

**New Mexico Developmental
Disabilities Planning Council**

Five Year State Plan

For year 2014

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Section I : Council Identification

PART A: State Plan Period: October 1, 2011 through September 30, 2016

PART B: Contact Person: John Block, III, Executive Director

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PART C: Council Establishment:

(i) Date of Establishment: 1988-Jun-30

(ii) Authorization: State Statute

(iii) Authorization Citation: NMSA Article 16A, Section 28

PART D: Council Membership [Section 125(b)(1)-(6)].

(i) Council Membership rotation plan:

Members, appointed by the governor, shall be appointed to three-year terms not to exceed two (2) consecutive terms with terms staggered such that the terms of approximately one-third of the appointed members expire each year. Members, whose terms have expired, shall be considered bona fide voting members until such time as they are re-appointed or replaced by the Governor.

(ii) Council Members:

#	Name	Code	Organization	Appointed	Term Date	Alt/Proxy State Rep Name
1	Vigil, Ralph	A1	Division of Vocational Rehabilitation	2011-Jan-01	2014-Dec-31	Debbie Hambel
2	Jackson, Jim	A5	Disability Rights New Mexico	2011-Jan-01	2014-Dec-31	
3	McClain, Cate	A6	Center for Development & Disability	2011-Jan-01	2014-Dec-31	
4	Stover, Peter	A6	Eastern New Mexico	2012-Dec-17	2014-Dec-31	
5	Weaver, Denise	A7	Bernalillo Academy Residential	2005-Dec-31	2014-Dec-31	
6	Espinoza, Charlene	A9		2013-Feb-28	2015-Dec-31	
7	Sebastian, Niki	A9		2012-Oct-03	2013-Dec-31	
8	Trotter, Gail	A9	Aging/Long Term Services Department	1969-Dec-31	1969-Dec-31	
9	Stevenson, Cathy	A9	Dept. of Health	1969-Dec-31	1969-Dec-31	
10	Deines, Yolanda	A9	Designee for CYFD	1969-Dec-31	1969-Dec-31	Kathleen Hardy
11	Allison, Arthur	A9	New Mexico Indian Affairs Department	1969-Dec-31	1969-Dec-31	
12	Shelton MSW, Cynthia	A9	NM Human Services Dept.	1969-Dec-31	1969-Dec-31	
13	Baca, Gabriel	A9	PED Special Education	1969-Dec-31	1969-Dec-31	
14	MacRae, Andrea	B1		2008-Dec-31	2011-Dec-31	
15	Rasheed, Amira	B1		2012-Aug-07	2014-Dec-31	
16	Resendiz, Sergio	B1		2012-Nov-28	2013-Dec-31	
17	Sena, Judy Ann	B1		2009-Dec-31	2011-Dec-31	
18	Apodaca, Theresa	B2		2013-Oct-01	2015-Dec-31	
19	Galindo, Vicki	B2		2001-Dec-31	2010-Dec-31	
20	Griego, C. Dianne	B2		2006-Dec-31	2010-Dec-31	
21	Harden, Cassandra N.	B2		2013-Oct-01	2015-Dec-31	
22	Query, Dr. Tim	B2		2012-Nov-28	2014-Dec-31	
23	Roberts, Doris	B2		2012-Jul-31	2014-Dec-31	
24	Skaar, Sandy	B2		2007-Dec-31	2010-Dec-31	

PART E: Council Staff [Section 125(c)(8)(B)].

#	Name	Position or Working Title	FT/PT %
1	Berkheimer, Cynthia	Project Analyst	50.00%
2	Block, III, John	Executive Director	100.00%
3	Callahan-Segura, Ana	Compliance Management Analyst	100.00%
4	Calloway, Joseph	Project Director	100.00%
5	Coates, Kathleen	Financial Officer	100.00%
6	Ekman, Daniel	Project Manager	100.00%
7	Moore, Justin	Office Manager	100.00%
8	Rivera, Dianne	Deputy Director	100.00%
9	Vacant	Financial Specialist	50.00%

Section II : Designated State Agency

- PART A: The designated state agency is:
The Council itself.
- PART B: Direct Services. [Section 125(d)(2)(A)-(B)].
- PART C: Memorandum of Understanding/Agreement: [Section 125(d)(3)(G)].
- PART D: DSA Roles and Responsibilities related to Council. [Section 125(d)(3)(A)-(G)]
- PART E: Calendar Year DSA was Designated. [Section 125(d)(2)(B)]

Section III : Comprehensive Review and Analysis [Section 124(c)(3)]

INTRODUCTION: A broad overview of the Comprehensive Review and Analysis conducted by the Council. The Council conducted its Comprehensive Review and Analysis using several methods and formats. The Council conducted five public forums around the state through its grassroots network (targeted to persons with DD and their families), sent internet surveys to approximately 20,000 people, interviewed directors of agencies and organizations, reviewed other state plans, researched state program reviews, and other data from the Braddock report. Several meetings were held with members of the Council directly involved in the prioritizing of its future goals, objectives and outcomes. During these meetings, work groups were created to analyze and categorize the data collected through surveys and community forum input. These work groups eventually arrived at the top areas of importance, which became the foundation for the Council's new goals, objectives and outcomes. Council members voted on specific projects and the projects that were ranked the highest were incorporated into the upcoming Five Year Plan and will receive council support and/or funding in the upcoming Five Year Plan. The Council held a three-day retreat to review the expressed needs of individuals with DD and their families in accordance with data gathered as mentioned above. The retreat outcome produced a set of priorities determined from public input and from Council Members who have developmental disabilities or family members. The Council then produced (on email and in the state-wide newspaper) its proposed priorities, goals and objectives indicating that public comment could be sent through email, phone or in writing for a 45-day period. In particular, since state budgets have been cut over the past three years and are held flat this year, the Council also investigated where gaps could be filled with agency and organization collaborations.

PART A: State Information

(i) Racial and Ethnic Diversity of the State Population:

Race/Ethnicity	Percentage of Population
White alone	40.5%
Black or African American alone	2.1%
American Indian and Alaska Native alone	9.4%
Asian alone	1.4%
Native Hawaiian and Other Pacific Islander alone	0.1%
Hispanic or Latino of any race	46.3%
Some other race alone	0%
Two or more races:	3.7%

(ii) Poverty Rate: **19.3%**

(iii) State Disability Characteristics:

a) Prevalence of Developmental Disabilities in the State: **37065**

1.8% Gollay rate x 2,059,179

b) Residential Settings:

Year	Total Served	A. Number Served in Setting of 6 or less (per 100,000)	B. Number Served in Setting of 7 or more (per 100,000)	C. Number Served in Family Setting (per 100,000)	D. Number Served in Home of Their Own (per 100,000)
2011	340	167.250	10.990	162.210	13.140
2009	3635	162.000	11.000	101.000	23.000
2007	3337	151.000	11.000	80.000	21.000
2005	3337	157.000	12.000	0.000	0.000

c) Demographic Information about People with Disabilities:

People in the State with a Disability	Percentage
Population 5 to 17 years	4.4%
Population 18 to 64 years	12%
Population 65 years and over	42.3%

Race and Hispanic or Latino Origin of People with a Disability	Percentage
White alone	14.3%
Black or African American alone	10.8%
American Indian and Alaska Native alone	11.8%
Asian alone	6.5%
Native Hawaiian and Other Pacific Islander alone	0%
Some other race alone	12.6%
Two or more races	16.3%
White alone, not Hispanic or Latino	15.5%
Hispanic or Latino (of any race)	12.9%

Employment Status Population Age 16 and Over	Percentage with a Disability	Percentage without a Disability
Employed	24.9%	63.9%
Not in Labor Force	70.4%	30.2%

Education Attainment Population Age 25 and Over	Percentage with a Disability	Percentage without a Disability
Less than High School graduate	26.8%	14.5%
High School graduate, GED, or alternative	31%	25.4%
Some college or associate's degree	27.4%	32%
Bachelor's degree or higher	14.9%	28.1%

Earnings in the past 12 months Population Age 16 and Over with Earnings	Percentage with a Disability	Percentage without a Disability
\$ 1 to \$4,999 or less	32.3%	21.1%
\$ 5,000 to \$ 14,999	9.4%	10.9%
\$ 15,000 to \$ 24,999	18.3%	18.6%
\$ 25,000 to \$ 34,999	11.3%	13.7%

Poverty Status Population Age 16 and Over	Percentage with a Disability	Percentage without a Disability
Below 100 percent of the poverty level	21.3%	14.5%
100 to 149 percent of the poverty level	14.2%	10.2%
At or above 150 percent of the poverty level	64.5%	75.3%

PART B: Portrait of the State Services [Section 124(c)(3)(A and B)]:

(i) Health/Healthcare:

New Mexico's Governor and Administration has contracted with a consultant to redesign New Mexico's Medicaid program. Four key principles in the Administration's initial design:

1. Incorporate all services into a 'second generation' of managed care that offers a full spectrum of benefits from newborns to nursing care;
2. Increase personal responsibility.
3. Pay for Performance. That means the state will pay for health care outcomes rather than the quantity of services provided; and
4. Increase administrative efficiencies by combing all waivers into a single 'global' waiver; however, the global waiver called Centennial Care consists of all waivers except the DD Waiver and Medical Fragile. Decrease the current number of MCO's in New Mexico from 7 to 4.

