



OMB Approval No.: 0985-00292

Expiration Date: 1/31/2020

# State Council for Developmental Disabilities

## Five Year State Plan

### For Year 2019

State Council for Developmental Disabilities

# Identification

\* - Required field

Part A:	State Plan Period:	<b>10-01-16 through 09-30-21</b>
Part B:	Contact Person:	<b>Barbara Ibanez</b>
	Contact Number:	<b>505-670-9552</b>
	Contact Email:	<b>barbara.ibanez@state.nm.us</b>
PART C:	Council Establishment	
	Date of Establishment:	<b>06-30-88</b>
	Authorization Method:	<b>State Statute</b>
	Authorization Citation:	<b>Article 16A, Section 28 NMSA 1978</b>

## 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	
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	Osbourn, 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

<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>
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	
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	

<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>
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

## 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

N/A

**Poverty Rate Percentage** 19.7

## 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 2016.

#### 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
2016	4786	4786	0	0	0

## Demographic Information about People with Disabilities

\* - Required field

#### People in the State with a disability

People in the State with a disability	Percentage
Population 18 to 64 years*	14.7
Population 5 to 17 years*	4.9

<b>People in the State with a disability</b>	<b>Percentage</b>
<b>Population 65 years and over*</b>	80

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>	17.1
<b>Asian alone*</b>	5.8
<b>White alone*</b>	14.4
<b>Two or more races*</b>	0
<b>Hispanic or Latino (of any race)*</b>	0
<b>Black or African American alone*</b>	13.2
<b>American Indian and Alaska Native alone*</b>	16.2

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>	11.2	26.6
<b>Less than high school graduate*</b>	20.7	15.4

<b>Educational Attainment Population Age 25 and Over</b>	<b>Percentage with a disability</b>	<b>Percentage without a disability</b>
<b>High school graduate, GED, or alternative*</b>	34	26.4
<b>Some college or associates degree*</b>	34.1	31.6

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>	33.1	57.4
<b>Not in labor force*</b>	66.9	42.6

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	17.1
<b>Earning \$5,000 to \$14,999*</b>	9.4	6.7
<b>Earning \$25,000 to \$34,999*</b>	11.3	17.4
<b>Earning \$1 to \$4,999 or less*</b>	32.3	1.4

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

2016-2017 School Year Statistics - According to the latest statistics, Young Athletes Program Athletes was comprised of: 46 Young Athletes Program Partners: 75 Unified Sports Athletes: 459 Unified Sports Partners: 549. The school/sport breakdown by category is as follows: Elementary: 239 Middle School: 268 High School: 501 Unified Rec: 141 Track & Field (Athletics): 630 Basketball: 400 Flag Football: 400 Poly Hockey: 42 Bocce: 38. Special Olympics reported the following: 3,408 Athletes, 1,129 Unified Champion Schools Athletes & Partners, 972 Coaches, 6,240 Volunteers, 85 Family Members in Leadership Roles, 13 Sports Offered, 59 Competition Opportunities, 110 Communities Served, 75 Registered Local Programs

In 2017, Special Olympics New Mexico offered Healthy Athletes® screenings at the State Summer Games and Holiday Classic competitions. A total of 828 Healthy Athletes® screenings were conducted by 351 healthcare professionals and volunteers. SONM athletes received mouth guards, prescription eyewear and other health services free of charge, and 221 athletes were referred for future treatment.

Opening Eyes: 120 athletes screened, 110 pairs of prescription glasses (including sport frames, sunglasses and lenses) were provided to athletes, 10 received referrals for further treatment. Special Smiles: 291 athletes screened, 228 mouth guards fabricated. Fit Feet: 156 athletes screened and evaluated for shoe fittings and ankle/foot pain, 42 received referrals for further treatment. FUNfitness: 104 athletes screened, 47 received referrals for further treatment. Health Promotion: 157 athletes screened, 122 received referrals for further treatment.

A one-of-a-kind park designed to allow people of all ages, with or without disabilities, to play together opened in Rio Rancho, New Mexico. This six-acre park called A Park Above has therapeutic equipment. It offers calming places and chances to practice motor skills. A year ago, "A Park Above" in Rio Rancho became a first of its kind when it opened as an accessible park, and it has been a big hit. The city says they've had residents

from as far as Colorado come to the park that gives every child an opportunity to play. The park opened last year and cost \$2.1 million. The project took two years to complete. It specializes in swings specially designed for people in wheelchairs, slides that don't have ladders and a musical area with makeshift xylophones.

2016 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.

