Day on Hill for Mental Health

Minnesota’s mental health needs will take center stage at Mental Health Day on the Hill Thursday, March 9. Led by the National Alliance for the Mentally Ill (NAMI) Minnesota and Mental Health Minnesota, several hundred advocates from around the state are expected to attend, hear speakers and then meet with legislators to discuss key issues.

It’s the first-in-person day for Minnesota’s mental health advocates since 2020, and organizers are planning for a big turnout. Buses from Grand Rapids, Duluth, St. Cloud, Winona and Rochester will bring rally attendees to the capitol, but people can also drive or take transit to the Twin Cities.

A welcome and policy briefing will be held at 9:30 a.m. at Christ Lutheran Church on Capitol Hill, just northwest of the capitol on University Avenue. Participants will hear an overview of current mental health policy and funding issues involving the Mental Health Legislative Network.

Then all will head to the capitol rotunda for an 11 a.m. rally, to hear from legislators and advocates.

The event will be livestreamed so that people who cannot attend in person can stay involved. NAMI Minnesota has an active Facebook page and often livestreams events there.

Those who do attend in person can meet with legislators and attend the rally, or during the entire week of March 6-10. The event organizers can connect advocates with finding their state lawmakers, talking points and other information. Training can be provided on-demand.

Register for the event at bit.ly/3KZwUb6

Network members are working together to combine many issues into more than a dozen mental health-focused bills. They are also supporting a wide range of bills brought forward by other disability advocates.

The Mental Health Legislative Network is made up of more than 45 organizations working together to improve the state’s mental health system. The network also works with local mental health advisory councils throughout the state.

The 2023 legislative session has already been a very active time for the network. One important issue is the mental health workers’ shortage, and the need for a more diverse workforce. Reducing the barriers to help people become licensed is a major focus.

Other measures affect children and teens, in educational and medical settings. Another education focus is to establish lead mental health positions in the state’s Department of Education.

Public safety is another issue with several areas to consider. So is legalization of cannabis, which is

Advocates make a strong return for 2023 legislative rally days

And we’re back! Minnesota with disabilities and their allies have enjoyed a return to the halls of state government during the 2023 legislative session. The first big rally for Disability Advocacy Week in February drew a large crowd. Another big group is expected Tuesday, March 28 for Disability Services Day.

Groups continue make the case for legislation including measures to better compensate direct support staff and compensate them for driving clients. With the first bill deadline on March 10, there’s much activity to get measures through for further action.

More than 100 people attended the first big in-person event February 14 since COVID shut things down in 2020. The rally, part of Disability Advocacy Week, was like old times at the Minnesota Department of Transportation (MnDOT) building as people reconnected and caught up.

Although the usual march to the capitol was canceled due to sleety conditions, advocates crowded the rotunda to hear legislators and Department of Human Services Commissioner Jodi Harpstead. Gov. Tim Walz was traveling and unable to attend this year’s rally.

One message repeatedly shared is that with a large budget surplus, this is the year to take action on disability requests that have been languishing for years. “Everyone is needed if we’re going to succeed,” said Britannie Wilson. The Arc Minnesota staffer was emcee for the event.

Advocates who spoke focused on three key pieces of legislation. One is needed reforms for Medical Assistance for Employed People with Disabilities (MA-EPD). The reforms are in SF1637/HF1660.

Rob Wudlick is one of the founders of the Get Up Stand Up group that focuses on spinal cord issues. He explained that while MA-EPD has provided health

Minnesota champions of disability rights remembered

Minnesota with disabilities and their allies mourn the loss of two champions in the halls of government. David Durenberger played a key role in passage of the Americans with Disabilities Act (ADA) in his years in the U.S. Senate.

Lee Greenfield was a tireless worker for improved health care and disability programs as a member of the Minnesota Legislature.

Part of ‘Gang of Seven’

Greenfield, a DFLer who served 11 terms in the Minnesota House, was a true disability rights advocate. He was deeply concerned about the affordability of health care, and played a key role in establishing MinnesotaCare.

The Minneapolis resident was 81 when he died February 7.

A native of Brooklyn, New York, Greenfield graduated from Stuyvesant High School. He earned his B.S. in physics from Purdue University. In interviews Greenfield said his scientific background and love of data uniquely

Mental Health

To page 3
Support for more accessible housing options is badly needed.

One in four of us will become disabled. Yet try to find an accessible dwelling unit for the "ones" and you’ll see how daunting the search can be. We may need a place that allows that service animal. We may need a parking space that can accommodate an accessible van. We may need a cabinet and closet doors that don’t take superhuman effort to open and close.

Those big old clawfoot bathtubs are charming as can be. But try getting in and out of one if you have mobility issues. Finding a reasonably priced rental unit with a roll-in shower, that is near family and friends and work, can be like hunting for a unicorn.

Try finding an accessible and affordable rental unit large enough for a family, and it can be like hunting for a flying unicorn that speaks four languages.

Rising interest rates and construction costs have thrown wrenches into housing production at all income levels. Rent control has largely shut down new housing production in St. Paul.

For developers putting the financial resources in place to build affordable and accessible housing can be like putting together a 1,000-piece jigsaw puzzle. It’s not unusual for projects to have half a dozen or more funding sources cobbled together.

We appreciate the recent use of American Rescue Plan Act dollars in some communities to provide new affordable housing and renovate existing units. But those dollars were a drop in the bucket. They were also a finite resource.

We deeply appreciate our region’s access and affordable housing providers, especially those who advertise in Access Press. We just need more of you, more resources for you, and more of what you provide.

