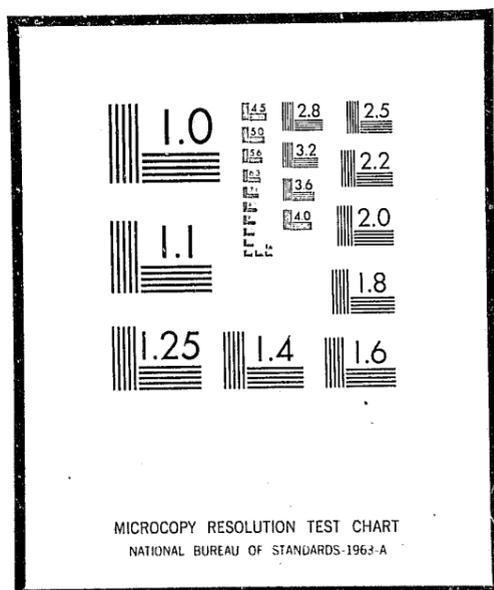


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Date filmed,

COOPERATIVE PROGRAMS!

A Report to the Legislature

from the
HUMAN RELATIONS AGENCY
Department of Rehabilitation
ROBERT E. HOWARD, Director

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April 1, 1969

OVERVIEW

The Cooperative Program effort by the Department of Rehabilitation was essentially a series of pilot studies aimed at investigating the feasibility of applying Department of Rehabilitation methods to a variety of clients under a variety of program conditions statewide. The goal of all of the programs was to utilize the Department of Rehabilitation services as a bridge between institution and community.

Two things stimulated this effort. First, the recognition that the need for services to the mentally and physically disabled far outstripped available resources. It became, therefore, a matter of economics where to apply the effort of the Department for maximum benefits to the state and to the disabled persons. Secondly, federal funds became available through a matching arrangement with state and local governments which allowed for exploration and demonstration of rehabilitation methods.

Four areas were selected for investigation: alcoholism, mental retardation or slow learners, public offenders, and the mentally ill. The state departments having programs in these areas are: Public Health, Education, Corrections and Youth Authority, and Mental Hygiene respectively. Each of these departments redefined some of their existing positions and functions to emphasize a vocational orientation consistent with the regulations of the Department of Rehabilitation. These qualifying positions were then certified to the Department of Rehabilitation so that they, in turn, could be used as the state portion of the matching required for federal participation in the State Department of Rehabilitation programs. Federal funds thus obtained were used in the following ways: first, as non-case service expenditures such as staff, equipment, travel and administrative overhead; and secondly, they were used for case service expenditures including medical diagnostic services, physical restoration services, job training, client transportation, and client maintenance.

The cooperative programs are difficult to compare or rate as to their effectiveness because of the complexity and variety of characteristics contained in them. A partial listing of these variables would contain: (1) the age and types of clients or disabilities represented in the programs, (2) the differing staffing patterns between institutions, (3) the maturity of the programs, (4) the geographic differences between programs, and (5) the pre-existing patterns of services available in the various programs.

It is reasonable, however, to point out some general effects of the cooperative programs. It has been possible for the Department of Rehabilitation to bring its services to larger groups of mentally and physically handicapped persons. It has been able to do this while conserving the state general fund, and at the same time maximizing federal funding participation. It has permitted the cooperating departments to enrich and expand their programs to the benefit of their clients. Lastly, the cooperative programs have provided a guide for the diverse vocational interests represented in the various departments so that maximal gains were achieved for the eligible client population.

ACKNOWLEDGEMENTS

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COOPERATIVE ALCOHOLIC PROGRAM HIGHLIGHTS

1. Alcoholics Can Be Rehabilitated

----63% of all individuals closed after receiving rehabilitation plan services were closed rehabilitated.

2. The Rate of Alcoholics Being Rehabilitated is Increasing Rapidly and Will Probably Double in the Current Fiscal Year

----1,004 alcoholics were rehabilitated in 1967-68. Based on a projection of the percent rate of increase it is estimated that twice as many alcoholics will be rehabilitated during fiscal year 1968-69.

3. The Annual Earnings of the 1,004 Alcoholics Rehabilitated in fiscal year 1967-68 Increased by \$2,410,600 Following Rehabilitative Services Provided Through the Cooperative Program

4. The Cost of Rehabilitation of Alcoholics is Relatively Low and Should Decrease as the Program Matures

----During fiscal year 1967-68 the average cost per rehabilitation was \$2,198.

----The estimated cost per rehabilitation will be one-third less during fiscal year 1968-69.

5. The Average Rehabilitated Alcoholic Had the Following Characteristics at the Time of Acceptance for Rehabilitation Services:

White (includes Mexican-American)	90%
Male	78%
Employed	52%
Had One or More Dependents	52%
Married	50%
45 Years or Older	50%

6. The Alcoholism Programs Showing the Highest Rates of Rehabilitation Efficiency and Highest Cost Benefit Return to the State:

Long Beach	Rehab Rate	988 Rehabilitations Per Million Dollars
	Cost Benefit	63% of its State Share Returned Annually
San Diego	Rehab Rate	907 Rehabilitations Per Million Dollars
	Cost Benefit	27% of its State Share Returned Annually
Pasadena	Rehab Rate	610 Rehabilitations Per Million Dollars
	Cost Benefit	26% of its State Share Returned Annually
Sacramento	Rehab Rate	408 Rehabilitations Per Million Dollars
	Cost Benefit	26% of its State Share Returned Annually

7. The Alcoholism Programs Showing the Lowest Rates of Rehabilitation Efficiency and Lowest Cost Benefit Return to the State:

Contra Costa	Rehab Rate	298 Rehabilitations Per Million Dollars
	Cost Benefit	12% of its State Share Returned Annually
Santa Clara	Rehab Rate	295 Rehabilitations Per Million Dollars
	Cost Benefit	9% of its State Share Returned Annually
Alameda	Rehab Rate	226 Rehabilitations Per Million Dollars
	Cost Benefit	8% of its State Share Returned Annually
San Joaquin	Rehab Rate	85 Rehabilitations Per Million Dollars
	Cost Benefit	6% of its State Share Returned Annually

8. One of the Major Problems in the Rehabilitation of Alcoholics is the Difficulty in Establishing a Workable Treatment Relationship and in Maintaining Motivation for Rehabilitation

----Nearly 50% of all individuals seen during 1967-68 left the program after receiving evaluation services.

9. There is Considerable Variation Between Alcoholism Programs in Their Rate of Closure Following Evaluation. The Programs with Low Rates of Rehabilitation Efficiency Have a High Percentage of Individuals Closed After Evaluation.

Santa Clara	Rehab Rate	295 Rehabilitations Per Million Dollars
	Closures	67% of Total Work Load Closed After Evaluation Services
Alameda	Rehab Rate	226 Rehabilitations Per Million Dollars
	Closures	64% of Total Work Load Closed After Evaluation Services
San Joaquin	Rehab Rate	85 Rehabilitations Per Million Dollars
	Closures	64% of Total Work Load Closed After Evaluation Services

10. The Long Beach City Alcoholism Program is the Most Efficient of the Eleven McAteer Alcoholism Programs

----Highest rate of rehabilitation efficiency per million dollars, 998.

----Highest cost benefit return, 63% of its state share of program cost returned annually.

----Low rate of closure after diagnostic and evaluation services, 42%.

11. The Benefits Achieved During Rehabilitation Are Maintained After Treatment is Terminated. A Followup Study of Rehabilitated Clients Six Months After Closure Showed the Following:

----Earnings had increased by 5%.

----51% had been totally abstinent during the six months after closure.

----In an additional 21% the amount of drinking was so low as to be considered no significant problem.

----85% had no marital difficulties related to alcoholism.

----89% had no job difficulties, such as, loss of job or disciplinary action.

----94% of those who had been continuously employed had no work days lost due to alcoholism.

----96% had no hospitalization due to alcoholism.

----93% had no arrests due to alcoholism.

12. The Cooperative Alcoholism Program Appears Worthwhile

----The rehabilitation of alcoholics can produce high cost benefits return to the economy.

PROGRAM BENEFITS

The analysis of the cost benefits of the 1,004 alcoholics rehabilitated indicates that the cooperative program for alcoholics is highly productive both in the salvaging of human lives and the return of persons to productive employment in the economy. Benefits to the economy of the State of California ascribed to the rehabilitation of these 1,004 alcoholics is quite striking. As a group, their annual earnings increased from \$2,840,900 to \$5,251,500. At six-months follow-up after closure, a 15% representative sample of the rehabilitated group was found to be maintaining their employment and their annual earnings during that six-months period showed a 5% increase.

The state's share of the cost of the vocational rehabilitation program for alcoholics in fiscal year 1967-68 was \$433,871. On the basis of the cost benefits received, this appears to have been an excellent investment of public funds in human resources. The cost benefits for the alcoholism program are conservative estimates on the return to the economy in that they are based only on the reported increase in income and savings in public assistance costs. The 1,004 alcoholics rehabilitated during 1967-68 showed an annual cash return to the state of \$90,603 from increased state sales tax and state income tax, annual savings in the reduction of public assistance costs, and savings by the elimination of hospitalization. The estimate for the elimination of hospitalization does not include the estimated savings which would result from the individuals being placed in recovery houses rather than being hospitalized.

Information is now being gathered on the number of days of hospitalization, number of arrests, and number of days lost from work for the six-month period prior to rehabilitation and for the six months after rehabilitation. This information is being gathered on all persons accepted for rehabilitation services after January 1968 and will provide additional information and refinement of the cost benefit effectiveness of the statewide and individual alcoholism programs.

At the present rate of state costs being returned annually, those persons being rehabilitated will, within the next five years, repay to the state the total of the state's costs of the operation of the cooperative alcoholism program in 1967-68. The percent of cost-benefit return per state dollar invested is as follows:

Highest Rate of Return	Long Beach	63%
Medium Rate of Return	San Diego	27%
	Pasadena	26%
	Sacramento	26%
	Los Angeles	21%
Lowest Rate of Return	San Francisco	12%
	Contra Costa	12%
	Santa Clara	9%
	Alameda	8%
	San Joaquin	6%
	Monterey	3%

Program Funding

The level of funding of the cooperative alcoholism program has shown a rapid increase since its inception in 1965. The increase represents the change in program emphasis after March 1967 with the transfer of responsibility for the reimbursement of the community alcoholism programs to the Department of Rehabilitation. The total cooperative program expenditures during the first three years and the estimated expenditures during the current fiscal year are as follows:

Fiscal Year 1965-66	\$ 84,871
Fiscal Year 1966-67	1,007,109
Fiscal Year 1967-68	2,206,928
Fiscal Year 1968-69	2,680,980 (est.)

During the first three years of the cooperative program both the mechanism for funding and the federal-state matching ratio have changed. During the initial period from 1965-67, the program was financed by a transfer of necessary state funds from the Department of Public Health to the Department of Rehabilitation. The Department of Rehabilitation then utilized the state funds to match the federal vocational rehabilitation funds available to the Department of Rehabilitation. Beginning in the fiscal year 1968-69, the local communities have also transferred to the Department of Rehabilitation necessary local funds as the local share of the cost of the cooperative alcoholism program. The matching ratio during the present fiscal year 1968-69 is: 75% federal vocational rehabilitation funds, 17% state funds, and 8% local funds. However, next fiscal year 1969-70, the federal vocational rehabilitation share increases to 80% with a proportional decrease in the state-local share to 20%.

PROGRAM GROWTH

The number of persons who received vocational rehabilitation services from the cooperative program for alcoholics and their movement during fiscal year 1965-66, 1966-67, and 1967-68 is presented in Table 1.

Table 1

Caseload Information Fiscal Year 1965-66, 1966-67, and 1967-68			
Caseload Information	Fiscal Year Caseload		
	1965-66	1966-67	1967-68
<u>New Actions During Period</u>			
New referrals	508	6,028	9,936
New acceptances	67	2,467	3,649
Closed from referral	NA	993	6,871
Closed not rehabilitated before plan initiated	-0-	291	240
Closed not rehabilitated after plan initiated	-0-	174	585
Closed rehabilitated	-0-	167	1,004
<u>Caseload at End of Period</u>			
Total	353	4,685	5,990
Referrals	284	2,867	1,843
Extended evaluation	NA	a/	1,643
Cases accepted	69	1,818	2,504

a/ included with referrals

The rapid growth in the 1966-67 caseload resulted from the expansion of the cooperative program in March 1967 to include all existing McAteer Alcoholism Programs. At that time all alcoholics in the existing alcoholism programs became clients of the Department of Rehabilitation. While for the purposes of the cooperative program they are shown as new referrals, in reality many of the individuals had been receiving treatment for a considerable period of time from the existing alcoholism clinics and this could have been one of the reasons for the measurably low time in treatment.

Based on the 13 month period from September 1967 through October 1968 the rehabilitations, referrals, and acceptances for the statewide alcoholism program were statistically projected for 1968-69. The projections as shown in Chart 1 indicate a gradual drop in new referrals over the last year. A total of 9,340 new referrals have been projected statewide for 1968-69. This is 596 new referrals less than the 9,936 new referrals in 1967-68.