2016 Survey 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**

2018 - Recent statistics show that Curb Ramps were 57.43 percent non-compliant in New Mexico. The major factor in the low level of compliance for curb ramps was the relatively recent requirement for detectable warning surfaces on curb ramps. Incorrect geometry (e.g. slopes, widths, landings, etc.) was an additional factor. Sidewalks were 84.94 percent non-compliant. Most sidewalks were noncompliant due to insufficient sidewalk width and/or cross slope. Other reasons for noncompliance include absence of minimum passing area (5 feet x 5 feet) every 200 feet, obstructions, or in a few cases, noncompliant running slopes. While there are a large number of noncompliant features, it was not unexpected due to the vast amount of sidewalks that were constructed along state maintained roadways prior to the establishment of ADA design and construction guidelines. Statewide statistics show: 24 ADA projects within 5 districts in 2018 totaling \$63,441,181.00 and future projects will include: 16 ADA projects within 5 districts in 2019 totaling \$50,339,543.00; 5 ADA projects within 5 districts in 2020 totaling \$11,540,824.00 and 5 ADA projects within 5 districts in 2021 totaling \$13,143,320.00

Recommendations by the state include: Prioritize transit service to areas with higher concentrations of special needs populations; Coordinate with municipal, county and other funding agencies to assess and respond to needs for intercommunity and intercounty service; Cooperate with community centers and other entities and agencies to provide service to unserved or underserved populations; Focus on serving special needs populations at a rate at least proportional to the growth in their numbers in this planning area; Emphasize education on available special needs transit services to eligible population groups; Establish transit connections between major centers inside and outside of the RTPO area, i.e. between Raton and Trinidad, Colorado; between Red River, Angel Fire, Eagle Nest and Raton; between Clayton and Amarillo, Texas; and between Tucumcari and Amarillo, Texas. Provide route service to unserved or underserved populations in both urban and rural areas, i.e., Mora County, Mora, Harding County, Mosquero, Roy, Clayton, Cimarron, Wagon Mound, and Des Moines. Work on regional transit solutions, such as car and van pools.

State officials would like to utilize opportunities to expand, combine or leverage funding sources to establish or improve services, i.e. provide customers with one number to call for requests for various transportation services, information on services, and trip planning. Provide opportunities to add or enhance public transportation services beyond the minimum requirements of the ADA; and coordinate with appropriate agencies to fill transportation service gaps such as: evening service and weekend service. At least 55% of program funds must be used on capital projects that are: Public transportation projects planned, designed, and carried out to meet the special needs of seniors and individuals with disabilities when public transportation is insufficient, inappropriate, or unavailable.

The remaining 45% may be used for purposes including: Public transportation projects that exceed ADA requirements; Public transportation projects that improve access to fixed-route service and decrease reliance by individuals with disabilities on complementary paratransit; Alternatives to public transportation that assist seniors and individuals with disabilities. The New Mexico Statewide Multimodal Transportation Plan included the following transit related goals and needs specific to the Northern Pueblos RTPO: Integrated Transportation System including all modes; Mobility and safe access for people and goods; Support economic enterprises and land-use developments; Minimize environmental impacts; Connect communities; Maintain and improve roads in coordination with all jurisdictions; Increase transportation funding for local governments; Improve access to rural areas.

The Southwest RTPO Long Range Plan included the following comments on transit related needs: Lack of reliably scheduled and accessible public transportation; Lack of access to metro areas • Mass transit between communities; Connectivity (within communities and between towns); Route expansion of existing transit system; Public transportation for senior citizens and other age groups; Readily accessible public transportation between Silver City and Las Cruces and El Paso, Albuquerque, and Tucson; No public transportation in the evening, Lack of public transportation in rural areas; No public transportation providers for medical services; Affordable public transportation; Availability of transportation services; Transportation to larger cities by train or bus; More education and awareness of the benefits of public transportation

#### 2016 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.

2016 Survey 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**

2018 - In New Mexico, the average Minimum Wage is \$7.50. The average Renter Wage is \$12.97 and the 2-Bedroom Housing Wage is \$15.89. Affordable Rent for Low Income Households is \$689. The average Supplemental Security Income (SSI) Payment in New Mexico SSI Monthly Payment is \$750. Rent Affordable to SSI Recipients in New Mexico is \$225.

