

A STUDY OF
DAYTIME ACTIVITY CENTERS
IN MINNESOTA

all pages for
Conclusions & Recommendations

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I. Introduction

There has been rapid proliferation of daytime activity centers in Minnesota in recent years. The number of people served has increased from 1,935 to 3,679* over the 1972-76 period, despite the fact that in 1973 the public schools assumed responsibility for most school age children who are mentally retarded or cerebral palsied.

This growth has resulted in legislative and administrative inquiries concerning the population being served, the effectiveness of programs, projections for the future, and budgetary considerations. In September, Michael Weber, Assistant Commissioner of Community Services in the Department of Public Welfare, commissioned a study to focus on the following areas:

1. Profile of the present DAC population.
2. Movement of the population within the DAC's and between facilities.
3. Current administrative standards and practices.
4. Projected areas of growth and unmet needs.

It was hoped that data gathered in these areas would be helpful in defining more specifically the role played by DAC's in the continuum of service for people who are mentally retarded and cerebral palsied--that is, the population parameters, staffing patterns, administrative procedures and financing arrangements which best foster the goal of normalization.

II. Procedure

The study was commissioned on September 13, 1976. On-site visits to DAC's, a review of relevant legislation, rules and documents, and conversation with DPW staff members provided the basis for construction of a questionnaire designed to obtain necessary data. Most questions required yes/no or numerical answers; however, questions 3 and 11 were open-ended. (See Appendix A for a copy of the questionnaire.) Additional comments were elicited at the end of the questionnaire.

The survey and a cover letter was sent to all DAC directors on September 21, informing directors they would be contacted by telephone for the completed information. Calls were made beginning September 27. If information was not ready, appointments were made for call-backs. By October 12, the cut-off date, all but two DAC's had been surveyed. These two, and three others judged to be too new to give valid information in several important question areas, are not included in survey results.

Responses to elicited comments and questions 3. and 11 were frequency tabulated and categorized. Other responses were aggregated by computer. Several cross-tabs or correlations were also run. Additional data from grant applications and area needs assessments was incorporated into the report. The report was completed on October 18, 1976.

III. Limitations

Conclusions and implications derived from this study have necessarily been interpreted with an awareness of the following limitations:

1. Time limitations necessitated a telephone, rather than on-site survey.
2. The questionnaire was reviewed by sophisticated and perhaps non-representative directors; therefore, some ambiguities remained.
3. Clients and/or their parents were not surveyed for their perceptions or opinions.
4. Historical data was unavailable or incomplete for some DAC's. Two of the DAC's did not respond in time to be included in tabulations, and three others were eliminated because they were too new. Thus, numbers reflect 96 out of 101 DAC's.

IV. Definitions

1. Daytime Activity Center (DAC): A state funded facility providing daytime care and developmental programming for people who are mentally retarded and cerebral palsied.
2. Mentally Retarded (MR): Diagnosed as having significantly subaverage intellectual functioning existing concurrently with demonstrated deficits in adaptive behavior such as to require supervision and protection for his/her welfare or the public welfare (Definition: DPW Rule 185).
3. Cerebral Palsy (CP): A disorder characterized by aberrations of motor function (paralysis, weakness, incoordination) and often other manifestations of organic brain damage such as sensory disorders, seizures, mental retardation, learning difficulty and behavioral disorder.
4. Infant Stimulation: Developmental programming for children 0-2 years old, usually in the home, but sometimes in the DAC.
5. Pre-School: Developmental programming in the DAC for children 3-6 years old.
6. Work Activity Center (WAC): A program (usually within the DAC) which utilizes manufacturing activities and other production work for the purpose of providing basic vocational skills development for individuals who produce at or below 25 percent normal productivity (Definition: State legislation and CAIR-Community Alternatives and Institutional Reform).
7. Sheltered Workshop (SWS): Employment program (usually outside of the DAC) for individuals able to produce above 25 percent normal productivity but not readily placeable in competitive employment (Definition: CAIR).

Other definitions are defined in the questionnaire.

V. 2. (con't)

Almost one-half of DAC's have an infant stimulation component. About one-fourth of DAC's serve a relatively small number of infants (1-5).

