



THE NEW YORK
COMMUNITY TRUST



People with Special Needs Grantmaking Strategy



June 2016

INTRODUCTION

The Trust created its programs for People with Special Needs in large part from several defined funds for the elderly (e.g., Katharine A. Park Fund for the Elderly) and to address blindness and visual disabilities (e.g. David Warfield Fund), as well as smaller funds for children and youth with disabilities (e.g., Rene K. and Samuel M. Hyman Memorial Fund), and for people with developmental disabilities (e.g., the Jack Goldring Fund.) The Board approved grant strategies for two of these areas in the 1980s.

- In 1980, the Board approved a strategy for children with disabilities, which encourages services that emphasize children's independence and development of their full potential.
- In 1985, the Board approved a strategy for blindness and visual disabilities to support program innovation and reform, and improve delivery of supportive services, integrate visually handicapped people into community activities and develop leadership skills, and support research in prevention and treatment of blindness.

This presentation recommends a strategy to guide future grantmaking in these areas. It is a companion to the presentation to revise our health and behavioral health grantmaking. The report was informed by discussions with grantees, leaders in the health, elderly, blindness, and youth disabilities fields, as well as a consultant's analysis of issues and opportunities. It will:

- Describe the special needs of these populations and the services provided to them on pages 2 to 16;
- Discuss grantmaking for these populations by The Trust and other foundations in New York City on pages 17 to 22;
- Highlight special challenges on pages 23 and 24; and
- Recommend a coordinated grantmaking strategy for People with Special Needs on pages 25 and 26.

ELDERLY

Characteristics and Demographics

By 2020, the senior population of New York City (65 or older) is expected to increase to 1.1 million of 8.5 million, larger than the number of school-age children.

- The newest cohort of the elderly are aging baby boomers, many of whom are still working, independent, healthy, and want to contribute to the community.
- The fastest growth is the 85+ cohort, which has doubled since 1950 to about 150,000 people. These New Yorkers, often referred to as the frail elderly, require more comprehensive and expensive health and social services.

Elderly New Yorkers face a litany of problems.

- More than one-third of older adults have a disabling condition:
 - Ambulatory – 23 percent
 - Hearing – 15 percent
 - Trouble living independently – 15 percent
 - Cognitive – 9 percent
 - Self-care – 9 percent
 - Vision – 7 percent
- One in five older New Yorkers live in poverty; 65 percent of these are immigrants.
- Rates of mental illness, most commonly depression and dementia, are increasing, especially for homebound older adults.
- Poor lifestyles (e.g., unhealthy diet, lack of exercise, substance abuse) and chronic conditions, such as diabetes, heart disease, hypertension, or arthritis, can exacerbate the difficulties of aging.
- Seniors in New York are more likely to live in isolation.

Elders Living in New York City Are More At Risk of Isolation than in Other Localities

	New York City (%)	Nationwide (%)
Divorced, separated, or widowed	51	45
With disabilities	46	42
Living alone, non-institutionalized	32	28
Speak English less than “very well”	27	7
Below poverty level	18	10
Never married	11	4
Difficulty going outside the home because of disabilities	8	5

Source: Adapted from Aging in the Shadows: Social Isolation Among Seniors in New York City, United Neighborhood Houses, 2005.

Medicare and Medicaid

Most seniors pay for health care through Medicare or, if they are poor and disabled, a combination of Medicare and Medicaid.

- U.S. citizens are entitled to enroll in Medicare at age 65, or if they become permanently disabled. But enrollees are required to pay fairly high premiums and deductibles, unless their income is low enough to qualify for income-based reductions.
- Medicare is comprised of four parts:
 - Part A – hospital insurance
 - Part B – medical insurance
 - Part D – optional drug coverage
 - Part C - Medicare Advantage, a comprehensive private plan that combines the benefits of Medicare Parts A, B, and D
- Beneficiaries can purchase supplemental insurance (Medigap) to pay deductibles.
- Medicare does not cover long-term care or permanent home health aides.

Medicaid is available to low-income New Yorkers who are over age 65.

- It also covers low-income pregnant women and children under 19; blind and disabled; and those who need long-term nursing care.
- Although New York State developed the FIDA (Fully Integrated Duals Advantage) program to simplify coordination of Medicare and Medicaid, fewer than five percent of eligible seniors enrolled in the first year due to complicated procedures.

Many low-income seniors above the Medicaid eligibility level struggle to find affordable, high quality care, even when they are eligible for Medicare.

- Many doctors opt out of Medicare due to inadequate reimbursement rates or to avoid low-income elderly patients who have complicated medical conditions and other social service needs.
- Some seniors enroll in low-cost plans because they cannot pay Medicare's high deductibles and premiums. But these plans are difficult to navigate and often provide insufficient coverage.

