



OMB Approval No.: 0985-00292

Expiration Date: 1/31/2020

# Five Year State Plan For Year 2018

# Identification

\* - Required field

Part A: State Plan Period: **10-01-16 through 09-30-21**

Part B: Contact Person: **Barbara Ibanez**

Contact Number: **505-670-9552**

Contact Email: **barbara.ibanez@state.nm.us**

PART C: Council Establishment

Date of Establishment: **06-30-88**

Authorization Method: **State Statute**

Authorization Citation: **Article 16A, Section 28 NMSA 1978**

## Council Membership [Section 125(b)(1)-(6)]

\* - Required field

## **Council Membership Rotation Plan\***

All members of the council, except the ex-officio members, are appointed by the Governor of New Mexico. 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.

### **Agency/Organization**

- Rehab Act : A1
- IDEA : A2
- Older Americans Act : A3
- SSA, Title XIX : A4
- P&A : A5
- University Center(s) : A6
- NGO/Local : A7
- SSA/Title V : A8
- Other : A9
- Individual with DD : B1
- Parent/Guardian of child : B2
- Immediate Relative/Guardian of adult with mental impairment : B3
- Individual now/ever in institution : C1
- Immediate relative/guardian of individual in institution : C2

### **Gender**

- Male : M
- Female : F
- Other : O

### **Geographicals**

- Urban : E1
- Rural : E2

**Race/Ethnicity**

- White, alone : D1
- Black or African American alone : D2
- Asian alone : D3
- American Indian and Alaska Native alone : D4
- Hispanic/Latino : D5
- Native Hawaiian & Other Pacific Islander alone : D6
- Two or more races : D7
- Race unknown : D8
- Some other race : D9
- Do not wish to answer : D10

**Council Members**

<b>First Name</b>	<b>Last Name</b>	<b>MI</b>	<b>Gender</b>	<b>Race/Ethnicity</b>	<b>Geographical</b>	<b>Agency/ Organization Code/Citizen Member Representative</b>	<b>Agency/ Organization Name</b>	<b>Appt Date</b>	<b>Appt Expired Date</b>	<b>Alt/Proxy for State Agency Rep Name</b>
Hoskie	Benally		M	D4	E2	B1		01-02-18	12-31-21	
Charlene	Espinoza		F	D5	E1	B2		02-28-13	12-31-16	

<b>First Name</b>	<b>Last Name</b>	<b>MI</b>	<b>Gender</b>	<b>Race/ Ethnicity</b>	<b>Geographical</b>	<b>Agency/ Organization Code/Citizen Member Representative</b>	<b>Agency/ Organization Name</b>	<b>Appt Date</b>	<b>Appt Expired Date</b>	<b>Alt/Proxy for State Agency Rep Name</b>
Gary	Housepian		M	D1	E1	A5	Disability Rights New Mexico	01-01-11	12-31-18	Joan Curtiss
Marcia	Moriarta, PsyD		F	D1	E1	A6	University of New Mexico Center for Development & Disability	01-01-11	12-31-18	Osborn, Pat
Kyky	Knowles		M	D1	E2	A4		12-17-12	12-31-18	Anita Morales
Adrian	Apodaca		M	D5	E1	A1	Division of Vocational Rehabilitation	01-01-08	12-31-18	Carpenter, Ellen
Monique	Jacobson		F	D1	E1	A1	Children Youth and Families	01-01-11	12-31-18	Hardy, Kathleen
Deborah	Dominguez- Clark		F	D5	E1	A2	PED - Special Education Bureau	02-28-13	12-31-18	
Cynthia	Shelton MSW		F	D1	E1	A4	Human Services Department	01-01-11	12-31-18	

<b>First Name</b>	<b>Last Name</b>	<b>MI</b>	<b>Gender</b>	<b>Race/ Ethnicity</b>	<b>Geographical</b>	<b>Agency/ Organization Code/Citizen Member Representative</b>	<b>Agency/ Organization Name</b>	<b>Appt Date</b>	<b>Appt Expired Date</b>	<b>Alt/Proxy for State Agency Rep Name</b>
Lynn	Gallegher		F	D8	E1	A4	Department of Health	01-01-11	12-31-18	Jim Copeland
Suzette	Shije		F	D4	E1	A9	Indian Affairs Department	01-01-11	12-31-18	Nicole Macias
Amira	Rasheed		F	D7	E1	B1		08-07-12	12-31-17	
Sergio	Resendiz		M	D5	E2	B1		11-28-12	12-31-17	
Judy Ann	Sena		F	D5	E2	B1		12-31-09	12-31-16	
C. Dianne	Griego		F	D5	E1	B3		12-31-06	12-31-16	
Sandy	Skaar		F	D1	E1	C2		12-31-07	12-31-17	
Elisheva	Levin		F	D7	E2	B2		07-26-18	12-31-20	

## Council Staff [Section 125(c)(8)(B)]

\* - Required field

Disability data of Council staff will be collected. Response is voluntary and information shared will be kept confidential and serve for data purposes only. Self-identification of disability will be captured in the following manner:

### Race/Ethnicity

- White, alone : D1
- Black or African American alone : D2
- Asian alone : D3
- American Indian and Alaska Native alone : D4
- Hispanic/Latino : D5
- Native Hawaiian & Other Pacific Islander alone : D6
- Two or more races : D7
- Race unknown : D8
- Some other race : D9
- Do not wish to answer : D10

### Disability Options

- Yes : Y
- No : N
- Does not wish to answer : DWA

### Gender

- Male : M
- Female : F
- Other : O

Council Staff

First Name of person in position	Last Name of person in position	MI	Disability	Race/ Ethnicity	Gender	Position or Working Title	FT	PT
Cynthia	Berkheimer		Y	D1	F	Customer Service Representative	<input type="radio"/>	<input type="radio"/> %PT 25
Barbara	Ibanez		Y	D7	F	Interim Executive Director	<input type="radio"/>	<input type="radio"/> %PT 25
Kathleen	Coates		N	D1	F	Chief Financial Officer	<input type="radio"/>	<input type="radio"/> %PT 12.5
Daniel	Ekman		Y	D1	M	Program Manager	<input type="radio"/>	<input type="radio"/> %PT 25
Ana	Callahan-Segura		N	D5	F	Federal Program Management Analyst	<input type="radio"/>	<input type="radio"/> %PT 25

First Name of person in position	Last Name of person in position	MI	Disability	Race/ Ethnicity	Gender	Position or Working Title	FT	PT
Barbara	Ibanez		Y	D7	F	Deputy Director	<input type="radio"/>	<input type="radio"/> %PT 25
Pearl	Guzman		N	D5	F	Financial Specialist	<input type="radio"/>	<input type="radio"/> %PT 12.5
Lindsay	Sloan		Y	D1	F	Outreach Coordinator	<input type="radio"/>	<input type="radio"/>
Marilyn	Martinez		Y	D1	F	Customer Service Representative	<input type="radio"/>	<input type="radio"/> %PT 25

## Designated State Agency

\* - Required input

The DSA is :council

Memorandum of Understanding/Agreement [Section 125(d)(3)(G)]\*

Does your Council have a Memorandum of Understanding/Agreement with your DSA? :No

Calendar Year DSA was designated [Section 125(d)(2)(B)] \* 1988

CRA

## State Information

\* - Required field

### Comprehensive Review and Analysis Introduction:

Include a broad overview of the Comprehensive Review And Analysis conducted by the Council. Below is information that can be included in the Introduction:

- The Council's state planning process including obtaining multi-stakeholder and **culturally diverse** input to develop the CRA; the process used to identify state plan goals and objectives.
- An data, research and/or information that influenced the Council's goal selections.
- How information was gathered from focus groups including information gathered directly from a **culturally diverse group** of people with developmental disabilities and their families.
- Information on any federally assisted State programs, plans and policies that are not included in Parts A-D
- Other, broader issues, such as social policy, culture change, funding issues, etc. that are not incorporated into Parts A-D.

