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Example Only-No Endorsement Implied

# **Fairness, Full Citizenship and Self-Determination:**

**A Legislative Agenda for**

**Minnesotans with Developmental Disabilities**

**Recommendations to the Minnesota Legislature**

**from the**

**Community Working Group on Developmental Disabilities<sup>1</sup>**

**January 15, 1999**

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<sup>1</sup>The Minnesota Community Working Group on Developmental Disabilities is made up of persons with developmental disabilities, family members, advocates, state and county government leaders, service providers and academic community members. A listing of members can be found in Appendix A.

## **Background**

### **What is the Community Working Group?**

The Developmental Disabilities Community Working Group is a collaborative effort of representatives of major stakeholders in Minnesota to plan and work together to shape a better future for Minnesotans with developmental disabilities. The goal of the Working Group is to develop community-wide consensus and concerted activity on issues of importance to the quality of life of Minnesotans with developmental disabilities. Although the focus of this proposal is legislative, the Community Working Group attends to wide variety of other reforms that can contribute to improved lives for for Minnesotans with developmental disabilities.

Because the Community Working Group attends to a wide variety of issues, it operates as both a full group and through task forces on particular topics. The Community Working Group meetings are open to all organizations and individuals.

### **What Is the Goal of the Community Working Group**

The Community Working Group shares a vision for Minnesotans with developmental disabilities summarized in 9 desired outcomes:

- People are healthy and safe within the context of lifestyles that they choose for themselves
- People are able to exercise the individual rights, freedoms and responsibilities that derive from their citizenship
- People have equitable and timely access to resources that are adequate to meet their needs
- People control and determine the use of resources that are allocated on their behalf
- People define, select and retain services that assist them to achieve the personal outcomes that they choose for their lives
- People have opportunities and options for social participation and community contribution that are satisfying to them
- People have supported and sustained relationships with family, friends and others who nurture and care about them
- People have the information, training and technical assistance they need for informed service purchase of services they desire
- All Minnesotans with roles in using, providing, and financing services have access to information about the outcomes, accessibility and costs of those services that is independently gathered and publicly reported

### **Areas of Focus**

Over the past year, Community Working Group members have identified 6 major issues that are impeding Minnesota's ability to achieve the goals identified above. These challenges area briefly described below:

**Area 1:**           **Regulation and Quality Assurance**

**Outcome:**       Minnesota must create systems of regulation and service assessment that much better respond to human desires and needs and needs of people with developmental disabilities.

**Issue summary:** Minnesota has created a system that is heavily, but unevenly regulated. People living in settings funded by different funding streams are protected by different standards, but the entire system is highly dependent on compliance with procedural requirements. Quality assurance focuses little on people having meaningful lives and it does little to improve services except for the very worst service providing agencies.

**Challenges:**     1) Remove one size fits all mentality because standards that are set for everyone adequately reflect the needs of no one; 2) Acknowledge that present rules are not about the "right things" and identify and develop quality assurance systems that attend to the "right things" as identified by people who need services; 3) Make "quality assurance" about improving all agencies not just the worst; 4) Reduce risk intolerance/overprotection by state, counties, providers and families/consumers while offering appropriate protections of health and safety; 5) increase accountability of service providers to achieve the personal outcomes and expectations of consumers.

**Area 2:**           **Resource Access and Allocation**

**Outcome:**       Minnesota must create a resource allocation systems that are efficient, effective and equitable in providing the supports that people want and need.

**Issue summary:** Minnesota allocates a great deal of state revenues to services for persons with disabilities. Increasingly those revenues derive from flexible Medicaid waiver programs, although Minnesota remains one of the nation's highest users of Medicaid institutional programs (ICF/MR) for community services. Despite Minnesota's commitment of revenues to community services, many Minnesotans remain under served and wait long periods of time for appropriate services. Increasing numbers of citizens view the present system as unfair. Some people receive comprehensive and costly services while others a small part of the support they need. Currently available resources are inadequate to serve all who need services through traditional approaches. Strategies for increasing state revenues and maximizing federal financial participation are important. Greater efficiency in using existing revenues is essential.

