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SERVICE INTEGRATION FOR DEINSTITUTIONALIZATION  
REPORT OF A THREE-YEAR RESEARCH AND DEMONSTRATION  
PROJECT. VOLUME I. SUMMARY

VIRGINIA SERVICE INTEGRATION FOR  
DEINSTITUTIONALIZATION PROJECT

PREPARED FOR  
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# THE SID REPORT

VOLUME I

SUMMARY

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SERVICE INTEGRATION FOR DEINSTITUTIONALIZATION

An Eight-Volume Report of a Three-Year Research and Demonstration Project

- Volume 1: Summary
- Volume 2: Implementation Procedures
- Volume 3: Automated Information System
- Volume 4: Findings
- Volume 5: Cost/Benefit Analysis
- Volume 6: Legal Issues
- Volume 7: Plan for Extension
- Volume 8: Addendum

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" . . . the task is to change,  
not people; but rather the  
world in which they live."

B.F. Skinner

## PROLOGUE

Not long ago an elderly man was sitting at the entranceway of a state institution watching inmates wander beyond the gates and enter into the local community.

The man stood up and blocked the path of an on-coming man and asked him, "Where are you going?"

The approached man looked bewildered, dazed, and confused but seemed to be intent on moving forward and outward. He ignored entirely the question the old man had asked.

Persistent in his attempts to discover why these people were leaving this place, the elderly man grabbed the departing resident and again asked, "Where are you going?"

The man now said, "They have come to set us free so that we might return from whence we came."

"From whence you came," repeated the elderly man. "Set you free! What the devil do you mean?"

The resident was gone now without having spoken an answer.

Next came a man walking away from the institution with a shuffling gait. It was a slow but deliberate attempt to go somewhere from some place.

"Where are you going?" asked the elderly man.

The man said nothing. He had neither heard the question nor had he seen the inquirer even though the elderly man stood directly in front of him.

Finally, an old woman came forth and the elderly man questioned her. "Miss, please tell me what on earth is going on here. Why are people leaving this institution?"

The old woman spoke haltingly and said, "SID has come."

"SID!" repeated the man. "What the devil is SID?"

"I don't know," said the woman. "But some of us can go home now. They had a meeting and said I didn't need to stay here any longer."

"SID. . . going home. . . meeting--what the blazes is all this about?" yelled the man. "Do you know where you are going, lady?"

"I'm going home," she answered.

Such questions the man felt needed answers. But from where would the answers come?

Elsewhere in another state institution another observer views a similar movement of inmates. The movement here, however, is much slower and impeded for the individuals.

The observer now is a young man just graduated from college. He has come to this institution as a volunteer to work with the residents.

He observes residents wandering in groups toward the entrance of the institution but they go no further. It is as if they know not to go beyond the entrance, which could be their exit, for there are no places to go and even if there were nobody would help them find the way.

The young man went up to one resident and asked, "Why do you stop here at the entrance? Can't you go any farther? Isn't there someplace else you can go?"

The resident answered, "My father is coming to take me home for the holidays."

"That's nice," said the young man. "When was the last time you went home?"

"I don't remember," said the resident. "My father wrote to the social worker and she said he was coming to get me."

"How long have you been here?" asked the young man.

"A long time," was the answer from the resident.

"Have you seen your folks since you've been here?" asked the other.

The resident smiled and said, "No, I haven't."

"But your father does write to you. Right?"

"Yes," said the resident.

The young man then walked away trying to decipher what he had just heard.

It came to pass that the elderly man and the young man met one day while hiking in the mountains. The young man had stopped to rest along a path when the elderly man who was at the first institution came along. They exchanged greetings and the young man asked the elderly man to rest awhile with him. He agreed.

"Certainly is a beautiful spot to just think and reflect," said the young man.

"It is," agreed the elderly man.

Unknown to these two men, another man was walking along this same trail. When all three met, some unanswered questions about the two institutions that the young man and elderly man had seen would be answered. More than that, all three would come to share an experience that would affect the rest of their lives.

The third man would come to introduce himself to the other two as a "broker advocate." He was working to assist persons in institutions to return to communities from whence they came prior to institutionalization. He came as a token of good faith from all those aspects of society that now recognized that it was time to restore a level of decency and humanism to persons who had been inappropriately placed within institution walls. A collective consciousness had formed in guilt and even shame to atone for past injustices that many of the institutionalized persons had suffered. The broker advocate had come to lay bare the sores and injuries committed against these individuals. He had come to offer a new life, if it were not too late, to those who were willing to try it.



The broker advocate, affectionately called a "BA" sometimes, soon came upon the young man and elderly man resting on the trail.

"Hello! How are you? Such a nice day to enjoy nature and her scenery," said the BA.

The other two agreed in accordance with the dictates of time.

"Anybody have something to drink other than water?" asked the BA.

"No," was the reply from the other two.

"Oh well, might as well just enjoy life as it really is," replied the BA.

The BA then asked the other two what kind of work they did. There was silence so the BA, in order to overcome the silence, briefly told them what he did. After his brief description, the BA was asked by the young man to enlighten him on why people at the institution he had recently visited did not go beyond the entrance to find a way of life on the outside.

"Maybe you can tell me why some people have been there twenty years and have never been home to visit their folks?" asked the young man.

The old man said, "Yeah, maybe you can tell me why at the institution I was at some people were leaving and saying 'I was at a meeting and they said I could go back from whence I came?'"

"You both have been to state institutions?" said the BA. "I see! Allow me to deal retrospectively and explain more about my job and the project that I work for. Then you might understand more about what you have seen and heard."

"In the beginning, which is about two years ago, an active attempt was made by the state to establish an orderly and systematic procedure for the deinstitutionalization of residents of state institutions," noted the BA.

"Really!" said the young man.

"Really," answered the BA. "It wasn't easy attempting to do this, you see, since nobody had ever tried it before. With no training, BA's set out to deinstitutionalize people from the institutions."

"Wasn't that asking a bit much?" asked the elderly man.

"No, not entirely," answered the BA. "You see, the individual BA could adapt and modify his job duties to fit the situation. With preconceived ideas of how deinstitutionalization should take place, a BA would not be doing something which had not been attempted before. If people already knew how to deinstitutionalize persons, then a system should have been set up prior to the advent of this project."

"That would seem to make sense," said the elderly man. "But, still, I have a feeling some BA's were pretty frustrated with no training or knowledge of what to do!" exclaimed the young man.

"Quite," said the BA.

"Let me continue," indicated the BA. "For much is to be told before you know the answer to the questions you have been pondering. Sometimes a BA has considered himself to be a 'free agent' since he is not tied to any agency nor is he responsible to the institution from whence the deinstitutionalized come, and he is not tied to a community as a direct service provider. He can 'contract' for services from a community agency in order to facilitate the return of a resident to a community," explained the BA.

"Then he is a facilitator," said the young man.

"No," said the elderly man, "he is a contractor."

"Neither one, really," said the BA. "But an advocate and a broker."

"Please explain," said the others.

"Our identity is nebulous in order that we might be flexible in our approach toward our work. We can experiment and test duties and responsibilities to see wherein the ideal solution lies," said the BA.

"Yes, that's good," followed the young man. "Since this has never been systematically attempted before, then you will establish the best manner with which to deinstitutionalize residents."

"Quite," said the BA.

"Still, there is another title a BA sometimes carries," said the BA. "Like it or not, we have sometimes considered ourselves to be devil's advocates. We have occasionally stirred up animosity and resentment from within institutions due to our questioning and probing into the reasons why some residents have remained there so long when it has been established that institutionalization is having only negative effects upon a person."

"Give us an example of what you mean," said the elderly man.

"Well," said the BA, "some people have been in an institution for thirty, forty, fifty, or even sixty years. The institution was providing custodial care only and little to no active attempts were being made to try and get these people out of institutions."

"Christ," said the elderly man. "Why the hell didn't they try and get them back? Didn't anybody care?"

"The answer to that question would be very hard to answer," said the BA. "Suffice it to say that both the community from whence these people came and the institution to where they went shared equally in a lack of response to this problem."

"You're being evasive," retorted the young man.

"No," said the BA. "I'd rather solve the problem at hand than try to blame somebody for what is past. But I shall not allow it to be forgotten lest it happen again!"

"Must you become an advocate for the devil to make sure that indifference and injustice are not perpetrated?" asked the elderly man.

"So it seems to some," said the BA.

"To continue on," said the BA, "I will tell you about another title some people would like to give us. This title is a 'watchdog' to insure that community agencies provide entitled services for deinstitutionalized clients and for those that are trying to leave an institution. Also, we are apt to be called watchdogs in the sense of continuously following persons who remain in institutions to see that they don't fall between the cracks and remain there for as long as sixty years unless a real need for that person to receive treatment in an institution is substantiated."

"A facilitator, contractor, broker, advocate, devil's advocate, and watchdog," said the elderly man. "At least they are civilized titles, but I suppose you've had some less than appropriate names as well."

"Quite," said the BA. "But in exposing man's inhumanity to man there are bound to be less than civilized attitudes toward us."

"Let's get to the heart of the matter now," said the BA. "Those people at the institution," the BA said to the young man, "that could go no further than the entrance, which would be their exit in this case, was because there are virtually no facilities for them to go to!"

"You mean they have to stay at the institution?" said the young man.

"Not quite," said the BA. "They can leave but it wouldn't make sense to venture out into an unknown and unaccepting world beyond."

"Of course," replied the young man. "But can't that barrier or barriers be overcome?"

"That's where the BA comes into being," answered the BA. "He advocates for the resident by presenting his case to the community and telling people that this person can lead a useful and semi-independent life."

"The BA represents the resident then and convinces an uneducated community of how this person can become a part of the outside world once again," commented the young man.

"Precisely," said the BA. "Some residents would find it extremely difficult, if not impossible, to find their way back alone. They have been isolated from the outside world and know only the sheltered existence of an institution."

"But," said the elderly man, "I saw people actually leaving the institution that I came upon."

"New laws have made it possible for all but a few residents in that institution to leave," said the BA. "They can leave and some did as you witnessed. But it was not such an exodus as you might have thought. Many more remained within the institution because they too, just as the residents of that other institution, had no place to go. The fact remains that not all that could leave would since there is no place to go and there is nobody to advocate and contract for services for them."

"Then the people I saw that day," said the old man, "might not make it on the outside. They might return and remain within the institution forever!"

"They might," said the BA. "But the institution can prepare them for this return so that they can remain out."

"Is the institution doing this now?" asked the old man.

"Yes," said the BA. "Beginnings have been made but much is to be done!"