Services

Agencies that provide services to seniors in New York City include multi-service organizations with elderly programs (e.g. settlement houses), and elderly-focused organizations that serve a specific population, issue, or geography (e.g. JASA).

- There are more than 300 senior centers that provide social, wellness, and nutrition programs but they vary in capacity and quality. Eight “Innovative Senior Centers,” which the City began funding in 2012, feature enhanced programming and flexible and extended hours.

The Department for the Aging supports a range of home and community-based services such as nutrition programs, transportation, elder abuse prevention, and caregiver support. But its budget has been cut drastically.

- Contracts with new managed care plans can support senior programs, but few senior-serving organizations are able to negotiate effectively with these plans and lack the technology necessary for entering the managed care market.
- Many small and isolated senior-serving groups are scattered across the boroughs and have no experience providing comprehensive services; they cannot meet the State’s current policy goal of service integration.

The number of older adults in need of long-term care services such as nursing homes, assisted living, hospice, adult day centers, or home care, is expected to double by 2050. But there are not enough trained professionals and paraprofessionals to meet either the current or projected future demand.

- Reimbursement rates have not kept up with rising wages in the City, forcing skilled professionals to find jobs in other fields.
- The workforce is not adequately trained to manage complex conditions or provide culturally sensitive care to older adults.

The aging baby boomers have created new demand for services to promote active and healthy living, which has not been met.

- Led by seniors, the City’s Age-Friendly Initiative brings together local businesses and cultural and recreational programs with health and social services to make neighborhood-specific improvements.
- The Trust’s support of the Community Experience Partnership helped seniors serve as leaders in their community to bring 126 tons of fresh produce into five low-income neighborhoods.

CHILDREN AND YOUTH WITH DISABILITIES

Characteristics and Demographics

Approximately 250,000 children, birth to age 18, are diagnosed with disabilities in New York City. They include children with:

- Learning disabilities, such as attention deficit disorder/attention deficit hyperactive disorder, dyslexia, or auditory processing disorder.
- Physical disabilities and other health impairments such as muscular dystrophy, acquired brain and spinal injuries, spina bifida, or significant medical illnesses.
- Developmental disabilities such as Down syndrome, speech impairments, autism spectrum disorders, and intellectual disabilities.
- Emotional disabilities, such as mental illness or behavioral disorders.

Learning Disabled is the Most Common Classification Among New York City Students

Classification	Number	Percent
Learning Disabled	69,192	39.3
Speech Impaired	55,557	31.6
Emotionally Disabled	12,793	7.3
Other Health Impaired/Physically Disabled	12,721	7.2
Autism Spectrum Disorders	10,369	5.9
Intellectual Disability	6,426	3.7
Multiple Disabilities	3,153	1.8
Other	5,599	3.2
Total (2012-2013)	183,850*	

*Note: Includes only school-aged children (ages 5-18).

Source: Adapted from New York City Independent Budget Office.

In the last decade, there has been a significant increase in the prevalence of autism spectrum disorders (ASD).

- This may include children who previously would have been diagnosed with pervasive developmental disorder, a much less socially accepted diagnosis today.
- The term “spectrum” refers to the wide range of symptoms, skills, and levels of disability in functioning that can occur in people with ASD. Some people with ASD are able to perform all activities of daily living while others require substantial support to perform basic activities.

Children with disabilities lag far behind the general population in academic achievement and employment.

- Only about 35 percent will graduate from high school.
- Fewer than 18 percent will get jobs.

Services

The Individuals with Disabilities Education Act (IDEA) of 1990 dictates how educational services are provided to students with disabilities. The Jose P. v. Mills case,^{*} brought against the New York City Board of Education (now called the Department of Education) more than 30 years ago, has significantly influenced the Department's compliance with the provisions of IDEA.

The City Department of Education's District 75 educates 22,000 students with disabilities.

- It consists of 58 schools for students with cognitive delays, learning disabilities, emotional challenges, sensory impairments, multiple disabilities, or significant medical conditions.
- No other municipality has a segregated special education district; advocates have called for the closure of District 75 and for its students to be educated in integrated classrooms with non-disabled peers.
- Children with less significant disabilities are placed in mainstream schools, with varying levels of accommodations and services, but many remain in separate classrooms for students with disabilities.

Children diagnosed with disabilities that affect their academic performance are eligible to receive an Individual Education Plan (IEP), which outlines the services, accommodations, and assistance they need to succeed in school.

A range of other community services are available, but they are usually uncoordinated and it is the parent's responsibility to find them.

