Olmstead Subcabinet Meeting Agenda

Monday, January 28, 2019 • 3:00 p.m. to 4:30 p.m.

Minnesota Housing – Lake Superior Conference Room, 400 Wabasha Street North, Suite 400, St Paul

8) Public Comments

9) Adjournment

Next Subcabinet Meeting: February 25, 2019 – 3:00 p.m. – 5:00 p.m.
Minnesota Housing – Lake Superior Conference Room, 400 Wabasha Street North, Suite 400, St Paul

Olmstead Subcabinet Meeting Agenda Item

January 28, 2019

Agenda Item:

2) Subcabinet Member Introduction and Orientation

Presenter:

Commissioner Ho (Minnesota Housing)
Mike Tessneer (OIO)
Darlene Zangara OIO)
Anne Smetak (Minnesota Housing)

Action Needed:

☐ Approval Needed

☒ Informational Item (no action needed)

Summary of Item:

The Subcabinet members will introduce themselves. A brief overview will be provided.

Attachment(s):

2- Introduction to Minnesota's Olmstead Plan

[AGENDA ITEM 2]

Introduction to Minnesota's Olmstead Plan

The State of Minnesota is firmly committed to ensuring that people with disabilities experience lives of inclusion and integration in the community, just like the lives of people without disabilities. We envision a Minnesota where people with disabilities have the opportunity, both now and in the future, to live close to their families and friends and as independently as possible, to work in competitive integrated employment, to be educated in integrated settings, and to participate in community life. (Excerpt from the March 2018 Minnesota Olmstead Plan)

What is an Olmstead Plan?

An Olmstead Plan is a "public entity's plan for implementing its obligation to provide individuals with disabilities opportunities to live, work, and be served in integrated settings." It is named after a United States Supreme Court decision *Olmstead v. L.C,* 527 U.S. (1999).

Why does Minnesota have an Olmstead Plan?

Minnesota initially developed an Olmstead Plan to fulfill an agreement made in the settlement of a class action lawsuit in U.S. District Court in a case called *Jensen v. DHS.*

Minnesota has an Olmstead Plan to ensure that Minnesotans with disabilities have opportunities for lives of integration and inclusion. To this end, in both 2013 and 2015, Governor Mark Dayton issued Executive Orders (13-01 and 15-03) forming an Olmstead Subcabinet and charging the Subcabinet with developing and implementing an Olmstead Plan. Moreover, we know that implementing a comprehensive, effectively working Plan will keep the State accountable to complying with the letter and spirit of the *Olmstead* decision and the Americans with Disabilities Act.

What is the Membership of the Olmstead Subcabinet?

As structured under Executive Order 15-03, the Olmstead Subcabinet includes the commissioner or commissioner's designee from a number of State agencies as well as representatives from pertinent State entities. The Subcabinet includes the following:

- Department of Corrections
- Department of Education
- Department of Employment and Economic Development
- Department of Health
- Department of Human Rights

[AGENDA ITEM 2]

- Department of Human Services
- Department of Transportation
- Minnesota Housing Finance Agency
- Office of the Ombudsman for Mental Health and Developmental Disabilities
- Governor's Council on Developmental Disabilities

What Is the Olmstead Subcabinet Vision Statement?

To make the promise of Olmstead a reality in Minnesota, the Subcabinet has adopted a vision statement to guide the implementation of the Plan:

> ***People with disabilities are living, learning, working, and enjoying life in the most integrated setting.***

What Guides the Operation of the Subcabinet?

Executive Order 15-03 directed the Subcabinet to develop and implement a comprehensive Minnesota Olmstead Plan. The Order also directed the Subcabinet to adopt procedures and define and clarify the role of the Olmstead Implementation Office (OIO).

The Subcabinet Procedures were adopted in March 2015 and were updated in January 2016 to establish a dual role for the OIO: (1) quality assurance and accountability, including compliance evaluation, verification and oversight; and (2) engagement with the community, especially people with disabilities, including on-going management of communications and the Quality of Life survey. Minor changes to the Subcabinet Procedures were adopted in March 2017 and December 2018.

What is Included in the Plan?

The March 2018 Minnesota Olmstead Plan is organized into 13 topic areas that cover different aspects of improving the quality of life for people with disabilities. Topic areas include measurable goals that indicate a commitment to expand the number of individuals in the most integrated settings and necessary supports that best meet individual needs. Each measurable goal is supported by several key strategies, which are articulated in the Plan. Key strategies are supported by workplans developed by the responsible agencies. The Olmstead Plan Workplans are posted on the Olmstead Plan website.

[AGENDA ITEM 2]

How is Quality Assurance and Accountability of the Plan Achieved?

The OIO Director of Compliance has the primary responsibility for overseeing the implementation and compliance activities undertaken by State agencies in the implementation of the Plan.

The Subcabinet holds regular monthly meetings. The Director of Compliance presents a summary of compliance activities at each Subcabinet meeting.

The Subcabinet provides periodic written reports to the public detailing progress on the measurable goals, which are made available on the Olmstead website and provided to the court.

In 2018, the OIO completed a strategic review of the Plan. The review examined Plan implementation over a three-year period to take stock of significant accomplishments in measurable goals, strategies and associated workplans. Most importantly, the review identified the progress or lack of progress on measurable goals that relate to the improvement in the lives of people with disabilities. The 2018 Strategic Review was presented to the Subcabinet in September 2018.

How is Community Engagement Achieved?

The OIO Executive Director has primary responsibility for oversight and management of communications about the Olmstead Plan with the general public and particularly with people with disabilities.

In addition, the Executive Director is responsible for the implementation of community engagement activities to increase participation of people with disabilities and their supporters in Plan implementation.

The OIO Executive Director also has primary responsibility for the oversight of ongoing surveys of people with disabilities to determine quality of life. The Quality of Life survey is a tool to measure quality of life of people with disabilities over time. The survey examines:

- How well people with disabilities are integrated into and engaged with their community.
- How much autonomy people with disabilities have in day to day decision making.
- Whether people with disabilities are working and living in the most integrated setting that they choose.
- How effective assistive technology is for people with disabilities who use it.

The Quality of Life Survey is designed to be a longitudinal survey to gather data directly from people with disabilities and track progress of key quality of life indicators over time. The Quality of Life Baseline Survey was conducted between February and November 2017. At completion, 2,005 people, selected by random sample, participated in the survey. The Olmstead Plan Quality of Life Survey Baseline Report was accepted by the Olmstead Subcabinet on March 26,

[AGENDA ITEM 2]

2018. A follow up Quality of Life Survey was completed in 2018 and will be reported in early 2019. The results of each survey will be shared with the Subcabinet agencies, so that they can evaluate whether changes should be made in the Plan activities.

What is the Role of the Court in Development and Implementation of the Plan?

The U.S. District Court approved the Jensen Settlement Agreement in December of 2011. An element of this settlement agreement included the development of a Minnesota Olmstead Plan. The court monitored the state's efforts and finally approved the Plan in September of 2015. Additionally the court approved the process utilized by the Subcabinet to monitor Plan implementation. The process includes receiving Quarterly and Annual reports on progress, and the revised Plan as it is amended each year. In addition, the court convenes status conferences twice each year. A status conference has been scheduled for mid-April. For now, the court's retained until December of 2019.

What is the Business of the Subcabinet in the Next 90 Days?

The Subcabinet will hold monthly meetings to review progress on elements of the Plan, receive agency reports on implementation of workplans, and accept public comments. A quarterly report on Olmstead Plan measurable goals will be presented to the Subcabinet to review and take action on at the February meeting.

In addition, the annual Plan amendment process began in December with draft amendments being proposed to goals and strategies.
Public input on the draft amendments is ongoing through the end of February. Input opportunities are organized by the OIO and include verbal or written comments, in-person listening sessions, and videoconference sessions. All public comments will be shared with the agencies for consideration in Plan modifications.

The Plan amendment process will conclude at the March meeting with Subcabinet approval of Plan revisions. The amended Plan is due to be filed with the Court by March 31, 2019.

Executive Order 15-03 expires 90 days after Governor Dayton's term ended. The state agencies have recommended that Governor Walz issue a new Executive Order related to the Olmstead Subcabinet.

Olmstead Subcabinet Meeting Agenda Item

January 28, 2019

Agenda Item:

4) Approval of Minutes
a) *Subcabinet meeting on December 17, 2018*

Presenter:

Commissioner Ho (Minnesota Housing)

Action Needed:

☒ Approval Needed

☐ Informational Item (no action needed)

Summary of Item:

Approval is needed of the minutes for the December 17, 2018 Subcabinet meeting.

Attachment(s):

4a- Olmstead Subcabinet meeting minutes – December 17, 2018

[AGENDA ITEM 4a] DRAFT MINUTES ARE SUBJECT TO CHANGE BY FINAL APPROVAL OF THE SUBCABINET

Olmstead Subcabinet Meeting Minutes

Monday, December 17, 2018 • 3:00 p.m. to 4:30 p.m.
Minnesota Housing – Lake Superior Conference Room, 400 Wabasha Street North, Suite 400, St Paul

1) Call to Order

Commissioner Tingerthal called the meeting to order, welcomed everyone, and provided meeting logistics.

2) Roll Call

Subcabinet members present: Emily Piper, Department of Human Services (DHS); Colleen Wieck, Governor's Council on Developmental Disability (GCDD); Roberta Opheim, Office of Ombudsman for Mental Health and Developmental Disabilities (OMHDD); Kevin Lindsey, Minnesota Department of Human Rights (MDHR) joined at 3:40 p.m.

Designees present: Jeremy Hanson Willis, Department of Employment and Economic Development (DEED); Tim Henkel, Department of Transportation (DOT); Deb Kerschner, Department of Corrections (DOC); Daron Korte, Minnesota Department of Education (MDE); and Rowzat Shipchandler, Minnesota Department of Human Rights (MDHR)

Guests Present: Mike Tessneer, Darlene Zangara, Diane Doolittle, Rosalie Vollmar and Sue Hite-Kirk, Olmstead Implementation Office (OIO); Ryan Baumtrog, Anne Smetak and Megan Ryan (Minnesota Housing); Erin Sullivan Sutton, Carol LaBine and Adrienne Hannert (DHS); Tom Delaney (MDE); Darielle Dannen (DEED) Stephanie Lenartz and Mark Kinde (MDH); Kristie Billiar (DOT); Christen Donley (DOC); Audel Shokohzadeh (MDHR); Gerri Sutton (Met Council); Joan Willshire (Minnesota Council on Disability); Mary Kay Kennedy (Advocating Change Together); Daren Nyquist, Kylie Nicholas and Ashley Boat (Improve Group); Beth Fondell (Institute on Community Integration – University of Minnesota); Bradford Teslow and David Sherwood Gabrielson (members of the public)

Guests Present via telephone: Christina Schaffer (MDHR), Marshall Smith (DHS) and Kim Pettman (member of the public)

Sign Language and CART providers: Mary Catherine (Minnesota Housing); ASL Interpreting Services, Inc.; Paradigm Captioning and Reporting Services, Inc.

3) Agenda Review

Commissioner Tingerthal asked if there were any changes needed to the agenda. None were noted. She reminded any attendees interested in providing public comment to sign up in the back of the room.

4) Approval of Minutes

a) Subcabinet meeting on November 26, 2018

Commissioner Tingerthal asked if there were any changes needed to the minutes for the November Subcabinet meeting. Colleen Wieck (GCDD) stated that she submitted some clarifications and corrections to OIO.

[AGENDA ITEM 4a] DRAFT MINUTES ARE SUBJECT TO CHANGE BY FINAL APPROVAL OF THE SUBCABINET

Motion: Approve November 26th Subcabinet meeting minutes with Colleen Wieck's edits
Actin: Motion – Wieck Second – Henkel In Favor - All

5) Reports

a) Chair

Commissioner Tingerthal reported on planning for the transition to the new administration. OIO staff will work with the Subcabinet Commissioners executive assistants so they are aware of the process to appoint designees and designee alternates. The Executive Order 15-03 continues to be in effect for 90 days after the new administration takes office. Subcabinet meetings will continue as they have been scheduled unless the new Commissioners request otherwise.

b) Executive Director

1) Public input session schedule

Darlene Zangara (OIO) reviewed the document in the packet with the dates and locations of the upcoming listening sessions.

Commissioner Tingerthal stressed that it is important for agency senior staff to attend these sessions, particularly in Greater Minnesota. Agency staff should coordinate with OIO to let them know which sessions they are attending. Roberta Opheim (OMHDD) stated that once the location addresses are determined, the information will be posted to the OMHDD website. Zoua Vang (OIO Communications Specialist) will work with other agency Communication Specialists to help promote these sessions as much as possible on websites and in various newsletters and eNews.

c) Legal Office

No report.

d) Compliance Office

No report.

6) Action Items

a) Quality of Life Follow-Up Survey

This report was included as a Supplemental Handout. Darlene Zangara (OIO) and Daren Nyquist, (The Improve Group) presented the report. There was a short PowerPoint presentation; handouts were available for guests. Kylie Nicholas and Ashley Boat (Improve Group) were also available for questions.

Questions/Comments

Commissioner Piper (DHS) expressed concern about the barrier to completion being the length of time it takes to complete the survey at 45 minutes. She questioned if that had to remain static or if compensating that time would compromise the integrity of the longitudinal nature of the study. Daren Nyquist and Kylie Nicholas indicated that 505 out of 515 made it through the survey in 45 minutes. Shortening the survey time would not be worth it for the

methodological problems it would add. All responses are counted and perspectives measured even if only half the survey is completed.

Commissioner Piper asked if further analysis will be done around the reported quality of life for those individuals under public vs private guardianship. Mr. Nyquist confirmed that subgroup analysis can be done but cautioned that this type of analysis may indicate relationship, not cause. At this point, areas of further research are being noted. Roberta Opheim (OMHDD) asked for clarification on public and private guardianship. Ms. Nicholas stated that the guardianship status comes from screening data or the person's individual data.

Commissioner Piper (DHS) asked if they are looking at integrated vs segregated day treatment services. Mr. Nyquist explained the data represents center-based employment services and not integrated settings. Further subgroup analysis will look at service settings and the relationship between the different service settings as individuals often receive multiple types of services from day to day.

Ms. Opheim requested clarification about the number of people surveyed for the second follow-up survey. Mr. Nyquist explained that the baseline survey included 2,005 individuals. A sampling of 500 from that cohort were surveyed in the follow up survey. The next survey will include a sample of 500 from the original group of 2,005. These could be different individuals from the first follow up survey or there could be some of the same individuals. Someone could potentially be participating in as many surveys as are conducted. With the baseline size being large, it does provide a realistic representation of people receiving services in those potentially segregated settings, and can be generalized. He further explained that they started with 2,005 so that they would be able to randomly select 500 individuals in each subsequent survey. That allows for attrition or for individuals who do not want to complete the survey in subsequent years. Ms. Opheim requested data on how many declined taking the survey because a guardian said no. The Improve Group will provide follow up to the Subcabinet with this data. If members have interest in other data or analysis, they were encouraged to contact Darlene Zangara so these items can be included in the final analysis report at the January meeting.

Motion: Accept the Report
Action: Motion – Kerschner Second – Henkel In Favor - All

b) 2018 Annual Report on Olmstead Plan Implementation

Mike Tessneer (OIO) provided an overview of the Annual Report by reviewing the Executive Summary. Agency staff were available for questions on any of the goals. The Annual Report with the Addendum (proposed amendments) will be submitted to the Court by December 28, 2018.

Questions/ Comments

Colleen Wieck (GCDD) requested the amendments be separate from this motion to approve the Annual Report. Commissioner Tingerthal concurred and reminded the members that approval is for the report only.

[AGENDA ITEM 4a] DRAFT MINUTES ARE SUBJECT TO CHANGE BY FINAL APPROVAL OF THE SUBCABINET

Motion: Approve the Annual Report
Action: Motion – Wieck Second – Opheim In Favor - All

c) Olmstead Plan Draft proposed amendments

Mike Tessneer (OIO) introduced the proposed amendments and explained the next steps. The agencies presented their proposed amendments and the reason for the change. The proposed amendments will be included as an addendum to the Annual Report and posted for public comments.

Questions/ Comments

Lifelong Learning and Education Goal Three – Tom Delaney/Daren Korte (MDE)
Roberta Opheim (OMHDD) and Deb Kerschner (DOC) expressed concerns about outcomes from school district training do not really show if more students are being provided assistive technology. Daron Korte (MDE) stated district expenditures on assistive technology could be tracked. The intent of the goal is to have school districts identify through the IEP when a student needs assistive technology, and when it is provided. Commissioner Tingerthal suggested MDE establish a draft benchmark measure regarding actual student use of assistive technology for discussion by the Subcabinet. Commissioner Lindsey (MDHR) asked for more information on expanded effectiveness of assistive technology with the 31 identified school districts. Tom Delaney (MDE) explained that 13-15 school district IEP teams are trained annually. These teams go back to their districts and work on implementing the framework, with special educators, for consideration of assistive technology. MDE will start identifying specific school districts within their workplan to establish a baseline with the 31 school districts.

Transportation Goal Five – Kristie Billiar (DOT)
Colleen Wieck (GCDD) requested the addition of definitions of market areas one, two and three be added. That language will be provided by Met Council and DOT and included in the draft amendments to be posted for public comment.

Positive Supports Goal Three – Erin Sullivan Sutton (DHS)
Ms. Sullivan Sutton clarified that the number of individuals approved for mechanical restraints would not be included in the goal going forward. However, this information will continue to be reported to the Subcabinet. Commissioner Piper (DHS) affirmed wanting to get this number as close to zero as possible. Commissioner Tingerthal and Roberta Opheim (OMHDD) expressed concern about not extending goals beyond 2019. Although the Court's role may change in 2019, Olmstead Plan progress should continue.

Positive Supports Goal Four/Five – Tom Delaney (MDE)
Roberta Opheim (OMHDD) pointed out that school districts with the highest rates of seclusion and physical holds are segregated schools. Mr. Delaney committed to bringing these kinds of details back to the Subcabinet to make sure MDE is heading in the right direction with this activity.

Crisis Services Goal Three – Erin Sullivan Sutton (DHS)
Because this goal is being recommended for deletion, Ms. Sullivan Sutton agreed that DHS will maintain a workplan item that would call for an annual report to the Subcabinet on the work with this group.

Preventing Abuse and Neglect Goal Two – Mark Kinde (MDH)
Roberta Opheim (OMHDD) asked if hospital coding identifies people with disabilities. Mr. Kinde stated that hospitals report abuse and neglect across the spectrum, as well as working with the new coding structures to identify people with disabilities.

Motion: Accept the proposed amendments. Approve including the proposed amendments in the Addendum to the Annual Report and posting them for public comment.

Action: Motion – Lindsey Second – Korte In Favor - All

d) Workplan Compliance Report for December
Commissioner Tingerthal reported that 11 workplan activities were reviewed. There were several workplan activities that required a report to the Subcabinet this month. Because of the full agenda this month, those reports have been moved to the January meeting.

Commissioner Tingerthal suggested approval of the three exceptions as they are just being delayed by three months in order to utilize the new evaluation tool that been developed by MDHR.

Motion: Approve Workplan Compliance Report and adjustment to workplan activity
Action: Motion – Henkel Second – Wieck In Favor - All

e) Revised Subcabinet Procedures
Anne Smetak (Minnesota Housing) presented the proposed revisions to the Subcabinet Procedures. The revisions are intended to bring the Procedures in line with the proposed language of the Executive Order. Revisions were indicated with track changes.

Questions/ Comments
Roberta Opheim (OMHDD) requested that under Article II, Item A. Commissioner Members, members 9 and 10 also have the opportunity to send a designee or designee alternate. Commissioner Tingerthal suggested throughout Article II, Item B. Commissioner Designees, that the word Commissioner will be replaced with Member.

Motion: Approve the revised Subcabinet procedures
Action: Motion – Henkel Second – Lindsey In Favor - All

7) Informational Items and Reports
a) Workplan activities requiring report to Subcabinet
1) Transition Services 3D.2 – Findings and recommendations regarding timely discharge from AMRTC and MSH (DHS)

Commissioner Tingerthal suggested holding this agenda item until the January Subcabinet meeting.

b) Informational Items

1) Update on work with state contractors on inclusion of people with disabilities (MDHR)
Commissioner Lindsey (MDHR) provided an update on the work being done by MDHR and DEED with state contractors regarding inclusion of people with disabilities.