### Describe how the DSA supports the Council

The New Mexico Developmental Disabilities Planning Council (DDPC) Program Committee conducted its Comprehensive Review and Analysis (CRA) using several methods and formats including: an online survey, self-advocacy movement planning meetings, a public forum and input through the mail and email from around the state. As a result, the CRA reached approximately 20,000 people from culturally diverse backgrounds and geographical areas, including individuals with intellectual/developmental disabilities (I/DD), family members, self-advocates, service providers, direct support staff and interested community members. Input was received from the general public and through DDPC's three programs: the Center for Self Advocacy, Federal

Program, and Guardianship. Advocates and contractors with the programs were sent the survey and invitations to participate in the public forums. The Program Committee researched and adapted various survey tools developed by other state councils. The New Mexico survey tool has nine (9) questions, including a combination of closed and open ended questions. The survey was made available in hard copy and an online version for 70 days. Initially, the survey was shared through the DDPC booth at the Southwest Conference on Disability in October with over 700 people from New Mexico attending this annual event. As an incentive for increased survey completion, DDPC offered daily drawings of original artwork from New Mexican artisans during the three day conference. After the conference, the survey was distributed by hard copy and online. The online version was created with Survey Monkey and the link was disseminated widely through email, Constant Contact e-blasts and through in person contacts. Accommodations were provided as needed. The survey was distributed throughout the state to those represented by the Council including: agencies, organizations and individuals from diverse geographic, ethnic, cultural, socio-economic, disability and personal/professional backgrounds. Two planning meetings focused on New Mexico's Self-Advocacy Movement were held. At the first planning meeting, 43% of the participants were individuals with I/DD, 19% were direct support professionals and 19% were state agency representatives (including DDPC), 14% were advocacy organization representatives and 5% were interested community members. The participants were from the following areas: 38% Central, 19% North; 24% South; 9% East and 10% West . The group identified the following topics as important things to consider statewide: transportation, education, access, assistive technology, activities, inclusion, self-advocacy groups, outreach/message, and approach/strategy. Participants met in small groups to identify the potential destination for the plan. The results focused on the following: Media/Outreach/Education to Increase Impact; Training and Mentoring to Build Capacity; Support (Funding and Services); and Collaboration. One of the main goals is to provide an existing statewide non-profit self-advocacy organization with infrastructure support to provide the needed communication and coordination for the self-advocacy movement. The participants at the second planning meeting comprised 50% individuals with I/DD; 18% were direct support professionals, 18% were state agency representatives (including DDPC); 9% were advocacy organizations and 5% were community members. The situational analysis was shared: A clear understanding of the current reality affecting the lives of individuals with I/DD and their need to become self-advocates has two parts. These two parts include: 1) Issues to address and 2) Infrastructure needed to continue to build the self-advocacy movement in New Mexico. The results of this meeting are shared in Part B, C and D and are incorporated in the 2017-2021 State Plan goals, objectives and activities. The surveys were analyzed, results compiled and reviewed by Council staff and the Program Committee. The majority (50%) of surveys received were from individuals with I/DD and family members, of which 45% were individuals with I/DD. Next, 26% of the surveys received were completed by service providers, of which 33% were direct support professionals. Lastly, 11% of the surveys were completed by community members; 9% by the category "others," which included those identified themselves as medical or state agency personnel, and 4% were completed by school personnel. The majority (70%) of the surveys were received from the Central region (largest population) area; 15% were from the South, of which 5% were from Southeast and 5% from Southwest; 12% from the North, of which 13% were from Northwest and 0% from Northeast (remote area). Lastly, 2% were from the East and 1% were from the West. These statistics reflect the state's population density and rural areas. See "Rationale for Goal Selection" for more information.

Poverty Rate Percentage 21.3

### State Disability Characteristics

\* - Required field

Prevalence of Developmental Disabilities in the State 37085

#### Explanation

This was the number of people with Developmental Disabilities as provided by the New Mexico Department of Health/Developmental Disabilities Supports Division as of 2015.

#### 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)
2015	4483	4483	0	0	0

### Demographic Information about People with Disabilities

\* - Required field

People in the State with a disability

<b>People in the State with a disability</b>	<b>Percentage</b>
<b>Population 18 to 64 years*</b>	12
<b>Population 5 to 17 years*</b>	4.4
<b>Population 65 years and over*</b>	42.3

Race and Ethnicity

<b>Race and Ethnicity</b>	<b>Percentage</b>
<b>Do not wish to answer*</b>	0
<b>Some other race alone*</b>	12.6
<b>Asian alone*</b>	6.5
<b>White alone*</b>	14.3
<b>Two or more races*</b>	16.3
<b>Hispanic or Latino (of any race)*</b>	28.4
<b>Black or African American alone*</b>	10.8
<b>American Indian and Alaska Native alone*</b>	11.8

Educational Attainment Population Age 25 and Over

<b>Educational Attainment Population Age 25 and Over</b>	<b>Percentage with a disability</b>	<b>Percentage without a disability</b>
<b>Bachelors degree or higher*</b>	14.9	28.1
<b>Less than high school graduate*</b>	26.8	14.5
<b>High school graduate, GED, or alternative*</b>	31	25.4
<b>Some college or associates degree*</b>	27.4	32

Employment Status Population Age 16 and Over

<b>Employment Status Population Age 16 and Over</b>	<b>Percentage with a disability</b>	<b>Percentage without a disability</b>
<b>Employed*</b>	24.9	63.9
<b>Not in labor force*</b>	70.4	30.2

Earnings in Past 12 months Population Age 16 and Over with Earnings

<b>Earnings in Past 12 months Population Age 16 and Over with Earnings</b>	<b>Percentage with a disability</b>	<b>Percentage without a disability</b>
<b>Earning \$15,000 to \$24,999*</b>	18.3	18.6
<b>Earning \$5,000 to \$14,999*</b>	9.4	10.9
<b>Earning \$25,000 to \$34,999*</b>	11.3	13.7

<b>Earnings in Past 12 months Population Age 16 and Over with Earnings</b>	<b>Percentage with a disability</b>	<b>Percentage without a disability</b>
<b>Earning \$1 to \$4,999 or less*</b>	32.3	21.1

Poverty Status Population Age 16 and Over

<b>Poverty Status Population Age 16 and Over</b>	<b>Percentage with a disability</b>	<b>Percentage without a disability</b>
<b>Below 100 percent of the poverty level*</b>	21.3	14.5
<b>At or above 150 percent of the poverty level*</b>	64.5	75.3
<b>100 to 149 percent of the poverty level*</b>	14.2	10.2

**Portrait Of State Services [Section 124(c)(3)(A)(B)]**

\* - Required field

**Recreation**

Survey Results:

1.4% of the individuals listed this as their top priority, 2.9% of the individuals listed this as their second most important priority, and 6.5% of the individuals listed this as their third most important priority. Thus, 10.9% of the individuals listed Recreation as one of their top three priorities.

Comments:

“Need community supports & recreation.”

“Recreational activities with educational opportunities.”

“I have spoke with many parents whose children are not being allowed to access after care at schools. Not only does this change a way a parent can work, but we know children with disabilities learn so much from other typical developing children and this is a great avenue for this to happen. Also, every child should have the same extracurricular activity opportunities as every other child.”

“Community connections and supports to enhance a person's social connectivity.”

“Transportation is a huge barrier, respite can be a challenge, finding inclusive opportunities in the community.”

“Need information on free recreational resources.”

“Many people just stay home with little social interaction. More programs are needed. Especially those that are inclusive.”

“For those students in charter schools, access & information maybe about Special Olympics and other activities to get them out in the community more!”

“The intellectual/developmental disabilities use to have a recreation center they could use and now has been sold off and is use as a day hab. this group needs a rec center that they can feel safe and have fun at.”

“Need the ability to be in a safe setting with support. People often misunderstand a possible “meltdown” by people with disabilities. Often people overreact which can escalate the situation. People seem uneducated and usually understaffed top deal with the safety and abuse of the disabled population.”

“Need family-friendly activities that involve children with disabilities.”

## **Transportation**

#### Survey Results:

3.6% of the individuals listed this as their top priority, 6.5% of the individuals listed this as their second most important priority, and 14.5% of the individuals listed this as their third most important priority. Thus, 24.6% of the individuals listed Transportation as one of their top three priorities.

#### Comments:

“Transportation not available with short notice to all areas of the county if not on DD waiver.”

“[We need] transportation that is client friendly.”

“A more thorough quality transportation to be as independent as possible, so as to go to work, attend classes, go to medical appointments, and/or attend social functions.”

“Transportation for persons with ID across NM is severely limited.”

“Transportation barriers due to a lack of reliable, accessible and affordable transportation.

“Alamogordo public transportation is sometimes all our individuals can count on. The public transportation is very limited due to lack of monies/ funding. Our agency is having a hard time proving transportation to our individuals because their personal cars are not equip to carry some of our special needs individuals such as wheelchairs, or any other special accommodations. We sometimes are not able to fade out a job coach due to the individual not having transportation to & from work.”

“Missing appointments for lack of non-preplanned transportation.”

“Non-medical transportation is needed to assist adults to go out and into the community.”

“People in rural areas have a very hard time getting help because of transportation issues...”

“We have a lack of resources in Roswell. Chaves County has a lack of leadership that care about individuals with disabilities. This leads to prolonged times to get necessary services.”

“Reservations have long distances, no transportation and no services.”

“Torrance County stopped transportation for low income disabled people because of funding! They need that service back in action with four-wheel drives and drivers.”

## Housing

### Survey Results:

9.4% of the individuals listed this as their top priority, 10.9% of the individuals listed this as their second most important priority, and 5.8% of the individuals listed this as their third most important priority. Thus, 26.1% of the individuals listed Housing as one of their top three priorities.

### Comments:

“Affordable housing is a major issue for those living on SSI/SSDI. They are barely able to make ends meet and if you are not already on one of the waivers, there are no services for those individuals and/or their families.”

“Housing options are very limited or have a very long wait for those who desire to live out of the family home.”