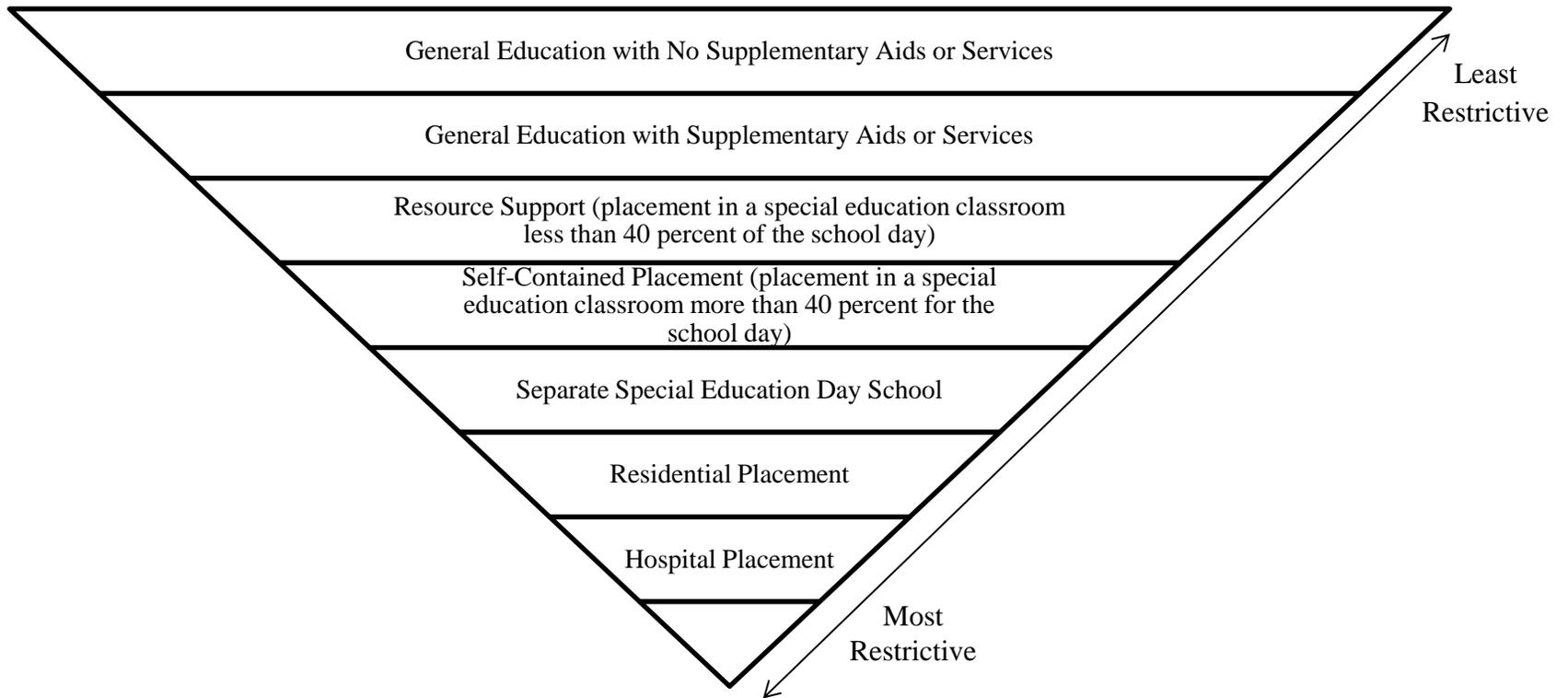
- Nonprofits provide socialization, rehabilitative, and therapeutic services and family support.
- All children in the State, including the undocumented, are eligible for Child Health Plus, the Medicaid program which covers basic primary and specialty care.

The range and cost of services varies greatly with the level of disability and type of educational setting.

- The Department of Education is required, to the maximum extent possible, to educate students with disabilities in integrated classes with nondisabled peers (this is often referred to as the "least restrictive educational environment").
- It can cost up to \$1 million per year to care for the most significantly disabled children, in the most restrictive settings.

^{*} Roger Maldonado is co-counsel on Jose P.

Special Education Placement, from Least to Most Restrictive



More than 86,000 children with disabilities live in poverty. There are dramatic disparities between the experiences of low-income and more affluent children, even if they have the same level of disability.

- Instead of lengthy, multifaceted private assessments, low-income children generally receive a diagnosis based on a fairly brief one-time assessment performed by the Department of Education.
- They are more likely to be labeled with broader learning disabilities or behavior problems, while their wealthier peers often receive a more precise diagnosis with a specific treatment plan indicated.
- More affluent families, and those with the resources and ability to advocate with the Department of Education, can enroll their children in private schools that are designed to meet students' special education needs; low-income and immigrant children are often not afforded this opportunity.
- Low-income children with disabilities are more likely to be suspended; about 35 percent of all suspended children have a diagnosed disability.
- Many parents, especially those who do not speak English, do not understand their child's diagnoses, IEP, what services they are or could be receiving, and how to navigate the school system and other government programs to secure services.