2) Civic Engagement and Olmstead (MDHR)
Commissioner Lindsey (MDHR) provided an update on their efforts around Civic Engagement. Two handouts were available for guests.

8) Public Comments

Commissioner Tingerthal asked those who signed up for public comment to speak to the Subcabinet.

Kim Pettman (member of the public)
Written copy of testimony was not provided. Highlights included the following suggestions:

- Add the Department of Administration and Minnesota Management and Budget (MMB) as members of the Subcabinet in the new Executive Order;
- Determine a way to measure how many individuals are going from integrated to segregated settings;
- Continue to monitor the Olmstead Plan;
- Focus on disability percentages as a way of meeting equity goals by the new administration; and
- Change procedures for dial-in attendance at Subcabinet meetings.

Questions/Comments:
Commissioner Tingerthal stated Ms. Pettman's comments will be conveyed to the transition team. The OIO staff will address dial-in procedures.

Mary Kay Kennedy (Advocating Change Together (ACT))
Written copy of testimony was not provided. Highlights included:

- ACT Olmstead Academy is in their fourth year;
- Class of 2018 has now closed; it was one of the most diverse so far;
- Launch for Class 5 (2019) is on January 21; the Subcabinet is invited; and
- If anyone is interested in being a mentor or dinner host, contact Mary Kay.

Questions/Comments:
Commissioner Tingerthal acknowledged that several graduates of the Olmstead Academy are now members of our OIO Community Engagement Workgroup. Many others appear before the Subcabinet to provide public comment. She thanked Mary Kay for ACT's great work.

[AGENDA ITEM 4a] DRAFT MINUTES ARE SUBJECT TO CHANGE BY FINAL APPROVAL OF THE SUBCABINET

9) Adjournment

Commissioner Tingerthal announced this is her last meeting as she is not seeking reappointment. She thanked the members of the Subcabinet for their commitment at the table and in the courtroom negotiating goals. She recognized the work of all agencies and their staff in getting the work done. She stated The Olmstead Plan represents ground-breaking work that's been shaped by hundreds of voices statewide. Every year the Subcabinet looks at how to make it better based on inclusion and choice. In this way agencies can better determine if they are making a difference. Commissioner Tingerthal expressed her hope that the Subcabinet will persevere. There has been much systemic, meaningful and transformational change because of agency commitment to people with disabilities being able to live, learn, work and enjoy life in the communities of their choice.

Commissioner Piper commended Commissioner Tingerthal for her leadership over the last eight years. Minnesota is a national model for agency work led by the Commissioner, as well as agency services to people with disabilities across the state. She expressed gratitude for Commissioner Tingerthal's steadfast leadership, dedication and commitment.

Commissioner Tingerthal adjourned the meeting at 4:33 p.m.

Next Subcabinet Meeting: January 28, 2019 – 3:00 p.m. – 4:30 p.m.
Minnesota Housing – Lake Superior Conference Room, 400 Wabasha Street North, Suite 400, St Paul

[AGENDA ITEM 4a] DRAFT MINUTES ARE SUBJECT TO CHANGE BY FINAL APPROVAL OF THE SUBCABINET

Olmstead Subcabinet Meeting Agenda Item

January 28, 2019

Agenda Items:

6 (a) Quality of Life Follow-Up Survey Report

Presenter:

Darlene Zangara (OIO) and The Improve Group

Action Needed:

☒ Approval Needed

☐ Informational Item (no action needed)

Summary of Item:

This is the report on the Quality of Life Follow-Up Survey. A power point presentation will provide an overview of the Report

Attachment(s):

6a –

- *Olmstead Plan Quality of Life Follow-Up Survey Report*
- *Olmstead Plan Quality of Life Follow-Up Survey Power point handouts*

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

SUBMITTED TO THE
THE OLMSTEAD SUBCABINET
FOR REVIEW
BY THE IMPROVE GROUP

JANUARY 28, 2019

MINNESOTA
OLMSTEAD
IMPLEMENTATION OFFICE

This document is available in alternative formats to individuals with disabilities by contacting:

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Table of Contents

Acknowledgments

We would like to thank the following individuals for their contributions to this work.

Survey interviewers

Anne Flueckiger

Dave Edens

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Julie Olson

Julie Vogeler

Kilomarie Granda

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Advisory group members

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John Fisher, Minnesota Department of Employment and Economic Development

James Conroy, Ph.D., Consultant

Darlene Zangara, Ph.D., Olmstead Implementation Office

Diane Doolittle, Olmstead Implementation Office

Mike Tessneer, Olmstead Implementation Office

A special thank you to the Center for Outcome Analysis and James Conroy, Ph.D. for their support in adapting the Quality of Life survey tool for Minnesota's Olmstead Plan.

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 attend more than 100 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.

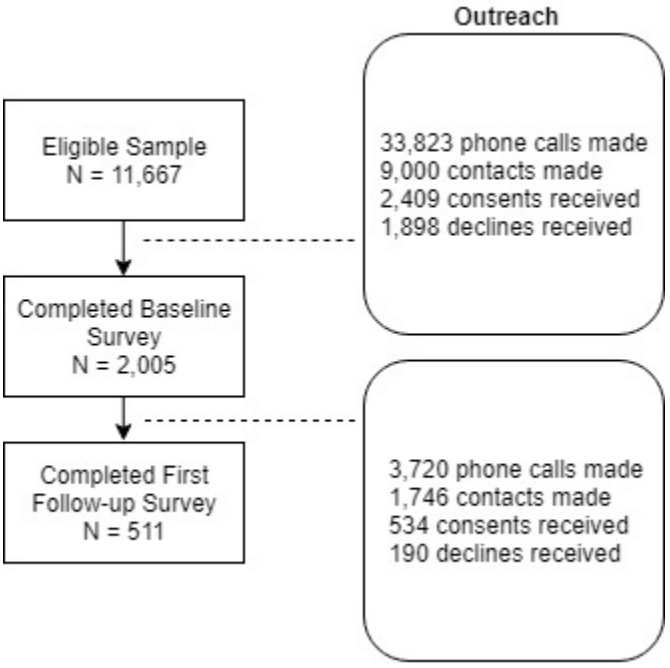
Considerations for consent process

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

Decision control inventory item	Number of baseline respondents	Average baseline rating	Number of follow-up respondents	Average follow-up rating
What clothes to buy in store	1,933	4.3	501	4.4
"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).

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

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

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 Northwest 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
Statewide	**1,936**	**37.7**	**497**	**36.5**

[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

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 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

Bibliography

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

Conroy, J., Fullerton, A., Brown, M., & Garrow, J. (2002). *Outcomes of the Robert Wood Johnson Foundation's National Initiative on Self-Determination for Persons with Developmental Disabilities: Final Report on Three Years of Research and Analysis*. Available from: http://www.eoutcome.org/uploads/COAUploads/PdfUpload/RWJ-SD-Final-Report.PDF

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

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

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

Minnesota 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

Minnesota 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

The Improve Group. (2015). Minnesota's Olmstead Plan Quality of Life Survey Pilot Study Report. Available from: https://www.dhs.state.mn.us/main/groups/olmstead/documents/pub/dhs16_197222.pdf

The Improve Group (2018). Olmstead Plan Quality of Life Survey Baseline Report. Available from: https://www.dhs.state.mn.us/main/groups/olmstead/documents/pub/dhs-299299.pdf

The Improve Group. (2016). Quality of Life Survey Administration Plan.

U.S. Department of Justice Civil Rights Division. (2011). Statement of the Department of Justice on Enforcement of the Integration Mandate of Title II of the Americans with Disabilities

Act and *Olmstead v. L.C.* Retrieved from ADA.gov: https://www.ada.gov/olmstead/q&a_olmstead.htm

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

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 respondents	Average integration level at baseline	Number of follow-up respondents	Average integration 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
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
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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Olmstead Plan Quality of Life Survey

FIRST FOLLOW-UP – 2018 RESULTS

JANUARY 2019

The Improve Group

Survey purpose

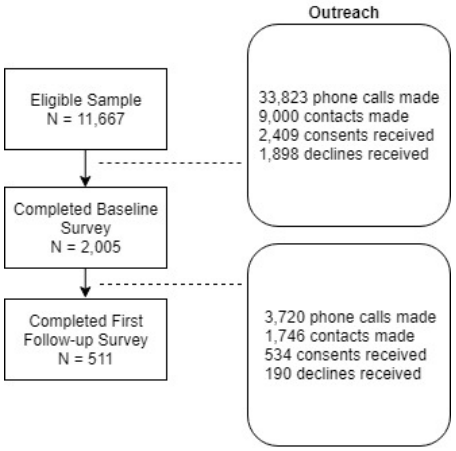
Assess and track quality of life over time for Minnesotans with disabilities who receive services in potentially segregated settings

The Improve Group

Follow-up survey goals

- Complete at least 500 interviews with a sample of baseline survey respondents to ensure longitudinal design
- Achieve geographic representation
- Achieve representation across identified settings
- Achieve demographic representation

Survey design



Respondent data

- All demographic and service data were collected from DHS and DEED screening data
- Guardianship status was also collected from DHS screening data

Survey modules

- Community integration and engagement
- Decision control inventory
- Perceived quality of life inventory
- Closest relationships inventory
- Use of assistive technology

Follow-up survey results

Community integration at day activities

On average, respondents spend **21.2 hours per week** in day activities like work, school, and adult day programs.

Respondents who earn wages averaged **$93.49** in weekly earnings.

There was no significant change since baseline.

Community integration on outings

Respondents average **31 outings** per month.

Minnesota's outing interactions score of **36.5** indicates respondents have **little interaction** with other community members during their outings.

There was no significant change since baseline.

Decision control inventory

Minnesota's Decision Control Inventory score of **67.6** indicates respondents and their support person have a **moderate amount** of decision making power.

There was no significant change from baseline.

Perceived quality of life

Minnesota's perceived quality of life score of **77.4**, indicating most respondents said their **quality of life is "good"**

There was no significant change from baseline.

Closest relationship inventory

On average, respondents reported **3.7 close relationships,** a drop from 4.1 reported during baseline.

This change is statistically significant, but not practically significant, indicating there was not meaningful change between baseline and follow-up.

Use of assistive technology

55 percent of respondents said they **currently use assistive technology**.

60 percent of respondents who use assistive technology said it increased their **independence, productivity, and community integration** "a lot."

There was no significant change between baseline and follow-up.

Subgroup analysis

There were differences in outcomes by region

There was little difference in outcomes between residential and day services

There were differences in outcomes by guardianship status

Survey outcomes

LINEAR REGRESSION MODELS

Associations with higher overall quality of life?

- Greater Minnesota relative to the Metro region

Associations with higher overall quality of life

- Lower average daily cost of services
- Receiving residential or day services
- Receiving CADI or BI waiver
- Under guardianship

Associations with higher overall quality of life

- More monthly outings
- More community interactions on outings
- More decision-making power
- A greater number of close relationships

Future research

Identify opportunities for gathering information about areas that need more research including:

- Regional differences
- Assistive technology use
- Guardianship status
- Relationships
- Changing expectations

Second follow-up survey

- The survey tool has proven itself to be reliable and has a good longitudinal design
- A second follow-up survey will help to:
  - Continue monitoring qualify of life over time
  - Confirm identified predictor characteristics
- Second Follow-up Survey recommended for summer 2020

Questions

Olmstead Subcabinet Meeting Agenda Item

January 28, 2019

Agenda Item:

6 (b) Workplan Compliance Report for January

Presenter:

Mike Tessneer (OIO Compliance)

Action Needed:

☒ **Approval Needed**

☐ **Informational Item (no action needed)**

Summary of Item:

This is a report from OIO Compliance on the monthly review of workplan activities. There are no exceptions to report.

The Workplan Compliance Report includes the list of activities with deadlines in December that were reviewed by OIO Compliance in January and verified as completed.

Attachment(s):

6b - Workplan Compliance Report for January 2019

[AGENDA ITEM 6b]

Workplan Compliance Report for January 2019

Total number of workplan activities reviewed (see attached)	38	
• Number of activities completed	38	100%
• Number of activities on track	0	0%
• Number of activities reporting exception	0	0%

Exception Reporting

No activities are being reported as an exception.

[AGENDA ITEM 6b]

[AGENDA ITEM 6b]

Workplan Reporting for January (listed alphabetically)

Activity	Key Activity	Expected Outcome	Deadline	Agency	Status
CE 1D	Inform community members, including people with disabilities, families, providers, state agencies and others regarding the collaborative work and activities that promotes the Olmstead Plan's goals and strategies. Provide quarterly **report to the Subcabinet** on community contacts such as Olmstead 101 sessions, conferences, training sessions conducted by OIO staff, community events and other information sessions including date, approximate number of attendees, and any specific topic areas/ concerns that were raised.	Through the use of the Olmstead website, social media, email, paper handouts, in person information sessions and other appropriate communication methods, as well as with the assistance of partner organizations, stakeholders will be informed about the Olmstead Plan and other activities that promote the Plan.	Report by **October 31, 2018 and quarterly thereafter**	OIO	Verified as complete for January 2019 occurrence. Report included in January 2019 Subcabinet packet.
CE 1E	Evaluate all outreach and engagement activities to determine if participants feel more informed, aware of, or engaged in the Olmstead Plan. Include evaluation results in the **quarterly reports to the Subcabine**t (for activity 1D).	Evaluation of outreach and engagement activities will help determine the effectiveness of activities and which activities to continue and which activities to discontinue or revise.	Report by **October 31, 2018 and quarterly thereafter**	OIO	Verified as complete for January 2019 occurrence. Report included in January 2019 Subcabinet packet.
CM 1E.2	Produce and disseminate a monthly "Olmstead News and Updates" electronic newsletter to interested stakeholders.	Accessible communications will be available to individuals and communities. People with disabilities, their families and supporters will be informed about Olmstead Plan implementation.	Continue monthly newsletter by **November 30, 2018**	OIO	Verified as complete for December occurrence.
CM 2D.2	Maintain a monthly calendar to monitor and implement communication activities.	Audiences will be engaged in the Olmstead Plan implementation through communications.	Maintain by **November 30, 2018 and monthly thereafter**	OIO	Verified as complete for December occurrence.
CM 2D.4	Quarterly review the OIO and Agency communication materials for accuracy, timeliness, and alignment with the Olmstead Plan.	Audiences will be engaged in the Olmstead Plan implementation through communications.	Begin reviews by **December 31, 2018 and quarterly thereafter**	OIO, Agencies	Verified as complete for December occurrence.

[AGENDA ITEM 6b]

Activity	Key Activity	Expected Outcome	Deadline	Agency	Status
CM 2E.1	Identify key messages to be used throughout the public input process. The messages will include: an overview of the Olmstead Plan; the Plan amendment process; and opportunities for input.	Communications will have a clear, consistent message regarding the purpose of the public input and the ways the input will be gathered and considered.	Identify message by **December 3, 2018**	OIO	Verified as complete.
CM 2E.2	OIO will identify targeted groups and use strategic communications tools (social media, E-news, website, etc.) to invite written public input from people with disabilities and the general public.	Statewide awareness of the public input process and how to participate will grow through online tools and platforms.	Identify targeted groups and begin outreach by **December 3, 2018**	OIO	Verified as complete.
CM 2E.3	OIO will identify and implement specific strategies to reach people with disabilities and family members in under-represented communities.	People with disabilities and family members from under-represented communities (such as communities of color, LGBTQ communities, religious minorities, immigrants and refugees, etc.) will have opportunities to provide input into the Olmstead Plan amendment process	Identify strategies by **December 3, 2018**	OIO	Verified as complete.
CM 2E.5	OIO will post an online form to gather feedback for Round 1.	People with disabilities will have multiple opportunities to participate in the public input process for amending and extending the Olmstead Plan.	Online form posted by **December 20, 2018** thru **January 31, 2019**	OIO	Verified as complete.
CM 3A	The OIO will conduct an annual review of the Communication Plan to assess effectiveness. The OIO will in particular seek the input of people with disabilities and their families and representatives. **Report to the Subcabinet** on recommendations for changes.	Areas for improvement will be identified and recommended changes to the communication plan will be submitted to the Subcabinet,	Report to Subcabinet by **December 31, 2018 and annually thereafter**	OIO	Verified as complete for December 2018 occurrence. Report included in January 2019 Subcabinet packet.
CR 2B.3a	Provide on-going training to mental health crisis and crisis respite providers. Trainings will include (but are not limited to) co-occurring mental health and intellectual and developmental disabilities and cultural and ethnic differences in the provision of mental health crisis services.	Mental health crisis and crisis respite providers will demonstrate competency in the delivery of services to individuals with co-occurring mental health and intellectual developmental disabilities and cultural and ethnic differences.	Complete training by **December 31, 2018**	DHS	Verified as complete.

[AGENDA ITEM 6b]

Activity	Key Activity	Expected Outcome	Deadline	Agency	Status
CR 2E.2	Expand 24/7 mental health crisis services to all parts of the state. This will include racially and ethnically diverse service providers.	By increasing mental health crisis response services/providers to 24-hours, seven days a week, a reliable, sustainable safety-net will be in place for people statewide.	Expand to statewide 24/7 services by **December 31, 2018**	DHS	Verified as complete.
CR 2L.5	Annually **report to the Subcabinet** on the number of trainings on positive supports and person-centered practices and the number of people trained.	There will be increased capacity to serve people with challenging behaviors.	Report to Subcabinet beginning **December 31, 2018 and annually thereafter**	DHS	Verified as complete for December 2018 occurrence. Report included in January 2019 Subcabinet packet.
CR 3B.7	Conduct outside review of FACT program	The FACT team model is determined to be a best practice for delivering mental health services to individuals exiting correctional facilities. The FACT team model has proven effective at stabilizing individuals where they live, work or go to school. It also reduces unnecessary hospitalizations and the unnecessary revocations causing a return to DOC.	Conduct outside review by **December 31, 2018**	DHS, DOC	Verified as complete.

[AGENDA ITEM 6b]

Activity	Key Activity	Expected Outcome	Deadline	Agency	Status
DC 1A.1	Conduct analysis for a competitive workforce wage adjustment for Direct Care Workers (DCW) providing Home and Community Based Services (HCBS), with options for a one-time increase in compensation and indexed adjustments every two years. This will be based on the average of the Bureau of Labor Statistics Occupational Classifications (SOC) codes for similarly skilled/educated occupations and include total compensation. In addition, conduct analysis for bringing all DCW base wages up to the level of the highest DCW base wage. Provide analysis of these changes on Waiver services, Personal Care Assistance (PCA) and Home Care Nursing. **Provide analysis to the Subcabinet.**	If acted upon through legislation, a competitive workforce wage and parity among DCWs will enable people with disabilities and providers of HCBS services to address current difficulties in attracting and retaining quality direct care workers to meet the health and safety, employment and community engagement needs of people receiving support across the state. More frequent adjustments will make HCBS rates keep pace with economic changes.	Provide analysis to the Subcabinet by **January 31, 2019**	DHS	Verified as complete. Report included in January 2019 Subcabinet packet.
DC 1A.2	Conduct analysis of Personal Care Assistance (PCA) reimbursement rates to allow for differentiation of rates based on the level of training and care required by the person receiving services. **Provide analysis to the Subcabinet.**	A report on what is required to adjust PCA rates to take into account higher levels of skills and training required to support people with greater and more complex support needs will be available to interested parties, including legislators, state agencies, providers, researchers, advocates and people who use services and their allies as they consider strategies to address workforce pressures. PCA rates will be responsive to meet the needs of people across the state.	Provide analysis to the Subcabinet by **January 31, 2019**	DHS	Verified as complete. Report included in January 2019 Subcabinet packet.
ED 6C.2	Year 1 school districts will disseminate and share the AT consideration framework to IEP case managers.	IEP case managers in AT Project school districts will have access to the AT consideration framework. Participating school districts will report back to MDE the date that the framework was disseminated.	Disseminate framework by **December 31, 2018**, **and annually thereafter**	MDE, school districts	Verified as complete.