Case acceptances started to level off in March 1968. The projection of 4,290 acceptances for 1968-69 reflects this leveling off process. The projected average monthly number of acceptances for 1968-69 is 360 as compared to 304 for 1967-68.

One of the major problems in the treatment of alcoholics is the problem of establishing a workable treatment relationship and the difficulty in maintaining motivation for rehabilitation. This problem is clearly reflected in the workload activities during the past year. Of all individuals served, nearly 50% or 7,111 were closed after having received evaluation services. However, there was considerable variation between alcoholism programs in their ability to motivate individuals to enter into treatment. The four clinics with the highest rate of closures following evaluation are Santa Clara, San Joaquin, Alameda, and Pasadena where six out of ten individuals were closed after evaluation. In over 70% of these closures, the reason given for closure was that the individual appeared to reject treatment in that he refused services, failed to cooperate, or was lost and failed to return for appointments.

As the cooperative program matures, the number of rehabilitations continues to grow. The projections indicate that the number will continue to grow in fiscal year 1968-69 to about 2,000 rehabilitations as compared to the statewide total of 1,004 during this past fiscal year. The average monthly number of rehabilitations statewide during 1967-68 was 84, the projected monthly average for 1968-69 is 167. During the first six months of the 1968-69 fiscal year there have been 874 rehabilitation closures which would tend to support the projected figures.

During 1967-68 the total cost of the cooperative alcoholism program was \$2,206,928 and the average cost per rehabilitation was \$2,198. The budget allocation for the alcoholism program in 1968-69 is \$2,680,980. Based on the projected 2,008 rehabilitations, it is estimated that the average cost per rehabilitation will drop to \$1,335.

programs using a variety of approaches should be established and then at a later date evaluated to determine the best approach to rehabilitation of alcoholics.

The description of each individual program includes a summary table of Department of Rehabilitation expenditures for that program, cost benefits analysis, workload statistics, narrative description of the program, and summary tables of the characteristics of the clients served during 1967-68.

In reading the information on Department of Rehabilitation expenditures for fiscal year 1967-68, it should be noted that the summary category "Salaries and Wages" is a combined total of both Department of Rehabilitation staff and the local alcoholism program staff who are reimbursed by the Department of Rehabilitation. The category "Operating Expenses" is also combined Department expenditures and expenditures by the local program for which they are reimbursed by the Department of Rehabilitation.

The 11 alcoholism programs included in the cooperative alcoholism program, the date they were established, and the date they were incorporated into the cooperative program for alcoholics are as follows:

	<u>Date of Cooperative Program:</u>	<u>Date Clinic Opened</u>
<u>Older Cooperative Programs</u>		
Sacramento	November 1965	August 1957
Contra Costa	January 1966	December 1963
Long Beach	January 1966	April 1962
Los Angeles	January 1966	April 1957
San Diego	March 1966	February 1957
<u>Newer Cooperative Programs</u>		
Alameda	March 1967	October 1956
Monterey	March 1967	September 1966
Pasadena	March 1967	April 1966
San Francisco	March 1967	July 1966 ¹
San Joaquin	March 1967	November 1956
Santa Clara	March 1967	January 1957

¹Prior to this date, the Department of Public Health funded a variety of service programs in San Francisco, including the Acute Alcoholism Clinic now located at the Pacific Medical Center which has been a part of the San Francisco McAteer Alcoholism Program since July 1, 1966.

DESCRIPTION OF TOTAL COOPERATIVE ALCOHOLISM PROGRAM

1967-68 Expenditures and Cost Benefits

Total Program Expenditure	\$2,206,928	Total Cost per Rehabilitation	\$2,198
Salaries and Wages	1,265,848	State Share of Cost	433,871
Operating Expenses	203,949	State Funds Returned	90,603
Purchased from Community	537,131	Percent of the Program's	
Departmental Overhead	200,000	State Share Returned	20.9%

1967-68 Work Load

All Clients Served During Year	14,690
Caseload as of June 30, 1968	5,990
Closed - Diagnosis and Evaluation	7,111
Closed - Not Rehabilitated	585
Closed - Rehabilitated	1,004

The median age in the alcoholism program is 45 years. The clients range in age from less than 17 years to over 65 years of age. Women make up approximately 20% of the caseload, however slightly more, 22% of the successful rehabilitations were women.

Negroes make up 7% of the successful closures. However, 11% of the clients closed after receiving diagnostic and evaluative services were Negro indicating that the black client is not as likely as the white client to complete a comprehensive long-term treatment and rehabilitation plan.

The client who is married with one or more dependents and employed at acceptance is more likely to progress through the rehabilitation process and become a successful rehabilitation. While 50% of those closed successfully were married, 35% of the unsuccessful closures were married indicating the married client is more likely to complete the rehabilitation process and be closed successfully. Fifty-two percent of the successful closures had one or more dependents and were employed at acceptance.

Sixty-nine percent of the successful closures were completed within seven to nine months.

Table 2 is a summary of selected socioeconomic characteristics of clients for the total program. See appendix Tables 45 through 59 for a detailed description of client characteristics for the total program. Table 3 is a detailed breakdown of the economic benefits for the total program.

COOPERATIVE ALCOHOLIC REHABILITATION PROGRAM

Table 2

Summary of Selected Socioeconomic Characteristics of Clients Receiving Services During Fiscal Year 1967-68

TOTAL PROGRAM

Characteristics	Received Diagnostic and Evaluation Services		Received Plan Services		
	Open as of 6/30/68	Closed During 1967-68	Open as of 6/30/68	Closed During 1967-68	
				Unsuccessful	Successful
Total Clients	5,396	7,111	594	585	1,004
<u>Median Age</u>					
Males	46 years	44 years	47 years	46 years	45 years
Females	43 years	43 years	44 years	41 years	45 years
<u>Sex</u>	100%	100%	100%	100%	100%
Males	82%	82%	74%	80%	78%
Females	18%	18%	26%	20%	22%
Total Clients ^{a/}	3,553	1,896	594	585	1,004
	100%	100%	100%	100%	100%
<u>Race</u>					
White	83%	84%	91%	90%	90%
Non-White	17%	16%	9%	10%	10%
<u>Marital Status</u>					
Married	32%	37%	45%	35%	50%
Widowed, Separated, Divorced	50%	47%	43%	51%	40%
Never Married	18%	16%	12%	14%	10%
<u>Number of Dependents</u>					
None	61%	57%	55%	60%	48%
1 or more	39%	43%	45%	40%	52%
<u>Work Status at Acceptance</u>					
Employed	27%	33%	42%	31%	52%
Homemaker	5%	6%	12%	7%	7%
Not Working	68%	61%	46%	62%	41%
<u>Work Status at Closure</u>					
Employed		13% ^{b/}		14%	87%
Homemaker		3%		7%	13%
Not Working		84%		79%	-0-
<u>Length of Time From Intake to Closure</u>					
1-3 months		50%		12%	10%
4-6 months		32%		34%	29%
7-9 months		11%		25%	30%
10-12 months		3%		15%	15%
13 or more months		4%		14%	16%

a/ Does not include clients in, or closed from, referral or applicant status.

b/ 240 clients closed in status 30.

Behavior Disorders Evaluation Unit
Research and Statistics Section

COOPERATIVE ALCOHOLIC REHABILITATION PROGRAM

Table 3

Economic Benefits of Rehabilitation in Fiscal Year 1967-68

TOTAL PROGRAM

Number of Rehabilitations: 1,004	
Annual increase in earnings after rehabilitation:	
Estimated annual earnings at closure	\$5,251,500
Estimated annual earnings at acceptance	<u>2,840,900</u>
Increase in earnings	\$2,410,600
* * * * *	
1. Estimated annual increase in state sales tax paid by rehabilitated persons:	
Estimated state sales tax at closure	\$58,122
Estimated state sales tax at acceptance	<u>38,969</u>
Increase in sales tax	\$ 19,153
2. Estimated annual increase in state income tax paid by rehabilitated persons:	
Estimated income tax at closure	\$49,053
Estimated income tax at acceptance	<u>24,849</u>
Increase in income tax	\$ 24,204
3. Estimated annual savings in state and local funds on Public Assistance for rehabilitated persons:	
Public Assistance received at acceptance	\$72,560
Public Assistance received at closure	<u>28,189</u>
Decrease in Public Assistance Payments	\$ 44,371
4. Estimated annual savings by elimination of hospitalization costs for rehabilitated persons:	
3 persons x \$15.97/day x 60 days =	<u>\$ 2,875</u>
Estimated total savings or increased income to state as result of rehabilitations during 1967-68	\$ 90,603
State share of cost of program	\$433,871
Percent of state funds returned or saved	20.9%

DESCRIPTION OF PROGRAM FOR FISCAL YEAR 1967-68

The period from July 1967 through June 1968 was the first year in which the services for individuals in the 11 McAteer Alcoholism Programs were provided in accordance with the procedures and policies of the Department of Rehabilitation.

Following the extension of the McAteer Alcoholism Act in March 1967, additional staff in the Department of Rehabilitation were assigned to work with the 11 community alcoholism programs to accomplish the change from treatment to vocational rehabilitation of alcoholics and to assist in the provision of the complete range of vocational rehabilitation services. Case service funds were assigned to each of the programs to expand community resources for the alcoholic through the purchase of services from recovery houses, hospitals, schools, and private employers.

As a part of the change in emphasis, the McAteer Alcoholism Programs were required to incorporate the Department of Rehabilitation's data collection system into their treatment programs to provide the basis for a uniform system of program evaluation.

PROGRAM COSTS 1967-68

During 1967-68, 1,004 alcoholics were closed rehabilitated. The term "rehabilitation" as used here indicates that the individual has: (1) received comprehensive diagnostic and/or evaluation services, (2) has completed planned rehabilitation and treatment services to the point where he could either maintain his employment, gain employment, or return to improved functioning as a homemaker. The average length of time from referral to closure was nine months for those persons who were closed rehabilitated. The average cost per rehabilitation is obtained by dividing the total cost of the alcoholism program in 1967-68, including all costs of staff, operating expenses, case service purchases, and departmental overhead costs, by the 1,004 cases who were closed as rehabilitated. This average cost is nearly one-half as large as the Department of Rehabilitation costs of rehabilitating other disability groups. The cost per rehabilitation for each individual program in 1967-68 was as follows:

Low Cost Per Rehabilitation	Long Beach	\$ 1,012
	San Diego	1,103
	Pasadena	1,638
Medium Cost Per Rehabilitation	Sacramento	\$ 2,449
	Monterey	2,478
	Los Angeles	2,515
	San Francisco	2,790
High Cost Per Rehabilitation	Contra Costa	\$ 3,350
	Santa Clara	3,380
	Alameda	4,415
	San Joaquin	11,655

HISTORY OF PROGRAM

The rehabilitation program in California has developed many special methods of serving selected target groups of disabled and disadvantaged persons. The rehabilitation of the alcoholic is one of the most difficult problems facing the state and the nation today. Alcoholism is estimated to be the fourth largest disability group in the country. In California one out of 11 adults¹ is or will be an alcoholic if their dependency upon alcohol continues. The cooperative program for alcoholics, established under the provisions of the McAteer Alcoholism Act, represents one approach to alleviating this problem by providing vocational rehabilitation services to the alcoholic.

The cooperative program concept for the provision of service to alcoholics is simply a formalization of the agreement between the Department of Rehabilitation, the Department of Public Health, and the local community alcoholism programs to combine and coordinate their services for alcoholics.

Need for Program Evaluation

The attempt of this report is to measure "program worth" in terms of the net effect of the separate program's efforts to maintain or to return alcoholics to a productive role in the community and to measure the net savings to the taxpayer. This approach is in answer to the demands of legislators and to inform the public what they are receiving in return for their tax dollars which have been invested in the alcoholism programs.

Organization of the Report

Immediately following the introductory section is a brief statement of report highlights. This is followed by a description of the history of the alcoholism program in California, the program design of the cooperative alcoholism program, work load activities, cost benefits, program funding, and program growth. The last section is a narrative description of the six-month followup after closure of those cases which were closed as rehabilitated in the third quarter of 1967-68. Attached in the appendix are tables describing the activities and characteristics of the patient caseloads in the statewide and the individual programs.

¹Cirrhosis deaths, estimated number of alcoholics and rate per 100,000 population California counties' three year average 1964-66, State of California, Department of Public Health, Division of Alcoholism, December 17, 1968.

COOPERATIVE MENTAL HYGIENE PROGRAM

HIGHLIGHTS

Programs operated at eight state hospitals, two county mental health facilities and one neuropsychiatric institute.