The Estimated Renter Median Household Income is \$772. Homelessness Statistics for New Mexico are as follows: Total Homeless Population is 2,482; Total Family Households Experiencing Homelessness is 191; Veterans Experiencing Homelessness is 248; Persons Experiencing Chronic Homelessness is 814; Unaccompanied Young Adults (Aged 18-24) Experiencing Homelessness is 181; Total Number of Homeless Students is 10,071; Total Number of Unaccompanied Homeless Students is 0; Nighttime Residence: Unsheltered is 844; Nighttime Residence: Shelters is 855; Nighttime Residence: Hotels/motels is 438 and Nighttime Residence is 7,930

The State of New Mexico's Governor's Commission on Disability now coordinates a Residential Accessibility Modification Program (RAMP) that provides home modifications and provides on their website the following additional resources: Veterans Administration Special Adaptive Housing Grants, Independent Living Resource Center, San Juan Center for Independence, City of Albuquerque Area Agency on Aging in Albuquerque, PNM – Central NM Housing Corporation House assessment for weatherization and home modifications and Carrie Tingley Hospital Foundation – Patient & Family Assistance Program. UNM-CDD and Behavioral Health also provide lists of housing options for people with disabilities.

NMSBVI reported that in 2018 they supported 39 students in their Alamogordo residential campus. 19 students with Itinerant/consult services and 2 short-term placements.

#### 2016 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.

#### 2016 Survey 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**

In New Mexico in 2015, New Mexico had a monthly average of 16,400 children served by subsidized child care. An average of 16,600 children received subsidized child care per month in 2014 and 18,300 were recipients in 2013.<sup>28</sup> In 2016, to be eligible for subsidized child care in New Mexico, a family of three could make no more than \$40,180 at application, which is equivalent to 79% of the state’s median income.<sup>29</sup> As of early 2016, New Mexico had 1,085 children on its waiting list for child care assistance . In 2015, Head Start served 7,851 children in New Mexico, an increase of 2.3% from 2014.<sup>31</sup> Through federal grants from the Home Visiting Program, in fiscal year 2015, home visitors in New Mexico made 4,430 home visits to 672 parents and children in 331 families, as well as enrolled 334 new parents and children to the program. In FY17 1,272 investigations of abuse, neglect or exploitation were conducted; 358 allegations of abuse, neglect or exploitation were substantiated; 254 consumers were determined to have been the victim of abuse, neglect or exploitation.

There is negligible oversight from DOH of Mi Via providers, with designated employers of record responsible for monitoring client services. People on Mi Via, unlike those on the traditional DD Waiver, regulate their own services, with little oversight mentioned in the current standards. While

clients also have a consultant who assist the client and employer of record in their responsibilities, the consultants do not regulate client service providers, which is the responsibility of the employer of record, and no one oversees the employer of record. In New Mexico, out of the approximately 1,400 current Mi Via clients, only 42 are their own employer of record.

In a survey of providers, the Division of Health Improvement (DHI) did not complete investigations on 81 percent of reported cases within the 45-day deadline. Incident Management Bureau (IMB) data shows in FY17 it took an average of 87 days from when the case was received to case closure, an improvement of 33 days from FY16, however still 40 percent beyond the 62day deadline. in a survey of providers, DHI did not complete investigations on 81 percent of reported cases within the 45-day deadline. This is corroborated by examining IMB data, which shows in FY17 it took an average of 87 days from when the case was received to case closure, an improvement of 33 days from FY16, however still 40 percent beyond the 62-day deadline.

**2016 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.

**Integracy Initiatives**

2018 - The Center for Self Advocacy Program Outreach Coordinator worked with Parents Reaching Out on a Grant Project called From Fear to Freedom. One objective is to raise awareness of rights for parents with disabilities by offering education and communication opportunities in 10 communities. Another objective is to get relevant information from the Know Your Rights campaign to the parents, in particular through adults with disabilities sharing how misconceptions about adults with disabilities impact them. Adult self-advocates will also share their success stories from

their adult lives. In doing so, this will create a new normative expectation of rights for parents not just in the present, but when their children become adults. Finally, the project will create a link between adult self-advocates and their initiatives, parents and their initiatives, and communities to create a shared vision of what the future will look like for children with disabilities.

The Center for Self Advocacy Program Manager has served in the past as the Secretary of the Jemez Vocational Rehabilitation Advisory Committee and is currently a committee member. In that capacity, he has learned about how tribal VR programs provide services to individuals with disabilities and has made suggestions to the staff when asked. CSA Program Manager has also mentored a Native American self-advocate through the New Mexico LEND program starting in August and will continue to do so through May. They met weekly during the first semester and will meet at least monthly during the second semester. The theme was expectations for adults with disabilities and changes in the service system.

After graduating from the Advocate Leadership Academy program, many of the advocates become leaders in various programs throughout New Mexico. Of our 25 individuals that have graduated from the program, 18 of them are active in their community.

DDSD Advisory Council on Quality 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.

#### 2016 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.

#### 2016 Survey 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**

In FY17, 1,272 investigations of abuse, neglect or exploitation were conducted; 358 allegations of abuse, neglect or exploitation were substantiated; 254 consumers were determined to have been the victim of abuse, neglect or exploitation.