[AGENDA ITEM 6b]

Activity	Key Activity	Expected Outcome	Deadline	Agency	Status
EM 4B.4b	Provide annual status **report to the Subcabinet** on the expansion of estimator sessions and Disability Benefits 101 website.	Individuals will understand the impact of employment income on their benefits.	Report to Subcabinet by **December 31, 2018 and annually thereafter**	DHS, DEED, MDE	Verified as complete for December 2018 occurrence. Report included in January 2019 Subcabinet packet.
EM 5A.5	**Report to the Subcabinet** annually on the number of people served by the State Services for the Blind (SSB) and Vocational Rehabilitation Services (VRS). The report will include the status of the Order of Selection (OOS) and the number of individuals who achieved competitive integrated employment because of these services.	Targeted funding for Pre-Employment Transition Services will increase the provision of services to youth and adults with disabilities resulting in an increase in competitive, integrated employment.	Report to Subcabinet by **January 31, 2019 and annually thereafter**	DEED	Verified as complete for January 2019 occurrence. Reports included in January 2019 Subcabinet packet.
HC 1B.5	Include care of children with disabilities and mental illness in oral health educational materials developed by the Early Dental Disease Prevention Initiative (EDDPI).	Culturally appropriate, consumer-friendly oral health educational materials disseminated to providers and caregivers of children ages 2 and under with disabilities and mental illness.	Disseminate materials via EDDPI by **December 31, 2018**	MDH	Verified as complete.
HC 1B.6	Promote best practices for providers and care givers of people with disabilities and mental illness via the MDH Oral Health Program website, Minnesota Oral Health Coalition, and other partners.	Increased utilization of best practices in oral health by oral health providers.	Disseminate best practices via partners by **December 31, 2018**	MDH	Verified as complete.
HC 1B.7	Assess the "Special Needs Screening Questions" developed by Child and Adolescent Health Measurement Initiative for health literacy and accessibility best practices. Modify if necessary and promote its use with school-based sealant programs and oral health providers. Post special needs screening questions on the MDH Oral Health Program website.	Increased access to and utilization of special needs screening questions by school-based sealant programs and oral health providers. Special Needs Screening Questions posted on the MDH Oral Health Program website.	Post questions on website by **December 31, 2018**	MDH	Verified as complete.

[AGENDA ITEM 6b]

Activity	Key Activity	Expected Outcome	Deadline	Agency	Status
HC 2B.1	Continue to expand the number of and access to health care homes (HCH). HCHs provide comprehensive health care for people with disabilities. • HCH nurse planners and HCH Advisory Committee will continue to work with health clinics to identify targets and tactics to support transformation to health care homes. • HCH staff and stakeholders will integrate the State Innovation Model into the HCH program and Behavioral health home programs. The State Innovation Model is developed to improve health outcomes by improving care coordination across systems. **Report to the Subcabinet** on expansion efforts. The report will include the number and percentage of certified clinics and the number of people with disabilities on MA served in a HCH.	Expansion of HCH will increase the number of primary care clinics certified as health care homes and utilize a patient centered care delivery model. There will be an annual increase in the percentage of primary care clinics certified as a HCH: • SFY 16: 60% • SFY 17: 65% • SFY 18: 70% • SFY 19: 75% • SFY 20: 80% Estimated number of people with disabilities on Medical Assistance served in a certified HCH: • 2013: 90,191 (Baseline) Number of Minnesota Counties with a certified Health Care Home will increase by 5 annually.	Report to Subcabinet by **December 31, 2018 and annually thereafter**	MDH, DHS	Verified as complete for December 2018 occurrence. Reports included in January 2019 Subcabinet packet.
HC 2B.2	HCH will continue to engage all primary care providers, families and people with disabilities to work in partnership to improve health outcomes and quality of life for individuals with chronic health conditions and disabilities. Provide annual status update to OIO Compliance on engagement efforts.	See B.1 above	Provide update on engagement efforts by **December 31, 2018 and annually thereafter**	MDH, DHS	Verified as complete for December 2018 occurrence.
HC 2B.4	During the expansion of HCH, efforts will be made to recruit and develop more racially and ethnically diverse service providers. Provide annual status update to OIO Compliance on recruitment efforts.	See B.1 above	Provide status update by **December 31, 2018 and annually thereafter**	MDH, DHS	Verified as complete for December 2018 occurrence.

[AGENDA ITEM 6b]

Activity	Key Activity	Expected Outcome	Deadline	Agency	Status
HS 1C.1	Utilize the Section 811 Project Rental Assistance funding. Section 811 program provides rental assistance to people with disabilities who are either homeless or exiting an institution. **Report to the Subcabinet** on the status of usage of Section 811 units.	Rental Assistance will increase the number of people with disabilities who exit a segregated setting, or a situation at risk of segregation, into integrated housing with a signed lease and access to supportive services.	Report to Subcabinet by **December 31, 2018 and annually thereafter**	MHFA, DHS	Verified as complete for December 2018 occurrence. Report included in January 2019 Subcabinet packet.
PC 1B.5	Host Housing Best Practices Forums to provide tools and skills in developing individualized housing solutions, including finding and maintaining housing. **Report to the Subcabinet** annually on the number of trainings and attendees.	Person-centered practices and informed choice are necessary for persons with disabilities to exercise personal preferences in housing, employment, education and other services and supports. Lead agencies and providers need a complete understanding of the principles of person-centered practices and informed choice to effectively fulfill their responsibilities.	Report to Subcabinet by **January 31, 2019 and annually thereafter**	DHS	Verified as complete for January 2019 occurrence. Report included in January 2019 Subcabinet packet.
PC 1J	DHS Disability Services and Licensing Divisions will engage in a person-centered organizational change process. **Report to the Subcabinet** the status of the process.	DHS will build its capacity to be a person-centered organization and to support our partners in developing their person-centered practices.	Report to Subcabinet by **December 31, 2018**	DHS	Verified as complete for December 2018 occurrence. Report included in January 2019 Subcabinet packet.
PC 2D.3	Review analysis of assistive technology data from MnCHOICES assessments and make recommendations to DHS leadership on possible changes needed to MnCHOICES assessment tool.	Assistive technology will be intentionally considered during assessment and planning for individuals being assessed through MnCHOICES	Make recommendations by **December 31, 2018**	DHS	Verified as complete.

[AGENDA ITEM 6b]

Activity	Key Activity	Expected Outcome	Deadline	Agency	Status
PR2 2A	**Report to the Subcabinet semi-annually**, the number of citations issued to Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID's) that document failure to report abuse, neglect and other maltreatment. (Quarterly)	It is expected that the overall number of maltreatment allegations will rise as a result of the education campaign about how to recognize and report suspected maltreatment. However, the number of citations issued to ICF/IID's that document failure to report abuse, neglect, and other maltreatment should decrease as a result of the education campaign about how to recognize and report suspected maltreatment.	Report to Subcabinet beginning **January 31, 2019 and semi-annually thereafter**	MDH	Verified as complete for January 2019 occurrence. Report included in January 2019 Subcabinet packet.
PR2 2B	**Report to Subcabinet** semi-annually, the number of citations issued to Supervised Living Facilities that document failure to comply with the development of an individualized abuse prevention plan, as required Minnesota Statute 626.557 subd.14 (b).	Over time, the number of citations issued to Supervised Living Facilities documenting failure to comply with the development of an individualized abuse prevention plan should decrease as providers and direct care staff receive additional education about prevention of maltreatment.	Report to Subcabinet beginning **January 31, 2019 and semi-annually thereafter**	MDH	Verified as complete for January 2019 occurrence. Report included in January 2019 Subcabinet packet.
PR3 1A.6	Conduct training sessions with lead investigative agencies to share remediation strategies effective at preventing repeat maltreatment.	Improved communication between county and state agencies responsible for investigation of suspected maltreatment for the purpose of adult protective services to the vulnerable adult.	Begin training by **December 31, 2018**	DHS	Verified as complete.
PR4 2B	Target schools from baseline data that have yet to submit application for the current school year's PBIS cohort training and send a follow up letter encouraging enrollment and participation in PBIS cohort trainings.	Increase participation in PBIS cohort trainings.	Send follow-up letters by **December 15, 2018 and annually thereafter**	MDE	Goal is currently being adjusted under the Plan Amendment Process.
PR4 3D	Notify school administrators of verification requirement and alternative training options via program website and superintendent mailings.	Provide guidance and assist schools in establishing approved mandated reporter training options.	Notify school administrators by **December 31, 2018 and annually thereafter**	MDE	Verified as complete for December 2018 occurrence.

[AGENDA ITEM 6b]

Activity	Key Activity	Expected Outcome	Deadline	Agency	Status
TR 4B.2	Make the Regional Transportation Coordinating Councils (RTCCs) implementation grants available.	The RTCCs will break down transportation barriers and offer a seamless system of transportation services. They will be responsible for coordinating transportation services through a network of existing public, private and non-profit transportation providers.	Award grants from **March 31, 2018 to December 31, 2018**	MnDOT	Verified as complete. Report included in January 2019 Subcabinet packet.
TR 4B.3	Create a statewide framework of RTCCs in Greater Minnesota and the Metro Area. Councils will coordinate transportation providers and service agencies to fill transportation gaps, provide more service, streamline access to transportation and provide customers more options of where and when to travel. **Report to the Subcabinet** on status of RTCCs.	A statewide framework of 8-10 RTCCs in Greater Minnesota.	Report to Subcabinet by **December 31, 2018**	MnDOT, DHS	Verified as complete. Report included in January 2019 Subcabinet packet.
TR 4D	Facilitate the development of RTCC or Mobility Management groups in the Metro Area. **Report to the Subcabinet** on status of RTCCs.	6 -7 RTCCs will be developed in the Metro area.	Report to Subcabinet by **December, 31, 2018**	DHS, Met Council	Verified as complete. Report included in January 2019 Subcabinet packet.
TS 1A.1d	Develop MnCHOICES 2.0 to improve assessment process to clarify the role of the assessor to get to know the person, empower the person and ensure informed decision making.	People with disabilities will understand informed choice and exercise informed choice in selecting a housing and/or employment option.	Complete development of MnCHOICES 2.0 by **December 31, 2018**	DHS	Verified as complete.

[AGENDA ITEM 6b]

Olmstead Subcabinet Meeting Agenda Item

January 28, 2019

Agenda Item:

7(a) Workplan activity reports to be presented to Subcabinet

1) *Direct Care Workforce 1A.1 – Direct care wage adjustment analysis (DHS)*
2) *Direct Care Workforce 1A.2 – Personal Care Assistance rates analysis (DHS)*
3) *Housing 1C.1 – Usage of Section 811 units (MHFA/DHS)*
4) *Employment 5A.5 – Semi-annual report on impact of WIOA (DEED)*
   i) Vocational Rehabilitation Services
   ii) State Services for the Blind

Presenter:

Responsible agencies will present the reports

Action Needed:

☐ Approval Needed

☒ Informational Item (no action needed)

Summary of Item:

These reports provide an update on a workplan activity. They will be presented to the Subcabinet and answer any questions regarding the report.

Attachment(s):

7a1 – 7a4 Olmstead Plan Workplan - Report to Olmstead Subcabinet

[AGENDA ITEM 7a1]

OLMSTEAD PLAN WORKPLAN
REPORT TO OLMSTEAD SUBCABINET

Topic Area	Direct Care and Support Services Workforce
Strategy	Expand, diversify and improve the pool of workers who provide direct care and support services in order to produce meaningful progress toward alleviating the direct care and support workforce shortage in Minnesota. Increase worker wages and/or benefits
Workplan Activity Number	DC 1A.1
Workplan Description	Conduct analysis for a competitive workforce wage adjustment for Direct Care Workers (DCW) providing Home and Community Based Services (HCBS), with options for a one-time increase in compensation and indexed adjustments every two years. This will be based on the average of the Bureau of Labor Statistics Occupational Classifications (SOC) codes for similarly skilled/educated occupations and include total compensation. In addition, conduct analysis for bringing all DCW base wages up to the level of the highest DCW base wage. Provide analysis of these changes on Waiver services, Personal Care Assistance (PCA) and Home Care Nursing. Provide analysis to the Subcabinet.
Deadline	January 31, 2019
Agency Responsible	Department of Human Services (DHS)
Date Reported to Subcabinet	January 28, 2019

OVERVIEW

In March 2018, the Cross-Agency Direct Care and Support Workforce Shortage Working Group presented their "Recommendations to Expand, Diversify and Improve Minnesota's Direct Care and Support Workforce" report to the Subcabinet. This report laid out a strategic vision for tackling the crisis in the direct care and support workforce. The cross-agency working group identified seven prioritized recommendations, and each recommendation contained subordinate strategies. In November 2018, the Subcabinet approved the implementation plan and workplan presented by agency staff.

One of the sub-strategies in the workplan is to increase worker wages and/ or benefits. One of the first steps to achieve this strategy requires analysis for a competitive workforce wage adjustment and analysis of wage increases on Waiver services, Personal Care Assistance (PCA) and Home Care Nursing.

REPORT

This report will provide each analysis independently; first covering the competitive workforce wage adjustment, followed by the across-the-board wage adjustment.

Competitive Workforce Wage Adjustment

This analysis will identify activities and costs required to implement a competitive workforce wage adjustment for direct support professionals, in partial fulfillment of the workplan activity.

Home and Community-Based Services (HCBS) Background

HCBS are cost-effective alternatives to institutional services that enable people with disabilities and older adults to live, work and participate in community life. Minnesota's HCBS programs covered by this analysis include:

- Medical Assistance state plan HCBS, including Personal Care Assistance (PCA)
- Medical Assistance home and community-based service waivers, including:
    - Elderly Waiver (EW)
    - Developmental Disabilities (DD) Waiver
    - Community Access for Disability Inclusion (CADI) Waiver
    - Brain Injury (BI) Waiver

PCA Rate Background

The current rate for a 15-minute unit of PCA services is $4.35, or $17.40 per hour. This is a set rate that does not vary by a person's service need. Unlike many other types of Minnesota HCBS rates, PCA services do not use a formula with research-informed cost components and does not include a method of increasing the rate to account for inflation. Rates for this service has been increased periodically through legislation.

Disability Waiver Rate System Background

In 2013, the Minnesota legislature authorized the Department of Human Services (DHS) to implement a statewide rate setting methodology for disability waiver services. The new system (Disability Waiver Rate System or DWRS) established a consistent formula in statute for setting rates for disability waiver programs - Brain Injury (BI), Community Alternative Care (CAC), Community Access for Disability Inclusion (CADI), and Developmental Disabilities (DD) waivers.

Under the direction of Centers for Medicare and Medicaid Services (CMS), DWRS established rate formulas (called frameworks) that are based on the statewide average costs required for HCBS waivers. This ensures that the state pays the appropriate value for the service and that people have access to needed services throughout the whole state. State statute details the rate setting frameworks, including the value of each cost component used to calculate rates. Cost components vary by service and include factors such as staff wages, employee benefits, employer-paid taxes, paid time off, indirect staff time, and program expenses.

Elderly Waiver (EW) Rate Background

In 2017, the Minnesota legislature authorized rate-setting methods for many HCBS services for older adults. The basic elements of the methods were closely aligned with those of the DWRS, but did not include inflationary updates. EW services do not currently fully use the rate-setting method described in statute. Instead, statute requires that service rates are 10 percent based on 2017 methods, and 90 percent based on pre-2017 methods. This has led to lower rates than those authorized in 2017.

Direct Care Workforce

Supporting peoples' community lives requires a dedicated and valued workforce of direct support professionals across Minnesota. Unfortunately, the direct care workforce is not keeping pace with the growing demand of an aging population and persons with disabilities who need services and supports. Minnesota has about 135,000 persons in the direct care/support professions and will need an additional 68,000 in the coming years to meet the demand of service needs.

In addition to the growing demand for services due to demographic changes in the state, supply in the direct care labor market is particularly impacted by changes in the economy. While other industries may have the capacity to be agile in responding to changing economic conditions, the direct care industry is heavily reliant on human capital and revenue is many times, especially in disability services, based exclusively on government-set funding. In many instances, service providers are competing for workers with other industries that are able to offer more incentives, while the job of direct support professionals may be more challenging than competing occupations.

The state has been concerned about workforce challenges in the direct care workforce for several years and many people have worked together to recommend strategic solutions. In 2016, DHS hosted a Direct Care/Support Workforce Summit of over 200 people comprised of direct support professionals, persons receiving support, provider organizations, advocates, higher education, and state and local government. Of the solutions identified, increasing staff wages was the top solution. Staff wages in the direct care field are low and many times are comparable to or below other industries with fewer demands of the employee.

Elderly waiver and disability waiver rates are set using legislative cost components that include factors such as direct support professional wages, employee benefits including health insurance, service costs, and administrative costs. The primary driver in the rate calculation is the direct support professional wage. This value is based on the statewide average hourly wage for applicable occupations, per Bureau of Labor Statistics data.

Direct Care Workforce Research

In 2018, DHS conducted research on differences between direct support professional wages and wages paid to workers in similar occupations. This research compared all Bureau of Labor Statistics occupation codes that have the same education, experience and training requirements as direct support professionals in home and community based services. The analysis found that the average direct support professional wage is 17.31 percent lower than the average wage for all occupations with the same classifications. This research suggests

that competing industries may have modified compensation to align with inflation over time, whereas the direct care service industry has had slower growth in compensation.

The University of Minnesota, contracting with DHS in 2018, also conducted a one-time voluntary workforce survey of Minnesota HCBS providers. The survey was focused on broad workforce issues including all staff wages, benefits, and retention rates. DHS and the University will be issuing a report later in 2019, but preliminary findings provide further illustration of the relatively low wages paid to full-time and part-time direct support professionals.

	Average Full-time Wage	Average Part-time Wage
Twin Cities Metro	$13.09	$12.81
Greater Minnesota-Regional Centers	$12.99	$11.55
Greater Minnesota-Rural	$12.75	$12.29
Minnesota-Total	**$12.90**	**$12.33**

Competitive Workforce Factor

One approach to addressing wages paid to direct support professionals of disability waiver services and PCA services is to incorporate a new factor to the rate formulas, a Competitive Workforce Factor, which will increase the direct support professional wage value to a level that is competitive with the average wage paid to employees in other competing industries. As mentioned above, PCA services do not currently have a rate framework that includes cost components. If a rate framework was developed for this service, PCA could benefit from a Competitive Workforce Factor to increase wages. As the Competitive Workforce Factor would be applied to a yet-unknown wage within the framework, a fiscal analysis would be speculative and is not included in this report.

DWRS Competitive Workforce Factor

Though the DWRS frameworks include cost components, providers' costs may not exactly mirror those components. As a prospective rate model based on statewide average data, there is currently no requirement for providers to attribute the rate formula's component values as their actual cost drivers. This means that the wage and employee benefit values that determine the provider agency's rate are not necessarily the wage rates and benefits that provider agencies pay their direct support professional staff. It also means that any legislated increase to the rate calculations, such as the automatic inflationary adjustments largely based on wage increases, will increase the dollars received by the provider agency but may not necessarily result in changes to compensation received by direct support professionals.

The Competitive Workforce Factor will have to be re-based in conjunction with inflationary updates occurring in DWRS. This re-basing will require a renewed analysis with the same methodology utilizing updated Bureau of Labor Statistics wage data. The goal of implementing this factor is to narrow the gap between wages in the

direct care industry and competing occupations. Because there are many factors at play in the economy, this renewed analysis will result in a re-basing of the factor, but will not be able to exceed the current factor.

Under current law, DWRS rate formulas are updated once every five years according to inflationary changes. While this requirement enables rates to be re-based over time, the five-year cycle does not support an agile response to quickly changing economic and business realities that service providers often experience in the marketplace.

Updating DWRS inflationary updates to occur once every two years beginning January 1, 2022, using data available the year prior, could address the system's ability to respond to rapid economic changes. Utilizing older data will enable the adjustment to be estimated and published prior to the adjustment occurring, contributing to providers' ability to conduct business planning.

This change would result in smaller, more frequent adjustments than what occurs under current law. This change would encourage service rates to keep pace with the changing economy, and it would support providers in anticipating projected revenue and executing more frequent wage increases for direct support professionals.

