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# State Councils on Developmental Disabilities (DD) Five Year State Plan for FY 2020

Executive Director NM DD Planning Council  
810 W San Mateo Rd  
Santa Fe, NM, 87505-4144

Grant Number: 2001NMSCDD

# Identification

\* - Required field

Part A:	State Plan Period:	<b>10-01-16 through 09-30-21</b>
Part B:	Contact Person:	<b>Alice Liu McCoy</b>
	Contact Number:	<b>505-841-4575</b>
	Contact Email:	<b>Alice.Liu.McCoy2@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\*

**MEMBERSHIP** The Governor shall make appropriate provisions to rotate the membership of the Council. Such provisions shall allow members to continue to serve on the Council until such members' successors are appointed. The Council shall notify the Governor regarding membership requirements of the Council, and shall notify the Governor when vacancies on the Council remain unfilled for a significant period of time. A. Council membership shall be geographically representative of New Mexico and reflect the diversity of the state with respect to race and ethnicity. B. At least sixty percent (60%) of the membership of the Council shall include persons with developmental disabilities, or parents or guardians of children with developmental disabilities, or immediate relatives or guardians of persons with mentally impairing developmental disabilities who cannot advocate for themselves. Of the sixty percent (60%), one-third (1/3) of the members shall be individuals with developmental disabilities, one-third (1/3) shall be parents or guardians of children with developmental disabilities or immediate relatives or guardians of adults with developmental disabilities who cannot advocate for themselves and one-third (1/3) shall be any combination of the above. One member of the sixty percent (60%) shall be an individual with a developmental disability who previously lived in an institution or the immediate relative or guardian of an individual who previously lived in an institution. C. Council membership shall include representatives of relevant state agencies including State agencies that administer funds provided under Federal laws related to individuals with disabilities such as the Rehabilitation Act, the Individuals with Disabilities Education Act, the Older Americans Act of 1965, and Titles V and XIX of the Social Security Act, as well as University Centers, and Protection and Advocacy. Membership shall also include representation from local agencies, tribal entities, non-governmental agencies, and private non-profit groups concerned with services to persons with developmental disabilities in New Mexico. D. The following are ex-officio members of the Council in accordance with State and Federal laws: (a) The Secretary of Health or designee (b) The Secretary of Human Services or designee (c) The Secretary of Children, Youth and Families or designee (d) The Secretary of Aging and Long Term Services or designee (e) Two Directors from the Public Education Department, including the Director for the Vocational Rehabilitation Division or designee, and the Director of the Special Education Bureau or designee (f) The Director of the Protection and Advocacy System (g) The Director of the New Mexico University Center for Excellence

**TERMS OF APPOINTMENT** 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

First Name	Last Name	MI	Gender	Race/ Ethnicity	Geographical	Agency/ Organization Code/Citizen Member Representative	Agency/ Organization Name	Appt Date	Appt Expired Date	Alt/Proxy for State Agency Rep Name
John	Arango	B	M	D7	E2	B3		07-17-19	07-17-22	
Katie	Stone		F	D1	E1	B2		07-17-19	07-17-22	
Joseph Melvyn	Jaramillo	J	M	D5	E2	B3		07-17-19	07-17-22	Anita Morales
Selma	Nevarez	R	F	D5	E1	B3		07-17-19	07-17-22	

<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>
Dolores	Gonzales	C	F	D5	E1	A3	NM Aging and Long Term Services Department	07-17-19	07-17-22	Michal Hayes
Deborah	Dominguez- Clark	L	F	D5	E1	A2	NM Public Education Department	07-17-19	07-17-22	
Jane Katherine	Girard		F	D1	E1	A9	NM Children Youth and Families Department	07-17-19	07-17-22	Eli Fresquez, CYFD Assistant General Counsel
Sharilyn	Roanhorse		F	D4	E1	A4	NM Human Services Department/ Medical Assistance Division	07-17-19	07-17-22	

<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>
Chinda	Lucoski		F	D3	E2	B3	Rotary Club of White Sands	07-17-19	07-17-22	
Tarra	Main	M	F	D1	E1	B2		07-17-19	07-17-22	
Jennifer	Sanchez	D	F	D5	E1	B2		07-17-19	07-17-22	
Emma	Farris	M	F	D7	E1	B1		07-17-19	07-17-22	
Jason	Cornwell	K	M	D2	E1	A2	NM Department of Health/ Developmental Disabilities Supports Division	07-17-19	07-17-22	Roberta Duran
Diane	Mourning Brown		F	D2	E1	A1	Division of Vocational Rehabilitation	07-17-19	07-17-22	Lucinda Garcia, Deputy Director, Rehabilitation Svs Unit, DVR

<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 Hannah	Levin		F	D7	E2	B1		07-26-18	07-17-22	
Lupe	Sanchez	A	M	D5	E1	B2	Santa Fe County	07-17-19	07-17-22	
Kathleen	Holmes Cates	M	F	D1	E1	A7	LifeROOTSNM.org	07-17-19	07-17-22	
Lanthia	Miles	L	F	D2	E1	A9	LMG Consulting	07-17-19	07-17-22	
Joel	Davis	A	M	D1	E1	B2	Elevate the Spectrum Inc.	07-17-19	07-17-22	
Laurel	Deans	R	F	D1	E2	B1		07-17-19	07-17-22	
Gary	Housepian	D	M	D1	E1	A5	Disability Rights New Mexico	01-01-11	07-17-22	Bernadine Chavez
Marcia	Moriarta		F	D7	E1	A6	UNM Center For Development and Disability	01-01-11	07-17-22	Pat Osbourn
Valentin	Anaya		M	D5	E2	B2		07-17-19	07-17-22	

## 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	Advocate Trainer	<input type="radio"/>	<input checked="" type="radio"/> %PT 25
Alice	McCoy		N	D3	F	Executive Director	<input type="radio"/>	<input checked="" type="radio"/> %PT 25
Kathleen	Coates		N	D1	F	Chief Financial Officer	<input type="radio"/>	<input checked="" type="radio"/> %PT 12.5
Daniel	Ekman		Y	D1	M	Program Manager	<input type="radio"/>	<input checked="" type="radio"/> %PT 25
Ana	Callahan-Segura		N	D5	F	Federal Program Management Analyst	<input type="radio"/>	<input checked="" type="radio"/> %PT 25

