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SERVICE INTEGRATION FOR DEINSTITUTIONALIZATION (SID)  
A REPORT OF A THREE-YEAR RESEARCH AND DEMONSTRATION  
PROJECT. VOLUME 7. PLAN FOR EXTENSION

VIRGINIA SERVICE INTEGRATION FOR  
DEINSTITUTIONALIZATION PROJECT

PREPARED FOR  
SOCIAL AND REHABILITATION SERVICE

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# THE SID REPORT

VOLUME 7

PLAN FOR EXTENSION

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SERVICE INTEGRATION FOR DEINSTITUTIONALIZATION

A Report of a Three-Year Research and Demonstration Project

This is Volume 7 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

March 15, 1975

It is necessary to recognize that even the most well-intentioned proposals for the improvement of services will be filtered through the machinery of political power structures and will be altered or nullified in the process. . . . The major result is to enrich the old power structure, enabling it to entrench itself further and to resist change for many more years.

Anthony M. Graziano, Ph.D.  
Psychology Today, Vol 5,  
No. 8, p. 14, Jan 1972

## The SID Report

### Volume 7: Plan for Extension of the Model

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June 30, 1975

## I. INTRODUCTION

At the very beginning of the implementation of the original grant proposal, SID defined its raison d'etre in terms of the development and utilization of a method. The mission was that of social engineering, not social science. A socio-technical procedure was to be constructed which could be iterated and extended.

Throughout the research and demonstration project emphasis has been placed upon demonstration and utilization rather than upon research or one-time "discovery." The A&P Team deals with flesh-and-blood clients, not abstract generalities. The broker advocates are oriented toward effecting changes in the lives of their clients and in the service delivery system, not toward becoming research assistants. The automated information system is built to accommodate on-going case management and program evaluation information, not to engage in repeated exercise of inferential statistics.

Volume 7 traces the events leading to the development of a plan to extend the SID model in the Commonwealth of Virginia. The plan itself is presented, reaction to the plan is discussed, and the quest for supporting funds for the extension is reviewed. As of this writing the fate of the SID model in Virginia beyond June 30, 1975 is uncertain.

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Some of the happenings reviewed in this volume provide a commentary on Virginia's present state of readiness to move from a traditional framework of agency by agency service delivery into a service integration posture. The "to be or not to be" decision, particularly as it impinges upon the question of funding, provides an instrument around which to gauge the leanings of the principal participants.

## II. DEVELOPMENT OF A PLAN

The original SID proposal submitted by the Commonwealth envisioned that once a prototype had been constructed and found to be workable it would be extended in application.

Once the utility of service integration has been concretely demonstrated, the concept will be extended to other areas of the state. Program staff, who will have worked through many of the problems that arise during integration, will be available for consultation. Further, as more experience is obtained with integrated systems in dealing with institutional populations, the same conceptual approach will be implemented on non-institutionalized handicapped individuals in the target communities. Again, assuming demonstrated utility of the approach, it will be extended to other areas of the state with consulting assistance available from program staff. (From last paragraph of Section III: CONCEPTUAL OVERVIEW of the original SID proposal.)

Again:

Whenever the integrated service system exhausts its ability to accept more institutional cases, or when all cases possible have been placed in the target areas, the emphasis of the system will begin to shift toward extension of the concept to non-target areas and to applying the conceptual system to non-institutional cases in the target communities. In the main, this reflects an equal concern with preventing

institutionalization. While difficult to forecast, it is anticipated that the shift in emphasis will occur early during the third year. (From the last paragraph of Section V: PHASING of the original SID proposal).

One must assume that the granting agency, in funding the original proposal, gave considerable weight to this long-range forecast.

In its January 1974 Progress Report accompanying the continuation application for the third year of the project, SID set a target date of December 1, 1974 for the establishment of a decision from the Committee of Commissioners regarding extension versus deletion come June 30, 1975 of the SID model procedures. (See page 103 of the January 1974 SID Progress Report.)

What follows is largely a chronology, interspersed with comment, summarizing the main events that have taken place in the attempt to resolve the issue of SID model continuation in the Commonwealth.