Public input sessions have been held throughout the state over the past year. DDPC, in concert with other disability rights organizations, is providing public input related to protecting access to appropriate and necessary health care coverage.

Services available to individuals with DD are: Early Childhood Evaluation Program provides statewide diagnostic developmental evaluations services for children birth to three years of age in their communities. Supports and Assessment for Feeding and Eating (SAFE) Clinic is a lifespan feeding and aspiration prevention clinic for individuals with developmental disabilities. Medically Fragile Case Management Program provides nurse case management services to medically fragile individuals and their families throughout New Mexico. The Indian Children's Program provides supplemental services to Native American children birth through 18 years who have developmental disabilities and special needs. The Project for New Mexico Children and Youth Who are Deafblind provides Assistive Technology Program staff work in collaboration with the New Mexico DeafBlind Project to provide technical assistance and information on assistive technology solutions for children and youth who are deafblind, their families and service providers. Assistive Technology Program staff provide ongoing technical assistance and training for the 30 statewide community programs serving children birth to three and their families. The Governor's Commission for Disabilities has a New Mexico Technical Assistance Program that is a free service to New Mexicans with disabilities that helps provide the assistive technology services.

(ii) Employment:

Currently, 3 training initiatives are underway within the Department of Health's Developmental Disabilities Supports Division(DDSD):

1. Statewide Vocational Assessment training in five regions statewide to increase competencies among provider staff to facilitate quality Vocational Assessments leading to positive employment outcomes. This training is also intended to increase the capacity for Vocational Assessments statewide as needed to serve individuals with work goals.
 2. Statewide Career Development Training targets Case Managers to address consistency and quality around integration of Vocational Profiles and Employment Action Plans into individual ISP's.
 3. Statewide Supported Employment(SE) Training targets provider staff, from Executive Director to Job Developer and Job Coaches to incorporate APSE competencies into skill base of provider staff as reflected in day-to-day activities around supported employment including worksite accommodation, legislation, regulations/funding, marketing and job development, customized employment, self employment, on-the-job training and supports, natural supports and behavioral supports. This is unique in that staff can complete the course on-line, on demand, 24/7. While each training is in various states of progress, they dovetail nicely and are intended to address improvement in overall SE outcomes from differing perspectives.
- Division of Vocational Rehabilitation (DVR): Collaboration between DDSD & DVR as they relate to DD Home and Community-Based Services Waiver is continually improving with input and collaboration from the New Mexico Employment Institute. Emphasis is on coordination of efforts between DVR and Employment Providers and

methods to continue movement toward employment as individuals are referred to DVR and served by selected SE providers. A recent example of this collaboration is the coordination of job development by provider staff even though DVR, due to budget constraints, has initiated an Order of Selection resulting in a wait list of referrals. As an Employment First state, New Mexico emphasizes employment as a cornerstone of life, emphasizing integrated and competitive employment as a first choice for individuals and providers. The state is working to provide various environments and reimbursement rates that support this. Sheltered workshops, while still open in select New Mexico communities, are regarded as much less desirable and are not funded by SE. Current efforts emphasize broad employment information be provided to individuals to increase informed choice and more integrated choices. New Mexico continues to perform above the national average in percentage of individuals with developmental disabilities employed in community integrated settings at 32%.

(iii) Informal and informal services and supports:

There has been a national movement to provide services and supports to individuals with developmental disabilities in the community rather than in institutions. While there has been a significant shift to community-based programs nationwide, New Mexico is a leader in this area. New Mexico is one of only 11 jurisdictions and states that have closed all their state facilities for people with intellectual and developmental disabilities. The Developmental Disabilities Waiver program is specifically designed to provide services reimbursable under Medicaid to a specific population who, in the absence of the Waiver, would require services in an ICF/MR. A combination of medical and financial eligibility determines an individual's eligibility for Waiver Programs. In the State of New Mexico, there are 9 regional Independent Living Centers. Early Childhood Services through ILC New Vistas provides family-centered early intervention services to children (birth through 3 years of age), who have or are at risk for developmental delay. Services support families and other caregivers in their efforts to promote optimal development for each child, to help the child participate in the activities and routines that are of interest to the child and are most important to the family.

The Center for Development and Disability (CDD) Information Network provides a wide array of disability-related materials and information and referral about services for individuals with disabilities, families, healthcare professionals, school personnel, advocates, case managers and others. Resources include information and referral, connections to community resources via an on-site library and on-line with experienced family navigators and resource booklets also published online. The Self Directed Family Support Program provides individuals with DD and their families with the resources needed to take advantage of additional programs and services. The New Mexico Policy and Legislative Action Network provides support and influence through regional networks about public forums/meetings and policy issues.

(iv) Interagency Initiatives:

The Department of Health's (DOH) Developmental Disabilities Supports Division (DDSD) has conducted Support Intensity Scale (SIS) assessments of individuals enrolled in the DD waiver in order to provide needed services to those individuals with the hope of also generating cost savings to reduce the waiting list for waiver services. DDSD has implemented the Supports Intensity Scale as an approach to enhancing person-centered planning assessments, quality and resource allocation. DDSD Advisory Council representatives include five individuals w/DD, four family members, NMDDPC, providers, UCEDD, Disability Rights of New Mexico (DRNM), and The Arc. DDSD is actively involved in the Part C Interagency Coordinating Council. The DOH also employs an Incident Management Bureau which takes a proactive and preventative approach to improve the quality of care for individuals/DD served by community-based programs. NMDDPC holds a seat on the State Rehabilitation Council. The DVR agency has gone to an Order of Selection process where their number one priority group serves persons with DD with most significant disabilities. This will enhance employment services as DVR joins with DDSD's supported employment program. NMDDPC also participates on the Statewide Independent Living Council advising Independent Living Centers on serving individuals w/DD and

Brain Injury. The Brain Injury Council is housed within The Governor's Commission on Disability (GCD) and interchangeably participates with the Commission for the Blind to advocate for people with DD and brain injuries. NMDDPC also houses a program for guardianship which works closely against abuse and neglect with Aging Department's Adult Protective Services. NMDDPC holds a seat on the state's Behavioral Health Planning Council and on the State's Behavioral Health Collaborative. Efforts have resulted in improved access to services for persons with DD/MI. NMDDPC serves on the State Transition Coordinating Council working with school transition efforts. One individual with DD serves on this Council. NMDDPC sits on the Working Disabled Individuals Advisory Committee, the Consumer Advisory Board of our UCED, the Guardianship Advisory Committee and the State DualDx Committee. NMDDPC works with several state and federally funded agencies on its Disability Coalition Steering Committee to monitor and take action on state and national legislative issues pertaining to persons with DD. NMDDPC provides the majority of the funding to the Disability Coalition. This year we continue to assist in the prevention on Medicaid cuts along with successfully advocating for additional state funds to be allocated to the DD Waiver Program.

(v) Quality Assurance:

The state's Incident Management Bureau (IMB) conducts investigations and provides data tracking of reported allegations of abuse, neglect, exploitation, emergency medical services, environmental hazards, use of law enforcement or death. The IMB works with the following service types: DD Waiver, Medically Fragile Waiver, Brain Injury, Family Infant Toddler, ICF/MRs and Adult Residential Care Facilities. The state has implemented training to public schools on inappropriate restraint and seclusion. However, more needs to be done. DDPC's Center for Self-Advocacy provides public awareness, self-advocacy activities, learning modules and classes on leadership, human rights, self-advocacy, leading your own ISP, transition, working with individuals with developmental disabilities to name a few. Presentations are conducted statewide to individuals with developmental disabilities, parents, families, employers, providers, public schools, other state agencies and non-profit organizations.