<b>First Name of person in position</b>	<b>Last Name of person in position</b>	<b>MI</b>	<b>Disability</b>	<b>Race/ Ethnicity</b>	<b>Gender</b>	<b>Position or Working Title</b>	<b>FT</b>	<b>PT</b>
Pearl	Guzman		Y	D5	F	Financial Specialist	<input type="radio"/>	<input checked="" type="radio"/> %PT 12.5
Lindsay	Sloan		Y	D1	F	Outreach Coordinator	<input checked="" type="radio"/>	<input type="radio"/>
Marilyn	Martinez		Y	D1	F	Advocate Trainer	<input type="radio"/>	<input checked="" 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** 19.5

Racial and Ethnic Diversity of the State Population

Race/Ethnicity	Percentage Of Population
<b>Do not wish to answer*</b>	0
<b>Two or more races*</b>	2.6
<b>Asian alone*</b>	1.8

Race/Ethnicity	Percentage Of Population
<b>Race unknown*</b>	0
<b>Hispanic or Latino (of any race)*</b>	49.1
<b>American Indian and Alaska Native alone*</b>	10.9
<b>Black or African American alone*</b>	2.6
<b>White, alone*</b>	37.1
<b>Native Hawaiian &amp; Other Pacific Islander alone*</b>	0.2
<b>Some other race*</b>	0

## State Disability Characteristics

\* - Required field

### Prevalence of Developmental Disabilities in the State 1.8

#### Explanation

The number of people with developmental disabilities provided by the New Mexico Department of Health/Developmental Disabilities Supports Division in 2016 was 37,085. The US Census estimates 2,096,829 as the total population of New Mexico in 2019. In 2018, the New Mexico legislature estimated 30,000-50,000 New Mexicans with an intellectual or developmental disability based on national estimates.

#### 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
2018	4648	4648	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*	23

<b>People in the State with a disability</b>	<b>Percentage</b>
<b>Population 5 to 17 years*</b>	4.8
<b>Population 65 years and over*</b>	85

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>	15.3
<b>Asian alone*</b>	6.8
<b>White alone*</b>	15.4
<b>Two or more races*</b>	12.9
<b>Hispanic or Latino (of any race)*</b>	13.7
<b>Black or African American alone*</b>	14.5
<b>American Indian and Alaska Native alone*</b>	14.3

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>	17.1	29.4

<b>Educational Attainment Population Age 25 and Over</b>	<b>Percentage with a disability</b>	<b>Percentage without a disability</b>
Less than high school graduate*	24.2	12.8
High school graduate, GED, or alternative*	30.3	25.4
Some college or associates degree*	28.4	32.4

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>
Employed*	21.7	61.9
Not in labor force*	74.7	32.7

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>
Earning \$15,000 to \$24,999*	15.6	16.8
Earning \$5,000 to \$14,999*	23.7	18.5
Earning \$25,000 to \$34,999*	11.9	13.5
Earning \$1 to \$4,999 or less*	18.9	10.9

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>	23.8	17.1
<b>At or above 150 percent of the poverty level*</b>	61.6	72.7
<b>100 to 149 percent of the poverty level*</b>	14.6	10.2

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

\* - Required field

### Recreation

Most current data:

Ten students from the Alamogordo preschool, elementary and Intense Support Program (ISP) classes participated in the adapted ski program with Ski Apache Adaptive Sports. Family Weekend has a yearly average of sixty-one (61) participants including extended family members.

Special Olympics of New Mexico (SONM) receives \$400,000 in state funding from the New Mexico Department of Tourism and offers various sports. Since 2010, SONM has offered the Young Athletes Program, which includes motor skills and sports skills development training for ages two to seven (2-7) with and without intellectual disabilities. It is estimated that there are 20,000 people with intellectual disabilities in New Mexico.

SONM has more than three-thousand seven hundred (3,700) athletes from one hundred ten (110) communities statewide participating. SONM is seeing increased participating from elementary school and unified sports is growing.

SONM serves through building inclusive communities, transforming lives through sport, and improving the quality of life for athletes. SONM has 56 competitions that engage six thousand two hundred and forty (6,240) volunteers each year. Ninety-four (94) % of Special Olympics athletes reported improved sports skills. Seventy-nine (79) % of Unified teammates without disabilities reported increased understanding of people with intellectual disabilities. Fifty-seven (57) % of athlete's siblings felt that participation in Special Olympics brought their family closer together.

Forty-four (44%) of Special Olympics athletes are employed, compared to twenty-eight (28) % of individuals with intellectual disabilities who have never participated in Special Olympics. Nearly one half of the intellectual disability population have no physical activity in their lives at all. Two hundred sixty-seven (267) athletes in Northwest (NW) region, four hundred fifteen (415) in Northeast (NE) region, three hundred twenty-seven (327) in Southwest (SW) region, four hundred fifty-one (451) in Southeast (SE) region, one thousand eight hundred twenty-two (1,822) in Central region and three hundred thirty-eight (338) in Western region.

Six hundred fifty-seven (657) total screenings given in 2018 by Healthy Athletes by two hundred eighty-six (286) total volunteers. Students who participate in Unified Sports or a Unified Club have opportunities to get to know peers with disabilities, lead to friendship Ninety-four (94) %. Eighty-six (86) % of school staff feel that Special Olympics Unified Schools program has made a big impact on reducing bullying and teasing in their schools Eighty-six (86) %.

Eighty-four (84) % of students generally regard participation in the program as a positive turning point in their lives. Ninety-seven (97) % of high school seniors say that Unified Champion Schools activities are changing their school for the better. active school districts in Las Cruces, Rio Rancho, Farmington, Bloomfield, Albuquerque and Gallup. Nine thousand five hundred (9,500) students exposed to program throughout the state and Seven hundred and eight (708) unified partners participate in the program. Six hundred fifty-nine (659) athletes with intellectual disabilities participate in the program. One hundred twenty-one (121) Special Olympics Young Athletes participate in the program. Thirty-seven (37) Unified Champion Schools participate throughout the state.

