resource Directory			X	X			X		3
Committees	X						X		2
Other Agencies						X			1
Mailings							X		1

Planning Processes: Strengths in Council's Planning Process

In response to an Interview question, planners cited the following indicators of strength in their council's planning process: (1) committees with specific goals, (2) the planner, (3) a balanced input from a variety of sources, and (4) the input of volunteers. Five of the eight planners stated that ad-hoc committees with well-defined objectives, carefully constructed agendas, and appropriately assigned individual responsibilities are a significant strength in a council's planning process. Four of the eight planners cited the planner as a significant strength in the planning process. (See Table 17)

Table 17										
STRENGTHS IN COUNCIL'S PLANNING PROCESS										
Strengths:	Regions								Totals	
	A	B	C	D	E	F	G	H		
Committees/Goals	X		X	X	X	X				5
Planner		X			X	X		X		4
Balanced input						X				1
Volunteer input							X			1

# Planning Processes: Weaknesses in Council's Planning Process

In response to an interview question, planners cited the following indicators of weakness in their council's planning process: (1) lack of adequate leadership from the state DD Council, (2) committees with no clear definition of tasks or a time-frame in which to accomplish anything, (3) difficulty in getting people together due to travel complications, (4) lack of data, (5) lack of council commitment, (6) lack of sub-committees, (7) slowness in getting the job done, (8) bias of the planner, and (9) lack of implementation strategies. (See Table 18)

Table 18									
WEAKNESSES IN COUNCIL'S PLANNING PROCESSES									
Weaknesses:	Regions								Totals
	A	B	C	D	E	F	G	H	
Lack of leadership from State Council					X	X	X		3
Unstructured Committees				X	X		X		3
Council Commitment		X	X		X				3
Getting People Together	X				X				2
Lack of Data						X		X	2
Lack of Subcommittees		X							1
Planner Bias							X		1
No Implementation Strategies			X						1
Slowness				X					1

## DATA INTERPRETATION AND DISCUSSION

### Operating Procedures: Written Statements

The data on the existence of written statements of a council's and a council committee's purposes, by-laws, goals, objectives, activities, evaluation plan, and reporting plan showed lack of consistency both across regional councils and within regional councils. Not all councils have written statements of longterm goals, short term goals, objectives for long term goals, and an evaluation and reporting plan. Council Committees across the regions are even less consistent in having written statements of purposes, goals, objectives, activities, and evaluation and reporting plans. Only one regional council has written statements in each of the areas enumerated above, and it is the only council which has committees with the same kinds of written statements as the council itself.

(See Table 9) One has to question how effective a council or council committee can be without written statements of procedures, goals, objectives, action plans, evaluation plans, and reporting plans regardless of the quality of these items.

### Operating Procedures: Initiating Items for Council Consideration

Data showed that the regional council planner has the primary responsibility in six out of eight regions for initiating items for council consideration. Five of the six council chairpersons who responded agreed with their planner. This statistic indicates that the councils in these regions may not have a clear understanding of what they are about and that they rely upon the planner to define their role and function. The fact that lack of council commitment was cited by council planners in three regions as a weakness in the council's planning process may indicate that regional council planners in these regions do not want to bear primary responsibility for initiating items for council consideration.

It is clear from these data that councils are responsive to the initiatives of their staff, and that this fact may be indicative of the problems regional councils have had in developing the council and its committees into a cohesive work group with clearly defined goals, objectives, and plans for action, evaluation, and reporting. (See discussion of written statements and Table 9 and Table 12 and Table 18 for additional data to support this observation.)

#### Operating Procedures: Training of Council Members and Planners

The data showed that only half of the councils make an effort to orient new members. There appears to be in only two cases some training of council members who are not new members.

The quality of the orientation and on-the-job training for members of the councils can be partially assessed by examining the descriptions given by planners. It is clear that regional councils do not have a comprehensive orientation package which includes: (1) Federal DD legislation and some interpretive statement of its intent; (2) a statement of the state council's structure, membership, goals and objectives for the current fiscal year, and guidelines for the establishment of regional councils; (3) the regional council's budget for the current fiscal year; (4) a statement of the regional council's goals and objectives and activities, both long and short term; (5) a copy of the regional council's bylaws; (6) a statement of each council committee's goals, objectives, and activities; (7) any other descriptive material such as maps, organizational charts, articles, and membership lists as may be appropriate, and (8) the regional council's plan. It is also clear that with one possible exception regional council members do not receive any on-the-job training in specific process or content areas: according to the data collected by this study, the council

and council committees are not trained in the processes of a planning group, and councils and council committees are not trained in such content areas as planning for institutional reform and community alternatives, legal advocacy, resource acquisition and utilization, monitoring and evaluation of council projects and activities, etc.

The data showed that no regional council planner had received formal training in planning prior to taking the position with the regional council. The one planner who stated that he had had "formal training" prior to becoming the regional planner cited work experience with a developmentally disabled population as that training.

The data showed that on-the-job training of regional council planners is more prevalent and more related to DD planning. But there are three regional council planners who indicated no training prior to taking their position and no on-the-job training.

Planning for developmental disabilities is a complex, highly political task. There is no authority to coordinate service agencies; only a mandate in the federal legislation to try to coordinate their planning efforts. And there is very little money in any of the DD programs across the country; enough for planning and accessing other resources (the intent of the federal legislation) but painfully little for service delivery. Combine these general observations about DD with the data from this study which showed that regional planners must initiate items for council consideration, and it is clear that planners certainly need training early-on in their tenure as planners from persons who are skilled in the politics of integrating planning and accessing resources at the local and regional level. Community action people and volunteer agency groups are a possible source of consultant talent. Persons skilled in working from a knowledge base (which DD councils can develop) rather than from a coercive/legal power base (which no DD program has) are probably a council planner's most valuable resource for



on-the-job training.

#### Planning Process: Procedures for Determining Priorities of Goals and Objectives

The data on procedures for determining both council and committee priorities showed three things: (1) not all councils and painfully few committees have these procedures, (2) some councils have these procedures and their committees do not, and (3) the procedures that do exist only outline who prepares and who approves (there is no mention of how priorities either in committees or councils are arrived at).

When one looks at the host of tasks any DD council can be doing in any given year, it is clear that establishing priorities consistent with the purposes of the council is essential to effective planning efforts. It is also clear that, regardless of the method used, action planning requires that goals and objectives and activities be prioritized in order to insure an efficient work flow. Group process, particularly where there is potential for strong disagreement (as is the case with DD councils), also requires that a process for setting priorities, acceptable to the group (usually one which gives each member an equal voice\*), be adhered to in order to insure smooth task accomplishment.

#### Planning Processes: Data for Council Planning

The interview responses of planners on data for council planning showed two things: (1) that data is hard to get, and (2) that data when collected is questionable in terms of reliability and validity.

Because one interview question asked for a statement by planners of the adequacy of the data they collected and another question asked for a description of how the data collected is used in the planning process (as well as the relative value of data collected), it was only through an

**\*See Delbecq's "Nominal Group Procedure" for example.**

analysis of the interview responses that the kinds of data collected by planners could be determined. Since planners were not asked specifically to enumerate the kinds of data they collected, the responses outlined earlier in this chapter may not be an accurate picture of what is actually collected. Nevertheless both the data on what data are collected and what are considered to be valuable data by planners may be a reason why the data is hard to get from agencies. In almost every instance, planners said they collected data on developmentally disabled individuals. In only two cases was programmatic data collected by planners, and in no instance was data on available resources reportedly collected by planners.

#### Planning Process: Plan Review, Plan Sharing, and Information Exchange

There are 34 DHEW programs which can be accessed for developmentally disabled clients. There are nine state agencies which impact the service programs for the DD population. A number of these agencies have regional planning groups. There are an additional number of regional planning groups which impact DD service programs at the regional and local level. The data on plan review showed that only three regional council planners review any agency plans, and that of these three planners, only one reviews one of the nine state agency plans.

The data on sharing the council's plans suggested that only half of the councils are sharing their plans with important groups in their regions. Only three councils share their plan with the host agency, for example.

It may be that councils would have more success in gaining access to the plans of other regional groups if they were more conscientious about sharing their own plans. The law does not require agencies to share their plans with DD Councils, but those plans are public documents and open to any citizen. As a last resort, the issue of accessibility to public documents can be tested in court.

#### Operating Procedures:

- 1) In order to stimulate the development of councils and council committees as effective work groups as well as to provide clear documentation of effort both for council members and for other groups, it is recommended that each regional council and each council committee develop a written statement of its purposes, goals, objectives, action plans, evaluation plans, and reporting plans.
- 2) In order to stimulate the development of councils and council committees as effective work groups, it is recommended that a comprehensive orientation package (such as outlined in this chapter) should be developed by the state council together with the regional councils and distributed to each new regional council member. It is further recommended that this package should be designed with a modular format both to take into consideration regional differences and to make up-dating an easy, inexpensive task.
- 3) Given the complexities of DD planning and the difficulties in defining the DD council's planning role vis-a-vis other regional planning groups, it is recommended that councils consider on-the-job training for both planners and council members in the processes of group work in council planning, in the roles and functions of DD councils, and in the content of council tasks, as they are specified in the council's goals and objectives.

#### Planning Processes:

- 4) In order to insure that the work of the council is clearly defined

and possible to accomplish, it is recommended that each council and each council committee adopt a procedure (such as the Delbecq) which is consistent within councils for developing and prioritizing goals, objectives and activities. It is suggested that if councils work through these procedures on a regular basis, the responsibility for initiating items for council consideration may shift from the planner to the council and its committees; the planner may then be free to assist the council and its committees in carrying out a clearly defined work plan.

If regional councils accept the idea that their primary function is to act as a catalyst for a comprehensive service program for all handicapped people at the regional level, it is recommended that program data, resource data, and the aggregate of individual client data should be collected by regional councils, that the agency plans which contain much of these data should be systematically reviewed, and that the regional council's plan should be shared with every regional agency or group which impacts the service programs for the developmentally disabled.

## CHAPTER 4

### GOALS AND ACCOMPLISHMENTS

PURPOSE: To describe the goals, accomplishments, and activities of each regional council in the areas of planning, coordinating, implementing, and evaluating service programs for developmentally disabled individuals and their families.

#### DATA DESCRIPTION

##### Goal Areas: Ranked According to the Priority They Have Had with the Regional Councils Prior to This Study\*

Regional council planners and chairpersons were requested to rank a set of goal areas (specified on their questionnaires) according to the degree of importance these areas have had for their councils. The importance of these goal areas across council planners and council chairpersons was determined by computing the mean of all rankings for each goal area. (See Table 19a & 19b)

The most important goal area for councils according to planners was planning and evaluation. The most important goal area for councils according to chairpersons was needs assessment. The least important area according to both planners and chairpersons was service provision. (See Table 19b for comparison of rankings)

**\*See Appendix C for definitions of goal areas included with questionnaires.**

Table 19a				
IMPORTANCE OF PAST GOAL AREAS FOR COUNCILS				
Goal Areas Specified by Questionnaire:	PLANNERS		CHAIRPERSONS	
	Priority Rank*	Mean Ranking	Priority Rank*	Mean Ranking
1. Advocacy	3	4.8	7	6.3
2. Services Review	7	6.4	6	5.3
3. Services Coordination	4	5.1	4	4.8
4. Services Provision	8	8.0	9	9.0
5. Grant Review	5	5.6	3	3.9
6. Planning and Evaluation	1	2.0	2	3.4
7. Needs Assessment	2	3.3	1	1.6
8. Information and Referral	5	5.6	5	5.1
9. Education and Training	6	5.8	8	6.4
Other Goal Areas:				
Residential Care		1.0		
Agency Management		6.0		
Conceptual Leadership				2.0
Internal Administration				5.0
Advisory to State Hospital				10.0
*Low number equals high rank.				

Table 19b			
IMPORTANCE OF PAST GOAL AREAS FOR COUNCILS			
PLANNERS		CHAIRPERSONS	
Priority Rank*	Goal Areas Specified in Questionnaire	Priority Rank*	Goal Areas Specified in Questionnaire
1	Planning and Evaluation	1	Needs Assessment
2	Needs Assessment	2	Planning & Evaluation
3	Advocacy	3	Grant Review
4	Services Coordination	4	Services Coordination
5	Grant Review and	5	Information & Referral
5	Information & Referral	6	Services Review
6	Education & Training	7	Advocacy
7	Services Review	8	Education & Training
8	Services Provision	9	Services Provision
*Low number equals high rank			

Goal Areas: Ranked According to the Priority They Will Have with Regional Councils in the Future\*

Regional council planners and chairpersons were requested to rank the same set of goal areas specified in Tables 19a & 19b according to the degree of importance these areas will have for their councils. Although responses to this question were more varied than to the previous question, the mean of all rankings for each goal area was computed, and definite trends were evident. (See Tables 20a & 20b) The most important goal area, according to both planners and chairpersons, was planning

\*See Appendix C for definitions of goal areas included with questionnaire.



and evaluation. The least important goal area according to both planners and chairpersons was service provision. (See Table 20b for comparison of rankings)

Table 20a				
IMPORTANCE OF FUTURE GOAL AREAS FOR REGIONAL COUNCILS				
Goal Areas Specified by Questionnaire:	PLANNERS		CHAIRPERSONS	
	Priority Rank*	Mean Ranking	Priority Rank*	Mean Ranking
1. Advocacy	3	4.8	7	5.8
2. Services Review	5	5.8	6	5.7
3. Services Coordination	2	4.1	4	5.0
4. Services Provision	6	8.1	9	8.5
5. Grant Review	5	5.8	3	4.6
6. Planning and Evaluation	1	2.1	1	2.1
7. Needs Assessment	2	4.1	2	3.0
8. Information and Referral	4	5.6	5	5.3
9. Education and Training	3	4.8	8	6.4
Other Goal Areas				
Agency Management		9.0		
Conceptual Leadership				1.0
Internal Administration				4.0
*Low number equals high rank				

Table 20b			
IMPORTANCE OF FUTURE GOAL AREAS FOR REGIONAL COUNCILS			
Planners		Chairpersons	
Priority Rank*	Goal Areas Specified by Questionnaire	Priority Rank*	Goal Areas Specified by Questionnaire
1	Planning & Evaluation	1	Planning & Evaluation
2	Needs Assessment	2	Needs Assessment
2	Services Coordination	3	Grant Review
3	Advocacy	4	Services Coordination
3	Education & Training	5	Information & Referral
4	Information & Referral	6	Services Review
5	Services Review	7	Advocacy
5	Grant Review	8	Education & Training
6	Services Provision	9	Services Provision
*Low number equals high rank			

#### Council Goals: What Councils Ought to be Doing

All persons interviewed were asked what the regional council ought to be doing that it is not now doing to improve the service programs for handicapped persons. Their responses have been placed into sixteen categories in Table 21. Categories such as "obtain funding" or "advocate" are self-explanatory. Categories with a broader scope are briefly defined in the following manner:

- 1) Coordination: of projects and agencies. Integrate data, share information, avoid duplication, improve communication.
- 2) Restructure council: set up committees, get more diverse representation: by role and from each county.
- 3) Involve all consumers: most often means don't ignore CP, EP. Also, get more involved with consumer groups.
- 4) Develop plan: regional plan or for specific services, prioritize goals.
- 5) Produce product: handbook or manual (re: Legislative or service concerns).

- 6) Improve services: specific services (transportation), inform disabled persons of services, get around bureaucracy of service system.

In Table 21, the categories are listed in the order of the greatest total number of responses. The greatest number of responses in any category was thirteen in the area of coordination. Four of the eight MR generalists suggested the council ought to be doing more coordinating, and that appears to be the only significant trend in the data, where at least half of any particular group agreed. One third of the council chairpersons stated that the council ought to obtain funding and grants. Three of the seven service providers indicated that the council ought to have more power or a mandate to do something. Of the fifteen consumers interviewed, one third stated that the council ought to be involved in developing plans or improving services for developmentally disabled individuals. Four of the fifteen consumers also stressed the need to involve consumers representing all disability areas, particularly cerebral palsy and epilepsy. Other responses were too diverse to be indicative of trends.

Table 21

## WHAT COUNCILS OUGHT TO BE DOING

Tasks:	Planner	Chair- person	SERC	MR Generalist	Service Provider	Agency Director	Consumer	Totals
Coordinate	2/B,E		2/B,C	4/C,F,D	1/H	2/A,H	2/C,F	13
Develop Plan	1/C	2/C,F		1/D			5/B,H,G, C,F	9
Improve Services	1/H				1/G	1/D	5/B,C,D, D,E	8
Involve all Consumers'	1/B			1/B	1/D	1/G	4/A,A,C, G	8
Advocate		1/A	1/A	1/B	2/C,G		1/G	6
Obtain Funding		3/B,C,G	1/D	1/F			1/E	6
Evaluate Services	2/A,H	1/A	1/G			1/B	1/H	6
Obtain Grants	1/B	3/B,C,G	1/F					5
Inform Public	1/C			1/B	1/E	1/D	1/B	5
Restructure Council	2/B,D		1/F,G	2/E,G				5
Assess Needs				1/C	1/G	1/C	1/F	4
Have Power			1/D		3/A,B,H			4
Define Roles	1/C			2/A,H				3
Implement		2/A,C					1/D	3
Produce Product	1/B		1/E					2
Provide Technical Assistance			1/E			1/H		2

Key: Number is total number of persons responding.  
Letters are for specific regions responding.

## Major Activities of Regional Councils

Each regional council planner and chairperson was asked (on the written questionnaire) to summarize the major activities in planning, coordinating and evaluating which have been undertaken since the inception of the council. Planners and chairpersons were asked to rank each of these activities in terms of degree of success.

### Major Activities of Regional Councils: According to Planners

The greatest number of major activities listed by planners came under the general heading of planning and evaluation. Ten activities were listed under this heading. Planners listed the smallest number of major activities under the general heading of advocacy; only one planner reported advocacy as a major activity. (See Table 22)

In terms of major activities considered successful by planners, the highest ranked activities came under the general heading of "other" which was specified by planners as "organization or reorganization of the council". Other areas of successful, major activities designated by planners were service provision, information and referral, and planning and evaluation. (See Tables 22 and 24)

TABLE 22		
PLANNERS' RANKING OF COUNCIL'S MAJOR ACTIVITIES*		
Activity	Mean Ranking	Ranking**
A. Other	$\bar{X} = 1.5$	
1. Reorganization of sub-committees for 1974		1
2. Develop work program		2
3. Restructuring of council		(in progress)
4. Develop work activity		1
5. Set up regional conference		2
B. Service Provision	$\bar{X} = 2.3$	
1. Support starting of UCP-EP groups		2
2. Planning OT Proposal		4
3. Infant stimulation program		1
4. Early identification and planning		2
C. Information and referral	$\bar{X} = 2.3$	
1. Television ads		5
2. High risk referral		1
3. Consumer service catalogue		2
4. Dissemination of information		5
5. Regional information sharing		1
6. Data collection		6
D. Planning and evaluation	$\bar{X} = 2.4$	
1. Develop plan for services		2
2. Residential care plans		1
3. Residential plans		5
4. Residential services		3
5. Consensus of philosophy of care		1
6. Recognition of DD planning function		3
7. Regional planning coordination		2
E. Education and training	$\bar{X} = 2.7$	
1. Consultation in program development		1
2. Technical assistance to Mental Health Centers		4
3. Education of Council		3
F. Advocacy	$\bar{X} = 3.0$	
1. Advocacy		3
G. Needs assessment	$\bar{X} = 3.4$	
1. Housing needs assessment		2
2. Four county survey		3
3. Residential needs assessment		5
4. Residential needs assessment		2
5. Needs assessment		5

Table 22 Continued		
PLANNERS' RANKING OF COUNCIL'S MAJOR ACTIVITIES*		
Activity	Mean Ranking	Ranking**
H. Grant Review	$\bar{X} = 3.5$	
1. Grant review		3
2. Review of grants		4
I. Services Review	$\bar{X} = 4.0$	
1. Service inventory		3
2. Directory of services		4
3. Service survey		4
4. Provider availability study		3
5. Adult work program review		4
6. Residential funding review		6
J. Services Coordination	$\bar{X} = 5.0$	
1. Stimulation of EPSDT		4
2. Interstate coordination of services		6
*These data have been organized under the general headings used to identify goal areas earlier in this chapter. See Appendix C for definitions. Capital letters A-J correspond to Appendix C lettering A-J.		
**Low number equals high rank		

#### Major Activities of Regional Councils: According to Chairpersons

Council chairpersons listed the greatest number of major activities in four general areas (five activities in each area): (1) services review, (2) planning and evaluation, (3) needs assessment, and (4) information and referral. Chairpersons reported the smallest number of major activities in the areas of advocacy, services coordination, and services provision (two activities in each area). (See Table 23)

In terms of major activities considered successful by chairpersons, the highest ranked activities came under the general heading of advocacy and service provision. Other areas of successful activities designated by chairpersons included planning and evaluation and "Other" (council reorganization). (See Tables 23 & 24)

Table 23		
COUNCIL CHAIRPERSONS' RANKING OF COUNCIL'S ACTIVITIES*		
Activity	Mean Ranking	Ranking**
A. Advocacy	$\bar{X} = 1.5$	
1. D.D. advocacy		1
2. Assertion of D.D. interests		2
B. Service Provision	$\bar{X} = 1.5$	
1. Infant stimulation program		1
2. Early and periodic screening		2
C. Planning and Evaluation	$\bar{X} = 2.0$	
1. Discussion of issues		2
2. Residential services committee		3
3. Plan for residential system		3
4. Leadership via framework of ideas		1
5. Adoption of a philosophy of residential services		1
D. Other	$\bar{X} = 2.3$	
1. Consumer involvement		4
2. Development of work activities		1
3. Specific location for planner		1
4. Organizing of DD Council		3
E. Services Coordination	$\bar{X} = 3.0$	
1. Inter-agency coordination		4
2. Interstate coordination of services		2
F. Services Review	$\bar{X} = 3.2$	
1. Regional service assessment		1
2. Availability of services		3
3. Determine programs available		4
4. Service review of adult work program		4
5. Identification of funding resources for residential services		4
G. Grant Review	$\bar{X} = 4.0$	
1. Grant planning		3
2. Review of grant applications		6
3. Grant reviews		3



Table 23 Continued

## COUNCIL CHAIRPERSONS' RANKING OF COUNCIL'S ACTIVITIES\*

Activity	Mean Ranking	Ranking**
H. Needs assessment	$\bar{X} = 4.0$	
1. Needs assessment		5
2. Needs assessment for community housing		5
3. Service needs assessment		6
4. Residential needs assessment		2
5. Residential services assessment		2
I. Information and Referral	$\bar{X} = 4.2$	
1. Clearing house for trends		5
2. Information exchange		3
3. Catalogue of services		2
4. Assembly of regional information		6
5. Forum for regional "movers"		5
J. Education and Training	$\bar{X} = 4.5$	
1. County forums to present DD Goals		5
2. Seminars and workshops for professionals		4
3. Self education of council		4
4. Inform community of DD needs		5
<p>*These data have been organized under the general headings used to identify goal areas earlier in this chapter. See Appendix C for definitions. Capital letters A-J correspond to Appendix C lettering A-J.</p> <p>**Low number equals high rank</p>		

Table 24			
RANKED ORDER OF SUCCESSFUL COUNCIL ACTIVITIES			
Planners		Chairpersons	
Activity Area	Mean Ranking	Activity Area	Mean Ranking
Other: council re-organization	$\bar{X} = 1.5$	Advocacy	$\bar{X} = 1.5$
Service Provision	$\bar{X} = 2.3$	Service Provision	$\bar{X} = 1.5$
Information & Referral	$\bar{X} = 2.3$	Planning & Evaluation	$\bar{X} = 2.0$
Planning & Evaluation	$\bar{X} = 2.4$	Other: Council reorganization	$\bar{X} = 2.3$
Education & Training	$\bar{X} = 2.7$	Services Coordination	$\bar{X} = 3.0$
Advocacy	$\bar{X} = 3.0$	Services Review	$\bar{X} = 3.2$
Needs Assessment	$\bar{X} = 3.4$	Grant Review	$\bar{X} = 4.0$
Grant Review	$\bar{X} = 3.5$	Needs Assessment	$\bar{X} = 4.0$
Services Review	$\bar{X} = 4.0$	Information & Referral	$\bar{X} = 4.2$
Services Coordination	$\bar{X} = 5.0$	Education & Training	$\bar{X} = 4.5$

Questionnaires asked planners and chairpersons to comment on which major activities (which they had specified in their responses to the previous question) they regarded as their council's major accomplishments. Many of the major accomplishments described were not the major activities which planners and chairpersons had listed in their responses to the previous question.

Major accomplishments of regional councils which were cited by planners occurred in the following categories: (See Table 25)

- 1) Other: council and planner organization (five responses)
- 2) Information and referral (four responses)
- 3) Planning and Evaluation (three responses)
- 4) Services Coordination (two responses)
- 5) Services Provision (two responses)
- 6) Services Review (one response)
- 7) Needs Assessment (one response)
  
- 8) Education and Training (one response)

Advocacy and grant review were not mentioned by planners in their list of regional council major accomplishments. (See Appendix D, Tables 1-8. for a comparison within regions of major accomplishments as specified by planners and chairpersons.)

Major accomplishments of regional councils which were listed by chairpersons occurred in the following areas: (See Table 25)

- 1) Planning and Evaluation (four responses)
- 2) Advocacy (two responses)
- 3) Services Review (two responses)
- 4) Other (two responses)
- 5) Services Coordination (one response)
- 6) Services Provision (one response)
- 7) Needs Assessment (one response)
  
- 8) Education and Training (one response)

Grant review and information and referral were not mentioned by chairpersons in their list of regional council major accomplishments. (See Appendix D, Tables 1 - 8 )

Table 25	
MAJOR ACCOMPLISHMENTS OF REGIONAL COUNCILS	
Activity Areas	
Planners	Chairpersons
A. DD Advocacy (no responses)	A. DD Advocacy 1) DD advocacy 2) foundation laid around DD interests
B. Services Review 1) developing of plan for services according to work program, time flow chart 2) generated a description of services available by county	B. Services Review 1) regional assessment of services: provided initial cooperative contact and common understanding of gaps
C. Services Coordination 1) staff involvement with other regional structures 2) coordination of planning for local state hospital	C. Services Coordination 1) informal coordination by participation
D. Services Provision 1) residential care plan 2) infant stimulation program: Portage project materials	D. Services Provision 1) introducing of training of DAC staff in use of Portage Project materials in the pre-school program
E. Grant Review (no responses)	E. Grant Review (no responses)
F. Planning & Evaluation 1) philosophy committee report represents unified understanding of service philosophy among consumers, providers, & elected officials 2) acceptance and recognition 3) liaison with regional & state providers & consumer organizations	F. Planning & Evaluation 1) problem review 2) adopting philosophy for community based residential services 3) describing the continuum of services

Table 25 continued

MAJOR ACCOMPLISHMENTS OF REGIONAL COUNCILS	
Activity Areas	
Planners	Chairpersons
G. Needs assessment 1) housing assessment of DD	G. Needs assessment 1) identification of target groups
H. Information & Referral 1) I & R is high risk - time spent trying to influence people that it was worthwhile was extensive 2) publication of monthly newsletter 3) publication of regional services directory 4) compilation of state-wide directory of services for CAIR project	H. Information & Referral (no responses)
I. Education & Training 1) in-service training & education of council members	I. Education & Training 1) training
J. Other 1) develop council sub-committees 2) restructure council 3) develop regional identity of council staff 4) use of group process to attack regional problems 5) work activity development throughout region and securing funds for activities 6) organization of planner's position	J. Other 1) organization & membership of council 2) four grants region has gotten

### Major Difficulties of Regional Councils: Planners' and Chairpersons' Questionnaire Responses

Council chairpersons and planners were also asked on the questionnaire to comment on the major activities (which they had listed in a previous question) which had given them major difficulties. Rather than comment on the major activities which they had specified, the planners and chairpersons tended to focus on general difficulties which included:

- restructuring of council (static membership)
- too much work for one staff person
- lack of motivation of committee members
- lack of understanding by committee members (need for technical assistance)
- sheer distances needed to travel to complete activities
- lack of state leadership in grant review
- need for fiscal power to influence services and effect changes within region
- lack of cooperation by counties in needs assessment survey
- lack of community acceptance of alternative residential services
- uncertainty about future responsibilities
- difficulty of council becoming accepted within a recognized system.

(See Appendix D, Tables 1 - 8 for a listing of major difficulties in each region)

### Accomplishments of Regional Councils: Interview Data

Council planners and chairpersons, host agency directors, MR/DD generalists, special education regional consultants (SERCS), and service provider and consumer members of the councils were asked by the interviewers to list their councils' most successful and least successful activities. Interview responses have been collected under five headings: (1) Planning, (2) Coordinating, (3) Evaluating,

(4) Implementing, and (5) Other. These responses were not confined to one specific activity which interviewees regarded as "most" or "least" successful. Interviewees in most cases commented on a number of successful and unsuccessful activities in each of the five categories listed above. Some interviewees have listed both successful and unsuccessful activities in a single category. For purposes of data tabulation, each response was noted separately.

