



National Survey by the ASSOCIATION OF PROFESSIONAL DEVELOPMENTAL
DISABILITIES ADMINISTRATORS and the UNIVERSITY OF MINNESOTA of

PUBLIC RESIDENTIAL FACILITIES AND SPECIAL UNITS FOR PERSONS WITH INTELLECTUAL DISABILITIES AND RELATED DEVELOPMENTAL DISABILITIES (IDD)

Fiscal Year 2016 (July 1, 2015 – June 30, 2016)

Please complete and mail, fax or email the survey by November 1, 2016 and send to:

RISP Project
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Facility Contact Information

Please fill in the following:

Facility Name: _____

City Facility is located in: _____

State Facility is located in: _____

First Name of Person completing this survey: _____

Last Name of Person completing this survey: _____

Phone Number: _____

Email Address: _____

Has the facility been renamed? _____

What is the previous name of the facility? _____

Residents and Short-Term Stays

A state residential facility consists of one or more units on a single campus or adjoining property that together serve 16 or more residents with a primary diagnosis of intellectual disability or developmental disabilities (IDD), is staffed by state employees and that provides 24 hour services.

DO NOT include residents living in group homes on non-adjacent property for any of the questions.

1. What is the Total number of residents (including all units and all diagnoses) as of June 30, 2016:

For all remaining questions count **ONLY** residents with a primary diagnosis of intellectual and/or developmental disabilities (IDD) who lived in IDD units

2. Between July 1, 2015 and June 30, 2016 how many different people with IDD received the following care:

a. Received short-term on-campus **respite** (e.g., to provide a break for a caregiver) services?

b. Were admitted only for **short-term** (90 days or fewer) **evaluation or treatment** (e.g., behavioral crisis, medication adjustment, court ordered evaluation) _____

c. Were admitted only for a short-term stay (90 days or less) for **crisis housing** (e.g., during or following a natural disaster or if a primary caregiver dies unexpectedly)? _____

d. How many different people had 1 or more short term stays for any of the above reasons? (Provide an unduplicated count). _____

Comment about Short-Term Stay items:

Current Residents

For the following questions about current residents, count **ONLY** residents with a primary diagnosis of intellectual and/or developmental disabilities (IDD) who lived in IDD units

Please **DO NOT include** people who were admitted only for respite, short-term evaluation or treatment, or crisis housing.

3. For people with IDD, for Fiscal Year 2016 (July 1, 2015 to June 30, 2016):
- a. Number of residents at beginning of year (July 1, 2015) _____
 - b. Deaths _____
 - c. Average daily population of residents _____
 - d. Number of residents at end of year (June 30, 2016) _____

4. Of the residents with IDD on June 30, 2016 please indicate how many were:

Gender	Number in the Facility on June 30, 2016
Male	
Female	
Total	

Comment about Current Resident's gender:

5. Of the residents with IDD who lived in the facility on June 30, 2016, please indicate how many residents were in the following Levels of Intellectual Disability. (Your total should equal your response in Question 3d.)

IDD Level	Number in the Facility on June 30, 2016
None	
Mild	
Moderate	
Severe	
Profound	
Unknown	
Total	

Comment about Current Resident's Levels of Intellectual Disability:

6. Of the residents with IDD who lived in the facility on June 30, 2016, please indicate how many residents were in each of the following age groups. (Your total should equal your response to Question 3d.)

Chronological Age	Number in the Facility on June 30, 2016
0-14	
15-18	
19-21	
22-39	
40-54	
55-62	
63+	
Unknown	
Total	

Comment about Current Resident's Age Groups:

7. Of the current residents with IDD who lived in the facility on June 30, 2016, how many fall into the following race categories? (Please count each person only once. Your total should equal your response to Question 3d.)

Please check the box if race information is not available.

