THREE YEAR STATE PLAN

FISCAL YEAR 1981
OCTOBER 1, 1980 TO SEPTEMBER 30, 1981

STATE OF MINNESOTA

SUBMITTED BY
THE MINNESOTA GOVERNOR'S PLANNING COUNCIL
ON DEVELOPMENTAL DISABILITIES

THIS STATE PLAN IS A JOINT ENDEAVOR OF THE MINNESOTA GOVERNOR'S PLANNING COUNCIL ON DEVELOPMENTAL DISABILITIES

DEVELOPMENTAL DISABILITIES PLANNING OFFICE OF THE MINNESOTA STATE PLANNING AGENCY

AND THE

BRUCE BALOW
Chairperson
Minnesota Governor's Planning
Council on Developmental Disabilities

ARTHUR SIDNER Director Minnesota State Planning Agency

Submitted:

SECTION 1 -- STATE DD COUNCIL AND ADMINISTERING AGENCY

1.1 STATE PLANNING COUNCIL

The Minnesota Governor's Planning Council on Developmental Disabilities was established in 1971 by executive order of the Governor to plan for the direction, development, implementation, and evaluation of a comprehensive system of services for persons with developmental disabilities in Minnesota and to advise the Governor on matters pertaining to programs, services, and facilities for persons with developmental disabilities.

Members of the State DD Council are appointed by the Governor for a threeyear term; and may, at the discretion of the Governor, be reappointed for a second three-year term. All appointments, reappointments and nominations for appointment are coordinated through the Office of the Governor.

1.2 RESPONSIBILITIES OF THE STATE COUNCIL

Executive Order No. 79-32 charges the State DD Council with the responsibility to "...supervise the development of an annual state plan describing the quality, extent, and scope of needed services being provided, or to be provided, to persons with developmental disabilities; to monitor and evaluate the implementation of the state plan; and to review the state service plans for the developmentally disabled..." Toward that end the State DD Council promotes the development of needed human and fiscal resources to support services for persons with developmental disabilities, including support from other public agencies, private organizations, and volunteer groups. The Council's activities include but are not limited to the following:

PLANNING In conjunction with consumers, agency personnel, and service providers, the DD Council conducts systematic long- and short-range planning activities using a structured, orderly process for establishing goals and objectives. These efforts seek to promote improved services for persons with developmental disabilities by emphasizing co-ordination and cooperation between the many human service agencies, consumer groups, and others involved with services for persons with developmental disabilities.

EVALUATION The DD Council promotes implementation and varied evaluation systems to measure the quality, effectiveness, and quantity of services, staff, and facilities while at the same time protecting the confidentiality of records and other information describing persons with developmental disabilities.

PUBLIC INFORMATION AND EDUCATION The DD Council disseminates findings from projects and activities it sponsors in order to inform and educate professionals, consumers, parents, agencies and the general public regarding issues, research findings and

other matters of DD-related significance. The Council supports the establishment of public awareness and public education programs to assist in the elimination of social, attitudinal, and environmental barriers confronted by persons with developmental disabilities.

LEGISLATIVE AND PLAN REVIEW

In order to facilitate cooperation and eliminate unnecessary duplication the DD

Council provides an opportunity for its members and staff to give prior review and comment on all state plans which relate to programs affecting persons with developmental disabilities. The Council also reviews new and existing laws and regulations which may have some bearing on the planning, delivery, and evaluation of DD-related services. In order to promote service quality, accessibility and effective funding and implementation, the DD Council assists in moving its recommendations toward the executive and legislative processes in Minnesota. The Council supports the introduction and passage of new laws and appropriate changes in existing laws that would improve the service delivery system. The DD Council also seeks to promote effective implementation of existing laws and regulations affecting persons with developmental disabilities.

RESEARCH AND DEVELOPMENT

The DD Council supports needed research and development efforts to find new or improved techniques for providing services to persons with developmental disabilities. It also supports efforts to implement and use known research and development findings through programs of translation and dissemination of information.

PREVENTION AND EARLY INTERVENTION

signed to reduce the incidence of developmental disabilities. Such programs involve the early screening, diagnosis, and evaluation (including maternal care, developmental screening, home care, infant and preschool programs, and parent counseling and training) of developmentally disabled infants and preschool children; particularly those with multiple handicaps.

RESIDENTIAL SERVICES The Minnesota DD Council supports efforts to improve the quality of care and the environment of persons for whom institutional care is appropriate and to eliminate inappropriate residential placement of persons with developmental disabilities.

COMMUNITY PROGRAMS

The DD Council supports the establishment of community programs and promotes the provision of appropriate and effective services for persons with developmental disabilities. The Council seeks to promote the idea that such services should be available to all persons regardless of their place of residence.

ADVOCACY The DD Council promotes and supports systems advocacy which aims toward achieving legislative, social, and policy reform. In addition, the Council seeks to influence and heighten public awareness about the problems encountered by persons with developmental disabilities in order to gain support for improving the nature, extent, and quality of services available to persons with disabilities.

Executive Order No. 79-32

Providing for a Governor's Planning Council on Developmental Disabilities and Assigning Responsibilities to the State Planning Agency

I, Albert H. Quie, Governor of the State of Minnesota, by virtue of the authority vested in me by the Constitution and applicable statutes, do hereby issue this Executive Order:

WHEREAS, provision of services to persons with developmental disabilities is of concern and importance to the state; and,

WHEREAS, Public Law 91-517, as amended, directs state participation in assisting the developmentally disabled, provides funds for such assistance, and requires the establishment of a planning council and the preparation of a state plan; and,

WHEREAS, no state agency has been designated by Law to apply for, to receive, to accept, and to expend federal funds for such purposes,

NOW, THEREFORE, I Order:

- 1. That, in accordance with Public Law 91-517, as amended, there be established the Governor's Planning Council on Developmental Disabilities, whose responsibility it shall be to supervise the development of an annual state plan describing the quality, extent, and scope of needed services being provided, or to be provided, to persons with developmental disabilities; to monitor and evaluate the implementation of the state plan; and to review state service plans for the developmentally disabled; and,
- 2. That, pursuant to Minn. Stat. § 4.07, the State Planning Agency be designated the state agency to act for the Governor in applying for, receiving, accepting, and expending federal funds granted to the State of Minnesota by Public Law 91-517, as amended; and,
- 3. That the State Planning Agency be designated as the responsible agency to provide staff and other administrative assistance to the Governor's Planning Council on Developmental Disabilities, and to carry out all other responsibilities relating to the developmental disabilities program as required under state and federal law.

Pursuant to Minn. Stat. § 4.035, this order shall be effective 15 days after publication in the State Register and shall be in force until superseded or rescinded by proper authority or it expires in accordance with Section 4.035.

IN TESTIMONY WHEREOF, I hereunto set my hand on this 13th day of July 1979.

Celbert H Duie

- 4.035 EXECUTIVE ORDERS. Subdivision 1. Applicability. A written statement or order executed by the governor pursuant to his constitutional or statutory authority and denominated by him as an executive order, or a statement or order of the governor required by law to be in the form of an executive order, shall be uniform in format, shall be numbered consecutively, and shall be effective and expire as provided in this section. Executive orders creating agencies shall be consistent with the provisions of this section and section 15.0593.
- Subd. 2. Effective date. An executive order issued pursuant to sections 12.31 to 12.32 or any other emergency executive order issued to protect a person from an imminent threat to his health and safety shall be effective immediately and shall be filed with the secretary of state and published in the state register as soon as possible after its issuance. Emergency executive orders shall be identified as such in the order. Any other executive order shall be effective upon 15 days after its publication in the state register and filing with the secretary of state. The governor shall submit a copy of the executive order to the commissioner of administration to facilitate publication in the state register.
- Subd. 3. Expiration date. Unless an earlier date is specified by statute or by executive order, an executive order shall expire 90 days after the date that the governor who issued the order vacates his office.

[1977 c 305 s 2]

- 4.87 GOVERNOR AS STATE AGENCY FOR FEDERAL FUNDS. Subdivision 1. Whenever the United States of America, pursuant to federal law or any rule or regulation promulgated thereunder, makes available to the state of Minnesota or any department, agency, governmental subdivision, or other instrumentality thereof funds for any purpose and no state agency has been otherwise designated by law to apply for, receive, and accept such federal funds, the governor is hereby designated as the state agency for such purpose.
- Subd. 2. The governor may designate a state agency or agencies to act for him in applying for, receiving, and accepting federal funds under the provisions of subdivision 1. Such designation of a state department or agency shall be filed in the office of the secretary of state.
- Subd. 3. The governor or any state department or agency designated by him shall comply with any and all requirements of federal law and any rules and regulations promulgated thereunder to enable the application for, the receipt of, and the acceptance of such federal funds. The expenditure of any such funds received shall be governed by the laws of the state except insofar as federal requirements may otherwise provide. All such moneys received by the governor or any state department or agency designated by him for such purpose shall be deposited in the state treasury and are hereby appropriated annually in order to enable the governor or the state department or agency designated by him for such purpose to carry out the purposes for which the funds are received. None of such federal moneys so deposited in the state treasury shall cancel and they shall be available for expenditure in accordance with the requirements of federal law.

[1965 c 901 s 87]

MEMBERSHIP OF THE STATE PLANNING COUNCIL

REPRESENTATIVE OF FEDERALLY ASSISTED PROGRAMS	REPRESENTATIVE NAME	POSITION IN STATE AGENCY	NAME OF STATE AGENCY	TERM OF APPOINTMENT FROM TO
MENTAL RETARDATION AND/OR DD PROGRAMS EDUCATION FOR THE HANDICAPPED, VOCA- TIONAL AND OTHER REHABILITATION PROGRAMS	Edwin Opheim	Assnt Comm	Dept Econ Sec Div Voc Rehab	Permanent
PUBLIC ASSISTANCE				
MEDICAL ASSISTANCE SOCIAL SERVICES				
MATERNAL AND CHILD HEALTH	Richard Nelson	Dir Crippled Children Svcs	Dept Health	Permanent
CRIPPLED CHILDREN'S SERVICES	Richard Nelson	11	11	11
COMPREHENSIVE HEALTH PLANNING	Richard Nelson	"	".	"
MENTAL HEALTH SERVICES				

OTHER REQUIRED REPRESENTATION	REPRESENTATIVE NAME	TITLE	ORGANIZATION		1 OF NTMENT TO
HIGHER EDUCATION LOCAL GOVERNMENTAL AGENCIES	Bruce Balow		Univ of Minn	1/78	1/81
NON-GOVERNMENTAL AGENCIES	Betty Hubbard		St. Paul Pub Schools	1/77	1/80
OTHER GROUPS CONCERNED WITH DD:	Glen Samuelson Ben Kilgore E Silbernagel Linda Yates Bonníe Ford		U.S. Social Security Adm	1/79 1/79 1/80 1/78 1/78	1/82 1/82 1/83 1/81 1/81

1.3	MEMBERSHIP OF THE STATE	PLA	NNI	NG (JOUN	CIL				
	AND THEIR REPRESENTATIVE THE MEMBERSHIP OF THE S								HALF	
PERSON(S) WITH		FU	NCT	1 ON A	AL D	ISA	BILI	ΤY		
DEVELOPMENTAL DISABILITIES	ADDRESS	SELF-CARE	LANGUAGE	LEARNING	MOBILITY	SELF-DIR	LIVING	ECONOMIC	APPOI	RM OF NTMENT
NAME		SE	2	=	皇	SE	=	18	FROM	TO
Janice Den Hartog Mick Joyce Raymond Lundgren Richard Ramberg	St. Paul Marshall St. Paul Minneapolis								1/80 1/80 1/79 1/79	1/83 1/83 1/82 1/82
PERSON(S) REPRESENTING INDIVIDUALS WITH MENTAL IMPAIRING CONDITIONS	ADDRESS		(MU MME	LAT IND ST DIA		TERM OF APPOINTMEN				
NAME					·				FROM	T0
Ben Bryant Kathleen Berland Mary Hinze Marvin Tritz Tom Emery Chet Oden Barbara H. Dawson	Belle Plaine Milaca St. Paul Dumont Mahtomedi St. Paul Duluth								1/80 1/78 1/79 1/78 1/79 1/79 1/80	1/83 1/81 1/82 1/81 1/82 1/82 1/83
OTHER REPRESENTATIVES OF INDIVIDUALS WIT DEVELOPMENTAL DISABILITIES NAME	TH ADDRESS		RE		10N:					RM OF INTMEN
Dona Caswell Judy Graves Dottie Spencer	Osseo Worthington Madelia								1/79 1/79 1/79	1/82 1/82 1/82

1.4 PROFESSIONAL STAFF ASSIGNED TO THE COUNCIL

Developmental Disabilities Planning Office
Minnesota State Planning Agency
200 Capitol Square Building
550 Cedar Street
Saint Paul, Minnesota 55101
612/296-4018 - TTY 612/296-9962

MARYLEE FITHIAN

Director, Developmental Disabilities Planning Office Educational Backround: B.S., M.A., abd Ph.D. 25 Years of Work Experience in Human Services-related Fields 4 Years with the State DD Planning Office

ROSEANN FABER

Planner II

Educational Backround: B.A, M.S.W.

8 Years of Work Experience in Human Services-related Fields

5 Years with the State DD Planning Office

LEW MILLER

Planner II

Educational Backround: B.S., M.A.

17 Years of Work Experience in Human Services-related Fields One-plus Years with the State DD Planning Office

ROGER O. STRAND

Planner III

Educational Backround: B.A., M.S.W.

17 Years of Work Experience in Human Services-related Fields 8 Years with the State DD Planning Office

FRANK THIMMESCH

Planner II

Educational Backround: B.A., M.S.

17 Years of Work Experience in Human Services-related Fields One-plus Years with the State DD Planning Office

1.5 STATE ADMINISTERING AGENCY

The State agency responsible for the administration of the developmental disabilities program in Minnesota is the State Planning Agency. The person who is the appointed representative of the agency and who is responsible for the actions of the agency is:

ARTHUR SIDNER, Director Minnesota State Planning Agency 101 Capitol Square Building 550 Cedar Street Saint Paul, Minnesota 55101

1.5.1 DESCRIPTION OF THE DD ADMINISTRATIVE AGENCY AND PROGRAM UNIT

AGENCY GOALS, OBJECTIVES, AND ACTIVITIES

The purpose of the State Planning Agency is to assist in the management of the State's planning process, and to provide problem-solving assistance to the Governor and the Legislature. The agency's programs are designed to help the Governor and the Legislature analyze issues, formulate policy and develop programs; assist in the coordination of state activities and programs; provide planning and technical assistance to local and regional units; and provide a basic framework of data, projections, and future assumptions to guide the planning efforts of state agencies.

AGENCY SERVICES - DESCRIPTION, TARGET POPULATION AND ELIGIBILITY REQUIREMENTS

The purpose of the State Planning Agency is accomplished through four programs. The first is State Planning and Development. The goal of this program is to provide services to the executive and legislative branches of Minnesota State government to insure: 1) effective policy formulation; 2) the preparation of a systematic strategy for state growth and development; 3) effective coordination of state programs and federal grants-in-aid; and 4) effective planning by other state agencies (by providing planning information and technical assistance).

The second program is Functional Area Planning. The goal is to engage in a systematic planning process in the areas selected, identifying issues, gathering relevant information, and portraying alternative solutions. In several instances, the planning process is matched with a grant-in-aid program. Four functional areas are included: Comprehensive Health Planning, Developmental Disabilities Planning, Environmental Planning, and Human Resources Planning. In addition, the administration of the Environmental Quality Board is included under this program.

The third program is Technical Assistance. The goal is to assist local governments and regional units to establish a planning capacity and to improve their management capability and utilization of federal grants-in-aid.

A fourth program is General Administration, which provides executive management, program guidance and administrative services to the activities of the State Planning Agency.

The primary clientele of the agency are the Governor and members of the Legislature, other state agencies, and regional and local units of government.

PROGRAM: FUNCTIONAL AREA PLANNING AGENCY: STATE PLANNING AGENCY

PROGRAM PURPOSE: The State Planning Agency engages in selected planning activities where the structure of state government precludes the assignment of these planning activities to a single department or agency. The purpose of this program is to engage in a systematic planning process in the areas selected, identifying issues, gathering relevant information, and portraying alternative solutions. In several instances, the planning process is matched with a grant-in-aid program. Four functional areas are included: Comprehensive Health Planning, Developmental Disabilities Planning, Environmental Planning, and Human Resources Planning.

OPERATION: Selected results of these activities include public information and grants to aid the developmentally disabled, designation of health systems agencies, review and approval of capital investment for health facilities and equipment, grants for health research, examination of declining enrollments in schools and teacher mobility, a special study of services to the hearing impaired, development of a land use planning process and the Minnesota Land Management Information System, designation of critical areas, and siting of power plants and transmission lines.

CLIENTELE: The clientele of the program are the Governor, Legislature, other state agencies, and regional and local units of government. This program has associated with it several citizens' committees: Citizen's Advisory Committee to the Environmental Quality Board, Governor's Planning Council on Developmental Disabilities and the Statewide Health Coordinating Council.

ACTIVITY: HUMAN RESOURCES PLANNING PROGRAM: FUNCTIONAL AREA PLANNING AGENCY: STATE PLANNING AGENCY

ACTIVITY DESCRIPTION: This activity addresses policies and needs which arise from the State's commitment to decentralize decision-making in human services (public assistance, social services, employment services, health, corrections) and education. Initiatives are required which assist policy bodies in assessing the total range of needs and resources to improve management and funding decisions at state and local levels. This activity: 1) conducts policy studies; 2) develops planning and management assistance material; 3) provides technical assistance;

4) coordinates planning efforts among state agencies; and 5) develops data sources and information which support interagency, cross program and intergovernmental planning and management.

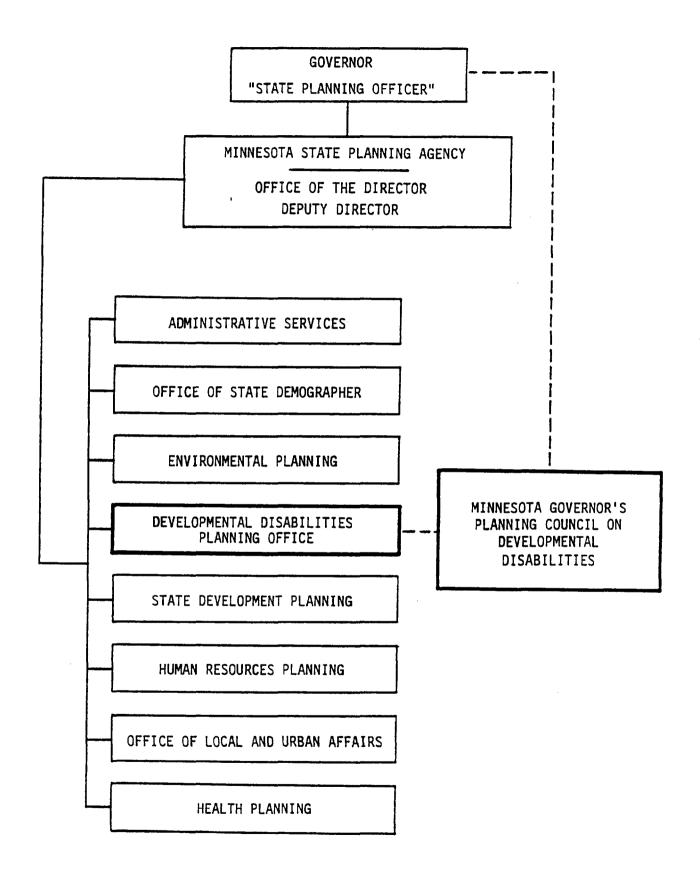
ACTIVITY OBJECTIVES

- 1. Provide management and planning materials and assistance to state and local human services, education agencies and officials.
- 2. Complete implementation of planning and data system for improving human services management and policy analysis and: 1) publish annual statistical county profiles of poverty levels, need for services, resources available, personnel, etc.; 2) produce reports describing distribution of need, expenditures and resources available for special populations, e.g., developmentally disabled, elderly, personpower; 3) prepare special analysis at the request of the Governor, legislative committees or agencies.
- 3. Conduct policy studies resulting in reports to the Governor's Office, Legislature or State agency heads; such as: 1) use of existing data sources for incidence-prevalence estimates of handicapping conditions; 2) relationship between post-secondary education resources and regional economic and cultural development; 3) cost to local government of collective bargaining; 4) scope of bargaining in the public sector; 5) local government tax burdens and relationship to state human services subsidies; 6) demographic impact on demand for and cost of social services and public assistance; 7) adequacy of education curricula in small school districts; 8) state and local management needs for monitoring the decentralized human services delivery system.

1.5.2 DESCRIPTION OF THE STATE AGENCY-STATE PLANNING COUNCIL RELATIONSHIP

As set forth in the Governor's Executive Order (No. 79-32), the State Planning Agency is the designated state agency which acts "...for the Governor in applying for, receiving, accepting, and expending federal funds granted to the State of Minnesota by Public Law 91-517, as amended; and, ..." is the agency "...designated as the responsible agency to provide staff and other administrative assistance to the Governor's Planning Council on Developmental Disabilities, and to carry out all other responsibilities relating to the developmental disabilities program as required under state and federal law."

The Developmental Disabilities Planning Office within the State Planning Agency is the administrative unit responsible for the administration of the annual State Plan and the federal monies which flow to the State under DD legislation. The DD Planning Office also provides staff support to the Governor's Planning Council on Developmental Disabilities. The director of the State DD Planning Office serves as the executive director of the Council; planners and clerical staff within the State Office perform staff support functions and provide administrative/technical assistance to the Council and its committees.



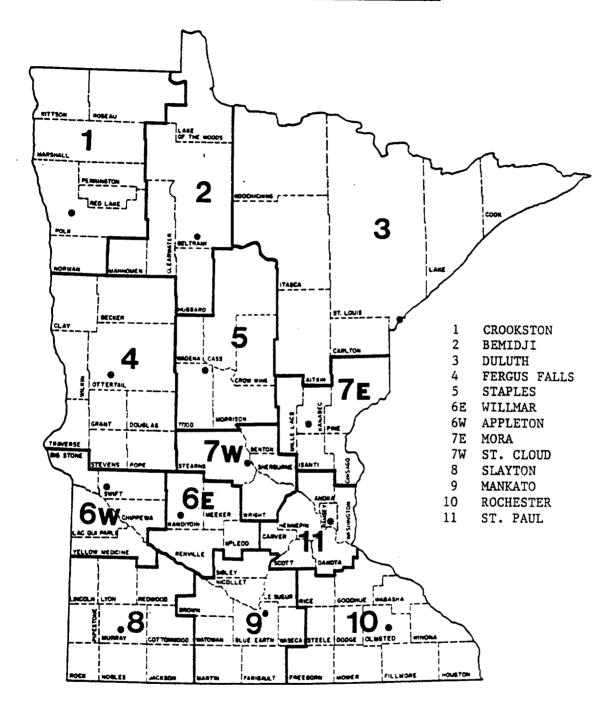
"DEVELOPMENT REGIONS" REGIONAL DEVELOPMENT COMMISSIONS

REGION ONE	REGION FIVE	REGION EIGHT
KITTSON	CASS	COTTONWOOD
MARSHALL	CROW WING	
NORMAN	MORRISON	JACKSON LINCOLN
PENNINGTON	TODD	
POLK	WADENA	LYON
RED LAKE	WADENA	MURRAY
ROSEAU		NOBLES
ROSEAU		PIPESTONE
•	BECION CITY E	REDWOOD
	REGION SIX-E	ROCK
REGION TWO	KANDIYOHI	
	McLEOD	
BELTRAMI	MEEKER	REGION NINE
CLEARWATER	RENVILLE	
HUBBARD		BLUE EARTH
LAKE OF THE WOODS		BROWN
MAHNOMEN		FARIBAULT
	REGION SIX-W	LeSUEUR
·		MARTIN
	BIG STONE	NICOLLET
REGION THREE	CHIPPEWA	SIBLEY
	LAC QUI PARLE	WASECA
AITKIN	SWIFT	WATONWAN
CARLTON	YELLOW MEDICINE	
COOK		
ITASCA		
KOOCHICHING		REGION TEN
LAKE	REGION SEVEN-E	
ST. LOUIS		DODGE
	CHISAGO	FILLMORE
	KANABEC	FREEBORN
	ISANTI	GOODHUE
REGION FOUR	MILLE LACS	HOUSTON
	PINE	MOWER
BECKER		OLMSTED
CLAY		RICE
DOUGLAS		STEELE
GRANT	REGION SEVEN-W	WABASHA
OTTER TAIL	•	WINONA
POPE	BENTON	
STEVENS	SHERBURNE	
TRAVERSE	STEARNS	
WILKIN	WRIGHT	REGION ELEVEN
		ANOKA

CARVER
DAKOTA
HENNEPIN
RAMSEY
SCOTT

WASHINGTON

MINNESOTA DEVELOPMENT REGIONS



REGIONAL DEVELOPMENT COMMISSIONS:

- 1 NORTHWEST
 2 HEADWATERS
 3 ARROWHEAD
 4 WEST CENTRAL
 5 REGION FIVE
 6E SIX EAST
 6W UPPER MINNESOTA VALLEY
- 7E EAST CENTRAL
- 7W CENTRAL MINNESOTA
- 8 SOUTHWEST
- 9 REGION NINE
- 10 SOUTHEASTERN MINNESOTA
- 11 METROPOLITAN COUNCIL

REGIONAL DEVELOPMENT COMMISSION CHAIRPERSONS AND STAFF DIRECTORS

REGION	CHAIRPERSON	EXECUTIVE DIRECTOR
Northwest (1)	Ervin Strandquist Newfolden, MN 56739 218/874-7305	Eugene Abbott 425 Woodland Avenue Crookston, MN 56716 218/281-1396
· Readwaters (2)	Ralph Moberg '819 America Avenue Bemidji, MN 56601 218/751-5592	John Ostrem Mental Health Building Box 584 Bemidji, MN 56601 218/751-3108
Arrowhead (3)	Innis (Sonny) Nesbitt - 200 Arrowhead Place 211 W. Second St. Duluth, MN 55802 218/722-5545	David Martin 200 Arrowhead Place 211 W. Second St. Duluth, MN 55802 218/722-5545
West Central (4)	Andy Leitch Route 1 Underwood, MN 56586 218/826-6969	James Myhra Administration Building Fergus Falls Community College Fergus Falls, MN 56537
Region Five (5)	Felix Kujawa Buckman, MN 56317 612/468-6593	David Loch 611 Iowa Avenue Staples, MN 56479 218/894-3233
Six East (6E)	O. Homer Bach Atwater, MN 56209 612/974-8837	Eugene Hippe City Auditorium 311 West 6th Street Willmar, MN 56201 612/235-8504
Upper Minnesota Valley (6W)	Thomas Johnson Route 1 Milan, MN 56262 612/734-4769	Dennis Dahlem 323 West Schlieman Appleton, MN 56208 612/289-1981
East Central (7E)	Richard L. Anderson 800 North 9th Avenue Princeton, MN 55371 612/389-4922	Philip DelVecchio 119 South Lake St. Mora, MN 55051 612/679-4065

REGION	CHAIRPERSON	EXECUTIVE DIRECTOR
Central Minnesota (7W)	Ralph Thompson R. R. 3, Box 141 Belgrade, MN 56312 612/346-2637	Otto Schmid 2700 1st Street North St. Cloud, MN 56301 612/253-7870
Southwest (8)	John Maurer Wabasso, MN 56293 507/342-5629	Jerry Chasteen Box 265 Slayton, MN 56172 507/836-8549
Region Nine (9)	Kenneth Albrecht R. R. #2 North Mankato, MN 56001 507/625-8428	Terence Stone 120 South Broad Street Mankato, MN 56001 507/387-5643
Southeastern Minnesota (10)	Charles Miller 1200 Prairie South Northfield, MN 55057 507/645-4105	Donald Hann 301 Marquette Bank Building South Broadway at 2nd St. SE Rochester, MN 55901 507/285-2550
Metropolitan Council (11)	Charles Weaver 300 Metro Square Building 7th and Robert Street St. Paul, MN 55101 612/291-6359	

REGIONAL DD COORDINATORS

REGION 1 AND 2

Ms. Sari Clark Northwest R.D.C. 425 Woodland Ave. Crookston, MN 56716 218/281-1396

REGION 7-E

Mr. Phil Schroeder
East Central R.D.C.
Kanabec County Courthouse
18 N. Vine Street
Mora, MN 55051
612/679-4065

REGIONS 6 AND 8

Mr. John Walsh Six East R.D.C. City Auditorium 311 West 6th St. Willmar, MN 56201 612/235-8504

REGION 9

Ms. Sarah Johnston-Rodriguez Region Nine R.D.C. P.O. Box 3367 120 S. Broad Street Mankato, MN 56001 507/387-5643

REGION 10

Ms. Marilyn Bothun Southeastern Minnesota R.D.C. 301 Marquette Bank Building 2nd St. S.E. & S. Broadway Rochester, MN 55901 507/285-2583

REGION 11

Ms. Toni Lippert
Metro Health Board
300 Metro Square Building
7th & Robert Sts.
St. Paul, MN 55101
612/291-6364

REGION 11

Mr. Joe Banda Metro Health Board 300 Metro Square Building 7th & Robert Sts. St. Paul, MN 55101 612/291-6365

1.5.3 - Fiscal Control

Funds received by the State of Minnesota from the Federal government under P.L. 95-602 are controlled basically by the computerized state-wide accounting system. Accounting personnel of the State Planning Agency assigned to the Developmental Disabilities Planning Office maintain manual accounts of the funds, according to standard procedures, and make quarterly reports to the Regional DD office. There is additional control of funds granted to various demonstration projects by the Agency through financial reports required of each project quarterly as well as yearly audits of each project.

1.5.4 - Administration of the State Plan

The Director of the Council, staff of the Agency, and Committees of the Council all have established work programs, as indicated in Section V of this Plan and provided in previous Plans, and responsibilities that are designed to properly and efficiently administer the State Plan. Operational policies of the Council and the Agency are reviewed regularly and revised as needed.

1.6 - Application Procedures for Subgrantees

When an RFP has been developed, it is announced in three ways. A brief statement of its purpose and important parts is published in the <u>State Register</u>. A like announcement is mailed to an established mailing list of interested agencies and individuals and the regional coordinators under contract with the agency also receive copies. Agencies wishing to see the RFP are required to request it by mail. A RFP packet contains general instructions for preparing an application, a copy of RFP specifications, forms for budget and instructions on what is included in each line item,

forms to indicate the proposed work program of the project, and a form stating the general operating standards of grant administration that must be signed by an official of the applicant agency agreeing to compliance with those standards. When individual habilitation plans are to be a part of the project, a sample of that requirement is also included.

At the closing date specified in the RFP, the review process begins. Staff of the Agency make up a check list/review sheet that each reviewer must complete. The Grant Review Committee of the Council reviews all applications and makes recommendations of approval or rejection to the Council and the Council in turn does the same to the Agency. At the same time, independent review persons outside the state are contacted to review some or all of the applications when it is appropriate. Staff of the agency review the applications from their point of view of administrative responsibility. Final decision on what applications to fund and contract with is made by the Agency after full consideration of all reviews.

Applicants who are not to be funded are notified as soon as the decision is made.

Applicants who are chosen for funding are also notified and the process of contract negotiation begins. A staff person is assigned as project officer; this person will be responsible for the management of the project through its existence, and is the contact person in the agency for the grantee. The first task of the project officer is to meet with grantees to come to agreement on such items as parts of the work program that may need to be revised, parts of the budget that might need adjustment. All changes

in the original application are documented and become part of the total contract.

The project officer then oversees the movement of the contract through the state process of approval by the State Planning Agency Director, Attorney General, and Departments of Administration and Finance.

Funds for each quarter of activity are provided in advance by the Agency on the basis of estimated expenditure reports submitted by the grantee. At the end of each quarter the grantee must submit activity reports based on the work program along with their request for funds. At least one site visit by the project officer and Council Grant Review Committee members is conducted during the time the project is active. Final reports, including any manuals or data that were required by the contract, and audits are required.

1.7 - State Planning Process

This State Plan was developed by the State Developmental Disabilities Planning Office in conjunction with the State Developmental Disabilities Council.

During its annual two-day Planning Conference, the Council, with input from its various committee members, establishes its priorities and work program for the coming year. Fiscal year State Plan goals and objectives are also formulated at that session. The conference is conducted as an open, public forum-as are all of the Council's procedings. Interested persons in attendance at the conference/meeting have participated in the Council's discussions and have had input into the Council's decisions.

Once compilation of the data required by the developmental disabilities legislation/regulations is completed by the staff, the draft of the Plan is submitted to the Council for its review and comment. The Plan is then submitted to the Director of the State Planning Agency and the A-95 state clearinghouse for final review and comment by interested agencies and organizations in the state. After the review process is completed at the state level, the Plan is sent to the Regional Office in Chicago for approval and/or final action by the Department of Health and Human Services.

1.8 - Evaluation of Plan by Council

The Council evaluates the implementation of the State Plan in the following ways. Much of Council activity is accomplished through standing or ad hoc committees. During the regular monthly Council meetings, committee chairpersons give activity reports and present items for Council action. A quarterly report is compiled by the staff that details all accomplishments of committees, projects receiving grants, special conference activities and this is sent to all Council members. Council members are invited to share in the site visits to grantees projects and are expected to complete evaluation forms that become a part of the project files. Projects receiving funding, whose activities may be of interest to the Council, are invited to make presentations to the Council at their meeting. Finally, there is an annual review of the goals and objectives of the plan at the Spring planning session.

A new source of documentation will be in effect beginning September 1980. Called a "Profile of Council Activities", it is a two-page form used to indicate Council impact. All major activities, publications, conferences, projects, and studies will be evaulated through the use of this profile.

1.9 - Council Accomplishments

Each quarter, staff of the Agency compile a report, the same one mentioned in Paragraph 1.8, which is sent to the Regional Office. Included in the report are the expenditures of each project receiving grants, status sheets on each project that indicate the number of developmentally disabled persons served and progress in the individual work programs, activities of each Council committee. These reports comprise over 80 double-sided pages each and are too voluminous to include in this plan. Copies of each Quarterly Report are widely disseminated and are available upon request to the Developmental Disabilities Office of the State Planning Agency.

2.1 - Definition of Developmental Disabilities

Since Public Law 95-602 gave a new meaning to the term "developmentally disabled" in 1978, members of the Council, staff of the Agency and service providers have sought to apply the various aspects of the definition to their work with, and for, the disabled who are encompassed by the law. Although previous definitions are still used in a comparative way, the definition as given below is used in determining who is to be served, the number in that population, and the services to be provided.

The term "developmental disabilities" means a severe, chronic disability of a person which:

- a. is attributable to a mental or physical impairment or combination of mental and physical impairments;
- is manifested before the person attains age twenty-two;

c. is likely to continue indefinitely;

d. results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency;

e. reflects the person's need for a combination and sequence of special, inter-disciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and

coordinated.

The major problem with the definition has been in determining what a substantial functional limitation is for each of the seven areas of life activity. After considerable study of the problem, it was determined that the best definitions for use in Minnesota at this time were those given in a publication of the EMC Institute by Elizabeth Boggs and Lee Henney.

A substantial functional limitation definition for each of the areas of life activity included in P.L. 95-602 is given below.

- a. Self-Care Substantial Functional Limitation
 A person who has a long-term condition which requires that person to
 need significant assistance to look after personal needs such as food,
 hygiene and appearance. Significant assistance may be defined as assistance at least one-half of the time for one activity or a need for some
 assistance in more than one-half of all activities normally required
 for self-care.
- b. Receptive and Expressive Language Substantial Functional Limitation A person who has a long-term condition which prevents that person from effectively communicating with another person without the aid of a third person, a person with special skill or with a mechanical device, or a long-term condition which prevents him/her from articulating his thoughts.
- c. Learning Substantial Functional Limitation A person who has a long-term condition which seriously interferes with cognition, visual or aural communication, or use of hands to the extent that special intervention or special programs are required to aid that person in learning.