3. Numbers of multiply handicapped clients (two or more major disabilities):

<u>Year</u>	<u>Total No. M.H.</u>	<u>Average No. per DAC</u>
1975	759	7.9
1974	462	4.8
1973	395	4.1
1972	284	2.9

<u>Year</u>	<u>No. of DAC's with no M.H.</u>
1975	10
1974	28
1973	34
1972	52

The total number of multiply handicapped served has increased yearly, with greatest increases taking place between 1974 and 1975. Only about one-half of DAC's served any multiply handicapped clients in 1972, compared to almost 90 percent in 1975.

4. Length of stay:

<u>Length of time enrolled</u>	<u>No. of clients</u>
0-6 months	520
7-12 months	534
1-4 years	1,513
more than 4 years	684

More than one-fifth of total DAC population are relatively long-term clients (more than four years). This figure is undoubtedly low as a forecast for the future, since figures used in the calculation include DAC's which have been in operation for less than four years.

5. To estimate potential abilities of adult clients, two questions were asked:

- a. What percentage of adult clients is unable to benefit from WAC?

Range: 0-90% Mean per DAC: 12.47%

Respondents believe the vast majority (87.53%) can benefit from WAC.

- b. What percentage of adult clients is unable to benefit from SW?*

Range: 0-100% Mean per DAC: 50.8%

Respondents believe about one-half (50.2%) can be expected to benefit from SW. Presumably, the other half will remain in the DAC for long-term care. This tends to substantiate the assertion in #4 that 21 percent of DAC clients are long-term is an underestimation for the future.

*This question was apparently somewhat ambiguous. In response to inquiries, the interviewer explained that respondents should include only those clients who could not be expected to benefit even after a period of developmental programming and WAC.

6. Place of residence of current clients:

<u>Facility</u>	<u>Total No.</u>	<u>Percent</u>
natural homes	1,597	49.9
foster homes	227	7.0
Rule 34 residence	1,096	34.2
licensed SNF	165	5.1
board and care	43	1.3
apartment training program	18	.5
independent living	42	1.3
miscellaneous	10	.3

This would indicate that half of DAC clients live in their natural homes and about one-third live in Rule 34 facilities. Only a very small percentage (1.8%) are in independent living arrangements.

However, some respondents were apparently erroneous in their interpretation of SNF, Information from grant applications indicates that the number in SNF is lower than this.

B. A second group of questions attempted to measure progress by inquiring about movement in three areas: from state hospitals to DAC's; from DAC's to SWS, school and other facilities, within the DAC (individual).

1. Clients received from state hospitals:

<u>Year</u>	<u>No. of clients</u>
1975	159
1974	226

V. B. 1. (con't)

Year	No. of clients
1973	161
1972	178

The largest influx of clients from state hospitals occurred in 1974, when one DAC received 60 clients. In other years the numbers decreased slightly. It is not known whether this reflects a decrease in those who are ready to leave state hospitals or a policy decision on the part of DAC boards.

2. Number of clients discharged:

These figures indicate that the number of clients discharged from DAC's has increased every year for the last four years, rather insignificantly between 1973 and 1974, however. The percentage increase in discharges was greater between 1972-73 than between 1974-75.

<u>r</u>	<u>to WAC</u>	<u>to SWS</u>	<u>to School</u>	<u>to Other</u>	<u>Total</u>	<u>% increase</u>
5	23	103	272	217	615	38
4	20	65	243	116	444	7
3	9	64	234	108	415	57
2	7	40	158	58	263	

3. To determine movement in levels of functioning within the DAC, respondents were asked to estimate percentages of clients who were progressing in terms of individual program plans.

Movement	Mean % for all DAC's
Regressing	2.5
Stable	22.6

V. B. 3. (con't)

Movement	Mean % for all DAC's
Improving	66.4
Ready for promotion	9.7

Some of those who are "stable" may actually be improving, if their previous condition was a pattern of regression.

4. A question asking how many would be placed in a sheltered workshop (SWS) (assuming availability) resulted in a total number of 244 or 7.2% of the total population. Several unsolicited responses indicated that even though clients were ready for promotion, SW placement was improbable for several reasons: no supportive services at SWS; work or atmosphere inappropriate; transportation to or residence near SWS unavailable; parents reluctant.

C. A third series of questions was designed to determine areas of presently inadequate service or gaps in the continuum and projected growth areas.