Race	Number in the Facility on June 30, 2016
White	
Black or African American	
Other	
Two or more races	
Unknown	
Total	

8. Please report the number of current residents with IDD who lived in the facility on June 30, 2016, in each of the following ethnic categories. (Please count each person only once. Your total should equal your response to Question 3d.)

Please check the box if ethnicity information is not available.

Ethnicity	Number in the Facility on June 30, 2016
Hispanic or Latino	
Not Hispanic or Latino	
Unknown	
Total	

Additional Information on Current Residents

For the next questions count **ONLY** residents with a primary diagnosis of intellectual and/or developmental disabilities (IDD) who lived in IDD units.

Please **DO NOT include** people who were admitted only for respite, short-term evaluation or treatment, or crisis housing.

9. Of the residents with IDD on June 30, 2016, please indicate how many had the following additional diagnoses or conditions:

- a. Blind (little/no useful vision) _____
- b. Deaf (little/no useful hearing) _____
- c. Epilepsy _____
- d. Cerebral Palsy _____
- e. Behavioral disorder (requiring special staff attention) _____
- f. Psychiatric disorders (requiring psychiatric attention) _____
- g. Autism spectrum disorders (including Aspergers) _____
- h. Alzheimer's or other dementia _____
- i. 2 or more of the above conditions in addition to IDD _____
- j. Receives medication for moods, anxiety or behavior _____

Comment about Additional Diagnoses or Conditions:

10. Of the residents with IDD on June 30, 2016, please indicate how many had the following limitations:

- a. Cannot walk without assistance or supervision _____
- b. Cannot dress self without assistance or supervision _____
- c. Cannot feed self without assistance or supervision _____
- d. Cannot use the toilet without assistance or supervision _____
- e. Cannot get into and out of bed without assistance or supervision _____
- f. Cannot understand simple spoken requests _____
- g. Cannot communicate basic desires verbally _____

Comment about Limitations:

The following questions ask about services to people with IDD involved with the criminal justice system.

11. Of the residents with IDD on June 30, 2016, please indicate the number of residents who:
- a. Live at this facility because of behaviors that led to involvement of the criminal justice system _____
 - b. Were admitted to this facility for court ordered competency training _____
 - c. Have been found incompetent to stand trial _____
 - d. Are under parole supervision _____
 - e. Are otherwise under the jurisdiction of a criminal court _____
 - f. How many current residents are involved in the criminal justice system for any of the above reasons? (Provide an unduplicated count). _____

Comments about Services to people with IDD involved with the criminal justice system:

New Admissions

For the following questions about New Admissions, count ONLY residents with a primary diagnosis of intellectual and/or developmental disabilities (IDD) who lived in IDD units.

Please **DO NOT include** people who were admitted only for respite, short-term evaluation or treatment, or crisis housing.

12. For people with IDD for Fiscal Year 2016 (July 1, 2015 to June 30, 2016), what was the number of *New admissions*? _____
13. Of the Newly Admitted residents with IDD who lived in the facility between July 1, 2015 and June 30, 2016, please indicate how many residents were in the following Levels of Intellectual Disability. (Your total should equal your response to Question 12.)

IDD Level	Number in the Facility on June 30, 2016
None	
Mild	
Moderate	
Severe	
Profound	
Unknown	
Total	

Comment about Newly Admitted resident's Levels of Intellectual Disability:

14. Of the Newly Admitted residents with IDD who lived in the facility between July 1, 2015 and June 30, 2016, please indicate how many residents were in each of the following age groups. (Your total should equal your response to Question 12.)

Chronological Age	Number in the Facility on June 30, 2016
0-14	
15-18	
19-21	
22-39	
40-54	
55-62	
63+	
Unknown	
Total	

Comment about Newly Admitted resident's Age Groups:

15. Please indicate the previous placement of Newly Admitted residents with IDD who lived in the facility between July 1, 2015 - June 30, 2016. (Your total should equal your response to Question 12.)

