

## Drexel University Releases *National Autism Indicators Report*

In May, the A.J. Drexel Autism Institute, Drexel University released a publication titled *National Autism Indicators Report: Developmental Disability Services and Outcomes in Adulthood* that identifies that "Changes in diagnostic definitions and public awareness over the past few decades have contributed to a dramatic growth in the number of children identified as having an autism spectrum disorder (ASD). A growing body of research shows how youth with ASD entered adulthood. As seen in the 2015 and 2016 *National Autism Indicators Reports*, many adults with ASD have a difficult time achieving employment, continued education, and independent living."

This year's report adds the characteristics of adults with ASD, the quality of their lives, the opportunities they have to participate in their communities, their ability to exercise choice in their lives, and their access to needed services. The report is focused on the support needs of a subgroup of adults, who can speak for themselves and who depend on essential public services. This report includes adults who have just left the special education system, and others who are at the end of their working years, which enables authors of the report to look at differences in services and outcomes across the life course for people in over half of our nation's states.



Aims of the report:

- Describe key characteristics of adults with ASD who use state DD services and key indicators about their service experiences and outcomes.
- Understand how service use and outcomes differ across subgroups of people with ASD.

*(National Autism Indicators Report continues on page 3)*

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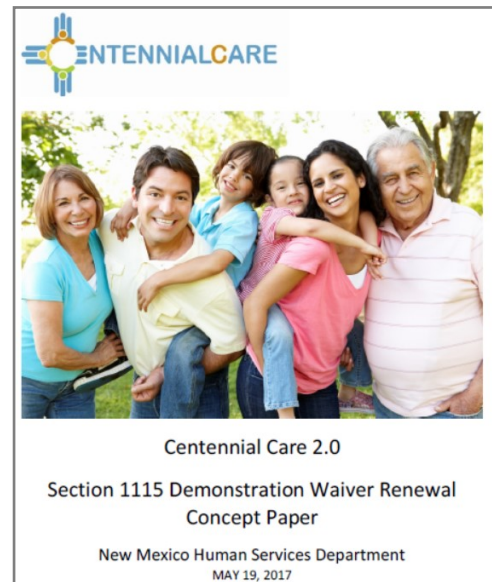
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# New Mexico Releases Managed Care Concept Paper

The New Mexico (NM) Human Services Department (HSD) is looking at improvements to the Centennial Care (NM Medicaid managed care) program that can be implemented in the "second generation" of that program, which they call *Centennial Care 2.0*. The program modernizes the Medicaid program by improving efficiency and effectiveness of the health care delivery system, integrates physical, behavioral and long-term care services and supports, advances person-centered models and slows the rate of growth in program cost.

There are many areas of consideration addressed in the paper, the below reflects opportunities in care coordination:

- Increasing care coordination at the provider level so that members are being supported by patient centered medical home (PCMH) models.
- Improve transitions of care for members being discharged from inpatient and nursing homes stays.
- Leverage partnerships to expand successful programs that target high-need populations, such as community health representatives educating members about how to best navigate the delivery system.



**FMI** Read the full concept paper: [Centennial Care 2.0](#). ↗

## NASDDDS

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## New NCI Data Brief

The National Core Indicators (NCI) project, which is a joint venture between NASDDDS and the Human Services Research Institute (HSRI) released a new data brief titled *What Do NCI Data Show About Respondents Who Need Some or Extensive Support for Self-Injurious Behavior?* According to the brief, "People with Intellectual or Developmental Disabilities all need some type of support to live in their community, their neighborhood, whether it is the natural support of friends and family, or more structured support through a formal service system. For some people, the more structured support includes behavior support needed to address behaviors that cause self-injury. Not only can these behaviors lead to self-harm, and occasionally physical injury to others they can also severely complicate an individual's efforts to integrate into their own community."



The brief discusses the results of the NCI data collection and compares the personal characteristics and outcomes experienced by NCI respondents who are identified as needing supports for serious injurious behavior (SIB) to those of respondents who are identified as not needing some or extensive support for SIB.