**Challenges:**     1) Develop strategies for federal revenue enhancement through expanded Medicaid waivers, targeted case management and other options; 2) Establish a commitment to fairness and equity that eliminates waiting lists; 3) Identify and implement incentives for efficiency; 4) Create individual budgets and tax policies that support independence and family involvement; 5) Make cost-effective services most flexible so that their use can be

maximized; 6) Develop and support financing models that support market forces to achieve efficiency (e.g., consumer controlled budgets, flexibility in sharing benefits of reduced spending through living at home, through using lower cost options).

**Area 3:**      Access to Information

**Outcome:**      Minnesota must create an information system that raises knowledge and expectations about what consumers should be able expect from support providers and that provides appropriate assistance to support providers to help them meet people's raised expectations.

**Issue summary:** The goals for Minnesota's future are meaningless unless people with disabilities, family members and advocates have the opportunity to learn about new and better things they might expect, unless service providers can learn from each other and inform others about service delivery practices and innovations that respond to the higher expectations and unless government agencies can appraise and report on the status and outcomes of services purchased with public dollars. As more emphasis is placed on consumer choice and control, information about available and/or desired options becomes an essential component to the meaningful exercise of choice and control. If people are expected to be freer they need to know and expand the boundaries and benefits of their freedom.

**Challenges:**      1) Respond to people's lack of or access to knowledge about best practices through access to sound information; Develop systems that assist "consumers" to behave like true consumers with access to good product information (i.e., access to information about different options and service providers, quality reports based on assessments and quality feedback systems involving consumers); 3) Support government "reinvention" of itself from the controller of few options to the promoter of many options; 4) Stimulate creative leadership and help nurture and promote new ways of using service resources and options; 5) Make public information a vehicle of overcoming ignorance and lack of trust.

**Area 4:**      Person-Centered Options

**Outcomes:**      Minnesota must provide access to options, supports and statuses that assist people to exercise as much choice, control, respect and responsibility as they want and as they can achieve alone or with the assistance they desire.

**Issue summary:** Minnesotans seek to promote individual freedom, control and responsibility of their fellow citizens with disabilities. Because the traditional services system has not been committed to such principles, it is important to develop and evaluate a variety of approaches to greater consumer freedom, control and responsibility. Approaches that should be available to those who choose them include: a) control over personal service budgets; b) person-centered planning process; c) independent service coordination or service brokering; d) self-advocacy training and participation; e) support in acquiring one's own home; or f) review and reassessment of guardianship arrangements. By providing access to counseling and support in areas crucial to independence, Minnesotans with disabilities will be better able to define and control the services needed to live the lives they choose.

**Challenges:**      1) Establish a balance of power in decisions about purchase of services that favors the

individual with disabilities; 2) Interject planfulness, creativity and individual responsibility into efforts of individuals to develop a lifestyles of their own choosing; 3) Give people freedom to choose the people who are their closest allies in planning lifestyles and purchasing services that meet their needs and desires, including case managers, service providers, service brokers and others; 4) Remove social/cultural biases and impediments that take people from a natal culture and make them members of a developmental disabilities culture; 5) Integrate the fundamental freedoms associated with controlling one's money and one's home, speaking for oneself (self-advocacy), not being controlled by others (as with guardianship) and being respected as a citizen with basic rights into all aspects, designs and decisions for service development and delivery.

#### **Area 5: Workforce Development**

**Outcomes:** Minnesota must become more effective in recruiting, training, supporting and retaining the people who provide direct support and specialized services to people with developmental disabilities.

**Issue summary:** There is no system of support for people with developmental disabilities without the people to provide that support. Minnesota faces an unprecedented crisis in its ability to provide for direct support needed by its citizens with disabilities. With low unemployment throughout Minnesota, wages at levels only marginally competitive with major service industries, turnover rates averaging 50% and demographic trends showing diminished numbers of persons in the age cohorts traditionally recruited for direct support work, a concerted community-wide response is required to assure people with the direct supports they need to keep the promise of a community life for all Minnesotans with disabilities. The continued movement toward smaller, more dispersed homes and work sites is increasing the challenge of providing entry level and on-going training to support providers. The increasing responsibility of individual workers in these sites and their reduced access to assistance from experienced co-workers increases the need for effective training.

