

# ADULTS AND CHILDREN WITH DISABILITIES

## A. Men, women, and children with disabilities in Ramsey County

An accurate estimate of the number of Ramsey County residents who would benefit from the services provided by the Disability Service of CHS remains unavailable. However, the 2010 American Community Survey (ACS) 1-Year Estimates reported that approximately 57,000 or 11.4% of Ramsey County residents consider themselves to have a disability<sup>1</sup>. The ACS estimate is based on those respondents who indicate that they have difficulty with hearing, vision, ambulation, self-care, independent living, or have a cognitive impairment. The ACS questionnaire does not ask respondents to indicate the level of impairment or their need for supportive services. Therefore, the ACS can best serve as an indicator of the maximum need for disability services among Ramsey County residents

Persons with disabilities often have limited opportunities for self-sufficiency. The ACS reported that an estimated 32.5% of non-institutionalized persons aged 18 to 64 years of age with a disability living in Ramsey County were living below the poverty line.<sup>2</sup>

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<sup>1</sup> S1810 – Disability Characteristics: 2010 American Community Survey 1-Year Estimate. [http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?\\_afpt=table](http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?_afpt=table)

<sup>2</sup> C18130 – Age by Disability Status by Poverty Status: Universe: Civilian noninstitutionalized population for whom poverty status is determined. [http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.sxhtml?pid=ACS-10\\_1YR-C18130](http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.sxhtml?pid=ACS-10_1YR-C18130).

## **B. Who are the people we serve?**

Community Human Services (CHS) serves children and adults who have:

- Developmental or intellectual disabilities
- Mental disabilities/issues
- Physical disabilities
- Brain injury
- Significant medical needs or
- Are in need of protection because of physical or mental limitations.

In 2010, Disability Services provided services for 6,154 individuals with disabilities. Of the 5,857 individuals, 3,289 were individuals with Intellectual/Developmental Disabilities (I/DD) receiving case management, and 2,835 were individuals who received either a Community Alternatives for Disabled Individuals (CADI), Community Alternative Care (CAC) or Brain Injury (BI) waiver. Two hundred and sixty seven (267) of the 5,857 received services from both programs.

### **Children and adults with disabilities**

Disability Services provides case management services to individuals with disabilities and who were eligible for Medical Assistance. In addition, services are available to individuals with disabilities who are Medicaid eligible to support their living in the community. They would otherwise have to receive their care in institutions.

These community-based services are made available through Medicaid Home and Community-Based Service (HCBS) waivers that offer alternatives to institutionalization.

The waivers are:

- Development Disability (DD)
- Community Alternatives for Disabled Individuals (CADI)
- Brain Injury (BI)
- Community Alternative Care (CAC).

The CADI, CAC, and BI waivers are collectively referred to as CCB waivers.

To qualify for services under any of the waiver programs, the individuals must be

- Eligible for Medical Assistance
- Certified as having a disability by the Social Security Administration or the State Medical Review Team and
- Assessed as needing institutional level of care.

In addition, to be eligible for a CCB waiver, individuals must be under the age of 65.

### **Adults in need of protection**

Services are provided to adults who are in need of protection. These are adults whose inability to care for themselves threatens their health or safety and/or adults who are unable to protect themselves from abuse or exploitation from others.

## C. What programs do we offer?

Types of Service	What's included in this?	What we intend to accomplish
<b>Disability Services</b> (See Section 1, Page 50)	<ul style="list-style-type: none"> <li>• Case Management</li> <li>• Residential Services</li> <li>• Vocational Services</li> <li>• In-home support</li> <li>• Nursing care</li> </ul>	<ul style="list-style-type: none"> <li>• Enable individuals to live as independently as possible</li> <li>• Avoid placement in an institution/nursing facility/hospital</li> </ul>
<b>Adults in need of protection</b> (See Section 2, Page 61)	<ul style="list-style-type: none"> <li>• Investigation of a complaint</li> <li>• Crisis intervention services</li> <li>• Case Management</li> <li>• Conservatorship/ Guardianship services</li> </ul>	<ul style="list-style-type: none"> <li>• Protect vulnerable adults from physical, emotional or financial exploitation</li> <li>• Resolve crises so that individuals can continue to live independently</li> <li>• Enable vulnerable adults to be able to live independently and safely in the community</li> <li>• Provide financial and personal oversight to individuals who are unable to make decisions and have no other resource</li> </ul>

## D. Specific Programs

### Section 1: Disability Services

Types of Service	What's included in this?	What we intend to accomplish
<b>Case Management</b>	<ul style="list-style-type: none"> <li>• Assessing what services are needed</li> <li>• Assistance obtaining appropriate resources</li> </ul>	<ul style="list-style-type: none"> <li>• Allow individuals with disabilities to thrive in their communities</li> <li>• Maintain the stability of individuals</li> </ul>
<b>Residential Services</b>	<ul style="list-style-type: none"> <li>• Supportive living environments</li> <li>• Foster care</li> <li>• Assisted Living</li> </ul>	<ul style="list-style-type: none"> <li>• Provide community-based living opportunities</li> </ul>
<b>Vocational Services</b>	<ul style="list-style-type: none"> <li>• Supported Employment Services</li> <li>• Employment and Alternatives Services</li> <li>• Day Training and Habilitation Programs</li> </ul>	<ul style="list-style-type: none"> <li>• Provide individuals with opportunities to be employed and involved in the community</li> </ul>
<b>Support Services</b>	<ul style="list-style-type: none"> <li>• Personal Care</li> <li>• Caregiver Training</li> <li>• Homemaker Services</li> <li>• Respite</li> <li>• Crisis Intervention</li> <li>• Environmental Modifications</li> <li>• Independent Living Skills</li> <li>• Skilled Nursing</li> </ul>	<ul style="list-style-type: none"> <li>• Assist the individual to stay in their home</li> <li>• Support caregivers</li> </ul>

The services available through each waiver are similar. The characteristics of the individuals utilizing the services are different. Thus, the following descriptions about individuals with disabilities utilizing services will be reported as follows:

- Individuals with I/DD receiving case management
- Individuals receiving a DD waiver
- Individuals receiving a CCB waiver.

It is possible for an individual to receive services as an individual with I/DD and receive a CCB waiver at the same time or at different points in time. This was the case for 267 individuals in 2010. Information about these individuals is reported in both the information about individuals with I/DD and those receiving a CCB waiver.