Assumptions

This analysis makes several key assumptions:

- These changes do not apply to Customized Living and 24-Hour Customized Living services.
- The full impact of these changes will occur when the banding period ends. This analysis assumes that the banding period will end on December 31, 2020. Banding in calendar year 2020 is subject to CMS approval. This analysis assumes CMS approval.
- The rate formula changes in this exercise are subject to federal approval. This estimate assumes that federal approval will be received by January 1, 2020.
- All changes to DWRS in this exercise will occur on a rolling basis as service agreements renew or change.
- This exercise adds a Competitive Workforce component of 8.35% (roughly a 7.1% rate increase) to service rate formulas dedicated to increasing direct support professional compensation.
- The exercise also modifies the inflationary adjustment frequency from every five years to two years. Currently, the next update will occur on July 1, 2022 and the exercise would change the update to January 1, 2022.
- The exercise also includes updates to MNCHOICES. The updates will require programming updates in the MNCHOICES support plan application and Microsoft Excel service framework. The expected FFP rate is 50%.

Fiscal Analysis

The following table provides an analysis of the cost to implement the Competitive Workforce Factor and increase the frequency of DWRS inflationary updates between FY2020 and FY2023.

	FY2020	FY2021	FY2022	FY2023
Total Disability Waiver Spending	$ 2,845,756,132	$ 2,998,548,317	$ 3,226,235,946	$ 3,564,422,775
% DWRS	80%	80%	80%	80%
Projected DWRS Spending	**$ 2,276,604,906**	**$ 2,398,838,654**	**$ 2,580,988,756**	**$ 2,851,538,220**
Workforce Factor	$ 4,014,649	$ 58,079,864	$ 172,638,248	$ 202,983,019
Inflation Adjustment Frequency	$ -	$ -	$ 19,085,966	$ 27,037,908
Interactive Effects	$ -	$ -	$ 847,850	$ 1,202,911
Total Program Costs	$ 4,014,649	$ 58,079,864	$ 192,572,063	$ 231,223,838
State Share Program Costs	**$ 2,007,324**	**$ 29,039,932**	**$ 96,286,032**	**$ 115,611,919**
Systems Costs	$ 59,517	$ 11,903	$ 11,903	$ 11,903
FFP (50%)	$ (29,759)	$ (5,952)	$ (5,952)	$ (5,952)
State Share	**$ 29,752**	**$ 5,952**	**$ 5,952**	**$ 5,592**
Total State Costs	**$ 2,037,083**	**$ 29,045,883**	**$ 96,291,983**	**$ 115,617,871**

EW Rate Options

EW service rates are currently set by statute to use 10 percent of the methods passed in 2017, which closely align with DWRS. 90 percent of the rate is set using pre-2017 methods, which result in generally lower rates than would otherwise occur under the new methods. The table below illustrates the difference between the current 2019 rates and what those rates would be in a fully-implemented method.

Examples	Unit	1/1/2019 Rates	Full Implementation Rates	Percent Difference
Adult Day	15 Minutes	$3.45	$4.32	25.2%
Chore	15 Minutes	$4.15	$7.50	80.6%
Companion	15 Minutes	$2.57	$6.36	147.4%
Home Delivered Meals	1 Meal	$6.81	$8.17	20.0%

Due to this current implementation approach, EW service rates would not benefit from a Competitive Workforce Factor as DWRS services would. Instead, full implementation of the 2017 rate methods would make additional dollars available to providers to pay direct support professionals.

[AGENDA ITEM 7a1]

Increasing Base Wages to the Highest Direct Support Professional Wage

Background

This analysis within the workplan activity requested an analysis to increase “base wages” of direct support professionals providing waiver services, PCA services and Home Care Nursing to the highest direct support professional base wage. While each of these programs/services are within Minnesota’s Medical Assistance program, they approach rate-setting differently. This makes the requested analysis challenging.

As discussed above, many disability waiver services have frameworks that identify base wages. However, there are other disability waiver services that do not use frameworks as a rate-setting method. These services either have pre-determined rates or market rates. Neither pre-determined or market rates identify base wages and inferring a base wage from available data is not possible.

PCA services also do not explicitly specify a base wage. All PCA agencies enrolled with Minnesota Health Care Programs must pay personal care assistants’ wages and benefits equal to 72.5 percent of the revenue from the Medical Assistance rate for PCA services and PCA Choice services. Because this figure includes benefits, deriving a base wage from available data also presents challenges. Collective bargaining through SEIU does mandate a wage floor of $12.00 per hour for all workers covered by the collective bargaining agreement.

Home Care Nursing does not specify a base wage. It is not possible to perform the analysis requested for Home Care Nursing.

Finally, there are policy reasons to retain differentiation in base wages in the DWRS frameworks. Some services require workers with more specialized training than other services. If all base wages were set at the same level, staff would not be incentivized to provide those services that support people with complex needs or that require specialized skills.

DWRS Framework Wage Update

The following table identifies existing direct care wages found in the 2019 DWRS frameworks. Please note that Customized living services are excluded because that framework does not include a base wage. Positive support services is excluded from this table to improve the fit the definition of direct care workforce.

DWRS Service	Existing base wage	Highest overall base wage	
Adult day services	$15.30	$22.38	$7.08
Day training & habilitation/structured day services	$15.30	$22.38	$7.08
Prevocational services	$15.30	$22.38	$7.08
Foster care services	$13.53	$22.38	$8.85
Supportive living services – daily	$13.53	$22.38	$8.85
Employment support services	$18.30	$22.38	$4.08
Employment exploration services	$18.30	$22.38	$4.08
Employment development services	$22.38	$22.38	$0.00
Personal Support/companion services	$12.27	$22.38	$10.11
Respite care services – 15 minute	$12.27	$22.38	$10.11
Independent living skills	$17.56	$22.38	$4.82
Individualized home support	$17.56	$22.38	$4.82
In-home family support	$16.64	$22.38	$5.74
Night supervision	$13.68	$22.38	$8.70
Supportive living services – 15 minute	$15.30	$22.38	$7.08

As shown in the table above, the highest base wage in the DWRS frameworks is $22.38 for employment development services. If all other DWRS base wages were increased to match employment development services, this would result in wage component increases between $4.08 and $10.11 per unit. Because wages serve as the foundation of the DWRS frameworks, the resulting rate increases would produce even larger rate increases. The overall cost for such a change would differ, depending on the wage selected as the benchmark.

An analysis of the overall cost for this change is not included for several reasons:

- Performing such an analysis under current rate-setting methods for Home Care Nursing, PCA services, and pre-determined and market rate waiver services is not possible.
- Performing an analysis for the DWRS framework rate services above is not practical because:
    - CMS requires states to set waiver rates based on available data. Increasing all base wages to the same amount is not supported with data.
    - Providing different services requires different direct support professional expertise. Setting the same wage component for all waiver framework services could have a negative effect on service access by not recognizing the differences between these services and the staff that provide them.

Conclusion

The Competitive Workforce Factor provides a method of increasing waiver service rates based on data with the goal of increasing direct support professional compensation. Of the two options contemplated in this report, the Competitive Workforce Factor provides the most likely path forward to improve direct support professional wages.

[AGENDA ITEM 7a1]

[AGENDA ITEM 7a2]

OLMSTEAD PLAN WORKPLAN
REPORT TO OLMSTEAD SUBCABINET

Topic Area	Direct Care and Support Services Workforce
Strategy	Expand, diversify and improve the pool of workers who provide direct care and support services in order to produce meaningful progress toward alleviating the direct care and support workforce shortage in Minnesota. • Increase worker wages and/or benefits
Workplan Activity Number	DC 1A.2
Workplan Description	Conduct analysis of Personal Care Assistance (PCA) reimbursement rates to allow for differentiation of rates based on the level of training and care required by the person receiving services. Provide analysis to the Subcabinet.
Deadline	January 31, 2019
Agency Responsible	Department of Human Services (DHS)
Date Reported to Subcabinet	January 28, 2019

OVERVIEW

In March 2018, the Cross-Agency Direct Care and Support Workforce Shortage Working Group presented their "Recommendations to Expand, Diversify and Improve Minnesota's Direct Care and Support Workforce" report to the Subcabinet. This report laid out a strategic vision for tackling the crisis in the direct care and support workforce. The cross-agency working group identified seven prioritized recommendations, and each recommendation contained subordinate strategies. In November 2018, the Subcabinet approved the implementation plan and workplan presented by agency staff.

One of the sub-strategies in the workplan is to increase worker wages and/ or benefits. One of the first steps to achieve this strategy requires analysis of Personal Care Assistance (PCA) reimbursement rates and provide analysis to the Subcabinet..

REPORT

The report is attached.

[AGENDA ITEM 7a2]

DEPARTMENT OF HUMAN SERVICES

Subcabinet Report

Personal Care Assistance Rate Enhancement

Disability Services

January 2019

For more information contact:

Minnesota Department of Human Services
Disability Services Division
P.O. Box 64967
St. Paul, MN 55164-0967

651-431-4300 or 866-267-7655

Attention. If you need free help interpreting this document, call the above number.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

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LB2 (8-16)

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Contents

I. Introduction

As part of Minnesota's Olmstead Plan Workplan, the Cross-Agency Direct Care and Support Workforce Shortage Working Group recommended strategies and activities to increase the number of qualified direct care workers and retention of experienced workers to support people with disabilities.[1] They recognized that "having well trained direct care professionals in place leads to better health outcomes, more consistent care as turnover rates drop and, and supports people to be fully participating and contributing members of society."[2] Increasing wages and benefits for direct care workers is a primary strategy in the Workplan to attract and retain direct care workers to the profession. The Cross-Agency Direct Care and Support Workforce Shortage Working Group requested a report on what is required to adjust personal care assistance (PCA) reimbursement rates within Minnesota's Medical Assistance program to take into account higher levels of skills and training to better support people with greater support needs. In response, the Disability Services Division of the Minnesota Department of Human Services prepared this report.

[1] Minnesota's Olmstead Workplans available at https://www.dhs.state.mn.us/main/groups/olmstead/documents/pub/dhs-307727.pdf

[2] *Ibid*.

II. Background

Personal care assistance (PCA) services are for people who need help with day-to-day activities such as bathing, dressing, and eating. A personal care assistant can assist with activities such as grocery shopping, meal preparation, and traveling into the community. In fiscal year 2016, about 43,000 Minnesotans received personal care assistance services.[3] These services were paid for through Minnesota Health Care Programs based on a rate for each 15-minute unit of PCA services. The rate for PCA services is paid to a PCA provider agency with which an individual personal care assistant is affiliated. The PCA provider agency pays wages and any benefits to the individual personal care assistant from the rate it receives. Essential to the strategy of increasing wages and benefits of individual personal care assistants is increasing the rate paid for PCA services.

Until recently, the rate for PCA services was the same regardless of the training completed by the personal care assistant or the level of need of the person to whom the services were provided. In 2018, the Minnesota Department of Human Services implemented a 5% rate increase for PCA services when those services were provided to a person who was eligible for at least twelve hours of PCA services per day by a personal care assistant who had completed specific additional training.

The funding for the 5% rate increase was obtained through the legislative appropriation funding the 2017-2019 collective bargaining agreement between the State of Minnesota and SEIU Healthcare Minnesota for direct care workers providing services through PCA Choice services, Consumer Directed Community Supports (CDCS), and the Consumer Support Grant (CSG). PCA Choice, CDCS, and CSG are all service models in which the person receiving services performs some of the employer functions related to the direct care worker. On behalf of direct care workers in these service models, SEIU Healthcare Minnesota negotiated with the State for "additional financial incentives for Individual Providers to work for people with complex needs."[4] People with complex needs were defined in the contract as those who are eligible for at least twelve hours of PCA services each day. The contract created an implementation deadline of July 1, 2018 and a committee structure through which the recommendations for additional training for workers seeking these "additional financial incentives" were developed.

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[3] Minnesota Department of Human Services personal care assistance fact sheet DHS-6093 available at: https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6093-ENG

[4] Article 7 of the 2017-2019 Agreement between SEIU Healthcare Minnesota and the State of Minnesota available at: http://www.seiuhealthcaremn.org/files/2017/06/HCMN-2017-2019-Home-Care-Contract.pdf

III. Enhanced rate for PCA services

The Cross-Agency Direct Care and Support Workforce Shortage Working Group requested a report on what is required to adjust personal care assistance (PCA) reimbursement rates within Minnesota's Medical Assistance program to take into account higher levels of skills and training to better support people with greater support needs. In 2018, the Minnesota Department of Human Services (DHS) implemented an enhanced rate for PCA services for people with a high level of need for PCA services when those services are provided by a worker who completed qualifying training. This section of the report describes the steps DHS took to implement that change and highlights possible alternatives to that approach.

Identifying people with greater support needs

For purposes of implementing the enhanced rate for PCA services, DHS defined people with greater support needs as those who are eligible for at least twelve hours of PCA services each day. An assessment conducted by lead agencies (counties, tribes or managed care organizations) determines the amount of PCA services for which a person is eligible. DHS is steadily moving towards all assessments for long-term services and supports being conducted using the MnCHOICES assessment tool. The MnCHOICES assessment tool contains PCA eligibility information even for those people who choose to use alternative services for some or all of their personal care needs.

For people using PCA services who are not using one of Minnesota's disability waivers, the amount of PCA services for which they are eligible is the same as the amount of PCA services for which they are authorized. For this group of non-waiver PCA recipients, it is relatively simple to identify which people are eligible for at least twelve hours of PCA services each day. For waiver recipients, it is more complicated to identify people who are eligible for at least twelve hours of PCA services each day because they may have elected to receive less than that amount of PCA services and chosen an alternative waiver service to meet their needs. The MnCHOICES assessment tool remediates that complication by providing the eligibility information for PCA services even when that is not the service ultimately selected by the person receiving services. However, until all assessments for long-term services and supports are conducted using MnCHOICES, determining the hours of PCA eligibility for waiver recipients will remain a challenge for implementing an enhanced rate for PCA services.

To identify people with greater support needs, DHS added an indicator field in the Medicaid Management Information System (MMIS) among both the long-term screening fields and within the PCA service agreement. A worker who completes qualifying training submits training documentation to a DHS contractor. The DHS contractor provides documentation to the worker confirming that the qualifying training has been completed. For people who use PCA services and are not using a disability waiver, once a worker provides that notification to their PCA agency, the PCA agency requests the

enhanced rate from DHS using a standard form. DHS verifies that the person for whom the PCA agency requested the enhanced rate is eligible for twelve or more hours of PCA services each day and updates the person's service agreement in MMIS. For waiver recipients using PCA services, the county or tribe modifies the PCA service agreement for each person eligible for twelve or more hours of PCA services. The PCA agency receives the new service agreement and can begin billing using the modified procedure code for the enhanced PCA rate.

For implementation in 2018, DHS defined people with greater support needs as people who are eligible for at least twelve hours of PCA services each day as that was the definition in the contract with SEIU Healthcare Minnesota. One could define people with greater support needs differently. For example, lowering the threshold from twelve hours of PCA eligibility to ten hours of PCA eligibility would increase the number of people eligible for the enhanced rate from approximately 600 people to more than four times that number. Using high numbers of hours of PCA eligibility to define "greater support needs" identifies people with physical disabilities. People with a high level of behavioral needs could be defined as individuals with a greater support needs. The training needs of personal care assistants serving people with a high level of behavioral needs may vary from the qualifying worker trainings for people eligible for at least twelve hours of PCA services each day.

Qualifying Trainings

DHS determined the trainings a personal care assistant would have to complete in order to qualify for the enhanced rate when that personal care assistant provides services to a person with greater support needs. Based on the requirements of the contract between the State of Minnesota and SEIU Healthcare Minnesota, the qualifying trainings were recommended by a committee formed of people who use PCA services, personal care assistants, SEIU staff members, and staff members from DHS and Minnesota Management and Budget. These recommendations were influenced by the scope of PCA services and the existing availability of relevant trainings. To successfully implement a training requirement for workers to qualify for the enhanced rate, DHS chose trainings that were free or low-cost, available state-wide, and required a minimal investment of time by the worker.

Scope of PCA services

The scope of PCA services is defined by the covered services and non-covered services sections of Minnesota Statutes 256B.0659.[5] Personal care assistants can help with activities of daily living including dressing, grooming, bathing, eating, toileting, mobility, transferring, and positioning. They can help with instrumental activities of daily living including activities such as shopping and meal

[5]2018 Minnesota Statutes Section 256B.0659, subdivisions 2 and 3 available at: https://www.revisor.mn.gov/statutes/cite/256B.0659

preparation. They can observe and redirect behaviors. They can perform health-related procedures and tasks that can be delegated to them by a licensed health care professional.

Personal care assistants cannot determine the dosage or appropriate time for medication. They cannot inject fluids or medications into veins, muscles, or skin. They cannot perform any sterile procedures. PCA services are supervised by a qualified professional such as a registered nurse, licensed social worker or mental health professional. Personal care assistants may not perform any health-related procedure or task unless they are trained by the qualified professional and demonstrate competency to safely complete the task.[6] Personal care assistants may not perform assessment activities that are considered within the scope of practice for nursing.

In determining the qualifying trainings related to an enhanced rate for PCA services, the trainings must be related to tasks within the scope of PCA services. Given the role of the qualified professional and the limits on the scope of PCA services, trainings on when to seek the help of the qualified professional or emergency services would be appropriate for preparing a personal care assistant to work with a person with greater support needs.

Available Trainings

Given the July 1, 2018 deadline for implementation, the qualifying trainings were selected from those currently available to personal care assistants throughout Minnesota. The qualifying trainings were chosen in part for their general applicability to workers regardless of the person that worker serves. DHS did not develop new trainings or approve trainings that were condition or disability-specific due to timelines and the challenges of administrating a more recipient-specific approach.[7] DHS chose trainings that were free or low-cost, available state-wide, and required a minimal investment of time by the worker.

Workers qualify for the enhanced rate by completing a combination of trainings. For workers with a current license as a registered nurse or licensed practical nurse or with a certificate as a home health aide or certified nursing assistant, they must take a course through Direct Course, an online training curriculum for direct care workers[8], entitled “Civil Rights and advocacy: History of the disability rights movement.” Workers without those health care credentials must take that same course plus two additional online courses through Direct Course and at least one in-person training:

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[6] 2018 Minnesota Statutes Section 256B.0659, subdivision 2 (d)

[7] A benefit of Community First Services and Supports, the service that will replace PCA services once implemented, is its mechanism for funding training and worker development that is specific to the individual person receiving services from that worker as determined by the person receiving services.

[8] http://directcourseonline.com/

- CPR
- First Aid
- Safe Patient Handling
- OSHA (regarding relevant regulations from the Occupational Safety and Health Administration).

With funding from the legislative appropriation for the 2017-2019 collective bargaining agreement with SEIU Healthcare Minnesota, DHS has developed two additional, qualifying, in-person trainings. These trainings are available for workers providing services through PCA Choice, CDCS, or CSG. They are not currently available for workers providing traditional PCA services.

DHS has contracted with the University of Minnesota's Institute on Community Integration to offer 20 qualifying in-person trainings from the end of January 2019 through the end of June 2019. The topic of these trainings is caregiver well-being and independent living.

DHS is piloting in-person training for workers in PCA Choice, CDCS, and CSG offered through Saint Paul College entitled "Personal Care Essentials." This training is provided by the same instructors who provide training for prospective certified nursing assistants. The existing certified nursing assistant curriculum at Saint Paul College was modified for "Personal Care Essentials" to only include training on tasks that are within the scope of PCA services and to shorten the training time to twelve hours over a three-day period. Making time for training is a challenge for workers providing direct care services. The training pilot with Saint Paul College was designed to be brief to improve the accessibility of the training for the direct support workforce. The content of the training is focused on personal care skills, basic restorative services (self-care, range of motion, etc.), and recognizing abnormal changes in body functioning and the importance of taking next steps including reporting such changes to the qualified professional at the PCA provider agency.