**FMI** The brief is available [here](#). 

*(National Autism Indicators Report continued from page 1)*

- Compare experiences and outcomes of adults with ASD versus adults with other types of developmental disabilities.

There are many key findings in this report, but the information below is focused on DD services:

- The most common services adults with ASD received were health care, dental care, and transportation. About half of adults with ASD received information about benefits or insurance (54%), and services for social relationships or meeting people (49%).
- Almost half (49%) of adults with ASD used six or more services funded by a state DD agency. Those with ASD used the same types of DD services, and at the same rate, as other DD service users who did not have ASD.
- Half (51%) of adults with ASD who lived with parents or relatives received respite care services. Younger participants with ASD (18-24 years) were more likely to receive respite care than middle-aged individuals (45- 64 years).
- Overall, 25 percent of ACS participants with ASD reported that they did not receive all of the services they needed.

Employment key findings:

- Paid, community-based employment was the least common outcome for adults with autism spectrum disorder (ASD). Only 14 percent held a job for pay in the community. About one-fourth of adults with ASD had community employment as a goal in their service plan.
- Over half (54%) participated in an unpaid activity in a facility (where most other workers had disabilities).
- One-fourth (27%) had no work or day activities, in either community-based or facility-based settings, in the two weeks prior to the ACS.

**FMI** Read the full report: [drexel.edu/autismoutcomes/publications-and-reports/nat-autism-indicators-report/](https://drexel.edu/autismoutcomes/publications-and-reports/nat-autism-indicators-report/). 

# The Georgetown University NCCC Awards Ten States to Participate in CoP on Cultural and Linguistic Competence in Developmental Disabilities

The Georgetown University National Center for Cultural Competence (NCCC) received a five-year Cooperative Agreement from the Administration on Intellectual and Developmental Disabilities (AIDD), Administration on Community Living, U.S. Department of Health and Human Services to implement a Community of Practice (CoP). The goal of the CoP is to increase the number, diversity, and capacity of formal and informal leaders to transform their state/territorial developmental disabilities (DD) systems by: (1) advancing and sustaining cultural and linguistic competence (CLC) systemically through changes in values, policy, structures, and practices; and (2) responding effectively to the growing cultural and linguistic diversity among people with DD and their families who reside in states, territories, and tribal nations.




The following objectives were considered in the selection process: **Objective**

**1.** Create and implement a multifaceted CoP designed to facilitate peer exchange, share information, provide technical assistance, and leverage resources to increase diversity and advance CLC in state/territorial DD systems. **Objective 2.** Integrate content from a proven curriculum (Georgetown Leadership Academy ©) into a multi-state/territory CoP model designed to foster leadership for system transformation.

The following states were selected for membership in the CoP: **Arizona, California, Colorado, District of Columbia, Indiana, Michigan, New York, Utah, Vermont, and Wisconsin.**

All applicants participated in a competitive process to be considered for the CoP by: (a) designating a Transformation Leadership Team (mandatory participants include the state DD entity, UCEDD, DD council, P&A); and (b) making a five-year commitment to the system transformation initiative and developing a transformation plan that conduct the following:

- **Transformation Leadership Team** A six-member team that is responsible for guiding state/jurisdictional level cultural diversity and CLC efforts.
- **Transformation Facilitator** NCCC faculty member will be assigned to support states and jurisdiction to advance their cultural diversity and CLC journeys, achieve their stated goals, document benchmarks, and adhere to the timelines in their transformation plans.
- **CoP Peer Exchange, Technical Assistance, Training** An array of shared learning experiences, consultation, technical assistance, training, and information exchange activities among the state/jurisdictional teams.
- **Transformation Forums** Annual forums convened in Washington, D.C. designed to create a vision and a transformation plan to be implemented over time at either the system and/or program levels; and enhance knowledge and skills to lead complex behavioral, organizational, and system change that promotes cultural diversity and advances and CLC.
- **Quarterly Peer Exchange and Learning Forums** Web-based forums and password protected interface focused on emerging themes and their implications for policy and practice, and salient topics relevant to the interest and needs of state/jurisdictional teams.
- **Consultant Pool** A cadre of subject matter consultants that can provide expertise on unique issues, specific populations, or other areas of interest and need to state/jurisdictional teams.