**Challenges:** 1) Recruit effectively among new pools of people to fill vacant and new positions in human services; 2) Provide recruitment, access to and means to support new types of helpers (e.g., family, neighbors); 3) Develop innovative approaches to training that fit the realities of home and family services (e.g., staff working in family homes, staff working odd hours, few staff per site, different training needs at different sites associated with consumer needs, different training needs of different staff members); 4) Improve "compensation" of support providers through increased resources, efficiency and/or supplemental benefits; 5) Create educational and career paths for direct support workers.

#### **Area 6: Full Citizenship and Community Membership**

**Outcome:** Minnesota must expand options and opportunities for people to engage in activities, roles, relationships that support individual development, community participation and sense of personal accomplishment.

**Issue summary:** Almost all people acknowledge a personal need to develop skills and interests, participate

in social and intimate relationships, fulfill culturally valued roles and feel accomplishment in the activities of one's own daily life. Many Minnesotans with disabilities do not receive the substantial skilled and committed support needed to experience such outcomes in their lives. Many Minnesotans with disabilities have limited social networks and limited opportunities to experience social intimacies. Many Minnesotans have limited access to the support and training they need to experience the pride and benefits of holding a job. Too few Minnesotans with disabilities are members or participants in the organizations of their communities. Few of their support providers or family members receive training and support in making such connections.

**Challenges:** 1) Expand employment alternatives to/of traditional Day Training and Habilitation programs; 2) Nurture the development of minority community-based programs of community and family support; 3) Establish accountability for people achieving personal outcomes that are important to them; 4) Recognize people's right to live free of harm and fear of harm; 5) Help people with disabilities, agencies that serve them and organizations of their communities to work together to provide people opportunities to know and be socially engaged with neighbors and community; 6) Develop effective approaches to address community attitudes and discrimination that prevent full participation.

### **Request for Legislation**

In the following pages the Community Working Group outlines a set of proposals for Legislative action that will contribute to the desired outcomes described above. These proposals are presented in the areas described above. The proposed legislation represents a strong consensus of the participants of the Community Working Group. Endorsements by the Boards of Directors or management of organizations and agencies represented within the Community Working Group are also indicated.

### **Areas 1 and 2: Regulation and Quality Assurance / Resource Access and Allocation**

#### **Proposal 1.1: Allowance for flexible supports that consumers of services are requesting**

The vast majority of resources available for support of people with developmental disabilities have been allocated directly to service providers rather than to the people actually using the services.

Because resources flow through a variety of complex program streams designed to separately fund supports determined by government regulation, the costs of administering a complicated allocation system escalate and still do not meet the needs of people served. The allocation of resources to service providers based on multiple and separately defined program standards unnecessarily restricts the freedom, authority and responsibility of people with developmental disabilities and results in the reduced efficiency of taxpayer dollars.

Present rules, regulations and procedures that impact people with developmental disabilities have emerged from individual incidents and problems rather than an overriding philosophical foundation established for the delivery of services statewide. As a result, the rules, regulations and funding streams adopted do not enhance the flexibility, support and power of the people they are intended to serve.

**Intent:**

Resources intended for the support of people with developmental disabilities should systematically be freed from the constraints of separate statutes and regulations by allocating resources to an individual budget for each person.

**Requirements:**

Proposed steps toward achieving the identified intent:

1. Formulation of a stakeholder study group that specifically reviews how the freedom, authority, and responsibility of people with developmental disabilities is restricted by current regulation.
2. Support The Arc in systematically facilitating a statewide focus group initiative with potential and existing users of program services and supports to identify issues associated with freedom, authority and responsibility constraints.
3. Use results obtained from the focus groups to review existing statutes, regulations and funding streams related to services for persons with developmental disabilities and determine what changes are necessary for people to self-determine service needs and desires.