Efforts to help counter educational cuts led to today's AccessAbility

AccessAbility Inc. is marking 75 years service to Minnesotans with disabilities. The Minneapolis-based nonprofit was celebrated with a gala in February.

It’s striking to realize how many of our general service disability organizations originated in groups started up to help people with cerebral palsy. Those groups began in the 1940s and 1950s. And this is one. So it ConnectAbility, which has its roots in United Cerebral Palsy (UCP) of Central Minnesota. MSS began as UCP of Greater St. Paul.

AccessAbility began as the Cerebral Palsy Foundation, founded in March 1948. It was a shelter for children with cerebral palsy. Some news articles say six women were involved, others cite 11. The first president was Helen Rocheleau, who was active involved. Others cite 11. The first president was Helen Rocheleau, who was active involved, others cite 11. The first president was Helen Rocheleau, who was active involved. Others cite 11. The first president was Helen Rocheleau, who was active involved. Others cite 11. The first president was Helen Rocheleau, who was active involved. Others cite 11. The first president was Helen Rocheleau, who was active involved. Others cite 11. The first president was Helen Rocheleau, who was active involved. Others cite 11. The first president was Helen Rocheleau, who was active involved. Others cite 11. The first president was Helen Rocheleau, who was active involved. Others cite 11. The first president was Helen Rocheleau, who was active involved. Others cite 11. The first president was Helen Rocheleau, who was active involved. Others cite 11. The first president was Helen Rocheleau, who was active involved. Others cite 11. The first president was Helen Rocheleau, who was active involved. Others cite 11. The first president was Helen Rocheleau, who was active involved.

The foundation took shape after a funding shortfall caused the Minneapolis School Board to drop the Michael Dowling School preschool program in 1947. Dowling was then the Minneapolis Public School Board for children with physical disabilities.

The 11 mothers in the Cerebral Palsy Foundation hope to be able to persuade the school board – faced by many financial demands – to reopen Michael Dowling to their boys and girls, stated an August 15, 1948 Minneapolis Sunday Tribune article.

The group took its educational funding fight to the 1949 Minnesota Legislature, seeking more money for disabled students statewide. The group held monthly meetings, with speakers, and raised funds through an array of activities. The group in 1953 changed its name to UCP of Greater Minneapolis, and affiliated with the UCP Association of the United States. In 1984 the local group moved to a former mansion at LaSalle and Franklin avenues in Minneapolis to provide space for vocational and recreational programs, a school for children and educational space for parents. The programs moved from smaller quarters on East 24th Street.

In 1982 the nonprofit became the Cerebral Palsy Center Inc., after what news accounts described as an amicable split from the national UCP Association and the statewide United Cerebral Palsy of Minnesota. By then the center had 44 workers, ran a sheltered workshop in Minneapolis with 175 employees, operated a preschool and an adult social development program.

It’s name was changed to Accessibility in September 1987, to reflect its work to serve clients with an array of disabilities. The nonprofit engaged in a wide range of programs and activities and programs. One December 1985 Star Tribune article described how more than $400 in donated toys were used at a workshop designed to show parents and teachers how to modify battery-operated toys for use by children with disabilities. The five-hour workshop was sponsored by ABLENET, a center program that helped disabled children develop motor skills.

On that December day, more than a dozen volunteers made adapters for 200 toys. The adapters were connected to the toys to create a control switch. The switches made it easier to start, control and stop the toys.

The employees and volunteers and clients have passed through the doors of what is now AccessAbility, and they are memories on this anniversary. One whom special tribute was paid was Bertha "Bert" Kramer, who died in 1984. She spent 22 years working with children with cerebral palsy. She was remembered ed as someone who started with an idea, then adapted her work to how a child responded. Learn more at http://www.acessibility.org/.
MRCI is a nonprofit organization headquartered in Mankato. Our mission is to create innovative and genuine opportunities for people with disabilities or disadvantages at home, at work and in the community. In 2023, we will celebrate 70 years in business, which inspires us to reflect on where we came from and how we’ve evolved. Currently, we offer community-based day services, employment services, and virtual day services. We also have client-directed services, which allows families to self-direct their own care under 10 different programs and five different waivers. These are incredible services, but they’re not how MRCI got its start.

Our mission has always revolved around human services, but it’s evolved over our 70 years in operation to meet the needs of the people we serve. MRCI was formed in 1953, shortly after the Korean War ended. The original mission was to help disabled war veterans adjust to life post-war. This work was incredibly important and filled a need within the community. It wasn’t long before we realized additional needs in the community – support for mental health and occupational therapy.

In the 1960s, we introduced the Day Rehabilitation Facility. Prime was to build a new facility in Mankato, complete with computerization! In the 1980s, MRCI established offices in Fairmont, New Ulm, Burnsville and Chaska. We also introduced a “Welfare to Work” program and a program performance evaluation to ensure the expectations of the people we served were being met. The 1990s were huge for community recognition of MRCI. In 1993, the Minnesota Association of Rehabilitation Facilities awarded MRCI with the “Outstanding Rehabilitation Facility Award.” Then, in 1997, the Mankato Area Chamber of Commerce inducted MRCI into the Mankato Area Business Hall of Fame. In 1998, the Self-Determination grant swept the country and MRCI was the first provider to establish a pilot project with Dakota, Blue Earth, and Olmsted Counties to provide Employer of Record (EOR) and Fiscal Intermediary (FI) services, thus the start of Client Directed Services.