Effects on Families

Disability advocates have pushed the State and providers to care for children with disabilities in the least restrictive community settings. As a result, fewer children with significant physical and developmental disabilities are placed in residential facilities and parents have become primary case managers for their care and education.

- The State offers funding for families to arrange their own package of health and educational services for children with developmental disabilities; but many parents are so consumed with navigating the system that they are not able to focus on other services that would benefit their children.
- Low-income families unable to navigate the service system due to homelessness, or language and cultural barriers are less likely to get the help they need for their children to succeed in school, participate in community activities, or find employment.
- State-funded Medicaid service coordination agencies are supposed to help parents of these children, but few programs exist and those that do are often too overburdened to provide comprehensive assistance or take on more clients.

Many families of children with disabilities, especially those who are poor, are emotionally and financially stressed, which negatively affects the entire family's overall wellbeing.

- Primary care, mental health screenings, and family therapy are crucial to diagnosing and treating mental health problems common among families, such as depression and anxiety.
- Family Resource Centers, community programs often led by volunteer parents, can help provide and link families to respite and social programs to reduce the isolation and stress of parenting a child with disabilities. But these groups receive limited public and private funding, and lack the capacity to serve a large population or take on robust initiatives.

A survey of parents of children with disabilities found that their greatest fear is social isolation of their children. They lack opportunities to interact with their non-disabled peers and become part of a community.

BLINDNESS AND VISUAL DISABILITIES

Characteristics and Demographics

In New York City, about 60,000 people fit the government’s criteria for legal blindness. There are an additional 420,000 people with low vision.

- Legal blindness is a definition used by the government to determine eligibility for vocational, rehabilitation, and educational services and federal disability benefits. Low vision is uncorrectable vision loss that interferes with daily activities and compromises independence and functioning.
- Approximately half of people with low vision are over age 65; as the baby boom generation ages, macular degeneration and other forms of age-related vision loss are expected to accelerate.
- There has been a major increase in the prevalence of diabetic retinopathy (a loss of vision due to poorly managed diabetes), which like diabetes itself, disproportionately affects low-income people.
- Due to advances in medical science, more premature babies with vision problems are surviving past infancy. Most also have other developmental disabilities and as a result, a smaller proportion of children require vision services alone.

Eye Disease Among Adults 40 Years and Older is Projected to Increase

	Current Estimates (in millions)	2020 Projections (in millions)
Advanced Age-Related Macular Degeneration (with Associated Vision Loss)	1.8	2.9
Glaucoma	2.2	3.3
Diabetic Retinopathy	4.1	7.2
Cataract	20.5	30.1

Source: National Eye Institute, Archives of Ophthalmology.

About 1,000 New York City children are legally blind; the majority have multiple disabilities, with developmental disabilities being the most common. A sole focus on vision loss is no longer sufficient.

- There is a need for additional kinds of communication assistance for those who cannot master Braille, including programs that utilize innovative technology.
- Many of the transition support programs, such as college access and career and technical education, are not designed to serve children with disabilities who have more than moderate vision loss.

Services

Funding for care and services comes from several, uncoordinated entities.

- The New York State Commission for the Blind pays for rehabilitative and transitional services for people who are *legally blind*; it does not fund services for people with low vision.
- Children can receive services, such as screening in elementary school, through the Department of Education.
- Medicaid and Medicare provide limited coverage for assessment and treatment of eye health, but generally do not cover vision rehabilitation services, glasses, or regular screenings.
- New technologies, such as screen readers and smart phone applications, help people with low vision remain independent, but they are underfunded and underutilized.
- Fewer than two percent of blind and visually disabled New Yorkers use vision rehabilitation services.

New York State mandates that students are screened for vision loss at least six times during the elementary and middle school years. But this mandate is unfunded and as a result, many children with vision loss are not receiving the services they need.

- Helen Keller International, a longstanding Trust grantee, is the primary provider of screening in New York City preschools, middle schools, and high schools, but it cannot operate on private funds alone.
- Based on a recent vision screening study in which one-sixth of babies screened had a condition warranting further observation and/or treatment, the Commission of the Blind has recommend public funding for infant screening projects but none is currently available.

The Commission for the Blind offers employment training through the State's Vocational Rehabilitation program.

- There are few quality training and placement programs that guarantee well-paying positions after a designated training period.
- The transition to managed care and its demand for billing, coding, and other computer-based staff, may be uniquely suited for such training programs.

Popular attitudes and expectations that vision loss is an inevitable part of aging discourages many seniors from seeking help.