There is negligible oversight from DOH of Mi Via providers, with designated employers of record responsible for monitoring client services. People on Mi Via, unlike those on the traditional DD Waiver, regulate their own services, with little oversight mentioned in the current standards. While clients also have a consultant who assist the client and employer of record in their responsibilities, the consultants do not regulate client service providers, which is the responsibility of the employer of record, and no one oversees the employer of record. In New Mexico, out of the approximately 1,400 current Mi Via clients, only 42 are their own employer of record.

In a survey of providers, the Division of Health Improvement (DHI) did not complete investigations on 81 percent of reported cases within the 45-day deadline. Incident Management Bureau (IMB) data shows in FY17 it took an average of 87 days from when the case was received to case closure, an improvement of 33 days from FY16, however still 40 percent beyond the 62day deadline. in a survey of providers, DHI did not complete investigations on 81 percent of reported cases within the 45-day deadline. This is corroborated by examining IMB data, which shows in FY17 it took an average of 87 days from when the case was received to case closure, an improvement of 33 days from FY16, however still 40 percent beyond the 62-day deadline.

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.

#### 2016 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.

#### 2016 Survey 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**

2018 - Nearly one third (30.1%) of New Mexico children grow up in poor households, that is, households whose annual income was below the federal poverty level (Figure 1). About two in five New Mexico children (38.4%) live in households that receive Supplemental Security Income (SSI), cash public assistance income, or Food Stamp/SNAP benefits. Children with special health care needs account for one in five New Mexico children. 75.5% of parents of children with special health care needs rated their child's health as excellent or very good compared to 93.4% who did not have a child with special health care needs.

Between 2014 and 2016, there were an average 82 deaths per year for children aged 1-14 years in New Mexico, a rate of 21.0 deaths per 100,000 children. The leading causes of death for this group were unintentional injury (31 deaths per year on average, 8.0 per 100,000 children), homicide (9 deaths per year on average, 2.2 per 100,000 children) and congenital malformations (8 deaths per year on average, 2.0 per 100,000 children). Leading causes of unintentional injury death in this age group were motor vehicle traffic injuries, motor vehicle non-traffic injuries, drowning, falls, and suffocation. American Indian children died at more than twice the rate (41.7 per 100,000) of the other racial/ethnic groups combined (18.6 per 100,000).

Unintentional injuries accounted for nearly a third of all child deaths in the American Indian group. Hispanic children had the lowest child death rate at 18.0 per 100,000. Children in poverty were half as likely to have a medical home as those in households that earned more than 400% of the Federal Poverty Level (Figure 3). About half of children (52.8%) received needed treatment or counseling for their mental/behavioral health condition. Medicaid access has increased with Medicaid expansion and emphasizes the Medical Home and care coordination as standards of care. Continue initiatives to address provider shortage areas. Increase the number of medical providers that use a standardized developmental screening tool for early identification of children requiring intervention.

Expand use of care coordination in primary care practices to link families to community services to address socio-economic concerns. Understand the knowledge, attitudes and perceptions surrounding healthful eating and physical activity among New Mexicans and engage more communities in creating healthy environments for kids to grow up in.

Ensure that all New Mexicans have access to affordable healthy foods. It was identified that a specific groups of young people who are at extreme risk for almost all areas of risk behaviors in the survey. The three groups who consistently face the highest levels of risk are lesbian, gay, and bisexual (LGB) youth, youth in unstable housing (homeless), and youth with physical disabilities. Students with physical disabilities made up 11.3% of students.

Compared to students without physical disabilities, these students had higher rates of binge drinking (17.7% vs. 13.4%), current cigarette smoking (15.3% vs. 10.3%), current heroin use (5.6% vs. 2.3%), past year suicide attempts (18.7% vs. 8.5%), and forced sexual intercourse (15.0% vs. 6.6%). Increase positive youth development and leadership programs, with meaningful engagement of youth to develop, implement, and evaluate them. Increase the number of school based health centers throughout the state, as these meet the healthcare needs of students where they spend a majority of their time. Increase healthy nutrition and physical activity interventions targeting middle school aged youth. New Mexicans at greater

risk for smoking include those with lower levels of education, lower income, who are unemployed, or are uninsured or enrolled in Medicaid. In addition, higher smoking rates are also found among lesbian, gay, bisexual, and transgender New Mexicans, people with disabilities, and African Americans (Figure 2). Men are at significantly increased risk for use of spit or chew tobacco compared to women (7.1% vs. 0.9%).

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.

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 Eating (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.