The early 2000s brought massive infrastructure improvements for MRCI. An office opened in Rosemount and another building was constructed in Mankato. By 2004, our Client Directed Services division grew to more than 450 enrolled.

In the 2010s, MRCI developed a candy company to create jobs for our clients. MRCI also saw a need for helping clients transition from school or home into a work environment, so the ‘Bridge to the Future’ and ‘Track to Success’ programs were launched.

MRCI’s Client Directed Services experienced continued growth to provide EOR (including PCA Choice) FI services, and Fiscal Support Entity (FSE) services (Agency with Choice, Fiscal/Employer Agent and Fiscal Conduit). In 2019, MRCI made the strategic decision to transition to community-based services to align with state and federal priorities. Buildings were closed and work crews were eliminated, but we were able to help clients obtain and keep better-paying jobs in the community.

The Covid-19 Pandemic brought an abrupt halt to MRCI’s day-to-day operations. The strategic decision was made to transition the entire organization to be community-based, in alignment with state and federal priorities for our industry. This meant closing facilities and eliminating work crews. Closing our facilities means that most of our day service clients spend their days in their community, experiencing new things and finding innovative ways to engage with their surroundings. Our employment clients have found meaningful employment opportunities in their communities, which helps them build skills and self-confidence.

Throughout our 70 years, MRCI has adapted our programs and infrastructure to meet the needs of our clients. From the implementation of computerization to global pandemics, economic crisis, policy changes, and more – we will continue to evolve for the next 70+ years the same way we have for the last 70. One way we will continue to evolve is through the introduction of innovative programs, such as CFSS.

Community First Services and Supports, or CFSS, is a program being developed by the Department of Human Services (DHS) and the Center for Medicaid or Medicare Services (CMS). CFSS is expected to launch in 2023 and will replace both the Consumer Support Grant (CSG) and PCA Choice programs. CFSS is designed to offer flexible options that meet an individual’s needs. Consultation Services will launch alongside CFSS. Consultation Services will help the participant make an informed decision about which service model will meet their needs, Budget or Agency model.

Once decided, Consultation Services will provide the participant or participants representative with an approved list of CFSS providers. When the CFSS provider is chosen, Consultation Services and the CFSS provider agency work together to ensure the needs of the participant are met. The CFSS provider agency cannot be the same as the Consultation Services Provider.

We are thankful to the communities we’ve served for an incredible 70 years! MRCI will continue to provide services for individuals at home, at work and in our community that are diverse and person-centered as we celebrate our past and look forward to our future.
Just ask the Minnesotans with disabilities who are getting nowhere

by Diane J. Peterson

March 2023    Volume 34, Number 3

Minnesotans with disabilities are literally getting nowhere because the state is forcing them into managed care organizations. Indeed, the state still uses language describing placement of Medical Assistance patients into managed care as “enrollment.”

In 2015, I discovered that Minnesota’s Medical Assistance patients were being enrolled into managed care organizations as a discriminatory practice of sorting Medical Assistance patients into two categories: a small percentage permitted to choose the doctors and other health care providers to treat them, while the remaining majority are forced into managed care organizations which do not allow them to choose the doctors and other health care providers they desire. The state should not privilege the approximately 200,000 Medical Assistance patients with the right to choose while it discriminates against the remaining 1.3 million who do not get to choose.

The issue is not whether we should replace the blanket out of my car because it had been absorbed by the snow, but whether we should replace it with a humane, fair system.

The failure is fixed now, when will it be fixed?

What will it take for the state of Minnesota to admit that the inhumane, flawed, and expensive managed care experiment is not working for Minnesota’s most vulnerable?

Let me help. Let’s fix it together. Let’s fix it now.

March 2023    Volume 34, Number 3

No. 3

LETTERS TO THE EDITOR

We have a surplus. When will we see change?

by Joan Willshire

I had a car accident around 5:30 one January evening coming home in the North Loop in downtown Minneapolis. I could barely see the street light, it was a block away from the downtown post office, which is eight to 10 blocks from my condominium. I had hit a patch of ice and slid into a parked car. I certainly wasn’t going fast, but it was enough momentum to break the windshield and back end of my car.

I was in my front seat, I couldn’t slide the car door open, I was unable to steer my car. I was not hurt, thank goodness. But my car certainly was damaged and needed to be towed and it was not covered by insurance.

The police were called and we started the process of solving the problem of how to get my car home. I am a wheelchair user and was accompanied by a person with a disability who uses a scooter to get around. I’ve often wondered to myself, what would it be like to have a car accident while in a wheelchair or scooter?

The police officer followed me with his lights flashing. What a sight that had to be! Is a parade or what?!?

My point is that there was not one person for me or the police officer to call to help me get home.

As a result of my car accident, and not having a vehicle, I am now forced to use a taxi service called Airport Taxi to get to and from medical and business appointments.

This taxi company owns accessible taxicabs. This has literally become a nightmare for me because they have a shortage in the number of accessible vehicles. When I call for a ride to pick me up with one of the wheelchair accessible vans with built-in for accessibility, it takes at least an hour to an hour and a half for an accessible vehicle to arrive to pick me up for an appointment. Same thing happens for the return visit. And one day they didn’t even bother to show up at all! It’s highly unreliable and an option that just does not have enough accessible vehicles available.

Time limits are also a problem. On the night of the car accident, there was no option to call Airport Taxi because they didn’t have accessible vehicles running at that time of night. I couldn’t call Metro Mobility because they require four-day lead time to schedule a ride. There’s no backup, neither for me the or the police officer to call to help me get home.