"It is interesting to note, though, how the institution you visited," said the BA to the elderly man, "has not taken advantage of the project to grow and respond to the recommendations made by people in the project."

"Not responded," replied the elderly man. "What do you mean? To me the institution had no choice but to respond!"

"Quite," replied the BA. "But nevertheless recommendations by the project were for the most part ignored."

The young man spoke now and asked, "Why were these recommendations ignored?"

"I believe," began the BA, "that, as I previously mentioned, the institutions were resentful and even antagonistic toward people pointing out their inadequacies and lack of active attempts in the past to deinstitutionalize residents who no longer required the services of the institution."

"Yes, I remember," said the young man. "But if they didn't use the project to their advantage then they missed one hell of an opportunity to progress!"

"Don't get me wrong," answered the BA. "They have progressed but much needs to be done and the project could have helped them to do it rather than hinder them as some staff evidently felt by their show of antagonism and lack of cooperation toward BA's."

The institution you witnessed," said the BA to the young man, "reacted much differently. Staff there cooperated extensively with the project and utilized the project as a means to deinstitutionalize residents."

"Really!" commented the elderly man.

"Yes. They, the institutional staff, had no system with which to place residents in a community, but with the project present they could see a means to do it. They could also rely upon BA's to research community resources in areas that were too far for them to effectively seek placements for residents. BA's could advocate, as well, for the return of these individuals to the communities from whence they came prior to institutionalization."

"From whence they came," murmured the elderly man.

"The BA can be looked upon as one central person in the community or institution with whom residents or agency personnel can look to for a knowledge of community resources that will lead to their release," replied the BA.

"Nevertheless, as you have indicated," said the young man, "one institution did not use the project as a means to progress, or at least it didn't take full advantage of BA's to help return residents to communities."

"True," replied the BA.

The elderly man now stressed a point of observation that he had been thinking about while the BA and young man had been talking.

"I believe that your role as a BA could be filled by anyone having a sincere concern for the well-being of another human being. Man has evidently become insensitive to the injustices found within institutions, but perhaps he did not really know what it meant to be institutionalized," intoned the elderly man.

"Out of sight, out of mind," philosophized the young man.

"Quite," replied the BA.

"There is something that troubles me though," mused the old man. "Perhaps I shouldn't even mention it, but how much would it cost to deinstitutionalize all these persons?"

"I'm glad you brought up the question of economics," answered the BA. "Our project has recently learned that it is much less expensive for persons to live in their home communities than in state institutions and, besides, most of them are much happier at home or at places nearer home."

"Less expensive! In the community than in the institution?" the old man exclaimed incredulously.

"By far. Especially cheaper for the state taxpayer," said the BA.

"Then why on earth would the state drag its feet with respect to a program such as yours?" interjected the young man.

"Lack of knowledge about the actual costs, complacency, power, vested interests, empire building, disruption in the local economy, job loss or relocation--you name it," offered the BA.

"Almost scandalous!" said the old man, angrily.

"Almost," said the BA, knowing that he had made contact with a wisdom of the ages.

The old man spoke, "If mankind had been doing its job then the need for a project like yours would not have been necessary in the first place. You, as a BA, have brought an awareness of the injustices back into the minds of the community and have reintroduced to all of us the plight of these residents. Now it is up to all people to mobilize their best efforts to right such wrongs. You have started something, BA. Don't let it pass out of sight again!"

The day was growing shorter now and soon darkness would be upon these three men. They were not ready to leave for they knew a return to their homes would not be the same as before they had come for a hike on this lonely mountain trail.

They would return to the valley and lowlands not to continue life as before, but to resolve to go forth as advocates, facilitators, free agents, devil's advocates, or whatever the title may be, to show concern for all persons whether institutionalized or not.

Staunton, Virginia  
April 1975

A Broker Advocate

The SID Report  
Volume 1: Summary

TABLE OF CONTENTS

	<u>Page</u>
PREFACE TO VOLUME 1	i
I. ABSTRACT	1
II. ACCOMPLISHMENTS	2
III. ORGANIZATION OF THE REPORT	7
IV. MAJOR FINDINGS/CONCLUSIONS	8
A. FROM VOLUME 2	8
B. FROM VOLUME 3	11
C. FROM VOLUME 4	12
D. FROM VOLUME 5	26
E. FROM VOLUME 6	27
F. FROM VOLUME 7	30
V. RECOMMENDATIONS	32



## The SID Report

### Volume 2: Implementation Procedures for Use of the Model

#### TABLE OF CONTENTS

	<u>Page</u>
I. INTRODUCTION	1
II. PURPOSE OF SID MODEL UTILIZATION	3
III. DESCRIPTION OF THE MODEL	5
IV. COORDINATION REQUIREMENTS	7
A. DECISION TO IMPLEMENT	8
B. DESIGNATION OF PROGRAM DIRECTOR/COORDINATOR	10
C. COORDINATION AT STATE LEVEL	10
D. COORDINATION AT LOCAL LEVEL	13
E. MAINTENANCE AND MOVEMENT	17
V. CLIENT PROCESSING PROCEDURE	18
VI. PROCEDURES IN PROGRAM EVALUATION AND RESOURCE PLANNING	23
VII. PERSONNEL REQUIREMENTS	28
VIII. OFFICE MANAGEMENT PROCEDURES	30

#### LIST OF TABLES

Table 1: AUTOMATED INDIVIDUAL CASE MANAGEMENT REPORTS	21
Table 2: AUTOMATED PROGRAM EVALUATION REPORTS	26

#### LIST OF APPENDICES

Appendix A: A Service-integrating Model for Deinstitution- alization	
Appendix B: Description of Coordination Activities	
Appendix C: Methods and Procedures Manual (bound separately)	
Appendix D: Assessment and Prescription (A&P) Team Manual (bound separately)	
Appendix E: Sample Automated Program Evaluation Reports	
Appendix F: Job Descriptions	
Appendix G: Office Procedures Manual (bound separately)	

The SID Report

Volume 3: Automated Information System

TABLE OF CONTENTS

	<u>Page</u>
Preface	i
Introduction	ii
Contents	iv
I. SYSTEM NARRATIVE (bound separately)	1
Forms	1
Master Files	4
Client File	4
Address History File	6
Prescription Search File	6
Prescription Element Report File	7
Agency File	7
Service File	8
Branch File	8
Problem Report File	8
Text File	9
Control File	11
Dummy F-I-R-T's	12
Transaction File	13
Transaction File Edit I	17
Card Transaction File	17
Sort	17
Tables File	20
SID Staff Table	21
Edit Table	22
Edit Text Subroutines, Edit General Sub- routines and Edit Codes Reports	30
Extract	30
Sort	30
Print	30
Edit "Missing F-I-R and F-I-R-T" Table	31
Transaction File Edit II	32
Edit	32
Update Table	38
Master File Locations Report	44

Table of Contents (cont'd)--Vol 3

	<u>Page</u>
Extract	44
Sort	44
Print	44
Text File FIRTS Report	45
Extract	45
Sort	45
Print	45
Edit-Update Control Report	46
Master File Update	54
First Level Backup Tapes	54
Update	55
Sequential Master Files	65
Overflow Statistics	66
Record Selection I	67
Boolean Expressions	67
Arithmetic in Boolean Expressions	71
Punching Boolean Expressions	71
Boolean Expression Macros	72
Boolean Expression Macro Table	75
Record Selection II	77
Using Macros	77
Punching Boolean Expressions Using Macros	77
A Note About Constants	78
Jobs Using the Select Mechanism	79
DYL250 Parameter Card Generation	83
Sequential Master File Record Deletion	93
First Level Backup Tapes	93
Record Selection	93
Final Steps	93
Prescription Search Record Expiration	95
First Level Backup Tapes	95
Record Selection	95
Sort	95
Master Files, Text File and Control File	
Second Level Backup Tape Files	96
System Third Level Backup Tapes Files	97
Master Files, Text File and Control File	
Build/Rebuild's	98
MHH01BLD for the Client File	98
MHH01BLD's for the Sequential Master Files	99
MHH01BLD for the Agency File	99
MHH01BLD for the Service File	100
MHH01BLD for the Branch File	101
MHH01BLD for the Text File	102
MHH01BLD for the Control File	105
Printing Master Records	107
MHH01BLK	107
MHH01SBK	107
MHH01BL2	107
MHH01SB2	108

Table of Contents (cont'd)--Vol 3

	<u>Page</u>
Intermediate DYL250 Parameter Card	
Generation	109
Errors in Client Information Report I	111
Error Report Table	112
Errors in Client Information Report II	113
Error Specification Statements	113
First Part of the Report	114
Sorts	116
Second Part of the Report	116
Response Table	121
Individual Client Reports I	122
Assessment Summary Report	122
Behavioral Repertoire Print Table	131
Individual Client Reports II	132
Behavioral Repertoire Report	132
Prescription Summary Report	132
Fulfillment of Institutional Prescription	
Report	136
Client Status Report	138
Resource Search Results Report	144
Aggregate Client Reports	148
Assessment Digest Report	148
Prescription Digest Report	152
Fulfillment of Institutional Prescriptions	
Digest Report	154
Behavioral Repertoire Statistics Reports	154
Broker Advocate Caseload Report	156
Client Processing Summary Report	158
Client Status Update Report	164
Cumulative Resource Search Results Report	171
Service Table	175
Listing Services by Group Number	175
Resource Directory	176
Table of Contents	176
Resource Directory Reports	176
Index Sorts	180
Index Prints	180
Tables File Update and Print	182
First Level Backup Tape	183
Sort	183
Update and Print	183
Overflow Statistics	184
Tables File Second Level Backup Tape File	185
Tables File Rebuild	186
Printing and Initializing Spy Files	187
Physical Environment	188
Data Sets	188
Librarian	189
Computer and Operating System	189

Table of Contents (cont'd)--Vol 3

	<u>Page</u>
Clean Transaction File Data Set Size	
Maintenance	190
COBOL Program Flow Cross Reference	191
Obtain COBOL Program	191
Process COBOL Program	191
Sort	191
Print Cross Reference	192
Job Decks	193
COBOL Program Index	195
Job Index	196
II. APPENDICES (one copy submitted; others available upon request)	
III. PRINTOUTS (bound separately)	
IV. LISTINGS (one copy submitted; available on tape)	
V. PROGRAM LISTINGS (one copy submitted; available on tape)	
VI. PROGRAM NARRATIVES (bound with Appendices)	
VII. DYL-250 OS USERS MANUAL (one copy submitted; available from publisher)	