**FMI** Additional information about NCCC including the CoP is available at [nccc.georgetown.edu](http://nccc.georgetown.edu). 

# Ohio Partners with University for Technology Evaluation and Development

The Ohio Technology Project is a collaborative enterprise between the Ohio Department of Developmental Disabilities and The Ohio State University Nisonger Center. The project aims to take an in-depth look at the role technology, including remote monitoring, plays in the lives of people with developmental disabilities and their families, create a vision for how the use of technology may be improved and expanded upon, and identify technological advances that might benefit people with developmental disabilities by increasing their independence.

The project can be separated into three parts:

- Conduct focus groups and interviews regarding remote monitoring.
- Conduct a national review of technologies that currently enable people with developmental disabilities to live and participate in their communities with less direct support from caregivers.
- Identify areas of future technology development that might benefit people with developmental disabilities.

The focus groups and interviews will provide detailed insight into the reception and use of remote monitoring. We will discuss the topic with people who have used the service, people who are closely associated with those using the service, and people who have never used it. This will provide insight into what people like and dislike about remote monitoring as well as provide insight into what sort of stigmas may be associated with the service.

In order to write a national review of technology, external resources will be leveraged to gain an understanding of the technology landscape. These resources will be everything from news articles to interviews with experts and technology conferences. The review will document the use and reception of technology as well as an analysis of its accessibility and ability to facilitate independence among persons with developmental disabilities.

Through the technology project, a plan will be developed to introduce an independence facilitating technology into the lives of people with developmental disabilities.

**FMI** Read about the project at [nisonger.osu.edu/adult/resources/technology-project/](https://nisonger.osu.edu/adult/resources/technology-project/). 

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## LEAD Center Announces New ABLE Brief

The LEAD Center released a brief titled, *The ABLE Act and Employment: Strategies for Maximizing the Effectiveness of the Achieving a Better Life Experience (ABLE) Act as a Tool for Financial Stability and Employment Outcomes of People with Disabilities*. The purpose of this brief is to demonstrate how provisions in the ABLE Act can be combined with federal benefit services and other federal programs and initiatives to further competitive integrated employment for people with disabilities. The brief contains a list of the provisions of the ABLE Act, their impact on the financial self-sufficiency and employment opportunities of persons with disabilities, and recommendations on how to best utilize the ABLE Act to maximize these outcomes.

Some examples included in the brief of how an ABLE account can be combined with other supports, in order to increase financial self-sufficiency and/or employment opportunities, include:

- Utilizing the SSI PASS (Plan for Achieving Self-Support) program in conjunction with ABLE account savings to maintain supported employment services.
- Using the ABLE accounts to pay for Medicaid Buy-In Program premiums, rather than limiting their earned income to stay below Medicaid's income limits. That way, people continue to be

(LEAD Center Brief continues on page 9)



## STATESIDE



### **Colorado Passes Bill Changing State Statute to Allow Additional Case Management Entities.**

The Colorado Office of Community

Living shared through its spring update that SB17-1343 regarding implementing conflict free case management has passed through both chambers in the Colorado legislature. The bill implements conflict-free case management for persons with intellectual and developmental disabilities who are enrolled in home and community-based services under Colorado's Medicaid program.

The definition of conflict-free case management is included in the bill and reflects the policy that case management services are provided to a person with intellectual and developmental disabilities who is enrolled in home and community-based services by an agency that is not also providing the same person services and supports unless a federal exemption is approved.