2016 Five Year Plan Development 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 Five Year Plan Development 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**

Most current data:

Americans with Disabilities Act (ADA) Transition Plan for Public Rights-of Way by New Mexico Department of Transportation (NMDOT) reported that of eight thousand six hundred thirty-eight (8638) curb ramps, three thousand six hundred seventy-seven (3,677) or forty-two (42.57) % are compliant with the ADA. Of 12,667,041 ft of sidewalks, one million nine hundred and eight thousand and one (1,908,001) or fifteen (15.06) % are compliant with the ADA.

Four thousand nine hundred sixty-one (4,961) warning surfaces are missing. There is forty-two thousand four hundred and forty-seven (42,447) ft of narrow access and one thousand two hundred and fourteen (1,214) obstructions. Curb ramps were fifty-seven (57.43) percent non-compliant. 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 was an additional factor. Sidewalks were eighty-four (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 areas (5 feet by 5 feet) every two hundred (200) feet, obstructions, or in a few cases, noncompliant running slopes. Twelve (12) DOT STIP ADA Projects and eighteen (18) T/LPA ADA Projects were completed in 2017. Between FY 2018-2021, seventeen (17) T/LPA ADA Projects and thirty-two (32) DOT STIP ADA Projects are planned.

Within five (5) districts in 2019 totaling \$63,441,181.00 and future projects will include: sixteen (16) ADA projects within five (5) districts in 2019 and totaling \$50,339,543.00; five (5) ADA projects within five (5) districts in 2020 totaling \$11,540,824.00 and five (5) ADA projects within 5 districts in 2021 totaling \$13,143,320.00.

First challenge listed under Changing Demand for Transportation is: Improve ADA accessibility along with Re-prioritize alternative transportation options before roads. Improve ADA Accessibility is also the first identified need. First Northern Pueblo key regional issue from feedback is Improve ADA Accessibility. One RWG strategy listed is to continue to work with local agencies to coordinate schedules and make web-based transit information more accessible. This is also the first RTPO action item. First key priority raised in working group was ADA compliance. The second was improve public transit. First point in the synthesis of 2040 Vision Discussion is that ADA compliance is a huge issue.

For Section 5310 funding, fifty-five (55) % of the program funds are required to be used for 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 rest used for projects for transportation that exceed ADA requirements or are alternatives to paratransit.

One of the transits needs in the Northern Pueblos RTPO Long Range Plan: Development of an integrated regional transportation system that not only provides safe roads but also addresses mobility needs and travel options for residents, commuters and visitors alike.

The New Mexico Statewide Multimodal Transportation Plan included the goal to develop community-based transportation programs that include flexible and deviated fixed-route services to accommodate riders that require ADA accessibility.

Strategies include:

- Prioritize transit service to areas with higher concentration of special needs populations.
- Emphasize education on available special needs transit service to eligible population groups.
- Coordinate with existing transit services to determine and respond to any eligible and unmet needs in the urban area where special needs transit funding could effectively supplement urban service.
- Route new or additional service to unserved or underserved populations in both urban and rural areas.

- Must fill service gaps for evening, weekend, intercommunity and service for rural areas.
- Continue to monitor and respond to unserved and underserved special transit needs, such as those in rural communities, e.g., Abiquiu, Chama, Embudo, Dulce, Galisteo, Las Trampas, Picuris Pueblo, Stanley, Tierra Amarilla and Truchas.
- Expand or enhance existing transportation services to meet the growth rate of special needs populations in the planning area,
- Provide opportunities to add or enhance public transportation services beyond the minimum requirements of the ADA.

Issues raised in Northwest Region RTPPO working groups include:

- Need to address infrastructure maintenance including bridges.
- Address the lack of inter-jurisdictional coordination
- Northern New Mexico may develop into an energy hub
- Need for improved regional public transportation services
- Unpaved roadways and improve school bus routes.
- Improve access to funding for rural transportation projects.

For the Northeast Region, Key Challenges and Opportunities, Weaknesses:

Public Transit: Low-density development and communities separated by large open spaces are hurdles to operating public transit, and small communities generally lack funding to match federal funds to run transit services, even when run as demand-based services.

The need to improve and expand the public transportation is critical; an interconnected network of transit routes...Investment in more local public transit providers.

Deterioration of roads, bridges and rail lines must be addressed. Maintenance of existing infrastructure is important.

Maintain existing transportation assets in a state of good repair: Maintenance of existing infrastructure is important. Address the deterioration of existing transportation infrastructure, including roads, bridges, rest areas, and rail lines. New Sources of revenue need to be investigated. There needs to be more consistent funding for the local roadways and bridges and ADA compliance.

2016 Five Year Plan Development 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 Five Year Plan Development 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

Most current data:

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

In regard to UDSA's Multi-Family Housing 514/515 properties there are a total of 100 projects with a total of 3906 revenue units; of those 224 are handicap accessible units found across the state in rural communities. Of the 3906 units in New Mexico, 3280 of them receive rental assistance.

Loans and grants are a program offered to very low income individuals in rural communities to help repair their homes or to assist them in making them handicap accessible.

A total of thirty-five projects were completed throughout the state during Fiscal Year 2019. This is an increase from twenty-four completions during the previous year. The projects consisted of twenty (20) Bathroom Modifications, fourteen (14) Exterior Ramp Additions and one (1) Kitchen Modification. Many of these projects included Door Widening. Our agency projects a minimum of 50 project completions for Fiscal Year 2020.

High housing costs in the major employment areas in Santa Fe and Los Alamos County, with limited availability of land are driving new as well as long-time residents further away from their workplaces.

Small community commercial business districts are losing retail and service business to the Santa Fe area. The housing stock in the region is in need of upgrades and modernization, including energy efficiency, also public land management coordination with local development is often incompatible and/or lack mutual cooperation.

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 Five Year Plan Development 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 Five Year Plan Development 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**

Most current data:

University of New Mexico/Center for Development and Disabilities (UNM-CDD) provided training to primary care providers and nurse home visitors to build their capacity to implement evidence-based prenatal and infancy oral health services for at-risk populations, including children with developmental disabilities. One hundred (100) % were satisfied and felt the training would have a positive impact on their practice.

Ninety-five (95) providers provided training on infant mental health care concepts through Foundations to Infant and Early Childhood mental health series. One hundred (100) % were satisfied and reported an increase in knowledge.

A ninety (90) hour practicum for undergraduate nursing students in home-and-community-based health care for children with intensive medical needs is in place.

