DEPARTMENT OF HUMAN SERVICES

Minnesota Department of Human Services
Commissioner's Office
P.O. Box 64998
St. Paul, MN 55164-0998

February 26, 2019

The Honorable Donovan W. Frank
United States District Court
District of Minnesota
724 Federal Building
316 North Robert Street
St. Paul, Minnesota 55101

Re: *Jensen, et al. v. Minnesota Department of Human Services, et al.*
Court File No.: 09-CV-01775 DWF/BRT
February 2019 Olmstead Plan Quarterly Report

Dear Judge Frank:

Enclosed please find the February 25, 2019 Quarterly Report on Olmstead Plan Measurable Goals, which includes data acquired by the Olmstead Implementation Office through January 31, 2019. This report is filed pursuant to this Court's Order for Reporting on Olmstead Plan dated February 22, 2016 (Doc. No. 544), the Court's Order dated June 21, 2016 (Doc. No. 578), and the Court's Order dated July 19, 2018 (Doc. No. 693).

This report was approved by the Olmstead Subcabinet on February 25, 2019 and is filed by the Department on its behalf.

Sincerely,

Claire Wilson
Deputy Commissioner for Policy

cc: Magistrate Judge Becky R. Thorson
Shamus O'Meara, Attorney for Plaintiffs
Colleen Wieck, Executive Director for the Governor's Council on Developmental Disabilities
Roberta Opheim, Ombudsman for Mental Health and Developmental Disabilities
Jennifer Ho, Chair, Olmstead Subcabinet

Minnesota Olmstead Subcabinet

Quarterly Report on Olmstead Plan Measurable Goals

REPORTING PERIOD

Data acquired through January 31, 2019

DATE APPROVED BY SUBCABINET

February 25, 2019

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I. PURPOSE OF REPORT

This quarterly report provides the status of work being completed by State agencies to implement the Olmstead Plan. The goals related to the number of people moving from segregated settings into more integrated settings; the number of people who are no longer on the waiting list; and the quality of life measures will be reported in every quarterly report.

Reports are compiled on a quarterly basis. For the purpose of reporting, the measurable goals are grouped in four categories:

1. Movement of people with disabilities from segregated to integrated settings
2. Movement of individuals from waiting lists
3. Quality of life measurement results
4. Increasing system capacity and options for integration

This quarterly report includes data acquired through January 31, 2019. Progress on each measurable goal will be reported quarterly, semi-annually, or annually. Reports are reviewed and approved by the Olmstead Subcabinet. After reports are approved they are made available to the public on the Olmstead Plan website at Mn.gov/Olmstead. [i]

This quarterly report also includes Olmstead Implementation Office (OIO) compliance summary reports on the status of workplans.

EXECUTIVE SUMMARY

This quarterly report covers twenty-four measurable goals.[ii] As shown in the chart below, nine of those goals were either met or on track to be met. Nine goals were categorized as not on track, or not met. For those nine goals, the report documents how the agencies will work to improve performance on each goal. Six goals are in process.

Status of Goals – February 2019 Quarterly Report	Number of Goals
Met annual goal	8
On track to meet annual goal	1
Not on track to meet annual goal	3
Did not meet annual goal	6
In Process	6
Goals Reported	**24**

Listed below are areas critical to the Plan where measurable progress is being made.
Progress on movement of people with disabilities from segregated to integrated setting

- During the last four quarters, 150 individuals left ICF/DD programs to more integrated settings. This exceeds the annual goal of 72. (Transition Services Goal One A)
- During the last four quarters, 830 individuals with disabilities under age 65 in a nursing facility longer than 90 days moved to more integrated settings. This exceeds the annual goal of 740. (Transition Services Goal One B)
- During the last four quarters, 1,188 individuals moved from other segregated settings to more integrated settings. This exceeds the annual goal of 500. (Transition Services Goal One C)

- The utilization of the Person Centered Protocols has improved over the last four quarters. Of the eight person centered elements measured in the protocols, performance on seven of the eight elements improved over the 2017 baseline. Five of the eight elements show progress over the previous quarter, and six of the eight are at 90% or greater in this quarter. (Person-Centered Planning Goal One)

Timeliness of Waiver Funding Goal One

- There are fewer individuals waiting for access to a DD waiver. At the end of the current quarter 74% of individuals were approved for funding within 45 days. Another 23% had funding approved after 45 days.

Increasing system capacity and options for integration

- There was an increase in the number of individuals obtaining competitive integrated employment. Over 2,682 individuals found employment. This was short of the annual goal of 3,028. (Employment Goal One)
- There was an increase in the number of peer support specialists who are employed. There are 76 peer support specialists employed. This was an increase of 60 which exceeded the annual goal to increase by 30. (Employment Goal Four)
- There was an increase in the number and percent of students with disabilities in the most integrated setting. (Education Goal One)
- Accessibility improvements were made to 1,658 curb ramps, 85 accessible pedestrian signals, and 28.34 miles of sidewalks in the last year. (Transportation Goal One)

The following measurable goals have been targeted for improvement:

- Transition Services Goal Two to decrease the percent of people at AMRTC who no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting.
- Transition Services Goal Three to increase the number of individuals leaving the MSH to a more integrated setting.
- Transition Services Goal Four to increase the percent of individual's transition plans that meet the required protocols.
- Positive Supports Three to reduce the number of reports of emergency use of mechanical restraints with approved individuals and the number of individuals approved.
- Positive Supports Four and Five to reduce the number of students experiencing emergency use of restrictive procedures and the number of incidents of emergency use of restrictive procedures.
- Crisis Services One and Two to increase the percent of children and adults who remain in the community after a crisis episode.

II. MOVEMENT FROM SEGREGATED TO INTEGRATED SETTINGS

This section reports on the progress of five separate Olmstead Plan goals that assess movement of individuals from segregated to integrated settings.

QUARTERLY SUMMARY OF MOVEMENT FROM SEGREGATED TO INTEGRATED

The table below indicates the cumulative net number of individuals who moved from various segregated settings to integrated settings for each of the five goals included in this report. The reporting period for each goal is based on when the data collected can be considered reliable and valid.

Net number of individuals who moved from segregated to integrated settings during the reporting period:		
Setting	**Reporting period**	**Number moved**
• Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD)	Apr – June 2018	10
• Nursing Facilities (individuals under age 65 in facility > 90 days)	Apr – June 2018	232
• Other segregated settings	Apr – June 2018	321
• Anoka Metro Regional Treatment Center (AMRTC)	Oct - Dec 2018	19
• Minnesota Security Hospital (MSH)	Oct - Dec 2018	28
Net number who moved from segregated to integrated settings		**610**

More detailed information for each specific goal is included below. The information includes the overall goal, the annual goal, baseline, results for the reporting period, analysis of the data and a comment on performance and the universe number when available. The universe number is the total number of individuals potentially impacted by the goal. The number provides context as it relates to the measure.

TRANSITION SERVICES GOAL ONE: By June 30, 2020, the number of people who have moved from segregated settings to more integrated settings[iii] will be 7,138.

Annual Goals for the number of people moving from ICFs/DD, nursing facilities and other segregated housing to more integrated settings are set forth in the following table:

	2014 Baseline	June 30, 2015	June 30, 2016	June 30, 2017	June 30, 2018
A) Intermediate Care Facilities for Individuals with Developmental Disabilities (ICFs/DD)	72	84	84	84	72
B) Nursing Facilities (NF) under age 65 in NF > 90 days	707	740	740	740	750
C) Segregated housing other than listed above	1,121	50	250	400	500
Total		**874**	**1,074**	**1,224**	**1,322**

A) INTERMEDIATE CARE FACILITIES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES (ICFs/DD)

2018 goal

- For the year ending June 30, 2018 the number of people who have moved from ICFs/DD to a more integrated setting will be **72**

Baseline: January - December 2014 = 72

RESULTS:
The 2018 goal of 72 was **met**.

Time period	Total number of individuals leaving	Transfers[iv] (-)	Deaths (-)	Net moved to integrated setting
2015 Annual (July 2014 – June 2015)	138	18	62	**58**
2016 Annual (July 2015 – June 2016)	180	27	72	**81**
2017 Annual (July 2016 – June 2017)	263	25	56	**182**
Quarter 1 (July – September 2017)	48	1	5	**42**
Quarter 2 (October – December 2017)	81	2	17	**62**
Quarter 3 (January – March 2018)	62	6	20	**36**
Quarter 4 (April – June 2018)	25	6	9	**10**
2018 Annual Totals (July 2017 – June 2018)	216	15	51	**150**

ANALYSIS OF DATA:
From July 2017 – June 2018, the number of people who moved from an ICF/DD to a more integrated setting was 150. The annual goal of 72 was met. During Quarter 4 the number of people who moved from an ICF/DD to a more integrated setting was 10.

COMMENT ON PERFORMANCE:
DHS provides reports to counties about persons in ICFs/DD who are not opposed to moving with community services, as based on their last assessment. As part of the current reassessment process,

individuals are being asked whether they would like to explore alternative community services in the next 12 months. Some individuals who expressed an interest in moving changed their minds, or they would like a longer planning period before they move.

For those leaving an institutional setting, such as an ICF/DD, the Olmstead Plan reasonable pace goal is to ensure access to waiver services funding within 45 days of requesting community services. DHS monitors and provides technical assistance to counties in providing timely access to the funding and planning necessary to facilitate a transition to community services.

DHS continues to work with private providers and Minnesota State Operated Community Services (MSOCS) that have expressed interest in voluntary closure of ICFs/DD. Providers are working to develop service delivery models that better reflect a community–integrated approach requested by people seeking services. A total of 12 out of 15 MSOCS ICFs/DD converted since January 2017 for a reduction of 72 state-operated ICF/DD beds. Three MSOCS ICFs/DD continue to serve 13 adults. Hennepin County is working closely with the people being served and their families to identify new providers to provide services to those individuals. No timeline for conversion of these homes has been confirmed.

For the period July through December 2018, 96 ICF/DD beds from 14 sites were closed. Of these, 57 were converted to small foster care settings (group homes) serving 4 or fewer people in approximately 18 sites. The remainder of the beds appear to have been decertified due to long term vacancy. The total number of ICF/DD beds decertified during 2018 was 138.

UNIVERSE NUMBER:

In June 2017, there were 1,383 individuals receiving services in an ICF/DD.

TIMELINESS OF DATA:
In order for this data to be reliable and valid, it is reported six months after the end of the reporting period.

B) NURSING FACILITIES

2018 goal

- For the year ending June 30, 2018, the number of people who have moved from Nursing Facilities (for persons with a disability under 65 in facility longer than 90 days) to a more integrated setting will be **750.**

Baseline: January - December 2014 = 707

RESULTS:
The 2018 goal of 740 was **met.**

Time period	Total number of individuals leaving	Transfers (-)	Deaths (-)	Net moved to integrated setting
2015 Annual (July 2014 – June 2015)	1,043	70	224	**749**
2016 Annual (July 2015 – June 2016)	1,018	91	198	**729**
2017 Annual (July 2016 – June 2017)	1,097	77	196	**824**
Quarter 1 (July – September 2017)	264	14	48	**202**
Quarter 2 (October – December 2017)	276	21	54	**201**
Quarter 3 (January – March 2018)	259	20	44	**195**
Quarter 4 (April – June 2018)	315	32	51	**232**
2018 Annual Totals (July 2017 – June 2018)	1,114	87	197	**830**

ANALYSIS OF DATA:
From July 2017 – June 2018, the number of people under 65 in a nursing facility for more than 90 days who moved to a more integrated setting was 830. The annual goal of 740 was met. During Quarter 4, the number of people under 65 in a nursing facility for more than 90 days who moved to a more integrated setting was 232, which is an increase from the previous three quarters.

COMMENT ON PERFORMANCE:
DHS reviews data and notifies lead agencies of people who accepted or did not oppose a move to more integrated options. Lead agencies are expected to work with these individuals to begin to plan their moves. DHS continues to work with partners in other agencies to improve the supply of affordable housing and knowledge of housing subsidies.

In July 2016, Medicaid payment for Housing Access Services was expanded across waivers. Additional providers are now able to enroll to provide this service. Housing Access Services assists people with finding housing and setting up their new place, including a certain amount of basic furniture, household goods and/or supplies and payment of certain deposits.

UNIVERSE NUMBER:
In June 2017, there were 1,502 individuals with disabilities under age 65 who received services in a nursing facility for longer than 90 days.

TIMELINESS OF DATA:
In order for this data to be reliable and valid, it is reported six months after the end of the reporting period.

C) SEGREGATED HOUSING

2018 goal

- For the year ending June 30, 2018, the number of people who have moved from other segregated housing to a more integrated setting will be **500.**

BASELINE: During July 2013 – June 2014, of the 5,694 individuals moving, 1,121 moved to a more integrated setting.

RESULTS:
The 2018 goal of 500 was **met**.

		Receiving Medical Assistance (MA)			
Time period	**Total moves**	**Moved to more integrated setting**	**Moved to congregate setting**	**Not receiving residential services**	**No longer on MA**
2015 Annual (July 14 – June 15)	5,703	**1,137 (19.9%)**	502 (8.8%)	3,805 (66.7%)	259 (4.6%)
2016 Annual (July 15 – June 16)	5,603	**1,051 (18.8%)**	437 (7.8%)	3,692 (65.9%)	423 (7.5%)
2017 Annual (July 16 – June 17)	5,504	**1,054 (19.2%)**	492 (8.9%)	3,466 (63.0%)	492 (8.9%)
Quarter 1 (July – Sept 2017)	1,461	**298 (20.4%)**	110 (7.5%)	922 (63.1%)	131 (9.0%)
Quarter 2 (Oct – Dec 2017)	1,381	**297 (21.5%)**	116 (8.4%)	854 (61.8%)	114 (8.3%)
Quarter 3 (Jan – March 2018)	1,522	**272 (17.9%)**	143 (9.4%)	972 (63.8%)	135 (8.9%)
Quarter 4 (April – June 2018)	1,603	**321 (20.0%)**	147 (9.2%)	989 (61.7%)	146 (9.1%)
2018 Annual Totals (July 2017 – June 2018)	5,967	**1,188 (19.9%)**	516 (8.7%)	3,737(62.6%)	526 (8.8%)

ANALYSIS OF DATA:
From July 2017 – June 2018, of the 5,967 individuals moving from segregated housing, 1,188 individuals (19.9%) moved to a more integrated setting. The annual goal of 500 was met. During Quarter 4, the number of people who moved to a more integrated setting was 321, which is an increase from the previous three quarters.

COMMENT ON PERFORMANCE:
During the last year, there were significantly more individuals who moved to more integrated settings (19.9%) than who moved to congregate settings (8.7%). This analysis also illustrates the number of individuals who are no longer on MA and who are not receiving residential services as defined below.

The data indicates that a large percentage (62.6%) of individuals who moved from segregated housing are not receiving publicly funded residential services. Based on trends identified in data development for Crisis Services Goal Four, it is assumed the majority of those people are housed in their own or their family's home and are not in a congregate setting.

COMMENT ON TABLE HEADINGS:
The language below provides context and data definitions for the headings in the table above.

Total Moves: Total number of people in one of the following settings for 90 days or more and had a change in status during the reporting period:

- Adult corporate foster care
- Supervised living facilities
- Supported living services (DD waiver foster care or in own home)
- Board and Care or Board and Lodge facilities

Moves are counted when someone moves to one of the following:

- More Integrated Setting (DHS paid)
- Congregate Setting (DHS paid)
- No longer on Medical Assistance (MA)
- Not receiving residential services (DHS paid)
- Deaths are not counted in the total moved column

Moved to More Integrated Setting: Total number of people that moved from a congregate setting to one of the following DHS paid settings for at least 90 days:

- Adult family foster care
- Adult corporate foster care (when moving from Board and Care or Board and Lodge facilities)
- Child foster care waiver
- Housing with services
- Supportive housing
- Waiver non-residential
- Supervised living facilities (when moving from Board and Care or Board and Lodge facilities)

Moved to Congregate Setting: Total number of people that moved from one DHS paid congregate setting to another for at least 90 days. DHS paid congregate settings include:

- Board and Care or Board and Lodge facilities
- Intermediate Care Facilities (ICFs/DD)
- Nursing facilities (NF)

No Longer on MA: People who currently do not have an open file on public programs in MAXIS or MMIS data systems.

Not Receiving Residential Services: People in this group are on Medical Assistance to pay for basic care, drugs, mental health treatment, etc. This group does not use other DHS paid services such as waivers, home care or institutional services. The data used to identify moves comes from two different data systems: Medicaid Management Information System (MMIS) and MAXIS. People may have addresses or living situations identified in either or both systems. DHS is unable to use the address data to determine if the person moved to a more integrated setting or a congregate setting; or if a person's new setting was obtained less than 90 days after leaving a congregate setting. Based on trends identified in data development for Crisis Services Goal Four, it is assumed the majority of these people are housed in their own or their family's home and are not in a congregate setting.

TIMELINESS OF DATA:
In order for this data to be reliable and valid, it is reported six months after the end of the reporting period.

TRANSITION SERVICES GOAL TWO: By June 30, 2019, the percent of people under mental health commitment at Anoka Metro Regional Treatment Center (AMRTC) who do not require hospital level of care and are currently awaiting discharge to the most integrated setting[v] will be reduced to 30% (based on daily average).

2019 goal

- By June 30, 2019, the percent of people at AMRTC awaiting discharge will be reduced to ≤ **30%**

Baseline: From July 2014 - June 2015, the percent of people at AMRTC who no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting was 36% on a daily average. [1]

RESULTS:

This goal is **not on track** to meet the 2018 goal of ≤ 30%.

Time period	Percent awaiting discharge (daily average)	
2016 Annual (July 2015 – June 2016)	Daily Average = 42.5%[2]	
	Mental health commitment	**Committed after finding of incompetency**
2017 Annual (July 2016 – June 2017)	**44.9%**	29.3%
2018 Annual (July 2017 – June 2018)	**36.9%**	23.8%
2019 Quarter 1 (July – September 2018)	**50.9%**	27.7%
2019 Quarter 2 (October – December 2018)	**35.3%**	41.6%

ANALYSIS OF DATA:

From October – December 2018, 35.3% of those under mental health commitment at AMTRC no longer meet hospital level of care and are currently awaiting discharge to the most integrated setting. This is a decrease from 50.9% in the previous quarter. The average of the first two quarters is 43.1%. Although the goal is moving in the right direction, it is not on track to meet the annual goal of 30%.

From October-December 2018, 11 individuals at AMRTC under mental health commitment left and moved to an integrated setting. The table below provides information about those individuals who left AMRTC. It includes the number of individuals under mental health commitment and those who were civilly committed after being found incompetent on a felony or gross misdemeanor charge who moved to integrated settings.

[1] The baseline included individuals at AMRTC under mental health commitment and individuals committed after being found incompetent on a felony or gross misdemeanor charge (restore to competency).

[2] The data for July 2015 - June 2016 was reported as a combined percentage for individuals under mental health commitment and individuals committed after being found incompetent on a felony or gross misdemeanor charge (restore to competency). After July 2016, the data is reported separately for the two categories.

Time Period	Total number of individuals leaving	Transfers	Deaths	Net moved to integrated setting	Moves to integrated setting by	
					Mental health commitment	Committed after finding of incompetency
2017 Annual (July 2016 – June 2017)	267	155	2	**110**	**54**	56
2018 Annual (July 2017 – June 2018)	274	197	0	**77**	**46**	31
2019 Quarter 1 (July – Sept 2018)	71	51	0	**20**	***8**	*12
2019 Quarter 2 (Oct –Dec 2018)	76	56	1	**19**	**11**	8

*See the addendum for information about discrepancies in the previously reported Quarter 1 data.

COMMENT ON PERFORMANCE:
AMRTC continues to serve a large number of individuals who no longer need hospital level of care, including those under a mental health commitment and those who need competency restoration services. In the last quarter, over 60% of admissions to AMRTC were patients who were committed after a finding of incompetency.

During this last quarter there was a higher percentage of individuals awaiting discharge who were civilly committed after being found incompetent (41.6%) than for those under mental health commitment (35.3%). This is a change in trend from all previous reporting periods where the reverse was true. AMRTC continues to work with courts around the state on approving DHS discharges and transfers; however, this continues to be a barrier to discharge for individuals civilly committed after being found incompetent.

For individuals under mental health commitment, complex mental health and behavioral support needs often create challenges to timely discharge. When they move to the community, they may require 24 hour per day staffing or 1:1 or 2:1 staffing. Common barriers that can result in delayed discharges for those at AMRTC include a lack of housing vacancies and housing providers no longer accepting applications for waiting lists.

Community providers often lack capacity to serve individuals who exhibit these behaviors:

- Violent or aggressive behavior (i.e. hitting others, property destruction, past criminal acts);
- Predatory or sexually inappropriate behavior;
- High risk for self-injury (i.e. swallowing objects, suicide attempts); and
- Unwillingness to take medication in the community.

Ongoing efforts are facilitated to improve the discharge planning process for those served at AMRTC:

- Improvements in the treatment and discharge planning processes to better facilitate collaboration with county partners. AMRTC has increased collaboration efforts to foster participation with county partners to aid in identifying more applicable community placements and resources for individuals awaiting discharge.
- Improvements in AMRTC's notification process for individuals who no longer meet hospital criteria of care to county partners and other key stakeholders to ensure that all parties involved are informed of changes in the individual's status and resources are allocated towards discharge planning.

- Improvements in AMRTC's notification process to courts and parties in criminal cases for individuals who were civilly committed after a finding of incompetency who no longer meet hospital criteria of care.

DHS has convened a cross-division, cross-administration working group to improve the timely discharge of individuals at MSH and AMRTC to identify: barriers, current and future strategies, and any needed efficiencies that could be developed between AMRTC and MSH to support movement to community. Counties and community providers will be consulted and engaged in this effort as well.

UNIVERSE NUMBER:
In Calendar Year 2017, 383 patients received services at AMRTC. This may include individuals who were admitted more than once during the year. The average daily census was 91.9.

TIMELINESS OF DATA:
In order for this data to be reliable and valid, it is reported one month after the end of the reporting period.

TRANSITION SERVICES GOAL THREE: By December 31, 2019, the average monthly number of individuals leaving Minnesota Security Hospital to a more integrated setting will increase to 10 individuals per month.

2018 goal

- By December 31, 2018 the average monthly number of individuals leaving to a more integrated setting will increase to **≥ 9**

Baseline: From January – December 2014, the average monthly number of individuals leaving Minnesota Security Hospital (MSH) to a more integrated setting was 4.6 individuals per month.

RESULTS:
The 2018 goal of ≥ 9 was **not met.**

Time period	Total number of individuals leaving	Transfers[iv] (-)	Deaths (-)	Net moved to integrated setting
2015 Annual (Jan – Dec 2015)	188	107	8	73 Average = 6.1
2016 Annual (Jan – Dec 2016	184	97	3	84 Average = 7.0
2017 Annual (Jan – Dec 2017)	199	114	9	76 Average = 6.3
Quarter 1 (Jan – March 2018)	64	47	2	15 Average = 5.0
Quarter 2 (April – June 2018)	53	32	0	21 Average = 7.0
Quarter 3 (July – Sept 2018)	44	28	1	15 Average = 5.0
Quarter 4 (October – Dec 2018)	51	23	0	28 Average = 9.3
2018 Annual Totals January – December 2018	212	130	3	**79 Average = 6.6**

ANALYSIS OF DATA:
During 2018, the average monthly number of individuals leaving Forensic Services[3] to a more integrated setting was 6.6. The annual goal of an average of at least 9 per month was not met. Although the annual goal was not met, the average number of individuals who moved to an integrated setting increased to 9.3 in Quarter 4 from 5.0 in Quarter 3.

Forensic Services categorizes discharge data into three areas to allow analysis around possible barriers to discharge. The table below provides a breakdown of the number of individuals leaving Forensic Services by category. The categories include: committed after being found incompetent on a felony or gross misdemeanor charge, committed as Mentally Ill and Dangerous (MI&D) and Other committed).

Time period	Type	Total moves	Transfers	Deaths	Moves to integrated
2015 Annual (January – December 2015)	Committed after finding of incompetency	99	67	1	31
	MI&D committed	66	24	7	35
	Other committed	23	16	0	7
	Total	**188**	**107**	**8**	**(Avg. 6.1) 73**
2016 Annual (January – December 2016)	Committed after finding of incompetency	93	62	0	31
	MI&D committed	69	23	3	43
	Other committed	25	15	0	10
	Total	**187**	**100**	**3**	**(Avg. 7.0) 84**
2017 Annual (January – December 2017)	Committed after finding of incompetency	133	94	2	27
	MI&D committed	55	17	6	32
	Other committed	11	3	1	7
	Total	**199**	**114**	**9**	**(Avg. 6.3) 76**
2018 Annual (January – December 2018)	Committed after finding of incompetency	136	97	0	39
	MI&D committed	73	31	3	39
	Other committed	3	2	0	1
	Total	**212**	**130**	**3**	**(Avg. 6.6) 79**

COMMENT ON PERFORMANCE:
MSH, Transition Services, Forensic Nursing Home, and the Competency Restoration Program (CRP) at St. Peter serve different populations for different purposes. Together the four programs are known as Forensic Services. DHS efforts continue to expand community capacity. In addition, Forensic Services continues to work towards the mission of Olmstead by identifying individuals who could be served in more integrated settings.

Legislation in 2017 increased the base funding to improve clinical direction and support to direct care staff treating and managing clients with complex conditions, some of whom engage in aggressive behaviors. The funding will enhance the current staffing model to achieve a safe, secure and therapeutic treatment environment. These positions are primarily in direct care positions such as registered nurses,

[3] MSH includes individuals leaving MSH, Transition Services, Forensic Nursing Home, and the Competency Restoration Program at St Peter. These four programs are collectively referred to as Forensic Services.

forensic support specialists and human services support specialists. The positions that remain to be filled are in professional areas such as psychologists, social workers, recreational and occupational therapists. In the first quarter of fiscal year 2019, (July, August and September, 2018), 97% of funded professional positions are filled and 96.2% of funded direct care positions were filled.

MI&D committed and Other committed

MSH and Transition Services primarily serve persons committed as Mentally Ill and Dangerous (MI&D), providing acute psychiatric care and stabilization, as well as psychosocial rehabilitation and treatment services. The MI&D commitment is for an indeterminate period of time, and requires a Special Review Board recommendation to the Commissioner of Human Services, prior to approval for community-based placement (Minnesota Stat. 253B.18). MSH also serves persons under other commitments. Other commitments include Mentally Ill (MI), Mentally Ill and Chemically Dependent (MI/CD), Mentally Ill and Developmentally Disabled (MI/DD).

One identified barrier to discharge is the limited number of providers with the capacity to serve:

- Individuals with Level 3 predatory offender designation;
- Individuals over the age of 65 who require either adult foster care, skilled nursing, or nursing home level care;
- Individuals with DD/ID with high behavioral acuity;
- Individuals who are undocumented; and
- Individuals whose county case management staff has refused or failed to adequately participate in developing an appropriate provisional discharge plan for the individual.

Some barriers to discharge identified by the Special Review Board (SRB), in their 2017 MI&D Treatment Barriers Report as required by Minnesota Statutes 253B.18 subdivision 4c(b) included:

- The patient lacks an appropriate provisional discharge plan;
- A placement that would meet the patient's needs is being developed; and
- Funding has not been secured.

Ongoing efforts are facilitated to enhance discharges for those served at Forensic Services, including:

- Collaboration with county partners to identify those individuals who have reached maximum benefit from treatment;
- Collaboration with county partners to identify community providers and expand community capacity (with specialized providers/utilization of Minnesota State Operated Community Services);
- Utilization of the Forensic Review Panel, an internal administrative group, whose role is to review individuals served for reductions in custody (under MI&D Commitment), and who may be served in a more integrated setting;
- The Forensic Review Panel also serves to offer treatment recommendations that could assist the individual's growth/skill development, when necessary, to aid in preparing for community reintegration. As a result of these efforts, through November 2018, Forensic Services recommended reductions-in-custody to the Special Review Board for 73 individuals, 55 of which were granted. The results are pending for 11 individuals; and
- Collaboration with DHS/Direct Care and Treatment entities to expand community capacity and individualized services for a person's transitioning.

Committed after finding of incompetency
Individuals under competency restoration treatment, Minn. R. Crim. R. 20.01, may be served in any program at Forensic Services. Primarily CRP serves this population, and the majority of individuals are placed under a concurrent civil commitment to the Commissioner, as Mentally Ill. The limited purpose of CRP services is to restore a person's capacity to meaningfully participate in criminal proceedings, and his/her discharge is governed by the criminal court.

Competency restoration treatment may also be paired with a civil commitment of MI&D. These individuals would be served at MSH, and in rare circumstances Transition Services or the Forensic Nursing Home. For this report, the "Restore to Competency" category represents any individual who had been under court ordered competency restoration treatment, though not under commitment as MI&D (as transitions to more integrated settings for those under MI&D requires Special Review Board review and Commissioner's Order).

- All individuals at CRP competency entered the program under "treat to competency" orders.
- Forensic Services has expanded programming to individuals under "treat to competency", by opening a Community Competency Restoration Program in the St. Peter community.
- While AMRTC continues to provide care to those who may be under this legal status, individuals referred to CRP in St Peter are determined to no longer require hospital-level care.

DHS is convening a cross-division, cross-administration working group to improve the timely discharge of individuals at MSH and AMRTC to identify barriers, current and future strategies, and any needed efficiencies that could be developed between AMRTC and MSH to support movement to community. Counties and community providers will be consulted and engaged in this effort as well. DHS will report back to the Olmstead Subcabinet on these efforts annually starting December 31, 2018.

UNIVERSE NUMBER:
In Calendar Year 2017, 581 patients received services at MSH. This may include individuals who were admitted more than once during the year. The average daily census was 358.4.

TIMELINESS OF DATA:
In order for this data to be reliable and valid, it is reported one month after the end of the reporting period.

TRANSITION SERVICES GOAL FOUR: By June 30, 2020, 100% of people who experience a transition will engage in a process that adheres to the Person-Centered, Informed Choice and Transition protocol. Adherence to the transition protocol will be determined by the presence of the ten elements from the My Move Plan Summary document listed below. [People who opted out of using the My Move Summary document or did not inform their case manager that they moved are excluded from this measure.] **[Revised March 2018]**

Baseline: For the period from October 2017 – December 2017, of the 26 transition case files reviewed, 3 people opted out of using the My Move Plan Summary document and 1 person did not inform their case manager that they moved. Of the remaining 22 case files, 15 files (68.2%) adhered to the transition protocol.

RESULTS:
This goal is **in process.**

Time period	Number of transition case files reviewed	Number opted out	Number not informing case manager	Number of remaining files reviewed	Number not adhering to protocol	Number adhering to protocol
FY18 Quarter 1 July – Sept 2017	29	6	0	23	11 of 23 (47.8%)	**12 of 23 (52.2%)**
FY18 Quarter 2 Oct – Dec 2017	26	3	1	22	7 of 22 (31.8%)	**15 of 22 (68.2%)**
FY18 Quarter 3 Jan – March 2018	25	5	3	17	2 of 17 (11.8%)	**15 of 17 (88.2%)**
FY18 Quarter 4 April – June 2018	34	6	2	26	3 of 26 (11.5%)	**23 of 26 (88.5%)**
FY19 Quarter 1 July –Sept 2018	19	6	0	13	5 of 13 (38.5%)	**8 of 13 (61.5%)**

ANALYSIS OF DATA:
For the period from July – September 2018, of the 19 transition case files reviewed, 6 people opted out of using the My Move Plan document. Of the remaining 13 case files, 8 files (61.5%) adhered to the transition protocol.

The plan is considered to meet the transition protocols if all ten items below (from "My Move Plan" document) are present:

1. Where is the person moving?
2. Date and time the move will occur.
3. Who will help the person prepare for the move?
4. Who will help with adjustment during and after the move?
5. Who will take the person to new residence?
6. How will the person get his or her belongings?
7. Medications and medication schedule.
8. Upcoming appointments.

9. Who will provide support after the move; what they will provide and how to contact those people (include informal and paid support), including supporting the person to adjust to the changes?
10. Back-up plans for what the person will do in emergencies, such as failure of service provider to show up on schedule, unexpected loss of provider or mental health crisis.

In addition to reviewing for adherence to the transition protocols (use of the My Move Plan document), case files are reviewed for the presence of person-centered elements. This is reported in Person-Centered Planning Goal One.