The community support plan must be fixed now, when will it be fixed? We need to force and mandate equal rights, for people with disabilities and seniors and veterans with disabilities. Grant funds are needed for taxi cab drivers and for transportation network companies, so they can afford to provide accessible vehicles.

Let’s enact HF816/SF404, the Freedom to Choose bill, which would have saved $10 million if the bill had passed. Let’s enact equal rights, for people with disabilities.

Joan Willshire is a co-founder of Health Policy Advocates.
Kramer leads Vision Loss Resources
Matt Kramer is the new president and CEO of Vision Loss Resources. The veteran Twin Cities executive and government official will take the helm of the Little Canada-based organization in March. He succeeds longtime nonprofit leader Kate Grathwohl.

Kramer is leaving a high-profile job at the University of Minnesota, where he has served and on for several years. He was former Gov. Tim Pawlenty's chief of staff and commissioner of employment and economic development, leaving state government in 2013 to go to the U of M to work in business relationships.

He was then president and CEO of the St. Paul Area Chamber of Commerce for six years, before returning to the university in 2017. He was most his vice president for university and government relations, and most recently served as interim vice president of university services.

In a statement, U of M President Joan Gabel said, "Kramer has elevated the university’s voice here in Minnesota and throughout the world. And I especially appreciate how his efforts over the months to lead university services during these unique times. He has been an invaluable resource to me, and I know others in the university system, will miss his expertise and roll up your sleeves mentality, as well as his quick wit and commitment to transaction.

Kramer takes the helm of one of the state’s older disability services organizations. Vision Loss Resources has its roots in separate Minneapolis and St. Paul service organizations that date back many years. The current organization was formed in 1955. For years it had separate Minneapolis and St. Paul facilities, recently moving to suburban Ramsey County. Vision Loss Resources provides education, support and social activities for people who have visual disabilities.

New board members named
Three new board members have been named to the Metropolitan Center for Independent Living (MCIL). The new members join the board in providing oversight and strategic guidance to the non-profit organization.

"We are thrilled to welcome this extraordinary group of professionals join our Board of Directors," said Beth Kramer, MCIL board chair.

"They each bring a demonstrated record of advocacy and action in addressing concerns within the disability community. Their diverse experiences and expertise are unified in a commitment to making a more inclusive world where all people can thrive.

"We look forward to all they will contribute to our mission and continued success."

"It is an honor to have this accomplished group of individuals contribute their time and expertise as members of the MCIL Board of Directors," said Jesse Bethke Gomez, MCIL executive director. "Their knowledge and insights ideally complement our dedicated board of directors and will further strengthen our work. I look forward to the journey ahead and what we can accomplish with their guidance as we continue to advance our mission and independent living with the disability communities MCIL assists."

Barbara A. Kleist is program director at the University of Minnesota School of Public Affairs. She also has been a fellow at the Hubert H. Humphrey School of Public Affairs. She has written extensively on her Veteran’s East Apartments PARK Rapids .................................888-332-9312 ................................................1 BR

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Albright Apartments Minneapolis ................................612-350-0027 ................................ EFF

Veteran’s & Community Housing and Economic Development, leaving state government in 2013 to join the University of Minnesota, where he has served and on for several years. He was former Gov. Tim Pawlenty’s chief of staff and commissioner of employment and economic development, leaving state government in 2013 to go to the U of M to work in business relationships.

He was then president and CEO of the St. Paul Area Chamber of Commerce for six years, before returning to the university in 2017. He was most vice president for university and government relations, and most recently served as interim vice president of university services.

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The call for a rate increase came in many forms. Advocates made signs and brought them to the rally. The themes of love and acceptance were fitting for a Valentine’s Day event. Balconies overlooking the rotunda floor provided a great view of the gathering below. Britannie Wilson of the Arc Minnesota was rally emcee. Jillian Nelson from AuSM and Rob Wudlick of Get Up Stand Up were among the speakers.

**RALLY DAYS**

From page 1 care for working disabled people since its inception in 2001, income and asset limits have held people back. Changes have been sought for years, centered on the argument that it is less expensive and more appropriate for disabled people to live and work in the community. The ability to earn a decent living and even save money is argued.

“I want to work and I want to contribute,” Wudlick said. Self-advocates are again seeking support to increase the MA income and asset standard for people in the elderly and disabled Medicaid category, as those are among the strictest standards for all Minnesota healthcare programs. The current standards for those who need and qualify for home and community-based services require people to live in deep poverty, just to get healthcare and supports they need to live independently in the community. These income and asset standards are tied to the federal poverty guidelines and have not been raised for decades.

Participants are currently forced to live on $1,100 per month, and cannot have more than $3,000 in the bank. Not meeting the rigid guidelines means losing all of one’s services. The pending legislation would raise the income standard from 100 of the poverty level to 133 percent. It would either eliminate or raise the asset standard from the current $3,000 to $20,000. Another issue to be addressed is the intersectionality between disability and obesity. Kayte Barton, a disability rights advocate, made signs and brought them to the rally. The themes of love and acceptance were fitting for a Valentine’s Day event. Balconies overlooking the rotunda floor provided a great view of the gathering below. Britannie Wilson of the Arc Minnesota was rally emcee. Jillian Nelson from AuSM and Rob Wudlick of Get Up Stand Up were among the speakers.
The crowd waited for the rally to start.

Icy sidewalks forced the march to the capitol through the tunnel system.

One message at the rally is that the future should be for all.

The event received television coverage.