(vi) Education/Early Intervention:

Student Characteristics: Number enrolled: 338,122; Percent in Title I schools: 81.7%;
With Individualized Education Programs (IEP): 13.9%; Percent eligible for free/reduced lunch: 61.7%
Racial/Ethnic Background: White: 25.2%; Black: 4.1%; Hispanic: 56.9%; Asian/Pacific Islander: .4%;
American Indian/Alaskan Native: 13.4%
School/District Characteristics: Number of school districts: 89; Number of schools: 867; Number of charter schools: 67; Per-pupil expenditures: \$9,314; Pupil/teacher ratio: 14.5

In special education, The New Mexico Public Education Department's Special Education Bureau reports (2/1/2011) improvement in the number of LEA's meeting requirements (increased by 77.3%) in five years and has trended in the appropriate direction over time. Key reporting issues of interest to developmental disabilities advocates in New Mexico's Annual Performance Report (APR) to the U.S. Department include:

1. Free Appropriate Public Education in Least Restrictive Alternative (FAPE in the LRE) – Ages 6-21 - Indicator and Target not met for FFY 2009. DDPC will focus a project on Least Restrictive Environments improvements.

2. Effective Transition/Part B – The NMDDPC is also interested in more specific categories of which disabilities comprise the nearly 20% of students with post-school outcomes of 'not engaged' to learn if students with developmental disabilities are disproportionately represented. NMDDPC is interested in meaningful outcomes for transitioning youth such as post-secondary higher education and jobs.
3. Parental Involvement – Target was not met.
4. Areas noted as strengths in the report include percentage of youth with IEPs graduating from high school with a regular diploma (specific disability categories not identified), a promising trend of improvement in drop-out rates. However, fifty percent of students with intellectual disabilities report they are 'not engaged' in

work, higher education or post-secondary programs one year after leaving school.

PED provided staff leadership for a legislative authorized study group on Seclusion/Restraint/and Expulsion. The report's recommendations provided timely and strong training and practice recommendations and training in positive behavior interventions was offered. There is a need to renew the work of the study group and continue training in best practices so students with disabilities are safe and included in typical schools and classrooms with their peers.

In addition, the transfer of rights at age 18 years from the family to the student can be problematic when the student is not cognitively capable of specifically authorizing the family to participate in their IEP but the family does not wish to seek removal of all rights under a course of guardianship. The DDPC will continue to work with PED in providing information to students and families about alternatives to guardianship.

(vii) Housing:

(viii) Transportation:

(ix) Child Care:

(x) Recreation:

PART C: Analysis of State Issues and Challenges [Section 124(c)(3)(C)]:

(i) Criteria for eligibility for services:

The Department of Health, Developmental Disabilities Supports Division administers services for the Developmental Disabilities Waiver program, the Family Infant Toddler and State General Fund Respite programs. Regional Offices are linked electronically to a centralized database so they can check and track eligibility information and placement of individuals into services based on a combination of medical eligibility and financial eligibility criteria. Those who in the absence of the waiver, would require services in an institution are eligible for waiver services.

The Process Used to Determine Medical Eligibility:

To qualify for services, the individual must: 1) have a diagnosis of Mental Retardation or a related condition and a Developmental Disability (or have a Medically Fragile condition), 2) meet New Mexico financial requirements for services and 3) be a resident of New Mexico.

The Process Used to Determine Financial Eligibility:

In order to be considered eligible for Medicaid, a recipient must meet the income guidelines for a specific category of eligibility such as Supplemental Security Income (SSI), blind, elderly, and disabled. When an application is made for Medicaid, the income and resources of the applicant are considered. The Medicaid Waiver program deems the income and resources of the family except in the case of an adult, only the adult's income and resources are counted.

(ii) Analysis of the barriers to full participation of unserved and underserved groups of individuals with developmental disabilities and their families:

The main barrier to full participation of un-served and underserved groups of individuals with developmental disabilities and their families is the lack of funding for community support. Due to the current economic status and the decline and/or stagnant funding sources there are now 5,400 individuals on the DD Waiver waiting list central registry.

Barriers for those underserved would also include the high percentage of families and individuals below the poverty rate for New Mexico which is currently 14.9 %. Due to the high percentage below the poverty rate and the large number of rural areas, the rate of people who need services increases. There's a lack of professionals serving the rural part of the state and this is a barrier for serving this population.

In the State of New Mexico a significant number of individuals with Developmental Disabilities live in rural areas including Native American Reservations. Living in these rural areas contributes to barriers such as affordable, quality health care and the resources to obtain them. The same barrier holds true to Older Adults who have limited or no access to quality Assisted Living Centers. Transition Programs for young adults ages 18-24 are not always available in the rural areas of New Mexico. Obtaining jobs in order to be self sufficient is difficult due to lack of public transportation and the lack of resources to obtain information on alternative means of transportation. There is a growing concern in the DD community of the availability of trained professionals in positions to support people with developmental disabilities in the work place, schools, hospitals, clinics as well as assisted living centers. Lack of coordination between Native American Communities and DD Agencies and providers throughout the State is a barrier for Native Americans with disabilities.

(iii) The availability of assistive technology:

DOH/DDSD recognizes and respects the rights of individuals with developmental disabilities to secure Assistive Technology services under its DD Waiver program. DDSD guidelines support the use of Assistive Technology (AT) with the outcome to maintain, increase or improve functional capabilities of individuals in the areas of communication, mobility, environmental control, cognitive enhancement, employment/volunteer work, leisure and daily activities. It is expected that the individual and their team will include a provision for AT in the individual's Individual Service Plan. The state's Governor's Commission on Disability houses an Assistive Technology (AT) Program designed to increase access to and acquisition of AT to persons with disabilities. The program offers a loan bank, a demonstration activities, financial loan program, computer loan program, and information and referral on the purchase of devices. This company works with state agencies, schools and non-profit entities however, most AT purchases are made on-line these days. With the explosion of hand-held, personal technology (e.g. iPad, GPS, etc.), and off-the-shelf applications especially pertinent to individuals with developmental disabilities and their families, the state needs to be encouraged to provide more of this technology.

(iv) Waiting Lists:

a. Numbers on Waiting Lists in the State:

Year	State Pop. (100,000)	Total Served	Number Served per 100,000 state pop	National Averaged served per 100,000	Total persons waiting for residential services needed in the next year as reported by the State, per 100,000	Total persons waiting for other services as reported by the State, per 100,000
2011	20.982	3756	179.000	193.000	0.000	220.000
2009	20.982	3756	179.000	193.000	0.000	220.000
2007	20.527	3901	190.000	186.000	0.000	194.000
2005	19.692	4313	219.000	178.000	0.000	0.000

b. Description of the State's wait-list definition, including the definitions for other wait lists in the chart above:

The wait list/Central Registry defined as people who have met fed definition of DD, financial & medical requirements & are awaiting svcs through the DD HCB Waiver Prog. The CR is the DataBase that keeps information on each applicant for services, and is used for people who match the definition of MR/DD or related condition. Mi Via (my way or my road) is an alternative waiver program that provides choices and self-direction to participants who have a key role & responsibility in developing flexible services & support plan. It is available to all existing HCBS Waivers (DD, Medically Fragile, HIV, CoLTS, BI). Medically Fragile Waiver (MFW) program is intended for people with Medically Fragile & DD. The MFW Program is HCB Waiver authorized under Section 1915C of the SSA, to serve children & adults who meet eligibility.

c. To the extent possible, provide information about how the State selects individuals to be on the wait list: Individuals age seven and older may apply for the DD Waiver. Individuals on the wait list for the DD Waiver are determined eligible for the Waiver by DDS. When funds are available, services are offered in order of the date of application or if the individual is in an emergency situation.

d. Entity who collects and maintains wait-list data in the State:

- Case management authorities
- Providers
- Counties
- State Agencies
- Other:

e. A state-wide standardized data collection system is in place:

- Yes/No

f. Individuals on the wait list are receiving (select all that apply):

- No services
- Only case management services
- Inadequate services

- Comprehensive services but are waiting for preferred options (e.g., persons in nursing facilities, institutions, or large group homes waiting for HCBS)
- Other: see description below

Other services:

Other services description(s):

Individuals on the Central Registry/wait-list may or may not be receiving services due to funding restrictions. At present there is no information to indicate if services are received and what those services might be. Individuals on the Central Registry can be in any of the three categories checked above: receiving no services, inadequate services or comprehensive services. Department of Health (DOH) does not do analysis of those on the Central Registry to determine if they are in need of residential services. It is estimated that 80% of those on the Central Registry are in need of residential services. If there is funding, they are serviced. In order to qualify for any waiver services, an individual needs to be eligible for institutionalized care. New Mexico is one of 11 states that do not have institutions. Currently the DOH is in the process of evaluating the needs of those currently being served through the DD Waiver with a new tool that has been clinically validated. This tool is called the Supports Intensity Scale. Because the tool is newly implemented, evaluations are being validated within New Mexico's population currently.