Accomplishments of Regional Councils: Instances of Successful and Unsuccessful Activities

Seventy-one percent of all persons listing activities in the area of planning considered the activities to have been successful. Sixty percent of the persons listing activities in the area of coordinating considered the activities to have been successful. Fifty-seven percent of the persons listing activities in the area of implementing considered them to have been successful, and 48% of the persons listing activities in the area of evaluating considered them to have been successful. Thirty-nine percent of the persons listing activities in the area of "Other" considered them to have been successful.

Accomplishments of Regional Councils: Instances of Successful and Unsuccessful Activities by Types of Persons Interviewed

Planners from the greatest number of regions listed successful activities in the area of planning and unsuccessful activities in the area of coordinating.

Six Chairpersons from five regions listed successful activities in the area of planning. Three chairpersons from different regions listed unsuccessful activities in the area of planning, and three chairpersons representing two regions listed unsuccessful activities in the area of coordinating. No chairpersons listed unsuccessful activities in the area

of evaluating.

Service Provider Members of the councils from the greatest number of regions listed successful activities in the area of coordinating and unsuccessful activities in the area of implementing. No service providers listed unsuccessful activities in the areas of planning and coordinating.

Consumer Members of the councils from the greatest number of regions listed successful activities in the area of planning and unsuccessful activities in the areas of coordinating and implementing. Consumers were almost evenly divided, however, between listing successful and unsuccessful activities in the area of coordinating.

Special Education Regional Consultants from the greatest number of regions listed successful activities in the area of implementing and unsuccessful activities in the area of coordinating.

MR Generalists from the greatest number of regions listed successful activities in the area of coordinating and unsuccessful activities in the area of evaluating. No MR generalists listed unsuccessful activities in the area of coordinating and none of them listed successful activities in the area of evaluating.

Host Agency Directors from the greatest number of regions listed successful activities in the area of coordinating and unsuccessful activities in the area of planning. Agency directors were evenly divided, however, between listing successful and unsuccessful activities in the area of planning. (See Table 26a & 26b)



Table 26a					
ACCOMPLISHMENTS OF REGIONAL COUNCILS					
NUMBER OF PERSONS LISTING SUCCESSFUL ACTIVITIES IN FIVE AREAS					
Groups of Persons Interviewed	Planning	Coordin- ating	Imple- menting	Eval- uating	Other
*(8) PLANNERS	6	4	5	5	1
** (9) CHAIRPERSONS	6	4	2	3	2
(7) SERVICE PROVIDER MEMBERS OF COUNCILS	2	4	1	1	0
(15) CONSUMER MEMBERS OF COUNCILS	9	5	2	2	0
*** (7) SERCS	3	2	4	0	0
(8) MR GENERALISTS	3	6	3	0	0
(7) HOST AGENCY DIRECTORS	3	5	4	1	2
(61) TOTALS	32	30	21	12	5
<p>*Numbers in parenthesis indicate the number of persons representing a particular role who were interviewed.</p> <p>**Two chairpersons interviewed represent the same region, both responses are included.</p> <p>***One SERC represents two regions, his responses are counted in both of those regions.</p>					

Table 26b					
NUMBER OF PERSONS LISTING UNSUCCESSFUL ACTIVITIES IN FIVE AREAS					
Groups of Persons Interviewed	Planning	Coordin- ation	Imple- menting	Eval- uation	Other
*(8) PLANNERS	0	5	2	2	1
** (9) CHAIRPERSONS	3	3	2	0	1
(7) SERVICE PRO- VIDERS MEMBERS OF COUNCILS	0	0	4	2	1
(15) CONSUMER MEMBERS OF COUNCILS	3	6	5	2	0
*** (7) SERCS	2	4	1	1	0
(8) MR GENERALISTS	2	0	1	5	5
(7) HOST AGENCY DIRECTORS	3	2	1	1	0
<p>*Numbers in parentheses indicate the number of persons representing a particular role who were interviewed.</p> <p>**Two chairpersons interviewed represent the same region; both responses are included.</p> <p>***One SERC represents two regions; his responses are counted in both of those regions.</p>					

Accomplishments of Regional Councils: Instances of Successful and Unsuccessful Activities, A Summary

By dividing the number of persons from each group of persons interviewed who indicated successful activities (in each of the five areas) by the total number of persons from each group who listed activities in these areas, it is possible to compute a rate of success according to the responses of each group in each area. (See Table 27)

Table 27					
PERCENT OF PERSONS LISTING SUCCESSFUL COUNCIL ACTIVITIES					
Groups of Persons Interviewed	Planning	Coordinating	Implementing	Evaluating	Other
(8) PLANNERS*	100%	44%	71%	71%	50%
(9) CHAIRPERSONS	67%	57%	50%	100%	67%
(7) SERVICE PROVIDER MEMBERS OF COUNCILS	100%	100%	20%	33%	0%
(15) CONSUMER MEMBERS OF COUNCILS	75%	46%	29%	50%	-
(7) SERCS	60%	33%	80%	0%	-
(8) MR GENERALISTS	60%	100%	75%	0%	0%
(7) HOST AGENCY DIRECTORS	50%	71%	80%	50%	100%
(61) TOTALS	*Numbers in parentheses indicate number of persons representing a particular role who were interviewed.				

Accomplishments of Regional Councils: Agreement on Instances of Successful and Non-Successful Activities

If Table 27 is used to present the amount of agreement among the different groups about successful activities in each of the five areas of activity listed, ten instances of perfect agreement within groups exist. All planners listed successful activities in the area of planning. All chairpersons listed successful activities in the area of evaluating. All service provider members of councils listed successful activities in the areas of planning and coordinating. All MR generalists listed successful activities in the area of coordinating, and all host agency directors listed successful activities in the area of "other". All service provider members listed unsuccessful activities in the area of "other". All SERCS listed unsuccessful activities in the area of evaluating. All MR generalists listed unsuccessful activities in the areas of evaluating and "other".

If Table 22 is used to present the amount of agreement between different groups about successful activities in the same area of activity listed, seven instances of perfect agreement between groups exist. All planners and all service provider members of the council listed successful activities in the area of planning. Sixty percent of all SERCS and MR generalists listed successful activities in the area of planning. All service provider members of the council and all MR generalists listed successful activities in the area of coordinating. Eighty percent of all SERCS and host agency directors listed successful activities in the area of implementing. Fifty percent of all consumer members of the councils and host agency directors listed successful activities in the area of evaluating, and no service provider members

and MR generalists listed successful activities in the area of "other".

Table 28 can be used to show the amount of agreement within regions among persons about successful and unsuccessful activities in each of the four areas of activities listed. There are seven instances of perfect agreement within regions among persons about successful and unsuccessful activities. In only one (Region H in the area of planning) of these seven instances, however, are there more than two persons listing activities. There are a number of instances in which regions have a large amount of agreement among persons listing activities. In regions where five or more persons listed activities, seven instances of substantial agreement existed:

- 1) Region B in planning
- 2) Region C in coordinating
- 3) Region G in coordinating
- 4) Region B in implementing
- 5) Region E in implementing
- 6) Region B in evaluating
- 7) Region G in evaluating

(See Appendix E for a listing of all activities reported in the interviews)

Table 28								
PERSONS LISTING SUCCESSFUL/UNSUCCESSFUL ACTIVITIES								
A. PLANNING	Regions							
	A	B	C	D	E	F	G	H
Planner	S	S	S		S	S	S	
Chairperson	S/NS		NS	S	S		S/NS	S
SERC	NS	S		S/NS				S
MR Generalist			S	S	NS	NS		S
Service Provider		S						S
Agency Director	NS	NS		S/NS			S	S
Consumer	S	S		S	S/NS	S	S	S
Consumer		S		NS		NS		
B. COORDINATING	Regions							
	A	B	C	D	E	F	G	H
Planner	S/NS	NS	S/NS	NS	S		NS	S
Chairperson	S	S	S	S	S		NS	NS
SERC					S/NS	NS	NS	S/NS
MR Generalist	S	S	S		S		S	S
Service Provider			S	S		S		S
Agency Director		S	S	S		S	NS	S/NS
Consumer	NS	NS	S	S	NS	S	NS	NS
Consumer				NS	S			
Key: S = Successful NS = Unsuccessful								

Table 28 Continued								
PERSONS LISTING SUCCESSFUL/UNSUCCESSFUL ACTIVITIES								
C. IMPLEMENTING	Regions							
	A	B	C	D	E	F	G	H
Planner		S	S	S	S			S
Chairpersons		NS			S	S	NS	
SERC			S/NS	S		S	S	
MR Generalist		S		NS	S	S		
Service Provider			NS	NS	S	NS	NS	
Agency Director		S		S		S/NS		S
Consumer	S	S	NS	NS	NS	NS	NS	
Consumer								
D. EVALUATING	Regions							
	A	B	C	D	E	F	G	H
Planner	S	S	S		S	NS	S	NS
Chairperson	S						S	
SERC		NS						
MR Generalist		NS	NS	NS			NS	
Service Provider		NS					S	NS
Agency Director			NS				S	
Consumer		NS		S		NS	S	
Consumer								
Key: S = Successful NS = Unsuccessful								

## DATA INTERPRETATION AND DISCUSSION

### Goals of Regional Councils: Importance of Goal Areas (Past and Future) for Planners and Chairpersons

Two things stand out when these data are examined: (1) that the data are summative across regions, and (2), that both chairpersons and planners listed the same three top-ranked goal areas and the same bottom ranked goal area in both the tabulations for the past and for the future. (See Tables 19b and 20b) In fact, chairpersons listed the same ranking of goal areas (with the exception of switching the two top-ranked goal areas) in both the tabulations for the past and for the future. These data therefore indicate trends across regional councils, and they show that in the opinion of the majority of chairpersons and planners, councils will continue to develop goals in the priority areas of planning and evaluation, needs assessment, and services coordination. Councils, in the opinion of planners and chairpersons, will not place much emphasis on developing goals in the area of service provision.

Agreement between planners and chairpersons across regions is evident on the two top-ranked and one bottom ranked goal areas. In the area of advocacy, however, there appears to be some disagreement between planners and chairpersons across regions; planners place advocacy third on their priority list for both past and future goal areas, but chairpersons place it seventh for both past and future areas.

### Goals of Regional Councils: What Councils Ought to be Doing; Interview Data

These data clearly demonstrate that across the various groups of persons interviewed, the greatest number of persons wanted to see councils assume more responsibility for the coordinating role. Planning,



improving services, and involving all consumers were also regarded by a large number of persons across these groups as the proper roles of councils. It is clear that there is some agreement between the planners and chairpersons and other persons connected with regional councils on the appropriate roles for regional councils.

It is curious to note, however, that not a single planner interviewed indicated that advocating is something which councils ought to be doing; curious because, as noted above, planners had ranked advocacy as their number three priority area for developing regional council goals. Only one chairperson listed advocacy as something regional councils ought to be doing which is consistent with the seventh place ranking which chairpersons across regions gave advocacy as a goal area for councils.

Major Activities of Regional Councils: Numbers of Activities and Degree of Success

These data show that the greatest number of council activities listed by planners and chairpersons generally fell into the same goal areas which these persons across regions ranked as top priority areas. This is particularly true in the case of the planners. It may be curious to note, however, that both chairpersons and planners seemed to consider the most successful activities in low priority goal areas. Because the data is summative across regions and because mean rankings were used to determine the ranked-order of successful activities, that order is misleading. (See Table 24) If the number of successful activities is looked at, it is clear that the greatest number fall into the high priority goal areas with the exception of council reorganization which was not listed as a priority area by planners but in which they listed

a high number of successful activities.

#### Accomplishments of Regional Councils: Questionnaire Data

The data on major accomplishments of regional councils showed some agreement between planners and chairpersons across regions. Planning and evaluation was the category which had the most agreement between planners and chairpersons as an area of major accomplishment.

With the exception of planning and evaluation, categories of major accomplishments cited most often by planners and chairpersons did not fall into the top-ranked goal areas for both the past and the future. No major accomplishments, for example, were listed by planners in the category of advocacy, although it was ranked third as a priority goal area for both the past and the future.

#### Accomplishments of Regional Councils: Interview Data

It is important to note before any conclusions are drawn that these interview data cannot provide a reliable index of success simply because the same activities were not rated by each individual interviewed from the same council. That is to say, each person interviewed from a particular council was able to name whatever activity he chose and comment on its degree of success. It is therefore fruitless to tabulate activities in order to determine a "success index" for councils. (It may be possible to look at numbers of activities and determine a very unreliable "effort index.") These data were, therefore, broken out according to persons who indicated successful and unsuccessful activities. And it is possible only to get a general feeling of the rate of success

of regional councils, and note when agreement about that rate seemed to exist.

Given these cautions, it can be said that planning, coordinating and implementing activities have had a "success rate" for regional councils of better than 50%. Activities in the areas of evaluating and "other" have had a success rate of less than 50%.

Data showed that agreement between groups of persons across regions who listed successful activities in the areas of planning, coordinating, implementing, evaluating, and "other" did not occur in many instances (only seven instances, to be exact). Chairpersons and planners were closest in percent of persons listing successful activities in the area of coordinating (44% of the planners and 57% of the chairpersons listed successful activities in this area). (See Table 27)

Data on agreement among persons within regions who listed successful and unsuccessful activities varied considerably both in terms of the number of persons responding and in terms of the degree of agreement. In a number of instances only two or three persons responded. And in only two regions was there significant agreement among more than five persons. (See Table 28)

The total number of activities listed in the areas of planning, coordinating, implementing, evaluating, and "other" by all interviewees can be used to show a rough comparison of effort by councils. It is rough because interviewees were not requested to list every activity in which their council had engaged prior to this study.

It is clear from this comparison of total numbers that the greatest number of activities (both successful and unsuccessful) occurred in the areas of planning and coordinating. Roughly a third more activities occurred in the areas of planning and coordinating than in the areas of implementing and evaluating.

The greatest number of activities occurred in the area of coordinating. This fact is important to note because the largest number of persons interviewed wanted councils to concentrate on this area, perhaps because 60% of all interviewees who listed activities in this area considered them to be successful. This fact is also important to note because services coordination was ranked by planners and chairpersons in the top four priority goal areas for both the past and the future.

#### RECOMMENDATIONS BY DD/TAS

##### Goals of Regional Councils

- 1) Taking into consideration the intent of the federal DD legislation, the generalized feeling among persons interviewed that regional councils ought to be engaged in coordinating activities, and the volume and degree of success those coordinating activities have had in the past, it is recommended that regional councils concentrate on coordinating a regional planning approach for all human service programs for handicapped people instead of taking the responsibility for coordinating the service programs themselves. It is suggested that, if they can develop a strong knowledge base on client needs, program needs, and resource availability and establish the critical political, professional, and personal contacts in the region, regional councils can have a significant

impact on coordinating a regional planning approach for human service programs for handicapped people, (See Recommendation 5 in Chapter 3

#### Accomplishments of Regional Councils

- 2) If regional councils consider it important to keep a record of their successful and unsuccessful activities both for their own planning purposes and for whatever accountability may be required of them, it is recommended that after each council activity is completed persons in anyway significantly connected with the activity should be asked to rate its degree of success on a set of specified dimensions and that a yearly report of council activities and their evaluations should be compiled and circulated to all council members, to the state council, and to all other important persons connected in some way with regional councils. It is further recommended that the dimensions on which success will be judged should be uniform across all councils, that each council should have input on and final approval of the dimensions, and that the state council should coordinate the effort to design a simple (one or two page) self-evaluation and reporting instrument for all regional councils. It is suggested that if all councils have written statements of goals, objectives, and activities, ease of compiling the self-evaluation data will be enhanced and the cost reduced.

## CHAPTER 5

### TECHNICAL ASSISTANCE NEEDS

PURPOSE: To identify areas of technical assistance needed by regional councils.

#### DATA DESCRIPTION

##### Technical Assistance: Regional Councils' Experience

Planners and chairpersons were asked whether their councils had received technical assistance. Planners in three regions indicated (on their questionnaires) that their councils had received technical assistance. Planners in four regions stated that their councils had not received technical assistance, and one regional council planner did not respond to the question. Chairpersons in four regions indicated, on their questionnaires, that their councils had received technical assistance, chairpersons in two regions stated that their councils had not received technical assistance, and chairpersons in two regions did not respond to the questions. In three regions, planners and chairpersons did not agree whether or not the councils had received technical assistance. (See Table 29)

##### Technical Assistance: Current Need

Chairpersons and planners were asked whether their councils had a current need for technical assistance. In seven regions, planners stated (on their questionnaires) that their councils currently needed technical assistance. In one region, the planner did not respond to the questions. In five regions, chairpersons stated (on their questionnaires) that their regional councils currently needed technical assistance. In one region, the chairperson indicated that his council did not need technical assistance. In that region, however, the planner indicated a council need for technical assistance. (See Table 29)

TABLE 29								
TECHNICAL ASSISTANCE: EXPERIENCE AND CURRENT NEED. QUESTIONNAIRE RESPONSES								
PLANNERS					CHAIRPERSONS			
REGIONS	EXPERIENCE		CURRENT NEED		EXPERIENCE		CURRENT NEED	
	YES	NO	YES	NO	YES	NO	YES	NO
A	X		X		-	-	-	-
B		X	X		X		X	
C	X		X			X	X	
D		X	X		-	-	-	-
E		X	X			X	X	
F	X		X		X		X	
G		X	X		X			X
H	-	-	-	-	X		X	
TOTALS	3	4	7	0	4	2	5	1
NOTE: - equals no response to the question								

Technical Assistance: Areas of Current Need

Planners and chairpersons were asked to indicate the areas of current need for technical assistance to their councils, the degree of need in each area, and the specific kinds of needs in each area. (See Tables 30 and 31) In three regions, planners and chairpersons seemed to agree on the areas of need and the degree of importance of those areas.

Planners identified the following areas of need. With the exception of defining the roles of the councils, planners indicated a high degree of need for each area listed below:

- 1) Review and evaluation of regional agency's plans; specifically assistance for developing mechanisms for plan review. (1 planner)
- 2) Grant review; specifically the mechanics thereof. (1 planner)



- 3) Organizational management; specifically the uses of committees and the setting of council goals and activities.
- 4) Definition of the role of councils. (3 planners)
- 5) Establishing the relationship between the state and the regional DD Councils. (1 planner)
- 6) Evaluation of council activities. (1 planner)
- 7) Needs assessments procedures. (1 planner)
- 8) Advocacy; specifically the advocacy committee's role and the kind of professional input needed. (1 planner)
- 9) Residential services; specifically the identification of funding sources. (1 planner)
- 10) Information workshops; specifically in relationship to revenue sharing, housing and community development, and transportation. (1 planner)

Chairpersons identified the following areas of need. With the exception of improving the interaction with the state DD Council, all chairpersons indicated a high degree of need for each area listed below:

- 1) Funding input for grants. (2 chairpersons)
- 2) Establishing the relationship between the state council and the regional councils. (3 chairpersons)
- 3) Needs assessments procedures. (1 chairperson)
- 4) Organizational management; specifically council activities and work plans, establishment of priorities, and the use of committees. (3 chairpersons)
- 5) Advocacy; specifically planning. (1 chairperson)

6) Staffing; specifically technical specialization. (1 chairperson)

7) Organization of consumer input. (1 chairperson)

(See Tables 30 and 31 for complete listings by regions)

TABLE 30			
AREAS OF TECHNICAL ASSISTANCE NEED: QUESTIONNAIRE RESPONSES			
R E G I O N	PLANNERS		
	AREA OF ACTIVITY	DEGREE OF NEED 1 = high	SPECIFIC NEEDS
A	a. Review & Evaluation of regional agencies' plans	1-2	a. Assistance in developing mechanisms for review
B	a. Grant Review	1	a. Mechanics
	b. Organizational Management	1	b. Uses of committees, setting goals & activities
	c. Role definition of Council	2	
C	a. Role definition of Council	2	a. Council Interactions
	b. Monitoring & System direction	1	b. Relationship between State & Reg. councils
	c. Evaluation of Council Success	1	c. Comparison with other councils
D	a. Setting goals, objectives and activities	1	a. workshops
	b. Needs Assessment	1	b. workshops
	c. Follow through on Committee action	1	c. "
E	a. Committee Functions	1	a. Objectives and work plans
F	a. Advocacy	1	a. Committee role definition & professional input
	b. Residential Services	1	b. Identification of funding sources
G	a. Information workshops	1	a. Revenue Sharing, Housing & Community development. Transportation
H	No response		No response

TABLE 31			
AREAS OF TECHNICAL ASSISTANCE NEED: QUESTIONNAIRE RESPONSES			
R E G I O N	CHAIRPERSONS		
	AREA OF ACTIVITY	DEGREE OF NEED 1 = high	SPECIFIC NEEDS
A	No response		No Response
B		1 1 1 1	a. Procedures b. Funding Patterns c. Priority Setting d. Accountability & Control
C	a. State Plan b. Grants c. Regionalism d. Human Services e. Consumer Input	1 1 1 1 1	b. Funding Input for Grants
D	No response		No response
E	a. Committee Functions	1	a. Activities & work plans
F	a. Advocacy b. Needs Assessment	1 1	a. Planning b. Accurate Data
G	a. Relationship with State Council b. Administrative Services from State Offices c. Guidance from State Council	1  1 1	a. Uniform mailings: laws, regs., & issues b. Expectations c. "How to" - policy statements & info. exchange
H	a. Staffing b. Interaction with State Council	1 2	a. Technical specialization

#### Technical Assistance: Assessment of Council Needs

The planners were asked whether they had conducted needs assessments of their regional councils' technical assistance needs. In seven regions, planners indicated (on their questionnaires) that they had not conducted needs assessments. In one region, the planner indicated that a needs assessment had been conducted. (See Table 32)

#### Technical Assistance: Council Funding

Planners were asked whether their councils had allocated funds for technical assistance for the current fiscal year. Planners in three regions indicated (on their questionnaires) that their councils had allocated funds for technical assistance. Planners in five regions stated that their councils had no funds budgeted for this purpose. (See Table 32)

Planners were asked whether their councils had investigated alternative sources for funding technical assistance. Planners in two regions stated (on their questionnaires) that their councils had looked for alternative sources of funding, planners in five regions stated that their councils had not made an investigation, and one planner did not respond to the question. (See Table 32)

Planners were asked to describe alternative funding sources for technical assistance which their councils had investigated. One planner indicated that the council should have a budget item for the purchase of professional services. One planner indicated that the local association for Retarded Citizens and the Regional Development Commission had been considered by the council as an alternative funding source. One planner indicated that a developmental disabilities "slush fund" set up by the area

Mental Health centers had been considered by the council as a possible source of funding for technical assistance. (See Table 32)

TABLE 32							
TECHNICAL ASSISTANCE: NEEDS ASSESSMENT AND FUNDING; PLANNERS' QUESTIONNAIRE RESPONSES							
R E G I O N S	CONDUCTED NEEDS ASSESSMENT		CURRENT FUNDING		POSSIBLE FUNDING		DESCRIPTION OF POSSIBLE FUNDING
	YES	NO	YES	NO	YES	NO	
A		X		X		X	
B		X	X			X	
C		X		X		X	one of the support services needed is funding
D		X		X		X	
E		X	X		-	-	purchase of pro- fessional services budget item
F		X	X		X		ARC and RDC
G	X			X	X		area mental health DD "Slush Fund"
H		X		X		X	
TOTALS	1	7	3	5	2	5	
- equals no response to the question							

Technical Assistance: Attitudes of Planners and Chairpersons

Chairpersons and planners, when interviewed, were asked what value technical assistance has had (or may have) to their councils. Two planners stated that technical assistance was valuable for in-service training of council members. Two planners stated that technical assistance was valuable

for supplying information on state legislation and departmental activities and state council activities. One planner stated that technical assistance was valuable in developing planning processes. One planner indicated that technical assistance was valuable in writing grants, in providing resources and information, and in developing strategies for "coping" with other agencies and groups. In five regions, chairpersons said that technical assistance was valuable to the planners. In three regions, chairpersons indicated a generalized feeling about the value of technical assistance; two said that it was valuable to their councils, and one said that it was of some value. Planners in three regions indicated dissatisfaction with the state council staff in providing technical assistance to their councils, and a planner from a fourth region questioned the value of the advocacy workshop put on by the state council.

#### Technical Assistance; Areas of Major Need

Planners and chairpersons, when interviewed, were asked to indicate the areas of major need which their councils have for technical assistance. Planners from four regions identified in-service training (presumably of both the councils and of themselves) as an area of major need for technical assistance. Planners from four regions identified accessing resources for service programs as well as for various council activities as an area of major need. Three planners specified developing planning techniques as an area of major need, and four planners identified needs assessment and information gathering as an area of major need. Chairpersons from four regions specified obtaining grants as a major area of need for technical assistance. Chairpersons from three regions identified data for planning as a major area of need. (See Tables 33 and 34. 34 areas of need by region)

TABLE 33									
AREAS OF MAJOR NEED FOR TECHNICAL ASSISTANCE: PLANNERS' INTERVIEW RESPONSES									
AREAS OF NEED	REGIONS								TOTALS
	A	B	C	D	E	F	G	H	
1) In-service Training		X		X	X	X			4
2) Accessing Resources		X		X	X		X		4
3) Planning Techniques			X		X		X		3
4) Information for Planning					X	X	X	X	4
5) Achieving a legitimate place for councils							X		1

TABLE 34									
AREAS OF MAJOR NEED FOR TECHNICAL ASSISTANCE: CHAIRPERSONS' INTERVIEW RESPONSES									
AREAS OF NEED	REGIONS								TOTALS
	A	B	C	D	E	F	G	H	
1) In-service Training	X								1
2) Accessing Resources			X						1
3) Obtaining Grants	X		X			X	X		4
4) Information for Planning	X	X				X			3
5) Achieving a legitimate place for councils		X							1
6) Information about State Plans			X		X				2
7) Information on Finances				X					1
8) Obtaining more Staff								X	1

It is important to note in discussing the information and data presented in this chapter that the term "technical assistance" was not used on either the questionnaires or in the interviews. The study group believed that "technical assistance" was not the best term to describe the process of building the skills and developing the capabilities of regional councils through the use of consultants and/or information materials. "Support Services" was the term chosen for both questionnaire and interview questions, and it was probably an unhappy choice because of the confusion which it seemed to have caused.

The confusion which the term "support services" seemed to have caused may be more apparent in the questionnaire responses than in the interviews where the term was explained by the interviewers. The fact that, in three regions, planners and chairpersons did not agree on whether their councils had had any technical assistance (support services) might be attributed to confusion over the term, support services. Chairpersons in two regions and a planner in one region did not respond to the question on the questionnaire; these persons may have also been confused over the term. (See Table 29) When asked to describe in an interview what alternative sources of funding for "support services" his regional council had investigated, one regional planner stated that one of the "support services" needed was funding. This response might indicate some confusion over the term, "support services"

Even though the data and information presented in this chapter may be questionable because of apparent confusion over the term "support services", it is clear from both the interview and the questionnaire responses that planners and chairpersons understood the term well enough



to develop a list of legitimate areas in which councils can request technical assistance as it is defined above. (See Tables 30, 31, 33, and 34) It is also evident that chairpersons and particularly planners saw the need for technical assistance in some of the same areas which they specified as top ranked, council goal areas both past and future: (1) planning and evaluation, (2) needs assessment, and (3) services coordination. (See Tables 19 b, 20 b, 33 and 34) Four planners also saw a need for technical assistance in conducting in-service training, and four chairpersons saw a need for assistance in obtaining grants for the council.

Table 35 indicates a strongly stated need for technical assistance in at least three major areas: in-service training, accessing resources, and information for planning. On the average, each council has three major areas of need for technical assistance. Only four councils, however, have either found or sought alternative sources of funding for technical assistance. (See Table 32) Planners in four regions expressed dissatisfaction with the amount, quality, and timeliness of the technical assistance given by the state council staff. It is clear that the need for technical assistance is great, but that adequate resources for assistance have not yet been found by most regional councils. (See Table 35)

#### RECOMMENDATIONS BY DD/TAS

- 1) Since a need for technical assistance clearly exists for all regional councils, it is recommended that each regional council formally identify its needs for technical assistance, prioritize those needs, and develop strategies to meet those needs. It is further recommended that the state Council coordinate this effort by providing:(1) a uniform process for identifying and prioritizing

need, (2) information on what assistance may be available at the regional and state level, and (3) information on alternative funding sources for assistance at both the regional and the state level.

- 2) Since it is not clear whether the state council has the resources to provide technical assistance to its regional councils, it is recommended that the state council clarify its role in providing assistance to regional councils, both in terms of what assistance the council itself will provide and what assistance it will fund.