COMMENT ON PERFORMANCE:
In January 2018, Lead Agency Review began requiring lead agencies to remediate missing or non-compliant person-centered review protocols. When findings from case file review indicate files did not contain all required documentation, the agency is required to bring all cases into full compliance by obtaining or correcting the documentation. Corrective action plans will be required when patterns of non-compliance are evident. Because the move occurred prior to the Lead Agency site review, transition measures related to the contents of the My Move Plan Summary cannot be remediated. However, Lead Agencies are provided information about which components of the My Move Plan were compliant/non-compliant for each of the transition cases that were reviewed.

TIMELINESS OF DATA:
In order for this data to be reliable and valid, it is reported three months after the end of the reporting period.

III. TIMELINESS OF WAIVER FUNDING

This section reports progress of individuals being approved for home and community-based services waiver funding. An urgency categorization system for the Developmental Disabilities (DD) waiver waiting list was implemented on December 1, 2015. The system categorizes urgency into three categories including Institutional Exit, Immediate Need, and Defined Need. Reasonable pace goals have been established for each of these categories. The goal reports the number of individuals that have funding approved at a reasonable pace and those pending funding approval.

TIMELINESS OF WAIVER FUNDING GOAL ONE: Lead agencies will approve funding at a reasonable pace for persons: (A) exiting institutional settings; (B) with an immediate need; and (C) with a defined need for the Developmental Disabilities (DD) waiver. [Revised March 2018]

Baseline: From January – December 2016, of the 1,500 individuals assessed, 707 individuals or 47% moved off the DD waiver waiting list at a reasonable pace. The percent by urgency of need category was: Institutional Exit (42%); Immediate Need (62%); and Defined Need (42%).

Assessments between January – December 2016

Urgency of Need Category	Total number of people assessed	Reasonable Pace Funding approved within 45 days	Funding approved after 45 days
Institutional Exit	89	37 **(42%)**	30 (37%)
Immediate Need	393	243 **(62%)**	113 (29%)
Defined Need	1,018	427 **(42%)**	290 (30%)
Totals	**1,500**	**707 (47%)**	433 (30%)

RESULTS:
This goal is **in process.**

Time period: July – September 2017

Urgency of Need Category	Total number of people assessed	Reasonable Pace Funding approved within 45 days	Funding approved after 45 days	Pending funding approval
Institutional Exit	29	21 (72%)	6 (21%)	2 (7%)
Immediate Need	122	83 (68%)	32 (26%)	7 (6%)
Defined Need	297	189 (64%)	80 (27%)	28 (9%)
Totals	**448**	**293 (66%)**	**118 (26%)**	**37 (8%)**

Time Period: October – December 2017

Urgency of Need Category	Total number of people assessed	Reasonable Pace Funding approved within 45 days	Funding approved after 45 days	Pending funding approval
Institutional Exit	28	14 (50%)	12 (43%)	2 (7%)
Immediate Need	110	74 (67%)	34 (31%)	2 (2%)
Defined Need	229	141 (62%)	71 (31%)	17 (7%)
Totals	**367**	**229 (62%)**	**117 (32%)**	**21 (6%)**

Time Period: January - March 2018

Urgency of Need Category	Total number of people assessed	Reasonable Pace Funding approved within 45 days	Funding approved after 45 days	Pending funding approval
Institutional Exit	19	16 (84%)	2 (11%)	1 (5%)
Immediate Need	114	79 (69%)	26 (23%)	9 (8%)
Defined Need	256	177 (69%)	63 (25%)	16 (6%)
Totals	**389**	**272 (70%)**	**91 (24%)**	**26 (7%)**

Time Period: April - June 2018

Urgency of Need Category	Total number of people assessed	Reasonable Pace Funding approved within 45 days	Funding approved after 45 days	Pending funding approval
Institutional Exit	20	12 (60%)	6 (30%)	2 (10%)
Immediate Need	121	89 (74%)	26 (21%)	6 (5%)
Defined Need	311	227 (73%)	61 (20%)	23 (7%)
Totals	**452**	**328 (73%)**	**93 (20%)**	**31 (7%)**

Time Period: July 2018 - September 2018

Urgency of Need Category	Total number of people assessed	Reasonable Pace Funding approved within 45 days	Funding approved after 45 days	Pending funding approval
Institutional Exit	22	17 (77%)	4 (18%)	1 (5%)
Immediate Need	102	81 (79%)	18 (18%)	3 (3%)
Defined Need	227	163 (72%)	57 (25%)	7 (3%)
Totals	**351**	**261 (74%)**	**79 (23%)**	**11 (3%)**

ANALYSIS OF DATA:

From July – September 2018, of the 351 individuals assessed for the Developmental Disabilities (DD) waiver, 261 individuals (74%) had funding approved within 45 days of the assessment date. An additional 79 individuals (23%) had funding approved after 45 days. Only (3%) of individuals assessed are pending funding approval.

COMMENT ON PERFORMANCE:

Lead agencies receive monthly updates regarding the people who are still waiting for DD funding approval through a web-based system. Using this information, lead agencies can view the number of days a person has been waiting for DD funding approval and whether reasonable pace goals are met. If reasonable pace goals are not met for people in the Institutional Exit or Immediate Need categories, DHS directly contacts the lead agency and seeks remediation. DHS continues to allocate funding resources to lead agencies to support funding approval for people in the Institutional Exit and Immediate Need categories.

Lead agencies may encounter individuals pending funding approval on an intermittent basis, requiring DHS to engage with each agency to resolve individual situations. When these issues arise, a lead agency may be unfamiliar with the reasonable pace funding requirement due to the infrequency of this issue at their particular agency. DHS continues to provide training and technical assistance to lead agencies as

pending funding approval issues occur and has added staff resources to monitor compliance with reasonable pace goals.

Not all persons who are assessed are included in the above tables. Only individuals who meet the criteria of one of the three urgency categories are included in the table. If an individual's need for services changes, they may request a reassessment or information will be collected during a future assessment.

Below is a summary table with the number of people still waiting for funding approval at specific points of time. Also included is the average and median days waiting of those individuals who are still waiting for funding approval. The average days and median days information has been collected since December 1, 2015. This data does not include those individuals who had funding approved within the 45 days reasonable pace goal. The total number of people still waiting for funding approval as January 8, 2019 is 93 people. This has decreased since October 1, 2017 (152).

People Pending Funding Approval as of April 1, 2017

Category	Number of people pending funding approval	Average days pending	Median days pending
Institutional Exit	13	91	82
Immediate Need	16	130	93
Defined Need	172	193	173
Total	**201**		

People Pending Funding Approval as of July 1, 2017

Category	Number of people pending funding approval	Average days pending	Median days pending
Institutional Exit	13	109	103
Immediate Need	26	122	95
Defined Need	198	182	135
Total	**237**		

People Pending Funding Approval as of October 1, 2017

Category	Number of people pending funding approval	Average days pending	Median days pending
Institutional Exit	12	136	102
Immediate Need	36	120	82
Defined Need	104	183	137
Total	**152**		

People Pending Funding Approval as of January 1, 2018

Category	Number of people pending funding approval	Average days pending	Median days pending
Institutional Exit	1	144	144
Immediate Need	22	108	74
Defined Need	66	184	140
Total	**89**		

People Pending Funding Approval as of April 1, 2018

Category	Number of people pending funding approval	Average days pending	Median days pending
Institutional Exit	5	65	61
Immediate Need	20	109	73
Defined Need	35	154	103
Total	**60**		

People Pending Funding Approval as of July 1, 2018

Category	Number of people pending funding approval	Average days pending	Median days pending
Institutional Exit	6	360	118
Immediate Need	26	115	85
Defined Need	62	120	70
Total	94		

People Pending Funding Approval as of October 1, 2018

Category	Number of people pending funding approval	Average days pending	Median days pending
Institutional Exit	12	112	74
Immediate Need	26	110	78
Defined Need	76	132	106
Total	**114**		

People Pending Funding Approval as of January 8, 2019

Category	Number of people pending funding approval	Average days pending	Median days pending
Institutional Exit	10	138	101
Immediate Need	18	115	79
Defined Need	65	144	88
Total	**93**		

TIMELINESS OF DATA:
In order for this data to be reliable and valid, it is reported four months after the end of the reporting period.

IV. QUALITY OF LIFE MEASUREMENT RESULTS

NATIONAL CORE INDICATORS (NCI) SURVEY
The results for the 2017 NCI survey for individuals with intellectual and developmental disabilities were reported in the November 2018 Quarterly Report.

QUALITY OF LIFE SURVEY
The Olmstead Plan Quality of Life Survey: First Follow-Up 2018 report was accepted by the Olmstead Subcabinet On January 28, 2019. This report is a follow-up to the "Olmstead Plan Quality of Life Survey Baseline Report" conducted in 2017, which is the first study in the country that includes people with disabilities of all types and ages in segregated settings, or at risk of being placed in segregated settings.

The Subcabinet authorized this longitudinal survey to track progress of the quality of life (QOL) of Minnesotans with disabilities as the Olmstead Plan is being implemented. The results of the QOL surveys are shared with state agencies implementing the plan so they can evaluate their efforts and better serve Minnesotans with disabilities.

Key Facts about the First Follow-up Survey (2018)

- A total of 511 people completed the survey. Follow-up survey respondents were selected from a random sample of 2,005 baseline survey respondents.
- The Olmstead Quality of Life Survey is a multi-year effort to assess the quality of life for people with disabilities who receive state services in potentially segregated settings. Minnesota Department of Human Services identified places such as group homes, nursing facilities and center-based employment as having the potential to be segregated settings.
- The results in this report reflect the experiences of the respondents and speak directly to the settings from which the sample was drawn. Therefore, results cannot be generalized to all people with disabilities in Minnesota.

Highlights from the First Follow-up Survey
The goal of the survey is to track progress of quality of life over an extended period of time. Researchers caution noticeable change is difficult to detect in a short period. When comparing data from the baseline to the follow-up survey, which took place in the span of one year, the results have not yet significantly shifted. Using a scale from "very bad" to "very good," people with disabilities reported their overall quality of life to be "good." Minnesota's average baseline score (76.6) and follow-up score (77.4) were similar.

Researchers detected no definitive changes but some interesting information surfaced.

- The data showed the more people get out and are allowed to interact with the broader community, their quality of life increases. Outing interaction scores are low. Minnesota's baseline average score (37.7) and follow-up (36.5) were similar. This indicates people are generally segregated from the broader community during daily activities. Finding ways to further integrate daily activities will help to improve quality of life for the focus population.

- The data also showed there are differences in quality of life for different regions of the state. Depending on where people live, they will have different experiences. For example, while there are

fewer outing interactions in the Metro Area, this area has a higher score for decision control. Variables impacting these scores may range from how agencies provide services to how providers network with each other.

- Respondents' perceived they have a moderate ability to make their own choices. Minnesota's average baseline score (66.2) and follow-up score (67.6) remained close. Further analysis showed that respondents without guardians reported more decision control and a higher quality of life than respondents with a guardian. In addition. Those with private guardians had a higher quality of life than those with public guardianship.

Initial analysis of the follow-up survey results have shown the nature of a long-term study is valuable and has already helped to identify important characteristics affecting overall quality of life. Researchers recommend waiting a longer period of time before resurveying respondents. It a recommended that the second follow-up survey should occur in summer of 2020.

Background

The Olmstead Subcabinet selected the Center for Outcome Analysis (COA) Quality of Life survey tool for the study. This tool was selected because it is reliable, valid, low-cost and could be used with all people with disabilities. The OIO then conducted a pilot survey to test the effectiveness of the tool.

The Olmstead Plan Quality of Life Survey: First Follow-up 2018 Report is available at www.mn.gov/olmstead and is attached as an Exhibit to this Quarterly report.

V. INCREASING SYSTEM CAPACITY AND OPTIONS FOR INTEGRATION

This section reports on the progress of measurable goals related to increasing capacity of the system and options for integration that are being reported in each quarterly report. The information for each goal includes the overall goal, annual goal, baseline, results for the reporting period, analysis of the data and a comment on performance and the universe number, when available. The universe number is the total number of individuals potentially impacted by the goal. This number provides context as it relates to the measure.

PERSON-CENTERED PLANNING GOAL ONE: By June 30, 2020, plans for people using disability home and community-based waiver services will meet protocols. Protocols are based on the principles of person-centered planning and informed choice. [Revised March 2018]

Baseline: In state fiscal year 2014, 38,550 people were served on the disability home and community-based services. From July 1, 2016 – June 30, 2017 there were 1,201 disability files reviewed during the Lead Agency Reviews. For the period from April – June 2017, in the 215 case files reviewed, the eight required criteria were present in the percentage of files shown below.

1. The support plan describes goals or skills that are related to the person's **preferences**. (74%)
2. The support plan includes a global statement about the person's **dreams and aspirations**. (17%)
3. Opportunities for **choice** in the person's current environment are described. (79%)
4. The person's current **rituals and routines** are described. (62%)
5. **Social**, leisure, or religious **activities** the person wants to participate in are described. (83%)
6. Action steps describing what needs to be done to assist the person in achieving his/her **goals** or skills are described. (70%)
7. The person's preferred **living** setting is identified. (80%)
8. The person's preferred **work** activities are identified. (71%)

RESULTS:
This goal is **in process.**

Time Period	(1) Preferences	(2) Dreams Aspirations	(3) Choice	(4) Rituals Routines	(5) Social Activities	(6) Goals	(7) Living	(8) Work
Baseline April – June 2017	74%	17%	79%	62%	83%	70%	80%	71%
FY18 Quarter 1 July – Sept 2017	75.9%	6.9%	93.1%	37.9%	93.1%	79.3%	96.6%	93.1%
FY18 Quarter 2 Oct –Dec 2017	84.6%	30.8%	92.3%	65.4%	88.5%	76.9%	92.3%	92.3%
FY18 Quarter 3 Jan – March 2018	84.6%	47.3%	91.6%	68.9%	93.5%	79.6%	97.5%	94.1%
FY18 Quarter 4 April – June 2018	80.2%	40.1%	92.8%	67.1%	94.5%	89.5%	98.7%	78.9%
FY19 Quarter 1 July – Sept 2018	90.0%	53.8%	96.2%	52.3%	93.8%	90.8%	98.5%	98.5%

ANALYSIS OF DATA:

For the period from July – September 2018, in the 130 case files reviewed, the eight required criteria were present in the percentage of files shown above. Performance on seven of the eight elements have improved over the 2017 baseline. Five of the eight elements show consistent progress, and six of the eight are at 90% or greater this quarter. One element, social activities, has remained level over the past three quarters.

Total number of cases and sample of cases reviewed

Time Period	Total number of cases (disability waivers)	Sample of cases reviewed (disability waivers)
FY18 Quarter 1 (July – September 2017)	934	192
FY18 Quarter 2 (October –December 2017)	1,419	186
FY18 Quarter 3 (January – March 2018)	8,613	628
FY18 Quarter 4 (April – June 2018)	1,226	237
FY19 Quarter 1 (July – September 2018)	832	130

Counties Participating in Audits[4]

July – September 2015	October – December 2015	January – March 2016	April – June 2016
1. Koochiching	7. Mille Lacs	13. Hennepin	19. Renville
2. Itasca	8. Faribault	14. Carver	20. Traverse
3. Wadena	9. Martin	15. Wright	21. Douglas
4. Red Lake	10. St. Louis	16. Goodhue	22. Pope
5. Mahnomen	11. Isanti	17. Wabasha	23. Stevens
6. Norman	12. Olmsted	18. Crow Wing	24. Grant
			25. Freeborn
			26. Mower
			27. Lac Qui Parle
			28. Chippewa
			29. Ottertail

July – September 2016	October – December 2016	January – March 2017	April – June 2017
30. Hubbard	38. Cook	44. Chisago	47. MN Prairie Alliance[5]
31. Cass	39. Fillmore	45. Anoka	48. Morrison
32. Nobles	40. Houston	46. Sherburne	49. Yellow Medicine
33. Becker	41. Lake		50. Todd
34. Clearwater	42. SW Alliance[6]		51. Beltrami
35. Polk	43. Washington		
36. Clay			
37. Aitkin			

[4] Agency visits are sequenced in a specific order approved by Centers for Medicare and Medicaid Services (CMS).

[5] The MN Prairie Alliance includes Dodge, Steele, and Waseca counties.

[6] The SW Alliance includes Lincoln, Lyon, Murray, Pipestone, Redwood, and Rock counties.

July – September 2017	October – December 2017	January – March 2018	April – June 2018
52. Pennington	58. Stearns	61. Dakota	64. Big Stone
53. Winona	59. McLeod	62. Scott	65. Des Moines Valley Alliance[7]
54. Roseau	60. Kandiyohi	63. Ramsey	66. Kanabec
55. Marshall			67. Nicollet
56. Kittson			68. Rice
57. Lake of the Woods			69. Sibley
			70. Wilkin

July – September 2018
71. Brown
72. Carlton
73. Pine
74. Watonwan

COMMENT ON PERFORMANCE:
The Lead Agency Review team looks at twenty-five person-centered items for the disability waiver programs (Brain Injury (BI), Community Alternative Care (CAC), Community Alternatives for Disability Inclusion (CADI) and Developmental Disabilities (DD). Of those twenty-five items, DHS selected eight items as being cornerstones of a person-centered plan.

In January 2018, Lead Agency Review began requiring lead agencies to remediate missing or non-compliant person-centered review protocols. When findings from case file review indicate files did not contain all required documentation, the agency is required to bring all cases into full compliance by obtaining or correcting the documentation. Corrective action plans will be required when patterns of non-compliance are evident. For the purposes of corrective action person-centered measures are grouped into two categories: development of a person-centered plan and support plan record keeping.

For the lead agencies reviewed during this time period, two of the four counties reviewed were required to develop corrective action plans in at least one category for at least one disability waiver program.

UNIVERSE NUMBER:
In Fiscal year 2017 (July 2016 – June 2017), 47,272 individuals received disability home and community-based services.

TIMELINESS OF DATA:
In order for this data to be reliable and valid, it will be reported three months after the end of the reporting period.

[7] The Des Moines Valley Health and Human Services Alliance includes Cottonwood and Jackson counties.

POSITIVE SUPPORTS GOAL ONE: By June 30, 2018, the number of individuals receiving services licensed under Minn. Statute 245D, or within the scope of Minn. Rule, Part 9544, (for example, home and community based services) who experience a restrictive procedure, such as the emergency use of manual restraint when the person poses an imminent risk of physical harm to themselves or others and it is the least restrictive intervention that would achieve safety, will decrease by 5% or 200.

2018 Goal

- By June 30, 2018, the number of people experiencing a restrictive procedure will be **reduced by 5% from the previous year or 46 individuals**

Annual Baseline: From July 2013 – June 2014 of the 35,668 people receiving services in licensed disability services, e.g., home and community based services, there were 8,602 BIRF reports of restrictive procedures, involving 1,076 unique individuals.

RESULTS:
The 2018 overall goal was met and reported in the November 2018 Quarterly Report. Progress on this goal will continue to be reported as **in Process**.

Time period	Individuals who experienced restrictive procedure	Reduction from previous year
2015 Annual (July 2014 – June 2015)	867 (unduplicated)	209
2016 Annual (July 2015 – June 2016)	761 (unduplicated)	106
2017 Annual (July 2016 - June 2017)	692 (unduplicated)	69
2018 Annual (July 2017 - June 2018)	**644 (unduplicated)**	**48**
Quarter 1 (July - September 2018)	265 (duplicated)	N/A – quarterly number

ANALYSIS OF DATA:
The overall goal to reduce the number of individuals who experienced a restrictive procedure from the baseline of 1,076 to 876, or less, by June 30, 2018 was met. The total number of people experiencing a restrictive procedure from July 1, 2017 – June 30, 2018 was 644. That is a reduction of 432 from the baseline. This outperformed the overall goal of 200 by 216%. DHS will continue to report progress past the goal end date of June 30, 2018.

From July - September 2018, the number of individuals who experienced a restrictive procedure was 265. This is a decrease of 19 from the previous quarter. The quarterly numbers are duplicated counts. Individuals may experience restrictive procedures during multiple quarters in a year. The quarterly numbers can be used as indicators of direction, but cannot be used to measure annual progress.

COMMENT ON PERFORMANCE:
There were 265 individuals who experienced a restrictive procedure this quarter:

- 233 individuals were subjected to Emergency Use of Manual Restraint (EUMR) only. Such EUMRs are permitted and not subject to phase out requirements like all other "restrictive" procedures. These reports are monitored and technical assistance is available when necessary.
- 32 individuals experienced restrictive procedures other than EUMRs (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures). DHS staff and the Interim Review Panel provide follow up and technical assistance for all reports involving restrictive procedures *other than* EUMR.

It is anticipated that focusing technical assistance with this subgroup will reduce the number of individuals experiencing restrictive procedures and the number of reports (see Positive Supports Goal Three).

Under the Positive Supports Rule, the External Program Review Committee (EPRC) convened in February 2017 has the duty to review and respond to Behavior Intervention Reporting Form (BIRF) reports involving EUMRs. Beginning in May 2017, the EPRC conducted outreach to providers in response to EUMR reports. It is anticipated the EPRC's work will help to reduce the number of people who experience EUMRs through the guidance they provide to license holders regarding specific uses of EUMR. The purpose of EPRC engagement in these cases is to provide guidance to help reduce the frequency and/or duration of future emergency uses of manual restraint. The EPRC is training new members on the EUMR guidance and follow up process and beginning to look at "post guidance" intervention data to identify results/trends. During this quarter, the EPRC conducted EUMR-related outreach involving seven people.

UNIVERSE NUMBER:
In Fiscal Year 2017 (July 2016 – June 2017), 42,272 individuals received services in licensed disability services, e.g., home and community-based services.

TIMELINESS OF DATA:
In order for this data to be reliable and valid, it is reported three months after the end of the reporting period.

POSITIVE SUPPORTS GOAL TWO: By June 30, 2018, the number of Behavior Intervention Reporting Form (BIRF) reports of restrictive procedures for people receiving services licensed under Minn. Statute 245D, or within the scope of Minn. Rule, Part 9544, (for example, home and community based services) will decrease by 1,596.

Annual Goals

- By June 30, 2018, the number of reports of restrictive procedures will be reduced by **369.**

Annual Baseline: From July 2013 – June 2014 of the 35,668 people receiving services in licensed disability services, e.g., home and community based services, there were 8,602 BIRF reports of restrictive procedures, involving 1,076 unique individuals.

RESULTS:
The 2018 overall goal was reported as met in the November 2018 Quarterly Report. Progress on this goal will continue to be reported as **in process**.

Time period	Number of BIRF reports	Reduction from previous year
2015 Annual (July 2014 – June 2015)	5,124	3,478
2016 Annual (July 2015 – June 2016)	4,008	1,116
2017 Annual (July 2016 - June 2017)	3,583	425
2018 Annual (July 2017 - June 2018)	**3,739**	**+156**
Quarter 1 (July – September 2018)	781	N/A – quarterly number

ANALYSIS OF DATA:
The overall goal to reduce the number of restrictive procedure reports from the baseline of 8,602 to 7,006, or less, by June 30, 2018 was met. The total number of BIRF reports of restrictive procedures from July 1, 2017 – June 30, 2018 was 3,739, a reduction of 4,863. This was 3,267 reports over the goal, or 116% greater than anticipated. DHS will continue to report progress past the goal end date of June 30, 2018. From July - September 2018, the number of restrictive procedure reports was 781. This was a decrease of 62 from 843 during the previous quarter.

COMMENT ON PERFORMANCE:
There were 781 reports of restrictive procedures this quarter. Of the 781 reports:

- 619 reports were for emergency use of manual restraint (EUMR). Such EUMRs are permitted and not subject to phase out requirements like all other "restrictive" procedures. These reports are monitored and technical assistance is available when necessary.
    - Under the Positive Supports Rule, the External Program Review Committee (EPRC) has the duty to review and respond to BIRF reports involving EUMRs. Convened in February 2017, the Committee's work will help to reduce the number of people who experience EUMRs through the guidance they provide to license holders regarding specific uses of EUMR.
    - Beginning in May 2017, the EPRC conducted outreach to providers in response to EUMR reports. The impact of this work toward reducing the number of EUMR reports will be tracked and monitored over the next several quarterly reports.
    - This is a decrease of 46 reports of EUMR from the previous quarter.

- 162 reports involved restrictive procedures other than EUMR (i.e., mechanical restraint, time out, seclusion, and other restrictive procedures). The EPRC provides ongoing monitoring over restrictive procedures being used by providers with persons under the committee's purview. DHS staff provide follow up and technical assistance for all reports involving restrictive procedures that are not implemented according to requirements under 245D or the Positive Supports Rule. The close monitoring and engagement by the EPRC with the approved cases of emergency use of procedures enables DHS to help providers work through some of the most difficult cases of ongoing use of mechanical restraints. Focusing existing capacity for technical assistance primarily on reports involving these restrictive procedures is expected to reduce the number of people experiencing these procedures, as well as reduce the number of reports seen here and under Positive Supports Goal Three.
    - The number of non-EUMR restrictive procedure reports decreased by 41 from the previous quarter.

- 25 uses of seclusion involving 14 people were reported this quarter:
    - 18 uses involving 11 people occurred at Minnesota Security Hospital, in accordance with the Positive Supports Rule (i.e., not implemented as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for staff convenience).
    - 1 use of seclusion involved an individual at a Children's Residential Facility.
    - 6 reports involving 2 different people were reported as unapproved uses of seclusion. DHS staff provided technical assistance to the providers in these cases and referred the reports to Licensing Intake.

UNIVERSE NUMBER:
In Fiscal Year 2017 (July 2016 – June 2017), 42,272 individuals received services in licensed disability services, e.g., home and community-based services.

TIMELINESS OF DATA:
In order for this data to be reliable and valid, it is reported three months after the end of the reporting period.

POSITIVE SUPPORTS GOAL THREE: Use of mechanical restraint is prohibited in services licensed under Minn. Statute 245D, or within the scope of Minn. Rule, Part 9544[vi], with limited exceptions to protect the person from imminent risk of serious injury. (Examples of a limited exception include the use of a helmet for protection of self-injurious behavior and safety clips for safe vehicle transport).

- **By December 31, 2019, the emergency use of mechanical restraints will be reduced to (A) ≤ 93 reports and (B) ≤ 7 individuals.**

2019 Goal

- By June 30, 2019, reduce mechanical restraints to no more than
  - **(A) 93** reports of mechanical restraint
  - **(B) 7** individuals approved for emergency use of mechanical restraint

Baseline: From July 2013 - June 2014, there were 2,038 BIRF reports of mechanical restraints involving 85 unique individuals.

RESULTS:
(A) The 2019 goal for number of reports is **not on track**.
(B) The 2019 goal for number of individuals is **not on track**.

Time period	(A) Number of reports during the time period	(B) Number of individuals at end of time period
2015 Annual (July 2014 – June 2015)	912	21
2016 Annual (July 2015 – June 2016)	691	13
2017 Annual (July 2016 – June 2017)	664	16
2018 Annual (July 2017 – June 2018)	671	13
Quarter 1 (July – September 2018)	137	12

ANALYSIS OF DATA:
This goal has two measures. Neither measure is on track to meet the 2019 goal.

- From July 1 through September 30, 2018, the number of reports of mechanical restraints was 137. This was a decrease of 16 from 153 in Quarter 4.
- At the end of the reporting period (September 30, 2018), the number of individuals for whom the use of mechanical restraint use was approved was 12. Although this is a decrease from 13 during the previous quarter, the goal is not on track to reduce to 7.

COMMENT ON PERFORMANCE:
Under the requirements of the Positive Supports Rule, in situations where mechanical restraints have been part of an approved Positive Support Transition Plan to protect a person from imminent risk of serious injury due to self-injurious behavior and the use of mechanical restraints has not been successfully phased out within 11 months, a provider must submit a request for the emergency use of these procedures to continue their use.

These requests are reviewed by the External Program Review Committee (EPRC) to determine whether they meet the stringent criteria for continued use of mechanical restraints. The EPRC consists of members with knowledge and expertise in the use of positive supports strategies. The EPRC sends its recommendations to the DHS Commissioner's delegate for final review and either time-limited approval or rejection of the request. The EPRC provides person-specific recommendations as appropriate to assist the provider to reduce the need for use of mechanical restraints. In situations where the EPRC believes a license holder needs more intensive technical assistance, phone and/or in-person consultation is provided by panel members. Prior to February 2017, the duties of the ERPC were conducted by the Interim Review Panel.

Of the 137 BIRFs reporting use of mechanical restraint in Quarter 1:

- 117 reports involved 10 of the 12 people with review by the EPRC and approval by the Commissioner for the emergency use of mechanical restraints during the reporting quarter.
    - This is a decrease of 8 reports from Quarter 4.
    - For 2 people with an approved plan including the use of mechanical restraint, there were no uses of mechanical restraint during this quarter.
- 13 reports involving 7 people, were submitted by Minnesota Security Hospital for uses of mechanical restraint that were not implemented as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for staff convenience.
- 3 reports involving 1 person were submitted by a provider whose use was within the 11-month phase out period.
- 4 reports involving 3 people were submitted for the use of mechanical restraint that was not approved by the Commissioner. DHS staff provided technical assistance to the providers in these cases and 2 cases were referred to Licensing Intake.

TIMELINESS OF DATA:
In order for this data to be reliable and valid, it is reported three months after the end of the reporting period.

CRISIS SERVICES GOAL THREE: By June 30, 2017, the number of people who discontinue waiver services after a crisis will decrease to 45 or fewer. (Leaving the waiver after a crisis indicates that they left community services, and are likely in a more segregated setting.)

Baseline: State Fiscal Year 2014 baseline of 62 people who discontinued waiver services (3% of the people who received crisis services through a waiver).

RESULTS:
The 2017 overall goal was reported as not met in the February 2018 Quarterly Report. The status of the goal will continue to be reported as **in process**.

Time period	Number of people who discontinued disability waiver services after a crisis
2015 Annual (July 2014 – June 2015)	54 (unduplicated)
2016 Annual (July 2015 – June 2016)	71 (unduplicated)
2017 Annual (July 2016 – June 2017)	62 (unduplicated)
2018 Annual (July 2017 – June 2018)	**77 (unduplicated)**

ANALYSIS OF DATA:
From July 2017 – June 2018, the number of people who discontinued disability waiver services after a crisis was 77. From April – June 2018, the number of people who discontinued waiver services after a crisis was 25.

COMMENT ON PERFORMANCE:
Given the small number of people identified in any given quarter as part of this measure, as of March 2017, DHS staff is conducting person-specific research to determine the circumstances and outcome of each identified waiver exit. This will enable DHS to better understand the reasons why people are exiting the waiver within 60 days of receiving a service related to a behavioral crisis and target efforts where needed most to achieve this goal.

Of the 25 people who discontinued waiver services because of a behavior crisis in Quarter 4:

- 14 people have since reopened to waiver services
- 11 people did not reopen on waiver services. Of those 11:
  - 2 people received relocation assistance and plan to reopen soon;
  - 2 people and/or their guardians chose to remain in a nursing facility;
  - 4 people remain in hospitals or nursing facilities and have not received relocation assistance, so plans for reopening are unknown;
  - 1 individual had a provisional discharge revoked and returned to Minnesota Security Hospital;
  - 1 individual has not been located
  - 1 individual passed away

TIMELINESS OF DATA:
In order for this data to be reliable and valid, it is reported seven months after the end of the reporting period.

SEMI-ANNUAL AND ANNUAL GOALS

This section includes reports on the progress of measurable goals related to increasing capacity of the system and options for integration that are being reported semi-annually or annually. Each specific goal includes: the overall goal, the annual goal, baseline, results for the reporting period, analysis of the data and a comment on performance.

EMPLOYMENT GOAL ONE: By September 30, 2019, the number of new individuals[8] receiving Vocational Rehabilitation Services (VRS) and State Services for the Blind (SSB) who are in competitive integrated employment will increase by 14,820.

2018 Goal

- By September 30, 2018, the number of new individuals with disabilities working in competitive integrated employment will be **3,028.**

Baseline: In 2014, Vocational Rehabilitation Services and State Services for the Blind helped 2,738 people with significant disabilities find competitive integrated employment.

RESULTS:
The 2018 goal was **not met**.

