



South Dakota **Council** on  
Developmental Disabilities

## **STATE PLAN FOR FFY2012-2016**

Submitted to the  
Administration on Developmental Disabilities  
on August 15, 2011

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Revised December 2013  
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Val Beeck, Council Chairperson  
Arlene Poncelet, Executive Director

Hillsvieview Plaza, E. Hwy 34, c/o 500 E Capitol  
Pierre, SD 57501-5070

Phone: 605-773-6369  
TTD: 605-773-5990  
Toll Free: 1-800-265-9684  
FAX: 605-773-5483

WEB ADDRESS: [www.dhs.sd.gov](http://www.dhs.sd.gov)  
Email Address: [infoDDC@state.sd.us](mailto:infoDDC@state.sd.us)

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## **Revisions – December 2014**

Council Membership, pg. 4-5  
FFY15 Budget, pg. 56

## SECTION I: COUNCIL IDENTIFICATION

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

**PART B. Contact Person:** Arlene Poncelet, Executive Director  
**Phone Number:** 605-773-6369  
**E-mail:** [Arlene.poncelet@state.sd.us](mailto:Arlene.poncelet@state.sd.us)

**PART C. Council Establishment:**  
 (i) Date of Establishment: 12/1/1973  
 (ii) Authorization:  State Statute  Executive Order  N/A  
 (iii) Authorization Citation: Executive Order 2001-09

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

(i) Council membership rotation plan (1,000 character limit):

Council bylaws provide for members to serve two consecutive three-year terms. Through the Designated State Agency (DSA), the Council works with the Governor's Office to keep appointments up-to-date. Each spring the Council encourages people interested in Council membership to complete an Information Sheet providing contact information, interest level and availability to be a member. These people's information is reviewed by Council staff and the Executive Committee then shared with the full Council. Final recommendations are submitted to the DSA and then on to the Governor's Office.

(ii) Council Members:

### Council Membership Category Codes

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

Last Name	First Name	Agency Org. Code	Agency/ Org. name	Appt. date	Appt. Expired Date	Alt/ Proxy for State Agency Rep Name
Weiss	Eric	A1	Division of Rehabilitation Services	11/19/13	Pleasure of the Governor	
Turner	Linda	A2	Office of Special Education	9/15/05	Pleasure of the Governor	Melissa Flor
Malsam-Rysdon	Kim	A3	Department of Social Services	7/19/11	Pleasure of the Governor	Patricia Monson
Malsam-Rysdon	Kim	A4	Department of Social Services	7/19/11	Pleasure of the Governor	Patricia Monson
Neyhart	Tim	A5	SD Advocacy Services	9/11/14	Pleasure of the Governor	
Parent-Johnson	Wendy	A6	USD Center for Disabilities	5/20/13	Pleasure of the Governor	
Saathoff	Brad	A7	Black Hills Works	7/30/14	6/30/17	
Hollingsworth	Doneen	A8	Department of Health	5/2/91	Pleasure of the Governor	Barb Hemmelman
Lusk	Dan	A9	Division of Developmental Disabilities	7/19/11	Pleasure of the Governor	
Banghart	Jan	A9	SD Developmental Center	9/11/14	Pleasure of the Governor	
Beck	Jolon	B1		7/22/09	6/30/15	
Way	Mark	B1		7/1/10	6/30/16	
Juhala	Jackie	B1		7/1/10	6/30/16	
Cleveland	JoAnne	B1		7/1/10	6/30/16	
Maggard	Angel	B1		7/30/14	6/30/17	
Burgess	Monica	B2		6/15/12	6/30/15	
Bowie	Roger	B2		5/20/13	6/30/16	
Beeck	Valere	B2		7/1/10	6/30/16	
Reuter	Crystal	B2		6/15/12	6/30/17	
Waltner	Peggy	B3		6/15/12	6/30/15	
Knutsen	Janice	B3		6/15/12	6/30/15	
Hahn	Dawn	B3		5/28/09	6/30/15	

Last Name	First Name	Agency Org. Code	Agency/ Org. name	Appt. date	Appt. Expired Date	Alt/ Proxy for State Agency Rep Name
Merchen	Lisa	B3		7/1/10	6/30/16	
Geraets	Teresa	C2		7/19/11	6/30/17	

**Part E. Council Staff [Section 125(c)(8)(B)].**

Position or Working Title	FT	PT	% PT	Last name of person in position	First name of person in position	MI
Executive Director	X	<input type="checkbox"/>		Poncelet	Arlene	M

## **SECTION II: DESIGNATED STATE AGENCY** [Section 125(d)].

### **PART A. The Designated State Agency (DSA)**

The DSA is:

The Council

Other agency:

1. Agency Name: Department of Human Services Division of Developmental Disabilities
2. State DSA Official's Name: Dan Lusk
3. Address: Hillsvew Plaza, E Hwy 34, c/o 500 E Capitol, Pierre, SD 57501
4. Phone: 605-773-3438
5. FAX: 605-773-7562
6. E-mail: [dan.lusk@state.sd.us](mailto:dan.lusk@state.sd.us)

### **PART B. Direct Services [Section 125(d)(2)(A)-(B)]**

If DSA is other than the Council, does it provide or pay for direct services to persons with developmental disabilities?

No

Yes

If yes, describe the general category of services it provides (eg. Health, education, vocational, residential, etc.):

Contracts with individuals and community support providers for residential, vocational and home and community based waiver services. Staff administration of family support services and respite care programs.

### **PART C. Memorandum of Understanding/Agreement [Section 125(d)(3)(G)]**

Does Your Council have a Memorandum of Understanding/Agreement with your DSA?

No

Yes

### **PART D. DSA Roles and Responsibilities related to Council. [Section 125(d)(3)(A)-(G)]**

If DSA is other than the Council, describe.

The DSA receives, accounts for and disburses funds, provides the required assurances, fiscal management, financial reporting; grant agreements, contracts and amendments for services and project activities; provides administrative support for Council meetings and office space.

### **PART E. Calendar Year DSA was Designated: [Section 125(d)(2)(B)] 1973**

## **SECTION III: COMPREHENSIVE REVIEW AND ANALYSIS**

[Section 124(c)(3)]

### **INTRODUCTION:**

The process of review and analysis of the state service system for people with developmental disabilities consists on ongoing input to the Council. This input included the areas of community based services, vocational rehabilitation, waivers, maternal and child health, social services, transportation and education. The Council used a variety of methods to gather information including a survey, discussion at Council meetings, focus and workgroup meeting participation and summaries, and information from Council projects.

Council members and staff participate in workgroups, steering committees, advisory boards, summits and training institutes at which discussion is held and planning done concerning various parts of the state service system for people with developmental disabilities. Examples include the Family Support Council, Youth Leadership Forum Steering Committee, Core Stakeholders Workgroup, Freedom to Work Committee and the Alliance for Full Participation State Team. Involvement in these groups and updates at Council meetings provide the members with many opportunities to keep current on activities across the State.

### **PART A. State Information**

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

<b>Race/Ethnicity</b>	<b>Percentage of Population</b>
White, alone	87
Black or African American alone	0.9
American Indian and Alaska Native alone	8.4
Asian alone	0.9
Native Hawaiian and Other Pacific Islander alone	0
Some other race alone	0.9
Two or more races	1.9
Hispanic or Latino (of any race)	2.5

(ii) Poverty Rate:

According to the US Census Bureau, American Community Survey, the percentage of families below poverty level is 8.8% and the percentage of individuals below poverty level is 13.5%

(iii) State Disability Characteristics

a) Prevalence of Developmental Disabilities in the State:

The number of people with developmental disabilities in South Dakota is estimated to be 6,188.

This estimate was developed using the prevalence rate of 0.76% as established by the Center for Disease Control and Prevention (CDC) report on “State-Specific Rates of Mental Retardation, 1993”.

However, this represents only 48.1% of the 12,864 estimate that would be derived by the application of the 1.58% prevalence rate based on the 1994/1995 National Health Interview Survey Disability Supplement (NHIS-D).

b) Residential Settings:

Year	Total Served	A. Number Served in Setting of <6 (per 100,000)	B. Number Served in Setting of >7 (per 100,000)	C. Number Served in Family Setting (per 100,000)	D. Number Served in Home of Their Own (per 100,000)
2011	2741	221	67	135	65
2009	3,251	195	89	116	64
2007	3,019	213	87	91	74
2005	3,012	191	99	98	77

Note: Column A includes foster/host homes and other similar non-family home settings with paid caregivers while C and D do not.

c) Demographic Information about People with Disabilities

People in the State with a disability	Percentage
Population under 5 years	0.8%
Population 5 to 17 years	4.2%
Population 18 – 64 years	9.1%
Population 65 years and over	34.9%

Race and Hispanic or Latino Origin of people with a disability	Percentage
White alone	11.3%
Black or African American alone	NA
American Indian and Alaska Native alone	11.7%
Asian alone	9.1%
Native Hawaiian and Other Pacific Islander Alone	NA
Some other race alone	NA
Two or more races	12.8%
While alone, not Hispanic or Latino	11.3%



Hispanic or Latino (of any race)	6.1%
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<b>Employment Status Population Age 16 and Over</b>	<b>Percentage with a disability</b>	<b>Percentage without a disability</b>
Employed	31.1%	72.7%
Not in labor force	66.2%	23.5%

<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	20.8%	7.6%
High school graduate, GED, or alternative	36%	31.7%
Some college or associate's degree	30.6%	32.8%
Bachelor's degree or higher	12.7%	27.9%

<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>
\$1 to \$4,999 or loss	39.2%	23.4%
\$5,000 to \$14,999	11.4%	8.9%
\$15,000 to \$24,999	14.8%	17.6%
\$25,000 to \$34,999	14.9%	18.2%

<b>Poverty Status Population Age 16 and Over</b>	<b>Percentage with a disability</b>	<b>Percentage without a disability</b>
Below 100 percent of the poverty level	22.6%	11.5%
100 to 149 percent of the poverty level	13.6%	8%
At or above 150 percent of the poverty level	63.8%	80.5%

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

**\*=Required**

- Health/Healthcare\*:**

The Department of Social Services (DSS) Division of Economic Assistance is responsible for administering the Medicaid and Children's Health Insurance (CHIP) Programs to help low income individuals, families and children. Medical Assistance Programs are available to help pay for the necessary medical expenses individuals need to stay healthy. These expenses may include: hospital stays, doctor visits, prescriptions, nursing home care and other health care needs. The Disabled Children's Program provides medical assistance for children with disabilities who have medically fragile conditions requiring skilled nursing care in a medical facility if they were not being cared for at home. Long-Term Care Services include Medical Assistance for Individuals in Adult Foster Care, Assisted Living, Nursing Facilities or Homes, and for Quadriplegics

who would require nursing home care if not for special services performed in their home. The total number of South Dakotans eligible for Medical Services as of May 2011 was 115,158 (35, 863 adults and 79,295 children).

The DSS Division of Community Behavioral Health provides a range of services through purchase of service agreements with eleven private, non-profit community mental health centers (CMHCs). The Division is also responsible for the delivery of mental health services within the state's adult and juvenile correctional facilities. Currently, transformation of the community mental health system for adults with severe and persistent mental illness (SPMI) and children with serious emotional disorders (SED) involves development of recovery-oriented services, systems of care for children/families, and services that are strength-based and consumer/family-driven and includes integrated treatment for individuals and families with co-occurring disorders (mental health and chemical dependency). Community based mental health services include services through the Comprehensive, Assistance with Recovery and Empowerment (CARE) and Individualized and Mobile Programs of Assertive Community Treatment (IMPACT) programs, outpatient, emergency, protection and advocacy and the Indigent Medication Program.

The South Dakota Department of Health (DOH) administers the Children's Special Health Services – Health KiCC (Better Health for Kids with Chronic Conditions) program. Health KiCC provides financial assistance for medical appointments, procedures, treatments, medications and travel reimbursement for children with certain chronic health conditions. Care Coordination services are also available upon request. To be eligible, a South Dakota resident must be under 21 years of age, have a chronic medical condition covered by the program, and meet financial guidelines (up to 250% of the federal poverty guidelines).

Since 1973, South Dakota has mandated Newborn Screening for PKU and has added significantly to the list of metabolic disorders (currently 10 disorders). During 2008, 16 newborns were diagnosed as a result of the Newborn Screening Process. Since March 2008, the DOH has provided a Metabolic Long-Term Follow-Up Program. Long-term follow-up consists of four components: database/registry, education, care-coordination and data collection.

The DOH Newborn Hearing Screening Program has seen a steady increase in the number of infants screened prior to hospital discharge and before 1 month of age since the program began in 2001.

South Dakota DOH Office of Rural Health provides information on Health Professional Shortage Areas. As of March 2011, the following number of counties are totally or partially designated as shortage areas for primary medical care (52 of 66), mental healthcare (61 of 66); dental healthcare (28 of 66); and for medically underserved areas (48 of 66 counties and 21 communities).

From the Kaiser Commission on Medicaid and the Uninsured, based on March 2009 US Census Bureau's Supplement to the Current Population Survey, the number of uninsured non-elderly persons was 15.2% and the number of uninsured children was 9.9% in South Dakota.

- **Employment\*:**

The DHS/Division of Rehabilitation Services (DRS) programs allow for flexible use of funds to provide services needed by the person with a disability to enter, re-enter or maintain employment and enhance their ability to live independently. Services include medical, psychological, educational and work-related evaluations, vocational counseling, on-the-job training, job coaching and post secondary training programs, resume, interviewing and job placement assistance, assistive technology, interpreters, work-site evaluations and more. DRS is a partner with the Office of Special Education for the Transition Services Liaison Project (TSLP). TSLP projects include the Youth Leadership Forum, Project Skills and Catch the Wave. DRS transition services for students 16 years and older can include Project Skills and attending IEP meetings. It is not possible to estimate the extent of involvement of DRS with people who have developmental disabilities as the rehabilitation disability coding system does not classify disabilities in the same manner as the DD definition in PL 106-402.

South Dakota's Freedom to Work (FTW) Project has worked to strengthen the current service delivery system which supports people with disabilities seeking employment. The project has provided information to people to assist them in accessing needed services. The project has also provided training to people with disabilities, their families, and service providers on SSI, SSDI and the benefits of employment. The FTW Project has also worked with communities and individuals to develop a Career Development Team that consists of community members who are committed to supporting people with disabilities in reaching their career goals. The FTW Project has developed Fact Sheets on many topics related to employment that have been disseminated widely.