July 31, 1974: Meeting of the Executive Committee of the SID Committee of Commissioners. The project director reminded the Executive Committee of the December 1, 1974 target date for a decision regarding continuation versus deletion of the SID model. The Executive Committee charged the SID staff to prepare an option study to assist the committee in reaching a decision.



August 29, 1974: Meeting of the Executive Committee. The SID option study was submitted and discussed. (The paper is entitled "Staff Study on Continuation/Deletion of SID," dated August 23, 1974, and is attached at Appendix A.)

Two basic alternatives were presented in the study: continue or terminate. Seven options were nested under the first alternative. Each option was framed by nine dimensions: organizational arrangement at State level; organizational arrangement at local level; authority; funding source; manpower; geographic areas; clientele; program components; and duration. Each dimension contained specific choices for any given option.

The Executive Committee voted in favor of the first alternative, i.e., "continue." Much of the discussion centered around the relative desirability of the various options connected with the first alternative. The Executive Committee found none of the options completely satisfactory and put off deciding upon the specific modus operandi for SID extension. The committee expressed a definite preference for continued federal funding support and instructed the project director to query the granting agency to determine if it would fund the procedure for one more year.

September 6, 1974: Letter from project director to granting agency requesting consideration for "fourth year" funding, pointing out that \$883,500 of the original recommended support was not expended in the project's 3-year duration.

September 12, 1974: Letter from granting agency to project director turning down the request for an additional year of federal support for the SID project. "We have not budgeted nor planned for any further support for the project for fiscal year 1976. Therefore, no "balance" [of \$883,500], in the sense implied in your letter exists. . . . Our original planning had a three-year time span built into it and an additional twelve months would alter seriously our next step in terms of guidelines, procedures, etc."

September 20, 1974: Letter from project director to granting agency acknowledging the September 12 letter which indicated that funds were not available from the granting agency for an additional year. The project director included a formal recommendation to the granting agency: "I infer from your letter of September 12 that the granting agency has in mind for the future some kind of distribution or utilization procedure with respect to the SID model. If the granting agency indeed wishes to encourage utilization of the SID model in other states, I feel it would be unwise

to wait for the final packaged report. Instead, I recommend that the granting agency take steps now to promote utilization of the model . . . [while the project] has existent staff to assist in consultation, guidance, etc. [and while the project] can be witnessed in demonstration." This recommendation has gone unacknowledged by the granting agency.

September 30, 1974: Meeting of the Full Committee of Commissioners. The Secretary of Human Affairs was also in attendance. The Executive Committee recommended to the Full Committee that the SID model be continued for a fourth year. A motion was made and passed unanimously that "Secretary Brown go to the Governor and/or to the General Assembly to try to accomplish what is needed, either by way of federal or state funding to keep the project alive beyond June 30, 1975."

Secretary Brown indicated that before he asked anyone for funds he would need to have a specific plan for SID's future, not only with respect to a fourth year, but beyond. He charged the Committee to decide upon the specific arrangements for SID extension. In turn, the Committee charged the SID staff to develop a plan for extension.

Absent from this Full Committee meeting were seven of the twelve agency heads: Visually Handicapped, Corrections, Employment, Children and Youth, Vocational Rehabilitation, Health, and Council for the Deaf. Four of these seven

agencies sent subordinates to represent them. Five agency heads were present: Welfare, Mental Health and Mental Retardation, State Planning, Education, and Office on Aging.

October 18, 1974: SJD staff produced a document entitled "Plan for Continuation of SID Program beyond June 30, 1975" (a copy is attached at Appendix C). The plan was distributed to Secretary Brown, members of the Committee of Commissioners, Chairpersons of the A&P Teams, the City Manager of Portsmouth, and the Chairman of the PD #6 Planning Commission.

### III. REACTION TO THE PLAN

There was a variety of official and unofficial response to the plan for the continuation of SID. The reaction is summarized here by locale and/or by model component.