	Number of Individuals Achieving Employment Outcomes		
Time period Federal Fiscal Year (FFY)	**Vocational Rehabilitation Services (VRS)**	**State Services for the Blind (SSB)**	**Total**
2015 Annual (FFY 15) October 2014 – September 2015	3,104	132	3,236
2016 Annual (FFY 16) October 2015 – September 2016	3,115	133	3,248
2017 Annual (FFY 17) October 2016 – September 2017	2,713	94	2,807
2018 Annual (FFY 18) October 2017 – September 2018	2,577	105	**2,682**

ANALYSIS OF DATA:
From October 2017 – September 2018, the number of people with disabilities working in competitive integrated employment was 2,682. The 2018 annual goal of 3,028 was not met. This number represents a decrease from the previous year, and a decrease of 56 under baseline.

VRS: In FFY 18, the number of applications and completed plans decreased from FFY 17 (applications decreased 6.0%; plans completed decreased 7.5%). The number of employment outcomes for FFY 18 dropped to 2,577, a 5.0% decrease from FFY 17.

SSB: In FFY 18 the total number of customers served was 1,285. This is an increase from FFY17 (1,054), and in line with FFY16 (1,289). SSB continues to receive a steady number of applications: 273 in FFY 18

[8] "New individuals" mean individuals who were closed successfully from the Vocational Rehabilitation program. This is an unduplicated count of people working successfully in competitive, integrated jobs. These numbers are based on a historic trend for annual successful employment outcomes.

and served a higher proportion of first time customers (68.5%) compared to 38.3% in FFY 17 and 36% in FFY 16. SSB also served a higher proportion of youth 14-21 years (31.9%) in FFY 18, compared to 26.5% in FFY 17, and 19.5% in FFY 16. This is a shift that will likely continue under WIOA's emphasis on transition students.

COMMENT ON PERFORMANCE:

VRS: The reduction in the number of individuals who achieved competitive integrated employment is a reflection of the changing demographics of persons being served and the increased complexity of their circumstances. The VRS program has had an increase of 59.1% of clients with intellectual disabilities and an increase of 39.9% of people with autism. This population requires intensive and long term services in order to achieve an employment outcome.

The Workforce Innovation and Opportunity Act (WIOA) mandates have led to dramatic changes in the demographics of persons being served and have also reduced the dollars available to assist participants in securing and maintaining competitive integrated employment. WIOA has also implemented new federal performance measures which move away from counting the number of employment outcomes and instead, focus on credential attainment and measurable skill gains.

SSB: The data provided in the table above must be interpreted within the context of the current customer demographics and policies. The time and effort needed to obtain employment depends upon each customer's specific circumstances and the policies that define the processes that staff must adhere to. The total number of SSB customers who obtained employment in FFY 18 increased slightly from the prior year and the, the data shows that, under recent policy changes, SSB is serving customers with more complex and longer-term needs.

SSB operates in a dynamic environment in which its customers and guiding policies are constantly changing. WIOA's impacts will continue to unfold as time goes on. Federal reporting requirements and performance indicators continue to be adjusted, which requires resources and staff time to adapt internal procedures.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported two months after the end of the reporting period.

EMPLOYMENT GOAL FOUR: By December 31, 2019, the number of Peer Support Specialists who are employed by mental health service providers will increase by 82.

2018 Goal

- By December 31, 2018, the number of employed peer support specialists will increase by **30.**

Baseline: As of April 30, 2016, there are 16 certified peer support specialists employed by Assertive Community Treatment (ACT) teams or Intensive Residential Treatment Services (IRTS) throughout Minnesota.

RESULTS:
The 2018 goal to increase by 30 over baseline was **met.**

Time Period	Number of employed peer support specialists	Increase over baseline
Baseline (as of April 30, 2016)	16	N/A
2017 Annual (as of December 31, 2017)	46	30
2018 Annual (as of December 31, 2018)	**76**	**60**

ANALYSIS OF DATA:
As of December 31, 2018 there were 76 certified peer support specialists employed by Assertive Community Treatment (ACT) teams, Intensive Residential Treatment Services (IRTS), and crisis residential facilities. The 2018 goal to increase the number of peer support specialists by 30 over baseline (to 46) was met.

Of the 76 employed peer support specialists, 26 are employed by ACT teams and 50 are working in IRTS and crisis residential facilities. Most of these positions are part time and the peers are level one peers. These numbers do not reflect the number of peers working in Adult Rehabilitative Mental Health Services (ARMHS), advocacy organizations, or community support programs. The number of billable hours in ARMHS has been steadily increasing until recently.

COMMENT ON PERFORMANCE:
Since Fall of 2009, 875 individuals have successfully completed the peer training. Based on several surveys over the last couple of years, it is estimated that approximately 30% of certified peers worked at one time. Many leave after a short time, citing poor pay, lack of understanding of their role, discrimination by fellow employees, and unwillingness to work as a contract worker.

It is apparent that agencies that hire several peers have a more committed workforce and it is a more cost neutral service. Providers state that they need more training to implement the service but that has proved difficult because of constant turnover in staff.

The Behavioral Health Division is part of the Community Supports Administration at DHS. It includes adult mental health services, children's mental health services and alcohol and drug abuse services. The division works to integrate mental health with physical health care, to promote successful treatments, and to serve people close to their communities, families and other supports. The division was integrated the mental health and substance abuse divisions to form an integrated division in 2017; previously each area was a separate division. In light of this shift it is recommended that this goal

include the number of Recovery Peers in the future. There are 33 ACT teams, 32 IRTS and 25 residential crisis beds that provide employment opportunities for peer support specialists.

TIMELINESS OF DATA:
In order for this data to be reliable and valid, it is reported the month after it is collected. The data is collected for a point in time only.

EDUCATION GOAL ONE: By December 1, 2019, the number of students with disabilities[vii], receiving instruction in the most integrated setting[viii], will increase by 1,500 (from 67,917 to 69,417)

2017 Goal

- By December 1, 2017, the number of students receiving instruction in the most integrated settings will increase by 900 over baseline to 68,817

Baseline: In 2013, of the 109,332 students with disabilities, 67,917 (62.11%) received instruction in the most integrated setting.

RESULTS:
The 2017 goal to increase by 900 over baseline to 68,817 was **met**.

Time Period	Students with disabilities in most integrated setting	Total number of students with disabilities (ages 6 – 21)
January – December 2014	68,434 (62.1%) (517 over baseline)	110,141
2015 Goal January – December 2015	69,749 (62.1%) (1,832 over baseline)	112,375
2016 Goal January – December 2016	71,810 (62.3%) (3,893 over baseline)	115,279
2017 Goal January – December 2017	74,274 (62.5%) (6,387 over baseline)	118,800

ANALYSIS OF DATA:
During 2017, the number of students with disabilities receiving instruction in the most integrated setting increased by 6,387 over baseline to 74,274. The 2017 goal of an increase of 900 over baseline to 68,817 was met. Although the number of students in the most integrated setting increased, the percentage of students in the most integrated setting when compared to all students with disabilities ages 6 – 21 increased 0.2% from the previous year.

COMMENT ON PERFORMANCE:
MDE will continue the expansion of Positive Behavioral Interventions and Supports (PBIS) and implementation of Regional Low Incidence Disability Projects (RLIP) using a combination of access to qualified educators, technical assistance and professional development to increase the number of students with disabilities, ages 6 – 21, who receive instruction in the most integrated setting.

TIMELINESS OF DATA:
In order for this data to be reliable and valid, it is reported one year after the end of the reporting period.

TRANSPORTATION GOAL ONE: By December 31, 2020, accessibility improvements will be made to 4,200 curb ramps (increase from base of 19% to 38%) and 250 Accessible Pedestrian Signals (increase from base of 10% to 50%). By October 31, 2021, improvements will made to 30 miles of sidewalks.

A) Curb Ramps

By December 31, 2020, accessibility improvements will be made to 4,200 curb ramps bringing the percentage of compliant ramps to approximately 38%.

Baseline: In 2012: 19% of curb ramps on MnDOT right of way met the Access Board's Public Right of Way (PROW) Guidance.

RESULTS:

Based on Calendar Year 2017 data, the 2020 overall goal to make 4,200 improvements has been **met.**

Time Period	Curb Ramp Improvements	PROW Compliance Rate
Calendar Year 2014	1,139	24.5%
Calendar Year 2015	1,594	28.5%
Calendar Year 2016	1,015	35.0%
Calendar Year 2017	1,658	42.0%
Total	**5,406**	**42.0%**

ANALYSIS OF DATA:

In 2017, the total number of curb ramps improved was 1,658, bringing the system to 42.0% compliance under PROW. The 2020 overall goal has been achieved. A revised goal is being proposed during the 2019 Olmstead Plan amendment process.

COMMENT ON PERFORMANCE:

In 2017, MnDOT constructed fewer curb ramps than in the previous construction season, but the implementation of the plan remains consistent with required ADA improvements. Based on variations within the pavement program, it is anticipated that there will be seasons when the number of curb ramps installed will be lower.

TIMELINESS OF DATA:

In order for this data to be reliable and valid, it is reported one year after the end of the reporting period.

B) Accessible Pedestrian Signals

By December 31, 2019, an additional 250 Accessible Pedestrian Signals (APS) installations will be provided on MnDOT owned and operated signals bringing the percentage to 50%.

2018 Goal

- By December 31, 2018, an additional 50 APS installations will be provided.

Baseline: In 2009: 10% of 1,179 eligible state highway intersections with accessible pedestrian signals (APS) were installed. The number of intersections where APS signals were installed was 118.

RESULTS:
The 2018 annual goal to install 50 APS was **met**. In addition, the 2019 overall goal to install 250 APS has been achieved.

Time Period	Total APS in place		Increase over previous year	Increase over 2009 baseline
Calendar Year 2014	523 of 1,179 APS	(44% of system)	--	405
Calendar Year 2015	592 of 1,179 APS	(50% of system)	69	474
Calendar Year 2016	692 of 1,179 APS	(59% of system)	100	574
Calendar Year 2017	770 of 1,179 APS	(65% of system)	85	659

ANALYSIS OF DATA:
In Calendar Year 2017, an additional 85 APS installations were provided. Based on the 2017 data, the 2018 goal to increase by 50 was met. The 2019 overall goal has been achieved. A revised goal is being proposed during the 2019 Olmstead Plan amendment process.

COMMENT ON PERFORMANCE:
MnDOT continues to exceed the target set for APS which is largely based on MnDOT's signal replacement schedule. The increase is a result of signals being added to projects later in the project development.

TIMELINESS OF DATA:
In order for this data to be reliable and valid, it is reported one year after the end of the reporting period.

C) Sidewalks
By October 31, 2021, improvements will be made to an additional 30 miles of sidewalks.

2017 Goal:

- By October 31, 2018, improvements will be made to an additional 6 miles of sidewalks.

Baseline: In 2012: MnDOT maintained 620 miles of sidewalks. Of the 620 miles, 285.2 miles (46%) met the 2010 ADA Standards and Public Right of Way (PROW) guidance.

RESULTS:
The 2018 goal was **met** (using Calendar Year 2017 data). The 2021 overall goal to improve 30 miles of sidewalk was **met.**

Time Period	Sidewalk Improvements	PROW Compliance Rate
Calendar Year 2014	N/A	46%
Calendar Year 2015	12.41 miles	47.3%
Calendar Year 2016	18.80 miles	49%
Calendar Year 2017	28.34 miles	56%
Total	**59.55 miles**	56%

ANALYSIS OF DATA:
In Calendar Year 2017, improvements were made to an additional 28.34 miles of sidewalks. This brings the Public Right of Way compliance rate to 56%. The 2018 goal was met. In addition the 2021 overall goal has been achieved. A revised goal is being proposed during the 2019 Olmstead Plan amendment process.

COMMENT ON PERFORMANCE:
Based on the trend of the previous construction seasons MnDOT has proposed a new goal to complete 9 mile of sidewalk per construction season. The proposed goal takes into account past performance and programmed projects. The trend line will be monitored and adjustments will be made as needed.

TIMELINESS OF DATA:
In order for this data to be reliable and valid, it is reported one year after the end of the reporting period.

POSITIVE SUPPORTS GOAL FOUR: By June 30, 2020, the number of students receiving special education services who experience an emergency use of restrictive procedures at school will decrease by 318 students or decrease to 1.98% of the total number of students receiving special education services.

2018 Goal

- By June 30, 2018, the number of students experiencing emergency use of restrictive procedures will be reduced by 80 students or .02% of the total number of students receiving special education services.

Baseline: During school year 2015-2016, school districts (which include charter schools and intermediate districts) reported to MDE that 3,034 students receiving special education services experienced at least one emergency use of a restrictive procedure in the school setting. In 2015-2016, the number of reported students receiving special education services was 147,360 students. Accordingly, during school year 2015-2016, 2.06% students receiving special education services experienced at least one emergency use of a restrictive procedure in the school setting.

RESULTS:
The 2018 goal was **not met**.

Time period	Students receiving special education services	Students who experienced restrictive procedure	Change from previous year
Baseline 2015-16 school year	*133,742	3,034 (2.3%)	N/A
2017 Annual 2016-17 school year	*137,601	3,476 (2.5%)	+ 442 (+0.2%)
2018 Annual 2017-18 school year	142,270	3,546 (2.5%)	+ 70 (+0.0%)

*See Addendum for information about discrepancies in these reporting periods from previously reported data.

ANALYSIS OF DATA:
School districts reported that of the 142,270 students receiving special education services, restrictive procedures were used with 3,546 of those students (2.5%). This was an increase of 70 students from the previous year but the percentage remained unchanged. The 2018 goal to reduce by 80 students was not met. The actual number of reported special education students increased by 4,669 from the 2016-2017 school year.

As reported in the Addendum, a new methodology is being used to report some of the data in this measure. All previously reported numbers dating back to 2015-16 were recalculated using the new method. Data was corrected back to the beginning of reporting of this measure and is included above. A change to the baseline is being proposed during the 2019 Olmstead Plan amendment process.

The restrictive procedure summary data is self-reported to MDE by July 15 for the prior school year. The data included for 2015-16 and 2016-17 school years has been reviewed and confirmed as needed. The data includes all public schools, including intermediate districts, charter schools and special education cooperatives.

The 2019 MDE report to the Legislature, "School Districts' Progress in Reducing the Use of Restrictive Procedures in Minnesota Schools" includes more detailed reporting on the 2017-18 school year data. The legislative report will be available at:
http://education.state.mn.us/MDE/about/rule/leg/rpt/2019reports/

2017-18 school year:

- Physical holds were used with 3,465 students, up from 3,127 students in 2016-17.
- Seclusion was used with 824 students, down from 976 students in 2016-17.
- Compared to the 2016-17 school year, the average number of physical holds per physically held student is 5.4, down from 5.5; the average number of uses of seclusion per secluded student was 7.6, up from 7.3; and the average number of restrictive procedures per restricted student was 7.1, up from 7.0.

The table below shows this information over the last three school years.

School year	Number of students experiencing physical holds	Average number of holds per held student	Number of students experiencing seclusions	Average number of seclusions per secluded student
2015-16	2,743	5.7	848	7.6
2016-17	3,127	5.5	976	7.3
2017-18	3,465	5.4	824	7.6

COMMENT ON PERFORMANCE:
The 2016, 2017 and 2018 Restrictive Procedures Workgroups and MDE made significant progress in implementing the statewide plans developed by the Restrictive Procedures Workgroup stakeholders. The following sections on data quality and workgroup progress provide further detail.

Data Quality
For data reliability purposes, the student enrollment data is based on the state enrollment counts for students receiving special education services. It is worth noting that MDE does not have the ability to cross check the districts' reporting of students experiencing the use of physical holds with the quarterly

reporting of students experiencing the use of seclusion. Accordingly, a student may be counted more than once if they are both physically held and secluded. In addition, a student may be counted more than once if they move to another district and are physically held in both districts during the same school year.

Data on the staff development work activities and outcomes is described in more detail in the 2019 Restrictive Procedures Workgroup Legislative Report. Multiple districts reported a reduction in the use of restrictive procedures after implementing professional development grant activities over the 2016-17 and 2017-18 school years. For the 2017-18 school year, while the use of physical holding increased, the use of seclusion decreased by 11.6% and the number of students experiencing the use of a seclusion decreased by 15.1%.

To improve data consistency and quality, MDE updated the seclusion reporting form based upon feedback from the 2018 Restrictive Procedures Workgroup. In addition, MDE conducted 12 trainings throughout the state to assist districts in understanding restrictive procedure laws and to assist them in developing processes to have more consistent understanding of terms and reporting. MDE also hired a data analyst in September of 2018 and her duties include analysis of restrictive procedures data. Data quality improvements also included a transition to improved software for data analysis.

2018 Restrictive Procedures Workgroup
MDE obtained the services of a facilitator from Management Analysis and Development (MAD) to facilitate the restrictive procedure stakeholder workgroup meetings beginning in December of 2018. Facilitation focused on increasing stakeholder engagement in developing recommendations to the Commissioner, specific and measurable implementation, and outcome goals for reducing the use of restrictive procedures statewide.

The 2018 workgroup reached consensus on a revised statewide plan which includes specific targets to reduce the use of seclusion and number of students experiencing the use of seclusion in the school setting. In addition, the revised plan includes stakeholder support and goals for recommendations to the Commissioner and the legislature in three areas: funding for staff development grants, expansion of mental health services, and additional funding for technical assistance. These recommendations address identified needs for: improved availability of mental health services across the state; improving staff capacity to implement evidence based practices/positive supports; and providing time for staff to meet and discuss student needs related to reducing emergencies that result in the use of a restrictive procedure.

TIMELINESS OF DATA:
In order for this data to be reliable and valid, it is reported seven months after the end of the reporting period.

POSITIVE SUPPORTS GOAL FIVE: By June 30, 2020, the number of incidents of emergency use of restrictive procedures occurring in schools will decrease by 2,251 or by 0.8 incidents of restrictive procedures per student who experienced the use of restrictive procedures in the school setting.

2018 Goal

- By June 30, 2018, the number of incidents of emergency use of restrictive procedures will be reduced by 563 incidents, or by 0.2 incidents of restrictive procedures per student who experienced the use of a restrictive procedure.

Baseline: During school year 2015-2016, school districts (which include charter schools and intermediate districts) reported 22,028 incidents of emergency use of a restrictive procedure in the school setting. In school year 2015-2016, the number of reported students who had one or more emergency use of restrictive procedure incidents in the school setting was 3,034 students receiving special education services. Accordingly, during school year 2015-2016 there were 7.3 incidents of restrictive procedures per student who experienced the use of a restrictive procedures in the school setting.

RESULTS:
The 2018 goal to reduce by 563 or 0.2 uses per student was **not met.**

Time period	Incidents of emergency use of restrictive procedures	Students who experienced use of restrictive procedure	Rate of incidents per student	Change from previous year
Baseline (2015-16 school year)	22,028	3,034	7.3	N/A
2017 Annual 2016-17 school year	24,285	3,476	7.0	+ 2,257 incidents <0.3> rate
2018 Annual 2017-18 school year	25,175	3,546	7.1	+ 70 incidents +0.1 rate

ANALYSIS OF DATA:
During the 2017-18 school year there were 25,175 incidents of emergency use of restrictive procedures. There were 7.1 incidents of restrictive procedures per student who experienced the use of a restrictive procedure. There was an increase of 890 incidents from the previous year. There was also an increase of 70 students with an increase in the rate (0.1 incident per student). The 2018 goal to reduce by 0.2 incidents per student was not met.

The restrictive procedure summary data is self-reported to MDE by July 15 for the prior school year. The data included for 2017-18 school years has been reviewed and confirmed as needed. The data includes all public schools, including intermediate districts, charter schools and special education cooperatives.

The 2019 MDE report to the Legislature, "School Districts' Progress in Reducing the Use of Restrictive Procedures in Minnesota Schools" includes more detailed reporting on the 2017-18 school year data. The legislative report will be available at:
http://education.state.mn.us/MDE/about/rule/leg/rpt/2019reports/

2017-18 school year:

- Based upon MDE enrollment data, 142,270 students received special education services, up 4,669 or 3.4% from the 2016-2017 school year.
- During the 2017-2018 school year, Minnesota school districts reported a total of 18,884 physical holds and 6,291 uses of seclusion for a total of 25,175 restrictive procedure uses.
- The total number of uses of restrictive procedures increased by 890 or 3.7% from the 2016-2017 school year, while the total number of students who experienced a restrictive procedure increased by 70 or 2.0%. Consequently, the rate of use of restrictive procedures per student who experienced a restrictive procedure increased, from 7.0 during the previous school year to 7.1.
- The average number of physical holds per physically held student decreased from 5.5 in 2016-2017 to 5.4. While the number of students who were secluded and the number of seclusion uses decreased, the average number of seclusion uses per secluded student increased, from 7.3 to 7.6.

COMMENT ON PERFORMANCE:
The 2016, 2017 and 2018 Restrictive Procedures Workgroups and MDE made significant progress in implementing the statewide plans developed by the Restrictive Procedures Workgroup stakeholders. The following sections on data quality and workgroup progress provide further detail.

Data Quality
For data reliability purposes, the student enrollment data is based on the state enrollment counts for students receiving special education services. It is worth noting that MDE does not have the ability to cross check the districts' reporting of students experiencing the use of physical holds with the quarterly reporting of students experiencing the use of seclusion. Accordingly, a student may be counted more than once if they are both physically held and secluded. In addition, a student may be counted more than once if they move to another district and are physically held in both districts during the same school year.

Data on the staff development work activities and outcomes is described in more detail in the 2019 Restrictive Procedures Workgroup Legislative Report. Multiple districts reported a reduction in the use of restrictive procedures after implementing professional development grant activities over the 2016-17 and 2017-18 school years. For the 2017-18 school year, while the use of physical holding increased, the use of seclusion decreased by 11.6% and the number of students experiencing the use of a seclusion decreased by 15.1%.

To improve data consistency and quality, MDE updated the seclusion reporting form based upon feedback from the 2018 Restrictive Procedures Workgroup. In addition, MDE conducted 12 trainings throughout the state to assist districts in understanding restrictive procedure laws and to assist them in developing processes to have more consistent understanding of terms and reporting. MDE also hired a data analyst in September of 2018 and her duties include analysis of restrictive procedures data. Data quality improvements also included a transition to improved software for data analysis.

2018 Restrictive Procedures Workgroup
MDE obtained the services of a facilitator from Management Analysis and Development (MAD) to facilitate the restrictive procedure stakeholder workgroup meetings beginning in December of 2018. Facilitation focused on increasing stakeholder engagement in developing recommendations to the Commissioner, specific and measurable implementation, and outcome goals for reducing the use of restrictive procedures statewide.

The 2018 workgroup reached consensus on a revised statewide plan which includes specific targets to reduce the use of seclusion and number of students experiencing the use of seclusion in the school setting. In addition, the revised plan includes stakeholder support and goals for recommendations to the Commissioner and the legislature in three areas: funding for staff development grants, expansion of mental health services, and additional funding for technical assistance. These recommendations address identified needs for: improved availability of mental health services across the state; improving staff capacity to implement evidence based practices/positive supports; and providing time for staff to meet and discuss student needs related to reducing emergencies that result in the use of a restrictive procedure.

TIMELINESS OF DATA:
In order for this data to be reliable and valid, it is reported seven months after the end of the reporting period.

CRISIS SERVICES GOAL ONE: By June 30, 2018, the percent of children who receive children's mental health crisis services and remain in their community will increase to 85% or more.

2018 Goal

- By June 30, 2018, the percent who remain in their community after a crisis will increase to 85%

Baseline: In State Fiscal Year 2014 of 3,793 episodes, the child remained in their community 79% of the time.

RESULTS:
The 2018 goal to increase to 85% was **not met**.

Time period	Total Episodes	Community	Treatment	Other
2016 Goal (6 months data) January – June 2016	1,318	1,100 (83.5%)	172 (13.2%)	46 (3.5%)
2017 Goal (July 2016 – June 2017	2,653	2,120 (79.9%)	407 (15.3%)	126 (4.8%)
July – December 2017	1,176	841 (71.5%)	210 (17.9%)	125 (10.6%)
January – June 2018	1,560	1,165 (74.7%)	281 (18.0%)	114 (7.3%)
2018 Goal Totals (July 2017 – June 2018)	2,736	**2,006 (73.3%)**	491 (18.0%)	239 (8.7%)

- Community = emergency foster care, remained in current residence (foster care, self or family), remained in school, temporary residence with relatives/friends.
- Treatment = chemical health residential treatment, emergency department, inpatient psychiatric unit, residential crisis stabilization, residential treatment (Children's Residential Treatment).
- Other = children's shelter placement, domestic abuse shelter, homeless shelter, jail or corrections, other.

ANALYSIS OF DATA:
For the reporting period of July 2017 – June 2018, of the 2,736 crisis episodes, the child remained in their community after the crisis 2,006 times or 73.3% of the time. This is below the baseline and is a 6.6% decrease from the 2017 annual goal performance of 79.9%. Although performance improved from January – June 2018, the 2018 goal of 85% was not met.

COMMENT ON PERFORMANCE:
There has been an overall increase in the number of episodes of children receiving mental health crisis services, with likely more children being seen by crisis teams. In particular the number of children receiving treatment services after their mental health crisis has increased by more than 30% since baseline and by almost 50% since December of 2016. While children remaining in the community after crisis is preferred, it is important for children to receive the level of care necessary to meet their needs at the time. DHS will continue to work with mobile crisis teams to identify training opportunities for serving children in crisis, and to support the teams as they continue to support more children with complex conditions and living situations.

When children are served by mobile crisis teams, they are provided a mental health crisis assessment in the community and receive further help based on their mental health need. Once risk is assessed and a crisis intervention is completed, a short term crisis plan is developed to assist the individual to remain in the community, if appropriate.

Mobile crisis teams focus on minimizing disruption in the life of a child during a crisis. This is done by utilizing a child's natural supports the child already has in their home or community whenever possible. It is important for the child to receive the most appropriate level of care. Sometimes that can be in the community and sometimes that may be a higher level of care. A higher level of care should not necessarily be perceived as negative if it is the appropriate level of care. There is no way to predict who will need which level of care at any given time or why. Having an assessment from the mobile crisis team will increase the likelihood that the person has the opportunity to be assessed and have a plan developed that will help them stay in the most integrated setting possible.

DHS has worked with mobile crisis teams to identify training opportunities that would help increase their capacity to address the complexities they are seeing and has committed to providing trainings in identified areas specific to crisis response. This increases the teams' ability to work with individuals with complex conditions/situations effectively. DHS will continue to work with providers to explore trends that might be contributing to children presenting in crisis with the need for a higher level of care.

TIMELINESS OF DATA:
In order for this data to be reliable and valid, it is reported six months after the end of the reporting period.

CRISIS SERVICES GOAL TWO: By June 30, 2019, the percent of adults who receive adult mental health crisis services and remain in their community (e.g., home or other setting) will increase to 64% or more.

2018 Goal

- By June 30, 2018, the percent who remain in their community after a crisis will increase to 62%

Baseline: From January to June 2016, of the 5,206 episodes, for persons over 18 years, the person remained in their community 3,008 times or 57.8% of the time.

RESULTS:

The 2018 goal to increase to 62% was **not met**.

Time period	Total Episodes	Community	Treatment	Other
2016 Goal (6 months data) January – June 2016	5,436	3,136 (57.7%)	1,492 (27.4%)	808 (14.9%)
2017 Goal (July 2016 - June 2017)	10,825	**5,848 (54.0%)**	3,444 (31.8%)	1,533(14.2%)
July – December 2017	5,498	2,874 (52.3%)	1,673 (30.4%)	951 (17.3%)
January – June 2018	5,525	2,745 (49.7%)	1,837 (33.2%)	943 (17.1%)
2018 Goal Totals (July 2017 – June 2018)	11,023	**5,619 (51.0%)**	3,510 (31.8)	1,894 (17.2%)

- Community = remained in current residence (foster care, self or family), temporary residence with relatives/friends.
- Treatment = chemical health residential treatment, emergency department, inpatient psychiatric unit, residential crisis stabilization, intensive residential treatment (IRTS)
- Other = homeless shelter, jail or corrections, other.

ANALYSIS OF DATA:

For the reporting period of July 2017 – June 2018, of the 11,023 crisis episodes, the adult remained in their community after the crisis 5,619 times or 51.0% of the time. This is below the baseline and is a 3.0% decrease from the 2017 annual goal performance of 54.0%. The 2018 goal of 85% was not met.

COMMENT ON PERFORMANCE:

When individuals are served by mobile crisis teams, they are provided a mental health crisis assessment in the community and receive further help based on their mental health need. Once risk is assessed and a crisis intervention is completed, a short term crisis plan is developed to assist the individual to remain in the community, if appropriate.

Mobile crisis teams focus on minimizing disruption in the life of an adult during a crisis by utilizing the natural supports an individual already has in their home or community for support whenever possible. It is important for individuals to receive the most appropriate level of care. Sometimes that can be in the community and sometimes that may be a higher level of care. A higher level of care should not necessarily be perceived as negative if it is the appropriate level of care. There is no way to predict who will need which level of care at any given time or why. Having an assessment from the mobile crisis team will increase the likelihood that the person has the opportunity to be assessed and have a plan developed that will help them stay in the most integrated setting possible. DHS has worked with mobile

crisis teams to identify training opportunities that would help increase their capacity to address the complexities they are seeing and has committed to providing trainings in identified areas specific to crisis response. This increases the teams' ability to work with more complex clients/situations effectively.

DHS will continue to work with providers to ensure timely and accurate reporting and explore trends that might be contributing to individuals presenting in crisis with the need for a higher level of care. DHS will also continue to work with mobile crisis teams in order to identify training opportunities and provide support most needed for serving people in crisis.

TIMELINESS OF DATA:
In order for this data to be reliable and valid, it is reported six months after the end of the reporting period.

PREVENTING ABUSE AND NEGLECT GOAL THREE: By December 31, 2021, the number of vulnerable adults who experience more than one episode of the same type of abuse or neglect within six months will be reduced by 20% compared to the baseline.

2018 Goal

- By December 31, 2018, the number of vulnerable adults who experience more than one episode of the same type of abuse or neglect within six months will be reduced by 5% compared to the baseline.

BASELINE:
From July 2015 – June 2016, there were 2,835 individuals who experienced a substantiated or inconclusive abuse or neglect episode. Of those individuals, 126 (4.4%) had a repeat episode of the same type of abuse or neglect within six months.

RESULTS: The goal is in **on track** to meet the 2018 goal.

Time Period	Total number of people	Number of repeat episode	Change from baseline
Baseline (July 2015 - June 2016)	2,835	126 (4.4%)	N/A
July 2016 – June 2017	2,777	114 (4.1%)	<12> <9.5%>

ANALYSIS OF DATA:
From July 2016 – June 2017, 2,777 people had a substantiated or inconclusive abuse or neglect episode[9]. Of those people, 114 (4.1%) experienced a substantiated or inconclusive abuse or neglect had a repeat episode of the same type within six months. This is a decrease of 12 from baseline which is a reduction of 9.5%. This is on track to meet the 2018 goal.

Data is from reports of suspected maltreatment of a vulnerable adult made to the Minnesota Adult Abuse Reporting Center (MAARC) by mandated reporters and the public when a county was responsible for response. Maltreatment reports when DHS licensing or Minnesota Department of Health (MDH)

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[9] Episodes include physical abuse, sexual abuse, emotional abuse, financial exploitation, caregiver or self-neglect.

were responsible for the investigation of an individual associated with a licensed provider involved are not included in this report.

Demographic Data for July 2015 – June 2016

Episode Types

	Total Episodes	Emotional/ Mental	Physical	Sexual	Fiduciary Relationship	Not Fiduciary Relationship	Caregiver Neglect	Self - Neglect
FY 2016	134	18	4	0	8	16	24	64
FY 2017	124	14	12	2	3	13	28	52

Victim Gender

FY	Total	Female	Male
2016	126	73	53
2017	114	77	37

Victim Age Range

FY	Total	18 – 22	23 – 39	40 – 64	65 – 74	75 – 84	85 and over
2016	126	9	8	35	21	32	21
2017	114	5	5	32	20	27	25

Victim Race/Ethnicity

FY	Total	Caucasian	African American	American Indian	2 or more	Hispanic	Asian/Pacific Islander	Unknown
2016	126	112	3	5	4	1	0	1
2017	114	91	9	7	2	5	0	0

Offender Gender

FY	Total	Female	Male
2016	70	33	37
2017	74	30	44

Offender Age Range

FY	Total	18 – 22	23 – 39	40 – 64	65 – 74	75 – 84	85 and over
2016	70	3	14	38	7	6	2
2017	74	5	16	39	4	7	0

Offender Race/Ethnicity

FY	Total	Caucasian	African American	American Indian	2 or more	Hispanic	Asian/Pacific Islander	Unknown
2016	70	56	3	2	3	2	1	3
2017	74	52	4	4	3	5	0	6

COMMENT ON PERFORMANCE:

Counties have responsibility under the state's vulnerable adult reporting statute to assess and offer adult protective services to safeguard the welfare of adults who are vulnerable and have experienced

maltreatment. The number of substantiated and inconclusive allegations is impacted by the number of maltreatment reports opened for investigation.