The SD Department of Labor (DOL) Career Centers have many ways to help job seekers find employment opportunities. Career Center representatives help applicants identify their career interests, write a resume, locate possible jobs, complete the application process and prepare for a job interview. Disability Program Navigators have been added to Career Centers to specifically assist people with disabilities in accessing needed services. Career Learning Centers work closely with Career Centers to provide education and training services that meet the needs of local employers and job seekers.

SD has 6 Benefits Specialists who are available to provide advice and support to people with disabilities on managing their benefits and advising on Social Security Work Incentives. In addition, the South Dakota Work Incentives Planning and Assistance Program assists individuals and their selected representatives in employment related support, benefit analysis, and development of work incentives.

Two Medical Assistance Programs specific to people with disabilities becoming and remaining employed include Personal Assistance Services (PAS) and Medical Assistance for Workers with Disabilities (MAWD). PAS allows an individual who is eligible for personal care services in the home to also access these services in the workplace. MAWD is healthcare insurance coverage through Medicaid for certain individuals who are employed, have a significant disability, and meet specific eligibility

criteria. This coverage is available as a work incentive to encourage individuals with disabilities to become employed.

An Employer Resource Network (ERN) is in place in one community in South Dakota. The Aberdeen Area Human Resource Association, Division of Rehabilitation Services and Freedom to Work Project have collaborated to connect employers and rehabilitation professionals and to address workforce issues by providing a qualified applicant pool to prospective employers. Other communities are considering development of similar groups.

The Transition Services Liaison Project is a collaborative effort of the Department of Education/Office of Special Education and the DHS/Division of Rehabilitation Services. Regional Transition Liaisons provide support and technical assistance to students with disabilities and their families, and local education agencies seeking information on transition planning. Liaisons are involved with Project Skills, Youth Leadership Forum, Regional Transition Forums and Catch the Wave. Project Skills is a paid work experience for high school students with disabilities. The Youth Leadership Forum is a unique career and leadership training program for high school juniors and seniors to learn more about self-advocacy skills, disability awareness and more. Regional Transition Forums are informal and interactive meetings for providers of services to transition-age students with disabilities, as well as students with disabilities and families. Catch the Wave is a day of university orientation for high school students with disabilities who are considering post-secondary education.

The South Dakota Alliance for Full Participation State Team has been meeting regularly since fall of 2010. The State Team created a survey for job coaches and service coordinators. Focus groups were held for self-advocates and parents to discuss employment experiences and suggestions. In July, the State Team reviewed the results of the surveys and focus groups and began discussing activities to improve employment outcomes for people with developmental disabilities.

- **Informal and formal services and supports\*:**

South Dakota's developmental disabilities (DD) service system consists of 19 community support providers (CSPs) who receive their primary funding through the Division of Developmental Disabilities (DDD). In addition, South Dakota has one public Intermediate Care Facility/DD (ICF/DD), the South Dakota Developmental Center (SDDC); and one private ICF/DD.

Admissions to CSPs and SDDC are administered by the DDD allowing for the least restrictive placement. DDD has funding, certification, and monitoring responsibilities for CSPs. The Division's mission is to ensure that people with developmental disabilities have equal opportunities and receive the services and supports they need to live and work in South Dakota communities. Programs administered include the CHOICES Waiver (home and community based services or HCBS waiver), Family Support Waiver (also an HCBS Waiver), community training services, respite care, local and statewide family support programs, and adult foster care.

In addition to the general Medicaid State Plan services for hospital, physician, mental health, dental, chiropractic and other services, the CHOICES Waiver offers community based services for people with developmental disabilities who need an ICF/DD level of care but with services can remain at home or in their community.. Services include: day habilitation, nursing services, occupational therapy, physical therapy, prescription drugs, residential habilitation, service coordination, specialized medical equipment and supplies, speech therapy and supported employment.

Over 3,300 adults and children with developmental disabilities receive services through the CHOICES and Family Support 360 waivers. The Community Support Providers offer vocational opportunities in sheltered workshops, services such as job coaches and pre-vocational training are provided for people looking for community jobs and vocational expanded follow-along for those working in the community. CSPs provide residential options such as group homes and supervised apartments and assistance for those living in their own homes or apartments.

Community training services (CTS) are utilized for people that need less intensive services or who do not meet the financial eligibility for an ICF/DD or HCBS Waiver. Services provided through CTS funding are prevocational and community living training and expanded follow-along/support.

Respite Care is temporary relief care designed for families of children or adults with disabilities or chronic medical needs. Providers, chosen by the family, care for children or adults while families take a class, go to a movie, go on a vacation or enjoy any activity. Caretakers often face serious problems and stress as a result of balancing the needs of their child or adult with special needs with the needs of other family members. These breaks allow families time to tend to the needs of their other children, spouses and themselves.

Family Support (FS) 360 programs utilize the Family Support Waiver funding for eligible participants as well as state general funds. FS360 assists participants and their families in getting the services they need to live as independently as possible in the community. FS360 is not a single service, but rather a flexible constellation of services and supports which are customized to meet the varied and changing needs of each participant and family. In addition to utilizing natural supports, FS360 helps participants and families to access existing formalized services such as the Child Care Assistance Program, Children's Miracle Network, Energy Assistance, etc.

The Local FS Programs provide service coordination, a wide array of services and access to the FS360 Waiver. Due to limited spots on the local family support programs, a family remains on the Statewide FS Program while waiting for the opportunity to transfer to a local program. The Statewide FS Program does not provide service coordination. Each of the 24 local FS programs serves approximately 40 participants.

The Division of DD has funding, case management, eligibility determination, and placement responsibilities for Adult Foster Care for persons with disabilities between the ages of 18-59. The Division currently has individuals receiving adult foster care services in licensed homes throughout the state. The primary function of an Adult Foster Care home is to provide general supervision and personal care services for people who

require minimal assistance in activities of daily living (ADLs), who require supervision/monitoring with the self-administration of medications, and who require supervision/monitoring of self-treatment of physical disorders.

Under the Pre-admission Screening and Resident Review (PASRR) provisions, the Division of DD is responsible to assure that anyone who has a developmental disability and/or mental retardation that was attained prior to the age of 22 is appropriately placed in a long-term care facility. Often times Community Support Providers are able to provide the same level of skilled nursing services in the community as those provided by the nursing facility. Division staff will work with each nursing facility to determine the best possible placement on an individual basis.

The mission of the South Dakota Developmental Center is to provide individualized treatment services and supports to people with developmental disabilities and challenging behaviors only when needed services are not available in a community setting. The Center provides a wide variety of training and vocational opportunities both on and off campus. Currently 142 people with developmental disabilities ranging in age from 12 to 76 years old receive supports at the SD Developmental Center. The facility has three programs that allow staff to provide person-centered supports based on the people's needs.

At SDDC, disabilities represented range from very mild developmental disability to profound disability. Cognitive ability of nearly 50% of the population falls within the mild range of intellectual disability or borderline range of intellectual functioning. Approximately 15% of the population of the people at the Center have been diagnosed as having severe or profound intellectual disability and many also have severe physical limitations and/or complex medical conditions. The Turtle Creek Youth Program provides year-round educational and residential services for 40 adolescents under the age of 22, who need supports for behavioral issues including but not limited to aggression, chemical dependency, sexual offending, and other serious emotional disturbances. Approximately 98% of all people living at the Center have co-occurring mental disorders.

During 2011, Children's Care Hospital and School (CCHS) became the only private Intermediate Care Facility for Individuals with DD (ICF/DD) providing services to children through age 21 in the state. CCHS completed the process of changing a portion of its agency to a 96-bed ICF/DD. It also continues its 18-bed Children's Specialty Hospital. During this transition process, CCHS participated in the Person-Centered Thinking trainings and has worked to incorporate this philosophy into its current services.

The mission of CCHS is to pursue excellence in family-centered services for children with special health care and educational needs. CCHS provides a comprehensive set of services that bridge the medical, behavioral, rehabilitation and educational demands of children with a wide variety of special needs. However, services are not limited to children and their team of occupational and physical therapists, assistive technology practitioners and other specialists, as well as state-of-the-art equipment, are available to adults with special needs, as well.

The Department of Human Services provides assistance to adults with developmental disabilities by providing court appointed guardianship or conservatorship services or by providing financial assistance to families or others in obtaining guardianship or conservatorship of an adult with a developmental disability.

The Department of Social Services Division of Adult Services and Aging (ASA) provides home and community service options to individuals 60 years of age and older or 18 years of age and older with physical disabilities, regardless of income. ASA promotes in-home and community-based services to prevent or delay premature or inappropriate institutionalization. ASA provides a variety of services such as adult day services, adult foster care, adult protective services, assisted living, caregiver programs, homemaker services, nursing services, respite care, transportation and more. ASA received federal funding for an Aging and Disability Resource Connection (ADRC) whose objective is to provide information, assistance and access to long-term services and support options for people over age 60 and to adults over age 18 with physical disabilities.

South Dakota has 3 Independent Living Centers that provide assistance to people with significant physical, mental, cognitive or sensory impairments who have limited ability to function independently in the family or community or to obtain, maintain or advance in employment. Services include: information and referral, independent living skills training, peer counseling, individual and systems advocacy, housing related services and home modifications and adaptive devices.

- **Interagency Initiatives\*:**

Interagency agreements and memorandums of understanding (MOU) exist between many of the state agencies involved in providing services to people with developmental and other disabilities. The Divisions of Rehabilitation Services (DRS), Services to the Blind and Visually Impaired (SBVI) and Developmental Disabilities (DD) have been updating policy on joint funding. In addition, an MOU is being updated to reflect the current description of programs and services available through the agencies, the referral process and how services are coordinated. The Transition Services Liaison Project is funded jointly by the Office of Special Education Programs and DRS.

The Statewide Independent Living Council (SILC) members are appointed by the Governor and 9 of the 16 members are people with disabilities (currently physical, mental, cognitive, sensory and multiple disabilities are represented). One member of the SILC is a graduate of Partners in Policymaking.

The Board of Vocational Rehabilitation (BVR) is appointed by the Governor to assist the Division of Rehabilitation Services to develop and evaluate employment services for South Dakotans with disabilities. The Board's 15 members are a cross-section of people who have a stake in vocational rehabilitation services. Seven (7) people with disabilities are members of the board.

The Board of Service to the Blind and Visually Impaired (BSBVI) is appointed by the Governor as both advisors and partners to the Division of Service to the Blind and

Visually Impaired. A minimum of 50% of the board must be blind or visually impaired. Nine (9) members have been consumers of services.

During SFY2011, the SILC, BVR and BSBVI held a joint meeting. During this joint meeting, they also invited members of the DD Council to attend a luncheon and share information among the four groups. The SILC, BVR and BSBVI also hold public listening sessions throughout the state, including one on a reservation.

Since 1994, the Family Support Council has been involved with the design, implementation, regulation and evaluation of family support services in South Dakota. The Council is composed of 15 members who are adults with DD or family members of children or adults with DD. This Council provides valuable information to the Division of DD with regard to the local and statewide family support programs.

The Workforce Development Council oversees implementation of workforce training programs funded by the Workforce Investment Act. Members represent various business, labor and education interests. A majority of the members are from the private sector. Council members include representatives of the state departments of Labor and Regulation, Education, Human Services, Tourism and State Development and the Board of Regents. The Department of Human Services includes the Divisions of Rehabilitation Services, Service to the Blind and Visually Impaired and Developmental Disabilities.

DakotaLink is the South Dakota Assistive Technology (AT) Act Project. DakotaLink provides free information and referral on AT devices and services, presentations, device trials through short term equipment loans and demonstration of AT devices. Through a fee for service agreement with several agencies, they also provide individual evaluation and assessment of AT needs, equipment setup and proper use training and equipment sales. South Dakota AT4All is a free, web-based equipment recycling program where un-needed devices and medical equipment are listed for sale, loan or donation.

SD Housing Development Authority and the Department of Human Services (DHS) have entered into a memorandum of understanding detailing how the two agencies will handle joint housing issues. The primary focus is, to the extent practicable, promote the full integration of citizens with disabilities in South Dakota into individual housing settings and to limit the number of congregate units utilized or created for people with disabilities. SDHDA has agreed to consult with DHS prior to granting approval of any application or request from an organization that receives long term funding from DHS and prior to granting approval of any application or request to underwrite multifamily housing for people with disabilities.

- **Quality Assurance:**

South Dakota law requires individuals in the medical and mental health professions and employees or entities that have ongoing contact with and exposure to elders and adults with disabilities, to report knowledge or reasonable suspicion of abuse or neglect of elders and adults with disabilities. In addition to mandatory reporting, people can make reports on a voluntary basis. Any person who knows or has reason to suspect that an



elder or adult with a disability has been abused or neglected may report that information. Persons who in good faith make a report of abuse or neglect are immune from liability. Facilities or programs that are licenses or regulated by the Departments of Health or Human Services will follow department procedures in place for reporting.

The Division of DD (DDD) has an online reporting system for Critical Incident Reporting (CIR). The system allows Community Support Providers (CSPs) to submit required reports electronically and allows DDD to analyze data. Generally, the population covered by the CIR system is limited to all people receiving funding through DDD's CHOICES Waiver and Community Training Services (CTS). A DDD policy memorandum stated that although the DDD does not have authority to require providers to report allegations of abuse, neglect or exploitation of non-division funded persons, it is good due diligence for CSPs to report these allegations. Providers began submitting these incidents in September 2010. Improvements are made to the CIR system as needed to increase the overall quality of the process and the analysis capacity at both the state and local levels.

DDD Program Specialists are assigned to a CSP and are responsible for reviewing all CIRs submitted by the CSP. DDD nurses review all CIRs that involve health or medication issues. DDD also has a CIR team that coordinates a peer review process for each CIR. The peer review system is designed to ensure that all necessary follow-up is completed, timelines are met, and that any additional third party reporting (e.g. to the Attorney General's Medicaid Fraud Control Unit) has occurred. The peer review process has increased the DDD's ability to address CIR inconsistencies.