Gretchen Hammer, Director of the Office of Community Living shared that rules and regulations will be promulgated and through the Medical Services Board in 12-18 months which will allow additional case management agencies to be certified to provide case management in Colorado. (This will allow more than one case management agency for increased choice, currently limited by state statute to just one of the 20 community centered boards by catchment area).

**FMI** Access the bill: [leg.colorado.gov/bills1343](http://leg.colorado.gov/bills1343).



### **Minnesota Finds Integrated Health Partnerships Improve Health and Reduce the Cost of Care.**

According to a recent news release, "Minnesota's

Integrated Health Partnerships (IHP) program prioritizes the delivery of higher quality and lower cost health care, encouraging providers to focus on delivering efficient and effective health care and preventive services to reach mutually agreed-upon health goals. In contrast, the traditional payment system pays providers for the volume of care they deliver, rather than the quality of care they provide. In the IHP model, providers who meet a threshold

for savings are eligible for a share of the savings. Beginning in the second year of participation, some providers also share the downside risk if costs are higher than projected."

The article states that this health care initiative has helped Minnesota save more than \$150 million and achieve better health outcomes for people enrolled in medical assistance. Human Services Commissioner Emily Piper stated, "Minnesota's innovative Integrated Health Partnerships program is reducing the cost of health care while improving quality, thanks to the efforts of participants such as Lake Region Healthcare."

Drivers of Lake Region's IHP success include:

- Integration of state-supplied patient data into their electronic records, allowing them to target services to patients with the greatest unmet needs, including Medical Assistance enrollees with more than three emergency department visits, hypertension, pre-diabetes, smokers, elevated body mass index (BMI) or behavioral health issues; and
- Greater integration of behavioral health services and strengthening partnerships with county public health and other county service providers (including expanded use of community paramedics for hard-to-reach patients).

Minnesota Governor Dayton is also proposing a health care coverage and purchasing reform package, which has a net savings to the state of \$4.8 million in the 2018-2019 biennium and a cost of \$3.9 million in the 2020-2021 biennium.

**FMI** Read the news article: [mn.gov/dhs/media/news/#/detail/appld/1/id/286364](http://mn.gov/dhs/media/news/#/detail/appld/1/id/286364). More information about this and other budget proposals is available on the [2017 session fact sheets page on the DHS website](#).



### **Ohio Explores Video Monitoring for People with Developmental Disabilities.**

The Ohio Department of Developmental Disabilities

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## STATESIDE *continued from page 6*

(DODD) is exploring video monitoring for people with disabilities through use of a high-tech monitoring system. According to the news story, this system works by pressing a button on the screen or on a remote, and instantly being connected with a personal care monitor who can do everything from read a food label to call for help.

One of the systems users comments, "It makes him feel more safe knowing that he can press a button and somebody would pop on the screen and talk to him and send police over or an ambulance if it becomes necessary."

Currently there are 170 people with developmental disabilities using this type of system and Ohio is looking at increasing the number of monitors to 600. Ohio Department of Developmental Disabilities director John Martin said "it will save the state money and make people with disabilities happier."

"It's more positive in terms of the economics, in terms of the quality of life; the only catch is we want to make sure we're evaluating every situation, that we're tailoring it to every person's needs and realize it's not a solution for everybody," Martin said. The DODD is working to get a grant for half a million dollars in this year's state budget to expand the video monitoring program.

**FMI** Read the news story [here](#).



### **Ohio Explains Importance of Disability Community in Trauma-Informed Care Work at Conference.** During the fourth annual Trauma-Informed Care

Summit in Columbus, Ohio Department of Developmental Disabilities (DODD) Director John Martin said he appreciates the relationship DODD has with Ohio Mental Health and Addiction Services (OhioMHAS) regarding trauma-informed care work. Director Martin's speech talked about how important it is to know someone's history of trauma so that you can effectively support people with developmental disabilities through person-centered planning.

