

POLICY ANALYSIS SERIES

ISSUES RELATED TO WELSCH v. NOOT / NO. 9

SUMMARY OF ISSUES, PROGRAMS AND CLIENTS IN
MINNESOTA DEVELOPMENTAL ACHIEVEMENT CENTERS: 1980-1982

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I. INTRODUCTION

The issues creating the impetus for this statewide study of developmental achievement centers (DACs) are the same issues that generated similar reports for the past several years. These issues are cost, purpose, and characteristics about the agencies and clients served. Similar to previous studies, there is a pressing need for information since the combined federal, state and local cutbacks have an effect on community-based programs such as DACs. In addition, the Community Social Services Act (CSSA) went into effect on January 1, 1980, thus terminating the existing Department of Public Welfare data base developed for DACs. The potential use of Title XIX as one funding mechanism for DACs has created an intensified demand for information about clients, personnel and services. This policy analysis paper is the final issue in a series of four reports to present the results of a statewide study of all DACs in Minnesota. The first paper (Policy Analysis Series No. 6) focused on the financial status of DAC programs. The second report (Policy Analysis Series No. 7) presented information on program and personnel. The third report (Policy Analysis Series No. 8) profiled client characteristics and movement trends. This issue will present more detailed information on the adult DAC population and outline recent changes in DAC programs throughout the State. The report will also summarize some of the implications associated with the results of this survey.

A Department of Public Welfare report completed in 1978 provides historical information about DACs. Highlights from that report are presented as follows:

- Prior to 1961, few DACs existed in Minnesota (p. 22).
- In 1961, the Minnesota Legislature acted upon recommendations of the Interim Commission on the Problems of the Mentally Retarded, Handicapped and Gifted Children and funded a pilot project to develop nine DACs [Extra Sessions Law of Minnesota for 1961, Chapter 93.] (p. 22).
- In 1963, the Legislature appropriated funds for 14 additional centers under the Daytime Activity Center Act [Chapter 830 of the Session Law.] (p.23).
- Title IVA and Title XX provided federal support to the state with minimal financial commitment of counties (p. 23).
- The Trainable Mentally Retarded Act of 1971 made the State Department of Education responsible for all school age children, who could reasonably expect to benefit socially, emotionally, or physically from their service. DACs shift focus to serving only preschoolers and adults (p. 23).
- In 1975, the Minnesota Legislature provided a special appropriation to pay for 100 percent of approved costs for transportation of DAC clients to and from DACs (p. 23).
- In 1976, Assistant Commissioner Mike Weber requested a study of DACs including characteristics of the population, movement of clients, administrative standards and practices as well as unmet needs (p. 24).
- In 1976 an internal DPW working paper Policy Alternatives for Daytime Activity Centers highlighted major problems including the "absence of a clear goal for DACs as well as inadequate definitions of services, lack of information on clients being served, impact of services and measures of program effectiveness" (p. 3).
- In 1977, the DAC Evaluation Project was funded to develop an instrument to evaluate DACs (p. 24).
- In 1978, DPW completed a comprehensive study of 104 DACs serving 4,221 participants at a total cost of \$15 million (p. 34).

A review of the literature on day program services revealed little information. National surveys of activity programs were undertaken in 1963, 1971, and 1979 (Cortazza, 1972; and Bellamy, Sheehan, Horner, & Boles, 1980). In 1963, there were 94 programs identified nationwide. By 1971, the number increased by 612 programs and tripled by 1979 to an estimated 1,989. The primary purpose of activity centers in 1971 was described by Cortazzo (1972) as:

The severely mentally retarded have a potential and are entitled as human beings in our society to have their potential developed to capacity. It is the responsibility of society to develop and make maximum use of their potential (p.9).

The rapid deinstitutionalization during the 1970s as well as funding changes cited by Bellamy et al (1980) "drastically altered the scope, economics, and role of ADPs." The 1980 report continued:

Today these programs represent a significant element of each state's adult service planning and have become critical in efforts to disperse residents of public institutions into community programs. Adaptive day programs frequently are viewed as providing the initial services for newly deinstitutionalized individuals [DHEW Report on Deinstitutionalization, 1978], and placement of individuals out of institutions frequently is contingent on availability of space in adaptive day programs (p. 309).

The summary of the Bellamy et al report was to call for greater coordination of policies and the development of practical service models that include greater opportunities for work and vocational outcomes (p. 321). Other literature on day programs includes technological applications for severely retarded adults (Bellamy, Horner, and Inman, 1979) guidebooks for establishing activity centers (Bergman, 1976), and specific training operations within centers (Salmon, 1975; Wehman, 1976; and DeMars, 1975).

The purpose of the current study of developmental achievement centers is to assess the financial, programmatic, and client status during 1980, 1981, and 1982. A three-year time period was selected because little information existed at a statewide level since January 1, 1980. The study was conducted as a joint effort of the Department of Public Welfare, the Minnesota Developmental Achievement Center Association, and the Minnesota Developmental Disabilities Program.

II. METHODOLOGY

The methodology for this study will be presented in abbreviated fashion. According to DPW, there were 108 DACs listed as licensed facilities. One facility is a satellite of the Glacial Ridge Training Center of Willmar State Hospital, one other facility receives no public money and refused to participate. None of the State Hospital DACs were included in the DPW list nor were they included in this study. Information about satellite DAC programs was collected from the respective central administrative offices. In order to get 100% participation, mail and telephone surveys were discarded in favor of onsite interviews. Interview studies typically yield a higher response rate, greater accuracy, and higher reliability than other methods. All 106 DACs participated in the study.