“People with disabilities often have low income which makes it difficult to find housing and they are unsure of what respite services are available.”

“Housing is limited for low-income people with fixed income. Also, Section 8 and HUD has many on waiting list.”

“Housing upgrades for safety are very difficult to acquire - long and complicated.”

“The person's disability is such that the system for obtaining subsidized housing is not accessible; consequently they remain homeless.”

“People aren't able to access affordable housing due to not being able to work.”

“Need more housing with independent supports.”

“Income to rent ratios of 2.5 times or more are a serious barrier to finding qualifying safe, appropriate housing.”

“Housing for low-income families can be 6 months to 2 years.”

“Accessible home rehabilitation funding for all is not there. It's too little or hard to come by.”

## Child Care

**Survey Results:**

2.9% of the individuals listed this as their top priority, 2.9% individuals listed this as their second most important priority, and 5.8% of the individuals listed this as their third most important priority. Thus, 11.6% of the individuals listed Child Care as one of their top three priorities.

**Comments:**

“Respite and child care...very hard to find trained providers who understand, appreciate children/adults with disabilities and can provide quality care.”

“Childcare/Respite...lack of qualified providers.”

“Finding someone to fill respite hours because we are losing paid respite when she was transitioned out of the Medically Fragile Waiver Program. Services seem to diminish after the FIT program.”

“Need respite care with training to deal with behaviors.”

“Day care for children with disabilities and after school care is not available and affordable.”

**Integracy Initiatives**

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 with DD, four family members, DDPC, providers, CDD, 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. DDPC holds a seat on the State Rehabilitation Council.

DDPC 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. DDPC houses a program for guardianship which works closely against abuse and neglect with Aging and Long-term Services Department's Adult Protective Services. DDPC 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. DDPC serves on the State Transition Coordinating Council working with school transition efforts. One individual with DD serves on this Council. DDPC sits on the Working Disabled Individuals Advisory Committee, the Consumer Advisory Board of our CDD, the Guardianship Advisory Committee and the State DualDx Committee. DDPC 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. DDPC provides the majority of the funding to the Disability Coalition. DDPC continues to assist in the prevention on Medicaid cuts along with successfully advocating for additional state funds to be allocated to the DD Waiver Program.

#### Survey Results:

The category best aligned with Interagency Initiatives described above is Self-Determination. 11.6% of the individuals listed this as their top priority, 10.9% of the individuals listed this as their second most important priority, and 12.3% of the individuals listed this as their third most important priority. Thus, 34.8% of the individuals listed Self-Determination as one of their top three priorities.

#### Comments:

"Supportive decision making skills are not provided. The only choice is to have or not have a guardian. Too few choices for independent living providers. Individuals have more restrictions than when living at home. State Vocational Rehabilitation agencies do not provide individuals with integrated employment options."

"Presumption of competence and interventions to develop self-determination and skills in self-advocacy."

"There should be opportunities for individuals with disabilities to find their own voice and make their own decisions. Families should also be afforded this option for what services they receive for their child. We need more self-directed options."

"These individuals are not listened to for what their wants or dislikes are. Most of the time it is only what the staff think the individual wants not really listening to the individual for them to advocate for themselves."

"It is critical our loved ones are given the opportunities to be included in decisions which impact them. Everyone has a voice!"

“Often the focus is put on what is mandated by "standards" and by what others feel the person should be doing but not focusing on what the person wants and feels that they are capable of doing.”

“Guardians are in place before individuals know they have a guardian. Parents are told to become guardians to prevent fear created catastrophic outcomes while individuals with intellectual/developmental disabilities are not provided the opportunities to learn the least restrictive means for decision making. Families with limited English skills do not have access to community resources or how to learn about other choices. Individuals stay with community providers due to a possessive nature of the agency. "This is my/our client". Individuals identified as ID/DD cannot learn about other agencies to access a freedom of choice.”

“There needs to be more options for persons with disabilities. Choices should reflect the needs, preferences and interests of the individual, rather than the convenience of the agency.”

“Schools do not emphasis or teach self-determination for any students, including people with disabilities.”

“We have all heard how thing are tight with funding but we all need to join in together more to fight for these individuals as they have feelings also. Maybe the houses could join together in order to let some others go out where there is only one staff member in place. We need to look at all of the options instead of just saying we are short handed and that is not possible.”

“Provide more access for individuals to learn independent, decision making skills. Collaborate with other agencies to improve increase the successful training and employment in integrated employment sites. Programs like the "Relationship" series provide three sessions for individuals to learn life skills. DDPC could provide a series on "Self Determination" providing individuals and families to learn about Supportive Decision Making. Instead of increasing the number of guardianships provide more alternatives.”

“Advocate for self-determination. With ever increasing reimbursement rates for guardians the desire to control the person/money has become problematic.”

“Provide access to individuals with multiple disabilities who have sensory loss like blindness and deafness to participate in yourself advocacy programs. Reach out to communities that normally does not happen due to the consideration that this population may be served already by other agencies. I believe that collaboration is a key to serve individuals who have multiple disabilities and have additional needs that needs to be addressed, as I think they are being overlooked when not addressing their intellectual/developmental disabilities that the DDPC can address.”

“Provide true forums that are not pre-scripted in which all disabled people (or by category) can share concerns in person. What is called a “forum” in the past has often had non-disabled people speaking for us and blocking us from real participation.”

“Clients don’t always feel they are able to make their own medical decisions due to the feeling that “Dr. Knows Best.””

“Always support allowing people receiving services the right and responsibility to make their own choices!”

“No agencies to help an adult who are undocumented especially those with a limited income.”

“Any effort for more community support and involvement would be advantageous for the consumers. Socialization activities would always help any person discover more about themselves and their role in the community.”

### **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/IDDs 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.

#### **Survey Results:**

The category best aligned with Quality Assurance is Safety/Abuse Prevention. 8% of the individuals listed this as their top priority, 6.5% of the individuals listed this as their second most important priority, and 5.8% individuals listed this as their third most important priority. Thus, 21.7% of the individuals listed Safety/Abuse Prevention as one of their top three priorities.

Comments:

"There was a scare that my daughter had been molested at school, we had to take her to CASA and they were unprepared to interview a DD child. Because our daughter moved here during early childhood she missed out on those services and it has been a game of catch up trying to get her needed services."

"The State "system" is absolute chaos and very difficult to navigate even for people without disabilities. There is no real coordination and too much meaningless, duplicative paperwork."

"Individuals with disabilities and their families need someone to help them find assistance and get help navigating the service system."

"Referrals made to State APS [Adult Protective Services] workers; no feedback provided and no follow up when patient's with disabilities state they are ok."

"It seems that when abuse occurs the burden of proof is on the person to which it happened. The company was not held responsible for the abuse according to the adult protection."

"Funding and turmoil within the system- competition for PTs [Physical Therapists] and bilingual SLPs [Speech and Language Pathologists] employment is very high, they all have job offers every day. Although providers can offer a competitive rate, layer system turmoil, changing regulations and paperwork, they quickly look elsewhere for employment."

"Waiver services are not individualized enough. Money paid for sub-care is too low to get quality people who stick around. The system is much too complicated and few people understand all the parts."

"That there is a hidden community that needs to be reached out to, [including] the brain injury, deaf, blind who have intellectual/developmental disabilities as well."

"Help advocate for agencies to get more funding, offer grants, help agency get proper vehicles to better serve our individuals. Help us advocate [for] more public transportation. Helping us get/have proper training is always the best and effective way to help serve our individuals."

"Focus on securing more funding for training professionals (including teachers) working with our children and adults, and for attracting professionals to come to New Mexico. Also, the state needs an Autism service plan for the rising population of people with Autism."

“Families are unable to afford Guardianship when they aren't low income.”

“LGBTQ disabled individuals need help to not be bullied/harassed by others in school/home/work/or even conference. Need local LGBTQ groups that advocate for people with disabilities.”

“Systems don't follow or know the law. Systems don't always communicate and coordinate with each other. Systems are not family focused or friendly.”

“Education is lacking on all fronts for safety and abuse prevention from my emergency personnel to school systems.”

### **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 and Medical Fragile Waivers. Decrease the current number of Managed Care Organizations ( MCO's) in New Mexico from seven to four.

Public input sessions were held statewide during 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 New Mexicans with I/DD are: Early Childhood Evaluation Program (statewide diagnostic developmental evaluations services for children birth to three years of age in their communities). Supports and Assessment for Feeding and Easting (SAFE) is a lifespan feeding and aspiration prevention clinic for individuals with developmental disabilities. Medically Fragile Case Management Program (nurse case management

services to medically fragile individuals and their families throughout New Mexico). The Project for New Mexico Children and Youth Who are Deafblind (Assistive Technology Program to staff who 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 and 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.