Facility Type		Number of New Admissions between July 1, 2015 and June 30, 2016
a	Own Home: Independent living (no supervision) or Supported living/semi-independent living (part-time supervision)	
b	Home of Parents/Family Member	
c	Host Family/Family Foster Care	
d	IDD residential facility with 1 to 6 residents	
e	IDD residential facility with 7 to 15 residents	
f	Private IDD residential facility with 16+ residents	
g	Public IDD residential facility with 16+ residents	
h	Nursing home	
i	Hospital/institution for persons with mental illness	
j	Correctional facility	
k	Other (<i>Please specify</i>)	
l	Unknown	
TOTAL:		

Comment about Newly Admitted resident's previous residential placements:

Readmissions

For the following questions about Readmissions, count ONLY residents with a primary diagnosis of intellectual and/or developmental disabilities (IDD) who lived in IDD units.

Please **DO NOT include** people who were admitted only for respite, short-term evaluation or treatment, or crisis housing.

16. For people with IDD for Fiscal Year 2016 (July 1, 2015 to June 30, 2016), how many people were *readmitted* to the facility? _____

17. Of the Readmitted residents with IDD who lived in the facility between July 1, 2015 and June 30, 2016, please indicate how many residents were in the following Levels of Intellectual Disability. (Your total should equal your response to Question 16.)

IDD Level	Number in the Facility on June 30, 2016
None	
Mild	
Moderate	
Severe	
Profound	
Unknown	
Total	

Comment about Readmitted resident's Levels of Intellectual Disability:

18. Of the Readmitted residents with IDD who lived in the facility between July 1, 2015 and June 30, 2016, please indicate how many residents were in each of the following age groups. (Your total should equal your response to Question 16.)

Chronological Age	Number in the Facility on June 30, 2016
0-14	
15-18	
19-21	
22-39	
40-54	
55-62	
63+	
Unknown	
Total	

Comment about Readmitted resident's Age Groups:

19. Please indicate the previous placement of Readmitted residents with IDD who lived in the facility between July 1, 2015 and June 30, 2016. (Your total should equal your response to Question 16.)

Facility Type		Number of Readmissions between July 1, 2015 and June 30, 2016
a	Own Home: Independent living (no supervision) or Supported living/semi-independent living (part-time supervision)	
b	Home of Parents/Family Member	
c	Host Family/Family Foster Care	
d	IDD residential facility with 1 to 6 residents	
e	IDD residential facility with 7 to 15 residents	
f	Private IDD residential facility with 16+ residents	
g	Public IDD residential facility with 16+ residents	
h	Nursing home	
i	Hospital/institution for persons with mental illness	
j	Correctional facility	
k	Other (<i>Please specify</i>)	
l	Unknown	
TOTAL:		

Comment about Readmitted resident's previous residential placements

Discharges

For the following questions about Discharges, count ONLY residents with a primary diagnosis of intellectual and/or developmental disabilities (IDD) who lived in IDD units.

Please **DO NOT include** people who were admitted only for respite, short-term evaluation or treatment, or crisis housing.

Please **DO NOT include** deaths.

20. For people with IDD for Fiscal Year 2016 (July 1, 2015 to June 30, 2016), what was the number of *Discharges*? _____

21. Of the Discharged residents with IDD who lived in the facility between July 1, 2015 and June 30, 2016, please indicate how many residents were in the following Levels of Intellectual Disability. (Your total should equal your response to Question 20.)

IDD Level	Number in the Facility on June 30, 2016
None	
Mild	
Moderate	
Severe	
Profound	
Unknown	
Total	

Comment about Discharged resident's Levels of Intellectual Disability:

22. Of the Discharged residents with IDD who lived in the facility between July 1, 2015 and 30, 2016, please indicate how many residents were in each of the following age groups. (Your total should equal your response to Question 20.)