**Table 1:  
Numbers of Individuals with I/DD Receiving Selected Services**

Services	2006	2007	2008	2009	2010
Case Management	3,208	3,247	3,266	3,264	3,289
Vocational Services <sup>3</sup>	1,226	1,218	1,304	1,329	1,436
Supported Living Services <sup>4</sup>	965	954	951	953	903

**Table 2:  
Number of Individuals Receiving a CCB Waiver**

2006	2007	2008	2009	2010
1,656	1,934	2,185	2,751	2,835

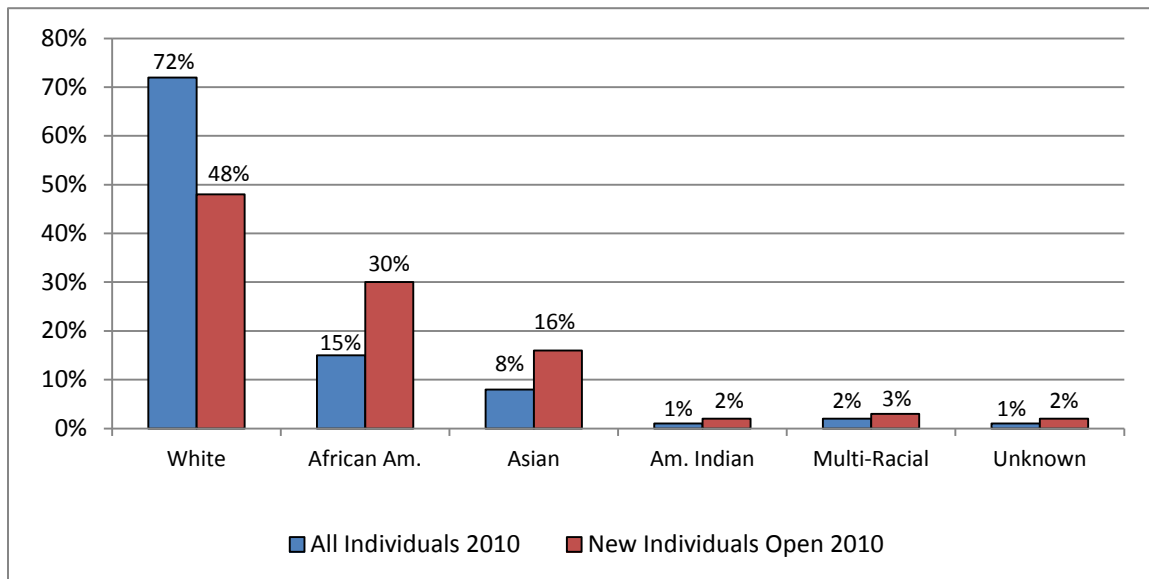
<sup>3</sup> Beginning in 2008 the numbers reported include Supported Employment, Employment & Alternative Services, Day Training & Habilitation and Work Employability. Previous years did not include Supported Employment. The 2010 number is based on data submitted to Ramsey County CHS Research and Evaluation by employment service providers in October 2010.

<sup>4</sup> Includes only individuals over the age of 21.

## Characteristics of individuals with I/DD receiving Case Management

Individuals with I/DD who started receiving case management from the Disability Service Section in 2010 are more culturally diverse when compared to all individuals with I/DD who received case management in 2010. See Illustrations 1 and 2.