Home and Clinic-based support and Part C Early Intervention Services to families prenatally and birth to three with developmental delays due to medical challenges, substance abuse, mental illness, family violence or unsupported teen parents was provided to seventy-two (72) prenatal women in Bernalillo, Sandoval, Valencia and Tarrant Counties. Also, six hundred and sixty-six (660) families were served postnatal, thirty-five (35) developmental assessments were conducted and one hundred and fifty (150) families were enrolled in FOCUS medical home.

According to Improving Developmental Care for Young Children and their Families in New Mexico: Where are we Now? What Should We Do Next? By Early Childhood Comprehensive Systems – Act Early State Team (2017)., there is need to increase in developmental screening in health care settings and in all early childhood/child care settings. In addition, to assure continuous and comprehensive health insurance to ensure all children have a medical home. Strengthening Medicaid policies and payment to increase developmental screening is also a need, as well as, expanding

immunization cards to include reminders of when developmental screenings are due, record date performed and tool used, and note if a referral was made. Lastly, there is a need to add Adverse Childhood Experiences (ACEs) questions to the Medicaid Centennial Care Risk Assessment Form, and ask “How Are Your Children?”

Additionally, this report recommends developing data collection strategies to capture screenings and referrals for children birth to five (0-5) and to encourage the Family Infant Toddler program (FIT) to solicit and review feedback from early care providers about any instances in which the referral loop was not closed, especially in rural counties.

2016 Five Year Plan Development 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**

Most current data:

The Division currently has an IGA with University of New Mexico to provide Project SEARCH in six (6) locations, five (5) more locations than FY15, in New Mexico with Supported Employment students as part of New Mexico’s Pre-ETS requirements. The Division also has a Memorandum of Understanding with the Public Education Department to further effect school-to-work transition services throughout the state including Roswell Job Corp. Further contracts are in place with the Centers of Independent Living; in the state, services include job seeking skills training, job placement and Self-Advocacy and supportive services. The Division entered in to an Interagency Agreement with the Central Regional Educational Cooperative (CREC 5) to provide statewide required Pre-ETS services to students with a disability.

Two (2) programs operate under a partnership with NMDOH: The Parent Infant Child Program and The Deaf Mentor Program. Both programs provide early intervention services in every county in the state of New Mexico to children, who are deaf or hard of hearing, age birth to six, and their families. All services occur in the young child's home and community. Home visits occur weekly from each program at a time that best suits the family.

Developmental Specialists from the Parent Infant Child Program have expertise and training which allows them to learn with families to find the strategies, services and technologies that will best support their child's development within their family's culture and routines.

The Deaf Mentor Program facilitates the understanding that with early and ongoing access to language being deaf is a difference, not a disability.

By simply introducing a parent to a Deaf Mentor, many of the anxieties that parents have can be drastically reduced. Deaf Mentors are also state-certified Developmental Specialists. The Services they provide work in tandem with the Parent Infant Child services that a family receives.

Higher education partnership: The New Mexico State University (NMSU)/NMSBVI partnership continues to provide educational training for NM teachers through the Vision Impairment Program (VIP). As a result, over the past ten years, more than one-hundred (100) teachers in New Mexico have become licensed Teachers of the Visually Impaired or Certified Orientation and Mobility Instructors.

Birth-to-Three Program: Our program has been selected by the New Mexico Family Infant Toddler Program (FIT) to participate in the FIT Early Intervention Practices training this year. The purpose of this training is to support staff working with children and families with coaching and reflective supervision support. In turn, the staff will be able to better support children and families in the field.

We are approaching twenty (20) years of formal collaboration with the New Mexico Family Infant Toddler Program to provide vision and orientation and mobility services.[1]

In May 2019, the VIP welcomed another five teachers of students with visual impairments (TSVIs) into the professional for a grand total of seventy-eight (78) TSVIs, sixteen (16) developmental vision specialists (DVSs), and twenty-one (21) certified orientation and mobility specialists (COMSs) trained since 2003.

During the 2018-2019 school year, NMSU VIP alumni and interns accounted for seventy-six (76) % of the practicing TSVIs, eighty-eight (88) % of the practicing DVSs, and fifty-eight (58) % of the practicing COMSs in the state.

The NMSU VIP currently provide high quality professionals trained in blindness and visual impairment to at least twenty-four (24) public school districts and to NMSBVI, which in turn make the continuum of services accessible to most children and youth with visual impairments who reside in “The Land of Enchantment.”

New Mexico Division of Vocational Rehabilitation (NMDVR) continues to work in collaboration with University of New Mexico’s (UNM-CDD) Center for Development and Disability (CDD) towards the Implementation and sustainability of Support Employment programs across the state.

NMDVR has developed intergovernmental agreements with the CDD to implement Partners for Employment Initiatives and Project Search.

Project Search internships include: The Albuquerque Public School District, UNM Hospital, Embassy Suites, Gallup McKinley School District/Office of Special Education and Rehab Services (OSERS), Hilton Garden Inn Gallup, Rio Rancho Public Schools, Presbyterian Rust Hospital, Gadsden School District, Good Samaritan Las Cruces, Farmington School District and the City of Farmington. Data for the past three (3) years is seventy (70) % employment placement rate.

The NMDVR works with local education agencies throughout New Mexico to provide school-to-work transition services and provide PreETS. Rehabilitation counselors are assigned to state public/charter high schools throughout the state and are working in collaboration with CREC Vocational transition specialists (VTS) to provide (Pre-ETS) services. Pre-ETS Core Services include job exploration counseling, work-based learning experiences, counseling on opportunities for post-secondary training, job readiness skills and self-advocacy instruction.

NMDVR has partnered with Montana Vocational Rehabilitation to participate in a research project to assist participants whom are interested in self-employment.

Current key resource and referral points include: Information Network with Baby Net, SHARE New Mexico, UNM NewMexicoKids Resource and Referral and United Way 211 R&R helplines.

There is currently a strong partnership between the NewMexicoKids Resource and Referral line and BabyNet. These two entities support a ‘no wrong door’ approach and are working on strengthening connections with other information and referral entities in the state to ensure that families relate to the services they need by the R&R entities that are knowledgeable in those areas. An inter-agency transfer process has been established and continues to be strengthened.