The Affordable Care Act (ACA) shifted the need for safety net health services in some case away from public health offices into primary care offices covered by Medicaid and private insurance options, and may be leading to a reduction in visits. To ensure reductions in direct services do not materialize, patient billing opportunities should be maximized in FY 17. The program received a red rating for measure one, which may be a symptom of ACA changes and reduction in health center patronage. The Office of School and Adolescent Health is working with the Human Services Department and Centennial Care managed care organizations to reduce duplicative services. The target for measure four was not met and only 55 percent of female clients ages 15 through 17 were given effective contraceptives. The department's action plan for measure four is to provide confidential clinical services and teen –friendly clinical practices to support teens in reaching life goals. The Epidemiology and Response Program added five key measures to improve reporting on stroke, heart attack, occurrence, emergency preparedness, and Naloxone (powerful opiate overdose reversal drug) distribution. During the third quarter only two infant cases of pertussis (whooping cough) were reported in New Mexico compared with the previous quarter when there were six. The program increased the number of Naloxone kits distributed, exceeding the total number of kits distributed during FY 15. A bill passed during the 2016 Legislative Session ensured wider access to Naloxone by removing prescription requirements for the drug.

#### Survey Results

8% of individuals rated this as their first priority, 9.4% of individuals rated this as their second most important priority, and 18.1% of individuals listed this as their third most important priority. Thus, 32.6% of individuals listed Health/Healthcare as one of their top three priorities.

#### Comments:

“People waiting for DDW [DD Waiver] need services above and beyond the community benefit with Medicaid.”

“Available supports to include but not limited to; doctors, nurses, dentists, psych. etc. are difficult to access as the resources listed above are overwhelmed.”

“...health barriers due to lack of available doctors willing to treat individuals with IDD.”

“Very hard to enroll in health insurance.”

“For those who are undocumented and are adults there are no agencies where they can access medical care.”

“Limited pediatric and NXT care physicians for neurology, diet or rheumatology that have experience with patients with autism.”

“Insurances don’t want to share, such as Presbyterian and UNM.”

“Hard to get appointments and if I finally get out appointments then it is hard to get authorization from insurance. The number of doctors that provide behavior management, neurology, rheumatology, and diet are limited. Most of them don’t seem to have any experience with autism. I do not have to do things and I shouldn’t have to. It’s not my job but if I want to get services. I do what I need to do to get him services. I have had good neurologists and other service providers leave the state because of funding, payment or non-payment. Do I need to move?”

“Need information on changes in insurance and waiver laws and rulers when they change in English. Not ‘legalease’. Make it available to all who are impacted and work with insurances and people who work with us and supply services for us.”

### **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.

In Special Education, the New Mexico Public Education Department's (PED) Special Education Bureau reports 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 of Education include:

1. Free Appropriate Public Education in Least Restrictive Environment (FAPE in the LRE)
2. Effective Transition/Part B
3. Parental Involvement
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.

#### Survey Results:

10.9% of the individuals listed this as their top priority, 10.1% of the individuals listed it as their second most important priority, and 7.2% of the individuals listed this as their third most important priority. Thus, 28.3% of the individuals listed Education/Early Intervention as one of their top three priorities.

Comments:

“Too many students in New Mexico do not receive services outlined in their IEP's i.e. therapies. Transition planning from school to adult is weak or non-existent. Individuals need opportunities for meaningful activity including post-secondary education and/or employment.”

“Public Schools are not geared to transition students into the world of work. They focus on transitioning to the world of obtaining and maintaining lifelong services and payments to the families. For children 0-3 it is understanding that the services are available and free to the family. Therapist shortage in schools and early education due to getting priced out of the market by hospitals and for profit rehabilitation.”

“Employment will not be possible for my son because APS [Albuquerque Public School] has done such a bad job in schooling him. Some years he has good staff and advances and then following years he is beaten and subdued and is so fearful he cannot learn. There is no consistent good program out there.”

“Quality of Education! For the last 3 years of my daughter’s education she has made little to no progress. The educational system is preparing our kids to not be independent members of community. Outcomes are bad for our children. We know this with the results and outcomes for our kids. There is no quality of education, high expectations and special education is not so special.”

“I have found that even though we have funding for IDEA, policies and laws and an IEP, we still fail to graduate our special education students. Everything is there for them to succeed, but who is falling through the cracks and why I find it very alarming and no one seems to ask those questions. The other area which is a matter of asking the appropriate questions concerning BIP [Behavior Intervention Plan]. APS has a policy which states they don't have to get parent consent since it is an assessment and not an evaluation. I see so much of the twisting of the laws for a school district to get what they want as the cost of putting the child into a disciplinary action and eventually getting that child suspended or expelled. It is crazy!”

“No one seems to care about the quality of education. No one seems to care that our children have poor outcomes. No one seems to care that our children are not graduating with diplomas. The frustrations of trying to advocate when people with disabilities are discriminated against and it is allowed. No one at the state listens. Teachers are trained. The dispute resolution process does not work. There is no accountability. Schools don't want to provide LRE nor do teachers who are stressing about their teacher evaluations and performance. We are segregating our children more and more. Another issue is the waiver. Families can get on in a reasonable amount of time. They are always cutting family support and expecting

our children to rely on natural supports. Many families don't have natural supports and have exhausted the family or natural supports. We are not including kids in school so they are limited in the "friendships" that can be made in the schools to have natural supports. And we are not preparing our kids to be independent. The better we were to support them and teach them when they are younger the less chance they will have to need intensive supports as adults.”

“I would like to have a basic autism education for all New Mexico public schools. One mandatory basic presentation for all school staff. Including educators, assistants, secretaries, food prep, bus drivers and janitorial staff. Basic awareness of how difficult it can be for children on the spectrum. Autistic children suffer daily just because what they are going through is misunderstood. I breaks my heart thinking of all the times my son was dragged out by his feet because he was overwhelmed and was trying to escape. All the tears and suffering because of lack of understanding.”

“I think we have to ask legislatures, school districts and NMPED what is going on with the funding which is specifically for our children with disabilities and who is holding the state accountable and the school districts. Too much mishandling of the funds and the racial discrimination is at the utmost critical, another place where no one is asking questions.”

## **Employment**

Currently, three 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 Supported Employment (SE) outcomes from differing perspectives. Division of Vocational Rehabilitation (DVR): Collaboration between DDSD and DVR as they relate to DD Home and Community-Based Services Waiver is continually improving with input and collaboration from the New Mexico Partners in Employment Program. 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. However, New Mexico is not officially an Employment First state and needs legislation introduced and passed during the next five years. 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 operating 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 inclusive choices.

New Mexico continues to perform above the national average in percentage of individuals with developmental disabilities employed in community integrated settings at 32%.

#### Survey Results:

9.4% of the individuals rated this as their first priority, 15.9% of the individuals rated this as their second most important priority, and 16.7% of the individuals rated this as their third most important priority. Thus, 42% individuals rated Employment as one of their top three priorities.

#### Comments:

“Supportive decision making skills are not provided. The only choice is to have or not have a guardian. Too few choices for independent living providers. Individuals have more restrictions than when living at home. State Vocational Rehabilitation agencies do not provide individuals with integrated employment options. “

“Most employers are very reluctant to hire folks with ID/DD - they have plenty of applicants and do not see the value.”

“My son will be graduating from college a year from now and I am concern about employment, since he doesn't like to disclose his disability. Right now he is working at a job during the graveyard shift which seems to be working quite well for him. The distractions are not too alarming and he

gets to work on time. He loves it. But I know when he returns back to school and tries to balance a job it's hard with his disability to keep from getting stress out and getting bombarded with anxiety. He is trying his best to do what he needs. The other added concern is the lottery scholarship. He messed up one year because he didn't understand he took a class that was on only worth one credit and it need to be three to qualify for the lottery. It hurt his chances for one semester because the lottery people though he did'nt do a full-time ride and lost the scholarship for one semester. It hurt him. “

“...meaningful inclusive employment, and transportation that would make employment more possible .”

“There is still much discrimination in employment.”

“Also, help finding employment for those with a late diagnosis and have struggled to keep a job or have been fire because of personality conflicts.”

“People need real jobs that have value, not piece work. The many who do not have jobs need to know how to use their free time with meaningful leisure activities for them.”

“...better informed community that understands the value of employing individuals with disabilities.”

“Employment opportunities [are] important to foster inclusion, independence and opportunities for self governance with their own lives.”

“In employment, it is very hard to get a job coach even thought I filled out my freedom of choice. I have had respite hours taken from me.”

“Not enough supported employment opportunities for students on the DD Waiver Wait List.”

“Job - Very difficult to find work and impossible to find an appropriate service to help .”

“The perception that one with a developmental disability can not be employed.”

“...lack of job opportunities and ‘traditional’ employment options only for people with ID that are low-paying and low-status, that do not meet potential.”

“Employment for those with various disabilities is always a challenge. The staffing need to assist in providing the necessary support is not always available for multiple reasons.”

“Uneducated employers, limited opportunities, slow DVR [Division of Vocational Rehabilitation] and job development processes.”

“Lack of opportunities for self-advocates to secure jobs. Gross underestimation of what self-advocates are capable of doing in the workplace. Exclusion of self-advocate from much discussion about and decisions made regarding employment options and tasks.”