Despite state statute requiring the Department of Health to annually report to the legislature about the service needs of people waiting for services, the DOH does not collect this information. A program audit in 2010 noted the significant short-comings in the waiting list data per service needs. Without this information, the Council, legislators, and advocacy organizations cannot adequately plan for nor advocate for the specific funding and resources needed. DOH does not do analysis of those on the Central Registry to determine if they are in need of residential services. In order to qualify for any waiver services, an individual needs to be eligible for institutional care.

g. Individuals on the wait list have gone through an eligibility and needs assessment:

Yes/No

Use space below to provide any information or data related to the response above:

The DD definition is met and applicants are placed on the central registry. Then financial & medical eligibility is established. DOH/DDSD Intake and Eligibility Bureau works w/people from application time until services are received. Staff assist w/applications, determine if a registrant matches the definition of mental retardation or related condition, make referrals to other types of services, maintain a waiting list, monitor nursing facility placement of people with mental illness and mental retardation, manage crisis allocations, provide names for State General Funded Services vacancies, oversee the self-directed program (Mi Via), initiate the DD Waiver allocation process, and track each individual allocated. Individuals who do not meet the DD Waiver eligibility criteria may meet the criteria for services through the State General Services Fund which include respite, vocational, day habilitation and residential (these services depend on availability of funding and providers)

h. There are structured activities for individuals or families waiting for services to help them understand their options or assistance in planning their use of supports when they become available (e.g. person-centered planning services):

Yes/No

i. Specify any other data or information related to wait lists:

As of June 30, 2013, there were 3,892 individuals served on the DD Waiver, 219 people served on the Medically Fragile Waiver and (12) people with brain injury receiving traditional waiver services. In addition, the following individuals receive MiVia self-directed waiver supports: 195 people receiving DD Waiver services, (68) people receiving Medically Fragile Waiver services and (319) with brain injury. There are approximately (220) caregivers over the age of 65 and (5056) caregivers under the age of 65. The DD Waiver Central Registry had (5,401) people awaiting services as of June 30, 201(2). As long as funding stays constant, the Central Registry will continue to grow.

j. Summary of waiting list Issues and Challenges:

DDPC chaired a Senate Memorial bill to be presented to the New Mexico legislature on December 20, 2013 by John Block, III, the New Mexico DDPC Executive Director. Senate Memorial bill 94 passed the New Mexico State Senate in the regular 2013 session by a vote of 37 to 0. SM 94 requested the DDPC to convene a work group to consider potential changes to the Uniform Probate Code to address three issues related to guardianship or conservatorship of incapacitated adults and the families of such individuals, and to report its recommendations to the Legislative Health and Human Services Committee, the Legislative Finance Committee and the Courts, Corrections and the Justice Committee. The task force met four times during the year and developed a report. They are requesting that changes be made to the Probate Code:

1. Allow greater access by family members to information about decisions and actions of guardians or conservators that they could use to evaluate the performance of the guardian or conservator
2. Provide greater accountability to family members for the decisions that guardians and conservators make and
3. Clarify decisions-making authority, and notice regarding decision-making upon the death of a protected person.

(v) Analysis of the adequacy of current resources and projected availability of future resources to fund services:

Current resources to address the Central Registry/wait list are not adequate to meet the growing demand of support services. As indicated below (vii.) demand exceeds availability despite continuous increases in state funding of DD services. Educational funding has decreased. The Division of Vocational Rehabilitation has gone to an Order of Selection; and the Coordination of Long Term Services waiver's (formerly Disabled & Elderly Waiver) wait list continues to grow. In lieu of the bleak future of the availability of resources and the Braddock reports, New Mexico is number 26th in the nation for providing family supports as well as being ranked 8th in the nation for per capita spending on the waiver and is one of the poorest states in terms of funding.

(vi) Analysis of the adequacy of health care and other services, supports, and assistance that individuals with developmental disabilities who are in facilities receive:

New Mexico has not had state-run institutions since 1993.

(vii) To the extent that information is available, the adequacy of home and community-based waivers services (authorized under section 1915(c) of the Social Security Act (42 U.S.C. 1396n(c))):

The key issue in New Mexico is that demand exceeds availability of funding. An FY10 Legislative program review found spending levels for the existing DD Waiver program unsustainable, causing individuals to wait over eight years for services. In past years, the level of intensity of services for waiver recipients has not created a typical bell-shaped curve. In New Mexico, 45 percent are designated into the most intense level of support, 39 percent at the medium level and only 11 percent are at the lowest level of service care compared to the rest of the nation.

PART D: Rationale for Goal Selection [Section 124(c)(3)(E)]:

Goal selection was determined by compiling the top-rated needs as expressed by the public, stakeholders and Council Members (as explained in Section III Introduction): Education, Employment, Community Supports, Self-Advocacy and Leadership. Several meetings were held with members of the Council directly involved in the prioritizing of its future goals, objectives and outcomes. During these meetings, work groups were created to analyze and categorize the data collected through surveys and community forum input. These work groups eventually arrived at the top areas of importance, which became the foundation for the Council's new goals, objectives and outcomes. Council members voted on specific projects and the projects that were ranked the highest were incorporated into the upcoming Five Year Plan and will receive council support and/or funding in the upcoming Five Year Plan. Since New Mexico is a rural and frontier state, the Council also emphasizes the need for un-served and underserved communities which includes the Native American population. The plan objectives were derived from Council breakout groups during a 2-day planning retreat and then presented as a whole to the entire Council. The objectives were streamlined at a subsequent special meeting. Strategies/projects were determined at a third meeting of the Council. Other environmental issues considered were: Lack of services and supports in rural/frontier communities, the ever-growing waiver waiting list, high unemployment rate of persons with DD, reduced funding to providers as a result of state budget cuts, concerns with the quality of the public education system, growing demand for programs related to self-advocacy, the need for inclusive community opportunities for adults with DD, and the need for active local, local grassroots advocacy.

PART E: Collaboration [Section 124(c)(3)(D)]

(i) As a Network:

Plans as a network: Executive Directors will meet three to four times a year to plan joint efforts between DDPC, UCEDD and DRNM One event discussed for upcoming year is to hold joint public hearings on needs and priorities.

(ii) With each other: (e.g. Describe the plans the Council has to collaborate with the UCEDD(s). Describe the plans the Council has to collaborate with the P&A.)

The Council will collaborate with UCEDD on the operation of its Information Center for New Mexicans with

Disabilities to assist in information and referral, the Southwest Conference on Disabilities (Community Supports, Leadership), Self-Advocate support for Lend and Partners in Policy making, (Self-Advocacy, Leadership). The Council will collaborate with DRNM on Parent Support for IEP process and school compliance (Education) and legislative advocacy forums (Community Action).

(iii) With other entities: (e.g. network collaboration with other entities in the State, including both disability and non-disability organizations, as well as the State agency responsible for developmental disabilities services)

Special Education Bureau- Inclusive Education Action Plans, Restraint and the Seclusion Best Practices and legislative action (Education). Division of Vocational Rehabilitation and DDSD on Supported Employment, Employment First Initiative, Transitioning Youth (Employment). The Division of Vocation Rehabilitation, Higher Education Department, Public Education Department and UCEDD (Think College) - postsecondary options (Education). The Arc- Self-Advocacy Summit, Disability Awareness Day at the Legislature, DD Issues and Public Awareness Campaigns. (Advocacy, Community Action and statewide Self-Advocacy Initiatives). Native American Tribes: Outreach to include Native American with Developmental Disabilities and their families with initiatives in the DDPC plan. Participate in Tribal Summits (Community Supports).