The SID Report

Volume 4: Findings Resulting from Use of the Model

TABLE OF CONTENTS

	<u>Page</u>
I. INTRODUCTION	1
A. DIMENSIONS FRAMING THE DATA	2
B. DEFINITION OF TERMS	4
II. CLIENT OUTCOME	8
A. RESULTANT SAMPLE	10
B. CLIENT CHARACTERISTICS	12
C. CLIENT BEHAVIOR	16
D. PRESCRIPTION DECISIONS	17
E. COMMUNITY PLACEMENT OUTCOME	20
F. CLIENT ATTITUDE AND BEHAVIORAL CHANGE	26
G. RECIDIVISM	28
H. TERMINATIONS	30
III. SERVICE REQUIREMENTS, AVAILABILITY, AND PROVISION	52
A. FOR CLIENTS CURRENTLY PRESCRIBED FOR COMMUNITY PLACEMENT	54
B. FOR CLIENTS CURRENTLY PRESCRIBED FOR CONTINUED INSTITUTIONALIZATION	76
IV. SERVICE INTEGRATION FUNCTIONING	126
A. COMMITTEE OF COMMISSIONERS	130
B. ASSESSMENT AND PRESCRIPTION TEAM	150
C. BROKER ADVOCATE	177
V. REFERENCES	218

LIST OF TABLES--Vol 4

	<u>Page</u>
Table 1 - Client Sample Used in SID Final Report	33
Table 2 - Client Sample Size	34
Table 3 - Consents and Refusals to Authorize Information Release	35
Table 4 - Summary of Reasons Client Still in Institution	36
Table 5 - Behavior Repertoire Statistics: Last Behavior Repertoire While Living IN	37
Table 6 - Client Processing Summary	38
Table 7 - Reasons for Community Placement Prescription Decision	39
Table 8 - Reasons for Continued Institutionalization Prescription Decision	40
Table 9 - Current Prescription and Outcome Status for Non-Terminated Clients	41
Table 10 - Count of Active and Terminated Clients Placed in the Community	42
Table 11 - Blockages Encountered by BA in Completing Resource Searches for Clients Prescribed to and Awaiting Placement in the Community	43
Table 12 - Cooperation of Client/Representative in Clients Awaiting Placement in the Community	44
Table 13 - Most Recent Living Preference of Clients Placed in Community	45
Table 14 - Before and After Behavioral Repertoire Results on 36 Deinstitutionalized Clients	46

List of Tables (cont'd)--Vol 4

	<u>Page</u>
Table 15 - Recidivism Among Active Clients Upon Whom the ASP Team Has Filed a Formal Recommendation for Community Placement	47
Table 16 - Community Placements Under Team Recommendation Who Have Terminated or Returned to an Institution	48
Table 17 - Total Terminations Compared with Total Assessments	49
Table 18 - Count of Terminated Clients Broken Down by Residence Status and Prescription Status at Time of Termination	50
Table 19 - Reasons for Terminations	51
Table 20(1) - Ideal Housing Prescribed	79
(2) - Second Choice Housing Prescribed	80
(3) - Third Choice Housing Prescribed	81
Table 21 - All Housing Prescribed	82
Table 22 - Income Suggestions and Auxiliary Elements Prescribed	83
Table 23(1) - Housing Search Results for All Clients	85
(2) - Housing Search Results for MI Clients	86
(3) - Housing Search Results for MA Clients	87
(4) - Housing Search Results for JO Clients	88
Table 24 - Cumulative Resource Search Results for Income	89
Table 25(1) - Cumulative Resource Search Results for All Auxiliary Elements	90
(2) - Cumulative Resource Search Results for Job Training/Placement Elements	91
(3) - Cumulative Resource Search Results for Physical Health Elements	92
(4) - Cumulative Resource Search Results for Social/Psychological Health Elements	93
(5) - Cumulative Resource Search Results for Educational Elements	94
Table 26 - Housing Prescribed, Available, and Provided for 84 Clients Living in the Community	95



List of Tables (cont'd)--Vol 4

	<u>Page</u>
Table 27 - Current Housing of 84 Clients Placed in Community	96
Table 28 - Proportion of 84 Clients Living in Ideal, Second, and Third Choice Housing	97
Table 29 - Type of Housing by A&P Team's Preferred Choice Serving 84 Clients in the Community	98
Table 30 - Income Sources Suggested, Available, and Provided for 84 Clients Living in the Community	99
Table 31 - Income Sources Supporting 84 Clients Living in the Community	100
Table 32(1) - All Auxiliary Elements Provided to 84 Clients Living in the Community	101
(2) - Job Training/Placement Elements Provided to 84 Clients Living in the Community	102
(3) - Physical Health Elements Provided to 84 Clients Living in the Community	103
(4) - Social/Psychological Health Elements Provided to 84 Clients Living in the Community	104
(5) - Educational Elements Provided to 84 Clients Living in the Community	105
Table 33(1) - Assessment by 84 Placed Clients of Usefulness of All Auxiliary Services at Time of Last Report	106
(2) - Assessment by 84 Placed Clients of Usefulness of Job Training/Placement Services	107
(3) - Assessment by 84 Placed Clients of Usefulness of Physical Health Services at Time of Last Report	108
(4) - Assessment by 84 Placed Clients of Usefulness of Social/Psychological Health Services at Time of Last Report	109
(5) - Assessment by 84 Placed Clients of Educational Services at Time of Last Report	110
Table 34(1) - Client Desire as Reported by 84 Placed Clients to Continue Receiving All Auxiliary Services at Time of Last Report	111

List of Tables (cont'd)--Vol 4

	<u>Page</u>
(2) - Client Desire as Reported by 84 Placed Clients to Continue Receiving Job Training/Placement Services at Time of Last Report	112
(3) - Client Desire as Reported by 84 Placed Clients to Continue Receiving Physical Health Services at Time of Last Report	113
(4) - Client Desire as Reported by 84 Placed Clients to Continue Receiving Social/Psychological Health Services at Time of Last Report	114
(5) - Client Desire as Reported by 84 Placed Clients to Continue Receiving Educational Services at Time of Last Report	115
Table 35(1) - Service Providers' Assessment of Client Movement Toward Objectives of All Auxiliary Prescription Elements at Time of Last Report in the Case of 84 Placed Clients	116
(2) - Service Providers' Assessment of Client Movement Toward Objectives of Job Training/Placement Prescription Elements at Time of Last Report in the Case of 84 Placed Clients	117
(3) - Service Providers' Assessment of Client Movement Toward Objectives of Physical Health Prescription Elements at Time of Last Report in the Case of 84 Placed Clients	118
(4) - Service Providers' Assessment of Client Movement Toward Objectives of Social/Psychological Prescription Elements at Time of Last Report in the Case of 84 Placed Clients	119
(5) - Service Providers' Assessment of Client Movement Toward Objectives of Educational Prescription Elements at Time of Last Report in the Case of 84 Placed Clients	120
Table 36 - Prescription Elements on Which Service Provision Problems Were Reported for Clients Residing in the Community	121
Table 37 - Total and Mean Number of Continued Institutionalization Prescription Elements Prescribed	122

List of Tables (cont'd)--Vol 4

	<u>Page</u>
Table 38 - Most Frequently Prescribed Continued Institutionalization Prescriptions	123
Table 39 - Summary of Fulfillment of Continued Institutionalization Prescriptions	124
Table 40 - Fulfillment of Continued Institutionalization Prescriptions Versus Provision of Auxiliary Prescription Elements to Clients Living in the Community	125
Table 41 - Service Integration Functions, Their Definitions, Their Operational Modes as Practiced in the SID Model to Date, and Indications as to How They Could Be Further Operationalized in an Administratively-Strengthened SID model	203
Table 42 - Agency Participation in Meetings of Committee of Commissioners	209
Table 43 - Agency Participation in A&P Team Meetings: Planning District #6 A&P Team for Western State Hospital	210
Table 44 - Agency Participation in A&P Team Meetings: Planning District #6 A&P Team for Lynchburg Training School and Hospital	211
Table 45 - Agency Participation in A&P Team Meetings: Portsmouth A&P Team for Central State Hospital	212
Table 46 - Agency Participation in A&P Team Meetings: Portsmouth A&P Team for Southside Virginia Training Center	213
Table 47 - Agency Participation in A&P Team Meetings: Portsmouth A&P Team for Lynchburg Training School and Hospital	214
Table 48 - Agency Participation in A&P Team Meetings: Portsmouth A&P Team for the Juvenile Offender	215
Table 49 - A&P Team Decision-Making Process <sub>1</sub>	216
Table 50 - A&P Team Decision-Making Process <sub>2</sub>	217

LIST OF APPENDICES--Vol 4

APPENDIX A: ASSESSMENT DIGESTS

Assessment Digest on All M.I. Clients

Assessment Digest on All M.I. Clients Most Recently Prescribed "OUT"

Assessment Digest on All M.I. Clients Most Recently Prescribed "IN"

Assessment Digest on WSH Clients

Assessment Digest on WSH Clients Most Recently Prescribed "OUT"

Assessment Digest on WSH Clients Most Recently Prescribed "IN"

Assessment Digest on CSH Clients

Assessment Digest on CSH Clients Most Recently Prescribed "OUT"

Assessment Digest on CSH Clients Most Recently Prescribed "IN"

Assessment Digest on All M.R. Clients

Assessment Digest on All M.R. Clients Most Recently Prescribed "OUT"

Assessment Digest on All M.R. Clients Most Recently Prescribed "IN"

Assessment Digest on PD #6 LTSH Clients

Assessment Digest on PD #6 LTSH Clients Most Recently Prescribed "OUT"

Assessment Digest on PD #6 LTSH Clients Most Recently Prescribed "IN"

Assessment Digest on Port LTSH Clients

Assessment Digest on Port LTSH Clients Most Recently Prescribed "OUT"

Assessment Digest on Port LTSH Clients Most Recently Prescribed "IN"

List of Appendices (cont'd)--Vol 4

Assessment Digest on SSVTC Clients

Assessment Digest on SSVTC Clients Most Recently Prescribed "OUT"

Assessment Digest on SSVTC Clients Most Recently Prescribed "IN"

Assessment Digest on All J.O. Clients

Assessment Digest on All J.O. Clients Most Recently Prescribed "OUT"

Assessment Digest on All J.O. Clients Most Recently Prescribed "IN"

Assessment Digest on PD #6 J.O. Clients

Assessment Digest on Port J.O. Clients

Assessment Digest on Port J.O. Clients Most Recently Prescribed "OUT"