“Lack of business support, competition, training Lack of leisure skill training and supports. Agencies do not think of Recreation as a priority area.”

“The person doesn't fall within the scope of DVR services but can't independently find accessible employment.”

“With employment, it is hard for the I/DD individual to be able to change jobs or even get a job that they really enjoy. They are mainly pigeon holed into what is available and then left there with no type of advancement or ability to change to something better. We need to always be looking for other opportunities for these individuals.”

“...work with employers to employ people with ID in meaningful, inclusive jobs, especially in rural areas (like my area of Taos).”

“Help people get better pay.”

“The state DVR program needs more money and outreach to all areas.”

“More jobs in state government for individuals with disabilities.”

### **Informal and formal 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 eleven 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/IDD. A combination of medical and financial eligibility determines an individual's eligibility for Waiver Programs. In the State of New Mexico, there are nine regional Independent Living Centers (ILC). Early Childhood Services through ILC New Vistas provides family-centered

early intervention services to children (birth through three 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 Information Network located at the University of New Mexico, Center for Development and Disability (CDD) and funded by DDPC, 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.

#### Survey Results:

15.9% of the individuals rated this as their top priority, 20.3% of the individuals rated this as their second most important priority, and 12.3% of the individuals rated this as their third most important priority. Thus, 48.6% of the individuals rated Formal and Informal Services and Supports as one of their top three priorities.

#### Comments:

“There are no specific services for most families after age 22 when individuals complete school. The only "recreation" or services available are "day hubs" that are equivalent to babysitting. Unless you have a diligent parent or self-advocate, education and stimulating services are extremely limited.”

“...We need more funding to offer staff such as raises/incentive to keep and or hire new staff. “

“Effective, competent behavioral support delivered within supported living arrangements for adults and in educational settings for children and youth.”

“Having opportunities for respite care for families who care for their child is important to maintain good mental health for all.”

“Therapy services (SLP, OT, PT) especially in rural settings. The need for PTs and bilingual SLPs are extremely dire. We know people who qualify for services but only receive minimal intervention.”

“We have received family living support for our son with Down Syndrome but live in constant threat of having program dismantled and inappropriate

analysis of his ability to make independent living decisions especially in areas of legal, financial, medical and safety. “

“Need additional respite care or sub care.”

“...knowing who to call for what services to critical to parents as we don't have time to be calling around and waiting for call backs only to be told the agency can't serve our loved one.”

“We have never been able to use respite because our MCO cannot find someone with the level of knowledge needed, who isn't a nurse. The wages respite workers make is a deterrent for quality workers.”

“Individuals who have no funding tied to one of the waivers solely rely on family members to provide some type of day programming which is usually not very much.”

“Lack of information, funding and services in our area. We had to move to a better location.”

“Training for community and agency staff to support those with DD in the community. Build community relationships...increase positive marketing throughout the state.”

“Perhaps the biggest barrier is the potential consumers' lack of knowledge of what community supports are available.”

“Need to get more support staff in Torrance County. We need more people trained for rural services county and care.”

## Analysis Of State Issues and Challenges [Section 124(c)(3)(C)]

\* - Required field

**Criteria for eligibility for services**

The Department of Health, Developmental Disabilities Supports Division administers services for the Developmental Disabilities Waiver, 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, and 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), and be blind, elderly, and/or disabled. When an application is made for Medicaid, the income and resources of the applicant are considered. The Medicaid Waiver program reviews the income and resources of the family except in the case of an adult, where only the adult's income and resources are counted.

### **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 6,000 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. New Mexico saw a spike in the number of people living in poverty last year and maintained the nation's second-highest percentage, according to U.S. Census Bureau numbers released in 2014. Census figures indicate that 21.9 percent of New Mexico residents lived in poverty last year, roughly 22,000 more people than in 2012. That's a jump from 20.8 percent. Nationally, the rate was 15.8 percent in 2013 compared with 15.9 percent the

year before. Only Mississippi had a poverty rate higher than New Mexico in 2013 with 24 percent of that state's residents living in poverty. Due to the high percentage of individuals 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 I/DD 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.

Projected increased patient revenue, reduced statewide general fund revenue, and adjusted General Services Department rates were all considerations leading to minimal special and supplemental appropriations and a 4 percent reductions in FY 17 general fund revenue. To stay within budget in FY 16 and beyond, the department is improving its ability to maximize patient revenue and reduce expenditures where feasible. A recent LFC evaluation found multiple opportunities for the department to leverage more Medicaid funding, and in some cases there was evidence the department has begun to do so.

The State continues to address the requirements. The CPR (Jackson Community Practice Review) measures progress and the Community Monitor produces Continuous Improvement scores for specific areas of obligation. Most Continuous Improvement requires have been disengaged. An additional Continuous improvement obligation was disengaged in November 2012, another was filed in 2016 but denied by the court on 4/17/16. At the urging of the Court, Department of Health worked with the Community Monitor to develop an internal replacement for the Community Practice Review (CPR) called the Individual Quality Review (IQR). In December 2015, the 1998 Audit Recommendations disengaged and in February 20126 one final disengagement plan outcome was disengaged. Concurrent with this work a motion to terminate the court's oversight of the state in this matter was filed in August 2015. The motion was denied in June 2015 by Federal District Judge James Parker. The state filed an appeal to the 10th Circuit on July 7th, 2016. The court is requiring the state to meet 200 evaluative components to disengage. Some components are completed and more have been started.

The State's DD Waiver wait time is 10.4 years and maintaining the current wait list requires 300 new annual allocations. FY 15 was the first list reduction since at least FY 07. The current DD Waiver expired on June 30, 2016. The Center for Medicare and Medicaid Services approved extensions. The first one covers 7/1/2016- 9/30/2016 and the 2nd will be requested in September for 10/1/16-12/31/16.

"The DD waiver waiting list has prevented my son from accessing any Medicaid services."

"My daughter is still on the wait list, we receive no services other than through the school system and we do not know what will happen after that ."

"The wait limit for DD Waiver is pathetic. Also, I fear that places which offer services are no longer wanting to accept DD Waiver people."

"Address staffing shortages in the areas of the state that have them, and reduce the waiting list."

"Provide more funding to the waiver programs. I have heard of an exorbitant amount of wait time to get on a waiver program. I spent eight years transitioning individuals out of the state run institutions out to community based programs so those individuals have access to services but those who never lived in an institution have no services what so ever."

"My son has been on the waiting list for 11 years. We continually get by passed for others that know how to work the system. Parents who are married and working hard mean their children get penalized because they are presumed to not be living in poverty. I am not rich but because I am married and both my husband and I work, we make just above income limits for SSI so we have no assistance to get my son more therapy than our insurance will pay for which is 30 min. a week. Yet I see others driving new vehicles living with their partners, but not married able to get their child therapy for 5 hours a week because they were able to jump ahead on the DD waiver list."

"I am worried about SSI and services. Help us not lose our services."

"I live in a rural area but service provides are unwilling to travel to the rural schools."

"There are no behavior management services."

"Rural New Mexico is grossly underserved."

### **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 the New Mexico Technology Assistance Program (NMTAP) 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 agency 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.

The FY 17 State General Fund will provide \$25,000 to allow for the purchase of Assistive Technology equipment not covered by other payment sources to the Developmental Disability Supports Division. This support is available to individuals in State Funded Adult Services and the DD Waiver programs based on a therapist assessment and recommendation.

Council Staff

Year	State Pop (100,000)	Total Served	Number Served per 100,000 state pop	National Average 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
2012	20982	3756	179	193	0	220
2015	20982	4483	224	193	0	318

**a. Entity who maintains wait-list data in the state for the chart above**

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Countries

**b. There is a statewide standardized data collection system in place for the chart above**

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Yes

**c. Individuals on the wait-list are receiving (select all that apply) for the chart above**

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No Services :true

Only case management services :

Inadequate services :false

**d. To the extent possible, provide information about how the state places or prioritizes individuals to be on the wait-list**

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Comprehensive services but are waiting for preferred options :

Other :true

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

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The date when a person applies, as well as, emergency situations that involve safety or lack of family are used to determine when someone will receive services.

**e. Description of the state's wait-list definition, including the definitions for other wait lists**

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The Wait List/Central Registry is defined as people who have met fed definition of DD, financial & medical requirements and are awaiting services through the DD Home & Community Based (HCB) Waiver Program. 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 and responsibility in developing flexible services and 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 and DD. The MFW Program is HCB Waiver authorized under Section 1915C of the SSA, to serve children and adults who meet eligibility.

**f. Individuals on the wait-list have gone through an eligibility and needs assessment**

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Yes

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

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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 DDSD. When funds are available, services are offered in order of the date of application or if the individual is in an emergency situation.

