

### Minnesota: Building on a Strong Foundation

Minnesota is among the pacesetters in serving people with disabilities. Led by the Minnesota Department of Human Services (DHS), the state has allotted substantial resources to programs aimed at persons with physical and cognitive disabilities, such as housing and transportation assistance and health care and employment resources. Federal, state and local governments spent about \$3.9 billion to support the elderly and Minnesotans with disabilities in fiscal year 2008, according to the 2009 *Minnesota State Profile Tool: An Assessment of Minnesota's Long-Term Support System*.

"For decades in Minnesota, we've made available to people with disabilities under age 65 many federal programs to support people in their own homes," notes Melanie Fry, a senior policy development specialist at the DHS Disabilities Services Division.

#### **Stretching the Dollars**

Like many states, Minnesota is investing an ever greater share of disability assistance dollars—now about 95 percent—into programs that provide support in the community and increasingly in a person's home, rather than in an institution. Federal Money Follows the Person grants are helping to accelerate that process. On any given day, DHS serves up to 60,000 people with disabilities in the community. About 623,000 or 13 percent of Minnesota's population have a disability, according to the state profile too, compared to 15.4 percent, for the entire United States.

This home-care model also helps the state cope with what is becoming a tighter financial climate. Funding for programs serving people with disabilities had increased at an annual rate of about 8 percent in recent years, but that growth rate slowed substantially in 2010. Meanwhile, government agencies continue to identify a rising number of people who need services, while the life span of those with disabilities is also increasing.

"The focus now is to support people in their own homes with the right service at the right time," explains Fry. Sara Thorson, director of the Minnesota Department of Health's (MDH) Children with Special Health Needs program, notes that treatment for children with cystic fibrosis has moved almost entirely to home settings.

#### **A Network of Support**

Besides the many programs administered by DHS and MDH, virtually every major department in Minnesota state government plays some role in supporting people with disabilities. This ranges from special needs education and employment assistance to transportation aid and affordable housing.

Yet even with this extensive network, the Minnesota state legislature more than a decade ago created an independent agency called the Minnesota State Council on Disability (MSCOD). Though limited by a small staff, the council collaborates with government departments, monitors legislation on disability issues and serves as an advocate for organizations representing people with disabilities.

"We're working on a whole range of issues," says MSCOD Executive Director Joan Wilshire. "They include health care, the American with Disabilities Act, building codes and accessibility, affordable

housing and much more. We ourselves don't help a person find a job or an apartment. Rather, we work behind the scenes with other agencies that can provide such services."

A huge concern now, says Wilshire, is working with health departments and other agencies to ensure that emergency preparedness procedures make proper provision for those with disabilities. Transportation also looms large on the agenda. Several counties, especially rural areas, still lack accessible services to get people from their homes to the workplace or to medical facilities. MSCOD has worked to get that problem on the agenda of the state government's transportation council.

Strong partnerships and collaborations also are vital. For instance, MSCOD works closely with the Minnesota Consortium of Citizens with Disabilities, an umbrella group that represents about 100 nonprofits concerned primarily with health care. And from the state agency perspective, Fry points to a very long list of cross-agency working groups devoted to disability issues such as emergency preparedness and transportation.

### **Champion for Better Health**

Despite all of its resources for persons with disabilities, Minnesota still sees plenty of room for improvement. In 2005, the MDH Injury and Violence Prevention Unit received a planning grant from the Centers for Disease Control and Prevention (CDC) to establish a Disability and Health program. That CDC initiative, which is now being implemented in 16 states, takes particular aim at the "secondary health problems" that add to the challenges a person faces with a disability. Those secondary conditions include depression, diabetes, cardiovascular disease, obesity and poor oral health. The CDC program seeks to eliminate barriers to good health care, improve access to preventive and wellness services, and bolster data collection on disabilities.