- Ophthalmologists, primary care doctors, and geriatricians lack knowledge about the available technologies, treatments, and services for vision loss.
- There are a limited number of programs that offer vision rehabilitation, orientation, and mobility trainings for seniors, but there are not enough professionals to meet the expected demand.
- For most seniors with low vision, the associated loss of independence is particularly scary and embarrassing, leading them to be more isolated, which can cause additional problems.

DEVELOPMENTAL DISABILITIES

Characteristics and Demographics

In New York State, more than 128,000 people have developmental disabilities, including intellectual disabilities, cerebral palsy, Down syndrome, autism spectrum disorders, and other neurological impairments.

- Generally, people with developmental disabilities are eligible for State and federal-funded services when they have an IQ of 80 or below (technically referred to as mental retardation).
- Since the closure of Willowbrook State School and other institutions for people with intellectual disabilities in the 1970s, the majority of people with developmental disabilities reside in community.
- Largely due to intensive treatment needs, about 1,200 people (down from 30,000 in the 1970s) continue to reside in institutional settings.

Services

Services are generally provided through the State Office of People with Developmental Disabilities; in 2010, the agency officially changed its name eliminating the term “mental retardation” from its title.

- It provides services through a network of 750 nonprofit agencies, with about 80 percent of services provided by the private nonprofits and 20 percent provided by state-run services.
- Supports in the community can include Medicaid-funded long-term care services, such as day habilitation and clinical services, and residential supports.
- The services available in New York City include: work readiness, transitional employment, specialty clinics (which offer a full range of primary care services), socialization and recreation programs, home care, adult education, and counseling and referral programs.

Issues and Trends

People with developmental disabilities who were removed from institutions as children in the 1970s are now aging in the community and will need more comprehensive services.

- In the past, the majority of people with developmental disabilities aged in institutional settings; now service providers lack the program or staffing structure to meet projected demands.
- Many people with developmental disabilities are cared for by aging baby boomer parents; as the parents age and pass away, more people with developmental disabilities will need home care and residential placement.
- Some municipalities around the country—such as Chicago—are testing innovative approaches to meet this demand, including multi-purpose nursing homes for caregivers and their children with developmental disabilities.

FUNDING FOR PEOPLE WITH SPECIAL NEEDS IN NEW YORK CITY*

There are 68 local and national foundations that fund elderly issues in New York City, for a total of \$286 million in support.

The two largest national funders are the Harry and Jeanette Weinberg Foundation, which targets the frail elderly and provides capital grants, and the Ford Foundation, which provides general operating support to direct service programs.

Top 10 foundations awarding grants for elderly issues to New York City organizations	Amount (\$)
Harry and Jeanette Weinberg Foundation	11,514,000
Ford Foundation	1,750,000
Fan Fox and Leslie R. Samuels Foundation	1,614,000
John A. Hartford Foundation	1,388,000
The New York Community Trust	1,335,000
Marty and Dorothy Silverman Foundation	1,158,000
MetLife Foundation	850,000
Nash Family Foundation	783,000
William Randolph Hearst Foundation	775,000
Altman Foundation	600,000

The Trust works closely with five other local foundations. We are the second largest funder in this group, providing close to 17 percent of grants.

Top 5 foundations closely aligned with The Trust's elderly grantmaking focus	Amount (\$)
Fan Fox and Leslie R. Samuels Foundation	1,614,000
The New York Community Trust	1,335,000
Marty and Dorothy Silverman Foundation	1,158,000
MetLife Foundation	850,000
William Randolph Hearst Foundation	775,000
Altman Foundation	600,000

* These data do not include people with developmental disabilities funds.

There are 92 local and national foundations that fund Children and Youth with Disabilities in New York City, for a total of \$18.6 million.

The two largest national funders are the California-based Conrad N. Hilton Foundation (HIV/AIDS), and the Connecticut-based Tow Foundation (juvenile justice).

Top 10 foundations awarding grants for children and youth with disabilities to New York City organizations	Amount (\$)
Conrad N. Hilton Foundation	4,500,000
Tow Foundation	1,600,000
Harry and Jeanette Weinberg Foundation	875,000
Oberkotter Foundation	695,000
Tiger Foundation	625,000
Robert Wood Johnson Foundation	453,000
The New York Community Trust	418,000
Susan & Leonard Feinstein Foundation	325,000
JPMorgan Chase Foundation	325,000
New York State Health Foundation	293,000

Five foundations closely align with The Trust’s funding strategy. We are the second largest funder in this group.

Top 5 foundations closely aligned with The Trust’s children and youth with disabilities grantmaking focus	Amount (\$)
Tiger Foundation	625,000
The New York Community Trust	418,000
JPMorgan Chase Foundation	325,000
Ira D. Camp	265,000
Pinkerton Foundation	260,000
Bernard F. and Alva B. Gimbel Foundation	215,000

There are 37 local and national foundations that fund Blindness and Visual Disabilities in New York City, for a total of \$4.4 million in support.