The latest report for calendar year 2010 shows that 2,575 people were supported by the CHOICES Waiver and CTS funding; there were 1,004 total incident reports submitted; and 572 persons served had a CIR. The categories with the most CIRs were: Other Incident – 225 (all incidents that do not fall into predetermined categories); Abuse, Neglect, Exploitation – 217; Highly Restrictive Measure – 163; Unplanned Medical – 142; and Injury – 139. Other categories reported include: alleged perpetrator, victim of altercation, illegal activity, mission person, suicide attempt and unplanned psychiatric.

The breakdown of the "Other Incident" category includes community complaint, increase in behavioral issues, jeopardizing personal safety, jeopardizing services, medical diagnosis, medication error, other, use of illegal substances, vehicle accident, victim of fire, victim of theft and communicable disease. The two categories of Increase in Behavioral Issues and Jeopardizing Services account for 43% of the CIRs. This supports the DDD efforts to increase awareness and training for supporting people with significant behavioral issues and/or mental health diagnoses.

During 2010, within the Abuse, Neglect and Exploitation CIRs, there were 113 abuse allegations, 65 neglect allegations and 44 exploitation allegations. Within the CIR form, reporters are required to specify whether the abuse was verbal, physical, psychological or sexual. These totals may not match as one CIR may have been reported in multiple categories.

Mortality data is also collected through the CIR system and is available in the annual report. Due to the relatively low number of people who die each year, it is difficult to

detect annual trends. DDD reviews all deaths and may conduct investigations on any deaths that are accidental, unexplained, or occur amidst allegations of abuse or neglect.

The Department of Human Services' Internal Waiver Review Committee (IWRC) reviews information and trends related to the CHOICES Waiver, Family Support Waiver, Personal Assistance Services Waiver and Activities of Daily Living Services Waiver. The committee consists of the program specialists who manage each waiver and fiscal staff as well as staff from the Department of Social Services which oversees all Medicaid Waivers in our state.

The Division of DD, CSPs and the Council have been very involved in the planning and provision of person-centered thinking skills and person-centered planning training opportunities for direct support workers, persons receiving services, family members and others. In 2007, three CSPs began the formal initiative in using Person Centered Thinking (PCT). In 2008, ten more providers (including the SD Developmental Center) began the same initiative and finally in 2009, four more providers began the formalized process. South Dakota has 16 credentialed PCT trainers and 2 have been credentialed as mentor trainers. The trainer group meets quarterly to discuss training schedules updated curriculum, etc. Over 4400 people have been trained in PCT in our state.

The Division was involved with the Centers for Medicaid and Medicare Services (CMS) six-state grant, "Becoming A Person-Centered Organization". This has created a common language among the providers, including state DDD staff. Many CSPs are incorporating PCT tools/skills into the annual planning process. As a result of two PATH Planning meetings, entities outside of the Division of DD have initiated their own actions in incorporate person-centered practices. For example, the Department of Education has begun an initiative to incorporate PCT into the transition process in a few school districts. PCT tools/skills are being added to the curriculum for Partners in Policymaking.

Beginning in August 2010, a DD Council grant was awarded to the DDD to provide specific training to families and self advocates. This project is focusing on exposing, educating and supporting self advocates and families to develop and implement their own person-centered planning process through trainings such as People Planning Together and Families Planning Together. Self advocates and family members are working to become certified trainers so that the trainings can continue.

The Council continues to support Partners in Policymaking and Youth Leadership Forum to provide leadership and self-advocacy training to youth and adults with developmental disabilities and their families. Partners in Policymaking is a joint effort of South Dakota Advocacy Services, Center for Disabilities, SD Parent Connection, Children's Care Hospital & School and the DD Council and has trained over 400 people with DD and their family members. The Youth Leadership Forum is sponsored by the Transition Services Liaison Project, Division of Rehabilitation Services, Office of Special Education, private foundations and the DD Council. Each year approximately 36 high school students with disabilities attend this 5-day event to receive training and mentoring from 10-15 adults who serve as team leaders, assistant team leaders and mentors.

South Dakota Advocates for Change is the Council's statewide self-advocacy network. The Network is lead by a Leadership Team of 7-10 self-advocates who work on activities in their communities and around the state. Members of the Leadership team have provided training to other self-advocates and will be asked to be trained and provide additional training in the area of self-determination as the system of services moves to more self-directed options.

- **Education/Early Intervention:**

According to the 2009-2010 Department of Education statistics, there were 17,688 students identified through Child Count activities as receiving Special Education Services. The highest numbers of students have learning disabilities (6,132) or receive speech/language services (4,453). The next categories with the highest numbers are other health impaired (1,667), cognitive disability (1,395), developmental delay (1,339) and emotionally disturbed (998). Of the 17,688 students, 10,355 received services in the regular classroom; 3,373 in a resource room, 815 in a self-contained classroom and 460 in a separate facility. Special needs students represent 14.3% of the total student enrollment of 123,416.

The State Interagency Coordinating Council members are appointed by the Governor and work as a committee to advise and assist the Department of Education on identifying appropriate services for children ages birth to 3. Four parents are members of this Council.

The South Dakota Head Start State Collaboration Office was established in 1990 and is located within the Department of Education. Staff disseminate information about Head Start and assist in development of partnerships that build early childhood systems. The 10 federal priority areas are health care (including mental health), homelessness, welfare, foster care, child care services, family literacy, disabilities, community services, education (including services for children with limited English proficiency and the Early Learning Guidelines), and professional development.

Members of the South Dakota Advisory Panel for Children with Disabilities are appointed by the Governor to advise the Department of Education, Special Education Programs (SEP) on issues related to students with disabilities. The Panel conducts public meetings throughout the state, advises the SEP on the State Performance Plan and the Annual Performance Report, and addressed the declining number of special education teachers and related service providers throughout the state. There are 22 members on the panel and 13 represent as parents or individuals with disabilities. Five of these members are graduates of Partners in Policymaking. The Panel selected three priorities for 2010 – transition, child find and ensuring quality service providers.

South Dakota has received the highest rating possible under the Individuals with Disabilities Education Act, or IDEA, for both Parts B and C for fiscal year 2009. The state is one of only 20 across the nation to meet the requirements and purposes of IDEA under both Parts B and C, according to information released from the U.S. Department of Education.

IDEA Part B monitors the effectiveness of special education services at the preschool and K-12 levels, while Part C refers to the state's Birth to Three program, which serves younger children and their families. IDEA requires each state to develop a State Performance Plan that evaluates its efforts to implement the requirements and purposes of the IDEA, and describes how the state will improve its implementation.

The Part B State Performance Plan includes baseline data, measurable and rigorous targets, and improvement activities for 20 indicators such as graduation rate, participation and performance on assessments, and ensuring that complaints are resolved and hearings are adjudicated within required timelines. The Part C, or Birth to 3, State Performance Plan includes baseline data, measurable and rigorous targets, and improvement activities for 14 indicators such as ensuring positive outcomes for infants and toddlers with disabilities, timely provision of services, and meeting evaluation timelines.

The Department of Education has been providing training and technical assistance in the areas of Positive Behavior Interventions and Supports (PBIS) and the Response to Intervention (RtI) approach. The SD PBIS Leadership Team has provided advice and input concerning the beset approach for implanting PBIS across the state. The Team is comprised of members who represent mental health, Head Start, education service agencies, school psychologists, Division of DD, Special Education directors, higher education, parents and the Department of Corrections. RtI represents a progressive intervention approach that identifies students at risk for learning difficulties, including those who may have a Specific Learning Disabilities, and provides early intervention with the goal of improving the achievement of all students.

- **Housing:**

The South Dakota Housing Development Authority (SDHDA) acts as the lead agency for developing the Consolidated Plan on behalf of the State of South Dakota. The 2008-2012 Consolidated Plan provided the following information in regard to housing in South Dakota.

Although the State does not administer the Housing Choice Voucher Program, SDHDA shared the following information from a survey completed in conjunction with SDHDA's 2003 Housing Needs Analysis. Some statistics include:

- Nearly half of the agencies, 17 (46%) administer Public Housing Units only. Eleven administer both Public Housing Units and Section 8 Housing Choice Vouchers (30%). Nine of the agencies (24%) administer only Section 8 Vouchers.
- The 28 PHAs administering Public Housing Units had an inventory of 1,870 units. Seventy-eight percent (1,465) of these units were delegated as "Elderly" Units, 9% (359 units) were deemed "Family" Units, and the remaining 46 units carry neither elderly nor family designation. Approximately 30% (530) were Uniform Federal Accessibility Standards compliant of which 38 were vacant.
- Of the 37 PHAs, 23 (62%) reported that the Public Housing waiting list was open, and 41% (15) reported no waiting list. Of the 8 PHAs that had residents waiting for public housing, 76% of waiting list applicants were identified as extremely low

income (being less than 30 percent of the area median income). The waiting list was comprised of 645 families with children, 158 elderly family units and 104 units of families with persons with disabilities.

- Of the 37 PHA respondents, only 12 stated that all housing units that were adapted for persons with disabilities were actually occupied by persons requiring the modifications with 11 PHAs indicating that the units were in fact not occupied by persons requiring the modifications.

From the same survey, the following statistics related to the Housing Choice Voucher Programs were included:

- 20 of the 37 (56%) PHA respondents administered Housing Choice Vouchers. There were a total of 4,295 vouchers authorized and 96% of the vouchers were in use (4,141).
- Over 56% of the respondents who had a voucher program had an open waiting list. However, 33% of the waiting lists currently had no applicants on the list.
- For the 14 PHAs with a waiting list, there was total annual turnover of 880 units for the Housing Choice Vouchers. The respondents stated that approximately 78% of the waiting list applicants were extremely low income (less than 30% of the area median income) and 20% are very low income (30 to 50% of AMI).
- The Housing Choice Voucher Waiting List was largely comprised of families with children (1,542), followed by 536 families with persons with disabilities and 85 elderly families.
- There were 15 PHAs that indicated that at least one household on their waiting list had a family member with a disability and a total of 519 households that included a family member with disability currently on the waiting list.
- The types of disabilities most frequently mentioned were mobility (26 households) and mental illness (21 households). However, many respondents did not indicate the type of disability nor the number of households.
- There were no PHAs that provided funds for adaptive modifications for rental units.

In relation to home ownership, a home ownership program is currently operating in 9% of the PHAs. Twenty-three (23) of the total 37 respondents stated that they did not conduct a home ownership program in 2002.

Many people in South Dakota require supportive housing to allow them to remain in their homes or in the communities in which they reside. Included in this group of people who need supportive housing are the elderly, the frail elderly, persons with disabilities, persons with alcohol or other drug addiction, and persons diagnosed with AIDS and related diseases.

In Fiscal Year 2007, the Division of Rehabilitation Services (DRS) served 5,232 individuals with disabilities. Because of outstanding medical facilities, access to transportation, and downtown areas which are easily accessible and an attraction to this population, both Sioux Falls and Rapid City have a larger percentage of persons with disabilities. However, it should not be assumed that all persons with disabilities prefer to live in these communities. Many prefer to remain in their home communities should the housing and services be available. The rehabilitation service delivery system has

developed a number of service options to enable individuals with disabilities to remain living in their home community. However, available housing has not kept pace with the increasing demand by individuals with disabilities who are capable of living independently. According to DRS, some people with disabilities are living with relatives, roommates, and in shelters. Many are living in substandard units or in housing that is not accessible. It is presumed that much of this population would prefer to live independently if decent, affordable, accessible units were available.

The Division of DD's philosophy is to provide program participants with choices regarding where they work, live and play. DDD works with SDDC to locate community placements for people who currently reside at SDDC. DDD continues to coordinate efforts with CSPs, SDHDA and others to offer people an array of housing options. This effort has and is likely to continue to result in downsizing congregate living facilities and increasing the utilization of apartments and single family homes by persons with developmental disabilities. People with developmental disabilities have low-incomes and, like other low- and very low Income South Dakotans, need financial assistance to purchase homes and rent apartments. Housing options need to be affordable, accessible and available.

In 2011, the Council completed an update of the Homeownership Guide for People with Limited Income. Since 2007, this guide has been disseminated to people with disabilities, their families, disability and housing resources, and is available through the Council's website. Presentations have been done that promote the many possibilities of community living for people with developmental and other disabilities including homeownership, renting, living alone or with roommates of their choice. Members of the Council continue to view accessible, affordable housing as a significant need for adults with developmental disabilities and families with children with developmental disabilities. Nationally, many DD Councils are supporting activities promoting the concepts of universal design and visitability which make homes and communities more accessible for everyone.

The lack of awareness of programs for low-income people, particularly people with disabilities, had been identified by SDHDA and others as a barrier to affordable housing. In addition, poor credit histories of borrowers and renters alike are a substantial barrier to the lowest income households; as are application fees, security deposits, down payment and closing costs, and fear of the home buying process. In some communities it is difficult to find suitable housing, while in others the housing is available, but necessary supports may not be.

In 1999, agencies concerned about the quality and consistency of homebuyer education in the state formed the Homeowner Education Resource Organization (HERO). HERO not only coordinates the services of nonprofit entities that assist potential homebuyers but in addition has helped increase funding to ensure that every person in the state has the opportunity to use these quality resources. These agencies are eager to help low income households begin the process of overcoming many of these barriers.

- **Transportation:**

The South Dakota Department of Transportation (SDDOT) acts as a facilitator of public and specialized transportation services. SDDOT does not directly provide the services but contracts for services to be delivered within South Dakota through the awards of grants to transit providers.

The SDDOT disseminates information on U.S. Department of Transportation, Federal Transit Administration (FTA) programs and provides technical services to applicants in preparing funding proposals. Local governments and non profit entities are responsible for the development and operation of local transit systems. Coordinated community transit systems serving both public and human service agencies are preferred applicants for FTA grants.

From the Annual Report for FY2009 for the Specialized and Public Transit the following information is available.

- Approximately 50 organizations provide some form of transit services covering approximately 70 percent of the geographic area within South Dakota.
- These transit organizations assist elderly citizens, citizens with disabilities, school age children, the general public and low income citizens gain access to needed medical, nutrition, education, employment, social and commercial services, particularly in the rural areas of South Dakota.
- Transit providers range in size from those which provide daily fixed route/fixed schedule services, to senior citizen centers in rural small towns which provide demand-response services with schedules and destinations determined on a day-to-day basis.