Chronological Age	Number in the Facility on June 30, 2016
0-14	
15-18	
19-21	
22-39	
40-54	
55-62	
63+	
Unknown	
Total	

Comment about Discharged resident's Age Groups:

23. Please indicate the placement of Discharged residents with IDD who lived in the facility between July 1, 2015 and June 30, 2016. (Your total should equal your response to Question 20.)

Facility Type		Number of Discharges between July 1, 2015 and June 30, 2016
a	Own Home: Independent living (no supervision) or Supported living/semi-independent living (part-time supervision)	
b	Home of Parents/Family Member	
c	Host Family/Family Foster Care	
d	IDD residential facility with 1 to 6 residents	
e	IDD residential facility with 7 to 15 residents	
f	Private IDD residential facility with 16+ residents	
g	Public IDD residential facility with 16+ residents	
h	Nursing home	
i	Hospital/institution for persons with mental illness	
j	Correctional facility	
k	Other (<i>Please specify</i>)	
l	Unknown	
TOTAL:		

Comment about Discharged resident's previous residential placements:

Community Services Provided

24. Please indicate (√) any service you offer directly to persons with IDD not living in this facility.

Please check the box if you do not provide services DIRECTLY to nonresidents with IDD.

Service Provided to Nonresidents of Facility	Services Provided DIRECTLY to persons with IDD in the community
a. Assistive technology assessment and intervention	
b. Audiological assessment and intervention	
c. Behavioral assessment and intervention	
d. Crisis support services	
e. Consultant health services	
f. Dental services	
g. Diagnostic services	
h. Family support/home visitation by staff	
i. Medical and/or nursing treatment	
j. Personal/Social counseling	
k. Physical therapy	
l. Primary health care	
m. Recreation/Leisure	

Service Provided to Nonresidents of Facility	Services Provided DIRECTLY to persons with IDD in the community
n. Respite	
o. Self-help or developmental classes	
p. Sex education	
q. Speech services	
r. Vocational training	
s. Other (specify)	

Comment about Direct Services Provided to Non-residents:

25. Please indicate (√) any service you offer indirectly through training and technical assistance to community agencies, families, schools, etc., who serve individuals with IDD.

- Please check the box if you do not provide training and technical assistance services INDIRECTLY to community agencies, families, schools, etc. who serve individuals with IDD.

Service Provided to Nonresidents of Facility	Services Provided INDIRECTLY through training/technical assistance to community agencies, families, schools, etc. who serve individuals with IDD
a. Assistive technology assessment and intervention	
b. Audiological assessment and intervention	
c. Behavioral assessment and intervention	
d. Crisis support services	
e. Consultant health services	
f. Dental services	
g. Diagnostic services	
h. Family support/home visitation by staff	
i. Medical and/or nursing treatment	
j. Personal/Social counseling	
k. Physical therapy	
l. Primary health care	
m. Recreation/Leisure	
n. Respite	
o. Self-help or developmental classes	
p. Sex education	
q. Speech services	
r. Vocational training	
s. Other (specify)	

Comment about Indirect Services Provided to Non-residents:

Administration

Please record the following budgetary and staffing information for the period July 1, 2015 to June 30, 2016. **(If this is an IDD unit of a psychiatric or other type of facility, please report for IDD units only).**

26. Average per diem cost from July 1, 2015 to June 30, 2016 \$ _____
 (“Average per diem cost” means the average cost of care of one resident for one day.)

Comment about per diem:

27. As of June 30, 2016, please list the number of full-time equivalent (FTE) employees of this facility by job type. Include all full-time, part-time, contracted, and all other workers with regularly scheduled hours. (Use your facility’s definition of full-time.)

One FTE is 40 hours worked in a week. One FTE could represent one person working 40 hours or two people working 20 hours or any other combination adding up to 40 hours in a week.