The general areas of investigation were outlined in a working document prepared by DPW and MNDACA. A joint meeting of representatives from DPW, DD, and MNDACA was held on September 1, 1981 to discuss the purpose, method, timeline, procedures, and questionnaire areas. Suggested questions were generated at that meeting. The Developmental Disabilities Program drafted the questionnaires with assistance from DPW staff. On September 11, 1981 the MNDACA Board of Directors gave its approval to the study. Revisions were made until September 15th, when a briefing was held with three interviewers from DPW and five interviewers from DD. On September 29, 1981, interview materials were distributed to all the surveyors. An interview packet contained:

1. an interviewer manual which outlined the purpose, selection of respondents, data privacy, question-by-question instructions, and sampling instructions;
2. cover sheet with identification information about the DAC;
3. administrator questionnaire;
4. financial questionnaire;
5. individual client forms;
6. eligible client roster form; and
7. respondent determination sheet.

Interviewers were responsible for setting up appointments with the assigned DACs. Interviews began on September 30, 1981, and ended in December 1981.

Editing and coding of the protocols occurred during November and December 1981 by staff of the Developmental Disabilities Program. Key to disc entry of the data was made by the Land Management Information Center of the Department of Energy, Planning and Development under contract with the Developmental Disabilities Program. The codebook (data file layout) and formats for the output were designed by the staff of the Developmental Disabilities Program. Copies of the questionnaires are available from the Developmental Disabilities Program by written request.

III. RESULTS

In addition to the administrative and financial questionnaires, DAC directors were asked to complete an individual profile questionnaire for a twenty percent random sample of their adult clients. With the assistance of staff members and case records, a special set of questions was completed on 778 adult clients. The purpose of the questionnaire was to obtain more descriptive and detailed information on the personal characteristics and service needs of people enrolled in developmental achievement center programs. The results of this portion of the survey will be presented as follows: (a) sex, (b) age, (c) level of retardation, (d) other disabilities, (e) years of participation, (f) place of residence, (g) DAC services, (h) current program activities, and (i) earnings.

Sex. The responses to the questionnaire indicate that approximately 49 percent (N = 380) of the sample population are female; 51 percent (N = 398) are male clients. An earlier DPW study (Mental Retardation Program Division, 1978) reported similar proportions: approximately 50.3 percent (N = 1,521) of the adult DAC clients (age 22 and older) were male; 49.7 percent (N = 1,500) were female.

Age. The average age of the sample population (N = 777¹) is 39 years. The youngest client in the sample is sixteen, the oldest is 84 years old. Age statistics for the people in this sample are presented in Table 1.

Level of Retardation. According to the responses on the individual profile questionnaire, 79 percent (N = 615) of the adult clients in the sample are moderately, severely, or profoundly mentally retarded. This finding compares to earlier reports by DAC directors (see Policy Analysis Series No. 8, page 6) which indicated that approximately 80 percent of the total adult DAC population are moderately to profoundly mentally retarded. Table 2 presents the level of retardation for the 778 people in the 20 percent random sample.

Other Disabilities. DAC directors were asked to report any disabilities clients have in addition to mental retardation. Sixty (60) people have cerebral palsy, 81 clients have other physical handicaps, 70 people have epilepsy, 16 have autism or are autistic-like, 59 are deaf, or have hearing impairments, 67 are blind or have visual impairments, 45 are classified as having mental illness. Eighty-four (84) of the 778 people in the sample population have other significant disabilities such as speech impairments, heart disease, arthritis, orthopedic problems, obesity, or emotional or behavior problems.

Table 3 presents non-MR disabilities by category and percent. There is some duplication among the figures; some clients are multiply handicapped.

DPW reported in 1978 (Mental Retardation Program Division) that up to five percent of the clients in 33 of the 104 centers were classified as being legally blind. Forty-nine (49) centers served deaf clients; up to five percent of the clients were deaf in 27 centers. Two centers reported in 1978 that 50 percent or more of their clients were unable to speak. Almost 83 percent of the 104 DACs reported in 1978 that their clients had no handicaps other than mental retardation or cerebral palsy. Because the 1978 DPW study gave only ranges, rather than specific numbers, exact comparisons are not easy to draw.

Years of Participation. DAC directors were asked to indicate the number of years the clients have participated in their center's program. The responses do not necessarily represent consecutive years of enrollment, nor do they necessarily represent the total number of years of DAC involvement. Clients could have, at one time, received day program services from other agencies.

¹The age of one client was not reported.

Table 4 presents the years of client participation by region and statewide totals. The average length of participation was 4.9 years (N = 775¹) for the adult clients in the sample. The range was from 24 years to less than six months.

DPW reported in 1976 (Office of Evaluation, 1976) that the average length of enrollment for all DAC clients was one year and eight months.

DPW records for December of 1978 indicate that approximately 32 percent of all clients had been receiving DAC services for less than one year. Approximately 39 percent had been enrolled in DAC programs from one to three years; 13 percent had been enrolled for four to five years; 13 percent had been enrolled for six to nine years; and three percent had been enrolled for ten years or more.

Table 1
 Age of Clients by Region and Statewide Total
 (Minnesota DAC Adult Clients, 20% random sample: 1981; N = 777)

Region	N	Average	Range	
			Minimum	Maximum
ONE	24	40.4	20	66
TWO	20	46.5	22	70
THREE	91	41.4	19	74
FOUR	55	37.7	20	63
FIVE	37	42.5	20	74
SIX	48	41.4	21	78
SEVEN	72	40.6	21	73
EIGHT	52	37.7	19	65
NINE	44	34.9	18	63
TEN	78	38.9	16	67
ELEVEN	256 ²	37.4	19	84
STATE	777	39.0	16	84

¹The years of participation were not reported for three clients.

²The age of one client was not reported.