During fiscal year 1967-68:

565 persons were rehabilitated (with over 800 expected for 1968-69)
Lowest cost per rehabilitation, Langley-Porter, \$2,127
3,800 persons were referred for services
2,000 began diagnosis and plan services

Total costs for fiscal 1967-68 were under \$3,500,000:

This included \$2,500,000 federal rehabilitation funds
Average cost per rehabilitation was under \$4,500 (excluding Agnews)
Highest number of rehabilitations, Camarillo State Hospital - 93

Estimated benefits to state include:

Increased sales tax paid by rehabilitants	\$ 17,912
Increased income tax paid by rehabilitants	9,361
Reduced public assistance payments	46,824
Savings as result of removal from hospital	<u>2,470,044</u>
Estimated one year benefits	\$2,500,000

Benefits to individual:

Average weekly earnings of \$78 (estimated annual salary increase for 565 rehabilitants - \$1,977,000)
Dignity resulting from productive status
The average person rehabilitated was

White (includes Mexican-American)	88%
Male	51%
Formerly married	47%
No dependents	71%
High school graduate	41%
Receiving no public assistance	91%
Age 25 - 44	59%
Psychotic	54%

Two-thirds of persons served reside in the community

Without increased resources, program productivity will level off about June 1969

PROGRAM BENEFITS

Increased Earnings

Of the 565 persons with mental disabilities who were rehabilitated by this program during fiscal 1967-68, only 8% had any income at the time they applied for vocational rehabilitation services. At the time they applied for services, this group had total weekly earnings less than \$2,500. By the time rehabilitation services to this same group were completed, only 6% had no earnings. These were largely females who had returned to their families as "homemakers." Ninety-four percent of the group employed in remunerative occupations had total weekly earnings of more than \$40,000 with average earnings of \$78 per week.

Financial Return to the State

Statements regarding increased earnings are based on one year of employment by each rehabilitated person. It is recognized that not all rehabilitants will be employed a full year; however, some will work 10, 15, or 20 years. The assumption of a single year's earnings per client actually underestimates the financial benefits, especially in light of the follow-up study of clients of the mental hospital project¹ showing that 75% of those rehabilitated were employed two years after termination of services. Estimates of income tax and sales tax are from standard tables of the Internal Revenue Service and the Franchise Tax Board. Welfare cost estimates are from Department of Social Welfare.

The earnings of former mental patients returned to the labor market represent not only benefits to the individuals involved, but also economic rewards for the state as a whole. Increased client earnings are reflected in increased sales tax, increased income tax, decreased public assistance payments, and decreased institutional costs.

As shown on Table 2 the increase in annual earnings for those persons rehabilitated in 1967-68 is only slightly less than \$2,000,000. These earnings convert to state benefits in the form of almost \$18,000 in increased sales tax, \$9,000 in increased income tax payments and a \$47,000 reduction in the state and local funds necessary for public assistance payments. This is a return of almost \$75,000 on the state's financial investment in the program.

The return is greatly increased, however, when the estimated annual savings and cost of hospitalization are combined. The Department of Mental Hygiene estimates the cost of maintaining a patient in one of the state mental hospitals is \$15.97 per patient day.² If only three-quarters of the 565 rehabilitants remain out of the hospital for one year, the state will enjoy a savings of two and one-half million dollars. If all of those rehabilitated remain out of the hospital for one year, the combination of savings and increased income will be approximately equal to the total investment of both federal and state funds in the program.

^{1/} Unpublished Department of Rehabilitation study.
^{2/} Department of Mental Hygiene Newsletter, July 1968.

California State Department of Rehabilitation
 Cooperative Program for the Mentally Disabled

Table 1

TOTAL AND CASE SERVICE COSTS, WITH AVERAGE COSTS PER REHABILITATED CLIENT AND DISTRIBUTION OF CASE SERVICE COSTS FOR FISCAL YEAR 1967-68

Programs	Total Costs		Case Service Costs Only		Percentage Distribution of Case Service Costs				
	Total Costs	Average Cost per Rehab	All Case Service Costs	Average Case Cost per Rehab	All Case Services Costs	Diagnostic Procedures	Physical Restoration	Training	Maintenance
Total Programs	\$3,398,701	\$ 6,015	\$733,690	\$ 1,299	100.0	11.7	4.1	43.4	40.8
Mental Hospitals									
Camarillo	316,851	3,407	100,818	1,084	100.0	1.6	1.3	42.5	54.6
DeWitt	357,896	4,067	88,508	1,006	100.0	9.9	4.4	52.4	33.3
Fairview	132,488	16,561	30,931	3,866	100.0	20.4	2.6	65.3	11.7
Mendocino	284,130	4,059	92,856	1,326	100.0	9.0	5.2	37.1	48.7
Metropolitan	381,600	4,240	118,776	1,320	100.0	7.8	3.1	45.3	43.8
Napa	363,584	5,681	106,843	1,669	100.0	25.6	1.7	38.3	34.4
Patton	352,222	5,053	60,897	982	100.0	14.2	1.0	46.0	38.8
Neuropsych. Inst. Langley Porter	72,318	2,127	14,818	436	100.0	16.6	3.2	53.9	26.3
Community Services									
San Francisco	146,550	4,885	70,001	2,333	100.0	11.9	7.7	35.9	44.5
Ventura County	36,864	3,072	10,878	906	100.0	8.9	7.0	36.8	47.3
Mentally Retarded Agnews Program	954,198	68,157	38,364	2,740	100.0	20.8	5.5	46.3	27.4
All, Except Agnews	\$2,444,503	\$ 4,436	\$695,326	\$ 1,262	100.0	11.8	3.4	43.8	41.0

Table 2

ECONOMIC BENEFITS OF REHABILITATIONS IN THE PROGRAM FOR THE MENTALLY DISABLED
FISCAL YEAR 1967-68

Number of rehabilitations: 565

Annual increase in earnings after rehabilitation:

Estimated Annual earnings at closure	\$ 2,103,920
Estimated annual earnings at acceptance	- 126,880
Increase in earnings	1,977,040

1. Estimated annual increase in state sales tax paid by rehabilitated persons:

Estimated state sales tax at closure . . \$	19,133	
Estimated state sales tax at acceptance . .	- 1,221	
Increase in sales tax		\$ 17,912

2. Estimated annual increase in state income tax paid by rehabilitated persons:

Estimated income tax at closure \$	9,831	
Estimated income tax at acceptance	- 470	
Increase in income tax		\$ 9,361

3. Estimated annual savings in state and local funds on public assistance for rehabilitated persons:

Public assistance received at acceptance \$	92,174	
Public assistance received at closure	-45,350	
Decrease in public assistance payments		\$ 46,824

4. Estimated annual savings by elimination of hospitalization costs for rehabilitated persons:

565 persons x \$15.97/day x 365 days = \$3,293,385	
Savings based on 3/4 rehabilitants remaining out for one year	\$ 2,470,044

Estimated total savings or increased income to state as result of rehabilitations during 1967-68:	\$ 2,544,141
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State share of cost of program:	855,250
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Percent of state funds returned or saved:	297%
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The Original Project

The Department of Rehabilitation Program for the Mentally Disabled described in this report traces its beginning from the "original" Mental Hospital Project. This was a three-year Research and Demonstration Project which represented California's first major attempt to coordinate vocational rehabilitation services for its hospitalized mentally ill. It involved cooperation between the State Department of Mental Hygiene and the then Bureau of Vocational Rehabilitation with financial support from the Federal Office of Vocational Rehabilitation. Launched officially in 1951, the project attempted to provide intensive vocational services to a large group of mental patients by stationing vocational rehabilitation counselors in selected state hospitals. In actuality, one vocational counselor was placed in each of three state hospitals: Agnews, Camarillo and Norwalk.

Despite the limited size of the pilot project, it did make important contributions in the provision of vocational rehabilitation services to the mentally ill. From it developed a hospital-community conference which attracted leaders in psychiatric rehabilitation from around the country. As a result, there developed a group of employers and civic leaders interested in focusing community interest and concern in order to create job opportunities for the mentally restored.

This initial project provided strong evidence of the need for more effective, coordinated vocational rehabilitation efforts in the area of service to the mentally ill. The project findings placed particular emphasis on the need for services which would help the newly released patient "bridge the gap" between hospitalization and productive participation in the outside society.

Back to Normal

From 1953 until early 1960 the lessons learned in the hospital project were pursued only on an individual and uncoordinated basis because of limited funds. It was not until 1960 that funds for reimplemention and expansion of the mental hospital program became available in the form of a second grant from the Federal Government.

A Second Attempt

The second hospital project was launched in 1961 with six (later nine) vocational rehabilitation counselors and two psychiatric consultants. The overall purpose of the program was to help the mentally disturbed secure job preparation while still hospitalized. It was anticipated that this approach would allow the patient to return to employment more quickly after his release, thus reducing the chances of his return to the hospital.

As in the previous project, additional techniques for the vocational rehabilitation of the mentally ill were developed.

Funding

Early in 1965 the California Legislature, acting upon recommendation of the Departments of Rehabilitation and Mental Hygiene, approved the establishment of cooperative programs in the area of mental health. The establishment of these programs involved the identification of state funds already expended by the Department of Mental Hygiene for activities which could be defined as vocationally rehabilitative or which with modification could become such. Additional funds were also made available to the Department of Rehabilitation by local government. These funds then became the state's share in securing matching federal funds. The major advantage of such an approach was the opportunity to expand the services of the Department of Rehabilitation to a group of clients through the utilization of available federal funding and without the expenditure of additional state funds. The intent of the cooperative approach was to enrich and expand services, not merely to replace state funding.

DESCRIPTION OF PROGRAM FOR FISCAL YEAR 1967-68

Case service funds is the designation given to that portion of the Department of Rehabilitation budget utilized by the rehabilitation counselor for the purchase of services from nondepartmental sources. Such services are usually divided into five categories: diagnostic, physical restoration, training, maintenance and transportation, and other services.

Diagnostic (12%)

Diagnostic services are those purchased for the purpose of developing a better understanding of the client's disability and type of service needed. Diagnostic services might involve medical, psychological, or work tolerance evaluation. In the programs for the mentally disabled approximately 12% of the case service funds were expended within this category. The smallest program expenditure for diagnostic services was at Camarillo where less than 2% of the case service funds were used to provide diagnostic services. The Camarillo program has tended to deemphasize diagnostic procedures in favor of placing clients into plan as early as possible and allowing the rehabilitation program itself to serve somewhat as an evaluative device. The opposite approach was undertaken at Napa where large numbers of clients were placed in extended evaluation in order to test their "readiness" for a vocational rehabilitation program. As a result of this approach, slightly over one-fourth of Napa's case service funds were utilized in the diagnostic phase.

Physical Restoration (4%)

Physical restoration services represent expenditures aimed at reducing the client's disability. These would include medical, surgical and psychiatric therapies where recommended by a physician. In this category expenditures ranged from 1% of budget at Patton Hospital to 7.7% at San Francisco Community Mental Health. The higher expenditures for the Community programs is probably accounted for by the lack of no cost medical service which is available through the state hospital system. The ability of the state hospitals to provide physical restoration services at low cost or no cost is undoubtedly responsible for the fact that the proportion of cooperative program case service funds expended for physical restoration is one-third less than the portion expended for the same services by the general program.

Training (43%)

Funds expended for training represent the provision of training courses ranging from short-term workshop training through college educations. Training normally is tailored to meet the specific needs of the client as well as to prepare him for an occupation. The portion of case service funds expended for training is approximately the same within the cooperative program for the mentally disabled as within the Department's general program. The highest expenditure in this category appeared at Fairview Hospital, a program basically serving the mentally retarded. This expenditure is not unexpected since in most cases the retarded client requires a longer, more intense training.

Maintenance and Transportation (41%)

Under the category of maintenance and transportation the Department provides the client with funds to meet living costs and transportation costs during the training period. The proportion of case service funds spent for this category exceeds by almost 15% the proportion expended in the general program. This is not unexpected since most of the clients upon release from the state hospital have insufficient means to maintain themselves. Most have already discontinued relationships with both parental and marital families and must find living accommodations outside the family setting. Often rooming houses or board and care facilities are more appropriate than less expensive types of dwellings. While financial assistance in the form of Aid to the Totally Disabled or Social Security Disability is sometimes available to these clients, it often is necessary to provide funds during the initial months of a training program until other resources can be developed to meet client needs. Negotiations between programs and local welfare departments have often resulted in improved methods of processing ATD applications which have resulted in shortened waiting periods and a reduction in expenditures for maintenance and transportation.

Community Workshops

Community workshops provide client services which are purchased by the Department under both diagnostic and training categories. During fiscal 1967-68, 35% of all funds expended for these two types of services were paid to community workshops. These expenditures represent one-fifth of the total case service budget for the program.

Cost per Rehabilitation

As indicated in Table 1 the case service costs per rehabilitation range from a low of \$436 to a high of nearly \$4,000. In most instances, the case service fund expenditures represent approximately one-quarter of the total cost for a rehabilitation.

SUMMARY AND CONCLUSIONS

Although the conclusions listed below must of necessity be tentative in the light of the limited data, it should be noted that they are not only the result of statistical computations described earlier, but also are the subjective observations of persons involved in the programs themselves.

Conclusion - 1. The majority of the persons described as having been "successfully rehabilitated" moved from the status of unemployed to employed as a result of the vocational rehabilitation services provided through this program.

At the time they were accepted for services by the program 92% of those persons who later became successfully rehabilitated were unemployed. At the conclusion of services 86% of the same group was not only employed but employed in competitive industry.

Conclusion - 2. The types of employment received by clients as a result of the vocational rehabilitation programs are of a substantial nature.

Only 5% of the 565 persons reported as rehabilitated were engaged in occupations classified as homemaker or family worker. The majority of those employed were working in service and clerical areas. This would be in keeping with the employment trends for the general population.