The State established the Transition Teams to ensure compliances with federal Individuals with Disabilities Education Act (IDEA) requirement for effective coordination and communication between Part C (early intervention) and Part B (preschool special education). The teams ensure community collaboration meetings to facilitate transition of children among child care settings and Early Intervention services.

2016 Five Year Plan Development 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 Five Year Plan Development 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**

Most current data:

Agreements between state departments need to be created/updated allowing for the sharing of data that comply with federal confidentiality regulations.

Templates for data sharing agreements need to be created/updated so that data can be shared with researchers and others working to improve policies and systems that benefit our state’s children and families.

Health data needs to be included in the Early Childhood Integrated Data System (ECIDS) constructed via the Race to the Top Early Learning Challenge Grant to NM so that trends in usage of early childhood services can be tracked from birth.

Entities holding health data need to work with management of the ECIDS to develop data transfer and usage agreements.

Health data that should be included in the ECIDS includes: Birth data, newborn genetic and hearing screening results, immunizations, developmental screenings, family participation in social/economic services.

Increase ECCS-Act Early collaboration with the New Mexico Alliance of Health Council (NMAHC) to magnify our efforts in System Alignment and Data, especially with feedback and priority setting at the county/tribal/regional level.[1]

Medical providers need expanded guidance from NM HSD on screening of young children, especially Medicaid EPSDT. Early childhood settings vary greatly in conducting screening. Training for practitioners on specific screening tools and referral processes is difficult to access.

Five (5) essential domains of improving developmental care includes screening, a referral system, resources, a data collection system and appropriate funding for these services.

Currently in New Mexico, there is no formal recording or reporting of developmental screening results or referrals by medical providers to any state entity.

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. Satisfaction surveys are used in the same way as other federal programs and measures the effectiveness of the trainings.

#### 2016 Five Year Plan Development 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 Five Year Plan Development 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**

Most current data:

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%).

Adults with intellectual disabilities are three (3) times more likely to have heart disease, stroke, diabetes or obesity than the general population. Evidence shows that regular physical activity (at least 150 minutes a week) can help prevent, delay or manage chronic diseases.

Sixty-six (66) % of those who returned to Special Smiles among US athletes had resolved their health issue.

Eighty-four (84) % of health care providers feel better prepared to treat people with ID as a result of volunteering with Healthy Athletes.

For Opening Eyes, one hundred and fifty (150) athletes were screened, twenty-five (25) referred for further treatment and eighty-nine (89) athletes provided with regular prescription glasses.

For Special Smiles, two hundred and thirty-two (232) athletes were screened and one hundred and two (102) mouth guards fabricated.

For Fun Fitness, one hundred (100) athletes screened and fifty-eight (58) referred for further treatment.

For Fit Feet, one hundred and five (105) athletes screened and thirty-two (32) referred for further treatment.

For Health Promotions, seventy (70) athletes screened and fifty-seven (57) referred for further treatment, six hundred and fifty-seven (657) total screenings given in 2018 by Healthy Athletes by two hundred and eighty-six (286) total volunteers.

NMSBVI's Outreach department provides Low Vision Clinics around the state for students with visual impairments. During the 2018-19 school year, the Low Vision Clinic saw sixty-four (64) students from twenty-two (22) school districts, including private and/or charter schools, both NMSBVI campuses and NMSBVI FIT department.

The Low Vision Clinic saw sixty-four (64) students including twenty-seven (27) new and thirty-seven (37) follow-up appointments. Four (4) travel clinics were held in Gallup, Roswell, Alamogordo and Las Cruces. NSMBVI programs are present in twenty-two (22) districts and three (3) charter schools.

Human Services Department's second goal, "Slow the Growth Rate of Health Care Costs and Improve Health Outcomes," will address rising health care costs as the Department looks to implement value-based purchasing and improve existing delivery models. Collaboration with stakeholders throughout the state aims to support prevention models and reduce health disparities, and the Office of the Inspector General is committed to building relationships that will assist in addressing fraud in public assistance programs.

#### 2016 Five Year Plan Development 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 Five Year Plan Development 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 'legalease'.

## Education/Early Intervention

### Most Current Data:

The Yazzie v. New Mexico Lawsuit led to the finding that the state has violated the Education Clause, the Equal Protection Clause, and the Due Process Clause of the New Mexico Constitution – i.e. the rights of at-risk students have been violated by the state, which failed to provide them with a uniform statewide system of free public schools sufficient for their education. More specifically, the State has violated the rights of at-risk students by failing to provide them with a uniform statewide system of free public schools sufficient for their education.

During the 2019 legislative session, the New Mexico Legislature formed the Early Childhood Education and Care Department, which will be a Cabinet-level agency and will include early childhood development programs such as the Family Infant Toddler program.

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.

The New Mexico School for the Deaf and Hard of Hearing campus in Santa Fe operates as the hub and resource center for its extensive early intervention and outreach programs serving deaf and hard to hearing children and youth from birth through age 22 in the whole state. Services they provide include Speech and Language, Audiology, Auditory Habilitation, Spoken English Support, ASL Support, Counseling, Social Work, Art Therapy, Behavior Support, Physical Therapy and Occupational Therapy. NMSD is the state's primary provider for early intervention services for infants and toddlers who are identified as deaf or hard of hearing and their families.

In addition, the New Mexico School for the Blind and Visually-Impaired (NMSBVI) as of April 2019 has screened the vision of eight hundred eighty-nine (889) children in New Mexico and provided services for nine hundred and eighty-four (984) new referrals. On average over the past ten (10) months, we have received ninety-eight (98) new referrals per month. Average ongoing caseloads of staff each month for the past ten (10) months have been two hundred and ninety-seven (297) children.

Educational Attainment for Population twenty-five (25) and over:

- For people with disability, 3% with bachelor's or higher, 4% with HS, GED or alternative and 1% with some college or associate degree.
- Compared to 97% Bachelors or higher, 96% with HS, GED or alternative and 99% with some college of associates degree for people without disabilities.[1]
- At Eastern New Mexico University, the Spring 2014-2019 attainment for people with disabilities ages 25 and over is as follows:
  - 88 out of 201 (43.8%) have bachelor's degree or higher and 16 out of 36 (44.4%) have some college of associates degree.
  - 348 students with known disabilities are receiving accommodations in the Fall of 2019

Currently, New Mexico's best charter schools have long waitlists and admission seems (or is) impossible.