#### A. COMMITTEE OF COMMISSIONERS

Immediately upon its publication a copy of the plan was hand-carried to each of the twelve agency heads. The Executive Committee met on October 28, 1974 and voted unanimously to endorse the plan. As an outgrowth of this meeting the Chairman forwarded a list of recommendations to the Secretary of Human Affairs. The letter is dated October 30, 1974 and reads as follows:

Dear Secretary Brown:

This is to inform you officially of action taken by the Committee of Commissioners of the SID project.

At the Executive Committee meeting held on October 28, 1974, a motion that included the following recommendations was passed unanimously:

- 1) That the SID staff be commended for its work on the state plan it recently submitted to the Secretary of Human Affairs and to the Committee of Commissioners;
- 2) That the SID program be continued as outlined in the plan for the remainder of the current biennium;
- 3) That the organizational move placing SID directly under the Secretary of Human Affairs occur after thorough investigation by the Secretary and with the urging by the Committee of Commissioners to the Secretary that the Secretary continue to use the services of the Committee of Commissioners;
- 4) That the Secretary be urged by the Committee of Commissioners to obtain federal funding for the remainder of the current biennium;
- 5) That, in failing to obtain federal funds, maximum efforts be made by the participating department heads serving on the Committee of Commissioners to obtain matching funds to support the SID project for the remainder of the current biennium;
- 6) That, prior to extending the SID program into the forthcoming biennium (1976-1978), the new organizational structure in which it is recommended that it operate for the 1975-1976 year be reviewed, particularly in view of possible impending change in overall state organization.

May I also indicate, if you are in agreement with the Committee's recommendations to you, the matter of urgency in obtaining firm knowledge of funding support for the 1975-1976 year. Unless the program's continuance receives firm assurance within the next two or three months, attrition of the present staff can be expected and the effort will suffer accordingly.

The above recommendations are respectfully submitted on behalf of the Committee of Commissioners.

Sincerely yours,

/s/ William L. Lukhard  
Chairman, Committee of Commissioners

On November 11, 1974 the Secretary responded, in part, as follows:

I have reviewed your letter of October 30 concerning the action taken by the Executive Committee of the SID project. I commend the Executive Committee for this action and I think it was sound, positive, and affirmative.

I would like to see the SID project continue, as outlined, for the remainder of the current biennium. I am prepared and willing to begin negotiations with the appropriate federal agencies for funding to retain the program for the last year of this biennium.

In a letter to the project director dated November 4, 1974, the chairman of the Committee of Commissioners commended the project staff. The letter reads:

I wish to commend you and every member of the SID staff for the thought, work, and action which went into the recent plan you submitted to the Committee of Commissioners on extension of the SID model. It is the best report of its type that I have ever seen produced in Virginia. It is comprehensive, understandable and clear.

By your developmental effort, by the dedication of the broker advocates, and by the foresight represented in the planning document your staff prepared, you have moved the Commonwealth a significant step closer to establishing a progressive human services delivery system in Virginia.

The governing body of the project had given a resounding endorsement to the plan to continue SID. This reaction came as somewhat of a surprise to SID staff, since the

Committee of Commissioners had experienced considerable difficulty in earlier deliberations in agreeing upon the organizational arrangement for a SID program. Some committee members had felt that it belonged in a single agency (but which agency?), others thought it should be split, and some believed it should be an appendage of the state institution. None of the members had looked with favor upon assigning the program directly to the Office of Human Affairs--the only viable organizational alternative the SID staff was able to deduce.

B. PLANNING DISTRICT #6 A&P TEAM

The PD #6 A&P Team, at its October 24, 1974 meeting, discussed the plan to extend SID. The Team voted against endorsement of the plan as it was proposed in the written document. The vote was as follows: 11 against, 2 in favor, and 1 abstention.

The Team's position was transmitted by the project director to the Executive Committee at its October 28 meeting. The A&P Team position was officially made a matter of record in a letter dated November 18 from the Team Vice Chairman to the Chairman of the Committee of Commissioners. A copy of this letter is included in Appendix B.

The proposed plan seemed to raise all sorts of issues before the PD #6 A&P Team that previously had been dormant, or at most, had surfaced only occasionally in the past.