Table 2
 Level of Client Functioning by Region and Statewide Total
 (Minnesota DAC Adult Clients, 20% random sample: 1981; N = 778)

Level of functioning	Region											State	
	1	2	3	4	5	6	7	8	9	10	11	N	%
Not retarded	0	0	2	1	0	0	0	0	0	2	2	7	0.9
Borderline	1	0	4	3	6	0	1	2	1	3	4	25	3.2
Mild	3	4	13	11	11	8	4	11	5	8	34	112	14.4
Moderate	8	3	27	13	11	15	23	14	24	20	93	252	32.4
Severe	11	10	29	19	7	23	39	12	11	33	88	281	36.1
Profound	1	3	12	7	1	0	4	13	3	11	27	82	10.5
Unknown	0	0	4	1	1	2	1	0	0	1	9	19	2.5
Total	24	20	91	55	37	48	72	52	44	78	257	778	100.0

Table 3
 Disabilities Other Than Mental Retardation
 (Minnesota DAC Adult Clients, 20% random sample: 1981; N = 778)

Disability	N	Percent of total sample
Cerebral palsy	60	7.7
Other physical handicap	81	10.4
Epilepsy	70	9.0
Autism/autistic-like	16	2.1
Deaf/hearing impairment	59	7.6
Blind/vision impairment	67	8.6
Mental illness	45	5.8
Other	84	10.8

Place of Residence. Table 5 presents the type of client residence for the sample population during the past five years. The primary type of residence has been either the natural or adoptive home, or an ICF-MR/group home. The figures for the five years indicate a gradual trend toward ICF-MR/group home placement. In 1977, 39.1 percent (N = 304) of the sample population lived in their natural or adoptive home; 31.8 percent (N = 247) lived in an ICF-MR/group home. By 1981 over one-half (53.6 percent; N = 417) of the people in the sample group were living in ICF-MR/group home settings; 30.1 percent (N = 234) were living at home.

Table 5 indicates that at least 99 (12.7 percent) adult clients in the sample group had resided at a state hospital during the past five years.

At least 45 (5.8 percent) people included in the current sample group are now living in nursing homes. The average age of those 45 nursing home residents is 56 years. The oldest is 84; the youngest is 21 years old.

DAC Services. DAC directors were also asked to identify where the sample group of adult clients had been receiving day program services during the past five years. Table 6 presents that information by region and state-wide totals. More than half (53.5 percent) had been enrolled in their current DAC program five years ago. State hospitals (12.3 percent) and public schools (11.7 percent) were the other major providers of day program services for these 778 people in 1977. More than ten percent were not receiving any day services during that same year.

Table 4
 Years of Participation by Region and Statewide Total
 (Minnesota DAC Adult Clients, 20% random sample: 1981; N = 775)

Region	N	Average	Range	
			Minimum	Maximum
ONE	24	5.5	1	13
TWO	18 ¹	5.2	1	13
THREE	90 ²	4.9	0 ³	15
FOUR	55	4.1	1	10
FIVE	37	4.3	0	9
SIX	48	4.8	0	14
SEVEN	72	4.6	0	11
EIGHT	52	5.4	0	14
NINE	44	6.0	0	16
TEN	78	4.8	0	24
ELEVEN	257	4.9	0	20
STATE	775	4.9	0	24

¹The years of participation for two clients were not reported in Region Two.

²The years of participation for one client were not reported in Region Three.

³The zeroes denote less than six months participation in DAC programs.

Table 5
 Client Residence by Region and Statewide Total
 (Minnesota DAC Adult Clients, 20% random sample: 1977, 1978, 1979, 1980, 1981; N=778)

Residence by year	Region											State Total	
	1	2	3	4	5	6	7	8	9	10	11	N	%
1977:													
Natural/Adoptive Home	10	7	37	25	20	16	27	22	28	36	76	304	39.1
Foster Care Home	0	3	4	9	3	3	9	0	0	1	12	44	5.7
ICF-MR/Group Home	6	6	21	6	2	20	17	18	8	18	125	247	31.8
Nursing Home	1	0	3	2	3	3	11	1	0	3	13	40	5.1
State Hospital	5	2	14	9	4	4	6	10	6	18	21	99	12.7
Indep. (Semi) living	0	0	7	0	0	2	0	0	0	0	1	10	1.3
Unknown	1	0	1	2	0	0	2	0	1	0	5	12	1.5
Other	1	2	4	2	5	0	0	1	1	2	4	22	2.8
	24	20	91	55	37	48	72	52	44	78	257	778	100.0
1978:													
Natural/Adoptive Home	9	7	37	23	16	18	26	21	26	32	72	287	36.9
Foster Care Home	0	3	3	8	4	2	8	0	0	1	12	41	5.3
ICF-MR/Group Home	8	6	22	8	7	19	22	20	11	25	137	285	36.6
Nursing Home	2	0	4	3	3	3	8	1	1	3	12	40	5.2
State Hospital	3	2	12	9	3	4	5	9	5	15	13	80	10.3
Indep. (Semi) living	0	0	7	0	0	2	1	0	0	0	2	12	1.5
Unknown	1	0	1	2	0	0	2	0	1	0	5	12	1.5
Other	1	2	5	2	4	0	0	1	0	2	4	21	2.7
	24	20	91	55	37	48	72	52	44	78	257	778	100.0

Table 5 (Continued)

1979:

Natural/Adoptive Home	9	7	36	23	15	18	21	18	25	31	71	274	35.2
Foster Care Home	0	3	5	10	5	2	6	0	0	1	11	43	5.5
ICF-MR/Group Home	8	6	25	10	8	19	34	26	14	29	144	323	41.5
Nursing Home	3	0	5	3	3	3	7	0	1	3	11	39	5.0
State Hospital	3	2	9	5	2	4	2	8	3	13	10	61	7.9
Indep. (Semi) living	0	0	6	0	0	2	1	0	0	0	2	11	1.4
Unknown	0	0	0	2	0	0	1	0	0	0	5	8	1.0
Other	1	2	5	2	4	0	0	0	1	1	3	19	2.5
	24	20	91	55	37	48	72	52	44	78	257	778	100.0