RALLY DAYS
From page 6

advocate and Special Olympics medalist, outlined the health measure she is championing. She has autism and an intellectual disability.

Many people are obese, which can cause an array of related health problems. Barton said that commercial weight loss programs available can be out of reach financially, and don’t work for many people with disabilities. Helping people maintain healthy weight can mean avoiding other health problems.

Barton seeks to make health care more inclusive, with lower-cost options. A pilot program would be overseen by state health and human services officials.

A third focus was accessibility with a focus neurodiversity, a cause led by Autism Society of Minnesota (AuSM).

A bill would create a task force on disability services accessibility, and a pilot program. A report on such a program could greatly improve access to services.

The bill if passed would eventually make state and county services more accessible based on the work of the task force. While Nelson has a waiver and personal care attendant services, “getting that help was the hardest thing I’ve ever done.” Programs that help people find services and supports should be easily accessed, but too many government programs have barriers.

The intent would be to identify and remove barriers, creating an entirely new era of accessibility. Without access to needed services, “too many of us have ended up homeless or dead,” said Nelson. Remember that the session is far from over. An ongoing activity is Wednesdays at the Capitol, led by the Minnesota Consortium for Citizens with Disabilities (MNCCD).

Meet with MNCCD at 10-11 a.m. every Wednesday in the Department of Transportation Cafeteria. Share policy priorities, give updates, and energize advocates to take action.

Questions or want more information about Wednesdays at the Capitol? Email Project Coordinator Bridget Carter at bcarter@mnccd.org.

Access Press thanks Patagonia Visual Solutions for the great photos!

“Now I understand my rights and how to get the help I need.”

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Prescription drugs scrutinized

More than three million Minnesotans – seven out of 10 adults in the state – used one or more prescription drugs in 2021, according to an analysis by the Minnesota Department of Health (MDH). But with many drug prices growing much faster than the rate of inflation, there is a growing need for medications or seeking them altogether.

The first-of-its-kind data release for Minnesota was issued today by MDH as part of the implementation of the Minnesota Prescription Drug Price Transparency initiative. It gives Minnesotans new insight into how much drug prices increased in 2022 and at what prices new drugs came to the market.

While some drugs in the market faced competition, many were still able to demand hefty price increases. This raises questions about whether market forces for certain products are keeping costs in check. Prices for new drugs rose by high percentages.

“Being able to afford your health care – including needed medications - is a critical aspect of well-being and peace of mind,” said Minnesota Commissioner of Health Dr. Brooke Cunningham. “This is a need regardless of where you live in Minnesota and what coverage you have. The data indicate some worrisome patterns of price inflation, and it is important to sharpen our focus on transparency and policy solutions.”

Screenings for disabling illness

The Minnesota Department of Health (MDH) has announced that Minnesota is the first state in the nation to screen all newborns for congenital cytomegalovirus (CMV) infection. CMV is a common viral infection that can have serious health effects for children if not detected early.

Each year, about 400 Minnesota infants and their families benefit from the life-changing, sometimes lifesaving, early interventions identified through newborn screening. As scientific knowledge has advanced, Minnesota has expanded its newborn screening program to help detect more conditions that can benefit from early interventions and/or treatment. Consequently, screening for CMV is one of the newest additions to the more than 60 conditions for which Minnesota newborns are screened.

Congenital cytomegalovirus is the most common viral infection in newborns. It occurs when the virus is passed from a pregnant person to their unborn baby and can cause a range of problems, including hearing loss. Officials estimate that up to 300 babies out of 65,000 born each year in Minnesota will have cCMV.

Most condition thresholds for other state’s newborn screening panel are inherited through the genes of one or both parents. However, cCMV is an infection transmitted from mother to baby. It is the first infectious disease added to the panel in Minnesota.

“Aiding congenital cytomegalovirus to our newborn screening program is a big advance in protecting and improving the health of all Minnesota children,” said Minnesota Commissioner of Health Dr. Brooke Cunningham. “Parents of children at risk for permanent hearing loss will receive early support that can help them prevent potential developmental delays.”

Other studies suggest that most babies with cCMV have no symptoms of the disease at birth and are not expected to develop symptoms. However, about 20 percent of babies diagnosed with cCMV will have symptoms either at birth or later in childhood.

Of that 20 percent, about half will have permanent hearing loss as the only symptom of the disease. The hearing loss may be present at birth or show up later in childhood. For this reason, it is important that children with cCMV have regular hearing exams even if no other symptoms are present at birth.

Symptoms at birth may include hearing loss, but a small portion of babies will also have other signs of disease such as a very small head, a smaller than expected body for age, skin rash, yellowing of skin and whites of eyes (jaundice), and/or enlarged liver and spleen. These children are also at risk for intellectual disabilities, hearing loss, vision loss and other health problems.

Screening for cCMV helps identify infants at risk for hearing loss and who may benefit from follow-up monitoring and early access to interventions such as sign language, hearing aids and cochlear implants. Newborn screening cannot predict if a baby will have symptoms, which is why additional testing is important for children with cCMV.

Follow-up urine testing within 21 days will determine whether the baby was infected with cytomegalovirus at birth. If cytomegalovirus is found in the baby’s urine, more testing will be recommended to look for symptoms of the disease.

Screening for cCMV uses a quantitative real-time polymerase chain reaction (qPCR) screening method to identify CMV DNA in dried blood spots. Research by the University of Minnesota and the Centers for Disease Control and Prevention showed it was feasible to use dried blood spots to screen for cCMV.