Backed by \$300,000 in CDC planning funds, an advisory work group representing some 20 governments, private and nonprofit organizations met to devise the state's blueprint for a Minnesota Disability Health Project. Their work resulted in the detailed 2007 document *Promoting Better Health for Minnesotans with Disabilities*. The document's priorities are access, mental health, abuse prevention and employment.

"What really mobilized us in the health department was the plan's emphasis on preventing secondary health problems," recalls Mark Kinde, director of the Injury and Violence Prevention Unit.

While Minnesota has not yet been awarded CDC funding to implement its plan, the work group's efforts have nevertheless helped buttress ongoing initiatives in MDH on issues ranging from access to health care to abuse prevention. For example, MDH has created a five-year plan to prevent sexual violence and exploitation, and two major state conferences have included sessions on that topic. An MDH report notes that children with disabilities are twice as likely to be physically or sexually abused.

The seed work on the Minnesota Disability Health Project also has helped drive better data collection on the needs of people with disabilities. For example, MDH phone surveys of Minnesotans on health insurance now identify people with disabilities. Thorson of the MDH Children with Special Health Needs program adds that there is now more data available in pediatrics on disabilities.

“In general, the plan that the working group developed became a springboard for discussing important issues on disability all across our department,” says Kinde. “We’ve been able to advance the cause with human resources, the commissioner’s office, and even some of our sister agencies, such as the Department of Employment and Economic Development (DEED).” Being sensitive to the relationship between areas like employment and health is essential,” adds Thorson.

Meanwhile, Minnesota continues to launch innovative programs for people with disabilities. Among them are the following:

- The Children with Special Health Needs unit implemented a program called the Medical Home Initiative to improve the quality of primary care for children with the most complex health conditions. About 30 pediatric practices are participating.
- A five-year Medicaid infrastructure grant is funding a Pathways to Employment program. Three state agencies—MSCOD, DHS, and DEED—are backing this effort, which seeks to remove the barriers that prevent people with disabilities from getting and keeping jobs.
- Among several new initiatives, the disabilities services division of DHS launched a quality campaign that holds health care providers to specific standards on the services they provide to people with disabilities. In addition, it is revamping its assessment protocol for disabilities and is launching a new access service to expand affordable housing opportunities.

Even so, advocates for those with disabilities want to see more aggressive outreach efforts within state government. Says MSCOD’s Willshire: “MDH, for example, has put together some wonderful programs on oral health and cardiovascular disease, but more needs to be done to make sure those programs are accessible to those with disabilities.”

**You can learn more about Minnesota’s programs for people with disabilities by consulting these information sources:**

*Minnesota State Profile Tool: An Assessment of Minnesota’s Long-Term Support System*  
[www.dhs.state.mn.us/main/groups/aging/documents/pub/dhs16\\_144888.pdf](http://www.dhs.state.mn.us/main/groups/aging/documents/pub/dhs16_144888.pdf)

*Promoting Better Health for Minnesotans with Disabilities*  
[www.health.state.mn.us/injury/pub/DisabilityHealthPlan.pdf](http://www.health.state.mn.us/injury/pub/DisabilityHealthPlan.pdf)

*The Promise of Primary Prevention of Sexual Violence*  
[www.health.state.mn.us/injury/pub/svpplan.pdf](http://www.health.state.mn.us/injury/pub/svpplan.pdf)

*Health and Disability State Programs in Minnesota.* (American Association on Health and Disability)  
[www.aahd.us/site/static/pdfs/states/Programs-MN.pdf](http://www.aahd.us/site/static/pdfs/states/Programs-MN.pdf)

Minnesota Department of Health  
[www.health.state.mn.us/](http://www.health.state.mn.us/)

Minnesota Department of Health Disability Health Project  
<http://www.health.state.mn.us/injury/topic/topic.cfm?gcTopic=15>



## Disability and Health Case Studies

Minnesota Department of Human Services Disability Services

[http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id\\_000083#](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_000083#)

Minnesota State Council on Disability

<http://www.state.mn.us/portal/mn/jsp/home.do?agency=MSCOD>