Assessment Digest on Port J.O. Clients Most Recently Prescribed "IN"

APPENDIX B: PRESCRIPTION DIGESTS

Prescription Digest on All M.I. Clients

Prescription Digest on WSH Clients

Prescription Digest on CSH Clients

Prescription Digest on All M.R. Clients

Prescription Digest on PD #6 LTSH Clients

Prescription Digest on Port LTSH Clients

Prescription Digest on SSVTC Clients

Prescription Digest on All J.O. Clients

Prescription Digest on Port J.O. Clients

List of Appendices (cont'd)--Vol 4

APPENDIX C: BEHAVIOR REPERTOIRE STATISTICS

Behavior Repertoire Statistics on All M.I. Clients

Behavior Repertoire Statistics on All M.I. Clients  
Most Recently Prescribed "OUT"

Behavior Repertoire Statistics on All M.I. Clients  
Most Recently Prescribed "IN"

Behavior Repertoire Statistics on WSH Clients

Behavior Repertoire Statistics on WSH Clients  
Most Recently Prescribed "OUT"

Behavior Repertoire Statistics on WSH Clients  
Most Recently Prescribed "IN"

Behavior Repertoire Statistics on CSH Clients

Behavior Repertoire Statistics on CSH Clients  
Most Recently Prescribed "OUT"

Behavior Repertoire Statistics on CSH Clients  
Most Recently Prescribed "IN"

Behavior Repertoire Statistics on All M.R. Clients

Behavior Repertoire Statistics on All M.R. Clients  
Most Recently Prescribed "OUT"

Behavior Repertoire Statistics on All M.R. Clients  
Most Recently Prescribed "IN"

Behavior Repertoire Statistics on PD #6 LTSH Clients

Behavior Repertoire Statistics on PD #6 LTSH  
Clients Most Recently Prescribed "OUT"

Behavior Repertoire Statistics on PD #6 LTSH  
Clients Most Recently Prescribed "IN"

Behavior Repertoire Statistics on Port LTSH Clients

Behavior Repertoire Statistics on Port LTSH Clients  
Most Recently Prescribed "OUT"

Behavior Repertoire Statistics on Port LTSH Clients  
Most Recently Prescribed "IN"

List of Appendices (cont'd)--Vol 4

Behavior Repertoire Statistics on SSVTC Clients

Behavior Repertoire Statistics on SSVTC Clients  
Most Recently Prescribed "OUT"

Behavior Repertoire Statistics on SSVTC Clients  
Most Recently Prescribed "IN"

Behavior Repertoire Statistics on All J.O. Clients

Behavior Repertoire Statistics on All J.O. Clients  
Most Recently Prescribed "OUT"

Behavior Repertoire Statistics on All J.O. Clients  
Most Recently Prescribed "IN"

Behavior Repertoire Statistics on Port J.O. Clients

Behavior Repertoire Statistics on Port J.O.  
Clients Most Recently Prescribed "OUT"

Behavior Repertoire Statistics on Port J.O.  
Clients Most Recently Prescribed "IN"

APPENDIX D: ASSESMENT DIGESTS ON CLIENTS PRESCRIBED OUT/  
LIVING OUT AND PRESCRIBED OUT/LIVING IN

Assessment Digest on Non-Terminated M.I. Clients  
Living in the Community

Assessment Digest on Non-Terminated M.I. Clients Pr-OUT  
But Living IN

Assessment Digest on Non-Terminated M.R. Clients Living  
in the Community

Assessment Digest on Non-Terminated M.R. Clients Pr-OUT  
But Living IN

Assessment Digest on Non-Terminated J.O. Clients  
Living in the Community

APPENDIX E: PRESCRIPTION DIGESTS ON NON-TERMINATED CLIENTS

Prescription Digest on Non-Terminated M.I. Clients

Prescription Digest on Non-Terminated WSH Clients

Prescription Digest on Non-Terminated CSH Clients

List of Appendices (cont'd)--Vol 4

Prescription Digest on Non-Terminated M.R. Clients

Prescription Digest on Non-Terminated PD #6 LTSH Clients

Prescription Digest on Non-Terminated Port LTSH Clients

Prescription Digest on Non-Terminated SSVTC Clients

Prescription Digest on Non-Terminated J.O. Clients

APPENDIX F: CUMULATIVE RESOURCE SEARCH RESULTS

Cumulative Resource Search Results for M.I. Clients

Cumulative Resource Search Results for WSH Clients

Cumulative Resource Search Results for CSH Clients

Cumulative Resource Search Results for M.R. Clients

Cumulative Resource Search Results for PD #6 LTSH Clients

Cumulative Resource Search Results for Port LTSH Clients

Cumulative Resource Search Results for SSVTC Clients

Cumulative Resource Search Results for J.O. Clients

Cumulative Resource Search Results for All Clients

APPENDIX G: CLIENT STATUS UPDATE REPORTS

Client Status Update for M.I. Clients

Client Status Update for WSH Clients

Client Status Update for CSH Clients

Client Status Update for M.R. Clients

Client Status Update for PD #6 LTSH Clients

Client Status Update for Port LTSH Clients

Client Status Update for SSVTC Clients

Client Status Update for J.O. Clients



List of Appendices (cont'd)--Vol 4

APPENDIX H: CUMULATIVE RESOURCE SEARCH RESULTS FOR  
CLIENTS LIVING IN COMMUNITY

Cumulative Resource Search Results for M.I. Clients  
Living in the Community

Cumulative Resource Search Results for WSH Clients  
Living in the Community

Cumulative Resource Search Results for CSH Clients  
Living in the Community

Cumulative Resource Search Results for M.R. Clients  
Living in the Community

Cumulative Resource Search Results for PD #6 LTSH  
Clients Living in the Community

Cumulative Resource Search Results for Port LTSH  
Clients Living in the Community

Cumulative Resource Search Results for SSVTC Clients  
Living in the Community

Cumulative Resource Search Results for J.O. Clients  
Living in the Community

Cumulative Resource Search Results for All Clients  
Living in the Community

APPENDIX I: CLIENT AND SERVICE PROVIDER ASSESSMENT OF  
SERVICES PROVIDED

Client Assessment of Usefulness of Services for M.I.  
Clients in the Community

Client Assessment of Usefulness of Services for  
WSH Clients in the Community

Client Assessment of Usefulness of Services for  
CSH Clients in the Community

Client Assessment of Usefulness of Services for M.R.  
Clients in the Community

Client Assessment of Usefulness of Services for  
PD #6 LTSH Clients in the Community

List of Appendices (cont'd)--Vol 4

- Client Assessment of Usefulness of Services for SSVTC Clients in the Community
- Client Assessment of Usefulness of Services for J.O. Clients in the Community
- Client Desire to Continue Receiving Services for M.I. Clients in the Community
- Client Desire to Continue Receiving Services for WSH Clients in the Community
- Client Desire to Continue Receiving Services for CSH Clients in the Community
- Client Desire to Continue Receiving Services for M.R. Clients in the Community
- Client Desire to Continue Receiving Services for PD #6 LTSH Clients in the Community
- Client Desire to Continue Receiving Services for SSVTC Clients in the Community
- Client Desire to Continue Receiving Services for J.O. Clients in the Community
- Provider Assessment of Client Movement Toward Objective of Prescription Element for M.I. Clients in the Community
- Provider Assessment of Client Movement Toward Objective of Prescription Element for WSH Clients in the Community
- Provider Assessment of Client Movement Toward Objective of Prescription Element for CSH Clients in the Community
- Provider Assessment of Client Movement Toward Objective of Prescription Element for M.R. Clients in the Community
- Provider Assessment of Client Movement Toward Objective of Prescription Element for PD #6 LTSH Clients in the Community
- Provider Assessment of Client Movement Toward Objective of Prescription Element for SSVTC Clients in the Community

List of Appendices (cont'd)--Vol 4

Provider Assessment of Client Movement Toward Objective  
of Prescription Element for J.O. Clients in the Community

APPENDIX J: FULFILLMENT OF CONTINUED INSTITUTIONALIZATION  
PRESCRIPTIONS

Fulfillment of Continued Institutionalization Prescription  
Digest for Non-Terminated M.I. Clients

Fulfillment of Continued Institutionalization Prescription  
Digest for Non-Terminated WSH Clients

Fulfillment of Continued Institutionalization Prescription  
Digest for Non-Terminated M.R. Clients

Fulfillment of Continued Institutionalization Prescription  
Digest for Non-Terminated PD #6 LTSH Clients

Fulfillment of Continued Institutionalization Prescription  
Digest for Non-Terminated SSVTC Clients

Fulfillment of Continued Institutionalization Prescription  
Digest for J.O. Clients

NOTE: Volume 4 Appendices are bound separately.

The SID Report  
Volume 5: Cost/Benefit Analysis

TABLE OF CONTENTS

	<u>Page</u>
I. INTRODUCTION	1
II. METHODOLOGY	2
A. FRAMEWORK	2
B. EXCLUSION OF JUVENILE OFFENDER CLIENTS FROM THE TARGET GROUP	5
C. STRATIFICATION OF DEINSTITUTIONALIZED CLIENTS	5
D. COST AND BENEFIT ELEMENTS	9
E. DATA COLLECTION AND ADJUSTMENTS	12
F. SUMMARY	14
III. RESULTS	15
A. SAMPLE	15
B. CALCULATION METHODS IN TREATING THE DATA	21
C. FINDINGS	26
IV. DISCUSSION AND CONCLUSIONS	59

LIST OF TABLES--Vol 5

	<u>Page</u>
Table 1 - Clients Included in the Cost/Benefit Analysis	34
Table 2 - Average Period in the Community from Placement to December 31, 1974	34
Table 3 - Clients Once Included in the Analysis/Dropped Due to Reinstitutionalization	35
Table 4 - Ideal Housing Prescribed for Clients Included in the Cost/Benefit Analysis	36
Table 5 - Summary of Prescription Decisions Made for Clients Included in the Cost/Benefit Analysis	37
Table 6 - Comparison Between Clients' Initial and Final Housing Types	38
Table 7 - Comparison Between Clients' Initial and Final Housing Strata	39
Table 8 - Employability/Income Strata	40
Table 9 - Ages and Projected Remaining Lifetimes for Each Client and Across Strata	41
Table 10 - Individual Stratum Data: Number of Clients, Average Client Age, Average Projected Remaining Lifetime	46
Table 11 - Benefit/Cost Ratio and Average Net Benefit	47
Table 12 - Average Annual Cost and Benefit Dollars Over All Clients in Stratum	48
Table 13 - Proportional Contributions of Cost and Benefit Elements	49
Table 14 - Proportional Contributions to On-going Service Delivery Items	50
Table 15 - Factor By Which Maintenance of Supportive Service Costs Must Be Increased for Benefit/Cost Ratio to Equal "1"	51