The online courses through Direct Course that count as qualifying trainings include:

- Direct support professionalism: Becoming a direct support professional
- Direct support professionalism: Contemporary best practices
- Direct support professionalism: Applying ethics in everyday work
- Direct support professionalism: Practicing confidentiality
- Personal care: Understanding personal and self care
- Personal care: Individualizing personal care
- Personal care: The basics of hygiene
- Personal care: Basics of grooming and dressing
- Personal care: Oral care
- Civil rights and advocacy: Disability rights and legislation
- Civil rights and advocacy: Challenges and strategies for exercising rights

Wages and Benefits

PCA agencies are limited in the wages and benefits they can offer personal care assistants by the reimbursement rates within Minnesota's Medical Assistance program. Essential to the strategy of increasing wages and benefits of individual personal care assistants is increasing the rate paid for PCA services. Equally essential to the success of the strategy, PCA agencies must use the increased rate to improve wages and benefits.

DHS directed PCA agencies that beginning on the date the worker qualifies for the enhanced rate, the PCA agency must pass on the 5 percent enhanced rate in wages and/or benefits to the specific worker who both completed the qualifying training and is providing services to a person eligible for twelve or more hours of PCA services each day.[9]

As of January 2019, a total of 507 workers had completed all required trainings to qualify for the enhanced rate if they work for a person who is eligible for twelve or more hours of PCA services each day. The enhanced rate was implemented in the second half of 2018 and it is too early to report how many PCA provider agencies are billing for the enhanced rate or how many people using services have made use of it. DHS will continue to monitor the effectiveness of its approach to adjusting personal care assistance (PCA) reimbursement rates within Minnesota's Medical Assistance program to take into account additional training of personal care assistants to better support people with greater support needs.

[9] PCA Manual, Provider Requirements, Provider agency requirements for PCA enhanced rate: http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs-305019#

[AGENDA ITEM 7a3]

OLMSTEAD PLAN WORKPLAN
REPORT TO OLMSTEAD SUBCABINET

Topic Area	Housing and Services
Strategy	Create more affordable housing
Workplan Activity	HS 1C.1
Workplan Description	Utilize the Section 811 Project Rental Assistance funding. Section 811 program provides rental assistance to people with disabilities who are either homeless or exiting an institution. Report to Subcabinet on status of usage of Section 811 units.
Deadline	December 31, 2018 (annually)
Agency Responsible	Minnesota Housing and Department of Human Services
Date Reported to Subcabinet	January 29, 2018

OVERVIEW

Minnesota Housing, in partnership with the Minnesota Department of Human Services (DHS), administers the HUD Section 811 Project-Based Rental Assistance Program (811 PRA). The purpose of 811 PRA is to expand the supply of supportive housing that promotes and facilitates community integration for people with significant and long-term disabilities. This program also advances Minnesota's Olmstead Plan, to ensure people with disabilities live, learn, work, and enjoy life in the most integrated setting possible.

Minnesota Housing has awarded all of the available 811 PRA funding to 27 properties in Minnesota for a total of 159 units of project-based rental assistance.

Eligible tenants include households composed of one or more persons with a disability who are at least 18 but less than 62 years of age, are extremely low-income (30% Area Median Income (AMI)), and who will benefit from community based supportive services. In addition to these requirements, the program targets households that have extensive histories of housing instability as evidenced by one of the following:

- Has a serious mental illness and is long-term homeless (LTH) and participating in the Project for Assistance Transitioning from Homelessness (PATH).
- Is exiting an Intermediate Care Facility for Individuals with Developmental Disabilities (ICF/DD) or a Nursing Facility (NF) after a long-term stay of 90 days or more and is participating in Moving Home Minnesota (Money Follows the Person demonstration program).

The DHS Housing Coordinator coordinates all outreach, screening and referrals for Section 811 PRA units and also administers a centralized wait list and coordinates with referring providers. These providers connect tenants to community based services. The DHS Housing Coordinator

[AGENDA ITEM 7a3]

also works with owners of properties to stay informed of vacancies and will ensure that supportive services are offered to tenants. Property managers and owners are encouraged to recognize that supportive services are offered to tenants.

Property managers and owners are encouraged to recognize that supportive housing programs are intended to house people who often have poor credit, poor rental histories, or criminal backgrounds

REPORT

MN Section 811 Program	December 1, 2015 – December 19, 2018
Overall Housed	**153**
Currently Housed	**113**
Referral source	
Moving Home MN (NF/ICF-DD)	*38*
Formerly Homeless /PATH	*67*
At risk of institutionalization	*8*
Moved out/ Deceased	**40**
Referral source	
Moving Home MN (NF/ICF-DD)	*9*
Formerly Homeless /PATH	*30*
At risk of institutionalization	*1*

[AGENDA ITEM 7a4i]

OLMSTEAD PLAN WORKPLAN
REPORT TO OLMSTEAD SUBCABINET

Topic Area	Employment
Strategy	Implement the Workforce Innovation and Opportunity Act (WIOA) and promote hiring among contractors
Workplan Activity	EM 5A.5
Workplan Description	Report to the Subcabinet annually on the number of people served by the State Services for the Blind (SSB) and Vocational Rehabilitation Services (VRS). The report will include the status of the Order of Selection (OOS) and the number of individuals who achieved competitive integrated employment because of these services.
Deadline	January 31, 2019 (annually)
Agency Responsible	Department of Employment and Economic Development /VRS
Date Reported to Subcabinet	January 28, 2019

OVERVIEW

This is a report to the Olmstead Subcabinet from the Vocational Rehabilitation Services (VRS) on the number of people served by VRS, the status of Order of Selection (OOS), and the number of individuals who achieved competitive integrated employment. The report covers the timeframe from July 1, 2018 to December 31, 2018.

REPORT

Order of Selection

The DEED/VRS Order of Selection process is based on federal regulations that are not subject to revision at the state level. Under Rehabilitation Services Administration (RSA) regulations, a state VR agency that cannot serve ALL persons with disabilities who are seeking services must establish an Order of Selection that defines a priority system for who will be served first.

Minnesota's framework is based on an individual's functional limitations:

- **Service Category 1:** Persons with the most significant disabilities (three or more functional limitations) are the highest priority for service.
- **Service Category 2:** Persons with two functional limitations are the second priority for service.
- **Service Category 3:** Persons with one functional limitation are the third priority for service.
- **Service Category 4:** Persons without a functional limitation are the last priority for service.

VRS determines the number of functional limitations on an individual basis through the application and intake process. Only Service Category 1 is currently open, which means individuals determined eligible can receive service immediately. Priority for Service Categories 2 – 4 remain closed and all persons in those categories are placed on an indefinite waiting list

for services. The number of persons on the VRS waiting list continues to grow as Service Categories remain closed. In July 2018, the waiting list included a total of 1,914 individuals: 1,271 in Category 2; 617 in Category 3; and 26 in Category 4. Of individuals found eligible for VRS services between October 1, 2017 and July 10, 2018 ninety-two percent (92%) of those accepted for services were in Category 1.

As of December 31, 2018, the VRS waiting list included a total of 2,070 individuals as shown in the tables below.

Waiting List as of December 31, 2018

Priority For Service Category	Adult	Youth	Grand Total
2 - Second Priority	759	608	1,367
3 - Third Priority	491	179	670
4 - Fourth Priority	23	10	33
Grand Total	**1,273**	**797**	**2,070**

Of individuals found eligible for VRS services between July 1, 2018 and December 31, 2018, ninety-three percent (93%) of those accepted for services were from within Category 1.

Priority For Service Category	Adult	Youth	Grand Total
1 - First Priority	91.0%	95.6%	93.0%
2 - Second Priority	5.2%	2.6%	4.1%
3 - Third Priority	3.6%	1.4%	2.7%
4 - Fourth Priority	0.1%	0.4%	0.2%
Grand Total	**100.0%**	**100.0%**	**100.0%**

Total Number of Individuals Served and Employment Outcomes

From July 1, 2018 to December 31, 2018, Vocational Rehabilitation Services provided employment related services to 14,481 individuals (defined as VRS participants with an employment plan who are receiving services). During that period, 1,441 individuals achieved successful employment outcomes.

Individuals Served July 1 – December 31, 2018

Age Group	Individuals	Percent
Adult	6,405	44.2%
Youth	8,076	55.8%
Grand Total	**14,481**	**100.0%**

[AGENDA ITEM 7a4i]

Employment Outcomes July 1 – December 31, 2018

	Employment Outcomes	Percent	Average Hourly Wage	Average Hours per Week	Average Weekly Earnings
Adult	779	54.1%	$13.40	25.4	$361
Youth	662	45.9%	$11.90	27.2	$339
Grand Total	**1,441**	**100.0%**	**$12.71**	**26.2**	**$350**

WIOA Impact on Vocational Rehabilitation Services

The Workforce Innovation and Opportunity Act (WIOA) has significantly broadened the scope of services that VRS is required to provide to people with disabilities. Two categories of service required by WIOA have the greatest impact on VRS administered programs: Pre-Employment Transition Services and Limitations on the Use of Subminimum Wage (WIOA Section 511).

Pre-Employment Transition Services

WIOA requires VRS to have Pre-ETS available statewide to all students with disabilities, grade nine through age 21. The five required Pre-Employment Transition Services are: (1) job exploration counseling; (2) work-based learning experiences; (3) post-secondary education counseling; (4) workplace readiness experiences; and (5) instruction in self advocacy.

In the 2018-2019 school year, this statewide mandate for services covers more than 40,000 students, ninth grade through age 21 with Individual Education Plans (IEPs). Students on 504 plans are also included in this mandate but the exact number of students on 504 plans is not known because of limitations in available data.

From July 1, 2018 to December 31, 2018 a total of 1,422 students received Pre-Employment Transition Services.

Individuals Receiving Pre-Employment Transition Services
July 1 – December 31, 2018

Service Category	Purchased by VRS	Provided by VRS Staff	Provided by Contract Staff	Total
Instructions in Self-Advocacy	13	159	229	401
Job Exploration Counseling	52	339	317	708
Post-Secondary Education Counseling	3	169	201	373
Support Service	0	5	8	13
Work-Based Learning	313	89	269	671
Workplace Readiness Training	118	51	324	493
Grand Total	**478**	**463**	**481**	**1,422**

[AGENDA ITEM 7a4i]

Limitations on the Use of Subminimum Wage: WIOA Section 511

Section 511 of WIOA addresses the subject of subminimum wage jobs, usually in segregated work settings such as sheltered workshops.

Young people who historically have been tracked into subminimum wage employment – typically youth with developmental disabilities – are required to apply for VRS before they can be hired into a job that pays less than minimum wage. As a result, the number of youth with developmental disabilities referred to VRS increased significantly when WIOA Section 511 took effect in July, 2016. In Federal Fiscal Year 2018 that number dropped slightly.

Youth Age 24 and Younger Referred for VR Services by Federal Fiscal Year (FFY)

		Youth with Developmental Disabilities			
FFY	All Youth Referrals	Youth with Autism	Youth with Intellectual Disabilities	Total	% of Total Referrals for Youth with DD
2015	2,833	581	367	948	33.5%
2016	3,064	680	517	1,197	39.1%
2017	3,425	873	826	1,699	49.6%
2018	3,192	888	594	1,482	46.4%

Adults currently working in jobs below the Federal Minimum Wage in segregated settings must receive career counseling, information and referral services, and discuss opportunities to pursue competitive, integrated employment in the community. These services are to be offered at six month intervals during the first year and annually thereafter.

Minnesota's eight Centers for Independent Living (CILs) are the VRS designated representatives to provide the initial career counseling and information and referral (CC&I&R) services to adults working at minimum wage for 14c employers.

- In Year One of Section 511 implementation, CIL staff provided career counseling and information and referral services to 11,991 adults working at sub-minimum wage. Of the adults who were provided career counseling and information and referral services 2,010 adults (16.76%) said they were interested in competitive integrated employment.
- Year Two numbers as reported by the CILs for the period of July 22, 2017 – July 10, 2018:
  - 10,237 individuals participated in the CC&I&R
  - Of that total, 1,452 expressed interest in competitive integrated employment
- The first half of Year Three numbers as reported by the CILs for the period of July 22 – December 31, 2018:
  - 5,163 individuals participated in the CC&I&R conversation
  - Of that total, 841 (16%) expressed interest in competitive integrated employment
  - The most notable change for year three has been the elimination of the guardian signature on the required Section 511 documentation. This change has been implemented successfully and has allowed for easy access to the CC&I&R process.

[AGENDA ITEM 7a4ii]

OLMSTEAD PLAN WORKPLAN
REPORT TO OLMSTEAD SUBCABINET

Topic Area	Employment
Strategy	Implement the Workforce Innovation and Opportunity Act (WIOA) and promote hiring among contractors
Workplan Activity	EM 5A.5
Workplan Description	Report to the Subcabinet annually on the number of people served by State Services for the Blind (SSB) and Vocational Rehabilitation Services (VRS). The report will include the status of the Order of Selection (OOS) and the number of individuals who achieved competitive integrated employment because of these services.
Deadline	January 31, 2019 (annually)
Agency Responsible	Department of Employment and Economic Development /SSB
Date Reported to Subcabinet	January 28, 2019

OVERVIEW

This is a report to the Olmstead Subcabinet from State Services for the Blind (SSB) on the number of people served by SSB, the status of Order of Selection (OOS), and the number of individuals who achieved competitive integrated employment.

REPORT

There are 1,240 customers receiving Services

- **235** New applications submitted
- **157** Customers started services for the first time
- **24** Customers placed on the wait list before receiving services

Preparing adults and youth for work in all regions of the State

Region of the State	Adults	Youth (14-21)
Metro	71%	29%
Greater Minnesota	63%	37%
Total	68%	32%

Vision Impairments of Customers Served

Vision Impairment	Number	Percentage
Blind	777	63%
Low Vision	387	31%
DeafBlind	76	6%

Order of Selection

Order of selection is a federally regulated process that outlines the steps that need to occur if a vocational rehabilitation agency is unable to meet the needs of all individuals interested in services due to a shortage of funds or a shortage or personnel.

SSB went on order of selection on October 1, 2015. Individuals are assigned to one of four categories:

- **Category 1/AA**: Individuals who are in danger of losing their job (job retention)
- **Category 2/A**: Individuals with five or more functional limitations (most significant disability)
- **Category 3/B**: Individuals with three or four functional limitations (significant disability)
- **Category 4/C**: All other individuals with a disability

The Director of State Services for the Blind (SSB) monitors Order of Selection and the waiting list on a quarterly basis. At this time, Category 2/A remains open and Category 3/B and 4/C are closed. The waiting list was opened on August 14, 2018, and was closed on September 11, 2018.

Decisions regarding opening the list are based on current authorization and expenditures, number of closures, and numbers of incoming applicants. Authorizations are currently down 36% compared to last year's authorizations from this time period. However, last year's expenditures were $600,000 over the projected budget and SSB is closely monitoring expenditures on a monthly basis to ensure conformance with the budget and the ability to keep Category 1 open.

The current fiscal forecast does not allow for any additional categories to be permanently opened. The Director will continue to monitor the situation on a quarterly basis and make adjustments as needed. At this time, there are currently 10 customers on the waiting list.

SSB is currently serving 696 customers, which is an increase from the 664 served as of our last report. SSB continues to host informational intake meetings twice monthly to give potential customers clear information about services provided within the agency, what Order of Selection is, and to help them understand their responsibilities as a customer in a vocational rehabilitation program. This has helped individuals to make an informed choice regarding their pursuit of services. In reviewing the data since this process was implemented, approximately 50% of the individuals either do not show up for the orientation or choose not to continue on with the process. Previously, those individuals would have started services, realized they were not really interested in employment, and would then drop out of services.

[AGENDA ITEM 7a4ii]

Customers Achieving Competitive Integrated Employment

105 customers achieved competitive integrated employment in Federal Fiscal Year 18, making an average hourly wage of $19.06 and working an average of 29 hours per week.

JOB CATEGORY		Average Hours per Week	Average Hourly Wage	Average Weekly Earnings
Office and Administrative Support	24	31	$13.48	$430.60
Sales and Related	9	24	$14.89	$350.75
Educational, Instructional and Library	8	32	$23.00	$818.38
Management	8	25	$18.51	$491.36
Community and Social Service	8	31	$15.12	$483.56
Building and Grounds Cleaning and Maintenance	8	19	$13.37	$293.42
Arts, Design, Entertainment, Sports and Media	7	21	$21.89	$507.78
Production	7	31	$11.07	$345.54
Installation, Maintenance and Repair	4	25	$17.00	$494.00
Computer and Mathematical	4	35	$25.69	$980.00
Personal Care and Service	4	22	$12.07	$277.25
Food Preparation and Serving	4	22	$11.47	$251.31
Healthcare Practitioners and Technical	3	33	$20.00	$650.67
Transportation and Material Moving	3	23	$10.08	$239.70
Healthcare Support	2	22	$14.50	$328.00
Legal	1	40	$60.00	$2,400.00
Business And Financial Operation	1	40	$26.00	$1,040.00
Life, Physical and Social Science	1	30	$20.00	$600.00
Architecture and Engineering	1	24	$14.00	$336.00

*Two of the 105 customers served were able to attain employment in more than one job category

[AGENDA ITEM 7a4ii]

Olmstead Subcabinet Meeting Agenda Item

January 28, 2019

Agenda Item:

7 (b) Workplan activity reports to be reviewed by the Subcabinet

1) *Person-Centered Planning 1J – Person-centered organizational change (DHS)*
2) *Person-Centered Planning 1B.5 – Housing Best Practices forums (DHS)*
3) *Employment 4B.4b – Expansion of estimator sessions/Disability Benefits 101 (DHS)*
4) *Transportation 4B.3 – Regional Transportation Coordinating Councils (DOT)*
5) *Transportation 4D – Regional Transportation Coordinating Councils - Metro (Met Council)*
6) *Health Care 2B.1 – Expansion of health care homes (MDH)*
7) *Crisis Services 2L.5 – Positive supports/person-centered practices trainings (DHS)*
8) *Community Engagement 1D/1E – Quarterly report on community contacts (OIO)*
9) *Preventing Abuse/Neglect 2 2A – Semi-annual report on ICFs/IID citations (MDH)*
10) *Preventing Abuse/Neglect 2 2B – Semi-annual report on SLFs citations (MDH)*
11) *Communications 3A – OIO Communication Plan (OIO)*

Presenter:

Responsible agencies will be available to answer any questions Subcabinet members may have on these reports.

Action Needed:

☐ Approval Needed

☒ Informational Item (no action needed)

Summary of Item:

These reports provide an update on a workplan activity. They will not be presented to the Subcabinet, however agency staff will be available to answers any questions Subcabinet members may have on these reports.

Attachment(s):

7b1 – 7b11 - Olmstead Plan Workplan - Report to Olmstead Subcabinet

[AGENDA ITEM 7b1]

OLMSTEAD PLAN WORKPLAN
REPORT TO OLMSTEAD SUBCABINET

Topic Area	Person-Centered Planning
Strategy	Broaden the effective use of person-centered planning principles and techniques for people with disabilities
Workplan Activity Number	PC 1J
Workplan Description	DHS Disability Services and Licensing Divisions will engage in a person-centered organizational change process. Report to the Subcabinet the status of the process.
Deadline	December 31, 2018
Agency Responsible	Department of Human Serrvices (DHS)
Date Reported to Subcabinet	January 28, 2019

OVERVIEW

DHS is in the second year of our own Person-Centered Organizational Change initiative. The DHS Disability Services and Licensing (i.e., 245D licensing and maltreatment investigation units) divisions jointly participate in this process. Together, we are implementing new person-centered practices to better support people who use services, our partners and the people who work here. We also engage with others to identify changes we need to make on a system-wide level to advance our progress in growing as a person-centered system.

In addition, as of November 1, 2018, there are 23 organizations across the state (counties and provider agencies) that have completed or are completing training to become more person-centered as organizations.

REPORT

The Disability Services Division and Licensing Division (Licensing and Maltreatment sections) of DHS are in the second year of our Person-Centered Organization (PCO) initiative. The initiative is guided by the Person-Centered Organization team. The team, which participates in all of the training and planning, has approximately 56 members. This includes most of the people in leadership positions (director, managers, supervisors) and 32 other staff. There are 56 staff total—29 leaders, 38 coaches (9 people are both coaches and leaders.) Most people on the team are trained to be person-centered coaches. They help spread the learning and develop practices across their sections and division.