Protection from maltreatment is balanced with the person's right to choice. People who are vulnerable may refuse interventions offered by adult protective services or supports that could protect them from abuse or neglect. Some incidents of repeat maltreatment may demonstrate vulnerable adults right to make decisions about activities, relationships and services is being respected and that use of restrictive services or legal interventions, like guardianship, are minimized.

TIMELINESS OF DATA:
In order for this data to be reliable and valid, it is reported twelve months after the end of the reporting period.

VI. COMPLIANCE REPORT ON WORKPLANS AND MID-YEAR REVIEWS

This section summarizes the monthly review of workplan activities and review of measurable goals completed by OIO Compliance staff.

WORKPLAN ACTIVITIES

OIO Compliance staff reviews workplan activities on a monthly basis to determine if items are completed, on track or delayed. Any delayed items are reported to the Subcabinet as exceptions. The Olmstead Subcabinet reviews and approves workplan implementation, including workplan adjustments on an ongoing basis.[ix]

The first review of workplan activities occurred in December 2015. Ongoing monthly reviews began in January 2016 and include activities with deadlines through the month prior and any activities previously reported as an exception.

The summary of those reviews are below.

	Number of Workplan Activities				
Reporting period	**Reviewed during time period**	**Completed**	**On Track**	**Reporting Exceptions**	**Exceptions requiring Subcabinet action**
December 2015 – December 2016	428	269	125	34	0
January – December 2017	284	251	32	8	1
January 2018	46	45	0	1	0
February 2018	20	16	2	2	0
March 2018	18	16	2	0	0
April 2018	21	19	1	1	0
May 2018	9	9	0	0	0
June 2018	15	15	0	0	0
July 2018	49	49	0	0	0
August 2018	8	8	0	0	0
September 2018	9	9	0	0	0
October 2018	7	7	0	0	0
November 2018	6	6	0	0	0
December 2018	11	8	0	3	0
January 2019	38	38	0	0	0

MID-YEAR REVIEW OF MEASURABLE GOALS REPORTED ON ANNUALLY

OIO Compliance staff engages in regular and ongoing monitoring of measurable goals to track progress, verify accuracy, completeness and timeliness of data, and identify risk areas. These reviews were previously contained within a prescribed mid-year review process. OIO Compliance staff found it to be more accurate and timely to combine the review of the measurable goals with the monthly monitoring process related to action items contained in the workplans. Workplan items are the action steps that the agencies agree to take to support the Olmstead Plan strategies and measurable goals.

OIO Compliance staff regularly monitors agency progress under the workplans and uses that review as an opportunity to identify any concerns related to progress on the measurable goals. OIO Compliance staff report on any concerns identified through the reviews to the Subcabinet. The Subcabinet approves any corrective action as needed. If a measurable goal is reflecting insufficient progress, the quarterly report identifies the concerns and how the agency intends to rectify the issues. This process has evolved and mid-year reviews are utilized when necessary, but the current review process is a more efficient mechanism for OIO Compliance staff to monitor ongoing progress under the measurable goals.

VII. ADDENDUM

Data Discrepancies: Transition Services Goal Two
It was determined that there was a discrepancy involving data previously reported for the following goal.

For Quarter 1, in the "moves to integrated settings" column, the wrong numbers (17 and 54) were submitted. The correct numbers (8 and 12) have been submitted and updated in the table. The incorrect numbers had no impact on the number in the "net moved to integrated setting" column (20) or on the status of the goal.

TRANSITION SERVICES GOAL TWO: By June 30, 2019, the percent of people under mental health commitment at Anoka Metro Regional Treatment Center (AMRTC) who do not require hospital level of care and are currently awaiting discharge to the most integrated setting[x] will be reduced to 30% (based on daily average).

Previously Reported (November 2018 Quarterly Report, page 12)

Time period	Total number of individuals leaving	Transfers	Deaths	Net moved to integrated setting	Moves to integrated settings	
					Mental health commitment	Committed after finding of incompetency
2019 Quarter 1 (July – Sept 2018)	71	51	0	**20**	**17**	**54**

Updated Reporting

- The status of the goal is unchanged. The only change is in the last 2 columns.

Time period	Total number of individuals leaving	Transfers	Deaths	Net moved to integrated setting	Moves to integrated settings	
					Mental health commitment	Committed after finding of incompetency
2019 Quarter 1 (July – Sept 2018)	71	51	0	**20**	**8**	**12**

ADDENDUM

Data Discrepancy: Positive Supports Goal Four

In prior reports, the total number of students receiving special education services was computed by totaling the counts on each district's annual restrictive procedure form. Given some districts lack of reporting that information and concerns over possible duplication of students, MDE is changing the way they report that number. For data verification purposes, MDE is now using the official special education student enrollment information (child count) that is finalized by December first of each year. The reporting going forward will use that number.

As a result of this change, all previously reported numbers dating back to 2015-16 school year were recalculated using the new method. Data was corrected back to the beginning of reporting of this measure and is updated in the February 2019 Report. The updates only affected the total number of students receiving special education services. It did not affect the performance on the annual goals.

POSITIVE SUPPORTS GOAL FOUR: By June 30, 2020, the number of students receiving special education services who experience an emergency use of restrictive procedures at school will decrease by 318 students or decrease to 1.98% of the total number of students receiving special education services.

Previously reported (February 2018 Quarterly Report, page 47)

Time period	Students receiving special education services	Students who experienced restrictive procedure	Change from previous year
Baseline 2015-16 school year	147,360	3,034 (2.1%)	N/A
2016-17 school year	151,407	3,476 (2.3%)	+ 442 (0.2%)

Updated reporting

- The status of the goal is unchanged.

Time period	Students receiving special education services	Students who experienced restrictive procedure	Change from previous year
Baseline 2015-16 school year	133,742	3,034 (2.3%)	N/A
2017 Annual 2016-17 school year	137,601	3,476 (2.5%)	+ 442 (+0.2%)

The 2018 Annual data is included on page 40 of this report.

ENDNOTES

[i] Reports are also filed with the Court in accordance with Court Orders. Timelines to file reports with the Court are set out in the Court's Orders dated February 12, 2016 (Doc. 540-2) and June 21, 2016 (Doc. 578). The annual goals included in this report are those goals for which data is reliable and valid in order to ensure the overall report is complete, accurate, timely and verifiable. See Doc. 578.

[ii] Some Olmstead Plan goals have multiple subparts or components that are measured and evaluated separately. Each subpart or component is treated as a measurable goal in this report.

[iii] This goal measures the number of people exiting institutional and other segregated settings. Some of these individuals may be accessing integrated housing options also reported under Housing Goal One.

[iv] Transfers refer to individuals exiting segregated settings who are not going to an integrated setting. Examples include transfers to chemical dependency programs, mental health treatment programs such as Intensive Residential Treatment Settings, nursing homes, ICFs/DD, hospitals, jails, or other similar settings. These settings are not the person's home, but a temporary setting usually for the purpose of treatment.

[v] As measured by monthly percentage of total bed days that are non-acute. Information about the percent of patients not needing hospital level of care is available upon request.

[vi] Minnesota Security Hospital is governed by the Positive Supports Rule when serving people with a developmental disability.

[vii] "Students with disabilities" are defined as students with an Individualized Education Program age 6 to 21 years.

[viii] "Most integrated setting" refers to receiving instruction in regular classes alongside peers without disabilities, for 80% or more of the school day.

[ix] All approved adjustments to workplans are reflected in the Subcabinet meeting minutes, posted on the website, and will be utilized in the workplan review and adjustment process.

[x] As measured by monthly percentage of total bed days that are non-acute. Information about the percent of patients not needing hospital level of care is available upon request.

EXHIBIT

Olmstead Plan Quality of Life Survey: First Follow-up 2018

OLMSTEAD PLAN QUALITY OF LIFE SURVEY: FIRST FOLLOW-UP – 2018

SUBMITTED BY THE IMPROVE GROUP
ACCEPTED BY
THE OLMSTEAD SUBCABINET

JANUARY 28, 2019

MINNESOTA
OLMSTEAD
IMPLEMENTATION OFFICE

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Executive summary

Purpose

The Olmstead Quality of Life Survey is a longitudinal study to assess and track the quality of life for people with disabilities who receive services in potentially segregated settings. The purpose of the Olmstead Quality of Life Survey is to talk directly with Minnesotans with disabilities who receive services in potentially segregated settings to collect their perceptions about what affects their quality of life.

This report outlines the results of the Olmstead Quality of Life Survey's first follow-up survey and compares results to baseline survey data collected in 2017. The results of this survey are critically important to understanding how well Minnesota is meeting the goals of its Olmstead Plan and for measuring change in quality of life.

Survey results

- There were no significant changes over time among the four survey modules: 1) community integration and engagement, 2) decision control inventory, 3) perceived quality of life, and 4) closest relationships inventory. Outings and interactions remain segregated across the state. Respondents report moderate decision control and good quality of life. The areas where daily choices are most limited are around choice of support personnel and staff, choice of case manager, and transportation. These are among the most important decisions and have the most potential to affect quality of life. Respondents did report fewer relationships on the follow-up survey than at baseline. However, the change did not meet the practical significance threshold of +/- 1 relationship, indicating there is not a meaningful difference in the number of close relationships. The underlying factors related to this difference will need further exploration.
- In comparison to similar studies completed in other states, Minnesota ranks high in average number of close relationships and perceived quality of life. It ranks low in outing interactions and decision control.
- The use of assistive technology also remained unchanged over time with most respondents (55 percent) reporting they use assistive technology and that it helps them maintain independence. Assistive technology use was significantly higher among respondents with no guardian than among respondents with a guardian.
- There were significant differences in module scores by region. Respondents in the Northeast region report the lowest decision control inventory scores, but the highest perceived quality of life. Respondents in the Metro region also report different experiences related to quality of life than other parts of the state, as shown by fewer outings and less interaction with community members.

- Linear regression models were used to determine how respondent demographics and other important characteristics of an individual's life are related to each of the four module scores. These models identified several key characteristics that were associated with the module scores and thus, overall quality of life:
    - **Guardianship status:** On average, respondents with a public guardian report lower perceived quality of life scores than respondents with a private guardian. Respondents who do not have a guardian report higher decision control inventory scores and fewer close relationships than respondents with a guardian.
    - **Region:** Most of the differences in outcomes occurred between the Metro region and greater Minnesota. The results suggest there are measurable differences between rural and urban communities that affect the overall quality of life of Minnesotans with disabilities who receive services in potentially segregated settings.
    - **Number and type of outings:** On average, respondents with higher outing interaction also report higher perceived overall quality of life.
    - **Cost of services:** On average, higher average daily cost of services is associated with lower perceived quality of life. However, this finding does not suggest that lowering the cost of services for all service recipients will lead to higher quality of life.
    - **Service type:** Service type, in addition to service setting, does have an impact on perceived overall quality of life. On average, services in both day and residential settings were associated with lower decision control inventory scores. Service type is not associated with the other module scores.

These results show that the survey instrument is working as intended and has highlighted multiple areas for further research. Each of the variables identified by the regression analysis deserves further examination. In addition, other factors that influence quality of life such as service availability, affordability of services, and changes in the mix of services should be studied to better understand the results of this study.

Methodology

The Olmstead Quality of Life Survey: First Follow-up – 2018 was conducted between June and November 2018. A total of 511 people completed the survey. The follow-up survey respondents were selected using a random sample from the 2,005 baseline survey respondents. The results of this follow-up survey will be used along with future follow-up surveys to measure Minnesota's progress in implementing its Olmstead Plan

Focus population

To be eligible to participate in the Olmstead Quality of Life Survey Baseline – 2017, respondents had to be authorized to receive state-paid services in potentially segregated settings in July 2016. The survey was designed as a longitudinal study. This means

everyone who took part in the 2017 baseline survey was eligible to participate in the follow-up survey, regardless of whether the person was still receiving services in potentially segregated settings.

The potentially segregated settings included in this study were based on a 2014 report developed by the Minnesota Department of Human Services for the Olmstead Subcabinet.[1] The settings include:

- Boarding Care
- Board and Lodging
- Center Based Employment
- Community Residential Services (Adult Foster Care and Supported Living Services)
- Day Training and Habilitation (DT&H)
- Intermediate Care Facilities for Persons with Developmental Disabilities (ICF/DD)
- Nursing Facilities and Customized Living
- Supported Living Facilities (SLF)

Understanding the results

Past studies conducted by the survey developer showed that noticeable change can only be expected in the short term (about one year) when a large transition has occurred, such as moving from an institution to the community. And even in these studies, changes become statistically significant only at approximately two years. Given that a large transition like deinstitutionalization did not occur during the period of study and the relatively short amount of time between the baseline and follow-up surveys, we expect little to no change in survey scores.

While there were no significant changes noted in overall quality of life in this first follow-up survey it is critical to continue to monitor progress on Minnesota's Olmstead Plan implementation. The initial analysis of follow-up survey results demonstrates that the survey can identify important characteristics affecting overall quality of life.

Data limitations

The results in this report reflect the perceptions of the respondents and speak directly to their individual experiences. The survey sample was selected from well-defined groups of people receiving services in potentially segregated settings. As such, the results are reflective of the experiences of Minnesotans with disabilities who receive services in those settings and cannot be generalized to all people with disabilities in Minnesota.

[1] MN Department of Human Services. (2014). Minnesota Olmstead Plan: Demographic Analysis, Segregated Setting Counts, Targets and Timelines. Retrieved from: https://www.dhs.state.mn.us/main/groups/olmstead/documents/pub/dhs16_193122.pdf

Future considerations

Through the analysis conducted for this report, several important discoveries were made that will require future research into multiple areas. These areas are fully explained in the final section of this report. A second follow-up survey conducted in 2020 will also be helpful to further monitor and identify key characteristics that are associated with overall quality of life.

Introduction and purpose

Minnesota's Olmstead Plan is a broad series of key activities the state must accomplish to ensure people with disabilities are living, learning, working, and enjoying life in the most integrated setting. The Plan helps achieve a better Minnesota because it helps Minnesotans with disabilities have the opportunity to live close to their family and friends, live more independently, engage in productive employment, and participate in community life.

Minnesota's Olmstead Plan's "Quality Assurance and Accountability" section states that a longitudinal survey should be implemented to measure quality of life over time. The Olmstead Quality of Life Survey is the tool that has been chosen to do this.

The Olmstead Quality of Life Survey was designed as a longitudinal effort. In 2017, a baseline survey was conducted to gather initial data about quality of life for Minnesotans with disabilities who received services in potentially segregated settings. In 2018, the first follow-up survey was conducted with a random sample of people who participated in the baseline survey.

The Olmstead Quality of Life Survey: First Follow-up – 2018 has a dual purpose: to gather information about quality of life for Minnesotans with disabilities who receive services in potentially segregated settings, and to compare this year's information with the baseline results to show any changes in quality of life over time for the focus population.

This report outlines the results of the Olmstead Quality of Life first follow-up survey and compares those results to baseline survey data. This report is intended to be a detailed analysis of the first follow-up survey results, the characteristics associated with quality of life across the outcomes, and the characteristics associated with changes in outcomes between baseline and follow-up. The report also includes considerations for future research.

Background

Minnesota's Olmstead Plan was developed as part of the State of Minnesota's response to two court cases when individuals with disabilities challenged their living settings. In a 1999 civil rights case, *Olmstead v. L.C.*, the U.S. Supreme Court held that it is unlawful for governments to keep people with disabilities in segregated settings when they can be supported in the community. The case was brought by two individuals with disabilities who were confined in an institution even after health professionals said they could move to a community-based program. In its ruling, the U.S. Supreme Court said unjustified segregation of people with disabilities violates the Americans with Disabilities Act.[2] This means states must offer services in the most integrated setting, including providing community-based services when possible. The Court also emphasized it is important for governments to develop and implement a plan to increase integration.

In 2009, individuals who had been secluded or restrained at the Minnesota Extended Treatment Options program filed a federal class action lawsuit, *Jensen et al v. Minnesota Department of Human Services*.[3] The resulting settlement required policy changes to significantly improve the care and treatment of people with developmental and other disabilities in Minnesota. One provision of the *Jensen* settlement agreement required Minnesota to develop and implement an Olmstead Plan.

An Olmstead Plan documents a state's plans to provide services to persons with disabilities in the most integrated setting appropriate to their needs. Minnesota's Olmstead Plan keeps the State accountable to the *Olmstead* ruling. The goal of the plan is to make Minnesota a place where "people with disabilities are living, learning, working, and enjoying life in the most integrated setting."[4]

Olmstead Quality of Life Survey as a multi-year effort

The Olmstead Quality of Life Survey is a longitudinal, multi-year effort to track the quality of life for individuals in potentially segregated settings. In 2017, a baseline survey was conducted to gather initial data about quality of life for Minnesotans with disabilities who receive services in potentially segregated settings. In 2018, the first follow-up survey was conducted with a sample of baseline survey respondents. Future follow-up surveys will be conducted with a new sample selected from the baseline respondents. By sampling from the same group of respondents over time, it is possible to measure changes in quality of life from one year to the next.

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[2] U.S. Department of Justice Civil Rights Division. (Retrieved November 2017). Olmstead: Community Integration for Everyone. Retrieved from: https://www.ada.gov/olmstead/olmstead_about.htm

[3] Minnesota Department of Human Services. (2017). Jensen Settlement. Retrieved from: https://mn.gov/dhs/general-public/featured-programs-initiatives/jensen-settlement/

[4] Olmstead Subcabinet. (2017). Putting the Promise of Olmstead into Practice: Minnesota's Olmstead Plan. Retrieved from: https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=LatestReleased&Rendition=Primary&allowInterrupt=1&noSaveAs=1&dDocName=dhs-292991

Baseline Survey – 2017

The Improve Group was selected to conduct the Olmstead Quality of Life Baseline Survey in 2016. The baseline survey was conducted between February and November of 2017. The baseline survey was a large statewide survey of 2,005 Minnesotans with disabilities who receive services in potentially segregated settings. The baseline survey results function as a point in time measure of quality of life for this focus population. The baseline data are also the standard by which future survey results will be measured to determine any changes in quality of life.

First Follow-up Survey – 2018

The Olmstead Quality of Life Survey: First Follow-up – 2018 was conducted by The Improve Group from June to November of 2018. The follow-up survey was administered to a randomly selected sample of 511 respondents who participated in the baseline survey. The first follow-up survey marks the second year of the longitudinal study. The follow-up surveys use the baseline respondents as the sample group. In each subsequent survey, a random sample will be selected from the baseline respondents. Everyone who participated in the baseline survey is eligible to participate in the survey regardless if they are still receiving services or not, as long as they live in Minnesota.

Past studies conducted by the developer of the survey showed that noticeable change can only be expected in the short term when a large transition has occurred, such as moving from institution to community. And even in these studies, changes become statistically significant only at approximately two years. Given that a large transition like deinstitutionalization did not occur during the period of study and the relatively short amount of time between the baseline and follow-up surveys, we expect little to no change in survey scores.

Minnesota's Olmstead Plan timeline

1999: *Olmstead v. L.C.* U.S. Supreme Court case makes it unlawful for governments to keep people with disabilities in segregated settings. States begin developing Olmstead Plans.

2009: The federal class action lawsuit known as *Jensen et al v. Minnesota Department of Human Services* is filed.

December 2011: The *Jensen et al v. Minnesota Department of Human Services* settlement agreement requires development of a Minnesota Olmstead Plan.

January 2013: Governor Mark Dayton issues Executive Order 13-01 establishing the Olmstead Subcabinet. This group begins developing the Minnesota Olmstead Plan.

June 2013 – June 2015: The Olmstead Implementation Office (OIO) receives more than 400 public comments. The Olmstead Implementation Office and Subcabinet members attended many of the public listening sessions to guide their development of the Plan.

April 2014: The Olmstead Subcabinet votes to approve the Center for Outcome Analysis Quality of Life survey tool as the most appropriate way of measuring the quality of life of people with disabilities. The survey tool was selected because it is designed to be used in longitudinal studies that measure change over time among a sample of individuals with disabilities.

June – December 2014: The Olmstead Quality of Life Survey is piloted by The Improve Group. Approximately 100 people with disabilities participated in the pilot. People with disabilities were hired to conduct the surveys. Considerations from the pilot survey are incorporated into the Quality of Life Survey Administration Plan.

January 2015: Governor Mark Dayton issues Executive Order 15-03 further defining the role and nature of the Olmstead Subcabinet.

September 2015: The U.S. District Court for the District of Minnesota approves the Minnesota Olmstead Plan, citing components that ensure continued improvements for people with disabilities, such as the Quality of Life survey.

July 2016: The Minnesota Department of Human Services' Institutional Review Board (IRB) grants approval to the Olmstead Quality of Life Survey. IRB approval is required because of the significant vulnerability of the people to be surveyed.

February 2017 – November 2017: The Improve Group implements the Olmstead Quality of Life baseline survey with 2,005 people with disabilities across Minnesota.

December 2017: The Improve Group analyzes and reports survey results to the Olmstead Subcabinet as well as the Olmstead Implementation Office.

June 2018 – November 2018: The first follow-up survey is completed with a random sample of baseline survey respondents to detect any changes in quality of life.

Methodology

Survey tool selection

The Olmstead Implementation Office reviewed seven possible tools for consideration and presented them to the Subcabinet. The office used the following criteria, provided by the Subcabinet, to judge the tools:

- applicability across multiple disability groups and ages
- validity and reliability
- ability to measure changes over time
- whether integration is included as an indicator in the survey
- low cost

The Subcabinet voted to use a field-tested survey tool developed by James Conroy, Ph.D., with the Center for Outcome Analysis (COA). The tool was tailored to meet the needs of Minnesota's Olmstead Plan and selected because it best met the selection criteria stated previously.

The COA Quality of Life survey tool meets the selection criteria because it can be used with respondents with any disability type, is designed to be used in longitudinal studies, measures change over time, and includes reliability and validity data. The tool was selected over the National Core Indicators (NCI) Adult Consumer Survey because the COA tool asks for a finer level of detail in all domains of home and community based services, which allows for gathering a more specific list of actionable information.

Focus population

The focus population for the Olmstead Quality of Life Survey is Minnesotans with disabilities who receive services in potentially segregated settings. The survey's focus population includes people of all ages and disability types, in the eight service settings described in Table 1.

Table 1: Description of settings

Setting	Description
Center Based Employment	Center Based Employment programs provide opportunities for people with disabilities to learn and practice work skills in a separate and supported environment. Respondents may be involved in the program on a transitional or ongoing basis, and are paid for their work, generally under a piecework arrangement. The nature of the work and the types of disabilities represented in the workforce vary widely by program and by the area in which the organization is located.

Setting	Description
Day Training and Habilitation (DT&H)	DT&H programs provide licensed supports in a day setting to provide people with help to develop and maintain life skills, participate in community life, and engage in proactive and satisfying activities of their own choosing. Health and social services are directed toward increasing and maintaining the physical, intellectual, emotional, and social functioning of people with developmental disabilities.
Board and Lodging	Board and Lodging facilities are licensed by the Minnesota Department of Health (or local health department) and provide sleeping accommodations and meals to five or more adults for a period of one week or more. They offer private or shared rooms with a private or attached bathroom. There are common areas for dining and other activities. Many offer a variety of supportive services (housekeeping or laundry) or home care services (assistance with bathing or medication administration) to residents. Board and Lodging facilities vary greatly in size—some resemble small homes and others are more like apartment buildings.
Supervised Living Facilities (SLF)	Supervised Living Facilities provide supervision, lodging, meals, counseling, developmental habilitation, or rehabilitation services under a Minnesota Department of Health license to five or more adults who have intellectual disabilities, chemical dependencies, mental illness, or physical disabilities.
Boarding Care	Boarding Care homes are licensed by the Minnesota Department of Health and are homes for people needing minimal nursing care. They provide personal or custodial care and related services for five or more older adults or people with disabilities. They have private or shared rooms with a private or attached bathroom. There are common areas for dining and for other activities.
Nursing Facilities and Customized Living Services (Assisted Living)	Nursing facilities are inpatient health care facilities that provide nursing and personal care over an extended period of time (usually more than 30 days) for people who require convalescent care at a level less than that provided in an acute facility; people who are chronically ill or frail elderly; or people with disabilities. Customized living is a package of regularly scheduled individualized health-related and supportive services provided to a person residing in a residential center (apartment buildings) or housing with services establishment.

Setting	Description
Community Residential Setting (Adult Foster Care and Supported Living Services)	Adult foster care includes individual waiver services provided to persons living in a home licensed as foster care. Foster care services are individualized and based on the individual needs of the person and service rates must be determined accordingly. People receiving supported living services are receiving additional supports within adult foster care.
Intermediate Care Facilities for Persons with Developmental Disabilities (ICF/DD)	Residential facilities licensed as health care institutions and certified by the Minnesota Department of Health provide health or rehabilitative services for people with developmental disabilities or related conditions who require active treatment.

Populations not included

The goal of this survey is to be as inclusive as possible; however, the survey methodology and eligibility criteria does not include all Minnesotans with disabilities.

The eligible population does not include people who are incarcerated, youth living with their parents, people living in their own home or family home who do not receive day services in selected settings, people who are currently experiencing homelessness, or people who are receiving services in settings other than the eight settings identified above. **For these reasons, the survey results can only be generalized for the people receiving services in these eight service settings. Survey results are not representative of the experiences of all Minnesotans with disabilities.**

Selecting the survey sample

The Olmstead Quality of Life Survey uses simple random sampling to generate survey samples. This technique randomly selects a sample from a larger sample or population, where each person in has an equal chance of being selected. Simple random sampling is generally easier to understand and reproduce compared to other sampling techniques like stratification. Simple random sampling also allows for more flexibility to accommodate changes in setting definitions.

For the 2017 baseline survey, a representative random sample was generated from the focus population, with 2,005 respondents completing the survey. From those 2,005 respondents, a random and representative sample was selected as the eligible respondents for the first follow-up survey in 2018. The 2,005 baseline respondents will continue to be the sample from which future follow-up survey respondents will be drawn at random.

The focus population for the first follow-up survey is Minnesotans with disabilities who receive services in potentially segregated settings and who were included in the baseline survey population.

The sample includes people of all disability types, including people with multiple disabilities. Disability types include:

- People with physical disabilities
- People with intellectual/developmental disabilities
- People with mental health needs/dual diagnosis (mental health diagnosis and chemical dependency)
- People who are deaf or hard of hearing
- People who are blind or visually impaired
- People with brain injury

Race and ethnicity

The racial and ethnic diversity of the focus population and of Minnesota were considered in planning the survey. By using the process of simple random sampling to select respondents for the survey, the race/ethnicity breakdown of people selected for the survey was designed to mirror the demographics of Minnesotans receiving services in the selected settings. Thus, the potential sample is representative of the people receiving services in potentially segregated settings, but not the state overall.

Data sources

For the purposes of the baseline survey, four main sources of data were used: Minnesota Department of Human Services (DHS) data, Minnesota Department of Employment and Economic Development (DEED) data, outreach tracking data, and data gathered through use of the Quality of Life Survey itself.

DHS and DEED provided the data for the survey sample. These data consisted primarily of individual demographic data for potential respondents, such as name, birthdate, race/ethnicity, disability, guardianship status, contact information, and information about services received.

DHS holds data for people who receive services in seven of the settings included in this survey. DHS does not hold data for people who receive services in Center Based Employment. DHS provided service and screening data for all potential respondents who were authorized to receive services in potentially segregated settings as of July 2016. DHS and The Improve Group have a data-sharing agreement that allowed The Improve Group to access individual-level data needed for the survey.

The data for people receiving services through Center Based Employment is held by DEED. Initially, DEED could not share identifiable data with The Improve Group. However, DEED did provide ID numbers, provider information, and residential status information for potential respondents in Center Based Employment as of January 2016. Residential status information was used to identify people who were potentially receiving residential services through DHS. The Improve Group used this information to remove

individuals who were listed as living in Adult Foster Care or another DHS setting in the DEED data set. Removing these individuals minimized the risk of duplication in the final sample.

Outreach tracking data included details about contact made with the person and/or their guardian to participate in the survey, as well as any contact made with other allies, providers, etc.

For the follow-up survey, The Improve Group requested updated service and screening data from DHS and DEED for the 2,005 people who participated in the baseline survey. The Improve Group used this data to identify individuals who were no longer authorized to receive services in potentially segregated settings. While individuals who were no longer receiving services in potentially segregated settings were eligible to participate in the follow-up survey, The Improve Group acknowledged the potential for additional challenges when attempting to contact such individuals. Based on the data update, The Improve Group estimated that approximately six percent of baseline respondents were no longer authorized to receive services in one of the selected settings in 2018. This included individuals who moved to more integrated settings, individuals who never received the authorized services, individuals who moved out of state, and individuals who were deceased. This data update was completed in the summer of 2018.

Survey outreach and consent process

The Improve Group used multiple contact methods to reach people selected to participate in the follow-up survey. These methods included mail, phone calls, and email.

From June 2018 through November 2018, outreach was conducted on a "rolling basis" to potential respondents from the random sample. This meant that initial contact with potential respondents was based on the date that the respondents completed their baseline survey. The goal was for the follow-up surveys to be administered in the same calendar month as the baseline survey to maximize the duration between surveys.

Outreach

To encourage potential respondents from the randomly selected sample to participate, The Improve Group conducted outreach in a variety of ways. Up to three mailings were sent to potential respondents without guardians, guardians, and service providers. In addition, there were outreach and follow-up conversations via phone and email, when appropriate.

Individuals who did not respond to outreach remained eligible to take the survey until the end of the administration period. The follow-up survey administration period ended November 30, 2018.

For the purposes of protecting individual-level information during outreach and scheduling, potential respondents were assigned identification numbers.

Respondents without guardians

Within 14 days of a mailing being sent, follow-up phone calls were made to potential respondents without guardians. Outreach phone calls were also made to service providers associated with potential respondents, as appropriate. When email addresses were available, emails were also sent.

Respondents with guardians

When potential respondents had legal guardians, The Improve Group conducted outreach to the person's guardian to obtain consent and schedule the survey. Outreach to guardians was conducted by mail, phone, and email. First, The Improve Group sent a letter notifying the guardian that the person had been selected for the survey. The letter included a consent form and instructions for scheduling the survey. If requested by the guardian on the consent form, The Improve Group contacted the potential respondent or support person directly.

Consent process

For all survey respondents, The Improve Group obtained guardian and/or respondent consent before administering the survey. In cases when guardian contact information was unavailable or not current, The Improve Group contacted providers or case managers (when applicable) to request help in obtaining guardian contact information or in collecting guardian consent forms.

All respondents were given the option to opt out of the survey at any time during the outreach and scheduling process. Respondents without guardians were asked to give informed consent at the time of the interview. Respondents with a legal guardian were asked to assent to the survey using the same consent form. The consent form included a notice of the person's right to decline or stop the survey at any time. If a respondent declined to consent or did not understand the consent form, he or she was not interviewed.

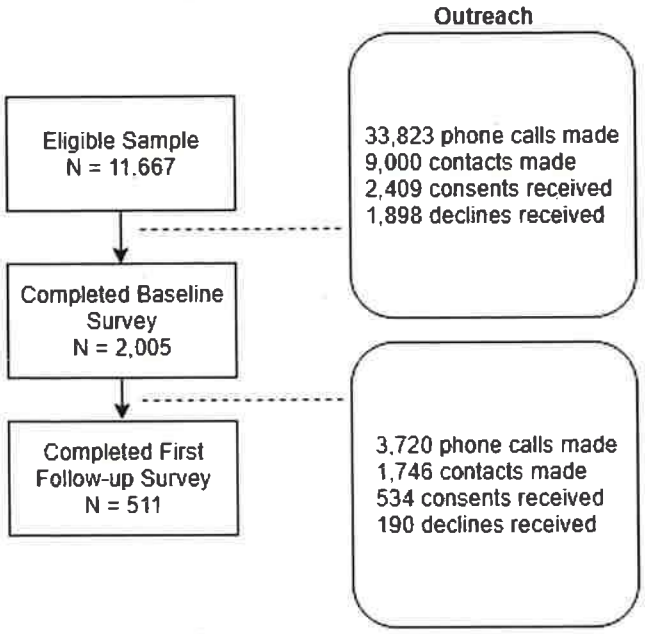
Considerations for consent process

The informed consent process allowed respondents time to formulate their response about taking the survey. The Improve Group recognized that some individuals may not feel comfortable declining to participate in the survey when first approached, especially when speaking to someone in a perceived position of authority.