List of Tables (cont'd)--Vol 5

	<u>Page</u>
Table 16 - Cost and Benefit Dollars Over Next Ten Years	52
Table 17 - Benefit/Cost Ratios for Each Client and for Each Strata	53
Table 18 - Proportion of Costs and Benefits Attributable to Federal, State, Local Sources	54
Table 19 - Benefit/Cost Ratios Calculated Separately for Federal and State Sources	55
Table 20 - Societal Benefit/Cost Ratios Versus Total Benefit/Cost Ratios	56
Table 21 - Benefit/Cost Ratio and Average Net Benefit (Combined Strata)	57
Table 22 - Proportional Relationships Among Cost and Benefit Elements (Combined Strata)	58

LIST OF APPENDICES--Vol 5

	<u>Page</u>
APPENDIX A - COST AND BENEFIT ELEMENTS	62
APPENDIX B - ASSESSMENT DIGEST	69
APPENDIX C - PRESCRIPTION DIGEST	79
APPENDIX D - SUMMARY DATA FOR INDIVIDUAL STRATA	86
Exhibit I - Exhibit V for Stratum 3	86
Exhibit I - Exhibit V for Stratum 5	95
Exhibit I - Exhibit V for Stratum 6	104
Exhibit I - Exhibit V for Stratum 7	113
Exhibit I - Exhibit V for Stratum 9	122
Exhibit I - Exhibit V for Stratum 10	131
Exhibit I - Exhibit V for Stratum 11	140
Exhibit I - Exhibit V for Stratum 14	149
Exhibit I - Exhibit V for Stratum 15	158
Exhibit I - Exhibit V for Stratum 16	167
Exhibit I - Exhibit V for Stratum 17	176
Exhibit I - Exhibit V for Stratum 18	185
APPENDIX E - SUMMARY DATA ACROSS INDIVIDUAL STRATA	194
Exhibit I and Exhibit II for All Clients	194
Exhibit I and Exhibit II for Intensive Care Strata	197
Exhibit I and Exhibit II for Intermediate Care Strata	200
Exhibit I and Exhibit II for Family/Independent Care Strata	203
Exhibit I - Exhibit V for Nursing Home Strata	206
Exhibit I and Exhibit II for Not Employable Strata	215
Exhibit I and Exhibit II for Employable Part Time Strata	218
Exhibit I and Exhibit II for Employable Full Time Strata	221
Exhibit I and Exhibit II for Public Funds Strata	224
Exhibit I and Exhibit II for Private Funds Strata	227

## The SID Report

### Volume 6: Legal Issues Encountered by the Model

#### TABLE OF CONTENTS

	<u>Page</u>
I. INTRODUCTION	1
A. GENESIS OF ATTORNEY POSITION	1
B. STRUCTURE OF THE ATTORNEY'S ROLE	2
C. ORGANIZATION OF VOLUME	4
II. ISSUES	6
A. CLARIFICATION OF STATUTORY TERMS	6
B. RIGHT TO TREATMENT	7
C. COMMUNITY PLACEMENT	7
D. RELEASE OF INFORMATION CONCERNING JUVENILE OFFENDERS	10
E. PROTECTION OF HUMAN SUBJECTS	11
F. DISCHARGE PROCEDURE FROM HOSPITALS	12
G. LICENSING STANDARDS FOR HOMES FOR ADULTS	14
H. DIVISION OF HUMAN RESOURCES	16
I. SINGLE RELEASE OF INFORMATION FORM	17
J. PROPER PROCEDURE FOR APPOINTMENT OF A COMMITTEE	18
K. SSI AND THE REPRESENTATIVE PAYEE	20
L. RELEASE OF INFORMATION FOR SID CLIENTS	20
M. LEGAL RESIDENCE FOR SID PURPOSES	32
N. THE INTERSTATE COMPACT FOR MENTAL HEALTH	33
O. LEGAL RESIDENCE FOR WELFARE PURPOSES	34
P. GENERAL ADMINISTRATIVE AGENCIES ACT	36
Q. PATIENT LABOR	37
R. ADMISSION PROCEDURES FOR THE MENTALLY RETARDED	41
S. PLENARY AND PARTIAL GUARDIANSHIP	45
T. SID FIELD STAFF CONCERN ABOUT TITLE 37.1	47
U. PROPOSED STUDY OF INFORMED CONSENT	48
V. CHAPTER 10 RELEASE OF INFORMATION	49
W. INTERPRETERS AT COMMITTEE HEARINGS	50
X. THE FORENSIC SID CLIENTS	52
Y. PROSPECTIVE REGULATIONS IMPLEMENTING PATIENT RIGHTS	54
III. CONCLUSION	55



List of Exhibits--Vol 6

	<u>Page</u>
Exhibit 1: Clarification of statutory terms: <u>committee</u> , <u>guardian</u> , and <u>trustee</u>	57
Exhibit 2: Summary of Dr. Birnbaum's article "The Right to Treatment"	61
Exhibit 3: Interpretation of Sections 37.1-121 through 37.1-123 of the <u>Code of Virginia</u>	63
Exhibit 4: Discussion regarding implementation of Sections 37.1-121 through 37.1-123 of the <u>Code of Virginia</u>	66
Exhibit 5: On the legal authority for a superintendent of a juvenile training school to release information on a ward	69
Exhibit 6: Notes on a meeting called for the purpose of clarifying information release on the juvenile offender	72
Exhibit 7: Information release forms for the juvenile offender	73
Exhibit 8: Do the SID project procedures fall under the purview of the HEW human-subjects-at-risk policies?	75
Exhibit 9: Interpretation of the application of Sections 37.1-98(e) of the <u>Code of Virginia</u>	79
Exhibit 10: Definition and licensing requirements for homes for adults	83
Exhibit 11: Thoughts on the incorporation of the SID project into the Division of Human Resources	88
Exhibit 12: Explozation of statutory prohibitions regarding development of a single release of information form	92
Exhibit 13: Procedure for appointment of a committee for a mentally ill or mentally deficient person	96
Exhibit 14: Thoughts on the appointment of a committee for people with impaired health or physical disability due to age	99
Exhibit 15: Correspondence on the question of designation of a representative payee by the Social Security Administration	105

List of Exhibits (cont'd)--Vol 6

	<u>Page</u>
Exhibit 16: Letter on the release of medical record information in the SID project	107
Exhibit 17: Memorandum on the SID release of information procedure	110
Exhibit 18: Statement of information release policy in the SID project	111
Exhibit 19: Summary of cases in which obtaining authorization for release of information became a problem	114
Exhibit 20: Notes and correspondence on the emerging information release problem	120
Exhibit 21: Two memoranda containing thoughts and emerging recommendations in the problem of obtaining information release authorization on medically incompetent persons	122
Exhibit 22: Memorandum setting forth the rationale and recommendation for having the director of the state hospital authorize information release in certain fact situations	133
Exhibit 23: Summary of cases at Western State Hospital with respect to information release status	136
Exhibit 24: Summary of cases at Lynchburg Training School and Hospital with respect to information release status	137
Exhibit 25: The newly proposed SID information release procedure	139
Exhibit 26: Formal request from SID project director to commissioner of DMH&MR to implement the new proposed information release procedure	151
Exhibit 27: Refusal from DMH&MR commissioner to implement the newly proposed information release procedure	154
Exhibit 28: An explanation of, and notes of a meeting on, the contested portions of the SID proposed information release procedure	155
Exhibit 29: Draft request from SID project director for an official opinion from the attorney general	163

List of Exhibits (cont'd)--Vol 6

	<u>Page</u>
Exhibit 30: Request from DMH&MR commissioner to attorney general for an official opinion	165
Exhibit 31: Official opinion by the attorney general in answer to the question posed by the DMH&MR commissioner	166
Exhibit 32: Letter commenting on the problem of information release and informed consent	169
Exhibit 33: Chronological summary of events which transpired in construction of procedures for authorization of information release	171
Exhibit 34: Memorandum on the question of residence	174
Exhibit 35: Correspondence on the Interstate Compact on Mental Health	177
Exhibit 36: Memorandum on residence requirements and their impact on service eligibility	179
Exhibit 37: A synopsis of the General Administrative Agencies Act	184
Exhibit 38: Information relevant to the <u>Souder v. Brennan</u> decision	188
Exhibit 39: The consequences to a person when he is legally adjudicated incompetent	198
Exhibit 40: Review of Virginia statutes governing voluntary and involuntary commitment	205
Exhibit 41: Correspondence on the constitutionality of Section 37.1-65 of the <u>Code of Virginia</u>	213
Exhibit 42: Letter to commissioner of DMH&MR alerting him to the possibility that Section 37.1-65 may be unconstitutional	224
Exhibit : Proposed statute for insuring "due process" and "equal protection of the laws" to mentally retarded citizens of the Commonwealth of Virginia	226
Exhibit 44: Protective guardianship for the mentally retarded	240
Exhibit 45: Proposed statute revision for guardianship for the mentally disabled	242

List of Exhibits (cont'd)--Vol 6

	<u>Page</u>
Exhibit 46: Correspondence on questions of the civil rights of patients in state hospitals	249
Exhibit 47: Questions posed to a Commonwealth Attorney by a broker advocate	253
Exhibit 48: Grant proposal to study informed consent	259
Exhibit 49: Information release forms for Chapter 10 boards	271
Exhibit 50: Proposed statute for requiring a qualified interpreter for the deaf in involuntary commitment hearings	278
Exhibit 51: The mentally disabled in criminal proceedings	282
Exhibit 52: Comments on DMHSMR's proposed regulations designed to protect patient rights	297

The SID Report

Volume 7: Plan for Extension of the Model

TABLE OF CONTENTS

	<u>Page</u>
I. INTRODUCTION	1
II. DEVELOPMENT OF A PLAN	2
III. REACTION TO THE PLAN	7
A. COMMITTEE OF COMMISSIONERS	7
B. PLANNING DISTRICT #6	10
C. PORTSMOUTH	13
D. OTHER	15
IV. QUEST FOR FUNDS	17
V. COMMENT	25

LIST OF APPENDICES

- Appendix A: Staff Study on Continuation/Deletion of SID
- Appendix B: Correspondence
- Appendix C: Plan for Continuation of SID Program Beyond  
June 30, 1975

SERVICE INTEGRATION FOR DEINSTITUTIONALIZATION

A Report of a Three-Year Research and Demonstration Project

This is Volume 1 of Eight Volumes:

Volume 1: Summary

Volume 2: Implementation Procedures

Volume 3: Automated Information System

Volume 4: Findings

Volume 5: Cost/Benefit Analysis

Volume 6: Legal Issues

Volume 7: Plan for Extension

Volume 8: Addendum

June 1, 1975

The SID Report  
Volume 8: Addendum

TABLE OF CONTENTS

(Volume 8 to be written in September 1975)

If you have learned better principles, be frank and impart them; if not, use these with me.