**Expected Results:**

1. A philosophy for the efficient and equitable allocation of resources statewide will be established by and for the individuals the resources were originally designated to serve.
2. Increased flexibility with funding allocations will reflect more efficient use of taxpayer dollars through a reduction in duplicative costs to administer programs as people with developmental disabilities assume responsibility for self-determining and directing their supports.
3. Service waiting lists would be reduced through increased flexibility, efficiency and equitability of state and federal dollar allocations.
4. Citizens with developmental disabilities will have opportunity to access the same freedoms and authorities routinely accessed by citizens without disabilities.

**Effective Date:**

The funded initiative would operate from July 1, 1999 - June 30, 2000.

**Fiscal Impact:**

Funding the design, implementation and outcome report of the proposed focus group initiative is estimated at \$60,000 over the next biennium.

### **Area 3: Access to Information**

#### **Proposal 3.1: Institute on Quality**

Minnesota needs a statewide program that provides information, training and technical assistance (An "Institute on Quality") to improve consumer access to information and assistance in selecting and purchasing services of high quality and to improve the ability of government and private organizations to deliver the types and quality of services Minnesotans with disabilities want and need.

#### **Intent:**

The future promises to offer persons with disabilities, their family members and allies with more choices and more responsibilities in their lives. There will also be growing attention to the amounts and outcomes of public expenditures that support those choices.

Persons with disabilities, their families and their allies will be called on to make more and better decisions about the nature, quality and cost-effectiveness of the services they receive.

Organizations that provide services to Minnesotans with disabilities will be challenged to provide people with more of what they want at costs that they and the service system can afford, especially as systems respond to the growing numbers of Minnesotans who are waiting for services. State and local agencies will in the process find themselves increasingly with more indirect roles in stimulating the development, improving quality and assuring affordability of services that persons with disabilities want and need.

New roles for consumers, service agencies and state and local governments will require better access to knowledge about emerging models of support and financing, more information about the nature and expectations of different options, better integration of the organizations and individuals making up the service system, improved access to support and expertise for service users, service providers, government agencies, family members and advocates, and other citizens.

Because of this it is recommended that a "Minnesota Institute on Quality" (by that or some other name) be established as an independent entity, dedicated to improving collaboration among key constituencies and to providing information, technical assistance and training that promote the attainment of high levels of quality, innovation and cost-effectiveness in services to Minnesotans with disabilities and their families.

#### **Requirements:**

The Institute on Quality should take its direction from a governing body of representatives of the various groups who are directly affected in the design and of services for persons with disabilities. The Commissioner of Human Services could appoint the governing body from among representatives of: a) service users, b) family members, c) advocates, d) residential service providers, e) employment service providers, f) state officials, g) county officials, h) case managers/service coordinators, i) health maintenance/health care providers, and employee representatives. It is recommended that at least 50% of the governing body shall be individuals with disabilities and their family members;

Because access to information is particularly limited in Greater Minnesota it is recommended that the



Institute provide its information, training and technical assistance services statewide with at least 50% of its training and technical assistance activities offered in locations outside the 7-county metropolitan area;

It is recommended that the Institute be financed by a Legislative appropriation to assist in program planning and materials development, with fees for participation materials, training and technical assistance being established at reasonable costs by the governing board, but with no costs to Minnesotans with disabilities;

It is recommended that the Commissioner assure appropriate evaluation and reporting to the Legislature of the effectiveness of the entity on a biannual basis with attention to the following desirable outcomes:

- 5) Organizations with an interest and stake in the definition and attainment of quality are represented in the design and implementation of the activities of the Institute.
- 2) Consumer/family empowerment, individual choice, self-determination and self-advocacy are enhanced by the information, training and technical assistance of the Institute.
- 3) Levels of knowledge and expectations of consumers, family members, advocates, service coordinators and other service system participants are raised regarding the options and innovations available to them;
- 4) Information, training, assistance and support are provided effectively so that service providers, public officials and other community members are better able to provide the kinds of services people with disabilities and families want and need;
- 5) Information, training and technical assistance programs are accessible without restriction by geographical location, current service status, income, racial/ethnic status or nature of disability.