All communications to providers included information about how The Improve Group and the Olmstead Implementation Office would protect respondents' privacy and rights during and after the survey. The Improve Group recognized that service providers are asked to support the administration of multiple surveys throughout the year. The Improve Group worked directly with providers to minimize the burden of supporting the Olmstead Quality of Life Survey on staff time.

Outreach results

Table 2: Survey consort diagram with outreach results



Conducting the survey

Survey structure

The Olmstead Quality of Life Survey includes four modules and a series of questions about assistive technology. The sections of the survey are:

- Community integration and engagement
- Choice-making power
- Perceived quality of life
- Closest relationships inventory
- Use of assistive technology

Although the survey was administered as a package, each module is designed to stand on its own. Surveys were considered complete if 75 percent of any module was finished. During the baseline survey, 2,005 surveys were completed and 1,902 (95%) respondents completed all four modules of the survey and the assistive technology questions. For the follow-up survey, 497 (97%) respondents completed all four modules as well as the questions on assistive technology.

Demographic information

To reduce the burden on respondents and streamline the survey process, The Improve Group relied on state agency data for demographic, disability types, and service setting information.

Person-centered approach

Interviewers used person-centered approaches when scheduling and conducting surveys. This meant making the survey as comfortable and accessible as possible for all respondents in terms of survey format, scheduling, and conducting the survey.

Survey modes

Most survey interviews were administered in-person, with an average survey length of 45 minutes. Interviewers read the survey questions to the respondent and entered the responses via a tablet using a secure survey platform. Respondents were given the option to follow along during the survey by using a paper copy of the survey.

The person selected for the survey was intended to be the primary respondent to the survey. However, the respondent could choose a support person to help with the survey or to answer on their behalf. In some cases, the support person was selected by the guardian. Everyone who was present for the survey was asked to sign the consent form.

If possible, the respondent chose the location for the survey. Interview sites included people's homes, workplaces, provider offices, and a variety of public locations. A respondent's guardian, staff, or other support person could help choose the location. If the interview was scheduled at a place where the person receives services, The Improve Group worked with the provider to minimize the disruption to service delivery. In the event The Improve Group was unable to honor the respondent's first choice of location, an alternative location was selected.

Alternative modes

To accommodate the preferences and abilities of potential respondents, people were given the option to complete the survey by phone, videophone, or online. Some respondents chose the phone option. No respondents chose to take the survey via videophone or online.

Communication accommodations

The Improve Group provided reasonable accommodations to complete the survey as requested by the respondent or the support person. If a case manager, provider, or guardian was involved in scheduling interviews, The Improve Group asked if accommodations were needed for the person to participate in the survey. The Improve Group was able to honor all requests for accommodations during the baseline and follow-up surveys.

Accommodations provided include:

- Advance copies of survey materials including consent forms and the survey tool.
- American Sign Language (ASL) interpreters.
- Large print text for respondents who were blind or visually impaired.

- Screen reader-compatible surveys.
- Individuals who were nonverbal or had limited expressive communication were able to use any communication supports needed to respond to the survey. Examples include: personal sign language, technology, or cards to communicate. If needed, The Improve Group worked with the person's staff or another support person to assist with participation in the survey.
- The Improve Group worked with specialized interpreters to accommodate deafblind respondents. If possible, The Improve Group arranged for the respondent to be able to work with a qualified interpreter who is knowledgeable about that individual's communication preferences.
- For non-English speaking respondents, The Improve Group provided interpretation services in the respondent's language.
- While the survey tool itself was not translated into other languages, the consent form and other communication materials could be requested in several languages including Spanish, Somali, and Hmong.
- The Improve Group worked with multiple translation and interpretation providers to minimize barriers to scheduling the interviews.

Barriers to completion

The Olmstead Quality of Life Survey tool was designed to be administered to people of all disability types and accommodations were provided to make it as easy as possible for respondents to complete the survey. However, it was not possible to remove all the barriers people faced in completing the survey. Despite the barriers, 511 people participated in the survey and 95 percent of those respondents completed every module.

The following are examples of the primary barriers respondents faced to completing the survey:

Survey length

On average, the survey took 45 minutes to complete. The survey length was a barrier for some respondents with limited attention spans. If the interviewer observed that the respondent was struggling to concentrate or showed signs of fatigue, the interviewer asked the respondent and/or support person if the respondent wanted to continue the survey. At this point, the respondent could choose to take a break or end the interview. If the respondent wanted to continue, the interviewer would encourage the respondent to take a short activity break before returning to the survey. In addition, the respondent or the support person could request a break or end the survey at any time.

Survey content

Some respondents were not comfortable answering one or more questions on the survey. If the respondent was uncomfortable with the survey content, the interviewer would ask the person if he or she wanted to skip the question, skip to the next module, or end the survey.

If the respondent did not understand the questions, the interviewer would ask if there was someone the person would like to have assist with the survey. If there was not a support person available and the interviewer did not feel comfortable continuing the survey without support, the interviewer would end the survey.

Interruptions to schedule

Some respondents did not handle interruptions to their normal daily schedule well. This could result in severe anxiety or distress. Several individuals did not understand why they were being taken away from their regular activities and, even though they had previously agreed to participate, refused to take the survey. The Improve Group worked with providers, guardians, and support persons to try to anticipate such situations and schedule interviews outside of structured activity times. The interviewer could also work with the individual and the support person to integrate the survey into regular activities.

Communication needs

The Improve Group attempted to provide reasonable accommodations for respondents, including providing interpreters and supporting the use of assistive technology. In the event The Improve Group was unable to honor the request in time for the scheduled survey or new accommodations arose during the survey, the interview was rescheduled.

Outdated contact information

Providers, staff, and guardians were integral to obtaining consent and administering the survey. Sometimes, inaccurate or outdated contact information made survey outreach challenging. At times, The Improve Group was unable to obtain updated provider or guardian contact information for potential respondents. If updated contact information was not available, the person was removed from outreach for the follow-up survey. These individuals remain eligible for subsequent follow-up surveys.

Training of interviewers

During the baseline survey, The Improve Group hired interviewers with diverse backgrounds and from a range of geographic regions around the state. The hiring process was designed to ensure that the interviewers reflected the focus population in many ways. When recruiting potential applicants, The Improve Group partnered with disability service providers to recruit survey interviewers who have personal experiences with disability. This included people who identify as having a disability, people with experience in disability services, and people with significant personal experience with individuals who have a disability. All the follow-up survey interviewers had also worked on the baseline survey.

All project staff members, including interviewers and contractors, were required to complete annual interviewer training, as was required by the IRB-approved survey administration plan. The baseline training consisted of 40 hours of self-guided trainings, presentations, group discussions, and supportive shadowing.

Abuse and neglect

Procedures were in place for documenting and reporting any incidents in which people threatened to hurt themselves or others, or for incidents of reported or suggested abuse or neglect. These procedures required that all incidents of self-reported, observed, or suspected abuse or neglect be reported to the Minnesota Adult Abuse Reporting Center or Common Entry Point (MAARC/CEP) within 24 hours of the interview. All incidents, including incidents that did not require a report, were documented internally and reported to the Olmstead Implementation Office.

Reported incidents of abuse and neglect

Due to the vulnerability of the focus population, interviewers erred on the side of reporting possible abuse or neglect. That means some cases reported by The Improve Group had already been investigated or resolved. In the baseline survey, interviewers reported 15 cases of possible abuse or neglect. For the follow-up survey, interviewers reported one case of possible abuse or neglect.

Olmstead Quality of Life Survey: First Follow-up – 2018 results

Results in this report apply only to Minnesotans with disabilities who receive services in potentially segregated settings. The results cannot be generalized to all people with disabilities in Minnesota.

Respondents were asked about the same five topics in the baseline and follow-up surveys:

- Community integration and engagement
- Choice-making power
- Perceived quality of life
- Closest relationships
- Use of assistive technology

Interviewers recorded respondents' perceptions of their own lives, which aligns with the survey's person-centered approach. As such, it is important to note that all results are self-reported. Demographic data such as age, race, and ethnicity were collected through agency records.

Demographic breakdown

The tables below compare survey respondents in the baseline sample, in the follow-up sample, and in the population eligible to take the survey as of July 2016. The eligible population refers to people who could have been selected to participate in the survey because they were authorized to receive services in potentially segregated settings.

The baseline and follow-up survey respondents were representative of Minnesotans with disabilities who receive services in potentially segregated settings.

Table 3: Comparison of eligible population, survey respondents in baseline sample, and survey respondents in follow-up sample by gender

Respondent gender	Eligible population	Baseline respondents	Follow-up respondents
Female	41.9%	43.1%	43.1%
Male	56.2%	54.9%	54.4%
Unknown (not reported)	1.9%	2.0%	2.5%
Total	**100.0%**	**100.0%**	**100.0%**

Participation rates were not significantly different based on gender in the baseline sample or in the follow-up sample. If gender is "unknown," the individual's gender was not reported in DHS or DEED data.

Table 4: Comparison of age of eligible population, survey respondents in baseline sample, and survey respondents in follow-up sample

Respondent age	Youngest age	Oldest age	Average age
Eligible population	7	102	47
Baseline respondents	9	90	47
Follow-up respondents	13	79	46

The average age of survey respondents at baseline was 47 and the average age in the follow-up sample was 46. The sample included children who were living in potentially segregated settings. Surveys with minors were completed by proxy with the guardian, the guardian's appointee, or with the guardian present. The range of ages of follow-up respondents was slightly smaller (13 to 79 years old) than the range of ages of baseline respondents (9 to 90 years old).

Table 5: Comparison of eligible population, survey respondents in baseline sample, and survey respondents in follow-up sample by race

Respondent race	Eligible population	Baseline respondents	Follow-up respondents
Asian	1.7%	1.5%	1.4%
Black	6.9%	4.3%	4.1%
American Indian	2.2%	2.5%	2.1%
White	85.1%	85.9%	86.7%
Two or more races	0.3%	0.2%	0.2%
Other or unknown	3.8%	5.5%	5.5%
Total	**100.0%**	**99.9%**	**100.0%**

Relative to the eligible population, respondent demographics were similar in the baseline sample and in the follow-up sample. Race was "unknown" if it was listed as such in agency data or if race was not provided. While the survey respondents are representative of people receiving services in potentially segregated settings, the eligible

population does not completely mirror statewide demographics. The eligible population has a lower proportion of people who identify as Asian or who identify as two or more races than the state overall. In addition, the eligible population has a higher proportion of people who identify as American Indian than the state overall.

Table 6: Comparison of eligible population, survey respondents in baseline sample, and survey respondents in follow-up sample by ethnicity

Respondent ethnicity	Eligible population	Baseline respondents	Follow-up respondents
Hispanic/Latino	1.4%	1.4%	0.6%
Not Hispanic/Latino	88.3%	88.3%	94.7%
Unknown	10.3%	10.3%	4.7%
Total	100.0%	100.0%	100.0%

Participation rates in the follow-up sample were lower for individuals who identify as Hispanic/Latino and individuals whose ethnicity is unknown compared to the baseline sample and the eligible population.

Geographic breakdown

Table 7: Comparison of eligible population, survey respondents in baseline sample, and survey respondents in follow-up sample by region of service

Region of service	Eligible population	Baseline respondents	Follow-up respondents
Central	12.3%	15.8%	15.5%
Metro	45.0%	34.2%	34.6%
Northeast	11.5%	11.5%	11.2%
Northwest	9.2%	13.0%	13.5%
Southeast	9.5%	12.1%	12.3%
Southwest	12.1%	13.5%	12.9%
Total	99.6%	100.0%	100.0%

Participation rates were lower in the seven-county metropolitan area than in the rest of the state in the baseline sample and in the follow-up sample. The regions were based on where the person received services as of July 2016 and have not been updated to reflect any potential location changes (i.e., respondent moved to a different region) at the time of the baseline and follow-up survey.

Breakdown by service setting

Table 8: Comparison of eligible population, survey respondents in baseline sample, and survey respondents in follow-up sample by service setting

Service setting	Eligible population	Baseline respondents	Follow-up respondents
Adult Foster Care	58.6%	73.1%	72.0%
Boarding Care	0.3%	0.3%	0.2%
Board and Lodging	4.3%	3.6%	3.9%

Service setting	Eligible population	Baseline respondents	Follow-up respondents
Center Based Employment	5.0%	4.5%	4.7%
Day Training & Habilitation	37.4%	46.7%	46.8%
Intermediate Care Facilities for Persons with Developmental Disabilities	6.5%	5.3%	4.7%
Nursing Facilities and Customized Living	19.8%	13.0%	11.7%
Supervised Living Facilities	0.5%	0.5%	0.2%

Note: Percentages do not equal 100 due to overlap between settings.

Respondents in Adult Foster Care and Day Training & Habilitation had higher participation rates relative to the eligible population, whereas respondents in Nursing Facilities had lower participation both in the baseline sample and the follow-up sample.

Breakdown by guardianship status

Table 9: Comparison of baseline sample, survey respondents in baseline sample, and survey respondents in follow-up sample by guardianship status

Guardianship status	Baseline sample	Baseline respondents	Follow-up respondents
No guardian	32.9%	25.3%	25.4%
Public guardian	9.5%	11.4%	12.1%
Private guardian	54.3%	54.6%	54.8%
Not provided	7.2%	8.6%	7.6%

During the baseline survey, people who did not have a guardian were less likely to respond to the survey than people under public or private guardianship. The proportion of responses by guardianship status were similar in the baseline sample and follow-up sample. Guardianship status is based on screening data. Guardianship type was tracked for people in the baseline sample but not for the eligible population.

The DHS commissioner is the appointed guardian for people under public guardianship, but most guardianship responsibilities are delegated to the lead agency that serves the individual.[5] Private guardians are often family members and are appointed and ordered by the court to provide guardianship services.[6] Guardianship status was not provided for people who receive services through DEED. If guardianship status was not provided in screening data, it was confirmed during scheduling. However, respondents without a guardianship status from the screening document were excluded from subgroup analysis.

[5] Minnesota Department of Human Services. (2017). Community-Based Services Manual. Retrieved from: https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=ID_000896

[6] Minnesota Department of Human Services. (2011). DD Screening Document Codebook. Retrieved from: https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=ID_008482#privateguardian

Survey module scores

Community integration and engagement: Time, money, and integration during the day

Respondents described their hours in day settings, earnings, and integration levels over the previous week. They were asked to estimate how many hours during the week they worked, on average, in each kind of setting listed. These settings included formal activities such as self-employment, regular competitive employment, supported employment, and unpaid activities like school or volunteering. Respondents were also asked to estimate how much money they earned from each of these activities. To estimate integration levels, respondents were asked to give a rating on their experiences at each setting. The ratings ranged from 1 (completely segregated and never in the presence of people without disabilities) to 5 (completely integrated and nearly always in a situation where people without disabilities might be present).

Table 10: Comparison of survey respondents in baseline sample and survey respondents in follow-up sample by day activity type

Day activity type	Number of baseline respondents	Percent of baseline respondents	Number of follow-up respondents	Percent of follow-up respondents
Go to work	1,319	66.2%	326	63.8%
Go to school	73	5.0%	27	5.3%
Go to other day activities	727	39.6%	166	32.5%

Nearly two-thirds of respondents (64 percent) reported spending time in a work setting and almost one-third (33 percent) said they attend other formal day activities such as an adult day program. As with the baseline survey, this indicates that nearly everyone who responded in the survey attends at least one formal activity during a typical week. It was not uncommon for people to attend more than one activity, such as two different paid activities, or some combination of employment, school, and other day activities.

Table 11: Comparison of survey respondents in baseline sample and survey respondents in follow-up sample by day activity type

Day activity type	Number of baseline respondents	Percent of baseline respondents	Number of follow-up respondents	Percent of follow-up respondents
Self-employed	9	0.4%	-	-
Competitive employment	151	7.5%	36	7.0%
Supported employment	214	10.7%	57	11.2%
Enclave or job crew	323	16.1%	90	17.6%
Sheltered employment or workshop	504	25.1%	130	25.4%
Pre-vocational or vocational rehabilitation	21	1.0%	13	2.5%
Day training and habilitation	209	10.4%	35	6.8%
Other job	28	1.4%	6	1.2%
Private school	-	-	-	-

Day activity type	Number of baseline respondents	Percent of baseline respondents	Number of follow-up respondents	Percent of follow-up respondents
Public school	10	0.5%	2	0.4%
Adult education	31	1.5%	4	0.8%
Other school	32	1.6%	9	1.8%
Adult day program	506	25.2%	123	24.1%
Volunteer work	155	7.7%	34	6.7%
Other day activities	138	6.9%	10	2.0%

The most common day activities across respondents were sheltered employment or workshop, adult day programs, and enclave or job crew. These activities are all considered potentially segregated settings. Additionally, 18.6 percent of respondents at baseline and 18.2 percent of respondents at follow-up reported being in some type of community-based employment, including competitive jobs or supported employment in a competitive job. School settings were the least common day activity across baseline and follow-up. None of the respondents to the follow-up survey reported spending time in self-employment or private school.

The activities asked about in the survey tool are not mutually exclusive and individuals can take part in more than one day activity in a week. Approximately one-quarter of survey respondents reported taking part in more than one activity.

Table 12: Comparison of average weekly hours at baseline and follow-up by day activity type

Day activity type	Number of baseline respondents	Average weekly hours at baseline	Number of follow-up respondents	Average weekly hours at follow-up
Self-employed	1	1.0	-	-
Competitive employment	145	18.4	35	18.9
Supported employment	195	17.7	57	17.4
Enclave or job crew	295	18.9	89	19.0
Sheltered employment or workshop	483	21.6	125	19.9
Pre-vocational or vocational rehabilitation	21	16.5	13	25.7
Day training and habilitation	198	20.9	35	21.2
Other job	27	17.1	5	21.0
Private school	-	-	-	-
Public school	10	25.8	3	37.7
Adult education	28	12.7	3	5.3
Other school	30	8.1	9	8.9
Adult day program	490	19.9	117	20.8
Volunteer work	138	4.4	34	3.2
Other day activities	129	5.9	10	7.2
Weekly average of hours spent in day activities	**1,565**	**24.7**	**392**	**21.2**

Note: Respondents could report hours in more than one day activity.

On average, follow-up respondents reported spending 21.2 hours per week in day activities, down from 24.7 hours reported at baseline. This includes all the hours reported in any day activity. The highest average weekly hours were spent in public school (37.7 hours), pre-vocational or vocational rehabilitation (25.7 hours), day training and habilitation (21.2 hours), other job type (21.0 hours), and adult day programs (20.8 hours). Note that weekly hours were self-reported and may not reflect the actual time spent at each setting.

Table 13: Comparison of average weekly earnings at baseline and follow-up by day activity type

Day activity type	Number of baseline respondents	Average weekly earnings at baseline	Number of follow-up respondents	Average weekly earnings at follow-up
Self-employed earnings	4	$222.02	-	-
Competitive employment earnings	113	$146.25	21	$149.74
Supported employment earnings	151	$131.57	34	$141.02
Enclave or job crew earnings	190	$87.47	53	$86.62
Sheltered employment or workshop earnings	259	$63.01	56	$63.20
Pre-vocational or vocational rehabilitation earnings	8	$70.64	10	$42.53
Day training and habilitation earnings	114	$38.60	12	$23.95
Other Job Earnings	20	$91.50	2	$273.60
All paid activities	**816**	**$95.18**	**181**	**$93.49**

In the follow-up sample,181 respondents reported earnings in one or more employment settings, including wages or piecework. Earnings are based on self-reported amounts and may not reflect actual earnings. If respondents said they were in an employment setting but did not know how much they earned, the field was left blank.

On average, follow-up respondents earned $93.49 per week across all settings, which is similar to the $95.18 reported at baseline. Within this, weekly earnings were higher than average in the two most integrated settings: competitive employment and supported employment ($149.74 per week and $141.02 per week, respectively). Respondents who reported self-employment earnings had the highest weekly earnings; however, these earnings are based on two respondents' earnings and are not generalizable.

Respondents who reported earnings in the remaining four employment settings reported lower than average earnings. More people reported earnings in enclave or job crew and sheltered employment or workshop than in other settings. At baseline and follow-up, earnings in these settings were $87 per week and $63 per week, respectively. At follow-up, this breaks down to $5.52 and $6.16 an hour.

Respondents who reported earnings in pre-vocational or vocational rehabilitation reported weekly earnings of $42.53, or $2.14 per hour. Respondents who reported earnings in day training and habilitation reported weekly earnings of $23.95, or $3.50 per hour. This does not include piecework earnings. However, only two respondents reported piecework earnings at follow-up, compared to 114 respondents who reported piecework earnings at baseline.

It is important to note that some respondents reported a combination of hours and earnings in competitive employment that resulted in an hourly wage that is less than minimum wage. In addition, some people reported weekly earnings in excess of $1,000 or well below the expected wage for the activity type. These responses were considered outliers and were removed from analysis. These results are indicative of the challenges of using self-reported data.

Table 14: Comparison of integration level at baseline and follow-up by day activity type

Day activity type	Number of baseline respondents	Average integration level at baseline	Number of follow-up respondents	Average integration level at follow-up
Self-employed	9	3.8	-	-
Competitive employment	151	4.1	36	4.2
Supported employment	213	3.3	56	3.2
Enclave or job crew	321	2.2	90	2.3
Sheltered employment or workshop	499	1.5	130	1.6
Pre-vocational or vocational rehabilitation	21	1.9	13	1.8
Day training and habilitation	204	1.4	34	1.4
Other job	28	2.3	5	3.8
Private school	-	-	-	-
Public school	10	2.3	2	2.5
Adult education	31	2.3	4	1.8
Other school	30	2.3	9	2.6
Adult day program	493	1.5	122	1.4
Volunteer work	149	3.4	34	3.6
Other day activities	134	2.4	10	2.3
All day activities	1,608	2.1	405	2.2

The integration level tells us how much interaction respondents have during their daily activities with people who do not have disabilities. The integration level is scored on a scale of 1 to 5. A higher score indicates more interaction with the general population during the day, while a lower score indicates that people in that work setting are primarily interacting with other individuals with disabilities. An integration score of 3 is between segregated and integrated, indicating some level of interaction with people who do not

have disabilities. A score below 3 indicates activities are mostly or completely segregated.

Integration scores (the average integration levels for each day activity) are highest in the more integrated activities such as competitive employment, volunteer work, and supported employment. In contrast, integration scores are lowest in day training and habilitation, sheltered employment or workshops, and adult day programs.

The findings were generally consistent across baseline and follow-up surveys, with many respondents reporting they are mostly segregated during day activities. These scores are still significantly lower than in previous studies in other states and indicate a level of segregation in the community-based settings.

Community integration and engagement: Integrative activities scale

Table 15: Comparison of average monthly outings at baseline and follow-up by outing type

Outing type	Number of baseline respondents	Average number of outings at baseline	Number of follow-up respondents	Average number of outings at follow-up
Visit with close friends, relatives or neighbors	1,629	9.6	408	8.5
Go to a grocery store	1,425	4.0	367	3.7
Go to a restaurant	1,608	3.7	407	3.7
Go to a place of worship	832	3.6	203	3.5
Go to a shopping center, mall or other retail store to shop	1,671	3.6	408	3.3
Go to bars, taverns, night clubs, etc.	189	2.2	43	2.8
Go to a movie	820	1.7	200	1.6
Go to a park or playground	932	4.9	262	3.7
Go to a theater or cultural event (including local school & club events)	393	1.7	93	1.6
Go to a library	646	3.3	158	3.5
Go to a sports event	451	2.1	88	2.2
Go to a health or exercise club, spa, or center	466	6.1	121	6.4
Use public transportation (May be marked "N/A")	564	15.0	152	14.7
Other 1	664	5.6	239	5.0
Other 2	196	5.9	90	5.3
Other 3	43	7.9	23	3.0
Other 4	13	9.4	6	5.0
All outings	1,969	31.9	508	30.5

At follow-up, respondents averaged 31 outings per month, which is lower than the baseline average of 32. Respondents also averaged fewer monthly outings than the general population (46 outings outside the house per month not counting work). The most commonly reported activities were visiting friends, relatives or neighbors; going to a restaurant; and shopping.

Nearly three out of four respondents reported five or more different types of outings in the previous month. On average, respondents reported visiting friends, relatives, or neighbors 8.5 times in the previous four weeks and going to a health or exercise club 6.4 times. Respondents reported going to restaurants, the grocery store, and parks or playgrounds nearly once per week. The "other" categories were added to capture common outing types that may be unique to Minnesota. Common responses may be used to suggest new outing types or be integrated into existing categories during follow-up analysis. Frequent responses included participating in sports or physical activities, bingo or other games, and attending group activities such as self-help or arts and crafts groups. These responses were similar in the baseline and follow-up surveys.

Table 16: Comparison of average group size at baseline and follow-up by outing type

Outing type	Number of baseline respondents	Average group size at baseline	Number of follow-up respondents	Average group size at follow-up
Visit with close friends, relatives or neighbors	1,568	4	398	3
Go to a grocery store	1,395	3	359	2
Go to a restaurant	1,565	4	404	3
Go to a place of worship	806	3	198	3
Go to a shopping center, mall or other retail store to shop	1,624	3	402	3
Go to bars, taverns, night clubs, etc.	184	3	43	2
Go to a movie	787	3	199	3
Go to a park or playground	903	4	256	3
Go to a theater or cultural event (including local school & club events)	376	4	91	4
Go to a library	628	3	152	2
Go to a sports event	436	4	88	4
Go to a health or exercise club, spa, or center	447	3	114	3
Use public transportation (May be marked "N/A")	544	3	143	3
Other 1	642	4	231	3
Other 2	189	4	86	3
Other 3	41	5	23	4
Other 4	13	4	6	2
All outing types	**1,951**	**3**	**499**	**3**

In general, respondents reported small to medium group sizes for their outings, with an average group size of three. This was the same average as reported in the baseline survey.

The largest average group sizes for the primary categories were groups of four to sporting events and cultural events. The average group sizes for the "other" outing types ranged from two to four.

It is important to note that research suggests large group sizes (five or more people) can be stigmatizing. However, this group size does not differentiate between a group of people with disabilities or a mixed group. When estimating group size, many respondents said things like "me and my family" or "me and my friends" for these group outings.

Table 17: Comparison of community interactions at baseline and follow-up by outing type

Outing type	Number of baseline respondents	Average community interactions at baseline	Number of follow-up respondents	Average community interactions at follow-up
Visit with close friends, relatives or neighbors	1,592	2.7	400	2.7
Go to a grocery store	1,404	2.5	364	2.6
Go to a restaurant	1,576	2.5	404	2.3
Go to a place of worship	815	3.3	201	3.4
Go to a shopping center, mall or other retail store to shop	1,642	2.5	406	2.4
Go to bars, taverns, night clubs, etc.	188	3.1	42	3.0
Go to a movie	798	2.1	198	2.0
Go to a park or playground	910	2.3	259	2.1
Go to a theater or cultural event (including local school & club events)	385	2.6	91	2.4
Go to a library	634	2.3	154	2.4
Go to a sports event	438	2.9	87	2.8
Go to a health or exercise club, spa, or center	453	2.7	117	2.8
Use public transportation (May be marked "N/A")	555	2.7	151	2.5
Other 1	649	3.1	237	3.1
Other 2	194	3.1	88	2.8
Other 3	43	3.0	23	3.1
Other 4	13	3.5	6	3.3
All outing types	**1,936**	**2.5**	**497**	**2.5**

Average values for community interaction ranged from "a little" (2 on the scale) to "some" (3 on the scale), with an average community interactions score for all outings of 2.5. The average score for all outings was the same in the baseline survey.

The types of activities with the most interaction included going to a place of worship (3.4), going to bars (3.0), and going to sports events (2.8). The activities with the lowest interaction were going to the movies (2.0), going to parks (2.1), and restaurants (2.3).

Outing interactions module score

Outing interactions is a measure based on the number of outings and the average community interaction rating for each of those outings. For ease of interpretation, the score is converted to a 100-point scale based on the individual's community interaction rating for each outing type. A higher score (closer to 100) indicates more interaction with community members across outing types.

Outing interaction scores apply to Minnesotans with disabilities who received services in potentially segregated settings.

Table 18: Outing interactions score in baseline sample and in follow-up sample

Study	Respondents with an outing interactions score	Outing interactions score
Baseline	1,936	37.7
Follow-up	497	36.5

The average score of 37.7 in the baseline sample and 36.5 in the follow-up sample indicate respondents have few interactions with other community members during their outings. Results showed that there was not a significant difference in respondents' reports of outing interactions over time. This suggests that respondents were interacting with their community members at similar levels at the time of the baseline and follow-up surveys.

Decision control inventory (choice-making)

Respondents were asked about how much choice they have in their daily decision making across a range of activities. Decision Control Inventory (DCI) scores below 3 indicate that decisions in that area are mostly made by paid staff, and scores above 3 indicate decisions are mostly made by the person and unpaid allies. A score of 3 indicates the decision is equally shared.

Table 19: Comparison of decision control inventory items at baseline and follow-up

Decision control inventory item	Number of baseline respondents	Average baseline rating	Number of follow-up respondents	Average follow-up rating
Choice of support personnel: option to hire and fire support personnel	1,687	1.5	427	1.4
Type of transportation to and from day program or job	1,178	1.5	300	1.5
Choice of agency's support persons/staff (N/A if family)	1,706	1.6	437	1.7
Choice of case manager	1,547	1.8	390	1.7
Amount of time spent working or at day program	1,046	2.0	271	2.3
How to spend residential funds	685	2.2	211	1.8
Choice of people to live with	1,788	2.2	438	2.2
Type of work or day program	947	2.4	236	2.7
Whether to have pet(s) in the home	1,737	2.7	432	2.7
How to spend day activity funds	563	2.8	168	2.9
What foods to buy for the home when shopping	1,928	2.9	495	2.9
What to have for dinner	1,927	3.0	486	3.1
Who goes with you on trips, errands, outings	1,854	3.1	471	3.0
Choice of places to go	1,887	3.6	484	3.7
Choice of house or apartment	1,814	3.6	474	3.9
Choice of furnishings and decorations in the home	1,865	3.8	488	4.1
Choosing restaurants when eating out	1,823	3.9	458	4.0
What to have for breakfast	1,915	3.9	488	3.9
What to do with personal funds	1,869	4.0	491	4.1
Time and frequency of bathing or showering	1,928	4.1	502	4.1
Visiting with friends outside the person's residence	1,747	4.1	424	4.3
Who you hang out with in and out of the home	1,831	4.3	471	4.5
What clothes to buy in store	1,933	4.3	501	4.4

Decision control inventory item	Number of baseline respondents	Average baseline rating	Number of follow-up respondents	Average follow-up rating
"Minor vices" - use of tobacco, alcohol, caffeine, explicit magazines, etc.	1,773	4.4	421	4.5
When to go to bed on weekdays	1,931	4.4	499	4.4
What clothes to wear on weekdays	1,941	4.5	503	4.6
What clothes to wear on weekends	1,941	4.5	501	4.6
When to go to bed on weekends	1,932	4.5	501	4.4
When to get up on weekends	1,925	4.5	496	4.5
Choosing to decline to take part in group activities	1,817	4.5	420	4.5
Express affection, including sexual	1,773	4.5	447	4.6
What to do with relaxation time, such as choosing TV, music, hobbies, outings, etc.	1,916	4.6	499	4.7
Taking naps in evenings and on weekends	1,889	4.7	487	4.9
When, where, and how to worship	1,790	4.7	468	4.7

Respondents had the most choice-making power related to taking naps on evenings and weekends (4.9), how to spend their relaxation time (4.7), when and where to worship (4.7), how they express affection (4.6), and what clothes they wear (4.6). The fact that some of these items score near 5.0 indicates all or nearly all the decisions are made by the person or their allies. Ten items had scores greater than 4.5 (halfway between "mostly unpaid" and "all unpaid").

Paid staff had more choice-making power in areas that are related to service provision, finances, and staffing. For example, respondents' DCI scores for hiring and firing support personnel, choice of case manager, and choice of support staff were low, ranging from 1.4 to 1.7. Similarly, the average DCI score for transportation to and from work was 1.5 and the average score for how to spend residential funds was 1.8.