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Conclusion - 3. The rehabilitation of mentally disabled results in the reduction of welfare payments.

A comparison of welfare payments received at the time of application for services and at time of closure by those persons reported as rehabilitated indicates a definite reduction in the number of persons receiving welfare as well as in the total amount of welfare payments. Among the group of persons closed as unsuccessful after being involved in a formal rehabilitation program a slight increase in welfare is reported. This appears to be accounted for by a number of persons who were able to function outside of the state institution, but unable to function well enough to maintain employment. Although this does result in an increase in welfare payments, usually in the form of Aid to the Disabled, it still represents an overall saving to the state since welfare costs are less than the cost of maintaining the person in the institution.

Recommendation - A more definitive cost-benefit analysis should be undertaken to determine not only the savings to the state as a result of those persons rehabilitated, but also to evaluate potential savings from those persons removed from the institution and placed on welfare in the community.

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Conclusion - 4. The provision of vocational rehabilitation services to the mentally disabled through a cooperative program with the Department of Mental Hygiene is of value to the state on a purely economic basis.

The previously described programs costing less than three and one-half million dollars in state and federal funds (approximately one-fourth is state cost) resulted in a savings to the state of a minimum of two and one-half million dollars with a possible savings equal to the total expenditures for the program during fiscal 1967-68. Indications of increased numbers of rehabilitations without substantial increased cost during fiscal 1968-69 should further enhance the cost-benefit ratios.

Conclusion - 5. The production activities for this program are beginning to level off and should reach a plateau in all areas by June, 1969.

The above statement is based upon statistics for the past two fiscal years, the first half of 1968-69 and projections beyond that point. It is anticipated that by June, 1969, monthly activities will show 366 referrals, 133 acceptances and 67 rehabilitations for the total program. This would appear to be maximum production under current circumstances.

Recommendation - Prior to the leveling of production (June, 1969) sufficient data should be provided to allow for administrative decisions regarding increased funding of the present programs, possible development of new programs, or possible shifting of funds from less productive to more productive programs among those already existing.

Conclusion - 6. Experimental data indicates a definite improvement in screening and referral procedures within individual programs.

The number of persons being rejected by the program during the initial phases is decreasing in comparison to those being rehabilitated. While the overall trend is good, certain programs stand out in this category.

Recommendation - As a part of the ongoing study of these programs, special attention should be given to the screening/referral procedures being used in each location with a view to implementing in all locations those procedures which appear most useful.

Conclusion - 7. The vocational rehabilitation program at Metropolitan State Hospital appears to be the most active while the program at Camarillo reflects the lowest cost per unit among the mental hospital program.

Metropolitan Hospital, while second in the number of total rehabilitations produced during 1967-68, it surpassed the other programs in activity categories such as referrals processed, applications accepted for services and formalized plans prepared. It is difficult at this point, however, to declare it the "best program" since other programs lead in individual measurement areas. The Camarillo program which produced the largest number of rehabilitations during the past fiscal year, also produced them at a cost of \$800 per rehabilitation below that reported by Metropolitan.

Recommendation - Further efforts need to be directed at the development of definitive measures for evaluating these programs. This development will require a policy statement in relation to evaluative measures considered most important by the Department in relation to its overall departmental goals.

Recommendation - Efforts should be increased to develop and utilize uniform definitions of the various status used to describe case movement. Subjective observation of individual programs indicates that definition of case status varies from location to location. This creates difficulty in any attempt to evaluate one program against another.

Conclusion - 8. Cohort studies of individual programs are of value in providing more definitive analysis of mass data.

Information available in the early phases of the cohort study at Metropolitan Hospital tends to confirm that persons with high school educations have a better chance of being successfully rehabilitated, but is raising some question regarding the significance of marital status, diagnosis and sex to rehabilitation. In the case of the relationship between successful rehabilitation and diagnosis, the cohort data tends to reverse implications drawn from the mass data.

Recommendation - Cohort studies currently under way at four hospitals should receive concentrated attention during the next six months in order to provide a more definitive analysis of programs.

Conclusion - 9. There is no magical model for program success.

Due to the lack of data available at the time that these programs were being initiated, it was necessary to establish operational plans which were tailored to meet the resources, or lack of resources, available at the time of program initiation and flexible enough to allow for future modification with only minor program disruption. Although employing very different approaches to rehabilitation, Camarillo and Metropolitan were two of the top producers of rehabilitations. Other approaches developed programs which produced low cost rehabilitations, rehabilitations among especially difficult subgroups, programs which moved clients out of the hospital with great rapidity and programs which developed especially fruitful relationships between hospital and rehabilitation staffs. These approaches were sometimes developed through the insight and inventiveness of the personnel involved in the program and on occasion through the happy and capricious intervention of Lady Luck. As experience in the program increases, it is becoming increasingly evident that there are some program elements which consistently appear among the successful programs. These are:

1. A centralized living area for patient-clients while they are in the hospital phase of the program. This living unit should have a schedule closely coordinated with the vocational rehabilitation activities, but does not

necessarily need to be under the direct administration of the vocational program supervisor.

2. A system which provides early identification of patients with high potential to benefit from vocational rehabilitation services. Various programs have developed such identification systems with admitting units, outpatient units, day care and special hospital research programs.
3. Rapid and repeated feedback regarding progress of the patient-client through his vocational rehabilitation program. This includes feedback from the community to the vocational rehabilitation unit in the hospital and from the hospital unit to wards or units of the program making the original referrals.
4. Built-in flexibility which allows the program to adjust services to meet changes in hospital populations. This may mean changing the program within the hospital to meet a change in population, or the physical relocation of the vocational rehabilitation unit to an area nearer the community where patients with greater potential may be found.
5. The effective utilization of available community resources in order to provide corollary services which are important to the total vocational rehabilitation process, but outside the range of services which can be reasonably provided by the Department or its counselors. This would include such resources as (a) transportation, (b) community living facilities, (c) community workshops for the provision both of evaluation and training, (d) financial and recreational resources through liaison with the Bureau of Protective Services, and (e) the development of temporary job slots both for evaluation and the development of employment histories.

Recommendation - In each existing program a careful analysis should be undertaken to determine the goals of the program, the resources available to the program and the current level of utilization of these resources. In areas where consideration is being given to development of new programs, a careful review of resources should be undertaken prior to the initiation of the program in order to determine whether they will be adequate to meet program needs.

Recommendation - The development within each of the currently operating programs of an analysis of future hospital population developments based upon Department of Mental Hygiene projections together with a long-range plan for adopting the program to these population changes. (This should be coordinated with an overall departmental plan for the provision of services through community clinics under the Lantieri-Petris-Short Act.)

Recommendation - Programs should be encouraged to develop the resources of the community and other agencies to the fullest extent possible in providing corollary services for agency clients. Department of Rehabilitation resources should be concentrated as much as possible on the provision of vocational rehabilitation service.

* * * * *

Conclusion - 10. Despite innovative procedures already followed in many of the programs there is a continuing need to develop methods by which service may be delivered to clients more rapidly.

Clients appear more likely to succeed in vocational rehabilitation programs when planning is of a short-range nature with emphasis on time limited goals. This emphasis will apparently become increasingly important as programs develop which are coordinated with Community Mental Health Centers. It appears that the Department will need to concentrate on the delivery of "crisis services" in order to allow a client to maintain employment or to return quickly to the labor market.

Recommendation - Counselors in the program dealing with the mentally disabled should be encouraged to avoid training programs which extend beyond 18 months in duration. Emphasis should be upon short-term services which will allow the client to return to the labor market.

Recommendation - So that long-term needs will not be ignored, the Department should utilize the provisions of recent federal legislation allowing extended follow-up services. These services should be combined with regular follow-up interviews of a sample of clients to determine unmet needs with findings utilized in development of additional agency services and research.

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Conclusion - 11. The possibility of success in the vocational rehabilitation program is enhanced by the early commitment of both client and counselor to a plan.

The client, especially a client having a mental disability, appears to benefit from the early development of a "plan of action." The experimentation of the Napa program with the extensive use of an extended evaluation prior to the development of a formalized plan appears to indicate that such an approach merely imposes an unnecessary additional stage of paper work with limited benefits to the client.

Recommendation - Counselors should be encouraged to place clients who appear to have potential for benefiting from services into a formalized vocational rehabilitation plan as early as possible. Recognition should

be given by supervisors and administrators that this approach will result in continuous modification of vocational plans and in an increased number of status 28 closures.

Recommendation - There should be a clear statement of departmental policy regarding the acceptability of status 28 in relation to status 08 and status 30 closures. Such a statement would help reduce counselor anxiety regarding status 28 closures.

Conclusion - 12. Innovated practices cannot exist in a vacuum.

Counselors who labor in programs such as the ones described in these pages are constantly being encouraged to exercise creativity and imagination in order to deliver needed services to clients. Such creativity in order to be effective needs to exist not only at the counselor level but through all levels of supervision and administration.

Recommendation - If creativity, within reasonable limits, is to be an ingredient of such cooperative programs, a policy statement should be prepared which spells out the desirability of such innovation and encourages all levels of supervision and administration to provide it with support.

COOPERATIVE PUBLIC OFFENDER PROGRAM HIGHLIGHTS

Programs were operated at two Youth Authority and three Department of Corrections institutions. Field services at twenty locations statewide.

Program

During fiscal year 1967-68:

602 persons were rehabilitated (with over 800 estimated for 1968-69)

3,655 persons were referred for service

1,768 were accepted for plan service

Program Costs

Total costs for 1967-68 were \$1,600,788 which included:

\$1,200,591 Federal Vocational Rehabilitation funds

Average cost per rehabilitation was \$2,659

Program Benefits

Benefits to state and local governments:

Estimated annual return of \$38,474 in state sales and income taxes

Reduced public assistance payments - \$43,607

Estimated annual saving for reduced reinstitutionalization - \$121,228

Benefits to the Individual:

Average weekly earnings - \$94

Estimated annual salary increase for 602 rehabilitants - \$2,409,800

Characteristics of Persons Rehabilitated

White (includes Mexican-American)	77%
Male	88%
Never married	56%
Without dependents	63%
10th grade or less	52%
High school graduate	30%
Behavior disorder	89%
Receiving no public assistance	98%
Median age	25 years

Numbers of referrals and acceptances are leveling off and number of rehabilitations continues to increase.

PROGRAM BENEFITS

The state's share of the Cooperative Public Offender Program is born by the Departments of the Youth Authority and Corrections. The Program is financed by identifying existing state positions within these agencies, changing position emphasis but not basic duties, to provide a strong vocationally orientated direction. The salary value of such identified positions, funds normally spent by these departments, constitute the "state's share," 25% of the program and draw an additional 75% in matching Federal funds. This latter amount provides operating capital for Department of Rehabilitation personnel salaries and client case service costs.

In 1967-68, the Department of Rehabilitation Cooperative Services expended \$1,200,591 in Federal funds. The state's share is an additional one-third of this amount. Table 2 shows that total program costs for that fiscal year were \$1,600,788.

Economic benefits of the program are measured by the estimated increase in sales and income taxes paid by rehabilitated employed persons and the estimated decreases in state costs of public assistance and institutionalization. The last measure applied to the estimated increased number of successful parole cases over the number of predicted successful parole cases. Table 3 summarizes these estimates and shows that the program is estimated to have saved or returned 50.8% of the state's financial investment in the program. No measurement was attempted of economic benefit to the community in reducing the cost of crime.

Methodology Used in Cost Benefit Analysis

Estimates were based on financial benefit to the state excluding return to the Federal Government for increased Federal income taxes paid and reduced Federal share of public assistance payments.

1. Annual Increase in Earnings

Earnings, if any, at acceptance were deducted from earnings at case closure to show gross earnings determined on a fifty week year.

2. State Sales Tax and Income Tax

Taxes paid at acceptance were deducted from taxes paid at case closure using as reference sources the California State Sales Tax Deduction Guide and information supplied by Department of Finance.

3. Annual Decrease in Public Assistance Payments from State and Local Funds

The percentage of state and local funds making up Public Assistance payments was measured at case acceptance and case closure. The difference was the amount of saving to the state and local community.

4. Estimated Savings by Elimination of Reinstitutionalization Costs

A number of persons released to parole from state correctional institutions will remain on parole satisfactorily. The remainder, as time on

parole increases, become involved in unlawful acts and are reincarcerated. Parole success rates for individual institutions are known. The ideal measure of the effect of vocational rehabilitation services upon recidivism would be a comparison of parole outcomes between persons who did and did not receive these services. Such data had not been collected on Cooperative Public Offender Program clients from the cooperating agencies. The best possible alternate measure was a comparison between parole outcomes of the population within the cooperating institutions and a similar measure of success for clients receiving rehabilitation services. The difference was assumed to be the result of rehabilitation services.

All cases accepted for rehabilitation services on or before June 30, 1968 constituted a Cooperative Public Offender group comparable to a parole release cohort. Successful cases included all cases accepted for and still receiving service on June 30, 1968 and cases closed rehabilitated during that fiscal year. The successful cases percentage was 74.9% for Preston School of Industry cases. It was assumed that unsuccessful rehabilitated closures occurring in field offices were also unsuccessful in parole performance.