1980:

Natural/Adoptive Home	9	7	33	22	15	17	20	15	21	28	68	255	32.8
Foster Care Home	0	3	5	10	5	1	6	0	0	0	11	41	5.3
ICF-MR/Group Home	8	6	30	17	9	22	36	32	19	36	152	367	47.1
Nursing Home	3	0	5	3	3	3	7	0	2	4	12	42	5.4
State Hospital	3	2	6	2	1	3	1	5	1	7	8	39	5.0
Indep. (Semi) living	0	0	5	0	0	2	1	0	0	1	0	9	1.1
Unknown	0	0	0	0	0	0	1	0	0	0	1	2	0.3
Other	1	2	7	1	4	0	0	0	1	2	5	23	3.0
	24	20	91	55	37	48	72	52	44	78	257	778	100.0

1981:

Natural/Adoptive Home	9	7	31	22	13	16	18	12	17	23	66	234	30.1
Foster Care Home	0	3	5	8	7	2	5	1	0	1	10	42	5.4
ICF-MR/Group Home	10	8	38	21	9	24	39	39	23	47	159	417	53.6
Nursing Home	3	0	5	3	4	4	7	0	2	4	13	45	5.8
State Hospital	0	0	0	0	0	0	1	0	0	0	3	4	0.5
Indep. (Semi) living	0	0	6	0	0	2	1	0	1	2	0	12	1.5
Unknown	0	0	0	0	0	0	1	0	0	0	0	1	0.1
Other	2	2	6	1	4	0	0	0	1	1	6	23	3.0
	24	20	91	55	37	48	72	52	44	78	257	778	100.0

Table 6
Day Program Services by Region and Statewide Total
(Minnesota DAC Adult Clients, 20% random sample: 1977, 1978, 1979, 1980, 1981; N= 778)

Services by year	Region											State Total	
	1	2	3	4	5	6	7	8	9	10	11	N	%
1977:													
Services from current agency	14	12	50	24	23	25	37	31	25	33	142	416	53.5
Services from another DAC	0	0	2	2	1	3	3	2	2	1	21	37	4.8
State hospital-DAC services	6	2	14	7	4	5	6	8	6	18	20	96	12.3
Sheltered work/work activity	0	1	4	1	0	2	2	0	0	7	10	27	3.5
Competitive employment	0	0	2	0	0	1	0	1	0	0	2	6	0.8
Public School	2	2	10	6	4	1	10	7	6	8	35	91	11.7
Did not receive day services	2	2	9	5	5	8	13	2	5	11	17	79	10.1
other/unknown	0	1	0	10	0	3	1	1	0	0	10	26	3.3
	24	20	91	55	37	48	72	52	44	78	257	778	100.0
1978:													
Services from current agency	17	15	56	30	25	26	44	33	28	43	159	476	61.2
Services from another DAC	0	0	2	2	1	3	2	2	1	2	19	34	4.3
State hospital-DAC services	3	2	13	7	4	5	6	7	5	15	14	81	10.4
Sheltered work/work activity	0	1	4	2	1	3	2	0	0	4	11	28	3.6
Competitive employment	0	0	1	0	0	1	0	1	0	0	0	3	0.4
Public School	2	1	6	4	3	1	10	7	5	6	35	80	10.3
Did not receive day services	2	0	8	5	3	7	7	1	5	8	13	59	7.6
other/unknown	0	1	1	5	0	2	1	1	0	0	6	17	2.2
	24	20	91	55	37	48	72	52	44	78	257	778	100.0

Table 6 (Continued)

1979:

Services from current agency	19	15	67	38	28	30	55	38	33	54	174	551	70.8
Services from another DAC	0	0	1	2	0	3	2	2	2	2	15	29	3.7
State hospital-DAC services	3	2	10	5	2	5	3	6	3	13	11	63	8.1
Sheltered work/work activity	0	1	2	1	1	2	3	0	0	1	9	20	2.6
Competitive employment	0	0	1	0	0	1	0	1	0	1	1	5	0.7
Public School	1	1	5	3	3	1	6	5	2	2	33	62	8.0
Did not receive day services	1	0	4	3	3	5	2	0	4	5	9	36	4.6
other/unknown	0	1	1	3	0	1	1	0	0	0	5	12	1.5
	24	20	91	55	37	48	72	52	44	78	257	778	100.0

1980:

Services from current agency	19	17	76	50	32	33	61	40	36	63	202	629	80.8
Services from another DAC	0	1	0	0	1	3	2	1	2	2	11	23	3.0
State hospital-DAC services	3	2	6	2	1	4	2	5	1	7	8	41	5.3
Sheltered work/work activity	0	0	1	1	1	1	0	1	1	1	7	14	1.8
Competitive employment	0	0	0	0	0	1	0	0	0	0	0	1	0.1
Public School	1	0	4	1	0	1	5	5	2	1	20	40	5.1
Did not receive day services	1	0	4	0	2	4	1	0	2	4	6	24	3.1
other/unknown	0	0	0	1	0	1	1	0	0	0	3	6	0.8
	24	20	91	55	37	48	72	52	44	78	257	778	100.0

1981:

Services from current agency	24	20	90	54	36	48	71	49	43	76	241	752	96.7 ¹
Services from another DAC	0	0	0	0	1	0	0	1	0	0	1	3	0.4
State hospital-DAC services	0	0	0	0	0	0	0	0	0	1	2	3	0.4
Sheltered work/work activity	0	0	0	1	0	0	0	1	1	1	4	8	1.0
Competitive employment	0	0	0	0	0	0	0	0	0	0	0	0	0.0
Public School	0	0	0	0	0	0	1	1	0	0	7	9	1.2
Did not receive day services	0	0	0	0	0	0	0	0	0	0	1	1	0.1
other/unknown	0	0	1	0	0	0	0	0	0	0	1	2	0.2
	24	20	91	55	37	48	72	52	44	78	257	778	100.0

¹The figures do not indicate 100 percent because some clients were enrolled for less than six months and received services elsewhere during most of 1981.