TABLE 35									
AREAS OF MAJOR NEED FOR TECHNICAL ASSISTANCE: A COMPOSITE OF PLANNERS' AND CHAIRPERSONS' INTERVIEW RESPONSES									
AREAS OF NEED	REGIONS								TOTALS
	A	B	C	D	E	F	G	H	
1) In-service Training	X	X		X	X	X			5
2) Accessing Resources		X	X	X	X		X		5
3) Planning Techniques			X		X		X		3
4) Information for Planning	X	X			X	X	X	X	6
5) Achieving a legitimate place for councils		X					X		2
6) Information about State Plans			X		X				2
7) Information on Finances				X					1
8) Obtaining more Staff								X	1
9) Obtaining Grants	X		X			X	X		4
AREA TOTALS	3	4	4	3	5	3	5	2	

## CHAPTER 6

### RELATIONSHIP WITH STATE COUNCIL

## DATA DESCRIPTION

### Purpose of Regional Councils

Planners, chairpersons, consumers, service providers, MR generalists, SERCs, and host agency directors were asked (when interviewed) what they regarded as the purpose of regional councils. The majority of responses across regions fell into the following two categories:

- 1) Coordination: Planners in 5 regions  
Chairpersons in 2 regions  
Consumers in 6 regions  
Service Providers, MR Generalists and SERCS in 4 regions  
Host Agency Directors in 4 regions
- 2) Generating New Service Programs: Planners in 6 regions  
Chairpersons in 4 regions  
Service Providers, MR Generalists, and SERCS in 2 regions

The majority of planners across regions stated that the purpose of regional councils is generating new area service programs (6 regions). The majority of chairpersons indicated that the purposes of councils is generating new service programs and reviewing existing programs (7 regions\*) The majority of consumer members of the councils across regions stated that the purpose of regional councils is coordination (6 regions). The majority of service providers, MR generalists and SERCS indicated that planning is the purpose of regional councils (5 regions). Host agency directors in four regions stated that the purpose of regional councils is coordination. There is some agreement, therefore, among persons

\*responses from four regions for each item; total of seven different regions

connected with regional councils that the purpose of the councils is to improve and expand regional service programs for handicapped persons.

(See Tables 36a, 36b, 36c, 36d for break-down by regions)

Table 36a									
PURPOSE OF REGIONAL COUNCILS: PLANNERS									
Purpose	Regions								Totals
	A	B	C	D	E	F	G	H	
1) Generate new area service programs	X	X	X		X		X	X	6
2) Coordination		X	X			X	X	X	5
3) Review area service programs	X	X		X					3
4) Communication	X	X							2
5) Needs assessment					X	X			2
6) Influencing policy and legislation						X			1
Total number of purposes	3	4	2	1	2	3	2	2	

Table 36b										
PURPOSE OF REGIONAL COUNCILS: CHAIRPERSONS										
Purpose	Regions								Totals	
	A	B	C	D	E	F	G	H		
1) Needs assessment				X	X	X	X	X	5	
2) Review area service programs	X		X			X		X	4	
3) Generate new area service programs		X	X		X		X		4	
4) Communication				X		X		X	3	
5) Coordination				X				X	2	
6) Public Information		X							1	
7) Implementation			X						1	
Total number of purposes	1	2	3	3	2	3	2	4		

Table 36c										
PURPOSE OF REGIONAL COUNCILS: CONSUMERS										
Purpose	Regions								Totals	
	A	B	C	D	E	F	G	H		
1) Coordination	X		X	X	X	X		X	6	
2) Advise and make recommendations		X	X			X			3	
3) Promote service programs					X				1	
4) Needs assessment						X			1	
5) Service provision							X		1	
6) Planning	X								1	
7) "Don't know"						X			1	
Total number of purposes	2	1	2	1	2	4	1	1		

Table 36d									
PURPOSE OF REGIONAL COUNCILS: SERVICE PROVIDERS, M.R. GENERALISTS, & SERCS									
Purpose	Regions								Totals
	A	B	C	D	E	F	G	H	
1) Planning				X	X	X	X	X	5
2) Coordination		X				X	X	X	4
3) Service provision		X		X		X	X		4
4) Communication			X		X	X			3
5) Generate new area service programs	X		X						2
6) Influence policy and legislation				X	X				2
7) "Don't know"		X	X						2
8) Review area service programs		X							1
Total number of purposes	1	4	3	3	3	4	3	2	

Table 36e									
PURPOSE OF REGIONAL COUNCILS: HOST AGENCY DIRECTORS									
Purpose	Regions								Totals
	A	B	C	D	E	F	G	H	
1) Coordination	X			X		X		X	4
2) Needs assessment		X					X	X	3
3) Planning		X							1
4) Question if they have a legitimate function			X						1
Total number of purposes	1	2	1	1	0	1	1	2	

### Purpose of the State Council

Planners, chairpersons, consumers, service providers, M.R. generalists, and SERCs were asked (when interviewed) what they regarded as the purpose of the state council. The majority of responses across regions fell into the following two categories:

- |  |  |
|--|--|
| 1) Coordination of agencies and regional councils: | Planners in 4 regions<br>Chairpersons in 5 regions<br>Consumers in 8 regions<br>Service Providers, MR Generalists and SERCS in 6 regions |
| 2) Helping regional councils                       | Planners in 2 regions<br>Chairpersons in 6 regions<br>Consumers in 5 regions<br>Service Providers, MR Generalists & SERCS in 4 regions   |

Half of the planners across regions stated that the purpose of the state council is the coordination of agencies and of the regional councils. The majority of chairpersons across regions indicated that the purpose of the state council is helping regional councils (6 regions). Consumer members from all eight regions identified the purpose of the state council as coordination. The majority of service providers, MR generalists, and SERCS stated that the purpose is the coordination of agencies (6 regions). The consensus of all persons interviewed was that the purpose of the state council is primarily coordinating (both of state agencies and of regional councils) and helping regional councils accomplish their mission. (See Tables 37a, 37b, 37c, and 37d for break-down by regions)



Table 37a									
PURPOSE OF STATE COUNCIL: PLANNERS									
Purpose	Regions								Total
	A	B	C	D	E	F	G	H	
1) Coordination: agencies/regional councils			X		X		X	X	4
2) Helping regional councils	X	X							2
3) Influencing legislation				X			X		2
4) Funding and developing programs			X	X					2
5) Planning					X	X			2
Total number of purposes	1	1	2	2	2	1	2	1	

Table 37b									
PURPOSE OF STATE COUNCIL: CHAIRPERSONS									
Purpose	Regions								Total
	A	B	C	D	E	F	G	H	
1) Helping regional councils	X		X	X	X	X	X		6
2) Coordination: agencies/regional councils	X	X				X	X	X	5
3) Planning							X		1
Total number of purposes	2	1	1	1	1	2	3	1	

Table 37c										
PURPOSE OF STATE COUNCIL: CONSUMERS										
Purpose	Regions								Totals	
	A	B	C	D	E	F	G	H		
1) Coordination	X	X	X	X	X	X	X	X	8	
2) Helping regional councils	X		X	X	X	X			5	
3) "Don't know"						X	X		2	
4) Influencing legislation		X							1	
5) Funding							X		1	
Total number of purposes	2	2	2	2	2	3	3	1		

Table 37d									
PURPOSE OF STATE COUNCIL: SERVICE PROVIDERS, M.R. GENERALISTS, AND SERCS									
Purpose	Regions								Totals
	A	B	C	D	E	F	G	H	
1) Coordination: agencies		X		X	X	X	X	X	6
2) Helping regional councils			X		X	X	X		4
3) Influencing legislation	X	X					X		3
4) "Don't know"			X	X					2
5) Funding and developing programs		X	X						2
6) Planning		X							1
Total number of purposes	1	4	3	2	2	2	3	1	

### Purposes of the State and Regional Councils: Similarities and Differences

Planners and chairpersons were asked (when interviewed) how the purposes of the regional councils differ from and/or complement those of the state council. Planners from four regions stated that the state council and the regional councils are the same program at different levels. Chairpersons from four regions said that both the state council and the regional councils coordinate agencies and programs. Two planners and one chairperson stated that the state and regional councils are not similar. Other responses to the interview question were scattered (See Table 38a). Planners from four regions stated that the state council impacts programs at the state level and is therefore different from regional councils which impact programs at the regional and local level. Chairpersons from three regions indicated that the state council coordinates at the state level whereas the regional councils coordinate at the regional and local level. One planner was not clear on the differences, and one chairperson stated that there are no differences.\* Other responses to the interview question were scattered (See Table 38b).

### Interaction between the State Council and the Regional Councils: Formal Procedures

Planners and chairpersons were asked (when interviewed) how they felt about the formal procedures which exist between the state and regional councils. Planners in five regions stated that formal communication channels are lacking between the state council and the regional councils. Planners in four regions stated that there is no formal interaction between the state and the regions (two of these planners had also cited no formal communication channels. Chairpersons' comments were scattered across a number of negative points about formal procedures for interaction. Chairpersons in two regions, however, made positive comments about the formal procedures between the state and the regional councils (See Tables 39a and 39b)

\*Two chairpersons were interviewed from region G.

Table 38a									
PURPOSES OF STATE AND REGIONAL COUNCILS: SIMILARITIES									
Similarities	Regions								Totals
	A	B	C	D	E	F	G	H	
1) Same program; different level	P		P,C	P		P		C	4P,2C
2) Influence legislation				P					1P
3) Standardize programs								P	1P
4) Are <u>not</u> similar					P		P,C		2P,1C
5) Coordinate agencies/programs		C				C	C	C	4C
6) Provide technical assistance						C			1C
Total number of similarities	1	1	1	2	1	3	2	3	
Key: P = Planner C = Chairperson									

Table 38b									
PURPOSES OF STATE AND REGIONAL COUNCILS: DIFFERENCES									
Differences	Regions								Totals
	A	B	C	D	E	F	G	H	
1) RC provides direct service	P	C		P		P	C		3P,2C
2) RC does primary planning	C	C			P			P	2P,2C
3) RC deals with one region				C		C	P	C	1P,3C
4) SC deals with all regions	P,C								1P,1C
5) SC impacts programs at state level	P		P,C				P	P	4P,1C
6) SC coordinates at state level				C	P	C			1P,2C
7) Unclear on differences		P							1P
8) Are <u>not</u> different							C		1C
Total number of differences	4	3	1	3	2	3	4	3	
Key: P = Planner C = Chairperson RC = regional council SC = state council									

Table 39a									
FORMAL PROCEDURES BETWEEN STATE AND REGIONAL COUNCILS: PLANNERS' INTERVIEW RESPONSES									
Comments	Regions								Totals
	A	B	C	D	E	F	G	H	
1) Formal communication channels lacking		X	X		X	X	X		5
2) No formal interaction between the two	X				X		X	X	4
3) Regional councils have no input	X		X						2
4) State council needs more staff		X							1
5) Too much bureaucratic paperwork				X					1

Table 39b									
FORMAL PROCEDURES BETWEEN STATE AND REGIONAL COUNCILS: CHAIRPERSONS' INTERVIEW RESPONSES									
Comments	Regions								Totals
	A	B	C	D	E	F	G	H	
1) Formal communication channels lacking	X								1
2) No formal interaction between the two							X		1
3) Too much bureaucratic paperwork								X	1
4) Need more money from state council		X							1
5) Get a lot of information from state council				X					1
6) No communication problem					X				1
7) Procedures depend on regional council planner					X				1

Interaction between the State Council and the Regional Councils: Informal Procedures

Planners and chairpersons were asked (when interviewed) how they felt about the informal procedures which exist between the state and regional councils. Planners in three regions stated that the nature of the informal procedures is personal contact. Planners in three regions stated that there are good informal procedures for interaction between state and regional councils (one of these planners had also cited personal contact as the nature of these good informal procedures). Chairpersons from four regions stated that there are good, informal procedures for interaction between the state council and the regional councils. Chairpersons from two regions stated that the state and regional councils are independent and that the state council does not seek regional council feedback. (See Tables 40a and 40b)

Table 40a									
INFORMAL PROCEDURES BETWEEN STATE AND REGIONAL COUNCILS: PLANNERS' INTERVIEW RESPONSES									
Comments	Regions								Totals
	A	B	C	D	E	F	G	H	
1) Personal contact	X		X			X			3
2) Good informal procedures			X	X				X	3
3) Don't get enough information early enough to act		X				X			2
4) State does not seek regional feedback		X							1
5) State and regions are independent					X				1
6) Procedures are too informal								X	1
7) State staff is supportive			X						1

Table 40b									
INFORMAL PROCEDURES BETWEEN STATE AND REGIONAL COUNCILS: CHAIRPERSONS' INTERVIEW RESPONSES									
Comments	Regions								Totals
	A	B	C	D	E	F	G	H	
1) Good informal procedures		X	X		X			X	4
2) State and regions are independent						X	X		2
3) State does not seek regional feedback						X	X		2
4) Personal contact	X								1
5) Procedures are too informal				X					1

Interaction between the State Council and the Regional Councils:  
Suggestions by Planners and Chairpersons for Improving the Relationship

Planners and chairpersons were asked (when interviewed) what suggestions they had for improving the relationship between the state council and the regional councils. Planners in four regions stated that the state council should seek information from the regional councils. Chairpersons in four regions made the same suggestion.

In two regions planners and chairpersons agreed on this point, and, if planner and chairperson responses were considered together, persons from six of the eight regions suggested that the state council should seek information from the regional councils as a way of improving the relationship between the state council and the regional councils (See Tables 41a and 41b).

Table 41a									
SUGGESTIONS FOR IMPROVING STATE COUNCIL/ REGIONAL COUNCIL RELATIONSHIPS: PLANNERS' INTERVIEW RESPONSES									
Suggestions	Regions								Totals
	A	B	C	D	E	F	G	H	
1) Seek information from regional councils		X		X	X	X			4
2) Have regional council representatives on state council	X	X							2
3) State council should have a regional liaison committee	X		X						2
4) State council members should visit regional councils		X				X			2
5) Reduce "distance" between state and regional councils		X				X			2
6) Guarantee for long range continuation of regional councils			X						1



Table 41b

SUGGESTIONS FOR IMPROVING STATE/COUNCIL/  
REGIONAL COUNCIL RELATIONSHIPS: CHAIRPERSONS  
INTERVIEW RESPONSES

Suggestions	Regions								Totals
	A	B	C	D	E	F	G	H	
1) Seek information from regional councils	X	X	X			X			4
2) Better coordination of effort			X			X	X		3
3) State council should provide technical assistance	X			X			X		3
4) Have regional council representatives on state council					X		X		2
5) State council should have a regional liaison committee							X	X	2
6) State council should provide more money		X	X						2
7) Guarantee for long range continuation of regional councils			X						1
8) Relationship is improving				X					1
9) Not sure relationship should exist							X		1

Purposes of State and Regional Councils

The information collected from the interviews of this study showed that the majority of persons connected with the regional councils (planners, chairpersons, consumer members, service provider members, M.R. generalists and SERCs) believed that the purpose of regional councils is to coordinate agencies and service programs and to generate new service programs. These statements of purpose are in line with the statements made by regional council planners and chairpersons about important goal areas both past and future. Needs assessment, grant review, services coordination, and planning and evaluation (goal areas listed by chairpersons and planners as most important) certainly are necessary steps in generating new service programs and coordinating agencies and their service programs.

What seems to underlie these statements of purpose is the idea that "coordination" means (in the context of regional council and state council activities) how much money can be gotten from different agencies to serve a particular client or client group. Since no developmental disabilities council has the authority to force agencies to spend money on service programs for developmentally disabled client groups and since no council has enough money to provide services for all identified and potential developmentally disabled clients, it appears that the most effective councils across the country are those which concentrate on developing a rational, comprehensive planning effort either at the state or the local or regional level. Coordination for these councils means collecting information about programs, resources, and clients from various

agencies, organizing, compiling, and collating this information, and using this information to stimulate a cooperative effort in developing a rational,\* comprehensive plan for services for handicapped people in a state or in a region.

Information collected by this study showed that the majority of persons interviewed believed that the purpose of the state council is to coordinate agencies. They also stated that the purpose of the state council is to coordinate and to help the efforts of regional councils. The fact that regional councils assumed that they have a very important place in the activities of the state council clearly stands out in these statements of purpose, in addition to the idea (discussed above) that developmental disabilities councils should be coordinating agencies rather than stimulating cooperative, comprehensive planning efforts. This feeling of the importance of regional councils may not be shared by the state council.

Information showed that most planners and chairpersons who were interviewed believe that the regional councils are providing direct services and doing the primary planning for each region and that the state council, as part of the same program is coordinating the regional efforts and impacting agency programs at the state level. It is clear that planners and chairpersons of regional councils seem to believe they are the "primary" planners in developmental disabilities across the state and that the state council's job is to coordinate their efforts as well as those of the state agencies. This feeling of the importance of regional councils in the statewide developmental disabilities planning effort may

**\* Based on the best information available**

not be shared by the state councils. (See discussion on state council/regional council interaction this chapter).

#### Interaction between the State Council and the Regional Councils

The information collected in the interviews of planners and chairpersons on the formal and informal procedures for state council/regional council interaction showed two things very clearly: (1) that the majority of responses to these interview questions were negative about the interaction between the state and the regional councils (planners did not say one positive thing about the formal procedures)\* and (2) that the majority of regional planners and chairpersons believed that they have been left out of the state council's planning process. Tables 41a and 41b are more dramatic and probably more reliable evidence that regional council planners and chairpersons believe that regional councils should be essential elements in the state council's planning process and that they have been relatively left out of that process; all of the suggestions of the planners and all but two of the suggestions of the chairpersons called for a much more important role for regional councils in the state council's planning process.

The interview information also showed that planners and chairpersons were much more satisfied with the informal than with the formal procedures for regional council/state council interaction. The information suggested that communication between regional councils and the state council on an informal, personal level is satisfactory for all except two

**\*24 negative, 10 positive, and 8 neutral comments were recorded on Tables 39a, 39b, 40a, and 40b.**

regions. What appeared to be unsatisfactory to planners and chairpersons are the formal ways in which the state council and the regional councils interact. There is a clearly expressed need by regional council chairpersons and planners for formal procedures to translate regional council planning priorities into the state council's plan, and to get the information, resources, expertise, and clout which the state council is perceived to have back to the regional councils. It is an unfortunate omission of this study that state council members were not asked whether they believed that this relationship (apparently hoped for by regional council's planners and chairpersons and described above) would be acceptable to the state council.

#### RECOMMENDATIONS BY DD/TAS

##### Relationships between the State Council and the Regional Councils

- 1) If regional council members generally share the opinion of their planners and their chairpersons that regional councils should be an essential element in an integrated state-wide, developmental disabilities planning effort and if the members of the state council share this opinion, it is recommended that the state council in conjunction with the regional councils should define and specify in writing the expectations and functions of both the state and the regional councils in this effort and that the state council together with regional councils should develop standardized, formal procedures for the interactions required by an integrated, state-wide planning effort.

- 2) If it is determined that regional councils are to have the primary responsibility for collecting and/or verifying information and developing regional priorities which will then be translated by the state council into a comprehensive state plan for developmental disabilities, it is recommended that the state council should make every effort including the expenditure of additional funds to train regional council planners and regional council members to do the specialized tasks which this integrated planning process will require.

## CHAPTER 7

### RELATIONSHIP WITH THE HOST AGENCY

PURPOSE: To determine the nature of the relationship between the regional councils and their host agencies.

DATA DESCRIPTION\*

Host Agency Directors' Degree of Involvement with Regional Councils

Host agency directors were asked (when interviewed) what their degree of involvement has been with regional councils. Directors in four regions have been involved with councils as informed consultants, and directors in three regions have had limited involvement. One of these three directors is new, and one had stated that his involvement has been as an informed consultant. (See Table 42 for responses by region)

Host Agencies and Regional Councils: Complementary Effort

Host agency directors were asked (when interviewed) whether the regional councils effectively complement or support the work of the host agency. The chart below shows the responses to the yes/no question:

"Does the regional council effectively complement or support the work of your agency?"			
Respondents:	Yes	No	No Response
Host Agency Directors	5	0	2

The two directors who did not respond to the yes/no question above did discuss the question. One director stated that the council supported the host agency's work by reviewing proposals, although he indicated that reviewing proposals was not the function of regional councils.

\*It is important to note that the directors from seven regions were interviewed. The agency in the remaining region hired its first director after this study had been completed.



Table 42

## HOST AGENCY DIRECTORS' INVOLVEMENT WITH REGIONAL COUNCILS

Activity	Regions								Totals
	A	B	C	D	E	F	G	H	
1) Informed consultants		X	X			X	X		4
2) Limited involvement			X	X				X*	3
3) Assisted in setting up council	X					X			2
4) Budgetary involvement				X			X		2
5) Reviewed proposals		X						X	2
6) Attended council meetings		X						X	2
7) Promoted the regional council						X			1

\*new director

The other director stated that the council was valuable to the host agency in broadening the agency's perspective and philosophy.

The five agency directors who felt the regional council supported the work of the host agency gave several explanations: (1) the council continues the regional health plan, (2) the planner serves as a resource person in assessing the political and health climate of the area, (3) the council serves as a communication link between the needs of the developmental disabled and the agency, (4) the council serves as planner and program implementer, (5) the council is used for review and comment of agency plans. In answering this question, two directors expressed concerns about the regional councils: (1) the council does not have a formal relationship with regional agencies, and (2) there is too little interaction between the council and the host agency.

#### Host Agencies and Regional Councils: Overlap of Purpose

Host agency directors were asked (when interviewed) what kind of overlap exists in the purposes of the regional councils and the host agencies. The chart below shows the responses to the yes/no question:

"Is there overlap in purpose between the regional councils and the host agencies?"			
Respondents:	Yes	No	Some
Host Agency Directors	2	3	2

Two directors stated that there was some overlap in the overall purposes of regional councils and host agencies, and two directors said that there was overlap in the planning process, although they indicated that these were not intentional duplications of effort.

#### Host Agencies and Regional Councils: Similarity of Goals

Planners and chairpersons of the regional councils were asked (on their questionnaires) whether the goals of the regional councils were similar to the goals of the host agencies. The chart below shows the responses to the yes/no question:

<b>"Are the regional councils' goals for service programs for handicapped people similar to the goals of the regional councils' administrative agencies?"</b>			
<b>Respondents :</b>	<b>Yes</b>	<b>No</b>	<b>Not applicable</b>
<b>Planners</b>	<b>6</b>	<b>0</b>	<b>2</b>
<b>Chairpersons</b>	<b>6</b>	<b>1</b>	<b>0</b>

Of the council chairpersons who responded to the questionnaire, all agreed with their planners except in one region. In this region, both the past and present council chairpersons responded to the questionnaire, and they did not agree. One stated that the goals are similar, the other indicated that they are not similar. The planner from this region indicated that the question itself was not applicable to the region.

#### Effectiveness of Regional Councils: Host Agency Directors' Views

Host agency directors were asked (when interviewed) how effective regional councils have been in developing goals and objectives for programs for developmentally disabled persons in the regions. Six of the seven directors indicated that the council was effective or was beginning to move. (See Table 43)

<p align="center"><b>"What is your opinion about the future status of regional councils in regard to <u>financial support</u>?"</b></p>	
<p align="center"><b>HOST AGENCY DIRECTORS' RESPONSES*</b></p>	
1)	Future funding of councils is uncertain (directors in two regions)
2)	If council funding terminates, would maintain one person with responsibility in the developmental disabilities area (see #5 above)
3)	With expanded funding, council could take an important function within the agency
4)	Without state funding, council could not continue on local funds
5)	Current funding is insufficient
6)	State funding is preferred because local resistance to council is reduced
7)	Host agency will underwrite the council in the future with some changes in the planner's role.
<p><b>*Unless otherwise indicated, responses represent the opinion of a director from a different region.</b></p>	

Regional Councils as Part of Host Agencies' Programs: Host Agency Directors' Views

The host agency directors were asked to specify under what conditions could their regional council's program become part of their agency in the next few years. Directors responded in two ways: (1) by listing the privileges and responsibilities which the host agency must have, and (2) by stating the conditions which the regional councils must meet. Specific responses are outlined below.\*

**\*Unless otherwise specified, responses represent the opinion of a director from a different region.**

Table 43									
EFFECTIVENESS OF REGIONAL COUNCILS: HOST AGENCY DIRECTORS' INTERVIEW RESPONSES									
Responses	Regions								Totals
	A	B	C	D	E	F	G	H	
1) Effective		X				X		X	3
2) Beginning to move	X		X				X		3
3) Developing a role	X								1
4) Have goals							X		1
5) Meeting their goals								X	1
6) Difficulty setting goals			X						1
7) Implementing		X							1
8) Screening				X					1
9) Don't know				X					1

Future Status of Regional Councils in Regard to Staffing and Financial Support: Host Agency Directors' Views

Host agency directors were asked (when interviewed) what their opinions were about the future status of regional councils in regard to staffing and financial support. Their responses are included in the lists below.

"What is your opinion about the future status of regional councils in regard to staffing?"	
HOST AGENCY DIRECTORS' RESPONSES*	
1) No answer to this question (directors in two regions)	
2) Regional council does not have the capability to staff itself	
3) Council needs one full-time professional plus secretarial help	
4) Status is unknown until funding and role responsibilities have been clarified	
5) Developmental Disabilities will remain part of Comprehensive Health Planning (perhaps as a task force)	

\*Unless otherwise specified, responses represent the opinion of a director from a different region.

(1) Privileges and Responsibilities of Host Agency:

- a) Continued input to regional council's long-term planning
- b) Host agency must be able to finance the council
- c) Council activities must be reviewed by host agency (directors in two regions)

(2) Conditions which regional councils must meet:

- a) Council must have a cooperative relationship with area health boards
- b) Host agency must be able to agree with policies and objectives of the council
- c) Council must expand into more disability areas

Directors made some additional comments on this question. One director stated that if the regional council could not remain independent, it could become part of the host agency's program. One director suggested that the council could become a task force of the host agency, and one director assured continuing autonomy for the council should it become part of the host agency.

Regional Councils and Host Agencies: Host Agency Directors' General Comments

Agency directors made a number of general comments about regional councils. Two comments were shared by more than one host agency director. Two directors stated that the regional councils should be administered by another agency, and three directors indicated that the state council's guidelines for regional councils are unclear.

## DATA INTERPRETATION AND DISCUSSION

### Relationship Between the Regional Councils and their Host Agencies

Although the information collected by the interviews of host agency directors cannot be considered a comprehensive assessment of the relationship between the councils and their host agencies, the information did show three things which may be significant to such an assessment if it were undertaken: (1) that each of the seven directors viewed the regional councils' role as complementary to that of their agencies, (2) that with two exceptions each of the seven directors did not consider the councils important enough to provide financial support if state council support were withdrawn, and (3) that if regional councils were to become part of their agency's program, with one exception the host agency directors made it clear that their agencies and not the state council would have control over their activities. With two exceptions host agency directors seemed to feel comfortable with the present relationship with regional councils, and each agency director appeared to accept the regional councils' presence in the regions. But it was very clear from the interview information that the state council cannot expect the host agency to make the regional council part of its program without giving up control of the council to the host agency (with one exception). And if the state council withdraws funding from regional councils, it can expect only one host agency to finance the council in its presently constituted form.

If an assessment of the relationship between regional councils

and host agencies were undertaken, it would be important to know why two directors indicated that they would continue to fund a developmental disabilities group (in one case a council as presently constituted and in the other case a person or a task force). What have the councils done in these two regions to make themselves essential to the host agency's program? Why did five directors seem to indicate that they would not include the council in their programs if they had to support the council financially? These are important questions to answer in order to determine how regional councils can become more essential to the programs of their host agencies, if, in fact, it is important for them to be so. It may be more important for the state and regional councils to determine how the regional councils can become more essential to the state council.

#### RECOMMENDATIONS BY DD/TAS

- 1) In order to determine what kinds of relationships ought to exist between the host agency and the regional council, it is recommended that a comprehensive assessment of the current relationships should be undertaken. It is further recommended that if this assessment is done, the possibility of specifying contingency relationships should be investigated in order to take into account different political and economic conditions in different regions.
- 2) If it becomes necessary for the regional councils to choose another host agency because of future events in the state



of Minnesota, it is recommended that regional councils elect an agency which is going to be supportive of a rational, comprehensive planning effort by the councils, an agency which will participate in that planning effort, and an agency which will not only promote but also financially support appropriate regional council planning activities without demanding extensive control of the regional council program. It is also recommended that if a change of host agency becomes necessary, both the state and regional councils should review together the rationale for having a host agency before the criteria for choosing one are developed.

## CHAPTER 8

### THE ROLE OF THE REGIONAL COUNCIL PLANNER

PURPOSE: To describe the role of the regional council planners as it is perceived by host agency directors, MR Generalists, Special Education Regional Consultants (SERCs), council service provider members, consumer members, chairpersons and planners.

#### DATA DESCRIPTION

##### Importance of the Regional Planner's Role to the Host Agency

Host agency directors were asked (when interviewed) if the role of the regional council planner were an important one to their agencies. Six of the seven directors interviewed stated that the regional planner's role was important to their agencies (the applicant agency in the remaining region had no director at the time of this study). Three of these seven directors included reasons why the regional planner's role was important to their agencies: (1) the agency lacks capability and staff to carry out the functions carried out by the regional council planner, (2) the planner is the link with the advocacy groups, and (3) the planner serves as a liaison to various groups and agencies in the region.