Lastly, DDPC chaired a Senate Memorial bill to be presented to the NM legislature on December 20, 2013 by John Block, III, the New Mexico DDPC Executive Director. Senate Memorial bill 94 passed the New Mexico State Senate in the regular 2013 session by a vote of 37 to 0. SM 94 requested the DDPC to convene a work group to consider potential changes to the Uniform Probate Code to address three issues related to guardianship or conservatorship of incapacitated adults and the families of such individuals, and to report its recommendations to the Legislative Health and Human Services Committee, the Legislative Finance Committee and the Courts, Corrections and the Justice Committee. They are requesting that changes be made to the Probate Code: 1. Allow greater access by family members to information about decisions and actions of guardians or conservators that they could use to evaluate the performance of the guardian or conservator 2. Provide greater accountability to family members for the decisions that guardians and conservators make and 3. Clarify decisions-making authority, and notice regarding decision-making upon the death of a protected person.

Section IV : 5-Year Goals [Section 124(4); Section 125(c)(5) and (c)(7)]

GOAL # 1: Community Action & Supports

All individuals with developmental disabilities and their families have access to quality community supports and services based on their needs and preferences to lead productive, dignified, inclusive and self-determined lives.

Area(s) of Emphasis:

- Quality Assurance
- Education and Early Intervention
- Child Care
- Health
- Employment
- Housing
- Transportation
- Recreation
- Formal and Informal Community Supports

Strategies to be used in achieving this goal:

- Outreach
- Training
- Technical Assistance
- Supporting and Educating Communities
- Interagency Collaboration and Coordination
- Coordination with related Councils, Committees and Programs
- Barrier Elimination
- Systems Design and Redesign
- Coalition Development and Citizen Participation
- Informing Policymakers
- Demonstration of New Approaches to Services and Supports
- Other Activities

Objectives

1. Increase the number of people served by the Developmental Disabilities Waiver Program and Mi Via Program by 3,000 individuals by 2016. Reduce the number of people waiting for services on the DD Waiver Central Registry by 2,000 by 2016

Activities

- 1a. Launch and support a Waiting List Campaign that puts a face on the issue. Campaign to include legislative, grassroots and media strategies.
- 1b. Propose legislation to reduce the Waiting List add additional state appropriations for the DD Waiver and state-only program, and require stronger transition planning and stronger data sets to understand the services people are waiting for.

Timeline

- 1a. Years 1 to 5

1b. Years 3 to 5

Objectives

2. Increase options for people waiting for services and their families to prevent crises, burn-out and regression and preserve the integrity of the family.

Activities

2a. Advocate for increased funding for the state general fund program that assists with services to people waiting for the DD Waiver.

2b. Advocate for funding for the Self-Directed Family Supports Program.

2c. Explore Community Family Supports Coops (respite/transportation) models among families.

2d. Based on above research, pilot 1-3 coop projects in rural areas.

2e. Develop and distribute stories that demonstrate best practices to people waiting for services as a strategy to impact their vision and advocacy for self-directed and integrated supports.

Timeline

2a. Years 1 to 5

2b. Years 1 to 5

2c. Year 2

2d. Year 3

2e. Years 3 to 5

Objectives

Activities

Timeline

Objectives

Activities

Timeline

Objectives

Activities

Timeline

Intermediaries/Collaborators Planned for this goal (if known):

- State Protection and Advocacy System
- University Center(s)
- State DD Agency

Statewide advocacy organizations, People First

GOAL # 2: Community Action & Supports

The DDPC will promote collaborative approaches to public policy advocacy that include leadership and engagement of people with developmental disabilities and their families, including Native Americans.

Area(s) of Emphasis:

- Quality Assurance
- Education and Early Intervention
- Child Care
- Health
- Employment
- Housing
- Transportation
- Recreation
- Formal and Informal Community Supports

Strategies to be used in achieving this goal:

- Outreach
- Training
- Technical Assistance
- Supporting and Educating Communities
- Interagency Collaboration and Coordination
- Coordination with related Councils, Committees and Programs
- Barrier Elimination
- Systems Design and Redesign
- Coalition Development and Citizen Participation
- Informing Policymakers
- Demonstration of New Approaches to Services and Supports
- Other Activities

Objectives

1. Collaborate w/ statewide advocacy organizations dedicated to the inclusion of children & adults with DD in all aspects of community life through legislative & policy initiatives & promote best practices & an increased array of community services & supports.

Activities

1. Continue funding and advocacy collaboration with the Disability Coalition, including Disability Awareness Day at the Legislature and Pre-Session Legislative Training in six areas statewide.

Timeline

1. Years 1 to 5

Objectives

2. Increase leadership by persons with DD & their families in grassroots policy & legislative advocacy efforts.

Activities

2. Launch Legislative Action Teams around key legislative leaders' districts. Review at least one emerging issue and determine if there is a role for the Council within this issue.

Timeline

2. Years 1 to 5

Objectives

3. Collaborate with Native American communities to improve the lives of children and adults with developmental disabilities and their families around the DDPC initiatives in Education, Community Services, and Employment.

Activities

- 3a. Increase the knowledge of the DDPC about the needs and expressed wishes of the Native American community(s).
- 3b. Increase the visibility of the DDPC to Native American communities in order to develop linkages and collaboration.
- 3c. Collaborate on an initiative(s) that will have short and long-term impacts upon Native Americans with developmental disabilities and their families.
- 3d. Promote the inclusion of Native Americans in all DDPC-funded projects.

Timeline

- 3a. Years 1 to 3
- 3b. Years 1 to 3
- 3c. Years 3 to 5
- 3d. Years 1 to 5

Intermediaries/Collaborators Planned for this goal (if known):

- State Protection and Advocacy System
- University Center(s)
- State DD Agency

Native American Communities, Disability Coalition

GOAL # 3: Leadership

Create and support influential agents of systems change and advocates for quality services and supports.

Area(s) of Emphasis:

- Quality Assurance
- Education and Early Intervention
- Child Care
- Health
- Employment
- Housing
- Transportation
- Recreation
- Formal and Informal Community Supports

Strategies to be used in achieving this goal:

- Outreach
- Training
- Technical Assistance
- Supporting and Educating Communities
- Interagency Collaboration and Coordination
- Coordination with related Councils, Committees and Programs
- Barrier Elimination
- Systems Design and Redesign
- Coalition Development and Citizen Participation
- Informing Policymakers
- Demonstration of New Approaches to Services and Supports
- Other Activities

Objectives

1. Develop and increase knowledge of best practices and support leadership of persons with developmental disabilities and their families to build leaders equipped to advocate for systems change for inclusive lives.

Activities

- 1a. Provide collaborative funding support to Partners in Policy Making (PIP).
- 1b. Explore the feasibility & interest in developing and piloting local PIP programs to 3 underserved areas in FY2015-2016, utilizing graduates from FY2012-14. Include consideration of local Partners for Native American community(s) and Spanish-speaking community. Collaborate with Partners in Policymaking host agency in such exploration.
- 1c. Develop a Stage 2 Advocacy Level for Partners graduates to join the Legislative Action Team to continue their systems change advocacy.
- 1d. Provide consumer and family support for conferences, seminars and trainings that increase their knowledge, such as SW Conference, Disability Awareness Day at the Legislature, & Summit on Equality that are designed to increase knowledge and advocacy in the Council's priority goals.
- 1e. Provide funding support to CDD Info Network to expand role by developing and distributing info on best practices in DDPC priority areas.

Timeline

- 1a Years 1 to 2
- 1b. Years 2 to 5
- 1c. Years 3 to 5
- 1d. Years 1 to 5
- 1e. Years 1 to 5

Intermediaries/Collaborators Planned for this goal (if known):

- State Protection and Advocacy System
- University Center(s)
- State DD Agency

The Arc of New Mexico

GOAL # 4: Leadership

The DDPC will be a resource for stakeholders to obtain information about best practices, advocacy and leadership opportunities, and current events.

Area(s) of Emphasis:

- Quality Assurance
- Education and Early Intervention
- Child Care
- Health
- Employment
- Housing
- Transportation
- Recreation
- Formal and Informal Community Supports

Strategies to be used in achieving this goal:

- Outreach
- Training
- Technical Assistance
- Supporting and Educating Communities
- Interagency Collaboration and Coordination
- Coordination with related Councils, Committees and Programs
- Barrier Elimination
- Systems Design and Redesign
- Coalition Development and Citizen Participation
- Informing Policymakers
- Demonstration of New Approaches to Services and Supports
- Other Activities

Objectives

1. Strengthen the DDPC website to be an easily accessible and dynamic resource for stakeholders.

Activities

- 1a. Explore websites of other state DD Councils and NM DD Act agencies (CDD/DRNM) for ideas and models.
- 1b. Redesign website with funding to external consultant with the expertise to design the website around ideas and models identified by DDPC.
- 1c. Continuously update the DDPC website with current events, advocacy and leadership opportunities.