Attaching the program to the Office of Human Affairs smacked of state interference in local matters. To continue to operate the SID model without filling the identified resource gaps seemed a reversal of priorities. Local agencies suddenly saw SID as competing for the same state funds they sought. The locality would become too dependent on the SID coordination structure and true service integration would weaken as a result. The broker advocates had done a "tremendous" job, but now they should be absorbed as staff for Health or Welfare or Chapter 10. The spectre of a shrunken state institution became a plausible reality for the future.

The strongest opponents of the plan, as proposed, were the three directors of the state mental hospitals (all of whom had been very faithful participants on the PD #6 A&P Team from the first client forward) and the local public health officer. The director of the institution for the mentally retarded favored the proposed plan and spoke eloquently in its behalf. Community Team members, for the most part, were less outspoken; however, none voted in favor of the plan and only one abstained.

Failure of the PD #6 A&P Team to endorse the SID plan for extension caused dissension and hard feeling: Between broker advocates and A&P Team members; between community and state officials; between MR and MI interests, etc. The



PD #6 public health officer launched a systematic attack against SID extension by appearing before each local government body and arguing against continuation (see examples of press releases in Appendix B). The local press printed an editorial condemning SID. Local Associations for Retarded Citizens fought back in defense of SID.

On December 13, 1974 there was a joint meeting between the Executive Committee and the PD #6 A&P Teams. The purpose of the meeting was to determine the extent of common ground which remained between the Committee of Commissioners and one of the two operational legs of the project. The community listed its grievances and its reasons for voting against the proposal. (Minutes of the meeting are included in Appendix B.)

The result of the December 13 meeting was the appointment of a local task force to develop alternatives to the proposed plan. The task force reported to the A&P Team at a meeting on January 16, 1975. The Team issued its recommendations for changes in the SID plan in a letter to the Committee of Commissioners dated January 17, 1975 (attached in Appendix B). The main thrust of the Team's recommendation was that the A&P Team operation be decentralized throughout the Planning District. The Team again voiced its priority for funds for the development of community resources. Gone, however, was the initial concern over how the program should be organizationally situated at the state level.

The PD #6 A&P Team had closed ranks behind the project. The coordination crisis had lasted for about two months. It is important to note that project activity during the crisis period continued unabated. That is, A&P Team meetings were held as scheduled, attendance did not drop off, and business as usual was conducted.

The crisis did, however, intrude at a most inopportune time. It stopped momentum at the state level in the Secretary's quest for funds. More on that later.

#### C. PORTSMOUTH A&P TEAM

The reaction to the plan from the urban, single-jurisdiction leg of the project (i.e., Portsmouth) was quite different. There was solid endorsement of the proposal, as written, to continue/extend SID. Several letters were submitted from A&P Team members to the Chairman of the Committee of Commissioners or to the Secretary of Human Affairs testifying to the model's worth and urging continuation. (These testimonials are included in Appendix B.)

For example, the Chairman of the Portsmouth A&P Team, in a letter dated October 30, 1974, wrote as follows to the Chairman of the Committee of Commissioners:

I support very strongly the proposed plan to extend SID. This is a most needed program, and should be continued as a separately identifiable agency, which can provide its services without other considerations. . .

As chairman of the A&P Team I must point out that the sense of our most recent meeting was essentially a unanimous desire for the continuation of the SID project. No formal resolution was made simply because it did not occur to anyone that it would be necessary.

We like the way the project is going, and there is a continuing heavy contribution of time by the A&P Team members, which indicates that we feel that it is worthwhile and useful.

I am pleased to be a part of the SID project; I hope it continues in approximately its present form.

The posture of the Portsmouth service provider community vis-a-vis the SID project at this juncture in time represented a dramatic reversal from Portsmouth's original stance. The entry problem in Portsmouth and the early-on coordination difficulties encountered by the project there are documented in considerable detail in Appendix B of Volume 2. It took a bus trip and site-visit, sponsored by the Committee of Commissioners, by the Portsmouth Team to observe the PD #6 Team in late March 1974 to kindle Portsmouth commitment to the project's procedures. But once the Portsmouth A&P Team managed to organize itself, under extremely capable leadership, it became a most impressive operation.