**Illustration 1:  
Race Distribution of Individuals with I/DD  
Receiving Case Management Services  
(2010) N=3,289**

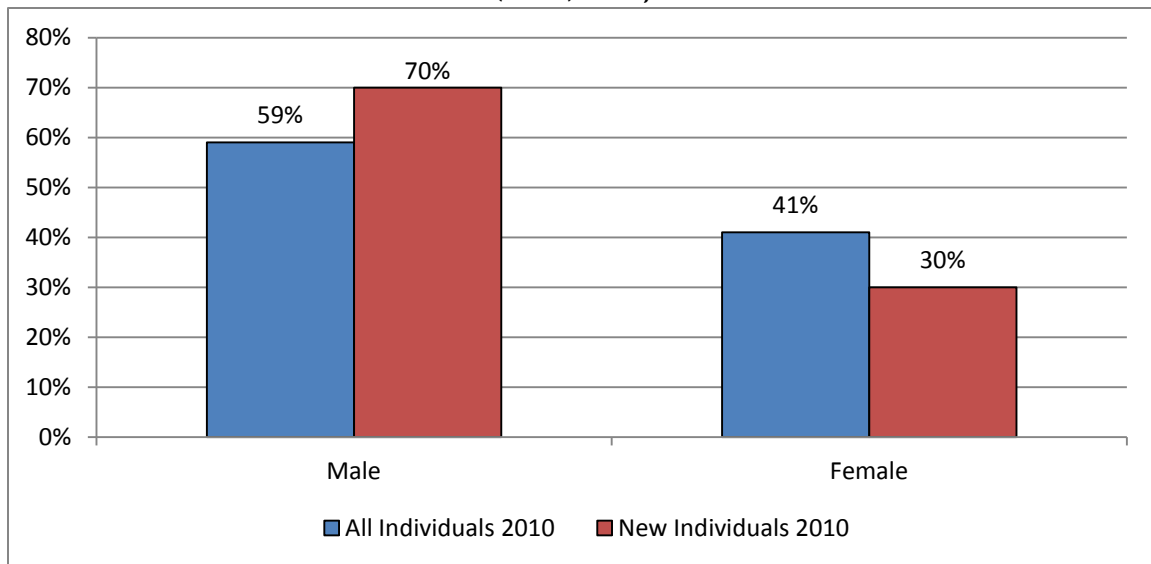


**Illustration 2:  
Hispanic Ethnicity of Individuals with I/DD  
Receiving Case Management Services  
(2010) N=3,289**



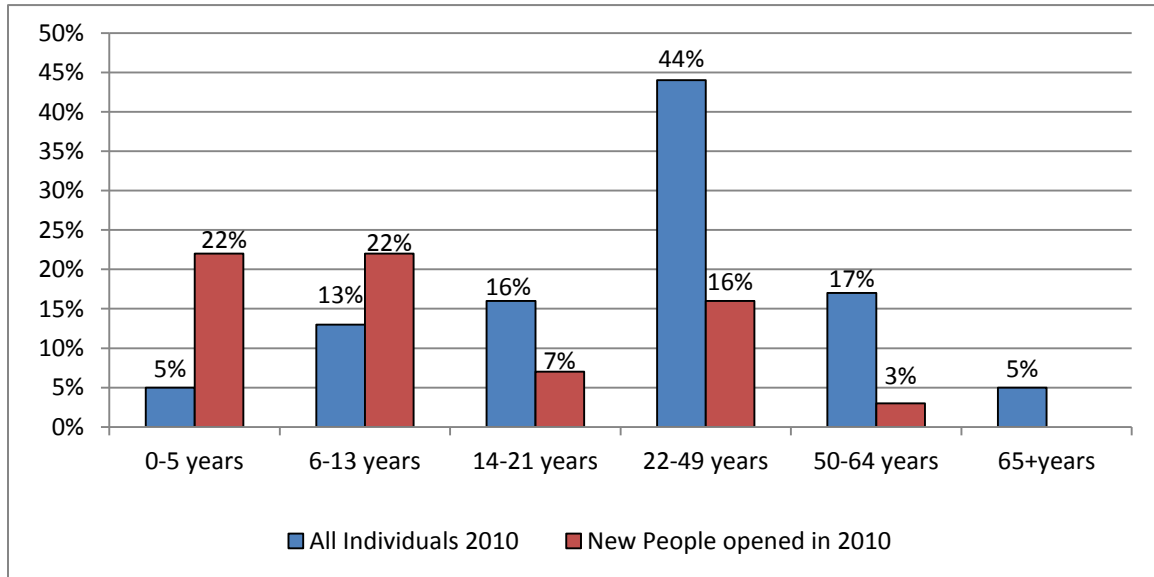
In addition, those opened to case management in 2010 tended to be males; 70% of cases opened in 2010 were males. See Illustration 3.

**Illustration 3:  
Gender of Individuals with I/DD  
Receiving Case Management Services  
(2010) N=3,289**



Individuals who were opened to case management in 2010 tended to be younger. Forty four percent (44%) of cases that opened in 2010 were under 13 years of age.

**Illustration 4:  
Age Distribution of Individuals with I/DD  
Receiving Case Management Services  
(2010) N=3,289**



## Characteristics of individuals receiving a DD Waiver

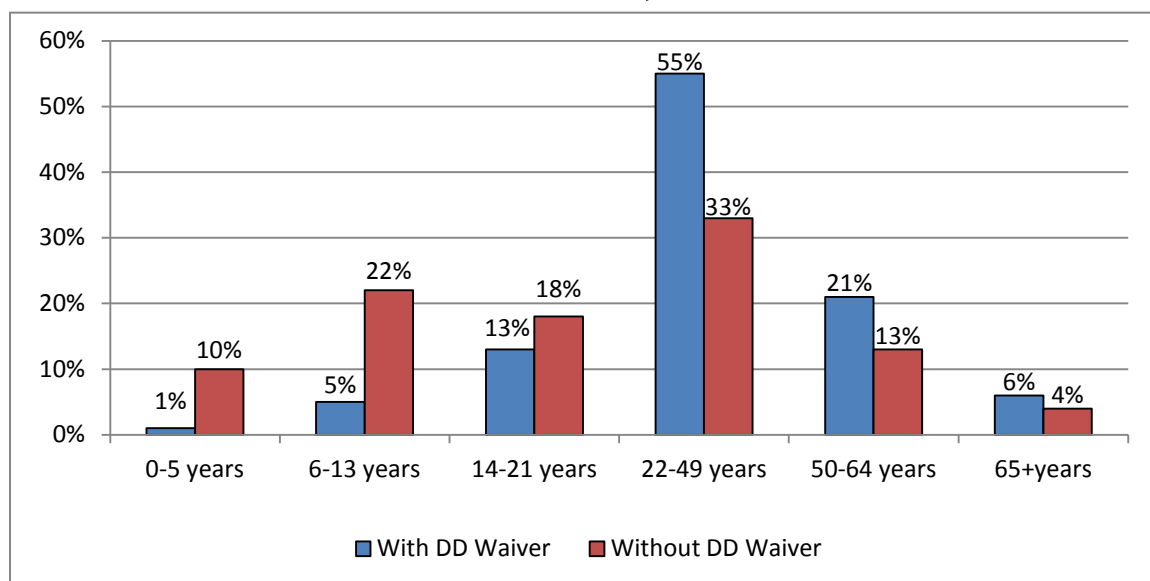
Individuals must have IQs that are lower than 70 or a serious related condition such as autism to be eligible for case management and the DD waiver. Receiving the DD waiver means access to more services than are available to individuals without the DD waiver. The example of services that individuals receiving a DD waiver have access to include:

- Respite care
- Crisis intervention
- Supported living services
- Community support services as chosen by the disabled individual
- Homemaker services
- Modifications to homes and equipment
- Training and education for the people caring for the disabled individual, and
- Specialist services.

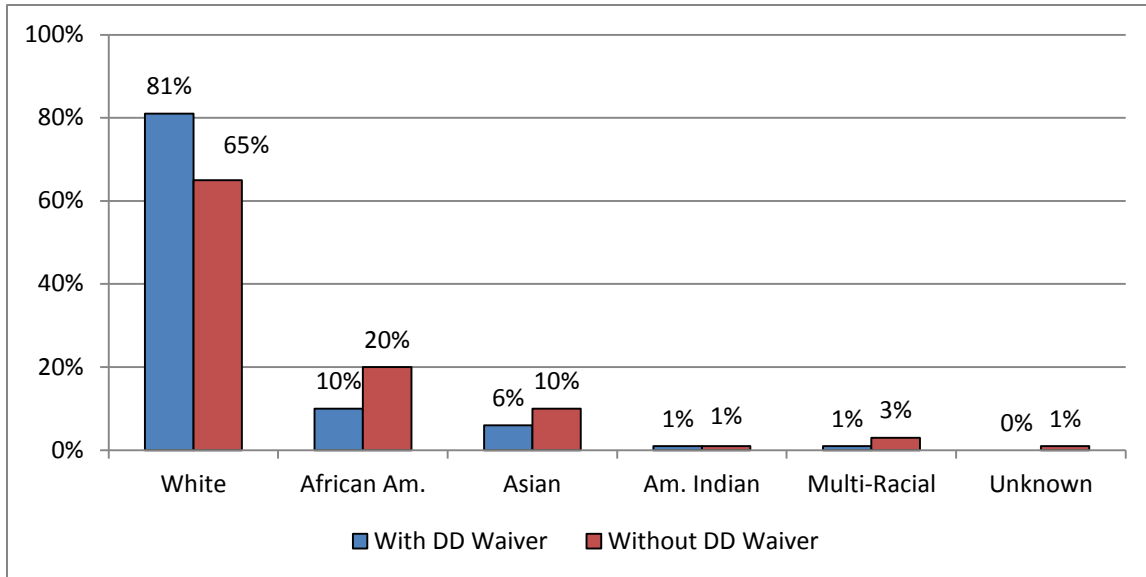
Community Human Services (CHS) has not been able to offer services through the DD waiver to all individuals who are eligible due to state and federal budget constraints.