1. The most obvious inadequacy is lack of space or resources to serve waiting clients. Twenty-four respondents (out of 96) indicated they had a waiting list, with a total of 174 people on the lists. (Seven DAC's have waiting lists of between 1 and 25; 17 DAC's have waiting lists of between 2 and 6.) Several others, however, indicated that there were a great many more potential clients not on lists (those presently in the public schools, those in state hospitals waiting for residences to open, etc.).
2. Seventy-five DAC's have Work Activity Components serving a total of 1,544 clients. 46.9% indicated that resource limitations restrict the progress of clients in their WAC. Of those who had experienced a week or more without work contracts (50 DAC's), the reasons given were as follows:

624
754
clear
750
for the
in 5th
which
visit

Reason for lack of work	No. of DAC's
general economic slump	25
lack of resources	14

V. C. 2. (con't)

Reason for lack of work	No. of DAC's
lack of opportunity to procure contracts	21
inability to find appropriate contracts	39

(Numbers add to more than 50 because some respondents checked more than one reason)

These responses suggest that at least half of DAC's with work components believe their effectiveness is impaired by lack of resources.

3. In the question on priorities for additional resources, WAC was first priority 22 times and second priority 24 times, substantiating the felt need in that area. Other priorities are adult and infant programming (38 and 37), with program for the elderly a low priority (9).

PRIORITIES FOR ADDITIONAL RESOURCES

<u>Program</u>	<u>No. of 1st choices</u>	<u>No. of 2nd choices</u>
Infant Stimulation	31 (32.3%)	6 (6.3%)
Pre-School	14 (14.6%)	13 (13.5%)
Adult	27 (28.1%)	11 (11.5%)
WAC	22 (22.9%)	24 (25%)
Program for Elderly	4 (4.2%)	5 (5.2%)
Other	12 (12.5%)	7 (7.3%)

4. Priorities for cut-backs:

<u>Program</u>	<u>No. of 1st choices</u>	<u>No. of 2nd choices</u>	<u>Total 1st and 2nd choices</u>
elderly	16	6	22
severely retarded	6	1	7
community education recreation	15	7	22
program for high functioning	7	9	16
pre-school	5	6	11
:	1	2	3
administrative functions	19	5	24
staff	12	8	20
hours or months	26	9	35
other	14	1	15

WAC also fares well in the reverse question, "If resources were reduced, which areas would be cut?", since only three respondents made that their first or second choice.

Program directors apparently prefer to cut a little from everyone, reducing hours or months of operation (35 first or second choices) rather than program areas.

5. Question 22 elicited the fact that, in the last year, 40 clients had returned to the DAC after discharge. Reasons given for their return were not statistically significant in any area.

V. C. 5. (con't)

<u>Reasons</u>	<u>No.</u>	<u>Percentage</u>
Lack of job skills	5	12.5
Behavior problems	6	15.
Socialization problems	2	5.
Other (including client moving)	11	27.

(Do not add to 40 because some did not want to venture a reason.)

If we assume 600 as an average discharge figure, the recidivism rate is 6.6%. Reducing this rate raises the question of the need for an intermediate service, discussed later in this study,

6. Other needs and concerns were expressed in the open-ended question added to the end of the questionnaire. The overwhelming area of concern involved work activity contracts and sheltered workshop inadequacies. These related areas drew a total of 57 complaints. Building needs were a strong second area of concern, eliciting 17 responses.

<u>Category</u>	<u>Concern</u>	<u>No.</u>
WAC and SWS	a. SWS too far away	16
	b. work difficult to find	13
	c. lack of cooperation on contracting	11
	d. want to do own contracting	10
	e. lack of intermediate programming in SWS	8
	f. SWS cooperation good	5
	g. WAC dollars should be under DPW control	4

<u>Category</u>	<u>Concern</u>	<u>No.</u>
Building needs	h. building needs—funding	15
	i. residential needs	2
Administration concerns	j. need clarification of rules or criteria on eligibility, staff, etc.	8
	k. anti-consolidation with mental health centers	3
Other program concerns	l. lack of resources for increasing number of severely retarded or handicapped	6
	m. expect growth	5
	n. long-term geriatric care	4
	o. transportation	2
	p. infant stimulation important	2
	q. service for MR parents	1

- V. D. A fourth series of questions sought to determine standards and practices currently in use within the DACs in several areas.

1. Staff Ratios

	Staff:Client	Mode
a. pre-school	1:2.5	1:3
b. adult	1:5.2	1:5, 1:10 (bimodal)
c. WAC	1:6.5	1:6.2

(Staff includes teachers and aides.)