Some of the accomplishments of the initiative are:

- Developed high-level three-year project plans and more specific action plans on a division and section level
- Staff have completed 2-day person-centered thinking training or have it as part of the development plan

- Adapting new employee orientation to be more person-centered, including person-centered expectations/training, such as using plain language and making documents screen-reader accessible
- Staff have incorporated the use of person-centered tools into their work
- Adapting meetings to be more person-centered and equitable
- Launched a pilot of the Collaborative Safety model—an approach to learning from certain incidents that is based in safety science, accountability-oriented (as opposed to blame-oriented), and focused on learning about systemic influences behind these incidents.
- DHS coaches are participating in a Community of Practice with lead agencies, providers, and advocacy groups to continue learning about how to use person-centered practices to support others. The group is also focused on making changes within our organizations and systems to better support people with disabilities.

[AGENDA ITEM 7b2]

OLMSTEAD PLAN WORKPLAN
REPORT TO OLMSTEAD SUBCABINET

Topic Area	Person-Centered Planning
Strategy	Strategy 1: Broaden the effective use of person centered planning principles and techniques for people with disabilities
Workplan Activity	PC 1B.5
Workplan Description	Host Housing Best Practices Forums to provide tools and skills in developing individualized housing solutions, including finding and maintaining housing. Report to the Subcabinet annually on the number of trainings and attendees.
Deadline	January 31, 2019 (annually)
Agency Responsible	Department of Human Services (DHS)
Date Reported to Subcabinet	January 29, 2018

OVERVIEW

The Housing Best Practices Forum, hosted by Minnesota's Department of Human Services, shares resources and tools to help you successfully connect the people you work with to the housing they choose.

REPORT

During 2018, the the following Housing Best Practices were held.

February 12, 2018

- Topic: *Repairs and Security Deposits*
- Number of attendees: **124**

April 16, 2018

- Topic: *Using the HB101 website to support people in their housing search*
- Number of attendees: **59**

June 18, 2018

- Topic: *The Expungement Process: Eviction and Criminal Record Expungements*
- Number of attendees: **206**

August 20, 2018

- Topic: *Housing is the Goal, Communication is the Key. Hearing Loss, the implications and what you can do about it.*
- Number of attendees: **53**

[AGENDA ITEM 7b2]

October 15, 2018

- Topic: *How Bridges MN uses life-sharing technology to match individuals with disability waivers to potential caregivers and roommates*
- Number of attendees: **66**

December 17, 2018

- Topic: *Housing Access Grant*
- Number of attendees: **116**

[AGENDA ITEMS 7b3]

OLMSTEAD PLAN WORKPLAN
REPORT TO OLMSTEAD SUBCABINET

Topic Area	Employment
Strategy	Strategy 4: Develop additional strategies for increasing competitive, integrated employment among people with disabilities
Workplan Activity Number	EM 4B.4a
Workplan Key Activity	Provide annual status report to the Subcabinet on the expansion of estimator sessions and Disability Benefits 101 website.
Workplan Deadline	December 31, 2018 (annually)
Agency Responsible	Department of Human Services (DHS), Minnesota Department of Education (MDE), Department of Employment and Economic Development (DEED)
Date Reported to Subcabinet	January 28, 2019

OVERVIEW

The Disability Benefits 101 (DB101) website (https://mn.db101.org/) provides tools, information and resources on benefits, health coverage, and employment for people with disabilities. The DB101 Estimators allow people to enter their own benefit information, or sample information, to see what might happen to their benefits when they work and have earned income. These tools, resources and information can help people with disabilities overcome fears and get past barriers so they can achieve competitive integrated employment.

A target was set in 2015 to "expand the use of estimator sessions by 30% and DB101 website usage by 50% by December 31, 2018.

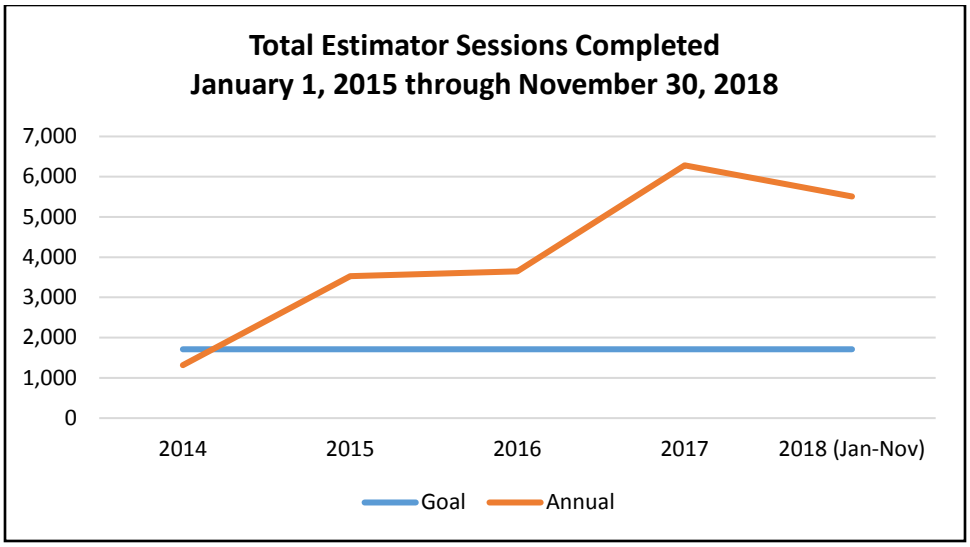
	Estimator sessions (Completed)		DB101 sessions (visits to the site)	
	Number of sessions completed	Change from baseline	Number of visits to site	Change from baseline
2014 (Baseline)	1,316	--	146,347	--
2015	3,526	167%	231,907	58.5%
2016	3,648	177%	218,653	49.4%
2017	6,282	377.4%	228,229	56%
2018	5,512	318.8%	209,653	43.3%

REPORT

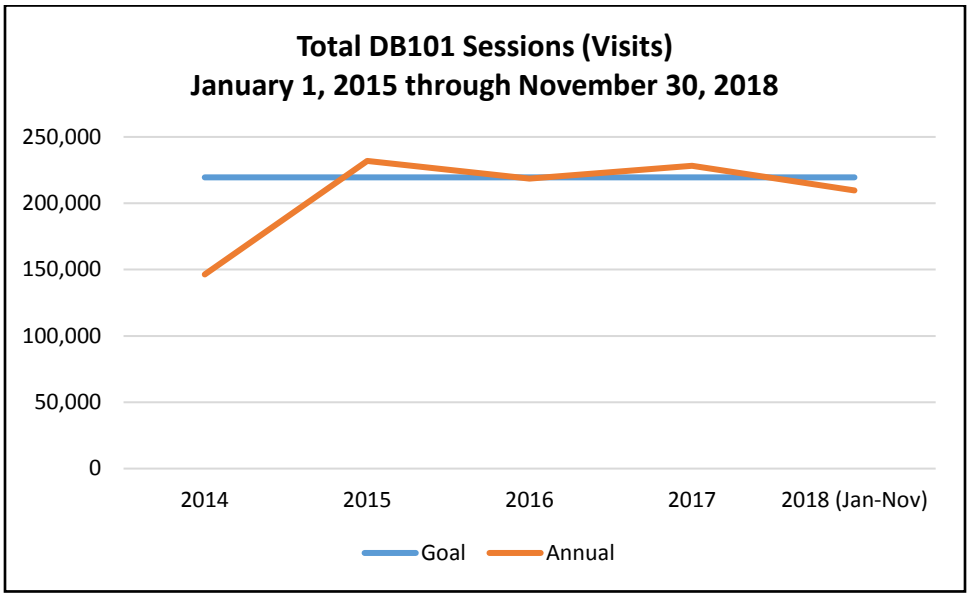
Both targets have been reached at the time of this report. The tables below represent the annual measures from January 1, 2015 through November 30, 2018. The goal line is represented by the blue, horizontal line. The annual figures for sessions completed and sessions (visits) is represented by the orange line.

[AGENDA ITEMS 7b3]

Estimators Completed



DB101 Sessions (Visits to DB101.org)



[AGENDA ITEM 7b4]

OLMSTEAD PLAN WORKPLAN
REPORT TO OLMSTEAD SUBCABINET

Topic Area	Transportation
Strategy	Improve transit service for people with disabilities
Workplan Activity Number	TR 4B.2/TR4B.3
Workplan Key Activity	Create a statewide framework of RTCCs in Greater Minnesota and the Metro Area. Councils will coordinate transportation providers and service agencies to fill transportation gaps, provide more service, streamline access to transportation and provide customers more options of where and when to travel. Report to the Subcabinet on status of RTCCs.
Workplan Deadline	December 31, 2018
Agency Responsible	Department of Transportation (DOT)
Date Reported to Subcabinet	January 28, 2019

OVERVIEW

Minnesota DOT and the Department of Human Services in collaboration with other state agencies through Minnesota Council on Transportation Access (MCOTA) working with local governments and organizations to create Regional Transportation Coordinating Councils (RTCC) Councils will coordinate transportation providers and service agencies to fill transportation gaps, provide more service, streamline access to transportation and provide customers more options of where and when to travel.

> *"**Network would consist of existing public, private and non-profit transportation providers in order to offer a seamless system of transportation services."***

REPORT

Beginning in 2015, DOT initiated an effort to bring together multiple agencies in common geographic regions. The purpose was to improve regional transportation access and efficiency through collaboration. The following milestones were achieved from 2015 through 2018.

- Project Management team established (Winter 2015)
- 2-hour statewide RTCC webinar (Spring 2016)
- 7 stakeholder workshop (Spring/Summer 2016)
    - Held in Duluth, St. Cloud, Mankato, Metro, Marshall, Rochester and Bemidji
- Numerous presentations (2015 and 2016)
    - Age and Disability Odyssey Conference (2015)
    - Minnesota Public Transit Conference (2015 and 2016)
    - Minnesota Association of County Social Services Administrators (MACSSA) Regional Meetings (2016)

[AGENDA ITEM 7b4]

- Round 2 of stakeholder meetings
    - Introduced Planning Phase 1 – Organizational
- Application workshop (Spring/Summer 2016)
- Question and Answer webinar (January 2018)
- Phase 1: 2018 Application for RTCC Organizational Planning Grant – due March 31, 2018
    - 100% Funding up to $75,000.00 per Grant Agreement
- Ten Planning Grant Applications Received and awarded during 2018.

Grant goals and requirements for first and second grant cycle include:

- Define Geographic Region
- Develop commitment from Region Partners to Participate in establishing RTCC
- Create a formal Organizational Structure
- Required planning components must be met in order for Region to apply for Implementation
- First round of implementation funds will be available July 2019

First Grant Cycle

The first cycle planning grants awarded in 2018 run through July of 2019 and create the foundation for a governing structure and operation for an RTCC. First cycle grants were awarded to nine entities representing over 60% of the counties in Minnesota. The grantees included:

- AEOA (Aitkin, Carlton, Cook, Itasca, Koochiching, Lake, Pine and St. Louis) Region 3
- East Central RDC (Pine, Isanti, Chisago, Kanabec and Mille Lacs) Region 7
- Headwaters RDC (Beltrami, Clearwater, Hubbard, Lake of the Woods and Mahnomen) Region 2
- Mid-Minnesota RDC (Kandiyohi, McLeod, Meeker, Renville and Sibley) Region 6
- NW RDC (Kittson, Roseau, Marshall, Red Lake, Pennington, Polk and Norman) Region 1
- Region 5 RDC (Cass, Crow Wing, Morrison, Todd and Wadena) Region 5
- St. Cloud APO (Benton, Mille Lacs, Sherburne, Stearns and Wright) Region 7
- Three River CAP (Goodhue, Olmsted, Rice, Wabasha and Winona) Region 10
- West Central CAP (Becker, Clay, Douglas, Grant, Otter Tail, Pope, Stevens, Traverse, Wilken) Region 4

[AGENDA ITEM 7b4]

Second Planning Grant Cycle

These grants are available to Regions who were not awarded grant with 1st Solicitation) and were released November 1, 2018.

- Planning Grant was released November 1, 2018
- Applications are due March 31, 2019
- Grant Agreement execution on or before July 2019

The DOT will monitor implementation progress and impact on transportation access to each region. The agency will report status to the Subcabinet annually.

[AGENDA ITEM 7b4]

[AGENDA ITEM 7b5]

OLMSTEAD PLAN WORKPLAN

Topic Area	Transportation
Strategy	Improve transit service for people with disabilities
Workplan Activity Number	TR 4D
Workplan Key Activity	Facilitate the development of RTCC or Mobility Management groups in the Metro Area. Report to the Subcabinet on status of RTCCs.
Workplan Deadline	December 31, 2018
Agency Responsible	Metropolitan Council
Date Reported to Subcabinet	January 28, 2019

OVERVIEW

The Metropolitan Council, with the support of 5310 Federal Grant funding, encourages each County in the seven-county metropolitan area to develop and implement mobility management programs. The programs aim to better meet the transportation needs of persons with disabilities through coordination, shared resources, enhanced information and improved communication. Updates will be provided annually, and the next report will include more information about customer impact.

REPORT

The Counties of Anoka, Scott, Carver and Washington received Federal Transit Administration 5310 funds in 2018 to support mobility management efforts. In addition, 5310 funds were awarded to NewTrax, a local non-profit, that provides mobility management in Ramsey County. All of these programs were awarded new 5310 grants to continue their efforts through 2019. In addition, both Hennepin County and Anoka County will launch new efforts in 2019. Status of each program per county is included below.

Anoka County

Anoka County applied for and was awarded 5310 grant funds to study public and private transportation options available, explore unmet needs and identify opportunities for coordination.

Carver/Scott County

Scott County expanded SmartLink service to weekends and evenings. Travel training sessions were held for transition students, adult mental health clients, and senior groups. A vehicle sharing agreement was facilitated between MRCI, a church, senior living facility and Norwood Young America. Over 4,000 trips were provided on the shared vehicle in 2018.

[AGENDA ITEM 7b5]

Dakota County
A travel training program was launched in March 2018. The program trained 668 individuals about how to access and use public transportation. Dakota County was awarded a grant through DHS to launch a program, using Lyft as the provider, to transport clients with disabilities to employment sites.

Hennepin County
The county applied for and was awarded 5310 grant funds to contract with the Center for Transportation Studies to understand access, barriers, limitations and possibilities for older adults, persons with disabilities and low-income individuals in Hennepin County. The study's report will assess county transportation costs, the effects on county services when transportation isn't available, identify high-level scenarios for next steps and a multi-year strategy for improving access to transportation.

Ramsey County
NewTrax created community circulator transit routes in White Bear Lake, Mahtomedi, Vadnais Heights, Roseville and Forest Lake. These circulators started at various times throughout the year and resulted in 3,500 trips to destinations between high density living facilities and grocery, pharmaceutical and financial institutions. NewTrax also serves as the primary provider for senior group outings at several senior housing facilities and provides transportation for four day programs for people with disabilities.

Washington County
The county hired a mobility manager in December 2018 to implement recommendations developed through a 2016-2017 Washington County Transportation Needs Study.

[AGENDA ITEM 7b6]

OLMSTEAD PLAN WORKPLAN
REPORT TO OLMSTEAD SUBCABINET

Topic Area	Health Care: Health Care Homes
Strategy	Expand the use of Health Care Homes and Behavioral Health Homes
	HC 2B.1
Workplan Key Activity	Continue to expand the number of and access to health care homes (HCH). HCHs provide comprehensive health care for people with disabilities. • HCH nurse planners and HCH Advisory Committee will continue to work with health clinics to identify targets and tactics to support transformation to health care homes. • HCH staff and stakeholders will integrate the State Innovation Model into the HCH program and Behavioral health home programs. The State Innovation Model is developed to improve health outcomes by improving care coordination across systems. **Report to the Subcabinet** on expansion efforts. The report will include the number and percentage of certified clinics and the number of people with disabilities on MA served in a HCH.
Workplan Deadline	December 31, 2018
Agency Responsible	Minnesota Department of Health
Date Reported to Subcabinet	January 28, 2019

OVERVIEW

The Health Care Homes (HCH) program, known nationally as a Patient Centered Medical Home (PCMH), focuses on re-design of primary care delivery. A HCH is a model of primary care that is "patient-centered, comprehensive, team-based, coordinated, accessible, and focused on quality and safety. It is a widely accepted model for how primary care is organized and delivered throughout the health care system, and is a philosophy of health care delivery that encourages providers and care teams to meet patients where they are, from the simplest to the most complex conditions. It is a place where patients are treated with respect, dignity, and compassion, and enable strong and trusting relationships with providers and staff. This model of care delivery is for all age groups and conditions and includes prevention, wellness, self-management, acute and chronic conditions. HCHs provide comprehensive health care for people with disabilities and all Minnesotans. A robust statewide effort by 4,064 dedicated certified HCH primary care clinicians, their teams and their community partners since 2010 has strengthened the primary care foundation, serving an estimated 3.9 million Minnesotans.

[AGENDA ITEM 7b6]

REPORT

The expected outcome of this activity is to increase the number of primary care clinics certified as health care homes (HCH) and utilize a patient centered care delivery model. The expected outcome for State Fiscal Year (SFY) 2018 was to increase the percentage of primary care clinics certified as a HCH to 70%. The tables below shows progress towards the outcome.

Number and percentage of primary HCH clinics

State Fiscal Year	Total number of primary clinics[1]	Total number of HCH certified clinics	Other PCMH clinics[2]	Total certified clinics	Percentage of primary clinics that are HCH	Goal
SFY 2016	671	356	22	378	53%	60%
SFY 2017	691	368	22	390	56%	65%
SFY 2018	**698**	**372**	**22**	**394**	**56%**	**70%**

Number of new HCH clinics added and number of counties with HCH clinics

State Fiscal Year	New HCH clinics added	Counties with HCH clinics
SFY 2016	22	64
SFY 2017	14	61
SFY 2018	**9**	**61**

In 2018, an additional **nine** Health Care Home clinics were certified across the state, bringing the total number to **372** certified clinics in Minnesota. (An additional 20 clinics are certified as HCH in Border States.) The total number of certified clinics represents 53% of **698** Minnesota primary care clinics. (The denominator of primary care clinics in Minnesota Increased by seven this past year) As of 2018, **61** of Minnesota's 87 counties have at least one certified HCH (70 percent). This geographic distribution of clinics throughout the state ensures access to patient centered, coordinated care for Minnesota residents.

In addition to Minnesota's HCH model, there are national certifying bodies, such as the National Committee for Quality Assurance (NCQA) and the Joint Commission. These programs are established based on the same core PCMH principles as Minnesota's Health Care Homes program. In principle another **22** clinics are functioning under a similar model as certified HCH clinics and provide patient-centered, comprehensive, team-based, coordinated care. In consideration of including these 22 clinics functioning under a national PCMH certification model in the process, **56%** of Minnesota primary care clinics are operating under a patient centered model of care, and still short of the goal of 70%.

Since 2010 when MDH certified the first clinics, 437 clinics have achieved certification as a HCH in Minnesota and bordering states. Forty-five (45) clinics are no longer certified, due to clinic closures, organizational changes that disqualify the clinic from eligibility as a primary care

[1] The number of primary clinics fluctuates over time due to clinic closures and new clinic openings.
[2] This includes clinics that function under a similar model as certified HCH clinics.

provider, lack of resources for maintaining certification (time, money and staff), or changing recognition to a national organization due to having clinics located in multiple states.

The Health Care Homes program provides ongoing support to all primary care clinics in the state, certified and uncertified. The process of certifying and recertifying primary care clinics includes providing technical assistance to clinics and their partners for meeting program requirements and continuing to improve care delivery. Four practice improvement specialists reach out to uncertified clinics to discuss the benefits of certification as a HCH and advise on strategies to increase capacity within the organization and prepare for certification. During 2018, nurse planners provided technical assistance via in-person meetings, phone calls, and emails to clinics and organizations on requirements and strategies for certification. The HCH program has also been instrumental in helping to develop the MDH Learning management System that provides on line on demand learning opportunities for external stakeholders.