It is recommended that the Commissioner establish or select an entity capable of carrying out the purposes and activities of the Institute as defined by the governing body, but which are to include at least the following:

- 1) creating opportunities for service users and family members to become better informed, more assertive users of opportunities within Minnesota's service system and more effective advocates for what they want and need;
- 2) developing and delivering training opportunities and training materials for direct support staff and other personnel that are accessible to workers throughout Minnesota (including access to advanced technologies such as distance learning and web-based and CD ROM based programs);
- 3) creating and sustaining print, electronic, and/or other means of communication to provide information throughout the state about options and appropriate expectations for kinds, qualities and outcomes of services;
- 4) Providing targeted training and information services and materials to groups with important advocacy and counseling roles in their local communities (e.g., case managers, local advocates, transition

coordinators);

- 5) creating forums for the exchange of information within statewide or regional catchment areas on specific topics of importance (e.g., personnel recruitment and retention; regional behavioral support/crisis response initiatives; alternative quality assurance approaches);
- 6) providing training and support for the organizational changes needed to define, plan for and achieve quality as desired by consumers of an agency's or health plan's services;
- 7) creating training and information initiatives to maximize knowledge of and access to timely opportunities to improve people's lives (e.g., training on the use of new HCBS waiver amendments to promote self-determination, or to enhance employment opportunities under the HCBS waiver);
- 8) providing coordination of other available training programs and information services to minimize duplication of activities of other organizations while maximizing geographic and topical coverage across the state.

**Cost:**

It is recommended that a legislative appropriation of \$60,000 per year be provided to support the core functions of the Institute on Quality. In a first biennial report an accounting could be made of program outcomes, core function costs and revenues from other sources to guide the Legislature's decisions regarding future authorizations and appropriations for the Institute. The proposed initial authorization would provide for a part-time Program Coordinator, part-time support staff, costs of basic office supplies, and for the costs of conducting core Institute activities, including an Institute web site with training and technical assistance calendars, planning activities, development and completion of regional training programs, development of print materials on available training programs and other activities.

**Proposal 3.2: Evaluation and Reporting Program**

It is recommended that Minnesota establish a program that provides ongoing evaluation and reporting to the Legislature and citizens of Minnesota on the outcomes of services for Minnesotans with Disabilities.

**Intent:**

Minnesota's services for individuals with developmental disabilities and non-elderly persons with physical disabilities, brain injuries and other similar impairments exceed \$700 million dollars per year. Minnesota's current reporting on these services is limited to numbers and characteristics of services users, the types of services used and the expenditures for those services.

The Minnesota Legislature, the Department of Human Services, Minnesota's various organizations and agencies involved in disability services and advocacy speak often and clearly about the goals of Minnesota's services, including goals of inclusion, self-determination, productivity, independence, appropriate protections, access to needed services, and cost-effectiveness.

Despite Minnesota's clearly articulated goals for its services for Minnesotans with disabilities, no system exists to gather, maintain, analyze and report information to the Legislature, the Department of Human Services or to the citizens of Minnesota about the status and progress of the state in achieving articulated goals.

Goals are meaningless unless there is a serious and systematic effort to monitor their attainment, to identify both successes and failures in goal achievement and to use goals related information to identify areas and strategies of needed improvement.

Other states have taken the goals that they espouse for citizens with disabilities seriously enough to develop programs of evaluation to assess directly their success in achieving the goals that they hold for their citizens with disabilities.

Because of this it is recommended that the Commissioner of Human Services with guidance of representatives of individuals and groups receiving and providing services, a) identify those goals for services to Minnesotans with disabilities that have been articulated by state government entities, including the Legislature and major Departments, 2) draft and field-test approaches for gathering valid, reliable and sufficient information to assess achievement of such goals, 3) implement an evaluation of Minnesota's success in achieving articulated goals, and 4) create and deliver a biennial report to the Legislature and citizens on the successes and limitations of Minnesota's services to achieve goals articulated for citizens with disabilities, and to make recommendations to the Legislature, relevant state departments and citizens for program improvements.