Host agency directors were also asked if the role of the regional council planner were an important one to their regions. Six of the seven directors stated that the planner's role was important to their regions. Some of their reasons given included: (1) the planner is necessary for the development of regional services, and (2) the planner links the region to other parts of the health system. One director expressed the following reservations about the regional council's planner: (1) the planner lacks strategy, (2) the planner is not seen as a regional focal point, and (3) the planner is not seen as service oriented.

## Functions of Regional Council Planners: Host Agency Directors' Views

Host agency directors were asked what functions were the regional council planners currently fulfilling. The majority of the seven directors interviewed stated that the planners' function was to develop regional plans for a coordinated service program. (See Table 44 for additional responses)

Table 44	
CURRENT FUNCTIONS OF REGIONAL COUNCIL PLANNERS: HOST AGENCY DIRECTORS' VIEWS	
Views	Number of Directors
1) Develops regional plans for a coordinated service program	4
2) Facilitates communication between different groups	3
3) Coordinates agencies	3
4) Conducts needs assessments	2
5) Reviews grant applications	2
6) Provides technical assistance	2
7) Attracts funding to the region	1
8) Attends meetings	1
9) Staffs regional council	1

Host agency directors were also asked what functions should the regional council planners fulfill in general and in their agencies. Directors indicated that in general regional council planners should be involved in the entire range of regional planning activities from needs assessment to implementation strategies. Directors stated that in their agencies

council planners should coordinate agency programs, monitor them, and contribute to agency policy development. (See Table 45)

Table 45	
POSSIBLE FUNCTIONS OF REGIONAL COUNCIL PLANNERS: HOST AGENCY DIRECTORS' VIEWS	
Views	Number of Directors
IN GENERAL:	
1) Expand their role	2
2) Assist councils in applying for funds, increasing their knowledge of DD, and understanding political realities	2
3) Conduct needs assessment	2
4) Develop strategies for implementing regional activities	2
5) Develop planning processes	2
6) Integrate and coordinate services	1
7) Facilitate communication	1
IN THE AGENCY:	
1) Coordinate health board programs	4
2) Contribute to agency policy development	3
3) Monitor programs and review projects	2
4) Establish relationship with regional developmental disabilities council	1

#### The Uniqueness of the Regional Council Planner's Role

All persons interviewed were asked to identify the unique role which the regional council planners fulfill in their regions. For purposes of presentation and analysis responses were coded and collected under six

general headings. (See Tables 46a & 46b)

A little more than one third of the statements which identified the unique role of the regional planners fell in the general area of administering (34 statements). Types of specific statements in this area included:

- 1) collecting and providing general information about developmental disabilities to the region
- 2) coordinating the activities and programs of the regional council
- 3) initiating items for council consideration and action (catalyst for action and change)
- 4) locating funds for council programs

A significant number of statements occurred in three other general areas: coordinating (18 statements), implementing (16 statements), and viewpoint on developmental disabilities in the region (13 statements).

Types of specific statements in the area of coordinating included:

- 1) coordinating agencies, services, and groups in the region
- 2) liaison with consumers, professionals and officials in the region
- 3) coordinating regional planning efforts with agencies and groups
- 4) arbitrating between agencies in the region

Types of specific statements in the area of implementing included:

- 1) public information dissemination
- 2) program development in the region
- 3) advocacy activities in the region
- 4) technical assistance to the council and to other groups in the region

Types of specific statements in the area of viewpoint on developmental disabilities in the region included:

- 1) a comprehensive, region-wide view of developmental disabilities needs
- 2) a region-wide perspective on planning
- 3) no vested interest; hence an objective view
- 4) the regional developmental disabilities expert; "all DD"

There were only five statements in the area of planning and evaluation. Types of specific statements in this area included:

- 1) needs assessment
- 2) grant review
- 3) planning
- 4) directs council planning

Not all groups of persons interviewed made the largest number of statements (about the uniqueness of the planners role) in the area of administrating. Planners made most of their responses in the areas of coordinating and implementing (6 statements and 7 statements respectively). Service providers split their greatest number of statements between the areas of administrating and viewpoint on developmental disabilities (4 statements in each area). MR generalists listed more statements in the area of "Does not have a unique role". Chairpersons and consumer members of the councils made a large number of statements (in proportion to the number of statements in each other area) in the area of administrating, and they accounted for about two thirds of the statements made in this area. (See Table 46a)

Not all persons interviewed in a single region made the greatest





Table 46b									
UNIQUENESS OF THE REGIONAL COUNCIL PLANNER'S ROLE: INTERVIEW STATEMENTS BY REGION									
Areas of Uniqueness	Regions								Total Statements:
	A	B	C	D	E	F	G	H	
1) Administrative	6	5	2	6	5	2	5	3	34
2) Planning & Evaluating	0	1	1	0	1	0	2	0	5
3) Coordinating	4	2	4	2	2	2	1	1	18
4) Implementing	2	2	2	1	6	1	1	1	16
5) Does not have unique role	0	2	1	0	1	0	0	1	5
6) Viewpoint on DD in region	0	1	0	1	1	3	3	4	13
Total Statements:	12	13	10	10	16	8	12	10	91

The Uniqueness of the Roles of SERCs, MR Generalists, and Service Providers

Regional planners were asked (when interviewed) to specify what they thought were the unique roles served by other local and regional, agency or group personnel who served the developmentally disabled population. In answering this question, some planners responded with references to specific personnel, while others generalized without specifying to whom they were referring. The most frequently mentioned role was service provision (6 planners). Other roles mentioned by the planners included: (1) organization of volunteers, (2) advocacy, (3) fund raising, (4) public information planning, (5) agency and individual program planning, (6) program evaluation, and (7) development of local ARC boards. (See Table 47)

Service providers, SERCs, and MR generalists were asked to specify

what they regarded as unique about their own roles in relation to developmental disabilities. Direct service was mentioned most by persons in these three groups.

Five service providers felt that direct service to clients was one of their unique roles. Other roles mentioned included: (1) possession of mandated authority and funds, (2) limitation in area of service (2 service providers), (3) input to planner on service program needs, and (4) close ties to consumers.

Only one SERC mentioned direct service as a unique role. Other roles included: (1) possession of authority and responsibility (3 SERCs), (2) limitation in age of clients (2 SERCs), and (3) situation within an established system (2 SERCs).

Only two of the eight MR generalists did not mention implementation of services and direct services as a unique role. Other roles mentioned included: (1) knowledge of area resources (2 MR generalists), (2) ability for immediate decision making, (3) development of new programs (2 MR generalists), (4) dispensing of public information, and (5) access to funding and solicitation of programs based on needs.

Table 47

## PERCEIVED UNIQUE ROLE OF OTHER LOCAL AND REGIONAL, AGENCY OR GROUP PERSONNEL

R E G.	Planners on roles of "others"	Service providers on role of service providers	SERCs on role of SERCs	MR Generalists on role of MR Generalists
A	Direct service Organizing volunteers	(Not answered)	Part of a system	Responsible to counties
B	Public info. planning, Agency program planning Individual program planning	Have mandate and money	(Not answered)	Direct service Know area resources
C	Implementing programs Start-up of service pro- vision	Direct service and implementation Limited to one area	Deal with school age kids	Implementation of services Immediate decision making
D	MR Generalist--program evaluation ARC consultant--develop local ARC boards, fund raising	Direct services Input to planner on service and program needs	Part of a system Have authority to make changes	Implementation Direct service
E	Program provision	Direct service to individuals	Direct service	Direct services Development of new programs
F	Consumers--regional advocates Provision of service	Input to planner on health service needs and systems	Have authority Have more responsibility	Direct services Program development Have more information Gives more public education
G	Direct service	Direct service Planning limited to county basis	Have more authority Have more responsibility	Direct service
H	Consumers--planning and monitoring Area personnel--direct service	Direct services Closer ties to con- sumers	School emphasis Have mandate	Planning roles Access to funding Soliciting of pro- grams based on need

The Relationship between the Role of the Regional Council Planner and the Roles of SERCs, MR Generalists, and Service Providers

Service providers, SERCs and MR generalists were asked (when interviewed) if they felt the role of the regional council planner effectively complemented or supported their own work. Every person questioned (except two) responded in the affirmative: one SERC was undecided, and one MR generalist did not answer.

Several persons explained in what way they believed the planner supported or complemented their work. Service providers mentioned the following planner roles: (1) help for funding, (2) research, (3) coordination of efforts, (4) communication channel, (5) information source (2 Service Providers), and (6) expertise on regional issues. SERCs included the following planner roles as supportive of their work: (1) advocacy, (2) public information, (3) communication channel, (4) deals with people beyond age 21 (3 SERCs), (5) is concerned with rural area clients, and (6) shares concerns of SERCs. MR generalists mentioned the following roles: (1) information source (5 MR generalists), (2) coordination of agencies, (3) planning for activities, and (4) supervision of activities.

Overlap of the Role of the Regional Council Planner and the Roles of SERCs, MR Generalists, and Service Providers

Regional council planners were asked (when interviewed) to what degree their role as planner overlapped with roles of other local and regional, agency and group personnel serving developmentally disabled individuals. Four of the eight planners indicated no role overlap with

MR generalists. Four planners specified overlap with area MR/MH Board personnel. (See Table 48)

Service providers, SERCs, and MR generalists were also asked (when interviewed) what kind of overlap they saw between their roles and the role of the regional council planner. Five of seven service providers stated that there was little or no overlap between their own role and that of the planner. Two service providers indicated there was overlap in planning and guiding of the developmental disabilities group. Five of the seven SERCs stated that there was little or no overlap. Two SERCs indicated that there was role overlap for school age clients and with school agencies. Three MR generalists stated that there was no overlap between their roles and the roles of the regional planners, one did not know, and four indicated that there was overlap in program development and comprehensive planning. (See Table 48)

Table 48

**PERCEIVED OVERLAP OF REGIONAL COUNCIL PLANNER'S ROLE AND ROLES OF SERCS,  
MR GENERALISTS & SERVICE PROVIDERS**

<b>R E G</b>	<b>Planners and others</b>	<b>Service Providers and Planners</b>	<b>SERCs and Planners</b>	<b>MR Generalists and Planners</b>
<b>A</b>	W/MR Generalist in planning	(no response)	For clients be- low age 21	Don't know
<b>B</b>	Area MH Boards (Comprehensive Planning)	Yes: but service provider has man- date, planner does not	None	None
<b>C</b>	None	"Little"	With school agencies	Yes: (felt planner should be on staff of MR Generalist)
<b>D</b>	MR Generalist	None	None	Planning for service delivery system, same tasks
<b>E</b>	None	"Little"--planner guides Developmental Disabilities group, supplements service provider's role	"Little"-- planner's role is broader	Yes
<b>F</b>	None	None	None	"Little"--program development compre- hensive planning with DPW
<b>G</b>	None	Planning	None	None
<b>H</b>	Area program MR personnel	None	.	None

## DATA INTERPRETATION AND DISCUSSION

### Importance of the Regional Council Planner

The information presented in this chapter clearly showed that with only three exceptions, all host agency directors, MR generalists, SERCs, and service providers interviewed regarded the regional council planner as important to their agencies and to the region. The reason given for this importance almost always had something to do with the fact that the regional council planner is seen as the focal point for developing a regional plan for a coordinated service program for the developmentally disabled. Only one person, a host agency director, stated that the regional planner is not that focal point in the region. This perception of their planners by others in the region is most important for regional councils to note because their planner's position may be the most important element in a council's attempt to stimulate a rational, comprehensive planning effort for human services for the developmentally disabled in the region.

### Uniqueness of the Regional Council Planner's Role

If the data in Tables 46a and 46b is looked at carefully, it is clear that the statements describe the uniqueness of the planners role by position (34 statements in the administrating area), by function (39 statements in the areas of planning, evaluating, coordinating, and implementing), and by viewpoint (13 statements). Five statements of no uniqueness round out the total. Except for these five, the majority of statements again reflect the perception that the regional council planner is the focal point in the region for developing a plan for a

coordinated service program for the developmentally disabled. The planner is also the focal point within the regional council for this planning effort. (See Chapter 3, "Primary Role for Initiating Items for Council Consideration")

#### Overlap of the Regional Council Planner's Role

Table 48 showed that of the twenty-eight persons responding, eighteen saw no overlap, and ten did see overlap in the roles of the regional council planners and the service providers, SERCs, and MR generalists. Most of the overlap (seven statements) occurred with the role of the MR generalists in the area of comprehensive planning. How much overlap was not specified. Do MR generalists develop a comprehensive plan for service programs for all disabled persons? If they do not, the role of developing a comprehensive planning effort for all human services for the developmentally disabled in the region, if undertaken by regional council planners, should not be considered an overlap in role with the MR generalist, but there may be potential conflict between the two roles.

#### RECOMMENDATIONS BY DD/TAS

- 1) If the regional councils determine that their primary function is to develop a comprehensive planning effort for all human services for the developmentally disabled in the region, it is recommended that councils should capitalize quickly on the current perception of the role of their planners by endorsing this goal and by guiding and supporting the planners in developing this planning effort. It is further recommended that councils should organize themselves into appropriate work



groups so that their members can provide the necessary influence and talent to assist the planner in implementing the council initiatives in developing the planning effort.

It is recommended that the role of the regional council planner and the MR generalist should be clarified. This clarification should not be sought, however, until the regional council's role and the regional planner's role is clearly defined. It may be necessary for the state council to try to clarify these roles at the state level.

If regional council planners take on the role of developing a comprehensive planning effort in the region, it is recommended that the state council provide funds for training the planners in the development of a rational, comprehensive plan. This training could be accomplished by workshops or on-site consultation by a specialist in the field of comprehensive planning.

## CHAPTER 9

### INTERACTION WITH REGIONAL GROUPS

PURPOSE: To describe the interaction between regional councils and other important regional policy units, and to examine the roles of various agencies in planning for and providing services to developmentally disabled individuals in the region.

#### DATA DESCRIPTION

##### Regional Planning Activities of Other Groups in the Regions

Planners were asked to specify on their questionnaires which groups had regional planning activities in progress at the time of this study. MH/MR Boards and Development Commissions had regional planning activities in each of the eight regions. Comprehensive Health Planning had these activities in seven regions (CHP was just beginning these activities in the eighth region at the time of this study). Regional Associations for Retarded Citizens and Councils of Government were involved in regional planning activities in six regions. (See Table for complete listing by region)

##### Degree of Interaction between the Regional Councils and other Groups or Agencies in the Regions

Planners and chairpersons were asked to characterize the degree of interaction between the regional councils and other regional groups or agencies listed in Table 50\*. Both planners and chairpersons indicated on their questionnaires a high degree of interaction with Comprehensive Health Planning and MH/MR Area Boards. Planners also indicated a high degree of interaction with Day Activity Centers, and chairpersons stated a high degree of interaction with State Institutions. Private Residences

**\*These groups were specified on the questionnaires with opportunity to list "others": no "others" were listed.**

Table 49

**ORGANIZATIONS WITH REGIONAL PLANNING ACTIVITIES  
IDENTIFIED BY PLANNERS**

Organizations	Regions								Totals
	A	B	C	D	E	F	G	H	
1) Comprehensive Health Planning	X	X	X	X		X	X	X	7
2) MH/MR Area Boards	X	X	X	X	X	X	X	X	8
3) Regional Development Commissions	X	X	X	X	X	X	X	X	8
4) Human Service Boards		X				X			2
5) Regional ARC		X	X	X		X	X	X	6
6) United Cerebral Palsy		X		X			X	X	4
7) Epilepsy League		X	X	X				X	4
8) Council of Government		X	X	X		X	X	X	6
9) Area Council on Handicapped*			X						1
10) Physical Planning*						X			1
*Identified as "other" on planners' questionnaires									

were cited by planners and Crippled Children Service by chairpersons as organizations with a minimal degree of interaction with councils. Planners listed regional Associations for Retarded Citizens and other consumer groups along with sheltered workshops and medical professionals as groups which have some interaction with regional councils. Chairpersons listed ARC and consumer groups.

Table 50

DEGREE OF INTERACTION BETWEEN REGIONAL COUNCILS  
AND OTHER REGIONAL GROUPS AND AGENCIES

PLANNERS' RESPONSES

Organizations*	Mean Degree**
1) Comprehensive Health Planning	1.5
2) MH/MR Area Boards	1.6
3) Day Activity Centers	1.9
4) State Institutions	2.0
5) Welfare Board	2.3
6) Vocational Rehabilitation	2.3
7) Special Education	2.3
8) Public Health Nursing	2.4
9) Regional Development Commission	2.8
10) Crippled Children Service	2.9
11) Private Residences	3.4

CHAIRPERSONS' RESPONSES

1) Comprehensive Health Planning	1.5
2) State Institutions	1.8
3) MH/MR Area Boards	1.9
4) Vocational Rehabilitation	2.0
5) Day Activity Centers	2.1
6) Private Residences	2.2
7) Regional Development Commission	2.3
8) Public Health Nursing	2.4
9) Welfare Board	2.8
10) Special Education	2.8
11) Crippled Children Service	3.0

\*Organizations were listed on the questionnaire

\*\*Mean Degree: 1 = high, 2 = moderate, 3 = minimal, 4 = none

### Organizations which Share Goals with Regional Councils

According to the questionnaire responses by both chairpersons and planners, regional councils shared goals in five or more regions with:

(See Table 51)

- 1) Comprehensive Health Planning Agencies
- 2) MH/MR Area Boards
- 3) Vocational Rehabilitations Agencies
- 4) State Institutions

Table 51

## ORGANIZATIONS WHICH SHARE GOALS WITH REGIONAL COUNCILS

## PLANNERS' RESPONSES

Organizations*	Number of Regions With Shared Goals
1) Comprehensive Health Planning	8
2) MH/MR Area Boards	8
3) Welfare Board	7
4) Vocational Rehabilitation	6
5) Special Education	6
6) Regional Development Commission	5
7) State Institutions	5
8) Private Residences	5
9) Public Health Nursing	4
10) Crippled Children Service	4
11) Day Activity Centers	3

## CHAIRPERSONS' RESPONSES

1) Comprehensive Health Planning	5
2) Vocational Rehabilitation	5
3) MH/MR Area Boards	5
4) State Institutions	5
5) Regional Development Commission	4
6) Day Activity Centers	4
7) Public Health Nursing	4
8) Special Education	4
9) Welfare Board	3
10) Private Residences	3
11) Crippled Children Service	3

\*Organizations were listed on the questionnaire

### Organizations which Share Activities with Regional Councils

Questionnaire responses by both planners and chairpersons showed that regional councils shared activities in five or more regions with MH/MR Area Boards. Both planners and chairpersons indicated that councils shared activities in the smallest number of regions (2) with Crippled Children Service. (See Table 52)

### The Importance of Regional Councils and the Uniqueness of their Functions

All persons except the host agency directors were asked (when interviewed) if they felt the regional councils are necessary.

Every planner felt that the councils are necessary. They indicated many unique functions of the regional councils:

- Councils are not bound by rules and regulations of agencies
- Composition of the Council is unique
- Professionals support consumers
- Council has a comprehensive view of the region
- Council monitors programs
- Council serves as a forum for discussion
- There is interagency communication and coordination
- Council has consumer input
- Council serves as a clearinghouse for information
- Coordinates planning and services

Seven of the eight current council chairpersons felt that the regional councils are necessary. The past chairperson gave a qualified "yes", and one chairperson refused to comment saying that the role of the council was not clearly defined. Chairpersons listed some of the unique functions of the councils:

- Council coordinates services
- Council has consumer & provider representation
- Council serves as a regional voice for developmentally disabled individuals
- Council gives informal communication between agencies



Table 52

## ORGANIZATIONS WHICH SHARE ACTIVITIES WITH REGIONAL COUNCILS

## PLANNERS' RESPONSES

Organizations*	Number of Regions with Shared Activities
1) MH/MR Area Boards	7
2) Comprehensive Health Planning	6
3) State Institutions	6
4) Private Residences	6
5) Day Activity Centers	4
6) Welfare Board	3
7) Regional Development Commission	3
8) Public Health Nursing	3
9) Special Education	3
10) Vocational Rehabilitation	2
11) Crippled Children Service	2

## CHAIRPERSONS' RESPONSES

1) MH/MR Area Boards	5
2) Day Activity Centers	5
3) Comprehensive Health Planning	4
4) Vocational Rehabilitation	4
5) State Institutions	4
6) Welfare Board	3
7) Regional Development Commission	3
8) Private Residences	3
9) Public Health Nursing	3
10) Crippled Children Service	2
11) Special Education	2

\*Organizations were listed on the questionnaire

Six of the seven service providers felt that the regional councils are necessary. One felt the council is not necessary because it has nothing to do except to review service grants.

Two of the seven special education regional consultants indicated that the regional councils are not necessary, although one of them did feel that the council serves to enhance communication between agencies. The other five felt that regional councils are necessary.

MR generalists were split on this issue. Half of them (4) felt that the councils are necessary. One said "no", one was not sure, and one felt that they are "probably" not necessary. One MR Generalist gave an unclear answer saying that the role of the council is not unique, it is "just another layer" of the system.

Thirteen of fifteen responding consumers believed that the regional council is necessary. One consumer felt that the council is not very important, and another felt that it might become important if certain differences with agencies could be resolved. (See Table 53 below)

Table 53								
IS THE REGIONAL COUNCIL NECESSARY?								
Region	Planner	Council Chairperson	Service Provider	SERC	MR Generalist	Consumer	Consumer	Totals
A	Yes	Yes		No	"Probably Not"	Yes	Yes	6
B	Yes	Yes	No	Yes	-unclear-	Yes	Yes	7
C	Yes	"no comment"	Yes	No	"not sure"	Yes	"could be"	7
D	Yes	Yes	Yes	Yes	Yes	Yes	"not much"	7
E	Yes	Yes	Yes	Yes	Yes	Yes	Yes	7
F	Yes	Yes	Yes	Yes*	Yes	Yes	Yes	7
G	Yes	"qualified yes"	Yes	Yes*	Yes	Yes	Yes	6*
H	Yes	Yes	Yes	Yes	No	Yes		6
Total Yes	8	7	6	5	4	13		43/ 53
*One SERC answered for both regions								

Unique Roles of Other Local and Regional Agencies or Groups in  
Serving the Developmentally Disabled

Regional Council planners and chairpersons were asked (when interviewed) to specify the unique roles of other local and regional groups in serving the developmentally disabled in their regions. Seven planners indicated that provision of service and program implementation are the unique roles of other groups. Five of the council chairpersons specified program development and direct service to clients as a unique role of other groups. (See Table 54)

Table 54		
UNIQUE ROLES OF OTHER LOCAL AND REGIONAL GROUPS		
Region	Planners' Responses	Chairpersons' Responses
A	Implementation	Direct individual service
B	Welfare: direct financial assistance; licensing; day-to-day services	Direct service Control over funds (e.g. DPW)
C	Service provision, different funding sources Independent planning Serve smaller area	Advising Advocacy Program development
D	Serve smaller area	"not much"
E	Regional Development Commission: physical planning MH centers: direct service & consultation	"don't know"
F	Provide service Localized planning Independent information and referral systems	Direct service, public education (e.g., MH Boards) Health council: physical health planning
G	Provide service	MH Boards: localized service AARM: restricted to housing Others: smaller scope
H	Provide localized service	Legislative mandate (e.g., DPW)

Service providers, SERCs and MR generalists were questioned (when interviewed) about the unique roles of their agencies in serving the developmentally disabled. Six of the seven service providers specified direct service to clients as a unique role of their agencies. Four of seven SERCs identified direct services as a unique role of their agencies. Three SERCs indicated that they are limited to working with school age children. Six of eight MR generalists also specified direct service and program implementation as a unique role of their agencies. (One MR generalist said his agency had no direct contact with clients.) Other unique roles mentioned by service providers, SERCs and MR generalists included: (See Table 55)

- Agency permanence
- Responsibility to county
- Power to make changes
- Closer rapport with agencies
- Limited scope of one county
- Formal administrative structure
- Available funding

Table 55

**UNIQUE ROLE OF AGENCIES REPRESENTED BY SERVICE PROVIDERS,  
SERCs, & MR GENERALISTS**

Regions	Service Providers' Responses	SERCs' Responses	MR Generalists' Responses
A	(no response)	Direct Service Yearly funds (planning & staff)	Direct service More permanent Responsible to county
B	Mandated Citizen Advisory Board Licensing authority	Different manner of achieving goals	Direct service More responsibility Power to make changes
C	Direct service Planning	Direct service Implementation Access to funds	Closer to needs & people
D	Direct service Financial power	Limited to school- age children	Implementation
E	Direct service Work with all vocationally handicapped	Direct service	Mandated authority No direct contact w/clients
F	Direct service Limited to MR	Limited res- ponsibility (age & edu- cation)	Direct service, consultation Closer rapport with agencies
G	Direct service	Limited res- ponsibility (age & edu- cation)	Limited to one county Concern with needs of individuals
H	Direct service	Mandate for service Provision of service	Formal administrative structure Receive funding

### Local and Regional Agencies: Overlap of Roles with the Regional Councils

Planners and regional council chairpersons were asked (when interviewed) to specify how the roles of the regional developmental disabilities councils overlap with those of other local and regional agencies. Service providers, SERCs and MR generalists were asked to specify the ways in which their agencies overlap in role with the regional councils. Overlap in role was most often mentioned in the area of planning. Five planners and six council chairpersons saw overlap in the planning role as well as at least one service provider, SERC and MR generalist. Advocacy was mentioned four times, and needs assessment and coordination and cooperation, twice each. Six people (three SERCs, two MR generalists, and one council chairperson) stated that there was no overlap between the roles of the regional council and other agencies serving the developmentally disabled. (See Table 56)

### Existence of Efforts to Coordinate Planning at the Regional Level

Regional council chairpersons, planners, service providers, SERCs and MR generalists were asked (when interviewed) if there was any effort on a regional level to coordinate planning and services for the developmentally disabled population when roles overlap or to cooperate when roles may be unique. Most persons interviewed indicated that there was an effort, although they did not always specify how and seldom mentioned to what degree the effort was successful. Many responses also did not distinguish coordination and cooperation efforts.

Table 56

## OVERLAP IN ROLES: REGIONAL COUNCILS &amp; OTHER REGIONAL AGENCIES

Roles:	Planner	Council Chairperson	Service Provider	SERCs	MR Generalists	Totals
Planning	5	6	1	1	4	17
None		1		3	2	6
Overlap (no specified area)			1	3	1	5
Advocacy	1	1	1	1		4
Coordination & Cooperation		2	1			3
Needs assessment		1		1	1	3
Council membership			2			2
Technical assistance	1					1
Residential placement	1					1
Public information				1		1
Grant review				1		1
Approval of group homes	1					1
Don't know			1			1
Total:						46

Seven of eight regional planners indicated regional efforts at coordination or cooperation. One stated that there was no coordination in his region. Three planners indicated that the effort was coming from the regional council, although one felt that the effort was not entirely successful. One planner saw the impetus for cooperation within the Development Commission.

All nine responding past and present council chairpersons indicated that there were either cooperation or coordination efforts at the regional level. One stated that no one knows how to coordinate planning within the region. Three chairpersons named the regional council as the forum for cooperation and coordination. Human Service Boards were mentioned by one chairperson as the agencies which coordinate planning.

Two service providers indicated that they didn't know of any efforts of coordination within their region. One stated that coordination and cooperation had not happened at all. Six of seven service providers stated that efforts toward cooperation were made in their regions within the council or citizens/ advisory boards.

Two SERCs did not know of any efforts for cooperation or coordination within their regions. Three SERCs said that efforts were made when necessary for specific problems. Two indicated these efforts came through the council or the planner.

Seven of the eight MR generalists indicated that efforts for cooperation or coordination have been made in the region. The eighth MR generalist stated that these efforts had been made, but not at the regional level. Three indicated that these efforts were made by the regional council or planner, although area rehabilitation centers and



county welfare agencies were also named.