Estimated number of people with disabilities on Medical Assistance served in a certified HCH

	2013	2014	2015	2016	2017
Entire MA Population	932,876	1,161,518	1,298,213	1,361,163	1,351,003
Number of People with Disabilities Served by MA	274,538	291,268	306,050	326,286	334,607
MA Population Served by a HCH	519,268	646,370	692,908	731,399	737,552
People with Disabilities Served by a HCH	**180,892**	**193,923**	**201,713**	**221,154**	**224,265**
Percent of people with disabilities served by a HCH	65.9%	66.6%	65.9%	67.8%	72.4%

Projection for SFY 19

The previous projection was 75%. Based on the performance thus far, the projection for SFY 19 should be adjusted to 60%. A workplan adjustment will be requested to update the future years expected outcomes. At this time, the program currently has 14 primary care clinics working their way towards HCH certification in January 2019. The potential addition of these clinics would be bring the percentage to 58% and with continued periodic outreach to uncertified clinics by the practice improvement specialists, 60% goal appears reasonable.

[AGENDA ITEM 7b6]

[AGENDA ITEM 7b7]

OLMSTEAD PLAN WORKPLAN
REPORT TO OLMSTEAD SUBCABINET

Topic Area	Crisis Services
Strategy	Implement additional crisis services
Workplan Activity Number	CR 2L.5
Workplan Description	Annually report to the Subcabinet on the number of trainings on positive supports and person-centered practices and the number of people trained.
Deadline	December 31, 2018 (annually)
Agency Responsible	Department of Human Services (DHS)
Date Reported to Subcabinet	January 28, 2019

OVERVIEW

DHS is sponsoring and conducting training sessions on positive supports and person-centered practices to increase the capacity of individuals, regions, and the state to better support the citizens of Minnesota. Trainings have been offered to a variety of individuals across the state. The intended outcome of the trainings is individuals with disabilities will be better supported to live, learn, work, and enjoy life in the way they choose.

REPORT

Below is a summary of the number of positive supports and person-centered practices trainings conducted and offered from December 1, 2017 – November 30, 2018. (In 2017, numbers were reported from January 1, 2017 to November 30, 2018). The number of people trained for each training is provided for most topics. Trainings are listed below in two categories, those conducted by Department of Human Services (DHS), and those sponsored by DHS.

TRAININGS CONDUCTED BY DHS

Support Planning Professionals Learning Community

This series of monthly online webinars provides learning opportunities to prepare support planners to apply the DHS Person-Centered, Informed Choice and Transition Protocols to their work. The types of support planners who attended sessions include: case managers, assessors, consumer directed community services support planners, care coordinators/managed care organization delegates, formal person-centered planners, providers, guardians, and families.

- Number of trainings = 11
- Number of participants = 2,874

Using Person-Centered Practices in Support Planning

This is a one-day training where support planners receive support to understand the criteria used by the Lead Agency Review team to evaluate a person-centered support plan, integrate person-centered practices into assessor and case manager responsibilities and work and develop person-centered support plans. Other types of planners who attended sessions include

providers (residential and employment) and consumer directed community services support planners.

- Number of trainings = 4
- Number of participants = 267
    - 92% of lead agencies (N=83) attended at least one "Using Person-Centered Practices in Support Planning" training session.

Person-Centered Support Planning: Jump Start with Eight Simple Elements

This interactive workshop was created and offered to expand on and dig deeper into the elements of person-centered planning currently evaluated by the Lead Agency Review team. These elements are introduced at the regional trainings: Using Person-Centered Practices in Support Planning. We discuss how to successfully incorporate these items into service planning as the foundational items of a strong person-centered support plan. This workshop serves as a foundation for forming a regional community of practice, which is also introduced at the workshop. Participants in this workshop has included waiver case managers and certified assessors and their supervisors.

- Number of workshops = 17
- Number of participants = 641

Creating Meaningful Person-Centered Outcomes

This three-hour interactive workshop helps participants understand what person-centered outcomes are, how outcomes differ from goals, and how person-centered outcomes can lead to lives that are desired by the people we support. This session provides participants opportunities to learn through discussion, sharing stories, and practice. This workshop is a foundation for forming a regional community of practice. Participants include waiver case managers, certified assessors and their supervisors.

- Number of workshops: 1
- Number of participants: 58

Minnesota Positive Behavior Support (NPBS) Collaborators Forum

This day-long event is an opportunity for providers in community-based human services, educators in early childhood and K-12 settings, mental health support providers, service administrators, and policy makers to learn about Positive Behavior Support applications across the lifespan from experts and front-line practitioners in early childhood, K-12, and human service settings.

- Number of trainings = 1 (May 2018)
- Number of participants: 293 people
    - Onsite Attendance: 175 people
    - Offsite Attendance (via telepresence): 118 people

[AGENDA ITEM 7b7]

Minnesota Gathering for Person-Centered Practices

This is a two-day long event that is an opportunity for those who are committed to person-centered values and are eager to learn about and share ideas for real implementation and changed practices. The gathering platform is conducive for shared learning and experiences about what individuals have been actively working on and share ideas with those that are eager to move forward. Participants included person-centered thinking trainers, coaches, leaders, self-advocates, parents, direct support professionals, state policy staff, etc.

- Number of trainings = 2 training days (September 2018)
- Number of participants: 441 total participants over two days (duplicated)

Positive Support Trainings

In 2017-2018 (December 1, 2017 – November 30, 2018), 31 Positive Support Trainings were held by the DHS Internal Reviewer. There were a wide variety of positive support topics covered such as positive behavior supports, mental wellness, creating therapeutic interactions, behavior analytic interventions, etc. The table below shows the training session date, topic, and audience.

Date	Topic	
December 2017	IDD competence for mental health supports	External: IDD providers, Mental health providers
	Positive behavior supports	External: IDD provider
	Positive behavior supports	External: IDD provider for a Jensen class member
January 2018	IDD competence for mental health supports	External: IDD providers, Mental health providers
	Strength-based supports	External: IDD provider for a Jensen class member
	Transition supports	External: Providers, clinicians, and governmental agencies
	Positive supports	External: IDD provider
February 2018	Creating therapeutic interactions	External: IDD providers, Mental health providers
	Positive supports for youth	External: County governmental agency
	Positive behavior supports	External: IDD provider for a Jensen class member
	Stress management	External: IDD provider for a Jensen class member
March 2018	Designing positive supports	External: IDD provider
	Positive behavior support and effective environments	Internal: Minnesota Life Bridge
	Mental wellness interventions	External: IDD provider for a Jensen class member
	Stress management for care providers	External: IDD provider
	Positive behavior supports	External: Providers, clinicians, and governmental agencies
April 2018	Assessment of behavioral risk	Internal: CSS and MSOCS
	Positive behavior supports	External: Providers, clinicians, and governmental agencies

[AGENDA ITEM 7b7]

Date	Topic	Audience*
May 2018	Positive behavior support intervention strategies	External: Providers, clinicians, and governmental agencies
	Positive behavior support intervention strategies	Internal and External: MN PBS Gathering - Providers, clinicians, and governmental agencies
	Population health management strategies	Internal: CSS and MSOCS
	Stress management	External: IDD provider for a Jensen class member
	Positive psychology	External: IDD providers, Mental health providers
	Positive behavior supports	External: IDD provider for a Jensen class member
September 2018	Positive Psychology	External: IDD providers, Mental health providers
	Person-centered supports	Internal and External: MN PCT Gathering - Providers, clinicians, and governmental agencies
October 2018	Identity development for persons with IDD	Internal: Direct Care and Treatment Community Based Support Leadership Day
	Positive Supports	Internal: Community Behavior Health Hospitals
November 2018	Population Health Management	Internal, External, and Providers: NADD Annual Conference. Attendees included providers, clinicians, family members and governmental agencies from North America
	Positive Supports	Internal: Community Behavior Health Hospitals
	Positive Supports and Wellness	Internal: MSOCS

*Audiences

- IDD = Intellectual or Developmental Disabilities
- CSS = Community Support Services
- MSOCS = Minnesota State Operated Community Services

[AGENDA ITEM 7b7]

DHS-SPONSORED TRAININGS

Person-Centered Thinking Training (PCT)

This is a two day, interactive training for acquiring person-centered thinking skills that are centered on how to discover and balance what is important to and what is important for a person. In December of 2012 DHS began a partnership with the Institute on Community Integration to perform this training to interested stakeholders free of charge. DHS has also sponsored and delivered 2-day PCT trainings using their own trainers.

- Number of trainings: 67
- Number of participants: 1,455

Person-Centered Planning/Picture of a Life Training (PCP/PoL)

This is a two day, interactive training that builds on applying person-centered thinking as well as learning and using planning tools that assist with helping people envision the life they want in their community. This training is focused on the Picture of a Life person-centered planning method. Participants in this training learn how to write a person-centered plan.

- Number of trainings: 18
- Number of participants: 345

Person-Centered Thinking Train the Trainer

Individuals apply and are selected to engage in a training prosss that includes being trained and mentored by person-centered thinking leaders in Minnesota. Successfully completing this training results in individuals being certified to train others in person-centered thinking.

- Number of participants:
    - 7 new trainer candidates certified
    - 73 certified PCT trainers are currently participating in the MN Person-Centered Thinking Community of Practice
    - 5 certified PCT trainer mentors

Person-Centered Planning/Picture of a Life Train the Trainer

Individuals apply and are selected to engage in a training prosss that includes being trained and mentored by person-centered thinking leaders in Minnesota. Successfully completing this training results in individuals being certified to train others in person-centered planning. The people trained here become certified to provide Picture of a Life facilitators.

- Number of participants:
    - 4 new trainer candidates certified
    - 15 certified Picture of a Life trainers are currently certified

[AGENDA ITEM 7b7]

Person-Centered and Positive Support Organizational Change Training and Technical Assistance

This is a three year training opportunity that supports external organizations (lead agencies and provider organizations) and DHS to implement person-centered practices, promote a person-centered organizational culture and assists organizations in navigating through governmental systems changes.

The regional cohort training model being used for the 3 cohorts and DHS includes:

- Regional Trainer training - 2 full days of in-person training and 3 two-hour conference calls (22 hours)
- Organization-wide training - 5 full days of organization-wide training (40 hours)
- Coach Training - 6 full days of new coaches training (48 hours)
- Existing Coaches Training to develop coach trainers - 3 days/existing coaches training (24 hours)
- Key Contacts Training - 2 full days of in-person training and 3 two-hour conference call (22 hours)
- Up to 6 webinars participating organizations that will include (9 hours)

22 organizations are participating in one of 3 training cohorts that are located in 4 geographic locations in Minnesota (northeast, west central, metro and southeast). Participating organizations represent residential service providers, day training and habilitation services, county lead agencies, mental health agency, public health agency, and one regional quality council. The organizations participating in the cohort are receiving training on person-centered practices, positive behavior supports, and making data-driven decisions. Cohort 1 began in 2015, Cohort 2 began in 2016, and Cohort 3 began in 2017. Cohort 4 is set to begin in December 2018. Information about these training efforts including training materials are available here.

- Number of sessions: 52 training day sessions
    - 26 Team Training Sessions
    - 26 Coach Training Sessions
- Number of participants: 301 participants in Organization Team Training (197 coaches, 77 leaders and 27 key contacts)

One part of the organizational change described above is two DHS divisions who are also participating. The Disability Services Division and Licensing Division have 56 individuals who have been identified as leaders and coaches in this change initiative including directors, managers, supervisors, and staff. This initiative will drive Person-Centered Practices in organization administration, provider regulation, human resource management, and all areas in which DHS does business so that the system of services managed and regulated by DHS become more person-centered. The divisions will create an action plan for the initiative to facilitate the change. During this three-year training plan, DHS will also develop internal trainers to build the capacity to deliver more person-centered thinking training to DHS employees. The leaders and coaches are learning more about person-centered thinking and planning principles and how to integrate the skills and knowledge into their role, teams, units, and division.

- Number of sessions: 17 training day sessions
    - 6 Team Training Sessions
    - 11 Coach Training Sessions
- Number of participants: 56 participants in Organization Team Training (28 coaches, 24 leaders and 3 key contacts)

Positive Supports Minnesota Website (https://mnpsp.org/)
Positive supports are approaches that offer respectful, supportive, and effective ways to help people make positive changes in their lives. Positive supports are used to build on a person's successes, strengths, and desires, and do not include the use of punishment. This website was created in 2016. This website offers resources, information, and training materials on positive supports for disability services providers, mental health providers, social workers, educators, anyone in a helping profession, individuals receiving services, or a parent or loved one of a person receiving services. This website offers the tools and supports needed to help individuals and families be successful.

The College of Direct Support, Positive Support coursework
(http://directcourseonline.com/courses/)
The College of Direct Supports is an online training curriculum designed for support and care professionals to assist them in their professional lives. Through the Department of Human Services, all of the coursework is free to county and state employees as well as providers of a certain size. For larger providers the fee to participate is greatly reduced, the rest is subsidized by DHS. The College of Direct Supports has four online modules specific to person-centered planning. There are 7 online modules available for positive behavior support. There are many other trainings that have the principles of person-centered practices integrated into the modules. Each course can be done at a participants own pace, be referred to at any time and entails competency testing.

Person-Centered Positive Behavior Support (PBS) Intensive Training
This training is focused on developing and mentoring up to 5 people participating in the regional training cohorts to become PBS facilitators with PBS mentor support to complete case study to demonstrate competency in PBS facilitation. Training includes 6 full-day onsite training sessions, 6 two hour webinars, access to online training content and telepresence and onsite support in facilitating person-centered and positive behavior support plans. Additionally, up to 20 people may participate in the in-person or webinar sessions to gain universal knowledge and skills in PBS.

- Number of sessions:
    - 11 PBS training days
    - 8 teleconference training sessions
- Number of participants:
    - 9 PBS facilitators
    - 166 people attending training days

[AGENDA ITEM 7b7]

Person Centered Counseling Curriculum
This curriculum consists of six online courses, with 4-12 lessons within each course, and one in-person course. The in-person course provides a blended learning opportunity that creates a bridge between the online content from Course 2 and 3. The in-person course is delivered by trainers certified by The Learning Community for Person Centered Practices (TLCPCP) using the criteria developed for this training program.

- Course 1: Introduction to No Wrong Door (online)
- Course 2A: Person-Centered Thinking and Practice (online)
- Course 2B: Person-Centered Thinking and Practice (in-person)
- Course 3: Person-Centered Planning and Implementation (online)
- Course 4: Who We Serve (online)

- Course 6: Protection and Advocacy (online)

- Number of participants: 17,752 active learners have completed 6,994 number of lessons in the PCC training curriculum.

[AGENDA ITEM 7b8]

OLMSTEAD PLAN WORKPLAN

Topic Area	Community Engagement
Strategy	Increase the number of leadership opportunities for people with disabilities
Workplan Activity Number	CE 1D / CE 1E
Workplan Description	**CE 1D**: Inform community members, including people with disabilities, families, providers, state agencies and others regarding the collaborative work and activities that promotes the Olmstead Plan's goals and strategies. Provide quarterly report to the Subcabinet on community contacts such as Olmstead 101 sessions, conferences, training sessions conducted by OIO staff, community events and other information or networking sessions including date, approximate number of attendees, and any specific topic areas/concerns that were raised. **CE 1E**: Evaluate all outreach and engagement activities to determine if participants feel more informed, aware of, or engaged in the Olmstead Plan. Include evaluation results in the quarterly reports to the Subcabinet (for activity 1D).
Deadline	October 31, 2018 (quarterly)
Agency Responsible	Olmstead Implementation Office (OIO)
Date Reported to Subcabinet	January 28, 2019

OVERVIEW

OIO continues to strategically engage with communities and individuals with disabilities to enhance or promote their own self-advocacy and leadership opportunities. Greater awareness of Olmstead, training and networking opportunities helps increase opportunities for self-advocacy and leadership by people with disabilities. The interested individuals are often provided information and referrals for opportunities for professional growth, including employment opportunities for the State of Minnesota, volunteer opportunities or opportunities to participate in a training program.

OIO continues to engage with many providers, families and organizations that serve or work with individuals with disabilities. These interactions are a platform for networking, information-sharing, and critical conversations about what Olmstead means to diverse communities with disabilities. Through these strategic meetings, OIO staff seeks to act as a resource for disability communities and serve as a bridge between people with disabilities and state agencies.

[AGENDA ITEM 7b8]

REPORT

OIO continues to inform community members regarding collaborative work and activities that promotes the Olmstead Plan's goals and strategies. The relationships and partnerships that OIO works to establish throughout Minnesota must be long-term and intentional, in order to be truly inclusive, accessible, transparent, accountable, and rooted in diverse communities and hearing their voices.

From October – December 2018, OIO staff engaged with 99 people through meetings, presentations and workshops.

Highlights from 4th Quarter OIO Outreach Activities:

- Partnered with Minnesota Department of Human Rights (MDHR) with Boards and Commissions Informational Sessions – Fergus Falls, Minneapolis and Shoreview
- Attended and engaged with the Civic Engagement Practitioners
- Attended and presented on panel at the Human Rights Symposium
- Attended film viewing, Intelligent Lives hosted by Minnesota Council on Disabilities
- Presented at the Minnesota Council on Disabilities Legislative Forum
- Attended the Commission on Deaf, Hard of Hearing and Deaf Blind Citizens' Voter Outreach at St Paul Neighborhood Network
- Facilitated the Community Engagement Workgroup meeting in October

Evaluation summary of outreach activities:

Evaluations were conducted by the host organization of the following events:

- Boards and Commissions Informational Sessions
- Human Rights Symposium Panel Presentation
- Civic Engagement Practitioners

Evaluation summary of Community Engagement Workgroup meeting in October 2018

The Community Engagement Workgroup members completed an evaluation form to determine overall meeting effectiveness. OIO utilized two opportunities to solicit feedback and evaluation information from the members, after the meeting and via email.

The responses indicated that the members understood the purpose of the meeting; had enough time to review the materials; felt that the facilitator was helpful in achieving the meeting goals; felt that the meeting was planned well, inclusive, comfortable and positive. Overall, the members felt supported and valued as a member. To capture more in-depth meaningful data, OIO determined that the evaluation form will be revised incorporating the new evaluation tool resources. Through a partnership with MDHR and the Improve Group, an evaluation tool and resources were developed for evaluating meaningful engagement with people with disabilities.

*****Other activities were not evaluated.

[AGENDA ITEM 7b9]

OLMSTEAD PLAN WORKPLAN
REPORT TO OLMSTEAD SUBCABINET

Topic Area	Preventing Abuse and Neglect
Strategy	Monitor and improve accountability of providers
Workplan Activity	PR2 2A
Workplan Description	Report to the Subcabinet semi-annually, the number of citations issued to Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID) that document failure to report abuse, neglect and other maltreatment.
Deadline	January 31, 2019 (semi-annually)
Agency Responsible	MDH
Date Reported to Subcabinet	January 28, 2019

OVERVIEW

This key activity requires MDH to report quarterly the number of citations issued to Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID) that document **failure to report maltreatment** (this includes abuse, neglect and financial exploitation). This report was developed by counting citations that were issued to ICFs/IID during this reporting period as a result of failure to report maltreatment.

Citations may be issued as a result of:

- A standard federal certification and/or state licensing survey
- A complaint investigation

MDH conducts a survey (inspection) to ensure compliance with the federal certification requirements for ICFs/IID annually, which includes a licensing survey every other year.

Complaint investigations occur based on allegations received either from the Common Entry Point (MAARC) or directly from providers as reportable maltreatment.

The Vulnerable Adults Act mandates providers to report maltreatment to the Common Entry Point (MAARC). Thus, this report reflects how often reportable maltreatment was found to *have not been* reported by ICF/IID providers to the Common Entry Point.

[AGENDA ITEM 7b9]

REPORT

This report covers July 1, 2017 – June 30, 2018 (state fiscal year 2018), as well as a current trend analysis compared to SFY 17 and SFY 16.