Timeline

- 1a. Year 1
- 1b. Years 1-2
- 1c. Years 1-5

Objectives

2. Disseminate and promote research and best practice findings and recommendations derived from DDPC-funded projects to stakeholders.

Activities

- 2a. Build upon website design and continuously post findings & recommendations from DDPC-funded projects.
- 2b. Develop electronic communications (including webinars, audio-conferencing, enewsletters) to promote and distribute best practice and research findings and recommendations from DDPC-funded projects and other projects.

Timeline

- 2a. Years 1 to 5
- 2b. Years 1 to 5

Objectives

3. Provide ongoing, regular and dynamic electronic communications to stakeholders about best practices, state and federal legislation and policy, advocacy and leadership opportunities, and other current events.




Activities

- 3a. Designate internal agency staff to develop DDPC Communications and Public Education program with funding and staffing expertise.
- 3b. Explore Facebook and twitter strategies to attract youth with developmental disabilities and their siblings.
- 3c. Explore twitter for virtual legislative corps with Legislative Action Teams and other disability organizations to expand scope, reach, and immediacy of DDPC legislative advocacy.

Timeline

- 3a. Years 1 to 5
- 3b. Year 2.
- 3c. Year 2.

Intermediaries/Collaborators Planned for this goal (if known):

-  State Protection and Advocacy System
-  University Center(s)
-  State DD Agency

GOAL # 5: Education

All children, youth and students with developmental disabilities ages birth-21 receive individualized, evidence-based supports and services in inclusive settings to help them attain their maximum potential.

Area(s) of Emphasis:

- Quality Assurance
- Education and Early Intervention
- Child Care
- Health
- Employment
- Housing
- Transportation
- Recreation
- Formal and Informal Community Supports

Strategies to be used in achieving this goal:

- Outreach
- Training
- Technical Assistance
- Supporting and Educating Communities
- Interagency Collaboration and Coordination
- Coordination with related Councils, Committees and Programs
- Barrier Elimination
- Systems Design and Redesign
- Coalition Development and Citizen Participation
- Informing Policymakers
- Demonstration of New Approaches to Services and Supports
- Other Activities

Objectives

1. Increase the number of students with developmental disabilities who receive their education in inclusive settings.

Activities

- 1a. Provide funding to support teams of principals/educators/families to attend Inclusion Conference. Teams to be jointly selected by Public Education Department & DDPC. Selection of teams will include peer mentors from school districts strong in the LRE core indicator/districts requiring improvement in the LRE indicator. Teams will develop inclusive education implementation action plans tied to the NM PED Indicator on LRE and the school's Educational Plan for Student Success to receive funds to attend conference. Strategy shall include investment by PED. RFP will require teams to specify outcomes.
- 1b. Provide funding on a competitive basis to above teams to implement their inclusive education implementation action plans. Strategy shall include investment by PED.
- 1c. Host seminars and/or conference on Universal Design for Learning (UDL) that benefits all students, regardless of learning level.
- 1d. Link PED website showing successful inclusion experiences & publish in newsletter

Timeline

- 1a. Year 1
- 1b. Years 2 to 5
- 1c. Years 4 to 5
- 1d. Years 1 to 5

Objectives

- 2. Increase the number of families who report satisfaction with the content and implementation of their child's IEP.

Activities

- 2a. Provide support, advocacy, mentoring and training to families (Power of Parents in Educational Systems Change project) on the full range of rights and remedies, including strategies that lead to district-wide systems change including as appropriate mediation, dispute resolution and class complaints. Mentor and support families as they pursue such options.
- 2b. Disseminate results and lessons learned from IEP Clinics and successful district-wide systems change. Publish on DDPC website. Disseminate to local and statewide advocacy organizations, including PRO, EPICS, The Arc, Autism Society, etc.

Timeline

- 2a. Years 1 to 3 with continued funding contingent upon evaluation and pre and post-survey results.
- 2b. Years 2 to 4

Objectives

- 3. Reduce the incidence of suspension, expulsion, seclusion and restraint of children and youth with developmental disabilities.

Activities

- 3a. Seek state legislation to limit use of S/R, with a ban on prone restraints.
- 3b. Seek state legislation to require reporting and tracking of suspension/expulsion by school district and disability and referrals to law enforcement by school district and disability and statewide aggregate numbers by disability.
- 3c. Explore the use of teleconferencing and learning collaborative with experts to host training and seminars in best practices for school personnel, families and advocates.
- 3d. Work with the Disability Advocacy Coalition and PED to improve policy and practice, to re-establish the PED's task force on restraint and seclusion, review and revise recommendations, present information and recommendations to the interim legislative committee, and assist in

drafting potential legislation.

Timeline

- 3a. Year 2
- 3b. Year 2
- 3c. Years 3 to 5
- 3d. Years 2 to 3

Objectives

- 4. Increase the number of students with developmental disabilities who transition from school to post-secondary educational programs.

Activities

- 4a. Seek state legislation to establish Statewide Interagency Transitioning Youth Council that is required to analyze above data, make recommendations for meeting these youth needs, recommendations for local interagency agreements, and make recommendations to increase and promote an array of post-secondary educational opportunities including community colleges, 4-year colleges.
- 4b. Seek to establish a body comprised of DDPC, UCEDD, PED, Higher Education, DVR, family and consumer representatives to collaborate on increasing higher education/post secondary options.

Timeline

- 4a. Year 2
- 4b. Year 1- bring people together with CDD's Think College effort. Years 2 to 5, fund recommended projects

Intermediaries/Collaborators Planned for this goal (if known):

- State Protection and Advocacy System
- University Center(s)
- State DD Agency

Department of Education, Local Education Agencies

GOAL # 6: Employment

People with developmental disabilities who want to work will have meaningful job options and opportunities in inclusive settings.

Area(s) of Emphasis:

- Quality Assurance
- Education and Early Intervention
- Child Care
- Health
- Employment
- Housing
- Transportation
- Recreation
- Formal and Informal Community Supports

Strategies to be used in achieving this goal:

- Outreach
- Training
- Technical Assistance
- Supporting and Educating Communities
- Interagency Collaboration and Coordination
- Coordination with related Councils, Committees and Programs
- Barrier Elimination
- Systems Design and Redesign
- Coalition Development and Citizen Participation
- Informing Policymakers
- Demonstration of New Approaches to Services and Supports
- Other Activities

Objectives

1. Increase the array of job training, employment options and income-generating opportunities for individuals with developmental disabilities.

Activities

- 1a. Examine best practices nationally via Employment First Initiatives & other resources on policy & legislation focusing on transitioning youth.
- 1b. Work on Employment First legislation.
- 1c. Collaborate w/ various agencies & partners to leverage funds for outreach & capacity building to providers, advocates, individuals w/ dis./families about contemporary employment models.
- 1d. Host state summit on employment best practices w/ in-state and national experts & providers. Initiate a work group of potential state agencies & partners to plan summit.
- 1e. Fund & adapt online training available for svc providers, self advocates/families. Explore partnership w/ DVR to offer refresher courses on supported employment to assist counselors/staff to remain current on issues & practices.
- 1f. Review the State Use Act program. Develop recommendations for improving program through the Gov's Comm Disabilities. Explore broadening the Act to include incentives for integrated jobs in

private sector at/above minimum wage.

Timeline

- 1a. Years 2 to 3
- 1b. Year 5
- 1c. Year 5
- 1d. Year 5
- 1e. Years 3 to 5
- 1f. Years 1 to 2

Objectives

- 2. Increase post-secondary integrated employment opportunities for youth and young adults transitioning from the educational system.

Activities

- 2a. The Council will establish a focus group to identify barriers that prevent transitioning youth from obtaining integrated employment and develop strategies for activities to address life-long transition milestones to promote increased employment opportunities for individuals with developmental disabilities.
- 2b. The Council will explore strategies that would ensure Transitioning Youth and young adults have full access to integrated employment and reduce or eliminate sheltered workshops.
- 2c. The Council will collaborate with PED to examine creating a vocational training track and mentorship for students and transitioning youth.