**FMI** Listen to director Martin's speech [here](#).



### **Pennsylvania Works to Expand Vanpool Options for Workers in Support of Employment First Efforts.** According to a recent news release, "In support

of Pennsylvania's Employment First initiative to help people with disabilities find employment, Pennsylvania Governor Wolf and the Pennsylvania Department of Transportation (PennDOT) announced a new Vanpool Incentive Program to create vanpools across the state that would provide a lower-cost alternative for people to commute to competitive jobs. The vanpools would be open to people with and without disabilities."

"Transportation access can be a deciding factor in whether someone is able to work, so anything we can do to expand options is good for Pennsylvanians," Governor Wolf said. "No matter their abilities, people should have access to jobs that pay." Beginning in 2017-2018, vanpools would operate from four to seven days per week, depending on riders' needs for transportation to and from jobs. Vanpool riders will pay a minimum of \$25 per month, with the final cost determined by providers. A member of each vanpool would drive, usually to and from central locations, such as eight people from one town who work in the same building.

The program will invest up to \$1 million annually and is open to government entities, nonprofit entities, and transportation companies. ADA-accessible vanpools would be eligible for a monthly subsidy up to \$1,200 per van, and would be eligible for an ongoing \$400 per-month subsidy. Participants would also be eligible for state investments to cover the cost to convert a van to be ADA-accessible.

**FMI** Read the news story [here](#).



### **Rhode Island Launches Person-Centered Supported Employment Program.** Rhode Island's Department of

*(STATESIDE continues on page 8)*

## STATESIDE *continued from page 7*

Behavioral Healthcare, Developmental Disabilities and Hospitals / Division of Developmental Disabilities, recently implemented a Person-Centered Supported Employment Performance Program. The goal of the program is to promote the expansion of integrated employment opportunities and supported employment services.

The program's performance-based contracts include performance payments that are linked to graduated levels of provider achievement regarding enhanced staff training and employment outcomes, based on standard implementation timelines.

The 22 participating provider agencies developed goals and benchmarks related to three core components of integrated employment services:

- **Staff Credentials:** Staff must be certified from an Association Community Rehabilitation Educators (ACRE) approved training or they must secure the Certified Employment Support Professional (CESP) designation.
- **Employment Team Structure:** Providers submitted an outline of their supported employment model, team structure and specific details about the number of individuals they propose to support.
- **Provider Performance Goals:** Providers established specified performance measures, numerical targets, implementation timelines, and goals they expect to achieve while providing integrated employment services.

Monthly "strategy meetings" are held with participating provider agencies to review best practices, outline training needs, review program specific topics, and problem solve barriers to success. These strategy meetings also include the Rhode Island Office of Rehabilitation Services, for ongoing collaborative discussions, and often host a guest speaker to discuss topics pertinent to employment program needs. Additionally, technical assistance is provided on a regular basis to support the system transformation required to increase employment opportunities for individuals living with intellectual and/or developmental disabilities.

**FMI** For more information about the program, please contact [tracey.cunningham@bhddh.ri.gov](mailto:tracey.cunningham@bhddh.ri.gov).



**Tennessee Becomes 14th State Not Operating Any Large State Institutions.** According to a recent news release,

Tennessee has now become the 14th state not to operate any large, state institutions as Greene Valley Developmental Center (GVDC) closed after more than five decades of operation. Tennessee now joins 13 other states and the District of Columbia that do not operate any large, state-run institutions for people with intellectual disabilities.

"People who lived at Greene Valley are now living rewarding lives in their communities," Department of Intellectual and Developmental Disabilities (DIDD) Commissioner Debra K. Payne said. "We are closing an important chapter in the history of supporting people with disabilities in Tennessee. It's important to celebrate the huge advancements we've made, while remembering the important role Greene Valley played for 56 years."

"I want to take this opportunity to thank all Greene Valley employees for the excellent care they have provided to people with disabilities for more than 50 years," Payne said. "Also, the entire Greene County community has supported the facility and the people who live there, and we are extremely grateful for their continued partnership as we support people with intellectual disabilities in the community."