In 2010 about half of the 3,289 children and adults with I/DD who received case management services received a DD waiver. Demographic information indicates that the individuals who received a DD waiver in 2010 tended to be older (over 21 years of age), were less racially diverse, and living in corporate foster care. See Illustrations 5 through 8.

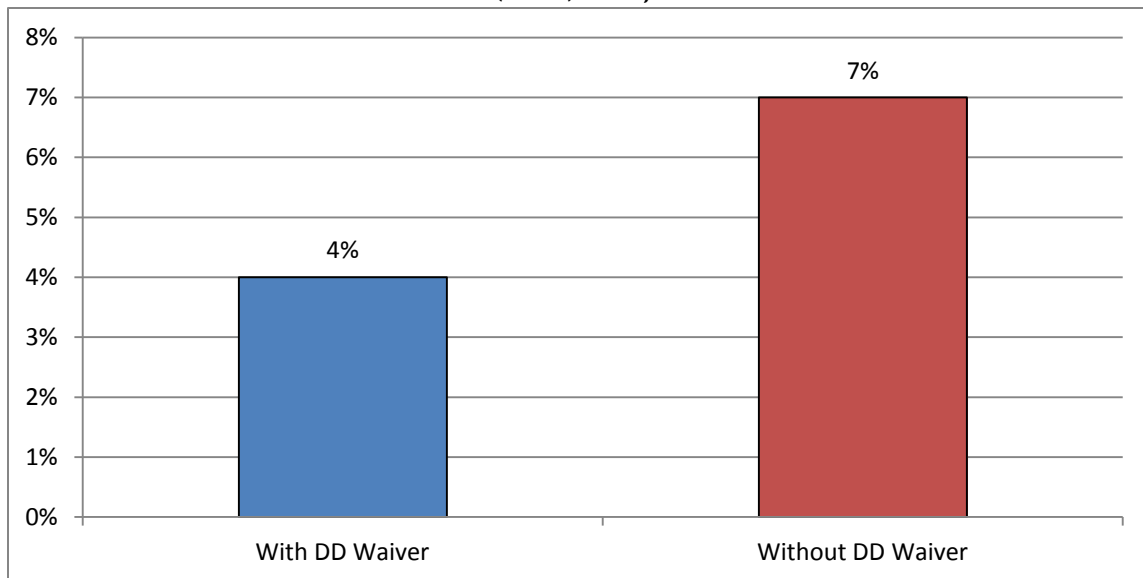
**Illustration 5:  
Ages of Individuals With and Without a DD Waiver  
(2010) N=3,289**



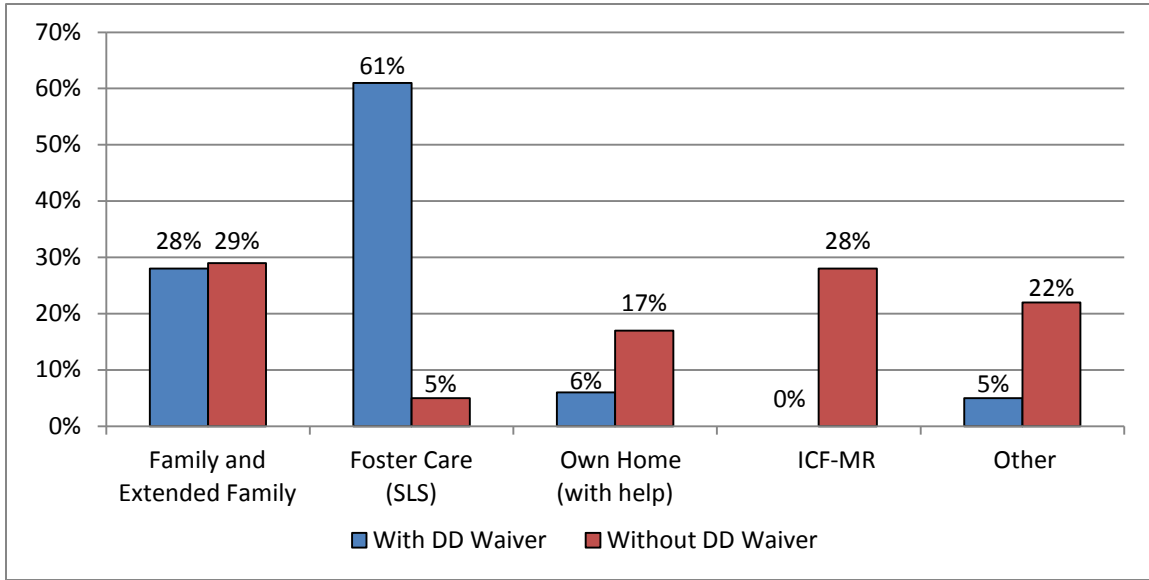
**Illustration 6:  
Race of Individuals With and Without a DD Waiver  
(2010) N=3289**