2016 Five Year Plan Development 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 Five Year Plan Development 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

Most current data:

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. 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.

For FFY 2019, nine thousand and nine hundred (9,900) participants were served with forty and twenty (420) participants served with supported employment and eight hundred and fifty (850) participants estimated to achieve suitable employment outcomes.

In FY19 there were 956 people on the DD and Mi Via Waivers receiving employment services, down slightly from FY18 when 1,027 were receiving employment services. Additional New Mexico outcome data show of those receiving employment services, the average hourly rate of pay was \$8.29 in FY19 Q1 was \$8.29; Q2 was \$7.49; Q3 was \$8.56; Q4 was \$8.85.

NMDVR is under Order to Selection. For Priority 1 under most significantly disabled, four thousand one hundred and fifty-four (4,154) people were served. For priority 2 under most significantly disabled, one hundred and fifty (150) individuals were served. For priority 3 under significantly disabled, five thousand three hundred and ninety (5,390) people were served. All other eligible under priority 4 account for seven hundred and ninety-two (792) individuals. NMDVR is planning to lift the Order of Selection in 2019.

NMDVR is currently co-located at the Albuquerque one-stop office and is fully integrated in the one-stop's daily operations. NMDVR plans to co-locate in the Las Cruces and Silver City one-stop offices by the end of SFY18. DVR has the goal to work collaboratively with State and Local Workforce Development Boards to establish and maintain the one-stop delivery system. This includes jointly funding the one-stop infrastructure costs through partner contributions.

NMDVR is currently working with two (2) Veteran Outreach Coordinators to assist with increasing the amount of veterans that the agency serves. Each coordinator covers the Northern and Southern parts of the state respectively. Their role is to conduct face to face meetings with veterans with disabilities and act as a consultant and resource for the veteran.

CADETS is a conglomeration of state and federal agencies which have come together to provide a comprehensive team of service providers for individuals populations which are considered "at risk."

NMDVR is engaged in the 511 process by meeting with employees with disabilities who make subminimum wage at various work sites that hold FLSA 14c certificates throughout the state. This process involves a mobile team of counselors that provide vocational guidance and counseling and information and referral services in promotion of the opportunity to prepare for and obtain competitive, integrated employment through DVR.

UNM-CDD trained five (5) businesses and one hundred and six (106) individuals on how to implement and maintain ASD and other disability-friendly business practices. Ninety-nine (99) % were satisfied with the training and said it would have a positive impact on their family.

Nine (9) trainings were conducted to increase the knowledge to successfully provide customized employment services to job seekers with developmental and related disabilities. Twenty-three (23) agencies participated and two-hundred and twenty-one (221) individuals were trained. One hundred (100) % reported an increase in knowledge and ninety-nine (99) % were satisfied in the training. A further nine hundred and fifty-four (954) people received technical assistance with a hundred (100) % reporting an increase in knowledge, satisfaction overall and positive impact on their practice. Use of paid interns to demonstrate practices was pushed back until 2020.

The State Rehabilitation Council (SRC) recommends that NMDVR establish a culturally competent outreach program for Native Americans that will meet everyone's community needs and provide a consistent presence in these communities to gain credibility and establish a positive relationship with the one hundred and twenty-one (121) programs.

NMDVR will begin to establish a culturally competent out-reach program for native Americans and increase its presence in the native American community in order to increase DVR's credibility and to establish a positive relationship with the native American community. In addition, DVR will continue to include a component of tribal diversity and sensitivity training in its' Rehabilitation Academy which is utilized to train staff.

The Division is involved in a Vocational Technical Assistance Center project targeted at five economically disadvantaged communities (mostly Hispanic and Native American) in Albuquerque (87102, 87105, 87106, 87108 and 87121) to address barriers to employment regarding individuals with Mental Health Conditions and /or Persons with Substance Abuse Disorders. This project is a collaboration between the Division, Rehabilitation Service Administration, U.S. Department of Education, Southern University, Baton Rouge, LA, and the Council of State Administrators of Vocational Rehabilitation.

The goal is to expand VR services to this target population and expand and strengthen partnerships with local social service and community development agencies, correctional agencies, community rehabilitation programs (CRPs), school systems, employers, community leaders, and other relevant stakeholders. This project will involve the Division in development of knowledge (training) in working with this target population and will design strategies to provide technical assistance and coordination of activities to maximize community service and alliance building.

Project Search is in its fourth year of achieving successful employment outcomes for youth and adults that are eligible to receive Supported Employment services. UNMH has received two national awards for ninety (90) % and above for placements for its Cohorts. UNMH continues to lead New Mexico in positive outcomes, in three program years, twenty-five (25) students have graduated, and of the twenty-five (25), seventeen (17) are currently placed in jobs at or above minimum wage, at or above 16 hrs. per week.

At the Hilton Garden Inn – Gallup in two program years, nine (9) interns have graduated. Of the nine (9) graduated interns, four (4) are currently placed in jobs totally 16 hrs./week or more, at or above minimum wage. Two (2) additional interns are currently serving as substitutes in positions within the community they reside. Embassy Suites: One year in existence - First year: nine (9) graduates; as of May, (their graduation month), seven (7) are employed in jobs at or above minimum wage, at or above 16 hrs./week. Presbyterian Rust Medical Center - One year in existence. Nine (9) graduates. Of the nine (9), seven (7) are in jobs with 16+ hours per week. Two (2) more have job interviews.

With the implementation of WIOA on July 1, 2015, each local office of NMDVR now must:

- (1) attend IEP meetings for students with disabilities when invited,
- (2) work with local workforce development boards, One–stop centers, and employers to develop work opportunities for students with disabilities,
- (3) work with schools, to coordinate and guarantee the provisions of pre–employment transition services,
- (4) attend person–centered planning meetings for individuals receiving services under Title 19 of the Social Security Act, when invited (WIOA 422).

NMDVR is also now required to increase spending to at least fifteen (15) % of section 110 state allotments for provision of pre– employment transition services, which for NMDVR is \$3.2 million per year.

Supported Employment (SE) services provided by the Division consist of case services made available through the Title VI–B funds of the Rehabilitation Act. Title VI–B funds for Federal Fiscal Year 18 equaled \$244,500.00 and is split 50:50 between Adult SE and Youth SE services.