- d. Mobility Substantial Functional Limitation A person who has a long-term condition which impairs the ability to use fine and/or gross motor skills to the extent that assistance of another person and/or a mechanical device is needed in order for the individual to move from place to place.
- e. Self-Direction Substantial Functional Limitation
 A person who has a long-term condition which requires that person to
 need assistance in being able to make independent decisions concerning
 social and individual activities and/or in handling personal finances
 and/or protecting his/her own self-interest.
- f. Capacity for Independent Living Substantial Functional Limitation A person who has a long-term condition that limits the person from performing normal societal roles or which makes it unsafe for that person to live alone to such an extent that assistance, supervision or presence of a second person is required more than half the time.
- g. Economic Self-Sufficiency Substantial Functional Limitation
 A person who has a long-term condition which prevents that person from
 working in regular employment or which limits his or her productive
 capacity to such an extent that it is insufficient for self-support.

An early concern with this section of the definition was that its application would deprive individuals once receiving services under a former definition from continuation of those services. To the best of our knowledge, this has not happened.

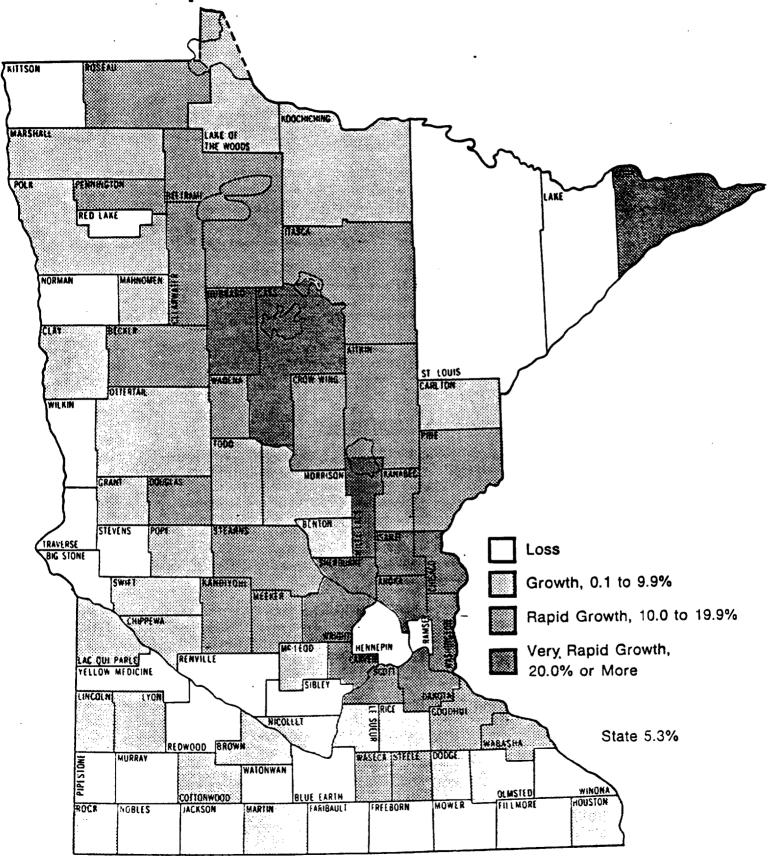
Prevalence Rates, Estimates and Projections

Previous to the P.L. 95-602 definition, DD population prevalence rates were based upon percentages of the total population using widely accepted figures for each of the disabilities listed in P.L. 94-103. The new definition did not entirely change this process for planning in Minnesota, but has resulted in a single percentage, 2.75%, being used to determine the population to be served. When applied to large portions of the population, such as one of the regions, the numbers that result have been viewed as accurate for planning purposes. They are, however, questionable to smaller county populations especially in a rural setting.

Nearly half of the population of Minnesota resides in Region 11, the Metropolitan area. There is evidence of migrations from out-state regions by developmentally disabled individuals in order to receive the services that this larger base of population can support, as well as to take advantage of special transportation for the disabled available in the Metro area.

Figure 1, the first page following this narrative, indicates the population change in Minnesota from 1970 to 1978 on a county basis. The rate of growth shown in that figure is continuing at about the same level. The concentration of population in the Metro region will mean a continuing demand for services for the disabled. At the same time, counties experiencing loss in population may find it increasingly difficult to provide services to the disabled, and transportation of the disabled to services will be an increasing problem.

Population Change, 1970-1978



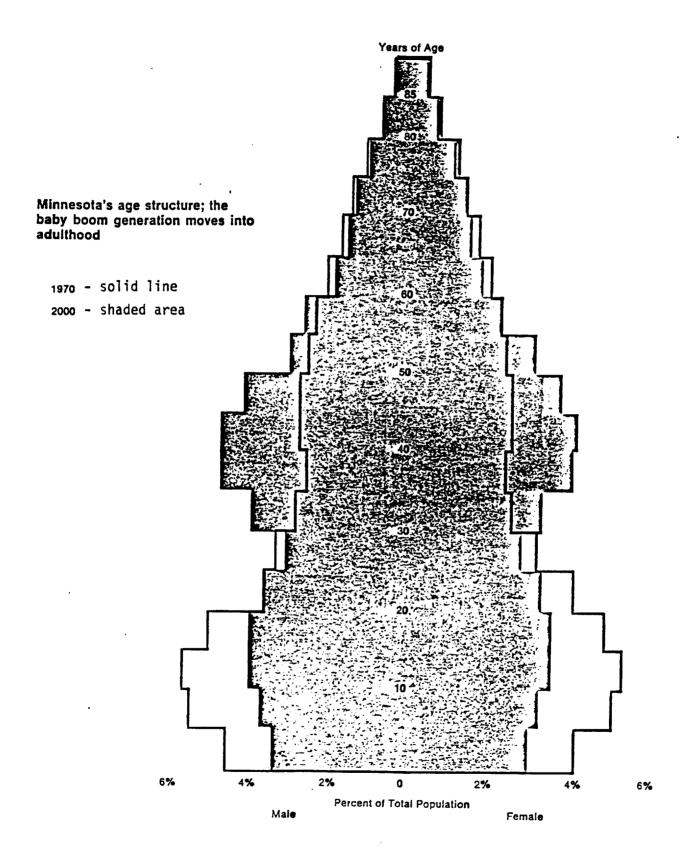


Figure 2 presents another factor; the changing age structure of the population as the baby boom generation moves into adulthood. This change has yet to be fully analyzed by planners for the DD population. However, one unavoidable conclusion is that as the school age DD population ages, there will be a greater need for work activity services and for alternatives to continued residence in the individual's family setting.

2.2 - Service Needs

The Minnesota Information System project (MIIS) was conducted in 1978-79 over a period of about nine months throughout the State of Minnesota. It represents a multi-agency survey effort aimed at identifying the characteristics and service needs of developmentally disabled people in the state. Surveys on 12,167 individuals were collected and the information placed on computer. The first request of the data produced regional and state-wide figures that appear on lines 1, 2, 3, 5 of the following tables.

Although the MIIS does present a sizeable sample of the DD population, there is one limitation to be kept in mind as it is used. Most of the surveys were done on individuals residing in institutions and group homes. The school age population is not well represented outside the Metro, Region 11, area.

The second request of the MIIS data dealt with the portion of the form that allowed respondents to indicate the most important services they felt would be needed within the next two years, as well as the most important services they presently were receiving. Using a percentage calculation, the present and future needs were applied to the estimated DD population. The numbers that resulted are shown in lines 4 and 6 of the tables and indicate the number of DD individuals who need the various services.

Two maps follow the tables. The first shows the location, by county, of respondents to the MIIS. The second shows county based estimates of the DD population for the plan year.

1980 SUMMARY OF MIIS DATA AND DD POPULATION PROJECTIONS

STATE TOTAL

		A	В	С	D	E	F	G	н	I	J	К	
		POPULATION	HIIS DD	MIIS 0-3	MIIS 4-21	MIIS 22-49	MIIS 50+	EST. 0-3	EST. 4-21	EST. 22-49	EST. 50+	EST DD 2.75 %	
POPULATION	#1	4,070,600	12,167	351	3,120	6,444	2,223	_	_	1	-	111,942	
			 					<u> </u>	/		<u> </u>		
		A .		В		С		מ	-	E		F	
		PRIMARY -	MR PRIM	IARY - CP	,	PRIMARY - E	PRI	AARY - A	PRIMAR	Y & SEC.	PRIM	RY & SIG.	
DISABILITY	#2	10,881		400		354		21		-		_	
		٨	В		С	D	Е		F	G		Н	
		FULL SUPERVISION	SPEC. LIVI ARRANGEMEN		OULT CARE	ADULT ED/TRAININ	SCHOOL ED/TR/		PRE-SCHOOL D/TRAINING	SHELTER EMPLOYN		OTHER EMPLOYMENT	
DIRECT SERVICE	#3	13,605	13,907	3,	277	3,234	2,1	83	1,398	752		507	
DD SERVICE POPULATION	#4	60,626	45,673	20,	332	21,938	21,0	09	7,596	17,990		4,889	
			,							· • · · · · · · · · · · · · · · · · · ·			
		A	В		С	D	E		F	G		Н	
		IDENTI- FICATION	COUNSELING	PRO	rective	FOLLOW-ALON	TREAT	ENT	RECREATION	PERSONA CARE		TRANS- PORTATION	
SUPPORT SERVICE	i¦5	14,879	1,866	2	,232	11,146	38,	078	6,631	5,0	49	4,911	
DD SERVICE POPULATION	#6	154,297*	20,203	18	,542	20,000	366,	775*	59,155	22,2	16	39,327	

Population estimates: "REVISED POPULATION PROJECTIONS FOR MINNESOTA COUNTIES" Saint Paul: Minnesota State Planning Agency/Office of State Demographer, May 1979.

^{*} See Table 2-3 (page 46), Table 2-4 (page 47) and Table 2-6 (page 49).

REGION ONE 1980 SUMMARY OF MIIS DATA AND DD POPULATION PROJECTIONS

		A POPULATION	В	IS M		D MIIS	E HIIS	F HIIS	G EST.	E	Н 5т.	I EST.	J EST	. EST	DD
		POPULATION	DI	D	0-3	4-21	22-49	50+	0-3	4	-21	22-49	50	+ 2.75	
POPULATION	#1	102,000	324		6	54	184	78	-	-	-	-	-	2,80)5
		A .		В			C	ם		-		E	F		
		PRIMARY -	MR	PRIMARY	- CP	P	RIMARY - E	PRII	MARY -		PRIHAR	Y & SEC.	PRI	MARY & SIC	
DISABILITY	#2	303		1	0		5		_			-		-	
			-										.4		
		A	,	В	С		D ·	E	!	F	•	G		н	
		FULL SUPERVISION		C. LIVING ADU			ADULT ED/TRAINING	SCHOOL ED/TR	L AGE NINING	PRE-SC ED/TRA		SHELTER EMPLOY		OTHER EMPLOYMEN	NT
DIRECT SERVICE	#3	458	4	66	107		81	1:	12)	7		13	
DD SERVICE POPULATION	#4	1,876	8	43	399		414	100	100		86		}	120	
•	•														
		٨	1	В	C		D	E		F	,	G		н	
		IDENTI- FICATION	COUNSE	ELING	PROTECT	IVE	FOLLOW-ALONG	TREATI	1ent	RECRE	ATION	PERSON/ CARE	ν L	TRANS- PORTATION	
SUPPORT SERVICE	# 5	325	2	6	52		315	1,	592	111		74		114	
DD SERVICE POPULATION	#6	2,946	26	9	491		-			98	39	456		823	

REGION TWO

1980 SUMMARY OF MIIS DATA AND DD POPULATION PROJECTIONS

		A	В		С	D	E	F	G	н	I	J	к		
		POPULATION	MI IS		11S 0-3	MI15 4-21	HIIS 22-49	M11S 50+	EST. 0-3	EST. 4-21	EST. 22-49	EST. 50+			
POPULATION	#1	64,600	202		1	36	119	56	-	-	-	_	1,777		
		A		В			C	D		-	E		F		
		PRIMARY -	MR I	PRIMARY	- CP	P	'RIMARY - E	PRI	MARY - A	PRIMAR	Y & SEC.	PRIM	ARY & SIG.		
DISABILITY	#2	197		5			4		_		_		-		
		٨	В	В		В		C	D	E		F	G		Н
		FULL SUPERVISION		LIVING AD			ADULT ED/TRAINING	SCHOO ED/TR	L AGE AINING	PRE-SCHOOL ED/TRAINING	SHELTER EMPLOYI		OTHER EMPLOYMENT		
DIRECT SERVICE	#3	255	98	В	71	l	68	2	2	21	14		4		
DD SERVICE POPULATION	#4	1,094	564	664 41		1	485	19	4	141	238	40			
		A	В	,	(c	D	E		F	G		н		
		IDENTI- FICATION	COUNSE	LING	PROTE	CTIVE	FOLLOW-ALONG	TREAT	MENT	RECREATION	PERSON. CARE		TRANS- PORTATION		
SUPPORT SERVICE	#5	508	57	57 300 202 788 153		157	87		116						
DD SERVICE POPULATION	#6	2,361	46:	2	37	72	_	-		1,023	284		600		

REGION THREE

1980 SUMMARY OF MIIS DATA AND DD POPULATION PROJECTIONS

		A POPULATION	М		C IIIS 0-3	D MIIS 4-21	E HIIS 22-49	F MIIS 50+	G EST. 0-3	H EST. 4-21	I EST. 22-49	J EST.	
POPULATION	#1	349,500	1,2		42	273	687	326	-	-	-	-	9,611
		A .		В			С		D	-	E		F
		PRIMARY -	MR	PRIMARY	- CP	F	PRIMARY - E	PRI	ARY - A	PRIMAR	Y & SEC.	PRIM	ARY & SIG.
DISABILITY	#2	1,193		5	5		37		2		···		-
		A		В			D	E	i	F	G		н
		FULL SUPERVISION		. LIVING ADUL' NGEMENTS DAY CA			ADULT ED/TRAINING	SCHOOL ED/TR		PRE-SCHOOL ED/TRAINING	SHELTE:		OTHER EMPLOYMENT
DIRECT SERVICE	#3	1,356		717	41	9	397	16:	2	143	90		33
DD SERVICE POPULATION	#4	4,930	4,	304	2,35	9	2,530	1,25	1,257		1,759		243
	•	A		В	С		D	E		F	G		Н
		IDENTI- FICATION	COUNS	SELING	PROTEC	TIVE	FOLLOW-ALONG	TREATI	ENT	RECREATION	PERSON/ CARE		TRANS~ PORTATION
SUPPORT SERVICE	# 5	1,527		33	15	7	1,248	4,4	63	666	520		438
DD SERVICE POPULATION	#6	11,960	23	31	1,09	5	_			4,645	1,665		2,586

1980
SUMMARY OF MIIS DATA
AND DD POPULATION PROJECTIONS

REGION FOUR

		A	В		С	D	E	F	G	н	I	J	к
		POPULATION	MT IS		IIS 0-3	MIIS 4-21	HIIS 22-49	MIIS 50+	EST. 0-3	EST. 4-21	EST. 22-49	EST.	
POPULATION	#1	199,800	629	1	6	106	407	131	_	-	-	-	5,495
													
		A		В	3		С		D	-	E		F
		PRIMARY -	HOR P	PRIMARY	- CP	P	RIMARY - E	PRI	iary – A	PRIMAR	Y & SEC.	PRIN	ARY & SIG.
DISABILITY	#2	613		1	1		12		-		-		_
												- 1	
		A	В		С		D	E		F	G		11
		FULL SUPERVISION	SPEC. L ARRANGE				ADULT ED/TRAINING	SCHOOL ED/TRA		PRE-SCHOOL ED/TRAINING	SHELTER EMPLOYN		OTHER EMPLOYMENT
DIRECT SERVICE	#3	679	760)	23	0	141	38		16	44		29
DD SERVICE POPULATION	#4	3,034	2,308	3	1,00	6	1,056	338		133	671		264
											·····		
		A	В		С		D	E		F	G		н
		IDENTI- FICATION	COUNSEL	LING	PROTEC	TIVE	FOLLOW-ALONG	TREATI	ient	RECREATION	PERSON/ CARE		TRANS- PORTATION
SUPPORT SERVICE	#5	587	102	2	13	3	629	2,7	91	257	177		232
DD SERVICE POPULATION	#6	5,508	830)	1,26	0	_	_		2,161	521		1,546

REGION FIVE

1980 SUMMARY OF MIIS DATA AND DD POPULATION PROJECTIONS

		A POPULATION	н	B IIS P	C IIIS 0-3	D MIIS 4-21			F MIIS 50+	G EST. 0-3	H EST. 4-21	EST. 22-4		Ј sт. 50+	K EST DD 2.75 %
POPULATION	#1	130,400	51		4	107	271	1	149	-	- 4-21	-	-	-	3,586
									·······				I		
		A .	1	1	В	:	C	l		D	-	E		F	
		PRIMARY -	MR	PRIMARY	- CP	PRIMARY - E			PRIM	ARY - A	PRIH	RY & SE	C. P	PRIMARY & S	
DISABILITY	#2	498			.3	11						_			-
		A FULL SUPERVISION				LT ARE	D ADULT ED/TRAINI	NG	E SCHOOL ED/TRA		F PRE-SCHOO ED/TRAININ		G LTERED LOYMENT		H DTHER PLOYMENT
DIRECT SERVICE	#3	530		576	16	51	138		73		52		36		21
DD SERVICE POPULATION	#4	1,868	1,	524	61	18	819		517		352	3	71		138
		_													
		A		В	C		D		E		F		G		н
		IDENTI- FICATION	COUNS	SELING	PROTE	CTIVE	FOLLOW-ALO	NG	TREATH	ent	RECREATIO		SONAL ARE		RANS- PATION
SUPPORT SERVICE	# 5	616		91	10)4	512		1,59	8	⁻ 246]	41		164
DD SERVICE POPULATION	#6	4,190	7	10	67	72	_		_		1,554	2	56		986

RECION SIX-E 1980 SUMMARY OF MIIS DATA AND DD POPULATION PROJECTIONS

		A POPULATION	B MIIS DD	C HIIS 0-3	D MIIS 4-21		F HIIS 50+	G EST. 0-3	H EST. 4-21	I EST. 22-49	J EST. 50+	K EST DD 2.75 Z
POPULATION	#1	107,500	309	1	48	179	77	<u> </u>	_	-	-	2,956
		A .		В		С		D	-	E		F
		PRIMARY -	HR PRIM	RY - CP	_ !	PRIMARY - E	PRI	MARY - A	PRIMAR	Y & SEC.	PRIM	ARY & SIC.
DISABILITY	#2	283		7		13		-		-		-
				<u> </u>			7					
		A FULL SUPERVISION	B SPEC. LIVII ARRANGEMEN	G ADI	C ULT CARE	D ADULT ED/TRAINING	SCHOO ED/TR	L AGE	F PRE-SCHOOL ED/TRAINING	G SHELTER EMPLOYN		H OTHER EMPLOYMENT
DIRECT SERVICE	#3	519	424	12	.2	125	2	4	10	16		27
DD SERVICE POPULATION	#4	1,917	947	66	2	683	20	6	13	677		250
		A	В		С	D	E		F	G		Н
		IDENTI- FICATION	COUNSELING	PROT	ECTIVE	FOLLOW-ALONG	TREAT	HENT	RECREATION	PERSON/ CARE		TRANS- PORTATION
SUPPORT SERVICE	<i>#</i> 5	692	25	3	15	273	88	4	205	131		187
DD SERVICE POPULATION	#6	7,659	271	37	5				1,906	811		1,844

REGION SIX-W

1980
SUMMARY OF MIIS DATA
AND DD POPULATION PROJECTIONS

		A	В	С	D	E	F	G	н	I	J,	K
		POPULATION	MIIS DD	MIIS 0-3	MIIS 4-21		иііs 50+	EST. 0-3	EST. 4-21	EST. 22-49	EST. 50+	
POPULATION	#1	62,200	229	3	39	127	60	-	•	-	_	1,711
		A		B		С		D	-	E		F
		PRIMARY -	MR PRIM	ARY - CP		PRIMARY - E	PRI	HARY - A	PRIMAR	Y & SEC.	PRIM	ARY & SIG.
DISABILITY	#2	218		4		4		-		-		_
		A	В		C	D	E		F	G		н
		FULL SUPERVISION	SPEC. LIVI ARRANGEMEN		ULT CARB	ADULT ED/TRAINING	SCHOO! ED/TR	L AGE AINING	PRE-SCHOOL ED/TRAINING	SHELTEI EMPLOYI		OTHER EMPLOYMENT
DIRECT SERVICE	#3	190	187	8	19	88	3:	2	13	23		12
DD SERVICE POPULATION	#4	1,150	535	40)4	425	25	5	86	348		92
							•					
·		A	В		С	D	E		F	G		н
		IDENTI- FICATION	COUNSELING	PROT	ECTIVE	FOLLOW-ALONG	TREAT	HENT	RECREATION	PERSON/ CARE		TRANS- PORTATION
SUPPORT SERVICE	# 5	242	28	3	34	224	8	72	155	76		154
DD SERVICE POPULATION	#6	1,974	215	25	8	-		-	1,150	279		989

1980 SUPPARY OF MIIS DATA AND DD POPULATION PROJECTIONS

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	1	POPULATION	MIIS DD	MIIS 0-3	MIIS 4-21	HIIS 22-49	MIIS 504	EST. 0-3	EST.	EST. 22-49	EST. 504	EST DD 2.75 X
POPULATION #1		97,900	338	2	80	181	74	,	ı	-	,	2,692
	i				·							
		¥		æ		ບ		Д		ш	ja.	
	1	PRIMARY -	- MR PRIM	PRIMARY - CP	Ps	PRIMARY - E	PRIMARY	1RY - A	PRIMARY	PRIMARY & SEC.	PRIMARY & SIG.	s SIC.
DISABILITY #2		303		10		7					'	
	Į											
		٧	Я	Ü		۵	ы		[Eq.	O	-	=
		FULL SUPERVISION	SPEC. LIVING ARRANGEMENTS	NG ADULT TS DAY CARE	LT	ADULT ED/TRAINING	SCHOOL ACE ED/TRAINING		PRE-SCHOOL ED/TRAINING	SHELTERED EMPLOYMENT	<u></u>	OTIIER EMPLOYMENT
DIRECT SERVICE #3	<u>_</u>	251	891	140	0	70	94		35	26		19
DD SERVICE POPULATION #4		251	1,150	381	11	375	378		175	385	-	165
	(
		∢	Д	ວ		Q	E		[in	υ		=
	1	IDENTI- FICATION	COUNSELING	PROTECTIVE		FOLLOW-ALONG	TREATHENT		RECREATION	PERSONAL CARE	PORT	TRANS- PORTATION
SUPPORT SERVICE #5	l	639	24	45		318	808		151	203		122
DD SERVICE POPULATION #6		5,022	172	341		ı	ı		1,196	263	8	818

REGION SEVEN-W

1980 SUMMARY OF MIIS DATA AND DD POPULATION PROJECTIONS

		A	В		С	D	E	F	G	н	I	. 1	к
		POPULATION	MII		11S 0-3	MIIS 4-21		MIIS 50+	EST. 0-3	EST. 4-21	EST. 22-49	EST. 50+	EST DD 2.75 %
POPULATION	#1	220,900	560		17	147	307	121	-	-	1	-	6,075
		A .			3		C		D		E	ļ	F
		PRIMARY -	MR	PRIMARY	- CP		PRIMARY - E	PRĮ	HARY - A	PRIMAR	Y & SEC.	PRIHA	RY & SIG.
DISABILITY	#2	538			17		12		1		-		_
		A	F	В		С	D	E		F	G]	H
		Full Supervision		LIVING CEMENTS	DAY (ADULT ED/TRAINING	SCHOOL ED/TRA	L AGE AINING	PRE-SCHOOL ED/TRAINING	SHELTER EMPLOYN		OTHER EMPLOYMENT
DIRECT SERVICE	#3	660	3	62	1	75	145	88		88	25		22
DD SERVICE POPULATION	#4	3, 132	2,4	57	1,0	66	1,139	887		575	944		218
		٨	F	В	(c	D	E		F	G	Ì	н
		IDENTI- FICATION	COUNSE	ELING	PROTE	CTIVE	FOLLOW-ALONG	TREAT	ENT	RECREATION	PERSON/ CARE		TRANS- ORTATION
SUPPORT SERVICE	# 5	1,134	5	8	9	0	560	1,5	91	· 275	167		209
DD SERVICE POPULATION	#6	11,652	57	7	93	6	_			2,723	784	1	,972

REGION EIGHT

		A	В	С	D	E	F	G	н	ı	J	К
		POPULATION	MIIS DD	MIIS 0-3	MIIS 4-21		MIIS 50+	EST. 0-3	EST. 4-21	EST. 22-49	EST. 50+	EST DD 2.75 %
POPULATION	#1	142,200	447	8	81	264	94	-	-	-	-	3,911
										•		
		A .		В		С		D	-	E		F
		PRIMARY -	MR PR	IMARY - C	CP P	PRIMARY - E	PRI	MARY - A	PRIMAR	Y & SEC.	PRIMA	ARY & SIC.
DISABILITY	#2	· 405		16		11		_		-		-
		A	В		С	D	E		F	G		н
		FULL SUPERVISION	SPEC. LI		ADULT AY CARE	ADULT ED/TRAININ	SCHOO ED/TR	L AGE AINING	PRE-SCHOOL ED/TRAINING	SHELTER EMPLOYN		OTHER Employment
DIRECT SERVICE	#3	640	460		197	143	5	5	22	28		23
DD SERVICE POPULATION	#4	2,224	1,582	1	,106	1,116	50	1	118	747		210
					•			******				
		A	В		C	D	E		F	G		н
		IDENTI- FICATION	COUNSELI	NG PR	ROTECTIVE	Follow-Alon	TREAT	MENT	RECREATION	PERSON/ CARE		TRANS- PORTATION
SUPPORT SERVICE	#5	633	79		44	425	1,	380	343	127	7	326
DD SERVICE POPULATION	#6	5,956	558		3 96	_			2,960	451	1 :	2,347

REGION NINE

		A	н		C	D			F HIIS	G Est.	H EST.	I EST.	J EST.	
			 		0-3	4-21		+-	50+	0-3	4-21	22-49	504	
POPULATION	#1	220,400	79	3	11	175	464	<u></u>	176					6,061
		A		•	В		C			D	-	E	ĺ	F
		PRIMARY -	HR	PRIMARY	r - CP		PRIMARY - 1	2	PRIM	IARY - A	PRIMA	RY & SEC.	PRID	MARY & SIG.
DISABILITY	#2	756		2	22		22			-		-		_
		٨	,	В		C	D		E		F	G		н
		FULL SUPERVISION		. LIVING NGEMENTS		ULT CARE	ADULT ED/TRAIN	NG	SCHOOL Ed/Tra		PRE-SCHOOL ED/TRAINING	SHELTE: EMPLOYI		OTHER EMPLOYMENT
DIRECT SERVICE	#3	853		591	1	59	225		26	5	77	93		30
DD SERVICE POPULATION	#4	3,627	2,	297	1,3	118	1,361		81	.7	281	1,526		203
											_			
		A		В		С	D		E		F	G		н
		IDENTI- FICATION	COUN	SELING	PROT	ECTIVE	FOLLOW-ALC		TREATH	ENT	RECREATION	PERSON. CARE		TRANS- PORTATION
SUPPORT SERVICE	# 5	.1,078		33	1	40	794		2,8	55	418	169	,	330
DD SERVICE POPULATION	#6	9,029	2	:00	1,1	72	-		-		3,145	660)	2,316

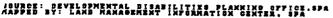
REGION TEN

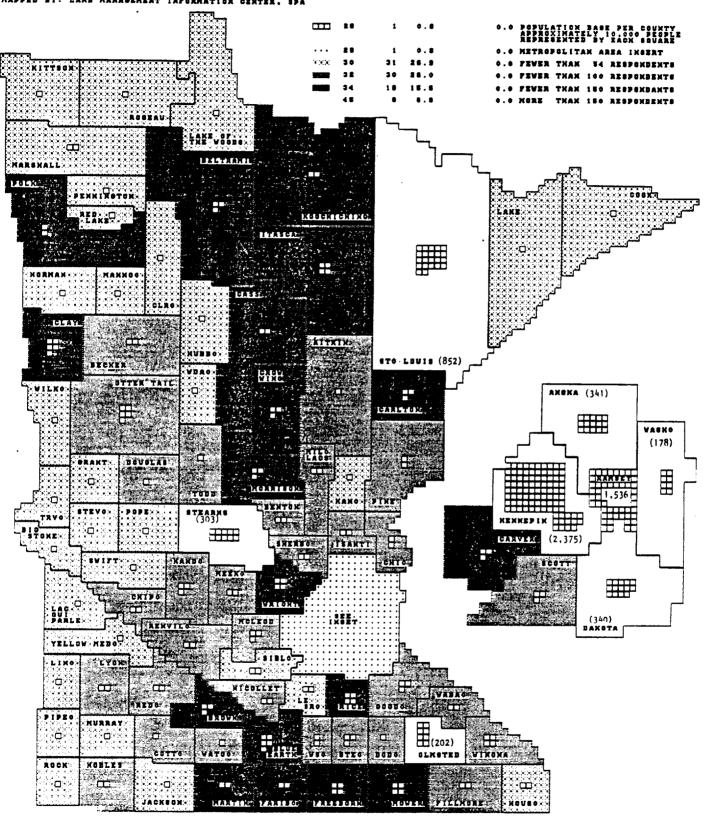
		A POPULATION		is h	C 115 0-3	D MIIS 4-21	E MIIS	F HIIS	G EST.	H EST.	I EST. 22-49	J EST. 50+	K EST DD
POPULATION	#1	410,500	1,08		31	284	612	50+ 240	0-3	4-21	-	-	11,289
		<u> </u>	<u></u>						I			L	_1
		A		P	3		С		D	-	E	T	F
		PRIMARY -	MR	PRIMARY	- CP	F	RIMARY - E	PRI	MARY - A	PRINAR	Y & SEC.	PRIMA	RY & SIG.
DISABILITY	#2	1,072		3	3		30		1		_		-
		A	•	В		c	D	E	ŀ	F	G		н
		FULL SUPERVISION		LIVING	DAY (ADULT ED/TRAINING	SCHOO ED/TR	L ACE AINING	PRE-SCHOOL ED/TRAINING	SHELTEI EMPLOYI		OTHER EMPLOYMENT
DIRECT SERVICE	#3	1,417	2,	,006	32	21	318	1	67	177	56		49
DD SERVICE POPULATION	#4	6,226	4,	,541	2,04	40	2,264	1,7	85	902	1,864		497
		<u></u>	.		,					· · · · · · · · · · · · · · · · · · ·			
		A		В		c	a	E		F	G		н
		IDENTI- FICATION	COUNS	SELING	PROTE	CTIVE	FOLLOW-ALON	TREAT	HENT	RECREATION	PERSON. CARE		TRANS- ORTATION
SUPPORT SERVICE	<i>#</i> 5	1,266	9	99	30	08	1,088	3,	948	648	505		476
DD SERVICE POPULATION	#6	13,082	9:	50	2,9	35	_		_	6,273	2,915	4	,435

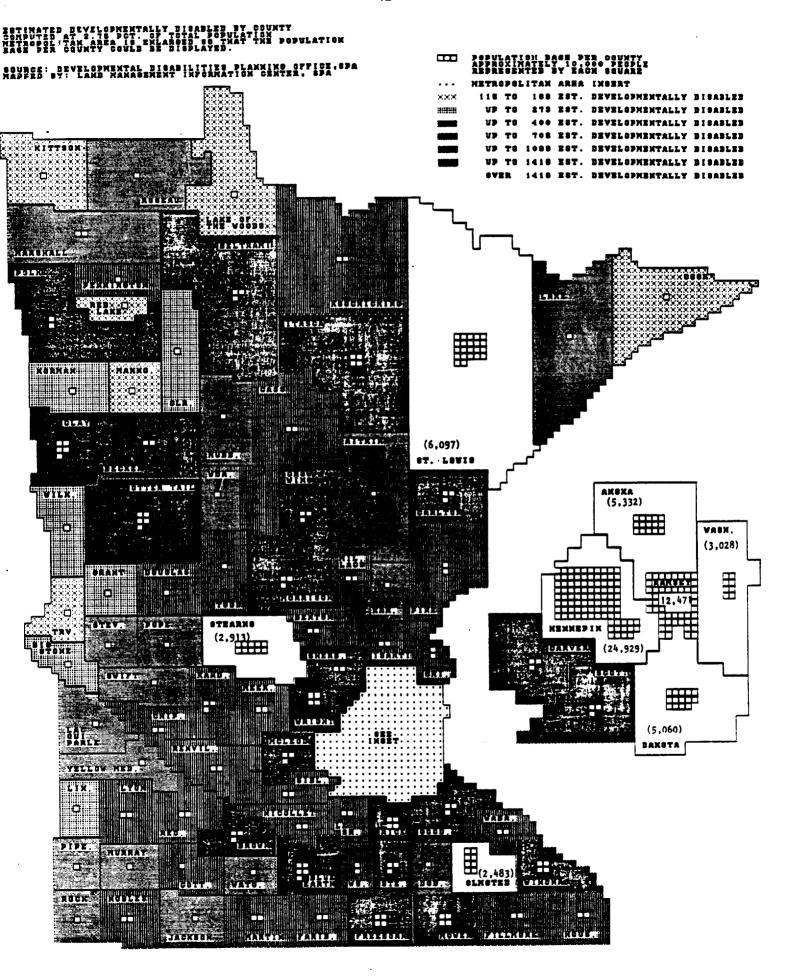
REGION ELEVEN

		A POPULATION	B HIIS DD	C MIIS 0-3	D MIIS 4-21	E MIIS 22-49	F MIIS 50+	G EST. 0-3	H EST. 4-21	I EST. 22-49	J EST. 50+	EST DD 2.75 X
POPULATION	#1	1,962,700	4,995	209	1,628	2,529	622	_	_	-	-	53,974
		A	T T	В	1	C	1	D	<u></u>	E	, <u></u>	F
		PRIMARY ~	MR PRI	MARY - CP	P	RIMARY - E	PRI	MARY - A		Y & SEC.	PRIMA	RY & SIG.
DISABILITY	#2	4,421		179		109		16		-		_
		<u></u>								1		
		A FULL SUPERVISION	B SPEC. LIV ARRANGEME	ING AD	C ULT CARE	D ADULT ED/TRAINING	SCHOOL ED/TR/	LAGE	F PRE-SCHOOL ED/TRAINING	G SHELTERI EMPLOYM		H Other Employment
DIRECT SERVICE	#3	5,797	6,369	1,	086	1,295	1,	199	724	294		225
DD SERVICE POPULATION	#4	29,297	22,621	8,	562	9,271	13,	774	4,142	8,200	2	,449
			,				- ₁				·	
		A IDENTI- FICATION	B COUNSELIN		C ECTIVE	D FOLLOW-ALONG	E TREATI	[F RECREATION	G PERSONAL CARE		H TRANS- ORTATION
SUPPORT SERVICE	# 5	5,632	1, 211	. 8	340	4,558	14,	508	2,999	2,672		2,043
DD SERVICE POPULATION	#6	72,958	14,758	8,2	239	-		-	29,429	12,871	1	8,065

NUMBER OF MINKESOTA INBIVIBUAL INFORMATION SYSTEM (MIIS) RESPONDENTS FROM EACH COUNTY. METROPOLITAM AREA 13 EXLARDED SO THAT THE POPULATION BASE PER COUNTY COULD BE DISPLAYED.







2.2.1 - Case Management Services

Three services provided to the DD population come under the Case Management priority. Counseling is a service offered to an individual and/or their family so that a client may be fully aware of the services offered generally to the population and specifically to the individual receiving the counseling. Protective services are understood as legal aid, again offered to individuals and/or families; by professionals, and advocates who have received training to undertake the activity for DD individuals, who may not fully understand their rights or have the ability to advocate for themselves. Follow-along is a necessary part of case management that assures, that once a client has chosen services, they are enabled to go from one service to another without being delayed in any way.

2.2.2 - Child Development

The two services provided under the Child Development priority are <u>Pre-School Education</u>; provided by Developmental Achievement Centers and public schools, and <u>Identification</u> which is provided by public schools, EPSDT, Early Periodic Screening and Services for Children with Handicaps.