Current Program Activities. DACs were asked to report the percentage of time each client spent per week in various program activities. The responses to those questions are presented in Table 7.

The figures in Table 7 indicate that the largest proportion of time is spent in prevocational training and in developing work skills (27.6 percent). A high percentage of program time is spent in leisure/recreation activities (20.2 percent) and in academics (18 percent). Approximately 13 percent of an adult client's time is spent in community orientation activities and in developing independent living skills. Activities directed toward self-care and language skills development represent about 22 percent of an adult client's weekly program schedule. A client's program schedule depends upon many factors. Among these are: the client's individual skills, abilities and needs; staff; availability of resources (e.g., work contracts or therapist services); geographic location.

Earnings. Some DACs contract with sheltered workshops for work-oriented programs. Through these contracts, DAC clients who are able to participate can earn wages for their productive efforts.

DACs reported that 398 (51.2 percent) of the 778 adult clients in the sample group earned wages during calendar year 1980. The total wages earned by these clients was \$61,666.50. Their earnings ranged from a low of \$2.34 to a high of \$2,010.00. The average yearly earnings for the 398 clients during 1980 was approximately \$155. Earnings by region and statewide totals are presented in Table 8.

IV. BUDGETS AND DAC PROGRAM CHANGES

DACs, like most agencies, must operate within the constraints established by budget decisions. Many DACs have instituted program changes--some for budget-related reasons; a few because of declining enrollments; some because of expanding enrollments and increasing demands for services.

Program Changes. DAC directors were asked to identify changes which have occurred and program changes which they anticipate will occur during 1982 because of budgetary considerations. DACs reported changes by program (infant/pre-school and adult) and by category: units of service, program activities, support staff, paraprofessional/professional staff and support services. Respondents indicated whether the services and/or activities had been expanded, reduced or remained the same (because of budgetary considerations) for each of the three years. The number of DACs which indicated expansions or reductions in program areas is presented in Tables 9 and 10.

Table 7
 Percent of Time Spent in Activities by Region and Statewide Total
 (Minnesota DAC Adult Clients, 20% random sample: 1981; N = 7771)

Activity	Region											State
	1	2	3	4	5	6	7	8	9	10	11	
	%	%	%	%	%	%	%	%	%	%	%	%
Work skills/prevo- cational/work activity	16.0	19.1	24.0	37.1	33.3	25.4	35.9	28.6	29.1	31.5	24.2	27.6
Self-care	11.8	13.8	12.2	7.2	8.6	13.0	8.1	8.9	13.9	9.3	11.8	10.8
Communication/ language	15.1	8.7	12.1	8.6	11.0	13.2	6.3	8.4	10.5	8.9	12.7	10.8
Recreation/leisure	19.7	20.9	19.5	13.1	17.5	14.8	16.1	22.0	19.5	11.9	26.7	20.2
Education/ academics	26.0	21.6	17.5	18.4	17.1	23.9	18.9	23.0	16.7	24.4	13.0	18.0
Independent living/ community orientation	11.4	15.9	14.7	15.6	12.5	9.7	14.7	9.1	10.3	14.0	11.6	12.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

¹The percent of time spent in activities was not reported for one client in Region Three.

Table 8
 Average Annual Earnings of Adult Clients During 1980
 (Minnesota DAC Adult Clients, 20% random sample: 1981; N = 398)

Region	Average	Minimum	Maximum	N	Percent reported earning wages
ONE	\$197.10	\$82.51	\$ 500.00	9	37.5%
TWO	171.00	5.00	240.00	5	25.0
THREE	177.28	10.78	2,010.00	48	52.7
FOUR	91.75	18.00	720.00	28	50.9
FIVE	110.33	6.72	325.00	26	70.3
SIX ¹	0.00	---	---	0	0.0
SEVEN	92.63	3.59	426.27	46	63.9
EIGHT	62.38	12.00	303.00	31	59.6
NINE	179.52	6.75	563.67	31	70.5
TEN	125.10	20.00	507.94	45	57.7
ELEVEN	175.98	2.34	1,358.59	129	50.2
STATE	154.94	2.34	2,010.00	398	51.2

¹Some DACs in Region Six do have work activity programs which pay clients wages. However, for the sample of Region 6 adults no information was available on annual earnings.

Table 9
Program Changes Due to Budget Considerations by Statewide Total
(Minnesota DACs: 1980, 1981, 1982; 100% reporting)

Infant/Pre-school Programs							
Program/activity area		1980		1981		1982 (est.)	
		Reduce N	Expand N	Reduce N	Expand N	Reduce N	Expand N
Days of service:	in-center	1	2	9	4	11	3
	homebound	1	0	5	5	8	3
Hours of service:	in-center	1	0	7	3	6	1
	homebound	0	1	2	2	5	2
Sensorimotor activities		0	8	19	14	38	10
Academics		0	4	3	5	9	3
Self-care		0	1	4	4	8	3
Communication		1	5	6	11	9	5
Administrative staff		1	0	5	5	8	3
Maintenance staff		0	1	2	4	4	1
Food service staff		0	0	2	1	4	1
Transportation staff		0	1	4	4	13	2
Teaching staff:	certified	1	2	7	6	7	4
	non-certified	0	4	3	3	6	2
Teacher aides		0	3	11	5	9	8
Consultants		0	2	4	2	3	2
Therapists:	Speech	1	3	8	5	6	3
	Physical	1	3	6	6	8	5
	Behavior	0	0	1	1	2	1
Other prof./paraprof. staff		1	1	3	0	0	0
Transportation service		1	3	7	2	15	3
Meal service		1	0	2	0	5	1
Other support services		0	1	1	1	3	0