Most studies or tests for cCMV have used saliva or urine.

Newborn screening is a set of tests that check babies for serious, rare disorders. Most of these disorders cannot be seen at birth and require treatment or help if found early. Routine newborn screening includes a blood spot test, hearing screen and pulse oximetry screen. If a condition is detected, MDH contacts the child’s health care provider to discuss the result, educate them about the condition and review the recommended follow-up.

(Source: Minnesota Department of Health)

Transportation changes eyed

Communities around Minnesota are eyeing transportation changes, including changes focused on accessibility.

Ramsey County is developing a long-range plan that will guide future county transportation investment decisions, leading to projects that are accessible to all residents. The county also plans to engage the public in projects such as the All-Abilities 2050 Transportation Plan, led by Ramsey County Whittier Place, the city incorporates community feedback to shape pedestrian, bike and public transportation investments for the next 27 years, through the year 2050.

The All-Abilities plan will influence the investment priorities for future Ramsey County transportation projects in collaboration with Minnesota Department of Transportation (MnDOT), Metro Transit, Ramsey County municipalities and Ramsey County transportation users. Engagement opportunities will take place online with accessible materials and will be available in multiple languages.

The planning process will take place over the course of the next year. For more information about the plan and to learn about how to get involved, visit the project website ramn州市.us/2050Transportation.

In west central Minnesota, the city of Willmar has received a $200,000 grant from the U.S. Department of Transportation, for the Safe Streets and Restored Roads Program. The funding will allow the city to complete a citywide safety action plan to address safety, accessibility and mobility concerns throughout the city’s transportation system.

Willmar received one of 12 grants awarded to communities across the state, according to a news release from the U.S. Department of Transportation. There were 510 grant awards nationwide totaling $800 million.

The competitive grant program, established by President Biden’s infrastructure law, provides $5 billion over five years for regional, local and tribal initiatives — from redesigned roads to better sidewalks and crosswalks — to prevent deaths and serious injuries on the nation’s roadways.

The Willmar Safety Action Plan developed with the grant will use data and best practices to improve road safety and save lives. It will study safety concerns and barriers to opportunity that adversely affect low-income communities and communities of Black and Indigenous people of color on roadways, particularly while walking and biking, and the percent of Willmar’s residents who have a disability.

The state report was forwarded to the Hennepin County Attorney’s Office and the Ramsey County City Attorney. It is unclear if criminal charges have been filed. (Source: Star Tribune)

Transportation changes eyed

Communities around Minnesota are eyeing transportation changes, including changes focused on accessibility.

Ramsey County is developing a long-range plan that will guide future county transportation investment decisions, leading to projects that are accessible to all residents. The county also plans to engage the public in projects such as the All-Abilities 2050 Transportation Plan, led by Ramsey County Whittier Place, the city incorporates community feedback to shape pedestrian, bike and public transportation investments for the next 27 years, through the year 2050.

The All-Abilities plan will influence the investment priorities for future Ramsey County transportation projects in collaboration with Minnesota Department of Transportation (MnDOT), Metro Transit, Ramsey County municipalities and Ramsey County transportation users. Engagement opportunities will take place online with accessible materials and will be available in multiple languages.

The planning process will take place over the course of the next year. For more information about the plan and to learn about how to get involved, visit the project website ramn州市.us/2050Transportation.

In west central Minnesota, the city of Willmar has received a $200,000 grant from the U.S. Department of Transportation, for the Safe Streets and Restored Roads Program. The funding will allow the city to complete a citywide safety action plan to address safety, accessibility and mobility concerns throughout the city’s transportation system.

Willmar received one of 12 grants awarded to communities across the state, according to a news release from the U.S. Department of Transportation. There were 510 grant awards nationwide totaling $800 million.

The competitive grant program, established by President Biden’s infrastructure law, provides $5 billion over five years for regional, local and tribal initiatives — from redesigned roads to better sidewalks and crosswalks — to prevent deaths and serious injuries on the nation’s roadways.

The Willmar Safety Action Plan developed with the grant will use data and best practices to improve road safety and save lives. It will study safety concerns and barriers to opportunity that adversely affect low-income communities and communities of Black and Indigenous people of color on roadways, particularly while walking and biking, and the percent of Willmar’s residents who have a disability.

The state report was forwarded to the Hennepin County Attorney’s Office and the Ramsey County City Attorney. It is unclear if criminal charges have been filed. (Source: Star Tribune)

Informing local and regional transportation agencies

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Greenfield, Durenberger were leaders on health care, disability issues

**DISABILITY CHAMPIONS**

From page 1

the movement against the Vietnam War and other civil rights activities. He turned to legislative ideas and political campaigns and developing a commitment to people marginalized by society.

Greenfield ran for the Minnesota House in 1978 on the DFL ticket. He represented part of southeast Minneapolis from 1979 to 2000.

Grand Forks was a focus of health and human services. Greenfield had a desire to improve the quality of life for Minnesota’s residents, particularly low-income people. He served on housing, ways and means, appropriations, veteran affairs, general legislation, rules and administration, judiciary, judiciary finance, criminal justice, human and health services, and got to a medical human services finance division committees.

Greenfield worked on a wide range of disability-related bills, also focusing on nursing homes and how residents and staff were treated. He was a leader in the movement of vulnerable adults from abuse, neglect and financial exploitation.

The legislative achievement Greenfield was most proud of, he said, was one of the “gang of seven” legislators.

“Greenfield” is the group in 1992 that helped establish MinnesotaCare, the state’s health care system focused on care access for all.