The richest staff ratios are in the pre-school area. Poorest staff ratios are in the WAC. This has important fiscal implications when considering future population profiles. It seems that it is less expensive for DPW to concentrate on WAC clients; however, if pre-schoolers are integrated into the public schools or private nursery schools, the costs may simply be shifted.

2. Correlation between staff-client ratios and number of multiply-handicapped (MH)

	number of MH	
	less than 3	3 or more
pre-school ratio	1:2.2	1:2.6
adult ratio WAC	1:4.9	1:5.3
ratio	1:5.8	1:6.9

The correlation for pre-school ratios is not statistically significant. This means differences could happen by chance.

Correlation between adult ratio and number of MH is $-.1723$. Correlation between WAC ratio and number of MH is $-.2620$. These are both statistically significant negative correlations, indicating that centers with 3 or more MH have poorer staff ratios than centers with less than 3 MH.

3. Administrative Costs

Average administrative costs reported were 14.08% of total costs. However, this figure may not be valid, as 24 respondents could not estimate administrative costs. These 24 were mainly small DACs where administrative costs may be significantly different from the average. In addition, some of those who did respond admitted that their response was an "educated guess."

As noted before, the question did not define administrative costs, so different factors may have been included for different centers.

For these reasons, the 14.08% average is an estimate only.

Only 9 respondents reported administrative costs of more than 20%; this may imply that there is little opportunity for cost-savings in consolidating administrative duties.

4. Admissions Policies

Question 3 was an open-ended question which asked for methods of determining eligibility.

a. procedures

	number of DACs
Standardized Tests	1. MDPS - 14
	2. Denver - 5
	3. Portage - 2
	4. Gazette - 1
	5. Peabody - 1
	6. ABS - 3
Evaluations	1. Psychological - 23
	2. Social - 5
	3. Speech - 4
	4. Physical - 4
	5. Medical - 6
	6. Team admissions - 20
Referrals	1. School - 6
	2. MHC - 8
	3. Social Worker - 6
	4. Nursing home - 1
	5. Other - community 14

b. criteria for exclusion

1. No exclusions except non-MR or CP -	26
2. Exclude if employed or self-sufficient -	6
3. Exclude if better able to be served by others -	8
4. Exclude if no self-help skills -	5
5. Exclude if not toilet-trained (adults) -	6
6. Exclude if no capacity for ambulation -	13
7. Exclude if harmful to self or others -	5
8. Exclude on basis of age minimum -	5
9. Exclude on basis of IQ maximum (68,70,75,80,85) -	6
10 Exclude on basis of IQ minimum (35) -	1
Admit on trial basis (30 days) -	5

The questionnaire did not list possible choices, but was totally open-ended in order to elicit non-prompted responses. Many more respondents than the number indicated probably use some of the techniques listed, but did not specifically mention them. Many replied with more than one item.

The responses cover a wide range of procedures and criteria for determining eligibility. There appeared to be some ambiguity in interpretation of regulations in this area.

5. Months of operation

	<u>9</u>	<u>10</u>	<u>11</u>	<u>12</u>	
# of DACs	11	22	22	13	68 total

This additional question was inserted after several DACs had been surveyed; therefore, responses represent about 2/3 of DACs. The chart below includes information from all DACs. The question was asked to try to determine how realistic a reduction in operating time would be.

A concern expressed often was that regression takes place during long breaks. Shorter (1-2 week) breaks several times during the year alleviate that problem for some respondents.

<u>Days of Operation/Year*</u>			
<u>Adult or Combined Adult/ Pre-School Programs</u>		<u>Pre-School Programs</u>	
<u># of days open</u>	<u># of DACs</u>	<u># of days open</u>	<u># of DACs</u>
144	1	120	1
180	19	144	1
190	1	150	2
200	20	160	1
210	10	170	1
220	30	180	8
230	6	190	1
240	12	200	1
		210	1
		227	1
Mean: 209		Mean: 176	

* Data from Community Services, DPW, September 1976

6. Criteria for exclusion from WAC or SWS

MAC	
All can benefit from some WAC	13
Lack of interest	5
Both MDPS or other evaluation instrument	15
<hr/>	
Severe physical or mental disability	15
Inadequate motor skills	5
Trial placement	11
<hr/>	
<u>SWS</u>	
<hr/>	
Evaluation by SWS - negative	15
Production in WAC poor	14
Time-attention - unable to work 6 hrs	11
Inadequate work skills	23
Inadequate behavior and emotional control	11
Incapable of independent living	3
Distance to SWS too great	3
Parental attitude prevents placement	3

VI. CONCLUSIONS AND RECOMMENDATIONS

The purpose of this study was to determine the kind of population presently being served by DACs in Minnesota, the progress being made by clients, staffing and administrative patterns, and projections for the future.