**g. 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)**

No

**h. Specify any other data or information related to wait-lists**

Among the approximately 1,000 people that apply for services each year, about 300 meet eligibility criteria for the DD Waiver and complete applications for the Central Registry (waiting list). The size of the Central Registry increases every year unless funding is available to allocate more than 300 people onto the waiver. Although there was not an allocation group budgeted for FY2016 there were a total of 126 people added to the waiting list. Allocation letters based on FY17 budget were sent out May 2016. At the end of FY16 there were an estimated 6526 individuals waiting for community services funded by the DDS. The average time people spend on the DD waiver waiting list is about 10 years.

**i. Summary of Waiting List Issues and Challenges**

DDPC chaired a Senate Memorial bill which was presented to the New Mexico State legislature December 20, 2013. 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 produced a report. The report recommends changes 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.

**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, 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.

**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.

**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 demand exceeds availability of funding.

According to Braddock et al, Coleman Institute and Department of Psychiatry, University of Colorado (2014), total public I/DD spending for services in FY13 was \$361.7 with 86% from Waiver, ICF/ID and related Medicaid.

New Mexico spending by revenue source in FY13 included: \$197.5 from Home and Community-Based (HCBS) Waiver and \$17.2 from ICF/ID. The Federal-State Medicaid as a percentage of total I/DD Spending in FY13 included: 79% from Medicaid HCBS, 10% Other Federal Funds, 7% Medicaid ICF/IDD, and 5% State Funds.

New Mexico had a total of 3777 persons served in FY13. Of the 3777 people, 3559 (94%) lived in residential settings of six or fewer persons with 98 (3%) lived in nursing facilities and 120 (3%) lived in private ICF/ID settings. New Mexico closed all the state institutions. In regards to the HCBS Wavier participants, New Mexico had a total of 4,071 in FY13 with an adjusted waiver cost per participant as \$70,200.

Individual and Family Support spending in FY13 included \$186.5 for Supported Living, \$16.7 for Family Support, \$9.8 for Supported Employment with 5725 participants in Family Support, 3454 participants in Supported Living and 1106 participants in Supported Employment. This resulted in 52% of the spending in Supported Living/Personal Assistance, 34% in HCBS Waiver (6 or fewer) and related community supports, 5% in Family Support, 4% in nursing facilities, 3% in private ICF/ID, and 3% in Supported Employment.

This was funded 94% by Federal-State HCBS Waiver and 6% by non-waiver spending.

According to Braddock et al, 2014, based on Fujiura 2008, 2012, the estimated number of individuals with I/DD by living arrangement for FY13 included: 73% with family caregiver, 16% living alone or with a roommate and 11% in a supervised residential setting. The estimated number of individuals with I/DD by age group living with family caregivers in FY13 included: 38% with caregiver age up to 41, 35% caregiver age 41-59, and 27% caregiver age 60 and over. Of the total number of I/DD Caregiving Families, 24% are supported by I/DD agencies.

## **Rationale for Goal Selection [Section 124(c)(3)(E)]**

\* - Required field

## **Rationale for Goal Selection**

### **INTRODUCTION:**

The New Mexico Developmental Disabilities Planning Council (DDPC) Program Committee conducted its Comprehensive Review and Analysis (CRA) using several methods and formats including: an online survey, self-advocacy movement planning meetings, a public forum and input through the mail and email from around the state. As a result, the CRA reached approximately 20,000 people, including individuals with intellectual/developmental disabilities (I/DD), family members, self-advocates, service providers, direct support staff and interested community members. Input was received from the general public and through DDPC's three programs: the Center for Self Advocacy, Federal Program, and Guardianship. Advocates and contractors with the programs were sent the survey and invitations to participate in the public forums.

### **SURVEY:**

The Program Committee researched and adapted various survey tools developed by other state councils. The New Mexico survey tool has nine (9) questions, including a combination of closed and open ended questions. The survey was made available in hard copy and an online version for 70 days. Initially, the survey was shared through the DDPC booth at the Southwest Conference on Disability in October with over 700 people from New Mexico attending this annual event. As an incentive for increased survey completion, DDPC offered daily drawings of original artwork from New Mexican artisans during the three day conference. After the conference, the survey was distributed by hard copy and online.

The online version was created with Survey Monkey and the link was disseminated widely through email, Constant Contact e-blasts and through in person contacts. Accommodations were provided as needed. The survey was distributed throughout the state to those represented by the Council including: agencies, organizations and individuals from diverse geographic, ethnic, cultural, socio-economic, disability and personal/professional backgrounds.

### **SELF-ADVOCACY MOVEMENT PLANNING:**

Two planning meetings focused on New Mexico's Self-Advocacy Movement were held. At the first planning meeting, 43% of the participants were individuals with I/DD, 19% were direct support professionals and 19% were state agency representatives (including DDPC), 14% were advocacy organization representatives and 5% were interested community members. The participants were from the following areas: 38% Central, 19%

North; 24% South; 9% East and 10% West . The group identified the following topics as important things to consider statewide: transportation, education, access, assistive technology, activities, inclusion, self-advocacy groups, outreach/message, and approach/strategy. Participants met in small groups to identify the potential destination for the plan. The results focused on the following: Media/Outreach/Education to Increase Impact; Training and Mentoring to Build Capacity; Support (Funding and Services); and Collaboration. One of the main goals is to provide an existing statewide non-profit self-advocacy organization with infrastructure support to provide the needed communication and coordination for the self-advocacy movement.

The participants at the second planning meeting comprised 50% individuals with I/DD; 18% were direct support professionals, 18% were state agency representatives (including DDPC); 9% were advocacy organizations and 5% were community members. The situational analysis was shared: A clear understanding of the current reality affecting the lives of individuals with I/DD and their need to become self-advocates has two parts. These two parts include: 1) Issues to address and 2) Infrastructure needed to continue to build the self-advocacy movement in New Mexico. The results of this meeting are shared in Part B, C and D and are incorporated in the 2017-2021 State Plan goals, objectives and activities.

#### ANALYSIS PROCESS:

The surveys were analyzed, results compiled and reviewed by Council staff and the Program Committee. The majority (50%) of surveys received were from individuals with I/DD and family members, of which 45% were individuals with I/DD. Next, 26% of the surveys received were completed by service providers, of which 33% were direct support professionals. Lastly, 11% of the surveys were completed by community members; 9% by the category "others," which included those identified themselves as medical or state agency personnel, and 4% were completed by school personnel.

The majority (70%) of the surveys were received from the Central region (largest population) area; 15% were from the South, of which 5% were from Southeast and 5% from Southwest; 12% from the North, of which 13% were from Northwest and 0% from Northeast (remote area). Lastly, 2% were from the East and 1% were from the West. These statistics reflect the state's population density and rural areas.

An analysis for all of the survey questions and input received was completed by the Council staff, including the Deputy Director, Outreach Coordinator and an Intern. All three individuals have Master level degrees and previous experience in data analysis as a part of research projects. The first step was to look through the open-ended responses to the survey questions and write down themes. Then, there was a comparison of the themes to double-check what was found individually and then grouped together the common micro-themes. Next, meso-level or sub-themes were identified. The common micro-themes were grouped together into larger sub-themes. This process was then repeated in order to find the major

themes. The sub-themes became the explanations of the major themes. Then, the total number of times the major themes were mentioned were added in order to rank their importance. The goal was to find the top five themes for each question. Eventually, the five major themes found on the fourth question related to the top three (3) priorities for New Mexicans with intellectual/developmental disabilities became the draft goals for the Council. The sub-themes provided further guidance to the Council when drafting objectives because they better define the major themes. Also, an analysis on the self-identified roles of those who completed the surveys, as well as, on the zip codes of the individuals was completed.

#### COUNCIL DRAFT OF 2017-2021 GOALS:

During the January 13, 2016 Council meeting, these research results were presented. Council staff and the Program Committee shared the survey results and planning input with the Council members. The Federal Program Manager also conducted a gap review of the survey which was presented to the Council.

There were five top priorities that were identified. These priorities include: 1) formal and informal community supports, 2) employment, 3) health, 4) self-advocacy leadership, and 5) education and early childhood. Council member work groups were created for each of the five (5) priority areas. The work groups reviewed the survey and input results, drafted goals, objectives and activities and shared with the entire Council membership. These drafts became the foundation for the Council's new goals, objectives and activities and were incorporated into this Five-Year Plan. The Council approved the draft wording of the five new goals for 2017-2021 and recommended that public input be sought prior to Council finalization and approval.

The plan was then edited and finalized for approval by the Council on July 29, 2016 The Program Committee shared and reviewed this compiled public input with the entire Council membership. Council members provided further insights and input which resulted in approval of the finalized 2017-2021 Five-Year State Plan. In addition, the Council reviewed and approved Year 1 project funding to implement the Five-Year Plan.

#### **Collaboration [Section 124(c)(3)(D)]**

Through the review process, survey and draft reviews were sent to DDPC contractors. Several of the DDPC contracts are with the University of New Mexico Center for Development and Disability (UCEDD) and Disability Rights New Mexico (P&A). In addition, the DDPC Council are represented by the state's UCEDD and P&A.

DDPC will continue to partner with University of New Mexico-Center for Development and Disability (UNM-CDD) and Disability Rights New Mexico (DRNM) in coordinating and administering multiple projects contained within the Five-Year Plan.