2.2.3 - Alternative Community Living Arrangements

This priority has been chosen as number one for Council attention for the plan year. The goals and objectives found elsewhere in this plan indicate the activities the Council and Agency will support, mostly in the areas of Special Living Arrangements and Personal Care. Transportation is a constant problem for the disabled, but is placed under this priority area because of the restraints, both physical and financial, that may stand in the way of the DD population taking advantage of special living arrangements when separated at some distance from another service that they may need, such as work experience.

2.2.4 - Non-vocational Social Development

The five services that should be provided under this priority; adult day care, adult education/training, school age education training, treatment and recreation are self-descriptive.

TABLE 2-1 SUMMARY OF DD POPULATION BY AGE GROUPS PLAN YEAR 1981

			0													
		39	0. 1							<u> </u>						4.0
rear	ę2÷	NUMBER	106	99	363	215	134	114	99	102	226	154	250	451	2,230	484,4
PLAN YEAR		96	0.99													66.0
GROUPS -	ADULT	NUMBER	1,750	1,102	5,994	3,549	2,222	1,887	1,094	1,697	3,734	2,544	4,136	7,445	36,802	73,989
BY AGE		96	22.0													22.0
DD POPULATION	SCHOOL	NUMBER	583	367	1,998	1,183	04/	629	364	265	1,244	848	1,378	2,481	12,267	24,663
00 P	10	20	8.0													8.0
	PRE-SCHOOL	NUMBER	212	133	726	430	569	228	132	205	452	308	501	897	4,460	8,968
POPULATION		34	2.75													2.75
DD POPUL		NUMBER	2,653	1,671	9,083	5,378	3,367	2,860	1,658	2,572	5,659	3,856	6,268	11,281	55,761	112,106
JLATION	* #31777	IS MINORITY														101,915
STATE POPULATION		TOTAL	96,495	60,766	330,295	195,582	122,469	104,015	90,306	93,541	206,516	140,964	227,928	410,221	2,027,682	4,076,600
1000	SUBDIVISION	PLANN I NG REGIONS	REGION ONE	REGION TWO	REGION THREE	REGION FOUR	REGION FIVE	REGION SIX-E	REGION SIX-W	REGION SEVEN-E	REGION SEVEN-W	REGION EIGHT	REGION NINE	REGION TEN	VEN	

"SUMMARY OF INCOME AND EDUCATION: CONSUMER INCOME." Series P-60, No. 111. U.S. Bureau of the Census (Household Survey Method), April 1978. * Based on most recent data/2.5% estimate:

TABLE 2-2 SUMMARY OF DD POPULATION BY AGE GROUPS PROJECTED YEAR - FY 1983**

	CTATE DO	100	1									
GEOGRAPHICAL	STATE POP	POPULATION	DD POPU	POPULATION	8	POPUL	ATION BY A	IGE GRO	DD POPULATION BY AGE GROUPS PROJECTED	CTED -	YEAR 1983	
SUBDIVISION	TOTAL	*HICH *			PRE-SCHOOL	00r	ССНООГ	٦,	ADULT	<u>_</u>	+59	
REG I ONS		MINOR! TY	NUMBER	90	NUMBER	94	NUMBER	96	NUMBER	8 4	NUMBER	3 6
BEGION ONE	360		100									
ערפו סוג מונר	30,055		7,701	5.75	216	0.0	29 4	22.0	1,782	0.99	108	4.0
REGION TWO	64,183		1,765		141		388		1,164		70	
REGION THREE	332,554		9,145		731		2,011		6,035		365	
REGION FOUR	202,283		5,562		444		1,223		3,670		222	
REGION FIVE	127,581		3,508		280		171		2,315		140	
REGION SIX-E	108,904		2,994		239		658		1,976		119	
REGION SIX-W	60,435		1,661		132		365		1,096		99	
REGION SEVEN-E	104,844		2,883		230		634		1,902		115	
REGION SEVEN-W	226,760	-	6,235		498		1,371		4,115		249	
REGION EIGHT	143,194		3,937		314		866-		2,598		157	
REGION NINE	234,427		944,9		515		1,418		4,254		257	
REGION TEN	427,319		11,751		046		2,585		7,755		0470	
REGION ELEVEN	2,121,467		58,340		4,667		12,834		38,504		2,333	
STATE TOTAL	4,252,186	106,304	116,935	2.75	9,354	8.0	25,725	22.0	77,177	0.99	4,677	4.0

* Based on most recent data/2.5% estimate: "SUMMARY OF INCOME AND EDUCATION: CONSUMER INCOME." Series P-60, No. 111. U.S. Bureau of the Census (Household Survey Method), April 1978.

** Figures represent projections for 1985.

TABLE 2-3 CASE MANAGEMENT

VE FOI					
269 491 462 372 231 1,095 830 1,260 710 672 271 375 215 258 -W 577 936 200 1,172 950 2,935 N 14,758 8,239	PLANNING REGIONS	COUNSELING	PROTECTIVE	FOLLOW-ALONG	
462 372 231 1,095 830 1,260 710 672 271 375 -E 172 341 -W 577 936 200 1,172 950 2,935 1N 14,758 8,239	REGION ONE	269	491		
-E 172 1,260 -E 172 258 -W 577 936 -W 558 396 -W 558 8,239	REGION TWO	462	372		
HE 172 672 271 672 271 375 -E 172 258 -W 577 936 200 1,172 200 1,172 950 2,935 N 14,758 8,239	REGION THREE	231	1,095		•
-E 271 375 -E 172 258 -W 577 936 200 1,172 N 14,758 8,239	REGION FOUR	830	1,260	•	
-E 172 258 -W 577 2341 -W 577 936 200 1,172 N 14,758 8,239	REGION FIVE	710	672		
215 258 172 341 577 936 558 396 200 1,172 950 2,935 14,758 8,239	REGION SIX-E	271	375		
172 341 577 936 558 396 200 1,172 950 2,935 14,758 8,239	REGION SIX-W	215	258		
577 936 558 396 200 1,172 950 2,935 14,758 8,239	REGION SEVEN-E	172	341		
558 396 200 1,172 950 2,935 14,758 8,239	REGION SEVEN-W	577	936		
E 200 1,172 950 2,935 VEN 14,758 8,239	REGION EIGHT	558	396		
950 2,935 VEN 14,758 8,239	REGION NINE	200	1,172		
14,758 8,239	REGION TEN	950	2,935		
	RECION ELEVEN	14,758	8,239		
	STATE TOTAL	20,203	18,542	20,000*	

A reliable projection of "Follow-Along" service needs is not available. An estimate of 18,000 to 20,000 would appear to be acceptable, however, as it can be assumed that those needing counseling and protective services will also require follow-along services.

TABLE 2-4

CHILD DEVELOPMENT	NC														
CHILI	IDENTIFICATION	2,946	2,361	11,960	5,508	4,190	7,659	1,974	5,022	11,652	5,956	9,029	13,082	72,958	154,297*
	PRE-SCHOOL ED/TRAINING	98	141	592	133	352	13	98	175	575	118	281	902	4,142	7,596
	PLANNING REGIONS	REGION ONE	REGION TWO	REGION THREE	REGION FOUR	REGION FIVE	REGION SIX-E	REGION SIX-W	REGION SEVEN-E	REGION SEVEN-W	REGION EIGHT	REGION NINE	REGION TEN	REGION ELEVEN	STATE TOTAL

* Represents a duplicated count. Involves a number of screening, diagnostic and identification services.

TABLE 2-5

ALTERNATIVE COMMUNITY LIVING ARRANGEMENTS

PLANNING REGIONS	SPECIAL LIVING ARRANGEMENTS	PERSONAL CARE	TRANSPORTATION	FULL SUPERVISION	
REGION ONE	843	456	. 823	1,876	
REGION TWO	564	284	009	1,094	
REGION THREE	4 , 304	1,665	2,586	4,930	
REGION FOUR	2,308	521	1,546	3,034	
REGION FIVE	1,524	256	986	1,868	
REGION SIX-E	246	811	1,844	1,917	
REGION SIX-W	535	279	686	1,150	
REGION SEVEN-E	1,150	263	818	251	
REGION SEVEN-W	2,457	784	1,972	3,132	
REGION EIGHT	1,582	451	2,347	2,224	
REGION NINE	2,297	099	2,316	3,627	
REGION TEN	4,541	2,915	4,435	6,226	
RECION ELEVEN	22,621	12,871	18,065	29,297	
STATE TOTAL	45,673	22,216	39,327	60,626	

TABLE 2-6
NON-VOCATIONAL SOCIAL DEVELOPMENT

			HOLD DEVELORIEM		
PLANNING RECIONS	ADULT DAY CARE	ADULT ED/TRAINING	SCHOOL AGE ED/TRAINING	TREATMENT	RECREATION
REGION ONE	399	414	100		686
REGION TWO	411	485	194		1,023
REGION THREE	2,359	2,530	1,257	,	4,645
REGION FOUR	1,006	1,056	338		2,161
REGION FIVE	618	819	517		1,554
RECION SIX-E	662	683	206		1,906
REGION SIX-W	707	425	255		1,150
REGION SEVEN-E	381	375	378		1,196
REGION SEVEN-W	1,066	1,139	887		2,723
REGION EICHT	1,106	1,116	501	-	2,960
REGION NINE	1,318	1,361	817		3,145
REGION TEN	2,040	2,264	1,785		6,273
REGION ELEVEN	8,562	9,271	13,774		29,429
STATE TOTAL	20,332	21,938	21,009	*	59,154

include anything from routine dental care to major medical procedures. Computer projections based upon MIIS * Projections for "Treatment" are not totally reliable. Arriving at an accurate figure is extremely difficult data and other sources places the state total needing treatment services at some 366,000--over three times as individuals may require varied/several treatment services within any given time period--treatment might the estimated DD population of 112,000.

SECTION 3 -- DD SERVICE NETWORK RESOURCES AND CAPACITY

3.1 SUMMARY OF THE DD SERVICE STRUCTURE

Table 3.1 summarizes state agency services, responsibilities, and programs* pertinent to developmental disabilities. A comprehensive listing of non-public service providers, resources, and services for persons with developmental disabilities is available from the Minnesota State Planning Agency:

MINNESOTA DEVELOPMENTAL DISABILITIES ADVOCACY RESOURCE DIRECTORY (The Governor's Planning Council on Developmental Disabilities/The Developmental Disabilities Protection and Advocacy Program). Saint Paul: Minnesota State Planning Agency, 1978.

TABLE 3.1
RESPONSIBLE AGENCY, PROGRAMS, AND TYPES
OF SERVICES AVAILABLE TO DEVELOPMENTALLY DISABLED PERSONS

										SE	RV.	ICE	S										
					DIF	REC	Ţ							,		•	SUP	PO	RT				
	DEN	BI- PIAL		RE OOL	DAY	PROC CEOC AGE)L		ULT	E)(P HE	LOY-		ENT:			CASE		TR	EATK	DIT	PI	UHIL OGRA	UL
PUBLIC SERVICE PROVIDERS	DOMICILIARY CARE	SPECIAL LIVING ARRANGEDONT	DAY CARE	EDUCATION/TRAINING	DAY CARE	EDUCATION	TRAINING	DAY CARE	EDUCATION/TRAINING	SHELTERED	OTHER EMPLOYMENT	DIAGNUSIS	EVALUATION	INFORMATION & REFERRAL	COUNSELING	AND SOCIALIDAD OTHER SOCIAL	POLLON-ALONG	MEDICAL	DENTAL	OT, PT, SPLH, OTHER	RECREATION	PERSONAL CARE	TRANSPORTATION
DEPT OF EDUCATION	•			•		•	•		•			•	•	•	•	•	•			•	•		•
DEPT OF HEALTH	•	•										•	•	•	•	•	•	•	•	•		•	
DEPT OF TRANSPORTATION																							•
HOUSING FINANCE AGENCY		•																					
DEPT OF ECON SECURITY		•	•	•					•	•	•	•	•	•	•	•	•	•	•	•		•	•
COUNCIL ON HANDICAPPED														•		•							
DEPT OF NAT RESOURCES																					•		
STATE PLANNING AGENCY		L					L							•		•							
DEPT OF PUBLIC WELFARE	•		•	•	•	•	•	•	•	•		•	•	•	•	•	•	•	•	•		•	•

* Within the Department of Education are the Braille and Sight Saving School and the School for the Deaf. The Division of Vocational Rehabilitation is located within the Department of Economic Security. The Developmental Disabilities Planning Office is located within the State Planning Agency. The Department of Public Welfare administers the State Hospital System and the two State-operated nursing homes.

TABLE 3
CASE MANAGEMENT

PROGRAM ,	COUNSELING	PROTECTIVE	FOLLOW-ALONG	INFORMATION/REFERRAL		
DEPARTMENT OF HEALTH Prevention and Early Intervention Crippled Children's Services (SSI-Disabled Children's Program)	•		•	•		
DEPARTMENT OF ECONOMIC SECURITY Vocational Rehabilitation	•	•	•	•		
COUNCIL FOR THE HANDICAPPED			•	•		
DEPARTMENT OF EDUCATION Special and Compensatory Education	•	•	•	•		
DEPARTMENT OF PUBLIC WELFARE Social Services Mental Health	•	•.	•	•		

TABLE 3
ALTERNATIVE COMMUNITY LIVING ARRANGEMENTS

PROGRAM	SPECIAL LIVING ARRANGEMENTS	PERSONAL CARE/ TRAINING	TRANSPORTATION	CONSTRUCTION/ SUBSIDIZATION	FINANCING	COUNSELING	
DEPARTMENT OF HEALTH Health Care Facilities (Nursing Homes, Boarding Care Homes, SLFs)	•	•					
DEPARTMENT OF ECONOMIC SECURITY Vocational Rehabilitation (Comprehensive Services for Independent Living)	•	•	•				
DEPARTMENT OF TRANSPORTATION UMTA 16(b)(2)/Paratransit			•	•			
HOUSING FINANCE AGENCY Residential Group Home Program (DD) Housing Assistance Program (Sec. 8)				•	•		
DEPARTMENT OF PUBLIC WELFARE Residential Services/Mental Health Social Services			•			•	

TABLE 3
NON-VOCATIONAL SOCIAL DEVELOPMENT

	1						
PROGRAM ,	ADULT DAY CARE	ADULT ED/TRAINING	SCHOOL AGE ED/TRAINING	TREATMENT	RECREATION	TRANSPORTATION	COUNSELING
DEPARTMENT OF HEALTH Health Care Facilities (e.g., SLFs)	•			•			
DEPARTMENT OF ECONOMIC SECURITY Vocational Rehabilitation	•	•				•	
DEPARTMENT OF TRANSPORTATION UMTA 16(b)(2)/Paratransit						•	
DEPARTMENT OF NATURAL RESOURCES Parks and Recreation (accessibility)					•		
DEPARTMENT OF EDUCATION Special and Compensatory Education			•				
DEPARTMENT OF PUBLIC WELFARE Social Services Income Maintenance Catostrophic Health Expense Protection Program (CHEPP) Medical Assistance Mental Health MR Programs	•	•		•			•

TABLE 3
CHILD DEVELOPMENT

PROGRAM '	EARLY INTERVENTION SVCS	COUNSELING	IDENTIFICATION/ DIAGNOSIS	TREATMENT/SERVICES	FOLLOW-UP	PRESCHOOL ED/TRAINING	
DEPARTMENT OF HEALTH Early and Periodic Screening (EPS) Hearing and Vision Conservation Perinatal Care High Risk Infant Identification Early Periodic Screening Diagnosis and Treatment (EPSDT) PreSchool Screening (PSS) Nutrition Consultation Crippled Children's Services (CCS) DEPARTMENT OF EDUCATION Special and Compensatory Education DEPARTMENT OF PUBLIC WELFARE Social Services DACS Income Maintenance (EPSDT)	•			•			

** NOTE **

The following narrative summaries of state agency operations were adapted primarily from the "GOVERNOR'S BIENNIAL BUDGET 1979-1981" (presented to the Seventy-First Legislature -- January 23, 1979).

References to "Fiscal Year" in the narrative portions denote the fiscal year as it pertains to the State of Minnesota: July 1 to June 30.

The Federal fiscal year is from October 1 to September 30.

AGENCY: DEPARTMENT OF HEALTH

AGENCY GOALS, OBJECTIVES, AND ACTIVITIES

The purpose of the agency is to promote, maintain, and protect the health of the citizens of Minnesota. The Commissioner of Health, acting through the Minnesota Department of Health, has general authority and responsibility in the area of health, as the state's official health officer. In addition, he is responsible for the development and maintenance of an organized system of programs and services for protecting, maintaining, and improving the health of the citizens. This authority by statute includes but is not limited to the following:

Conduct studies and investigations, collect and analyze health and vital data, and identify and describe health problems.

Plan, facilitate, coordinate, provide, and support the organization of services for the prevention and control of illness and disease and the limitation of disabilities resulting therefrom.

Establish and enforce health standards for the protection and the promotion of the public's health such as quality of health services, reporting of disease, regulation of health facilities, environmental health hazards, and personpower.

Affect the quality of public health and general health care services by providing consultation and technical training for health professionals and paraprofessionals.

Coordinate and integrate local, state, and federal programs and services affecting the public's health.

Continually assess and evaluate the effectiveness and efficiency of health service systems and public health programming efforts in the state.

AGENCY SERVICES - DESCRIPTION, TARGET POPULATION AND ELIGIBILITY REQUIREMENTS

The agency performs three major functions to fulfill its mission:

- 1. Provision of services to prevent disease and accidents, control spread of disease, identify health problems early, and provide for intervention in the disease process.
- 2. Regulatory functions directed at health facilities, health personpower, and environmental conditions intended to assure safe and healthy surroundings and services that are provided by competent personnel.
- 3. Assistance to local health agencies, both fiscal and technical; information, consultation, and assistance to health professionals of all disciplines and in a variety of settings in order to continually improve the health services available to people.

The clientele consists primarily of the health system personnel throughout the state; staffs of local health agencies, hospitals, health maintenance organizations, nursing homes, ambulance services, clinics, individual health providers, and the personnel of other regulated industries. In selected programs (for example: Crippled Children's Services) the direct clientele are citizens with health problems.

PROGRAM: PREVENTIVE AND PERSONAL HEALTH SERVICES

AGENCY: DEPARTMENT OF HEALTH

PROGRAM PURPOSE: The program is the aggregate of functions performed by the agency to promote healthful practices, to prevent disease, to provide for early detection of disease and disability, and in certain circumstances to provide for treatment and rehabilitative services. The program fulfills its purpose by means of providing specialized services (as in the Medical Laboratories activity and Services for Children with Handicaps), training and technical consultation for regional and local health personnel (as in Disease Control-Immunization and Chronic Disease programs), inspection and regulation (as in Environmental Health-Radiation Control and Field Services), in payments for treatment (as in Services for Children with Handicaps), and in the provision of information and assistance to both providers and consumers related to all the activities in this program.

OPERATION: This program consists of five major activities:

Disease Control includes Personal Health Services Supervision, Chronic Disease Programs, Infectious Disease Control, Venereal Disease Control and Immunization.

Medical Laboratories provide diagnostic testing of biological specimens for individuals throughout the state.

Environmental Health deals with the impact of the environment, both natural

and man-made on human health. A Health Risk Assessment unit has been added to provide a scientific basis for reviewing the effects of toxic materials in the environment on human health.

Prevention and Early Intervention encompasses the Maternal and Child Health activities of the department, and is largely federally funded. Important state directed activities include Family Planning, with grant funds to be available to Community Health Services Agencies and the Child Health Screening programs including Preschool Screening.

Services for Children with Handicaps includes the Crippled Children's Services program as well as the state resources allocated to the Gillette Children's Hospital.

CLIENTELE: The direct clientele of this program include the providers of local public health services; the owners and managers of food, lodging, recreational facilities; the operators of municipal and other public water supplies; handicapped children and their parents; and in some instances, persons with communicable and chronic diseases and their contacts. Each activity and its subparts have defined clienteles. The program in total affects directly or indirectly, all the citizens of the state.

ACTIVITY: PREVENTION AND EARLY INTERVENTION

PROGRAM: PREVENTIVE AND PERSONAL HEALTH SERVICES

AGENCY: DEPARTMENT OF HEALTH

ACTIVITY DESCRIPTION: This activity addresses identified preventive health needs of adults, infants and children who are served in local communities throughout Minnesota. The purpose of the activity is to support local programs to improve or maintain the health status and wellbeing of individuals and families served through a number of discrete activity components which encompass Early and Periodic Screening, Hearing and Vision conservation, Family Planning, Dental Health, Nutrition Consultation, Human Genetics, Maternal and Infant Care projects, Children and Youth clinics, Perinatal Care, High Risk infant identification, Child Abuse, and Sudden Infant Death. The activity directly serves local publicly supported Health agencies, individual health professionals, schools, and voluntary agencies through the provision of program planning, technical consultation and assistance, training, standards and program guidelines, grant review and monitoring. In turn, this clientele directly serves individuals and families. The activity is supported by state appropriations and federal formula funds, predominantly Title V, Social Security Act; Women, Infants and Children Nutrition Act (WIC); and contracts.

Comprehensive Child Health Screening includes Early and Periodic Screening (EPS) and components of Early Periodic Screening Diagnosis and Treatment (EPSDT) and Preschool Screening (PSS). The purpose of child health screening is to identify, at the earliest time, health or developmental problems and to assure further evaluation, diagnosis, and treatment so as to reduce or ameliorate the problems. This activity works closely with the other state agencies involved in screening children and with the many local, public, and private professionals so as to assure coordinated, non-

duplicative screening programs are available to all who need it, primarily directed to persons in the reproductive period.

The purpose of the Hearing and Vision conservation is to assure that children with hearing and vision problems are detected at the earliest time by providing quality, cost-efficient screening services by local agencies or schools. This activity works with local health agencies and schools and helps to assure that children identified as needing further evaluation and possible treatment are followed up. The activity works directly with the other child health screening activities within the department to assure coordinated efforts.

ACTIVITY: SERVICES FOR CHILDREN WITH HANDICAPS PROGRAM: PREVENTIVE AND PERSONAL HEALTH SERVICES

AGENCY: DEPARTMENT OF HEALTH

ACTIVITY DESCRIPTION: The Crippled Children Services Program mandated by Title V of the Social Security Act and supported by federal formula and state funds, provides for the identification, diagnosis, and treatment of children with chronic handicaps caused by birth defects, congenital cardiac lesions, hereditary diseases, or diseases such as diabetes, cystic fibrosis, or cancers. These children are cared for through the provision of about 250 itinerant field clinics, arrangements for diagnostic and treatment services in medical centers, and the arrangements for or the provision of health and social services necessary for the rehabilitation of children with handicaps.

The Crippled Children Services activity (CCS) provides for reimbursement of costs of care for eligible children with long-term handicapping conditions, including special statutory programs for children requiring a growth hormone called somatotropin, and persons 21 years and older with cystic fibrosis and hemophilia.

The activity maintains an interdisciplinary professional staff including nurses, social workers, nutritionist, and speech and hearing specialists who operate the regularly scheduled field clinics, provide inservice training and case consultation to local health professionals and schools about the children with serious handicaps. This field staff lives and works in the health districts. In addition, the field clinics are staffed by cardiologists, pediatricians, orthopedists, oral surgeons, psychiatrists, and orthodontists who are under contract.

In July, 1978, the CCS activity began implementing the new Supplemental Security Income (SSI), Disabled Children's Program under Section 1615 of the Social Security Act which makes CCS responsible to coordinate individual program planning for SSI eligible children.

In addition, the activity manages the federally funded Regional Cardiac Program, which provides for field clinics, inservice education, and reimbursement for care of children with serious cardiac lesions from other states when appropriate diagnostic and treatment resources are not available in that state or area.

As an added dimension, the activity maintains a contractual relationsip with Gillette Children's Hospital to reimburse that special state resource for the cost of caring for children with complex, multiple handicaps and whose families cannot afford the costs. Part of the state appropriation for the treatment of children with handicaps has supported this contractual relationship since 1975, when Gillette Children's Hospital had become a quasi-state hospital, with its own Governor-appointed board. Financial eligibility for state support for cost of care at Gillette is the same as eligibility for other CCS treatment services.

An increased demand for the Crippled Children Services resource is anticipated as a result of the effects of Early and Periodic Screening (EPS), and Preschool Screening, better coordination between the health and educational institutions, improved identification of high risk children at birth and during their early years, and better case identification through coordinated efforts with the Social Security Administration, SSI Program.

ACTIVITY OBJECTIVES: The provision of a coordinated, comprehensive, high quality program for children suspected of having or having identified physical or developmental handicaps so as to assure that these children can function, recover, and develop to the fullest extent possible by:

- 1. Providing diagnostic evaluation and continuing treatment at about 250 itinerant field clinics for about 6,500 children with suspected or diagnosed handicapping conditions to assure the availability of accessible services throughout the state.
- 2. Coordinating medical center diagnostic evaluations of new children and children known to the program to assure the children receive the treatment and rehabilitation services they need at times and places appropriate to the children's conditions.
- 3. Authorizing anticipated medical, surgical, dental, and rehabilitation treatment services for more than 3,000 medically and financially eligible children under 21 years which is paid in part by CCS, insurance companies, Title XIX, and the family to assure that the children receive the care and it is paid for.
- 4. Providing special treatment services payments for persons 21 years or older with hemophilia, cystic fibrosis, and growth hormone deficiencies requiring somatotropin, in keeping with special statutory requirements.
- 5. Providing follow-up, counseling, and referral services by an interdisciplinary staff of nurses, social workers, nutritionist, and communication specialists to assure CCS patients and families have assistance in resolving health-related emotional and social problems.
- 6. Providing technical consultation and inservice education to local health and social agencies to improve levels of awareness, and skills in professionals involved with serving children with handicaps.
- 7. Developing cooperative agreements with other state agencies such as the Department of Public Welfare, Division of Vocational Rehabilitation, and the Department of Education and private voluntary agencies so as to improve the coordination and provision of services to handicapped children and their families who are frequently served by more than one agency.

LICENSED AND CERTIFIED HEALTH CARE FACILITIES* DEPARTMENT OF HEALTH

NURSING HOMES

A nursing home provides for the accommodation of persons who are not acutely ill and not in need of hospital care, but who do require nursing care and related medical services. Examples of nursing care include: bedside care and rehabilitative nursing techniques, administration of medicines, a modified diet regime, irrigations and catheterizations, application of dressings or bandages and other treatments prescribed by a physician. In addition, the social, religious, education and recreational needs of these patients must be fulfilled.

363 Nursing Homes / Bed Capacity: 36,262 (as of March 15, 1979)

BOARDING CARE HOMES

A boarding care home provides personal or custodial care only. Examples of personal or custodial care include: help with bathing, dressing, or other personal care; supervision of medications which can be safely self-administered; plus a program of activities and supervision required by persons who are not capable of properly caring for themselves.

138 Boarding Care Homes / Bed Capacity: 6,287 (as of March 15, 1979; includes boarding care home units of other facilities: 74 units at 3,597 capacity)

SUPERVISED LIVING FACILITIES

A supervised living facility provides a residential, home-like setting for persons who are mentally retarded, adult mentally ill, chemically dependent, or physically handicapped. Services include provision of meals, lodging, housekeeping services, health services, and other services provided by either staff or residents under supervision. Class A facilities include homes for ambulatory and mobile persons who are capable of taking appropriate action for self-preservation under emergency conditions as determined by program licensure provisions. Class B facilities include homes for ambulatory, nonambulatory, mobile, or nonmobile persons who are not mentally or physically capable of taking appropriate action for self-preservation under emergency conditions as determined by program licensure provisions.

250 Supervised Living Facilities / Bed Capacity: 8,397 (as of March 15, 1979)

SUPERVISED LIVING FACILITIES BY CITY AND COUNTY

CITY/COUNTY

CITY/COUNTY

ARGYLE - Marshall Marshall County Group Home AURORA - St. Louis Salmi Board and Lodging

* Source: Directory: Licensed & Certified Health Care Facilities 1979.
Minneapolis: Minnesota Department of Health, March 15, 1979.

ALBERT LEA - Freeborn Crest Home of Albert Lea Naeve Hospital

ALEXANDRIA - Douglas
Project New Hope, Inc.
Project New Hope 6
Project New Hope 7

ANOKA - Anoka Anoka State Hospital May Group Home

ATWATER - Kandiyohi Atwater House St. Francis Halfway House

AUSTIN - Mower Agape Halfway House Cedarvale Woodyale III

BAGLEY - Clearwater Pine Ridge Residence

BEMIDJI - Beltrami Diakonia I Diakonia II

BARRETT - Grant Steffen Group Home

BLOOMINGTON - Hennepin Bloomington Outreach Home St. Stephens Group Home A & B Gerarda House

BLUE EARTH - Faribault Assisi Residence I Assisi Residence II

BOVEY - Itasca Hawthorne House

BRAINERD - Crow Wing Brainerd State Hospital

BROOKLYN CENTER - Hennepin Brooklyn Center Outreach Residential Alternatives II Residential Alternatives III

CITY/COUNTY

BROOKSTON - St. Louis Maki Home

BUFFALO - Wright Alternative I Buffalo Group Home

CAMBRIDGE - Isanti Cambridge State Hospital

CANBY - Yellow Medicine Rem II, Inc. A & B

CENTER CITY - Chisago Hazelden Foundation South Center Manor

CHANHASSEN - Carver Chanhassen Center

CHISHOLM - St. Louis Range Center, Inc. Range Center-Oakwood

CLOQUET - Carlton Pine Ridge Home #1 Pine Ridge Home #2

COKATO - Wright
Warner Care Home
Warner Care Home II
Warner Care Home III

COON RAPIDS - Anoka Camelia Rose Community Living

COTTAGE GROVE - Washington Forestview-Hemingway

CROOKSTON - Polk Crookston Group Home

DELANO - Wright The Dells Place

DENT - Otter Tail Peleske Group Home

CRYSTAL - Hennepin Dungarvin V

DULUTH - St. Louis Caromin House -Dodge Caromin House -Tioga Champion Children's Home Cliff House Duluth Regional Care Center - Unit I Duluth Regional Care Center - Unit II Duluth Regional Care Center - Unit III Duluth Regional Care Center - Unit IV Nekton on Greysolon Nekton on London Road Nekton on Springvale Nekton on Wallace Residential Services of Northeast Minnesota Thunderbird Halfway House Wren House

EAGAN - Dakota Orvilla, Inc.

EDEN PRAIRIE - Hennepin Muriel Humphrey's Residence

EDINA - Hennepin Nekton-Williams

ELK RIVER - Sherburne
The Shire - Dungarvin IV

EVELETH - St. Louis
Range Center-Birchwood Home

EXCELSIOR - Carver
Mount Olivet Rolling Acres

FAIRMONT - Martin REM IV

FARIBAULT - Rice
Constance Bultman Wilson Center
Faribault State Hospital
Kroeger's House
Region Park Hall
Resident Homes, Inc. (Harmony)
Resident Homes, Inc. (Haven)
214 Park Avenue Home

FOSSTON - Polk Fosston Group Home

CITY/COUNTY

FERGUS FALLS - Otter Tail
Fergus Falls State Hospital
Koep Group Home
Lake Park - Wild Rice Children's
Home
Piper Group Home
Project Hew Hope I
Project New Hope II
Project New Hope III

FRAZEE - Becker Smith Group Home

FULDA - Murray New Dawn, Inc.

GRAND RAPIDS - Itasca Christus Group Home

GRANITE FALLS - Yellow Medicine Project Turnabout

HARMONY - Fillmore Sunshine Place

HASTINGS - Dakota Henry Hagen Residence

HAWLEY - Clay Clay County Residence

HERON LAKE - Jackson Heron Lake Halfway House

HUTCHINSON - McLeod Aveyron Homes, Inc.

JORDAN - Scott
Family Treatment Center of
Abbot-NW Hospital

KARLSTAD - Kittson Valley Group Home #2

KASSON - Dodge Fourth Street House

LAKE ELMO - Washington Nekton on Stillwater Lane

LITTLE CANADA - Ramsey Nekton on Sextant

LITTLE FALLS - Morrison Christus Group Home

MANKATO - Blue Earth Family House Harry Meyering Center, Rem III

MAPLEWOOD - Ramsey Nekton-Frost sur la rue de Skillman

MARSHALL - Lyon Rem I, Inc. A, B, C

MINNEAPOLIS - Hennepin American Indian Services, Inc. Charles Bronstein Home Clara Doerr Residence Hennepin County Residential Treatment M & R II - Pleasantview Home M & R III M & R IV Maria Home Minneapolis Outreach Nekton-Minnehaha Park Nekton-Queen Northeast House, Inc. Northwestern Hospital Division Nuway House I Nuway House II Outreach Northeast Group Home 180 degrees Pharm House Pillsbury Manor Portland Residence, Inc. St. Ann's Group Home Forestview James Freedom House A Freedom House B House of Icarus

Salvation Army - Harbor Light Center

Shanti House

Summit House

335 Ridgewood

Turning Point, Inc.

Uptown Group Living, Inc.

CITY/COUNTY

LESTER PRAIRIE - McLeod Alice Haney Home Alice Haney Annex

MINNETONKA - Hennepin Forestview Children's Home Hammer Residence #1

MOORHEAD - Clay Valley Group Home #1

MOOSE LAKE - Carlton Moose Lake State Hospital

MORA - Kanabec Brighter Day Residence

MORRIS - Stevens Hoffman Group Home

NEW HOPE - Hennepin Homeward Bound, Inc.

NEW ULM - Brown MBW on Center

NORTHFIELD - Rice Laura Baker School

OSAKIS - Dodge Ella Bakke Group Home

OWATONNA - Steele West Hills Lodge Woodvale II

PARK RAPIDS - Hubbard Heartland Home

PINE RIVER - Cass Pine River Group Home

PIPESTONE - Pipestone Hiawatha Manor

PLYMOUTH - Hennepin Forestview Children's Home New Pioneer House

RED WING - Goodhue Redwing Group Home Vasa Lutheran Home for Children

REDWOOD FALLS
Robert Milton Home, Inc.

RICHFIELD - Hennepin Richfield Outreach Home Progress Valley II

RICHVILLE - Otter Tail
Shelton Group Home

ROBBINSDALE - Hennepin
Uptown Group Living Project

ROCHESTER - Olmsted
Bear Creek House
Guest House Sanitorium
Hiawatha Children's Home
Pine Circle Community Living
Rochester State Hospital
Sixth Street House
Meadow Park House

ROSEAU - Roseau Roseau Children's Home

ST. CLOUD - Stearns Focus XII House

ST. LOUIS PARK - Hennepin Minnesota Jewish Group Home Parkview Treatment Center Summit Home II

ST. PAUL - Ramsey Dayton House of People Dungarvin, Inc. Dungarvin II, Inc. Dungarvin III, Inc. Greenbriar Home, Inc. Greenwood Residence East Hewitt House of People Hope Transition Center, Inc. Kent House of People Nekton on Goodrich Good Neighbor Homes Nekton on Mississippi Nekton on Wheeler Nekton on Wyoming New Connection A New Connection Nor Haven Home Our House of Minnesota, Inc. I

CITY/COUNTY

ST. PAUL - Ramsey (cont'd)
Our House of Minnesota, Inc. II
People's Child Care Residence
Petra Howard House
Phoenix Residence, Inc.
sur la rue de Breen
sur la rue de Wheelock Ridge
Twin Town Treatment Center
Reaney Heights

ST. PETER - Nicollet St. Peter State Hospital

SAUK CENTRE - Stearns
Dorothe Lane Home
Lakeview Children's Home
Pettit Children's Home

SAUK RAPIDS - Benton Granite Care Home

SHAKOPEE - Scott Delphi House

SHERBURN - Martin
Friendship Haven I
Friendship Haven II
Frien
SHOREVIEW - Ramsey
The Residence, Inc.
The Residence II
Lake Owasso Residence
Moores Haven

SOUTH HAVEN - Wright Madden Haven

SOUTH ST. PAUL - Dakota Bryant Avenue Residence

SPICER - Kandiyohi Alpha Homes, Inc.

STARBUČK - Pope Project New Hope - Starbuck

STILLWATER - Washington Nekton on Imperial Court

THIEF RIVER FALLS - Pennington Hanson's Boarding Home Johnson's Riverside Boarding Home

TOWER - St. Louis Hearthside Homes

TYLER - Lincoln Rem V

VICTORIA - Carver Community Living, Inc.