Agencies and Regional Councils: Complementary Effort

The service providers, SERCs, and MR generalists were asked (when interviewed) if they believed that the regional council effectively complemented or supported the work of their agencies. Almost unanimously they said "yes." Only one person, a SERC, stated that the council did not complement or support the work of his agency. The areas the agency representatives mentioned in which they were supported by regional councils varied greatly from one group to another. Service providers mentioned the following:

- review of projects (Service providers in two regions)
- information source (Service providers in two regions)
- planning (Service providers in two regions)
- development of model programs
- funding of programs
- development of resources
- advocacy
- education
- needs survey
- moral support

SERCs mentioned support in the following areas:

- support for education efforts (Service providers in three regions)
- advocacy
- information source
- coordination of services
- moral support

MR generalists mentioned support in the following areas:

- information source (4)
- public relations (2)
- support projects (2)
- help find funding (2)
- planning
- developmental directory of service
- program creation
- committee findings
- proposal review

Regional council chairpersons and planners were also asked to specify whether or not the region council complements the host agency. Five planners and seven council chairpersons felt the council did complement the administrative agencies' activities. Three planners and five chairpersons felt they shared activities, goals or power. Other issues raised included: differences over the use of a medical model, separate controls for funding, and a need for better formal and informal relations. (Five host agency directors stated that regional councils complemented the work of their agencies. No director stated that they did not; two stated qualifications. See Chapter 7)

Problems with Interaction between Regional Councils and Other Agencies or Groups Serving the Developmentally Disabled in the Regions: Consumers' Views

Consumers were asked (when interviewed) if they saw any problems in the interactions between their regional councils and other agencies or groups serving developmentally disabled persons. Of fifteen consumers questioned, twelve indicated no problems. Two consumers felt there should be more interaction between agencies and the councils. One consumer felt there might be a conflict of interest with agencies feeling threatened by the work of the regional council.

The fifteen consumers were also asked if they could suggest ways in which the regional councils could improve cooperative planning within their respective regions. They most often voiced consumer concerns, e.g., getting more consumers on the council, informing consumers, and greater interaction between council and consumer groups. Others mentioned the lack of time on the part of council members for council work. (One consumer suggested that council work should be made part of each member's

job to insure a time commitment.) Other suggestions by the consumers included: getting new members on the council with new ideas, getting committees working on specific tasks, concentrating on the delivery system, developing cooperative regional efforts, more public education, and concentrating better funding on grants, and getting the council to take a greater leadership role in planning.

#### DATA INTERPRETATION AND DISCUSSION

##### Interaction between Regional Councils and other Agencies Serving the Developmentally Disabled in the Regions

The information collected by this study showed that regional councils in the opinions of their planners and chairpersons have had a high degree of interaction with agencies which are involved in regional planning activities (Comprehensive Health Planning and MH/MR Area Boards). Regional Development Commissions are also involved in regional planning activities in each region, but planners and chairpersons indicated a moderate degree of interaction with them across regions. The information showed that in the opinion of council planners and chairpersons the MH/MR Area Boards and Comprehensive Health Planning Agencies share goals with the Regional Councils in the greatest number of regions (more than 5). Planners and chairpersons indicated shared goals with Regional Development Commissions in about half of the regions (5 and 4 respectively). The information also showed that MH/MR Area Boards and Comprehensive Health Planning Agencies were considered by planners and chairpersons to share activities with regional councils in the greatest number of regions. Both planners and chairpersons cited shared activities with Regional Development Commissions in only three regions.

This information showed a consistent pattern of interaction between regional councils and the two agencies most significantly involved in regional planning activities for the developmentally disabled at the time of this study. Chairpersons and planners disagreed in three regions about the council's sharing goals with these two agencies and in two regions about the council's sharing activities with them. But there was no significant disagreement about the degree of interaction between regional councils and MR/MH Area Boards and Comprehensive Health Planning Agencies. It may be that as Regional Development Commissions become more involved in regional planning for handicapped persons, regional councils will have more interaction with them. It may also be that regional councils should take initiatives to involve Regional Development Commissions in regional planning for the handicapped.

#### The Importance of Regional Councils

The information collected by this study showed that although most regional council members believed that regional councils are necessary, Directors of Comprehensive Health Planning Agencies and MR generalists were not as positive in their endorsements of the importance of regional councils. Only two host agency directors considered the regional councils to be essential to their agencies. (See discussion section of Chapter 7) Four MR generalists gave an unqualified affirmative to the necessity of having regional councils.

It was clear that these two agencies considered regional councils to have roles complementary to their own, but a number of the representatives of these two agencies had reservations about the necessity of having the

councils in the regions. When asked to identify the uniqueness of the role of their agencies vis-a-vis the role of the regional councils, MR generalists in six regions cited direct service provision. (This response was in line with the responses of all other persons interviewed.) It appears from this information and from the responses listed in Table 55 that MR generalists believe that their agencies have the money, the permanence, the power, and the mandate to provide direct services to clients\*, and that regional councils should be involved in coordinating service programs throughout the region.\*\* Both Comprehensive Health Planning directors and MR generalists cited overlap in the roles of their agencies and the roles of the regional councils in the area of regional planning. It may be, therefore, that with a couple of exceptions representatives of these two agencies see regional council planning efforts as complementary but not essential, and they certainly do not see regional councils as essential to delivering direct services in the regions, although they indicated\*\* that regional councils may be involved in generating new service programs.

#### Coordination of Planning Efforts at the Regional Level

It is difficult to reconcile the information in Chapter 8 (which showed that the regional planner is regarded by other agency representatives interviewed as the focal point for developing a regional plan for a coordinated service program and that there is an implied need for that plan) with the information in Chapter 7 and in this chapter (which clearly

**\*See discussion of the uniqueness of the roles of the MR generalists in Chapter 8 for a similar point of view.**

**\*\*See Chapter 6 for responses of agency representatives on the purpose of regional councils.**

indicates that a number of agency representatives do not regard the regional councils as essential to service programs for the developmentally disabled). It may be that questions about the regional councils' future, in fact, questions about the future of Developmental Disabilities make it difficult for agency persons to feel that regional councils can make a significant contribution to a coordinated planning effort. It may be also that agency persons believe that regional planners are more appropriate to coordinate regional planning efforts than are regional councils.

The issue may be who is the appropriate one to attempt to coordinate regional planning efforts for the developmentally disabled. The information in Chapter 8 implies a recognized need for such coordination. Agencies may be more comfortable with the regional planner doing the job; he may be perceived as an agency person in most regions. If councils wish to accept the role of coordinating regional planning efforts, they will have to build trust with these two significant regional agencies (CHP and MH/MR Area Boards) that they are capable of assuming this role both by their use of expertise and by their assurance of continued existence.

Councils can make use of the position in the regions which the council planners seem to enjoy in order to build this trust with these two agencies. But they can also get the message across both within and without the councils that they have a unique role to play in coordinating regional planning efforts both because they are concerned with all developmentally disabled persons and because they can focus consumer input on the regional planning process. Planners and chairpersons seemed

to understand this unique role when they listed items relating to it as unique characteristics of regional councils earlier in this chapter. Consumers seemed to understand it when they listed the reasons why councils are necessary.\* Although agency persons identified the important role consumers played on the councils\*, they did not mention the unique role councils could play in coordinating a regional planning effort because of their consumer representation. Councils need to consider their potential significance in influencing and coordinating a regional planning effort and work to develop an understanding by the two agencies of this significance.\*\* Their planners can be helpful in both tasks.

#### RECOMMENDATIONS BY DD/TAS

- 1) If Regional Development Commissions become a significant force for developing and integrating service programs for the developmentally disabled in the regions, it is recommended that the regional councils should develop relationships with these organizations by sharing information about council functions, purposes, needs, accomplishments, resources, and current activities.\*\*\*

\*See Chapter 10.

\*\*It is important to note that the role of targeting consumer input on the regional planning process was not specifically mentioned in Table 56 as a role in which regional councils and other regional agencies overlap. Perhaps it is implicit in some of the roles mentioned (e.g., advocacy and planning), but it certainly was not stated directly anywhere in the information collected by this study.

\*\*\*Also see Recommendation 2, Chapter 2.

- 2) It is recommended that regional councils should take the initiative in determining whether there is an explicit need for coordinating regional planning efforts for the developmentally disabled and who may be the most appropriate one to do it. It is further recommended that the councils should work together with other agencies involved in regional planning and perhaps with the state council to focus the issue, discuss it, and resolve it.
- 3) If it is determined that the regional councils should accept the role of coordinating and influencing regional planning efforts for the developmentally disabled, it is recommended that councils should develop an awareness both inside and outside the councils about the significance of their potential ability to target consumer input on these planning efforts. It is further recommended that councils should very clearly define for themselves the resources, the strategies, and the specific tasks necessary to undertaking this effort, and that they should work to establish trust and mutual understanding with the Comprehensive Health Planning Agencies and the MH/MR Area Boards (and any other significant groups in the regions) that they are capable of carrying out the coordinating effort.
- 4) If regional councils accept the role of coordinating and influencing a comprehensive planning effort in the regions, it is recommended that the state council should work at the state level to insure that state agencies don't take over the comprehensive planning role before regional councils have had a chance to implement this role. The Councils' potential ability to target consumer input on the planning process ought to make them a strong contender for this role.



## CHAPTER 10

### REGIONAL COUNCILS: A FORUM FOR CONSUMER PARTICIPATION

PURPOSE: To determine whether the regional councils have served as a forum for consumer-agency communication and as a channel for consumer participation.

#### DATA DESCRIPTION

##### The Role of Consumers in Council Planning

Council planners, chairpersons, and service provider members, host agency directors, SERCs, and MR Generalists were asked (when interviewed) to specify the role consumer members of the regional councils played in the councils' planning processes. In almost every case (see Tables 57c and 57d for the exceptions) the majority of persons interviewed stated that consumers provided both an input of "reality" to the council planning process and an input to the service needs assessment process. Although "reality" was never specifically defined by persons interviewed, in the context of their responses it appeared that interviewees meant by "reality" a general point of view held by persons very close to (or possibly themselves as) disabled persons. They saw this general point of view related to the entire range of council planning activities as well as to specific service needs assessment processes. (See Tables 57a, 57b, 57c, and 57d for all of the responses)

Table 57a									
ROLE OF CONSUMERS IN COUNCIL PLANNING: PLANNERS' VIEWS									
Roles:	Regions								Totals
	A	B	C	D	E	F	G	H	
1) Provide input of "reality"	X	X	X				X	X	5
2) Provide input to service needs assessment			X	X			X	X	4
3) Membership on committees	X				X				2
4) Provide a common terminology		X							1

Table 57b

## ROLE OF CONSUMERS IN COUNCIL PLANNING: CHAIRPERSONS' VIEWS

Roles:	Regions								Totals
	A	B	C	D	E	F	G	H	
1) Provide input of "reality"	X	X	X	X	X		X	X	7
2) Provide input to service needs assessment		X	X			X	X		4
3) Membership on committees	X			X					2
4) Provide common terminology							X	X	2
5) Encourage other parents					X				1

Table 57c

## ROLE OF CONSUMERS IN COUNCIL PLANNING: HOST AGENCY DIRECTORS' VIEWS

Roles:	Regions								Totals
	A	B	C	D	E	F	G	H	
1) Provide input of "reality"		X	X			X		X	4
2) Provide spokespersons for consumer ideas from the region				X			X	X	3
3) Provide input to service needs assessment			X				X		2
4) Serve in an advisory capacity	X								1
5) A questionable role	X								1
6) Influence the plan		X							1

Table 57d

ROLE OF CONSUMERS IN COUNCIL PLANNING: SERC, MR GENERALIST,  
AND SERVICE PROVIDER POINTS OF VIEW

Roles:	Regions								Totals
	A	B	C	D	E	F	G	H	
1) Provide input to service needs assessment		M S	M P	M	M	M	M	M S	7M 2S 1P
2) Provide input of "reality"	M	M		M	M	P	P	P	4M 3P
3) As an advocate	M			P	M			S	2M 1S 1P
4) A strong role		M	P			M	M		3M 1P
5) Provide credibility to the planning process	S		S	S					3S

Key: S = SERC    M = MR Generalist    P = Service Provider

Note: One person sometimes made more than one comment; hence, multiple listings within regions.

### Value of the Regional Council to Consumer Members

Consumer members were asked (when interviewed) whether the regional council is necessary. In each of the eight regions consumer members indicated that the regional council is necessary. No consumer member stated that it is not necessary. The reasons given for the necessity of the regional councils, however, varied greatly, and included:

(1) knowing the needs of the area, (2) insuring an equitable distribution of funds in the area, (3) providing professional help in rural areas, (4) coordinating service programs in the area, (5) influencing the state to respond to the needs of the area, and (6) influencing the funding patterns of service programs in the area. In two regions consumer members were not sure why the council is necessary, although they thought that it is.

### Effectiveness of Council in Distributing Information: Consumer Members' Views

Consumer members were asked (when interviewed) how effective they thought the council was in distributing information to agencies and consumer groups in the region. In six of the eight regions consumer members stated that the council was effective in this area, and in two of the eight regions consumer members indicated that the council was not effective.

### Orientation of New Consumer Members of the Councils

Consumer members were asked (when interviewed) whether they had received adequate orientation to the regional council. In five of the eight regions, consumer members responded affirmatively, and in four of

the eight regions, consumers responded negatively. In two of the eight regions consumers divided their responses evenly between yes and no. Additional comments on this question included: (1) feeling lost at first, (2) the adequacy of orientation depended on the personal contact of the consumer, (3) too much written material as part of the orientation, and (4) no orientation received because the member was an original member of the council.

#### Consumer Members' Suggestions for an Orientation Package

Consumer members of councils were asked (when interviewed) what they would like to see in an orientation package for new members. In five of the eight regions consumer members indicated that they would like to see an outline of the responsibilities of the council and of the council members, and in three of the eight regions consumer members indicated that they would like to see an initial workshop as part of the orientation package. Other consumer responses to this question included: (1) a newsletter, (2) visiting the region, (3) a one to two day retreat to evaluate the first days on the council, (4) a history of the regional council, and (5) a statement of the concept of the regional council.

#### Influence of Consumer Members of the Councils: Consumer Members' Views

Consumer members were asked (when interviewed) whether they thought they have had an influence on the goals and activities of the regional council. In four of the eight regions, consumer members indicated that they had had an influence on goals and activities of the council. In two regions consumer members felt that they had had some influence, and

in one region consumers divided their responses between having influence and having only a little influence. Comments to this question also varied. Some consumer members suggested that influence depended on the activity which the council was undertaking. Two consumer members felt that they had influence if they spoke out, and one consumer member indicated that there is a need on his council for representatives in epilepsy and cerebral palsy. In terms of the kind of influence which consumer members stated they had, responses included identifying the needs of the area and broadening the ideas of other members of the regional council.

#### Importance of the Goals of the Council: Consumer Members' Views

Consumer members of the regional councils were asked whether they felt that the goals of their council were important for the region and, particularly, for the consumer groups which they represented. In each of the eight regions, consumer members were unanimous in stating that the goals of the council were important.

#### Regional Councils and Regional Consumer Groups

Consumer members were asked (when interviewed) three questions about the relationship of their councils to consumer groups in the regions.

The first question asked consumer members to identify the overlap in the role and purposes between the consumer groups in their regions. In six of the eight regions, consumer members responded that all consumer groups wanted the same thing, in two of the eight regions, consumer members stated that there was no overlap, and in three of the eight regions,

consumer members indicated that epilepsy and cerebral palsy resented being identified with mental retardation. In one region a consumer member suggested that all disabilities should be put together.

The second question asked consumer members to identify the differences between the consumer groups which they represented and the other consumer groups in their regions. Comments to this question varied. In four of the eight regions, consumer members stated that all groups wanted to help kids, and in one region members indicated that the only differences were perceptual differences. In four of the regions, consumer members suggested that mental retardation and the Association for Retarded Citizens were more active and more visible. Consumer members from three regions stated that differences between the consumer groups were in specific areas of need and consumer members from three regions indicated that there were no differences. In one region a consumer member stated that cerebral palsy and epilepsy do not see themselves as handicapped, and in one region a member suggested that the deinstitutionalization was not important for cerebral palsy and epilepsy.

The third question asked consumer members whether their awareness of and contact with other consumer groups through the regional councils had contributed to the activities of the consumer group which they represented. In seven of the eight regions, consumer members responded unanimously in the affirmative; in one region consumers divided their responses between "yes" and "no." Describing the contributions which had resulted from an increased awareness of other consumer groups, consumer members stated that in some cases they knew more, in some cases they had learned from a specific volunteer group and in one case they had learned to share resources with other consumer groups.



### Consumer Members' General Comments

Consumer members made a variety of general comments: (1) that there be a per diem rate for parents, (2) that there need to be more grants made available, (3) that there need to be more public information and public awareness activities conducted, (4) that there should be more consumer members on the council, and (5) that there is concern that the state council oversees the regional evaluation of grants.

## DATA INTERPRETATION AND DISCUSSION

### Consumer Participation in Regional Council Planning

The information presented in this chapter showed that almost all consumer members valued regional councils and were considered to be valuable members of the councils. Consumers were divided on the adequacy of their orientation to their regional councils, and they expressed reservations in a number of cases about their influence on the goals and activities of the councils. Consumer members indicated that there is a substantial overlap in the roles and purposes of the consumer groups in their regions; the differences they identified (in most cases) did not appear to them to be significant. Consumers stated almost unanimously that their membership on the regional councils had resulted in their contributions to the activities of the consumer groups which they represented. One can conclude from this information the councils have served as a forum for consumer/agency communication. (Table 57d is particularly supportive of this conclusion) One can also conclude that councils have provided a channel for consumer participation in an attempt by the

council to coordinate regional service programs for the developmentally disabled. But it is clear that consumer members in half of the regions may not have had as much impact on the goals and activities of their councils as they would like to have had.

#### Consumer Participation in Regional Planning

It is clear that consumer members have some impact on regional councils. Given their proportionate membership, it would be unusual if they did not have impact. Consumer impact on the regional planning processes for the developmentally disabled, however, cannot be determined by the information collected by this study, although it is probably tied directly to the impact by the councils on these processes. The information did show, however, that consumer members unanimously supported the goals of the regional councils which have been described in Chapter 4. Since these goals concentrate council activities on coordinating service programs in the region rather than on stimulating a comprehensive regional planning effort by all groups involved with the developmentally disabled\*, it may be that consumers do not yet realize their potential influence on developing a comprehensive plan for service programs for the developmentally disabled in their regions. And in that sense, it can be concluded that regional councils have not provided a channel for consumer participation in a regional planning effort for the developmentally disabled.

**\*Coordinating service programs appears to mean maximizing the expenditure of appropriate groups on an identified client population. This is different from developing a comprehensive planning effort which identifies need and resources, specifies programs for both an identified and a potential client population which can be developed over a period of time, and pays attention to the potential impact on all aspects of the human service system in the region.**

## RECOMMENDATIONS BY DD/TAS

- 1) If regional councils determine that their goal is to coordinate a comprehensive regional planning effort for the developmentally disabled, it is recommended that consumer members should solicit input from all consumer groups in the regions and focus this input on the planning efforts. In order to do this, it is recommended that consumer members organize themselves in such a way that they can maintain liaison with all consumer groups in the regions, and channel communication very quickly to the councils and appropriate council committees.
- 2) It is recommended that regional councils recognize that they may be able to generate regional support for the role of coordinating a comprehensive planning effort if they can combine consumer input with the expertise and apparent influence of the regional planners. If regional councils cannot capitalize on the unique position of their regional planners (described in Chapter 8) and on their unique ability to focus consumer input on the planning process, they may not be accepted by other groups in the regions as the ones to coordinate a comprehensive planning effort for the developmentally disabled.

## CHAPTER 11

### COUNCIL COMMITMENT

PURPOSE: (Although it was not included in the nine purposes of this study, this section is significant enough, in the opinion of DD/TAS, to warrant a separate chapter)

## DATA DESCRIPTION

### Council Commitment to Goals and Objectives

Planners, chairpersons, and consumer members of regional councils were asked (when interviewed) to indicate the level of commitment of their councils to achieving their stated goals and objectives. Some of the interviewees did not answer the question; the responses of those who did are summarized in Table 58.

Table 58					
LEVEL OF COUNCIL COMMITMENT TO GOALS AND OBJECTIVES: PLANNERS', CHAIRPERSONS', AND CONSUMERS' VIEWS					
Respondents:	Extremely Involved	Moderately Involved	Slightly Involved	Not Involved	Totals
Planners	2	2	0	1	5
Chairpersons	4	2	2	0	8
Consumers	7	7	0	0	14
Totals	13	11	2	1	27

### Areas of Council Commitment

Planners and chairpersons were asked (when interviewed) to identify particular areas in which their councils were committed. Respondents mentioned council processes, program areas, disability areas, and personal areas. (See Table 59 where horizontal lines divide these four general

areas) Planners from the largest number of regions mentioned council commitment in the specific areas of planning (4), advocacy (4), and own interests (4). Chairpersons from the largest number of regions listed council commitment in the specific areas of planning, coordinating, and implementing (2 each), residential programs (3), and own subcommittee (3). If planner and chairperson responses are considered together, the largest number of persons listed planning, residential programs, and own subcommittee (6 each) as specific areas of council commitment. Advocacy was mentioned by a total of five persons.

Table 59			
AREAS OF COUNCIL COMMITMENT: PLANNERS' AND CHAIRPERSONS' VIEWS			
Areas:	Planners	Chairpersons	Totals
Planning	4	2	6
Coordinating	2	2	4
Implementing	1	2	3
Funding/Review	3	0	3
Residential Programs	3	3	6
Advocacy	4	1	5
Early Intervention	2	0	2
Adult Work Programs	1	1	2
Mental Retardation	0	1	1
Own subcommittee	3	3	6
Own interests	4	0	4
Whatever the planner says	0	1	1

### Involvement in Implementing Council Goals and Objectives

Of the seventeen planners and chairpersons interviewed, six suggested that particular individuals rather than particular groups or agencies were more involved in implementing regional councils' goals and objectives. Three persons specified that service providers were generally more involved in implementing council goals and objectives and tended to be more committed to them. Individuals mentioned included:

MR Generalists (2 regions)

Mental Health Providers (1 region)

Day Activity Centers Representatives (1 region)

County Welfare Representatives (1 region)

Special Education Representative (1 region)

In three regions, however, consumer groups were mentioned as being more committed and involved than any other group, and in one region the council's executive committee was identified as the most committed and involved group.

### Indicators of Council Commitment

Planners and chairpersons were asked (when interviewed) to describe things that were indicative of the level of council commitment which they specified (See Table 58). The activity of individual council members was most frequently mentioned by interviewees as the indicator of council commitment. (See Table 60)

Table 60			
INDICATORS OF COUNCIL COMMITMENT: PLANNERS' AND CHAIRPERSONS' VIEWS			
Indicators:	Planners	Chairpersons	Totals
1) Activity of individual council member	6	8	14
2) Council reputation	2	0	2
3) Use of planner	2	0	2
4) Self interests aside	0	1	1

#### Reasons for Council Commitment

Planners and chairpersons were asked (when interviewed) what kinds of positive things made councils committed to their goals and objectives. Most frequently mentioned was "specific programs" by chairpersons (4). Planners mentioned most frequently "specific programs", committee strengths, and funding (3 each). (See Table 61)

Table 61			
REASONS FOR COUNCIL COMMITMENT: PLANNERS' AND CHAIRPERSONS' VIEWS			
Reasons:	Planners	Chairpersons	Totals
1) Specific programs	3	4	7
2) Committee strength	3	1	4
3) Funding	3	1	4
4) Chance to do something	2	0	2
5) Personal contact with planner	1	1	2
6) Credibility	1	1	2
7) Visible results	1	0	1
8) Bringing people together	0	1	1



### Reasons for Lack of Council Commitment

Planners and chairpersons were asked (when interviewed) what things were lacking which would have increased council commitment. Half of the planners stated that role definition of the councils was lacking. Five chairpersons indicated that lack of adequate, guaranteed funding made councils less committed. If the responses are considered together, planners and chairpersons identified lack of funding as the major detractor from council commitment. (See Table 62)

Table 62			
REASONS FOR LACK OF COUNCIL COMMITMENT: CHAIRPERSONS' AND PLANNERS' VIEWS			
Reasons:	Planners	Chairpersons	Totals
1) Funding (money)	3	5	8
2) Power	2	2	4
3) Role definitions	4	0	4
4) Time	2	0	2
5) Formal ties with other groups	1	0	1
6) State leadership	0	1	1
7) Credibility	0	1	1

### DATA INTERPRETATION AND DISCUSSION

#### Council Commitment to Goals and Objectives

Although some planners and chairpersons did not answer all of the questions on council commitment, the information collected by this study

showed that consumer members as a group viewed their councils as slightly more committed to their goals and objectives than did planners and chairpersons (See Table 58). The difference in responses was not significant, since twenty-four out of the twenty-seven persons who responded to the question indicated a moderate to high level of council commitment. What was significant is the variety of areas identified to which councils were viewed by planners and chairpersons as committed. Also significant was the fact that no individual or group of individuals was identified by planners and chairpersons across regions as being more committed to councils.

This information may be significant because it seems to indicate that councils have not defined their roles in the same way, have not concentrated on the same program areas, and have varying degrees of cooperation between groups with councils. It also may be significant because it indicates that no one group or type of representative dominates councils across regions. This variety seems to be healthy and understandable when one considers the variety of conditions extant within any state's borders. But variety in areas of commitment may also indicate a lack of clearly defined purpose for the entire regional council program, and it suggests that each council is groping for its own purpose or has already defined it within the region. If these purposes solidify on a purely regional basis, the state council may find it very difficult to integrate regional councils into its own framework of purposes. Right now councils are clearly asking to be integrated into that framework. (See Chapter 6 also see Table 62) Now may be the best time, therefore, for the state council and the regional

councils to agree on the definitions of purpose, the formal procedures for interaction, and the division of specific functions within an integrated framework. Later on, it may be more difficult for the state council to integrate its regional councils into a single system for developing a comprehensive, state-wide planning effort for the developmentally disabled.

#### Reasons for Council Commitment

The information in Table 61 supports conclusions in Chapter 2 that a strong committee structure is essential to effective council functioning and that councils should determine what their major functions are and implement specific tasks in each area in order to be an effective work group. Tables 61 and 62 also make it very clear that adequate and continued funding is as important to council commitment as it is to the councils' impact on other groups in the regions. (See Chapter 7 for impact on host agencies) No group can be committed or have a significant impact on other groups if its funding is constantly in doubt or inadequate. It is unfortunate that at this juncture in history, the entire Developmental Disabilities program nationwide is uncertain about future funding. It is clear that Minnesota's regional councils were similarly concerned about continued funding at the time of this study.

#### RECOMMENDATIONS BY DD/TAS

- 1) (Please refer to Chapter 6, Recommendation 1)
- 2) If the state council determines that regional councils are

an essential part of its program, it is recommended that the council should make every effort, as far as is possible, to assure regional councils (and make it clear to other groups in the regions and at the state level) that their funding is as secure as is the state council's.

## APPENDIX A

### AN HISTORICAL OVERVIEW OF REGIONAL PLANNING

## HISTORICAL OVERVIEW OF REGIONAL PLANNING

The State Council established a policy that Developmental Disabilities Regional Councils must be linked to an existing regional planning agency. The Regional Comprehensive Health Planning Agencies ("B Agencies") were the most logical host agents. There were two basic criteria which provided a mutual bond between Comprehensive Health Planning and Developmental Disabilities:

1. Both shared concern and responsibility for similar facilities and services; e.g.,

- Early identification
- High risk health care
- Nursing homes
- Prevention programs, e.g., Rubella and measles
- Skilled nursing facilities
- Intermediate care facilities
- Parenthood training programs
- Manpower planning

2. Comprehensive Health Planning had established eight regions which allowed for an aggregation of development regions.

As a rough estimate, the Developmental Disabilities program was focusing on 5 to 6% (and perhaps higher) of the total population. In areas of the state where population is sparse, two regions could be combined, e.g., region 1 and 2 in Northwest Minnesota. Since Comprehensive Health Planning had already accomplished such combinations, it seemed appropriate to follow the pattern.

In one region (Region 9), the Comprehensive Health Planning agency had not yet been established. Therefore, the Development Commission agreed to administer regional planning for developmental disabilities.