In partnership with DRNM, DDPC collaborates through the Disability Coalition Steering Committee with The Arc of New Mexico, two New Mexico Independent Living Centers, and New Mexico Governor's Commission on Disability.

DDPC also partners directly with the Arc of New Mexico, Parent Reaching Out, New Mexico Allies, EPICS, a number of New Mexico Public School Districts, People First, Jemez Vocational Rehabilitation Program.

DDPC collaborates with other non-profit and other state agencies through language in state statute, rules and legislative memorials. These include the Behavior Health Collaborative, Division of Vocational Rehabilitation, Senate Memorial 25 (transition of youth with disabilities), and the state agencies represented on the DDPC Council.

## 5 Year Goals [Section 124(4); Section 125(c)(5)]/h4>

### Goal #1: 1. Community Supports

Descripton \*

All individuals with intellectual/developmental disabilities, and their families, will have access to the community supports and services, based on their needs and preferences, that will support them in leading productive, dignified, inclusive, and self-determined lives.

**Expected Goal Outcome \***

1. Increase the number of individuals receiving the DD Waiver by 10% over the next five years. 2. Reduce the amount of time New Mexicans need to wait for DD Waiver Services by 10% over the next five years. 3. DDPC oversees the commercial to ensure that it's viewed through social media, internet channels, and by broadcasting it in smaller markets not previously reached in FY 15. 4. The CSA travels to areas throughout the state including rural areas to provide training/education. 5. 10,000 contacts provided resources per year by the Information Network. 6. 25% increase in the number of events held in rural areas related to specific activities per year. 7. 80% or greater satisfaction among rural group members with collaborative projects. 8. Promising best practices and resources to Native Americans with I/DD and their families identified at the two organizations. 9. Native Americans with I/DD and their families are 80% satisfied with participating in conference sessions that provide education and information on increasing their advocacy skills. 10. DDPC representative continues participation on the Jemez Vocational Rehabilitation (JVR) Advisory Council meetings and conference to connect and collaborate with tribes and pueblos supporting Native Americans with I/DD.

**Objectives**

**Objective 2.** Outreach. Work to expand awareness of the Developmental Disabilities Planning Council (DDPC), and of supports and services already available in the community, such as guardianship and least-restrictive alternatives to guardianship, through social media, networking, collaborative efforts, rural meetings, conferences, and workshops.

**Objective 3.** Work to continue to improve the Council's understanding of the needs of New Mexicans with intellectual/developmental disabilities, their families and communities.

**Objective 1.** Outreach. Advocate to expand the number of people served by the Developmental Disabilities (DD) Waiver and Mi Via Self-Directed Waiver.

**Objective 4.** Support Native Americans with intellectual/developmental disabilities by supporting organizations which provide services, education, and advocacy efforts to this population.

## Goal #2: 2. Employment

### Descripton \*

People with intellectual/developmental disabilities who want to work will have meaningful job options and opportunities in inclusive settings within their communities.

### Expected Goal Outcome \*

1. Inclusive employers statewide identified. 2. Inclusive employment legislation that utilizes best practices promoted. 3. Recommendations from SM 25 written and presented to legislatures. 4. Based on 2017 Legislative results related to SM 25 recommendations, the School to Work Transition Alliance promotes and testifies on recommended practices.

### Objectives

**Objective 2.** Help fulfill New Mexico's obligations under the Work Incentives and Opportunities Act (WIOA) by participating on the taskforce established by Senate Memorial 25 of the Second Session of the Fifty-Second Legislature (2016).

**Objective 1.** Expand training and employment options, which are inclusive and meaningful, for individuals with intellectual/developmental disabilities.

## Goal #3: 3. Health

### Descripton \*

Individuals with intellectual/developmental disabilities and their families, will have access to the community-based health supports, services and resources which will ensure they achieve and maintain a healthy quality of life.

### Expected Goal Outcome \*

1. Increased traffic (inquiries, visits, referrals) regarding the Information Network /Medical Home portal. 2. Collaboration plan with PED/SEB and other agencies established and implemented related to gaps and needs in health services in rural areas. 3. Input and information regarding health gathered and compiled quarterly. 4. Active regional support groups established statewide related to health information. 5. Telehealth options are explored for potential use throughout the state. 6. Telehealth options are implemented throughout the state.

### **Objectives**

**Objective 2.** Explore options to ensure all rural communities have local, accessible telehealth portals and internet access that allow individuals with intellectual/developmental disabilities in rural, underserved communities to access quality healthcare located in more central areas.

**Objective 1.** Through collaborative partnerships, ensure that individuals with intellectual/disabilities, and their families, have the information they need to identify, locate, and access the community supports best suited to maintaining a healthy quality of life.

### **Goal #4: 5. Education**

#### **Descripton \***

All children, youth, and students with intellectual/developmental disabilities, aged birth to 21 years, will receive individualized, evidence-based supports and services in inclusive settings that will help them attain their maximum potential, including extra-curricular activities.

#### **Expected Goal Outcome \***

1. Funding for special education services increased to adequate levels. 2. DRNM expands training for parents including special education sessions, consisting of overview training on special education rights and the full range of remedies available to address disputes or violations of those rights, with individual consultation with students or parents of students in special education. 3. Increased access and visibility of PED/SEB statewide. 4. More residents of New Mexico are aware of legal assistance regarding special education and parental rights. 5. DRNM invites PED/SEB to collaborate monthly on dealing with behavioral issues in the schools to include school staff and parent training. 6. DRNM promotes passage of legislation to address restraint/seclusion, including well-defined limits, data collection by schools and parent notification. 7. Increase in percentage of students exiting high school with a plan to continue their education. 8. Active regional support groups established statewide related to transition and inclusion. 9. Active self-advocate leaders statewide graduated from the Self-Advocacy Leadership Program. 10. Information and materials provided by DVR disseminated to

parents in schools. 11. Information about service and support gaps and needs for early intervention identified and reported to the Council. 12. Afterschool participants introduced to several professions, businesses and other livelihood alternatives that they may wish to pursue. 13. Mentor opportunities available where students within the program collaborate other students through the skill trainings.

**Objectives**

**Objective 2.** Advocate for, and support, the development and implementation of more appropriate ways to address behavioral issues, to reduce suspension, expulsion, seclusion, and restraint, and to reduce referrals to juvenile justice for students with intellectual/developmental disabilities and/or dual diagnosis.

**Objective 3.** Increase opportunities through evidence-based programs for higher education for students with intellectual/developmental disabilities.

**Objective 1.** Increase satisfaction with Individualized Education Plan (IEP) content and implementation.

**Objective 6.** Fund one (1) to three (3) locations to implement an inclusive, community-based After School program bringing together all students, including those with intellectual/developmental disabilities and siblings, and increase opportunities for accessible tutoring.

**Objective 4.** Improve transition planning and implementation in the schools.

**Objective 5.** Identify service and support gaps and needs for children aged birth to three years.

**Goal #5: 4. Self-Advocacy Leadership**

**Descripton \***

Individuals with intellectual/developmental disabilities will maintain self-advocacy through self-directed leadership in all life activities, actions, and decisions.

**Expected Goal Outcome \***

1. Active self-advocate leaders statewide graduated from the Self-Advocacy Leadership Program. 2. All Partners in Policymaking (PIP) sessions include self-advocate graduates as facilitators. 3. Transitioning high school graduates become more active community members through self-advocacy training. 4. Wider range of self-advocate and family member participation in conferences that reflects demographic diversity. 5. Website and social media platforms with up to date information and opportunities for interaction among advocates and stakeholders. 6. Website and social media raises attendance and participation in advocacy and leadership events, as well as awareness of DDPC projects. 7. Self-advocacy leadership initiative (Allies) is in place with sustainable infrastructure and consistent recruitment of new self-advocates for the statewide self-advocacy network. 8. Favorability rate of at least 90% of those attending trainings, presentations and other DDPC sponsored activities. 9. Reach at least 75% of the targeted population through outreach campaigns.

**Objectives**

**Objective 2.** Create resources, and support opportunities, for self-advocates and other stakeholders to obtain information about best practices, advocacy, and leadership opportunities, and current events.

**Objective 3.** Individuals with intellectual/developmental disabilities will achieve and maintain self-advocacy through self-directed leadership training and related opportunities.

**Objective 1.** Create and support opportunities for individuals with intellectual/developmental disabilities to become leaders to train and mentor others with intellectual/developmental disabilities.

Evaluation Plan

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

\* - Required field

**Evaluation Plan \***

The Logic Model outlines the connections among the five goals and provides a template through which both Council members and the project managers are able to review the progress on projects within the larger context and goals of the DDPC. The Comprehensive Review and Analysis shows why the DDPC chose the specific goals for the Five-Year plan and shows how major goals were determined. DDPC's Logic Model and Evaluation Plan illustrates how DDPC will explicitly address the issues in New Mexico identified in the Comprehensive Review and Analysis.