VIRGINIA - St. Louis Gethsemane Group Home

WABASHA - Wabasha 717 Rustic Lane

WAITE PARK - Stearns Waite Park Group Home

WANAMINGO - Goodhue Riverview Manor

WATERVILLE - Le Sueur Hope Residence, Inc.

WAYZATA - Hennepin Hammer Residence Shady Way Group Home Way 12 Halfway House

CITY/COUNTY

WEST ST. PAUL - Dakota
Dakota's Children
D.C.I. - Thompson Avenue Group
Home
Horizon Apartments

WHITE BEAR LAKE - Ramsey Northeast Residence, Inc. Northeast Residence II

WILLMAR - Kandiyohi Alexander Home Friendship House Heather Hill Kindlehope Willmar State Hospital

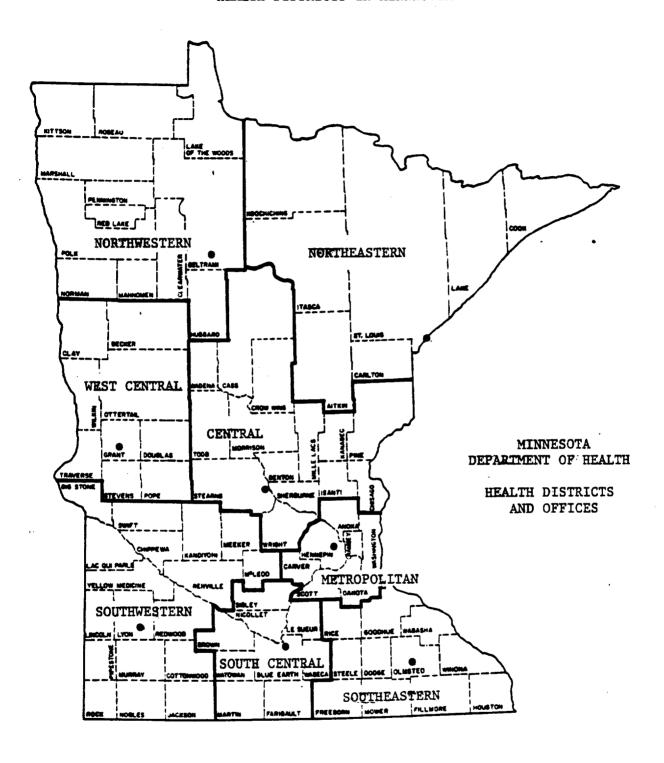
WINDOM - Cottonwood Home for Creative Living

WINONA - Winona Group Home of Winona

WORTHINGTON - Nobles
Project Independence - McMillan
Home
Southwest Manor
Unity House

WOODSTOCK - Pipestone New Life Treatment Center

HEALTH DISTRICTS IN MINNESOTA



DISTRICT/OFFICE: NORTHWESTERN - BEMIDJI

METROPOLITAN - MINNEAPOLIS

NORTHEASTERN - DULUTH

SOUTHWESTERN - MARSHALL

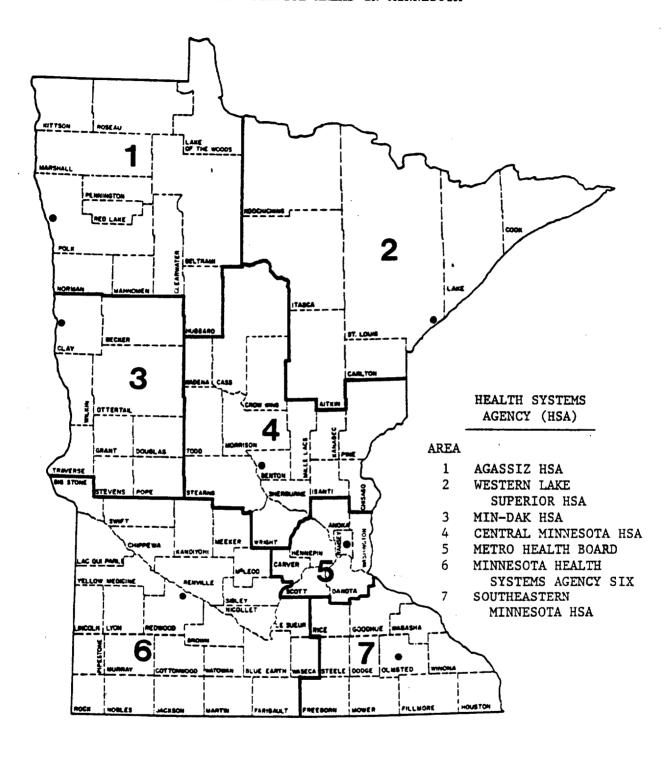
WEST CENTRAL - FERGUS FALLS

SOUTH CENTRAL - MANKATO

CENTRAL - ST. CLOUD

SOUTHEASTERN - ROCHESTER

HEALTH SERVICE AREAS IN MINNESOTA



- 1 EAST GRAND FORKS
- 2 DULUTH
- 3 MOORHEAD
- 4 SAUK RAPIDS

- 5 ST. PAUL
- 6 REDWOOD FALLS
- 7 ROCHESTER

AGENCY: DEPARTMENT OF ECONOMIC SECURITY

AGENCY GOALS, OBJECTIVES, AND ACTIVITIES

The Department of Economic Security develops, implements and coordinates public employment and income policies and programs for the State of Minnesota. The department assists people in need of employment training, vocational rehabilitation, job placement and temporary financial assistance services so that they can find meaningful work and become self-supporting.

The department and its programs contribute to the well-being of Minnesota's residents as well as to the overall economy of the state. By providing the opportunity to help people help themselves, whether they are unemployed, low income or disabled, the department attempts to provide Minnesotans with an opportunity to share in the state's high quality of life.

AGENCY SERVICES - DESCRIPTION, TARGET POPULATION AND ELIGIBILITY REQUIREMENTS

The department provides temporary financial assistance, job training, vocational rehabilitation and job placement for the unemployed or underemployed. Programs and services are provided to all Minnesota residents—regardless of age, race, sex, color, creed or disability. Specialized services and programs are developed to meet the employment, training and rehabilitation needs of American Indians, displaced homemakers, welfare recipients, veterans, persons with disabilities, migrants, head of households. older persons and youth.

For those whose physical, mental or emotional disabilities are a handicap to employment, the department provides both training and placement. The department is committed to educate the community on the capabilities of persons with disabilities; to develop an awareness of their civil and personal rights; and to remove economic, social, architectural, transportation or attitudinal barriers. Vocational Rehabilitation (VR) and the department's other programs ensure that disabled persons have equal opportunities and services, programs and facilities.

PROGRAM: VOCATIONAL REHABILITATION

AGENCY: DEPARTMENT OF ECONOMIC SECURITY

PROGRAM PURPOSE: The purpose of the vocational rehabilitation program is to enable persons with physical and mental disabilities to become contributing members of the state's economy and to participate fully in the benefits and responsibilities of society at every level. Persons too severely disabled to achieve employment in conventional work settings receive opportunities for long-term sheltered work and work activity programs. Applicants for Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) payments receive eligibility adjudication services.

OPERATION: This program is administered by the Assistant Commissioner for

DEVELOPMENTAL DISABILITIES THREE YEAR STATE PLAN

FISCAL YEAR 1981

OCTOBER 1, 1980 TO SEPTEMBER 30, 1981

STATE OF MINNESOTA

SUBMITTED BY

THE MINNESOTA GOVERNOR'S PLANNING COUNCIL ON DEVELOPMENTAL DISABILITIES

THIS STATE PLAN IS A JOINT ENDEAVOR OF THE MINNESOTA GOVERNOR'S PLANNING COUNCIL ON DEVELOPMENTAL DISABILITIES

AND THE

DEVELOPMENTAL DISABILITIES PLANNING OFFICE OF THE MINNESOTA STATE PLANNING AGENCY

BRUCE BALOW
Chairperson
Minnesota Governor's Planning
Council on Developmental Disabilities

ARTHUR SIDNER
Director
Minnesota State
Planning Agency

Submitted:

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Vocational Rehabilitation and has four sections - the offices of client services, rehabilitation resources, program and management support, and disability determination services. Special emphasis is given to obtaining direct consumer advice and counsel regarding all policies affecting rehabilitation concerns to assure that agency services respond to the needs of clients with disabilities.

The federal mandate giving priority for services to persons with the most severe disabilities has substantially affected the agency's ability to serve all Minnesotans who are eligible for services. It has resulted in needs for more intensive and more costly services, for more lengthy vocational plans, and in greater demands for professional counselor time. The net effect is that increased numbers of severely disabled persons are being served and rehabilitated although the total number of all clients has, of necessity, decreased.

In F.Y. 1978, 5,224 persons were successfully rehabilitated, about 4,000 persons were served in sheltered work stations, 24,000 applications for Social Security benefits were processed and a program to promote the rights of persons with disabilities to full access to public services, to employment opportunity and to freedom from discrimination, was initiated.

A study of persons rehabilitated in 1977 indicated that they earned 29.5 million dollars more than they had earned prior to receiving DVR services. In their first year of employment, they generated both contributions to state and federal income taxes and savings of public assistance payments which totaled 4.8 million dollars. The termination of disability payments saves an additional \$734,000 in each year after they are rehabilitated. These savings and benefits are expected to increase for the rehabilitated clients of each year through 1981.

Among the major policy issues to be addressed is the development and implementation of comprehensive independent living services to severely disabled persons.

CLIENTELE: The clientele of the agency are persons with physical and mental disabilities that result in vocational handicaps who are likely to become employed after receiving DVR services. The federal mandate to give first priority to persons with severe disabilities means that persons who may require many services over an extended period of time in order to become employed and persons who may only achieve the capability for sheltered work are entering the caseload in greater numbers. Persons defined as severely handicapped are not limited to any particular disability group. However, certain disabilities are "automatically" classified as severe by federal criteria. Persons who are deaf or hearing impaired constitute a group which DVR considers to have been underserved.

ACTIVITY: COMPREHENSIVE SERVICES FOR INDEPENDENT LIVING

PROGRAM: VOCATIONAL REHABILITATION

AGENCY: DEPARTMENT OF ECONOMIC SECURITY

ACTIVITY DESCRIPTION: This activity will implement authorities of the Rehabilitation Amendments of 1978. Independent living

services are designed to meet the current and future needs of individuals with disabilities so severe that they presently lack the potential for employment, but may benefit from services which enable them to live and function independently. The services aid severely disabled persons in achieving independent living status within the family environment, their communities, and may lead to securing employment. This activity provides for services other than those in basic vocational rehabilitation programs and includes services such as transportation, attendant care, and assistive devices. These services will be provided on a priority basis to persons who are not eligible for services through other provisions of the Rehabilitation Act. Those eligible for the independent living services program are persons who have the potential to move from a dependent living status to more self care and independence. Twenty percent of the funds available to this activity must be set aside for grants to private, non-profit rehabilitation facilities and related organizations serving the severely disabled. These grants are to be used to encourage new or expanded independent living services in existing programs and to create new centers for independent living which will provide housing and transportation referral help, group living, health education and maintenance, training for attendants and other services to the most severely disabled.

ACTIVITY OBJECTIVES:

- To complete a State Plan for the implementation of this section of the Act, with broad representation from persons with disabilities, and to do so in such a way as to assure maximum coordination with existing programs and services.
- 2. To develop a system for administering the grant portion of the Act and to implement the grants portion of this activity.
- 3. To develop methods for evaluating services provided under this activity and to monitor this activity's programs as they develop.
- 4. To establish cost benefit measures for this activity so that long-term benefits from the program may be assessed.
- 5. To initiate the provision of services to eligible persons under this activity.

	ESTIMATED	ESTIMATED
	F.Y. 1980	F.Y. 1981
Number of independent living	•	
centers established	. 3	3
Number of grants provided to non-		
profit private agencies	6	10
Number provided Independent		
Living Services	250	400
Number served in Centers for		
Independent Living	50	80
Number of program reviews conducted		
on agencies receiving grants	2	6

ALTERNATIVE/MAJOR ISSUES: Severely disabled persons currently receive individual, specific services from numerous rehabilitation and welfare related agencies. This act authorizes development of the capability to provide comprehensive and integrated programs of service to assist severely disabled persons to move from disability-related dependence to independence and into employment when possible. This new program of rehabilitation services requires close coordination with existing programs and agencies. The intent and design of this activity is to fill gaps in services to severely disabled persons without duplicating existing services. The grant programs will be particularly valuable to Minnesota because the state's private non-profit rehabilitation facilities have the potential capability for developing innovative approaches to serving severely disabled persons, including those with mental illness and mental retardation.

ACTIVITY: LONG-TERM SHELTERED EMPLOYMENT AND WORK ACTIVITY

PROGRAM: VOCATIONAL REHABILITATION

AGENCY: DEPARTMENT OF ECONOMIC SECURITY

ACTIVITY DESCRIPTION: The Long-Term Sheltered Employment and Work Activity Program exists to develop and financially support a network of 35 private, non-profit sheltered workshops and work activity centers. Long-Term Sheltered Workshops (LTSW) provide employment for persons with severe handicaps who can work but cannot meet competitive employment production standards. Work Activity Centers (WAC) provide a paid work component, training in self-care, basic educational skills, socialization skills, and therapeutic recreation for persons having such severe handicaps that their production levels are below those required in long-term sheltered workshops.

Long-term sheltered work and work activity takes place in work stations located in the 35 Long-Term Sheltered Workshops/Work Activity Centers. Each work station may be filled by one or several workers during the course of the year.

DVR provides grants to the workshops to help maintain the work stations. Such grant subsidies are required since workshops do not operate at a profit. The workers employed in sheltered work/work activity stations produce considerably less than non-disabled workers and are paid less than minimum wages, depending on their productivity. They also need other services not required by non-disabled workers. Thus, workshops operate at a loss and need subsidization to exist. Long-Term Sheltered Workshops/Work Activity Centers also receive subsidy help from United Funds and county aid.

Long-term sheltered work and work activity programs are monitored and assessed to assure compliance with state standards for these kinds of programs.

ACTIVITY OBJECTIVES:

1. To maintain approximately the same number of LTSW stations from 1979 to 1981.

- 2. To maintain approximately the same number of WAC stations from 1979 to 1981
- 3. To evaluate and provide technical assistance to 11 LTSW and to 10 WAC programs for compliance with state standards and possible certification.
- 4. To develop and test 5 non-traditional LTSW programs principally involving the use of business and industrial sites for sheltered work.
- 5. To evaluate effectiveness of LTSW and WAC programs.
- 6. To investigate and resolve sheltered work complaints.

	ESTIMATED F.Y. 1980	ESTIMATED F.Y. 1981
Number of LTSW stations	2,300	2,300
Number of LTSW employees		-
entering competitive employment	126	135
Number of WAC stations	1,670	1,670
Number of WAC employees		•
entering LTSW	58	61
Number of non-traditional	•	
LTSW stations	80	100
Average hr earnings:		
LTSW employees	\$1.30	\$1.30
WAC full time	\$.60	\$.60
WAC part time	\$.50	\$.50
Number of sheltered		
workers' complaints	100	120

ACTIVITY: BASIC CLIENT SERVICES
PROGRAM: VOCATIONAL REHABILITATION

AGENCY: DEPARTMENT OF ECONOMIC SECURITY

ACTIVITY DESCRIPTION: This activity provides direct vocational rehabilitation services to persons with vocational handicaps who are eligible for vocational rehabilitation services under Section 110 of the Rehabilitation Act of 1973, as amended. The services are delivered by vocational rehabilitation counselors housed in field offices throughout Minnesota. Eligibility for these services is contingent on: a) the presence of a physical or mental disability which, for the individual, constitutes or results in a substantial handicap to employment; and b) reasonable expectation that vocational rehabilitation services will benefit the individual in terms of employability. Services which may be provided to eligible persons include training, physical restoration services, maintenance and transportation, services to other family members, interpreter services, telecommunications, sensory and other aids for the deaf, fees for occupational licenses, tools and equipment and other goods and services. These services are provided solely to assist persons to become employable and obtain employment appropriate to their capabilities.

ACTIVITY OBJECTIVES:

- 1. To accept 6,030 new cases and initiate 5,010 vocational rehabilitation (VR) plans, no fewer than 60% to be severely handicapped, by the end of F.Y. 1981.
- 2. To place into competitive employment 4,170 clients, earning an average of \$185 per week at an average case service expenditure of \$1,000 per client.
- 3. To place into sheltered work 593 clients, earning an average of \$42 per week at an average case service expenditure of \$2,620.
- 4. To place no more than 135 clients as unpaid workers or homemakers at an average case service expenditure of \$800 per client.
- 5. To provide those counseling, placement and post-employment services which will increase job retention for DVR clientele one year after closure to 85 percent.

	ESTIMATED F.Y. 1980	ESTIMATED F.Y. 1981
Number of new cases accepted	3,015	3,015
Number of new VR plans initiated	2,505	2,505
Percent severely handicapped	55.0	60.0
Average number of weeks from		
application to acceptance	11	10
Average number of weeks from		
acceptance to plan initiation	12	12
Rehabilitants		
Number competitively employed	2,100	2,070
Percent competitively employed	85.0	85.0
Number of sheltered workers	303	290
Number of unpaid workers or		
homemakers	70	65
Average weekly earnings of	٠.	
rehabilitants		
Competitive	\$ 180	\$ 190
Sheltered	\$ 39	\$ 45
Average cost of purchased	•	
services per rehabilitant		
Competitive	\$1,000	\$1,000
Sheltered	\$2,550	\$2,690
Unpaid	\$ 800	\$ 800
Percent of rehabilitants		
severely handicapped		
Competitive	55.0	60.0
Sheltered	95.0	95.0
Unpaid	65.0	65.0
Percent of clients who retain employment after one year	85.5	85.5

DIVISION OF VOCATIONAL REHABILITATION FIVE-YEAR PLAN FOR THE IMPROVEMENT OF SERVICES TO THE HEARING IMPAIRED*

To better serve the needs of hearing impaired persons, the deaf and hard of hearing, Minnesota's Division of Vocational Rehabilitation (DVR) has developed a plan to be implemented over the next five years.

DVR presently provides programming under the mandate of the Rehabilitation Act of 1973. Amendments to the Act in 1978 target the hearing impaired for additional services.

DVR proposes an outreach effort to identify more accurately the needs of the target group, determine the population to be served and to provide uniform statewide services to meet the needs. Referrals will be sought from schools, the Department of Public Welfare (DPW), speech and language therapists, medical service providers, the Social Security Administration and other sources.

Because the Division's responsibilities are vocationally oriented, the primary target population will be the 5,765 persons estimated to be in the 15-24 age group whose hearing impairment is their primary disability.

DVR intends to increase its hearing impaired caseload by 100% within the five year period. This will significantly reduce the imbalance between the number now being served and the many who may be eligible. Limited financial resources and the need for more counselors specifically trained to work with hearing impaired clients limit DVR's ability to meet the total need.

While all eligible hearing impaired applicants will be offered DVR services, agency outreach efforts will focus on the target population, whose needs are crucial and for whom timely programming can be most effective.

ACTIVITY GOALS:

- 1. Increase the involvement of deaf persons in planning, evaluating, and improving services for the deaf and hard of hearing.
- 2. Establish a deliberate and identifiable outreach plan statewide to increase the number of appropriate referrals of hearing impaired people to DVR.
- 3. Improve the quality of service to the deaf by increased and more appropriate utilization of interpreters throughout the rehabilitation process.
- 4. Improve and expand telecommunication services for the hearing impaired.
- 5. Improve the awareness, knowledge and skills of facilities staff and practitioners who provide diagnostic, evaluation, counseling, training, and employment services so that hearing impaired persons have access to these services and derive maximum benefit from them.
- 6. Substantially increase the number and improve the statewide distribution of staff qualified and trained to work with hearing impaired persons.
- 7. Double the FY 1978 number of hearing impaired clients accepted for VR service by the end of FY 1984.
- * Adapted from: Minnesota Division of Vocational Rehabilitation Five-Year
 Plan for the Improvement of Services to the Hearing Impaired.
 St. Paul: Division of Vocational Rehabilitation, November 1979.

DEPARTMENT OF ECONOMIC SECURITY

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Lincoln Square
White Bear Lake, Minnesota 55110

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Roseville, Minnesota 55113

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7th & Jackson St. Paul, Minnesota 55101

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ANOKA STATE HOSPITAL Anoka State Hospital Miller East Anoka, Minnesota 55303

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MANKATO WELFARE PROJECT 400 Washington Court Mankato, Minnesota 56001

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Winthrop, Minnesota 55396

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MARSHALL FIELD OFFICE 107½ E. Main Street Box 168 Marshall, Minnesota 56258

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COKATO SCHOOLS

Dassel - Cokato Public Schools Cokato, Minnesota 55321

GLENCOE SCHOOLS Lincoln School

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ALEXANDRIA SCHOOLS Central Junior High 7th & Fillmore

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56701 MOOSE LAKE STATE HOSPITAL CVRP Unit Moose Lake, Minnesota 55767

> PARK RAPIDS FIELD OFFICE 601 E 1st Street ' Park Rapids, Minnesota 56470

AGENCY: DEPARTMENT OF TRANSPORTATION

AGENCY GOALS, OBJECTIVES, AND ACTIVITIES

The Department of Transportation (Mn/DOT) has the overall responsibility for developing, improving, and managing Minnesota's transportation system in order to provide safe and efficient movement of people and goods. Mn/DOT has program responsibility for highways, aeronautics, railroads, bikeways, transit, and motor carrier regulation.

Minnesota Statutes (1976), Section 174.01 provides that the Department of Transportation will be the principal agency of the State for development, implementation, administration, and coordination of state transportation policies, plans, and programs. The transportation system as defined by this legislation includes public transit.

Minnesota Statutes (1976), Chapter 174 additionally provides that the Commissioner of Transportation shall assist and advise political subdivisions and recipients of public transit assistance in the planning, promotion, development, operation, and evaluation of programs and projects. The Commissioner shall establish, by rule, the procedures and standards for review and approval of applications for financial assistance.

One of the Mn/DOT objectives regarding transit is to help alleviate the transportation problems of Minnesota's elderly and handicapped residents. Mn/DOT will continue to develop and implement policies, programs and planning guidelines directed toward the improvement of transportation opportunities for these individuals.

Among the statewide transportation development priorities is the requirement that any transit system receiving state financial assistance show that provisions have been made for limited mobility persons to effectively utilize the systems service.

AGENCY SERVICES - DESCRIPTION, TARGET POPULATION AND ELIGIBILITY REQUIREMENTS

Every citizen of or visitor to Minnesota is a client of Mn/DOT because everyone uses the transportation system either directly or indirectly. Mn/DOT's actions not only impact everyone who drives a car or truck or rides a bus a plane or train or bike, but also affect many industries through regulation or subsidy programs. It is Mn/DOT's continuing goal to ensure that the best direct services are provided within available resources and with the least negative impact on Minnesota's citizens and their environment, and to ensure that all people and businesses are treated in a fair and equitable manner by Mn/DOT regulation and subsidy programs.

Certain segments of the State's population (e.g., the elderly and persons with handicaps) experience problems of limited mobility, such as lack of access to public transportation services. Although the Minnesota Department of Transportation is attempting to address this problem through programs such as the paratransit demonstration program, additional programs are needed.

In Minnesota, 70% of limited mobility persons reside within the Twin Cities metropolitan area, Duluth, Rochester, and St. Cloud. Each of these urban areas has implemented programs specifically designed to increase the availability of transit services for limited mobility persons. Typical elements of these programs include door-to-door travel and reduced fares. In addition to these urban services, several smaller cities and rural communities have transit or paratransit programs that include vehicles with ramps or wheelchair lifts to accommodate persons with mobility handicaps.

A variety of additional federally funded and state administered transportation services for persons with handicaps also exist in the State. One of these federal programs provides funds to purchase capital equipment for private non-profit agencies that provide elderly and handicapped transportation (UMTA 16(b)(2) Program).

Other programs are operated by social service agencies and are subsidized by public funding. Additional services are provided by for-profit, non-emergency ambulance operators.

The paratransit demonstration program will include additional services for elderly and handicapped individuals. Examples of these projects include point-to-point service using shared-ride taxis and an accessible dial-a-ride bus operated county-wide.

As of January, 1978, there were approximately 70 taxi companies operating in over 50 cities in Minnesota. Many of these companies provide a wide variety of services, including the delivery of packages and special discount fares for elderly and handicapped patrons. In many communities, taxis are the only form of public transportation. Taxicabs are regulated by municipalities and, therefore, the fares and services differ greatly among Minnesota communities. Taxicab operators will also be participating in the paratransit demonstration program to provide shared-ride service and also specialized service for individuals with handicaps.

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Executive Director
Scott-Carver Economic
Council, Inc.
6th and Oak
Carver, MN 55315

Arthur J. Miller Administrator Valley View Nursing Home East Cedar Street Houston, MN 55943

AGENCY: HOUSING FINANCE AGENCY

AGENCY GOALS, OBJECTIVES, AND ACTIVITIES

The Minnesota Housing Finance Agency is charged to provide decent, safe and sanitary residential dwellings at prices and rentals which persons and families of low and moderate income can afford. The agency provides a variety of housing assistance options such as homeownership, rehabilitation loans and grants and rental assistance for persons of low and moderate income.

The Minnesota Housing Finance Agency was established to provide a source of low cost financing for the development, purchase, and improvement of housing for persons of low and moderate income. The agency coordinates and administers housing assistance programs of the federal government.

AGENCY SERVICES - DESCRIPTION, TARGET POPULATION AND ELIGIBILITY REQUIREMENTS

Through the sale of tax exempt bonds the Minnesota Housing Finance Agency is able to provide below-market interest loans which decrease mortgage payments and, in developments financed by the Minnesota Housing Finance Agency, provide lower rents.

The agency services the housing needs of low and moderate income people with adjusted gross annual income under \$17,500 (\$19,000 in the metropolitan area) through its loan programs and people with adjusted gross annual income under \$5,000 through its grant program. Through the Federal Housing Assistance Program (Section 8), the agency is able to provide assistance to low income people to ensure that not more than 25% of their income goes toward rent.

The State Planning Agency has estimated that approximately 200,000 low and moderate income households will need housing subsidies by 1985. The agency currently anticipates serving approximately 30,000 households during the period from 1979 to 1981.

Clientele are affected by increasing the supply of housing, lowering rents and mortgage payments and improving the condition of existing housing.

Since the agency began operation in 1973, over 9,000 homes have been financed at interest rates ranging from 6½% to 8½% through the Minnesota Housing Finance Agency Mortgage Loan Program. The agency has also developed a graduated mortgage payment plan for qualified home buyers. The agency has provided interim or permanent financing for over 13,300 apartment units currently occupied or under construction. The Home Improvement Loan Program has assisted 24,600 households, and the Home Improvement Grant Program has assisted 9,000 households. In addition, the American Indian Program has provided financing for over 200 households.

-00-

MINNESOTA HOUSING FINANCE AGENCY RESIDENTIAL GROUP HOME PROGRAM FOR THE DEVELOPMENTALLY DISABLED BY REGION - FINANCED, COMMITTED, AND PROPOSED

DEVELOPP	DEVELOPMENT NO./LOCATION	SPONSOR	NO. OF RESIDENTS	COMMITMENT OR MORTGAGE DATE	COMMITMENT OR MORTGAGE AMOUNT	COMMENTS/ CLASSIFICATION
REGION ONE	ONE					
DD 76-14	DD 76-14 Fosston	Polk County Group Homes, Inc.	10	8//90/6	118,118	Class A New Const
DD 76-15	DD 76-15 Argyle		10	12/06/77	121,406	Class A New Const
DD 79-37	DD 79-37 East Grand Forks	Polk County Group Homes Inc.	10	3/80	141,905	Class A Remodeling
TOTAL	3 Residences		30		381,429	
REGION TWO	IWO					
DD 77-28	DD 77-28 Park Rapids	Heartland Homes for				
	Bemidji Bemidji	Ketarded Citizens, inc. North Star Homes, Inc. Wilderness Farms, Inc.	8 14 6	11/20/78 3/80 (c) 5/80 (c)	139,82/ 375,000* 150,000*	Class A New Const Class B New Const Class A New Const
TOTAL	3 Residences		28		664,827**	
REGION THREE	THREE					
DD 76-02 DD 76-18 DD 76-20	DD 76-02 Chisholm DD 76-18 Grand Rapids DD 76-20 Virginia	Range Center, Inc. Lutheran Social Service Lutheran Social Service	9 12 12	5/28/76 12/23/77 11/01/78	87,149 204,944 238,607	Class A New Const Class A New Const Class A New Const
TOTAL	3 Residences		33		530,700	

Estimated Mortgage Amount

^{*} Est; 'ed Mortgage Amount(s) per Region(s)

⁽c) Actual or Estimated Commitment Date

DEVELOPMENT NO./LOCATION	SPONSOR	NO. OF RESIDENTS	COMMITMENT OR MORTGAGE DATE	COMMITMENT OR MORTGAGE AMOUNT	COMMENTS/ CLASSIFICATION
REGION FOUR					
DD 76-09 Starbuck DD 76-10 Alexandria DD 76-11 Alexandria DD 79-34 Breckenridge	Project New Hope, Inc. Project New Hope, Inc. Project New Hope, Inc.	& & &	6/22/78 6/22/78 6/22/78	145,284 139,150 138,238	Class A New Const Class A New Const Class A New Const
	Homes, Inc. Clay County Residence, 1	6 Inc. 6	8/23/79 (c) 5/80 (c)	131,219* 146,022*	Class A New Const Class A New Const
TOTAL 5 Residences		36		699,913**	
REGION FIVE					
DD 76-19 Little Falls DD 77-27 Pine River	Lutheran Social Service Pine River Groun	12	3/25/77	171,429	Class A New Const
DD 79-35 Wadena Long Prairie	Homes, Inc. Pembina Trail, Inc.	10 8	9/28/78 9/27/79 (c)	172,304 219,227*	Class A New Const Class A New Const
	Home, Inc.	10	5/80 (c)	200,000*	Class A New Const
TOTAL 4 Residences		40		762,960**	
REGION SIX					
NO DEVELOPMENTS					
REGION SEVEN		·			
DD 80-40 Sandstone	Community Involvement	•			
St. Cloud	Frograms, Inc. Opportunity Training	∞	2/28/80 (c)	138,409*	Class A Remodeling
St. Cloud	Center, Inc. Opportunity Training	12	5/80 (c)	250,000*	Class A New Const
	Center, Inc.	12	5/80 (c)	250,000*	
TOTAL 3 Residences		32		638,409**	

DEVELOPMENT NO./LOCATION	SPONSOR	NO. OF RESIDENTS	COMMITMENT OR MORTGAGE DATE	COMMITMENT OR MORIGAGE AMOUNT	COMMENTS/ CLASSIFICATION
and to total					
KEGION EIGHT					
NO DEVELOPMENTS		,			
RECION NINE					
DD 76-23 Waterville DD 79-33 Arlington	Hope Residence, Inc.	14	6/23/77	176,947	Class A New Const
	Shelter, Inc.	15	6/28/79 (c)	300,789*	Class A New Const
TOTAL 2 Residences		29		477,736**	
REGION TEN					
DD 76-16 Red Wing	Lutheran Social Service	12	7/01/7	212,265	Claca A New Conet
76-17	a)	; &	10/26/77	60,711	4 ⋖
DD 76-21 Harmony	Fillmore County Handi-		•		1
DD 76-22 Wanamingo	capped Services, Inc.	10	10/14/77	60,058	A.
Wanamingo		71	8/180/6	169,725	Class A New Const
(proposed addtn) DD 79-36 Caledonia	Riverview Manor Houston County Group	က	5/80 (c)	75,000*	Class A New Const
DD 79-38 Adams	Homes, Inc. Southeastern Residential	14	9/27/79 (c)	274,741*	Class A New Const
DD 7030 1.01.0 04	Planning Committee, Inc.	16	10/25/79 (c)	379,759*	2
Winona Winona	Great Kiver Homes, Inc. Winona Group Homes, Inc.	10	2/28/80 (c) 5/80 (c)	139,464* 170,000*	Class A Remodeling Class A Remodeling
TOTAL 8 Residences		93		1,541,723**	
REGIONS ONE-TEN (OUTSTATE/GREATER MINNESOTA)	ATER MINNESOTA)				
TOTAL 31 Residences		321		5,697,697**	

DEVELOPMENT NO./LOCATION	SPONSOR	NO. OF RESIDENTS	COMMITMENT OR MORTGAGE DATE	COMMITMENT OR MORTGAGE AMOUNT	COMMENTS/ CLASSIFICATION
REGION ELEVEN (METRO)					
	The Residence, Inc.	æ	3/23/76	98.872	Class A New Const
DD 76-04 Bloomington (I)	Lutheran Social Service	12	7/22/76	287,820	New
76-05	Lutheran Social Service	12	•	. 1	A New
UD /8-33 Bloomington (addtn)	Lutheran Social Service	i	7/31/79	87,204	A New
	Dakota's Children	&	<i>11/90/9</i>	133, 295	A New
DD 76-25 Shoreview (II) DD 77-26 Eden Prairie (I)	The Residence, Inc.	œ	11/01/11	79,624	A New
		12	12/03/21	700 002	
Eden Prairie (II)	Louise Whitbeck Fraser	1	11/20/21	400 , 007	Class A New Const
		12	12/02/77	1	Class A Mass Coast
Eden Prairie (III)	Louise Whitbeck Fraser				Crass a new collst
		12	12/02/77	ı	Class A New Const
DD 77-29 St. Louis Park	Minnesota Jewish Group		•		Tonio Liura Conto
	Homes, Inc.	9	5/03/78	104.068	Class A Remodeling
DD 77-31 Wayzata	p Homes;	Inc 6	4/04/18	102,702	Class A Remodeling
UD /8-32 Minnetonka	Hammer School, Inc.	9	1/18/79	131,197	Class A Remodeling
Minneapolis	People, Inc.	15	5/80 (c)	250,000*	Class A Remodeling
TOTAL 12 Residences		117		2,054,786**	

7,752,483**

43 Residences

STATE TOTAL

AGENCY: DEPARTMENT OF NATURAL RESOURCES

AGENCY GOALS, OBJECTIVES, AND ACTIVITIES

The Department of Natural Resources exists to protect, conserve, regulate and manage the lands, waters, timber, minerals, fish, wildlife and other natural resources of the state so as to provide the public, now and in the future, with the optimum level, quality and combination of social, cultural and economic benefits. To this end the agency is charged with the administration of the public lands, parks, forests, and minerals of the state as well as with the regulation of a broad range of activities which affect nautral resources.

The goal for outdoor recreation in Minnesota is to manage and protect the appropriate natural, historic, and archaeological resources in Minnesota and develop supporting facilities and programs for an outdoor recreational system providing quality recreational and aesthetic experiences. The Minnesota State Comprehensive Outdoor Recreation Plan of 1974 recognized many objectives for the outdoor recreational and educational experiences for all persons, including handicapped and elderly persons. While working toward physical accessibility, educational and recreational programming for everyone is also necessary and will be incorporated into the entire program. It is essential for DNR to have continuous contact with the public, informing them of strides being made in outdoor accessibility and when necessary involving them in planning and developmental stages.

AGENCY SERVICES - DESCRIPTION, TARGET POPULATION AND ELIGIBILITY REQUIREMENTS

DNR is organized by function into six operating divisions: Enforcement, Fish and Wildlife, Forestry, Minerals, Parks and Recreation and Waters.

Because the activities of DNR are so varied and geographically extensive, they affect virtually the entire population of the state (with nearly 7 million visitors to the state parks annually). The impact and clientele of the Department is defined by the extent of its responsibilities. It manages 12,034 lakes and administers 5.2 million acres of state lands.

PROGRAM: PARKS AND RECREATION MANAGEMENT AGENCY: DEPARTMENT OF NATURAL RESOURCES

PROGRAM PURPOSE: This program administers parks, waysides, trails, scientific and natural areas, public accesses and canoe and boating routes totalling over 630 units, along with related acquisition, development, maintenance and operation activities. Program activities include accessibility services.