Table 10
Program Changes Due to Budget Considerations by Statewide Total
(Minnesota DACs: 1980, 1981, 1982; 100% reporting)

Adult Programs		1980		1981		1982 (est.)	
Program/activity area		Reduce N	Expand N	Reduce N	Expand N	Reduce N	Expand N
Days of service:	in-center	2	2	7	5	21	4
	homebound	0	0	1	1	5	1
Hours of service:	in-center	0	0	3	3	6	1
	homebound	0	0	0	0	3	2
Leisure/recreation		0	2	8	5	12	2
Academics		2	5	7	6	24	1
Self-care		2	4	5	9	19	6
Communication		3	6	16	12	27	4
Work skills		1	10	6	16	15	14
Independent living		2	6	10	8	23	6
Administrative staff		2	0	9	7	17	3
Maintenance staff		1	0	5	4	8	3
Food service staff		0	3	8	1	11	1
Transportation staff		3	4	13	6	18	5
Teaching staff:	certified	0	8	8	5	12	6
	non-certified	2	5	8	7	21	4
Teacher aides		0	9	14	12	25	12
Consultants		1	2	12	2	11	4
Therapists:	Occupational	0	2	6	0	7	0
	Speech	3	5	18	9	15	4
	Physical	0	4	8	3	7	0
	Behavior	0	2	3	6	5	2
Other prof./paraprof. staff		1	2	6	1	7	0
Transportation service		2	3	9	9	28	5
Meal service		0	3	11	0	22	1
Other support services		1	0	3	0	7	0

The 1976 DPW survey (Community Services Division, 1976) asked DACs to identify priorities if additional resources were made available. Work activity was given the highest priority rating by directors. Adult and infant programming were high priorities; programs for the elderly received a low rating.

The 1976 survey also asked DACs to identify which areas would be cut if resources were reduced. Respondents indicated that program hours or months of operation were most likely to be cut. Administrative functions, programs for the elderly, community education or recreation, and staff were also likely candidates for cuts according to the 1976 study. Work activity was least likely to be reduced.

DACs indicated in this survey that the program areas most often expanded (e.g., sensorimotor activities for infants/pre-schoolers, paraprofessional/professional staff, therapeutic services, communication, transportation services) were also the areas most likely to be reduced if their agency was forced to curtail services because of budget considerations. Admission and demission policy changes (see Policy Analysis Series, No. 7, pages 17 and 19) reported by DACs also indicate potential program reductions (e.g., services for the elderly, or programs for people with severe disabilities or behavior problems).

The programs and activities most often mentioned as possible areas of reduction during 1982 included: days of service, sensorimotor activities for infant and pre-school children, academics, communication, independent living skill activities for adults, teachers' aides, self-care activities, meal service, transportation and leisure/recreation activities.

V. SUMMARY AND IMPLICATIONS

The results of the DAC survey were reported in four parts: financial status (Policy Analysis Series No. 6, January 11, 1982), program status (Policy Analysis Series No. 7, January 18, 1982), client status (Policy Analysis Series No. 8, January 26, 1982) and individual profile/program changes (in this issue). The results of the DAC survey should be considered as a whole. This final section outlines some of the implications associated with these findings.

Revenue. The amount of revenue reported by DACs has increased steadily over the past several years. Under the Community Social Services Act (Minnesota Statutes 1980, Chapter 256E, sec. 8, subd. 9) county boards were required to maintain at least the same level of funding for developmental achievement centers during calendar years 1980 and 1981 as was provided during calendar year 1979. In fact, DAC revenue increased from 1980 to 1981 and is anticipated to increase again in 1982. The magnitude of those increases must be measured against several factors.

While DAC revenue increased approximately 13.5 percent from 1980 to 1981, the rate of inflation was 14.1 percent¹. The revenue for DACs during 1982 is projected to increase approximately 5.3 percent on a statewide basis--considerably below the projected rate of inflation. In light of expanded enrollments, uncertain financial futures and increasing demands for services, this finding has both programmatic and fiscal implications.

Accounting for the use of revenue--particularly during times of diminishing resources--is both necessary and important. Prior to enactment of CSSA all DACs were required under DPW regulations to undergo an annual audit. DACs are now funded through county governments. Many counties do not require an annual audit of DAC programs within their jurisdictions. An annual audit by an independent, certified public accountant will help both county and agency administrators gain a better understanding of budgets and programs. An audit will help clarify ambiguities surrounding restricted accounts and donations; and will provide useful information while explaining proper methods for dealing with inventory, receivables, payables and depreciation. Additionally, an independent audit should aid administrators at the agency level in arriving at a better understanding of fiscal management and cash flow problems.

Expenses. Personnel costs in DACs account for approximately 63 percent of all agency expenditures. Those costs are somewhat lower than in comparable human services such as state hospitals or public school systems. Staff wage schedules will have an important influence in two areas: 1) attracting people with appropriate backgrounds, experience or training to DAC programs, and 2) retaining staff in DAC positions. The background and training of program staff have an obvious and direct impact upon DAC services. While turnover rates for program and administrative staff are lower than in some social services fields, they are significant in terms of program quality and continuity. DAC programs experienced a turnover rate of over 20 percent in 1981. Administrators indicated that salary and pay issues were among the major reasons for turnover in program and administrative staff.