The South Dakota Department of Transportation, Office of Local Transportation Programs, administers several programs through the FTA which support public and specialized transportation service providers in South Dakota. For meeting the needs of people with disabilities, the programs include: capital grants to private nonprofit organizations to assist them in providing transportation services for elderly persons and/or persons with disabilities, assistance in meeting the transportation needs of elderly persons and persons with disabilities where public transportation services are unavailable, insufficient, or inappropriate, capital, administration, and operating grants for public transportation service projects in non-urbanized areas (less than 50,000 population), capital, operating and project administration costs for rural public transportation projects in areas other than urbanized areas (50,000 population), New Freedom Program formula grants to provide additional tools to overcome barriers facing citizens with disabilities seeking to integrate into the workforce and fully participate in society. Lack of adequate transportation is a principal barrier to employment for citizens with disabilities. The New Freedom Program seeks to expand transportation mobility options available to persons with disabilities beyond the requirements of the Americans with Disabilities Act of 1990.

The Office of Local Transportation Programs provides state dollars from the South Dakota Public and Specialized Transportation Assistance Fund to help meet the local matching fund requirements of Federal transit program grantees.

The Office of Local Transportation Programs and the Department of Social Services (DSS), Division of Adult Services and Aging (ASA) work in close coordination in matters pertaining to transportation services for people who are elderly or have disabilities. Each year, the Division of ASA provides funds which are dispersed through DOT to offset transportation costs for some agencies.

During Fiscal Year 2009, 426 vehicles funded by FTA programs provided rural public and special transportation services in South Dakota. These 426 vehicles traveled 4,921,623 miles and carried 1,865,908 passengers. The transit systems operating in Sioux Falls and Rapid City receive funds directly from FTA. Sioux Falls and Rapid City public transit vehicles traveled 1,213,966 miles and carried 1,235,011 passengers. The Deadwood Trolley System provided 189,719 rides and traveled 98,748 miles.

Public and special transportation service providers are a key element in the successful implementation of numerous state policy objectives. Among those is the effort to keep elderly citizens and citizens with disabilities in their own homes and communities—in an independent living status, instead of forcing them into the more costly nursing home environment or requiring them to migrate to large urban areas for needed services.

During Fiscal Year 2009, 72 vehicles operating in South Dakota providing specialized transportation were funded under FTA programs. These 72 vehicles traveled 615,835 miles and carried 244,466 passengers. Citizens with disabilities (41%) were the major users of specialized transportation services followed by youth (36%), elderly (16%) and general public (7%)

During Fiscal Year 2009, 22 organizations provided rural public demand-response transportation services in South Dakota. These organizations operated 354 vehicles and contracted with one taxi cab company for a total expenditure of over \$9 million dollars. The total number of rides provided for medical, employment, nutrition, social, education, shopping and other reasons was 1,621,442.

- **Child Care:**

The Department of Social Services, Division of Child Care Services has strived to improve linkages for parents who may have difficulty locating a child care provider who can meet the special needs of their child. Designated staff in each of the five Early Childhood Enrichment (ECE) sites serve as a regional contact to assist in finding and maintaining child care for children with special needs. Staff also assist in mobilizing state and local resources and services that may be of benefit to the family and child care provider. ECE staff also provide or facilitate specialized training and resources for child care providers based upon the child's needs.

Families may receive child care assistance to help pay child care costs while they work and/or attend school. Special reimbursement rates are available for eligible families who need care for a child with special needs who have income at 175% of the Federal Poverty Level or below.



In addition, an initiative to increase the availability of child care options for children that require special services costing more than the established reimbursement rate continues to be available. These families often face special challenges in obtaining affordable child care. In this program, slots are available for 15 children and are maintained on an ongoing basis. The goal is to assist families with their child care costs so they can work and at the same time keep their child in the best possible environment. The program allows for a higher household income to become eligible at 85% of the State Median Income or below. In addition, the reimbursement rate for the child care provider is negotiated depending on the need. Other criteria include a 20% income disregard and co-payments capped at no more than 10% of gross income. This is a collaborative effort with the Department of Human Services, Office of Developmental Disabilities; Department of Education, Part B & C; and the Department of Social Services, Divisions of Child Care Services and Medical Services.

- **Recreation:**

During the past year, the Council and Center for Disabilities collaborated to develop and disseminate a “Book Club Tool Kit” that could be used by anyone wanting to begin an inclusive book club. These have been provided to community support providers, after-school programs, family members, teachers and others.

The area of Recreation and Leisure Activities continues to come up during public listening sessions. Comments most frequently heard include:

- People like Special Olympics and want more opportunities to participate in it.
- Rural communities have few opportunities for organized activities beyond school sports events.
- After-school programs and city recreation programs are not always welcoming to children with disabilities.
- People with DD would like to go to more concerts, trips, etc., but staff support is limited.
- Need to teach young adults about safe social activities – including issues with alcohol, drugs and other activities.
- Internet safety is a concern for people with developmental disabilities, family members and providers.

Although recreation was not selected by the Council as a goal or a specific objective in this five-year state plan, several of the activities within the training and public information areas may include activities that will address these concerns.

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

(i) Criteria for eligibility for services\*:

An analysis of the eligibility criteria for services shows that a number of factors impact a person’s eligibility including: age limitations, services available only if eligible for other benefits such as Medicaid or Medicare and income guidelines.

From the information reviewed, it appeared that there were fewer programs available for children than adults. Eligibility for developmental disabilities services is limited by federal waiver requirements such as limited income and resources and the person must meet the need for institutional care if services were not available in the community. The state offers a limited program for people not meeting the criteria for institutional care. Many programs required the person to meet federal poverty guidelines and have limited resources.

This led to a discussion of the lack of services available for people with Asperger's Syndrome (an autism spectrum disorder where intellectual functioning is not as impacted as other skills such as communication and social functioning). Many young adults with this diagnosis do not qualify for developmental disabilities services as they would not meet the need for institutional care. Changes suggested for the Diagnostic Standards Manual (DSM) will most likely have more effect on education agencies than the developmental disabilities service system. The Division of Developmental Disabilities is aware of the need for services for this population and is looking at options.

Parent members of the Council also mentioned that the completion of paperwork for some programs can be very time consuming; parents seldom know how the services integrate with each other; and parents are not sure of their role as the child moves through transition to adult services.

The following paragraphs outline the eligibility criteria for a number of programs available to people with developmental disabilities.

South Dakota Codified Law 27B-1-18 defines a developmental disability as any severe, chronic disability of a person that:

1. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
2. Is manifested before the person attains age 22;
3. Is likely to continue indefinitely;
4. Results in substantial functional limitations in 3 or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and
5. Reflects the person's need for an array of generic services, met through a system of individualized planning and supports over an extended time, including those of a life-long duration.

CHOICES and Family Support 360 Waivers have eligibility criteria that "waive" the institutional level of care so people receive services in their communities. Eligibility for the Family Support 360 and CHOICES Waivers (both are Medicaid/Title XIX home and community based services waivers) is determined by the Department of Social Services.

The following criteria are used for both the CHOICES and Family Support 360 Waivers to determine if a person has a developmental disability. Administrative Rules of South Dakota (ARSD) 67:54:04:05 provides the criteria for determining developmental disability. The provider shall maintain documentation signed by a physician or

psychologist which indicates that the individual is developmentally disabled. An individual is considered developmentally disabled if the individual meets all of the following criteria:

1. The individual has a severe, chronic disability attributable to mental retardation, cerebral palsy, epilepsy, head injury, brain disease, autism, or other condition which is closely related to mental retardation and requires treatment or services similar to those required for the mentally retarded. To be closely related to mental retardation, a condition must cause impairment of general intellectual functioning or adaptive behavior similar to that of mental retardation;
2. The disability manifested itself before the individual reached the age of 22; and
3. The disability is likely to continue indefinitely.

To be eligible for the Family Support 360 Waiver the individual must live in their own home or in a family member's home on a full-time basis; and the individual's monthly income must be less than 300% of the SSI Standard Benefit Amount and resources must be less than \$2,000. Income and resources of the parents are not considered to determine eligibility.

ARSD 67:54:09:12 describes eligibility for family support services as follows: The individual must be receiving SSI or be aged, blind, or disabled and have income less than 300 percent of the SSI standard benefit amount. In addition, the following requirements must also be met:

- (1) the individual is developmentally disabled under the provisions of § 67:54:04:05 or, if the individual is age birth through two years of age, the division has documentation from the Department of Education that indicates the child has been identified as needing prolonged assistance;
- (2) for individuals age four and above, the individual has substantial deficits as exhibited by completion of an Inventory for Client and Agency Planning (ICAP);
- (3) the individual is in need of and eligible for placement in an ICF/DD based on findings that the individual has a substantial functional limitation in three or more of the functional areas; and
- (4) a service plan for the individual that has been prepared.

Eligibility for the CHOICES Waiver includes having a developmental disability, residing in the home of a parent, other relative or legal guardian; or residing in an adult foster care home or special therapeutic foster home licensed by the Department of Social Services; or residing in a community residential, supervised apartment or community habilitation facility approved by the Department of Human Services; or residing in an individual's own home; and the person's monthly income must be less than 300% of the SSI Standard Benefit Amount and resources must be less than \$2,000. ARSD 67:54:04:03 and 04 describe financial eligibility and eligibility if denied SSI disability benefits.

The Division of DD offers Family Support 360 Waiver Services through Local Family Support Programs and serves people with developmental disabilities ages birth through the lifespan. The Division of DD also has a limited amount of general funds that are used to support people with developmental disabilities ages birth through 22 who meet

the SDCL definition of a developmental disability but not the waiver definition of developmental disability.

The Respite Care Program is available to any family having a child or adult family member who has a developmental disability, a developmental delay (children only), a serious emotional disturbance, a severe and persistent mental illness, a chronic medical condition (children only), a traumatic brain injury, or a child they have adopted may be considered for respite care services. There is no income eligibility requirement. There is no age limit (except those disabilities listed as for children only), however, the child or adult must live with a parent or family member.

The SD Developmental Center (SDDC) provides supports and services for individuals with a developmental disability who meet the established eligibility criteria when suitable community supports and services are not available. Individuals admitted to SDDC must be in need of active treatment and be likely to benefit from placement at SDDC. There are four different eligibility criteria for placement at SDDC.

Criteria 1 - Eligibility for the Intermediate Care Facility for the Mentally Retarded (ICF/MR) – An ICF-MR is to furnish health or rehabilitative services to persons with mental retardation and other related conditions. Persons with other related conditions means individuals who have a severe, chronic disability that meets all of the following conditions: 1) is attributable to a) cerebral palsy or epilepsy; or b) any other condition, other than mental illness, found to be closely related to mental retardation because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of mental retardation and requires similar treatment or services; 2) is manifested before the person reaches age 22; 3) is likely to continue indefinitely; 4) results in substantial functional limitations in 3 or more of the following areas of major life activity: self-care, understanding and use of language, learning, mobility, self-direction, capacity for independent living.

Criteria 2 – Eligibility and Need for ICF-MR/DD Services – To be eligible for these services under Medicaid, the following criteria must be met: 1) must be eligible for Medicaid under ARSD 67:16; must be developmentally disabled; and the utilization review team must have determined that the individual is in need of ICF-MR/DD services pursuant to ARSD 67:54:03:04. To be determined in need of ICF-MR/DD services, the individual must have a substantial functional limitation in 3 or more of the following functional areas as determined by a completed Inventory for Client and Agency Planning (ICAP): self-care, receptive and expressive language, learning/general cognitive competence, mobility, self-direction, capacity for independent living and economic self-sufficiency.

Criteria 3 – The individual must have unsuccessfully received treatment in a less restrictive environment.

Criteria 4 – The individual must display behaviors that are dangerous or cause concern for the safety of the individual or others.

Vocational rehabilitation services are available for individuals with a disability (i.e. an individual who has a physical or mental impairment which constitutes or results in a

substantial impediment to employment), be able to benefit from vocational rehabilitation services in achieving an employment outcome, and require vocational rehabilitation services to prepare for, enter, engage in, or retain gainful employment.

Independent Living Services are available to an individual with a significant disability (physical, mental, cognitive or sensory impairment) whose ability to function independently in the family or community or whose ability to obtain, maintain, or advance in employment is substantially limited; and for whom the delivery of independent living services will improve the ability to function, continue functioning, or move towards functioning independently in the family or community or to continue employment.

The Department of Education's (DOE) Administrative Rules (24:05:24:01:01) define students with disabilities as "students evaluated in accordance with chapter 24:05:25 as having autism, deaf-blindness, deafness, hearing loss, cognitive disability, multiple disabilities, orthopedic impairment, or other health impairments, emotional disturbance, specific learning disabilities, speech or language impairments, traumatic brain injury or vision loss, including blindness, which adversely affects educational performance and who, because of those disabilities, need special education or special education and related services." DOE's Birth to Three Connections provides early intervention services, at no cost, for children from birth to age 3 who have a disability or a developmental delay.

Head Start and Early Head Start Programs have eligibility requirements for total program enrollment. Of the total program enrollment, 90% must be children of families who meet federal income guidelines determined by the US Department of Health and Human Services. The remaining 10% of the total program enrollment may be above these federal income guidelines. In addition, 10% of the total program enrollment must include children with identified disabilities. Residency within the Head Start programs geographical service area is generally required.

The Department of Health's Children's Special Health Services – Health KiCC Program (Better health for Kids with Chronic Conditions) requires a child to be a resident of the state, be under age 21, have a chronic condition (any of the more than 50 conditions in 11 groups on their list of covered conditions); and meet financial guidelines (income up to 250% of federal poverty level).

Delta Dental of South Dakota provides the Dakota Smiles Program. This is a dental outreach program that brings care directly to underserved children all across South Dakota. The program treats children ages 0-21. The program mission is to treat children without access to dental care, which includes those children who have not seen a dentist within the past two years and/or those that live more than 85 miles from a dentist. No child is turned away for an inability to pay.

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

The unserved and underserved populations identified by the Council included: people with Asperger's Syndrome; those living in smaller, rural communities and American Indians and other races or cultures.

South Dakota's demographics create a challenge in attempting to provide services to people with developmental disabilities. The state encompasses 75,885 square miles with a 2010 population of 814,180. South Dakota has only two cities of 50,000 or more people, Rapid City and Sioux Falls, on opposite ends of the state. Within SD there are 9 reservations or Nations. These are: Standing Rock, Cheyenne River, Pine Ridge, Rosebud, Lower Brule, Crow Creek, Yankton, Lake Traverse (Sisseton-Wahpeton) and Flandreau. Approximately 8.8% of SD's population is American Indian.