OPERATION: With Legislative Commission on Minnesota Resources (LCMR) funds and other funds, new public facilities were constructed in parks including eight camping areas, two picnic areas, three interpretive centers, eight sanitation buildings, and 33 facilities were rehabilitated to provide accessibility for individuals with handicaps.

AGENCY: COUNCIL FOR THE HANDICAPPED

AGENCY GOALS, OBJECTIVES, AND ACTIVITIES

- 1. To assist inquiring people with disabilities statewide by referral to available services.
- 2. To increase public awareness of and community involvement by people with disabilities in Minnesota.
- 3. To expand statewide options for independent community living.
- 4. To increase mobility, communications, and program access statewide.
- 5. To promote appropriate educational and employment opportunities for people with disabilities.
- 6. To promote individual health and development.
- 7. To assist public and private recipients of federal funds to effectively and efficiently implement Title V of the Rehabilitation Act of 1973.
- F.Y. 1980-81 objectives: to determine the effectiveness of P.L. 94-142. To promote Title V compliance by state government and other recipients; state-wide residential options and support services for mentally or physically disabled; transportation services; health/dental care; job opportunities; communications; access to education, government and media; preschool and vocational education opportunities; and uniform building code enforcement.

AGENCY SERVICES - DESCRIPTION, TARGET POPULATION AND ELIGIBILITY REQUIREMENTS

The council exists to advise the Governor, state legislature, service providing agencies and the public regarding the needs and potentials of the over 500,000 people with physical, mental or emotional disabilities in Minnesota; to refer disabled persons to available services; to evaluate the effectiveness of services; and to advocate improved service planning, coordination and delivery.

	F.Y. 1980	F.Y. 1981
Number of disabled referred to		
service	1,600	1,600
Number of public inquiries	-	·
handled	1,200	1,200
Number of newsletters	8,000	8,000
Number reached by awareness	•	·
days (communities)	40	40
Number of conference		
participants	2,000	2,000
State/local agencies assisted	40	40
Non-state organizations		
advised	25	25

AGENCY: DEPARTMENT OF EDUCATION

AGENCY GOALS, OBJECTIVES, AND ACTIVITIES

The Department of Education provides leadership and service to maintain and improve a uniform and quality system of public education. To accomplish this purpose, the department proposes, modifies, and initiates educational policies aimed at improving education for Minnesota citizens; assures the provision of programs required in statute and rule and assists in the development and provision of comprehensive programs and services, in evaluating the effectiveness of these programs, in appraising student progress and in reporting the evaluation results to the public; increases the capacity to improve the management of educational services at state, regional, and local levels; undertakes to improve its capacity for effective and efficient exchange of information in order to support educational decision-making; assists other units of government in improving the availability, utilization, and quality of library services; and foster increased cooperation with other agencies and units of government.

AGENCY SERVICES - DESCRIPTION, TARGET POPULATION AND ELIGIBILITY REQUIREMENTS

The Department of Education serves the majority of Minnesota's citizens through 438 school districts, 60 secondary cooperative centers, 33 area vocational-technical institutes, nine educational cooperative service units, seven elementary and secondary vocational computer regions and numerous organizations at different levels of government. Service and leadership activities are focused on a much broader population than the elementary and secondary enrollment of about 808,000. The department licenses and regulates 60 private vocational schools and 450 agencies providing post-secondary education for veterans and it operates the School for the Deaf and the Minnesota Braille and Sight Saving School. The department serves 92,000 non-public students through programs for which some are eligible. Leadership, information, and technical assistance are provided for libraries in cities, counties, and regions. The Department operates the Library for the Blind and Physically Handicapped. The adult population of the state receives services through community education in local districts, adult basic education programs, and extensive programming in the area of vocational-technical institutes.

PROGRAM: DIVISION OF SPECIAL & COMPENSATORY EDUCATION

AGENCY: DEPARTMENT OF EDUCATION

PROGRAM PURPOSE: To require the routine availability of appropriate educational programs for handicapped, educationally disadvantaged, Indian, migrant and bilingual individuals of school age in order to participate in fulfilling the agency's mission of ensuring education for all eligible residents. To operate the state residential schools for hearing/vision impaired and multiply handicapped sensory impaired students.

OPERATION: This program carries out the development, management and administration of laws, regulations, and policies for handicapped, edu-

cationally disadvantaged, Indian, migrant, and bilingual students. Special Education has developed a monitoring system and is implementing it statewide to assure compliance with federal and state laws and rules for education of handicapped students. Achievement of full service will be encouraged through allocating P.L. 94-142 discretionary funds and expansion of in-service training activities for district personnel. Title I will be emphasizing services to secondary students and the merging with other compensatory programs of like requirements such as application, monitoring and complaint processes. The state residential schools will continue to upgrade quality of services and emphasize serving the multiply handicapped sensory impaired. Migrant Education will expand services to secondary students, expand year round programs, and implement a credit reciprocity system among states. Bilingual Education will determine if a need exists to establish regular bilingual programs based on the outcome of current pilot programs. Indian Education will continue to maintain quality of services and gather data relative to scholarship, language, and cultural needs.

Direct services are provided to students and/or parents by operating the two state residential schools and expanding those services to provide quality programming to multiply handicapped sensory impaired students, and by providing post-secondary scholarships to Indian adults. Major goals include monitoring compliance with laws, rules and standards, and recommending legislative and policy changes for more effective delivery of services.

CLIENTELE: This program serves and regulates school districts and the state residential schools through the following activities:

1) assists and administrates allocation of federal funds to 438 school districts serving 55,000 students with supplemental help because of their limited reading and math abilities; 2) assists and administrates allocation of federal funds to 17 school districts serving 5,000 migrant students; 3) assists 110 districts serving 1,300 Indochinese children and is implementing five pilot programs in bilingual education and a statewide needs assessment of bilingual needs; 4) assists 115 districts serving 13,000 Indian students and implements 12 pilot programs in Indian language and culture; 5) assists and monitors 438 school districts serving 96,000 handicapped students; and 6) operates the state residential school which serves approximately 240 hearing/vision impaired and multiply handicapped sensory impaired students.

Percent (%) of State's population of handicapped children expected to be receiving full educational opportunities in each school year. Estimate of year all children expected to be provided full educational opportunities (full service)

	AGES 3	THRU 5	AGES 6 1	THRU 17		AGES 18	THRU 21	
HANDICAPPING CONDITIONS	SCHOOL YEAR 1978-79	ESTIMATE YEAR OF FULL SVCS	SCHOOL YEAR 1977-78	SCHOOL YEAR 1978-79	SCHOOL YEAR 1978-79	SCHOOL YEAR 1979-80	SCHOOL YEAR 1980-81	ESTIMATE YEAR OF FULL SVCS
MENTALLY RETARDED	73%	1980	84%	100%	60%	80%	100%	1980
HARD OF HEARING DEAF	80%	1980	65%	100%	50%	60%	100%	1980
SPEECH IMPAIRED	80%	1980	100%		85%	98%	100%	1980
VISUALLY HANDICAPPED	75%	1980	80%	100%	50%	60%	100%	1980
SERIOUSLY EMOTIONALLY DIST	70%	1980	80%	100%	50 %	60%	100%	1980
ORTHOPEDICALLY IMPAIRED	75%	1980	80%	100%	50%	60%	100%	1980
HEALTH IMPAIRED	67%	1980	98%	100%	49%	50%	100%	1980
SPECIFIC LEARNING DISABILITY	70%	1980	90%	100%	55%	60%	100%	1980

Estimate of year full services are expected to be reached for AGES 0 THRU 2 (non-categorical): School Year 1985.

SOURCE: Adapted from "MINNESOTA'S SPECIAL EDUCATION PLAN FOR FISCAL YEAR 1979 AS AMENDED BY PUBLIC LAW 94-142," - Minnesota Department of Education.

MINNESOTA STATE DEPARTMENT OF EDUCATION
SPECIAL EDUCATION
UNDUPLICATED CHILD COUNT
DECEMBER 1, 1979

						11										
					TOTAL	560		7,254	18,845	20.633	17 17.0	17,007	14,694	2,668	138	82,140
				OTHER	HEALTH IMPAIRED	77,	, t	7/	249	281	717	7.7	666	ئ ئ	0	1,735
				DEAF	AND BLIND	7	, ,	4	0	0	7	· <u>-</u>	- ۱			12
NG JES	1.88	5	· •	EMOTION-	ALLY DISTURBED	∞	138		343	579	1,090	1.570	150			3,8/8
G % REC'NG E SERVICES		9.525			LEAKNING DISABLED	9/	998	0 10	0,250	9,826	9,613	7,778	868	2	35 270	617866
REC'ING SERVICE	79,264 2,876	82,140		VISUALLY	INFALKED OR BLIND	26	50	ά	70	100	110	93	12	ന	476	> : :
TOTAL	774,996 87,393	862,389		HEARING	İ	42	241	317		303	345	224	53	0	1,525	
	PUBLIC: NONPUBLIC:	TOTAL:		PHYSICALLY HANDI-	CAPPED	80	207	285		287	246	188	33	0	1,326	
l	1	1		TRAINABLE	RETARDED	38	271	481	, [5/1	869	733	149	127	3,668	
				EDUCABLE MENTALLY	RETARDED	117	414	1,470	076 6	7,208	2,833	3,090	700	9	10,898	
					CAPPED	95	4,993	9,368	γ 7 7 9	0 1 1 0	1,792	618	59	0	23,343	
				7	AGE	0-2	3-5	8-9	9-11	:	12-14	15-17	18-21	+21	0-+21	

Age as of September 1, 1979.

PROJECTED NUMBER OF PERSONNEL (IN FULL-TIME EQUIVALENTS) NEEDED TO MEET THE FULL EDUCATIONAL OPPORTUNITIES GOAL FOR HANDICAPPED CHILDREN IN THE 1980-1981 SCHOOL YEAR

PFPCOMNET	CIVERES OF	жооя	1	TEACHERS OF SPECIAL CLASSES	1,702
	TEACHERS	RESOURCE	CONSULTI	TITINERANT CONSULTING TEACHERS PSYCHOLOGISTS	2,129 252
TOTAL	1,702	2,197	2,129	OCCUPATIONAL THERAPISTS	35 / 84
MENTALLY RETARDED	787	939	i	HOME-HOSPITAL TEACHERS	241
HARD OF HEARING	66		96	AUDIOLOGISTS TEACHER AIDES	1 2,029
DEAF	38	1	1	VOCATIONAL EDUCATION TEACHERS	85
SPEECH IMPAIRED	205	-	733	WORK-STUDY COORDINATORS PHYSICAL EDUCATION TEACHERS	140
VISUALLY HANDICAPPED	14		85	RECREATION THERAPISTS	-
SERIOUSLY EMOTIONALLY DISTBD	199	l	1	SUPERVISORS OTHER NON-INSTRUCTIONAL STAFF	304 230
SPECIFIC LEARNING DISABILITY	310	1,258	1,246		9,766
ORTHOPEDICALLY IMPAIRED	20		9		•

Minnesota's Special Education Plan for Fiscal Year 1980 (As Amended by Public Law 94-142). Saint Paul: Department of Education/Division of Special and Compensatory Education, 1979. Adapted from:

SPECIAL EDUCATION TRAINING PROGRAMS IN MINNESOTA

TMOTHTHE						PROGRAMS	VAMS					
INSTITUTION OF HIGHER EDUCATION	LD	ED	SPC PATH	EMR	TMR	HI	IA	РН	PSY	MS	SPEC ED ADMIN	EARLY
University of Minn Minneapolis	•	ו	•	•	•	× •	•		•	•	•	•
St. Cloud State	•		•	•	•	•		•			•	•
Mankato State	•	•	•	•	•						•	•
University of Minn Duluth	•	×	•	•	•	×						,
Moorhead State	•	ж •	•	•	•	·			•			<u>ب</u>
Bemidji State	•	,										
St. Thomas College St. Paul	•	× •		•	• .							
Winona State	•			•	•							
St. Theresa College Winona			•									
								1		-	-	-

• - Existing Programs

Source: Minnesota's Special Education Plan for Fiscal Year 1980 (As Amended by Public Law 94-142). Saint Paul: Dept of Education/Division of Special and Compensatory Education, 1979.

⁻ Programs added or enhanced through 94-142 Discretionary Funds in 1979-81

PROJECTED NUMBER OF PERSONNEL TO RECEIVE PRE-SERVICE IN SCHOOL YEAR 79-80

					INSTRUC	INSTRUCTIONAL DISABILITY	ISABILI	TY AREA				
INSTITUTION OF HIGHER EDUCATION	LD	ED	SP	EMR	TMR	VI	IH/Q	SW	PSY	EARLY CHILD	DB MULTI	PH
University of Minn Minneapolis		5					. 5					
St. Cloud State									,	·		
Mankato State												
University of Minn Duluth		12					9					
Moorhead State		15										
Bemidji State												
St. Thomas College St. Paul		15 .										
Winona State					i.							
St. Theresa College Winona												
(Stipends to Students	1	Part D Funds)	<u>~</u>									
Instate IHEs						15	15					10
Out-of-State IHEs											5	

PROJECTED NUMBER OF PERSONNEL REQUIRING RETRAINING (IN-SERVICE) 2

	1978-79	1979–80
Kegular Instructional Personnel (includes Physical Education teachers)	9,622	10,199
Special Education Personnel (includes Educational Diagnosticians, Adaptive PE Teachers, Speech Clinicians, Vocational Educators and Work-Study Coordinators)	2,990	6,337
Paraprofessionals (Aides)	1,739	1,843
Related Services (includes Psychologists, Audiologists, OT's, PT's, MSW's, Therapeutic Recreation Specialists, Medical Personnel, etc.)	1,174	1,238
Parents/Surrogate Parents	1,466	1,576
Administrators/Supervisors	901	955
Support Personnel (Clerical, Transportation, Food Service, etc.)	237	251
Others (Volunteers, Hearing Officers, etc.)	27	29

l includes appropriate non-public school personnel

it is assumed that all current and new personnel will need some amount of in-service training

AGENCY: DEPARTMENT OF PUBLIC WELFARE

AGENCY GOALS, OBJECTIVES, AND ACTIVITIES

The Department of Public Welfare exists to assure that financial and medical aid, social, rehabilitation and residential services are made available to help all needy Minnesota residents (who are economically, physically or mentally handicapped and who satisfy eligibility requirements) meet their basic living needs and further to assure that those aids and services are delivered in the most equitable, effective and efficient manner possible.

AGENCY SERVICES - DESCRIPTION, TARGET POPULATION AND ELIGIBILITY REQUIREMENTS

There are four main programs in the department, each responsible for a specific aspect of operation:

- 1. Administrative and Program Support Provides the various supportive services to the other three programs including fiscal administration, data processing and personnel management.
- 2. Income Maintenance Provides policy and procedural direction and supervision to local welfare agencies for the delivery of financial aid programs, makes direct payments to providers of medical services, maintains surveillance and promotes corrective measures in financial aid programs and collects from responsible payers for medical care and child support.
- 3. Social Services Provides: 1) funding policy and procedural direction and supervision to local welfare agencies for the delivery of social services; 2) statewide planning for aging programs plus funding for locally administered programs for senior citizens including foster grandparents; and 3) delivery of rehabilitative services to blind residents including help in establishing and operating small businesses. Among the programs being emphasized are improved in-home programs for the blind.
- 4. Mental Health Develops state plans for service delivery for mentally ill, chemically dependent and mentally retarded residents, provides funding and operating standards for area mental health centers and manages the state hospital and nursing home system. Among the programs being emphasized are the expansion of community programs for persons with mental retardation, and improvement of quality of care, beautification of physical facilities and completion of energy saving projects at state institutions.

In most instances, the primary clientele of the department are the various service providers for whom the department either has direct supervisory responsibilities, makes grant allowances, licenses, or provides rate reimbursement (e.g., the county welfare agencies, mental health centers, medical providers, providers of residential services for persons with mental illness, mental retardation, and chemical dependency). The exceptions to this are

in those areas where the department directly provides services (e.g., blind services and state hospitals). Ultimately, the department's clientele are the consumers of the services provided by the network of service agencies.

RESIDENTS OF FACILITIES LICENSED UNDER* DPW RULE 8: "STANDARDS FOR GROUP HOMES"

There were 63 group homes licensed for emotionally disturbed youths on September 30, 1979, compared to 66 licensed homes one year earlier (and 81 licensed homes in 1977). The utilization rate for the facilities reporting (one facility was not operating) was 77% compared to 75% one year ago.

QUARTER ENDING SEPTEMBER 30	1976	1977	1978	1979
TOTAL RESIDENTS DURING QUARTER	1,475	1,350	927	1,137
RESIDENTS ON FINAL DAY	567	577	461	498
AVERAGE DAILY POPULATION	544	552	450	492
UTILIZATION RATE	66%	72%	7 5%	77%
NUMBER OF LICENSED FACILITIES	95	81	66	63
CAPACITY OF LICENSED FACILITIES	888	810	689	655

RESIDENTS OF FACILITIES LICENSED UNDER DPW RULE 5: "STANDARDS FOR CHILD-CARING INSTITUTIONS"

There were 32 residential institutions for emotionally disturbed youths on September 30, 1979 with a utilization rate of 77% for the quarter. In 1978 27 facilities reported a utilization rate of 78%; and in 1977, 28 facilities reported a utilization rate of 82%.

QUARTER ENDING SEPTEMBER 30	1976	1977	1978	1979
TOTAL RESIDENTS DURING QUARTER RESIDENTS ON FINAL DAY AVERAGE DAILY POPULATION	1,459	1,690	1,929	2,129
	771	817	808	872
	761	781	774	855
UTILIZATION RATE	77%	82%	78%	77%
NUMBER OF LICENSED FACILITIES	30	28	30	32
CAPACITY OF LICENSED FACILITIES	984	957	1,073	1,119 ·

* Source: Trends in Social Services: July-September, 1979. Saint Paul: Dept of Public Welfare/Social Services Division, February 1980.

RESIDENTS OF FACILITIES LICENSED UNDER DPW RULE 34: "STANDARDS FOR THE OPERATION OF RESIDENTIAL FACILITIES AND SERVICES FOR PERSONS WHO ARE MENTALLY RETARDED"

There were 226 (exclusive of state hospital facilities) residential facilities licensed under DPW Rule 34 on September 30, 1979. The licensed capacity of 4,088 represented an increase of 173 (4.4%) over the previous year. Two facilities did not report; five licensed facilities were not in operation.

219 facilities, with a combined capacity of 4,026 reported a total population of 3,915 persons on September 30, 1979. The utilization rate for those facilities was 96%.

QUARTER ENDING SEPTEMBER 30	1976	1977	1978	1979
TOTAL RESIDENTS DURING QUARTER RESIDENTS ON FINAL DAY AVERAGE DAILY POPULATION	3,148	3,420	3,698	4,155
	2,918	3,183	3,456	3,915
	2,824	3,123	3,428	3,871
UTILIZATION RATE	92%	94%	95%	96%
NUMBER OF LICENSED FACILITIES	135	176	206	226
CAPACITY OF LICENSED FACILITIES	3,089	3,531	3,915	4,088

RESIDENTS OF FACILITIES LICENSED UNDER DPW RULE 5 (INSTITUTIONS) DURING JULY - SEPTEMBER 1979

COUNTY	NO. OF FACI. LITIES	RESIDENTS DURING QUARTER	RESIDENTS ON LAST DAY OF QUARTER	AVERAGE POPU· LATION	CAPACITY
STATE TOTAL	32	2,129	872	855	1,119
ANOKA BELTRAMI DAKOTA HENNEPIN ISANTI MILLE LACS MOWER RAMSEY	1 1 7 1 1 4 9	79 64 100 1,000 50 55 146 310	66 47 14 173 34 39 106 164	65 45 11 149 33 43 117 152	71 48 20 217 44 50 132 201
RICE ST. LOUIS STEARNS WINONA	1 3 2 1	51 166 76 32	41 112 62 14	42 117 63 19	50 129 92 65

RESIDENTS OF FACILITIES LICENSED UNDER DPW RULE 8 (GROUP HOMES) DURING JULY - SEPTEMBER 1979

COUNTY	NO. OF FACI. LITIES	RESIDENTS DURING QUARTER	RESIDENTS ON LAST DAY OF QUARTER	AVERAGE POPU· LATION	CAPACITY
STATE TOTAL	63	1,137	498	492	655
AITKIN	1	13	7	7	11
BELTRAMI*	2	44	1	2	12
CARLTON	1	52	8	5	10
CARVER	2	14	8	9	12
CASS CHIPPEWA CROW WING HENNEPIN	1	17	11	10	13
	1	4	4	2	8
	1	24	17	18	16
	23	429	188	190	239
HUBBARD	1	15	11	13	13
ITASCA	3	36	23	22	28
LAKE	1	7	5	6	8
LYON	1	13	9	9	10
MILLE LACS	1	8	6	5	9
MORRISON	1	9	1	4	10
OLMSTED	2	25	13	13	18
PINE	3	123	63	70	76
RAMSEY	3	36	22	18	24
RENVILLE	1	10	7	7	9
ROSEAU	1	8	7	6	6
ST. LOUIS	4	79	22	23	37
SHERBURNE STEARNS WASECA WASHINGTON	1 1 1	12 12 17 87	11 9 7 14	10 3 9 12	10 11 10 14
WILKIN WINONA WRIGHT	1 3 1	35 8	- 18 6	18 3	10 25 6

 $[\]ensuremath{\star}$ One facility was not operating during this period

RESIDENTS OF FACILITIES FOR PERSONS WITH MENTAL RETARDATION (DPW RULE 34) DURING JULY - SEPTEMBER 1979

COUNTY	NO. OF FACI- LITIES	RESIDENTS DURING QUARTER	RESIDENTS ON LAST DAY OF QUARTER	AVERAGE POPU- LATION	CAPACITY
STATE TOTAL	226 ,	4,155	3,915	3,871	4,088
ANOKA BECKER BELTRAMI* BENTON BLUE EARTH	2	59	58	58	59
	1	7	6	7	7
	3	24	20	20	40
	1	23	23	23	23
	5	97	95	95	95
BROWN CARLTON CARVER CASS CHIPPEWA	1	8	8	8	8
	2	12	12	12	12
	2	112	112	112	112
	1	10	10	10	11
	1	15	15	15	15
CHISAGO CLAY CLEARWATER COTTONWOOD DAKOTA	1	15	15	15	15
	2	18	18	18	18
	1	14	14	14	15
	1	47	45	45	45
	5	164	130	130	131
DODGE DOUGLAS FARIBAULT FILLMORE FREEBORN	1	14	14	13	14
	4	53	51	51	52
	2	19	19	19	19
	1	12	12	12	12
	1	18	15	13	15
GOODHUE	3	78	76	77	79
GRANT	1	6	6	6	6
HENNEPIN	44	945	849	8 43	855
HUBBARD	1	8	7	8	8
ITASCA	2	35	32	34	35
KANABEC** KANDIYOHI KITTSON KOOCHICHING LE SUEUR	2 6 1 1 1	151 11 15 14	136 10 15 14	- 136 11 15 14	17 139 11 16 14

One facility was not operating during this periodNeither facility reported for the quarter

COUNTY	NO. OF FACI- LITIES	RESIDENTS DURING QUARTER	RESIDENTS ON LAST DAY OF QUARTER	AVERAGE POPU- LATION	CAPACITY
LINCOLN	1 · · 3 · 3 · · · · · · · · · · · · · ·	15	15	15	15
LYON		45	46	46	46
McLEOD		69	68	68	69
MARSHALL		10	9	10	10
MARTIN		52	50	50	50
MORRISON	1	13	12	12	12
MOWER	2	74	72	71	74
MURRAY	1	14	13	14	14
NOBLES*	3	16	16	16	32
OLMSTED	4	60	58	58	62
OTTER TAIL PENNINGTON PIPESTONE POLK POPE	8	89	85	84	94
	2	30	30	30	30
	1	10	10	10	10
	2	20	20	20	20
	1	6	6	6	6
RAMSEY* REDWOOD RICE ROSEAU ST. LOUIS	29	708	688	674	713
	1	132	132	132	132
	7	125	121	116	130
	1	31	31	31	33
	24	316	297	292	311
SCOTT SHERBURNE STEARNS STEELE STEVENS	1 1 7 1	10 13 92 15 10	10 12 84 14 9	10 12 75 14 9	10 12 95 15 10
SWIFT* WABASHA WASECA* WASHINGTON WINONA	1	-	-	-	8
	1	8	8	8	8
	1	-	-	-	6
	3	18	18	18	18
	1	13	12	8	12
WRIGHT YELLOW MEDICINE	7 2	106 30	103 30	102 30	104 30

^{*} One facility was not operating during the quarter

DEVELOPMENTAL ACHIEVEMENT CENTERS ENROLLMENT ON SEPTEMBER 30, 1979 AND CHANGES DURING QUARTER

COLINER	PERSO	PERSONS ENROLLED LAST DAY OF QUARTER					
COUNTY	TOTAL	HOME BOUND	PRE SCHOOL	ADULT	SCHOOL CONTRACT	ENTERED DURING QUARTER	DEPARTED DURING QUARTER
STATE TOTAL	4,572	452	711	3,273	136	560	550
AITKIN ANOKA BECKER BELTRAMI BIG STONE	21 64 71 27 11	0 0 23 0 0	0 34 0 9 1	21 30 48 18 9	0 0 0 0 1	1 11 8 7 1	1 15 7 0
BLUE EARTH BROWN CARLTON CARVER CASS	71 25 61 66 47	16 2 2 18 0	16 5 7 6 0	39 18 52 42 46	0 0 0 0	9 2 2 5 1	10 4 7 0 2
CHIPPEWA CHISAGO CLAY CLEARWATER COTTONWOOD	36 42 38 30 29	0 3 6 0 3	0 2 0 0 9	36 36 32 28 17	0 1 0 2 0	0 8 5 0 3	2 5 5 2 1
CROW WING DAKOTA DODGE DOUGLAS FARIBAULT	36 179 32 40 28	0 47 7 10 0	0 70 5 0 4	36 61 18 30 24	0 1 2 0 0	3 54 2 3 1	2 18 17 6 0
FILLMORE FREEBORN GOODHUE GRANT HENNEPIN	25 34 51 21 824	1 0 13 0 139	3 6 9 0 199	15 19 22 18 463	6 9 7 3 23	1 4 7 2 159	0 2 2 0 194
HOUSTON HUBBARD ITASCA JACKSON KANABEC	23 21 36 15 43	0 2 0 0	3 0 8 0 0	17 19 26 15 43	3 0 2 0 0	1 7 4 1 2	2 3 1 0 1
KANDIYOHI KITTSON KOOCHICHING LAC QUI PARLE LAKE	37 19 51 7 16	0 0 3 0	6 0 5 0	31 18 42 7 16	0 1 1 0 0	6 1 3 0	1 0 5 2 0

DEVELOPMENTAL ACHIEVEMENT CENTERS ENROLLMENT ON SEPTEMBER 30, 1979 AND CHANGES DURING QUARTER

	PERSO	NS ENROLI	LED LAST 1	DAY OF QU	ARTER		
COUNTY	TOTAL	HOME BOUND	PRE SCHOOL	ADULT	SCHOOL CONTRACT	ENTERED DURING QUARTER	DURING
LE SUEUR LYON McLEOD MAHNOMEN MARSHALL	43 48 58 13 15	3 3 0 0	7 0 4 0	24 45 53 11 13	9 0 1 2 2	1 4 2 0 2	2 2 1 0 4
MARTIN MEEKER MILLE LACS MORRISON MOWER	40 19 31 31 71	0 3 3 0	5 0 0 0 6	35 16 28 31 59	0 0 0 0 6	4 1 3 6 9	5 1 2 6 2
MURRAY NOBLES NORMAN OLMSTED OTTER TAIL	25 12 7 65 68	0 0 0 16 0	0 0 0 25 0	25 12 7 20 68	0 0 0 4 0	0 0 1 6 3	3 0 0 12 0
PENNINGTON PINE PIPESTONE POLK RAMSEY	39 20 34 50 555	0 0 0 0 68	6 0 0 3 103	26 20 34 36 382	7 0 0 11 2	2 6 0 9 65	0 1 0 10 73
REDWOOD RENVILLE RICE ROCK ST. LOUIS	85 27 87 13 328	4 0 5 0 12	0 4 5 0 49	79 · 21 77 12 256	2 2 0 1 11	5 5 13 1 31	29 1 1 0 27
SCOTT SIBLEY STEARNS STEELE STEVENS	39 11 173 38 24	4 0 2 6 0	4 0 23 12 0	31 8 148 20 24	0 3 0 0	5 0 16 10 1	3 0 14 8 0
SWIFT TODD WABASHA WADENA WASECA	16 18 22 25 13	3 0 1 0 0	7 0 0 0 0	6 18 20 25 13	0 0 1 0 0	3 0 1 2 0	0 0 1 0 4

DEVELOPMENTAL ACHIEVEMENT CENTERS ENROLLMENT ON SEPTEMBER 30, 1979 AND CHANGES DURING QUARTER

PERSONS ENROLLED LAST DAY OF QUARTER				EMPERED	DED 4 DEED		
COUNTY	TOTAL	HOME BOUND	PRE SCHOOL	ADULT	SCHOOL CONTRACT	ENTERED DURING QUARTER	DEPARTED DURING QUARTER
WASHINGTON WATONWAN WILKIN WINONA WRIGHT YELLOW MEDICINE	107 24 6 30 31 34	19 4 0 0 1	19 5 0 8 9	68 9 6 20 21 34	1 6 0 2 0	8 2 0 5 2 2	21 0 0 0 0

PROGRAM: SOCIAL SERVICES

AGENCY: DEPARTMENT OF PUBLIC WELFARE

PROGRAM PURPOSE: This program fulfills departmental responsibility for assuring the provision of specific human services through a variety of delivery systems, such as the county welfare department, other public and private service providers, senior citizen organizations, and Department of Public Welfare (DPW) direct delivery of services to the visually handicapped and hearing impaired.

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

- 1. Achieving or maintaining economic self-support.
- 2. Achieving or maintaining self-sufficiency.
- 3. Preventing or remedying neglect, abuse, or exploitation of children or adults unable to protect their own interests.
- 4. Preserving, rehabilitating, or reuniting families.
- 5. Preventing or reducing inappropriate institutional care.

6. Securing referral or admission for institutional care when other forms of care are not appropriate.

OPERATION: Major goals of this program are:

- 1. To determine the need for specified human service programs (needs assessment).
- 2. To establish priorities within which identified needs should be met (planning).
- 3. To allocate available resources to achieve the established priorities, within the limitations of available funds (program development and service delivery).
- 4. To foster and monitor maintenance of specified standards in delivery of the specified programs (standard-setting).
- 5. To evaluate the quality and quantity of services delivered.
- 6. To provide services directly to blind and deaf persons.

CLIENTELE: Agencies supervised and/or funded include the 87 local welfare agencies, 250 nutritional sites and 100 community service agencies for older people, 60 senior centers, 25 (approx.) child-placing agencies and 500 (approx.) child care providers. Clientele include 111,000 social service clients of county welfare and human service boards, 9,500 older persons daily through the nutritional programs, 500 deaf or hearing impaired persons, 5,000 visually handicapped persons receiving vocational rehabilitation, personal adjustment and self-sufficiency services and another 5,000 receiving communication center services.

ACTIVITY: DEAF SERVICES PROGRAM: SOCIAL SERVICES

AGENCY: DEPARTMENT OF PUBLIC WELFARE

ACTIVITY DESCRIPTION: The Services for the Deaf and Hearing Impaired Division has responsibility to assist deaf and hard of hearing individuals and their families throughout the state by providing a variety of direct and indirect social services intended to promote "their personal, economic, and social well-being". It is estimated that there are 39,000 deaf and 267,500 hard of hearing persons in Minnesota.

Specialized services provided include counseling, information and referral, manual communication interpretation through the use of the language of signs, statewide interpreter referral, consultation, coordination and the maintenance of the Registry of the Deaf.

ACTIVITY OBJECTIVES:

1. Provide or arrange, on a statewide basis, counseling services upon request to deaf and hard of hearing individuals and their families with

respect to social and emotional development and adjustment.

- 2. Assist in the location, utilization and dissemination of appropriate resources for clients, agencies and general public.
- 3. Provide and coordinate statewide interpreter referral services.
- 4. Provide consultation and interagency coordination services to both public and private agencies at the state and regional levels.

	•	ESTIMATED F.Y. 1980	ESTIMATED F.Y. 1981
Number of hearing impopulation (267,539)			
counseling services:	Metro Out-state	375 85	375 85
Number of information referral requests has		75	75
Counties having spect for hearing impaired		1	1
Number of interpreter	r referrals handled	387	387
Number of hours of in provided monthly	iterpreting service	12	12
Number of counties re	eceiving services	13	13
Number of consultation provided annually	on requests	130	130

ACTIVITY: BLIND SERVICES PROGRAM: SOCIAL SERVICES

AGENCY: DEPARTMENT OF PUBLIC WELFARE

ACTIVITY DESCRIPTION: This division administers and implements the direct service program of vocational and self-care support to blind and visually handicapped persons in Minnesota. The purpose is to provide an avenue for blind Minnesotans to be independent and to avoid institutional and other forms of public dependence. Services include individual counseling, skill training, including travel, braille and self-care techniques, and low vision aides/special devices to allow a blind person access to jobs, training or to remain in his/her own home. This is accomplished primarily through counselors and home teachers in nine district offices, the deaf/blind unit, a job placement adaptive equipment program, a system to upgrade community resources for the blind, and the Business

Enterprise Program.

The communication center, although not a unit of state government, is housed in the same location as the administrative office of Services for the Blind and its operation is closely coordinated with the total Services for the Blind Program. The communications center is financed through a combination of donated funds and federal vocational rehabilitation funds. The center provides specialized information and material of a vocational, educational and leisure time nature to visually handicapped persons. In F.Y. 1977, the center served 4,578 people; that number is expected to increase to 6,100 by F.Y. 1981. Radio talking book listeners are expected to increase from 3,000 in F.Y. 1977 to 5,000 in F.Y. 1981. In addition, the unit transcribes approximately 40,000 pages of braille per year. Since F.Y. 1977, the center has used and will continue to use approximately 400 volunteers in helping to deliver these services.

	ESTIMATED F.Y. 1980	ESTIMATED F.Y. 1981
Persons vocationally served	3,300	3,400
Rehabilitated	455	460
Older persons with blindness served	1,650	1,700
Rehabilitated	440	450
Children with blindness served	1,040	1,050
Persons with blindness employed	92	100
Persons with blindness trained	25	28
Enterprises outside metropolitan areas	27	30
Total enterprises	85	93

ACTIVITY OBJECTIVES:

- 1. To provide direct vocational and job placement-related services to assist blind persons to achieve and maintain gainful employment.
- 2. To provide mobility, self-care and communication skills to permit older blind persons to achieve or maintain independence in housing, family and community life.
- 3. To provide a direct service program to help children and their parents cope and deal with blindness or deafness and blindness and the problems it imposes, as well as to promote courses of training which lead to vocational readiness.
- 4. To increase number of blind persons employed in blind enterprises.
- 5. To provide increased training opportunities for blind persons.

- 6. To continue efforts to establish blind enterprises outside of the metro-politan areas.
- 7. To increase number of blind enterprises.

ACTIVITY: COST OF CARE - MENTALLY RETARDED AND EPILEPTIC CHILDREN

PROGRAM: SOCIAL SERVICES

AGENCY: DEPARTMENT OF PUBLIC WELFARE

ACTIVITY DESCRIPTION: Pursuant to M.S. 252.27, Cost of Care for Mentally Retarded and Epileptic Children exists as a financial reimbursement resource to help local welfare agencies defray the local costs of residential treatment services for children under the age of 18 years.

The program is administered by the local welfare agencies according to the procedures and requirements in 12 MCAR 2.030 which establishes: 1) the administrative procedures for claiming up to 70% reimbursement of eligible costs; 2) the allowable costs which are reimbursement eligible; 3) an eligibility procedure for determining the maximum financial liability for parents of children who have mental retardation or epilepsy; and 4) an eligibility procedure for determining the maximum financial liability for children in treatment to contribute toward their own residential treatment costs. The local county welfare board pays the total cost of the residential treatment and then claims reimbursement from the State Department of Public Welfare. This funding source is utilized by all 87 counties and specifically applies to treatment costs of children placed in 12 MCAR 2.034 licensed group homes and institutions and 12 MCAR 2.001 licensed family foster homes.