In 1995, Greene Valley, Clover Bottom and Nat. T Winston Developmental Centers were the subject of an investigation by the U.S. Department of Justice and a lawsuit was brought by advocates for people with disabilities over conditions at the three institutions. After two decades of work to improve the state's service delivery system, all parties agreed to an Exit Plan in January 2015, which included the closure of GVDC.

**FMI** Read the news release [here](#).



## STATESIDE *continued from page 8*



### Utah Releases Report that Highlights Focus on Employment.

The Utah Division of Services for People with Disabilities' (DSPD)

released the *Fiscal Year 2016 Annual Report* that highlights the state's focus on employment for individuals with disabilities.

According to the report, "Out of all National Core Indicator states, DSPD/Utah is ranked 13th for service recipients having a paid job in the community. In Fiscal Year 2016 DSPD provided employment services to 1,011 clients receiving disability services and to 489 individuals on the DSPD waiting list for state services. Of those, 49.3 percent are employed with an average of 16.5 hours worked per week."

Other data highlighted in the report includes:

- 5,559 total individuals receive ongoing services in a home and community-based setting, with 221 new individuals brought into services.
- 30 percent reduction of direct care staff turnover with legislative approved pay increase.
- 2,510 people waiting for DSPD services, with 1,152 receiving various short-term limited services while awaiting funding for ongoing services.

Details of a web-based app coming in 2017 to help individuals have more control and awareness about the services they receive

**FMI** To access the full report, please visit [dspd.utah.gov/reports](http://dspd.utah.gov/reports).

*(LEAD Center Brief continued from page 5)*

eligible for their Medicaid-funded supported employment services while steadily improving their financial status.

- Having state VR programs consider providing assistance in linking people to support for setting up ABLE accounts, as something offered to VR participants.

**FMI** To access the brief click [here](#).

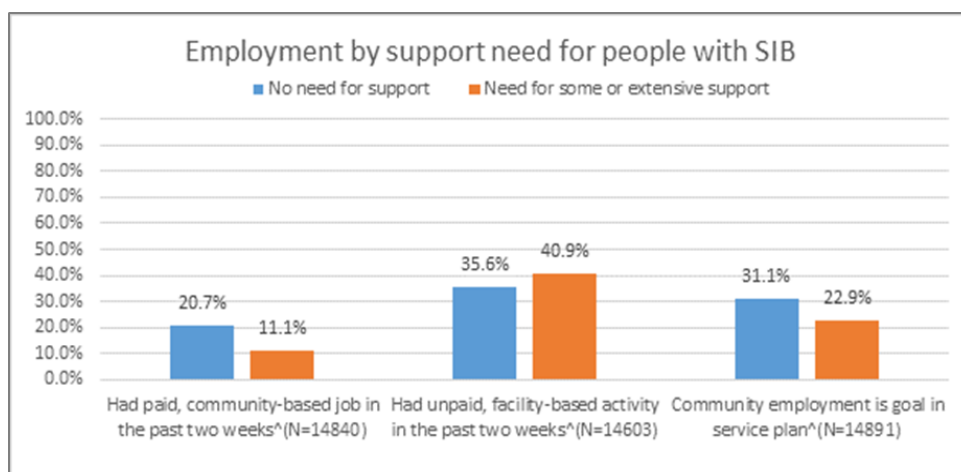
## ✓ "Check it Out"

## National Core Indicator's Data Nugget

### Employment and Those with Self-Injurious Behavior Support Needs



Compared to those without self-injurious behavior (SIB) support needs, those with some or extensive SIB support needs were less likely to have a paid job in the community (an individual or group job in a local business alongside peers who do not have disabilities; that is, the job is part of the typical labor market) (11.1% vs. 20.7%; N: 14,840). Those with SIB support needs were more likely to have an unpaid facility-based activity during the day (40.9% vs. 35.6%; N: 14,603) and were less likely to have community-based employment as a goal in their service plan (22.9% vs. 31.1%; N: 14,891).