In South Dakota, only 10.7 people on average inhabit each square mile compared to 87.3 for the nation. Community Support Providers are located in only 17 communities throughout the state. In low population densities, the cost of delivering services is greater, as distances for service delivery is significant. The rural nature of the state certainly impacts all citizens but does add to the access of services issue for people with developmental disabilities, particularly in the areas of transportation, proximity to services for evaluation and availability of services.

For people with Asperger's Syndrome, they have a need for supports and services but do not meet the eligibility criteria for waiver services that require an institutional level of care if community services are not available. See the previous discussion under the analysis of eligibility criteria.

South Dakota's population that is Hispanic or Latino is 2.7%, people reporting two or more races is 2.1% and black persons are 1.3%. The majority of people from these races or cultures have moved to the largest community in the state. Barriers include a lack of knowledge of the service system, and perhaps a lack of knowledge regarding disability services by other agencies providing supports.

For Native Americans living on and off the reservations, barriers may include a lack of knowledge and understanding of the service system and people are not as connected to information about services and supports. Other barriers include community attitudes, transportation, limited or no employment opportunities, lack of trained personnel, housing, delivery of service maze includes State and Tribal programs, high rate of co-occurring disorders, lack of telephones and lack of independent living services on the reservations.

*(iii) The availability of assistive technology\*:*

DakotaLink is South Dakota's Assistive Technology Project. DakotaLink has technicians available in 8 locations throughout the state to provide information and training on assistive technology devices statewide. There are for-profit providers of assistive technology devices and services (beyond medical equipment) located in the two largest cities of South Dakota. This leaves a large portion of rural South Dakotans

with no close resources on assistive technology. In an effort to address that issue and others, DakotaLink has a lending library where people can try software and assistive technology devices for a limited time prior to making the decision to purchase. DakotaLink also offers a free, web-based equipment program to recycle un-needed devices and medical equipment.

A lack of funding assistance for assistive technology for people with limited incomes is a challenge. There are few dollars available to assist people with developmental disabilities and their families in purchasing assistive technology. Medicaid and other agency rules sometimes prohibit the purchase of a device or a device that has more than one purpose (i.e. a Dynavox can cost \$3000 while an I-pad and applications for communicating with symbols could cost \$800 and also be used for other purposes).

Another challenge is how to keep families and people with developmental disabilities informed of new assistive devices and technologies being developed. DakotaLink participates in a number of conferences that reach people with developmental disabilities, their families and service providers, but a majority of people do not attend those conferences and must rely upon their service providers, family and friends to share information about assistive technology that is available.

(iv) Waiting Lists\*:

a. Numbers on Waiting Lists in the State:

<b>Year</b>	<b>State Pop (100,000)</b>	<b>Total Served</b>	<b>Number Served per 100,000 state pop.</b>	<b>National Average served per 100,000</b>	<b>Total persons waiting for residential services needed in the next year as reported by the State, per 100,000</b>	<b>Total persons waiting for other services as reported by the State, per 100,000</b>
2011	8.2	2741	329	147.8	0	0
2009	8.12	2307	284	143.1	0	0
2007	7.96	2293	288	145.1	3	0
2005	7.76	2,251	290.1	138.7	5	0

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

The Division of Developmental Disabilities maintains a Planning List with names and information provided by the Community Support Providers of people requesting services and expected to be served within 90 days.

The chart above used reports that summarized statistics reported by states on the actual or estimated number of people with intellectual and developmental disabilities (ID/DD) not receiving residential services who were on waiting lists for such services on June 30 of the reporting year.

Information for the chart was from the following sources:

Lakin, K.C., Larson, S.A., Salmi, P., and A. Webster. (2010). Residential Services for Persons with Developmental Disabilities: Statuses and trends through 2009. Minneapolis: University of Minnesota, Research and Training Center on Community Living, Institute on Community Integration

K. Alba, Robert W Prouty, and K.C. Lakin (Eds.) (2007), Chapter 3, Services Provided by State and Nonstate Agencies in 2007, in R.W. Prouty, K. Alba & K.C. Lakin (Eds.), *Residential services for persons with developmental disabilities: Status and trends through 2007*. Minneapolis: University of Minnesota, Research and Training Center on Community Living, Institute on Community Integration.

Kathryn Coucouvanis, Robert W. Prouty, and K. Charlie Lakin (2006). Chapter 3, Services Provided by State and Nonstate Agencies in 2005. In R.W. Prouty, Gary Smith & K.C. Lakin (Eds.), *Residential services for persons with developmental disabilities: Status and trends through 2005*. Minneapolis: University of Minnesota, Research and Training Center on Community Living, Institute on Community Integration.

- c. To the extent possible, provide information about how the state selects individuals to be on the wait-list:

The Division of DD's planning list is prioritized as urgent and non-urgent. Urgent status is defined as: 1) homeless or at imminent risk of being homeless; currently residing in an abusive, neglectful or exploitive situation; or in a life threatening situation. Non-urgent are all others who are expected to be served within 90 days.

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

- Case management authorities  
 Providers  
 Counties  
 State Agencies  
 Other \_\_\_\_\_

- e. Is there a statewide standardized data collection system in place:

- yes  
 no

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

- No services  
 Only case management services



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

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

Some people on the waiting list may not be receiving services, while others may be receiving services but have requested a change in residential setting or other supports.

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

- yes
- no

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

It is assumed that Division of DD staff or Community Support Providers have completed an assessment of needs and eligibility for criteria prior to having the person included on the Division of DD's Planning List.

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

- yes
- no

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

Division of DD staff work with all referrals to assist them in planning and navigating the system. Resource Coordinators are available throughout the state to work with families and individuals who request information about services or to determine eligibility for services.

- j. Summary of Waiting List Issues and Challenges:

An analysis of the available waiting list information reinforces the fact that there is limited information available beyond the number of people waiting for residential services. There is no information available regarding people with developmental disabilities who are waiting for services that are more self-directed or not based in an agency setting; or the number of underserved or unserved people with developmental disabilities (such as Asperger's Syndrome) who need supports to be successful but do not meet eligibility criteria for current waiver services; there is no method for determining how many people currently receiving services that would like to see their services

change (i.e. how many working in a sheltered workshop vocational setting would like to be working in competitive or supported employment).

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

South Dakota's Legislature balanced the SFY2012 budget while keeping a reserve fund. However, provider rates were cut between 4.5 and 10% and that impact on services is still an unknown. Agencies and providers are expecting continued discussion of additional cuts or changes to services as a result of the still slow economy. The State Legislature over the summer of 2011 is conducting a review of the Department of Human Services, a review of all sales taxes and exemptions, and a Medicaid Solutions Workgroup has been meeting to discuss long term solutions for this program.

For the past few years and for SFY2012, the Legislature provided expansion dollars for additional family support programs (proven to be a cost efficient way to provide services to families with children and adults with developmental disabilities) and expansion dollars for costs associated with students who are entering the adult service system from the education system. These additional funds have allowed the Division of Developmental Disabilities to maintain a very low number of adults on any type of waiting list. In fact, most adults on the waiting list are receiving services but are wanting to move to another residential setting or area of the state.

In May 2011, the Missouri River began flooding the Pierre/Fort Pierre area and other areas along the river channel thru Dakota Dunes. Flood prevention and restoration activities will be an additional cost to local and state governments. South Dakota's economy has been slow and is not forecasted to improve much in the next few years.

The US Census Bureau estimated the median household income for SD in 2009 at \$45,048 and the percentage of people below the poverty level was 14.2%. In the 2004 Survey of South Dakotans with Disabilities, the median salary was below \$25,000 for 58.3% of the respondents.

Statistics from the SD Department of Labor show that as of June 2011, the labor force included 448,205 people with 21,295 of them unemployed for an unemployment rate of 4.8% compared to 9.2% nationally.

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

The review of the services and supports available at the SD Developmental Center (SDDC) show that SDDC has been changing in many positive ways over the years. The current number of people served at SDDC is 140 and the average length of stay is 7.8 years with 41% of people staying only 1-4 years. A majority of the people served at SDDC are referred from Community Support Providers who are unable to provide the level of support a person needs due to challenging behaviors or other issues. All three programs at SDDC have a transition component including a transitional living area.

These transitional services provide an opportunity for people getting ready to move back to the community to have a less structured but supervised environment to develop and practice skills needed for community living.

SDDC has been involved with the Person-Centered Thinking Skills and Organizational Change activities supported by the Division of DD and the Council. They have used these Person-Centered Practices to 1) foster a learning environment that supports a cooperative partnership resulting in people having positive control over their lives; 2) utilize practices that assist in determining what is important “to” each person served in addition to what is important “for” the person; 3) enhance, reinforce, and strengthen a person’s natural supports whenever possible; 4) promote independence and instill a sense of self-determination and well-being; and 5) provide high-quality standards of services which support a therapeutic environment and result in a balanced life for the person.

SDDC promotes the person-centered approach to provision of supports. Person Centered Thinking is a process for people who are paid to provide support, to think about the quality of life from the perspective of the person they support. It is a person-driven approach to services and supports, rather than an agency-driven approach. Program development for each person begins with a thorough assessment of all areas of daily living. The person and his/her guardian and family are integral members of the Interdisciplinary Team that works together to find a balanced treatment plan. Supports and treatment are offered in the areas of mental health, transition, healthcare, vocational, dietary and therapeutic recreation.

SDDC works closely with the Division of DD through an Outplacement Workgroup. An outplacement/waiting list is used to track people who no longer meet criteria to remain at SDDC or whose community placement is jeopardized. The list also provides data regarding capacity issues for the community and SDDC. SDDC provides consultation services to community support providers to reduce the number of emergency admits to the Center.

SDDC and the Division of DD continue to collaborate in the development and implementation of specialized programs that assist people moving from SDDC to the community. Some of the specialized programs currently available are for PICA behaviors, wandering, sexual offending, autism, traumatic brain injury and the crisis diversion program that works to keep individuals in a community placement instead of returning to SDDC.

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

A review of Home and Community Based Services (HCBS) Waivers encompasses both the CHOICES and Family Support Waivers administered by the Division of Developmental Disabilities (DDD).

CHOICES Waiver services are provided by 19 Community Support Providers (CSPs) in 17 locations across the state. Challenges remain in these economic times when CSPs

are receiving cuts in payments for services; salaries paid to direct support professionals have not remained competitive throughout much of the state; and finding enough qualified workers is an issue. Family support programs have proven to be cost effective and provide eligible families with service coordination and limited funding to purchase services.

South Dakota has been involved with the National Core Indicators (NCI) surveys. The last year for which South Dakota data was available was 2005-2006. The NCI Consumer Survey Report shows that 97.5% of the South Dakota respondents were satisfied with the supports and services they receive. The NCI Survey Report for Families of Children having a disability who live at home showed that 76.1% of the respondents were always or usually satisfied with the services they receive and 86.4% felt that the services they received made a positive difference in their lives.

The NCI Adult Family Survey was administered to individuals having an adult family member with disabilities living at the family's home and showed that 69.3% of families were always or usually satisfied with the supports they received and 71.4% felt that the services they received had made a positive difference in the life of their family members with a disability. The NCI Family Guardian Survey was administered to individuals having an adult family member with disabilities living outside of the family's home and showed that 84.5% of the respondents were satisfied with the services and supports their family member received.

When the levels of satisfaction with the current system are high and people feel the system is doing (fairly) well, there is little priority placed on doing things differently. This creates challenges for anyone or any agency looking to implement change. A few years ago, the Council supported a pilot program for Independent Service Coordination. Currently, service coordinators work for the CSPs and it was felt that this created a conflict when determining the services and supports that would serve a person best versus those that are currently available from the service coordinators employer. While there was some interest by people served and their families in having the independent service coordination, overall people were happy with the service coordination they were receiving and did not see a benefit in doing it differently.

Beginning in 2007, the Division of DD invested in implementing and building Person-Centered Practices throughout the CSPs and SDDC (as discussed earlier). The Center for Medicaid and Medicare Services (CMS) continues to direct states to promote participant choice and self-directed services. Currently, South Dakota has 16 credentialed Person-Centered Thinking (PCT) trainers and 2 credentialed mentor trainers. Over 4400 people have been trained in PCT in our state. Most agencies who have participated in the PCT initiative have reported that at least 75% or more of their staff have been trained in PCT. Beginning in 2010, self-advocates and family members were offered the opportunity to become certified PCT trainers for the People Planning Together and Families Planning Together curriculums. DDD was also part of the six-state CMS grant on Becoming Person Centered Organizations.

The Division of DD is in the process of revising Administrative Rules of South Dakota and creating a Strategic Plan for FY12-15. The top policy priorities are: 1) expanding person-centered practices to all systems and services impacting people with

developmental disabilities and their families and allies; 2) strengthening self-direction opportunities, including moving to an individual budget approach in comprehensive waiver services (already part of the Family Support 360 Waiver); and 3) significantly expanding employment opportunities and policy emphasis for working age adults and transitioning youth.

These activities and others are moving the system towards more self-directed services and people with developmental disabilities having more choice and control over their supports and services.

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

##### Goal 1 - Employment

Survey results placed Employment in the top area to be addressed by the Council. Beginning in April 2010, the Council held a facilitated meeting for people who were interested in the Alliance for Full Participation and its employment focus. From this effort, there was a diverse group of people wanting to serve as the Alliance for Full Participation State Team. Following this facilitated meeting, the SD Council on DD spent the majority of its April meeting discussing employment with a group of invitees who represented other disability groups and programs that were interested in furthering employment for people with disabilities.

The Alliance for Full Participation State Team met again in the Fall of 2010 and determined that it needed additional information before planning the next steps so focus groups were held in April and May of 2011. Focus groups were held with people with developmental disabilities, parents or guardians of people with developmental disabilities and phone interviews conducted with Community Support Provider staff who do Job Coaching and Service Coordination. The results showed that continued training is needed for all groups on the effect of employment on benefits, more information shared about Benefits Specialists, work with Community Support Providers to expand focus on employment during tough economic times; and determine specific training needs for job coaches and service coordinators.