Respondents reported they share decision-making power with paid staff about the type of work or day program they attend (2.7), whether to have pets in the home (2.7), how to spend day activity funds (2.9), what foods to buy for the home (2.9), who goes with the person on trips and outings (3.0), and what to have for dinner (3.1).

Decision control inventory module score

Respondents reported who made decisions in their life pertaining to food, clothes, sleep, recreation, choice of support agencies, and more. This measure provides some understanding of the role of paid staff and unpaid allies in day-to-day decision-making. Paid staff includes people who are paid to provide services or supports in any setting. Public guardians are considered paid staff. Unpaid allies include relatives, friends, and advocates. For example, respondents reported whether paid staff, unpaid allies, or they themselves decided what they could do with their relaxation time. If necessary, interviewers asked clarifying questions to determine if the people making decisions were paid staff or unpaid allies.

A higher score (closer to 100) on the overall decision control inventory scale indicates a higher level of choice-making power for the individual. A very low score indicates more decisions are being made by others for that individual. Previous Center for Outcome Analysis studies have demonstrated that all the items on this scale are related to the underlying concept of freedom to make choices without being controlled by providers.

Scores were calculated for individuals who responded to at least 25 of the 34 items on the decision control inventory scale. Individual scores were averaged for an overall score. The score was then converted to a 100-point scale for ease of interpretation.

Table 20: Decision control inventory score in baseline sample and in follow-up sample

Study	Respondents with decision control inventory score	Decision control inventory score
Baseline	1,942	66.2
Follow-up	504	67.6

Minnesota's average baseline score (66.2) and average follow-up score (67.6) indicate respondents have a moderate amount of choice-making power. Results showed that there was not a significant difference in respondents' report of decision control over time. This suggests that respondents had a similar level of choice-making power at the time of the baseline and follow-up surveys.

Perceived quality of life inventory

The perceived quality of life inventory captures the respondent's perspective of their quality of life. Individuals reported on the quality of their life in 14 different areas including health, happiness, comfort, and overall quality of life. For example, individuals reported whether their privacy was good, bad, or somewhere in between.

Table 21: Comparison of perceived quality of life ratings at baseline and follow-up by item

Perceived quality of life item	Number of baseline respondents	Average baseline rating	Number of follow-up respondents	Average follow-up rating
Running my own life, making choices	1,803	3.8	471	3.8
Getting out and getting around	1,838	3.9	486	3.9
Health	1,897	3.9	496	3.9
What I do all day	1,860	4.0	493	4.0
Family relationships	1,815	4.1	468	4.1
Relationships with friends	1,806	4.1	470	4.1
Food	1,868	4.1	492	4.2
Happiness	1,877	4.1	495	4.1
Comfort	1,859	4.1	494	4.2
Safety	1,874	4.2	497	4.3
Treatment by staff/attendants	1,840	4.2	485	4.2
Privacy	1,838	4.2	494	4.2
Health care	1,854	4.3	498	4.3

This table shows respondents' average scores for 14 questions on how they rate their quality of life in different areas (1 = very bad to 5 = very good). On average, respondents said their quality of life was good in most areas (4 on the scale). There was little to no change in scores across baseline to follow-up. The highest scores were in health care, safety, treatment by staff, privacy, food, and comfort.

In nearly all surveys at baseline (86 percent) and at follow-up (89 percent), each item was answered by the respondent, either by themselves or with support from staff or an ally. This is important because the scores capture the person's own perspective rather than how someone else perceives their quality of life. In eight percent of the surveys, all 14 questions were answered by someone other than the respondent, indicating these surveys were completed by proxy with little to no input from the respondent.

Perceived quality of life module score

Converting the individual perceived quality of life items into a score out of 100 is helpful for understanding the overall results. The score was converted to a 100-point scale based on the individual's average rating for each quality of life item. Scores are not calculated for individuals who responded to fewer than five of the 14 items. A higher score (closer to 100) indicates higher perceived quality of life.

Table 22: Perceived quality of life score in baseline sample and in follow-up sample

Study	Respondents with a quality of life score	Quality of life score
Baseline	1,904	76.6
Follow-up	501	77.4

Minnesota's average baseline score (76.6) and average follow-up score (77.4) indicate respondents perceived their quality of life to be good. Results showed that there was not a significant difference in respondents' report of quality of life over time. This suggests that respondents perceived a similar level of quality of life at the time of the baseline and follow-up surveys.

Closest relationships inventory

Survey interviewers asked respondents about their closest relationships. This included the type of relationship, e.g. relative, staff, housemate, co-worker, etc. A "close relationship" could also be defined by the respondent. Respondents were asked about their five closest relationships; if the respondent did not name any close relationships that was noted as well.

Table 23: Comparison of the number of close relationships reported at baseline and follow-up

Number of relationships reported	Number responding at baseline	Percent of respondents at baseline	Number responding at follow-up	Percent of respondents at follow-up
1	96	5.0%	20	4.0%
2	127	6.7%	50	9.9%
3	227	11.9%	66	13.1%
4	238	12.5%	80	15.8%
5	1,171	61.6%	250	49.5%
None provided	43	2.3%	39	7.7%
Totals	**1,902**	**100.0%**	**505**	**100.0%**

Nearly all respondents named at least one close relationship. Nearly two-thirds of baseline respondents (62 percent) and half of follow-up respondents (50 percent) listed five close relationships. Forty-three respondents did not name a close relationship in the baseline survey and 39 respondents did not name a close relationship in the follow-up survey. The remainder of responses with no relationships is due to respondents ending the survey before the closest relationships module could be completed. Individuals who could not complete this module were not included when calculating total possible relationships. Overall, respondents in the follow-up sample reported a lower number of relationships.

Table 24: Average number of close relationships in baseline sample and follow-up sample

Study	Number who responded	Average number of close relationships
Baseline	1,902	4.1
Follow-up	505	3.7

On average, survey respondents in the baseline sample, and in the follow-up sample, reported four close relationships on a scale from 0 to 5. Results showed that the sample of respondents in the follow-up sample reported fewer close relationships than the baseline sample.

Table 25: Comparison of close relationship types reported at baseline and follow-up by relationship type

Relationship type	Number reporting relationship type at baseline	Percent at baseline	Number reporting relationship type at follow-up	Percent at follow-up
Merchant	20	0.1%	1	0.1%
Neighbor	82	0.6%	14	0.7%
Co-worker or schoolmate	193	1.7%	43	2.3%
Other paid staff (case manager, nurse, etc.)	687	3.2%	68	3.6%
Staff of day program, school, or job	480	4.5%	75	4.0%
Housemate (not family or significant other)	322	4.9%	80	4.2%
Unpaid friend, not relative	2,947	15.0%	288	15.2%
Staff of home	1,422	18.2%	385	20.4%
Relative (includes spouse)	3,661	51.8%	937	49.5%

Relatives were the most commonly reported relationship type in the baseline sample and follow-up sample (52 percent and 50 percent, respectively), followed by staff of home (18 percent in the baseline sample and 20 percent in the follow-up sample). Compared to studies in other states, which typically find rates of unpaid friendships ranging from zero to 15 percent,[7] respondents reported a high number of relationships with unpaid friends in both the baseline and follow-up samples (15 percent).

[7] Center for Outcome Analysis. (2017). Service Excellence Summary: Baseline Data Summary for Briefing.

Assistive technology

Survey interviewers also asked respondents about assistive technology to learn how it helps those who use it, and why others do not use it. This information will help the State of Minnesota be more effective in connecting people to resources that meet their needs. Because these questions are unique to Minnesota's survey tool, no comparison data exist from previous Center for Outcome Analysis studies. Assistive technology responses apply to Minnesotans with disabilities who receive services in potentially segregated settings.

Table 26: Respondents who reported using assistive technology in baseline sample and in follow-up sample

Response	Number responding at baseline	Percent of respondents at baseline	Number responding at follow-up	Percent of respondents at follow-up
No	786	41.0%	213	42.3%
No, but I need help doing certain tasks and would like to use assistive technology	37	1.9%	8	1.6%
Yes, I have used it in the past	21	1.1%	7	1.4%
Yes, I use it now	1,071	55.9%	275	54.7%
Total	**1,915**	**99.9%**	**503**	**100.0%**

More than half of respondents reported using assistive technology in both the baseline and follow-up samples. Only 1.9 percent of respondents in the baseline sample and 1.6 percent of respondents in the follow-up sample reported that they were not currently using assistive technology but would like to use it in the future.

Table 27: "How much difference has assistive technology made in increasing independence, productivity, and community integration?" at baseline and follow-up

Response	Number responding at baseline	Percent of respondents at baseline	Number responding at follow-up	Percent of respondents at follow-up
A lot	661	62.1%	162	59.3%
Some	208	19.5%	64	23.4%
A little	116	10.9%	31	11.4%
None	80	7.5%	16	5.9%
Total	**1,065**	**100.0%**	**273**	**100.0%**

Of the people who reported they use assistive technology, most respondents in the baseline sample (62 percent) and in the follow-up sample (60 percent) reported that assistive technology had increased their independence, productivity, and community integration "a lot." Only eight percent of people in the baseline sample and six percent of people in the follow-up sample said assistive technology did not have an impact on independence, productivity, and community integration.

Table 28: "How much has your use of assistive technology decreased your need for help from another person?" at baseline and follow-up

Response	Number responding at baseline	Percent of respondents at baseline	Number responding at follow-up	Percent of respondents at follow-up
A lot	371	34.9%	103	38.0%
Some	253	23.8%	73	26.9%
A little	201	18.9%	52	19.2%
None	238	22.4%	43	15.9%
Total	1,063	100.0%	271	100.0%

Of the people who reported they use assistive technology, 35 percent in the baseline sample and 38 percent in the follow-up sample said it decreases their need for help from another person "some" or "a lot." However, 22 percent in the baseline sample and 16 percent in the follow-up sample said that assistive technology does not decrease their need for help at all.

People shared similar reasons for not using assistive technology in the baseline and follow-up samples. Respondents reported the following reasons: provider or guardian did not support them using assistive technology; they could not afford it; they lacked knowledge or training about how to use the technology; and they lacked knowledge about the availability of assistive technology. A few people mentioned that they do not want to use assistive technology.

Summary of survey module score results

Overall, there were no major changes to module scores from baseline to follow-up. However, there are valuable findings to note within individual module score summaries:

- **Community integration and engagement –** There was not a significant change in community integration module scores from baseline to follow-up, but scores in this module continue to suggest respondents are not integrated with the broader community during their daily activities. Most respondents continue to participate in daily activities, and many said they spend time in work environments where they earn money. The combination of low integration scores and high rates of participation in daily activities suggests that more effort is needed to ensure day settings include more integrated opportunities.
- **Decision control inventory –** There was not a significant change in decision control inventory module scores from baseline to follow-up. Respondents continue to have a moderate amount of choice in many of their daily routines. The areas where daily choices are most limited are around choice of support personnel and staff, choice of case manager, and transportation.
- **Perceived quality of life inventory –** There was no significant change in perceived quality of life inventory module scores from baseline to follow-up. However, the score of 77.4 indicates that respondents perceive their overall quality of life to be good.

- **Closest relationships inventory –** From baseline to follow-up, there was a statistically significant decrease in the average number of close relationships respondents reported from 4.1 to 3.7. While this change represents a statistical significance, the change does not meet a practical significance threshold of +/- 1 relationship, indicating there is not a meaningful difference in the number of close relationships. This module will require more analysis during the next follow-up survey to identify if there is a trend forming. To do this, additional questions about the type of relationship will need to be added to the next follow-up survey tool.
- **Assistive technology –** Most respondents use assistive technology and describe it as helping both to increase their own independence and decrease their dependence on others. There were no significant changes in the use of assistive technology from baseline to follow-up.

Survey module scores by region

Looking at module scores by region can highlight differences in perceived quality of life, if any, respondents may be experiencing in distinct parts of the state. The survey sample was broken down into six different regions: Northeast, Northwest, Southeast, Southwest, Central, and Metro. These regions are based on standard Minnesota economic zones and are determined for each respondent by county of service.

When looking at differences in scores between regions, a score of +/- 5 points can be used as a rough indicator of significance.

Outing interactions score by region

Table 29: Comparison of outing interactions scores at baseline and follow-up by region

Region	Number of baseline respondents	Average outing interaction score at baseline	Number of follow-up respondents	Average outing interaction score at follow-up
Central	308	37.9	78	36.5
Metro	648	31.9	172	31.1
Northeast	224	34.9	54	37.9
Northwest	255	45.4	67	40.4
Southeast	237	44.5	61	39.2
Southwest	263	40.2	65	50.6
Statewide	1,935	37.7	497	36.5

In the follow-up survey, respondents in the Southwest region had the highest outing interactions score of all Minnesota regions (50.6). This is 10 points higher than the baseline results for the Southwest region and 10 points higher than the regions with the next highest scores (Northwest and Southeast). The Metro region had the lowest outing interaction score of all regions at 31.1. The differences between regions meet the

significance threshold of +/- 5 points, indicating meaningful differences in the level of community integration by region.

In addition, the outing interactions scores for the Northwest, Southeast, and Southwest regions changed at least 5 points between the baseline and follow-up survey, indicating there are meaningful differences in outing interactions between the baseline and follow-up surveys.

Decision control inventory score by region

Table 30: Comparison of decision control inventory scores at baseline and follow-up by region

Region	Number of baseline respondents	Average DCI score at baseline	Number of follow-up respondents	Average DCI score at follow-up
Central	314	65.3	79	67.5
Metro	656	68.7	174	67.8
Northeast	224	67.0	56	62.4
Northwest	260	61.3	68	67.8
Southeast	225	66.3	63	69.2
Southwest	263	65.1	64	70.0
Statewide	1,942	66.2	504	67.6

Overall, the results indicate respondents in all regions have a moderate amount of choice-making power. However, there are differences by region. In the follow-up survey, respondents in the Southwest region had the highest average decision control inventory (DCI) score, followed closely by the Southeast region (70.0 and 69.2, respectively). Respondents in the Northeast region had the lowest average DCI score at 62.4. The differences between regions meet the significance threshold of +/- 5 points, indicating meaningful differences in the level of choice-making by region.

On average, respondents in the Northeast region reported a decrease in choice-making between the baseline and follow-up surveys. This 6.5 point decline is considered a significant change in choice-making. The change in scores in other regions did not meet the threshold of +/- 5 points indicating a significant change.

Perceived quality of life inventory score by region

Table 31: Comparison of perceived quality of life scores at baseline and follow-up by region

Region	Number of baseline respondents	Average quality of life score at baseline	Number of follow-up respondents	Average quality of life score at follow-up
Central	309	76.2	79	75.2
Metro	643	75.0	175	77.5
Northeast	220	77.7	56	83.0
Northwest	248	78.7	68	74.7
Southeast	221	78.5	60	78.0
Southwest	263	76.6	63	77.2
Statewide	**1,904**	**76.6**	**501**	**77.4**

Overall, the results show respondents in all regions reported their quality of life as good. However, differences in perceived quality of life exist by region. On average, respondents in the Northeast region reported higher perceived quality of life than respondents in the other regions. At 83.0, the average perceived quality of life score for the Northeast region was 5 points higher than the Southwest region and 8.3 points higher than the Northwest region, which had the lowest average quality of life scores. The differences in scores meet the significance threshold of +/- 5 points, indicating respondents in the Northeast region experienced meaningful differences in quality of life compared to the rest of the state.

On average, respondents in the Northeast region reported an increase in perceived quality of life between the baseline and follow-up surveys. This 5.3 point increase indicates respondents experienced meaningful changes in perceived quality of life. The scores in other regions did not meet the threshold of +/- 5 points indicating a significant change.

Closest relationships inventory by region

Table 32: Comparison of average number of close relationships at baseline and follow-up by region

Region	Number of baseline respondents	Average number of relationships at baseline	Number of follow-up respondents	Average number of relationships at follow-up
Central	298	4.1	79	3.7
Metro	618	3.9	173	3.9
Northeast	212	3.3	56	3.5
Northwest	247	4.3	69	3.7
Southeast	226	4.4	63	3.1
Southwest	258	4.6	65	4.0
Statewide	**1,859**	**4.2**	**505**	**3.7**

On average, respondents reported fewer close relationships in the follow-up survey compared to the baseline. In the follow-up survey, respondents in the Southwest region reported the highest number of close relationships, followed by the Metro region (4.0 and 3.9 relationships, respectively). Respondents in the Southeast region reported the fewest relationships, averaging 3.1. While the average number of relationships declined in most of the regions, respondents in the Southeast region reported 1.3 fewer relationships in the follow-up survey compared to the baseline. This change meets the significance threshold of +/- 1 relationship, indicating a meaningful difference in number of close relationships.

Table 33: Comparison of closest relationship types at baseline and follow-up by region

Region	Relative at baseline	Staff at baseline	Unpaid friend at baseline	Relative at follow-up	Staff at follow-up	Unpaid friend at follow-up
Metro	55%	22%	23%	49%	25%	26%
Southeast	48%	32%	20%	52%	30%	18%
Southwest	50%	31%	19%	53%	29%	18%
Northeast	50%	25%	25%	39%	39%	23%
Northwest	48%	29%	23%	47%	27%	26%
Central	54%	23%	23%	56%	25%	18%
Statewide	**52%**	**23%**	**25%**	**50%**	**23%**	**27%**

Note: Staff includes total staff at home, total program staff, and other paid staff. The friend category includes total unpaid friends, neighbors, merchants, schoolmates, co-workers, and housemates.

Relatives were the most commonly reported relationship type in the baseline sample and follow-up sample (52 percent and 50 percent, respectively), followed by staff of home (18 percent in the baseline sample and 20 percent in the follow-up sample). When compared to studies in other states, respondents reported a high number of relationships with unpaid friends in both the baseline and follow-up samples (15 percent). Respondents in the Metro and Northwest regions were more likely to have close relationships with people who are not relatives or staff. At follow-up, 26 percent of relationships named in these regions were with unpaid friends.

Assistive technology by region

Table 34: Respondents who use assistive technology at baseline by region

Region	Number of respondents	No	No, but I would like to	Yes, I used it in the past	Yes, I use it now
Metro	634	37%	3%	1%	59%
Southeast	230	42%	1%	1%	56%
Southwest	264	42%	0%	1%	57%
Northeast	224	48%	5%	1%	46%
Northwest	254	41%	0%	2%	57%
Central	309	44%	1%	1%	54%
Statewide	**1,915**	**41%**	**2%**	**1%**	**56%**

Table 35: Respondents who use assistive technology at follow-up by region

Region	Number of respondents	No	No, but I would like to	Yes, I used it in the past	Yes, I use it now
Metro	174	39%	2%	2%	57%
Southeast	61	57%	0%	2%	41%
Southwest	64	55%	0%	2%	44%
Northeast	56	27%	5%	2%	66%
Northwest	69	41%	0%	0%	59%
Central	79	41%	3%	0%	57%
Statewide	**503**	**42%**	**2%**	**1%**	**55%**

In the follow-up sample, 55 percent of respondents reported they currently use assistive technology. Assistive technology use was highest in the Northeast region, where 66 percent of respondents said they use it. Assistive technology use was lowest in the Southeast and Southwest regions, where fewer than half of respondents said they use it (41 and 44 percent, respectively). Assistive technology use increased 20 percentage points in the Northeast region between baseline and follow-up. Assistive technology use decreased 15 percentage points in the Southeast region and 13 percentage points in the Southwest region between baseline and follow-up. Additional research is needed in order to understand the factors contributing to these changes.

Table 36: "How much difference has assistive technology made in increasing your independence, productivity, and community integration?" at baseline by region

Region	Number of respondents	A lot	Some	A little	None
Metro	376	61%	19%	12%	8%
Southeast	129	75%	11%	10%	4%
Southwest	147	63%	18%	16%	3%
Northeast	103	62%	17%	12%	10%
Northwest	144	56%	20%	16%	8%
Central	166	58%	24%	9%	8%
Statewide	**1,063**	**61%**	**19%**	**12%**	**8%**

Table 37: "How much difference has assistive technology made in increasing your independence, productivity, and community integration?" at follow-up by region

Region	Number of respondents	A lot	Some	A little	None
Metro	98	47%	28%	18%	7%
Southeast	25	68%	16%	8%	8%
Southwest	27	78%	7%	11%	4%
Northeast	37	70%	24%	5%	0%
Northwest	41	61%	27%	5%	7%
Central	45	60%	24%	9%	7%
Statewide	**273**	**59%**	**23%**	**11%**	**6%**

In the follow-up sample, 59 percent of respondents reported assistive technology has increased their independence, productivity, and community integration "a lot." By region, the percent of respondents who said "a lot" ranged from 47 percent in the Metro region

to 78 percent in the Southwest region. The percent of respondents who said active technology helps "a lot" declined 13 percent in the Metro region between baseline and follow-up. Additional research is needed to understand the factors contributing to these changes.

Table 38: "How much has your use of assistive technology decreased your need for help from another person?" at baseline by region

Region	Number of respondents	A lot	Some	A little	None
Metro	374	37%	26%	15%	22%
Southeast	129	34%	22%	17%	26%
Southwest	148	30%	20%	28%	22%
Northeast	102	27%	21%	24%	28%
Northwest	143	35%	24%	24%	17%
Central	167	39%	25%	14%	22%
Statewide	1,065	32%	25%	20%	23%

Table 39: "How much has your use of assistive technology decreased your need for help from another person?" at follow-up by region

Region	Number of respondents	A lot	Some	A little	None
Metro	97	37%	29%	22%	12%
Southeast	25	48%	16%	24%	12%
Southwest	27	41%	26%	15%	19%
Northeast	37	32%	32%	30%	5%
Northwest	41	44%	34%	2%	20%
Central	44	32%	18%	21%	30%
Statewide	271	38%	27%	19%	16%

In the follow-up sample, 38 percent of survey respondents reported assistive technology has decreased their need for help from another person "a lot." The percent of respondents who said "a lot" ranged from 32 percent in the Northeast and Central regions to 48 percent in the Southeast region. The percent of respondents who said active technology helps "a lot" increased 14 percent in the Southeast region between baseline and follow-up.

Summary of results by region

- **Community integration and engagement –** Overall, outing interactions scores indicate a low level of community integration for respondents across the state, with most respondents reporting little interaction with community members on outings. Respondents in the Southwest region reported the highest average outing interactions scores, while respondents in the Metro region reported the lowest outing interactions scores. The differences between regions meet the significance threshold of +/- 5 points, indicating meaningful differences in the level of community integration by region. These results suggest the state should conduct further research to explore the underlying factors contributing to the

change in community integration levels over time as well as the differences in community integration by region.

- **Decision control inventory** – Overall, DCI scores indicate a moderate level of choice-making power across the state. Respondents in the Southeast region reported the highest DCI scores, while respondents in the Northeast region reported the lowest. The difference in scores between the Northeast region and the rest of the state meets the significance threshold of +/- 5 points, indicating there is a meaningful difference in choice-making power in the Northeast region compared to the rest of the state. These results suggest the state should conduct further research to explore the underlying factors contributing to the change in DCI scores over time as well as the differences in choice-making by region.
- **Perceived quality of life inventory** – Overall, the perceived quality of life module scores reported across the state suggest that respondents perceive their quality of life as good. Respondents in the Northeast region reported the highest perceived quality of life scores and respondents in the Northwest region reported the lowest perceived quality of life scores. The difference in scores between the Northeast region and the rest of the state meets the significance threshold of +/- 5 points, indicating there is a meaningful difference in perceived quality of life in the Northeast region compared to the rest of the state. These results suggest the state should conduct further research to explore the underlying factors contributing to the change in quality of life over time as well as the differences by region.
- **Closest relationships inventory** – Overall, respondents reported fewer close relationships on the follow-up survey compared to baseline. The difference in total number of relationships was greatest in the Southeast region, where respondents reported 1.3 fewer relationships, on average. A trend may be forming here, and it will be helpful to add additional questions to future follow-up surveys to monitor this shift more closely. These results suggest the state should conduct further research to explore the underlying factors contributing to the change in number of relationships in the Southeast region. Respondents in the Metro and Northwest regions were more likely to have close relationships with people who are not relatives or staff. This was true both at baseline and follow-up.
- **Assistive technology** – Most respondents use assistive technology and describe it as helping to both increase their own independence and decrease their dependence on others. Statewide, there were no significant changes in the use of assistive technology from baseline to follow-up. However, there were significant differences by region. The percent of respondents who said they use assistive technology increased significantly in the Northeast region and declined in the Southeast and Southwest regions. Additional research is needed to understand the factors contributing to these changes.

Survey module scores by service type

Another useful way to look at Quality of Life Survey scores is by setting. However, the settings from which the survey sample was drawn are often overlapping, which means that one person can be authorized to receive services in multiple settings. This makes it difficult to attribute quality of life to any one setting. Moreover, the definitions of these settings are subject to change and some setting classifications have shifted over the course of baseline and follow-up. While this does not impact the quality of the data, it does affect the ability to analyze the outcomes by setting. Depending on how one defines a setting and reassigns respondent data, outcomes by setting could change.

To address these issues, settings were grouped by day services and residential services. Survey data were then analyzed by service type.

- Day services include Day Training and Habilitation and Center Based Employment.
- Residential services include Adult Foster Care, Boarding Care, Board and Lodging, Intermediate Care Facilities for Persons with Developmental Disabilities (ICF/DD), Nursing Facilities and Customized Living, and Supervised Living Facilities.

Table 40: Comparison of survey respondents in baseline sample and survey respondents in follow-up sample by service type

Service type	Number of baseline respondents	Number of follow-up respondents
Residential services only	977	246
Day services only	212	49
Both day and residential services	816	200

Most respondents receive residential services only, but there is also a large portion receiving both day and residential services. Most respondents who were authorized for two lines of service were authorized for services in a day setting and a residential setting. As a result, there is significant overlap between the residential settings and Day Training and Habilitation, which is categorized as a day service. Future research could examine the differences between respondents who receive only day services, respondents who receive only residential services, and respondents who receive both day and residential services.

Table 41: Comparison of outing interactions scores at baseline and follow-up by service type

Service type	Number of baseline respondents	Average outing interaction score at baseline	Number of follow-up respondents	Average outing interaction score at follow-up
Residential	1,727	37.2	434	35.7
Day	926	38.5	245	36.3
Statewide	1,936	37.7	497	36.5

On average, respondents who receive day services reported higher outing interactions scores than respondents who receive residential services. However, the differences between settings do not meet the significance threshold of +/- 5 points, indicating there is not a meaningful difference in community integration by service type. Differences in outing interactions scores between baseline and follow-up also do not meet the significance threshold.

Table 42: Comparison of decision control inventory scores at baseline and follow-up by service type

Service type	Number of baseline respondents	Average DCI score at baseline	Number of follow-up respondents	Average DCI score at follow-up
Residential	1,733	63.8	442	64.9
Day	986	65.8	245	65.8
Statewide	1,942	66.2	504	67.6

On average, respondents who receive day services reported higher decision control inventory scores than respondents who receive residential services. However, the differences between settings do not meet the significance threshold of +/- 5 points, indicating there is not a meaningful difference in choice-making by service type. Differences in decision control inventory scores between baseline and follow-up also do not meet the significance threshold.

Table 43: Comparison of perceived quality of life scores at baseline and follow-up by service type

Service type	Number of baseline respondents	Average quality of life score at baseline	Number of follow-up respondents	Average quality of life score at follow-up
Residential	1,695	76.2	437	76.8
Day	967	78.9	244	79.5
Statewide	1,904	76.6	501	77.4

On average, respondents who receive day services reported higher quality of life scores than respondents who receive residential services. However, the differences between settings do not meet the significance threshold of +/- 5 points, indicating there is not a meaningful difference in perceived quality of life by service type. Differences in perceived quality of life scores between baseline and follow-up also do not meet the significance threshold.

Table 44: Comparison of the average number of close relationships reported at baseline and follow-up by service type

Service type	Number of baseline respondents	Average number of relationships at baseline	Number of follow-up respondents	Average number of relationships at follow-up
Residential	1,793	3.9	441	3.7
Day	1,028	4.0	246	3.8
Statewide	1,859	4.2	505	3.7

On average, respondents who receive day services reported more close relationships than respondents who receive residential services. However, the differences between service types do not meet the significance threshold of +/- 1 relationships, indicating there is not a meaningful difference in number of relationships by service type. Difference in number of relationships between baseline and follow-up also do not meet the significance threshold.

Table 45: Comparison of close relationship types at baseline and follow-up by service type

Service type	Relative at baseline	Staff at baseline	Unpaid friend at baseline	Relative at follow-up	Staff at baseline	Unpaid friend at follow-up
Residential	50%	27%	23%	47%	27%	25%
Day	53%	27%	20%	68%	16%	15%
Statewide	52%	23%	25%	50%	23%	27%

Note: Staff includes total staff at home, total program staff, and other paid staff. The friend category includes total unpaid friends, neighbors, merchants, schoolmates, co-workers, and housemates.

Relatives were the most commonly reported relationship type in the baseline sample (52 percent) and in the follow-up sample (50 percent), followed by staff of home in the baseline sample (18 percent) and in the follow-up sample (20 percent). Respondents reported a high number of relationships with unpaid friends in both the baseline and follow-up samples (15 percent). At follow-up, respondents who receive day services were more likely than respondents who receive residential services to have relationships with relatives. This is a change from the baseline survey where relationship types were similar by service. At follow-up, 25 percent of relationships named by respondents receiving residential services were with unpaid friends, compared to 15 percent of relationships named by respondents receiving day services.

Table 46: Respondents who reported using assistive technology at baseline by service type

Service type	Number of respondents	No	No, but I would like to	Yes, I used it in the past	Yes, I use it now
Residential	1,709	41%	2%	1%	56%
Day	1,028	46%	2%	1%	52%
Statewide	1,915	41%	2%	1%	56%

Table 47: Respondents who reported using assistive technology at follow-up by service type

Service type	Number of respondents	No	No, but I would like to	Yes, I used it in the past	Yes, I use it now
Residential	243	40%	2%	2%	57%
Day	49	47%	0%	2%	51%
Statewide	503	42%	2%	1%	55%

In the follow-up sample, 55 percent of survey respondents reported they currently use assistive technology. Assistive technology use was highest among respondents who receive residential services at 57 percent. Assistive technology use by service type was similar between baseline and follow-up.

Table 48: "How much difference has assistive technology made in increasing your independence, productivity, and community integration?" (at baseline by service type)

Service type	Number of respondents	A lot	Some	A little	None
Residential	953	62%	19%	11%	8%
Day	503	59%	21%	11%	8%
Statewide	1,063	61%	19%	12%	8%

Table 49: "How much difference has assistive technology made in increasing your independence, productivity, and community integration?" (at follow-up by service type)

Service type	Number of respondents	A lot	Some	A little	None
Residential	138	63%	17%	12%	8%
Day	25	60%	28%	8%	4%
Statewide	273	59%	23%	11%	6%

In the follow-up sample, 59 percent of survey respondents reported assistive technology has increased their independence, productivity, and community integration "a lot." By service type, the percent of respondents who said "a lot" ranged from 63 percent among respondents who receive residential services to 60 percent among respondents who receive day services. The impact of assistive technology use by service type was similar between baseline and follow-up.

Table 50: "How much has your use of assistive technology decreased your need for help from another person?" (at baseline by service type)

Service type	Number of respondents	A lot	Some	A little	None
Residential	951	35%	24%	19%	23%
Day	500	31%	26%	20%	23%
Statewide	1,065	32%	25%	20%	23%

Table 51: "How much has your use of assistive technology decreased your need for help from another person?" (at follow-up by service type)

Service type	Number of respondents	A lot	Some	A little	None
Residential	138	44%	20%	17%	18%
Day	25	32%	36%	16%	16%
Statewide	271	38%	27%	19%	16%

In the follow-up sample, 38 percent of survey respondents reported assistive technology has decreased their need for help from another person "a lot." By service type, the percent of respondents who said "a lot" ranged from 44 percent among respondents who receive residential services to 32 percent among respondents who receive day services. The impact of assistive technology use on respondents' need for help from others increased 9 percentage points between baseline and follow-up for respondents receiving residential services.