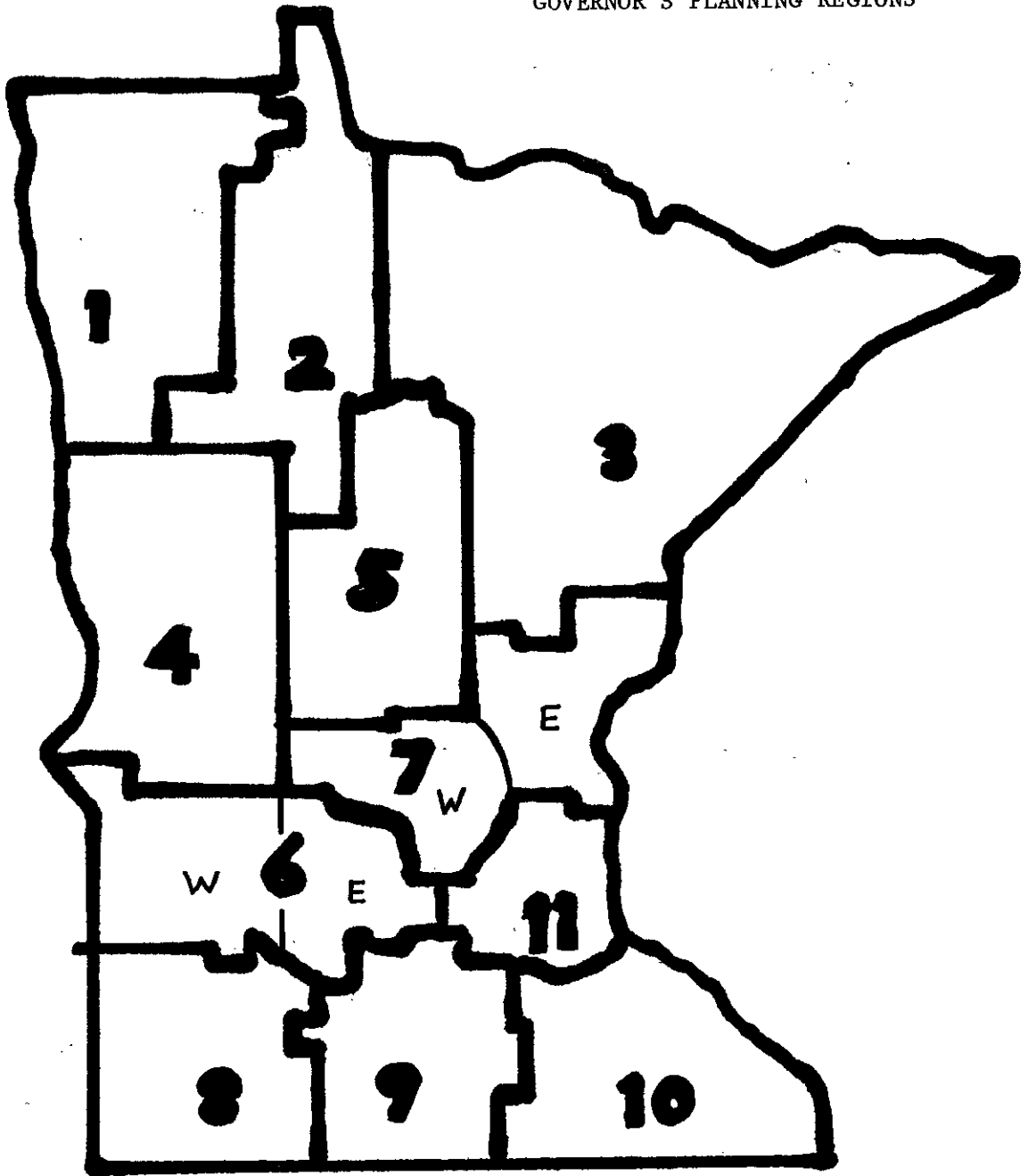
Eight regional councils were established and funded on the dates indicated:

<u>Region</u>	<u>Affiliation</u>	<u>Starting Date</u>
1 & 2	Agassiz CHP	12/1/72
3	Arch CHP	9/1/72
4	Minn-Dak CHP	11/15/72
5 & 7	Central CHP	10/1/72
6 & 8	Southwest CHP	7/1/73
9	Regional Development Commission	5/15/73
10	Southeast CHP	2/1/73
11	Metro Council Health Board (RDC & CHP)	10/20/73

Regions established for Developmental Disabilities planning roughly correspond to the Governor's Planning Regions. However, three Developmental Disabilities planning regions reflect combined regions: [1 and 2], [5 and 7E and 7W] and [6 East and 6 West, and 8]. See maps 1a and 1b on the following pages. The boundaries used by the Comprehensive Health Planning Agency (see 7c) extend beyond the Minnesota border into North Dakota. The rationale for this decision was that people cross state boundaries in the Grand Forks-East Grand Forks and Fargo-Moorhead urban areas in order to receive services.

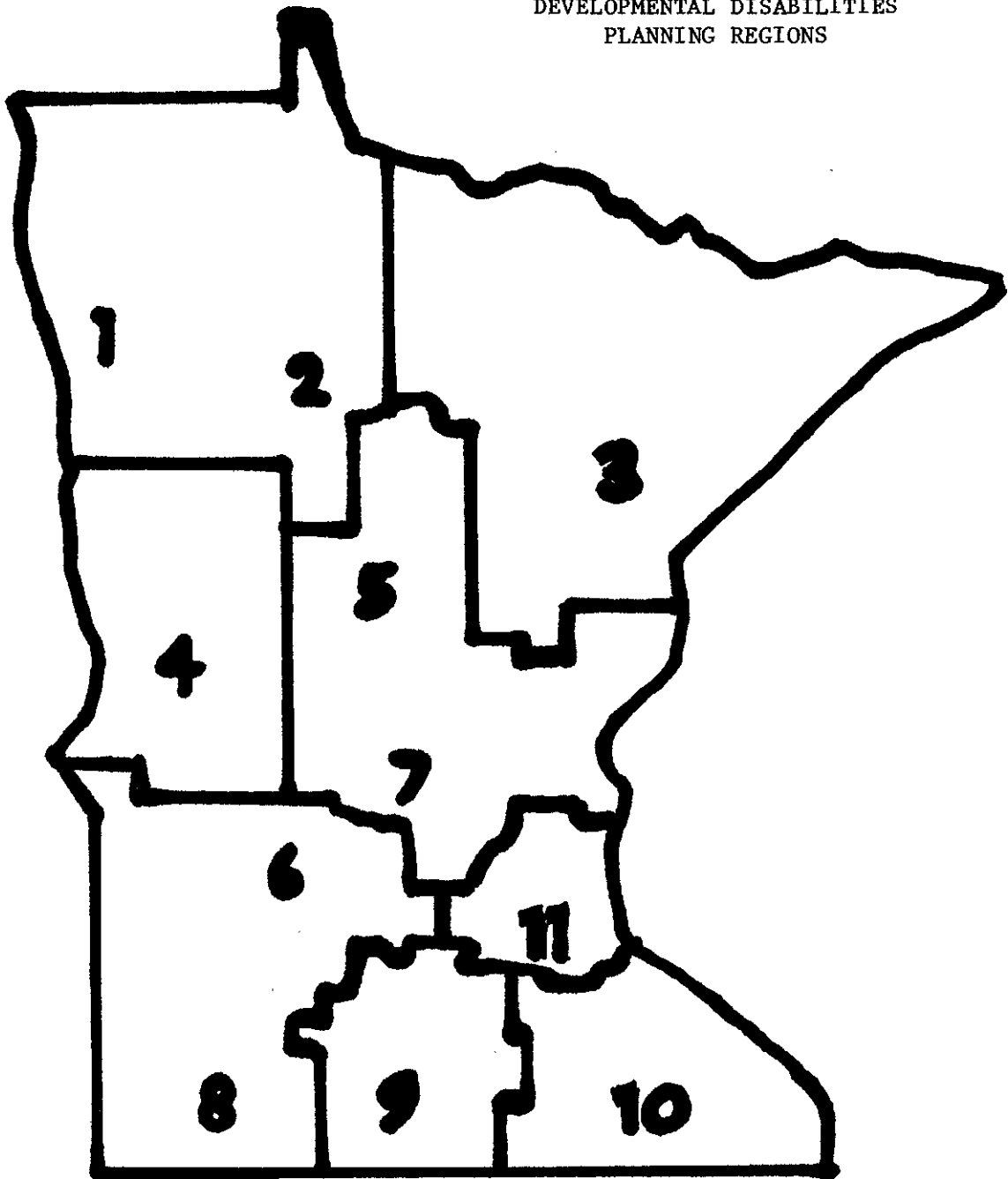
MAP 1a

GOVERNOR'S PLANNING REGIONS

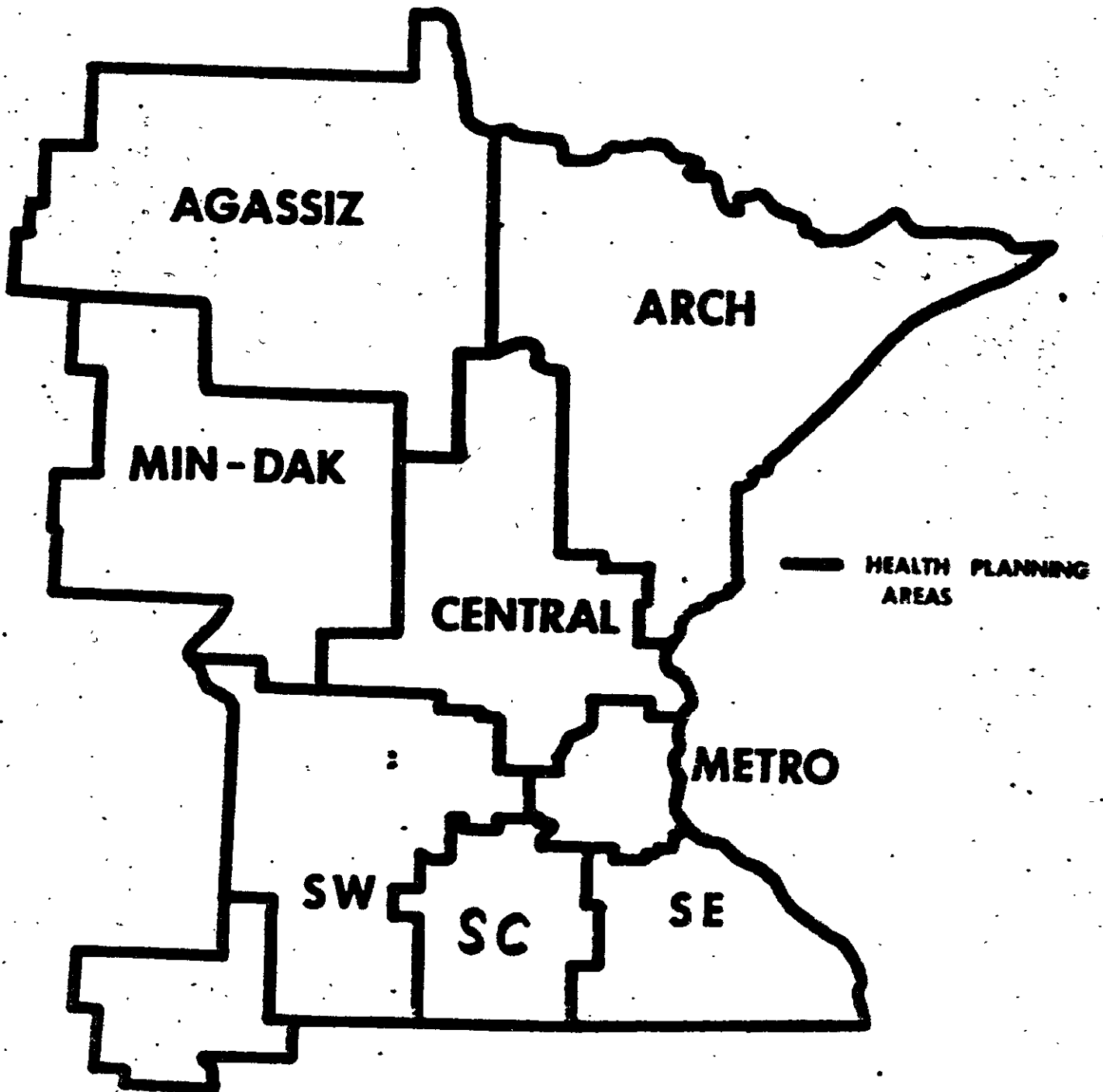




MINNESOTA  
DEVELOPMENTAL DISABILITIES  
PLANNING REGIONS



MAP 1c



## INITIAL POLICIES FOR ESTABLISHING REGIONAL COUNCILS

### Goals for Regional Councils

The original mission of Regional Developmental Disabilities Planning Councils was defined by the State Developmental Disabilities Council in 1972 with the following general goal statements:

1. To achieve adequate, coordinated programs and services to meet the life-time needs of the developmentally disabled in each region of the state.
2. To provide for integrating, coordinating, enabling, and planning between and among the human service systems.
3. To involve the key parties from the human service systems within the region in the planning process.
4. To recognize the variety of state, federal, local authorities in programs and services. To describe the delineation of a continuum of activities at various levels.
5. To support local and subdistrict planning capabilities by having the Developmental Disabilities Region utilize the data, resources and input of other local planning efforts.

### Regional Councils' Objectives and Activities

When reviewing the first grant applications from the regions, the Proposal, Procedure and Review Committee of the state Developmental Disabilities Council agreed upon the following criteria by which to judge the acceptability of a proposal:

Appropriate objectives and activities of a Regional Planning Council are:

- a. To define the needs of the region in relation to developmental disabilities.
- b. To establish priorities in programming to meet the needs.
- c. To identify strategies and programs, and the agencies that could implement them. To work with those agencies to see that the strategies and/or programs are carried out.
- d. To develop planning capability that will be continuing with organizational and financial stability.
- e. To review and comment, as well as to actively solicit, service projects that will meet the identified needs in the region. To make recommendations to the state and federal agencies regarding grants and other financing mechanisms for programming within the region.
- f. To study and determine the appropriate level of program operation, e.g., state, regional, area, county, community. To work with state agencies and other responsible groups to assign program operations to appropriate operating agency.
- g. To obtain or assure matching funds for grants applied for as required by state or federal law.

#### Organizational Policies/Regional-State Relationships

The following guidelines were established by the state Developmental Disabilities staff which helped each region in delineating lines of authority and responsibilities:

- A. Area Comprehensive Health Planning (or Regional Development Commissions) would be the umbrella organization to which regional Developmental Disabilities planning groups would attach themselves for purposes of legal incorporation, and serve as a financial conduit for the funds from the Governor's Planning and Advisory Council on Developmental Disabilities.
- B. The Regional Developmental Disabilities Planning Group established:
  1. Its own membership in keeping with the Governor's Planning and Advisory Council guidelines and Federal guidelines;

2. Its own work program;
3. Policies or operation; and
4. Regional activities in behalf of developmentally disabled persons.

C. The Developmental Disabilities Planning Group would make application for funding, through the regional Comprehensive Health Planning Agency (or Regional Development Commission) to the Governor's Planning and Advisory Council (including its statement of program and purpose, formal relationship with Comprehensive Health Planning, or Regional Development Commission, staff needs, etc.).

D. Staff would have communication and administrative ties to the Comprehensive Health Planning Agency or Development Commission. The functions of the state Developmental Disabilities Program related to the regional groups were:

1. To provide the technical assistance for planning and proposing service grants with special emphasis on those areas in agencies which do not have "grantmanship capabilities."
2. To monitor the performance of all grantees and to evaluate that performance in terms of criteria and functions listed above, as well as in terms of the objectives stated in the grant proposal submitted.
3. To consider incorporation of regional planning recommendations into the annual State Plan for Developmental Disabilities.

- Other citizens as individuals or representing community  
or civic groups
- Other representatives of regional organizations
- c. The Developmental Disabilities Planning Committee would be  
linked to a regional planning agency that met the following  
criteria:
  - Formally incorporated and/or funded
  - Having a defined statutory responsibility for planning  
human services on the regional level
  - A broad, inclusive board (which could be expanded)
  - Intent to assign staff to Developmental Disabilities  
planning
  - Capability and/or intent to develop human services planning

#### Finance

As a top priority of regional planning for 1972, the Governor's Planning and Advisory Council on Developmental Disabilities budgeted considerable amounts for each year to encourage rapid and sound development. Once established, the Council planned to decrease gradually the federal grants and encourage greater local financial participation. To date, this policy has not yet been fully realized because of the uncertainties that exist in the various regions.

The following chart describes the amount of federal monies spent on regional planning in Minnesota.

Criteria Used for Approving and Funding Regional Developmental Disabilities Planning Grants

The following criteria were established by the Governor's Planning and Advisory Council as basic requirements for funding regional planning grants:

- a. Planning for Developmental Disabilities should cover the regions as defined by the State Planning Agency (Governor's Planning Regions 1 through 11) or aggregated as necessary and appropriate (as in Comprehensive Health Planning Regions).
- b. The formation of a planning committee for Developmental Disabilities which would include a wide range of provider, professional and consumer interests, such as:
  - Representatives of special education
  - Division of Vocational Rehabilitation
  - Area Mental Health-Mental Retardation Centers
  - Public health nursing
  - County welfare departments
  - Pediatricians or other interested physicians
  - Rehabilitation facilities, school systems and/or administrators
  - DAC staff or board
  - ARC
  - Local or regional Epilepsy League
  - United Cerebral Palsy Association, local or regional
  - Board members of Area Mental Health-Mental Retardation-Inebriacy Boards
  - Local public official

Region	1972 (FY)	1973 (FY)	1974 (FY)	1975 (FY)*	Total
1 & 2		24,980.00	25,000.00	6,040.00	56,020.00
3	22,500.00		6,600.00	4,648.00	33,748.00
4		25,000.00	24,213.00	12,500.00	61,713.00
5 & 7	25,000.00		22,140.00	11,100.00	58,240.00
6 & 8		25,000.00	25,000.00	-	50,000.00
9		25,000.00	24,045.00	-	49,045.00
10	25,000.00		25,000.00	8,735.00	58,735.00
11	<u>25,000.00</u>	<u>          </u>	<u>18,000.00</u>	<u>4,650.00</u>	<u>52,650.00</u>
Total	97,500.00	99,980.00	169,998.00	52,673.00	420,151.00

\*Each region has started at different times of the year and, consequently, grants of different proportions were made with 1975 FY monies so that each regional contract period would coincide with fiscal year beginning and ending dates. The average proportion of expenses among the regional budgets has been, roughly:

80% -- Planner and secretarial salaries

20% -- Regional Council, travel and office expenses.



## APPENDIX B

### DESCRIPTION OF REGIONAL COUNCIL COMMITTEES' FUNCTIONS

## Description of Regional Council Committees' Functions

In cases where committees have been given slightly different names but their purposes were clearly identical, grouping was possible. There may be some committees whose functions are identical to others but were not grouped because the given definitions did not clearly warrant doing so. In several cases, different committees assumed functions typically assigned to another committee (for example, instead of the Personnel Committee establishing personnel policies, in one region the Procedures and Review Committee does so). Where these atypical functions were obvious, they have been underlined:

<u>Committees:</u>	<u>Functions:</u>
Executive	Manage council affairs between council meetings, initiate business for council consideration, administrative functions, act for council, <u>develop residential services plan for region.</u>
Proposal, Procedures, Review	Review service grants proposals, recommend grants for funding, <u>establish personnel policies.</u>
Public Information, Education Communications	Publicity committee, develop system for educating public on needs, rights, potentials of developmentally disabled and support establishment and improvement of services, inform community of residential needs, assess needs of providers and consumer organizations and coordinate efforts.
Advocacy	Promote D.D. concerns and fight for rights, serve as a springboard for advocacy functions, citizen advocacy system, coordinate legislative action.
Legislative	Encourage passage of appropriate D.D. legislation, review recommended legislation.
Information Systems	Data handling, determine services provided, make catalog for consumers/providers, publish directory, determine information needs.

<u>Committees</u>	<u>Functions</u>
Early identification, intervention, treatment	Promote a system of early identification and follow-up based on existing models, encourage programming to meet concerns.
Prevention	Develop prevention plan, review programs.
Infant programs	Provide home-bound service to pre-schoolers.
Residential services	Encourage development of community based facilities, develop appropriate community based residences.
Community services	Determine programs provided and number of persons served.
Service systems	To identify and define component services for comprehensive continuum of D.D. services, to classify them and conceptualize procedures to use system.
Survey	To identify D.D. population in need of residential services and gain understanding of personal characteristics.
Continuum and Philosophy	To identify and establish a philosophy of care.
RDC Planning	To coordinate planning groups involved with deinstitutionalization of a particular institution.
Special Reports review	Review and comment on state and local studies, reports, policy decisions.
Development Guide	Devise comprehensive plan for development of D.D. services in region.
Adult work programs	Develop appropriate community based work.
Program development	Develop programming in region.
Procedures, by-laws	Develop policies and procedures manual, review and revise by-laws.
Admissions	Admissions policies to MR programs.
Reorganization	Reorganization of D.D. Council
Education, recreation special activities	Find out needs and recommend programs.

CommitteesFunctions

Membership	Develop membership policy, <u>nominations</u> , operational procedures of D.D. task force
Nominating	Prepare slate of nominees for council positions, nominate potential board members.
Personnel	Screen, interview and recommend regional planner to be hired.
Annual meeting	Plan and organize annual meeting.
Regional conference	Put on regional conference.
Interstate	Not explained.

## APPENDIX C

### FURTHER DEFINITION OF GOAL AREAS

## Further Definition of Goal Areas

- A. DD Advocacy: The role of DD Advocacy more clearly delineates a goal than any specific activities or functions. Persons playing the role define their work regardless of the mechanism, in terms of the needs of the DD citizen. It is assumed that there is frequent and continuous contact with the DD citizens.
- B. Services Review: In terms of a role, services review implies that the regional mechanism identifies existing services available to the DD citizen, somehow analyzes the activities of the service program and reports on the adequacy and effectiveness of those services regardless of the agency providing the service.
- C. Services Coordination: As a role services coordination means that the mechanism is responsible for the service programs delivered within a geographical area. Probably those service programs funded through the DDSA Grant are the focal point of that coordination.
- D. Service Provision: In this case the regional mechanism is directly responsible for the actual delivery of services from an administrative level of responsibility.
- E. Grant Review: Regional mechanism receives, reviews and makes recommendations on specific applications for DDSA money and is ultimately responsible for the implementation of any grants awarded within the region.
- F. Planning & Evaluation: The role of planning and evaluation, if played by the regional mechanism, may include some of the other roles defined herein. Implied in this role, however, is responsibility for the overall planning and evaluation at the regional level. These plans would be then incorporated into the State Plan.
- G. Needs Assessment: The role here is to determine the needs at the regional level of either DD citizens and/or the agencies which provide services to the DD citizens.
- H. Information & Referral: The regional mechanism serves as the regional "expert" on DD and is responsive to public agency demands for information or referral to service programs.

- I. Education & Training: The regional mechanism plays an active role in public awareness programming and education about DD. The mechanism may have training programs for agency personnel or some other target groups.
- J. Others: Some regional mechanisms may play other roles. Please indicate in the questionnaire if your state regional mechanism plays a role other than those outlined above.

## APPENDIX D

MAJOR ACTIVITIES, ACCOMPLISHMENTS, AND DIFFICULTIES OF REGIONAL COUNCILS



The following tables (A through H) break down the successful major activities, major accomplishments, and major difficulties of regional councils within regions according to planners and chairpersons. The code letters in parenthesis (e.g., c) on those tables refer to the broader categories that have been established for use in tabulating data for goals and activities. A key to the code letters follows Table H. Use of the code letters allows for comparison within regions of the agreement of the planner with the chairperson on activities, accomplishments and difficulties.

Key for tables A through H re: Regional Accomplishments:  
Code letters following specific activity refer to broad areas:

- a. advocacy
- b. services review
- c. services coordination
- d. service provision
- e. grant review
- f. planning and evaluation
- g. needs assessment
- h. information and referral
- i. education and training
- j. other (reorganization of council, etc.)

Table A	
RANKED ACTIVITIES, ACCOMPLISHMENTS AND DIFFICULTIES BY REGION	
REGION A	
Planners	Chairpersons
<p>A. MAJOR ACTIVITIES RANKED IN ORDER OF SUCCESS</p> <ol style="list-style-type: none"> <li>1. Reorganization of subcommittees (j)</li> <li>2. Develop work program for 1974 (j) Develop plan for services (b)</li> <li>3. Inventory and analysis of area service (b)</li> </ol>	Did not complete questionnaire
<p>B. MAJOR ACCOMPLISHMENTS (NOT IN RANKED ORDER)</p> <p>Development of plan for services according to work program time flow chart (b)</p> <p>In-service training and education of council members (i )</p> <p>Development of responsible subcommittees of council (j)</p>	
<p>C. MAJOR DIFFICULTIES</p> <p>None listed</p>	

Table B

## RANKED ACTIVITIES, ACCOMPLISHMENTS AND DIFFICULTIES BY REGION

## REGION B

Planners	Chairpersons
<p>A. MAJOR ACTIVITIES RANKED IN ORDER OF SUCCESS</p> <ol style="list-style-type: none"> <li>1. Residential care plan (b) _____</li> <li>2. Housing needs assessment (g)</li> <li>3. Grant review (e) _____</li> <li>4. DPSDT Coordination (c)</li> </ol>	<ol style="list-style-type: none"> <li>1. Regional services assessment (b)</li> <li>2. Systematic discussion of issues (f)</li> <li>3. Grant review (e)</li> <li>4. Consumers involvement (j)</li> <li>5. Clearing house for trends (h)</li> </ol>
<p>B. MAJOR ACCOMPLISHMENTS (NOT IN RANKED ORDER)</p> <p>Residential care plan (d)</p> <p>Restructuring of DD Council (j)</p> <p>Housing assessment of DD (g)</p>	<p>Regional assessment of services provided initial cooperative contact and common understanding of gaps (b)</p>
<p>C. MAJOR DIFFICULTIES</p> <p>Restructuring of council: static membership open membership has caused paranoia (j)</p>	<p>Problems of trying to influence services on a volunteer basis without having fiscal control over such services to hasten change (b)</p>

Table C	
RANKED ACTIVITIES, ACCOMPLISHMENTS AND DIFFICULTIES BY REGION	
REGION C	
Planners	Chairpersons
<p>A. MAJOR ACTIVITIES RANKED IN ORDER OF SUCCESS</p> <ol style="list-style-type: none"> <li>1. Support and consultation in program development (i)</li> <li>2. Support starting UCP and EP groups in F-M area (d)</li> <li>3. Advocacy (a)</li> <li>4. Planning activities, e.g., O.T. proposal (d)</li> <li>5. TV ads produced and spread across Minnesota (h)</li> <li>6. Interstate committee (c)</li> </ol>	<ol style="list-style-type: none"> <li>1. Advocacy (a)</li> <li>2. Bi-state coordination (c)</li> <li>3. Information exchange (h)</li> <li>4. Interagency coordination (e)</li> <li>5. Needs and problems (g)</li> <li>6. Grant applications (e)</li> </ol>
<p>B. MAJOR ACCOMPLISHMENTS (NOT IN RANKED ORDER)</p> <p>Development of regional identity (staff) (j)</p> <p>Involvement in regional structures (staff) (c)</p> <p>Use of group processes in attacking regional problems (j)</p>	<p>Organization and membership (j)</p> <p>Problem review (f)</p> <p>DD advocacy (a)</p> <p>Training (i)</p>
<p>C. MAJOR DIFFICULTIES</p> <p>Interstate activities (now stopped) which needed a full-time staff person (c)</p>	<p>Grants--lack of state leadership (e)</p> <p>Consumer input (j)</p> <p>Geography--distance (j)</p> <p>Lack of professional resources (j)</p>

Table D	
RANKED ACTIVITIES, ACCOMPLISHMENTS AND DIFFICULTIES BY REGION	
REGION D	
Planners	Chairpersons
<p>A. MAJOR ACTIVITIES RANKED IN ORDER OF SUCCESS</p> <ol style="list-style-type: none"> <li>1. High risk referral system (h)</li> <li>2. Regional conference (j)</li> <li>3. Four county survey (g)</li> <li>4. Directory of services (b)</li> <li>5. Residential plan (b)</li> </ol>	<p>Did not complete question- naire</p>
<p>B. MAJOR ACCOMPLISHMENTS (NOT IN RANKED ORDER)</p> <p>High risk--time spent trying to influence people that it is worthwhile was very extensive (h)</p>	
<p>C. MAJOR DIFFICULTIES</p> <p>Four county survey--</p> <ol style="list-style-type: none"> <li>a. wording of questions</li> <li>b. provider involvement</li> <li>c. confidentiality</li> <li>d. questions of its usefulness</li> </ol>	

Table E	
RANKED ACTIVITIES, ACCOMPLISHMENTS AND DIFFICULTIES BY REGION	
REGION E	
Planners	Chairpersons
<p>A. MAJOR ACTIVITIES RANKED IN ORDER OF SUCCESS</p> <p>1. Develop work activity throughout _____ region (j)</p> <p>2. Develop consumer catalogue of _____ services (b)</p> <p>3. Visited all programs providers to _____ determine availability (b)</p> <p>4. Survey agencies regarding services _____ (b)</p> <p>5. Needs assessment for residences (g)_____</p>	<p>1. Developed work activity (j)</p> <p>2. Developed catalogue of services (b)</p> <p>3. Determined programs available (b)</p> <p>4. Determined services available (b)</p> <p>5. Needs assessment for community housing (g)</p>
<p>B. MAJOR ACCOMPLISHMENTS (NOT IN RANKED ORDER)</p> <p>Planned for work activity development _____ throughout region and assisted in securing funds (j)</p> <p>Generated a description of services available by county (b)</p>	<p>Four grants region has gotten (j)</p>
<p>C. MAJOR DIFFICULTIES</p> <p>Residential needs assessment--not all _____ counties are cooperative in returning questionnaires (g)</p>	<p>Residential development needs assessments (g)</p> <p>Not all counties cooperative</p>