One is tempted to explore the possible reasons why Portsmouth gave non-ambivalent endorsement to the plan for SID continuation, while PD #6 endorsement was equivocal and halting. The following plausible explanations are proffered:

- Being predominantly rural, PD #6 is more conservative and more resistant to social change than the urban area. The relatively sophisticated management image of the project proved less offensive to Portsmouth.
- The presence of a large "industry" (viz., a state hospital for the mentally ill) in the geographic center of PD #6 and the absence of such industry in Portsmouth introduces differing economic considerations

with respect to a program, which if ultimately successful, will result in the de-population of state institutions.

- Portsmouth is a single political jurisdiction; PD #6 is a region of ten separate local general-purpose governments with no strong centralizing authority.
- Portsmouth already had an advisory service-integrating body for human services, namely the Portsmouth Human Resources Council. No such overall human services integrative body exists in PD #6.
- Portsmouth seemed to view the staff of the SID field unit as truly an additional manpower resource for its service delivery system. In PD #6, more of a climate of competition between SID staff and institution/community agencies seemed to develop.

Because of the above reasons, "turf" considerations, vying for the same funding pool, and concern over organizational placement of the program within the Secretary's office did not surface in Portsmouth. These considerations became paramount, at least temporarily, in PD #6.

#### D. OTHER

Three other reactions to SID are noted here for the record. These responses occurred prior to the development of the written plan to extend SID but have significance in terms of the question of acceptance/rejection of service integration methodology in Virginia.

On August 28, 1974 the project director was invited to brief the members of the State Board of Mental Health and Mental Retardation. A rather detailed briefing of the project was given and was extremely well received. The Board unanimously passed a resolution "to go on record supporting continuance of the SID project." Included in the motion was that the statement of endorsement be sent to the Secretary of Human Affairs.

On September 17, 1974 the project director gave a similar briefing to members of the State Board of Welfare. The reception here was in general quite positive, but was characterized by a lack of affinity for service integration thinking. One Board member commented: "It is all very interesting, but why are you telling us this--you're talking about the mentally ill and the mentally retarded." Another asked: "Are you assigned to Western State Hospital?" Still: "What you are describing is a Welfare function." The Commissioner of Welfare seized the opportunity to clarify and educate. No endorsement resolution was passed but words of encouragement were spoken.

Also in September 1974 a most significant endorsement of the project occurred. The Developmental Disabilities Planning and Advisory Council voted to place 40% of its FY 75-76 "seed money" into its first priority, namely, deinstitutionalization. The Council stipulated further that areas operating a model deinstitutionalization pro-

cedure would receive first consideration. In effect, this referenced the two SID geographic target areas. For the first time in the life of the project a state agency had responded, in terms of offering dollars, to begin to fill the resource gaps identified by the project's procedures. It is of note that this very real support came from a service-integrating type of agency. The DDA Council is very broadly inter-disciplinary in composition. Noteworthy also is that DDA is not one of the twelve SID-participating state agencies.

#### IV. QUEST FOR FUNDS

In his letter of November 11, 1974 to the Chairman of the Committee of Commissioners, the Secretary of Human Affairs indicated:

I would appreciate an opportunity to meet with you and Dr. Dattel, and any other officials you might desire, to discuss the various funding options that are available to us for 1975, as well as the possibility of funding in following years.

Such a meeting took place on November 27, 1974. In attendance were the Secretary, the Chairman, the Commissioner for Mental Health and Mental Retardation, and the project director.

It was disclosed at this meeting that the Commissioner of DMH&MR had designated matching funds in the amount of \$142,255 for SID continuance under Title XX in his proposed

mini-budget submitted earlier to the Secretary. SID was assigned Priority #7 on a list of seven DMH&MR priorities in a proposed mini-budget of \$6,941,434 for FY 75-76. None of the other SID-participating agencies had proposed any funds for SID continuance.