The employment specialist, called Business Outreach Specialist (BOS) provides support to NMDVR staff and businesses throughout the state of New Mexico. Supports offered include: assistance to business in locating candidates trained to meet their needs, focusing on the needs of the employer, sending employment opportunities to NMDVR staff for referral, providing resources to employers for expansion, ADA legal information/ resources and other resources as appropriate.

The fact that NMDVR clients exhibited a fifty-three (53.6) % employment rate shows that services provided to clients by NMDVR staff are approaching national average performance.

However, for non–American Indian populations access to community rehabilitation programs is limited to one provider and again funding is an issue relative to acquiring supported employment services. There are four staff in the Gallup NMDVR office serving a geographic community of almost eighty (80) miles to the east, twenty-five (25) miles to the Arizona state line, not less than eighty (80) miles to the south, and not less than fifty (50) miles to the north. Outside of Gallup the services available to American Indian populations become even more limited, there is not much available in terms of community rehabilitation programs in central western New Mexico.

It is estimated that NMDVR will serve nine thousand nine hundred (9,900) individuals for federal fiscal year 2019.

Currently with five (5) VRC's area 1's average is one hundred and twenty-six (126) clients per caseload. Currently with five (5) VRC's area 2's average is one hundred thirty-six (136) clients per caseload.

2016 Five Year Plan Development 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**

Most current data:

In 2018-19, New Mexico's DD waiver had only 4,658 people in waiver services, according to the New Mexico Developmental Disabilities Supports Division (DDSD). Meanwhile, the waitlist has mushroomed to over 5,066 individuals waiting for vital services such as home healthcare, job coaching, supported family living, and habilitation.

DDSD could estimate provider staffing needs by leveraging the database it uses to track employee training. DOH currently pays \$122,696.50 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, schedule training and as a platform to support on-line trainings. This contract also provides support staff to DDSD and provider agencies related to training. 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.

DSP turnover based on FY19 data: In FY19 providers had 5, 839 DSPs in the field. In FY19 the providers had 1,477 new DSPs enter the field based on training data by provider. In FY18 providers had 5,765 DSPs in the field.

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 Five Year Plan Development 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 Five Year Plan Development 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

Most current data:

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

Most current data:

The following are barriers to full participation:

- NMDVR counselors stretched thin and rural regions lack DVR infrastructure.
- Poverty is widespread among children and disability and racial disparities exist.
- No indication of how people with disabilities fit into major parts of the economy in various regions of New Mexico. Especially since citizens in many outlying regions are not able to access the right training or jobs in key parts of their region's economies.
- Data not good for early childhood and isn't uniform or accessible to the public
- Lack of formal recording or reporting requirements for early childhood screenings
- Severe lack of ADA compliance with transportation infrastructure, especially with sidewalks. Curb ramps poor also. Infrastructure maintenance and improvement needed.
- Housing costs high in Northern New Mexico.
- Throughout rural NM, a critical shortage of infrastructure for transportation and links to other communities.
- Funding for transportation itself, including how it is funded or access to money, creates a barrier to rural, smaller or poorer communities getting access to adequate funding for transportation projects.
- Governor's Commission on Disabilities has only home modification.
- There is a need to address special transportation needs in more outlying or rural areas.
- Populations aging and declining in multiple rural New Mexico regions.
- Pedestrian walkways and safety an issue in multiple rural communities
- Lack of ways to get around rural areas if you do not have a personal vehicle.

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. DDS 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 DDS 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.

While HSD provides client-level data to DDS that includes the Centennial Care enrollment status of clients on the Central Registry, DDS 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 DDS reducing the backlog of ineligible and incomplete registrations. DDS 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 Five Year Plan Development 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 provides are unwilling to travel to the rural schools.”

“There are no behavior management services.”

“Rural New Mexico is grossly underserved.”

### **The availability of assistive technology**

Most current data:

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 Project for New Mexico Children and Youth Who Are Deafblind (Assistive Technology Program to staff who work in collaboration with the New Mexico Deaf Blind 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). Also, The Governor's Commission on Disability (GCD)'s New Mexico Technological Assistance Program (NMTAP) works with NMDVR to receive assistive technology and get them out to people in need.

In FY19, the Governor's Commission on Disability oversaw the Residential Accessibility Modification Program (RAMP). The RAMP is a last resort opportunity for those individuals who do not qualify for other home modification programs and have been denied assistance by these programs. This program is available to low-income individuals with a disability. A total of 35 projects were completed in FY 19. The projects included 2 bathroom modifications, 14 exterior ramp editions and 1 kitchen modification.

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
2019	20982	4648	224	193	0	318

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

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State Agencies

**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 :true

**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)**

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No

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

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The number of people with Developmental Disabilities providing services in New Mexico includes: four thousand, six hundred and forty-eight (4,648) on Mi Via and Traditional Developmental Disabilities waivers plus the Developmental Disabilities Waiver (DDW) Waitlist five thousand and sixty-six (5,066) for a total of nine thousand, seven hundred and fourteen (9,714). \*This is not prevalence, this is a combined total of people that DDSD has identified as having a diagnosis that qualifies them to receive DDW services. As of October 30, 2019, there are two hundred eighty-three (283) Mi Via participants who are their own Employer of Record (EOR) out of approximately one thousand four hundred (1,400) current Mi Via participants. (DOH Strategic Plan or LFC Report) DOH is developing a separate waiver to provide services for individuals on the DD Waiver Waitlist who are not covered by Medicaid Centennial Care community benefits or other Medicaid services. The new waiver is expected to start in July 2020.

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

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The number of people with Developmental Disabilities serving services in New Mexico includes: four thousand, six hundred and forty-eight (4,648) on Mi Via and Traditional Developmental Disabilities waivers plus the Developmental Disabilities Waiver (DDW) Waitlist five thousand and sixty-six (5,066) for a total of nine thousand, seven hundred and fourteen (9,714). \*This is not prevalence, this is a combined total of people that DDSD has identified as having a diagnosis that qualifies them to receive DDW services. As of October 30, 2019, there are two hundred eighty-three (283) Mi Via participants who are their own Employer of Record (EOR) out of approximately one thousand four hundred (1,400) current Mi Via participants. DOH is developing a separate waiver to provide services for individuals on the DD Waiver Waitlist who are not covered by Medicaid Centennial Care community benefits or other Medicaid services. The new waiver is expected to start in July 2020. DOH is requesting the state to fund the waiver. State funding continues to be the greatest challenge and barrier to providing services for individuals on the DD Waiver Waitlist.