At the Public Listening Session held in April 2011 during Partners in Policymaking Continuing Education weekend, there were concerns about losing benefits if someone earned too much income, workers with disabilities not having the soft skills needed to succeed; need more supports for community employment; educate business owners, more meaningful jobs at Community Support Providers and better preparation of youth as they transition from school to adult services, post-secondary options or employment.

The 2010 Post-High School Vocational Transition Study was completed by Black Hills Special Services Cooperative with funding from the Freedom to Work Project. The re-occurring theme within the needs assessments was to have a post-secondary program/offering in South Dakota that would provide young adults with disabilities the necessary supports, beyond what is currently available, to successfully learn a job skill that would provide them meaningful work opportunities upon completion of their program.

## Goal 2 – Training

Training for a variety of stakeholders was discussed throughout the surveys, public listening sessions and focus groups. Many of the capacity building activities funded by the Council are for training for people with developmental disabilities, family members, direct care staff and other service providers. The Council also works collaboratively with other agencies and organizations to sponsor conferences and events that build capacity across the many types of services (such as vocational rehabilitation, educators, etc.). These activities build capacity within communities statewide for all ages of people with developmental disabilities.

For a number of years, the Council has provided assistance to people with developmental disabilities and their family members to attend workshops and conferences both in-state and out-of-state. This travel assistance provides opportunities for people to become knowledgeable about best practices, topics specific to their needs, to learn advocacy skills and much more.

The Dare to Dream Conference has been held bi-annually since the mid 1990's and offers a unique opportunity for families of young children to spend time and learn with and from parents of older youth and adults as well as from adults with disabilities. The SD Advocates for Change organization is also using this conference to reach out to larger numbers of self-advocates – promoting this as South Dakota's self-advocates conference and participating in the planning to make sure that sessions are of particular interest to self-advocates within the organization.

## Goal 3 – Public Information and Awareness

Public awareness and perceptions of people with developmental and other disabilities is an ongoing effort. Finding new and creative ways to share the message of inclusion in all aspects of life is important. Suggested next steps from one survey included more public awareness on inclusion; sharing more on People First language; and sharing more about the Council and what it does here in South Dakota. On the other survey, there were several comments about providing public information to employers and others on the benefits of having employees with disabilities.

## Goal 4 – Self-Advocacy Organization

The importance of self-advocacy and particularly having self-advocates who are capable of training other self-advocates was noted in the surveys. Increased self-advocacy training for youth in transition and young adults was suggested several times.

During the 2011 Legislative Session, a number of self-advocates were provided the opportunity to provide testimony before the Joint Appropriations Committee with regard to the proposed cuts to services provided through the Department of Human Services. Members of South Dakota Advocates for Change were responsible for requesting time to speak at the hearing as well as working with self-advocates to be prepared to provide testimony.

Training and leadership development opportunities for self-advocates will be needed so that self-advocates always have a voice in the decisions that impact their lives. The Council hopes that through this project, more people with developmental disabilities will become leaders in their own communities as well as participate on state boards and councils as effective advocates for systems change at all levels.

#### Goal 5 – Leadership Development

At every public listening session and on every survey, the importance of Partners in Policymaking as a leadership development and advocacy training was expressed. Although the Council has provided funding for 19 years of Partners in Policymaking training, it is still an important training tool in the development of future leaders here in South Dakota. The Council and other groups are seeing the results as graduates are working on issues at the local, state and national levels.

During the 2010 and 2011 Legislative Sessions, past graduates were responsible for organizing and delivering testimony that kept funding for the Autism Program and Birth to 3 (early intervention) Program in the state budgets. Without the advocacy training received through the Partners program and the networking provided during Continuing Education Weekends, these past graduates were able to organize and act in a way that impacted critical decisions on funding.

The Youth Leadership Forum (YLF) has been an important step in the lives of many high school students with disabilities as they are determining their goals after high school. Some of these young students with disabilities are taking the self-advocacy skills learned and making changes within their schools and communities. Some are continuing their leadership and advocacy skills training by participating in Partners in Policymaking. Still others are developing plans for post-secondary education. Survey results suggest that more opportunities like YLF need to be provided.

#### Goal 6 – Self-Directed Services

The Core Stakeholders Workgroup began as a discussion group specific to the Community Support Providers and building support for person-directed services. Past activities have included a pilot for independent service coordination, agency of choice models, and technical assistance with bringing person-centered thinking to all levels of an organization.

The Person-Centered Thinking (PCT) training has created systems change throughout a number of Community Support Providers, the SD Developmental Center and is beginning to move to local education agencies. This year, self-advocates and family members received training on People Planning Together and Families Planning Together. Both of these PCT trainings will continue to be made available through South Dakota trainers who have been working to become certified PCT trainers.

PCT is just one part of building a self-directed system. The Council will remain involved in the revision of the state's Medicaid Waivers for people with developmental disabilities as they are renewed over the next couple of years. It is hoped that by working through

the Core Stakeholders Workgroup and other associations, positive systems change can occur that will move our service system to be truly person-centered and self-directed.

Several comments in the surveys related to youth and young adults transitioning from school to the adult services, post-secondary education or employment. Many of these young people and their families are looking for services that look differently than what is currently provided in South Dakota. As more young adults with developmental disabilities look at post-secondary education it is apparent that South Dakota does not have any “best practice” programs available for young adults over age 21. This could be a need that can be addressed as it relates to self-directed services and systems change activities.

#### **PART E. DD Network Collaboration [Section 124(c)(3)(D)]:**

##### *(i) As a Network:*

South Dakota’s DD Network has been working together jointly for 20 years to further the goals of not only the Council, but South Dakota Advocacy Services and the Center for Disabilities. The Directors of the three programs hold meetings and teleconferences as needed to keep each program informed and involved in upcoming events and trainings. Boards for all three programs met jointly for a planning meeting a few years ago. All three programs support Partners in Policymaking, the Youth Leadership Forum, and promotion of the Network at conferences and events across the state. The DD Network works together to sponsor public listening sessions and other ways to gather input from people with developmental disabilities, their families, service providers and others. All three agencies are members of the SD Alliance for Full Participation State Team.

##### *(ii) With each other:*

The Council Director is a member of the Center for Disabilities’ Consumer Advisory Committee. In this role, the Council is involved in the planning activities for the Center and participates in events. The Center and the Council work together to provide up-to-date handbooks and resources; to determine what new resources are needed; and to disseminate resources to families and people with developmental disabilities and others throughout the state.

The Council Director works with staff from South Dakota Advocacy Services to implement the Partners in Policymaking training program. This includes being presenters, finding applicants, and promoting to as many South Dakotans as possible.

##### *(iii) With other entities:*

The DD Network works with South Dakota Parent Connection (SDPC is the state’s parent training and information center) and Children’s Care Hospital and School on sponsorship and promotion of the Partners in Policymaking training.



The DD Network works with SDPC on the development and dissemination of the guidebook entitled, "What Every Parent Should Know About ... Special Education in South Dakota".

The DD Network works with the Division of Rehabilitation Services, Office of Special Education Programs, Black Hills Special Services Cooperative and the Transition Services Liaison Project on the Youth Leadership Forum as sponsors and presenters and promotion of the program to students and families.

The DD Network works with the Division of Developmental Disabilities through the Core Stakeholders Workgroup to work on system issues that need addressing or can move the system to a more self-directed model.

## **SECTION IV: 5-YEAR GOALS** [Section 124(4); Section 125(c)(5) and (c)(7)]

### **A. Goal #1 – More people with developmental disabilities will work in supported and competitive employment.**

**i. Area of Emphasis:** *(Check below the area(s) of emphasis addressed by the goal)*

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

**ii. Strategies to be used in achieving each goal:** *(Check below the strategies to be used)*

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

**iii. Objectives/Implementation/Timeline:** *(Fill in chart below for each goal)*

Objectives	Implementation Activities	Timeline
Support the Alliance for Full Participation (AFP) State Team and their activities.	Council members and/or staff participate in the AFP State Team's quarterly meetings.	2012-2016
	Fund the AFP State Team activities through the Council's grant process annually.	2012-2016
	Support 10 people to attend the AFP Summit in November 2011.	2012

Identify and fund employment initiatives that increase the number of people with developmental disabilities working in supported and competitive employment.	Annually work with AFP State Team and other boards and committees to identify employment issues and ways to support new initiatives.	2012-2016
	Annually issue Requests for Proposals for employment initiatives; review and determine funding.	2012-2016
Provide training for SSA beneficiaries with developmental disabilities.	Support a minimum of 4 trainings for 30 SSA beneficiaries on employment.	2012-2013

- iv. Intermediaries/Collaborators Planned for this goal (if known):
- ✓ State Protection and Advocacy System
  - ✓ University Center(s)
  - ✓ Alliance for Full Participation State Team
  - ✓ Division of Developmental Disabilities
  - ✓ Division of Rehabilitation Services
  - ✓ Community Support Providers
  - ✓ Core Stakeholders Workgroup
  - ✓ Transition Services Liaison Project
  - ✓ People with developmental disabilities
  - ✓ Parents of youth and adults with developmental disabilities

***Goal #2 Training – Ensure that people with developmental disabilities and their families and service providers have access to trainings and conferences that enhance individual knowledge and skills and build capacity within programs and systems.***

- i. Area of Emphasis: *(Check below the area(s) of emphasis addressed by the goal)*
- ✓ Quality Assurance
  - ✓ Education and Early Intervention
  - ✓ Child Care
  - ✓ Health
  - ✓ Employment
  - ✓ Housing
  - ✓ Transportation
  - ✓ Recreation
  - ✓ Other Formal and Informal Community Supports

ii. Strategies to be used in achieving each goal: *(Check below the strategies to be used)*

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

iii. Objectives/Implementation/Timeline: *(Fill in chart below for each goal)*

Objectives	Implementation Activities	Timeline
Provide funding for at least three (3) workshops or conferences annually.	Annually issue Requests for Proposals for Education and Training Mini-Grants. Review as submitted and determine funding.	2012-2016
Provide fifty (50) people with developmental disabilities and their family members with assistance to attend workshops, conferences or meetings.	Annually offer and promote travel assistance funding for people with developmental disabilities and their families.	2012-2016
Support the Dare to Dream Conference attended by 150 parents of children with disabilities and adults with disabilities.	Participate in planning and promoting this bi-annual event to be held in 2012, 2014 and 2016.	2012-2016
	Bi-annually provide financial support for the Dare to Dream Conferences in 2012, 2014 and 2016.	2012-2016

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

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

- ✓ SD Parent Connection
- ✓ Community support providers
- ✓ SD RehabACTion
- ✓ Division of Developmental Disabilities
- ✓ Alliance for Full Participation State Team

**Goal #3 – Public Information & Awareness – Develop and disseminate information and resources that promote inclusion and the abilities of children, youth and adults with DD.**

i. Area of Emphasis: *(Check below the area(s) of emphasis addressed by the goal)*

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

ii. Strategies to be used in achieving each goal: *(Check below the strategies to be used)*

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

iii. Objectives/Implementation/Timeline: *(Fill in chart below for each goal)*

Objectives	Implementation Activities	Timeline
Provide current information and resources statewide.	Annually work with Center for Disabilities to update as needed and disseminate 1000 copies via hard copy or internet download of the following handbooks: Developmental Disabilities Handbook, Autism Handbook, Fetal Alcohol Spectrum	2012-2016

	Disorders Handbook, Resource Guide for People with Disabilities, and A Roadmap to Services in South Dakota for People with Developmental Disabilities.	
	Annually work with the SD Coalition of Citizens with Disabilities to update as needed and disseminate 100 copies of the following handbooks: ADA Resource Guide, Guide to Homeownership for People with Limited Incomes and the Criminal Justice/Human Services Handbook.	2012-2016
	During FFY2013 consider the development of a new resource on the topic of Transportation. Resource should help people with developmental disabilities, families and service providers to understand the current system (what is available), limitations (i.e. placed on services because of funding type, etc.), additional resources, and who to contact.	2012-2014
	Annually, work with the Center for Disabilities and SD Advocacy Services so that the South Dakota Developmental Disabilities Network has a presence at a minimum of 5 conferences and 5 public listening sessions and reaches a minimum of 1000 people.	2012-2016
	Annually, collaborate with other boards, councils and committees on the development of new materials as needed.	2012-2016
Promote Developmental Disabilities Awareness Month	Annually collaborate with South Dakota's Developmental Disabilities Network to develop and disseminate statewide a public service announcement and press release.	2012-2016

	Annually, provide posters and additional information to grantees and other partners during DD Awareness Month.	2012-2016
Sponsor speaking events on disability awareness and inclusion.	Break Through Inc. will offer speaking events to a minimum of 2,500 students and adults across South Dakota in October 2012.	2013

- iv. Intermediaries/Collaborators Planned for this goal (if known):
- ✓ State Protection and Advocacy System
  - ✓ University Center(s)
  - ✓ SD Coalition of Citizens with Disabilities
  - ✓ SD Parent Connection

**Goal #4 — Self-Advocacy – Expand the South Dakota Advocates for Change (SDAC) Network by providing self-advocates with information; advocacy skills training; and leadership opportunities.**

- i. Area of Emphasis: *(Check below the area(s) of emphasis addressed by the goal)*

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

- ii. Strategies to be used in achieving each goal: *(Check below the strategies to be used)*

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

iii. Objectives/Implementation/Timeline: *(Fill in chart below for each goal)*

Objectives	Implementation Activities	Timeline
Provide funding for South Dakota Advocates for Change (SDAC).	Annually support SDAC and provide leadership opportunities for people with developmental disabilities on the SDAC Leadership Team.	2012-2016
	Three times per year the SDAC Coordinator and Leadership Team members write and disseminate a newsletter. Any self-advocate can submit articles for the newsletter that will be disseminated to a minimum of 200 people statewide.	2012-2016
	Annually, the SDAC Leadership Team provides training to 50 self-advocates on topics such as Being a Member of a Board or Committee, Speaking Up, Advocacy, Respect, etc.	2012-2016
	SDAC Coordinator and/or a member of the SDAC Leadership Team participate in planning and promoting the bi-annual Dare to Dream Conference held in 2012, 2014 and 2016; assist in securing speakers who are self-advocates; and promote the event to self-advocates statewide.	2012-2016
	Support self-advocates to attend a national self-advocacy conference.	2012, 2014 and 2016
Promote opportunities for self-advocates to become members of other boards and councils.	At least annually utilize the SDAC newsletter to tell self-advocates about leadership opportunities, how to apply, and offer assistance with completion of applications.	2012-2016