#### 2016 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.

#### 2016 Survey 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 'legalese'.

## Education/Early Intervention

NMSBVI reported that for the school year 2017-2018 they served 1277 total students with over 400 students in Bernalillo County and 76-150 students in San Juan, Sandoval and Dona Ana counties. Of the 1277 students, 36% had neurological vision impairment, 23% students had retinal defect and the remaining with various other diagnosis.

2018 - 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.

**2016 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.

**2016 Survey 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**

2018 - The percentage of New Mexicans with intellectual or developmental disabilities in integrated employment decreased in recent years from 44 percent in 2008 to 30 percent in 2015. As of the second quarter of FY18, there were 651 people on the DD Waiver receiving employment services, down slightly from the second quarter of FY17 when 694 were receiving employment services (Chart 39). Additional New Mexico outcome data show of those receiving employment services, the average client worked almost 14 hours a week in the second quarter of FY18 and made \$7.19 an hour. While the average wage is higher than the average wage in FY17, which was \$6.18, clients are working about a third of an hour less than they were a year ago. The employment rate for PWD is 31.9% and the employment rate for PWD: 31.9%. The Earnings gap: \$7,492. There's good news for residents of New Mexico. Though they have one of the highest concentrations of people with disabilities, the state boasts the lowest poverty gap among the two populations, just 1.5%. The earnings gap is also relatively reasonable. Still, those who have a job should count themselves as one of the lucky few able to find employment in New Mexico.

The largest barrier to employing people with disabilities that relates to discomfort surrounds the general fear of the unknown that can accompany hiring people with disabilities. Perhaps highlighting stability and consistency in an applicant's disability (if that is applicable) may be influential in establishing new job opportunities for those with disabilities. The largest barriers that existed for hiring people with disabilities from a safety perspective stemmed from company and manager's unfamiliarity surrounding procedures associated with employing people with disabilities.

Perhaps teaching and training key staff to eliminate discomfort and gaps in knowledge would facilitate efforts to establish new job opportunities for people with disabilities. Among employers whom already have/had employees with disabilities, there is room for additional improvements to these companies' culture to further increase the work environment and overall image of the company for people with disabilities. Specifically, there is a large amount of responses in the "Neither Agree nor Disagree" category or the "Agree" category. As such, additional improvements can be made to shift responses to the "Agree" and "Strongly Agree" categories. On average, employers that have already employed people with disabilities agree more that their company prefers to employ diverse employees.

Further, employers were also more likely to say that diversity is an organizational value. The attitudes of top management seems to have a strong influence on if a company is open to being an employer of diverse individuals (e.g., people with disabilities) When asked what are the top 3 benefits of employing people with disabilities, there was a difference in the responses of employers and non-employers. Employers' top benefit was the ability to support diversity. Other top responses from employers focused on the positive attributes that they see in their employees with disabilities (dependability, hard working, strong work ethic).

A majority of non-employers were not able to provide an answer or focused on legal compliance or tax credits as benefits. When asked what are the top 3 drawbacks of employing people with disabilities are, there was a difference in the responses of employers and nonemployers. Employers' top drawback surrounded accommodations and the concern for the length of time that employees with disabilities take to accomplish tasks. A majority of nonemployers focused on drawbacks surrounding the need for more supervision and the worry of longer training time periods. The length of time that employees with disabilities take to accomplish tasks was a concern for non-employers, as well. Clearly, education for employers would be helpful to overcome some of these misconceptions

At the November 30, 2018, DDPC Council meeting, New Mexico Division of Vocational Rehabilitation (NMDVR) provided current information regarding the NMDVR Section of the 2019 Combined State Plan, which includes the Workforce Innovation and Opportunity Act of 2014 (WIOA) established that state agencies providing workforce-related services will submit one state plan to the US Department of Labor and Department of Education. There are seven New Mexico Partner Program. An update included how Federal Funds are used including WIOA changed the way NMDVR used some of the federal funds it receives. 15% of these funds will specifically be for Pre-employment Transition Services (Pre-ETS) for students with disabilities transitioning from school to training and employment.

University of New Mexico, Center for Development and Disabilities (UNM-CDD), Partners for Employment (PFE) program provides the following services: Education, advocacy and outreach in the field of Supported Employment, participation with people with disabilities and their family members, community providers, job developers, job coaches, employers, as well as, Local Employment Agencies (LEA).

NMDVR developed an Intergovernmental Agreement with University of New Mexico, Center for Development and Disabilities (UNM-CDD), to implement Partners for Employment (PFE) program and the Project Search to expand services statewide with a focus on rural areas throughout the state. Currently, there are eleven Project Search locations. NMDVR and the Department of Health/Developmental Disabilities Supports Division (DOH/DDSD) established support to Long term providers who are participating in Project Search. The data for the past three years is 70% employment placement rate.