**Illustration 7:  
Hispanic Ethnicity of Individuals With and Without a DD Waiver  
(2010) N=3,289**



**Illustration 8:  
Living Situations for Individuals With and Without a DD Waiver  
(2010)<sup>5</sup>**



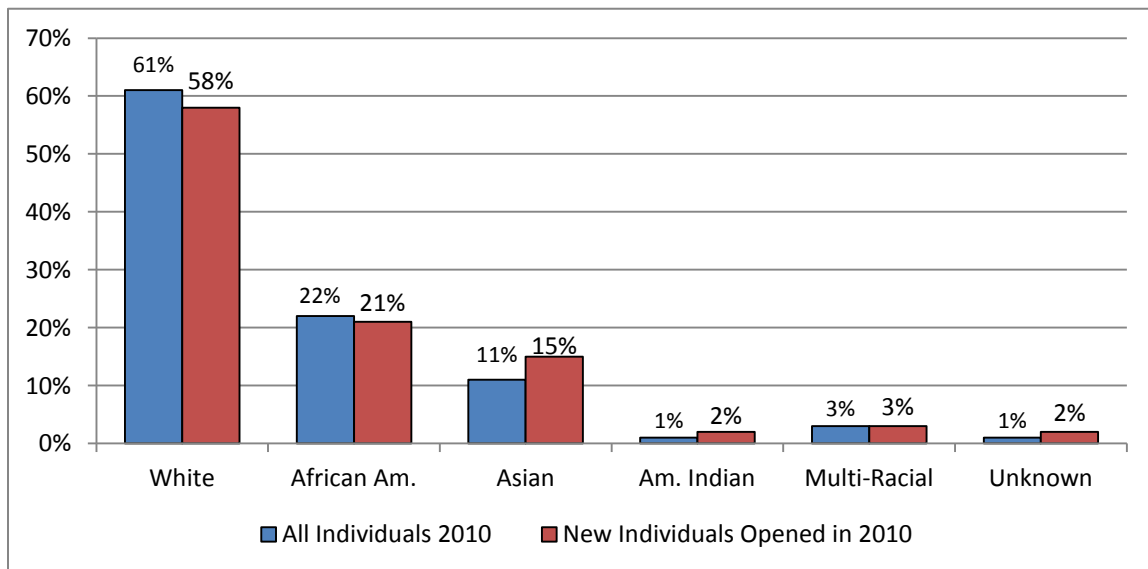
<sup>5</sup> Illustration 8 does not include all categories of living situations.

## Characteristics of individuals receiving a CCB Waiver

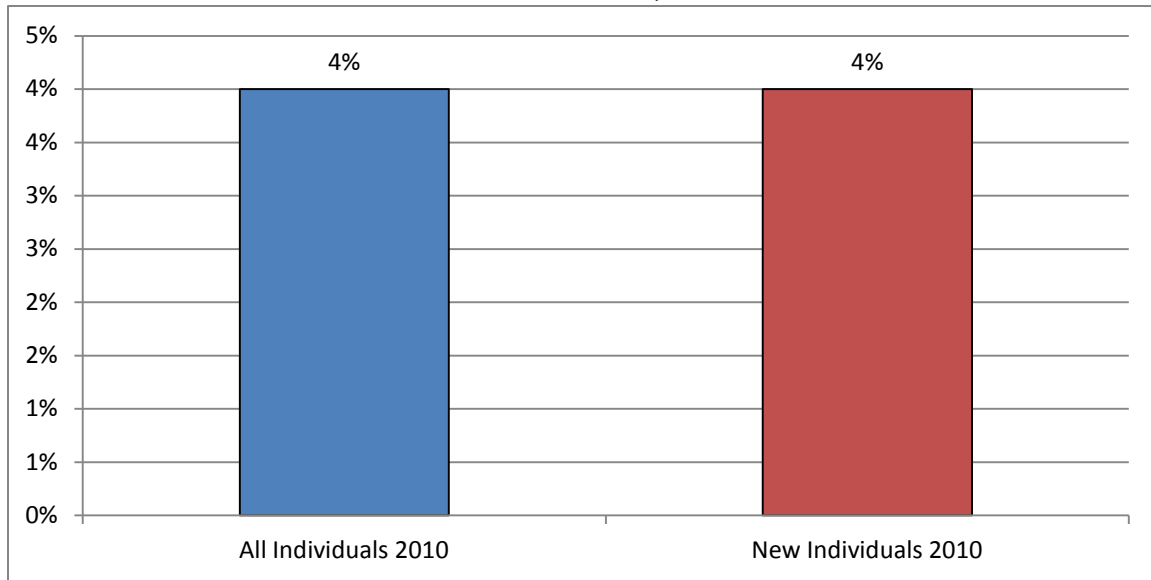
In 2010 CHS was not able to offer services through the CCB waivers to all individuals who are eligible due to state and federal budget constraints. CHS did receive additional funding so that it could provide services for approximately 240 individuals. These individuals had been receiving CCB waiver services with the Minnesota Disabilities Health Organization (MnDHO). MnDHO discontinued services in 2010.

Of the 2,835 individuals who received services through a CCB waiver in 2010, 475 were opened to CCB services in 2010. A comparison of the demographics of those who newly opened CCB services with all who received a CCB in 2010 shows similar patterns in ethnicity, age group, and gender. The majority of individuals who receive a CCB waiver are between 22-64 years of age and White. See Illustrations 9 through 12.

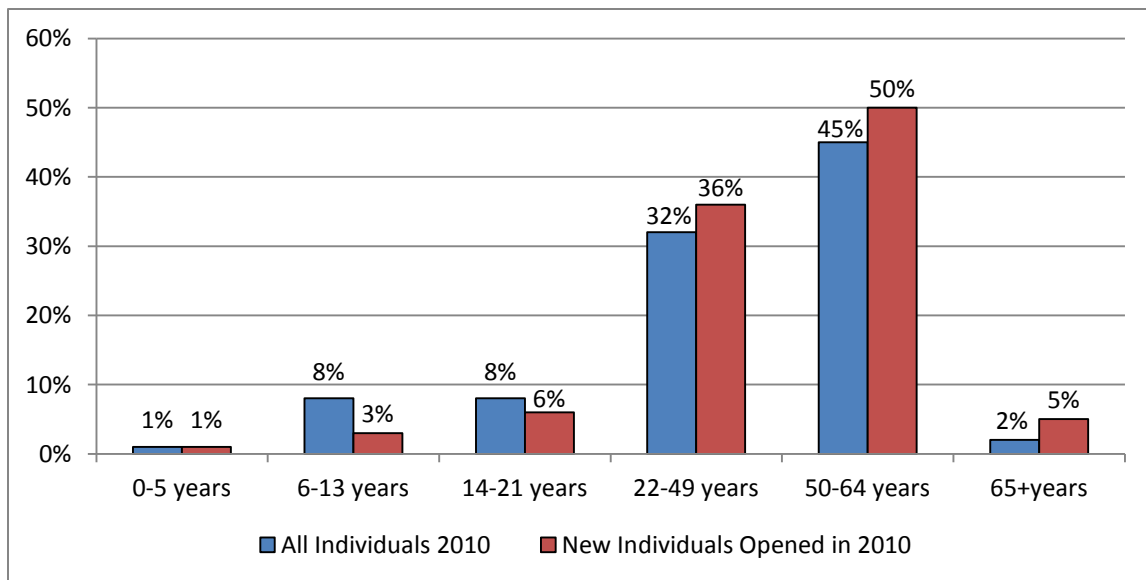
**Illustration 9:  
Race of Individuals with a CCB Waiver  
(2010) N=2,835**