Horace



## PREFACE TO VOLUME 1

Volume 1 of the SID report is not a summary in the usual sense. It does not pretend to be a condensed version of the other seven volumes. Its purpose is to familiarize the reader with the contents of the entire report so that selectivity can be exercised in the pursuit of particular interests.

Besides serving as an introduction and as a reference guide, Volume 1 sets forth the major findings or conclusions associated with the three-year research and demonstration. To test his degree of agreement with the assertions made, the reader will find it necessary to consult those portions of the report from which the conclusions are derived. The reader will also bring his own experience and knowledge as a further yardstick by which to measure the authenticity of our generalizations.

There are many assertions that we feel are justifiable from our formal and/or informal observations which are not brought forward for inclusion in Volume 1. Instead, we have attempted to restrict ourselves to the major findings/conclusions here.

The reader who perseveres throughout the entire set of eight volumes will find that we are capable, upon occasion, of becoming quite discursive. In defense of this propensity, let it be said that the phenomena and the issues with which we have dealt, either in terms of

development or in terms of study, have been complex and multi-faceted. The attempts in Volume 1 to simplify the unsimplifiable we trust are not so evident elsewhere in the report.

The assertions set forth in Volume 1 ought most properly be regarded as hypotheses rather than as established discoveries or everlasting principles. No singular 3-year effort can provide finalities in subject areas as kaleidoscopic as deinstitutionalization and service integration. Hopefully our results and observations do suggest a few new patterns and arrangements.

Volume 8 (Addendum) is not yet written. Since Volume 7 (Plan for Extension) was printed, the granting agency has extended the project through September 30, 1975. Volume 8 will be completed just prior to the new termination date of the research and demonstration grant period. Besides providing data update, Volume 8 will contain the answer as to whether or not the Commonwealth of Virginia was able to maintain operation of the model procedure on a basis other than R&D support.

At this particular moment in time, plans are underway to maintain the SID model in the two demonstration areas through June 30, 1976 via Title XX funding. The SID Committee of Commissioners and the Secretary of Human Affairs have resolved that such action be taken.

Richmond, Virginia  
June 1, 1975

The SID Staff

The SID Report  
Volume 1: Summary

TABLE OF CONTENTS

	<u>Page</u>
PREFACE TO VOLUME 1	i
I. ABSTRACT	1
II. ACCOMPLISHMENTS	2
III. ORGANIZATION OF THE REPORT	7
IV. MAJOR FINDINGS/CONCLUSIONS	8
A. FROM VOLUME 2	8
B. FROM VOLUME 3	11
C. FROM VOLUME 4	12
D. FROM VOLUME 5	26
E. FROM VOLUME 6	27
F. FROM VOLUME 7	30
V. RECOMMENDATIONS	32

## I. ABSTRACT

Service Integration for Deinstitutionalization (SID) was a three-year research and demonstration project funded by a grant from Rehabilitation Services Administration, Office of Human Development, United States Department of Health, Education, and Welfare. The project was a collaborative effort among twelve state agencies in the Commonwealth of Virginia and their local community counterparts to develop a systematic, service-integrating procedure for the orderly deinstitutionalization of residents of state mental hospitals, training schools for the mentally retarded, and training schools for the juvenile offender. A procedural model to meet the deinstitutionalization objective within the context of service integration methodology was developed and demonstrated with approximately 500 clients from two geographic areas housed at eleven state institutions in the Commonwealth. The model embodies five socio-technical components, each of which acts as a service-integrating mechanism during the flow of client processing: Assessment and Prescription Team; Broker Advocate; Automated Information System; Quality Control Team; and Committee of Commissioners. The study included a cost/benefit analysis designed to ascertain the fiscal wisdom of continued institutionalization versus community placement. Engineering of the service-integrating model for deinstitutionalization is such that the model may be extended into other geographic regions in the Commonwealth or applied in other states.

## II. ACCOMPLISHMENTS

The SID research and demonstration project has developed and placed in operation a service-integrating model for the orderly deinstitutionalization of persons resident in state institutions. This has been accomplished over a 3-year period by (a) funding support in the amount of \$1,141,500 from Rehabilitation Services Administration; (b) in-kind services by the Commonwealth of Virginia of an amount valued at least at \$142,000; and, (c) the collaboration and cooperation of twelve state agencies and their local counterpart agencies.

The SID model has been demonstrated in two geographic areas of the Commonwealth. It was initiated in a predominantly rural region (Planning District #6) and was later transplanted to an urban area (City of Portsmouth). Eleven state institutions have been embraced by the procedure. Four of these institutions are under the jurisdiction of the Department of Mental Health and Mental Retardation (two large state mental hospitals and two large training schools for the mentally retarded).\*

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The directors of 3 additional DMH&MR state institutions have been actively engaged in supporting the project's operation.

Seven of these institutions are small training schools (now called "learning centers") for the juvenile offender and are under the jurisdiction of the Department of Corrections.

Twelve agencies at both state and local levels participated in the development and operation of the procedure. These agencies are:

- Office on Aging
- Commission for Children and Youth
- Department of Corrections
- Council for the Deaf
- Department of Education
- Employment Commission
- Department of Health
- Department of Mental Health and Mental Retardation
- Division of State Planning and Community Affairs
- Commission for the Visually Handicapped
- Department of Vocational Rehabilitation
- Department of Welfare

Case teams, called Assessment and Prescription (A&P) teams, with joint community-institution representation have been organized in the two demonstration areas. Membership on A&P teams consists of service providers from the local agencies (and state institutions) related to the participating state agencies.

A corps of some 22 to 24 case coordinators, called broker advocates, have operated and are hence trained in methods associated with case management, case coordination, individual client advocacy, systematic information gathering and reporting. The broker advocates have worked as integral extensions of the A&P team in its performance of the core

services (outreach, intake, diagnosis, referral, and followup).

From May 11, 1973 through December 31, 1974 nearly 500 clients were processed by service integration procedures which have since become "standardized" in the SID A&P team/broker advocate client processing model. As of December 31, 1974, 84 clients were living in the community, placed there via SID methodology and receiving on-going broker advocate monitoring. Fifteen clients in addition to the 84 also reside in communities but are not reached by SID follow-on procedures. Six other clients were also deinstitutionalized, but have since returned to reside again in a state institution.

Step-by-step operational procedures for SID model usage have been constructed. These procedures interlock with an automated information system that electronically files assessment, prescription, resource availability, and service delivery information. The automated information system generates a series of case management reports, which are of use in serving the individual client, and a series of program evaluation reports, which aggregate data across clients and enable monitoring of the overall program.

The methodology for a cost/benefit analysis has been constructed and was empirically demonstrated in the case

of 52 clients deinstitutionalized from DMEASOR institutions. The results enable a comparison of the monetary costs attached to community living with the economic benefits accruing to community living in a variety of housing modality, income source, and employability combinations.

An array of legal issues impacting upon SID model operation have been formally articulated and solutions have been proposed for many of the problems noted. Some of the proposed solutions are put forth in the form of draft legislation; others were found to require simply administrative changes in state agency policies and regulations, though such changes were not always effected.

As the SID demonstration evolved in either geographic area, the service delivery community became mobilized toward increased planning and program development for the disabled. The institutions themselves initiated new programs and there was an increase in grant application activity and coordination among community service providers.

The SID-participating agencies at the state level met regularly throughout the demonstration in the form of a "committee of commissioners." Though lackluster in its approach to the weightier policy issues identified by the project, and tending to approach problems on an agency-specific basis, the governing body was able to organize itself informally into a structural board of directors. At least a skeletal framework for administrative



service integration at the state level was formed during the demonstration period.

A plan to maintain and to extend the SID operation beyond the original 3-year period of research and development was submitted to and approved by the committee of commissioners. The plan for continuance received unqualified endorsement by one of the two demonstration areas and was acceptable to the second geographic area after its recommendations to modify the plan were positively received by the committee of commissioners.

### III. ORGANIZATION OF THE REPORT

The SID report is organized into eight volumes. A volume-by-volume table of contents is presented in foregoing pages so that the reader may reference topical content associated with each volume.

Volumes 2 and 3 contain sufficient documentation to enable the potential SID model user to initiate and implement coordination, client processing, program evaluation, and automated information system procedures.

Volumes 4, 5, and 6 present the findings and observations stemming from use of the model. Volume 4 contains data on client characteristics, client outcome, resource requirements, service availabilities and service deliveries. It contains a descriptive section on service integration findings and developments. Volume 5 is an application of the cost/benefit methodology, and contains detailed displays of the cost/benefit findings. Volume 6 presents and discusses the legal issues encountered during the demonstration.

Volume 7 traces the events surrounding the development and submission of a plan to continue the SID model operation in Virginia. Volume 8 is an addendum (update) and will not appear until September 30, 1975, the new termination date of the 3-year grant.

#### IV. MAJOR FINDINGS/CONCLUSIONS

Based on developments achieved, observations made, and information compiled during the 3-year effort, a number of assertions can be appropriately submitted. We do so here by way of an attempt to summarize the major findings or conclusions associated with the research and demonstration.

The assertions are set forth by volume. In many instances they are factual observations (confined by a finite time and space); in other instances, they are hypotheses or "best guesses."

Those assertions which can be quite directly supported by our factual observations are labeled "O." Those assertions which extend somewhat beyond our empirical data are labeled "H" for hypothesis. At times the symbol "O/H" is used to represent particular limitations in observed data.

Even our factual observations should be regarded as tentative since we do not have a representative sample of the universe on any of the variables addressed.

##### A. FROM VOLUME 2: IMPLEMENTATION PROCEDURES

Assertion #1 (O/H): The SID model is a system of five inter-dependent components; no single component can be expected to achieve the SID objective when used in isolation.

Assertion #2 (H): Use of the SID model will save deinstitutionalization program directors expensive development costs.

Assertion #3 (O/H): Prior to planning for implementation of the SID model, the professed support of the Governor is required in order to develop and maintain successful coordination.