Subtracting the parole success percentage, (66.6%) from the rehabilitation success percentage (74.9%) provides the values for estimating the 8.3% were successful because of the influence of vocational rehabilitation services.

Institutionalization costs savings for these cases not reincarcerated were determined from the cost per Youth Authority ward paroled from the institutions or the annual cost for the Department of Corrections inmates for each cooperating correctional institution. (Six cases times \$3,372, cost per ward paroled from Preston School of Industry, equals \$20,232, the cost saved for cases not returning to Preston.)

COOPERATIVE PUBLIC OFFENDER PROGRAM

Table 1

Cost per Rehabilitation for Fiscal Year 1967-68 and
Estimated Cost per Rehabilitations for Fiscal Year 1968-69

	Fiscal Year 1967-68			Fiscal Year 1968-69 ^{a/}		
	Program Costs	Number of Rehabilitations	Average Cost per Rehabilitation	Program Costs	Number of Rehabilitations	Average Cost per Rehabilitation
Total	\$1,600,788	602	\$2,659	\$1,811,605	800	\$2,264
Federal Share ^{b/}	1,200,591		1,994	1,358,703		1,698
Adjusted State Share ^{c/}	400,197		665	452,902		566
Department of the Youth Authority Program Costs	711,163	179	3,973	871,223	286	3,046
Federal Share ^{b/}	533,372		2,980	653,417		2,285
Adjusted State Share ^{c/}	177,791		993	217,806		761
Department of Corrections Program Costs	889,625	423 ^{d/}	2,103	940,382	514 ^{d/}	1,829
Federal Share ^{b/}	667,219		1,577	705,286		1,372
Adjusted State Share ^{c/}	222,406		526	235,096		457

^{a/} Estimated costs are based on 1968-69 Budget and projected estimate of rehabilitations.

Behavior Disorders Evaluation Unit
Research and Statistics Section

^{b/} Federal Share is the actual expenditures paid by the Cooperative Rehabilitation Services.

^{c/} This figure is based on the assumption that one-third of the total expenses to date (6/30/68) paid by Department of Rehabilitation Cooperative Rehabilitation Services are more representative of the state's share of the Program costs than are the amounts "certified" by the cooperating agencies.

^{d/} Includes Youth Authority wards in Deuel Vocational Institution.

Source: Department of Rehabilitation Cooperative Services Fiscal Year 1967-68 Expenditures and the 1968-69 Budget.

1967-68 Monthly Activity Tables.

COOPERATIVE PUBLIC OFFENDER PROGRAM

Table 2

Economic Benefits of Rehabilitation in Fiscal Year 1967-68

Number of Rehabilitations: 602

Annual increase in earnings after rehabilitation:

Estimated annual earnings at closure . . . \$2,751,800
Estimated annual earnings at acceptance . . . 342,000
Increase in earnings \$2,409,800

1. Estimated annual increase in state sales tax paid by rehabilitated persons:

Estimated state sales tax at closure \$29,150
Estimated state sales tax at acceptance 10,339
Increase in sales tax \$ 18,881

2. Estimated annual increase in state income tax paid by rehabilitated persons:

Estimated income tax at closure \$20,881
Estimated income tax at acceptance 1,288
Increase in income tax \$ 19,593

3. Estimated annual savings in state and local funds on Public Assistance for rehabilitated persons:

Public Assistance received at acceptance \$54,833
Public Assistance received at closure 11,226
Decrease in Public Assistance Payments \$ 43,607

4. Estimated annual savings by elimination of institutionalization costs for rehabilitated persons:

Estimated 35 persons assumed successful due to Rehabilitation Services times individual institutional costs \$121,228

Estimated total savings or increased income to state as result of rehabilitations during 1967-68 \$203,309

State share of cost of program \$400,197

Percent of state funds returned or saved 50.8%

HISTORY OF THE PROGRAM

Service to public offenders during the period 1920 through 1965 was on a limited basis. Vocational rehabilitation offices located near large correctional facilities attempted to serve eligible inmates who generally had an orthopedic problem such as a missing limb or nonfunctioning artificial arm. The single exception was the placing of a counselor in residence at California Institution for Women in 1964. This position initially was totally funded from the general program but later case service funds were received from the program at Soledad.

Experience, both within California and other states, indicated that there were blocks of handicapped persons generally not being served because of lack of funds and personnel limitations. These were the mentally ill, the mentally retarded and the public offender. To expand service to these groups without increasing state costs, the Department of Rehabilitation proposed in 1965 to investigate cooperative programs.

On November 8, 1965 the congress passed Public Law 333. This was a revision of the Vocational Rehabilitation Act which brought expanded funding and broad changes in service. The most important change to the public offender was the inclusion of a "behavioral disorder" category. This definition qualified the broad group of offenders as eligible for service.

The California State Legislature in January, 1966, gave its approval to the concept of cooperative programming. The program was jointly activated on January 1, 1966 at Preston School of Industry (Youth Authority) and Deuel Vocational Institution (Corrections). Correctional Training Facility (Corrections) activated on July 1, 1966 and Ventura School for Girls (Youth Authority), July 1, 1967.

A two phased program for referrals from institutions was devised and continues to date. Phase I, or the institutional phase, was designed to identify cases, to initiate with the cooperative agency a joint program of evaluation, counseling and training, with a strong vocational and community directed orientation.

Phase II, or the community based program, became operative with the release of the client to the community. A new team, composed of the field counselor and field parole officer, carried the vocational plan developed in the institution to its conclusion. Field counseling staffs were located statewide in Department of Rehabilitation district offices.

Field parole offices of both Corrections and Youth Authority initially made referrals. These referrals were jointly served by the community based field counselor and the parole officer concerned. As institutional cases completed their time and were released to the community acceptance of field parole referrals was reduced.

The institutions with contracts are:

- a. Preston School of Industry. Caseload is composed of Youth Authority cases, the majority of whom reside in Southern California.
- b. Deuel Vocational Institution. Caseload is split between Corrections and Youth Authority, the majority of cases are from Southern California.

- c. Correctional Training Facility at Soledad. Caseload reflects an older offender with a longer criminal history. Cases come from both Northern and Southern California to this Department of Corrections institution.
- d. Ventura School for Girls. A Youth Authority institution primarily serving Southern California

Other cases receiving service under the cooperative program are:

- a. California Institution for Women. This is not a contracting institution but participates in the cooperative public offender program. The counselor in residence is funded from the general program and case service funds are supplied by Soledad. This is the Department of Corrections institution which serves women felons statewide.
- b. Field Parole Referrals. Priority of service is given inmates and wards from contracting institutions. Field parole referrals from both Corrections and Youth Authority are served as funds and counselors time permits.

GROWTH AND CURRENT PROGRAM STATUS

Development of the Cooperative Public Offender Program and case movement for Fiscal Year 1965-66, 1966-67, and 1967-68 is presented in table 1. The Program did not start to function until the latter half of Fiscal Year 1965-66 when institutional and field rehabilitation staffs were employed. Referrals were received from Preston, Deuel and field parole offices. In Fiscal Year 1965-66, almost 750 new offenders were referred; 12.6% were accepted for service and none were rehabilitated.

In Fiscal Year 1966-67, the Program at Soledad became operative and field counselors developed improved working relationships with their parole counterparts. Of 2,562 referrals, over one-half or 51.4%, were accepted and 144 were rehabilitated.

Fiscal Year 1967-68 saw Ventura School for Girls added to the Program. Of 3,662 referrals, almost half or 48.4% were accepted and 602 cases were rehabilitated. Of the 20 field counselors assigned, each counselor averaged 30 rehabilitations. There were an additional seven counselors located in the institutions.

On table 1 covering the costs per rehabilitation, each rehabilitated Youth Authority case cost the State an average of \$993 and each Department of Corrections case cost the State an average of \$526. The youthful offender is less likely to complete his rehabilitation plan, hence the difference in cost.

Estimated production of rehabilitations for Fiscal Year 1968-69 will be 800 or more cases. Actual production of rehabilitations for the first half of this fiscal year show the 800 rehabilitations figure to be realistic and reasonable. It is not felt that the number of rehabilitations will rise substantially above this figure because:

- a. No increase in a field counselor staff is planned.
- b. Case Service Funds available (\$508,000) would require substantial supplementation.

- c. Referral patterns from institutions are now firmly set. All institutional programs have been operative for at least one year and will produce referrals at about the same rate as in the previous fiscal year. Institutional referrals are funded first before field parole referrals.
- d. The public offender caseload is a difficult one to work with. Increasing rehabilitations one third to 40 rehabilitations per counselor, appears to be a maximal figure.

1. Educational Achievement - Job Success

There is a direct relationship in our society to years of education successfully completed and economic success. The University of Michigan, School of Business Administration, stated that a four year college course leading to a bachelor's degree would mean \$150,000 more to that individual during his working lifetime. A master's degree would improve his earning ability \$1,000 more per year.

The California Department of Education evaluated the median education achieved by adults in California in the year 1968. Fifty-one point five percent had completed four years of high school and 9.8% had completed four years of college. The educational achievement of the total Public Offender Program for fiscal year 1967-68 shows 2,922 cases, both youth and adult, with a median grade achievement of tenth grade. Actual grade placement for the adult felon population as measured by educational testing is two years lower, eighth grade. Within the Youth Authority there are institutional variations. Seventy-seven percent of cases at Preston had tenth grade education or less and Youth Authority cases at Deuel Vocational Institution found 53% to have a tenth grade education or less. Only 3% of Preston clients and 27% of the Youth Authority clients at Deuel Vocational Institution had completed the twelfth grade.

All other factors being equal, we would expect that the public offender group successfully rehabilitated (602 cases) would fall into occupational groups in the same percentage found in the general population. A comparison was made utilizing two studies by the Department of Employment in Alameda County in July of 1966, and in the city of Fresno and county surrounding in November of 1968. Professional, technical and managerial rehabilitations of public offenders was 8.4%. Alameda County had 21.2% and Fresno 19.9% in the same occupational grouping. Clerical and sales rehabilitations of public offender were 9%. The same grouping for Alameda County found 25.1% and for Fresno, 29.1% so employed. The service group for the public offender at 15.5% was the only one reflecting a percentage close to that found in the community. For Alameda County service was 10.5% and Fresno, 12.5%. Machine trades and benchwork for the public offender were one-quarter of successful rehabilitations. For Alameda County, machine trades and benchwork represented 9.9% and for Fresno area 7.5%. As we descend the hierarchy of jobs, it appears that public offenders successfully placed, secure employment mainly in low skill, low education demand occupations. Of the clients successfully rehabilitated for fiscal year 1967-68, 50% had a tenth grade education or less and 27.1% reported a twelfth grade education.

Recommendation

Both Corrections and Youth Authority recognize the value of educational programs and enroll as many of their inmates and wards as funds and personnel permit. Considering the educational deficits still remaining, it does not appear prudent for the Department of Rehabilitation to involve itself in general education upgrading once the individual is released to the community. As a practical matter, it appears that, while almost half

of the general public secures employment in professional, technical, managerial, clerical and sales, only 17% of the public offender rehabilitants secure these kinds of employment.

2. County of Origin

The six California counties with the largest population are found in the Southern and Central portions of the state; Los Angeles County, Orange County and San Diego County in Southern California, and San Francisco County, Alameda County and Santa Clara County in Northern California. These same six counties produced 68.8% of juvenile delinquency arrests and 78% of adult felony arrests for calendar year 1967.

Of the present 20 field rehabilitation counselors located statewide, 13 are in these six counties. Eight are in Los Angeles County and the remaining five, one in each of the other five counties. They produced over 60% of statewide rehabilitations.

Recommendation

Rehabilitations per counselor for fiscal year 1967-68 range from a low of three to a high of 58 cases. Two of these were half-time positions located in areas of low crime incidence. If further counselor positions should become available or counselors are relocated in Northern California, consideration should be given Oakland, San Jose and San Francisco districts. If additional support can be provided in Southern California, consideration should be given to Los Angeles County, Orange and San Diego County.

It should be pointed out that certain rehabilitation district offices serving smaller populations have done an outstanding job and should be considered for added personnel on the basis of their production. These offices are Fresno, San Fernando and Sacramento.

3. Minority Population

Minority groups, specifically Negroes and Mexican-Americans, comprise a larger portion of the incarcerated adult and youth population than they do of the general population. The California Department of Finance, Population Studies Section, has supplied current information for calendar year 1967. The Negro population of the State was 7.2%. The white with Spanish surname group made up 11.1% of the State's population. The latter group approximates the Mexican-American population but may contain other individuals than Mexican-Americans.

The ethnic group distribution of male felons for the year 1967 is white, 54.5%, white of Mexican descent, 16.4%, Negro, 27.7%, and other, 1.5%. For female felons for the same year those of white descent are 51.8%, white of Mexican descent, 8.4%, Negro, 37.4% and other, 2.4%.

The Youth Authority reporting on first commitments for 1967 report ethnic group distribution of white, 54.8%, Mexican-American, 17.1%, Negro, 26%, and other, 2.1%. Variations between boys and girls were slight.

While minority group representation in institutions is disproportionate to the general population, it tends to reflect urban growth patterns. Oakland,

California is the principal city in Alameda County, one of the six largest counties in the State, and has a Negro population of 38%.