Through operation of this activity, parents have a viable alternative to state insitutional placement for their mentally retarded child at a cost to them that does not exceed what would be their parental financial responsibility if their child were placed in a state institution. The number of children served by this program is expected to remain at a near 1,200 level.

ACTIVITY OBJECTIVES: To reimburse county welfare boards for up to 70% of the cost of care of eligible children with mental retardation/epilepsy placed in private residential treatment facilities.

	ESTIMATED F.Y. 1980	ESTIMATED F.Y. 1981
Percent paid by State	44.3%	40.1%
Dollars paid by State	\$3,606,288	\$3,606,288
Percent paid by county	55.7%	59.9%
Dollars paid by county	\$4,534,317	\$5,386,949
Number of children	1,200	1,200
Dollars needed to pay 70% rate of reimbursement	\$2,092,135	\$2,688,978

PROGRAM: INCOME MAINTENANCE

AGENCY: DEPARTMENT OF PUBLIC WELFARE

PROGRAM PURPOSE: The Income Maintenance Programs provide cash assistance, food stamps, and payments to providers of medical and health care services to and on behalf of needy citizens of the state. These cash assistance and medical payments provide basic standards of living and enable low income citizens to have access to qualtiy medical care for both acute and chronic health-related problems. Through this assistance, low income citizens have access to the basic necessities——food, clothing, shelter, and medical care required by all persons.

OPERATION: State agency staff provide program guidelines to local agencies in the form of rules and policy which are designed to maximize federal funding while insuring that the needs of low income citizens are met. In addition, state agency staff make payments to providers of medical and health services, as well as conduct post-payment audits to detect abuse and/or fraud by recipients and providers of the Medicaid Program and recipients of the Cash Assistance and Food Stamp Programs. Local agency staff determine individual eligibility for all programs, make cash assistance payments, and issue food stamps. The major goal of the income maintenance program is to provide the appropriate cash assistance, non-cash benefits or medical benefits to all eligible citizens in an effective and efficient manner.

<u>CLIENTELE</u>: The primary clientele of the income maintenance program are the low income clients served by the program and the providers of medical and health care services who are paid by the Centralized Disbursement System.

The following number* of low income citizens are served by income maintenance programs in an average month:

Aid to Families With Dependent Children (AFDC)	137,298
General Assistance Maintenance (GA)	14,500
Medical Assistance (MA)	123,997
General Assistance Medical Care (GAMC)	9,500
Minnesota Supplemental Aid (MSA)	11,000
Food Stamps (FS)	143,969
Catastrophic Health Expense Protection Program (CHEPP)	170

* duplicated count

ACTIVITY: EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT PROGRAM

PROGRAM: INCOME MAINTENANCE

AGENCY: DEPARTMENT OF PUBLIC WELFARE

ACTIVITY DESCRIPTION: The Early Periodic Screening Diagnosis and Treatment (EPSDT) Program is a federally mandated preventive health program designed to bring comprehensive health screening, diagnosis and treatment services to the approximately 100,000 Minnesota children, ages

birth to 21, who are eligible for Medical Assistance (MA). The program includes outreach to encourage children to participate in EPSDT and case management and support services to ensure that all children who participate receive the health services they need. The state agency is responsible for developing program policies, monitoring local welfare agency performance, soliciting the participation of primary health care providers, assuring state compliance with federal requirements, and coordinating efforts with state and local agencies involved with children's health and developmental programs.

ACTIVITY OBJECTIVES:

- 1. Assure sufficient participation of primary health care providers who will screen children according to department standards so that all eligible children have access to complete screening services.
- 2. Develop policies and data systems which fulfill reasonable federal requirements; monitor local welfare agency program implementation.
- 3. Strengthen outreach and follow-up efforts so that eligible children participate and receive all health services they need.
- 4. Coordinate policies with other children's health programs so that services are not duplicated.

	ESTIMATED F.Y. 1980	ESTIMATED F.Y. 1981
Rate of new MA cases requesting EPSDT	35%	50%
Number of children screened	28,000	35,000
Diagnosis and treatment completed	75%	85%

ACTIVITY: CATASTROPHIC EXPENSE PROTECTION PROGRAM GRANTS

PROGRAM: INCOME MAINTENANCE

AGENCY: DEPARTMENT OF PUBLIC WELFARE

ACTIVITY DESCRIPTION: The Catastrophic Health Expense Protection Program (CHEPP) provides for reimbursement to families for the cost of medical expenses paid by the family in situations where eligibility is established. There are two types of assistance available under the program based on the type of medical expenses paid by the family. Basic eligibility for a non-nursing home resident requires medical costs be in excess of \$2,500 for a year and then a higher deductible may be required based on the family's previous year's income. The second type of eligibility involves custodial nursing home patients who are under age 65 years and have been residents in a facility for more than 36 months. This activity represents only the program payments and does not include the administrative costs for supervising the program. The administrative costs are reflected in the administration of Health Care Program activity.

ACTIVITY OBJECTIVES: To provide financial assistance to families who are not eligible for other programs of assistance but whose needs and resources permit eligibility for this program.

	ESTIMATED F.Y. 1980	ESTIMATED F.Y. 1981
Average monthly recipients	340	425
Dollars paid	\$5,304,000	\$7,104,000

PROGRAM: MENTAL HEALTH

AGENCY: DEPARTMENT OF PUBLIC WELFARE

PROGRAM PURPOSE: The Mental Health Bureau is a consolidation of administrative and program responsibilities previously assigned to the Residential Services Bureau and certain components of the Community Services Bureau. As currently structured, the Mental Health Bureau is responsible for the following functions:

- 1. Administration of 9 state hospitals and two state nursing homes.
- 2. Program offices: Mental Illness (MI)

 Mental Retardation (MR)

 Chemical Dependency (CD)
- 3. Reimbursement/collections for cost of patient/resident care
- 4. State grant-in-aid programs (Mental Illness, Mental Retardation, Chemical Dependency and Developmental Achievement Centers)

A range of services is provided either directly through state-operated facilities or indirectly through local agencies (mental health centers/human services boards, county welfare departments, or purchase of service from other vendors) to mentally ill, mentally retarded, chemically dependent, and geriatric individuals. The goal is to provide residential and non-residential services to assist each individual to live as productive and natural a life as possible.

OPERATION: The goal of the Mental Health Bureau is to provide humane care and appropriate treatment for mentally ill, mentally retarded, chemically dependent, and geriatric individuals in a variety of settings. Emphasis is placed on provision of these services at the most effective and accessible level throughout the state.

CLIENTELE: The clientele of the Mental Health Bureau include mentally ill, mentally retarded, chemically dependent and geriatric individuals.

Direct Services: State Hospitals

State Nursing Homes

Guardiansip/Conservatorship for MR

Indirect Services: Community MR Facilities

Other Settings for MR Persons

Court Order CD Education
Methadone Delivery Services
Community CD Education Contracts

Early CD Intervention

CD Diagnosis and Referral of Employees

Grant-in-Aid Services to MI Grant-in-Aid Services to MR Grant-in-Aid Services to CD Grant-in-Aid Services to

Developmental Achievement Centers

ACTIVITY: RESIDENTIAL SERVICES - MENTALLY RETARDED

PROGRAM: MENTAL HEALTH

AGENCY: DEPARTMENT OF PUBLIC WELFARE

ACTIVITY DESCRIPTION: This activity exists to provide residential, developmental and evaluation services to the mentally retarded (MR) in eight state-operated facilities. The MR residents receive 24-hour residential living service, developmental training and individualized programming. The services offered are designed to reduce the dependency of the resident and assist in achieving the highest level of independent functioning attainable, given the potential for development of each individual resident.

ACTIVITY OBJECTIVES:

- 1. To provide residential, developmental, and evaluation services for persons with mental retardation.
- 2. To meet the standards set by the Minnesota Health Department, the federal Medicare/Medicaid programs and the department's Licensing Division, and those established by the Joint Commission on Accreditation of Hospitals (JCAH) so that the needs of the residents are met.
- 3. To provide care and developmental services to residents to prepare them, where possible, for placement in the community.
- 4. To cooperate in the development of appropriate community facilities so that placement in the community may be effected as soon as possible in accordance with the resident's needs.
- 5. To provide short-term parental relief and short-term developmental services.

	ESTIMATED F.Y. 1980	ESTIMATED F.Y. 1981
Average daily population	2,700	2,600
Number of residents served	3,000	2,900

	ESTIMATED F.Y. 1980	ESTIMATED F.Y. 1981
Admissions:	927	912
first admissions	166	170
readmissions	161	167
transfers between state hospitals	600	575
Number of residents in program for TMR	883	787
Number of facilities licensed by Minn Health Dep	t 8	8
Number of facilities certified to receive federal Medicare/Medicaid funds	8	8
Number of facilities whose programs are licensed under 12 MCAR 2.034	8	8
Number of facilities to which JCAH accreditation as residential treatment facilities has been		-
awarded	4	4
Parental relief:		
Individuals	44	48
Admissions	59	65

ACTIVITY: MENTAL RETARDATION PROGRAMS

PROGRAM: MENTAL HEALTH

AGENCY: DEPARTMENT OF PUBLIC WELFARE

ACTIVITY DESCRIPTION: The Mental Retardation Program Office coordinates the planning, development and evaluation of Minnesota's programs for persons with mental retardation (MR). This activity is responsible for: 1) development of program policy and planning; 2) assisting and monitoring individual program development by service providers; and 3) program direction and consultation to mental health/human service/welfare agencies, and to local community and state hospital programs in carrying out their responsibilities to the MR population.

ACTIVITY OBJECTIVES:

- 1. To assess the service needs of the MR population and develop priorities for program development.
- 2. To plan, develop, monitor and evaluate the MR service system that includes residential and day developmental/treatment programs in local communities and state hospitals
- 3. To implement state laws governing services to the MR population and other developmentally disabled persons.
- 4. To provide program direction to mental health centers, county social service agencies, state hospitals, community residential and developmental achievement center (DAC) programs.
- 5. To administer and consult with county agencies in the implementation of the 1975 MR Protection Act (M.S. 252A.01 and M.S. 253A.01) concerning guardianship and conservatorship for persons with mental retardation.

	ESTIMATED F.Y. 1980	ESTIMATED F.Y. 1981
Average daily populations (county agency		
case management load):		
In community facility	4,100	4,200
In developmental achievement centers	4,975	5,175
In state hospitals	2,700	2,600
Own homes, foster or nursing homes	1,550	1,550
Persons with mental retardation affected		
by MR Protection Act:	•,	
Under guardianship/conservatorship	6,500	6,000
Recommendation change in legal status	300	200
Removed from guardianship or changed		
to conservatorship	250	150
In process of establishing guardian-		
ship or conservatorship	60	50
Newly accepted under guardianship		
or conservatorship	40	40
•		

FOR PERSONS WITH MENTAL RETARDATION - DPW RULE 34 (as of 12/79)

REGION ONE

CITY	COUNTY	FACILITIES	CAPACITY
Crookston	Polk	1	10
Fosston	Polk	1	10
Thief River Falls	Pennington	2	30
Argyle	Marshall	· 1	10
Roseau	Roseau	1 .	33
Karlstad	Kittson	1	11
TOTAL REGION ONE		7	104

REGION TWO

CITY	COUNTY	FACILITIES	CAPACITY
Bagley	Clearwater	. 1	15
Bemidji	Beltrami	3	40
Park Rapids	Hubbard	1	8
TOTAL REGION TWO		5	6.3

REGION THREE

CITY	COUNTY	FACILITIES	CAPACITY
Aurora	St. Louis	1	15
Brookston	St. Louis	2	38
Chisholm	St. Louis	3	37
Duluth	St. Louis	16	144
Eveleth	St. Louis	1	6
Hibbing	St. Louis	1	19
Virginia	St. Louis	1	12
Tower	St. Louis	1	40
Bovey	Itasca	1	23
Grand Rapids	Itasca	1	12
Northome	Koochiching	1	16
Cloquet	Carlton	2	12
TOTAL REGION THRE	JE	31	374

LICENSED RESIDENTIAL FACILITIES FOR PERSONS WITH MENTAL RETARDATION - DPW RULE 34 (as of 12/79)

REGION FOUR

CITY	COUNTY	FACILITIES	CAPACITY
Dent	Otter Tail	1	8
Fergus Falls	Otter Tail	4	66
Richville	Otter Tail	1	8
Alexandria	Douglas	2	36
Osakis	Douglas	1	10
Hawley	Clay	1 •	8
Moorhead	Clay	1	10
Morris	Stevens	· 1	10
Frazee	Becker	1	7
Barrett	Grant	1	6
TOTAL REGION FOUR		14	169

REGION FIVE

CITY	COUNTY	FACILITIES	CAPACITY
Little Falls	Morrison	1	12
Walker	Cass	1	5
Pine River	Cass	1	11
TOTAL REGION FIVE		3	28

REGION SIX

CITY	COUNTY	FACILITIES	CAPACITY
Atwater	Kandiyohi	1	15
Spicer	Kandiyohi	1	15
Willmar	Kandiyohi	4	109
Hutchinson	McLeod	1	13
Lester Prairie	McLeod	1	56
Litchfield	Meeker	1	15
Canby	Yellow Medicine	2	30
Montevideo	Chippewa	1	15
TOTAL REGION SIX		12	268

FOR PERSONS WITH MENTAL RETARDATION - DPW RULE 34 (as of 12/79)

REGION SEVEN

CITY	COUNTY	FACILITIES	CAPACITY
Buffalo	Wright	2	21
Cokato	Wright	3	29
Delano	Wright	1	9
South Haven	Wright	. 1	44
Sauk Rapids	Benton	1	23
Center City	Chisago	1	15
Chisago City	Chisago	1	12
Kimball	Stearns	1	24
St. Cloud	Stearns	· 2	33
Sauk Centre	Stearns	3	30
Waite Park	Stearns	1	8
Elk River	Sherburne	1	12
TOTAL REGION SEVE	N	18	260

REGION EIGHT

CITY	COUNTY	FACILITIES	CAPACITY
Pipestone	Pipestone	1	10
Windom	Cottonwood	2	57
Redwood Falls	Redwood	1	132
Fulda	Murray	1	19
Worthington	Nobles	· 3	32
Marshall	Lyon	3	45
Tyler	Lincoln	1	15
TOTAL REGION EIGH	Γ	12	310

REGION NINE

CITY	COUNTY	FACILITIES	CAPACITY
Blue Earth	Faribault	2	19
Mankato	Blue Earth	3	65
Fairmont	Martin	1	30
Sherburn	Martin	2	20

LICENSED RESIDENTIAL FACILITIES FOR PERSONS WITH MENTAL RETARDATION - DPW RULE 34 (as of 12/79)

REGION NINE (cont'd)

CITY	COUNTY	FACILITIES	CAPACITY
Waseca	Waseca	1	6
New Ulm	Brown	1	8
Waterville	LeSueur	1	14
TOTAL REGION NINE		11	162

REGION TEN

CITY	COUNTY	FACILITIES	CAPACITY
Faribault	Rice	6	57
Northfield	Rice	1	73
Red Wing	Goodhue	2	67
Wanamingo	Goodhue	1	12
Kasson	Dodge	1.	14
Albert Lea	Freeborn	1	15
Wabasha	Wabasha	1	8
Winona	Winona	1	12
Harmony	Fillmore	1	12
Owatona	Steele	1	15
Austin	Mower	3	84
Rochester	Olmsted	4	62
TOTAL REGION TEN		23	431

REGION ELEVEN

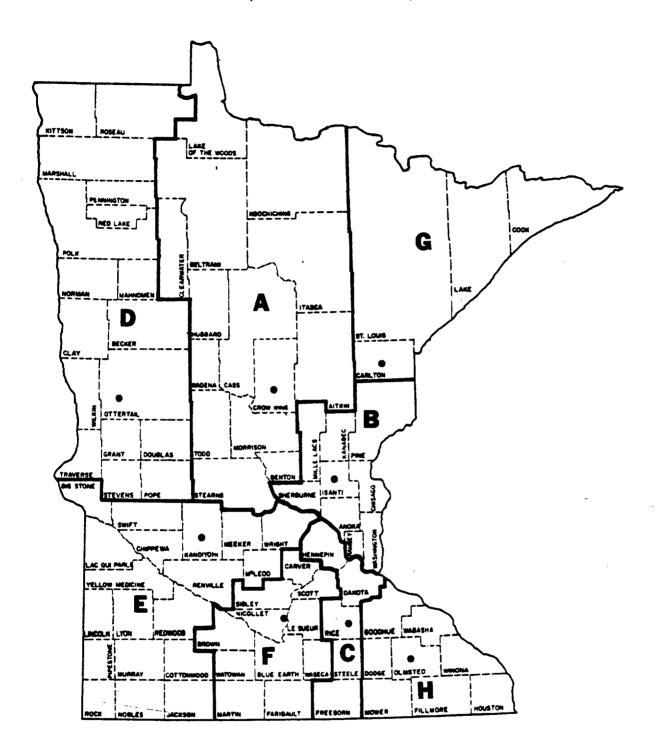
CITY	COUNTY	FACILITIES	CAPACITY
Bloomington	Hennepin	4	36
Brooklyn Center	Hennepin	2	14
Brooklyn Park	Hennepin	2	38
Crystal	Hennepin	1	12
Eden Prairie	Hennepin	1	36
Edina	Hennepin	1	6
Minneapolis	Hennepin	22	419
Minnetonka	Hennepin	2	12

FOR PERSONS WITH MENTAL RETARDATION - DPW RULE 34 (as of 12/79)

REGION ELEVEN (cont'd)

CITY	COUNTY	FACILITIES	CAPACITY
New Hope	Hennepin	1	64
Richfield	Hennepin	1	6
Robbinsdale	Hennepin	2	138
St. Louis Park	Hennepin	3	26
Wayzata	Hennepin	3	80
Maplewood	Ramsey	1	6
Roseville	Ramsey	1	6
Saint Paul	Ramsey	22	655
Shoreview	Ramsey	2	16
White Bear Lake	Ramsey	2	15
Coon Rapids	Anoka	2	58
Eagan	Dakota	ī	54
Hastings	Dakota	1	6
South Saint Paul	Dakota	1	15
West Saint Paul	Dakota	3	71
Excelsior	Carver	1	70
Victoria	Carver	1	· 42
Shakopee	Scott	1	10
Cottage Grove	Washington	1	6
Lake Elmo	Washington	1	6
Stillwater	Washington	1	6
TOTAL REGION ELEVEN		87	1,929
STATE TOTAL		223	4,098

STATE HOSPITALS FOR PERSONS HAVING RETARDATION (RECEIVING DISTRICTS)



HOSPITAL

A	BRAINERD	E WILLMAR
В	CAMBRIDGE	F ST. PETER
С	FARIBAULT	G MOOSE LAKE
D	PEDCIIC PATTC	U DOCUESTED

STATE HOSPITAL UNITS LICENSED UNDER DPW RULE 34

Brainerd - Crow Wing County
Brainerd State Hospital
MR Units, 532 Residents
0 years and over
Minnesota Learning Center
48 Residents
5-21 years

Cambridge - Isanti County
Cambridge State Hospital
Unit I, 100 Residents
0-25 years
Unit II & III, 110 Residents
0-25 years
Unit IV, 115 Residents
20-60 years
Unit V, 136 Residents

Unit VI, 96 Residents
18 years and over
Infirmary East & South
31 Residents
0-36 years

Mental Health Treatment Service 74 Residents 5-60 years

19 years & over at intake

Faribault - Rice County Faribault State Hospital Center Unit, 91 Residents 5-45 years Physically Handicapped Service 319 Residents 5 years and over Southcliff Unit, 177 Residents 12-65 years Green Acres Unit, 42 Residents 5-30 years at intake Northwood Unit, 106 Residents 5-20 years Skinner Unit, 172 Residents 21 years and over Sunnyside Unit, 180 Residents 21 years and over

Fergus Falls - Otter Tail County
Fergus Falls State Hospital
State Regional Retardation Center
295 Residents
3 years and over

Moose Lake - Carlton County
Moose Lake State Hospital
192 Residents
18 years and over

Rochester - Olmsted County
Rochester State Hospital
Rochester Social Adaptation Center
Division I, 79 Residents
5 years and over
Division II, 80 Residents
12 years and over

Willmar - Kandiyohi County
Willmar State Hospital
Glacial Ridge Training Center
209 Residents
5 years and over

FACILITIES LICENSED UNDER DPW RULE 80 (PHYSICALLY HANDICAPPED)

REGION: EIGHT

CITY	COUNTY	FACILITIES	CAPACITY
Windom	Cottonwood	1	45
REGION EIGHT TOTAL	,	1	45

REGION TEN

CITY	COUNTY	FACILITIES	CAPACITY
Austin	Mower	1	41
REGION TEN TOTAL		1	41

REGION ELEVEN

CITY	COUNTY	FACILITIES	CAPACITY
Golden Valley	Hennepin	1	64
New Hope	Hennepin	1	64
Robbinsdale	Hennepin	1	132
St. Louis Park	Hennepin	1	14
St. Paul	Ramsey	4 .	112
TOTAL REGION ELEVEN		8	386

GROUP HOMES IN MINNESOTA LICENSED UNDER DPW RULE #8

REGION FIVE

CITY	COUNTY	FACILITIES	CAPACITY
Remer	Cass	1	13
Brainerd	Crow Wing	1	16
TOTAL REGION F	IVE	2	29

REGION SIX

CITY	COUNTY	FACILITIES	CAPACITY
Bird Island	Renville	1	9
Montevideo	Chippewa	1	8
TOTAL REGION SIX	(2	17

REGION SEVEN

CITY	COUNTY	FACILITIES	CAPACITY
Elk River	Sherburne	1	10
Markville	Pine	.1	50
Milaca	Mille Lacs	1	9 ·
Pine City	Pine	2	26
St. Cloud	Stearns	1	11
Waverly	Wright	1	6
TOTAL REGION SEVEN		7	112

REGION EIGHT

CITY	COUNTY	FACILITIES	CAPACITY
Marshall	Lyon	1	10
TOTAL REGION E	IGHT	1	10

GROUP HOMES IN MINNESOTA LICENSED UNDER DPW RULE #8

REGION ONE

CITY	COUNTY	FACILITIES	CAPACITY
Warroad	Roseau	1	6
TOTAL REGION ONE	· · · · · · · · · · · · · · · · · · ·	1	6

REGION TWO

Blackduck Beltrami Nevis Hubbard	FACILITIES	CAPACITY	
Bemidji	Beltrami	1	6
Blackduck	Beltrami	1	6
Nevis	Hubbard	1	13
TOTAL REGION TWO)	3	25

REGION THREE

CITY	COUNTY	FACILITIES	CAPACITY
Aitkin	Aitkin	1	11
Bigfork	Itasca	1	8
Cloquet	Carlton	1	10
Duluth	St. Louis	3	32
Effie	Itasca	1	10
Grand Rapids	Itasca	1	8
Two Harbors	Lake	1 ·	8
TOTAL REGION THR	EE	9	87

REGION FOUR

CITY	COUNTY	FACILITIES	CAPACITY
Breckenridge	Wilkin	1	10
TOTAL REGION FOUR	{	1	10

GROUP HOMES IN MINNESOTA LICENSED UNDER DPW RULE #8

REGION TEN

CITY	COUNTY FACILITIES Olmsted 2		CAPACITY
Rochester	Olmsted	2	18
Waseca	Waseca	1	10
Winona	Winona	3	25
TOTAL REGION TE	N	6	53

REGION ELEVEN

CITY	COUNTY	FACILITIES	CAPACITY
Bloomington	Hennepin	1	8
Brooklyn Center	Hennepin	2	15
Chaska	Carver	1	6
Excelsior	Carver	1	6
Golden Valley	Hennepin	1	16
Hopkins	Hennepin	1	27
Long Lake	Hennepin	1	8
Minneapolis	Hennepin	16	158
Minnetonka	Hennepin	1	8
Roseville	Ramsey	1	6
St. Paul	Ramsey	2	18
Stillwater	Washington	1	14
TOTAL REGION ELEVE	N	29	290

COUNTY OPERATED GROUP HOMES CERTIFIED UNDER RULE #8

CITY	COUNTY	FACILITIES	CAPACITY
Duluth	St. Louis	5	44
Brookston	St. Louis	1	9
Virginia	St. Louis	1	10
So Intern1 Falls	Koochiching	1	8
Albert Lea	Freeborn	2	10
Mankato	Blue Earth	1	10
St. Peter	Nicollet	1	15
Fairmont	Martin	1	7
Little Falls	Morrison	1	10
Willmar	Kandiyohi	2	16

MANDATORY-PRIORITY-OPTIONAL STATUS OF SERVICES

Adoption 01X Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory Chore 02X Optional Priority Optional O	WI CES	AFDC	SST-MSA	0-60	60-115	ALL OTHER
Courseling 03% Optional Priority Optional Optional Optional Developmental Achievement 04% Mandatory Nandatory Nandatory Mandatory Optional Option	ption 0	x Manda tory	Mandatory	Mandatory	Mandatory	Mandatory
Developmental Achievement O4X Mandatory Nandatory Mandatory Mandatory Mandatory Day Care O5X Day Care - Children O5R Nandatory* Priority Priority Optional		X Optional	Priority	Optional	Optional	Ontional
Achievement Day Care OSX Day Care - Children OSA Day Care - Adult OSA Optional		X Optional	Optional	Optional	Optional	Optional
Day Care - Children		X Mandatory	Mandatory	Mandatory	Mandatory	Mandatory
Day Care - Adult 05A Optional Optional Optional Optional Optional Optional Educational Assistance 06X Optional Optional Optional Optional Optional Optional Employability 07X Mandatory Priority Priority Optional	Care 05	\sim	\searrow	$\geq \leq$	$\geq \leq$	$>\!\!<$
Educational Assistance O6X Optional Optional Optional Optional Optional Employability O7X Mandatory Priority Priority Optional Op	Day Care - Children 0	R Mendatory*	Priority	Priority	Optional	Optional
Employability 07X Mandatory Priority Priority Optional Optional Family Planning 08X Mandatory Optional Priority Priority Optional	lay Care - Adult 0	A Optional	Optional	Optional	Optional	Optional
Family Planning 08X Mandatory Optional Priority Priority Optional Foster Care (Adult) 09X Optional Optional Optional Optional Optional Optional Foster Care (Children) 10X Mandatory Optional Opt	cational Assistance O	X Optional	Optional	Optional	Optional	Optional
Foster Care (Adult) Foster Care (Children) Foster Care (Adult) Foster Care (Children) Foster Care (Adult) Foster Care (Adult) Foster Care (Children) Foster Care (Adult) Foster Care (Children) Foster Care (Adult) Foster Care (Children) Fosterity Foste	loyability 0	X Mandatory	Priority	Priority	Optional	Optional
Foster Care (Children) 10X Mandatory Mandator	nily Planning 0	X Manda tory	Optional	Priority	Priority	Optional
General 111 Priority Priority Priority Optional Optional Deinstitutional. (MHCA) 112 Mandatory Mandatory Mandatory Mandatory Mandatory Home Del. & Cong. Meals 12X Optional Priority Priority Optional Optional Homemaker 13X Priority Priority Priority Priority Optional Optional Mousing 14X Optional Optional Optional Optional Optional Information & Referral 15X Priority Priority Priority Priority Priority Priority Legal 16X Optional Optional Optional Optional Optional Money Management 17X Priority Priority Priority Priority Priority Priority Protection (Adult) 18X Protection 181 Priority Priority Priority Priority Priority Sub-acute Oetoxification 182 Mandatory	ter Care (Adult) 0	X Optional	Optional	Optional	Optional	Optional
General 111 Priority Priority Priority Optional Optional Deinstitutional. (MHCA) 112 Mandatory Optional Optional Optional Optional Optional Optional Optional Information & Referral 15X Priority Mandatory Mandat	ter Care (Children) 10	X Manda tory	Mandatory	Manda tory	Mandatory	Mandatory
Deinstitutional. (MMCA) 112 Mandatory Mandator	ol th1	x >	$\geq \leq$	$\geq \leq$	$\geq \leq$	$\geq \leq$
Home Del. & Cong. Meals 12X Optional Priority Priority Optional Optional Homemaker 13X Priority Priority Priority Priority Optional Optional Optional Optional Information & Referral 15X Priority Priori	ieneral 1	1 Priority	Priority	Priori ty	Optional	Optional
Homemaker 13X Priority Priority Priority Optional Optional Optional Information & Referral 15X Priority Sub-acute Detoxification 182 Mandatory M	einstitutional. (MHCA) 1	2 Mandatory	Manda tory	Mandatory	Mandatory	Mandatory
Housing 14X Optional Optional Optional Optional Optional Information & Referral 15X Priority Sub-acute Optional 182 Mandatory M	ne Del. & Cong. Meals 1	X Optional	Priority	Priori ty	Optional	Optional
Information & Referral 15X Priority Priority Priority Priority Priority Legal 16X Optional O	memaker 1	X Priority	Priori ty	Priority	Priority	Optional
Legal 16X Optional Op	ustng 1	X Optional	Optional	Optional	Optional	Optional
Money Management 17X Priority Priority Priority Priority Priority Protection (Adult) 18X Protection 181 Priority Priority Priority Priority Priority Sub-acute Detoxification 182 Mandatory Manda	formation & Referral 1	X Priority	Priori ty	Priori ty	Priori ty	Priority
Protection (Adult) 18X Protection 181 Priority Priority Priority Priority Priority Sub-acute Detoxification 182 Mandatory Ma	gal <u>1</u> 6	X Optional	Optional	Optional	Optional	Optional
Protection 181 Priority Priority Priority Priority Priority Sub-acute Detoxification 182 Mandatory Protection (Children) 19X Mandatory M	ney Management 1	X Priority	Priority	Priority	Priority	Priority
Sub-acute Detoxification 182 Mandatory Mandato	otection (Adult) 1	x S	$\geq \leq$			$\geq \leq$
MR Guardianship 183 Mandatory	Protection 1	1 Priority	Priority	Priority	Priority	Priority
Protection (Children) 19X Mandatory	Sub-acute Detoxification 7	Manda tory	Mandatory	Manda tory	Mandatory	Mandatory
Protection (diritien)	MR Guardianship 1	3 Mandatory	Manda tory	Mandatory	Mandatory	Mandatory
Residential Treatment 20X	otection (Children) 1	X Mandatory	Mandatory	Manda tory	Mandatory	Manda tory
	sidential Treatment 2	x S	$\geq \leq$	$\geq \leq$		
Emot. Disturbed-Child 203 Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory		3 Mandatory	Mandatory	Mandatory	Manda tory	Mandatory
Primary Treatment/Extended Rehabilitation - CD 204 Priority Priority Priority Priority Priority		4 Priority	Priori ty	Priority Priority	Priori ty	Priori ty
Halfway House-CD-MI 205 Priority Priority Priority Priority Priority	Halfway House-CD-MI 2	5 Priority	Priori ty	Priori ty	Priority	Priority
Correctional-Children 206 Optional Optional Optional Optional Optional	Correctional-Children 2	06 Optional	Optional	Optional	Optional	Optional
MR Children and Adults 207 Mandatory Mandatory Mandatory Mandatory Mandatory Mandatory	MR Children and Adults 2	7 Mandatory	Mandatory	Mandatory	Mandatory	Mandatory
Social & Recreational 21X Optional Optional Optional Optional	cial & Recreational 2	X Optional	Optional	Optional	Optional	Optional
			Priority	Optional	Optional	Optional

For children receiving Ald to Families with Dependent Children (AFBC), whose parents are amployed or in training for employment.

Services so designated are required in State Law, Rule, or Federal Regulation. These services must be evailable to all geographic areas. MANDATORY:

OPTIONAL:

PRIORITY:

Services so designated are implied in statutory language, have significant legislative funding and have a history of extensive utilization. These services are strongly recommended to be available but are within welfare board discretion.

Services so designated have a significant history of utilization but are neither specifically or implicitly required. The availability of these services is totally at the discretion of the welfare board.

ESTIMATE OF PERSONS TO BE SERVED BY CLIENT CATEGORY

SE RVI CES	AFDC	AZN-122	0-60%	60-115%	WITHOUT REGARD TO INCOME	MIN.	OTHER	TOTAL
Adaption	721	112	1.014	292			2.016	4, 155
Chore	648	4,115	4,635	183			2,718	12,299
Counseling	14.315	5,532	15.954	1.745	5,368	7,028	105,220	155,162
Developmental Achievement	671	2,924	2,145	118			950	6,808
Day Care Children	8,897	314	3,908	1,146		2,602	925	17,792
Day Care Adult	53	368	263	26			166	976
Educational Assistance	3,674	923	1,642	57	·		2,233	8,529
Employability	3,470	1,548	2,946	192		2,239	1,039	11,434
Family Planning	2.947	417	3,581	92	419	384	569	8,409
Foster Care Adult	320	907	732	30			327	2,316
Foster Care Children	6,430	1,074	4,475	402			8,900	21,281
Health General	4,603	4,685	11,575	243		1,272	3,154	25,532
Health Deinstitutional.	664	2,660	4,020	151			1.983	9,478
Home Delivered & Congregate Meals	273	1,831	2,077	137			592	4,910
Homemaking	2,725	3.764	4,694	674	456	243	1.907	14,463
Housing	2,133	1,343	2,342	18		445	809	7,090
Information & Referral					361,617		96,673	458,290
Legal	3,108	662	1,558	17		431	4.026	9.802
Money Management	2,955	2,276	3,606	72	598	697	587	10,791
Protection Adult	805	3,223	4,994	126	1,851		833	11,829
Subacute Detoxification	- 302	433	1,735	439			12,016	14,925
MR Guardianship	181	2,387	1,216	61			146	3,991
Protection Children	12,581	72 7	5,845	414	9,957		2,845	32,269
Res. Treat. ED Child	1,142	202	1,026	141			2,504	5,015
Res. Treat. Pri. TreatCD	547	693	2,567	262			1.865	5,934
Res. Treat. Mouse-CD-MI	495	652	1,652	116			1,682	4,597
Res. Freet. Correct. Child	571	176	767	109			4,043	5,666
Res. Treat. MR Child/Adult	547	2,287	1,895	102			1,550	6,381
Social and Recreational	2,033	2,397	2,594	420			10,259	17,703
Transportation	3,928	4,015	5,417	575		792	5,639	20,366
TOTAL	81,736	52,647	.00,875	8,360	380,266	16,133	278,176	918,193

Source: Final Comprehensive Annual Services Program Plan: October 1,1972 to September 30, 1980. St. Paul: Department of Public Welfare, 1979.

ALLOCATION OF TITLE XX FUNDS* October 1, 1979 to September 30, 1980

County	Title XX Regular	Title XX Day Care	County	Title XX Regular	Title XX Day Care	County	Title XX Regular	Title XX Day Care
Aitkin	205,783	16, 133	Itasca	546,380	42,835	Rensey	7,379,704	578,546
Anoka	1,267,620	99,374	Jackson	128,225	10,052	Red Lake	56,395	4,421
Becker	338,664	26,550	Kanabec	146,507	11,486	Redwood	186,758	14,641
Beltrami	455,998	35,749	Kandiyohi	317,562	24,896	Renville	169,517	13,290
Benton	172,985	13,561	Kittson	78,938	6,189	Rice	348,970	27,358
Big Stone	89,009	6,978	Koochiching	245,481	19,245	Bock .	71,587	5,612
Blue Earth	482,222	37,805	Lac Qui Parle	87,533 ·	6,862	Roseau -	114,476	8,975
Brown	207,328	16,254	Lake	118,424	9,284	St. Louis	3,837,826	300,873
Carlton	380,258	29,811	Lake of the Woods	41,118	3,223	Scott	291,083	22,820
Carver	282,748	22,167	Le Sueur	193,872	15,199	Sherburne	184,722	14,482
Cass	345,379	27,077	Region 88**	427,978	33,552	Sibley	109,697	8,600
Chippewa	149,921	11,753	HcLeod	210,933	16,536	Stearns	728,226	57,091
Chisago	193,923	15,203	Mahnomen	78,351	6,143	Steele	197,986	15,521
Clay	330,924	25,943	Harshall	115,818	9,080	Stevens	97,197	7,620
Clearwater	182, 129	14,278	FIM HSBees	482,848	37,854	Swift	136,928	10,735
Cook	50,107	3,928	Macker	159, 187	12,480	Todd	280,808	22,014
Cottonwood	124,634	9,771	Hille Lace	243,264	19,071	Traverse	63,394	4,970
Crow Wing	498,917	39,114	Horrison	306,453	24,182	Wabasha	148,326	11,628
Dakota	1,102,875	86,462	Hower	379,431	29,746	Vadena .	177,688	13,930
Dodge	103, 175	8,089	Nicollet	162,112	12,709	Vaseca	130,734	10,249
Douglas	244,908	19,200	Nobles	194,562	15,253	Washington	792,456	62,126
Fillmore	180,883	14, 181	Norman	90,935	7,129	Wilkin	77,713	6,092
freeborn	293,718	23,.027	Olmsted	755,419	59,223	Winona	363,232	28,476
Goodhue	279,892	21,943	Otter Tail	457,436	35,862	Wright	396,627	31,094
Grant	65,540	5,138	Pennington	159,566	12,510	Yellow Medicine	139,351	10,925
Hennepin	15,080,527	1,182,266	Pine	288,002	22,578			
Houston	133,465	10,463	Pipestone	110,420	8,657	TOTAL	47,132,000	3,695,000
Hubbard	156,425	12,263	Polk	395,947	31,041			

114,157

8,950

16,603

Isanti

211,783

Source: Final Comprehensive Annual Services Program Plan: October 1, 1979 to September 30, 1980.