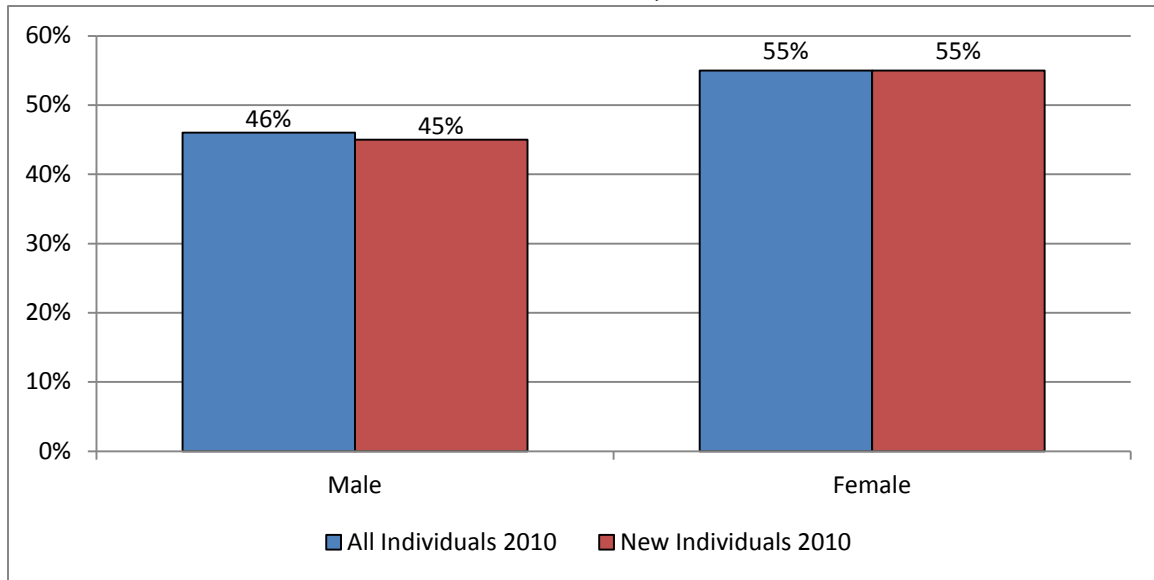
**Illustration 10:  
Hispanic Ethnicity of Individuals with a CCB Waiver  
(2010) N=2,835**



**Illustration 11:  
Age Distribution of Individuals with a CCB Waiver  
(2010) N=2,835**



**Illustration 12:  
Gender of Individuals with a CCB Waiver  
(2010) N=2,835**



A certified diagnosis is an eligibility criterion for the CCB waiver. There are a large number of diagnoses that are accepted as meeting this criterion. The most frequent diagnoses among individuals on the CCB waiver in 2010 include:

- 34% had mental disorders such as dementia, schizophrenia, or delusion.
- 13% had nervous system diseases such as Parkinson’s disease or multiple sclerosis.
- 8% had musculoskeletal system disorders such as rheumatism or osteoporosis.
- 7% had circulatory system problems including hypertension or kidney disease.
- 7% had diabetes.
- 5% had an intracranial/brain injury.
- 3% had mental retardation and/or developmental delay.

## Section 2: Adults in need of protection

Types of Service	What's included in this?	What we intend to accomplish
<b>Investigations</b>	<ul style="list-style-type: none"> <li>• Investigation of reports of maltreatment of vulnerable adults</li> <li>• Assessments of others who may not take care of themselves</li> </ul>	<ul style="list-style-type: none"> <li>• Protect individuals from abuse, neglect and exploitation</li> </ul>
<b>Case Management</b>	<ul style="list-style-type: none"> <li>• Assessing what services are needed</li> <li>• Assistance obtaining appropriate resources</li> </ul>	<ul style="list-style-type: none"> <li>• Allow vulnerable adults to live independently in the community</li> <li>• Maintain the stability of individuals</li> <li>• Provide structure to reduce incidences of abuse and neglect</li> </ul>
<b>Guardianship and Conservatorship</b>	<ul style="list-style-type: none"> <li>• Payments to those who make decisions and manage the finances of individuals who are incapable of managing their own finances</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure that vulnerable adults are protected from financial exploitation</li> <li>• Assure that vulnerable adults have a decision maker for imminent needs when they lack capacity</li> </ul>

## Adult Protection Intake

Community Human Services (CHS) responds to situations where frail elderly and vulnerable men and women are in danger because of a physical or mental condition that makes them unable to adequately care for themselves or protect themselves from maltreatment by others. The conditions may include:

- Physical disability
- Deafness or hard of hearing
- Mental health issues not severe enough to be eligible for case management services, or
- Low intellectual functioning but not low enough to qualify for developmental disability case management services.