However, the Secretary had re-worked the DMH&MR budget. The end result was a list of ten priorities and a revised amount of \$6,808,784. SID did not appear in the Secretary's final list of ten priorities for DMH&MR.

The main question at this conference with the Secretary was where and how to obtain funds for SID continuance. The Secretary was confronted with the fact that he had deleted SID matching funds (against possible Title XX funding) in DMH&MR's budget. He said not to worry, that we would get the match somewhere, probably from DMH&MR and Welfare. He expressed disappointment that none of the other agencies had shown any interest in contributing.

It was decided at this meeting that two steps should be taken: (1) The Secretary would arrange for an audience during the Christmas holidays with Mr. William Morrill, Assistant Secretary for Plans and Programs, DHEW, to solicit his assistance and support in obtaining federal funding and (2) The Executive Committee should tell PD #6 at the upcoming December 13 joint meeting that it does not have to operate the project beyond June 30, 1975 if it is not so inclined, but that the project would operate elsewhere if PD #6 withdrew.

The project director cautioned against a public announcement that the project would continue, since the funding base was so uncertain. The Secretary reiterated his instructions to the Chairman to advise the PD #6 community along the lines he had originally indicated.

Time passed. The holiday period came and there was no evidence of follow-through with respect to arrangements for a Morrill meeting. Within the SID staff and the operating communities, questions were asked and tension mounted.

Two months earlier, in mid-October 1974, the project director had written to each member of the Virginia General Assembly, announcing the existence of SID via an eye-catching brochure and offering to meet with the member and discuss the project. (See sample letter dated October 24, 1974 in Appendix B.)

The response was encouraging. Twenty-four of the 100 members of the House of Delegates responded; 16 (or 16%) were seen and briefed. Eleven members (plus the Lieutenant Governor) of the 40-member Senate responded; 10 (or 25%) were personally briefed. At the end of each interview a copy of the plan to extend SID was given to the member.

Now, with time running out and with insufficient tangible action by the governing body of the project, the project director appealed to the General Assembly membership. On January 2, 1975, at the close of the holiday



period and just prior to the beginning of the legislative session, the project director wrote a letter (attached in Appendix B) to all members of the General Assembly. The letter read, in part:

At the time of this writing there is considerable question whether the nine (now twelve) state agencies will continue to utilize the procedure that has been quite systematically constructed. While the committee of twelve commissioners has "endorsed" continuation of the model procedure, so far as I am able to determine no funds from any of the participating state agencies are specifically earmarked to maintain beyond June 1975 the developmental gains achieved.

As director of the SID project, I find the lack of urgency over utilization disquieting. I do not know what, if anything, members of the General Assembly may wish to do about this problem. I do know that it is clearly my responsibility to call it to your attention.

Six members of the House of Delegates (including the office of the House majority leader) responded. In interviews they asked what they could do to help. Several offered to phone or write the Secretary.

Many of the legislators contacted throughout the two-month period encouraged the project director to make an appeal before the House Appropriations Committee--even though new state monies were hard to come by, given the general economy at this time. The project director could only point out that this was not very possible to do without the backing of the governing body of the project.

The problem the project director posed to the various members of the General Assembly must have been difficult to grasp, or at least must have appeared contradictory. On the one hand, documentation was available demonstrating the Committee of Commissioners' and the Secretary's endorsement and approval of project continuation; on the other, there was nothing in the record to indicate that funding mechanisms were being actively pursued. In the course of one interview, the legislator called the Department of Mental Health and Mental Retardation apparently to see if the project director were for "real." The reply came: "We support continuation of the effort."

Unable to activate the Chairman of the Committee of Commissioners or the Commissioner of Mental Health and Mental Retardation toward any kind of resolution on the funding question, the project director, in frustration and disappointment, called on the Secretary. The confrontation took place on January 10, 1975.

The project director reviewed the facts that (1) Virginia had requested the project--indeed nine agencies had signed off on the commitments entailed in the grant; (2) The staff and the communities had constructed what was believed to be a workable model; (3) The Committee of Commissioners had endorsed the plan for continuation

of the procedure; (4) One of the communities was strongly in favor of the plan; and (5) The Secretary had indicated he would undertake a quest for funds. Yet no action had been taken beyond verbal support and reassurance.