**FMI** NCI information is available at: [www.nasddds.org/projects/national-core-indicators/](http://www.nasddds.org/projects/national-core-indicators/).

## RESOURCES

### Check Out the Briefs on Community Life Engagement from [Thinkwork](#).

[High-Quality Community Life Engagement: Four Guideposts for Success](#) presents a set of key principles that states and providers can use as they design services and supports. [The site](#) includes promising practices as well as briefs on each of the CLE guideposts.



Sponsored by the U.S. Department of Labor's Employment and Training Administration (ETA), WorkforceGPS features a blog post describing how the Workforce Innovation and Opportunity Act (WIOA) promotes alignment among programs serving out-of-school youth. This post discusses how WIOA supports collaboration among the U.S. Department of Labor (DOL), the U.S. Department of Education (ED), states, and youth-serving professionals who work at local workforce development agencies, Other workforce and education partners and Social service providers.

FMI Learn more at [WorkforceGPS](#).



**ASAN's A Self-Advocate's Guide to Medicaid.** This guide explains in plain

language the following fundamental information about Medicaid: Who can get Medicaid, What Medicaid pays for, What Medicaid waivers are, What home and community-based services (HCBS), How Medicaid is funded, and What would happen if the government makes changes to how Medicaid is funded.

FMI Read the guide: [A Self-Advocate's Guide to Medicaid](#).



**ANCOR Workforce Paper Addressing the Disability Services Workforce Crisis of the 21st Century.** This paper is a result of ANCOR's Workforce Summit also discussed potential

policy solutions moving forward. ANCOR's report compiles the latest data on the direct support professional (DSP) workforce, offers a historical overview of the workforce crisis, and offers solutions on how it can be addressed.

FMI Read the paper [here](#).

### Kaiser Family Foundation Brief: *State Variation in Medicaid Per Enrollee Spending for Seniors and People with Disabilities*.

This brief examines the per enrollee Medicaid spending for seniors and people with disabilities, which varies greatly by state. It further explains how the American Health Care Act's proposed caps on per enrollee Medicaid spending could lock-in these spending differences. The brief also notes that because most age and disability-related Medicaid coverage pathways, as well as many services such as community-based long-term care, are provided at state option, states could potentially cut back on them if faced with federal Medicaid funding reductions over time.



FMI Read the brief [here](#).

### *Using a Cost and Utilization Lens to Evaluate Programs Serving Complex Populations: Benefits and Limitations.*

This brief acknowledges the merits of using a cost and utilization framework to evaluate complex care programs, but takes a close look at the limitations in relying solely on this narrow lens. It reviews alternative, non-traditional metrics for assessing the value of complex care models, including whether programs: (1) produce reduced costs or positive impacts elsewhere in the community (e.g., housing stability); (2) improve patient experience of care, health status and associated satisfaction; and/or (3) offer the potential to demonstrate more robust cost and utilization results over a longer term.



FMI Read the brief [here](#).