Table F	
RANKED ACTIVITIES, ACCOMPLISHMENTS AND DIFFICULTIES BY REGION	
REGION F	
Planners	Chairpersons
<p>A. MAJOR ACTIVITIES RANKED IN ORDER OF SUCCESS</p> <p>1. Infant stimulation program (d) ———</p> <p>2. Early identification and planning (d) ———</p> <p>3. Residential services plan (b)</p> <p>4. Adult work programs--services review (b) —————</p>	<p>1. Infant stimulation program (d)</p> <p>2. Early and periodic screening (d)</p> <p>3. Residential services committee (b)</p> <p>4. Adult work committee (b)</p>
<p>B. MAJOR ACCOMPLISHMENTS (NOT IN RANKED ORDER)</p> <p>Infant stimulation program-- ———</p> <p>Portage Project (d)</p>	<p>Introduction and training DAC staff in the use of Portage Project materials in the preschool program (d)</p>
<p>C. MAJOR DIFFICULTIES</p> <p>Early identification (d) ———</p> <p>Residential services--resistance in communities, difficulties in identifying funding sources (f) —————</p>	<p>Early and periodic screening--involving medical profession (d)</p> <p>Residential services--problems with community acceptance (f)</p>

Table G1	
RANKED ACTIVITIES, ACCOMPLISHMENTS AND DIFFICULTIES BY REGION	
REGION G	
Planners*	
A.	<p>MAJOR ACTIVITIES RANKED IN ORDER OF SUCCESS</p> <ol style="list-style-type: none"> <li>1. Developed consensus Philosophy of Care (f)</li> <li>2. Census survey of residential need (g)</li> <li>3. Recognition of DD planning function (f)</li> <li>4. Technical assistance to Mental Health Centers (i)</li> <li>5. Dissemination of information (h)</li> <li>6. Review of residential funding resources (b)</li> </ol>
B.	<p>MAJOR ACCOMPLISHMENTS (NOT IN RANKED ORDER)</p> <p>Philosophy committee report represents unified understanding of service philosophy among consumers, providers and elected officials (f)</p>
C.	<p>MAJOR DIFFICULTIES</p> <p>Service philosophy--needed great deal of time and communication (# staff hours) (f)</p>

\*Compare with past and present chairpersons on following page



Table G2

## RANKED ACTIVITIES, ACCOMPLISHMENTS AND DIFFICULTIES BY REGION

## REGION G

Past Council Chairperson	Present Council Chairperson
<p>A. MAJOR ACTIVITIES RANKED IN ORDER OF SUCCESS</p> <ol style="list-style-type: none"> <li>1. Constant presence of planner in a specific location (j)</li> <li>2. Survey to determine residential needs</li> <li>3. Residential system plan (f)</li> <li>4. Seminars/workshops to inform professionals (i)</li> <li>5. County forums to present DD goals (i)</li> <li>6. Survey of number of people needing services (g)</li> </ol>	<ol style="list-style-type: none"> <li>1. Philosophy and continuum of residential facilities (f)</li> <li>2. Defined and identified target group needing residential services (g)</li> <li>3. Organized a viable DD planning council (j)</li> <li>4. Identified funding sources for residential facilities (b)</li> <li>5. Informed community of DD needs (h)</li> </ol>
<p>B. MAJOR ACCOMPLISHMENTS (NOT IN RANKED ORDER)</p> <p>Organization of planner's position (j)</p> <p>Acceptance and recognition of the planning function (f)</p>	<p>Adopting the Philosophy for community based residential services (f)</p> <p>Describing the continuum of services (f)</p> <p>Identification of target groups (g)</p>
<p>C. MAJOR DIFFICULTIES</p> <p>Becoming accepted within a recognized system (f)</p> <p>Uncertainty about future responsibilities (j)</p> <p>Lack of assistance from State Council (j)</p>	<p>Organizing the planning council--long and arduous task (j)</p> <p>Number of meetings and revisions needed on the development of philosophy (j)</p>

Table H	
RANKED ACTIVITIES, ACCOMPLISHMENTS AND DIFFICULTIES BY REGION	
REGION H	
Planners	Chairpersons
<p>A. MAJOR ACTIVITIES RANKED IN ORDER OF SUCCESS</p> <ol style="list-style-type: none"> <li>1. Information sharing within region (h)</li> <li>2. Planning coordination in region (f)</li> <li>3. Council education (i)</li> <li>4. Reviews (e)</li> <li>5. Needs assessment (g)</li> <li>6. Data collection (h)</li> </ol>	<ol style="list-style-type: none"> <li>1. Leadership via framework of ideas (f)</li> <li>2. Assertion of DD interests (a)</li> <li>3. Grant review (e)</li> <li>4. Self education of council (i)</li> <li>5. Forum for regional "movers" (h)</li> <li>6. Assembly of regional information (h)</li> </ol>
<p>B. MAJOR ACCOMPLISHMENTS (NOT IN RANKED ORDER)</p> <p>Publication of monthly newsletter (h)</p> <p>Publication of regional directory of services (h)</p> <p>Coordination of planning for local state hospital (c)</p> <p>Compilation of statewide directory of services for CAIR Project (h)</p> <p>Liaison with regional and state providers and consumer organizations (f)</p>	<p>Foundation laid around DD interests (a)</p> <p>Informal coordination by participation (c)</p>
<p>C. MAJOR DIFFICULTIES</p> <p>Data collection--disagreement by committee on what and why (h)</p> <p>Lack of motivation of committee members (j)</p>	<p>Sheer size of region (j)</p> <p>Data assembly--lack of understanding of committee members (h)</p>

## APPENDIX E

SUCCESSFUL AND NON-SUCCESSFUL ACTIVITIES: A LISTING OF ALL RESPONSES

### Specific Successful and Non-Successful Activities

The following section lists the specific accomplishments or problems of regional councils in the areas of planning, coordinating, implementing and evaluating. Responses are categorized according to particular council representation (e.g., SERC, planner, etc.) by region (A,B,C,etc.) and in the case of consumers by disability area. The data can thus be looked at in terms of specific types of accomplishments mentioned by various representatives, in terms of comparison within regions of the activities that are regarded as successful or not successful by different respondents and in terms of how representatives of different disability areas regard council activities. For non-successful activities, some reasons have been specified.

In the area of planning, the projects most frequently mentioned were planning (in general) in terms of reorganization of the council or its work program, review of grant proposals, and planning residential facilities. In the area of coordinating, the types of projects mentioned were the sharing of ideas among council members representing diverse groups, being a source of information on Developmental Disabilities, and getting communication between service groups and consumers. Implementing activities were in the areas of establishing programs, getting money into the area through grants, and development of directories of facilities and services. The types of activities mentioned under evaluating include surveys and other means of needs assessments. Activities under the category of 'other' dealt primarily with the structure and organization of the council and its role in the regional network of agencies.

The interviewers attempted to categorize the responses into the broad categories mentioned—an activity might be regarded logically under more than one category so there is overlap in the types of activities specified within categories. The data is diverse but may be beneficial in attempting to get at the question of what the regional councils are doing out there.

Particular Areas of Successful/Non-Successful Activities: Interview Data

A. The broad category of PLANNING included the following successful activities:

- Planner:
1. Committee reorganization, clear structured process (A)
  2. review of grants and information source for grants (A)
  3. mobile occupational unit oriented to client (C)
  4. residential plan (E)
  5. regional work activity (E)
  6. planning project model, establishing cooperation, training (F)
  7. ideology of services based on CAIR (G)
- Chairperson:
8. regional plan, forceful planner (A)
  9. information system booklet, early intervention project (D)
  10. planning in general and grant proposals (E)
  11. regional philosophy on residential home needs (G)
  12. statement of philosophy (G)
  13. groundwork for long range planning (H)
  14. review of proposals (H)
  15. public information, project review (B)

- 16. input in Governor's Planning and Advisory Council on Developmental Disabilities (D)
  - 17. list of service components and needs (H)
  - 18. getting everyone together (C)
  - 19. retrieve information on residential facilities (D)
  - 20. planning by priorities set by individual counties (H)
- SERC:
- 21. residential service plan for D.D. (B)
  - 22. concept of regional planning, service review, directory (H)
- Agency Directors:
- 23. prompted an infant screening program at hospital (D)
  - 24. alternative residential strategies (G)
  - 25. Developmental Disabilities plan, priorities for funding (H)
- Consumers: MR:
- 26. planning construction, support group homes (A)
- CP:
- 27. trying to get program to take action for handicapped (B)
- MR/EP:
- 28. review of grant proposals (B)
- MR:
- 29. screening of grant proposals, avoid duplication (D)
- CP:
- 30. planning residential facilities (recreation, no barriers) (D)
- EP:
- 31. receiving grants (E)
- EP:
- 32. planning homebound program for Day Activity Centers (F)
- MR:
- 33. continuum of philosophy of residential care (G)
- EP:
- 34. manual for lay advocacy (H)

The broad area of PLANNING includes the following non-successful activities:

- Chairperson:
- 1. public information plan: lack member effort and time (A)
  - 2. needs, resources assessment: lack state leadership (C)

3. determining place in general planning, service system (G)
- SERC:
4. orientation for new members, setting goals (D)
- MR Generalist:
5. D.D. not done anything: MH Center done it (E)
  6. plan for services never accomplished: lack data, contacts funds, authority (F)
- Agency Director:
7. behind in plan: lack organization, role definition (A)
  8. planning grants (B)
  9. couldn't develop regionwide strategy (Deinstitutionalization) (D)
- Consumers: EP:
10. meetings that go nowhere: diminished commitment (E)
- MR:
11. formalization of work plan: council left out (F)
- CP:
12. writing grant proposals: council volunteers (D)
- CP:
13. planning housing for institutionalized people: forget EP and CP (D)

B. The broad category of COORDINATING included the following successful activities:

- Planner:
1. focal point for exchange of ideas (A)
  2. council members share ideas, definition of roles (C)
  3. coordinating DVR, ARC, state hospitals, Mental Health Center (E)
  4. forum for problems, clearinghouse of information (H)
- Chairperson:
5. lasting contacts with proposal writing agencies (A)
  6. getting people together from various disciplines (B)

- 7. information exchange among council members (C)
  - 8. cohesiveness among private, public sectors (D)
  - 9. different agencies working together (E)
- SERC:
- 10. readily available source of information to SERC (E)
  - 11. developed standard vocabulary, description of services for greater communication (H)
- MR Generalist:
- 12. professionals get together to exchange ideas (A)
  - 13. pulled together Day Activity Centers in one county, not entire region (B)
  - 14. getting people together important (C)
  - 15. information agency, passes on information (E)
  - 16. coordinating, information efforts, people together valuable (G)
  - 17. all out effort to coordinate, members from counties on council (H)
  - 18. council forum for interaction of people (C)
- Service Providers:
- 19. council members able to share problems, coordinate efforts (D)
  - 20. putting MR professionals in touch with each other (F)
  - 21. information exchange among council members (H)
- Host Agency:
- 22. council acts as forum (B)
  - 23. communication, sharing between agencies via council members (C)
  - 24. consumer representatives together with developmental disabilities groups (D)
  - 25. influenced thinking of policy makers (D)
  - 26. established communication service groups and others (F)
  - 27. coordination of planning, bringing diverse people together (H)



- Consumers: CP: 28. sharing information between agencies and consumers (C)
- CP: 29. public education (D)
- MR/CP: 30. consolidating information from diverse people (E)
- MR: 31. cohesiveness of council, membership by role (F)
- CP: 32. communication between agencies, involved people (D)

The broad category of COORDINATING included the following non-successful activities:

- Planner:
1. little coordination with service providers outside MR, Public Information (A)
  2. too many agencies wouldn't cooperate in early screening project (B)
  3. MR Generalist doesn't get involved in planning, coordination (C)
  4. insufficient involvement of council members, public information (D)
  5. difficulty coordinating efforts for advocacy (committees, workshops) (G)
- Chairperson:
6. not enough regional coordination of agencies (G)
  7. not enough coordination with host agency (G)
  8. vested interests don't coordinate well (H)
  9. No one coordinates services, too much duplication (E)
  10. no impact on education, no information on rights of developmentally disabled kids to parents (G)
  11. not informing parents of developmentally disabled children's rights (F)
  12. public information, education of each other (H)
- Agency Director:
13. no effective communication of programs: territory claims (G)
  14. integrating Developmental Disabilities with other health planning (H)

- Consumers: MR: 15. getting consumers involved as members: need to be paid (A)
- CP: 16. getting professional input, getting attitudes, discrimination changed (B)
- MR: 17. outlying areas don't get enough information (D)
- MR: 18. needs assessment: not interested in all counties (G)
- EP: 19. directory of services in region (H)
- EP: 20. setting up services, getting consumers to use them (E)

C. The broad category of IMPLEMENTING included the following successful activities:

- Planner:
1. people attended Governor's Conference on Handicapped, good cooperation (B)
  2. occupational therapist project carried on by CP group (C)
  3. high risk referral at state hospital (D)
  4. developed county directory of services (E)
  5. directory of services of regional agencies (H)
- Chairperson:
6. program implementation DAC early intervention (E)
  7. infant training program, needed and people interested (F)
- SERC:
8. public information project, had commitment, time and money (C)
  9. establishing high risk referral system (D)
  10. development of residential facilities for developmentally disabled persons (B)
  11. work on residential facilities (F)
- MR Generalist:
12. money into area for grants, review at "grass roots level" (B)
  13. warehouse of referrals and information, facilitator (E)
  14. preschool homebound project: didn't rely on coordination

Service  
Providers:

15. work activity program (E)

Agency Director: 16. establishment of residential care centers and program (B)

17. instrumental in enhancement of services (D)

18. training activities for DAC, providers, parents (F)

19. early identification of developmentally disabled (F)

20. development of directory of DB facilities and services (H)

Consumers: MR/EP: 21. legal advocacy training (B)

EP: 22. getting money for projects (A)

The broad category of IMPLEMENTING included the following non-successful activities:

Planner: 1. advocacy (E)

2. advocacy, public information, education: poor leadership (H)

Chairperson: 3. generally: lack power, funds to effect change (B)

4. no specific implementation of programs (G)

SERC: 5. proposal to state DD office for project (C)

MR Generalist: 6. lack clear cut directions (D)

Service Providers: 7. inability to get project funded: poorly developed and prepared (C)

8. activities of council hard to identify to outsiders (D)

9. comprehensive identification, discussion not accomplishment (F)

10. identification of developmentally disabled: too big, lack instrument (G)

Agency Director: 11. establishing programs in special education: hard to get communication and sharing of priorities (F)

Consumers CP: 12. follow through: lack of commitment and time (C)

CP: 13. implementation of residential facilities: time, consumers (D)

MR/CP: 14. ongoing community education program: need state guidance (E)

MR: 15. can't get coverage of PR spots on TV: they lack interest, time (F)

CP: 16. can't get funds: agencies not receptive, government funds from city (G)

D. The broad category of EVALUATING included the following successful activities:

Planner:

1. gathering and disseminating information to service providers (A)
2. housing needs assessment (B)
3. four county survey of developmentally disabled population (C)
4. questionnaire data collected from program providers (E)
5. identified population needing residential services (G)

Chairperson:

6. collection of data by planner: planner familiar with agencies (A)
7. survey of residential home needs (G)
8. survey (G)

Service Providers:

9. needs assessment: involvement of people and resources (G)
10. better understanding of number and needs of developmentally disabled (G)

Consumers: CP: 11. survey of developmentally disabled and residential facilities (G)

CP: 12. needs assessment helped whole region (D)

The broad category of EVALUATING included the following non-successful activities:

Planner: 1. early identification and screening on regional level: model inappropriate, climate not favorable, wrong group to implement (F)

2. identification of developmentally disabled by survey: impossible task, members unwilling (H)

SERC: 3. difficult interagency cooperation, scattered personnel (B)

MR Generalist: 4. survey didn't result in functional document: didn't question right people (B)

5. no specific accomplishments, same as at start of Developmental Disabilities (C)

6. rocky start, not sure what council should do (D)

7. no way to follow-up, some counties never touched: takes years to evaluate (E)

8. survey didn't work to identify needs; data inaccurate, local people can't use it (G)

Service Providers: 9. tried to write standards for county welfare (B)

10. needs assessment: lack cooperation, coordination (H)

Agency Director: 11. needs assessment: low priority, lack state guidance (C)

Consumers MR/EP: 12. being advisory to state hospital: too much time (B)

EP: 13. evaluation of special education facilities in region: committee hasn't met (F)

E. The types of activities listed under OTHER included the following successful activities:

- Planner: 1. restructuring council: better representation, turnover (B)
- Chairperson: 2. organization of council by planners efforts (C)
3. set up of planner and duties (G)
- Agency Director: 4. internal organization, committees and task force (A)
5. money more available for programs (D)

The types of activities listed under OTHER included the following non-successful activities:

- Planner: 1. objectives of work program not met: lack time of council members (H)
- Chairperson: 2. difficulty with internal organization: lack sustained effort from non-staff and committee members (H)
- MR Generalist: 3. not lot accomplished: committees bombed, travel distances (A)
4. state not committed to action: regional council doesn't distribute information about state meetings (B)
5. trouble getting active membership and attendance (D)
6. too large an area; MA Centers should be doing work, need two planners and board (E)
7. trouble defining councils role, who has primary planning responsibility (H)
- Service Provider: 8. difficulty getting group together: distance (E)

## APPENDIX F

PERSONS INTERVIEWED FOR THE EVALUATION STUDY

Persons Interviewed (61)

PLANNERS (8)

1. Toni Lippert
2. Allen Erickson
3. Carole Boese
4. Douglas Butler
5. Jerry Nelson
6. Diana Steckman
7. Sandra Adams
8. George Gottfried

CHAIRPERSONS (9)

1. Gordon Krantz
2. Erma St. George
3. Ernie Silbernagel
4. Dean Nelson
5. Ann Ferguson
6. Bob Poyzer
7. Robert Nafie
8. JoAnn Schultz
9. Yvonne Ottem

AGENCY DIRECTORS (7)

1. Malcolm Mitchell
2. Pierce MacKay
3. Roger Whiting
4. Dean Doyscher
5. Bruce Briggs
6. David Sauer
7. Gaylord Bridge

SERVICE PROVIDERS (7)

1. Anne Slone, Welfare
2. Mary Frisvold, Welfare
3. Lois Jorgenson, Institutional Staff
4. Gary Jorgenson, Vocational Adjustment  
Counselor
5. Barnie Hegger, DAC
6. Dale Kinnunen, MH/MR Program Board
7. Bev Webb, Welfare

SPECIAL EDUCATIONAL REGIONAL  
CONSULTANTS (7)

1. Dan Bryan
2. Norm Cole
3. W.N. Pierce
4. Dennis Becchetti
5. Ken Stinson
6. Robert Larson
7. Phyllis Ammiker

MR GENERALISTS (8)

1. Ann Flannagan
2. Joe Harding
3. Robin Reich
4. Gary Sonju
5. Mort Sorenson
6. Joe Caulfield
7. Roy Anderson
8. Eugene Theisen

CONSUMERS (15)

1. Shirley Hood, MR
2. Alice Collins, CP
3. Louis Zini, CP
4. Virginia Marolt, MR (Ep.)
5. Gloria Dosland, CP
6. Ron Sandness, CP
7. Kathy Berlan, MR
8. Lois Kalusche, CP
9. Audrey Teigen, MR (CP)
10. Delores Tengwell, Ep.
11. Barb Schultz, MR
12. Dottie Spencer, Ep.
13. Jean Dube, MR
14. Louise Butler, CP
15. Shirley Peterson, Ep.



## APPENDIX G

### INSTRUMENTS OF THE EVALUATION STUDY

EVALUATION OF MINNESOTA'S  
REGIONAL DD COUNCILS

WRITTEN QUESTIONNAIRE  
PLANNERS

- 1.0 Composition and Structure
- 2.0 Goals
- 3.0 Procedures
- 4.0 Accomplishments
- 5.0 Internal Relationships
- 6.0 External Relationships
- 7.0 Support Services
- Appendix

Region \_\_\_\_\_

## COMPOSITION & STRUCTURE

1.1 How many members does your Regional Council have? \_\_\_\_\_

1.2 , a) How many staff members does your Regional Council have? \_\_\_\_\_

b) List these staff members by position in column I. e.g., 1 planner, 2 secretaries, etc. Indicate percent of time devoted to Regional Council work in column II.

<u>Staff Position:</u>	<u>% Time Allocated to D.D. Planning:</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

1.3 a) Does your Regional Council have standing committees? \_\_\_\_ Yes \_\_\_\_ No

b) If your Regional Council has standing committees list them as you have named them and briefly describe their purpose(s).

Committee

Purpose(s)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

c) Does your Regional Council have ad hoc committees or task groups?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

- 1.3 d) If your Regional Council has had or does have ad hoc committees or task groups list them as they have existed or do exist.

<u>Committee</u>	<u>Purposes</u>	<u>If Current Check (✓)</u>
_____	_____	( )
_____	_____	( )
_____	_____	( )
_____	_____	( )
_____	_____	( )
_____	_____	( )

- 1.4 a) Does the Regional Council have officers? \_\_\_\_ Yes \_\_\_\_ No

- b) List these officers by title (e.g., chairperson, vice-chairperson, etc.).

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

- 1.5 a) From your Regional Council's membership, list the number of representatives of the following governmental agencies. If a representative is also a consumer count his again in column 3.

<u>Name of government agency</u>	<u>Number of representatives</u>	<u>Number of consumers</u>
Special Education	_____	_____
Vocational Rehabilitation	_____	_____
Welfare	_____	_____
Crippled Children's Services	_____	_____
Public Health & Nursing	_____	_____
Other: _____	_____	_____
_____	_____	_____

- 1.5 b) From your Regional Council's membership, list the number of representatives of the following non-governmental agencies and organizations. If a representative is also a consumer count him again in column 3.

<u>Name of non-governmental agency or organization</u>	<u>Number of representatives</u>	<u>Number of consumers</u>
Comprehensive Health Planning	_____	_____
Development Commissions	_____	_____
MH/MR area boards	_____	_____
Institutions	_____	_____
Private Residential Facilities	_____	_____
Day Activity Centers	_____	_____
Other _____	_____	_____
_____	_____	_____

- c) List the consumer representatives by disability areas who are NOT also representatives from governmental or non-governmental agencies or organizations.

<u>Disability Area</u>	<u>Number of Consumer Representatives</u>
Epilepsy	_____
Cerebral Palsy	_____
Mental Retardation	_____
Other	_____

#### GOALS

- 2.1 Rank the following roles according to the priority they have had in the past with your Regional Council. Rank 1 (highest) through 10 (lowest). (Further definitions of terms can be found in appendix.)

_____ a DD advocacy	_____ f Planning and Evaluation
_____ b Services Review	_____ g Needs Assessment
_____ c Services Coordination	_____ h Information and Referral
_____ d Service Provision	_____ i Education and Training
_____ e Grant Review	_____ j Other _____

2.2 Rank these roles again according to the priority you perceive they will have in the future.

- |                                |                                   |
|--------------------------------|-----------------------------------|
| _____ a. D.D. advocacy         | _____ f. Planning and evaluation  |
| _____ b. Services review       | _____ g. Needs assessment         |
| _____ c. Services coordination | _____ h. Information and referral |
| _____ d. Service provision     | _____ i. Education and training   |
| _____ e. Grant review          | _____ j. Other _____              |

2.3 Does the Regional Council have a written:

- |           |          |   |
|-----------|----------|---|
| _____ Yes | _____ No | a) Statement of purpose   |
| _____ Yes | _____ No | b) Statement of long term goals (more than 1 year long)                   |
| _____ Yes | _____ No | c) Statement of short term goals (one year or less in length)             |
| _____ Yes | _____ No | d) Statement of objectives to achieve long term goals                     |
| _____ Yes | _____ No | e) Statement of objectives to achieve short term goals                    |
| _____ Yes | _____ No | f) Statement of activities to achieve objectives                          |
| _____ Yes | _____ No | g) A plan for evaluating and reporting its activities and accomplishments |
| _____ Yes | _____ No | h) Statement of by-laws or operating policies?                            |

2.4 If the Regional Council has committees, do the committees have a written:

- |           |          |  |
|-----------|----------|--|
| _____ Yes | _____ No | a) Statement of purpose  |
| _____ Yes | _____ No | b) Statement of long term goals (more than 1 year long)                    |
| _____ Yes | _____ No | c) Statement of short term goals (one year or less in length)              |
| _____ Yes | _____ No | d) Statement of objectives to achieve long term goals                      |
| _____ Yes | _____ No | e) Statement of objectives to achieve short term goals                     |
| _____ Yes | _____ No | f) Statement of activities to achieve objectives                           |
| _____ Yes | _____ No | g) A plan for evaluating and reporting its activities and accomplishments? |
| _____ Yes | _____ No | h) Statement of by-laws or operating policies?                             |

## PROCEDURES

- 3.1 How frequently does the Regional Council meet? \_\_\_\_\_  
(If available please attach a calendar of council and committee meetings.)
- 3.2 a) Does each Regional Council meeting have a written agenda?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- b) Is the written agenda distributed to members prior to the day of the meeting? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 3.3 What method is used to select:
- a) new Regional Council members \_\_\_\_\_
- b) Regional Council chairperson \_\_\_\_\_
- c) Regional Council committee members \_\_\_\_\_
- d) Regional Council committee chairpersons \_\_\_\_\_
- 3.4 Please specify the terms of office for each of the following:
- a) Regional Council members \_\_\_\_\_
- b) Regional Council chairpersons \_\_\_\_\_
- c) Regional Council committee members \_\_\_\_\_
- d) Regional Council committee chairpersons \_\_\_\_\_
- 3.5 a) Does the Regional Council have a formal procedure for determining the priority order of its:
- 1) goals \_\_\_\_\_ Yes \_\_\_\_\_ No
- 2) objectives \_\_\_\_\_ Yes \_\_\_\_\_ No
- 3) activities \_\_\_\_\_ Yes \_\_\_\_\_ No
- b) Briefly describe the procedures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3.6 a) If the council has committees, do council committees have a formal procedure for determining the priority order of their:

1) goals ☐ Yes ☐ No

2) objectives ☐ Yes ☐ No

3) activities ☐ Yes ☐ No

b) Briefly describe the procedures: \_\_\_\_\_

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3.7 a) Does the council have an orientation package for new members?  
☐ Yes ☐ No

b) If yes, briefly summarize the content: \_\_\_\_\_

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3.8 Does the Regional Council provide in-service training for its members in their role of Regional Council members? ☐ Yes ☐ No  
If yes, please describe briefly. \_\_\_\_\_

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3.9 a) As planner, have you received formal training directly related to your areas of responsibility to the Regional Council? (Circle one)

1) None

2) Preservice (before becoming the planner)

3) In-service (while the planner)

4) Both pre-service and in-service

b) Briefly describe: \_\_\_\_\_

---

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- 3.10 Indicate the starting and ending dates of each planner your Regional Council has had since its inception.

<u>Starting Date:</u>	<u>Ending Date:</u>	<u>Total Time of Service:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total number of planners \_\_\_\_\_.

- 3.11 a) What role does the Regional Council play in the selection of a new regional planner?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- b) Does the Regional Council have a written policy statement for selecting a regional planner? \_\_\_\_ Yes \_\_\_\_ No (If so, please attach.)

- 3.12 a) How are operating costs of the Regional Council funded in the current fiscal year?

Check one or more:

- \_\_\_\_ a) expenses reimbursed from State Council budget  
\_\_\_\_ b) funds budgeted directly from State Council  
\_\_\_\_ c) funded from outside sources: \_\_\_\_\_  
\_\_\_\_ d) other \_\_\_\_\_

- b) Indicate the approximate percent of total funding in the above areas for the current fiscal year: a) \_\_\_\_ b) \_\_\_\_ c) \_\_\_\_ d) \_\_\_\_

## ACCOMPLISHMENTS

- 4.1 a) Summarize the major activities (in planning, coordinating, and evaluating) the Regional Council has undertaken since its inception.

(In column 2 rank the degree of success with number 1 indicating the most successful activity.)

<u>Activity</u>	<u>Degree of Success</u>

- b) Comment on which activities you regard as your major accomplishments:

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- c) Comment on which activities provided any major difficulties:

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## INTERNAL RELATIONSHIPS

5.1 Who has the primary role of initiating items for Regional Council consideration and action? (Check one only)

- ☐ a) the chairperson of the Regional Council
- ☐ b) the regional planner
- ☐ c) the executive committee
- ☐ d) a committee other than the executive committee  
(please name \_\_\_\_\_)
- ☐ e) a particular council member other than the chairperson  
of the council
- ☐ f) other \_\_\_\_\_

5.2 a) What is the primary role of the regional planner? Check one only.

- ☐ 1) carries out initiatives of council
- ☐ 2) carries out initiatives of council chairperson
- ☐ 3) initiates items for council consideration
- ☐ 4) initiates items for council consideration and action

b) What other roles in addition to the one circled above does the regional planner have?