For FFY 2019, the estimated number of individuals to be served and the costs of services was presented by NMDVR as follows: 9,900 participants served (under Part B, Title I funds); 420 participants served with Supported Employment (Part B, Title VI funds), 850 participants estimated to achieve suitable employment outcomes. The budget for FFY 2019 is approximately \$9,000,000 (plus \$244,500 in Title VI B funds). The Order of Selection statistics updated include:

Priority 1: Most significant disabled - Title 1- 4154 estimated number to be served at the average cost of services at \$3,420,000.

Priority 1: Most significant disabled - Title 6- 150 estimated number to be served at the average cost of services at \$244,500.

Priority 1: Most significant disabled - Title 1- 4154 estimated number to be served at the average cost of services at \$3,420,000.

Priority 2: Significant disabled - Title 1- 5390 estimated number to be served at the average cost of services at \$4,860,000.

Priority 3: All other eligible - Title 1- 795 estimated number to be served at the average cost of services at \$720,000.

In 2016, 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%.

2016 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.

### **Informal and formal services and supports**

In 2017, New Mexico's DD waiver had only 4,696 people in waiver services, according to the New Mexico Developmental Disabilities Supports Division (DDSD). Meanwhile, the waitlist has mushroomed to over 6,400 individuals waiting for vital services such as home healthcare, job coaching, supported family living, and habilitation. Of the over 6,400 on the waitlist, 4,176 are in what is called "start status" which means they have passed all preliminary requirements to qualify for the waiver and are simply awaiting an "allocation" and a final "medical determination of eligibility." 4,176 New Mexicans who are being solely supported by family, friends, and a bare bones Centennial Care program which has proven insufficient to support adults with Intellectual and Developmental Disabilities (I/DD). In FY17, about 3,500 people received services through the traditional DD Waiver and 1,400 received services through Mi Via, with a waiting list of roughly 3,900. The Jackson lawsuit resulted in over 300 obligations with which the state must demonstrate compliance. Combined state and federal funding for the DD and Mi Via waivers totaled \$360 million in FY17, including \$111 million in state general fund appropriations.

Strengthening oversight of program quality, including incident investigations and Mi Via providers, can serve to promote positive client outcomes and mitigate risk to both clients and state funds. Improved strategic planning, data collection and analysis, and outcome-based performance reporting can help DOH understand issues and drive system improvements. These types of actions could also contribute to the state's disengagement from the threedecade-old Jackson lawsuit by addressing court-mandated obligations. The lawsuit has resulted in over \$40 million in

costs since FY13, and remains active in federal court. To improve these waivers, DOH should more thoroughly analyze and report on patterns and trends in DD waiver cost drivers, institute more intensive reviews of high-cost services and clients, and incorporate a standardized and validated assessment tool into the process for developing client service plans and budgets. Along with the Legislature, DOH should also create a five-year plan with committed funding to reduce the waiting list by 25 percent to 50 percent. Finally, DOH should strengthen oversight of program performance by leveraging data collection to analyze and report on outcome-based performance measures.

Create a five-year plan to reduce the waiting list by 25 percent to 50 percent. Funding the plan would require the Legislature to commit a total of approximately \$4 million to \$8 million general fund for the first year of waiver services over the five-year period and approximately \$33 million to \$65 million on a recurring basis thereafter. This plan should then be submitted to the Legislature with annual DOH budget submissions, detailing progress toward the stated goal, and any changes in funding requirements year-to-year to support these new clients. Should DOH demonstrate cost containment in the DD and Mi Via waivers, the Legislature should consider reappropriating these savings to increase the rate the waitlist will be reduced in the five-year plan. Analyze and report annually to the Legislature on clients with highest costs on the DD and Mi Via Waivers, looking at how their service needs and costs change over time; Examine cost drivers within the DD and Mi Via Waivers, identify patterns leading to these cost increases and address issues programmatically Model other state cost containment practices specifically around living and community-based supports; Analyze the feasibility of instituting the Community First Choice option under the ACA to leverage an additional 6 percent federal match for home- and community-based attendant and support services; Track and include utilization of state general fund and non-waiver Medicaid services by individuals on the waiting list as part of the annual DDSD Central Registry Report; Implement a standardized, validated, and evidence-based assessment and allocation tool to drive and inform its person-centered review and allocation process, while incorporating appropriate safeguards to protect client rights

In 2015, the most recent year for which data is available for all states, there were an estimated 30,687 New Mexicans with an intellectual or developmental disability, about 1.5 percent of the state's total population. For every 1,000 individuals with an intellectual or developmental disability in New Mexico, roughly 138 were receiving Medicaid home- and community-based waiver services in 2015, while 207 were waiting for such services. In all of the other 13 states without institutions, the rate of the population receiving services was greater than those waiting. However, the other states offered fewer or more limited services (see Appendix C). Alaska had the next highest rate of individuals on its waiting list, at about 68 individuals per 1,000 with developmental disabilities. Vermont served the highest rate of individuals through its programs, at a rate of 357 individuals served per 1,000 with developmental disabilities.