The Mexican-American is found in large numbers in the central cities with the greatest number coming from the city of Los Angeles. Many come from families where Spanish is the only language spoken in the home and this severely complicates early schooling and acculturation. In this report, it is not possible to evaluate the success or failure of the Mexican-American because statistics have not been kept which separate him in an ethnic grouping. At Preston School of Industry, however, they comprised about one-third of our active caseload.

Recommendation

In certain sub-populations the Negro may represent over 40% of our referrals. Appendix Table 18 indicates that 27% of those receiving diagnostic and evaluation services on July 30, 1968 were Negroes, but only 19% of those successfully rehabilitated during fiscal year 1967-68 were Negroes. In fiscal year 1967-68, 53% of Deuel Vocational Institution's rehabilitations were Negro Youth Authority wards. Since the statewide average of Negro rehabilitations is 19%, a study should be made of Deuel Vocational Institution Youth Authority referrals to determine what factors influenced the higher percentage of successful Negro rehabilitations.

4. Marital Status

Of 952 cases receiving Diagnostic and Evaluation Services as of June 30, 1968, 14.1% were married and 67.6% had never married. A presumption can be made that this reflects referral patterns. Of 470 cases placed in a vocational plan in fiscal year 1967-68 and closed unsuccessful, 70.2% were never married and 23.5% were married. It appears that the Department of Rehabilitation has been more successful in working with married parolees. Married clients represent about 14% of cases initially referred for service but almost one-quarter (23.5%) of successful rehabilitants.

Recommendation

The parole failure of a married public offender is more costly to the community than the parole failure of a never married individual. The spouse left in the community, usually a wife, must provide direction and income. This often means reliance on public assistance to maintain the family. The Youth Authority has found that about 60% of their male and female wards come from broken families. In cases where service cannot be rendered all applicants, priority attention should be given the married offender.

5. Institutional and Field Coordination

In ideal circumstances, institutions to house public offenders would be located in or near major population centers in sufficient size and number to serve local demands. With the present California population, the majority of such institutions should be located south of Bakersfield. There are a number of correctional institutions in Southern California but currently an imbalance exists. As a result, a large number of Southern California residents are incarcerated in Northern California institutions.

The present operation of the Cooperative Public Offender Program is dictated by the location of inmates and the location of institutions having contracts, the majority of which are in Northern California. At each contracting institution, rehabilitation counselors who are assigned and work full time at that institution, screen referrals made by the institution and accept those cases they feel they can best serve. They accept one out of three persons referred but there are institutional variations. Ventura School for Girls, a Youth Authority institution, has the highest rate of acceptance in the state, 92%. The lowest rate of acceptance is California Institution for Women, which accepted 14% of cases referred.

The twenty field counselors assigned statewide regularly visit the institutions to meet with wards or inmates ready for release, to coordinate with the institutional rehabilitation counselor and to develop a vocational plan. Since the majority work in Southern California much time is spent in travel. The field rehabilitation counselor does not always agree with the judgment of the institutional counselor on cases accepted and initial vocational planning. Final judgment in each case is exercised by the field counselor who last works with the released inmate or ward in the community.

The field counselor finds a substantial number of Youth Authority and a smaller number of adult cases fail to keep appointments made following their release. Another problem is the degree of cooperation extended by the field parole officer. All vocational rehabilitation plans developed at institutions are incorporated in the correctional document file sent to the field parole officer to assist him in making community plans. In a number of cases, the parole officer is either unaware of the arrangement between his agency and the Department of Rehabilitation or chooses to ignore the developed vocational plan for one of his own. Much of the problem may lie in the personnel turnover experienced by both correctional agencies and the Department of Rehabilitation.

Recommendations

1. A suggestion has been made by the supervisor at one institution that counselors presently employed in institutions might be more effective if placed in field offices. He suggested that field counselors could continue to visit institutions doing the necessary case work and vocational planning. The merits of this plan are that it would make available several more counselors to strengthen field rehabilitation locations. Secondly, it would allow the field counselor who exercises final judgment at the present, to determine who he can be effective with and to develop a vocational plan in line with community realities. Thirdly, it should strengthen the relationship between the client and the field counselor. Negative aspects of this plan are that case service funds are not currently available to supplement the allocation of \$5,000 made for each institutional counselor to \$25,000. Secondly, field counselors would have to absent themselves for longer periods of time to provide the same level of service at institutions. Thirdly, institution based rehabilitation counselors develop working relationships with correctional counterparts which will not be possible with this larger number of counselors working within institutions.

This same plan suggests that visits to institutions might be reduced if specialized case loads could be set up serving either Youth Authority

cases or Correctional cases. If this were done, statewide service would have to be given up and the program limited to the six largest counties. This would allow Los Angeles County 16 counselors and the remaining five largest counties, 10 counselors, for a total of 26.

2. If the present system of field and institutional counselors is continued, some provision must be made to more actively involve the field parole officer with the vocational rehabilitation field counselor. The current system of including the vocational plan in the correctional file is inefficient and sometimes misunderstood by the field parole officer.
3. A number of meetings have been held in the past between the Department of Rehabilitation Regional Administrators and their Correctional counterparts. These meetings have been followed by joint meetings at lower levels. Personnel changes in both agencies indicate that meetings, particularly at the lower level, must be ongoing and provisions should be made for incoming parole officers to be advised of the interagency agreements.
4. Some institutions appear to process a high number of individuals to identify a relatively small number of cases. Greater use should be made of selection committees to identify possible clients and reduce useless paperflow through data processing.
6. Major Disability

Of 1,830 cases receiving Diagnostic and Evaluation Services as of June 30, 1968 slightly over 90% were reported as behavior disorders. The next largest disability group was 3.9% drug addiction, and 2.3% with orthopedic problems. Determination of these disabilities is based on medical information provided by the correctional agency consisting of general medical examination reports, specialist's examinations and psychiatric examinations. Social data and results of psychological testing done at reception centers is also available.

Recommendation

The average public offender accepted for service in California has as a primary disability, behavior disorder. This category is so broadly used because review of medical data demonstrates few cases with physical disability or qualifying psychiatric disability.

The experience of some other states disclose areas which merit investigation by California. In 1962 the Georgia Division of Vocational Rehabilitation sponsored a survey of the population at the Georgia Industrial Institute by a psychologist from the University of Georgia. This survey disclosed that approximately thirty-five to forty percent of the young offenders at this institution should be eligible for vocational rehabilitation service on the basis of mental retardation.

The Oklahoma Rehabilitation Service in their study, "Vocational Rehabilitation in Juvenile Delinquency" reported on an extensive study of 65 juvenile cases. Twenty-three cases were classified as having no physical or psychological handicap. Of the forty-two cases remaining, forty were classified as psychologically handicapped. Eight of the 40 were found to be mentally retarded on the basis of individual intellectual assessment and the

remaining 32 were evaluated as exhibiting some type of psychological maladjustment. From this random sample two cases, or approximately 5%, would have physical disability, eight cases or 19% would be mentally retarded and 32 cases or 76% would have other psychological or emotional maladjustments.

Investigation should be made to determine what the situation is in California insofar as mental retardation and mental illness of public offender caseloads is concerned.

7. Client Economic Resources

The Parole and Community Services Divisions of the Department of Corrections made a study of Parole Release Resources and made this information available in summary form on August 26, 1968. Two groups paroled in March of 1968 were examined 30 days following release.

Average parolee's financial needs for first 30 days	\$282.00
Release funds and paycheck	-102.00
Deficit (provided by family or friends of parolee).....	\$180.00

In summary, the parole division determined that one-half of the men being paroled required \$180 more than is provided by Release Funds and earnings. The breakdown of financial requirements follows:

Room and Board	\$147.00
Incidentals	34.00
Clothing	65.00
Union dues and job related expenses	36.00
	<u>\$282.00</u>

The financial assistance provided at release from the institution averages \$53. The field parole agent can assist with funds but these are usually very small amounts of money and are loans which must be repaid.

The new parolee has many needs and few resources. Generally he is without private transportation and must use public transportation to seek employment, report to rehabilitation and parole offices, etc. The wardrobe provided at the institution is so limited that he must wash or clean all items himself. If he attempts to prepare his own food, he must purchase all necessary kitchen utensils and supplies. He is without proper work clothing or work shoes. If tools are necessary in his employment, he must provide them. Union fees or initiation fees must be paid, at least in part, before he can start work. Support from welfare and other public agencies is minimal. Welfare only assisted six of forty-one cases requiring assistance with room and board. The principal resource for the parolee is himself or his family.

The Department of Rehabilitation is currently expending 15% more for maintenance in public offender cases than is spent in the general program. Both Rehabilitation and the correctional agency must understand total resources available and the urgency of the parolee's needs.

Recommendation

It appears that the amount of money made available a parolee at his release from the institution to the community and subsequent funds which he might borrow from parole, are insufficient to meet his needs. The amount of money allowed by the Department of Rehabilitation for maintenance appears inadequate as well.

If the Department of Rehabilitation were to increase the amount of maintenance to the level required by public offender clients, it would resolve the problem for only a small number of individuals. The greater number of parolees, not clients of the Department of Rehabilitation, would still face the problem of sustaining themselves in the community following their release to parole from the institution. The problem appears grave enough for consideration to be given by the State Legislature of necessary financial supplementation. Ten parolees could be supplemented \$200 a month for a 30 day period for about the same cost as one year's reinstitutionalization of one inmate.

8. Long Term/Short Term Goals

Our general experience has been that the more concrete and short-term plan has a greater chance for success.

Recommendation

Whenever possible, with the involvement and cooperation of field parole, the paroled inmate or ward should be placed in immediate employment paying a living wage. If such employment cannot be located and client required training, then placement on the job with an employer who pays a small beginning wage initially supplemented by the Department of Rehabilitation is called for. If community training must be utilized, the private school with a shorter and more intensive training program is recommended over the free public trade school or junior college.

9. Public Offender Specialists

The case load which a public offender counselor carries does not reflect the general population. The general and adult parole population of Los Angeles County is shown below.

	<u>General Population</u>	<u>Parole Population</u>
Caucasian	81%	46%
Negro	10%	32%
Mexican-American	9%	22%

Most persons committed to an institution lack job skills and have little work experience. A personal communication received from Mr. Ben Lohse of the Department of Corrections, Parole Division, gave information on the general and parole population of Los Angeles County and estimated that:

30% have skills, with steady employment history and with stable habits.
50% are skilled or potentially trainable, but have unstable habits, low frustration tolerance, and limited job stability.

20% are marginal, with low aptitude, low frustration tolerance and unstable habits.

For the institutional or field rehabilitation counselor to work with such a caseload, it is necessary that he or she develop a special set of skills and resources with which the average counselor is unacquainted. Secondly, the attitudes and needs of the youth and adult offenders are different.

Recommendation

Institutional and field counselors who are assigned to work with public offenders serve a most difficult caseload. The public offender population has a larger proportion of minority members than the general population, suffer the stigma of being an ex-felon, have limited education, low job skills and small economic resources. Such counselors require special training and require a period of time to become effective. For this reason they should remain on such assignments for a two year period. Further, consideration should be given to reorganizing the field counselor staff to serve either youth or adult cases.

10. Case Service Budget

The amount of case service budget currently available to field public offender counselors is approximately \$25,000. This is \$7,000 less than is allocated to counselors in the general program.

Recommendation

The current case service budget is inadequate for the public offender caseload and should be raised to a parity with the amount allocated counselors in the general program.

PROGRAM DIRECTION

The majority of state population and public offender clients reside in Southern California. The preponderance of field counselor staff, (12), are located south of the northern boundaries of San Luis Obispo, Kern and San Bernardino Counties.

Population projections for the year 1975 made by the California Department of Finance, indicate phenomenal growth rates for certain Southern California counties - Ventura and Orange Counties will double in size and San Bernardino and Riverside Counties will increase over one-third. Accelerated growth is forecast in the same study for some Northern California counties. Counties primarily affected will be Santa Clara, Marin and Contra Costa.

Present institutional contract patterns are primarily with Northern California institutions; Preston, Deuel and Soledad. This requires counselors from the most populous Southern California counties to travel to these institutions in order to coordinate with their rehabilitation counterparts. Correctional agencies have indicated they plan to regionalize their facilities but we feel this may be some time distant, particularly for the adult offender. At the time that facilities are regionalized, travel time to institutions will be

markedly reduced. Until this becomes a reality, it would be wise to reduce or phase out some of the Northern California programs and relocate them with comparable institutions in Southern California.

At present a major population center exists in Southern California with a secondary population cluster in the San Francisco Bay area and Peninsula counties. Program needs emphasize the clustering of contracts, personnel and service in these high population-high crime areas.

Changes in techniques to handle the offender's problems point to more community based programs, particularly for the first offender, at the county level. The Probation Subsidy Program pays counties to keep their first offenders in the home community instead of committing them to a state institution.

Work Release Programs, particularly on county level, show great promise. The prisoner leaves the institution each morning, goes to his job, and returns to the institution at night. He repays institutional costs.