The project director bluntly told the Secretary that the Secretary's pronouncements, both public and private, in support of the project did not correspond with his lack of follow-through in pursuing funds to maintain the model procedure. The project director asked for clarification from the Secretary as to how exactly he felt toward the system developed.

The Secretary explained that he was in favor of continued application of the SID model. He said he had reached the conclusion that the case management approach, as embodied in the project, was clearly the direction in which the Commonwealth should move in delivering services to high-risk persons. He told the project director that the model as it is currently practiced is a bit too elegant, if not indeed also cumbersome, and that it must be streamlined before it is put "on the street."

The Secretary defended his delay in setting up an appointment with Mr. Morrill in terms of the turmoil in Planning District #6: the rejection of the proposed plan by that community, the bad press the project was receiving there, the failure of any of the local service providers (with the exception of the ARC's) to rise up in defense of

the project, the tirade launched by the local public health officer. He said he did not see how we could call on Mr. Morrill until it became clear what we were asking for, i.e., where we were going to operate the project for the next year.

The project director told the Secretary that he believed there was still sufficient positive sentiment toward SID in PD #6 to enable the procedure to continue to function there. The A&P Team was still working and would be submitting recommendations for accommodating the method to its locale.

When the PD #6 input was received (on January 17, 1975--see above), the Secretary moved forward. He arranged an appointment with Mr. Morrill for January 30, 1975.

In the meantime the project director was instructed to cut the proposed SID budget for FY 75-76. Four personnel slots were deleted from the SID Central Office, one slot was deleted in Portsmouth, and three slots were cut in PD #6.

The meeting with Mr. Morrill, DHEW Assistant Secretary for Plans and Programs, took place on January 30, 1975 as scheduled. The Virginia contingent consisted of five state officials: The Secretary of Human Affairs, the Chairman

of the SID Committee of Commissioners (i.e., the Commissioner of Welfare), the Commissioner of Mental Health and Mental Retardation, one of the Assistant Commissioners of Mental Health and Mental Retardation, and the project director.

The briefing resulted in a solicitation of Mr. Morrill's interest in the problem. He said that he would look into the matter and see what his office might be able to do. There was discussion of two basic alternatives: (1) Attempt to sustain the procedure for one more year with grant money; or (2) Plug the procedure into Title XX come October 1, 1975.

In early February 1975 there were a couple of phone calls from officials in DHEW requesting further information on the project. These inquiries, of course, were directly attributable to the Morrill visit.

However, as of this writing, the fate of the SID model in Virginia hangs in the balance. Staff attrition is beginning to occur and will doubtlessly continue until funding for another year is stabilized. Maintenance of the socio-technical procedure depends upon staff expertise and A&P Team cohesiveness. Once these have eroded to a point where reconstruction is necessary, much of the initial 3-year "equity" will be lost.

## V. COMMENT

One of the most obvious conclusions to be drawn from the above account is the low priority status accorded the SID project in the human affairs scene in Virginia. This despite the fact that both services integration and deinstitutionalization are issues at the forefront of concern throughout the nation.

Priorities are designated by the "top" of an organization. The Virginia executive branch of government chose not to tag SID as a high priority item. The executive branch has not yet come to see SID as a vehicle through which it may be able to bring new administrative arrangements to bear upon old problems. Deinstitutionalization has received little thrust from the upper echelons of the state government.

What little political pressure that was brought to bear on the Secretary and the Committee of Commissioners through the appeal to the legislature was "manufactured" (in the sense that it arose from project staff and ran the risk of appearing on the surface to be self-serving in motive) and, consequently, relatively "thin."

It remains to be seen the extent to which HEW envisions SID as an embodiment of some of its own priorities. However, it is not unfair to recall that the granting

agency has never made a site visit to the project. The reminder from the project director that implementation procedures may be better judged when witnessed than when read was ignored.