In urban counties, there are providers for each service, although it is unclear if the number of providers is sufficient to serve the client population. Services are particularly sparse in rural counties such as Colfax, Quay and Union counties, with few therapists serving these counties, and still fewer providers for services such as intensive medical living supports. For example, there are 21 counties unserved by a provider of intensive medical living supports, and these counties are mostly outside the Rio Grande corridor. However, it should be noted this analysis focused only on provider availability and did not examine the number of clients in each county needing specific services. DDSD and the New Mexico Healthcare Workforce Committee should work together to determine provider adequacy across the different services provided under the DD and Mi Via Waivers.

DDSD could estimate provider staffing needs by leveraging the database it uses to track employee training. DOH currently pays \$111.6 thousand annually to the University of New Mexico Center on Development and Disability (UNM CDD) for a database to track provider staff through all required trainings. This database was developed as a result of training requirements implemented due to the Jackson lawsuit. Because the database has the ability to track trainings for all new and ongoing provider staff, it can also be used as a proxy tool to analyze staff turnover. This may allow DDSD to determine if an agency is facing higher than average turnover as well as to highlight providers with potential staffing issues.

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.

**2016 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.

**2016 Survey 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

2018 - 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. As of the end of FY17, there were approximately 6,600 total individuals on the Central Registry including about 3,900 individuals with completed registrations awaiting allocation. While the number of individuals on the Central Registry has grown by 11 percent since FY12, the number awaiting allocation is 5 percent lower than in that year, although it has grown by roughly 5 percent in each of the past two fiscal years. According to DOH, the average amount of time a person has been on the waiting list as of FY17 is 10.7 years.

Individuals on the waiting list may receive certain services funded by state general fund revenues or Medicaid, but these are more limited than waiver-funded services. DDSD offers a range of state general fund (SGF) services to individuals who have completed a registration for waiver services and are awaiting allocation. For adults, these include day habilitation, residential services (including supported living and independent living), supported employment, and behavioral supports. Respite is available for both children and adults, but therapies and other waiver-funded services are not included under the SGF program. For certain services, such as day habilitation and supported employment, clients may access SGF services after they have exhausted alternative sources of funding, such as the Division of Vocational Rehabilitation.

Since FY12, the amount DDSD has spent on SGF services has decreased by 21 percent, from \$7.1 million to \$5.6 million. In FY17, approximately 350 individuals received non-respite SGF services for adults. Individuals on the waiting list may also use traditional Medicaid for regular physical and behavioral health services or long-term care services.

However, these services are not directly comparable to those available under the waiver, as federal regulations prohibit waiver services from duplicating services available under the Medicaid State Plan. For example, New Mexico's State Plan limits physical and occupational therapy to acute and temporary conditions, whereas therapies provided under the waiver are geared toward long-term maintenance and community integration purposes.

While HSD provides client-level data to DDSD that includes the Centennial Care enrollment status of clients on the Central Registry, DDSD does not track the number of individuals on the waiting list enrolled in Medicaid except through a survey included as part of its annual Central Registry report. According to data from HSD, approximately 65 percent of clients on the Central Registry were enrolled in Centennial Care at the end of FY17.

Reductions in the number of applicants on the Central Registry are mostly due to DDSD reducing the backlog of ineligible and incomplete registrations. DDSD periodically removes individuals from the Central Registry for a variety of reasons, including not meeting clinical criteria for DD Waiver services, not completing a registration, or because the individual could not be contacted or requested their registration be closed.

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.

#### 2016 Survey Comments:

"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 providers 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

The Developmental Disabilities Planning Council (DDPC) conducted its 2019 Comprehensive Review and Analysis (CRA) using current information from a wide variety of sources. This information is found within the State Information, State Disability Characteristics, Demographic Information, Portrait of State Services, Analysis of State Issues and Challenges, and Rationale for Goal Selection.

Adjustments to the expected outputs, objective outcomes and data evaluation and measurements based on the current information received..

The five top priorities include: 1) formal and informal community supports, 2) employment, 3) health, 4) self-advocacy leadership, and 5) education and early childhood. The 2017-2021 Five-Year State Plan is located on the DDPC website, along with each individual state plans, including this one.