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

- ✓ State Protection and Advocacy System
- ✓ University Center(s)



- ✓ Community support providers
- ✓ Division of Developmental Disabilities
- ✓ Dare to Dream Planning Committee
- ✓ SDAC Leadership Team members

**Goal #5 – Leadership Development – Enhance the leadership and advocacy skills of people with developmental disabilities and their family members.**

i. Area of Emphasis: *(Check below the area(s) of emphasis addressed by the goal)*

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

ii. Strategies to be used in achieving each goal: *(Check below the strategies to be used)*

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

iii. Objectives/Implementation/Timeline: *(Fill in chart below for each goal)*

Objectives	Implementation Activities	Timeline
Increase the number of people with developmental disabilities and their family members who receive advocacy skills training through Partners in Policymaking.	Annually provide funding for Partners in Policymaking training for 25-30 people.	2012-2016

Collaborate with other agencies to increase the number of students who receive advocacy skills training.	Annually provide funding for the Youth Leadership Forum held for 30-40 students with disabilities.	2012-2016
Provide and promote opportunities for self-advocates and family members to become members of other boards and councils.	Annually utilize the Partners, Youth Leadership Forum and SD Advocates for Change networks to tell people with developmental disabilities and their family members about leadership opportunities and how to apply. Specifically include information on local transportation boards as a place for involvement.	2012-2016

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

- ✓ State Protection and Advocacy System
- ✓ University Center(s)
- ✓ SD Parent Connection
- ✓ Children’s Care Hospital & School
- ✓ Transition Services Liaison Project
- ✓ Division of Rehabilitation Services

**Goal #6 – Self-Directed Services – Advocate for and support activities that move South Dakota’s developmental disabilities service system to a self-directed model (i.e. person-centered organizations; use of person-centered thinking skills; individual budgeting; revision of Medicaid waivers, etc.).**

i. Area of Emphasis: *(Check below the area(s) of emphasis addressed by the goal)*

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

ii. Strategies to be used in achieving each goal: *(Check below the strategies to be used)*

- Outreach
- ✓ Training

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

iii. Objectives/Implementation/Timeline: *(Fill in chart below for each goal)*

Objectives	Implementation Activities	Timeline
Collaborate with the Division of Developmental Disabilities and Core Stakeholders Workgroup to develop a self-directed service system model for our state.	Quarterly each year, Council members and staff will participate on the Core Stakeholders Workgroup and report to the full Council on identified needs and areas for collaboration related to training, pilot programs, etc.	2012-2016
	Annually determine the need to issue Requests for Proposals based on discussions and needs assessments completed by the Council or other boards and committees.	2012-2016
Provide funding for Person-Centered Thinking trainings (such as People Planning Together, Families Planning Together, etc.).	Annually work with the Division of Developmental Disabilities and other agencies to identify opportunities for Person-Centered Thinking trainings to be sponsored by the Council and other agencies.	2012-2016
	Annually promote participation of self-advocates and family members in these trainings.	2012-2016
	Annually fund opportunities for 40 people with disabilities to attend People Planning Together trainings.	2012-2013

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

- ✓ State Protection and Advocacy System
- ✓ University Center(s)
- ✓ Community support providers
- ✓ Division of Developmental Disabilities
- ✓ Office of Special Education
- ✓ Local education agencies

## **SECTION V: EVALUATION PLAN** [Section 125(c)(3) and (7)]

Part A: Outline of how the Council will examine the progress made in achieving the goals of the State Plan

The Council's monitoring, reviewing and evaluation of the State Plan will be a collaborative activity between the Council members, staff and other involved agencies and workgroups.

The Council requires monthly or quarterly reports from all grantees, including consumer satisfaction surveys when appropriate for the projects. Final reports and other summary products provided by grantees are shared with the Council.

The Council will review the progress made toward each goal during development and discussion of proposed Requests for Proposals to be issued. This review provides the Council with information on which to base amendments to the plan as well as assists in completion of the annual performance report.

Council discussion will be facilitated by the use of the following statements:

- To what extent were the project's goals achieved and how does that impact the achievement of the Council's goal(s);
- What factors impeded achievement of the project's goal(s) and how does that impact the achievement of the Council's goal(s);
- What was learned from the consumer satisfaction and evaluation results from completed projects and how does that impact the achievement of the Council's goal(s);
- What are the emerging trends and needs based on project(s) results, public listening sessions and information reviewed; and
- What additional informational is needed for Council discussion and updating the comprehensive review and analysis.

Part B: Methodology to determine if the needs identified and discussed are being met and if the Council results are being achieved.

Consumer Satisfaction Surveys are required from many projects. Results of these surveys are shared with the Council and used along with other methods to determine if the desired results are being achieved.

A Logic Model was developed by the Council showing the initial, intermediate and long-term outcomes expected as the result of each goal and objectives. Qualitative information will be gathered such as the number of people trained, the number of policies impacted, the number of people with developmental disabilities in supported or competitive employment, etc. In addition, the Council will use public listening sessions and other assessments to determine satisfaction with current activities or projects, changes in attitudes of employers, etc. This information may be gathered from other sources as well as from Council activities and grantees.

Part C: Council's role in reviewing and commenting on progress towards reaching the goals of the Plan.

In preparation for the Annual Report, Council staff annually requests grantees to complete a survey and provide results of their project (using the performance measures required by the Administration on Developmental Disabilities). For this five-year plan, additional questions will be asked relating to specific information needed based on the Logic Model.

The Council is currently developing a Grants Policy. This will provide guidance for the Council and staff when determining whether a project or activity is moving the Council towards its goals as stated in the state plan.

Part D: How the annual review will identify emerging trends and needs as a means for updating the Comprehensive Review and Analysis

During the Council's January meeting each year, the Council discusses the results provided in the Annual Report in comparison to the measures shown in the state plan. At this meeting, the Council will also review the Logic Model for possible revisions based on the information provided from grantees as well as any relevant needs assessments or studies that have been completed and summaries of public listening sessions or first-hand reports of public listening sessions.

Council review and discussion will be used to establish progress towards reaching the goals and objectives of the plan as well as revisions or additions that are needed to the Plan. The Council's review will be facilitated by the use of the questions outlined in Part A.

Council discussion during the review of the Annual Report and Logic Model will be used to identify the emerging trends and provide information for updating the Comprehensive Review and Analysis.

**SECTION VI: PROJECTED COUNCIL BUDGET [Section 124(c)(5)(B) and 125(c)(8)]**

**Year 1 – FFY2012**

<b>Goal</b>	<b>Subtitle B \$</b>	<b>Other(s) \$</b>	<b>TOTAL</b>
1. Goal 1 – Employment	\$ 62,839	\$ 20,946	\$ 83,785
2. Goal 2 – Training	\$ 40,000	\$ 13,333	\$ 53,333
3. Goal 3 – Public Info & Awareness	\$ 30,000	\$ 10,000	\$ 40,000
4. Goal 4 – SD Advocates for Change	\$ 45,000	\$ 15,000	\$ 60,000
5. Goal 5 – Leadership Development	\$ 150,000	\$ 50,000	\$ 200,000
6. Goal 6 – Self-Directed Services	\$ 100,000	\$ 33,333	\$ 133,333
7. General management (Personnel, Budget, Finance, Reporting)	\$ 50,000	\$ 16,667	\$ 66,667
8. Functions of the DSA			
9. TOTAL	\$ 477,839	\$ 159,280	\$ 637,119

**Year 2 – FFY2013**

<b>Goal</b>	<b>Subtitle B \$</b>	<b>Other(s) \$</b>	<b>TOTAL</b>
1. Goal 1 – Employment	\$ 62,688	\$ 20,896	\$ 83,584
2. Goal 2 – Training	\$ 40,000	\$ 13,333	\$ 53,333
3. Goal 3 – Public Info & Awareness	\$ 30,000	\$ 10,000	\$ 40,000
4. Goal 4 – SD Advocates for Change	\$ 45,000	\$ 15,000	\$ 60,000
5. Goal 5 – Leadership Development	\$ 150,000	\$ 50,000	\$ 200,000
6. Goal 6 – Self-Directed Services	\$ 100,000	\$ 33,333	\$ 133,333
7. General management (Personnel, Budget, Finance, Reporting)	\$ 50,000	\$ 16,667	\$ 66,667
8. Functions of the DSA			
9. TOTAL	\$ 477,688	\$ 159,229	\$ 636,917

**Year 3 – FFY2014**

<b>Goal</b>	<b>Subtitle B \$</b>	<b>Other(s) \$</b>	<b>TOTAL</b>
1. Goal 1 – Employment	\$65,000	\$21,666.67	\$86,666.67
2. Goal 2 – Training	\$40,000	\$13,333.33	\$53,333.33
3. Goal 3 – Public Info & Awareness	\$30,000	\$10,000.00	\$40,000.00
4. Goal 4 – SD Advocates for Change	\$45,000	\$15,000.00	\$60,000.00
5. Goal 5 – Leadership Development	\$150,000	\$50,000.00	\$200,000.00
6. Goal 6 – Self-Directed Services	\$71,553	\$23,851.00	\$95,404.00
7. General management (Personnel, Budget, Finance, Reporting)	\$50,000	\$16,666.67	\$66,666.67
8. Functions of the DSA	\$0	\$0.00	\$0.00
9. TOTAL	\$451,553	\$150,517.67	\$602,070.67

**Year 4 – FFY2015**

<b>Goal</b>	<b>Subtitle B \$</b>	<b>Other(s) \$</b>	<b>TOTAL</b>
1. Goal 1 – Employment	\$65,000	\$21,666.67	\$86,666.67
2. Goal 2 – Training	\$40,000	\$13,333.33	\$53,333.33
3. Goal 3 – Public Info & Awareness	\$30,000	\$10,000.00	\$40,000.00
4. Goal 4 – SD Advocates for Change	\$45,000	\$15,000.00	\$60,000.00
5. Goal 5 – Leadership Development	\$150,000	\$50,000.00	\$200,000.00
6. Goal 6 – Self-Directed Services	\$72,431	\$24,143.67	\$96,574.67
7. General management (Personnel, Budget, Finance, Reporting)	\$50,000	\$16,666.67	\$66,666.67
8. Functions of the DSA	\$0	\$0.00	\$0.00
9. TOTAL	\$452,431	\$150,810.34	\$ 603,241.34



## **SECTION VII: ASSURANCES** [Section [124(c)(5)(A)-(N)]

A Copy of the signed assurances are included at the end of the state plan.

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

### **Approving Officials for Assurances**

- For the Council (Chairperson)
- For DSA, when not Council

## **SECTION VIII: PUBLIC INPUT AND REVIEW** [Section 124(d)(1)]

The Council conducted two surveys in preparation for the development of the state plan. The first was a short survey to determine what areas of emphasis the respondents to the survey felt should be priorities for the Council. Through this survey the areas of Employment, Education and Early Intervention and Quality Assurance (abuse and neglect, leadership development and self-advocacy) received the highest scores. This survey also provided an opportunity for people to let the Council know what was working and not working and to make suggestions for next steps.

The second survey was conducted after the Council had drafted its goals and objectives for the new five-year state plan. Again, the respondents were asked to select areas for the Council to focus their efforts. The results were: Employment; Transition from School to Employment or Adult Services; Self-Directed Services; Housing; Community Supports; and Post-Secondary Options. Survey respondents also provided their concerns and what's working for each of the goal areas.

The surveys were disseminated to people on the Council's mailing list and website, through notices to recipients of the Coalition and SD Parent Connection's list serves or e-newsletters, and at conferences and meetings. A few telephone calls were received from people regarding the surveys and responses were given to Council staff over the phone. Alternate formats were available.

In addition to the surveys, the Council held discussion at its meetings, attended public listening sessions, focus groups and workgroup meetings; attended training events, staff reviewed evaluations of Council projects, and attended meetings of other organizations related to disabilities. Council members continue to discuss the fact that many times systems change and capacity building efforts take a long time and sustained funding in order to show accomplishments. These changes also take the combined efforts of many agencies, organizations and individuals to reach the goals that have been set.

A summary of the State Plan Survey results are available from the Council Office. Overall, the survey results were very similar to those from other groups or comments heard at public listening sessions. These comments will be used as the Council develops future Requests for Proposals and other activities are considered by the Council for funding. Slight changes were made to the Public Information & Awareness and Leadership Development goals and objectives in an effort to make them clearer.

A final draft of the State Plan will be made available on the Council's web site and notice provided through newsletters published by SD Advocacy Services, Center for Disabilities, SD Coalition of Citizens with Disabilities and SD Parent Connection. The Council welcomes comments anytime with regard to the state plan and/or proposed activities.

**ATTACHMENT 1**

**LOGIC MODEL**

## EMPLOYMENT

GOAL 1 – More people with developmental disabilities will work in supported and competitive employment.

Objective 1.1 – Support the Alliance for Full Participation (AFP) State Team and their activities.

Objective 1.2 - Identify and fund employment initiatives that increase the number of people with DD working in supported and competitive employment.