The study method consisted largely of a survey mailed to each DAC director in Minnesota. Responses were obtained, over the telephone, from 99 directors, 96 of which were tabulated. A summary of results was reported in Section V of this report. The following conclusions are based on an analysis of the data and on additional data as noted in the text:

1. Since school acceptance of responsibility for children, DAC services have concentrated on the very young and adults, including the elderly. Nearly 2 1/2 times as many adults as children are currently enrolled. A significant number of clients is over 60 years old (198).
2. The percentage of clients who are multiply-handicapped has increased greatly in the last four years (167%).
3. A large proportion (between 20% and 50%) of DAC clients require long-term services, rather than programming designed to "graduate" them.
4. A substantial number (76%) of clients is considered to be making progress in terms of individual program plans, with another 22% remaining stable (perhaps indicating a break in a pattern of regression). The study design did not allow a conclusion as to whether that progress would have been made without the treatment (DAC); however, the assumption is the same as for "normal" schools - progress is attributed to program effort.
5. About one-half of adult clients are potentially able to function in SWS settings, according to respondents' estimates. This means approximately 1250 new SWS or competitive work slots should be made available within the next few years (in addition to those needed for clients who will enter DACs in the future).
6. The movement from DACs to SWS has increased over the last four years, but remains small (103 in 1975). Another 244 are considered ready for SW, but availability of slots or concerns about distance, quality or parental reluctance prevent their placement. Some adjustments should be made to increase movement in this area.

VI. CONCLUSIONS AND RECOMMENDATIONS (continued)

7. Staff ratios are substantially lower (richer) for pre-school than for adult programming. There is a negative correlation between staff/client ratios and number of MH served, with the average ratio decreasing (becoming poorer) as the number of MH increases, for adult and WAC components. WACs have the poorest staff ratios.
8. Administrative costs may be somewhere near 14%. As indicated earlier, this is a "soft" estimate.
9. Criteria and procedures for determining entrance eligibility vary widely among the DACs, indicating that there are probably some exclusions or inclusions of clients at either end of the developmental scale which are inappropriate. Eligibility needs to be more specifically defined.
10. Days of operation also vary widely among DACs, ranging from 120 - 240. Cost and staff conservation must be balanced against the possibility of client regression during vacations. If future financing is reduced, respondents would choose to cut in this area (26 first choices) rather than elsewhere.
11. About 175 people are on current waiting lists. Additional growth is projected from state hospitals, public schools, residences opening in the near future, etc. Area mental health boards project 773 additional people will need services over the next biennium. What is not known is the level of programming, and therefore financing, needed.
12. WAC components in nearly 50% of DACs suffer from lack of resources or work contracts. Respondents indicated a great deal of dissatisfaction with DVR-DAC relationships, and expressed a desire to be more flexible and more independent in this area.

RECOMMENDATIONS

DAC population is expected to continue for at least the next few years, given present eligibility criteria. It appears likely, from past trends, that the population profile of DACs will include clients with widely differing characteristics and functioning levels, including greater concentrations of infants, the elderly, and multiply-handicapped. Wherever possible, clients should be encouraged to integrate into normal community programs. In some geographic areas, there are few other community resources, and the DACs will have to continue to serve all; however, not all clients need the same intensity of programming.

This study did not attempt to evaluate specific program features. On-site program evaluation should take place at each center to ensure that each client is served in the most appropriate way. However, an

RECOMMENDATIONS (continued)

analysis of outcomes and respondent concerns indicates that greater efforts must be made to increase the flexibility of work activity, both within the DAC and at SW Shops or competitive employment sites, in order to encourage the progress of clients. Changes in contracting procedures, intermediate or complementary developmental services at the SWS, greater efforts in competitive employment are possibilities.

Some segments of the projected growth in population (and some of the present population) may be served well through less than full-time programming. This would allow a greater number of clients to be served with limited resources and would, in some cases, foster the goal of normalization. Part-time programming may be appropriate for those making the transition to SWS, those who need help in adjusting to independent living, the elderly, pre-school components, summer programs.