St. Paul: Department of Public Welfare, 1979.

^{*} Allocations represented are based on Minnesota Laws of 1979, Chapter 324

^{**} Region 8 - North = Lincoln, Lyon and Murray counties

^{***} F-M-W HSB = Faribault/Wantonwan Human Service Board

ESTIMATE OF COUNTY EXPENDITURE BY CLIENT CATEGORY

SERVI ŒS	AFDC/EP	A2H-122	0-60%	60-1152	WITHOUT REGARD TO INCOME	AIN.	OTHER	TOTAL
Adoption	190,172	42,708	265,064	74,455			410,784	983,183
Chore	243,771	1,694,895	1,318,790	82,604		****	903,241	4,243,301
Counseling	4,208,031	1,448,151	3,652,685	469,326	1,770,170	1,556,326	15,721,575	28,826,264
Developmental Achievement	996,421	4,435,645	3,024,719	213,414			1,358,043	10,028,242
Day Care Children	5,865,228	179,671	2,289,427	535,224		937,943	748,939	10,556,432
Day Care Adult	27,979	196,022	169,076	13,495	<u> </u>		176,904	583,476
Educational Assistance	403,647	174,698	217,840	7,186			271,689	1,075,060
Employability	881,953	349,724	463,400	12,620		220,296	157,227	2,085.220
Family Planning Foster Care	111,708	22,225	129,735	8,211	33,965	22,561	22,580	356,985
Adult Foster Care	22,229	184,963	159,467	11,710			47,783	426,152
Children Health	4,282,957	855,621	3,548,270	279,452			9,636,075	18,602,375
General Health	637,657	948,373	2,109,039	56,346		298,044	1,022,675	5,072,134
Deinstitutional. Home Delivered &	139,431	664,115	971,589	37,492			397,896	2,210,523
Congregate Meals	14,940	350,695	351,409	5,684			50.445	773,173
Homemaking	1,235,495	1,801,291	1,795,149	229,818	179,397	59,447	827,984	6,128,581
Housing Information &	243,738	169,440	259,369	1,765		34,913	269,720	978,945
Referral					6,166,678		1,664,324	7,831,002
Legal Money	353,656	70,629	184,564	2,324		33,388	480,415	1,124,976
Management Protection	332,682	383,884	500,964	10,326	65,201	51,334	107,759	1,452,150
Adult Subacute	99.741	685,432	1,136,696	16,319	502,356		128,433	2,568,977
MR MR	41,818	59,507	194,571	34,417			3,998,661	4,328.974
Protection	26,721 5,029,996	208.808	196,509	10,372	4,154,901		25,211	630,074
Children Res. Treat.	5,789,390	530,482	4,000,932	321,267	4,154,901			13,442.799
ED Child Res. Treat. Pri. TreatCD	417,933	342,890	1,706,433	273,997			2,590,448	23,730,429 5,331,701
Res. Treat. Mouse-CD-MI	386,285	569,272	1,803,494	99,095			1,207,615	4,065,761
Res. Treat. Correct. Child	776,196	182,536	1,794,172	215,823			8,154,013	11,122,740
Res. Treat. MR Child/Adult	398,285	1,333,307	927,114	101,500			4,833,625	7,594,282
Social and Recreational	268,235	197,860	270,230	38,344			1,222,975	1,997,644
Transportation	625,608	683,719	913,567	78,837		63,670	706,891	3,072,292
TOTAL	34,052,354	19,137,824	36,389,621	3,385,668	12,872,668	3,277,922	72,107,790	181,223,847

Final Comprehensive Annual Services Program Plan: October 1, 1979 to September 30, 1980. St. Paul: Department of Public Welfare, 1979.

ESTIMATE OF COUNTY EXPENDITURE BY FUNDING SOURCE

STATE	VICES 1	LOCAL	DOKATED	FEES	CERTIFIED PUBLIC EXPENDITURE	OTHER	TOTAL
106,523	lon	456,405	17	27,844	5,199	31	983,183
339,758		2,203,847	48	11,461	25,111	5,863_	4,243,301
4,013,504	ling	16,573,586	14,231	407,330	37,514	43,130	28,826,264
895,966	vement	4,390,599	8,348	23,725	9,753	9,073	10,028,242
759,106	ren	3,944,135	44,086	45,147	7,880	<u> </u>	10,556,432
2 40,902	LTR.	257,931	10,579	2,229	1,031		583,476
124,718	tance	449,661	3	1,261	719	42,018	1,075,060
5 198,700	rab111tv	775,094	111	1,350	3,925	5,660	2,085,220
2 32,493	Flanning	156,512	3	2,334	2,835		356,985
2 46,317	r Care	191,547	101	1,006	1,036	4	426, 152
1,657,329	r Care	12,930,772	571	383,561	115,315	180,790	18,602,375
651,322	n al	2,402,689	12	25,071	9,094	1,200	5,072,134
5 291,392	titutional.	914,751	37	12,675	1,871	28,024	2,210,523
6 27,597	Delivered &	488,157	1,009	12,310		39	773,173
1 632,939	eking	2,571,224	299	38,345	61	76,629	6,128,581
2 112.945	<u> </u>	316.942		166	448	135,000	978.945
5 1.101.366	nation a	3.519.194	22,226	240	27.565	8.693	7,831,002
125,539		604,325	7,467	250	50	66	1,124,976
171,535	ment	527,576	3,855	1,347	789	1,388	1,452,150
241,030	tion	1,150,647	3	3,001	9,230	1,329	2,568,977
1,217,147	ification	2,294,737	9	77,210	428		4,328,974
22,473	enship	312,770		1.766	428	21	630.074
7 578 AO1	etion ren	5,484,746		5.864	66, 273	31,563	13.442.799
4,055,000	reet.	4,133,802	10	697,869	33,052	886, 498	23.720.429
427.5B9	reat. TreatCB	1,261,050		124 160	670	24.250	5.331.701
771 459	reat. e-CD-MI	2,142,171	5,408	56.265	670	2 659	4,065,761
1 :06 990	ireat. ct. Child	A.856.489		17,809	469	48.564	11.122.740
3,100,295	ireat. 11d/Adult	3,084,788	19	446.959	53,276	79,831.	7,594,282
134,419	l and ational	1,337,039	12,279	1,868,	2,713	152,843	1,997,644
428, 166	portation	1,299,992	14,538	18,105	946	23,860	3,072,292
24 .074 .119	744	97.661.168	143.404	2,448,508	379.951	1.788.976	181,223,847
	TAL	24,074,119	24,074,119 97,661,168	24,074,119 97,561,168 143,404	24.074.119 97,561.168 143.404 2,448,508	24,074,119 97,561,168 143,404 2,448,508 379,951	24.074.119 97.561.168 143.404 2.448.508 379.951 1.788.976

Source: Final Comprehensive Annual Services Program Plan: October 1, 1979 to September 30, 1980. St. Paul: Department of Public Welfare, 1979.

SUMMARY OF TOTAL PLANNED EXPENDITURES

SERVICE	COUNTY EXPENDITURES	STATE TITLE XX ADMINISTRATION	STATE CONTRACTS	TITLE IV-8	TOTAL
Adoption	983,183	16,637		6,695	1,006,515
Chore	4,243,301	71,805			4,315,106
Counseling	28,826,264	487,798		196,296	29,510,358
Developmental Achievement	10,028,242	169,698	3,866,667	68,288	14,132,895
Day Care Children	10,556,432	178,636	600,000	71,885	11,406,953
Day Care Adult	583,476	9,873			593,349
Educational Assistance	1,075,060	18,192		7,321	1,100,573
Employability	2,085,220	35,286	1,800,000		3,920,506
Family Planning	356,985	6,041		2,431	365,457
Foster Care Adult	426,152	7,211			433,363
Foster Care Children	18,602,375	314,789		126,675	19,043,839
Health General	5,072,134	85,831		34,539	5,192,504
Health Deinstitutional.	2,210,523	37,406		15,053	2,262,982
Home Delivered & Congregate Meals	773,173	13,084			786,257
Homemaking	6,128,581	103,708		41,733	6,274,022
Hous1ng	978,945	16,566			995,511
Information & Referral	7,831,002	132,516		53,326	8,016,844
Lega]	1,124,976	19,037		_	1,144,013
Money Management	1.452.150	24.573			1,476,723
Protection Adult	2,568,977	43,472			2,612,449
Subacute Detoxification	4.328.974	73.255			4,402,229
MR Guardianship	630.074	10,662			640,735
Protection Children	13.442.799	227,479		91,540	13,761,818
Res. Treat. ED Child	23,730,429	401,566		161,595	24,293,590
Res. Treat. Pri. TreatCD	5,331,701	90,223			5,421,924
Res. Ireat. Is House-CD-MI	4.055.761	68,801			4,134,562
Res. Treat. CorrectChild	11,122,740	188,219		75,741	11,386,700
Res. Treat. MR Child/Adult	7.594.282	128,510		51,715	7,774,507
Social and Recreational	1,997,644	_33,804		13,603	2,045,051
Transportation	1.072.292	51.989		20,921	3,145,202
TOTAL	181,223,847	3.066.667	5,266,657	1,039.357	191,596,539

Source: Final Comprehensive Annual Services Program Plan: October 1, 1979 to September 30, 1980. St. Paul: Department of Public Welfare, 1979.

SECTION 4 - PROGRAM GAPS AND BARRIERS

4.0 - Program Assessment

Preceeding sections have dealt with determining the DD population, their age groupings, the services offered in the State that fit into the priorities listed in P.L. 95-602, and the agencies responsible for delivering those services.

In the pages following, an attempt has been made to indicate the gaps in service to the DD population, under each of the four priority areas. The tables contain four lines of information. Service Population is the number of DD individuals, statewide, who are estimated to need the services. Each of the other lines will be either blank or contain a dot that indicates the existance of a gap. At this point, no effort has been made to enumerate the size of the gap, in most instances because that task is equal to the difficulty of precisely giving the number of DD individuals in an area.

Another factor is what has been called the "woodwork factor". Service providers have found that often a service must be begun and offered on the basis that it is a perceived need, on the part of providers or of clients, whose actual number may be quite limited. However, when the service is established, clients needing what is offered come "out of the woodwork" and the demand becomes greater than the capacity of the program. A good example of this factor is in the area of Case Management, where protective services or legal aid has experienced increasing demand with every year of its existance.

TABLE 4.1
PROGRAM GAPS AND BARRIERS
ALTERNATIVE COMMUNITY LIVING ARRANGEMENTS

	SPECIAL LIVING ARRANGEMENTS	PERSONAL CARE	TRANSPORTATION	FULL SUPERVISION	
SERVICE POPULATION	45,673	22,216	39,327	60,626	
UTILIZATION GAP				•	
SERVICE GAP	•	•	•		
FISCAL GAP	•	•	•		

TABLE 4.1
PROGRAM GAPS AND BARRIERS
NON-VOCATIONAL SOCIAL DEVELOPMENT

	ADULT DAY CARE	ADULT ED/TRAINING	SCHOOL AGE ED/TRAINING	TREATMENT	RECREATION
SERVICE POPULATION	20,332	21,938	21,009	366,775*	59,155
UTILIZATION GAP					
SERVICE GAP	•	•	•	•	•
FISCAL GAP	•	•	•	•	•

^{*} See Table 2-6, page 49.

TABLE 4.1 PROGRAM CAPS AND BARRIERS CASE MANAGEMENT

	COUNSELING	PROTECTIVE	FOLLOW-ALONG		
SERVICE POPULATION	20,203	18,542	20,000*		
UTILIZATION GAP					
SERVICE GAP	•	•	•	-	
FISCAL GAP	•	•	•		

TABLE 4.1
PROGRAM GAPS AND BARRIERS
CHILD DEVELOPMENT

	PRE-SCHOOL ED/TRAINING	IDENTIFICATION		
SERVICE POPULATION	7,596	154,297*		
UTILIZATION GAP				
SERVICE GAP	•	•		
FISCAL CAP	•	•		

^{*} See Table 2-3 (page 46) and Table 2-4 (page 47).

4.1.1 - Overall Program Strengths:

There is a growing recognition of the important role the State Developmental Disabilities Council can and does play in developing policies within the state regarding programs and services for persons with developmental disabilities. The Council's efforts at bringing about change and encouraging inter-agency cooperation, together with its information dissemination activities, have greatly enhanced the DD program in Minnesota.

<u>Case Management</u> - Services are beginning to exert a major impact upon the quality and appropriateness of services received by persons with developmental disabilities. The availability of case management services is matched by a rising demand which seems to indicate both the need and the importance of case management programs.

Services related to Child Development are an important component of several programs within the state. The Department of Health administers Early and Periodic Screening programs throughout the state. During the state's 1978-79 fiscal year, 9,000 children were screened through the EPS program. An additional 14,600 children were screened under the PSS program by EPS providers. Under the Department of Public Welfare's Early and Periodic Screening Diagnosis and Treatment program, 15,400 screenings were conducted. During the same period, 42,000 children were screened (approximately 45% of all persons in the state's $3\frac{1}{2}$ to $4\frac{1}{2}$ year age population).

Such identification and referral services obviously reach a significant number of young persons (0 - 21 years) in the state. This emphasis upon identification of physical and developmental problems helps lead to both appropriate treatment services and pre-school education and training programs.

Alternative Community Living Arrangements are well utilized within the state. The population of state institutions continues to gradually decline. Residential facilities for persons with mental retardation (licensed under DPW Rule 34) currently have a 96% utilization rate. In 1978, there were 206 licensed facilities; in 1979, 226 with a capacity of 4,088.

The trend in Minnesota appears to be toward further deinstitutionalization. The process of placing persons in alternative residential settings has been underscored by two important concerns: (1) residential placement and the type of facility/group home must match individual needs, i.e., placement must be appropriate; and (2) deinstitutionalization must not be absolute--special care and institutional facilities remain the most appropriate setting for some individuals. In those instances, every effort must be made to maintain the best possible living environment. The Department of Public Welfare has initiated capital improvement programs to help ensure quality and enhance the environment within its state hospital facilities.

Strides are being made in <u>Non-Vocational Social Development</u> areas as well. Increasing importance is being given to activities, programs and services which take place outside of traditional vocational/educational settings.

Attention is being focused upon the relationship between what happens in the vocational rehabilitation process, for instance, and the social non-vocational settings outside of work activity and/or sheltered workshops. There is a growing realization that the relationship between the two is an important one;

that individual needs transcend vocational programs; that rehabilitative processes cannot be divorced from personal growth and social involvement. The importance of this relationship is underscered by an increasing emphasis upon adult-school age education and training programs, treatment (when appropriate and necessary), and recreational opportunities.

4.1.2 - Overall Program Weaknesses

The provision of <u>Case Management</u> services is oftentimes hindered by a lack of fiscal resources and program providers. The demand for such programs is greater than the availability. In some instances case management services are constrained or rendered ineffective by the lack of cooperation and coordination between service agencies.

Child Development: Although screening, identification and diagnostic programs for children are quite extensive and rather comprehensive, post-screening activities are sometimes lacking--either because follow-up is not possible or because of parental refusal.

The DD Council has identified several issues within the <u>Alternative Community Living Arrangements</u> priority area which need to be addressed. Among these are the need to develop additional semi-independent living placements, to foster programs which encourage the retention of individuals with developmental disabilities within their own home, and to develop more efficient/effective administrative processes. The financing and construction of residential facilities for non-MR persons is another area which requires attention.

Community resistance to group homes remains a problem. And, as always, financing is oftentimes non-existent or difficult to obtain.

Programs which promote Non-Vocational Social Development services face certain problems. Maintaining some measure of adequacy and continuity are constant concerns. Like many programs, availability of non-vocational services is limited in the rural areas of the state. Scarce financial resources and limited access to and high cost of transportation services weighs against the effective delivery of services.

Goal:	To expand and improve the delivery of residential services in the least restrictive alternative.
Objective: 1.1	To develop legislation to support 500 semi-independent living placements by 9-30-82
Council Role/Activities:	
	Legislative support Review and comment Solicit support from relevant organizations.
Funding:	
Local \$	
State \$	
Federal \$	
Total \$	
Priority Service:	Alternative community living arrangements
State program and agency:	Department of Public Welfare, Legislature

Goal:	To expand and improve the delivery of residential services in the least restrictive alternative.
Objective: 1.2	To secure legislative support to implement the state hospital population reduction recommended in the DPW Residential Care Study report by 9-30-83
Council Role/Activities:	Legislative support Monitor process
Criteria for Evaluation:	
\$ \$ \$ \$ \$ \$ \$ \$	
Funding:	
Loca1 \$	
State \$	
Federal \$	
Tota1 \$	
Priority Service:	Alternative Community living arrangements.
State program and agency:	Department of Public Welfare, Legislature

FIRST PRIORITY OF COUNCIL

Goal:	To expand and improve the delivery of residential services in the least restrictive alternative.
Objective: 1.3	To carry out a study of the supports necessary to encourage retention of D.D. persons in the home by 9-30-82
Council Role/Activities:	Legislative support Review and comment Technical assistance/advisory
Criteria for Evaluation:	
i.	
Funding:	
Local \$	
State \$ 50,000	
Federal \$	
Total \$	
Priority Service:	Alternative Community living arrangements.

State program and agency: Department of Public Welfare

Goal:	To expand and improve the delivery of residential services in the least restrictive alternative.
Objective: 1.4	To initiate the demonstration of creative alternative to out-of-home placement by 9-30-81.
Council Role/Activities:	Grant review/advisory monitor and evaluate
Criteria for Evaluation:	One or more of following projects: Respite care models Family support programs Counceling
	Program supervision Home-based therapies Parent training
Funding:	
Local \$	
State \$	
Federal \$ 200,000	
Total \$	
Priority Service:	Alternative Community living arrangements.
State program and agency:	State Planning Agency/DD Planning Office

Goal:	To expand and improve the delivery of residential services in the least restrictive alternative.
Objective: 1.5	To develop a single, inter-agency application, //27 for Certificate of Need, and DPW need determination by 9-30-81.
Council Role/Activities:	Facilitator Review and comment Monitor and evaluate
Criteria for Evaluation:	
Funding:	
Local \$	
State \$	
Federal \$	
Total \$	
Priority Service:	Alternative Community Living Arrangements
State program and agency:	Department of Public Welfare, State Planning Agency

Goal:	To expand and improve the delivery of residential services in the least restrictive alternative.
Objective: 1.6	To develop a single inter-agency monitoring system for ICF-MR/DD facilities by 9-30-83.
Council Role/Activities:	Facilitator Monitor and evaluate
Criteria for Evaluation:	
	·
Funding:	
Local \$	
State \$	
Federal \$	
Tota1 \$	
Priority Service:	Alternative Community Living Arrangements
State program and agency:	Departments of Health, Welfare, DD Council

Goal:	To expand and improve the delivery of residential services in the least restrictive alternative.
Objective: 1.7	To adopt model standards for residential program licensing and/or improve/revise Rule 34 by 1-1-82
Council Role/Activities:	Monitor and evaluate
Criteria for Evaluation:	
Funding:	
Local \$	
State \$	
Federal \$	
Total \$	
Priority Service:	Alternative Community Living Arrangements
State program and agency:	Department of Public Welfare

Goal:	To expand and improve the delivery of residential services in the least restrictive alternative.
Objective: 1.8	To determine the feasibility of a process of 5 year "redetermination of need" for DD residential facilities by 9-30-82.
Council Role/Activities:	Technical assistance/advisory Review and comment Provide public forum
Criteria for Evaluation:	
Funding:	
Local \$	
State \$	
Federal \$	
Tota1 \$	
Priority Service:	Alternative Community Living Arrangements
State program and agency:	Department of Public Welfare

<u>Goal:</u>	To expand and improve the delivery of residential services in the least restrictive alternative.
Objective: 1.9	To provide technical assistance to individuals, organizations and agencies who are developing community living alternatives on an ongoing basis.
Council Role/Activities:	Monitor and evaluate
Criteria for Evaluation:	
Funding:	
Local \$	
State \$	
Federal \$	
Tota1 \$	
Priority Service:	Alternative Community Living Arrangements
State program and agency:	Regional Development Commissions DD coordination/technical assistance projects

Goal:	To expand and improve the delivery of residential services in the least restrictive alternative.
Objective: 1.10	To investigate potential funding sources for residential services provided to non MR/DD by 9-30-82
Council Role/Activities:	
Criteria for Evaluation:	
Funding:	
Local \$	
State \$	
Federal \$	
Total \$	
Priority Service:	Alternative Community Living Arrangements
State program and agency:	Department of Public Welfare, DD Council

SECOND PRIORITY OF COUNCIL

Goal:	To assure more/better coordinated service delivery to persons with DD by providing inter-agency coordination and technical assistance at the local level of service delivery.
Objective: 2.1	To establish a statewide network of local DD coordinators to provide inter-agency coordination and technical assistance by 10-1-80
<pre>Council Role/Activities:</pre>	Grant review/advisory Monitor and evaluate
Criteria for Evaluation:	
Funding:	
Local \$	
State \$	
Federal \$ 260,000	
Tota1 \$	
Priority Service:	Local coordination and technical assistance
	2004. Cool ama oron and cooming a salatance
State program and agency:	State Planning Agency - DD Office

SECOND PRIOIRTY OF COUNCIL

Goal:	To assure more/better coordinated service delivery to persons with DD by providing inter-agency coordination and technical assistance at the local level of service delivery.
Objective: 2.2	To continue development of the DD and other related modules of the Human Services data base on an Ongoing basis.
<pre>Council Role/Activities:</pre>	Monitor Disseminate data
Criteria for Evaluation:	
Funding:	
Local \$	
State \$	ly
Federal \$	
Tota1 \$	*
Priority Service:	Local coordination and technical assistance
State program and agency:	State Planning Agency/Human Resources

SECOND PRIORITY OF COUNCIL

Goal:	To assure more/better coordinated service delivery to persons with DD by providing inter-agency coordination and technical assistance at the local level of service delivery.
Objective: 2.3	To monitor the implementation of the Community Social Services Act on an ongoing basis.
Council Role/Activities:	Monitor and evaluate Initiate legislative activity if necessary Public Information/training for local officials
Criteria for Evaluation:	
Funding:	
Loca1 \$	
State \$	
Federal \$	
Total \$	
Priority Service:	Local coordination and technical assistance
State program and agency:	Regional Development Commissions DD projects, DD Council

- GOAL: To plan, coordinate, monitor, evaluate and influence the delivery of services to DD persons.
- Sub-Goal 3.1: Advocacy and Protective Services Committee
 The State DD Council will serve as an advocate for the improvement of the life quality and services for persons who are developmentally disabled as well as support and assess and make recommendations related to the development/improvement of advocacy activities undertaken in Minnesota on behalf of persons having a developmental disability.
- OBJECTIVE 3.1.1: Provide training and technical assistance to community groups, advocates, consumers, and providers of services about individual rights and advocacy techniques so that advocacy services in both quantity and quality, are more evenly available/distributed throughout the state.
- Council Role/Activities: A. Provide training and technical assistance to community groups/agencies as needed or requested in order to develop or improve citizen advocacy services in their communities.

 Resources:

 DD staff, legal advocacy staff, citizen advocacy coordinators, and other outside resource persons, e.g., volunteer coordinators of MAVD.
 - B. Sponsor an annual statewide advocacy conference that will:
 - --explore innovative advocacy models and techniques; and
 - --provide a means for sharing and communicating among advocacy practitioners, consumers and providers of services; February or March 1981 Resources:

DD staff, University of Minnesota, Conference Planning and Evaluation Committee, PACER, Legal Advocacy, other advocates, and Advocacy Committee of the State Council.

- OBJECTIVE 3.1.2.: Systems Advocacy: explore with at least three other state agencies (that are related to advocacy for developmentally disabled persons) areas of common interest and concern and make recommendations regarding strategies for future cooperation and action. November 1980.
- Council Role/Activities: A. The Governor's Office of Volunteer Services (GOVS):

 1. Assemble information about GOVS and distribute to the Advocacy Committee, such information as --mandated services and responsibilities;

 --finance/budget;

- --personnel;
- --history;
- --testimony from key informants, e.g., staff, volunteer/citizen advocacy coordinators and other MAVD;
- --other; e.g., publications, public reports, and evaluation November 1980.
- 2. Study and interpret data. December 1980
- Meet with Director/Commissioner
- 4. Submit recommendations to the State Council. January 1981
- 5. Follow-up on any assignments made by the State Council.
- B. The Department of Human Rights (DHR) tasks #1-5, above:
 - 1. February 1981.
 - 2. March 1981.
 - 3. April 1981.
 - 4. May 1981.
 - 5. As assigned and scheduled.
- C. The Supreme Court Study Commission on the Mentally Disabled and the Courts.

 Sub-objective: follow-up (keep informed) and make timely comments on the implementation of Recommendations #12 of the study, which reads:

 "The current system of Lay Advocates in State Hospitals should be made independent of the State Hospital Administration, and an opportunity for legal training should be made available to these lay advocates."
 - 1. Meet with spokesperson from the Commission and other key persons regarding their implementation strategies and schedules October/November '80
 - 2. Monitor and respond appropriately as events occur.
- OBJECTIVE 3.1.3: Address unresolved issues and recommendations from areas addressed in the Fiscal Year 1980 State Plan, as assigned by the State Council. By priority:

- A. Barriers to Deinstitutionalization.
- B. Community Residential Advocacy.
- C. Aversive Treatment.
- D. Child Abuse.

Given satisfactory resolution of the above, the following issues may be prioritized and addressed:

- --monitor out-of-home placement of children (18-month court review process and policies);
- -- Surrogate Parents (P.L. 94-142).
- -- Implementation of the Vulnerable Adult Protection Act.
- --Civil Service and the 700-Hour provision for hiring handicapped.
- -- Review of Advocacy Policies.

Resources:

DD staff, Director and staff of GOVS, Committee members, MAVD, and other resource persons, e.g., ACTION, Foster Grandparents, and Citizen Advocacy Coordinators.

Sub-Goal 3.2: Governmental Operations Committee

OBJECTIVE 3.2.1: To identify specific needs and innovative models of service in the areas of employment and related adult services for persons with developmental disabilities.

Council Role/Activities: The Developmental Disabilities Council will sponsor a series of public forums to identify needs and innovative models of services in the areas of employment and related adult services for persons with developmental disabilities. Representatives of public and . private agencies, business and industry and consumers and consumer advocates shall be invited to participate. Findings of the forums shall be compiled and

recommendations given to appropriate agencies.

OBJECTIVE 3.2.2: To influence the development of programs and policies affecting the interests of persons having a developmental disability.

Council Role/Activities: The Governmental Operations Committee will review/ comment on major federal and state plans, existing

> laws and proposed legislation, administrative rules and regulations following review procedures established by the issuing body. When time and circumstances permit, the committee will seek endorsements of its concerns from the State Developmental Disabil-

ities Council.

Sub-Goal 3.3: Public Information Committee

- OBJECTIVE 3.3.1: A. To build support and awareness for the Governor's Council and for the planning, coordianting and other influencing activities the Council carries out.
- Council Role/Activities: 1. Coordinate and assist the distribution of the slide/tape presentation on a statewide basis.
 - 2. Provide notification to other applicable agencies of annual and revised regional plans.
 - 3. Issue, on a monthly and/or as needed basis, press releases about Council activities and appointments of Council members.
 - 4. Participate in the publicizing to the media, information about workshops sponsored by the Council and the DD Planning Office.
 - 5. Coordinate other public information activities where appropriate.
 - 6. Develop and distribute public service announcements on timely issues.

All of the above are ongoing activities without a specific schedule.

- B. Implement action to fill major gaps in public information as stated in the State Plan and by the State DD Council.
- Council Role/Activities: 1. Perform an advisory role and provide input regarding publicity for <u>DD Newsletter</u> and other <u>DD publications</u>.
 - 2. Review and comment on the DD Planning Office public information work plan. Annually.
 - 3. Monitor progress; mid-year and end-of-fiscal year.
- OBJECTIVE 3.3.2: Develop working relationships with applicable agencies and organizations regarding public information activities.
- Council Role/Activities: 1. Develop a file of existing newsletters and periodicals relating to DD issues.
 - 2. Become involved with major publicity campaigns in behalf of persons with developmental disabilities such as telethons, statewide events like the Governor's Conference for the Handicapped.
 - 3. Coordinate other public information activities as appropriate.

4. Provide technical assistance to appropriate agencies and organizations as requested and as feasible.

Resources:

State staff, regional coordinators, Public Information Committee, relevant agencies and organizations, DD Council and its committees.

Sub-Goal 3.4: Prevention Committee

- OBJECTIVE 3.4.1: To review present status and make recommendations for developing a coordinated statewide sub-system in: Prevention, Identification (screening, referral, public information), Diagnosis/Assessment, Follow-along (track client through the system).
- Council Role/Activities: 1. To review present laws and regulations and identify major programs operating in Minnesota that provide services generally characterized as "prevention, identification, diagnosis/assessment, intervention, follow-along"; to develop a set of criteria to categorize these programs and

services.

- 2. To review recent studies addressing delivery coordination; to review recommendations made by these respective studies and follow-up on the status of these recommendations.
- 3. To identify service delivery characteristics:
 - --personnel (numbers and qualifications);
 - -- costs for service;
 - --duplication and possible cost savings.
- 4. Draft report reviewed by State Council and/or ad hoc committee, evaluation and recommendations.

Sub-Goal 3.5: Grant Review Committee

OBJECTIVE 3.5.1: To evaluate funding requests for State Council grant appropriations or through the State Council for other developmental or non-related DD appropriations.

- Council Role/Activities: 1. To draft and issue requests for proposals and program announcements for priority issue areas identified by the State DD Council as resources are available.
 - To evaluate applications submitted under such formats according to established Grant Review Committee operating procedures; to select and recommend proposals to the State Council for approval.
 - 3. To review and comment on projects seeking regional and national significance funds from the DD Office in the U.S. Department of HEW; to review and comment on DD-related grant applications under the U.S. Office of Management and Budget's A-95 review process.

OBJECTIVE 3.5.2: To monitor the activities and performance of projects supported by the State DD Council or other DD resources.

- Council Role/Activities: 1. To follow the operations of grants under current State Council support. Quarterly.
 - 2. To periodically monitor the operating characteristics of programs previously supported by the DD Council.
 - 3. Prepare revised grant review operating procedures manual. November 1980.

- GOAL: To design and implement the mandated developmental disabilities evaluation system.
- OBJECTIVE 4.1: To complete and submit Phase I of the evaluation plan by October 1, 1980.
- OBJECTIVE 4.2: To complete and submit Phase II of the evaluation plan by January 1, 1981.
- OBJECTIVE 4.3: To initiate implementation of the evaluation plan by October 1, 1982.

Council Role/Activities: Plan, development, minotor

Responsible Agency: State Planning Agency, Developmental Disabilities Planning Office, Developmental Disabilities Council.

Goal 5

- GOAL: To develop a plan for personpower training based on the assessed needs of persons working in the developmental disabilities field.
- OBJECTIVE 5.1: To assess the skill level of professionals and paraprofessionals working in the field by September 30, 1982.
- OBJECTIVE 5.2: To assess the availability and quality of pre-service and inservice training programs for persons working in the developmental disabilities field by February 15, 1983.
- OBJECTIVE 5.3: To develop a person power training plan by September 30, 1983.

Responsible Agency: Developmental Disabilities Planning Council.

5.2 - Summary Description of Plan Year Objectives

- Objectives 1.1 through 1.10 as listed below are Council activities chosen to meet the priority service area of <u>Alternative Community Living Arrangements</u>, the first priority of the Council.
- Objective 1.1 This objective will support the Department of Public Welfare in their effort to develop legislation to support 500 semi-independent living placements by September 30, 1982. The result expected is the reduction of presently institutionalized DD individuals and placement in the least restrictive alternative.
- Objective 1.2 The reduction of the DD population in state hospitals by 250 each year over the next three years is related to the previous objective.
- Objective 1.3 The Department of Public Welfare will be conducting a study of the supports necessary to encourage retention of the DD person in the home --numbers to be affected is undetermined at this time.
- Objective 1.4 The Agency will provide grants to projects that will demonstrate creative alternatives to out-of-home placement for DD individuals. \$200,000 in DD funds are to be used number to be affected is undetermined at this time.
- Objective 1.5 This objective seeks to reduce the number of forms facilities are forced to fill by developing a single inter-agency form to fit several purposes.
- Objective 1.6 The replacement of multiple monitoring of ICF-MR/DD facilities through the development of a single inter-agency monitoring system.
- Objective 1.7 This objective will seek to adopt the model standards that have been developed for the licensing of residential programs and revising of Rule 34.
- Objective 1.8 To support the Department of Public Welfare in determination of the feasibility of a process of a 5-year "redetermination of need" for DD residential facilities.
- Objective 1.9 The provision of technical assistance to individuals, organizations and agencies who are developing community living alternatives for the DD population.
- Objective 1.10 An investigation on the part of the Department of Public Welfare and the Council on potential funding sources for residential services provided to non-MR/DD.
- Objectives 2.1 through 2.3 are activities chosen to meet the second priority of the Council which is local coordination and technical assistance to promote service delivery to the DD population. \$260,000 in DD funds will be used, through grants to regional programs to support these objectives.

Objectives 3.1.1 through 3.5.2 (10 objectives in all) - are activities of Council committees to support the planning, coordination, monitoring, evaluating, and influencing the delivery of services to DD persons. A second description of these activities as they are given in Table 5.1 does not seem appropriate.

Objectives 4.1 through 4.3 - are part of the mandated activity of design and implementation of a DD evaluation system.

Objectives 5.1 through 5.3 are part of the mandated activity of developing a plan for personpower training based on the assessed needs of persons working in the developmental disabilities field.