Top 10 foundations awarding grants for blindness and visual disabilities to New York City organizations	Amount (\$)
Lavelle Fund for Blind	2,592,000
Readers Digest Partners for Sight Foundation	625,000
The New York Community Trust	419,000
J. Willard and Alice S. Marriott Foundation	210,000
Community Foundation of Western Massachusetts	150,000
Agnes Gund Foundation	85,000
Community Foundation for Greater New Haven	66,000
Hearst Foundation	50,000
Ambrose Monell Foundation	50,000
Achelis and Bodman Foundation	40,000

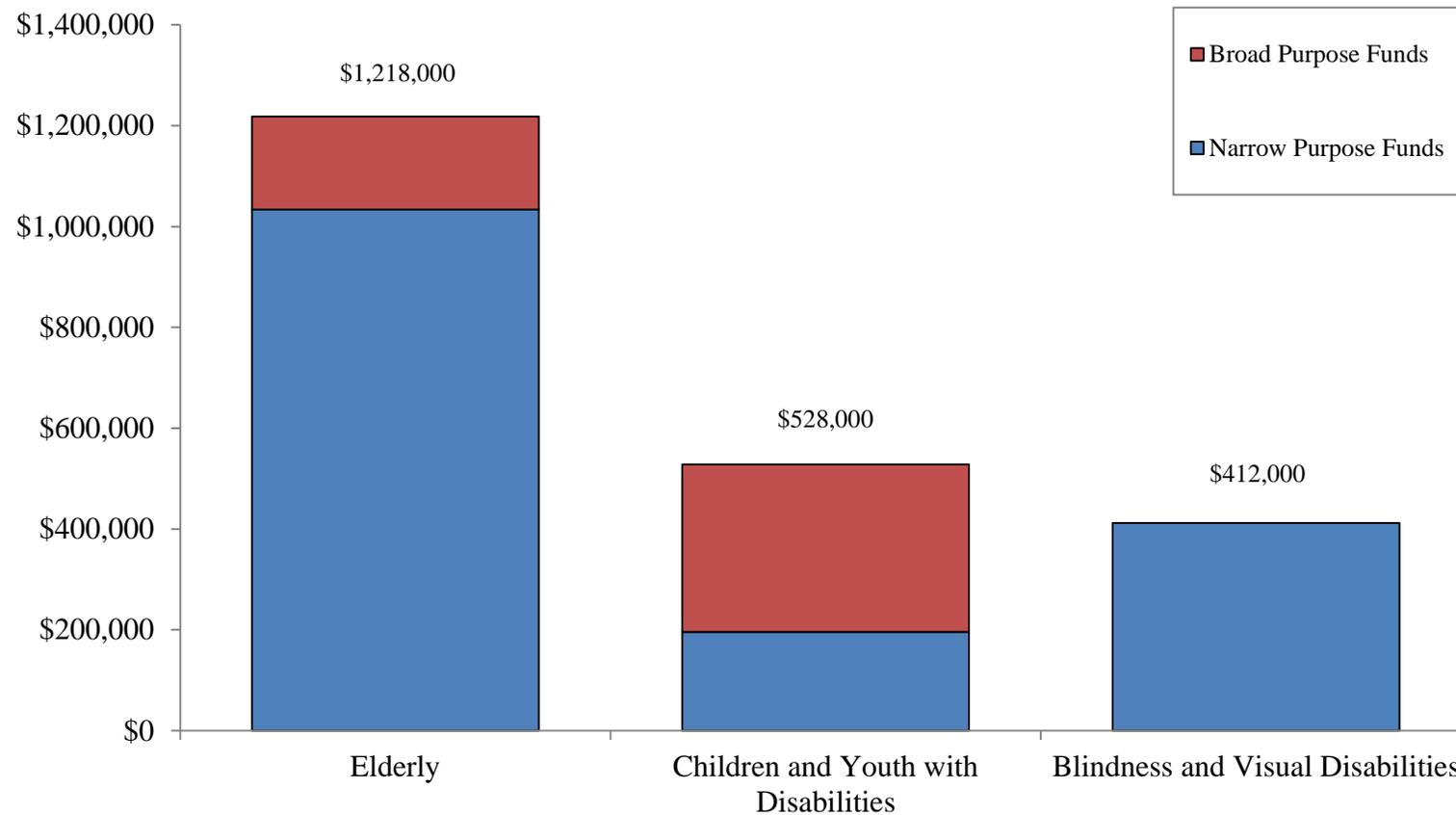
Of the five other foundations most closely aligned with The Trust, we are the third largest funder.

We are the largest supporter of policy and advocacy; both the Lavelle Fund and Readers Digest Partners for Sight Foundation primarily support direct services.