During the next five (5) years, the DDPC staff will track, analyze and report quarterly on each Council goal, objective, activity and outcome. The reporting will include environmental changes affecting activities, any barriers in achieving goals and results of satisfaction surveys regarding Council activities. The Council's Program Committee will meet regularly to provide input, to review reports regarding project activities, and to work with DDPC staff to evaluate progress, and will report quarterly to the full Council.

The Council will use the logic model in its methodology to determine if the needs identified are being met and the results desired are being achieved. As indicated in the Logic Model, each of the five major priority goals identify the participants, activities, expected outputs, short-term, intermediate and long-term outcomes. DDPC staff will monitor the progress of each project.

The Council's Program Committee shall track project progress through DDPC staff reporting. The Committee will have a standing agenda item at the Council's quarterly meetings. The Committee Chair will update the full Council and either recommend actions or ask members for their insight.

Some of the techniques that DDPC will use to evaluate the progress on goals include consumer satisfaction surveys on the effectiveness of the events. These surveys not only measure the satisfaction with an event, but enable a consumer to comment. Whenever possible, DDPC encourages project facilitators to include comments in their quarterly reports to provide qualitative data on the effectiveness of the projects. Each project manager is required to provide a quarterly report on their progress. When developing the work plans for accomplishing the Five-Year Goals, DDPC staff used specific timelines and milestones for each of the goals and aligned them with the scopes of work of DDPC contractors. As a result, these reports allow DDPC to examine progress on both goals and objectives relating to consumers.

Sign-in sheets from the events will be used to record the number of attendees. Quantitative report data and information from sources, such as databases, will be used to capture the number of participants in an event or activity. The meeting minutes will be reviewed and used to demonstrate needs, as well as, progress on various goals.

DDPC's Community Supports objectives include participation in Native American communities, rural outreach, advocating for reductions in the DD waiver waitlist and using Public Service Announcements (PSA) to raise awareness on important issues. A good example is the focus on outreach to rural areas to work on specific outreach objectives. The meetings themselves will identify specific self-advocacy and capacity building issues.

Not only will DDPC provide technical assistance to local leaders, but will have a feedback process that will take place through regular meetings with leaders and events that are held in the various rural and outlying areas. Those meetings will be used to gather information, from both community leaders and members, on progress made on systems change issues important within their community. For the work within Native American Communities, the number of meetings held and DDPC's interactions with various groups in Native American communities will be evaluated in a similar way to our rural outreach efforts. DDPC will involve self-advocates from culturally and linguistically diverse communities statewide in the design and execution of the PSA. DDPC will measure how many people contact DDPC regarding the PSA. The legislation that arises from the DD Waiver and State General Fund increased advocacy efforts will serve as not only an outcome, but as a measure of the effectiveness of this initiative.

Within the Employment goal, many of the meetings or processes will be the basis for evaluation. For example, the meetings of the Senate Memorial 25 Taskforce will lead to a final set of recommendations on transition and employment that will be presented to Legislative Committees. These recommendations will represent progress on this goal and will serve as a foundation for system change advocacy for employment. Also, the effectiveness of legislative work will be measured by legislation that arises. There is an objective to reach out to employers and promote employment to people with intellectual/developmental disabilities. In this case, the outreach meetings with employers will measure the success of this goal.

DDPC's Health goal tracks service availability as an indicator of existing gaps in services. For instance, the use of Telehealth services for online meetings across the state will measure DDPC's success in using and integrating Telehealth services. The meetings in rural areas and gaps identified through the collaborations with the Public Education Department/Special Education Bureau (PED/SEB) will demonstrate DDPC's progress on various goals and will serve as a building block upon which further efforts will be made. This will be done as described in the Community Supports and Employment goals.

Within the Self-Advocacy and Leadership goal, DDPC will develop a peer-mentoring and self-advocacy leadership curriculum that will be used to train self-advocates and peer mentors statewide. The curriculum will demonstrate progress on this goal. Another evaluation is the number of self-advocate and peer mentors who trained and certified through DDPC's various self-advocacy training and leadership development programs. The self-advocates will become involved in systems change efforts in their local communities. As a part of this goal, the efforts and activities that self-advocates make in systems change will be used as evidence of progress on goals.

Part of DDPC's goal is to disseminate information about the successes from these projects. DDPC currently utilizes social media, a website and an e-blast to disseminate information. While DDPC discusses upcoming events and schedules currently, the DDPC hopes to use all of these outlets to disseminate highlights from the various projects that illustrate progress on the Five-Year Goals. This will not only raise the visibility of projects for systems change in New Mexico, but also raise awareness of the issues among a diverse range of individuals who might not otherwise know about the specific objectives associated with the Five-Year Goals. This is important because DDPC and partners are more likely to succeed in realizing the Five-Year Goals by building grassroots support and a broad coalition of individuals that work towards a common goal.

DDPC's Education and Early Intervention goal will measure the success of legislative efforts in the same way as the Employment goal. The measures developed with respect to restraint and seclusion will serve as a demonstration of progress in this objective. There is a heavy emphasis on identifying evidence-based programs and practices and the use of those programs that will demonstrate whether or not the educational system for individuals with I/DD in New Mexico is improved.

The Council will review progress towards each goal by comparing targeted outcomes with actual outcomes. At the conclusion of each annual review, the Council will track progress of systems change as a result of its activities. 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 I/DD and their families and new developments in service delivery systems. Based on this annual evaluation, the Council will identify these environmental and substantive changes in the State Plan.

DDPC's Five-Year Plan consists of interrelated goals in which objectives and work plans heavily emphasize processes that will both measure the progress on goals and provide a foundation for future systems change. The plan allows for a feedback loop in which the community will be given a role in accomplishing DDPC goals through active participation, feedback and connections with both in-house and contractor-based projects.

DDPC's Logic Model further illustrates how the interconnected inputs, outputs and outcomes will lead to a long-lasting measurable impact in each of the goal areas. Progress on each goal is connected to progress on the other goals. Reoccurring themes of outreach to rural areas, leadership opportunities for self-advocates, and building infrastructure for statewide advocacy coalitions are common within the short-term and long-term goals within the Logic Model.

### Logic Model

\* - Required field

Logic Model \*

### Council Budget

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

\* - Required field

Projected Council Budget

Goal	Subtitle B \$	Other(s) \$	Total
<b>1. Community Supports</b>	\$102800	\$77500	\$180300
<b>2. Employment</b>	\$42400	\$0	\$42400
<b>3. Health</b>	\$82400	\$58100	\$140500
<b>5. Education</b>	\$69400	\$19400	\$88800
<b>4. Self-Advocacy Leadership</b>	\$104500	\$0	\$104500
<b>General management (Personnel, Budget, Finance,Reporting)</b>	\$81500	\$531000	\$612500
<b>Functions of the DSA</b>	\$0	\$0	\$0
<b>Total</b>	\$483000	\$686000	\$1169000

Assurances

<b>Assurances [Section [124(c)(5)(A)-(N)]</b>	* - Required field

Written and signed assurances have been submitted to the Administration on Intellectual and Developmental Disabilities, Administration for Community Living , United States Department of Health and Human Services, regarding compliance with all requirements specified in Section 124 (C)(5)(A) -- (N) in the Developmental Disabilities Assurance and Bill of Rights Act. :

true

**Approving Officials for Assurances**

For the Council (Chairperson) : true

**Designated State Agency**

A copy of the State Plan has been provided to the DSA : true

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

\* - Required field

**Describe how the Council made the plan available for public review and comment. Include how the Council provided appropriate and sufficient notice in accessible formats of the opportunity for review and comment \***

PUBLIC INPUT ON DRAFT 2017-2021 STATE PLAN

To gather extensive public input, the draft goals, objectives and activities were widely published for input through the DDPC's e-blast, website, and hard copies. The draft 2017-2021 plan was emailed to all current DDPC contractors, their constituents and communities. In addition, Council staff conducted a public forum to gather input on each draft goal, objective and activity. A public forum was held on June 27, 2016 to receive feedback on the Five-Year Plan goals and objectives. All efforts were made to provide the materials in an accessible format upon request - accommodations were offered for all materials.

Of those attending the June 27 public forum, 92% of the participants were individuals with I/DD and 8% were family members. Participants reviewed the five (5) goals, related objectives and activities and provided input into wording clarification and additions. Finally, public input was received through email submission.

**Describe the revisions made to the Plan to take into account and respond to significant comments \***

All of the public input received was compiled, reviewed and considered by the Program Committee for the final draft 2017- 2021 state plan. The DDPC Deputy Director compiled this feedback by July 11, 2016 and the Five-Year Plan was reviewed internally and edited according to the feedback and an examination of the resources available in-house and through the organizations contracting with DDPC Federal Program. The plan was then edited and finalized for approval by the Council on July 29, 2016. The Program Committee shared and reviewed this compiled public input with the entire Council membership. Council members provided further insights and input which resulted in approval of the finalized 2017-2021 Five-Year State Plan. In addition, the Council reviewed and approved Year 1 project funding to implement the Five-Year Plan.