SUMMARY OF PROPOSED DEVELOPMENTAL DISABILITIES EXPENDITURES

TABLE 5-3

STATE OF MINNESOTA

FY ENDING 1981

FEDERAL DD FISCAL YEAR ALLOTMENT \$727,784.00

A. ALLOCATIONS TO STATE AGENCIES BY		SOURCE OF FUNDS				
DESIGNATED		NON-FEDERAL FUNDS	AL FUNDS			
STATE AGENCIES					FEDERAL*	
	STATE	LOCAL	NON-PROFIT	TOTAL	-FUNDS	TOTAL
State Planning Agency	\$ 64,537.00	\$ 103,058.00 \$ 75,000.00 \$ 242.595.00 \$ 727 784 00 \$ 92.595.00	\$ 75,000.00	\$ 242,595,00	\$ 727 784 00	\$ 070 970 00
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	*	\$	₩.	· ·	s	•
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TOTAL	\$	\$	s	\$	\$	S

B. ALLOCATIONS TO STATE AGENCIES BY	TATE AGENC		PURPOSE						
DESIGNATED	TOTAL	PLAN	ANNING			AREAS OF	AREAS OF PRIORITY SERVICES	SERVICES	
STATE AGENCIES	FEDERAL* NON-FED.	COUNCIL	OTHER	TRATION	CASE MGT.	CHILD DEVEL.	ALTERN	NON VOC.	OŢĶĒR
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TOTAL	TOTAL \$970,379 \$64,452	\$64,452	\$ 111,595	\$ 010,65 \$ 565,111 \$	\$	\$	\$ 300,000 \$	\$	\$415,322
								,	

* BASIC FORMULA GRANT FUNDS UNDER P.L. 95-602

**Local Coordination and Technical Assistance Projects

TABLE 6-1
IDENTIFICATION OF SKILL LEVEL STANDARDS

PROGRAMS/SERVICES	STATE	LOCAL GOVERNMENT	PRIVATE NON-PROFIT	PRIVATE PROFIT	PRIVATE PRACTICE INDIVIDUAL
COMMUNITY RESIDENCES	State Standards/ Dept Rules	State Based	State Based	State Based	N/A
SHELTERED WORKSHOPS/WACs	State Standards	State Based	State Based	State Based	N/A
INSTITUTIONS FOR MR	ICF/MR State Standards	State Based	N/A	N/A	N/A
DACs/DAY CARE	State Standards/ Certification	State Based	State Based	State Based	State Based
SPECIAL EDUCATION	State Stand/ Certification Dept Rules	State Based	*	N/A	N/A
VOCATIONAL EDUCATION	State Stand/ Licensure Dept Rules	State Based	*	N/A	N/A
SCREENING-IDENTIFICATION PSS/EPS/EPSDT	State Stand/ Licensure Dept Rules	State Based	N/A	N/A	N/A

* Limited application - depending upon program

TABLE 6.1.1.

IDENTIFICATION OF TRAINING PROGRAMS FOR PERSONS WHO WORK WITH INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES IN EACH OF THE FEDERALLY ASSISTED PROGRAMS WITHIN THE STATE

FEDERALLY ASSISTED PROGRAMS	STATE AGENCY RESPONSIBLE	TRAINING FOR PROF INCORPOR	RE SPECIAL S PROGRAMS SESSIONALS RATING DD STENT	TRAINING F PARAPROF INCORPOR	RE SPECIAL REPROGRAMS FOR RESSIONALS RATING DD REENT
		YES	NO	YES	NO
EDUCATION FOR HANDICAPPED	Education Dept	•		•	
VOCATIONAL REHABILITATION	Econ Security (DVR)	•		•	
PUBLIC ASSISTANCE	Dept of Public Welfare	•		•	
MEDICAL ASSISTANCE	Dept of Public Welfare	•		•	
SOCIAL SERVICES	Dept of Public Welfare			•	
MATERNAL AND CHILD HEALTH	Health Dept	•		•	
CRIPPLED CHILDREN	Health Dept	*		*	
COMPREHENSIVE HEALTH					
AGING	Dept of Public Welfare		•		•
MENTAL RETARDATION	Dept of Public Welfare	•		•	

Availability and comprehensiveness of training programs varies

^{*} Limited - emphasis primarily upon physically handicapping conditions

6.2 - Comprehensive evaluation plan

At the present time the State assures, in Section 8, paragraph 8.9, that it will comply with Section 110 of p.L. 95-602. The goal and objectives of the Council concerning the evaluation system are given in Section 5 of this plan and are restated below.

- Goal 4: To design and implement the mandated developmental disabilities evaluation system.
 - Objective 4.1: To complete and submit Phase I of the evaluation plan by October 1, 1980.
 - Objective 4.2: To complete and submit Phase II of the evaluation plan by January 1, 1981.
 - Objective 4.3: To initiate implementation of the evaluation plan by October 1, 1982.
 - Council Role/Activities: Plan, development, monitor.
 - Responsible Agency: State Planning Agency, Developmental Disabilities Planning Office, Developmental Disabilities Council.

7.1 - Special assistance to poverty areas

At the present time, there is no program to be implemented for the provision of special assistance to the DD population in urban and rural poverty areas.

7.2 - Minority group representation

Every effort has been made to include minority representation on the Council, the Regional DD Councils, and on advisory committees for special activities sponsored by the agency and Council. In addition, a change in the contracts with each grantee assures that they will include minority representation in the advisory committees.

7.3 - Volunteers in the DD program

At the present time, there is no program to be implemented for the maximization of use of volunteers in the DD program beyond those individuals who are members of the Council, and Regional DD Councils.

7.4 INFORMING THE PUBLIC OF KINDS AND LOCATIONS OF SERVICES

The State DD Council and the State DD Planning Office undertake to inform the general public of the "kinds and locations of services and facilities which are available to individuals with developmental disabilities" by several means.

The Public Information Committee of the Council and the public information section of the DD Planning Office regularly publish literature pertaining to services for persons with developmental disabilities. The major publications include the DD NEWSLETTER (a quarterly publication of feature articles and timely topics), the DD NEWSBRIEFS AND CALENDAR (a monthly calendar of DD-related topics), and ADVOCACY DIMENSIONS (a quarterly newsletter devoted to advocacy issues). The DD Planning Office also has available a Resource Directory which lists services, sponsors, and locations of public and private service providers throughout the state. The annual State Plan contains listings of services which are available to persons with developmental disabilities from public/state agencies. All publications are distributed statewide, and, as resources will allow, free of charge.

In addition, regional DD programs sponsored by grants from the State Planning Agency have published and disseminated resource guides which outline the availability and location of services and facilities within their respective regions of the state.

7.5 PROVISIONS FOR EMPLOYEE PROTECTION

The rights and benefits of employees affected by deinstitutionalization processes and/or the closing of state institutional facilities are provided for, in part, under State Statutes, Chapter 43 (State Civil Service):

- 43.23 SENIORITY RIGHTS; POSITIONS ABOLISHED; PREFERENCE. Subdivision 1. Right of seniority. When one or more employees in the classified civil service are laid off because of a shortage of funds or curtailment of service or for any other reason beyond their control, the order of layoff shall be determined according to personnel rules which shall be based on seniority, and the names of such employees shall be placed at the head of the appropriate registers.
- Subd. 2. Notice of layoff. In every case of layoff of a permanent officer or employee, the appointing authority shall, at least seven days before the effective date thereof, give written notice to the employee and shall certify to the commissioner the reasons therefor. In any case where an appointing authority fails to certify before the effective date thereof, that the layoff was for reasons not reflecting discredit on the employee, it shall be deemed a dismissal and shall be subject to the provisions concerning dismissals, as provided in this chapter.
- Subd. 3. Positions abolished. When positions in the classified service are abolished by statute or by administrative action, the names of the incumbents of these positions, if they are members of the classified service, shall be placed at the head of the appropriate register, according to seniority.
- Subd. 4. Preferences. Persons who have been separated from the classified service because of layoff or the abolition of positions shall be given preference over all other eligibles in filling vacancies in the same or similar positions within the department in which they were employed immediately prior to their separation from the service, and the commissioner shall certify for each vacancy only the former officer or employee whose name stands first on the appropriate eligible register.

Legislation (Minnesota Laws 1977, Chapter 453, Section 17) which mandated the closing of Hastings State Hospital in May of 1978 contained provisions ensuring employment status, salary, benefits, relocation reimbursements, transfer rights, and, if transfer and/or employment rights are waived, severence pay for employees affected by the closing of the facility:

SECTION 17. On May 1, 1978, the Hastings state hospital shall be closed. . . All affected employees of the Hastings state hospital shall continue employment in the department of public welfare or they may voluntarily accept employment in another state department, with no reduction in salary or other benefits. The commissioner of personnel shall reimburse employees who relocate for all legitimate expenses incurred in relocation.

Notwithstanding any other law an employee who waives his right to transfer to a hospital other than Hastings state hospital or other state employment shall be entitled to severence pay in the amount equal to 5 percent of the employee's base salary or wage, not to exceed \$500, multiplied by the number of years of state service, but in no case shall the total amount exceed \$3,000.

Chapter 481 (H.F. No. 2028) further clarifies civil service seniority rights of former employees of the state hospital at Hastings. The Act was approved April 3, 1980 and will become effective August 1, 1980:

Section 1. The term "no reduction in salary or other benefits" in Laws 1977, Chapter 453, Section 17, includes within its scope the preservation and retention of seniority earned by employees at Hastings state hospital for any purpose for which seniority is used.

Specifically, without limitation and notwithstanding any law, rule, or collective bargaining agreement to the contrary, seniority spent in a classification or position at Hastings state hospital shall be added to seniority in the position or classification for another state government employer.

Any former employee of Hastings state hospital who transferred to a position with a state government employer which had a lower classification than his position at. Hastings state hospital, and was at or above the top of the salary range at the new position which resulted in the denial of step progression increases or in the denial of a salary increase effective July 4, 1979 pursuant to Minnesota Statutes, 1979 Supplement, Section 43.12, Subdivision 9a shall be awarded the increases retroactive to the time the increases were denied in the amount he would have received if he had remained in the position classification he had at Hastings state hospital.

Sec. 2. A person who was employed at Hastings state hospital and who transferred to another state facility or employer as an employee over the normal complement shall be permitted to remain with the new employer or facility, without demotion or relocation to a position more than 35 miles from the new facility or employer, until he is absorbed into the normal complement of the new employer or facility.

Approved April 3, 1980.

Though the latter two legislative acts address the Hastings situation specifically, the actions have in all probability set a precedent for employee protection should similar situations occur in the future.

7.1.1 IDENTIFICATION OF POVERTY AREAS IN THE STATE

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MCD 1055 MCD 1056 MCD MC					-	WCD W	070		746	151	20.24
FREEBORN COUNTY NO 1100 NORMAN TOP 52 FAB			•			SCO	085	HOLT TKP	305	102	33.44
FREEBORN COUNTY KED 155 STRAIN VALLEY TWP 665 1 217 FREEBORN COUNTY KED 150 CHR 17 PP 665 1 217 KED 100 CHR 17 PP 665 1 217 KED 100 CHR 17 PP 665 1 616 KED 100 CHR 17 PP 661 616 KED 100 CHR 18 PP 661 616 KED 1					•		110	NORWAY TWP	513 203	262 75	55.00
FREEDORN COUNTY NED 165 SUMMER TIPP 413 103							2 C	VALLEY T	66.1	217	32.83
FREEBORN COUNTY						Q Q	165	1MP	413	103	24.94
FREEBORN COUNTY						SCO	180	YORK TWP	350	1.4	32.57
MCD 10 LONDON TAP 146 125		FREEBORN COUNTY	•	•	•	SEC.	020	GENEVA TWP	969	155	22.27
MCD 120 MANCHESTER VILLAGE F86 37						200	10	LONDON TWP	446	125	28.03
MCD 150 OAKLAND TMP 616 174						00 100 100 100 100 100 100 100 100 100	120	VILLA	98	37	43.02
GRANT COUNTY						MCD	150	OAKLAND TWP	919	174	28.25
COORDING COUNTY COUNTY COUNTY COUNTY COORDING COUNTY COORDING COUNTY COORDING COUNTY COORDING COUNTY COORDING COUNTY COORDING C						MCD	160	RICELAND TWP	610	148	24.26
NCD O15 BELVIDERE TWP For O16	049	GOODHUE COUNTY	•	•	•	. MCD	002	ER VILLA	127	41	32.28
NCD						MCD	015	BELVIDERE TWP	522	186	35.63
NCD 150 NCECOE TMP 100 164						MCD	080	KENYON TWP	501	106	21.16
NCD 150 WEICH TWP 151						MCD	115	ROSCOE TWP	700	164	23.43
MCD 015 DELAMARE TWP 197 613						MCD	150	WELCH TWP.	577	151	26.17
NCD 035 ERDAHL TWP 119 813	051	GRANT COUNTY	•	•	•	MCD.	015	DELAWARE TWP	187	61	32.62
NCD D40 GDRTON TMP 119 83 115			•	•	•	#CD	035	ERDAHL TWP	293	63	21.50
MCD 050 HOFFMAN VILLAGE						NCD	040	GORTON TWO	119	83	69.75
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NCD O75 MCSVILLE TWP. 236 55 NCD O95 PACKE TWP. 209 118 NCD O95 PELICAN LARE TWP. 209 118 NCD O95 PELICAN LARE TWP. 179 81 NCD O95 POMME OE TERRE TWP. 179 81 NCD O02 PELICAN LARE TWP. 179 81 NCD O02 PACKE TWP. 166 54 NCD O02 PACKE TWP. 166 54 NCD O02 PACKE TWP. 166 167 TRACT O02 PACKE TWP. 166 167 TRACT O03 PACKE TWP. 167 TRACT O03 PACKE TWP. 167 TRACT O03 PACKE TWP. 167 TRACT O04 PACKE TWP. 167 TRACT O05 P						MCD	05.5		421	126	29.93
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						MCD		POMROY TWP	50 130	. 12	24.00
						MCD		LAKE	124	53	•
						022	230	THIRD RIVER TWP.	45 126	80 60	64.44 42.06
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						MCD	265	RR OF BOW STR	834	330	ů.
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COON	roo	JACKSON COUNTY .	•	•	• •	555		MINNEOTA TEP	297	88	
						NCD	105	<u>a</u> 1	370	- 6	•
						Q C		SIOUX VALLEY TWP	513	281	54.78
VINIO	065	KANAREC COUNTY	•	•	•	NCD .		COMPONE THE COMPONENT THE COMP	598	162	27.09
	3		•	•	•	MCD		GRASS LAKE TWP	741	210	
						MCD		HAY BROOK TWP	189	44	٠
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COUNTY	067	KANDIYOHI COUNTY	•	•	•	Ş		717	141	51	
			'			MCD		٠.	444	112	ૡ
						MCD	025		434	181	41.71
						S S		EAST LAKE LILLIAN TWP	295	7.7	26.10
						200	040	EDWARDS TEP.	327	9 .	26.36
						200		AG TWP	4. A	9 de	20.00 20.00
				٠		2 2	080	LAKE ELIZABLIK INF	1 4 0 0	127	3.00 0.00 0.00
						202		AY LAKE TW	355	151	42.54
						MCD		PENNOCK VILLAGE	247	125	50.61
						MCD		REGAL VILLAGE	5.4	53	42.59
						NCD		• (421	158	47.03
Y MICO	090	VITICON COLLEGE				2 2	165	SUNBURG VILLAGE	144 26	4 4 5	30.56 20.50
	2	NOOS NOCELIA	- - -	•	•			DONALDSON VILLAGE	52	37	64.91
						MCD		HALMA VILLAGE.	48	0	20.83
						N N		HANPDEN TWP	100	20	50.00
						2 3		TWP	42	18	42.86
						ב ב ב		ME WINIEW THO	5/7	7 0	44. E4
						WCD W		DELAN TED	2.5	2 2	23.08
						MCD	135	RICHARDVILLE TWP	218	103	47.25
						MCD		TEGNER TWP	. 22	20	36.36
						2		• !	251	23	21.12
•	į		į			Q C		UNDER TERR OF EAST KITTSON	26	26	100.00
COUNTY	071	KOOCHICHING COUNTY	· .	• •	•	֭֓֞֞֞֜֞֞֞֞֜֞֞֓֓֓֓֞֟֞֜֞֞֓֓֓֞֞֞֞֞֓֓֞֞֞֞֞֞֞֞֞֞	200	BIG FALLS VILLAGE	512	7 -	25.20 25.20
						N C		JEANU VIEW VIEW	101	- 6	54.21
						WCD		_	<u>:</u> =	? =	100.00
						MCD		וויש	232	78	33.62
						MC		'RG TERR OF SOUTH KOOCHICHING	893	356	39.87

PERCENT	34.57 39.07 39.07 39.07 39.07 39.00 50.00 50.00 50.50 50.50 50.50 50.50 50.50	31.13 28.09 27.10 21.17 34.03	22.00.00.00.00.00.00.00.00.00.00.00.00.0	39.77 55.67 25.67 27.78 38.43 34.58 46.18 30.38 29.47
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	AGASSIZ TWP. ARENA TWP. BELLINGHAM VILLAGE BOYD VILLAGE CERRO GORDO TWP. FREELAND TWP. GARFIELD TWP. LOUISBURG VILLAGE. MANFED TWP. MANFED TWP. MANFETTA VILLAGE. MAHURIN TWP. NASSAU VILLAGE PERRY TWP. RIVERSIDE TWP.	X 000 4 7 0 6 7	11 LLAG 12 MP	AMIRET TWP COON CREEK TWP EIDSVOLD TWP FLORENCE VILLAGE CARVIN VILLAGE ISLAND LAKE TWP LYONS TWP NORDLAND TWP SHELBURNE TWP SHELBURNE TWP SADUS TWP TAUNTON VILLAGE
OR MCD	000 010 025 030 040 050 050 060 095 110 120	020 020 050 050	055 110 015 020 020 030 050 060 060 060 080	005 020 035 045 050 050 110 115 115 110
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POVERTY TRACTS AND MCDS. 1970 CENSUS R MCD	020 BROWNTON VILLAGE		AGDER TWP. ALVARADO VILLA ALGSBURG TWP. BLOOMER TWP. COMSTOCK TWP. COMSTOCK TWP. COMSTOCK TWP. COMSTOCK TWP. COMSTOCK TWP. FOLDAHL TWP. FOLDAHL TWP. FORK TWP. GRAND PLAIN TWP. CREA TWP. MIDDLE RIVER V. MIDDLE RIVER V. MOYLAN TWP. NEWFOLDEN VILLAGE LINCOLN TWP. NEWFOLDEN VILLAGE LINCOLN TWP. NEWFOLDEN VILLAGE STRANDOLIST TWP. STRANDOLIST TWP. STRANDOLIST TWP. STRANDOLIST TWP. TAMACRE VALLEY STRANDOLIST V. TAMACRE VALLEY
MINNESOTA POVE TRACT OR MCD	O85 MC LEOD COUNTY MCD	MCD	MARSHALL COUNTY
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MEEKER COUNTY	
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			2 3		SCANDIA VALLEY	701 107		- u
			2 2	212		- (*		9 0
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COUNTY	660	MOWER COUNTY			ADAMS TWP.	_		67
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			Z :			279 139		0 C
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COUNTY	<u>.</u>	MURRAY COUNTY	¥.			,	٠	66
			2		CAMERON TW	_		5 (
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	3	MICOLERI COOMINIO	: 2 ·		OSH/			200
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			2 :	MCD 040	ELK TEP.	421 .92		<u> </u>
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			2		LITTLE ROCK TWP		26.	ď
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			2		WILMONT			ي و
COUNTY	107	NORMAN COUNTY	¥.	MCD 015	BF 4 PARK TWP	404 106	ė.	4
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					TRACT	OR MCD		POPULATION	POOR	PERCENT
				,		370 380 385 400 405	TORDENSKJOLD TWP	341 263 102 236	181 127 69 35	00000
COUNTY	=	PENNINGTON COUNTY.	· ·	• • ••		015 015 030 030 040 075 000 105	WOODSIDE TWP. CLOVER LEAF TWP. GOODRIDGE VILLAGE. HICKORY TWP. NORDEN TWP. REINER TWP. RIVER FALLS TWP. SMILEY TWP. STAR TWP.	202 144 222 223 236 236 236 236 236 236 236	126 70 73 73 74 75 76 77 76 77 77 77	43.15 46.98 35.99 27.43 71.43 27.01 27.01 33.33
COUNTY	25	PINE COUNTY.	•	•		025 025 025 040 040 045 075 075 140 140 150		222 3 23 3 23 3 23 4 7 7 7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	128 85 169 169 11 128 129 120 120 120 120 120 120 120 120 120 120	200 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
COUNTY	<u>+</u>	PIPESTONE COUNTY .	•	•		000 000 000 000 000 000 000 000 000 00			2364 2364 2364 2364 2366 2366 2366 2366	
COUNTY	6	POLK COUNTY	•	•	W W W W W W W W W W W W W W W W W W W	005 020 025 030 050	ANDOVER TWP. BELGIUM TWP. BELTRAMI VILLAGE BRANDSVOLD TWP. 'SLET TWP. STER TWP.	115 159 209 129	25 23 32 96 96	34.21 33.33 36.36 24.81

			TRACT 0	OR MCD		POPULATION	POOR	PERCENT
			MCD	090	COLUMBIA TWP	360	110	Ω
			MCD		TWP.	442	136	~
			MCD		ERSKINE VILLAGE	533	107	
			MCD		EUCLID TWP	204	94	\circ
			MCD		FARLEY TWP	76	26	0
			MCO		•	409	105	25.67
			ODE:		GRAND FORKS TWP	374	101	28.61
			0 0		GROVE PARK TWP	255	63	26.67
					GULLY IWP.	18	18	100.00
					COLLY VILLAGE	62	53	45.77
			25		MELCELAND IMP	122	27	22.13
			MCD		JOHNSON TWD	195	116	59.49
			NCO		KEYSTONE TWD	ກ ເ ກ •	3) S	35.71
			MCD		KNOTE TWP.	01. 120) a	7 T
			MCD		LENGBY VILLAGE	181	, 6	54.00
			MCD		LESSOR TWP	294	112	38.10
					LIBERTY TWP.	223	09	26.91
					KIENIOR VILLAGE	285	65	34.74
					COECN INT.	372	141	37.90
			MCD		SUIT IVAN TWD	50.	22	47.71
	•		NCD		TILDEN TWP	0 -	4 6 54 6	21.43
COUNTY	121	POPE COUNTY	MCD		BANGOR TWP	271	2. C	34.52
			MCD		BEN WADE TWP	385	107	27.79
			MCD		BLUE MOUNDS TWP	174	37	21.26
			O S		CYRUS VILLAGE	257	76	29.57
				055	E LAKE TWP	250	97	30.00
				000 000	A K F F F F F F F F F F F F F F F F F F F	159	127	63.82
			NC O	082	LEVEN 187	644 645	135 135	30.07
			MCD	120	TARBUCK VIL	000 F	0 0	28.53
			MCD	125	ILLARD VILLAGE	0.0	ر د د د	20.00
			MCD	135	ESTPORT TWP	283	23	27. CO
YENTOU	123	STIME OF SHARE	MCD		HITE BE	459	152	33.12
	3	· · · · · · · · · · · · · · · · · · ·				5091	1284	25.22
			TRAC			1782	482	27.05
			TRAC		•	2161	1321	61.13
			TRAC			1704	3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	21.07
			TRAC			25.16	, c	20.00
			TRAC			2057	0 4 0 60 0 60	20.03
			TRAC			2153	649	30.00
			TRAC			:972	562	28,50
			TRAC			3108	761	24.49
	1		TRACT	351		2208 2206	13.04 4.04	20.15
COUNTY	125	RED LAKE COUNTY	. MCD		VILL	202	61	30.20
					ורה ז זייי	370	86	23.24
			2	_		203	92	37.44

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STATE 27	Ī	MINNESOTA					*	POVE	POVERTY TRACTS AND MCDS. 1970 CENSUS			
							TRACT	TRACT OR MCD	INDD	POPULATION	POOR	PERCEN
										330	69	20, 35
								030	CERVALS INFO	215	90	50.23
							֝֞֝֞֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֡֓֓֓֓֡֓	*	DIMMED VII AGE	240	2	29.17
							N C		DODLAR ALLES	378	158	41.80
							RCD CD		TERREBONNE TWP	227	93	40.97
							MCD		LAST ALL TANK	168	43	22.87
YTMICO	127	REDWOOD COUNTY	· ·			•	NCD.		BROOKVILLE TWP	393	109	27.74
	:		•	•	•	•	MCD			325	90	24.62
							MCD		GRANITE ROCK TWP	486	142	29.22
							PSC0		• 1	686	22	26.43
							MCO		COHNSONVILLE TWP	377	5 5	40.19
							99		LUCAN VILLAGE	79.7 386	20.0	22.54
								2 5	NORTH REDWOOD VILLAGE	81	25	-
									١.	341	119	CD.
							W C		REDWOOD FALLS TWP	394	. 102	25.89
							MCD		REVERE VILLAGE	137	36	\sim
-							MCD		SHERIDAN TWP	418	126	30.14
							MCD		SHERMAN TEP	351	7 7	20.2
							WCD.		SPRINGDALE TWP	9 C	T 0	21.67
									LATINIT COOKE VIT AGE	789	167	21.17
							בי בי		MATERIES TWO	476	224	47.06
							KCD		SESTING TENTON	328	104	31.71
							WCD		MILLOW LAKE TWP	439	239	•
COUNTY	129	RENVILLE COUNTY	ΤΥ.	•	•	•	. MCD		BIRCH COOLEY TWP	366	75	**
					•		MCD	900	EMMET TWP.	437	134	
							SCO		FAIRFAX VILLAGE	1226	5.55 7.25	31 86
							ביי ביי		LECTOR TWO	400	9	24.64
							MCD		HENRYVILLE TWP	502	204	40.64
							0):N		MARTINSBURG TWP	301	83	27.57
							MCD		MORTON VILLAGE	630	126	20.00
							C C		SACRED HEART TWP	4 c 2 c	142	24.42
		2 1000							MANUEL TEO	370 676	4 4 4 4	36.09
COONLY	2	KILE LOUNIT.	•	•	•	•	֭֓֞֜֜֝֟֝֓֓֓֓֟֝֓֓֓֓֓֓֓֟֝֓֓֓֓֓֓֓֓֓֡֓֟֝֓֓֓֓֓֡֓֡֓֡֓֡		CHICKLAND TEP	540	142	26.30
							202		SHIELDSVILLE TWP	515	212	41.17
COUNTY	133	ROCK COUNTY.	•	•	•	•	. MCD		BEAVER CREEK VILLAGE	243	73	30.04
							NCD		DENVER TWP	285	72	25.26
							MCD		HARDWICK VILLAGE	248	76	30.65
							SCO		SPRINGWATER TWP	676	2 4	22.00
COUNTY	135	ROSEAU COUNTY.	•	•	•	•			DAKTO LWP	33	5	32.03
									CEDACER INT.	105	99	34.29
							ב ב ב ב ב ב	0.00	-	160	200	30.12
									DEBEY TSP.	123	48	37.50
							WCD		DIETER TUP	244	06	36.89
							MCD	020	ENSTROM TWP	217	47	21.66
						-	MCD		FALUN TWP.	167	n o	~

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PERCENT	25 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	21.84 26.14 23.21 26.70 20.11 20.16 20.00 20.00 20.50	22. 49 22. 96 22. 96 20. 36 37. 86 37. 86 27. 63	26.63 34.91 23.42 21.35 21.35 29.39 29.39 34.14 29.39 39.39 39.39
POOR	827 4 4 6 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	38 813 813 655 658 658 326 11 11	516 127 104 104 156 156 142 142	184 1322 151 151 151 152 153 164 165 164 165 164 165 165 165 165 165 165 165 165 165 165
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	DEN VALLEY TWP. REIM TWP. SS TWP. SKINOCK TWP. SKINOCK TWP. CONIA TWP. PLAR GROVE TWP. ST TWP.	JRG TERR OF	LE PLAINE TWP	WASHINGTON LAKE TWP. ALBANY TWP ASHLEY TWP BROCKWAY TWP COLLEGEVILE TWP CONTRIVER TWP EDEN LAKE TWP FREEPORT VILLAGE GETTY TWP GROVE TWP HOLDING TWP HOLDINGFORD VILLAGE KRAIN TWP
OR MCD	00000000000000000000000000000000000000	000000000000000000000000000000000000000	010 000 010 010 010 000 000 000 000 000	200 200 200 200 200 200 200 200 200 200
TRACT	W W W W W W W W W W W W W W W W W W W	MCD MCD ST LOUIS COUNTY TRA	SIBLEY COUNTY	STEARNS COUNTY
		137	139	145
		COUNTY	COUNTY	COUNTY

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					=	TRACT 0	OR MCD	COLUMNICA	NO	7 7 7 7
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						0 2 2	120	E TWP		9
				-		2 2 2	125	HENRY TWP		36.10
		7	,			0 2 0	135			29.45
			•			MCD	155			41.36
						MCD	160	MILLWOOD TWP		67.33
					!	NCO.	165			32.39
						EC C	175			20.74
						PCO PCO	180	• • • • • • • • • •		0
				•		SC S	200	MOND TWP		n
				••		MCD				
		-				QQ QQ				25.31
						NCO		ROSCOE VILLAGE 184	39	21.20
						SCO SCO		AGE		4
						MCO MCO	245	GE		24.33
						P CO	250	MARTIN TWP		7
-						MCD	275	ILL TWP		28.19
						S S S	290			ß
COUNTY	147	STEELE COUNTY.	•	•	:	. MCD	002	AURORA TWP 70		ď
						MCD	020			24.52
COUNTY	149	STEVENS COUNTY	•	•	•	MCD.	900	AGE	3 34	23.78
						MCO	010	P		۲.
						MCD	025	1 WP		36.56
						MCD	040	E TWP	77 54	S
						NCD	020	LAGE		22.32
						MCD	990	• • • • • • • • • • • • • • • • • • • •		20.00
						MCO	075	• • • • • • • • • • • • • • • • • • • •		21.61
						MCD	982	1.MP		21.65
						MCD	060	• • • • • • • • • • • • • • • • • • • •		32.86
						MCO	960		0 49	22.27
						MCD	100	E TWP		
COUNTY	<u>=</u>	SWIFT COUNTY .	•	•	•	MCD.	<u></u>	ILLAGE		m ·
						2 2 2 3	020			8
						MCD	025	· · · · · · · · · · · · · · · · · · ·	-	37.22
							<u> </u>			44.80
							5 0 0 1	CLUMIARE VILLAGE	გ	23.08
									•	
							2.5		•	30.45
						NC O	077	LAGE		75.21
						MCD	080		-	30.00
						MCD	060	KILDARE TWP	-	42.70
						MCO	100	МР.		32.14
						MCD	115	· · · · · · · · · · · · · · · · · · ·	5 73	35.61
-						MCD	120	E GROVE TWP		
						MCD.	125	TWP	_	0
						S S S S	130		53	
COUNTY	153	TODD COUNTY	•	•	•	MCD	000	TI TWO	- 1	
						MC0	010			ά,
٠						25	200	BERTHA VILLAGE	111	24.67
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MINNESOTA

PERCENT	36.51	34.04	24.22	40.65	20.58	45.82	47.94	34.14	34.67	29.06	32.97	34.06	35.26	50.87	23.47	23.52	, 4	94	37.91 0	<u>.</u>	26.09	60.87	24.67	20.02	24.15	23.08	35.50	74.29	, a. e.	32.78	38.10	30.33	43.60	23.13	20.45	24.67	21.43	42.70	36.30	20.27	30,85	49,38
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						¥			SOUTH BRANCH TWP		•	• •	•	478	112	23.43
COUNTY	167	WILKIN COUNTY.		•	•	. 55	500 0	-	•	•	•	•	•	174	67	38.51
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						2			TANBERG TWP	•	• •	 		. 56	55	23.16
CCUNTY	169	WINONA COUNTY		•	•	. MC	200 005		ALTURA VILLAGE .	•	•	•	•	373	16	24.40
						2			DRESBACH TWP	•	•	•		249	58	23.29
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COUNTY	171	WRIGHT COUNTY.		•	•	. MCD			FRENCH LAKE TWP.		•	•	•	798	304	38, 10
									SOUTH HAVEN VILLA		•	•		168	44	23.40
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SECTION 8 -- ASSURANCES

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- 8.1 In accordance with Section 133(b)3A, the State assures that funds paid to the State will be used to make a significant contribution toward strengthening services for persons with developmental disabilities through agencies in the various political subdivisions of the State.
- 8.2 In accordance with Section 133(b)3B, the State assures that part of the funds allotted under this Act to the State will be made available to public or non-profit private entities.
- 8.3 In accordance with Section 133(b)3C, the State assures that none of the Federal funds will be used to replace non-Federal funds presently used for services provided for individuals with developmental disabilities.
- 8.4 In accordance with Section 133(b)3D, the State assures that there will be greatenable State financial participation in the cost of carrying out the State Plant 5 303
 - 8.5 In accordance with Section 133(5)(A)(i), the State assures that services furnished, and the facilities in which they are furnished, under this plan for persons with developmental disabilities will be in accordance with standards prescribed by the Secretary in Regulations.
 - 8.6 In accordance with Section 133(5)(A)(ii), the State assures that buildings used in connection with the delivery of services assisted under this plan will meet standards adopted pursuant to the Architectural Barriers Act of 1968.
 - 8.7 In accordance with Section 133(5)(C), the State assures that the human rights of all persons with developmental disabilities (especially those persons without familial protection) who are receiving treatment, services, or habilitation under programs assisted under this title will be protected consistent with Section 111 (relating to rights of the developmentally disabled).
 - 8.8 In accordance with Section 133(b)(1)(C), the administrative agency assures the Secretary of the Department of Health & Human Services (HHS) or his/her designee that the agency will submit in a timely and complete manner all required program and fiscal reports.

8.9 - In accordance with Section 110, the State assures that it will develop a comprehensive system for the evaluation of service provided to persons with developmental disabilities (including residential and non-residential programs) assisted under P.L. 95-602 according to the time lines prescribed by the Secretary of Health and Human Services. The State assures that the evaluation system developed will be implemented as needed on and after October 1, 1982.

8.10 - Individual Habilitation Plans

No DD funded programs in Minnesota are providing direct services to DD individuals for whom an Individual Habilitation Plan would be appropriate. When such programs are funded, the Agency will be responsible for developing a model format IHP to be used by the grantees for their clients; the IHP developed will follow the Check List supplied in the State Plan guidelines.

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CHECK LIST FOR INDIVIDUAL HABILITATION PLANS

(The following is the minimum amount of information required in an Individual Habilitation Plan according to P.L. 95-602, Sec. 112)

1980 Program Guidelines

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Is the plan in writing?	()	()
Has the plan been jointly developed by the following individuals? (i) appropriate program personnel; (ii) individual with developmental disabilities; (iii) legal representative of individuals with developmental disabilities (where appropriate).	()	()
Is the plan jointly signed by the following individuals? (i) the individual with developmental disabilities or his/her representative (where appropriate); (ii) responsible program representative.	()	()
(a) Does the plan contain long-term habilitation goals?	()	()
(b) Does the plan contain intermediate habilitation objectives?(c) Are the intermediate habilitation objectives expressed in	()	()
terms which are measurable?	()	()
Does the plan contain a description of how the objectives are to be achieved?	()	()
 (a) Does the plan contain an evaluation procedure to determine if the goals and objectives were achieved? (b) Does the plan contain a schedule for the evaluation procedure? 	()	()
Does the plan contain the name of the person responsible for the coordination of the program?	()	()
(a) Does the plan describe the specific habilitation service	()	()
(b)-Does the plantidentify the agency (ies) which is (are) to	()	()
(c) -Does the plan identify the personnel who is(are) to provide the service(s)?	,		(
(d) Does the plan describe the guidelines of the personnel who	•	,	•	,
(e) Does the plan identify the specific date of initiation of	()	()
each service? (f) Does the plan specify the duration of each service?	()	()
	`	,	`	,
Does the plan specify the role and objectives of all parties to the implementation of the plan?	()	()
Does the plan require an annual review of the plan involving all individuals who originally created the plan?	()	()

INFORMATION SOURCES/STATE DEPARTMENTS AND AGENCIES

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DEPARTMENT OF ECONOMIC SECURITY Division of Vocational Rehabilitation	infromation 612/296-5610
DEPARTMENT OF EDUCATION Special and Compensatory Education	information 612/296-416
STATE COUNCIL FOR THE HANDICAPPED	information 612/296-678
Complete Complete Division	information 612/296-558
Maternal and Child Health	
OFFICE OF HEALTH FACILITY COMPLAINTS (Collect Calls Accepted)	information 612/296-556
HOUSING FINANCE AGENCY Apartment Development Division	information 612/296-760
A TOURCE	information 612/296-566
STATE PLANNING AGENCY Developmental Disabilities Planning Office -	information 612/296-401
Public Transportation Division	information 612/296-31
Office of Transit Administration DEPARTMENT OF PUBLIC WELFARE	information 612/296-61
Income Maintenance Bureau Medical Assistance Division	information 612/296-27
Mental Retardation Program Division	
Residential Facilities Division Bureau of Support Services Licensing Division	information: 612/296-23
District	information 612/296-69 TTY 612/296-68
Blind and Visually Handicapped Program Division	general 612/296-60
Comma	nications center 612/296-67

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