	Staff Role	Selected Examples	N FTEs
a.	Physicians and Nurses	MD, OD, RN, LPN, LVN, PA, etc.	
b.	Degreed or Licensed Therapists	OT, PT, Speech, Recreation Therapist	
c.	Degreed or Licensed Educators (K-12)	Special Education Teacher	
d.	Other Degreed or Licensed professionals	Psychologist, Behavior Analyst, Other	
e.	Direct Support Staff	Aides, Assistants, Technician, Job Coach, Residential Counselor, day program staff, vocational staff, etc.	
f.	Administrators and Managers	Director, CEO, Program Director, Unit Manager, Supervisors (who are not considered direct support staff)	
g.	All other staff	Laundry, maintenance, cooks, drivers, security, business office and similar positions	
	Total full-time equivalent staff (Sum of a-g)		

Comment about Staff Roles:

Direct Support Staff

The following questions refer only to those people counted as Direct Support Staff (e.g., Aide, Assistant, Technician, Job Coach, Residential Counselor, Day Program Staff, Vocational Staff, etc.)

28. Counting all shifts, how many direct support staff members (including full-time and part-time, but not including “on-call”) worked specific regular shifts in your facility as of June 30, 2016?

29. How many direct support staff were employed **full-time** as of June 30, 2016? _____

30. How many hours per week do direct support staff have to work in order to be considered **full-time**?

31. What is the current average **starting** hourly wage for direct support employees? (Please enter an hourly amount in the following format: 12.50) \$ _____ per hour

32. What is the **average** hourly wage of all current direct support employees? (Please enter an hourly amount in the following format: 12.50) \$ _____ per hour

Comment about hourly wages:

33. How many hours per week must a direct support staff member work to be eligible for **paid leave time** (e.g., sick, holiday, personal leave)? _____ hours per week

34. How many direct support staff members are eligible for paid leave? _____

35. Counting all shifts (including full-time and part-time, but not including “on-call”), how many direct support staff **left** their positions (e.g., resigned, retired, were fired, transferred or were promoted to non-direct support position) between July 1, 2015 and June 30, 2016? _____

Comment about direct support who left their positions:

36. How many direct support staff positions are funded **but currently vacant** (i.e., how many direct support staff do you need to hire to be fully staffed today)? _____

37. Which of the following are the biggest staffing related concerns for your facility? (Please mark (√) up to three choices.)

	Staffing Concern	(√)
a.	Direct support staff motivation	
b.	Cultural competence of staff	
c.	Direct support staff turnover	
d.	Finding qualified direct support staff	
e.	New hires quit during the first 6 months	
f.	Workplace injuries to staff	
g.	Administering Family Medical Leave Act provisions (FMLA)	
h.	Morale problems	
i.	Direct support staff wages and benefits	
j.	Other	
k.	None of the above	

Please list Other staffing related concerns:

Frontline Supervisors

The following questions refer only to those people who are Frontline Supervisors.

Frontline supervisors (FLS) are people who directly supervise direct support staff. FLS have a variety of job titles but spend less than 50% of their total hours providing direct supports to people with IDD.

38. Counting all shifts, how many people (including full-time and part-time) worked in frontline supervisor roles directly supervising direct support staff as of June 30, 2016? _____

Comment about number of people in frontline supervisor roles:

39. How many frontline supervisors left their positions (e.g., resigned, retired, fired, promoted) between July 1, 2015 and June 30, 2016? _____

40. How many frontline supervisor positions are funded **but currently vacant** (i.e., how many people do you need to hire in frontline supervisor roles to be fully staffed today?) _____

41. What is the current average annual **starting** salary of frontline supervisors? (Please enter in the following format: 10,000). \$ _____ per year

42. What is the current average annual salary of **all** frontline supervisors? (Please enter in the following format: 10,000). \$ _____ per year

Closure

43. Is your facility scheduled for closure? Yes _____ No _____

If yes, by what year is it closing? _____ Which month is it closing? _____

Comment about Facility Closure:

Thank you for your continued support of this survey.

Please fax, mail or email your survey to the contact listed on the front page of this survey by November 1, 2016.