**Workforce GPS Blog.** This blog highlights the Impact of WIOA on Cross-System Partnerships.

## √ "Check it Out"

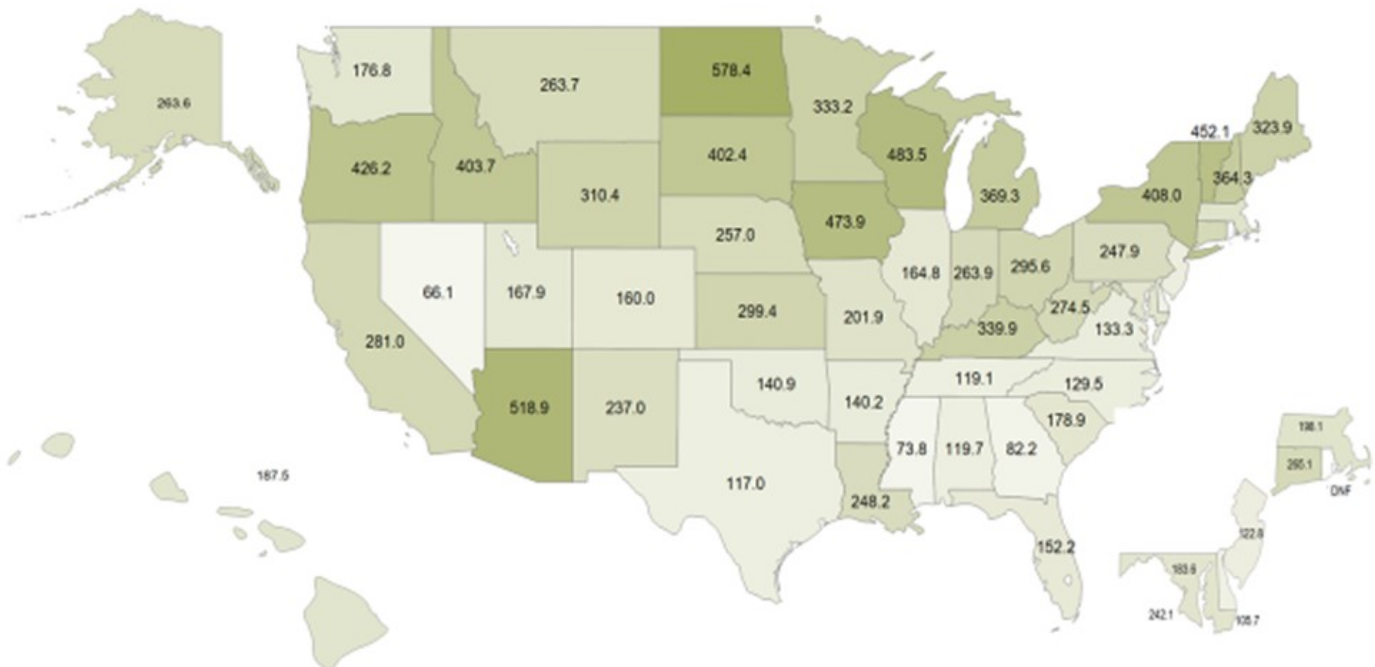
### Data Byte: A Snapshot of RISP

Changes in Medicaid Funding Fuels Shift from Congregate to Home and Community-Based Living for People with I/DD



Over the past four decades, living arrangements for people with intellectual or developmental disabilities (I/DD) receiving Medicaid-funded long-term supports and services shifted from large institutions to home and community-based settings. This shift was fueled by the introduction of the Medicaid home and community-based services (HCBS) 1915(c) waiver in 1982. These maps show FY 2014 state utilization of intermediate care facilities for individuals with intellectual disabilities (ICF/IID) and HCBS waiver-funded services for people with I/DD. Higher utilization rates are shown in darker shades of color. The rates are indexed to show people served per 100,000 of state population. In FY 2014, an average of 235 people with I/DD per 100,000 of the US population received Medicaid HCBS waiver-funded services (ranging from 66 to 578 per 100,000 by state) compared to 24.4 people per 100,000 in living ICF/IID settings (ranging from 0 to 103 per 100,000). All states now support more people with I/DD in HCBS waiver-funded settings than in ICF/IID.

FY 2014 HCBS Recipients per 100,000 State Population



Larson, S.A., Eschenbacher, H.J., Anderson, L.L., Taylor, B., Pettingell, S., Hewitt, A., Sowers, M., and Fay, M.L. (2017). *In-Home and Residential Long-Term Supports and Services for Persons with Intellectual or Developmental Disabilities: Status and Trends Through 2014*. Minneapolis: University of Minnesota, Research and Training Center on Community Living, Institute on Community Integration. Access at [risp.umn.edu/publications](http://risp.umn.edu/publications).