Half-way houses maintained by correctional agencies provide a community based pre-release point. The inmate spends the last few months of sentence in a community located center which provides room and board and supporting professional services. There is supervision but not the strict custody found in an institution. The inmate placed at such an institution can plan for his release, search for and secure work, save needed funds against his day of release and make a smooth transition to the community. An exploratory program with the Department of Corrections Northern California Half-Way House Crittenden Center in Oakland, shows this to be a promising activity.

COOPERATIVE SCHOOL PROGRAM HIGHLIGHTS

Twenty-one programs operating at 28 school districts, 4 county departments of education, and the California School for the Deaf in Berkeley.

Program

500 special education students were rehabilitated during the fiscal years 1965-66, 1966-67, and 1967-68.

355 students were rehabilitated during 1967-68.

A 40% increase in the number of rehabilitants is indicated for 1968-69.

Programs in areas with larger minority populations tend to produce more rehabilitations.

Largest number of rehabilitations produced during 1967-68 - Oakland Unified School District (86).

2500 special education students had been accepted for services by the end of 1967-68.

Special education and vocational rehabilitation staff expended about 90 man years during 1967-68 in serving this group.

Program Costs

Total costs for 1967-68 were under \$1,500,000 which included:

\$864,000 federal vocational rehabilitation funds, of which \$350,000 was spent for training services.

Average cost per rehabilitation was under \$4,000.

Program Benefits

Benefits to the state and federal governments:

Minimum annual return of \$20,000 in state sales and income taxes.

Minimum annual return of \$130,000 in federal income tax.

Additional wage earners whose work expectancy is at least 20 years longer than the average Department of Rehabilitation rehabilitant.

Wage earners whose salaries are expected to increase from year to year.

Potential tax dollar savings for those who were receiving public assistance.

Potential tax dollar savings for those who would have required public assistance as adult heads of households.

Benefits to the Individual

Increased dignity of productive status.

A school program which is designed to reflect adult vocational demands and to better hold the students interest.

Average weekly earnings of \$67. (Estimated annual earnings for 355 rehabilitants exceeds \$1,000,000.)

The average rehabilitant was:

White (includes Mexican-Americans)	81%
Male	65%
Age 16-19 years	91%
Receiving no public assistance	86%
Mild mental retardation	67%

PROGRAM BENEFITS

Earnings and Taxes

The total weekly earnings of all 1967-68 rehabilitants was about \$21,400 and should these clients continue employment for at least a year the total amount of earnings would be over \$1,000,000. Moreover, the life earnings expectancy of these rehabilitants is about 20 years longer than for the average Department of Rehabilitation client who is rehabilitated at 36 or 37 years of age. This more than justifies the additional time and training funds expended to rehabilitate cooperative school clients as mentioned in previous sections of this report.

The immediate tax returns resulting from the program's employed rehabilitants is comparatively small. The 1967-68 rehabilitants were earning at a rate which would return annually to the state treasury \$20,000 in sales and income taxes. The return of federal income tax dollars would be over \$130,000. Long-term tax returns are expected to increase considerably because cooperative school rehabilitants have a longer life work expectancy. Younger workers are also known to earn less and it is expected that their rate of earnings will also increase over the years.

Fifty rehabilitants were receiving public assistance at acceptance totaling \$37,000 annually. This included those who were family dependents receiving about \$50 per month of Aid to Families with Dependent Children (AFDC) and those who were receiving Aid to the Totally Disabled (ATD). These same rehabilitants are now earning at an annual rate of \$140,000 which is a substantial improvement in their standard of living.

Two hundred and twenty students still in the program at the close of 1967-68 were receiving public assistance at the rate of nearly \$200,000 per year. If they can be rehabilitated at the 1967-68 rate of success (65%) as for all cooperative school clients, the yearly amount of public assistance may be reduced by \$130,000 over the next few years. This would be only a fraction of the amount required if these students continue their dependency into adulthood or heads of households.

Qualitative benefits are seen as improvements in the variety and kinds of services available to the students as perceived by the cooperative program staff. The student will benefit from an improved curriculum designed to reflect adult vocational requirements. He will gain more self-confidence by experience on a variety of job tryouts both on the school campus and in the community. The student will learn to earn at an earlier age and will be shown the consequences of his behavior in relation to these earnings. He will receive vocational training and supervision following graduation and will be entering a broader array of occupations than ever before.

His teachers will share experiences with another profession and become more aware of the students' vocational needs and abilities. The vocational rehabilitation counselor will become more aware of the students' educational needs. The participating employer will benefit by helping to develop a specialized part of tomorrow's labor market.

ALL COOPERATIVE SCHOOL DISTRICTS^a

Table 1A: Summary Statistics

Date Program Started: July 1965 DR Expenditures (1967-68): \$864,140
Special Education Man Years: 56.08 Rehabilitation Man Years: 38.90

Fiscal Year 1967-68 Workload

All Clients Served During Year	3,266
Client Caseload on June 30, 1968	2,430
Clients Receiving Plan Services on June 30, 1968	1,251
Clients Closed as Rehabilitated During Year	353
Average Department of Rehabilitation Cost Per Rehabilitant	\$2,447

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A wide variety of school districts and geographical areas were being served during fiscal year 1967-68. Well over two million people live within the boundaries of these school districts and eight of them serve populations larger than 100,000. Oakland is the largest of these with 365,000, followed by other urbanites such as Sacramento, Sweetwater of San Diego and Torrance. The remaining three of this larger population group are San Luis Obispo and Santa Cruz Counties as well as the areas covered by the Sonoma Valley-Petaluma-Napa Valley school districts. The majority of school districts are under 80,000 and are a mixture of rural independents and suburban communities within the greater Los Angeles County area. The Hayward, Marin County and Charter Oak-Covina Valley school districts cover medium size areas around 90,000.

School enrollment reflects the same wide variation with a total of more than 500,000 in all school districts. A little more than one-fourth are high school students of which just over 3,300 are enrolled in special education classes. The mentally retarded make up the largest proportion of special education students. About two-thirds of these special education students have already been accepted for cooperative program services. Vocational rehabilitation unit staff are expending over 90 man years in meeting this workload with the special education staff concentrating primarily on in-school or on-campus activities and Department of Rehabilitation staff providing seniors and postgraduates with off-campus job training and work experiences.

Forty percent of the Department's federal matching monies were expended in providing case services. The bulk of the \$350,000 spent for case services was used for training. At least half of the training monies consisted of

^a - Excluding the California School for the Deaf

incentive wages for students in work experiences. Because a large number of programs were using training money for incentive wages, it was not necessary to provide as much maintenance support as might have been expected.

Table 1C shows five basic kinds of program expenditures. These include expenditures for (1) the vocational rehabilitation unit which consists of all special education and vocational rehabilitation costs, (2) special education certified staff wages, (3) all Department of Rehabilitation costs^b, (4) non-case services which consist of staff, travel, equipment and overhead costs, and (5) case services mainly consisting of diagnosis, physical restoration, training and maintenance. In addition to showing the totals for each, the average cost per rehabilitation for the five basic categories were also computed.

Using the average cost per rehabilitation for all Department of Rehabilitation expenditures as a measure of cost efficiency it was found that of the older programs, Oakland and Santa Barbara have shown consistently better than average performance in this manner as seen on Table 4. Redlands and Alford showed the most improvement during fiscal year 1967-68 while Torrance, Bellflower, and San Luis Obispo still seem to be having difficulties. Also, San Juan and Sweetwater slipped considerably after good second year performances. Bellflower, Sweetwater, and San Juan were hampered by vocational rehabilitation staff turnover during 1967-68, however.

The majority of the clients are mentally retarded, as are the students enrolled in special education, although the proportion is less than expected. This represents a broadening trend since the first two years during which the program concentrated on the mentally retarded but are now reaching students with other disabling conditions. The same general trend was noted among rehabilitants although there was a larger proportion of mental retardates in this category during 1967-68. The majority of students who are accepted for vocational rehabilitation plan services do not receive public assistance. Fifteen percent of such students are Negro while 19% of the rehabilitants are Negro. Rehabilitated Negro clients earn slightly more than the average for all rehabilitants.

^b - See Table 4 regarding average Department of Rehabilitation expenditures per rehabilitation.

HISTORY OF THE PROGRAM

In 1958 the then Bureau of Vocational Rehabilitation applied for a grant under Section 3 of Public Law 565 to establish an extension and improvement project to determine new ways of serving the mentally retarded which heretofore had been regarded as not feasible for rehabilitation services. The project consisted of four full-time rehabilitation counselor positions working in selected locations around the state to develop services and demonstrate the feasibility of working with this group. Over a three year period ending in June 30, 1961, 67 mentally retarded persons were rehabilitated into suitable employment.

This small but concentrated effort provided the agency with a prototype experience for the present day program. The Oakland District Office informally agreed to assign its project counselor to work with mentally retarded high school students of the Oakland Unified School District. The School District reciprocated by assigning one full-time work experience coordinator to work with the project counselor. This early arrangement provided the statewide project with over half of its 67 rehabilitations.

More important, however, was the fact that the Oakland experience created a new conceptual framework for the vocational rehabilitation of the mentally retarded and other disabled young persons of high school age in California. It was not until four years after the conclusion of this project that the Department of Rehabilitation was authorized, early in 1965, by the California Legislature to establish cooperative programs with a limited number of public school districts and county boards of education.

Program Design

The objectives of the program were to offer disabled youths in special education practical work experiences and a school curriculum designed to reflect adult vocational demands. To achieve this, a coordinated program of special education and vocational rehabilitation services based upon the following common goals was established:

Special Education Unit

1. Maximum development and practical application of basic communications skills.
2. Knowledge of health, physical development and safety.
3. Development of social and emotional competence.

Vocational Rehabilitation Unit Goals

1. Evaluation and development of vocational potentials.
2. Exploration of individual adjustment and learning problems in relation to a vocation.
3. Development of acceptable work habits and attitudes.

4. Establishment of a suitable job objective and the development of skills necessary to reach that objective.

In pursuit of these common goals, the program included two separate units coordinated to provide continuous and uninterrupted services. The special education unit retained primary control and responsibility for activities which were currently, traditionally and legally the function of special education. This included the provision of space, teaching personnel and the development of curriculum to meet goals 1, 2 and 3 as enumerated above under the Special Education Unit. This part of the program was to utilize the minimum school day under the supervision of an appropriately credentialed special education teacher as required by the California Education Code Section 11052.

The vocational rehabilitation unit utilized the remainder of the school day after classroom requirements were met for its program. This included the provision of supervisory, counselor, and clerical personnel with adequate case service money to provide a program to meet goals 1, 2, 3, and 4 as enumerated above under the Vocational Rehabilitation Unit Goals. The staff of this unit included a vocational rehabilitation counselor with supervisory and clerical support assigned by the Department and selected special education personnel of the school district who assisted in the development and coordination of work adjustment and graduated work experiences for disabled students prior to graduation. Frequently the school nurse, the school psychologist, and other specialists in the school district provided supportive or consultative services to the staff of this unit.

Beginning as early as the ninth grade the disabled youth was introduced and oriented to the program. If willing and accepted, he had available to him a coordinated program of services arranged in the following sequences:

- Phase I (Ninth Grade) Orientation and Evaluation
- Phase II (Tenth Grade) Work Adjustment Services
- Phase III (Eleventh Grade) Work Exploration
- Phase IV (Twelfth Grade) Work Experiences
- Phase V (Postgraduate) Job Placement and Follow Up

Vocational counseling and such supportive services as medical diagnosis and treatment, financial assistance for transportation and maintenance, and occupational tools and licenses were available to the disabled youth throughout the course of the program. The rehabilitation case conference was utilized by the vocational rehabilitation unit staff to evaluate, plan and initiate services, and review the progress of students in the program.

Growth of the Programs

Fiscal year 1967-68 represents the first full year in which all of the cooperative programs for disabled youths were in operation. Due to the process of negotiating individual contracts with each school district or county office of education, the starting dates for the programs ranged from July, 1965 through September, 1967. This wide range of starting dates, together with differences in geographic location, available resources and techniques used, make interpretation of data difficult. School districts and county offices of education found it necessary to combine their resources in order

to support one full-time vocational rehabilitation program. This meant that the Department of Rehabilitation staff are required to travel considerable distances to serve a particular school district or a county on a one-half or one-third time basis. Such programs cannot be readily compared with the majority of school districts who are able to support full-time vocational rehabilitation units. Most of these units utilize one full-time vocational rehabilitation counselor while two large districts, Oakland and Torrance, utilize the services of two full-time vocational rehabilitation counselors along with supervisory and clerical support.

Nine cooperative programs were established in the initial fiscal year 1965-66 with the following school districts: Oakland, Sweetwater of San Diego, Bellflower, San Juan of Sacramento, Santa Barbara, Redlands, Alvord of Riverside, and Torrance. In addition, San Luis Obispo County in cooperation with the San Luis Obispo City Schools and the Paso Robles School District entered into an agreement to establish a vocational rehabilitation unit.

The Department of Rehabilitation expended over \$213,000 in fiscal year 1965-66, which resulted in 359 high school special education students receiving planned services and 12 being rehabilitated to suitable employment. The majority of the funds were spent for ten full-time vocational rehabilitation counselors, two full-time rehabilitation supervisor positions, and five clerk typists. At the same time the schools were contributing almost \$202,000 of certified staff time. Seventy-nine special education personnel, teachers, a few supervisors, and one special education principal contributed an equivalent of 28 man years.