Timeline

- 2a. Year 4
- 2b. Years 4 to 5
- 2c. Year 5 - See Objectives 1 above for strategies that include transitioning youth.

Intermediaries/Collaborators Planned for this goal (if known):

- State Protection and Advocacy System
- University Center(s)
- State DD Agency

Department of Education, Division of Vocational Rehabilitation, Business Leadership Network, Supported Employment Leadership Network, University of Arkansas Currents

GOAL # 7: Self Advocacy

Being mindful of the saying 'Nothing about us without us' individuals with developmental disabilities will maintain self advocacy through self directed leadership in all life activities, actions and decisions.

Area(s) of Emphasis:

Strategies to be used in achieving this goal:

- Quality Assurance
- Education and Early Intervention
- Child Care
- Health
- Employment
- Housing
- Transportation
- Recreation
- Formal and Informal Community Supports

- Outreach
- Training
- Technical Assistance
- Supporting and Educating Communities
- Interagency Collaboration and Coordination
- Coordination with related Councils, Committees and Programs
- Barrier Elimination
- Systems Design and Redesign
- Coalition Development and Citizen Participation
- Informing Policymakers
- Demonstration of New Approaches to Services and Supports
- Other Activities

Objectives

1. Support and strengthen a strong statewide self-advocacy network, led and maintained by persons with developmental disabilities.

Activities

1. DDPC will request a 3-year plan from a joint collaborative of self advocacy leaders (People First, Center for Self Advocacy, etc) to support and strengthen self-advocacy endeavors. The plan shall include 2-5 advocacy issue-based initiatives, such as outreach to transitioning youth about the Waiting List Campaign, legislative network, town halls, or other issues identified at the Self Advocacy Summit or post-summit. The Council will evaluate its role to support any or all of these endeavors and determine appropriate funding from the Council.

Timeline

Year 1 with funding in Years 2 to 5

Objectives

2. Support opportunities for individuals with developmental disabilities who are considered leaders to provide leadership training to individuals with developmental disabilities who may become leaders.

Activities

- 2a. Provide leadership training to self advocates by established self advocacy groups such as People First, Center for Self Advocacy, etc.,
- 2b. Increase funds to self advocacy groups to expand training topics and geographic scope.

Timeline

- 2a. Year 1 with funding in Year 2 and potential continued funding based on evaluation results.
- 2b. Years 1 to 3

Objectives

3. Support and expand participation of individuals with developmental disabilities in cross-disability and culturally diverse leadership coalitions.

Activities

3. DDPC will entertain proposals from established self advocacy groups that lead to cross-disability and culturally diverse leadership coalitions.

Timeline

3. Year 5

Objectives

4. Increase public awareness by highlighting the abilities and contributions of people with developmental disabilities.

Activities

4. DDPC will invite proposals from established self advocacy groups to partner with the Council and marketing experts to launch a public awareness campaign on the contributions/abilities of people with developmental disabilities.

Timeline

4. Years 4 to 5/

Objectives

5. Promote awareness of respectful language, including highlighting the hurtful use of the "R" word.

Activities

5. Partner with Center for Self Advocacy and a statewide student organization (such as the NM Association of Student Councils) or a statewide student-led faith-based organization(s) to conduct a school-based campaign on bullying and the use of the "R" word. This strategy would fit with recent state legislation passed that requires schools to develop bullying prevention plans.

Timeline

5. Years 1 to 3

Objectives

6. Expand self advocacy outreach to rural and underserved areas

Activities

6. The Council will fund expanded outreach and training activities for Center for Self Advocacy .

Timeline

6. Years 1 to 5

Intermediaries/Collaborators Planned for this goal (if known):

- State Protection and Advocacy System
- University Center(s)
- State DD Agency

Center for Self Advocacy, People First

Section V : Evaluation Plan [Section 125(c)(3) and (7)]

- Outline how the Council will examine the progress made in achieving the goals of the State Plan.
- Explain the methodology, which may be qualitative or quantitative, that will be used to determine if the needs identified and discussed are being met and if the Council results are being achieved.
- Describe the Council's role in reviewing and commenting on progress towards reaching the goals of the Plan.
- Describe how the annual review will identify emerging trends and needs as a means for updating the Comprehensive Review and Analysis.

The Council's staff will track, analyze and report quarterly on each Council goal, objective, strategy and outcomes. The reporting shall include environmental changes affecting strategies, any barriers in achieving goals and results of satisfaction surveys regarding council activities. The Council's self-advocacy goal will be tracked separately since the council has a program specifically focused on self-advocacy where activities and outcomes are measured and reported to the State Legislature as well. The Council's program committee shall meet frequently to provide input, to review proposals or projects and activities, to work with staff to evaluate progress and subsequently report quarterly to the full Council.

The Council will use a logic model matrix in its methodology to determine if the needs identified are being met and results are being achieved. Each of the five major priority areas/goals will have a matrix associated with it listing the target population, the objectives, strategies, performance measure, inputs, outputs, short term, intermediate and long-term outcomes, funding and relevant federal program report measures. Staff will monitor the progress of each strategy/project/grant. Staff will record data into the matrix using a shared server so that a progress snapshot can be easily captured and reviewed at any moment.

The Council's program committee, policy committee and executive committee shall track project/strategy progress through staff reporting. Each committee has a standing item on the full Council quarterly meeting agenda where the committee chair updates the full Council, recommends actions or asks members for recommended action.

In addition, there will be follow up the consumers and participants to document what they did with what they learned. Actions that will fulfill the goal of leadership will be reported in the logic model.

During the Council's annual 3-day meeting, the Council will review annual progress towards each goal by comparing targeted outcomes with actual outcomes. At the conclusion of each annual review, the Council will chart progress of systems changes as a result of its activities/strategies. A summary log, along with a visual tool, will be presented by the program committee to the full Council each year. The Council will decide at each interval if significant progress has been achieved and will adjust strategies as appropriate. The Council will also consider changes in environmental factors such as funding sources, federal and state government laws, rules and regulations, changes in operational or economic condition of Council partners and contractors, unexpected need of the population of persons with developmental disabilities and their families and new developments in service delivery systems. Based on this annual evaluation, the Council will reflect environmental and substantive changes in its state plan.

As a means to maintain quality assurance, future Consumer Satisfaction surveys collected from projects will be presented to the Program Committee for review and possible action at the conclusion of each project. The Program Committee will review the comments made by project participants/consumers and may follow up and/or address changes needed based on the consumer comments gathered.

ATTACHMENTS:

Copy (2) of monitoring form.docx

monitoring form

Section VI : Projected Council Budget [Section 124(c)(5)(B) and 125(c)(8)]

Goal	Subtitle B \$	Non-Federal Share \$	Total \$
1. Community Action & Supports	131,000	43,666	174,666
2. Community Action & Supports	50,000	16,666	66,666
3. Education	165,000	55,000	220,000
4. Employment	10,000	3,333	13,333
5. Leadership	25,000	8,333	33,333
6. Leadership	100,000	33,333	133,333
7. Self Advocacy	68,000	22,666	90,666
8. General Management	152,561	0	152,561
9. Functions of the DSA	0	0	0
10. TOTALS	701,561	182,997	884,558

Section VII : Assurances [Section 124(c)(5)(A)-(N)]

Written and signed assurances must be submitted to the Administration on Developmental Disabilities, Administration for Children and Families, United States Department of Health and Human Services, regarding compliance with all requirements specified in Section 124 (C)(5)(A) & ½ (N) in the Developmental Disabilities Assurance and Bill of Rights Act.

Assurances submitted

Approving Officials for Assurances

For the Council (Chairperson)

For DSA, when not Council

Section VIII : Public Input and Review [Section 124(d)(1)]

PART A: How the Council made the plan available for public review and comment and how the Council provided appropriate and sufficient notice in accessible formats of the opportunity for review and comment.

The Council distributed its plan electronically to over 20,000 individuals through its 5 major disability list serves and posted the plan in the Legal Notices Section on the state-wide newspaper. The public had 45 days to comment either through email, electronic document, phone, written document or in person. After the 45-day comment period, some objectives and strategies were streamlined at a special Council meeting. The Priority/Goal Areas remained the same.

PART B: Revisions made to the Plan after taking into account and responding to significant comments.

There were no revisions to the proposed goals and objectives.

5-Year State Plan - Validation for plan year 2014 - New Mexico Developmental Disabilities Planning Council

This plan contains 0 errors and 0 warnings and 19 messages.