#### **Requirements:**

It is recommended that the Commissioner of Human Services design and implement a system of valid and reliable assessment of achievement of the goals held for Minnesota's services, including the following aspects:

- 1) establishes an advisory committee made up of persons with disabilities, family members, service providers, state and local government officials, advocates and other persons with roles in service delivery to guide the development of a system of evaluation for services to Minnesotans with disabilities;
- 2) identifies the desired outcomes of services for persons with disabilities, including those outcomes in which individual choice/preference are important dimensions;
- 3) develops, reviews and field-tests a system of interview-based data collection on service outcomes in which service users are the primary respondents, except when it is determined that they cannot provide valid and reliable responses to particular questions;
- 4) develops sampling criteria, including specific subsamples for which estimates are desired (e.g., people living at home and people out-of-home, Twin Cities metro area and Greater Minnesota) and identify means of selecting an adequate and representative samples of each group for which estimates are desired.

- 5) determines methods and approaches to carrying out interviews, including selection of interviewers, development of an interviewer training program and training and supervision of interviewers in the field;
- 6) gathers, reviews and analyzes data with the advisory committee to determine successes, failures and needed reforms in Minnesota's services for persons with disabilities.
- 7) reports to the Legislature and citizens at least every two years on the outcomes of services and supports for Minnesotans with disabilities and recommended approaches to improving those services and supports.

**Cost:**

It is recommended that Legislative appropriation of \$75,000 be made for the initial biennium to include one-time only costs of \$25,000 for developing the survey, including a) focus groups and document review to identify the key outcomes, b) instrument development and field-testing and c) data base development. Recurring costs of the evaluation would be approximately \$50,000 each biennium. The recurring costs would include ongoing involvement of the advisory committee, selecting the sample, scheduling and conducting 300 interviews, interview follow-up, editing data, data entry, statistical analysis, report writing, and report publication. It would also include interviewer travel and lodging for outstate data collection, telephone expenses, printing of response forms, photocopying and other office expenses, and costs of printing 300 copies of the evaluation

**Area 4: Person-Centered Options**

**Area 5: Workforce Development**

**Proposal 6.1 Statewide Recruitment Task Force**

**Intent**

- Minnesota employs an estimated 32,503 direct support workers statewide along with 3,477 first line supervisors to support citizens with developmental disabilities in residential and vocational support settings. This does not include personal care attendants or home health aides.
- Both public and private agencies report difficulties recruiting and retaining new workers. Approximately 12% of direct support positions were vacant in a 1997 survey. On an annual basis, with turnover rates in small residential facilities averaging almost 50%, 15,252 direct support positions have to be filled just to replace workers who have left. Unemployment rates in Minnesota continue to be around 3% reducing the pool of potential new hires.
- In some counties, provider agencies are unable to provide services to new referrals, even when money

is available to finance those services, because the provider cannot find enough staff to fill current positions much less to add new positions. This is a particular challenge for smaller providers.

- The lack of coordinated efforts at the state level to address staff recruitment difficulties hinders collecting accurate figures to measure the ongoing extent and nature of this problem.
- There is a lack of public awareness regarding the tasks and value of direct support professionals which contributes to recruitment difficulties for the industry.

#### **Requirements:**

The Commissioner of Human Services will establish a work group comprised of participants from the state Departments of Human Services, Labor and Industry, Economic Security, Jobs and Training, Children, Families and Learning, public and private provider agencies, consumer and parent advocacy organizations such as ACT and Arc, secondary schools and the post-secondary education sector (including the Minnesota State Colleges and Universities) to address coordinated workforce development challenges. This group would develop recommendations around establishing direct supports to persons with DD as a "targeted industry" for school-to-work and welfare-to-work initiatives in Minnesota, develop strategies to improve collaboration among various state agencies, and develop recommendations to the legislature regarding specific strategies to address recruitment challenges.

The work group will consider at least the following potential strategies in their deliberations:

- Develop a common definition of the industry and a common understanding of who is to be counted as DSS in labor market reports.
- Maintain accurate demographic information about the DSS workforce and workforce development issues (e.g., recruitment, retention). For example, the Department of Economic Security should change their data collection and reporting practices to identify DSS in their statistics and industry codes specifically.
- Designate direct support work as a target industry for welfare-to-work and school-to-work efforts.
- Facilitate coordination between workforce development job centers, School-to-Work and Welfare-to-Work initiatives and the DD service industry.
- Identify and clearly articulate education and jobs career profiles for DSS. Communicate the standards for direct support work to potential new hires (e.g., drivers' license, criminal background check) to facilitate effective selection.
- Develop marketing plans to increase the visibility of people who provide paid supports to Minnesotans with MR/DD. Develop public service announcements recruiting potential DSS and building the positive image of those who are currently employed.
- Governmental entities need to invest in materials (e.g., videotapes and brochures), activities (e.g., sponsoring job fairs, making public service announcements, and developing school-to-work curriculum for high schools) and opportunities (e.g., welfare-to-work training funds) which contribute to expanding the pool of potential DSS.
- Enhance the availability of culturally appropriate services provided by cultural cohorts. Develop specific recruitment and education programs targeted to attract people from diverse cultural backgrounds (e.g., Asian Americans, Native Americans, African Americans) into human services work.
- Welfare-to-work and school-to-work entities should provide remedial training when needed (job skills, work readiness, ESL, job supports) for potential human services workers.
- Conduct research to identify and disseminate information about effective strategies to address recruitment, retention and training challenges.

**Effective Date:**

The task force will begin meeting July 1, 1999 and will provide an initial report to the legislature describing its recommendations on February 1, 2000. The Task force will continue meeting as needed beyond that date.

**Proposal 6.2 Workforce Training for Persons with Disabilities and Family Members****Intent:**

- The demand for direct support workers to support individuals with developmental disabilities is increasing but the pool of potential workers who are traditionally recruited for such positions (workers between 25 and 40 years old) will decline 12% by the year 2005.
- Assisting people with disabilities and their families to hire people they know to provide supports can increase the pool of potential workers.
- Current best practices values consumer control and consumer-driven services.
- Lack of support and teamwork between people with disabilities, family members, direct support professionals, and other agency staff is often given as a reason current employees give for wanting to leave their positions.
- Current efforts to support consumers and family members specifically in the area of finding and keeping people to provide supports in consumer controlled service settings are limited.
- Ramsey and Hennepin Counties have begun holding focus groups with consumers about what they want from the service system, and the Minnesota Self-Determination Projects have developed materials such as the *Labor Law Handbook* to assist consumers to build their own supports.

**Requirements:**

The Commissioner of Human Services will establish a project to assess the training and support needs of two groups of persons with disabilities and their family members

- 1) Those who are now or will soon be hiring and directing the supports provided by direct support staff in their own homes or other selected environment regarding how to find, train and keep staff members.
- 2) Those who are now receiving services or supports from an agency who is currently responsible for most or all personnel recruitment, retention and training. These persons with disabilities and their family members will be assessed to identify strategies to facilitate active inclusion in the process of selecting and supporting the individuals who will be providing direct supports to them. A sample of traditional support agencies will also be assessed to identify strategies they could use to effectively include consumer and family input in the selection and hiring process, and in supporting current staff members.

The Commissioner of Human Services will synthesize information from existing projects that support people with disabilities and their family members to hire and train their own staff (e.g., the RWJ self-determination projects, the Ramsey and Hennepin County focus groups). They will use that information in conjunction with the results of the training needs assessment results to develop, pilot test and evaluate a training program on addressing workforce issues. The pilot test will occur in 3-4 counties and will include at least one metropolitan county and one out state county. The pilot project like the assessment will have two components:

- 1) Training for persons with disabilities and their families who are now or soon will be directly hiring, training and supporting their own support staff.
- 2) Training for persons with disabilities and their families who are receiving supports from an agency who currently conducts hiring, training and supports for staff without involving those individuals. This intervention will include training for agencies as well to identify strategies to include persons with disabilities and their family members in hiring, training and supporting staff members.

Possible training topics for this project include: communication, hiring techniques, wage and hour issues, supervision issues, reference checks, safety, employer of record issues, finding people to provide supports, how to direct care, facilitating participation by persons with disabilities and their family members in hiring, training and supporting staff (for persons with disabilities, family members, and support agency staff).

#### **Effective Dates:**

This training needs assessment will be conducted between July 1999 and January 2000. Curriculum development, pilot testing, and evaluation of the initial projects will begin in January 2000 and will be completed by June 2001. A report summarizing the results of the pilot project will be submitted to the legislature December 2001.