After a sharp increase in the number of programs during the second year of operation, a leveling off period was reached by the following fiscal year of 1967-68 when the number of programs totaled 21. The newer school districts and county offices of education included the following: Sacramento City, Charter Oak-Covina Valley, Santa Cruz County, Hayward, Tulare County-Tulare Union-Visalia Unified, El Rancho, Marin County-Tamalpais-San Rafael-Navato, Merced, Riverside, Barstow-Victor Valley, Sonoma Valley-Petaluma-Napa, and the California School for the Deaf.

The program continued to grow in other respects, however, and by the end of the third year the Department of Rehabilitation's annual expenditures had increased to over \$906,000. The staff grew to 23 vocational rehabilitation counselors, six rehabilitation supervisor positions, and 12 clerk typists (39 man years). An increase in the delivery of services was also evident. Students receiving planned services increased to 1,268, while the number rehabilitated into suitable employment was 355, a 167% increase over the second year total of 133. Certified special education costs also leveled off during the third year to \$550,000 after having experienced a sharp increase in the second year over the first year operations. In fiscal year 1967-68 the certified staff time of 161 special education personnel equalled about 56 man years.

Growth Pattern of Cooperative School Programs
in Fiscal Years 1965-66 through 1967-68

Item	Fiscal Year		
	1965-66	1966-67	1967-68
Number of Cooperative School Programs	9	21	21
Vocational Rehabilitation Unit Staff Man Years	44.6	89.6	98.7
Clients Receiving Planned Services	359	1,059	1,268
Rehabilitations	12	133	355
Department of Rehabilitation Costs	\$213,557	\$698,862	\$906,184
Certified School District Costs	\$201,844	\$474,166	\$551,144

Two significant trends are noted by the conclusion of the third years. First, the rate of increase of the costs of the program in terms of staff, equipment, etc., has lessened as contract negotiations for additional programs were curtailed. Secondly, the benefits received from these expenditures, in terms of delivery of services and rehabilitations have increased sharply over the three year period due primarily to the maturation of the program.

DESCRIPTION OF THE PROGRAM FOR FISCAL YEAR 1967-68

Although each program is a derivative of the same contract model, considerable variation exists due to the uniqueness of individual school district or county preexisting staffing patterns and the nature of the special education students enrolled. Geography and demography also play important roles in shaping the individual programs. For example, approximately 512,000 students are enrolled in grades K through 12 at these participating school districts, ranging from the small rural Merced Union High School District with an enrollment of slightly over 5,300 to the large, urban Oakland School District with a total enrollment of 63,188. The estimated nonwhite enrollment among the school districts ranged from less than 2% (San Juan School District) to the high figure of 50% (El Rancho School District). Of the 3,755 high school special education students enrolled in these school districts, the majority are classified as educably mentally retarded.

The individual program descriptions are provided in the appendix section of this report to give the reader an overview and highlights of significant program features. The term "program" includes all school districts or county school jurisdictions having at least one full-time vocational rehabilitation counselor with part-time supervision and clerical assistance. This means that seven of the individual descriptions will be of multiple school district cooperative programs either by themselves or in conjunction with a county jurisdiction such as in the cases of San Luis Obispo County, Marin County, Santa Cruz County, and Tulare County. Two large school districts, Oakland and Torrance, each utilize the services of two vocational rehabilitation counselors but for descriptive purposes are considered within the definition of "program" as described above.

The information discussed in the preceding sections of this report has provided a limited description of the cooperative school programs. However, some noticeable trends had developed by the end of 1967-68.

Most important is that the school program is still growing. Considering production in terms of the number of rehabilitations, 1967-68 with 355 rehabilitations has been the best year so far. However, the number of rehabilitations in the first six months of 1968-69 was 235, an even higher rate than for 1967-68. Projections for the full 1968-69 year are 485--almost a 40% increase over 1967-68.

In 1967-68 the average cost of rehabilitating cooperative school clients was about the same as for all Department of Rehabilitation Program clients. Training costs were about 30% higher for cooperative school clients but they received additional services such as work experience and incentive pay.

Since work experiences and other prevocational activities may be extended over a three or four year period, it takes longer to rehabilitate the cooperative school client. However, cooperative school rehabilitants are younger than those of other departmental programs. They have a life work expectancy almost 20 years longer. The potential returns in taxes and tax savings over this length of time clearly offsets the cost to rehabilitate the cooperative school client.

Programs in areas with large minority populations tended to produce more rehabilitations in 1967-68. The mild mental retardates accounted for two-thirds of the 1967-68 rehabilitants. The Negro rehabilitant earned more than the non-Negro. This suggests that mental retardates of low socioeconomic, minority status may be the better candidates for the program than their middle class counterparts. Further investigation of this on a long-term basis is warranted.

Program production for 1967-68 was not dependent upon size of the school districts. General area population, high school enrollment and high school special education enrollment had no essential relationship with rehabilitations per counselor. Size of counselor caseload also did not significantly correlate with the number of rehabilitations produced during 1967-68.

The production of rehabilitations is not the only, nor even necessarily the best indication of a program's quality. A program's quality is probably better described by the amount of positive change created by the program; i.e., how vocationally prepared are the students in the program compared to how prepared they would be if the program did not exist.

A school district with a well established work experience program helps vocationally prepare its students. Many school districts had or would have had well established work experience programs without the Department. Others would have had very little. However, the amount of change in work experience programs brought about by the Department forming programs with the school districts is not measurable.

Thus, production of rehabilitations is the best guide available at this time which indicates a program's quality. Table 9 shows the number of rehabilitations for 1967-68 and the projection for 1968-69. Projections are based on past growth trends and the rehabilitations for the first half of 1968-69 tempered by what may be conservative estimates from the field. Projections should not be mistaken for quotas or minimum expectations. Also presented are some of the many factors which relate to each individual program's production. Because so many variables effect production, it is not feasible to single out any one or two of them as being highly related to production.

ALL COOPERATIVE SCHOOL DISTRICTS

Table 1B: Students and Staff for 1967-68

Total School District Enrollment	512,858
High School Enrollment	139,363
Special Education	3,341
Educable Mentally Retarded	2,077
Trainable Mentally Retarded	337
Physically Handicapped	427
Educationally Handicapped	500
Vocational Rehabilitation Unit Staff	94.98 man years
Special Education Staff	56.08 "
147 Teachers	51.28 "
4 Administrators, Principals	.85 "
4 Work Adjustment Coordinators	2.50 "
4 Psychologists, Counselors	1.45 "
Department of Rehabilitation Staff	38.90 "
13 Supervisors	5.40 "
22 Counselors	22.00 "
21 Clerk Typists	11.50 "

Table 1C Expenditure and Average Cost per Rehabilitation for 1967-68

Type of Expenditures	Amount of Expenditures	Average Cost per Rehabilitation
Vocational Rehabilitation Unit	\$ 1,395,857	\$ 3,954
Special Education Certifications	531,717	1,507
Department of Rehabilitation	864,140	2,447
Non Case Service	511,823	1,449
Case Service	352,317	998
Diagnostic Procedures	48,276	
Physical Restoration	9,576	
Training	265,722	
Maintenance	28,743	

Table 1D 1967-68 Client Characteristics

NUMBER	All Clients			NUMBER	*Accepted For Svc.		All Rehabs.
	3266	2434	353		2434	353	
Percent	100%	100%	100%	Percent	100%	100%	
<u>SEX</u>				<u>PUBLIC ASSIST. AT ACCEPT.</u>			
Male	61	62	64	No Assist. at Acceptance	89	86	
Female	39	38	36	\$ 1 - 99 Per Month	9	12	
				100 - 249 "	2	2	
<u>AGE AT REFERRAL</u>				<u>WEEKLY EARNINGS AT CLOSURE</u>			
15 and under	23	23	5	No Earnings at Closure		10	
16 - 17	53	50	44	\$ 1 - 19		4	
18 - 19	22	24	47	20 - 59		30	
20 - 24	2	3	4	60 - 99		43	
				100 - 159		13	
<u>MAJOR DISABILITY</u>				<u>TYPE OF WORK AT CLOSURE</u>			
MR: Mild,				Competitive Employment		87	
Unclassified	58	58	68	(High Complexity)		(5)	
MR: Mod. Severe	12	14	14	(Medium Complexity)		(15)	
Other Disability	30	28	18	(Low Complexity)		(67)	
<u>RACE</u>				Homemaker, Family Worker		10	
Negro		15	19	Sheltered Workshop		3	
Other Race		85	81				

*Refer to Glossary

^aExcluding the California School for the Deaf

CALIFORNIA DEPARTMENT OF REHABILITATION

Table 1E

Average Department of Rehabilitation's Expenditures Per Rehabilitation By the Age of the School Program

Program (School District)	First Reported Activity	Average DR Expenditures per Rehabilitation		
		First Year ^(a)	Second Year	Third Year
Programs Beginning 1965/66	July 1965-Feb. 1966	(1965/66) \$ 16,682	(1966/67) \$ 3,320	(1967/68) \$ 1,922
Oakland	July 1965	\$ 29,244 ^(b)	\$ 1,673	\$ 1,044
Sweetwater	July 1965	14,654 ^(b)	2,243	3,026
Bellflower	Sept 1965	24,516 ^(b)	3,470	3,557
San Juan	Sept 1965	30,449	2,509	5,875
Santa Barbara	Sept 1965	1,795 ^(b)	1,881	1,083
Redlands	Nov. 1965	25,031 ^(b)	20,543	1,470
Alvord	Dec. 1965	21,753 ^(b)	19,472	2,241
San Luis Obispo	Feb. 1966	15,904 ^(b)	5,445	3,931
Torrance	Feb. 1966	18,844 ^(b)	7,509	2,843
Programs Beginning 1966/67	June 1966-Mar. 1967	(1966/67) \$ 27,294	(1967/68) \$ 3,457	
Sacramento	June 1966	\$ 33,668	\$ 3,271	
Char Oak-Cov Val.	Aug 1966	30,072	4,181	
Santa Cruz Co.	Aug 1966	26,118 ^(b)	9,468	
Hayward	Sept 1966	29,989 ^(b)	7,461	
Tulare-Visalia	Sept 1966	18,971 ^(b)	2,580	
El Rancho	Oct 1966	18,619 ^(b)	4,288	
Marin Co. Schools	Oct 1966	14,185 ^(b)	7,701	
Merced	Oct 1966	15,994 ^(b)	3,683	
Riverside	Oct 1966	26,800 ^(b)	1,578	
Barstow-Vic Val	Nov 1966	24,512 ^(b)	1,982	
Stockton	Feb 1967	14,858 ^(b)	(c)	
Sonoma-Napa Val & Petaluma	Mar 1967	4,955	3,387	

(a) First year figures include minor starting costs even if they were incurred in the previous year.

(b) Total DR expenditures for year; no rehabilitations matured in first year of operation.

(c) No expenditures because of program termination; two prior clients rehabilitated.

CALIFORNIA DEPARTMENT OF REHABILITATION

Table 1F

All School Program Expenditures and Percentage
Distribution of Case Service Costs by Program for Fiscal Year 1967-68

SCHOOL PROGRAM	Expenditures			Percentage of Case Service Costs				
	All Dept. of Rehab. and School Dist.	Dept. of Rehab. Only	Case Service Cost	All Case Services Costs	Case Service Categories			
					Diagnostic Procedures	Physical Restoration	Training	Maintenance
Older Programs								
Oakland	\$ 141,629	\$ 88,718	\$ 45,307	100%	5%	1%	78%	16%
Sweetwater	84,866	42,364	22,606	100	12	0	85	3
Bellflower	62,731	35,569	12,926	100	8	0	92	0
San Juan	69,144	41,125	18,162	100	3	4	90	3
Santa Barbara	67,723	35,746	10,985	100	18	1	79	2
Redlands	51,243	32,331	12,605	100	11	7	74	8
Alvord	68,245	49,293	16,507	100	15	15	69	1
San Luis Obispo County	52,062	35,375	11,903	100	9	2	82	7
Torrance	140,804	85,297	28,250	100	22	4	69	5
Newer Programs								
Sacramento	90,047	52,332	25,533	100	20	0	78	2
Charter Oak-Covina Val.	52,083	33,444	12,966	100	26	0	65	9
Santa Cruz Co. Dept of Ed	62,147	37,870	14,903	100	33	1	63	3
Hayward	59,442	37,307	16,869	100	7	0	93	0
Tulare-Visalia	45,517	30,964	11,168	100	3	10	72	15
El Rancho	48,206	30,013	8,604	100	11	1	67	21
Marin County School Dist	86,112	61,615	39,899	100	14	2	65	19
Merced	50,226	33,145	6,544	100	34	15	41	10
Riverside	61,457	39,443	19,230	100	8	0	88	4
Barstow-Victor Valley	53,895	31,709	11,876	100	16	4	76	4
Sonoma-Napa Valley	48,298	30,480	5,474	100	30	0	37	33
TOTAL	\$ 1,395,857	\$ 864,140	\$ 352,317	100%	14%	3%	75%	8%
Median	\$ 60,459	\$ 35,657	\$ 13,914	100%	13%	2%	73%	4%

END