INPUTS	ACTIVITIES	OUTPUTS	INITIAL OUTCOMES	INTERMEDIATE OUTCOMES	END OUTCOME
<p>Council members and staff</p> <p>DD Network</p> <p>AFP State Team members</p> <p>Division of DD (DDD)</p> <p>Division of Rehab Services (DRS)</p> <p>Community Support Providers (CSPs)</p> <p>Core Stakeholders Workgroup (CSW)</p> <p>Transition Services Liaison Project (TSLP)</p> <p>People with DD</p>	<p>Council members and/or staff participate on the AFP State Team &amp; CSW.</p> <p>DD Network collaborates to provide public info &amp; training. Gathers public input.</p> <p>DDD sponsors CSW.</p> <p>DRS sponsors Project Skills, TSLP &amp; Youth Leadership Forum</p> <p>CSPs provide training for people supported and staff; and cooperate with DRS to provide</p>	<p># of AFP State Team meetings</p> <p>Summary of AFP Focus Group Meetings.</p> <p>Action plan developed by AFP State Team</p> <p>CSW provides priorities and activities to Division of DD</p> <p># of people with DD that receive information on supported and competitive employment.</p> <p># of employment service providers trained.</p>	<p>Increase knowledge of AFP State Team members.</p> <p>Establish baseline data for number of people with DD working in supported and competitive employment.</p> <p>Issue Request for Proposal based on shared priorities.</p>	<p>Fund a minimum of one employment grant.</p> <p>Increase # of people with work experience (i.e. Project Search)</p> <p>Employment service providers receive training needed to assist people with DD to use Supported Employment and/or become competitively employed.</p>	<p>Establish an expectation of employment for the majority of people with DD.</p> <p>More people with DD competitively employed. (The more people with disabilities are employed the less it seems to be a unique event and the more it becomes expected.)</p>

INPUTS	ACTIVITIES	OUTPUTS	INITIAL OUTCOMES	INTERMEDIATE OUTCOMES	END OUTCOME
and their families	<p>long-term supports.</p> <p>TSLP focus on transition – including employment.</p> <p>People with DD and their families serve on boards and councils; take leadership roles on boards and councils; share experiences, hopes and dreams with groups who are working to impact or change the system.</p>				

**TRAINING**

GOAL 2 – Ensure that people with DD and their families and service providers have access to trainings and conferences that enhance individual knowledge and skills and build capacity within programs and systems.

Objective 2.1 – Provide funding for at least three (3) workshops or conferences annually.

Objective 2.2 – Provide fifty (50) people with DD and their family members with assistance to attend workshops, conferences or meetings.

Objective 2.3 – Support the Dare to Dream Conference attended by 150 parents of children with disabilities and adults with disabilities.

INPUTS	ACTIVITIES	OUTPUTS	INITIAL OUTCOMES	INTERMEDIATE OUTCOMES	END OUTCOME
Council staff Council members DD Network Dare to Dream Conference Planning Committee SD Parent Connection Community Support Providers SD RehabACTion Division of DD	Issue Request for Proposals for Education and Training.  Council members and/or staff are members of the Dare to Dream Conference Planning Committee.  Travel Assistance Application disseminated.	1-3 grant proposals reviewed quarterly.  # of people with DD and their families that attend workshops and conferences.  # of people that are trained annually.  # of trainings held	Fund grants for education and training.  Travel assistance follow-up reports and satisfaction surveys received from travel assistance recipients.	Increased knowledge across the system.  More opportunities for people with DD and their families to share their experiences and successes.	People with DD and their families are more knowledgeable about resources and services.  Direct support professionals and other service providers are more knowledgeable about resources and services.

**PUBLIC INFORMATION & AWARENESS**

GOAL 3 – Develop and disseminate information and resources that promote inclusion and the abilities of children, youth and adults with DD.

Objective 3.1 –Provide current information and resources statewide.

Objective 3.2 –Promote DD Awareness Month.

INPUTS	ACTIVITIES	OUTPUTS	INITIAL OUTCOMES	INTERMEDIATE OUTCOMES	END OUTCOME
Council staff Council members DD Network SD Coalition of Citizens with Disabilities SD Parent Connection	Review current handbooks and determine need for updates or new resources. Exhibit at conferences. PSA and press release for DD Awareness Month. Solicit input through forums and public listening sessions.	# of handbooks and materials disseminated. # of people receiving materials # of press releases # of events held during DD Awareness Month # of exhibits at conferences # of public listening sessions	Provide information and support. Increase knowledge of resources available. Increased networking. Increase in number of people and CSPs adopting new and data driven approaches (i.e. PCT, Positive Behavior Supports, etc.)	People have access to resources and utilize supports and services. Increase in number of people trained who are involved in systems advocacy, other boards and councils, etc. Resources developed or changed based on changing needs and priorities.	The public is more aware of people with DD and their abilities. People with DD are more included in their communities. People are more aware of resources

**SOUTH DAKOTA ADVOCATES FOR CHANGE (SDAC)**

GOAL 4 – Expand the SDAC Network by providing self-advocates with information; advocacy skills training; and leadership opportunities.

Objective 4.1 – Provide funding for SDAC.

Objective 4.2 – Promote opportunities for self-advocates to become members of other boards and councils.

INPUTS	ACTIVITIES	OUTPUTS	INITIAL OUTCOMES	INTERMEDIATE OUTCOMES	END OUTCOME
Council staff Council members DD Network Community Support Providers Division of DD Dare to Dream Planning Committee SDAC Leadership Team and other SDAC Members PCT trainers SD Coalition of Citizens with Disabilities	SDAC Leadership Team meetings Provide presentations to all organizations. Website	# of newsletters # of SDAC Network members # of organizations receiving newsletters and other SDAC information and presentations.	People with DD, families, CSP staff and others are informed about SDAC. Self-advocates are appointed to other boards, councils and committees. Self-advocates share experiences thru the newsletter.	Core Stakeholders includes more self-advocates More opportunities for people with DD to attend trainings and become better self-advocates.	Self-advocates are a part of every discussion related to services for people with DD. Self-advocates have opportunities for leadership roles beyond SDAC.



## LEADERSHIP DEVELOPMENT

GOAL 5 – Enhance the leadership and advocacy skills of people with DD and their family members.

Objective 5.1 – Increase the number of people with DD and their family members who receive advocacy skills training through Partners in Policymaking.

Objective 5.2 – Collaborate with other agencies to increase the number of students who receive advocacy skills training.

Objective 5.3 – Provide and promote opportunities for self-advocates and family members to become members of other boards and councils.

INPUTS	ACTIVITIES	OUTPUTS	INITIAL OUTCOMES	INTERMEDIATE OUTCOMES	END OUTCOME
Council staff Council members DD Network SD Parent Connection Children’s Care Hospital & Services Transition Services Liaison Project Division of Rehab Services Department of Education Past Participants in Partners and YLF.	Fund Partners in Policymaking. Fund Youth Leadership Forum Share opportunities for people to become members of other boards, councils and committees.	# of graduates of Partners in Policymaking. # of participants in YLF. # of people with DD or family members who are appointed to boards, councils or committees.	People with DD and their families are more knowledgeable. Students with disabilities are provided advocacy training. More people with DD are appointed to boards, councils and committees, with a special emphasis on transportation.	Participation on boards and changes in policies. Support network is developed.	People with DD and their families are a part of every discussion related to services for people with DD. More people aware, educated and are served in the state. Increase knowledge of state legislators on the issues related to developmental disabilities.

**SELF-DIRECTED SERVICES**

GOAL 6 – Advocate for and support activities that move South Dakota’s DD service system to a self-directed model (i.e. person-centered organizations; use of person-centered thinking skills; individual budgeting; revision of Medicaid waivers, etc.

Objective 6.1 – Collaborate with the Division of DD and Core Stakeholders Workgroup to develop a self-directed service system model for our state.

Objective 6.2 – Provide funding for Person-Centered Thinking trainings (such as People Planning Together, Families Planning Together, etc.).

INPUTS	ACTIVITIES	OUTPUTS	INITIAL OUTCOMES	INTERMEDIATE OUTCOMES	END OUTCOME
Council staff Council members DD Network Community Support Providers Division of DD Department of Education Local education agencies Division of Rehabilitation Services	Council members and staff participate in the Core Stakeholders Workgroup. Support opportunities for PCT trainings such as People Planning Together and Families Planning Together. Expansion of PCT into other systems such as education, rehabilitation services, mental health, etc.	# of meetings that include information on self-directed services. # of trainings held # of people trained # of waivers changed or developed	Increased sharing of information between the DD Council and Core Stakeholders Workgroup. Development of RFP to support continued PPT and FPT trainings.	Work with DDD on assessments related to Waiver eligibility, etc. People with DD and their families have opportunities to attend PCT trainings.	Self-directed waiver is developed or self-direction becomes a part of current waiver options. Certified trainers for PPT, FPT and other PCT trainings are available within South Dakota.



**ATTACHMENT 2**

**STATE PLAN ASSURANCES**

Memorandum of Assurances

To: ADD Central Office  
Administration for Children and Families  
Attn: Developmental Disabilities Specialist  
Re: Assurances under Subtitle B of the Developmental Disabilities Assistance and Bill of Rights Act

We hereby make assurance that the South Dakota Council on Developmental Disabilities will, for the period October 1, 2011 to September 30, 2016 be and remain in compliance with all required assurances in Section 124(c)(5) specified in SUBTITLE B--FEDERAL ASSISTANCE TO STATE DEVELOPMENTAL DISABILITIES COUNCILS of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 15001 et seq.) P.L. 106-402

Name and Title of DSA authority: Dan J. Lusk, Director Division of Developmental Disabilities  
Signature of DSA authority: Dan J. Lusk  
Date of Signature: 8/12/11  
Name and Title of SD Council on DD authority: Chairperson, Sarah Carda  
Signature of SD Council on DD authority: Sarah Carda  
Date of Signature: 8-12-11

**A. IN GENERAL [Section 124(c)(5)(A)]**

The plan shall contain or be supported by assurances and information described in subparagraphs (B) through (N) that are satisfactory to the Secretary

**B. USE OF FUNDS [Section 124(c)(5)(B)(i)-(vi)]**

With respect to the funds paid to the State under section 122, the SD Department of Human Services / Division of Developmental Disabilities assures that-

- (i) not less than 70 percent of such funds will be expended for activities related to the goals described in paragraph (4);
- (ii) such funds will contribute to the achievement of the purpose of this subtitle in various political sub-divisions of the State;
- (iii) such funds will be used to supplement, and not supplant, the non-Federal funds that would other-wise be made available for the purposes for which the funds paid under section 122 are provided;
- (iv) such funds will be used to complement and augment rather than duplicate or replace services for individuals with developmental disabilities and their families who are eligible for Federal assistance under other State programs;
- (v) part of such funds will be made available by the State to public or private entities;
- (vi) at the request of any State, a portion of such funds provided to such State under this subtitle for any fiscal year shall be available to pay up to 1 /2 (or the entire amount if the

Council is the designated State agency) of the expenditures found to be necessary by the Secretary for the proper and efficient exercise of the functions of the designated State agency, except that not more than 5 percent of such funds provided to such State for any fiscal year, or \$50,000, whichever is less, shall be made available for total expenditures for such purpose by the designated State agency; and

(vii) not more than 20 percent of such funds will be allocated to the designated State agency for service demonstrations by such agency that-

(I) contribute to the achievement of the purpose of this subtitle; and

(II) are explicitly authorized by the Council.

**(C) STATE FINANCIAL PARTICIPATION [Section 124(c)(5)(C)]**

The SD Department of Human Services / Division of Developmental Disabilities assures that there will be reasonable State financial participation in the cost of carrying out the plan.

**(D) CONFLICT OF INTEREST [Section 124(c)(5)(D)]**

The SD Department of Human Services / Division of Developmental Disabilities assures that no member of such Council will cast a vote on any matter that would provide direct financial benefit to the member or otherwise give the appearance of a conflict of interest.

**(E) URBAN AND RURAL POVERTY AREAS [Section 124(c)(5)(E)]**

The SD Department of Human Services / Division of Developmental Disabilities assures that special financial and technical assistance will be given to organizations that provide community services, individualized supports, and other forms of assistance to individuals with developmental disabilities who live in areas designated as urban or rural poverty areas.

**(F) PROGRAM ACCESSIBILITY STANDARDS [Section 124(c)(5)(F)]**

The SD Department of Human Services / Division of Developmental Disabilities assures that programs, projects, and activities funded under the plan, and the buildings in which such programs, projects, and activities are operated, will meet standards prescribed by the Secretary in regulations and all applicable Federal and State accessibility standards, including accessibility requirements of the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d), and the Fair Housing Act (42 U.S.C. 3601 et seq.).

**(G) INDIVIDUALIZED SERVICES [Section 124(c)(5)(G)]**

The SD Department of Human Services / Division of Developmental Disabilities assures that any direct services provided to individuals with developmental disabilities and funded under the plan will be provided in an individualized manner, consistent with the unique strengths, resources, priorities, concerns, abilities, and capabilities of such individual.

**(H) HUMAN RIGHTS [Section 124(c)(5)(H)]**

The SD Department of Human Services / Division of Developmental Disabilities assures that the human rights of the individuals with developmental disabilities (especially individuals without familial protection) who are receiving services under programs assisted under this subtitle will be protected consistent with section 109 (relating to rights of individuals with developmental disabilities).

**(I) MINORITY PARTICIPATION [Section 124(c)(5)(I)]**

The SD Department of Human Services / Division of Developmental Disabilities assures that the State has taken affirmative steps to assure that participation in programs funded under this subtitle is geographically representative of the State, and reflects the diversity of the State with respect to race and ethnicity.

**(J) EMPLOYEE PROTECTIONS [Section 124(c)(5)(J)]**

SD Department of Human Services / Division of Developmental Disabilities assures that fair and equitable arrangements (as determined by the Secretary after consultation with the Secretary of Labor) will be provided to protect the interests of employees affected by actions taken under the plan to provide community living activities, including arrangements designed to preserve employee rights and benefits and provide training and retraining of such employees where necessary, and arrangements under which maximum efforts will be made to guarantee the employment of such employees.

**(K) STAFF ASSIGNMENTS [Section 124(c)(5)(K)]**

The SD Department of Human Services / Division of Developmental Disabilities assures that the staff and other personnel of the Council, while working for the Council, will be responsible solely for assisting the Council in carrying out the duties of the Council under this subtitle and will not be assigned duties by the designated State agency, or any other agency, office, or entity of the State.

**(L) NONINTERFERENCE [Section 124(c)(5)(L)]**

The SD Department of Human Services / Division of Developmental Disabilities assures that the designated State agency, and any other agency, office, or entity of the State, will not interfere with the advocacy, capacity building, and systemic change activities, budget, personnel, State plan development, or plan implementation of the Council, except that the designated State agency shall have the authority necessary to carry out the responsibilities described in section 125(d)(3).

**(M) STATE QUALITY ASSURANCE [Section 124(c)(5)(M)]**

The SD Department of Human Services / Division of Developmental Disabilities assures that the Council will participate in the planning, design or redesign, and monitoring of State quality assurance systems that affect individuals with developmental disabilities.

**(N) OTHER ASSURANCES [Section 124(c)(5)(N)]**

The SD Department of Human Services / Division of Developmental Disabilities assures that the plan shall contain such additional information and assurances as the Secretary may find necessary to carry out the provisions (including the purpose) of this subtitle.