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## EXTERNAL RELATIONSHIPS

6.1 Check which regional planning activities are currently in progress within your region:

- ☐ Comprehensive health planning
- ☐ Mental health/Mental retardation
- ☐ Development commissions
- ☐ Human Service boards
- ☐ Association for retarded children (regional)
- ☐ United Cerebral Palsy
- ☐ Epilepsy League
- ☐ Council of government
- ☐ Other

6.2 Are the Regional Council's goals for service programs for handicapped people similar to the goals of the Regional Council's administrative agency? ☐ Yes ☐ No

6.3 a) What plans of agencies or groups that provide services to handicapped persons in your region are systematically reviewed?

Agency or Group	Frequency of review by Regional Council
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

- 6.3 b) Are there any relevant agencies or groups whose plans you do NOT review systematically?

<u>Agency or Group</u>	<u>Comment on why not</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- c) List the agencies to whom you regularly provide your Regional Council's plan:

<u>Agency or Group</u>	<u>Reason for your doing so</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- 6.4 a) If your Regional Council reviews any of the plans submitted by the following state agencies, comment on when this is accomplished and by whom.

<u>Agency</u>	<u>Frequency of Review</u>	<u>By Whom</u>
1. Maternal and Child Health/Crippled Children's Services, Title V, SSA	_____	_____
2. Education of the Handicapped	_____	_____
3. Vocational Rehabilitation, Section 2, VRA	_____	_____
4. Social Services, Family and Children, Title IV-A, SSA	_____	_____
5. Social Services, Adults, Title I, X, XIV	_____	_____

(continued)

6.4 a) Continued		<u>Frequency of Review</u>	<u>By Whom</u>
6.	Public Assistance, I, IV, -A, X, XIV, XVI, SSA	_____	_____
7.	Comprehensive Health Planning	_____	_____
8.	Vocational Education, Title I (b) VEA	_____	_____
9.	Medical Assistance, Title XIX, SSA	_____	_____

b) Referring to the numbers of the nine plans specified, comment on the usefulness of these plans for your purposes.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_

6.5 a) Do you feel that your Regional Council's plan reflects the plans of other agencies or groups in your region? (Check one)

\_\_\_\_\_ 1) to a great extent    \_\_\_\_\_ 2) to a moderate extent

\_\_\_\_\_ 3) to a minimal extent    \_\_\_\_\_ 4) to no extent

- 6.5 b) List those agencies or groups whose plans have a major influence on the content of your Regional Council's plan.

<u>Agencies/Groups</u>	<u>Comment on the content areas</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- 6.6 Characterize the degree of interaction between the Regional Council and the following groups and agencies:

In column two circle 1-high, 2-moderate, 3-minimal, 4-none. In column three check if the Regional Council's goals and/or activities are shared by these groups and agencies.

<u>Group or Agency</u>	<u>Degree of Interaction</u>	<u>Goals</u>	<u>Activities</u>
a. Local welfare boards	1 2 3 4	( )	( )
b. Comprehensive health planning	1 2 3 4	( )	( )
c. Regional development commissions	1 2 3 4	( )	( )
d. Vocational rehabilitation	1 2 3 4	( )	( )
e. MH/MR area boards	1 2 3 4	( )	( )
f. State institutions	1 2 3 4	( )	( )
g. Private residential facilities	1 2 3 4	( )	( )
h. Day activity centers	1 2 3 4	( )	( )
i. Public health and nursing	1 2 3 4	( )	( )

(Continued)

6.6 j.	Crippled children's services	1 2 3 4	( )	( )
k.	Special education	1 2 3 4	( )	( )
l.	Other _____	1 2 3 4	( )	( )
	_____	1 2 3 4	( )	( )
	_____	1 2 3 4	( )	( )
	_____	1 2 3 4	( )	( )

#### SUPPORT SERVICES

- 7.1 Has the Regional Council as a group received support services?  
       Yes       No
- 7.2 Does the Regional Council as a group currently need support services?  
       Yes       No
- 7.3 List the areas in which you feel the Regional Council currently needs assistance, indicate degree of need, and if possible briefly describe the specific needs. In column 2 circle 1-great need, 2-moderate need, 3-minimal need.

<u>Area of Activity</u>	<u>Degree of Need</u>	<u>Specific Needs</u>
_____	1 2 3	_____
_____	1 2 3	_____
_____	1 2 3	_____
_____	1 2 3	_____
_____	1 2 3	_____
_____	1 2 3	_____
_____	1 2 3	_____
_____	1 2 3	_____
_____	1 2 3	_____



- 7.4 a) Has the Regional Council conducted a needs assessment of its support services needs? \_\_\_\_ Yes \_\_\_\_ No
- b) If yes, please describe the nature and frequency of your needs assessment.

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- 7.5 Does the Regional Council have money budgeted for support services for the current fiscal year? \_\_\_\_ Yes \_\_\_\_ No

- 7.6 a) Has the Regional Council investigated possible funding sources for support services? \_\_\_\_ Yes \_\_\_\_ No

- b) If yes, please briefly describe.

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EVALUATION OF MINNESOTA'S  
REGIONAL DD COUNCILS

INTERVIEW:  
PLANNERS

ACCOMPLISHMENTS OF REGIONAL COUNCILS  
GENERAL PURPOSES OF REGIONAL COUNCILS  
INFORMATION FOR PLANNING AND EVALUATION  
PLANNING PROCESSES OF REGIONAL COUNCILS  
INTERNAL RELATIONSHIPS OF REGIONAL COUNCILS  
EXTERNAL RELATIONSHIPS OF REGIONAL COUNCILS  
SUPPORT SERVICES  
GENERAL COMMENTS

Region \_\_\_\_\_

Position: Planner

## ACCOMPLISHMENTS OF REGIONAL COUNCILS

1. a) What do you regard as the Regional Council's most successful activity since the program was developed?
- b) What do you regard as the Regional Council's least successful activity?

(Ask: When were these activities conducted? Why were they successful or unsuccessful?)

Planning: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Coordinating: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Evaluating: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Implementing: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. What do you believe the Council ought to be doing which it is not now doing to improve the service programs for handicapped people?

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PURPOSES (FUNCTIONS) OF THE REGIONAL COUNCIL

3. a) What do you regard as the purpose (function) of a regional developmental disabilities council?

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- b) What do you regard as the purpose (function) of the state developmental disabilities council?

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- c) How do the purposes (functions) of the regional council differ from those of the state council? How do the purposes (functions) of the regional and state councils complement each other?

Continued

Differ: \_\_\_\_\_

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Complement: \_\_\_\_\_

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- d) Do you feel the work of the regional council is necessary in your region? What unique role does the regional council fulfill?

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4. a) What has your regional council done to distribute information on DD programs to agencies and consumer groups? Is this effort adequate?

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4. b) Does the regional council have a plan to operate or fund an information and referral service so that DD clients can be readily identified and made aware of existing services in your region?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Explain: \_\_\_\_\_

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#### INFORMATION FOR PLANNING AND EVALUATION BY REGIONAL COUNCILS

5. Is the information you obtain on services for developmentally disabled individuals in your region adequate for your regional planning purposes? If not, what are the major problems with it?

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6. How do you use the information and data you collect? Do you consider some kind of data more valuable than other data in planning and formulating goals for your region?

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6. Continued: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### PLANNING PROCESSES OF REGIONAL COUNCILS

7. How do you go about planning? Do you use task forces, committees or rely on volunteers? What are the weaknesses and strengths in those planning processes?

Strengths: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Weaknesses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. What role do you see for "consumers" in the regional planning process?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INTERNAL RELATIONSHIPS

9. a) Is the regional council committed to achieving its stated goals and objectives? (\_\_\_\_ extremely involved and committed, \_\_\_\_ moderately involved, \_\_\_\_ slightly involved, \_\_\_\_ not very involved) \_\_\_\_\_
- b) Are there particular areas (i.e., planning, evaluating) your council is committed to? Do you feel any particular group represented on your council (i.e., M.R. consumers, special education representatives) is more involved and committed than other groups?

Areas: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Council Representation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- c) What things do you consider indicative of the level of commitment you describe?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- d) What kinds of positive things made the council particularly involved or committed? What things were lacking that you feel would have helped?

Positive: \_\_\_\_\_

\_\_\_\_\_



9. d) Continued: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lacking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. a) How do you feel about the formal procedures that exist between the regional and state DD councils?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) How do you feel about the informal procedures (e.g., communication) between regional and state DD councils?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c) What suggestions do you have to better the relationship between the regional councils and the state councils?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Do you feel the regional council effectively complements or supports the work of the council's administrative agency (CHP or Development Commission)? \_\_\_\_ Yes \_\_\_\_ No

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12. a) How do the roles of the regional developmental disabilities councils overlap with those of other local and regional agencies serving DD persons in your area?

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Compared with the regional council:

- b) What things do you regard as unique about the roles of those other local and regional groups serving DD persons in your area? (Already answered uniqueness of regional council's role in question 3d)

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- c) Is there any effort on a regional level to coordinate planning and services for the developmentally disabled population when roles overlap or to cooperate when the roles may be unique?

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13. a) Do you feel your role as a DD planner overlaps with those of other local agency or group personnel serving the developmentally disabled population? (In what areas, with whom?)

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- b) What are the unique roles served by other local and regional agency or group personnel serving the developmentally disabled population in your area? (compared with the role of planner)

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13. c) What unique role does the regional planner fulfill in your region?

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#### SUPPORT SERVICES

14. What value to your regional council do you feel support services have had or may have?

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15. What do you feel are the areas of major need for support services in your region?

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GENERAL COMMENTS

16. Are there any general comments or issues you wish to raise concerning any aspect of the regional developmental disabilities program?

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COUNCIL CHAIRPERSONS

EVALUATION OF MINNESOTA'S  
REGIONAL DD COUNCILS

WRITTEN QUESTIONNAIRE  
COUNCIL CHAIRPERSONS

GOALS

ACCOMPLISHMENTS OF REGIONAL COUNCILS

INTERNAL RELATIONSHIPS

EXTERNAL RELATIONSHIPS

SUPPORT SERVICES

APPENDIX

Region \_\_\_\_\_

## GOALS

1. Rank the following roles according to the priority they have had in the past with your Regional Council. Rank 1 (highest) through 10 (lowest). Further definitions of terras can be found in appendix.

\_\_\_\_\_a DD advocacy  
\_\_\_\_\_b Services Review  
\_\_\_\_\_c Services Coordination  
\_\_\_\_\_d Service Provision  
\_\_\_\_\_e Grant Review  
\_\_\_\_\_f Planning and Evaluation  
\_\_\_\_\_g Needs Assessment  
\_\_\_\_\_h Information and Referral  
\_\_\_\_\_i Education and Training  
\_\_\_\_\_j Other \_\_\_\_\_

2. Rank these roles again according to the priority you perceive they will have with your Regional Council in the future.

\_\_\_\_\_a DD advocacy  
\_\_\_\_\_b Services Review  
\_\_\_\_\_c Services Coordination  
\_\_\_\_\_d Service Provision  
\_\_\_\_\_e Grant Review  
\_\_\_\_\_f Planning and Evaluation  
\_\_\_\_\_g Needs Assessment  
\_\_\_\_\_h Information and Referral  
\_\_\_\_\_i Education and Training  
\_\_\_\_\_j Other \_\_\_\_\_

## ACCOMPLISHMENTS

3. a) Summarize the major activities (in planning, coordinating, and evaluation) the Regional Council has undertaken since its inception.

(In column 2 rank the degree of success with number 1 indicating the most successful activity.)

<u>Activity</u>	<u>Degree of Success</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- b) Comment on which activities you regard as your major accomplishments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- c) Comment on which activities provided any major difficulties:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



#### INTERNAL RELATIONSHIPS

4. Who has the primary role of initiating items for Regional Council consideration and action? (check one only)

- ☐ a) the chairperson of the Regional Council
- ☐ b) the regional planner
- ☐ c) the executive committee
- ☐ d) a committee other than the executive committee  
(please name \_\_\_\_\_)
- ☐ e) a particular council member other than the chairperson  
of the council
- ☐ f) other \_\_\_\_\_

5. What is the Regional Council's role in the selection, review, and evaluation of the planner?

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#### EXTERNAL RELATIONSHIPS

6. Are the Regional Council's goals for service programs for handicapped people similar to the goals of the Regional Council's administrative agency? ☐ Yes ☐ No

7. a) What plans of agencies or groups that provide services to handicapped persons in your region are systematically reviewed?

Agency or Group

Frequency of review by Regional Council

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- b) Are there any relevant agencies or groups whose plans you do NOT review systematically?

Agency or Group

Comment on why not

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7. c) List the agencies to whom you regularly provide your Regional Council's plan:

Agency or Group

Reason for your doing so

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8. a) Do you feel that your Regional Council's plan reflects the plans of other agencies or groups in your region? (Check one)

\_\_\_\_ 1) to a great extent      \_\_\_\_ 3) to a minimal extent

\_\_\_\_ 2) to a moderate extent      \_\_\_\_ 4) to no extent

- b) List those agencies or groups whose plans have a major influence on the content of your Regional Council's plan.

Agencies/Groups

Comment on the content areas

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9. Characterize the degree of interaction between the Regional Council and the following groups and agencies:

In column two circle 1-high, 2-moderate, 3-minimal, 4-none. In column three check if the Regional Council's goals and/or activities are shared by these groups and agencies.

<u>Group or Agency</u>	<u>Degree of Interaction</u>	<u>Goals</u>	<u>Activities</u>
a. Local welfare boards	1 2 3 4	( )	( )
b. Comprehensive health planning	1 2 3 4	( )	( )
c. Regional development commissions	1 2 3 4	( )	( )
d. Vocational rehabilitation	1 2 3 4	( )	( )
e. MH/MR area boards	1 2 3 4	( )	( )
f. State institutions	1 2 3 4	( )	( )
g. Private residential facilities	1 2 3 4	( )	( )
h. Day activity centers	1 2 3 4	( )	( )
i. Public health and nursing	1 2 3 4	( )	( )
j. Crippled children's services	1 2 3 4	( )	( )
k. Special education	1 2 3 4	( )	( )
l. Other _____	1 2 3 4	( )	( )
_____	1 2 3 4	( )	( )
_____	1 2 3 4	( )	( )
_____	1 2 3 4	( )	( )

## SUPPORT SERVICES

10. Has the Regional Council as a group received support services?

\_\_\_\_\_ Yes \_\_\_\_\_ No

11. Does the Regional Council as a group currently need support services? \_\_\_\_\_ Yes \_\_\_\_\_ No

12. List the areas in which you feel the Regional Council currently needs assistance. Indicate degree of need, and if possible briefly describe the specific needs. In column 2 circle 1-great need, 2-moderate need, 3-minimal need.

<u>Area of Activity</u>	<u>Degree of Need</u>	<u>Specific Needs</u>
_____	1 2 3	_____
_____	1 2 3	_____
_____	1 2 3	_____
_____	1 2 3	_____
_____	1 2 3	_____
_____	1 2 3	_____
_____	1 2 3	_____
_____	1 2 3	_____

## APPENDIX

### Further Definition of Terms

#### Roles and Functions

1. DD Advocacy: The role of DD Advocacy more clearly delineates a goal than any specific activities or functions. Persons playing the role define their work regardless of the mechanism, in terms of the needs of the DD citizen. It is assumed that there is frequent and continuous contact with the DD citizens.
2. Services Review: In terms of a role, services review implies that the regional mechanism identifies existing services available to the DD citizen, somehow analyzes the activities of the service program and reports on the adequacy and effectiveness of those services regardless of the agency providing the service.
3. Services Coordination: As a role services coordination means that the mechanism is responsible for the service programs delivered within a geographical area. Probably those service programs funded through the DDSA Grant are the focal point of that coordination.
4. Service Provision: In this case the regional mechanism is directly responsible for the actual delivery of services from an administrative level of responsibility.
5. Grant Review: Regional mechanism receives, reviews and makes recommendations on specific applications for DDSA money and is ultimately responsible for the implementation of any grants awarded within the region.
6. Planning & Evaluation: The role of planning and evaluation, if played by the regional mechanism, may include some of the other roles defined herein. Implied in this role, however, is responsibility for the overall planning and evaluation at the regional level. These plans would be then incorporated into the State Plan.
7. Needs Assessment: The role here is to determine the needs at the regional level of either DD citizens and/or the agencies which provide services to the DD citizens.
8. Information & Referral: The regional mechanism serves as the regional "expert" on DD and is responsive to public and agency demands for information or referral to service programs.

9. Education & Training: The regional mechanism plays an active role in public awareness programming and education about DD. The mechanism may have training programs for agency personnel or some other target groups.
10. Others: Some regional mechanisms may play other roles. Please indicate in the questionnaire if your state regional mechanism plays a role other than those outlined above.

EVALUATION OF MINNESOTA'S  
REGIONAL DD COUNCILS

INTERVIEW  
CONSUMERS

ACCOMPLISHMENTS OF REGIONAL COUNCILS

PURPOSES OF REGIONAL COUNCILS

PLANNING PROCESSES OF REGIONAL COUNCILS

INTERNAL RELATIONSHIPS OF REGIONAL COUNCILS

EXTERNAL RELATIONSHIPS OF REGIONAL COUNCILS

GENERAL COMMENTS

Region: \_\_\_\_\_

Position: Consumer

Disability Area: \_\_\_\_\_



## ACCOMPLISHMENTS OF REGIONAL COUNCILS

1. a) What do you regard as the Regional Council's most successful activity since the program was developed?
- b) What do you regard as the Regional Council's least successful activity?

(Ask: When were these activities conducted? Why were they successful or unsuccessful?)

Planning: \_\_\_\_\_

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Coordinating: \_\_\_\_\_

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Evaluating: \_\_\_\_\_

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Implementing: \_\_\_\_\_

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PURPOSES (FUNCTIONS) OF REGIONAL COUNCIL

2. a) What do you regard as the purpose (function) of a regional developmental disabilities council?

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- b) What do you regard as the purpose (function) of the state developmental disabilities council?

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- c) Do you feel the work of the regional council is necessary in your region? Does it fulfill a unique role? Explain.

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3. Is the regional council doing an effective job of distributing information on DD programs to agencies and consumer groups?

\_\_\_\_ Yes \_\_\_\_ No      Comments: \_\_\_\_\_

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4. What do you believe the council ought to be doing which it is not now doing to improve the service programs for handicapped people?

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#### PLANNING PROCESSES OF REGIONAL COUNCILS

5. a) Are there problems in the interactions between your regional council and other agencies or groups serving DD persons in your area? \_\_\_\_\_

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- b) Can you suggest ways the regional council can improve cooperative planning in your region? \_\_\_\_\_

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6. What unique role does the regional planner fulfill in your region?

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#### INTERNAL RELATIONSHIPS OF REGIONAL COUNCILS

7. a) Do you feel, you, as a "consumer" had an adequate orientation to the regional council? \_\_\_\_\_

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b) Ideally what would you like to see in an orientation program?

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8. What influence do you feel consumers as a group have in the goals and activities of the regional council?

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9. a) Do you feel the regional council is committed to achieving its goals and objectives? (\_\_\_ extremely involved and committed, \_\_\_ moderately committed, \_\_\_ slightly committed, \_\_\_ not very committed)

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- b) Do you feel the regional council's goals and objectives are important ones for your particular region and for the consumer group you represent?

Region: \_\_\_\_\_

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Consumer Group: \_\_\_\_\_

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#### EXTERNAL RELATIONSHIPS

10. a) What kind of overlap in roles or purposes is there between the consumer group you represent and the other consumer groups in your region? (i.e., Association for Retarded Citizens, United Cerebral Palsy, Epilepsy League)

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- b) What differences do you see between the consumer group you represent and the other consumer groups in your region?

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- c) Has your awareness of and contact with other consumer groups through the region DD council made a contribution to the activities of the consumer group you represent? \_\_\_\_ Yes \_\_\_\_ No Explain:

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#### GENERAL COMMENTS

11. Are there any general comments or issues you wish to raise concerning any aspect of the regional developmental disabilities program?

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EVALUATION OF MINNESOTA'S  
REGIONAL DD COUNCILS

INTERVIEW  
COUNCIL CHAIRPERSON

ACCOMPLISHMENTS OF REGIONAL COUNCILS  
PURPOSES (FUNCTIONS) OF REGIONAL COUNCILS  
INTERNAL RELATIONSHIPS OF REGIONAL COUNCILS  
EXTERNAL RELATIONSHIPS OF REGIONAL COUNCILS  
SUPPORT SERVICES  
GENERAL COMMENTS

Region:

Position: Council Chairperson

## ACCOMPLISHMENTS OF REGIONAL COUNCILS

1. a) What do you regard as the Regional Council's most successful activity since the program was developed?
- b) What do you regard as the Regional Council's least successful activity?

(Ask: When were these activities conducted? Why were they successful or unsuccessful?)

Planning: \_\_\_\_\_

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Coordinating: \_\_\_\_\_

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Evaluating: \_\_\_\_\_

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Implementing: \_\_\_\_\_

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2. What do you believe the Council ought to be doing which it is not now doing to improve the service programs for handicapped people?

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PURPOSES (FUNCTIONS) OF THE REGIONAL COUNCIL

3. a) What do you regard as the purpose (function) of a regional developmental disabilities council?

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- b) What do you regard as the purpose (function) of the state developmental disabilities council?

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- c) How do the purposes (functions) of the regional council differ from those of the state council? How do the purposes (functions) of the regional and state councils complement each other?

Continued

Differ: \_\_\_\_\_

Complement: \_\_\_\_\_

- d) Do you feel the work of the regional council is necessary in your region? What unique role does the regional council fulfill?

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4. What has your regional council done to distribute information on DD programs to agencies and consumer groups? Is this effort adequate?

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5. What role do you see for "consumers" in the regional planning process?

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INTERNAL RELATIONSHIPS

6. a) Is the regional council committed to achieving its stated goals and objectives? (~~extremely involved and committed~~, ~~moderately involved~~, slightly involved, not very involved)
- b) Are there particular areas (i.e., planning, evaluating) your council is committed to? Do you feel any particular group represented on your council (i.e., M.R. consumers, special education representatives) is more involved and committed than other groups?

Areas: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Council Representation: \_\_\_\_\_

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- c) What things do you consider indicative of the level of commitment you describe?

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- d) What kinds of positive things made the council particularly involved or committed? What things were lacking that you feel would have helped?

Positive: \_\_\_\_\_

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6. d) Continued: \_\_\_\_\_  
\_\_\_\_\_

Lacking: \_\_\_\_\_  
\_\_\_\_\_  
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7. a) How do you feel about the formal procedures that exist between the regional and state DD councils?

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b) How do you feel about the informal procedures (e.g., communication) between regional and state DD councils?

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c) What suggestions do you have to better the relationship between the regional councils and the state councils?

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8. Do you feel the regional council effectively complements or supports the work of the council's administrative agency (CHP or Development Commission)? \_\_\_\_\_ Yes \_\_\_\_\_ No

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9. a) How do the roles of the regional developmental disabilities councils overlap with those of other local and regional agencies serving DD persons in your area?

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Compared with the regional council:

- b) What things do you regard as unique about the roles of those other local and regional groups serving DD persons in your area? (Already answered uniqueness of regional council's role in question 3d)

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- c) Is there any effort on a regional level to coordinate planning and services for the developmentally disabled population when roles overlap or to cooperate when the roles may be unique?

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10. a) Do you feel your role as a DD planner overlaps with those of other local agency or group personnel serving the developmentally disabled population? (In what areas, with whom?)

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*not applicable for  
council chairperson*

- b) What are the unique roles served by other local and regional agency or group personnel serving the developmentally disabled population in your area? (compared with the role of planner)

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10. c) What unique role does the regional planner fulfill in your region?

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#### SUPPORT SERVICES

11. What value to your regional council do you feel support services have had or may have?

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12. What do you feel are the areas of major need for support services in your region?

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GENERAL COMMENTS

13. Are there any general comments or issues you wish to raise concerning any aspect of the regional developmental disabilities program?

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EVALUATION OF MINNESOTA'S  
REGIONAL DD COUNCILS

INTERVIEW

M.R. GENERALISTS

SPECIAL EDUCATION- REGIONAL CONSULTANTS

SERVICE PROVIDERS

ACCOMPLISHMENTS OF REGIONAL COUNCILS

PURPOSES (FUNCTIONS) OF REGIONAL COUNCILS

EXTERNAL RELATIONSHIPS OF REGIONAL COUNCILS

GENERAL COMMENTS

Region: \_\_\_\_\_

Position: MR/DD Generalist  
SERC or Special Ed. Person  
Service Provider

\_\_\_\_\_  
(Specify)

## ACCOMPLISHMENTS OF REGIONAL COUNCILS

1. a) What do you regard as the Regional Council's most successful activity since the program was developed?
- b) What do you regard as the Regional Council's least successful activity?

(Ask: When were these activities conducted? Why were they successful or unsuccessful?)

Planning: \_\_\_\_\_

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Coordinating: \_\_\_\_\_

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Evaluating: \_\_\_\_\_

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Implementing: \_\_\_\_\_

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2. What do you believe the Council ought to be doing which it is not now doing to improve the service programs for handicapped people?

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PURPOSES (FUNCTIONS) OF THE REGIONAL COUNCIL

3. a) What do you regard as the purpose (function) of a regional developmental disabilities council?

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- b) What do you regard as the purpose (function) of the state developmental disabilities council?

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EXTERNAL RELATIONSHIPS

4. a) What kind of overlap is there between your own role (job description) and that of the regional planner?

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- b) What things do you regard as unique about your own role in planning or providing services for the developmentally disabled population in your region? (compared with role of regional planner)

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- c) Do you feel the role of the regional planner effectively complements or supports your own work? \_\_\_\_ Yes \_\_\_\_ No Explain:

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4. d) What unique role does the regional planner fulfill in your region?

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5. a) How do the roles or purposes of the regional DD council overlap with those of the particular agency or group you represent?

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b) What roles or purposes do you regard as unique about the particular agency or group you represent? (compared with roles and purposes of DD council)

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5. c) What unique role does the regional council fulfill in your region?  
Is it necessary?

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- d) Is there any effort on a regional level to coordinate planning or service programs for the developmentally disabled population when roles overlap or to cooperate when roles may be unique?

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6. Does the regional council effectively complement or support the work of the agency or group you represent? \_\_\_\_ Yes \_\_\_\_ No. Explain:

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7. What role do you see for "consumers" in the regional developmental disabilities planning process?

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GENERAL COMMENTS

8. Are there any general comments or issues you wish to raise concerning any aspect of the regional developmental disabilities program?

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Can the information you have given in this interview be shared with either the State Developmental Disabilities Council and staff or your particular regional council and staff?    ☐ Yes    ☐ No



EVALUATION OF MINNESOTA'S  
REGIONAL DD COUNCILS

INTERVIEW  
DIRECTORS OF HOST AGENCY

FUNCTIONS OF REGIONAL COUNCILS

PLANNING PROCESSES OF REGIONAL COUNCILS

EXTERNAL RELATIONSHIPS OF REGIONAL COUNCILS

ACCOMPLISHMENTS OF REGIONAL COUNCIL

Region \_\_\_\_\_

Position Agency Director

## PURPOSES (FUNCTIONS) OF THE REGIONAL COUNCIL

1. What do you regard as the purpose (function) of a regional DD council?  
Is this role unique or a necessary one in your region?

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2. What do you believe the council ought to be doing which it is not now doing to improve the service programs for handicapped people?

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## PLANNING PROCESSES OF REGIONAL COUNCILS

3. a) What functions or responsibilities is the regional council planner currently fulfilling?

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3. b) What functions do you feel the regional council planner should fulfill generally and in your agency?

General: \_\_\_\_\_

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Agency: \_\_\_\_\_

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- c) Is the role of the regional planner an important one to your agency and region?

Agency: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Region: \_\_\_\_\_

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4. What role do you see for \*"consumers" in the regional planning process?  
\*By "consumers" is meant persons who receive services as developmentally disabled individuals or their parents as opposed to those who provide services.

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5. What has been your own actual involvement with the regional DD council?

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6. How effective is the council in developing goals and objectives for developmentally disabled persons in your region?

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7. Does the regional developmental disabilities council effectively complement or support the work of your agency? \_\_\_\_ Yes \_\_\_\_ No  
Explain: \_\_\_\_\_

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8. What kind of overlap in purpose is there between the regional council and your agency? \_\_\_\_\_

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9. What is your opinion about the future status of the regional DD council regarding:

a) Staffing: \_\_\_\_\_

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b) Financial Support: \_\_\_\_\_

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10. Under what conditions do you see the regional council's program as part of your agency in the next few years?

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#### ACCOMPLISHMENTS OF REGIONAL COUNCILS

11. a) What do you regard as the regional council's most successful activity since the program was developed?

b) What do you regard as the regional council's least successful activity.

(Ask: When were these activities conducted? Why were they successful or unsuccessful?)

Continued

11. b) Continued

Planning: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Coordinating: \_\_\_\_\_

\_\_\_\_\_

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Evaluating: \_\_\_\_\_

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\_\_\_\_\_

Implementing: \_\_\_\_\_

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#### GENERAL COMMENTS

12. Are there general comments or issues you wish to raise concerning any aspect of the regional developmental disabilities program?

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