Summary of results by service type

- **Community integration and engagement –** Overall, outing interactions scores indicate a low level of community integration across the service types, with most respondents reporting little interaction with community members on outings. Respondents in both residential and day services reported a little to some interaction with community members on outings, indicating a low level of community integration. The difference in scores between service types does not meet the significance threshold of +/- 5 points, indicating there are not meaningful differences in the level of community integration by service type.
- **Decision control inventory –** Overall, decision control inventory scores indicate a moderate level of choice-making power across the service types. The difference in scores between the service types does not meet the significance threshold of +/- 5 points, indicating there are not meaningful differences in choice-making power by service type.
- **Perceived quality of life inventory –** Overall, the perceived quality of life module scores indicate respondents in both service types perceive their quality of life to be good. The difference in scores between the service types does not meet the significance threshold of +/- 5 points, indicating there are not meaningful differences in quality of life by service type.
- **Closest relationships inventory –** Overall, respondents reported fewer close relationships on the follow-up survey compared to baseline. On average, respondents who receive day services reported more close relationships than respondents who receive residential services. However, the differences between service types do not meet the significance threshold of +/- 1 relationships, indicating there is not a meaningful difference in number of relationships by service type. At follow-up, 25 percent of relationships named by respondents receiving residential services were with unpaid friends, compared to 15 percent

of relationships named by respondents receiving day services. This is a change from the baseline survey, where relationship types were similar by service type.

- **Assistive technology –** Most respondents use assistive technology and describe it as helping both to increase their own independence and decrease their dependence on others. There were no significant changes in the use of assistive technology by service type from baseline to follow-up.

Survey module scores by guardianship status

Response rates by guardianship status were similar in the baseline sample and follow-up sample. Guardianship status is based on screening data provided for the eligible population. The DHS commissioner is the appointed guardian for people under public guardianship, but most guardianship responsibilities are delegated to the lead agency that serves the individual.[8] Private guardians are appointed and ordered by the court to provide guardianship services.[9] Private guardians are often family members. Guardianship status was not provided for people who receive services through DEED. If guardianship status was not provided in screening data, it was confirmed during scheduling. However, respondents without a guardianship status from the screening document were excluded from subgroup analysis.

Table 52: Comparison of survey respondents in baseline sample and survey respondents in follow-up sample by guardianship status

Guardianship status	Baseline respondents	Follow-up respondents
No guardian	25.3%	25.4%
Public guardian	11.4%	12.1%
Private guardian	54.6%	54.8%
Not provided	8.6%	7.6%

Table 53: Comparison of outing interactions scores at baseline and follow-up by guardianship status

Guardianship status	Number of baseline respondents	Average outing interaction score at baseline	Number of follow-up respondents	Average outing interaction score at follow-up
No guardian	502	38.2	126	38.0
Public guardian	215	31.7	60	31.1
Private guardian	1050	38.9	274	36.4

[8] Minnesota Department of Human Services. (2017). Community-Based Services Manual. Retrieved from: https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=ID_000896

[9] Minnesota Department of Human Services. (2011). DD Screening Document Codebook. Retrieved from: https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=ID_008482#privateguardian

Guardianship status	Number of baseline respondents	Average outing interaction score at baseline	Number of follow-up respondents	Average outing interaction score at follow-up
Statewide	1,936	37.7	497	36.5

On average, respondents who have a public guardian reported lower outing interactions scores than respondents who do not have a guardian or respondents with a private guardian. The differences by guardianship status meet the significance threshold of +/- 5 points, indicating people under public guardianship experience meaningful differences in community integration. Respondents who do not have a guardian reported higher outing interactions scores than respondents with a guardian; however, these differences do not meet the significance threshold.

Table 54: Comparison of decision control inventory scores at baseline and follow-up by guardianship status

Guardianship status	Number of baseline respondents	Average DCI score at baseline	Number of follow-up respondents	Average DCI score at follow-up
No guardian	504	71.6	130	72.5
Public guardian	215	54.8	62	56.2
Private guardian	1,051	64.2	274	65.8
Statewide	1,942	66.2	504	67.6

On average, respondents who do not have a guardian reported higher decision control inventory (DCI) scores than respondents with a guardian. In addition, respondents with a private guardian reported higher DCI scores than respondents with a public guardian. On average, respondents with a public guardian reported a DCI score of 56.2, which indicates individuals with public guardians have a limited amount of decision-making power. The differences in scores by guardianship status meet the significance threshold of +/- 5 points, indicating people experience meaningful differences in choice-making by guardianship status.

Table 55: Comparison of perceived quality of life scores at baseline and follow-up by guardianship status

Guardianship status	Number of baseline respondents	Average quality of life score at baseline	Number of follow-up respondents	Average quality of life score at follow-up
No guardian	497	73.9	130	76.6
Public guardian	204	76.5	59	76.2
Private guardian	1,030	78.1	273	78.0
Statewide	1,904	76.6	501	77.4

On average, respondents with a private guardian reported higher perceived quality of life scores than respondents who do not have a guardian or respondents with a public

guardian. However, these differences do not meet the significance threshold of +/- 5 points, indicating there is not a meaningful difference in quality of life by guardianship status.

Table 56: Comparison of average number of closest relationships reported at baseline and follow-up by guardianship status

Guardianship status	Number of baseline respondents	Average number of relationships at baseline	Number of follow-up respondents	Average number of relationships at follow-up
No guardian	489	4.0	130	3.7
Public guardian	210	3.8	61	3.2
Private guardian	1,029	4.3	276	3.9
Statewide	1,859	4.2	505	3.7

On average, respondents who have a public guardian reported fewer close relationships than respondents who do not have a guardian or respondents with a private guardian. However, the differences between guardianship status do not meet the significance threshold of +/- 1 relationships, indicating there are not meaningful differences in number of relationships by guardianship status.

Table 57: Comparison of closest relationship type at baseline and follow-up by guardianship status

Guardianship status	Relative at baseline	Staff at baseline	Unpaid friend at baseline	Relative at follow-up	Staff at follow-up	Unpaid friend at follow-up
No guardian	50%	28%	20%	49%	29%	22%
Public guardian	55%	26%	19%	52%	24%	23%
Private guardian	40%	35%	25%	43%	33%	25%
Statewide	52%	23%	25%	50%	23%	27%

Note: Staff includes total staff at home, total program staff, and other paid staff. The friend category includes total unpaid friends, neighbors, merchants, schoolmates, co-workers, and housemates.

Respondents with a private guardian were less likely to have close relationships with relatives than respondents without a guardian and respondents with a public guardian. This was true at both baseline and follow-up.

Table 58: Respondents who report using assistive technology at baseline by guardianship status

Guardianship status	Number of respondents	No	No, but I would like to	Yes, I used it in the past	Yes, I use it now
No guardian	493	34%	2%	1%	63%
Public guardian	212	54%	3%	1%	42%
Private guardian	1039	42%	2%	1%	56%
Statewide	1,915	41%	2%	1%	56%

Table 59: Respondents who report using assistive technology at follow-up by guardianship status

Guardianship status	Number of respondents	No	No, but I would like to	Yes, I used it in the past	Yes, I use it now
No guardian	112	36%	1%	3%	61%
Public guardian	25	52%	4%	0%	44%
Private guardian	134	43%	2%	1%	55%
Statewide	503	42%	2%	1%	55%

In the follow-up sample, 55 percent of survey respondents reported they currently use assistive technology. Assistive technology use was highest among respondents who do not have a guardian and lowest among respondents under public guardianship. Assistive technology use was similar between baseline and follow-up regardless of guardianship status.

Table 60: "How much difference has assistive technology made in increasing your independence, productivity, and community integration?" (at baseline by guardianship status)

Guardianship status	Number of respondents	A lot	Some	A little	None
No guardian	308	66%	18%	9%	7%
Public guardian	87	51%	23%	18%	8%
Private guardian	577	63%	19%	11%	8%
Statewide	1,063	61%	19%	12%	8%

Table 61: "How much difference has assistive technology made in increasing your independence, productivity, and community integration?" (at follow-up by guardianship status)

Guardianship status	Number of respondents	A lot	Some	A little	None
No guardian	68	72%	13%	7%	7%
Public guardian	11	46%	27%	18%	9%
Private guardian	73	56%	22%	16%	6%
Statewide	273	59%	23%	11%	6%

In the follow-up sample, 59 percent of respondents reported assistive technology has increased their independence, productivity, and community integration "a lot." By guardianship status, the percent of respondents who said "a lot" ranged from 46 percent among respondents under public guardianship to 72 percent for respondents who do not have a guardian. The percent of respondents who said assistive technology helps "a lot" increased among respondents who do not have a guardian and decreased among

respondents with a guardian. These differences are not large enough to indicate meaningful change.

Table 62: "How much has your use of assistive technology decreased your need for help from another person?" (at baseline by guardianship status)

Guardianship status	Number of respondents	A lot	Some	A little	None
No guardian	307	39%	22%	21%	19%
Public guardian	87	30%	22%	21%	28%
Private guardian	576	33%	25%	18%	24%
Statewide	1,065	32%	25%	20%	23%

Table 63: "How much has your use of assistive technology decreased your need for help from another person?" (at follow-up by guardianship status)

Guardianship status	Number of respondents	A lot	Some	A little	None
No guardian	68	59%	12%	16%	13%
Public guardian	11	27%	18%	18%	36%
Private guardian	73	30%	33%	18%	19%
Statewide	271	38%	27%	19%	16%

In the follow-up sample, 38 percent of survey respondents reported assistive technology has decreased their need for help from another person "a lot." By guardianship status, the percent of respondents who said "a lot" ranged from 27 percent among respondents under public guardianship to 59 percent among respondents who do not have a guardian. The percent of respondents without guardians who said assistive technology helps "a lot" increased 20 percentage points between baseline and follow-up.

Summary of results by guardianship status

- **Community integration and engagement –** Overall, outing interactions scores indicate a low level of community integration for all respondents, with most respondents reporting little interaction with community members on outings. Respondents under public guardianship reported lower levels of community engagement than respondents who do not have a guardian or respondents with a private guardian. The differences by guardianship status meet the significance threshold of +/- 5 points, indicating people under public guardianship experience meaningful differences in community integration.
- **Decision control inventory –** Overall, DCI scores indicate respondents who do not have a guardian and respondents with private guardians have a moderate level of choice-making power. Respondents with public guardians reported a limited amount of choice-making power. The differences in scores by guardianship status meet the significance threshold of +/- 5 points, indicating

people experience meaningful differences in choice-making by guardianship status.

- **Perceived quality of life inventory –** Overall, the perceived quality of life module scores show that respondents said their perceived quality of life is good regardless of guardianship status. The differences in scores by guardianship status do not meet the significance threshold of +/- 5 points, indicating there are not meaningful differences in quality of life.
- **Closest relationships inventory –** Overall, respondents reported fewer close relationships on the follow-up survey compared to baseline. On average, respondents with a public guardian reported fewer relationships than respondents who do not have a guardian and respondents with a private guardian. However, these differences do not meet the significance threshold of +/- 1 relationships, indicating there is not a meaningful difference in number of relationships by guardianship status. Respondents with a private guardian were less likely to have close relationships with relatives than respondents without a guardian and respondents with a public guardian. This was true at both baseline and follow-up.
- **Assistive technology –** Most respondents use assistive technology and described it as helping both to increase their own independence and decrease their dependence on others. Assistive technology use was significantly higher among respondents with no guardian than among respondents with a guardian. Respondents without guardians were also more likely than respondents under guardianship to say assistive technology increased their independence, productivity, and community integration and decreased their dependence on others "a lot."

Respondent characteristics associated with overall quality of life

Results in this report apply only to Minnesotans with disabilities who receive services in potentially segregated settings. The results cannot be generalized to all people with disabilities in Minnesota.

With the large number of baseline respondents and the addition of a follow-up survey, enough data has been collected to identify respondent characteristics associated, both positively and negatively, with perceived quality of life. This section identifies characteristics that have strong relationships with overall quality of life in both the baseline and follow-up survey samples.

Methodological approach

The Olmstead Quality of Life Survey Advisory Group chose to use a statistical technique known as linear regression to determine how respondent demographics, setting characteristics, and other important characteristics were related to each of the four

module scores: outing interactions, decision control (choice-making), perceived quality of life, and closest relationships.

Linear regression is a commonly used type of analysis that is useful in identifying characteristics strongly associated with a specified outcome. For example, a person could run a linear regression model to identify what housing characteristics were strongly associated with price. In relation to the Olmstead Quality of Life Survey, linear regression can point out respondent characteristics that are strongly associated with overall quality of life. In this case, linear regression can help identify the areas that could have the greatest impact on improving overall quality of life.

The analysis had two basic steps. The first step was to examine characteristics related to the module scores using the full baseline sample of 2,005 respondents. The second step examined whether these same characteristics were related to the module scores at follow-up using the 511 respondents who participated in both the baseline and follow-up surveys.

The primary purpose of the baseline survey was to get a point-in-time picture of respondents' overall quality of life across multiple outcomes of interest. The primary purpose of the follow-up survey was to see what changes, if any, respondents reported in the outcomes of interest over the past year. Subsequent surveys will measure the changes from baseline to follow-up over the Olmstead Plan's implementation period.

We did not expect to see significant changes between baseline and follow-up for two reasons. First, the time between the two surveys was not long enough to result in significant changes in the outcomes unless there was a major change in respondents' living or working situations. Second, there were no major policy changes implemented that would lead to a significant impact on the outcomes at a statewide level. Because there were no large statewide changes, we would expect that most of the differences in the outcomes between baseline and follow-up are related to respondents' individual experiences. We do expect that analyses of subsequent follow-up surveys will result in a greater number of significant characteristics related to overall quality of life if there are significant changes in policies or services due to the Olmstead Plan.

Characteristics included in models

Based on previous research and input from the Olmstead Quality of Life Survey Advisory Group, several important characteristics thought to be related to each of the module scores (outing interactions, choice-making power, perceived quality of life, and number of close relationships) were considered. A list of all the characteristics included in the regression models and a description of each are provided below.

Table 64: Description of characteristics included in regression models

Characteristic	Description
Demographics	Respondent demographic information including gender, age, race, and region of service are included in the demographic breakdown section of this report. Demographic data was provided by DHS and DEED.
Guardianship status	Records from DHS and DEED were used to indicate whether respondents had a guardian at the time of the baseline survey. For respondents receiving services through DHS, guardianship data includes the type of guardian, such as public or private.
Cost of services	DHS records were used to calculate the average cost of services per day for each respondent.
Residential setting	Residential settings are services that include housing and other related services. Residential settings include: adult foster care, boarding care, board and lodging, intermediate care facilities for persons with developmental disabilities, nursing facilities and customized living, and supervised living facilities. If respondents were authorized to receive services in any of these settings, they were marked as receiving residential services.
Day setting	Day settings are services that are provided during the day. These services often offer employment, occupational activities, or formal enrichment activities. The two day settings included in the Olmstead Quality of Life Survey are center-based employment and day training and habilitation. If respondents were authorized to receive services in either of these settings, they were marked as receiving day services.
Waiver type	Minnesotans with disabilities or chronic illnessess who need certain levels of care may qualify for home and community-based waiver programs. The majority of survey respondents receive waivered services through the Developmental Disabilities (DD), Community Access for Disability Inclusion (CADI), or Brain Injury (BI) waivers.
Weekly earnings	Average weekly earnings were based on self-reported data. Respondents who participate in day activities where they can earn income were asked to estimate their weekly income. These day activities include: self-employment, competitive employment, supported employment, enclave or job crew, sheltered employment, vocational programs, and day training and habilitation.
Day integration	Respondents were asked about their level of integration with people who do not have disabilities during their day activities (e.g., employment, education, and volunteer work). This day integration scale captures how many hours each respondent spends in each of these activities and how integrated they felt while engaging in these activities.
Total monthly outings	Respondents reported on the number of times they went on a variety of outings over the course of a month. The total number of outings is an overall count of outings of all types in the previous four weeks.
Number of different outing types reported	Respondents reported the types of outings they participated in over the previous four weeks. Outing types include: visits with friends, relatives, or neighbors; and trips to a grocery store, restaurant, place of worship, mall, or sports event.

Characteristic	Description
Average group size on outings	Respondents were asked how many people went with them on each outing. If the respondent reported a range, the interviewer recorded the average group size. The average group size represents the average group size for all reported outings. Average group size included the respondent.
Adaptive behaviors	This scale was created by the Olmstead Quality of Life Survey Advisory Group to assess respondents' adaptive behaviors. The adaptive behaviors scale was created by taking the average score across items from DHS assessments for Long Term Care and Developmental Disabilities programs. This scale is a measure of respondents' independent functioning and helps to account for differences in level of need. Example items included how well a person is able to manage dressing, grooming activities, communication, mobility, and transferring.
Housing size	Respondents were asked to provide the number of people who live in the same house, room, facility, or reasonable subunit as them. This includes roommates, housemates, and staff who live onsite. Respondents were also asked to provide the number of people with disabilities who live in the same location. The number of residents with disabilities in the home is an indicator of segregation, with a higher number indicating greater levels of segregtion.

Regression model findings in baseline samples

Using regression models, several characteristics were found to be significantly associated with the module scores in the baseline and follow-up samples; these are provided in tables 65 through 68. The tables only include the characteristics that are significantly associated with the module scores. Please see Appendix B for the full regression tables. The regression results suggest that these characteristics are areas that have a link to the module scores (i.e., outing interactions, decision control inventory, perceived quality of life, and closest relationship inventory) among Minnesotans in potentially segregated settings.

Regression model findings in follow-up samples

Linear regression models were also used to examine the relationship between respondent characteristics at follow-up. These models included the same variables as the baseline models as well as the respondent's baseline score on each of the module scores. This type of analysis enables us to examine whether any of the characteristics at baseline predict follow-up module scores over time. Because no statistically significant differences emerged on the module scores from baseline to follow-up, we do not expect to see many characteristics associated with module scores at follow-up. This is to be expected given the short amount of time between surveys and the lack of major policy changes during the time. However, it will be important to continue to examine these relationships over time to see if any changes emerge as the state continues to implement the Olmstead Plan.

The tables below present both standardized coefficients and p-values. A standardized coefficient compares the strength and direction of the effect of each characteristic to each of the module scores. The higher the absolute value of the coefficient, the stronger the effect. For example, a coefficient of -0.4 has a stronger effect than a coefficient of 0.2. A positive coefficient indicates that there is a positive relationship between the characteristic and the module score. For a positive relationship, both the characteristic and module score increase. A negative coefficient indicates that there is a negative relationship. For a negative relationship, one variable increases as the other decreases.

Finally, a p-value helps determine whether the relationship is significantly different from zero. A p-value below 0.05 is customarily used in research to suggest that the results are indeed statistically significant. A p-value of 0.05 means that there is only a 5 percent chance that the results of the study occurred by chance alone. Smaller p-values suggest a higher level of confidence that our results did not occur by chance.

Outing interaction scores at baseline and follow-up

Table 65: Characteristics associated with respondents' outing interactions in the baseline and follow-up sample

Characteristic	Standardized coefficient at baseline	P-value at baseline	Standardized coefficient at follow-up	P-value at follow-up
Region (Reference: Metro)				
Southeast	.174 ***	.000	-	-
Southwest	.113 *	.020	-	-
Northwest	.209 ***	.000	-	-
Central	.126 **	.009	-	-
Number of different outing types	.130 **	.005	-	-
Perceived quality of life score	.241 ***	.000	-	-
Total monthly outings	.105 *	.025	-	-
Number of relationships	.090 *	.024	-	-
Outing interaction score at baseline	-	-	.584 ***	.000

Note: * p < .05; ** p < .01; *** p < .001

Characteristics associated with higher outing interaction scores at baseline and follow-up

Perceived quality of life was the characteristic most strongly associated with outing interactions at baseline. It is likely that respondents who report a higher perceived quality of life are more likely to interact with individuals in their community while on outings.

Respondents who went on a greater number of outings per month and had a greater variety of different types of outings also tended to report more outing interactions. This suggests that individuals who are given the opportunity to go on more outings will be

more likely to also have more opportunities to interact and engage with other members in their communities while on these outings.

Respondents in the Southeast, Southwest, Northwest, and Central regions reported higher outing interactions than respondents in the Metro region. This suggests that individuals living in these regions are experiencing more opportunities to interact with people in their communities than individuals in the Metro region. The Northeast region was not significantly associated with outing interactions and thus was not included in the table.

The number of close relationships respondents reported were associated with more outing interactions. Individuals who have more close relationships may be more comfortable interacting and engaging with other individuals within their community during outing opportunities.

Only outing interaction scores at baseline were significantly associated with the outing interaction scores at follow-up. This suggests that respondents who experienced more outing interactions at baseline also did at follow-up.

DCI scores at baseline and follow-up

Table 66: Characteristics associated with respondents' DCI scores in the baseline and follow-up sample

Characteristic	Standardized coefficient at baseline	P-value at baseline	Standardized coefficient at follow-up	P-value at follow-up
Region (Reference: Metro)	-	-	-	-
Southwest	-.112 *	.012	-	-
Northwest	-.249 ***	.000	-	-
Central	-.092 *	.037	-	-
Average cost per day	-.089 *	.030	-	-
Guardianship status	-.104 *	.011	-	-
Weekly earnings	.097 *	.018	-	-
Total monthly outings	.180 ***	.000	-	-
Average group size on outings	-.072 *	.045	-	-
Perceived quality of life score	.125 **	.002	-	-
Adaptive behavior scale	.127 **	.006	-	-
Residential services	-.253 ***	.000	-.363 ***	.000
Day services	-.132 *	.016	-.141 *	.040
DCI score at baseline	-	-	.265 **	.001

Note: * p < .05; ** p < .01; *** p < .001

Characteristics associated with higher decision control inventory scores at baseline and follow-up

A greater number of monthly outings was the characteristic most strongly associated with higher DCI scores at baseline. This suggests that respondents who went on more outings tended to also report they had more autonomy in their choice-making power.

Respondents who reported higher perceived quality of life scores at baseline also reported higher DCI scores at baseline. This suggests there is a relationship between the level of choice-making power an individual has and their perceived quality of life.

Respondents with higher adaptive behavior scores tended to report higher DCI scores at baseline. It is possible that respondents who exhibit or are perceived to have more adaptive behaviors are given more autonomy to make decisions in their everyday lives.

Respondents who reported higher weekly earnings tended to report higher DCI scores at baseline. This may be related to the fact that respondents with higher weekly earnings were more likely to work in integrated employment settings, suggesting higher levels of workplace autonomy.

DCI scores at baseline were the only characteristic significantly associated with higher DCI scores at follow-up. This suggests that respondents who were more likely to rate their choice-making power high at baseline were also likely to rate their choice-making power high a year later when asked this question again at the follow-up survey.

Characteristics associated with lower DCI scores at baseline and follow-up

Residential services were the characteristic most strongly associated with lower DCI scores at baseline. Respondents who received residential services reported lower DCI scores than respondents who did not receive these services. To a lesser extent, respondents who received day services also tended to report lower DCI scores than respondents who did not receive these services.

Some meaningful differences emerged in relation to region of service. Respondents in the Southwest, Northwest, and Central regions reported lower DCI scores than respondents in the Metro region. The Southeast and Northeast regions were not significantly associated with decision control and thus were not included in the table.

Respondents with guardians reported lower decision control scores than respondents without guardians. This suggests that respondents without guardians may have more choice-making power in their everyday lives than respondents with guardians.

Respondents who attended outings with a larger group of people tended to report lower DCI scores. This suggests a possible relationship between the level of choice-making and the types of outings in which individuals participate. This relationship is a possible indicator for higher levels of segregation.

Respondents who received services that cost more per day tended to report lower DCI scores. This suggests there is a relationship between the average daily cost of services and an individual's level of choice-making. This relationship is another possible indicator for higher levels of segregation.

Only residential services were significantly associated with lower DCI scores at follow-up. Respondents receiving residential services at baseline were more likely to report lower DCI scores at follow-up than respondents not receiving these services at baseline.

Perceived quality of life scores at baseline and follow-up

Table 67: Characteristics associated with respondents' perceived quality of life scores in the baseline and follow-up sample

Characteristic	Standardized coefficient at baseline	P-value at baseline	Standardized coefficient at follow-up	P-value at follow-up
Gender (female)	.091*	.014	.142 *	.034
Region (Reference: Metro)				
Northwest	-	-	.176 *	.023
Waiver type (Reference: DD)				
CADI Waiver	-.158 **	.008	-	-
BI Waiver	-.177 ***	.000	-	-
Average cost per day	-.107 *	.014	-.246 **	.002
Weekly earnings	-.101 *	.018	-	-
Day integration	.086 *	.030	-	-
Number of different outing types	.106 *	.019	-	-
Outing interaction score	.226 ***	.000	-	-
DCI scores	.139 **	.002	-	-
Number of relationships	.121 **	.002	-	-
Perceived quality of life score at baseline	-	-	.444 ***	.000

Note: * p < .05; ** p < .01; *** p < .001

Characteristics associated with higher perceived quality of life scores at baseline and follow-up

Outing interactions was the characteristic most strongly associated with respondents reporting higher perceived quality of life. This suggests that respondents who have more opportunities to interact with individuals without disabilities within their communities tend to report greater perceived quality of life. To a lesser extent, respondents who reported greater integration at school, work, and other activities throughout the day and respondents who reported going on a greater variety of outings tended to also report greater perceived quality of life. These findings further support the idea that opportunities to interact and engage with community members is important to the quality of life for the focus population.

Respondents who reported greater DCI scores reported greater perceived quality of life. It is likely that respondents who have more autonomy in making decisions about their daily life (e.g., regarding clothing and food selection) also perceived greater overall quality of life.

Respondents who reported a greater number of close relationships reported higher perceived quality of life scores. This finding shows the importance of close relationships in the lives of Minnesotans with disabilities, as individuals with more close relationships feel more satisfied with their overall quality of life.

Female respondents tended to report higher perceived quality of life scores than male respondents at both baseline and at follow-up. More research is needed to understand these gender differences.

The perceived quality of life score at baseline is the characteristic most strongly associated with perceived quality of life at follow-up. This suggests that respondents who were more likely to rate their perceived quality of life high at baseline were also likely to rate their perceived quality of life high at the follow-up survey.

Respondents in the Northwest region rated their perceived quality of life at follow-up higher than respondents in the Metro region. More research is needed to understand differences between the Metro region and greater Minnesota. All other regions were not significantly associated with respondents' perceived quality of life at follow-up and thus were not included in the table.

Characteristics associated with lower perceived quality of life scores at baseline and follow-up

Waiver type was the characteristic most strongly associated with respondents' perceived quality of life. Respondents with a Community Access for Disability Inclusion (CADI) waiver and respondents with a Brain Injury (BI) waiver reported lower perceived quality of life scores than respondents with a Developmental Disabilities (DD) waiver. Further research is needed to better understand the relationship between waiver type and perceived quality of life.

Respondents receiving services that cost more per day reported lower perceived quality of life scores. This suggests there is a relationship between the average daily cost of services and an individual's perceived quality of life. This relationship is a possible indicator of higher levels of segregation.

Respondents receiving greater weekly earnings also tended to report lower perceived quality of life. While respondents who receive higher weekly earnings are more likely to be employed in less segregated settings, this relationship does not seem to be due to employment setting. Further research is needed to better understand the relationship between earnings and perceived quality of life.

Only the average cost of services per day was associated with lower perceived quality of life at follow-up. Respondents who received services at baseline that cost more per day rated their perceived quality of life lower at the time of the follow-up survey.

Number of close relationships at baseline and follow-up

A logistic regression model using the "cbind" function in a statistical software program called "R" was used to examine the association between respondent characteristics and number of close relationships at baseline and follow-up. This approach was taken because the number of close relationships was bounded from zero to five; respondents could not select more than five close relationships. Thus, a linear regression model was not appropriate, and an alternative model was required to examine this relationship.

The table below presents odds ratios rather than standardized coefficients. Odds ratios greater than one indicate that the characteristic is associated with respondents being more likely to report more close relationships. Odds ratios less than one indicate that the characteristic is associated with respondents being less likely to report more close relationships.

Table 68: Characteristics associated with the number of close relationships in the baseline and follow-up sample

Characteristic	Odds ratio at baseline	P-value at baseline	Odds ratio at follow-up	P-value at follow-up
Age	-	-	.949 ***	.000
Gender (female)	-	-	2.152 **	.001
Region (Reference: Metro)				
Southwest	1.699 *	.028	.324 **	.007
Northeast	.344 ***	.000	-	-
Central	.548 **	.002	-	-
Southeast	-	-	.187 ***	.000
Northwest	-	-	.321 **	.005
Race (Reference: White)				
American Indian	4.189 **	.009	-	-
Guardianship status	2.003 ***	.000	-	-
Weekly earnings	1.003 **	.003	-	-
Number of different outing types	1.094 **	.007	1.193 **	.008
Total monthly outings			1.017 *	.019
Outing interactions	1.012 *	.010	-	-
Average group size on outings	1.132 **	.009	-	-
Residential	-	-	4.509 ***	.000
Perceived quality of life score	1.023 ***	.000	-	-
Number of close relationships at baseline	-	-	2.726 ***	.000

Note: * p < .05; ** p < .01; *** p < .001

Characteristics associated with respondents being more likely to have more close relationships at baseline and follow-up

Respondents in the Southwest region were more likely to report more close relationships than respondents in the Metro region at baseline. Further investigation to understand differences between the Metro region and greater Minnesota is needed.

Respondents who identify as American Indian were more likely to report more close relationships at baseline than respondents who identify as white. It is unclear why this relationship exists, and further research is needed to understand these differences.

Respondents with a guardian were more likely to report more close relationships at baseline than respondents without a guardian. It is possible that guardians may encourage individuals to develop close relationships. The regression results only compare respondents with guardians to respondents who do not have guardians. The model does not take into account guardianship type. More research should examine differences between private and public guardians in this area.

Respondents with higher weekly earnings were more likely to report more close relationships at baseline. This suggests that respondents who earn more and perhaps work a greater number of hours may have more opportunities to develop more close relationships.

Respondents who went on a greater number of different outings were more likely to report a greater number of close relationships at baseline and follow-up. This suggests that individuals who have more opportunities to go on outings may be more likely to develop more relationships.

Respondents who reported more outing interactions at baseline were more likely to report more relationships. This suggests that individuals who have more opportunities to interact with people in their communities are more likely to develop a greater number of close relationships.

Respondents who reported greater perceived quality of life at baseline were more likely to report more close relationships. This suggests that individuals who had greater perceived quality of life scores were more likely to have a greater number of close relationships.

Female respondents were more likely to report more close relationships than male respondents at follow-up.

Respondents who report more close relationships at baseline were also more likely to report more close relationships at follow-up.

Respondents who went on more outings at baseline were more likely to have more close relationships at follow-up. This further suggests that individuals who are given more

opportunities to interact and engage with people in their communities are more likely to develop a greater number of close relationships.

Respondents who received residential services at baseline were more likely to have more close relationships at follow-up. Additional research is needed to understand differences in number of close relationships by setting type. It may be helpful to examine specific services (e.g., Adult Foster Care, Boarding Care).

Characteristics associated with respondents being less likely to have more close relationships at baseline and follow-up

Respondents in the Northeast and Central regions were less likely to report more close relationships than respondents in the Metro region at baseline.

At follow-up, age was associated with close relationships. Younger respondents were more likely to report more close relationships than older respondents.

Respondents in the Southwest, Central, and Northwest regions were less likely to report more close relationships than respondents in the Metro region at follow-up.

Further investigation to understand differences between the Metro region and other regions in Minnesota is needed.

Overall summary of findings

The Olmstead Quality of Life Survey methodology was designed to ensure the results are representative of Minnesotans with disabilities receiving services in potentially segregated settings. The results are not generalizable to all Minnesotans with a disability. Examination of the demographic characteristics showed that the baseline and follow-up samples looked the same in terms of gender, age, region of service, and setting type. The baseline and follow-up samples appeared to be representative of the eligible population with minimal differences present.

There was no substantial change in module scores over time.

In terms of changes from the baseline survey to the follow-up survey, there were no significant changes for the outing interactions, choice-making, and perceived quality of life module scores. Given the relatively short amount of time between the baseline and follow-up surveys, little to no change in survey scores is expected. Timing a second follow-up survey to occur in 2020 will maximize the chances to see significant change.

There were differences in outcomes by region.

The analysis identified regional differences in perceived quality of life. However, further research is needed to identify how and why these differences exist:

- Overall, daily outing interactions are segregated across the state. However, the Metro region had the lowest outing interactions score by a significant margin.

- Decision control inventory (DCI) scores indicate a moderate amount of choice-making across the state. The Northeast region reported the lowest DCI score by a significant margin.
- Perceived quality of life was reported as good across the state. The Northeast region reported the highest perceived quality of life by a significant margin.
- The average number of close relationships decreased across most regions. The decrease was greatest in the Southeast region, where respondents reported 1.3 fewer relationships, on average.