Transportation is the second leading expense item for DAC programs. Those costs remained about the same (as a percentage of total expenditures) from 1980 to 1981. Although the actual cost of operating and maintaining motor vehicles is not likely to decrease, DACs project that they will devote less of their resources to transportation services during 1982. The anticipated decrease in transportation per diems for 1982 can be attributed primarily to cutbacks in services. DACs also reported finding economies of scale through alternative approaches. Cutbacks in DAC transportation services may shift some of the financial burden to other sources: clients, families, public agencies, community residential facilities. These cutbacks may foster cooperative efforts and more

¹The Federal Reserve Bank of Minneapolis and the U.S. Department of Commerce report that the rate of inflation for the Saint Paul-Minneapolis metropolitan area (measured by the Consumer Price Index during October of each year) was approximately 9.7 percent from 1979 to 1980; from October of 1980 to October of 1981 it was 14.1 percent. The Consumer Price Index is kept only for the Twin Cities metropolitan area. There are no regional or statewide figures.

efficient use of existing resources; they may also constitute formidable obstacles to those people who need DAC services but do not live in close proximity to a developmental achievement center.

Occupancy is the third leading expense for DAC programs. Unlike transportation, occupancy costs are anticipated to increase by almost 18 percent during 1982. Some of those costs, such as utilities, may be inevitable; other costs are more easily managed. Although at the statewide level the figures may not be entirely meaningful, the average yearly rent reported by DACs was almost \$5,000 higher than the average loan payments on purchased buildings. The statewide average rent payment was also higher than the reported statewide average loan payment for new construction or remodeling. Occupancy issues are more meaningful at the regional or local level where accurate comparisons can be made. Both county and DAC boards should examine the long-term implications of building needs: acquisition versus rental. Other factors to be considered include location, size, accessibility, energy efficiency, stability of rental arrangements.

Program costs are the smallest expense item and are projected to decrease (as a percentage of total expenditures) during 1982. Given less resources to work with, personnel, transportation and occupancy take precedence over many program items.

Accessibility. In the next several years DACs will be expected to serve increasing numbers of people with physical or multiple handicapping conditions. As a result of this expected trend, buildings will have to be accessible (both on the exterior and the interior). DAC services are provided in 146 buildings throughout the State. Although the number of barrier-free buildings is up from the 46 reported in 1978, and many recent improvements have been made, there are important programmatic and fiscal ramifications to the survey findings. Most importantly, admissions of individuals with mobility impairments will be delayed until modifications are made in DAC buildings.

Some DACs which were not located in accessible buildings at the time of the survey indicated that they were ready to move into accessible buildings. Accessibility should remain a major concern for those DACs which are considering relocation, building purchases or new construction.

Personnel. The variation in full-time equivalents (FTEs) indicated in Tables 1 and 2 of Policy Analysis Series No. 7 (pages 5 and 8) should be examined closely. Some of the projected increases in administrative positions may reflect changes in agency definitions of FTE hours rather than actual increases in positions or people. Some centers reported reductions in yearly program hours. Since many administrators typically work more hours than the center is in actual operation, any reduction of service hours will increase the FTE figure for administrators compared to the baseline figure.

The FTEs associated with actual program services (e.g., teachers, instructors, aides and therapists) are more accurately portrayed in the

tables. Program FTEs increased during 1981. They are anticipated to decrease back to about the 1980 level in 1982. Although the mix of professional and paraprofessional staff in program positions is projected to remain about the same (in terms of percentages at the statewide level) during 1982, the decrease in numbers has implications for day program services. DACs anticipate serving approximately 4,530 clients (average daily attendance) during 1982 with a program staff complement comparable to the 1980 level--which served an average daily attendance of 4,200 clients. Additionally, DACs are being asked to serve people who are more severely handicapped. These clients typically require a "richer" staff-to-client ratio.

Given the current fiscal circumstances and possible future budget difficulties, it will be important to watch for a substitution of non-certified personnel (aides) for teachers and instructors. The availability and use of therapist and consultant services is another area of concern given the anticipated increase in clients with special needs.

Program Changes. Several infant/pre-school programs were discontinued between 1980 and 1982 (projected). On a statewide basis the program hours, days per week and days per year did not show much variation. The statewide averages mask some changes, however. For instance, according to the reports of DACs the average number of program days per year for pre-school programs will increase from 180 days in 1980 to 193 in 1982. A major part of that increase can be attributed to the discontinuation of nine programs. Those programs probably averaged fewer days of operation; hence the increase in the state average. Days or hours of service for both infant/pre-school and adult programs are likely areas for cutbacks according to the responses of DAC directors (see Tables 9 and 10).

Out-of-County Clients. Out-of-county contracts are becoming a source of uncertainty for many DACs--both administratively and financially. In some instances program services and agency budgets must be planned around the budget decisions of several counties. Many DACs must accommodate a large number of out-of-county clients and maintain several purchase-of-service agreements. One out of every four clients currently enrolled in Minnesota's 106 DACs are the financial responsibility of a county other than the agency's own county.

DACs reported in the survey that there may be fewer out-of-county clients in their programs during 1982. If DACs (or host counties) begin to limit services to out-of-county clients there may be some significant impacts upon clients, their families or other service providers.¹

¹For example, Rule 34 facilities (ICF-MR) are licensed as Supervised Living Facilities by the Department of Health [MDH 391-401; Minnesota Statutes § 144.56 (1971)] to provide food, care and lodging on a 24-hour per day basis. Department of Public Welfare policy and rule [12 MCAR 2.034 (5 S.R. 429)] state, however, that "all developmental and remedial services. . . shall be rendered outside the facility, wherever possible. . ." Group homes/ICF-MR residences may not be adequately staffed to provide necessary day programming.