STATE FISCAL YEAR 18

During July 1, 2017 – June 30, 2018 (SFY 18):

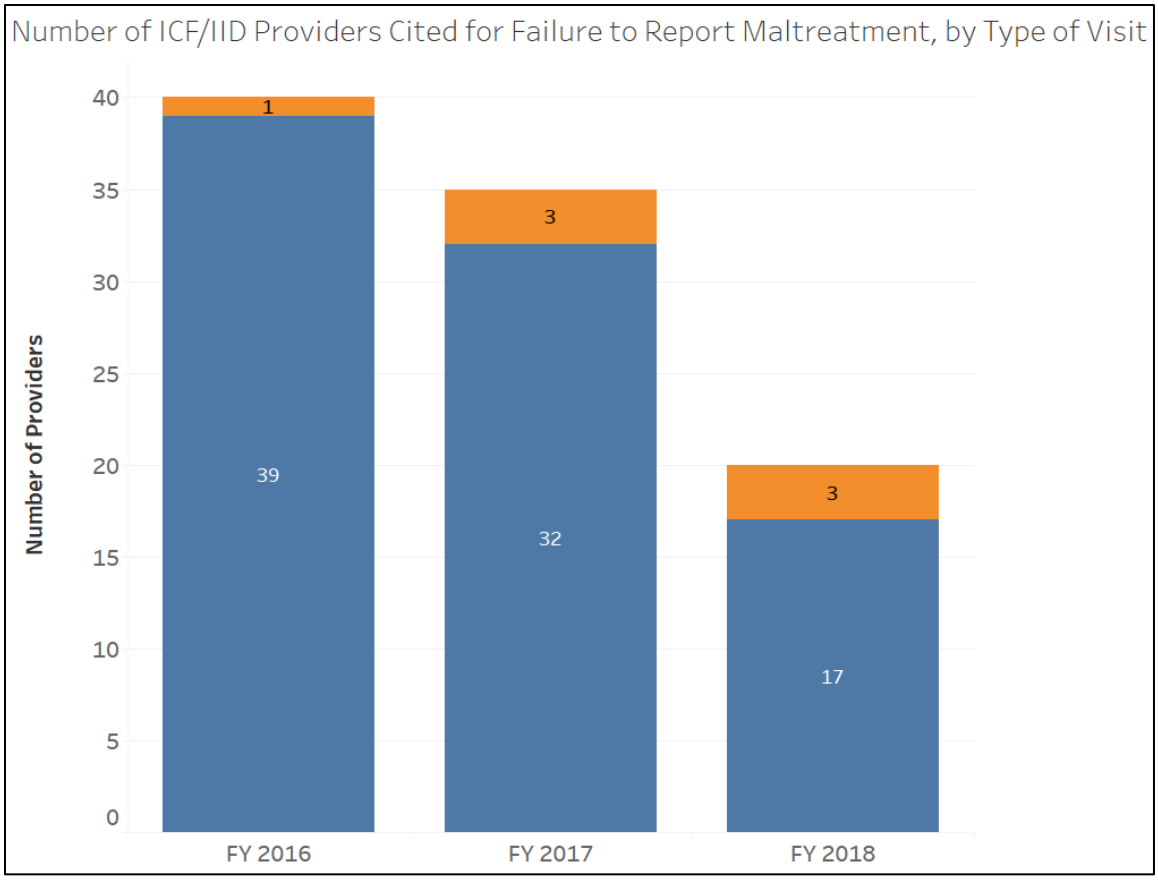
- Of those, **MDH found failure to report maltreatment on 9% of the surveys** (16 of the 172 surveys conducted) **and on 7% of the complaint investigations** (3 of the 46 complaints).
- The citations involved **19** different ICF/IID providers. Almost a third of these providers (6 out of 19) were cited for failure to report maltreatment in the previous two fiscal years.
- The total number of ICF/IID providers cited for failure to report maltreatment **has decreased 53% over the last three years** (40 providers to 19 providers cited from fiscal year 2016 – fiscal year 2018)

ICF/IID Providers Cited for Failure to Report Maltreatment, by Type of Visit FY16-FY18[1]

Type of Visit	FY 2016	FY 2017	FY 2018
Survey	39	32	17
Complaint	1	3	3
Total Number of Providers Cited	**40**	**34**	**19**
Percent of ICF/IID Providers Cited for Failure to Report Maltreatment	**20%** (40 of 201 providers)	**18%** (34 of 192 providers)	**11%** (19 of 170 providers)

[1] *some counts that total above 100% are due to providers that were cited at both a survey and a complaint visit in the same fiscal year (and thus these providers are counted in both groups)

[AGENDA ITEM 7b9]



This data reflects how frequently non-reporting of maltreatment is found on ICF/IID annual inspections (surveys) and complaint investigations. A public education campaign focusing on how to recognize, report and prevent maltreatment is in progress to better inform providers serving individuals with disabilities. Eventually, as a result of the education campaign on how to recognize and report suspected maltreatment, it is expected that the number of citations issued due to failure to report maltreatment will decrease.

While the reason behind decrease is unknown, data from state fiscal year 2018 reflects a significant decrease in both the number of citations issued, and in the number of providers who received a citation for failing to report maltreatment when compared to previous years.

[AGENDA ITEM 7b9]

[AGENDA ITEM 7b10]

OLMSTEAD PLAN WORKPLAN
REPORT TO OLMSTEAD SUBCABINET

Topic Area	Preventing Abuse and Neglect Goal 2
Strategy	Monitor and improve accountability of providers
Workplan Activity	PR2 2B
Workplan Description	**Report to Subcabinet** semi-annually, The number of citations issued to Supervised Living Facilities/ ICFs/IID that document failure to comply with the development of an individualized abuse prevention plan.
Deadline	January 31, 2019 (semi-annually)
Agency Responsible	Minnesota Department of Health (MDH)
Date Reported to Subcabinet	January 28, 2019

OVERVIEW

This key activity requires MDH report quarterly the number of citations issued to providers who are licensed as a Supervised Living Facility, that document **failure to develop an individualized abuse prevention plan**, as required Minnesota Statute 626.557 subd.14 (b). All of these licensed Supervised Living Facilities are also federally certified as ICFs/IID in this reporting period, and are referred to as ICFs/IID hereinafter.

Citations may be issued as a result of:

- A standard federal certification and/or state licensing survey
- A complaint investigation

MDH conducts a survey to ensure compliance with the federal certification requirements for ICFs/IID annually, which includes a licensing survey every other year.

Complaint investigations occur based on allegations received either from the Common Entry Point (MAARC) or directly from providers as reportable maltreatment.

REPORT

This report covers July 1, 2017 – June 30, 2018 (state fiscal year 2018), as well as a current trend analysis compared to SFY 17 and SFY 16.

[AGENDA ITEM 7b10]

STATE FISCAL YEAR 18

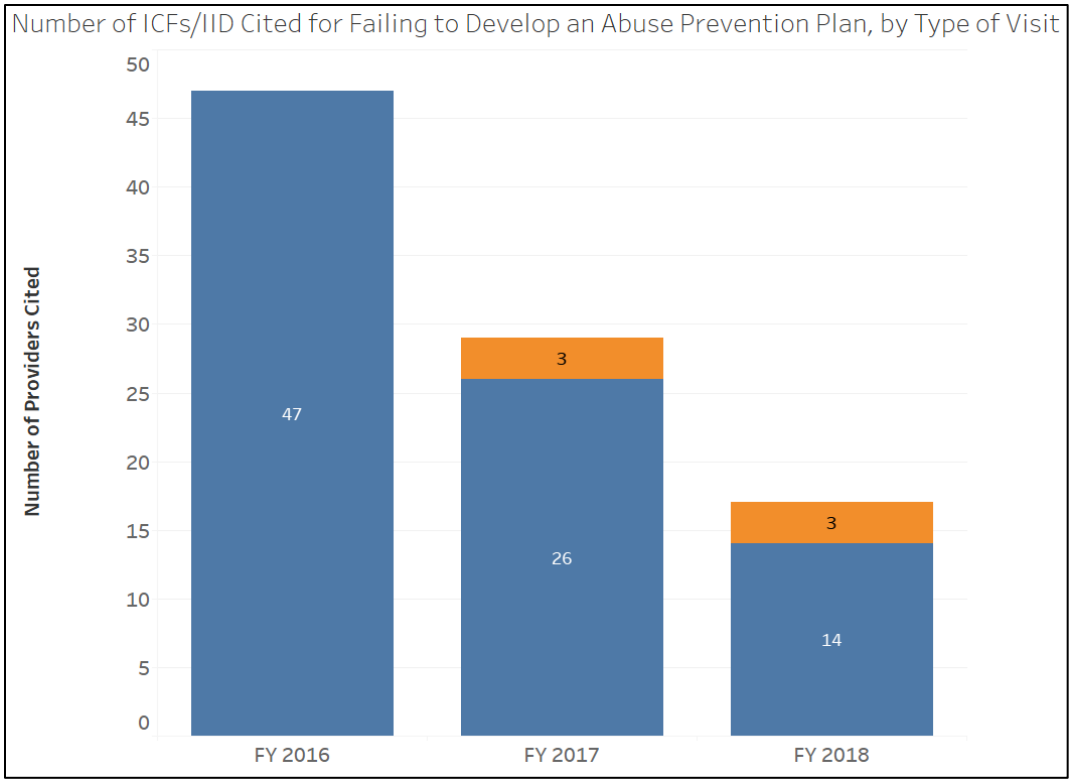
During July 1, 2017 – June 30, 2018 (SFY 18):

- MDH conducted 172 surveys and 46 complaint investigations for ICFs/IID.
- Of those, **MDH found failure to develop an individualized abuse prevention plan on 8% of the surveys** (14 of the 172 surveys) **and on 7% of the complaint investigations** (3 of the 46 complaints).
- The citations involved **17** different ICF/IID providers. Almost half of these providers (8 out of 17) were cited for failure to develop an individualized abuse prevention plan in the previous two fiscal years.
- The total number of ICF/IID providers cited for failure to develop an individualized abuse prevention plan **has decreased 64% over the last three years** (47 providers to 17 providers cited from fiscal year 2016 – fiscal year 2018)
- The total percent of ICF/IID providers cited for failure to develop an abuse prevention plan has decreased from 23% to 10% in just three years (decreasing by more than 50%).

ICFs/IID Cited for Failure to Develop an Abuse Prevention Plan, by Type of Visit FY16-FY18

Type of Visit	FY 2016	FY 2017	FY 2018
Survey	47	26	14
Complaint		3	3
Total Number of Providers Cited	**47**	**29**	**17**
Percent of ICF/IID Providers Cited for Failure to Develop an Abuse Prevention Plan	**23%** (47 of 201 providers)	**15%** (29 of 192 providers)	**10%** (17 of 170 providers)

[AGENDA ITEM 7b10]



This data provides a starting baseline on how frequently failure to develop an individualzed abuse prevention plan is found on ICF/IID annual inspections (surveys) and complaint investigations. A public education campaign focusing on how to recognize, report and prevent maltreatment is in progress to better inform providers serving individuals with disabilities. Eventually, as a result of the education campaign, it is expected that the number of citations issued reflecting failure to develop an individualzed abuse prevention plan will decrease.

While the reason behind decrease is unknown, data from state fiscal year 2018 reflects a significant decrease in both the number of citations issued, and in the number of providers who received a citation for failing develop an individualzed abuse prevention plan when compared to previous years.

[AGENDA ITEM 7b10]

[AGENDA ITEM 7b11]

OLMSTEAD PLAN WORKPLAN
REPORT TO OLMSTEAD SUBCABINET

Topic Area	Communication
Strategy	The Communication Plan will be kept current and effective.
Workplan Activity Number	CM 3A
Workplan Key Activity	The OIO will conduct an annual review of the Communication Plan to assess effectiveness. The OIO will in particular seek input of people with disabilities and their families and representatives. Report to the Subcabinet on recommendations for changes.
Workplan Deadline	December 31, 2018 (annually)
Agency Responsible	Olmstead Implementation Office (OIO)
Date Reported to Subcabinet	January 28, 2019

OVERVIEW

One of the three tasks as indicated in the Charter approved by the Subcabinet states that the Community Engagement Workgroup will review the efficiency and effectiveness of OIO's communications and outreach efforts. The Community Engagement Workgroup engaged in the following activities: assess the current Communication Plan; review the three major electronic communication avenues (Facebook, Enews, and the Olmstead Plan website); and provide recommendations for the Communication Plan 2019.

Specifically, the Community Engagement Workgroup provided input on OIO's:

- Electronic communication strategy and continuous improvement to increase overall reach and impact;
- Effort to engage with under-represented communities with disabilities who are coming from communities of color, indigenous communities, LGBTQIAA, immigrant and refugee communities;
- Strategies for "closing the feedback loop" and fostering reciprocal communication that influences the Olmstead Plan with people with disabilities and the general public; and
- Revisions to the Communication Plan 2019.

REPORT

The Community Engagement Workgroup focused on the Communication Plan during their meetings in August, September, and October 2018. OIO, with the support of a facilitator and DHS Communications Manager, Bill Burleson; completed a number activities to review the Communication Plan and strategies.

[AGENDA ITEM 7b11]

The Community Engagement Workgroup focused on the following:

- **Communication Plan 2019 - Strategies** - The workgroup added additional language to define the strategy.

  Strategy 1: Build communications strategy and infrastructure across audiences and platforms.

  - *Infrastructure refers to the structure in OIO to operate and manage communications.*
  - *The strategy refers to the plan of action and identified activities of how we will communicate with the public.*
- **Targeted Population** – The workgroup along with OIO examined and identified targeted populations and discussed the potential challenges/strategies for under-represented communities. Several key suggestions were made to the current workplan key activities. The outcome desired is an increase of intentional, inclusive outreach to targeted populations.
- **Overall Communications Strategy** – The workgroup engaged in discussions regarding the processes of public input opportunities, closing the feedback loop and accessible/ inclusive and evaluation methodologies. OIO will implement additional recommended key activities to improve the evaluation process during the Public Input Process for the Annual Plan Amendment opportunity.
- **Specific Electronic Communication Strategy** – The workgroup engaged in interactive evaluation activities both with assignments outside of the meetings and during the meetings to closely examine the effectiveness of electronic communication platforms including: Facebook, Enews and the Olmstead Plan website. It was recommended that extensive evaluation be conducted by the staff to assess the website's accessibility and user experience. The workgroup members reported concerns about the current website.
- **Overall assessment**: Recommendations include: more strategic messaging; more effective content; intentional outreach; and improvement of user experience and accessibility of current platforms. There is also a need for more evaluation data of communication strategies.

Core Revisions of Communication Key Activities for 2019 included:

- Expanded language to describe public input opportunities.
- Included evaluation component for the Accessibility Checklist and Process
- Included evaluation component for Enews, Facebook and website.
- Updated the Communication Plan 2019

*Special Note: OIO has expanded their team with a new Communication Specialist. The Communication Specialist began her work with OIO on November 26, 2018.

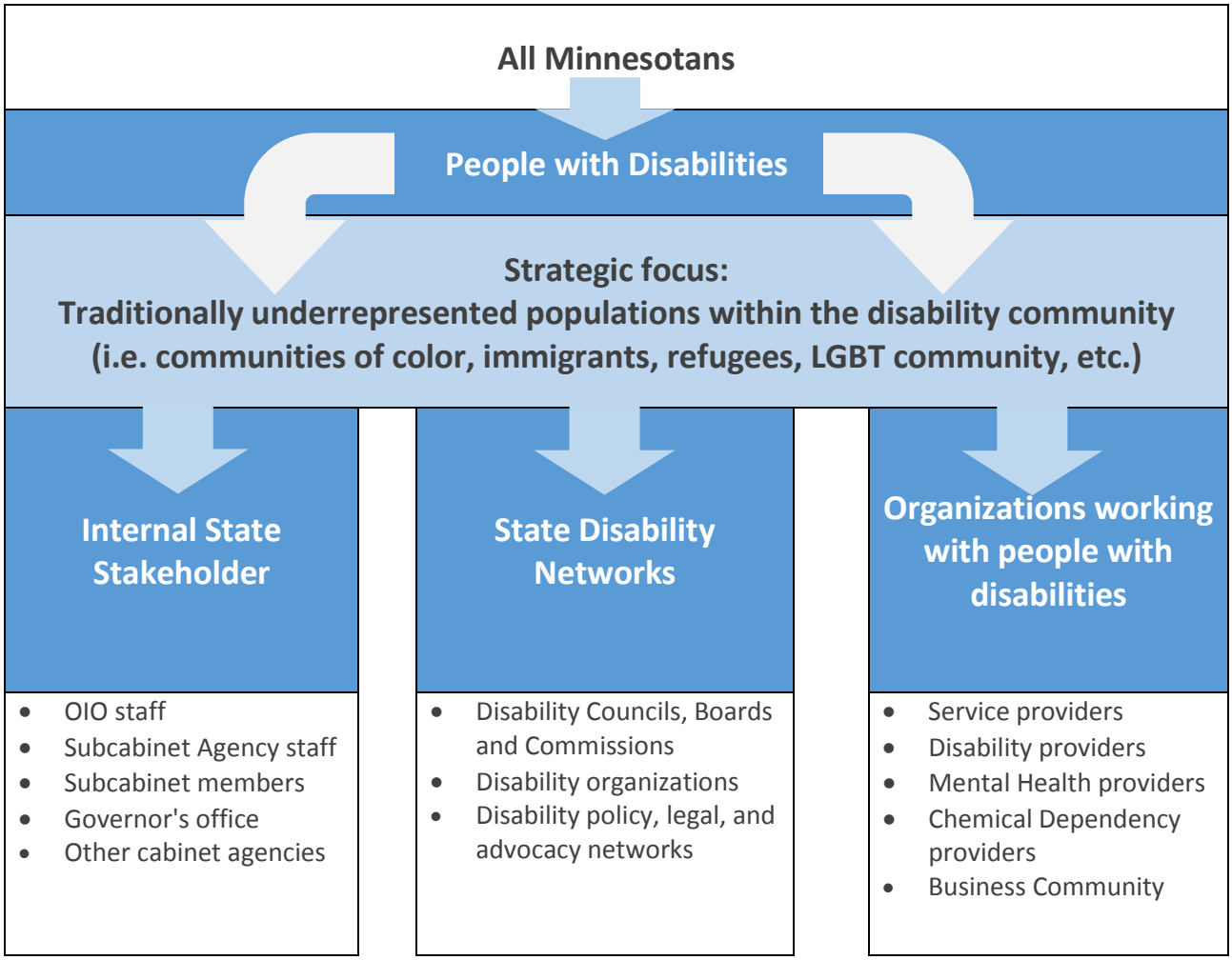
[AGENDA ITEM 7b11]

Communications Plan 2019

COMMUNICATIONS GOALS

- Increase statewide awareness of and investment in the Minnesota Olmstead Plan.
  - All staff and stakeholders have a common understanding and can communicate effectively about Olmstead.
  - The public has a clear and consistent understanding of Olmstead, how it impacts them, and how they can get more involved.
  - All communications to stakeholders and the public are accessible and inclusive.

AUDIENCES



[AGENDA ITEM 7b11]

STRATEGIES

Strategy 1: Build communications strategies and infrastructure across audiences and platforms.

- Infrastructure refers to the structure in OIO to operate and manage communications.
- The strategy refers to the plan of action and identified activities of how we will communicate with the public.

Strategy 2: Build tools to strengthen two-way, reciprocal, and responsive communication between the OIO, state agencies, and the general public.

Strategy 3: The Communication Plan will be kept current and effective.

COMMUNICATION KEY ACTIVITIES FOR 2019

1) Communication Strategy for Robust Public Input Opportunities

a. ***Public Toolkit*** for stakeholders and public. Informational written and video resources/guides are available on the the Olmstead Plan website, Enews and Facebook page for public input opportunities.

b. ***OIO Accessibility Checklist and Evaluation Process*** for public input opportunities. OIO will implement a process to ensure all engagement activities are inclusive and accessible. The OIO will put in place a process to measure the success of their efforts at inclusivity and access for all engagement activities.

2) Accessible and Inclusive Electronic communication platforms

a. ***ENews, Facebook and website.*** An evaluation of effectiveness of content and reach to various groups will be conducted. Data analysis and evaluation outcomes will be reviewed. The Community Engagement Workgroup will assist with the evaluation review of communications strategies. OIO will explore using LinkedIn and other platforms to create wider reach.

b. ***Accessibility Quality Check Process***. OIO will implement an Accessibility Quality Check process for OIO communications.

3) Development of Communication Materials

a. Enews, Media articles, OIO Quarterly and Annual Report Summaries and Executive Summaries for Special Reports. Materials published by OIO will have plain language versions.

b. ***Accessible Formats.*** Materials published by OIO will be available in alternative formats or other language upon request.