There was little difference in outcomes between residential and day settings.

There were slight differences in module scores between residential and day settings. However, the differences did not meet the +/- 5 point practical significance threshold.

There were differences in outcomes by guardianship status.

There are specific differences between respondents with and without a guardian. There are also differences between respondents with a private guardian and those with a public guardian:

- Overall, outing interactions scores indicate a low level of community integration for all respondents. However, respondents with a public guardian reported lower levels of community engagement than respondents who do not have a guardian or respondents with a private guardian.
- Overall, decision control inventory scores indicate respondents who do not have a guardian and respondents with private guardians have a moderate level of choice-making power. Respondents with public guardians reported a limited amount of choice-making power.
- Assistive technology use was significantly higher among respondents with no guardian than among respondents with a guardian. Respondents who do not have a guardian were also more likely than respondents with a guardian to say assistive technology increased their independence, productivity, and community integration and decreased their dependence on others "a lot."

The important characteristics that help to shape overall quality of life are beginning to emerge.

The regression models comparing respondent characteristics to overall quality of life confirmed that the four survey modules are all measuring different facets of quality of life. These models showed that all the module scores (outing interactions, decision control, perceived quality of life, and number of close relationships) are related to one another. This helps validate these characteristics as important constructs of an individual's quality of life. Through the analysis of baseline and follow-up survey data, several key characteristics were identified as having a strong relationship to survey module scores and thus overall quality of life for the focus population:

- **Region:** The regression models indicate there is an association between region of services and overall perceived quality of life. Most of the differences occurred between the Metro region and greater Minnesota. The results suggest there are measurable differences between rural and urban communities that affect the perceived quality of life of Minnesotans with disabilities who receive services in potentially segregated settings.
- **Average daily cost of services:** On average, higher average daily cost of services is associated with lower perceived quality of life. However, this finding does not suggest that lowering the cost of services for all service recipients will lead to higher perceived quality of life.
- **Service type:** Service type, in addition to service setting, does have an impact on overall quality of life. On average, both day and residential services were associated with lower DCI scores. Service type is not associated with the other module scores.
- **Guardianship status**: Guardianship status is related to overall quality of life. On average, respondents with a public guardian have lower perceived quality of life scores than respondents with a private guardian. Respondents who do not have a guardian have higher DCI scores and fewer close relationships than respondents with a guardian.
- **Outing interaction scores:** On average, respondents with higher outing interaction scores also report higher perceived overall quality of life. This indicates there is a relationship between how much respondents interact with community members outside the home and overall quality of life.

The survey tool works for its intended purposes.

The first follow-up survey confirmed that the Quality of Life Survey tool is reliable and valid for the Minnesota context. The initial analysis of follow-up survey results has shown that the survey instrument can be used to identify important characteristics affecting overall quality of life and can effectively measure changes in overall quality of life over time.

Conclusion and future considerations

This report is intended to be an overview of the Olmstead Quality of Life Survey: First Follow-up – 2018 results. It serves as the first set of data points that can be used with the baseline results to detect and monitor change in quality of life over time for Minnesotans with disabilities who receive services in potentially segregated settings. While there were no significant changes in overall quality of life at the state level in this first follow-up, the longitudinal survey is critical to continue to monitor progress on Minnesota's Olmstead Plan implementation.

The analysis conducted for this report highlighted multiple areas that deserve further research and investigation:

- **Outings interactions:** The state as a whole has relatively low outings interaction scores and the Metro region scores significantly lower than the other regions. If quality of life is to improve for the focus population, outings must become more integrated. A deeper analysis as to how and why outings are not integrated in different parts of the state will be helpful to begin crafting a solution to this issue.
- **Guardianship status:** Respondents with guardians report lower decision control inventory scores and lower perceived quality of life than respondents who do not have guardians. This contrast is even more stark when guardianship is broken down to public and private guardians. Respondents with public guardians tend to report lower perceived quality of life than respondents with private guardians. While there may be justifiable reasons for respondents with guardians to have lower control of daily decision-making, these results call into question if the current guardianship structure supports the goals of Minnesota's Olmstead Plan. The results suggest other models like supported decision-making should be considered in order to decrease the differences in outcomes based on guardianship status. This model currently exists in the state, but it is not widely used. Further analysis into this relationship would be useful.
- **Region:** Where in the state a person lives influences overall quality of life. While it is not possible to say one region is inherently better than another, we now know that there are differences in perceived quality of life in different regions of the state. For example, there are fewer outing interactions in the Metro region, but respondents in this region report higher levels of choice-making power. What this indicates is that there are differences across the state in service availability, service affordability, how agencies provide services, how providers network and learn from each other, and how respondents form and maintain close relationships. All these things interact with quality of life. However, more research is needed to understand the underlying factors related to the significant differences between regions.
- **Cost of services:** Higher average daily cost of services is associated with less decision control and lower perceived quality of life. People with higher needs are often placed in high cost settings. These settings may have more segregated characteristics than lower cost settings. However, individuals now have an annual opportunity to choose more integrated housing and employment options. There are several critical questions here: Are options being presented, are individuals aware of the choices they have, are services available, and are services affordable? Further understanding the answers to these questions would help to illuminate the interplay with cost and appropriate setting of choice.
- **Waiver type:** Respondents with a CADI waiver reported lower perceived quality of life than those with a DD waiver. Similarly, respondents with a BI waiver reported lower perceived quality of life scores than those with a DD waiver. Therefore, further understanding the differences in practices for each waiver type may be helpful in identifying process changes that could improve overall quality of life for individuals across all waiver types.

- **Change in services over time:** Many respondents in the survey sample receive services in more than one setting. Over time, service needs will change and individuals in the sample will have a different mix of services and a choice as to what best fits their needs. Monitoring the changing mix of potentially segregated settings and integrated settings in which people are receiving services will help to provide more information as to whether people are being supported at a level that matches individual needs and choice.
- **Changing expectations:** As more people receiving services in potentially segregated settings realize they have a choice in their services and/or their daily activities, people in these settings may become more dissatisfied with the services they receive. This increasing dissatisfaction could impact overall quality of life and result in lower module scores in future years. It is important to control for changes in expectations in future follow-up surveys. One way to do this is to add questions in other data collection tools to control for changing expectations. For example, inserting a question that asks about individual expectations into the 2020 National Core Indicators survey would be a good way to begin collecting data on this topic. This question could then be refined and inserted into the subsequent Quality of Life Follow-up Surveys.
- **Use of assistive technology:** The availability and use of assistive technology is a critical component to realizing increased community integration. The data collected in the Quality of Life Survey on assistive technology use shed some light on who is currently using and benefiting from assistive technology. However, there are more questions to answer about access to and the benefits of assistive technology. Further research into this area should consider not only the availability of assistive technology, but connectivity as well. As more services are provided over the internet, it is critical that individuals across the state have access to high-speed internet and cellphone service. This includes improving internet services in greater Minnesota and ensuring the state reduces financial barriers to connectivity.

Second follow-up survey

A second follow-up survey will be valuable to continue to monitor the state's progress in improving quality of life for the focus population. A second follow-up survey will also allow more opportunity to confirm quality of life predictor characteristics that have been identified in this report. As this first follow-up survey showed, a one-year time span between surveys is not long enough to allow for significant changes in quality of life. Therefore, to increase the chances of seeing significant changes in module scores between the baseline survey and the second follow-up survey, it is recommended that the second follow-up survey begin no earlier than summer 2020.

In a second follow-up survey, it is also recommended that new questions be added to the survey instrument, including:

- Additional relationship questions that help to further identify the type and strength of relationships present
- A question or questions that identify changing expectations of services over time

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Appendix A – Subgroup analyses

Subgroup analysis by region

Table 69: Comparison of average day activity hours at baseline and follow-up by region

Region	Number of baseline respondents	Average day activity hours at baseline	Number of follow-up respondents	Average day activity hours at follow-up
Central	255	24.1	53	24.0
Metro	513	24.7	135	19.5
Northeast	178	23.7	54	20.7
Northwest	194	25.6	39	20.2
Southeast	208	25.0	60	22.3
Southwest	217	25.5	51	23.0
Statewide	**1,565**	**24.7**	**392**	**21.2**

Table 70: Comparison of average weekly earnings at baseline and follow-up by region

Region	Number of baseline respondents	Average weekly earnings at baseline	Number of follow-up respondents	Average weekly earnings at follow-up
Central	151	$95.32	37	$104.03
Metro	199	$117.63	51	$90.14
Northeast	107	$81.31	22	$133.95
Northwest	129	$44.77	22	$72.52
Southeast	93	$73.51	18	$120.32
Southwest	137	$63.77	31	$57.01
Statewide	**816**	**$83.15**	**181**	**$93.49**

Note: Respondents could report earnings in more than one day activity type.

Table 71: Comparison of average integration level at baseline and follow-up by region

Region	Number of baseline respondents	Average integration level at baseline	Number of follow-up respondents	Average integration level at follow-up
Central	264	2.4	57	2.2
Metro	534	2.1	141	2.2
Northeast	179	2.1	39	2.6
Northwest	198	2.4	55	2.5
Southeast	212	2.0	60	2.2
Southwest	221	1.8	53	1.7
Statewide	**1,608**	**2.1**	**405**	**2.2**

Table 72: Comparison of average number of monthly outings at baseline and follow-up by region

Region	Number of baseline respondents	Average monthly outings at baseline	Number of follow-up respondents	Average monthly outings at follow-up
Central	311	33.7	79	24.2
Metro	663	29.8	176	28.1
Northeast	228	29.7	56	29.0
Northwest	261	34.5	69	38.5
Southeast	239	33.3	62	32.6
Southwest	266	33.4	66	35.3
Statewide	**1,969**	**31.9**	**508**	**30.5**

Table 73: Comparison of average group size at baseline and follow-up by region

Region	Number of baseline respondents	Average group size at baseline	Number of follow-up respondents	Average group size at follow-up
Central	311	3.4	78	3.2
Metro	652	3.1	172	2.7
Northeast	227	3.4	55	2.4
Northwest	259	3.4	67	3.7
Southeast	238	3.3	61	2.8
Southwest	264	3.3	66	3.5
Statewide	**1,951**	**3.3**	**499**	**3.0**

Subgroup analysis by service type (residential or day)

Table 74: Comparison of average day activity hours at baseline and follow-up by service type

Service type	Number of baseline respondents	Average day activity hours at baseline	Number of follow-up respondents	Average day activity hours at follow-up
Residential	1,369	27.1	330	21.3
Day	944	24.7	229	21.8
Statewide	**1,565**	**24.7**	**392**	**21.2**

Note: Respondents could report hours in more than one day activity. Since respondents can and do experience multiple settings within a day, the total does not equal the number of respondents in each setting due to overlap.

Table 75: Comparison of average weekly earnings at baseline and follow-up by service type

Service type	Number of baseline respondents	Average weekly earnings at baseline	Number of follow-up respondents	Average weekly earnings at follow-up
Residential	693	$73.47	145	$89.78
Day	509	$71.74	116	$79.67
Statewide	**816**	**$83.15**	**181**	**$93.49**

Note: Respondents could report earnings in more than one day activity. Since respondents can and do experience multiple settings within a day, the total does not equal the number of respondents in each setting due to overlap.

Table 76: Comparison of average integration level at baseline and follow-up by service type

Service type	Number of baseline respondents	Average integration level at baseline	Number of follow-up respondents	Average integration level at follow-up
Residential	1,127	2.1	343	2.1
Day	973	2.0	238	2.1
Statewide	**1,608**	**2.1**	**405**	**2.2**

Note: Respondents could report integration levels in more than one day activity. Since respondents can and do experience multiple settings within a day, the total does not equal the number of respondents in each setting due to overlap.

Table 77: Comparison of average monthly outings at baseline and follow-up by service type

Service type	Number of baseline respondents	Average monthly outings at baseline	Number of follow-up respondents	Average monthly outings at follow-up
Residential	1,762	30.4	443	28.6
Day	1,003	35.3	247	32.7
Statewide	**1,969**	**31.9**	**508**	**30.5**

Note: Respondents could report integration levels in more than one day activity. Since respondents can and do experience multiple settings within a day, the total does not equal the number of respondents in each setting due to overlap.

Table 78: Comparison of average group size at baseline and follow-up by service type

Service type	Number of baseline respondents	Average group size at baseline	Number of follow-up respondents	Average group size at follow-up
Residential	1,744	3.3	436	3.1
Day	996	3.4	246	3.0
Statewide	**1,951**	**3.3**	**499**	**3.0**

Note: Respondents could report integration levels in more than one day activity. Since respondents can and do experience multiple settings within a day, the total does not equal the number of respondents in each setting due to overlap.

Subgroup analysis by service type

Table 79: Comparison of average day activity hours in all day activities at baseline and follow-up by setting

Setting	Number of baseline respondents	Average day activity hours at baseline	Number of follow-up respondents	Average day activity hours at follow-up
Adult foster care	1,206	25.1	296	21.6
Boarding care	3	10.7	-	-
Board and lodging	40	18.1	8	18.9
Center based employment	81	24.9	21	20.6
Day training and habilitation	863	27.3	220	21.9
Intermediate care facilities for persons with developmental disabilities	87	26.9	18	23.5
Nursing facilities and customized living	99	15.0	19	14.2
Supervised living facilities	9	21.9	1	20.0
Statewide	**1,565**	**24.7**	**392**	**21.2**

Note: Respondents could report hours in more than one day activity. Since respondents can and do experience multiple settings within a day, the total does not equal the number of respondents in each setting due to overlap.

Table 80: Comparison of average weekly earnings in all day activities at baseline and follow-up by setting

Setting	Number of baseline respondents	Average weekly earnings at baseline	Number of follow-up respondents	Average weekly earnings at follow-up
Adult foster care	643	$75.90	135	$89.29
Boarding care	2	$228.00	-	-
Board and lodging	18	$86.28	5	$136.08
Center based employment	65	$182.15	16	$180.31
Day training and habilitation	444	$59.06	107	$67.73
Intermediate care facilities for persons with developmental disabilities	25	$34.54	3	$56.87
Nursing facilities and customized living	29	$115.60	6	$92.41
Supervised living facilities	9	$143.06	-	-
Statewide	**816**	**$83.15**	**181**	**$93.48**

Note: Respondents could report earnings in more than one day activity. Since respondents can and do experience multiple settings within a day, the total does not equal the number of respondents in each setting due to overlap.

Table 81: Comparison of average integration level in all day activities at baseline and follow-up by setting

Setting	Number of baseline respondents	Average integration level at baseline	Number of follow-up respondents	Average integration level at follow-up
Adult foster care	1,238	2.1	306	2.2
Boarding care	3	1.3	-	-
Board and lodging	40	2.5	8	2.0
Center based employment	85	3.2	21	3.5
Day training and habilitation	888	1.9	229	2.0
Intermediate care facilities for persons with developmental disabilities	87	1.5	20	1.5
Nursing facilities and customized living	100	2.7	20	2.0
Supervised living facilities	9	2.7	1	4.0
Statewide	**1,608**	**2.1**	**405**	**2.2**

Note: Respondents could report integration levels in more than one day activity. Since respondents can and do experience multiple settings within a day, the total does not equal the number of respondents in each setting due to overlap.

Table 82: Comparison of average number of monthly outings at baseline and follow-up by setting

Setting	Number of baseline respondents	Average monthly outings at baseline	Number of follow-up respondents	Average monthly outings at follow-up
Adult foster care	1,441	31.3	366	30.2
Boarding care	7	33.3	1	12.0
Board and lodging	70	24.5	20	22.2
Center based employment	90	43.5	24	45.9
Day training and habilitation	913	34.5	237	32.2
Intermediate care facilities for persons with developmental disabilities	103	22.4	23	20.4
Nursing facilities and customized living	256	27.6	60	21.0
Supervised living facilities	11	35.7	1	45.0
Statewide	**1,969**	**31.9**	**508**	**30.5**

Note: Since respondents can and do experience multiple settings within a day, the total does not equal the number of respondents in each setting due to overlap.

Table 83: Comparison of average group size at baseline and follow-up by setting

Setting	Number of baseline respondents	Average group size at baselIne	Number of follow-up respondents	Average group size at follow-up
Adult foster care	1,431	3.3	362	3.1
Boarding care	7	2.8	1	2.3
Board and lodging	69	3.3	19	3.2
Center based employment	90	2.3	23	2.3
Day training and habilitation	906	3.5	236	3.0
Intermediate care facilities for persons with developmental disabilities	98	3.5	23	2.9
Nursing facilities and customized living	252	3.1	57	3.0
Supervised living facilities	11	2.4	1	2.0
Statewide	**1,951**	**3.3**	**499**	**3.0**

Note: Since respondents can and do experience multiple settings within a day, the total does not equal the number of respondents in each setting due to overlap.

Table 84: Comparison of outing interactions scores at baseline and follow-up by setting

Setting	Number of baseline respondents	Average outing interaction score at baseline	Number of follow-up respondents	Average outing interaction score at follow-up
Adult foster care	1417	38.0	361	35.7
Boarding care	7	44.9	1	0.0
Board and lodging	69	35.8	19	48.0
Center based employment	90	39.8	23	42.9
Day training and habilitation	895	38.5	235	36.3
Intermediate care facilities for persons with developmental disabilities	96	31.7	22	22.3
Nursing facilities and customized living	252	33.5	57	38.5
Supervised living facilities	11	35.9	1	25.0
Statewide	**1,935**	**37.7**	**497**	**36.5**

Note: Since respondents can and do experience multiple settings within a day, the total does not equal the number of respondents in each setting due to overlap.

Table 85: Comparison of decision control inventory scores at baseline and follow-up by setting

Setting	Number of baseline respondents	Average DCI score at baseline	Number of follow-up respondents	Average DCI score at follow-up
Adult foster care	1,417	63.0	366	64.3
Boarding care	7	79.1	1	79.3
Board and lodging	71	68.2	20	70.9
Center based employment	90	89.3	23	93.9
Day training and habilitation	896	63.5	235	64.6
Intermediate care facilities for persons with developmental disabilities	100	55.5	22	53.1
Nursing facilities and customized living	257	72.3	60	73.4
Supervised living facilities	11	69.7	1	67.7
Statewide	**1,942**	**66.2**	**504**	**67.6**

Note: Since respondents can and do experience multiple settings within a day, the total does not equal the number of respondents in each setting due to overlap.

Table 86: Comparison of perceived quality of life scores at baseline and follow-up by setting

Setting	Number of baseline respondents	Average quality of life score at baseline	Number of follow-up respondents	Average quality of life score at follow-up
Adult foster care	1,387	77.1	361	77.4
Boarding care	7	72.0	1	100.0
Board and lodging	71	71.5	20	74.1
Center based employment	91	77.6	24	77.9
Day training and habilitation	876	79.0	234	79.3
Intermediate care facilities for persons with developmental disabilities	90	77.0	22	75.9
Nursing facilities and customized living	255	70.6	60	73.9
Supervised living facilities	11	67.4	1	34.1
Statewide	**1,904**	**76.6**	**501**	**77.4**

Note: Since respondents can and do experience multiple settings within a day, the total does not equal the number of respondents in each setting due to overlap.

Table 87: Comparison of average number of close relationships reported at baseline and follow-up by setting

Setting	Number of baseline respondents	Average number of relationships at baseline	Number of follow-up respondents	Average number of relationships at follow-up
Adult foster care	1,359	4.2	364	3.7
Boarding care	7	3.9	1	0.0
Board and lodging	69	4.0	20	3.7
Center based employment	88	4.1	23	3.7
Day training and habilitation	865	4.3	236	3.8
Intermediate care facilities for persons with developmental disabilities	91	4.2	23	4.0
Nursing facilities and customized living	243	3.9	60	3.5
Supervised living facilities	11	4.1	1	0.0
Statewide	**1,859**	**4.2**	**505**	**3.7**

Note: Since respondents can and do experience multiple settings within a day, the total does not equal the number of respondents in each setting due to overlap.

Subgroup analysis by guardianship status

Table 88: Comparison average day activity hours in all day activities at baseline and follow-up by guardianship status

Guardianship status	Number of baseline respondents	Average day activity hours at baseline	Number of follow-up respondents	Average day activity hours at follow-up
No guardian	302	17.1	73	18.2
Public guardian	175	22.2	45	23.8
Private guardian	956	21.3	245	21.8
Statewide	**1,565**	**24.7**	**392**	**21.2**

Table 89: Comparison of average weekly earnings in all day activities at baseline and follow-up by guardianship status

Guardianship status	Number of baseline respondents	Average weekly earnings at baseline	Number of follow-up respondents	Average weekly earnings at follow-up
No guardian	173	$101.43	36	$102.31
Public guardian	74	$61.74	18	$85.26
Private guardian	486	$63.75	107	$79.33
Statewide	**816**	**$83.15**	**181**	**$93.48**

Table 90: Comparison of average integration levels in all day activities at baseline and follow-up by guardianship status

Guardianship status	Number of baseline	Average integration	Number of follow-up	Average integration

	respondents	level at baseline	respondents	level at follow-up
No guardian	313	2.4	74	2.3
Public guardian	181	1.7	48	2.0
Private guardian	978	2.0	254	2.1
Statewide	**1,608**	**2.1**	**405**	**2.2**

Table 91: Comparison of average monthly outings at baseline and follow-up by guardianship status

Guardianship status	Number of baseline respondents	Average monthly outings at baseline	Number of follow-up respondents	Average monthly outings at follow-up
No guardian	503	29.0	130	27.4
Public guardian	220	23.8	62	22.0
Private guardian	1075	34.3	277	32.8
Statewide	**1,969**	**31.9**	**508**	**30.5**

Table 92: Comparison of average group size at baseline and follow-up by guardianship status

Guardianship status	Number of baseline respondents	Average group size at baseline	Number of follow-up respondents	Average group size at follow-up
No guardian	500	3.1	126	3.1
Public guardian	217	3.2	60	3.2
Private guardian	1065	3.5	276	3.0
Statewide	**1,951**	**3.3**	**499**	**3.0**

Appendix B – Regression tables

Table 93: Characteristics associated with respondents' outing interactions scores in the baseline sample

Characteristic	Standardized coefficient	P-value
Gender (female)	-.037	.334
Age	-.065	.116
Region (Reference: Metro)		
Southeast	.174 ***	.000
Southwest	.113 *	.020
Northeast	.043	.349
Northwest	.209 ***	.000
Central	.126 **	.009
Race (Reference: White)		
Asian	-.026	.495
Black	-.012	.757
Two races	-.014	.702
American Indian	.000	.991
Waiver type (Reference: DD)		
CADI Waiver	.023	.707
BI Waiver	.049	.266
Proxy	-.030	.429
Average cost per day	.014	.754
Guardianship status	-.066	.141
Weekly earnings	-.020	.646
Day integration	.020	.624
Number of different outing types	.130 **	.005
Perceived quality of life score	.241 ***	.000
Total monthly outings	.105 *	.025
Average group size on outings	.032	.410
Decision control inventory score	.007	.874
Number of relationships	.090 *	.024
Adaptive behavior scale	-.085	.092
Residential services	-.006	.887
Day services	.010	.873

Note: * p < .05; ** p < .01; *** p < .001

Table 94: Characteristics associated with respondents' decision control inventory scores in the baseline sample

Characteristic	Standardized coefficient	P-value
Gender (female)	-.064	.070
Age	.010	.786
Region (Reference: Metro)		
Southeast	-.066	.119
Southwest	-.112 *	.012
Northeast	-.005	.912
Northwest	-.249 ***	.000
Central	-.092 *	.037
Race (Reference: White)		
Asian	.056	.106
Black	-.011	.752
Two races	.060	.082
American Indian	-.031	.380
Waiver type (Reference: DD)		
CADI Waiver	-.002	.972
BI Waiver	.022	.596
Proxy	-.031	.387
Average cost per day	-.089 *	.030
Guardianship status	-.104 *	.011
Weekly earnings	.097 *	.018
Day integration	.028	.463
Number of different outing types	.004	.933
Outing interactions score	.006	.874
Total monthly outings	.180 ***	.000
Average group size on outings	-.072 *	.045
Perceived quality of life score	.125 **	.002
Number of relationships	-.038	.306
Adaptive behavior scale	.127 **	.006
Residential services	-.253 ***	.000
Day services	-.132 *	.016

Note: * $p < .05$; ** $p < .01$; *** $p < .001$

Table 95: Characteristics associated with respondents' perceived quality of life scores in the baseline sample

Characteristic	Standardized coefficient	P-value
Gender (female)	.091*	.014
Age	.069	.087
Region (Reference: Metro)		
Southeast	.005	.919
Southwest	-.068	.148
Northeast	.086	.053
Northwest	.075	.126
Central	-.011	.816
Race (Reference: White)		
Asian	.008	.820
Black	-.036	.329
Two races	-.041	.267
American Indian	-.028	.451
Waiver type (Reference: DD)		
CADI Waiver	-.158 **	.008
BI Waiver	-.177 ***	.000
Proxy	-.060	.107
Average cost per day	-.107 *	.014
Guardianship status	.017	.688
Weekly earnings	-.101 *	.018
Day integration	.086 *	.030
Number of different outing types	.106 *	.019
Outing interactions score	.226 ***	.000
Total monthly outings	-.013	.767
Average group size on outings	.005	.902
Decision control inventory score	.139 **	.002
Number of relationships	.121 **	.002
Adaptive behavior scale	-.049	.319
Residential services	-.031	.476
Day services	-.035	.544

Note: * p < .05; ** p < .01; *** p < .001

Table 96: Characteristics associated with respondents' number of close relationships in the baseline sample

Characteristic	Odds ratio	P-value
Gender (female)	0.827	.141
Age	0.997	.526
Region (Reference: Metro)		
Southeast	0.995	.998
Southwest	1.699 *	.028
Northeast	0.344 ***	.000
Northwest	0.846	.474
Central	0.548 **	.002
Race (Reference: White)		
Asian	1.219	.635
Black	0.283	.054
Two races	1.023	.959
American Indian	4.198 **	.009
Waiver type (Reference: DD)		
CADI Waiver	0.797	.634
BI Waiver	0.673	.165
Proxy	1.379	.273
Average cost per day	1.007	.204
Guardianship status	2.003 ***	.000
Weekly earnings	1.003	.003
Day integration	0.997	.149
Number of different outing types	1.094 **	.007
Outing interactions score	1.012 ***	.000
Total monthly outings	1.007	.080
Average group size on outings	1.132 **	.009
Decision control inventory score	1.006	.906
Perceived quality of life score	1.023 ***	.000
Adaptive behavior scale	1.004	.454
Residential services	0.943	.835
Day services	0.986	.946

Note: * $p < .05$; ** $p < .01$; *** $p < .001$

Table 97: Characteristics associated with respondents' outing interactions scores in the follow-up sample

Characteristic	Standardized coefficient	P-value
Gender (female)	-.002	.979
Age	-.056	.462
Region (Reference: Metro)		
Southeast	-.038	.632
Southwest	.114	.190
Northeast	.098	.223
Northwest	-.012	.896
Central	-.024	.775
Race (Reference: White)		
Asian	-.034	.623
Black	.059	.404
American Indian	-.053	.463
Waiver type (Reference: DD)		
CADI Waiver	.129	.265
BI Waiver	.015	.860
Proxy	.027	.723
Housing size	-.094	.206
Average cost per day	-.087	.304
Guardianship status	-.001	.987
Weekly earnings	.036	.680
Day integration	-.019	.806
Number of different outing types	.171	.074
Total monthly outings	-.123	.204
Average group size on outings	-.042	.569
Perceived quality of life score	-.013	.877
Decision control inventory score	.019	.823
Number of relationships	.067	.409
Adaptive behavior scale	.040	.60
Residential services	.110	.211
Day services	.116	.336

Characteristic	Standardized coefficient	P-value
Outing interactions score at baseline	.584 ***	.000

Note: * p < .05; ** p < .01; *** p < .001

Table 98: Characteristics associated with respondents' decision control inventory scores in the follow-up sample

Characteristic	Standardized coefficient	P-value
Gender (female)	.053	.417
Age	-.100	.157
Region (Reference: Metro)		
Southeast	.065	.899
Southwest	.034	.669
Northeast	-.084	.261
Northwest	-.047	.567
Central	.005	.947
Race (Reference: White)		
Asian	.035	.580
Black	-.062	.335
American Indian	.067	.305
Waiver type (Reference: DD)		
CADI Waiver	-.169	.107
BI Waiver	.032	.672
Proxy	-.204	.053
Housing size	.111	.100
Average cost per day	-.082	.289
Guardianship status	-.071	.343
Weekly earnings	-.031	.687
Day integration	-.079	.269
Number of different outing types	.055	.528
Outing interactions score	-.077	.302
Total monthly outings	.077	.379
Average group size on outings	-.115	.084
Perceived quality of life score	.056	.474
Number of relationships	-.007	.919
Adaptive behavior scale	.126	.136
Residential services	-.363 ***	.000

Characteristic	Standardized coefficient	P-value
Day services	-.141 *	.040
Decision control inventory score at baseline	.265 **	.001

Note: * p < .05; ** p < .01; *** p < .001

Table 99: Characteristics associated with respondents' perceived quality of life scores in the follow-up sample

Characteristic	Standardized coefficient	P-value
Gender (female)	.142 *	.034
Age	-.048	.503
Region (Reference: Metro)		
Southeast	-.114	.124
Southwest	-.054	.510
Northeast	.176 *	.023
Northwest	-.119	.155
Central	-.050	.534
Race (Reference: White)		
Asian	-.062	.335
Black	-.002	.972
American Indian	.034	.611
Waiver type (Reference: DD)		
CADI Waiver	.063	.556
BI Waiver	.094	.231
Proxy	.031	.657
Housing size	.016	.815
Average cost per day	-.246 **	.002
Guardianship status	-.099	.198
Weekly earnings	-.032	.686
Day integration	-.129	.080
Number of different outing types	.037	.679
Outing interactions score	.077	.312
Total monthly outings	-.004	.962
Average group size on outings	-.037	.586
Decision control inventory score	.151	.058
Number of relationships	.008	.913
Adaptive behavior scale	-.157	.070
Residential services	.098	.227
Day services	.155	.149
Perceived quality of life score at	.444 ***	.000

Note: * p < .05; ** p < .01; *** p < .001

Table 100: Characteristics associated with respondents' number of close relationships in the follow-up sample

Characteristic	Odds ratio	P-value
Gender (female)	2.152 **	.001
Age	0.949 ***	.000
Region (Reference: Metro)		
Southeast	0.187 ***	.000
Southwest	0.324 **	.007
Northeast	1.356	.584
Northwest	0.321 **	.005
Central	0.577	.199
Race (Reference: White)		
Asian	1.017	.987
Black	1.015	.996
American Indian	0.488	.356
Waiver type (Reference: DD)		
CADI Waiver	0.478	.125
BI Waiver	2.706	.122
Proxy	1.329	.686
Housing size	0.998	.903
Average cost per day	0.999	.143
Guardianship status	1.001	.996
Weekly earnings	0.999	.856
Day integration	0.995	.239
Number of different outing types	1.193 **	.008
Total monthly outings	1.017 *	.019
Average group size on outings	0.987	.077
Perceived quality of life score	1.018	.087
Decision control inventory score	1.001	.913
Outing interactions score	0.999	.865
Adaptive behavior scale	1.012	.239
Residential services	4.509 ***	.000
Day services	1.070	.091
Number of relationships at baseline	2.726 ***	.000

Note: * p < .05; ** p < .01; *** p < .001

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UNITED STATES DISTRICT COURT

DISTRICT OF MINNESOTA

James and Lorie Jensen, et al.,

Plaintiffs,

vs.

Minnesota Department of Human Services, et al.,

Defendants.

Case No. 09-cv-01775 DWF/BRT

VERIFICATION OF MICHAEL TESSNEER

SUBMISSION OF REPORT AND DOCUMENTS FOR VERIFICATION

I confirm that all data included in the "Minnesota Olmstead Subcabinet Quarterly Report on Olmstead Plan Measurable Goals, February 25, 2019" is reliable and valid, and verify that all statements made in the Report are accurate, complete, timely and verified.

Affirmed and submitted to the Court.

By:

Michael Tessneer
Director of Compliance
Olmstead Implementation Office

February 26, 2019

Subscribed and sworn to before me on

February 26, 2019

NOTARY PUBLIC

SAMANTHA MERCEDES OTIS
Notary Public-Minnesota
My Commission Expires Jan 31, 2020