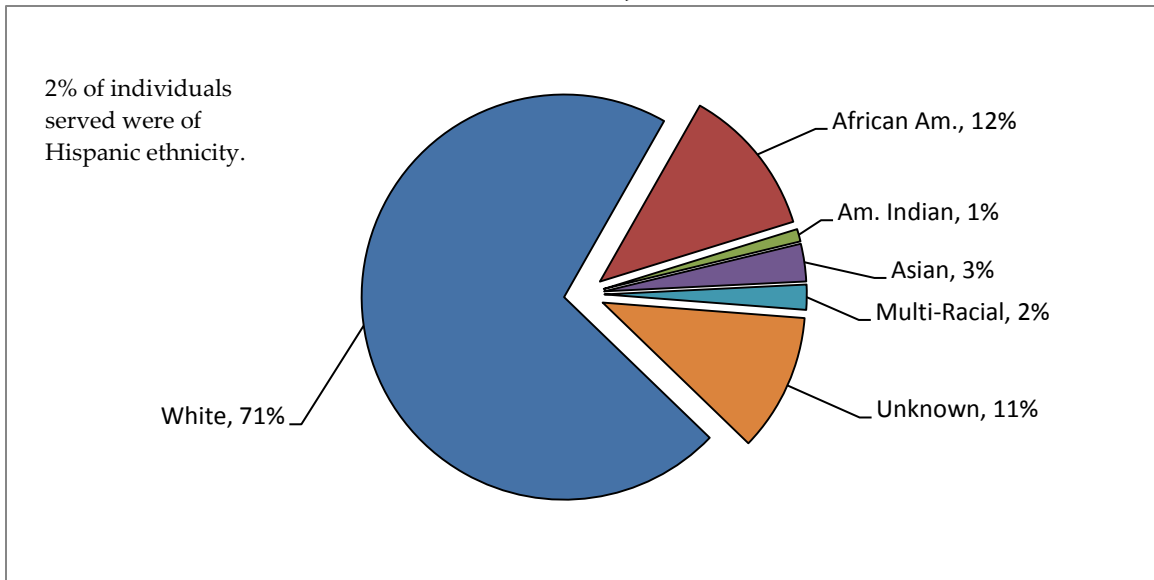
Ramsey County Adult Protection Intake responds to thousands of phone calls from the public each year. Intake staff investigate complaints from individuals and community agencies that an adult has been abused or neglected. In addition, Intake refers investigations to the Minnesota Departments of Health or Human Services depending on the type of facility involved in the allegation. The following table provides a summary of Ramsey County's Adult Protection Intake activities for the last five years and also shows the number of individuals involved in each area.

**Table 3:  
Adult Intake Services**

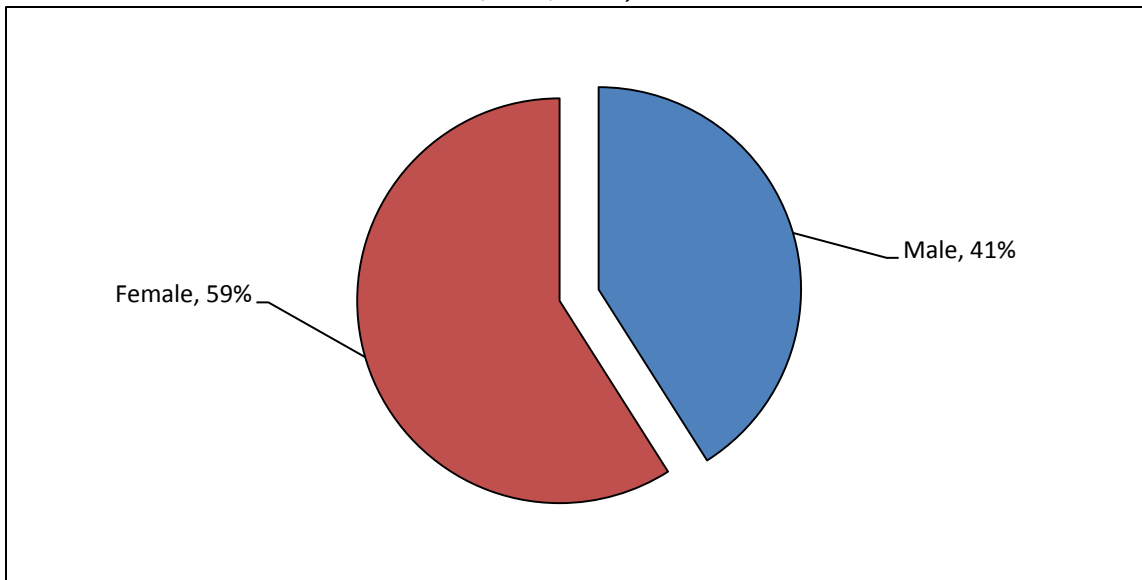
Services	2006	2007	2008	2009	2010
Phone Screenings	10,602	7,500	7,234	6,705	6,322
Adult Protection Intake	NA	NA	1,430	1,861	1,886
New Adult Protection Assessments	359	245	516	567	551
New Vulnerable Adult Investigations	504	441	492	494	348
Referral to MN Dept. of Human Services	407	288	467	347	301
Referral to MN Dept. of Health	427	265	406	544	591
Referrals to other Counties	23	24	27	78	57
Deaf and Hard of Hearing referrals	5	7	5	4	3

In 2010, approximately 18% of all adult intake cases led to vulnerable adult investigations, lower than the 27% in 2009. Twenty-nine percent of all intake cases in 2010 were related to self-neglect where there was no allegation of maltreatment. In such cases the goal of the assessment was to determine the assistance need of the individuals in order for them to live in the community. This 2010 percent is almost the same as it was in 2009, when it was 30%. The majority of the remaining cases were accounted by referrals to the Minnesota Department of Human Services and the Minnesota Department of Health.