Greenfield was chairman of the Senate Health and Human Services Finance Division, working with members from both parties and then-Gov. Arne Carlson on the legislation. Minnesota was the first state to provide health care access for all.

During his career, he had worked on health-care reform bill, but indicated support for a more focused effort. The seven lawmakers began working with the seven legislators.


They met staunch opposition from Minnesota Medical Association and Minnesota Hospital Association. Both protested two percent tax on health care services intended to finance subsidized health care for vulnerable adults.

In those days, they said, they and their legislators also fought the plan, especially in the House.

Greenfield, in an interview with legislative media services, said he was proud of playing a part in helping to maintain and improve the state’s programs for people with disabilities, community mental health services and expanding home health care for senior citizens. “Many of the most exciting things I ever did was over here in this chamber,” he said.

He worked in health care policy for several years after retiring from the Minnesota Legislature. He worked on health care programs in Minneapolis until 2009. Greenfield also worked for many years as a nationally recognized expert advising state governments across the country.

Greenfield is survived by his wife, Marcia, and other family members and friends. Services have been held. Memorial services have been held. Memorial services have been held. Memorials are preferred to the Minnesota Elder Justice Center or the Jean-Nickolaus Tretter Collection, University of Minnesota Libraries.

An ADA leader

David Durenberger was a political leader who could reach across the aisle to get things done. He represented Minnesota in the United States Senate as a Republican from 1985 to 1995, and later left the party and decried overly partisan behavior.

He died earlier this year at age 88, at his St. Paul home.

Born in St. Cloud to George and Isabel Durkin, he grew up in the St. John’s University campus in Collegeville. His father was athletic director and a coach. Greenfield was an administrative assistant at St. John’s and helped found the alumni organization.

He graduated from St. John’s Prep School in 1951, and from the university in 1955, going to the University of Minnesota Law School. He graduated from law school in 1959. He was a lieutenant in the U.S. Army Counter-Intelligence Corps in 1956 and a captain in the United States Army Reserve from 1957 to 1963.

After law school, Durenberger was employed by a South St. Paul law firm with strong political connections. The firm was founded in 1929 by Republican Harold Stassen, governor of Minnesota from 1939 to 1943, and Democratic Congressman Elmer F. “Butch” Isakson, who served from 1935 to 1941. The firm became LeVander, Gillen, Miller and Durenberger.

Law firm partner Republican “Hal” LeVander was elected governor of Minnesota in 1966. Durenberger became the firm’s executive secretary. At the end of LeVander’s tenure in 1971, Durenberger joined H.B. Fuller Company.

Durenberger chaired the Metropolitan Open Space Advisory Board and was on the Minnesota State Ethical Practices Board.

He was elected to the U.S. Senate in November 1978. Filling a seat left vacant after Hubert Humphrey died. Relected in 1982 and again in 1988, he defeated Mark Dayton and Minnesota Attorney General Skip Humphrey.

Durenberger had many accomplishments during his Senate years, with work on open space issues including the Boundary Waters. He and Sen. Paul Wellstone pushed for legislation to establish the AmeriCorps work experience program.

Two keys focused were disability and health care. His spot on the Senate Finance Subcommittee of the Senate Finance Committee provided a leadership role in national health reform.

In interviews Durenberger recalled how people with disabilities fought for and won rights and protections, and how the ADA passed; and its impact. To those who opposed passing the civil rights legislation, he said, “We cannot afford not to pass the ADA and enable people with disabilities to be productive.”

He recalled how Republicans and Democrats worked together to pass the landmark civil rights legislation. Durenberger was lead Republican sponsor for the ADA in the U.S. Senate, working closely with Iowa Democrat Sen. Tom Harkin and many others.

In a Star Tribune interview, he said, “One of our jobs [as lawmakers] was to level the playing field, create opportunities for everybody, despite any disabilities or whatever their party affiliation might be. So the first one I took on was voting rights for the handicapped, which was the term that was used in 1985 when we passed that one. So, what that meant was that every town and city and village that ran polling places had to make sure people with wheelchairs could get in. That got the attention of the disability community, and it’s what led [Sen. Ted] Kennedy to ask me and [Sen. Tom] Harkin to be the authors of the ADA.”

Durenberger also drew on his past work in Minnesota. He said, “Like a lot of Minnesotaans who grew up here in the 50s, I was familiar with the fact that we institutionalized the handicapped as, again, they were called at the time. When I was in [Vander’s] office, one of the trips I’d never forget was you’d come to Cambridge, to the State Hospital. I saw a whole bunch of young men, most of them naked, some of them hopping around like animals. Just warehoused there. And I never forgot it, and I can forward that to a lot of my life’s work.”

He also gave credit to Colleen Week, longtime executive director of the Minnesota Governor’s Council on Developmental Disabilities (MNCIDD) and other Minnesotans, who involved him in disability issues.

And he had a memorable humor of the day the ADA was signed. A band played “Hail to the Chief”? and many people stood for the president, prompting a lot of people to turn to the floor to throw their hats to the floor to shout, “Down in front!”

Son David Durenberger told the Star Tribune that his father would want to be remembered mostly for the passage of the ADA because it leveled the playing field and removed barriers for millions. “He was so proud of that,” his son said.

Durenberger was cenetured in 1990 by the Senate for ethic violations on speaking fees and travel reimbursements.

He chose not to run again. After his Senate service, Durenberger chaired the National Institute of Health Policy and was a senior Health Policy Fellow at the University of St. Thomas in St. Paul. He served on the board of National Coalition on HealthCare. He also served on national health commissions and boards, and authored books.