Assertion #4 (O): To effectuate SID coordination at either state or local levels, a formalized agreement among the participating state agency heads is required.

Assertion #5 (O): Community agency service providers will be found to be cooperative and participative in the model when they receive assurance in word and in deed that the program is supported at the state level.

Assertion #6 (O): A&P team coordination is the fulcrum for the program's operations.

Assertion #7 (O): The SID model can be transplanted from one institution/community to another institution/community.

Assertion #8 (O/H): The structure provided by SID model procedures facilitates the coordination required to initiate model usage and provides a stabilizing framework for the completion of program tasks.

Assertion #9 (O): Automated case management reports rapidly provide essential information to service providers in the delivery of services to clients.

Assertion #10 (O): The SID model carries built-in procedures (automated program evaluation reports) that enable evaluation of the attainment of its own operational objectives.

Assertion #11 (H): The program should be directed by a generalist, a person who is willing to risk personal bureaucratic censure for effecting constructive social change.

Assertion #12 (O): The principal qualifications for a broker advocate are that he/she be bright, educated, and possess motivation to work in the human services area. The broker advocate need not have a college degree in any special field such as social work, nursing, education, psychology, rehabilitation counseling, etc. A degree in English literature or business administration, for example, are fully as acceptable.

B. FRCM VOLUME 3: AUTOMATED INFORMATION SYSTEM

Assertion #1 (H): The SID automated information system (AIS) is documented in such a fashion that it can be adopted with little or no consultation.

Assertion #2 (H): The internal structure of the AIS can serve more general information system purposes than simply to accommodate SID data entry forms and output formats.

Assertion #3 (O): The system's edit mechanism prevents certain kinds of invalid data (e.g., responses falling outside the limits of an item) from entering the files.

Assertion #4 (O): The system's error detection mechanism detects missing and inconsistent information in the client master file; the determination as to what constitutes missing and inconsistent information is made by the user.

Assertion #5 (O): The system's information retrieval language is an easy-to-use combination of English and algebraic notation, and allows the retrieval of aggregated data based on any combination of variables in the records.

C. FROM VOLUME 4: FINDINGS

1. Introduction

Assertion #1 (O): Methods for evaluating the attainment of the SID model's operational objective of developing a systematic, service-integrating procedure for the orderly deinstitutionalization of residents of state institutions are an intrinsic part of the SID model itself.

Assertion #2 (O): Volume 4 is a "for instance" in program evaluation, using SID's evaluative procedures.

Assertion #3 (O): Quantitative data presented in Volume 4 span the time period from April 20, 1973 (date the first assessment was completed) to December 31, 1974 (data cut-off date for purposes of the SID report). Qualitative information spans the period from July 1, 1972 through early 1975.

Assertion #4 (O): Clients from 11 state institutions (4 DMH&MR institutions and 7 Corrections institutions for the juvenile offender) who had homes of record in either Planning District #6 or the City of Portsmouth formed the data base presented and discussed in Volume 4.

2. Client Outcome

Assertion #5 (O): 498 clients were assessed; 453 clients were assessed and prescribed; 163 reassessments/represcriptions were performed.

Assertion #6 (O): 221 mentally ill clients were assessed and prescribed (A&P'd); 200 mentally retarded clients were A&P'd; 32 juvenile offender clients were A&P'd.

Assertion #7 (O): 14% of the prospective MI and MR clients/representatives approached refused to authorize release of information and therefore were not embraced by the SID model.

Assertion #8 (O): Another 12% of the MI and MR prospective clients were unable to participate in the project because they could not render informed consent to authorize information release and had no committee or relative who could act in their behalf.

Assertion #9 (O): Another 2% of the prospective clients were unable to participate because they could not render informed consent and their next of kin could not be reached; or, they were adjudicated incompetent and their committee could not be located.



Assertion #10 (M): Therefore, given the observed refusal rate and given the present legal gap in procedures for authorizing information release, the SID model can be expected to "miss" approximately 28% of its targeted DMHSMR clients.

Assertion #11 (O): The mean age (53 years) of the MI group was much greater than the mean age (35 years) of the MR group.

Assertion #12 (O): None of the MR or JO clients were married; only 11% of the MI clients were currently married.

Assertion #13 (O): On the average MR clients had been institutionalized on their present admission for 15 years; MI clients, 10 years.

Assertion #14 (O): 12% of the MI clients had been formally adjudicated incompetent; 4% of the MR clients had a committee.

Assertion #15 (O): Only 8% of the MI group expressed a preference to remain in the institution; 5% of the MR and 0% of the JO expressed such a preference.

Assertion #16 (O): 61% of the MI group and 46% of the MR group were judged as "normal" in appearance.

Assertion #17 (O): 81% of the MR group, 19% of the MI, and none of the JO were moderately, severely, or profoundly retarded.

Assertion #18 (O): 76% of the MI clients and 69% of the MR clients were completely mobile.

Assertion #19 (O): Over one-third of the MI and MR clients were judged to be capable of some kind of employment and over one-third were felt to be capable of using public transportation unassisted.

Assertion #20 (O): All client groups demonstrated far more adaptive behavior than maladaptive behavior.

Assertion #21 (O): The MI group of clients demonstrated more behavior (both adaptive and maladaptive) than the MR group of clients. The JO group demonstrated the most behavior of all (both adaptive and maladaptive).

Assertion #22 (O): Only one percent of the time did the A&P team attribute the client's presence in the state institution to the fact that he represented a danger to himself or others.

Assertion #23 (H): There is considerable normalization potential within persons housed in Virginia's state institutions for the mentally ill, the mentally retarded and the juvenile offender.

Assertion #24 (O): The A&P team prescribed 63% of the clients for community placement.

Assertion #25 (O/H): Local service providers (community and institution providers making joint decisions) declare, on a case-by-case basis, that Virginia's state institutions for the MI, MR, and JO should, in terms of the conditions and capabilities of the clientele served by the institutions, be depopulated immediately by one-half to two-thirds.

Assertion #26 (O): Of the SID clients processed and not terminated, 24% of the MI, 11% of the MR, and 75% of the JO were placed and living in the community under SID following procedures at the time of data close-out.

Assertion #27 (O): Of the 91 clients placed in the community with SID following procedures, 84 are still residing in the community, 6 are residing again in the institution, and one is deceased.

Assertion #28 (O): Of those clients prescribed OUT the following percentages of clients are still awaiting placement; 62% of the MI, 81% of the MR, and 6% of the JO.

Assertion #29 (O): The principal service blockage preventing the community placement of clients so prescribed was found to be the unavailability of suitable housing modalities, such as group homes, foster homes, halfway houses, and nursing homes.

Assertion #30 (O): Once placed in the community, clients overwhelmingly expressed a preference for community living over institutional living.

Assertion #31 (O): As reflected in behavioral repertoire measures, a decrease in maladaptive behavior was associated with community living as against institutional living. Adaptive behavior did not show an increase upon community placement.

Assertion #32 (O): 12% of the 498 clients assessed became severed from SID procedures for a variety of reasons.

3. Service Requirements, Availability, and Provision

a. Service Requirements

Assertion #33 (C): From the sample of mentally ill clients prescribed for community placement, the housing requirements were determined to be as follows:

- 20% of the clients required group homes
- 20% required nursing homes
- 14% required relative/guardian modality
- 12% required homes for adults
- 11% required halfway houses
- 11% required foster homes
- 6% required boarding houses/residential hotels

Assertion #34 (0): For the mentally retarded sample, the housing requirements were established to be:

- 31% required relative/guardian
- 30% required group home
- 15% required foster home
- 6% required nursing home
- 6% required home for adults

Assertion #35 (0): For the juvenile offender, the housing requirements were:

- 40% required relative/guardian
- 25% required group home
- 20% required halfway house
- 10% required foster home

Assertion #36 (0): Foster homes and homes for adults were more frequently prescribed as "second-best" arrangements than they were as the housing modalities of preference.

Assertion #37 (0): The client's or family's own financial resources accounted for an unexpectedly high proportion (32%) of A&P team income source suggestions for the broker advocate to pursue in locating financial support to maintain clients prescribed to the community.

Assertion #38 (0): SSI and/or public assistance sources were also the most frequent income sources suggested to enable community placement (32%); Medicaid/Medicare accounted for 23% of the income suggestions.

Assertion #39 (O): Between 8 and 9 specific auxiliary services (including job training/placement services, physical health services, social psychological health services, and education services) were required per client.

Assertion #40 (O): From the sample of clients prescribed for continued institutionalization, the most frequently required services were found to be:

- Medical/dental treatment
- Review of diagnosis and/or pharmaceuticals
- Recreational program
- Behavior modification program

b. Service Availability

Assertion #41 (O): Acceptable housing was found to be available for only 33% of the clients prescribed to live in the community. The preferred (i.e., required housing) was available even less frequently. Some modalities frequently prescribed as the optimal living arrangement (e.g., group homes and halfway houses) were in extremely scarce supply.

Assertion #42 (O): Across the three client groups the demand versus the supply in required housing was as follows:

	<u># Clients Requiring</u>	<u># Clients Obtaining</u>	<u>% Gap</u>
Boarding house/hotel	10	9	10%
Foster home	32	9	72%
Halfway house	21	1	95%
Group home	63	2	97%
Nursing home	32	8	75%
Home for adults	22	22	--
Relative/guardian	60	32	47%
Other	16	1	94%
	<u>256</u>	<u>84</u>	<u>67%</u>

Assertion #43 (O): In general it was discovered that if housing were located, income supports could ordinarily be found to maintain the client in the community.

Assertion #44 (O): Similarly, auxiliary service elements were found to be ordinarily available once housing and income were established.

Assertion #45 (O): The availability limits of income and auxiliary services could not be fully "tested" because the short supply of housing restricted the searches made for the supportive services.