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

In 2018, New Mexico School for the Blind and Visually Impaired (NMSBVI) became an active collaborative partner. The Acting Superintendent, has participated in Council meetings consistently and provided the Council with a comprehensive overview of the services NMSBVI provides statewide, including that this year they are celebrating 115 years of services. In 2018, NMSBVI sees the completion of the action plans begun seven years ago, This completion includes the school has created an Innovation and Development Department and held its second Innovations Fair. The NMSBVI Foundation continues to develop and to clarify its role in supporting the school's initiatives. Research projects and innovative ideas brought to fruition are now a common component of the educational process and the norm for every department. The school's partnership with New Mexico State University has grown with the Orientation and Mobility program and Outreach department resulting in a mentorship program to help prepare NM teachers of students with visual impairments.

Many of the Federal Program contractors that currently exist rely on interagency collaboration. The Disability Coalition Steering Committee features discussions among members of Disability Rights New Mexico, The Arc of New Mexico, the State Independent Living Council and the DDPC. These groups are also involved in the coordination of Disability Rights Awareness Day. Many of the rural outreach events also feature partnerships among multiple groups. These include the Center for Self Advocacy Program, Corry Consulting, Parents Reaching Out, independent advocacy groups in various communities and employees from the Department of Health Developmental Disabilities Supports Division and New Mexico Allies for Advocacy. The e-blast from the DDPC is also used as a way to promote initiatives from various agencies.

There are collaborations between several state agencies providing services including, University of New Mexico, Center for Development and Disabilities (UNM-CDD), Partners for Employment (PFE) program continue to work in collaboration with NMDVR towards the implementation and sustainability of Supported Employment programs across the state.

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.

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

### Goal #1: 1. Community Supports

#### Descriptor \*

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.** 1.2 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.** 1.3 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.** 1.1 Outreach. Advocate to expand the number of people served by the Developmental Disabilities (DD) Waiver and Mi Via Self-Directed Waiver.

**Objective 4.** 1.4 Support Native Americans with intellectual/developmental disabilities by supporting organizations which provide services, education, and advocacy efforts to this population.

**Goal #2: 2. Employment**

**Descriptor \***

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.** 2.2 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.** 2.1 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.** 3.2 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.** 3.1 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.** 5.2 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.** 5.3 Increase opportunities through evidence-based programs for higher education for students with intellectual/developmental disabilities.

**Objective 1.** 5.1 Increase satisfaction with Individualized Education Plan (IEP) content and implementation.

**Objective 6.** 5.6 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.** 5.4 Improve transition planning and implementation in the schools.

**Objective 5.** 5.5 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.** 4.2 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.** 4.3 Individuals with intellectual/developmental disabilities will achieve and maintain self-advocacy through self-directed leadership training and related opportunities.

**Objective 1.** 4.1 Create and support opportunities for individuals with intellectual/developmental disabilities to become leaders to train and mentor others with intellectual/developmental disabilities.

**Evaluation Plan [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 a 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 \*

DDPC's logic model further demonstrates how our interconnected inputs, outputs and outcomes will lead to a long-lasting measurable impact in each of our goal areas. For instance, the organization's inputs and outputs are similar for all five goals. The projects supported by the DDPC address multiple goals within the same actions, as many of the issues are interconnected. Thus, progress on each individual goal is connected to progress on the larger goals. Reoccurring themes of outreach to rural areas, remedies, empowerment for self-advocates, and building infrastructure for statewide advocacy coalitions are common within the short-term and long-term goals within the logic model.

The logic model not only outlines the connections among the five goals, but provides a template through which both Council members and the projects themselves are able to examine the progress on projects within the larger context and goals of the DDPC. The Comprehensive Analysis and Review also shows why the DDPC chose the specific goals for their Five Year plan and demonstrates how major goals were determined. Thus, DDPC's logic model and evaluation plan demonstrates how the DDPC will explicitly address the issues in New Mexico identified in the Comprehensive Review and Analysis.

Attached document: nmddpc.Logic.model.2017.2021.pdf (/api/file/5c51ede402a1794dde92180d)

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>	\$45666	\$3333	\$48999
<b>2. Employment</b>	\$28333	\$3333	\$31666
<b>3. Health</b>	\$23333	\$0	\$23333
<b>5. Education</b>	\$135016	\$3333	\$138349
<b>4. Self-Advocacy Leadership</b>	\$110650	\$0	\$110650
<b>General management (Personnel, Budget, Finance,Reporting)</b>	\$513990	\$316042	\$830032
<b>Functions of the DSA</b>	\$0	\$0	\$0
<b>Total</b>	\$856988	\$326041	\$1183029

Assurances

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

\* - 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 \***

No amendments to state plan goals were made.

### 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 \***

No amendments to state plan goals were made.

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.