### **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. DOH is developing a separate waiver to provide services for individuals on the DD Waiver Waitlist who are not covered by Medicaid Centennial Care community benefits or other Medicaid services. The new waiver is expected to start in July 2020. DOH is requesting the state to fund the waiver. State funding continues to be the greatest challenge and barrier to providing services for individuals on the DD Waiver Waitlist. Educational funding increased after the 2019 New Mexico regular legislative session; however, how the funding increase affects children with disabilities is still unclear. 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. For this reason, we cannot address the adequacy of healthcare in these facilities.

**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.

Collaboration between DDSD and DVR as they relate to DD Home and Community-Based Services Waiver (HCBS) is continually improving with input and collaboration from the New Mexico Partners in Employment Program.

The current focus of DDSD is moving towards a HCBS system with more person-centered thinking, person-centered planning and person-centered practice. To that end, stakeholders are currently meeting as providers and the system make changes and go through transitions to be in compliance with the Centers for Medicare and Medicaid Services (CMS) Final Rule by 2022. The Final Rule is based around changes in the HCBS settings requirements and defines Person-Centered Planning Requirements for persons in HCBS settings. The Final Rule improves the HCBS programs by ensuring quality of HCBS, providing protections to participants, enabling participants the opportunity to receive services in the most integrated setting appropriate and maximizing opportunities for individuals to have full access to the benefits of community living.

A Know Your Rights campaign has been conducted around this issue starting in 2017 to raise awareness of the CMS Final Rule and to gain feedback on the Home and Community-Based Waiver System as it presently exists. The feedback indicates that person-centered services are still more of an ideal than a reality in some cases and that there is still discrimination and a lack of dignity of risk for individuals with disabilities on the HCBS waivers.

A revised Statewide Transition Plan (STP) is being submitted by DDSD by the end of January 2020 related to the CMS Final Rule. DDSD also conducted a 3 phase set of validation activities including a provider self-assessment, provider validation surveys and participant validation surveys from 2015-2019. Both the residential and non-residential survey tool contained similar questions based off of the CMS issued Residential and Non-Residential Exploratory Questions. Each question allowed the opportunity to document comments about the question and/or response. 200 participant surveys were completed and indicated that experiences were mixed as far as whether waiver participants were satisfied with their settings. Meanwhile, over 900 provider/vendor validation surveys were completed statewide in 10 different geographical areas in the state.

The following is a comparison between the answers for the participants and providers in different areas on the non-residential portion of the survey as far as satisfaction with the following areas:

Review Category	Participant Survey	Provider Survey
Choice of Setting	87.49%	91.09%
Community Access and Integration	85.30%	89.14%

Characteristics of the Setting	93.23%	90.63%
Employment	95.69%	80.80%
Staff Interactions and Privacy	84.46%	97.47%
Services and Supports	95.77%	93.64%

The following is a comparison between the answers for the participants and providers in different areas on the residential portion of the survey as far as satisfaction with the following areas:

Review Category	Participant Survey	Provider Survey
Choice of Residence	81.13%	75.59%
Community Access and Integration	89.80%	85.51%
Living Space	91.57%	90.91%
Staff Interactions and Privacy	87.49%	91.31%
Services	92.42%	95.22%

In addition, there are four CMS Designated Categories for providers with respect to the new settings rules. The highest level is Compliant, with Compliant with Remediation being the next highest level. All New Mexico providers scored Compliant with Remediation. None fell into the lowest and second lowest categories of Relocation of Beneficiaries and Presumptively Institutional/Additional Evidence Needed (Heightened Scrutiny) respectively.

The next steps for DDSD, in addition to submitting their Statewide Transition Plan, are corrective action plans, technical assistance and remediation, public comment on the transition plan, the receipt of final approval from CMS on the transition plan, full compliance with the Final Rule by March of 2022 and on-going monitoring.

Among some of the issues that have been brought to DDSD's attention about shortcomings within the system are as follows. Current practice is not person-centered and there are still old medical model practices and attitudes. Teams can be a barrier and waiver-participants can feel they aren't heard or listened to. DDSD not only needs the right data but needs the technology to track the data. There also needs to be an increase in competitive employment and people need to learn skills and be educated to have realistic life transitions. The system also needs greater flexibility and there needs to be a different way to get onto the waivers. There is a need for greater waiver funding along with waitlist management. There also needs to be a hybrid model between traditional and self-directed waivers and a shift with whom DDSD is engaging. There is a need for more outreach and education as the system can still be fear-based and not listen carefully enough to the needs of the consumers who are on the HCBS waivers.

DDSD has acknowledged and is making efforts to improve in these areas, including engaging stakeholders from various places within the system, increasing education and outreach and integrating these needs into their Mi Via and DD Waiver renewals. For example, DDSD is looking into The Council of Quality Leadership (CQL)-DDSD Network certification. Steps to do this, in addition to the implementation of the Final Rule, include internal organization, changing the culture to become a more person-centered system, balancing compliance with innovation, creating a provider/participant manual, creating a waiver neutral training curriculum, addressing the Direct Support Professional crisis, and professionalizing the direct support workforce. Finally, DDSD is exploring a tiered waiver system that can address both the aforementioned concerns and the need to shrink the DD Waiver Waitlist, which currently sits at over 10 years.

## 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

#### Descripton \*

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

#### Expected Goal Outcome \*

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

#### Objectives

**Objective 2.** 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**

**Descriptor \***

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>	\$36366	\$0	\$36366
<b>2. Employment</b>	\$20000	\$0	\$20000
<b>3. Health</b>	\$20000	\$0	\$20000
<b>5. Education</b>	\$117566	\$0	\$117566
<b>4. Self-Advocacy Leadership</b>	\$76683	\$0	\$76683
<b>General management (Personnel, Budget, Finance,Reporting)</b>	\$125400	\$359496	\$484896
<b>Functions of the DSA</b>	\$0	\$0	\$0
<b>Total</b>	\$396015	\$359496	\$755511

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.