**Illustration 13:**  
**Race of Adult Protection Intake Clients**  
(2010) N=1,886

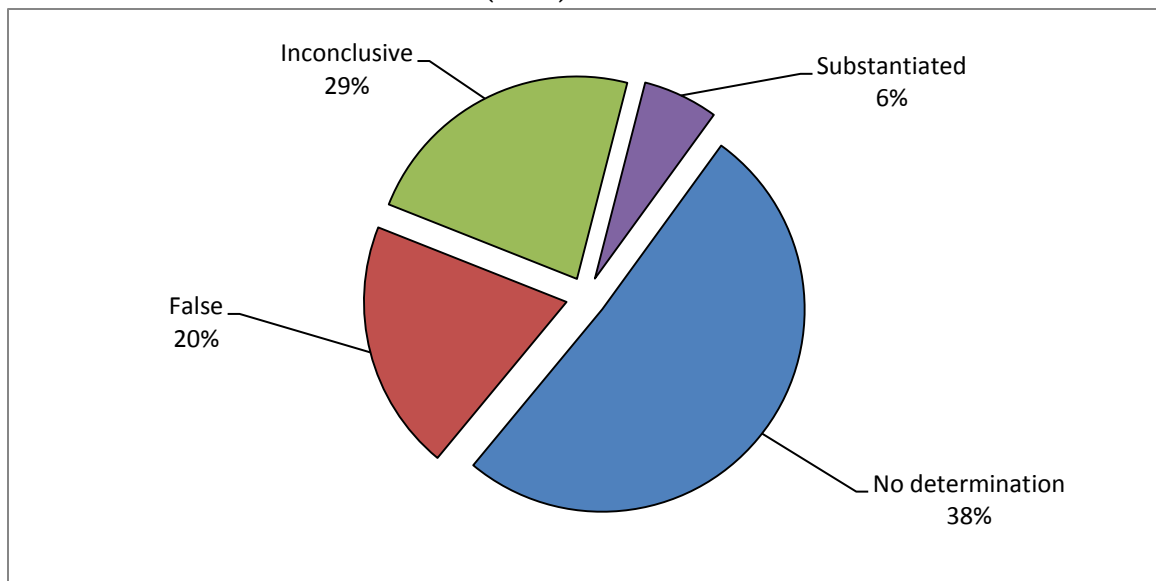


**Illustration 14:**  
**Gender of Adult Protection Intake Clients**  
(2010) N=1,886



As Illustration 15 shows, 6% of the investigations revealed that the allegation of maltreatment of the vulnerable adults was substantiated. In 20% of the cases, the investigation showed that the allegations of maltreatment were unfounded. In another 29% of the cases, the determination was inconclusive since adequate evidence was not uncovered during the investigation to make a definitive conclusion either confirming or rejecting the allegations. The balance, 38% of the cases, included allegations not related to either vulnerable adults or adult maltreatments. There were also allegations that were not possible to investigate and a few allegations for which the investigations were pending.

**Illustration 15:**  
**Results of Vulnerable Adult Investigations**  
 (2010) N=348<sup>6</sup>



## Adult Protection Services

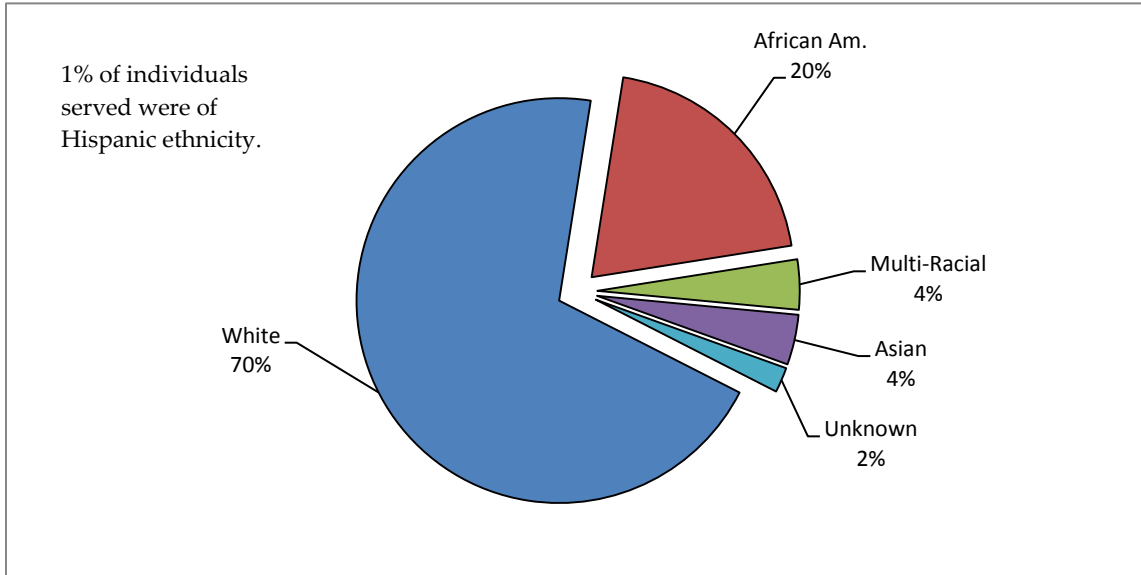
CHS provides ongoing Adult Protection Services either directly or through community agencies.

**Table 4:**  
**Number of Persons Receiving Adult Protection Services**

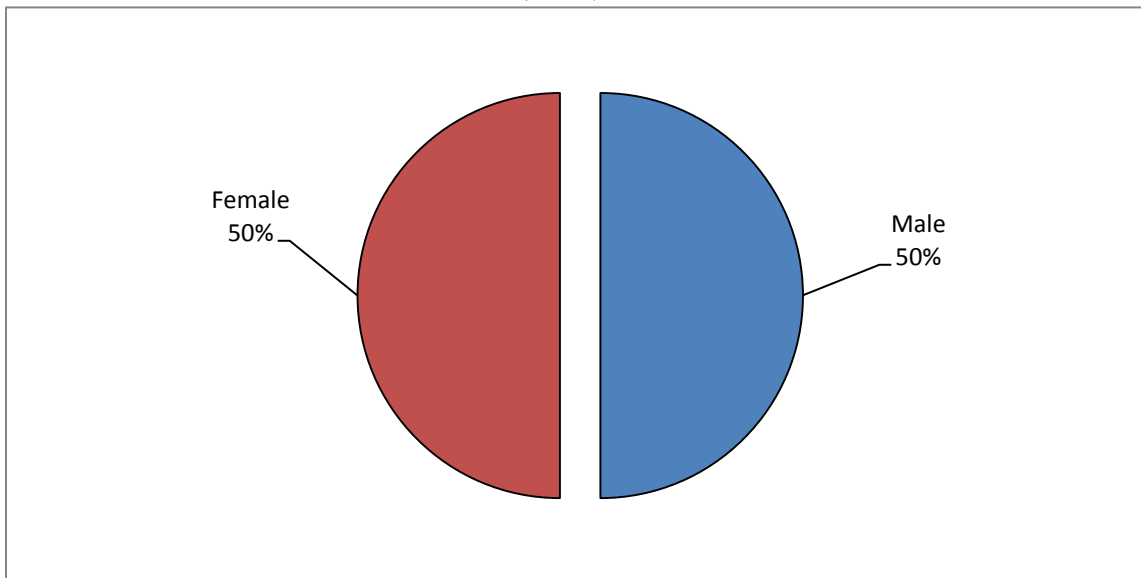
Services	2006	2007	2008	2009	2010
Adult Protection Case Management	108	101	91	86	96
Indigent Guardianship Services	928	813	1,008	1,082	1,184

<sup>6</sup> Excludes allegations referred to other counties or individuals accepted for immediate protective intervention.

**Illustration 16:**  
**Race of Adult Protection Case Management Clients**  
**(2010) N=96**



**Illustration 17:**  
**Gender of Adult Protection Case Management Clients**  
**(2010) N=96**



**Illustration 18:**  
**Age Distribution of Adult Protection Case Management Clients**  
**(2010) N=96**