He is survived by his wife of 27 years, Susan Foote; four sons; two stepchildren and 14 grandchildren. Services have been held. Memorial services have been held. Memorials are preferred to the Jean-Nickolaus Tretter Collection, University of Minnesota Libraries.

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Bills centered on personal care attendant (PCA) pay and duties remain at the forefront of the state capitol. With the Minnesota Legislature’s first bill of the March 1 session, it starts with initial hearings and votes is a must.

Two key issues being watched closely are ensuring personal care attendants are paid to keep up with the cost of living and ensuring initial hearings and votes is a must.

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For the record, the testimony before the House’s Human Services Policy and Finance Committee was from former House Speaker Tom Levenson, who opposed passing the civil rights legislation, he said, “We cannot afford not to pass the ADA and enable people with disabilities to be productive.”

He recalled how Republicans and Democrats worked together to pass the landmark civil rights legislation. Durenberger was lead Republican sponsor for the ADA in the U.S. Senate, working closely with Iowa Democrat Sen. Tom Harkin and many others.

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The Rights and Responsibilities of Focus is the executive functioning ability. Other workshops are online and in-person. For more information, check with a venue or organization before making plans. The Minnesota Access Alliance (MCAA) provides an Accessible Arts & Culture Calendar for artists with disabilities and family members who plan to shop for and/or attend a collaborative learning institution following high school graduation. APEX, PACER's website. To check the list of accommodations. Link to more details at https://calendarmnaccess.org. Be sure to check the listings for any changes and ask early for the assistance you need. Accessible and safe accommodations. Events without accommodations listed will not appear online. Go to our website, click on the "Resources" tab at top right, and go down to the "Add an Event" line. And then post your event! Contact us at accesspressorg. Questions? Contact us at accesspressorg. or info@mnnaccess.org. Ask for the entire events list or specific lists for ASL interpreting, captioning, audio description, sensory-friendly accommodations or disability-related topics. For other accessibility resources or upcoming webinars presented by MNAAl, sign up for emails at https://mnaaccess.org. Volunteer Be a speaker The Spina Bifida Resource Network (SBRN) seeks speakers with lived disability experience for its Empowered Communities, smoking cessation, a suicide prevention class called QPR, Question, Persuade and Refer, a special QPR class for Agricultural Communities and many more. Be aware that on Feb. 1, NAMI Minnesota’s Online Support Groups moved to a new and improved platform, HeyPeers. HeyPeers provides a safe, easy to access environment exclusively designed for online support group meetings. The classes and online support groups are designed for family members and caregivers, persons living with a mental illness, service providers, and also the general public. Find a complete listing of the classes and how to join in by going to namimn.org and clicking on "Classes" or go straight to https://namimn.org/ education/caregiver-awareness/classes/scheduled. OPPORTUNITIES Can Do Canines open house Can Do Canines will host an open house from 2-3 p.m. on Sat, March 4 at its campus at 440 Science Center Drive, New Hope. Potential clients, volunteers, and88, and supporters who want to learn more about service dogs and the process of obtaining a dog are welcome to attend. Contact the Minnesota STAR program offers a free Webinar with North Dakota Assistive Technology. The first collaborative workshop was on medication management. The webinar looks for topics? Contact the Minnesota STAR office. FFI: 1-888-234-1267, starprogram@state.mn.us. Many classes available NAMI Minnesota (National Alliance on Mental Illness) has put together a variety of free and in-person online mental health classes. Choices include Hope for Recovery, Transitions, Ending the Stigma, Understanding Early Episode Psychosis for Families, In Our Own Voice, Family to Family, Positive Psychology, Creating Caring Communities, smoking cessation, a suicide prevention class called QPR, Question, Persuade and Refer, a special QPR class for Agricultural Communities and many more. Events with and without accommodations will appear online. Check with a venue or organization before making plans. Some venues still may have sensory-friendly accommodations or ASL interpreting and sensory-friendly accommodations. Link to more details at https://calendarmnaccess.org. Be sure to check the list of accommodations. Ask early for the assistance you need. Accessible and safe accommodations. Events without accommodations listed will not appear online. Go to our website, click on the "Resources" tab at top right, and go down to the "Post an Event" line. And then post your event! Remember, too, that an online or print ad is a great and low-cost way to promote your event. Contact us at accesspressorg. Questions? Contact us at accesspressorg. and/or info@mnnaccess.org. Ask for the entire events list or specific lists for ASL interpreting, captioning, audio description, sensory-friendly accommodations or disability-related topics. For other accessibility resources or upcoming webinars presented by MNAAl, sign up for emails at https://mnaaccess.org. -paid $1000, want $500 Duluth 218-722-2629 to ENJOY! March 2023 Volume 34, Number 3: $20 (first 12 words); $1/word beyond 12. METES & BOUNDS MANAGEMENT Company manages the following 8 properties in Minnesota: Boardwalk Wayzata 952-473-0502 Dewey Place/The Pines Foley 320-368-7791 Highland Homes Prior Lake 952-447-9691 Greenwood Wadena 218-631-2675 Mission Oaks Plymouth 763-559-5770 FIND YOUR NEW HOME WITH AT HOME APARTMENTS. CALL 651-224-1234 or visit AtHomeApartments.com for an apartment or town home. Equal Opportunity Housing For other accessibility resources or upcoming webinars presented by MNAAl, sign up for emails at https://mnaaccess.org.