Assertion #46 (H): At least in the early phases of deinstitutionalization under SID model methodology, income and supportive services are minimal problems compared with the problem of housing availability. (This assertion must be interpreted in light of the fact that many of the housing modalities found to be in severe shortage, such as group homes, halfway houses, and nursing homes, require a supportive services structure integral to the living situation.)

c. Service Provision

Assertion #47 (O): Once settled into the community and monitored under SID model methodology, clients received a high proportion of the services prescribed for them:

- First, second, or third choice housing was provided in 100% of the placed clients
- (However, first choice housing was provided to only 48% of the placed clients)
- Income suggestions were provided in 87% of the instances in which they were suggested
- Auxiliary support services were provided in 82% of the instances in which they were prescribed



Assertion #48 (O): The modalities used to house the 84 clients placed in the community were as follows:

	<u># of Clients</u>	<u>% of Clients</u>
Boarding house/hotel	9	11%
Foster home	9	11%
Halfway house	1	1%
Group home	2	2%
Nursing home	8	10%
Home for adults	22	26%
Relative/guardian	32	38%
Other	1	1%
	<u>84</u>	<u>100%</u>

Assertion #49 (O): 136 income sources were used to support the 84 clients placed in the community. By frequency of usage, these income sources were as follows:

- Client's/family's finances (38%)
- SSI/public assistance (33%)
- Medicaid/Medicare (15%)
- Unearned social security/other disability (9%)
- Other/unknown (4%)

Assertion #50 (O): 560 auxiliary service elements were provided to the 84 placed clients. The percentages by categories of auxiliary services provided were as follows:

- Physical health services: 41% of total auxiliary services provided
- Social/psychological services: 35% of total
- Job training/placement services: 18% of total
- Education services: 7% of total

Assertion #51 (0): Placed clients rated 36% of the auxiliary services provided to have been "very useful;" clients rated 9% of the auxiliary services provided to have been "not useful;" other client ratings of usefulness fell between these extremes or were not offered at the time of the last reporting period.

Assertion #52 (0): Placed clients indicated the desire that 78% of the auxiliary services being provided be continued, 18% be discontinued.

Assertion #53 (0): In providing services to placed clients, service providers indicated that progress was being made in 54% of the service elements, no progress or retrogress in 5% of service elements provided, and unreported comment in 30% of the services provided.

Assertion #54 (0): Under the SID model, services were provided to clients prescribed for continued institutionalization at a somewhat lesser relative frequency (62%) than were auxiliary services provided to clients placed in the community (82%).

#### 4. Service Integration Functioning

Assertion #55 (H): Service integration functioning can be assessed along several dimensions:

- coordination authorization
- administrative support services
- direct service linkages

Assertion #56 (O): In the SID model as it is currently organized and practiced, the service integration functions related to direct service linkages are strong and well developed.

Assertion #57 (O): In the SID model as it is currently organized and practiced, the service integration functions related to administrative support services are weak and require administrative strengthening.

Assertion #58 (O): Coordination development in the SID model is strong at the community level (A&P team) and weak at the state level (committee of commissioners).

Assertion #59 (O): The durability and workability of the A&P team, with its complement of broker advocates, emerged as the most significant positive service integration "finding" in the entire demonstration.

Assertion #60 (O): Emerging as the most severely negative service integration finding was the observation that state agency heads could not be drawn into an administrative service integration arrangement on a strictly voluntary basis when the criterion for judging whether or not such an arrangement has been effected is joint funding to fill resource gaps identified by the model's operations or when the criterion is modification in the policies of any one participating state agency to accommodate specifically the professed mutual objective embodied in the model.

Assertion #61 (H): It is submitted that simultaneous multi-agency existential exposure to the human tragedy and pathos surrounding each client is a strong facilitator of service integration at the local (case team) level and accounts to a significant degree for the discrepancy between coordination effectiveness at state and local levels in service integration functioning.

D. FROM VOLUME 5: COST/BENEFIT ANALYSIS

Assertion #1 (O): In a sample of 52 clients deinstitutionalized from DMH&MR institutions, economic benefits projected over a 10-year period accruing to community living exceeded economic costs associated with community living projected over the same period by a ratio of 2 to 1.

Assertion #2 (O): The average net economic benefit per deinstitutionalized client over the 10-year period was found to be \$20,800.

Assertion #3 (O): For deinstitutionalized clients who were judged to be employable full-time the benefit/cost ratio for community living was approximately 4 to 1. The average net economic benefit per client in the case of employable clients over the 10-year period was \$29,000.

Assertion #4 (O): For unemployable clients the benefit/cost ratio was 1.71 to 1. Average net benefits per client were \$18,000.

Assertion #5 (O): For clients placed in nursing homes the benefit/cost ratio approached breakeven; there was, however, an average net benefit of \$2,500 per nursing home client over the 10-year period.

Assertion #6 (O): Only for clients living in intensive care facilities, not employable, and supported by public funds did costs exceed benefits and only then by a slight fraction (benefit/cost ratio of .99 to 1).

Assertion #7 (O): Most of the economic benefits in deinstitutionalization are represented by savings to state funding sources (from 66% to 100%, depending upon the stratum of clients studied). Conversely, most of the costs associated with community living are borne by federal sources.

Assertion #8 (H): Therefore, the potential amount of monetary benefit that would accrue to the state in full scale deinstitutionalization is staggering.

E. FROM VOLUME 6: LEGAL ISSUES

Assertion #1 (O): Legal products and recommendations generated by the legal advocate (i.e., an attorney), who was assigned full-time to a special project (i.e., SIL) containing a strong client advocacy component in its mission, were not well received by the Office of the Attorney General nor by state agency heads who relied upon the Office of the Attorney General for legal consultation and advice.

Assertion #2 (O): The organizational structure (i.e., inter-agency cooperation and coordination) that facilitates SID model operation at the same time creates a barren medium for the growth, maturation, and flowering of legal analyses related to clients' rights and entitlements.

Assertion #3 (H): Advocacy is the great force which shapes legal issues and provides the impetus for distilled judicial or legislative resolution.

Assertion #4 (O/H): There is an irreconcilable contradiction between inter-agency coordination and legal client advocacy. Each can be accommodated at its own time but never can they be amalgamated into a consistent ideology.

Assertion #5 (O): There is much ambiguity in the Code of Virginia surrounding the designated powers, duties, and responsibilities of the committee, the guardian, and the trustee.

Assertion #6 (H): It is submitted that Section 37.1-138 of the Code of Virginia strips the committee of the custody and control of the person of his ward (including loss of the power to authorize release of medical information on his ward) while his ward is confined in a state hospital. (This submission contradicts a June 20, 1974 official opinion of the Attorney General of the Commonwealth of Virginia.)

Assertion #7 (O): In the case of individuals who are unable to render informed consent and who have not been adjudicated incompetent, the Code of Virginia is unclear with respect to who has the power to act legally in the person's behalf.

Assertion #8 (O): Sections 37.1-121 through 37.1-123 of the Code of Virginia authorize the director of a state hospital to place a patient/resident in the community in a variety of living modalities. Costs for such lodging and board may be borne by the Commonwealth. In spite of its ten percent per year deinstitutionalization mandate, the Department of Mental Health and Mental Retardation is not using the authority of these sections of the Code to realize its professed objective.

Assertion #9 (O): The Code of Virginia (Section 37.1-98e) states that any patient in a state hospital who is not a proper case for treatment shall, if necessary for his welfare, be received and cared for by the public welfare agency of the county or city of his residence. Directors of SID-participating state hospitals and local public welfare agency boards are not acting in conformity with this statute.



Assertion #10 (H): It is submitted that the second paragraph of Section 37.1-65 of the Code of Virginia is unconstitutional on the grounds of the fourteenth amendment to the United States Constitution ("equal protection" and "due process").

Assertion #11 (H): The biggest barrier to effective enforcement of decent living conditions in homes for adults is the current lack of sufficient licensing and enforcement specialists within the Department of Welfare.

Assertion #12 (O): A deaf individual should receive the assistance of a qualified interpreter at any commitment hearing. Currently the Code of Virginia imposes no requirement for same.

F. FROM VOLUME 7: PLAN FOR EXTENSION

Assertion #1 (O): The committee of commissioners approved a plan to continue the operation of the SID model in Virginia beyond the research and demonstration grant period.

Assertion #2 (O): The Secretary of Human Affairs received a set of recommendations from the committee of commissioners including the request that the Secretary seek funding support to maintain the SID model beyond the original grant period.

Assertion #3 (O): The Secretary of Human Affairs met with the Assistant Secretary for Planning and Evaluation of the Department of Health, Education, and Welfare to explore the feasibility of maintaining the SID model in Virginia under the provisions of Title XX of the Social Security Act.

Assertion #4 (O): The urban target area of the project gave broad-based endorsement of the plan to continue and extend the SID model.

Assertion #5 (O): The rural area accepted the continuation plan after the committee of commissioners favorably received the community's recommendations for modifications in the plan.

Assertion #6 (O): Each member of the Virginia General Assembly was invited to receive a personal, individual briefing on the SID effort. Twenty-eight percent of the membership responded to the invitation: 22% were seen and briefed. Three members of the General Assembly made a site visit to an A&P team meeting.

## V. RECOMMENDATIONS

The principal recommendation stemming from the three-year SID research and demonstration project is that the model procedure developed be maintained under programmatic funding and phased into other geographic areas in the Commonwealth over a period of years.

The Plan for Continuation attached as Appendix C to Volume 7 sets forth the particulars for SID model maintenance and extension. The main recommendations in the plan are summarized here:

- That the five service-integrating components in the SID model be preserved.
- That the SID program be organizationally situated within the Office of Human Affairs with direct, first-line authority from the Secretary to the program director.
- That the SID committee of commissioners serve as a consultative, advisory board to the Secretary of Human Affairs.
- That coordination among the state agency head members of the SID committee of commissioners be formalized into an explicit inter-agency compact/contract.
- That at the local level the agency of which the A&P team chairperson is a member be the so-called lead agency for that particular locale.
- That the A&P team chairperson assume the duties of the present SID Community Services Coordinator position with coordination assistance from the SID Chief Broker Advocate.

-That the A&P team, and in particular the A&P team chairperson, supervise the professional, client-related duties of the broker advocate staff; that the SID program director have responsibility for the administrative, procedural, and information-reporting requirements of the broker advocate staff.

-That the part-time services of A&P team members and committee of commissioners members continue to be performed on an inkind basis; that all members of the SID staff itself be full-time state employees with salaries paid by the program's funds.

-That for Fiscal Year 1975-1976 the SID model restrict its operations to the two demonstration communities (Planning District #6 and City of Portsmouth).

-That FY 75-76 be a year of further development, viz., constructing procedures to enable processing of at-risk community clients, formation of four localized A&P teams in the large rural demonstration area (PD #6), and "testing" of the modified organizational arrangement.

-That FY 76-78 add four more geographic areas, of roughly 100,000 population each, to the SID program--two new areas per year.

Though not a part of the Volume 7 Plan for Extension, a further recommendation, which is now in the form of a resolution adopted by the committee of commissioners and the Secretary of Human Affairs, is that the SID program be "institutionalized" under the provisions of Title XX of the Social Security Act with 75% federal funds matched with 25% state funds.



**END**