Section Messages**Council**

Members: There are 24 Council Members listed

Council

Staff: There are 9 Staff members listed for the council

DSA

The Council acts as its own DSA

Analysis

Residential Data: There are 4 records of Residential Statistics and the most recent year is '2011'

Analysis

Wait List Data: There are 4 records of Wait List Statistics and the most recent year is '2011'

Goals

Five-Year Goals: There are 7 Five-Year Goals

Evaluation

There is 1 attachment for report_id = 184

Document: Copy (2) of monitoring form.docx

Budget

Budget Total (Federal Subtitle B plus Match): 884,558.00

Total Subtitle B: 701,561.00 (79.31% of Total)

Total Match/Other: 182,997.00 (20.69% of Total)

Goals Total Subtitle B: 549,000.00 (78.25% of Subtitle B Total)

Goals Total Match/Other: 182,997.00

General Management Subtitle B: 152,561.00

General Management Match: 0.00

DSA Subtitle B: 0.00 (0.00% of Subtitle B Total)

DSA Match: 0.00

Assurances

Assurances: Written and signed assurances may have been sent to the appropriate agencies on 2012-08-13 00:00:00

Review

Public Input: This plan appears to have been reviewed publicly and comments have been entered

GOAL 1 – COMMUNITY ACTION & SUPPORT

All individuals with developmental disabilities and their families have access to quality community supports and services based on their needs and preferences to lead productive, dignified, inclusive and self-determined lives.

Objective 1 – Increase the number of people served by the Developmental Disabilities Waiver Program and Mi Via Program by 3,000 individuals by 2016. Reduce the number of people waiting for services on the DD Waiver Central Registry by 2,000 by 2016.

Objective 2 – Increase options for people waiting for services and their families to prevent crises, burn-out and regression and preserve the integrity of the family.

GOAL 3: Leadership – Create and support influential agents of systems change and advocates for quality services and supports.

Objective 1 – Develop and increase knowledge of best practices and support leadership of persons with developmental disabilities and their families to build leaders equipped to advocate for systems change for inclusive lives.

GOAL 5 – Education – All children, youth and students with developmental disabilities ages birth-21 receive individualized, evidence based supports and services in inclusive settings to help them attain their maximum potential.

Objective 1 - Increase the number of students with developmental disabilities who receive their education in inclusive settings.

Objective 2 – Increase the number of families who report satisfaction with the content and implementation of their child.

Objective 3 – Reduce the incidence of suspension, expulsion, seclusion and restraint of children and youth with developmental disabilities.

Objective 4 – Increase the number of students with developmental disabilities who transition from school to post-secondary educational programs.

GOAL 7 – Self Advocacy – Being mindful of the saying “Nothing about us with us! Individuals with developmental disabilities will maintain self- advocacy through self directed leadership in all life activities, actions and decisions.

Objective 1 – Support and strengthen a strong statewide self advocacy network, led and maintained by persons with developmental disabilities.

Objective 2 – Support opportunities for individuals with developmental disabilities who are considered leaders to provide leadership training to individuals with developmental disabilities who may become leaders.

Objective 3 – Support and expand participation of individuals with developmental disabilities in cross-disability and culturally diverse leadership coalitions.

Objective 4 – Increase public awareness by highlighting the abilities and contributions of people with developmental disabilities.

Objective 5 – Promote awareness of respectful language, including highlighting the hurtful use of the....

Objective 6 – Expand self- advocacy outreach to rural and underserved areas

dd suite

New Mexico Developmental Disabilities Planning Council

PPR Consolidated Performance Measures by Goal / Objective for 2014

Goal 1: Community Action & Supports All individuals with developmental disabilities and their families have access to quality community supports and services based on their needs and preferences to lead productive, dignified, inclusive and self-determined lives.

Objective 1: 1. Increase the number of people served by the Developmental Disabilities Waiver Program and Mi Via Program by 3,000 individuals by 2016. Reduce the number of people waiting for services on the DD Waiver Central Registry by 2,000 by 2016

SA01	SA02	SA03	SA04	SA05	SA06a	SA06b	SA06c	SC01	SC02	SC03	SC04	SC05	SC06a	SC06b	SC06c	RL01
0.00	0.00	243.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Objective 2: 2. Increase options for people waiting for services and their families to prevent crises, burn-out and regression and preserve the integrity of the family.

SA01	SA02	SA03	SA04	SA05	SA06a	SA06b	SA06c	SC01	SC02	SC03	SC04	SC05	SC06a	SC06b	SC06c	RL01
160.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Goal 2: Community Action & Supports The DDPC will promote collaborative approaches to public policy advocacy that include leadership and engagement of people with developmental disabilities and their families, including Native Americans.

Objective 1: 1. Collaborate w/ statewide advocacy organizations dedicated to the inclusion of children & adults with DD in all aspects of community life through legislative & policy initiatives & promote best practices & an increased array of community services & supports.

SA01	SA02	SA03	SA04	SA05	SA06a	SA06b	SA06c	SC01	SC02	SC03	SC04	SC05	SC06a	SC06b	SC06c	RL01
0.00	185.00	0.00	0.00	0.00	0.00	0.00	0.00	11.00	31.00	0.00	0.00	0.00	0.00	0.00	0.00	16,120.00

Objective 2: 2. Increase leadership by persons with DD & their families in grassroots policy & legislative advocacy efforts.

SA01	SA02	SA03	SA04	SA05	SA06a	SA06b	SA06c	SC01	SC02	SC03	SC04	SC05	SC06a	SC06b	SC06c	RL01
0.00	760.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8.00	0.00	5.00	60.00	60.00	0.00

Objective 3: 3. Collaborate with Native American communities to improve the lives of children and adults with developmental disabilities and their families around the DDPC initiatives in Education, Community Services, and Employment.

SA01	SA02	SA03	SA04	SA05	SA06a	SA06b	SA06c	SC01	SC02	SC03	SC04	SC05	SC06a	SC06b	SC06c	RL01
18.00	0.00	550.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Goal 3: Leadership Create and support influential agents of systems change and advocates for quality services and supports.

Objective 1: 1. Develop and increase knowledge of best practices and support leadership of persons with developmental disabilities and their families to build leaders equipped to advocate for systems change for inclusive lives.

SA01	SA02	SA03	SA04	SA05	SA06a	SA06b	SA06c	SC01	SC02	SC03	SC04	SC05	SC06a	SC06b	SC06c	RL01
0.00	4,351.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Goal 4: Leadership The DDPC will be a resource for stakeholders to obtain information about best practices, advocacy and leadership opportunities, and current events.

Objective 1: 1. Strengthen the DDPC website to be an easily accessible and dynamic resource for stakeholders.

SA01	SA02	SA03	SA04	SA05	SA06a	SA06b	SA06c	SC01	SC02	SC03	SC04	SC05	SC06a	SC06b	SC06c	RL01
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Objective 2: 2. Disseminate and promote research and best practice findings and recommendations derived from DDPC-funded projects to stakeholders.

SA01	SA02	SA03	SA04	SA05	SA06a	SA06b	SA06c	SC01	SC02	SC03	SC04	SC05	SC06a	SC06b	SC06c	RL01
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	425.00	0.00	0.00	0.00	0.00

Objective 3: 3. Provide ongoing, regular and dynamic electronic communications to stakeholders about best practices, state and federal legislation and policy, advocacy and leadership opportunities, and other current events.

SA01	SA02	SA03	SA04	SA05	SA06a	SA06b	SA06c	SC01	SC02	SC03	SC04	SC05	SC06a	SC06b	SC06c	RL01
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Goal 5: Education All children, youth and students with developmental disabilities ages birth-21 receive individualized, evidence-based supports and services in inclusive settings to help them attain their maximum potential.

Objective 1: 1. Increase the number of students with developmental disabilities who receive their education in inclusive settings.

SA01	SA02	SA03	SA04	SA05	SA06a	SA06b	SA06c	SC01	SC02	SC03	SC04	SC05	SC06a	SC06b	SC06c	RL01
0.00	82.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Objective 2: 2. Increase the number of families who report satisfaction with the content and implementation of their child

SA01	SA02	SA03	SA04	SA05	SA06a	SA06b	SA06c	SC01	SC02	SC03	SC04	SC05	SC06a	SC06b	SC06c	RL01
0.00	449.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,475.00	0.00	0.00	0.00	0.00