### **Proposal 6.3 Tuition Credits for Workers in Human Service Settings**

#### **Intent:**

- Minnesota employs an estimated 32,503 direct support workers statewide along with 3,477 first line supervisors to support citizens with developmental disabilities in residential and vocational support settings.
- Both public and private agencies report difficulties recruiting and retaining new workers. Approximately 12% of direct support positions in Minnesota were vacant in a 1997 study. On an annual basis, with turnover rates in small residential facilities averaging almost 50%, 15,252 direct support positions have to be filled just to replace workers who have left. Additional new direct support workers have to be hired to provide services to the estimated 2,000 people with disabilities who begin receiving new services each year statewide (an estimated 1,295 direct support workers) not to mention the number required to provide services to the growing list of people on waiting lists.
- Research on staff recruitment and retention have identified a correlation between wages and benefits and turnover rates.
- The Minnesota Community and Technical Colleges have developed and implemented a competency-based training program for direct service staff members who support people with disabilities called the Community Supports Program.
- Several studies have found that workers who receive more and better training related to their jobs are more likely to stay in those jobs, and may be more efficient so that fewer workers are needed.

#### **Requirements:**

The Commissioner of Human Services will provide tuition credits redeemable at Minnesota Technical and Community Colleges, State Colleges, and Universities for individuals who provide direct supports to individuals with disabilities in a variety of settings. The value of the tuition vouchers will be based on the number of hours worked in a one year period. For example, for each 500 hours worked, students could receive tuition reimbursement equivalent to one 3 credit semester long course at any technical college, community college, state college, or public University in Minnesota. Courses funded through this program

include but are not limited to those in the Community Supports Program curriculum.

Eligible work settings will include (at least):

- Home and community-based waiver services for persons with mental retardation or related conditions;
- Home and community-based waiver services for the elderly
- Waivered services under community alternatives for disabled individuals
- Community alternative care waivered services
- Traumatic brain injury waivered services
- Nursing services and home health services
- Personal care services and nursing supervision of personal care services
- Private duty nursing
- Day training and habilitation services for adults with mental retardation or related conditions
- Physical and occupational therapy services
- Speech and language therapy services
- Respiratory therapy services
- Dental services
- Alternative care services
- Adult residential program grants
- Adult and family community support grants
- Semi-independent living services including SILS funding under county social services grants
- Day treatment
- Skills training under the family community support services
- Therapeutic support of foster care
- Home-based treatments
- Community support services for deaf and hard-of-hearing adults with mental illness who use or wish to use sign language as their primary means of communication
- ICF-MR services for people with mental retardation or related conditions
- Supports paid for by family vouchers or family subsidy dollars.

**Effective Dates:**

Funding for initial student participants will be available beginning July 1, 1999 with full statewide implementation by January 2000.

### **Proposal 6.4 Wage Initiatives**

**Intent:**

- Over the past 10 years, wages for direct support workers and front line supervisors have not kept pace with inflation resulting in significant discrepancies between the living wage and wages of those staff members.
- A 1997 survey of residential provider agencies revealed a vacancy rate of 12.3% and turnover rates of 49.5%.
- Wages are consistently associated with turnover rates in research on both disability industry settings, and in other industries.

**Requirements:**



Effective for services rendered on or after July 1, 1999, the commissioner shall increase reimbursement or allocation rates by the percentage change reported by the Bureau of Labor Statistics; Minnesota Services Labor Index for the 12 month period ending June 30, 1999, and the county board shall adjust provider contracts as needed to implement a concomitant increase in the wages and benefits of direct support workers and front line supervisors. Similar changes shall be incorporated into the governor's budget annually.

- Effective for services rendered on or after July 1, 1999, the commissioner shall increase reimbursement or allocation rates for direct support workers and front line supervisors to adjust for reduced purchasing power due to lack of increases between 1985, and the COLA legislation passed in 1996.
- Wage incentives should be developed that recognize increased competence of workers (for example, for workers who complete the Community Supports Program in the technical and community colleges).

**Effective Date:**

Effective for services rendered on or after July 1, 1999.

**Area 6: Full Citizenship and Community Membership**