Top 5 foundations closely aligned with The Trust's blindness and visual disabilities focus	Amount (\$)
Lavelle Fund for Blind	2,592,000
Readers Digest Partners for Sight Foundation	625,000
The New York Community Trust	419,000
Hearst Foundation	50,000
Ambrose Monell Foundation	50,000
Achelis and Bodman Foundation	40,000

In 2016, more than 75 percent of the \$2,158,000 People with Special Needs budget come from funds with a narrow purpose, such as a particular population, disease, or issue area.*

The People with Special Needs budget does not use any flexible and unrestricted funds.



* The people with developmental disabilities funds are modest and not included in this chart.

ACCOMPLISHMENTS OF THE TRUST'S GRANTMAKING

From 2005 to 2015, the Trust awarded \$23.4 million in People with Special Needs grants that:

- Developed and evaluated groundbreaking models and programs, such as innovative senior centers; managed care organizations for people with developmental disabilities; specialized programs for the LGBT community; home-based services for the frail and significantly disabled; and programs that allowed people to gain independence through the use of technology.
- Provided assistance to nonprofit agencies to adapt to managed care payments and other requirements.
- Created unique opportunities for the elderly to play leadership roles in their communities, and make systemic changes to ensure that their neighborhoods were healthier and more age-friendly.
- Screened thousands of adults and children for vision problems and provided comprehensive eye care.

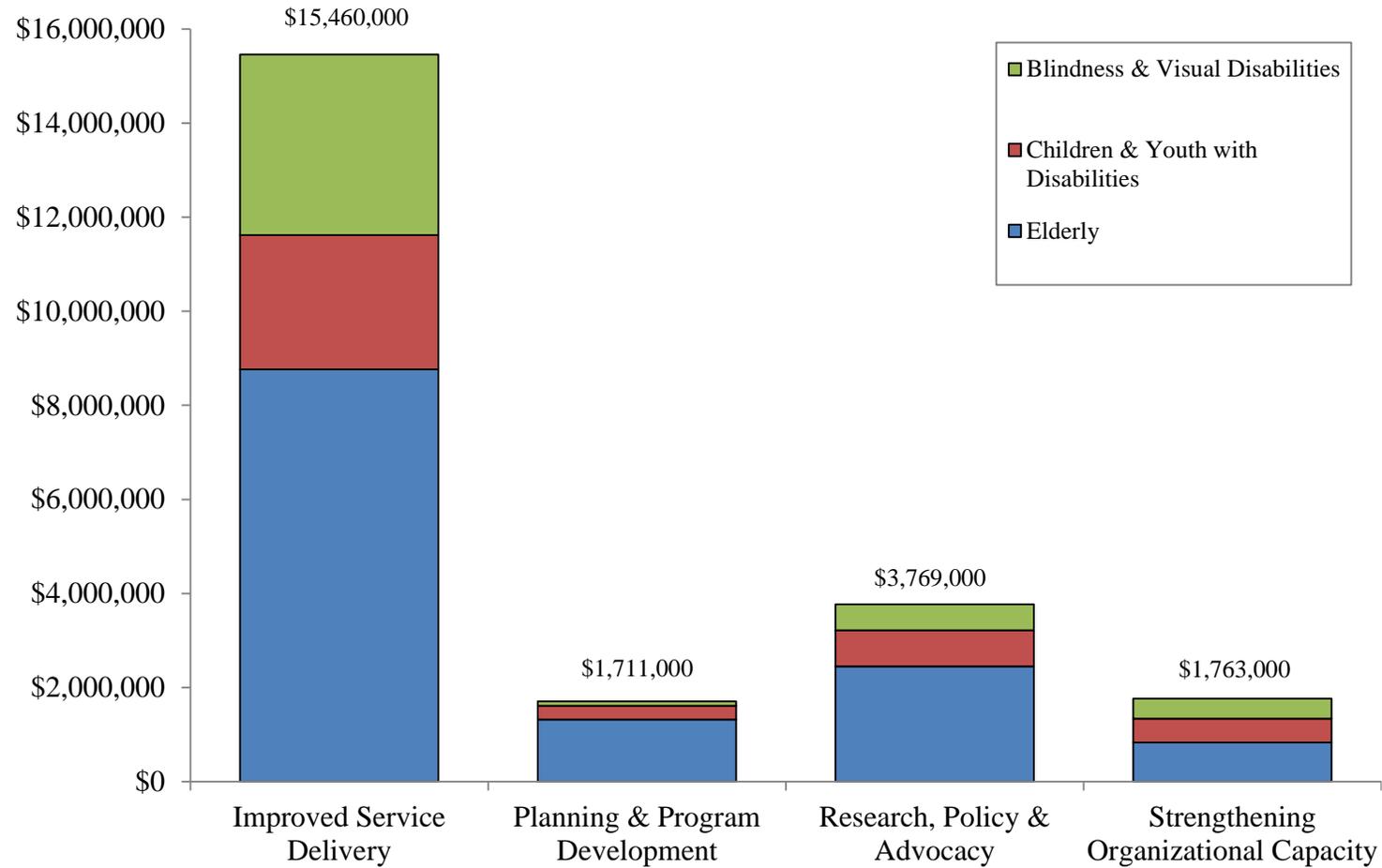
In addition, the Trust used funds in other program areas to:

- Reform the City's Human Resource Administration and Bureau of Elections to be accessible for people with blindness and visual disabilities.
- Advocate for improvements to the special education system and school-based services.
- Train a generation of health and social service workers, specifically those that provide care in community settings and homes.

The Trust's grants have supported changes to systems that serve people with special needs through policy advocacy, including lobbying, and capacity building by:

- Developing a coordinated advocacy plan for elders with vision loss, and ensuring children and youth with disabilities are educated in the least restrictive setting.
- Lobbying for Medicaid to pay for home-based vision services and for adequate compensation for home health aides.
- Helping our grantees such as Services and Advocacy for GLBT Elders (SAGE) and INCLUDEnyc (formerly called Resources for Children with Special Needs) become leaders in their respective fields.

Since 2005, almost 70 percent of total grants (\$22,703,000) made for People with Special Needs went to Improved Service Delivery.*



* People with developmental disabilities grants are modest and not included in this chart.

FINDINGS AND CONCLUSIONS

New York City's special needs population, and the agencies that serve them, face shared challenges and concerns.

- **While the Americans with Disabilities Act and the Individuals with Disabilities Education Act have helped raise the profile and serve the needs of children and adults with disabilities, it is still difficult for these individuals to be fully integrated into daily life.**
 - Due to lack of accessible and inclusive services, physical disabilities, and financial hardships, people with special needs are unable to play leadership roles in their communities, engage with peers, and fully participate in cultural, social, and civil activities.
 - Students with disabilities are often placed in segregated classrooms and are not given opportunities to interact regularly with non-disabled peers.
 - People with special needs have fewer employment opportunities due to a lack of good training programs and inaccessible workplaces.
 - Many of the City's cultural institutions, government programs, and transportation options are inaccessible for the frail elderly and people with mobility and vision problems.

- **People with special needs face challenges finding good quality health care, and educational, social, and vocational services.**
 - There is a dearth of proven, community-based programs for people with special needs that are affordable and easily accessible.
 - In addition to any disability that may categorize them as a person with special needs, they also are more likely to be in poorer health, coping with a chronic disease, and face difficulties finding effective health care.
 - People with special needs and their families have a harder time accessing and coordinating services when struggling with emotional and economic stress.
 - Many children with disabilities, especially those who are low-income, do not receive an education that is appropriately tailored to their needs.

- **Nonprofit organizations that assist people with special needs are ill-prepared to meet the increased demand for services or respond to major changes in the way health and social services are provided and funded.**
 - Nonprofit organizations must adapt to Medicaid managed care and other health reforms to stay financially viable.
 - All of the Trust's special populations are growing and their needs are becoming more complex with the addition of chronic conditions and other health concerns.
 - There are not enough trained health and social service staff to meet the current or projected future demand for services.

PROPOSED GRANT GUIDELINES FOR PEOPLE WITH SPECIAL NEEDS

We recommend a coordinated strategy that reflects the common challenges and opportunities for people with special needs populations: the elderly, children and youth with disabilities, people with blindness and visual disabilities, and people with developmental disabilities. With a focus on supporting projects that target low-income individuals and communities, we will support grants:

1. To make New York City communities—especially those that are under-resourced—accessible, welcoming, and inclusive for people with special needs by:

- supporting research and pilot efforts that demonstrate these principles; and
- ensuring that laws that fund services and expand opportunities are implemented fully and effectively.

2. To ensure that health, social, education, and vocational services allow people with special needs to live up to their fullest potential by:

- supporting and replicating proven strategies that help these populations receive appropriate education, high quality vocational preparation, and equal employment opportunities;
- testing new approaches that use technology and other innovations to help people with special needs remain as independent as possible; and
- supporting families and caregivers of people with special needs.

3. To build the capacity of nonprofits serving people with special needs by:

- ensuring the workforce serving these populations is provided effective training, better career pathways, and increased job quality;
- helping agencies create appropriate financial and management systems, and partnerships to benefit from new financing mechanisms through Medicaid and Medicare.

Our revised strategy will:

- give preference to projects that offer sector-wide, systemic, and multi-agency solutions; and
- whenever possible, make grants in partnership with Health and Behavioral Health and other Trust program areas to ensure the greatest systemic impact of our dollars.