Admissions and Demissions. The target population of DACs has changed considerably since their inception in the early 1960s. Minnesota's DACs now serve a larger proportion of adults than in any previous year. The school-age population is served primarily by the public school system, although there are more than 130 students in DACs age four to 21 years.

It appears likely that infant and pre-school programs are more susceptible to budget fluctuations than are adult programs. The rationale may be that, eventually infants and pre-school children will become eligible for services in the public school system. The long-term ramifications of delayed entry and lack of early intervention services may, however, be significant. Although the human and social costs associated with cutbacks in children's services may be difficult to measure, they are not inconsequential.

DAC directors indicated other likely program changes as well. Admission and demission policy changes (see Policy Analysis Series No. 7, page 19) may in some instances exclude elderly people or individuals with multiple handicaps, more severe disabilities or behavior problems.

Level of Functioning. While the clientele of DACs is becoming more severely handicapped, there are 150 people in developmental achievement centers who are either borderline mentally retarded or are not retarded. These individuals may have cerebral palsy¹ or they may have mental illness or behavior problems which make placement in a DAC necessary.

Movement. Lack of resources--in employment, support services and residential options; financial--may restrict the movement of clients through the system.

Statistics from the DAC survey indicate that barriers to movement do exist: perhaps as many as 450 clients currently enrolled in DAC programs who are ready for work activity services cannot receive them; approximately 240 people are ready for placement in sheltered work stations; an additional 450 people are on lists waiting to participate in DAC programs; an analysis of admissions and demissions indicates a net movement into DAC programs during 1980, 1981 and 1982.

Developing opportunities for people who are ready to enter DAC programs as well as those who are ready to transfer out of DAC programs will not be easy--particularly under the current financial circumstances.

DAC Services in Minnesota. This DAC survey provides some basic and important information about the status of day programming in Minnesota. The data presented in these four reports indicate some problem areas, e.g., future staffing levels, support services, client movement, cutbacks in programs or services. Most of the issues highlighted by these reports are inter-

¹In addition to serving people with mental retardation, developmental achievement centers may be licensed under State statute and DPW rule to provide day programming to people with cerebral palsy.

related; many are related to budget considerations. Many of the problems are not new, however, and the larger issues are not tied exclusively to funding decisions.

Studies in 1976 (Community Services Division, 1976) and 1978 (Mental Retardation Program Division, 1978) identified problems in the system which slowed the movement of clients: limited resources, the unavailability of appropriate placements, inadequate support services, etc. Those same problems persist today.

With renewed planning and coordinated efforts (along with a refocusing of some financial resources) many of the bottlenecks in the service system could be mitigated.

For instance, policy-makers and agency administrators have known for some time that DACs would be expected to provide services to a more handicapped population. It was the policy of the State to deinstitutionalize certain social services long before it entered into the Welsch agreement in the fall of 1980. The 1978 DPW study (Mental Retardation Program Division) recognized the need for staff training in day program facilities and recommended that the "behavioral characteristics of the population to be released from state hospitals" be studied in order "to help prepare DACs programmatically [for those former state hospital residents]" (page 66). Many DACs indicate today that they are unable to provide adequate services for clients with special needs.

Recognizing that DAC services are an important part of a larger system of services the 1978 DPW report also recommended that the State develop a comprehensive plan which would contain "concise measurable goals and objectives detailing . . . the continuum of day services needed to optimally meet the needs of all participants who are mentally retarded and/or cerebral palsied. . ." (page 66). The Department of Public Welfare's Six Year Plan of Action (1981) outlines that continuum of services and identifies both the many actors and the roles they will have to play to fulfill the potential of the service system to move people with developmental disabilities into less restrictive environments. The interdependency between the many components of the system requires that the actors work in a concerted, coordinated fashion.

At the state level it will require the active participation and cooperation of several departments and agencies: Department of Public Welfare; Department of Economic Security, Division of Vocational Rehabilitation; Department of Energy, Planning and Development, Planning Division/Developmental Disabilities Program; State Department of Education, Special Education Division; and other councils, task forces and private advocacy organizations. It will also require the active and continued participation of the Governor and the Legislature.

County responsibilities to people with developmental disabilities are defined under various State statutes and DPW Rule 185 (12 MCAR 2.185). Perhaps the most notable component of the service delivery system described

in Rule 185 is case management services.

Case management is by definition a coordinative function. Its most compelling characteristic is that it seeks to mobilize resources at the local level for specific purposes, for specific individuals. As a service designed to coordinate functions and move people through the continuum of services, case management holds great potential for its ability to monitor and detect bottlenecks within the system. Properly staffed case management services at the county level may help alleviate some of the bottlenecks now evident within the system. Solutions defined at the client level may be more innovative as well as more appropriate.

The DAC survey did not assess the qualitative nature of DAC services. For many people a DAC is one of the first steps in a long progression of social and educative encounters. It is important that those initial experiences be meaningful. Inabilities to deal with special needs (e.g., behavior problems) can be overcome at relatively little cost and effort. Pertinent literature and effective training materials are available from several sources.

Cutbacks or bottlenecks in the provision of services anywhere along the continuum will eventually have an impact at the DAC level. Because DACs are a major point of entry for clients, they oftentimes experience pressure from two sides: demand for services (waiting lists) and inability to move clients (people waiting for work activity/sheltered work).

The DAC information presented in this study gives some indication that problems exist elsewhere within the service system. For this reason the problems now being experienced within DACs (fiscal or otherwise) will not be solved easily or quickly. They will require thoughtful responses and coordinated efforts by a number of policy-makers and administrators at all levels--state, county and local.

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Minnesota Economic Development Regions