Why should this be? Why should the federal government target \$2,000,000 for a human affairs effort that captures two of its much ballyhooed priorities and then quietly withdraw? Why should agencies of the Commonwealth of Virginia apply en masse for a federal grant, the terms of which commit them to furthering interagency collaboration, and then look the other way when there is any kind of real test of mutual participation and cooperation?

The easiest explanation for this kind of behavior would be that the SID project was a procedural and developmental failure and that neither party wanted any more to do with it. But this is not the case when one examines the progress of the project in terms of coordination achieved at the local levels, procedural workability, information system development, and even stimulation of service programming and resources.

Instead, it is believed that the answer lies elsewhere.

Steps were never taken to inform, and consequently never to involve, the Governor himself with respect to SID

objectives and implications. Virginia experienced a change in chief executive shortly after Governor Holton ceremoniously received the grant award. The change in administration apparently interrupted information flow vis-a-vis the project's progress and the Governor's office. It may well be that members of the Committee of Commissioners saw nothing to be gained in bringing to the attention of the Governor a program which may well carry the seed of their own territorial loss.

Related to the fact that the Governor himself was never "allowed" either to promote or disband the SID concept is the reality that, after all, SID is simply "another federally funded project." Such projects are expected to enter, "do their thing," crank out a final list of conclusions and recommendations, and then quietly fade away. The expectation on both sides (i.e., the granting agency and the grantee) seems to be like that of the night visitor to the brothel wherein a very finite time frame is implicitly part of the contractual agreement. To expect any further commitment, on either side, is to break a whole host of residual rules.

It is concluded that in the short run, and so long as it is perceived as a special, circumscribed "project," the Committee of Commissioners and the Secretary of Human Affairs can tolerate the existence of SID--particularly if its



continuance represents no threat to any of the individualized, state agency budgets. Even in the short run, however, there will be no campaign by any of the participating agencies to "save SID" since there is no expectation that it will have any collective pay-off for the participating agencies themselves.

The lesson learned in the SID quest for approval and funding is that state agencies, at least in Virginia, cannot be expected to align themselves voluntarily into a service integration posture when such a posture entails joint pooling of funds. (The possible exception to this conclusion was the case of Mental Health and Mental Retardation, and to an extent Welfare, both of which made verbal indications pointed toward joint funding.) This aversion to joint funding is unfortunately true even when the service integration objective is clearly specified and delineated, i.e., deinstitutionalization, and even though the clientele embraced are the clientele of all of the agencies.

It is submitted that if administrative service integration at the state level is to become in any way operationally functional, clearly it must have at its beginning a mandate either from the Governor or, preferably, from the General Assembly.

Until there is such legislation or executive order, any person occupying the Office of Secretary of Human Affairs charged as he is with effecting "coordination and facilita-

tion" will be impossibly compromised. In urging programmatic priorities he will continue to compete against the established constituencies that support the individual state departments. He will be forced to engage in forward-sounding rhetoric behind which he can infuse little or no substance. In the process the middle managers and the line workers will grow more confused and more cynical, the consumer will continue to be used as the vehicle through which individual agencies justify budget expansion, and the taxpayers will be perennially shortchanged.

Appendix A

Staff Study on Continuation/Deletion of SID

August 23, 1974

The SID Project

STAFF STUDY ON CONTINUATION/DELETION OF SID

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## THE PROBLEM

One of two basic alternatives is to be selected:

Alternative #1: Transform the SID operation from a research and demonstration project into an adopted program.

Alternative #2: Terminate the SID operation at the end of the research and demonstration phase (June 30, 1975).

If Alternative #1 is selected, decisions need to be reached as to how the SID model can best be "institutionalized." The options contained herein are submitted to facilitate this contingency.

If Alternative #2 is selected, any model-type contribution the Project may make to the Commonwealth will rest on the degree to which the Project's final report may have utility value.

## FACTS BEARING ON THE PROBLEM

There are many well known hindrances and pitfalls in deinstitutionalization. Among them are:

- focusing responsibility for the institutionalization problem and for corrective action on a single State agency
- the impermeability of the organizational boundary between State institution and local community
- client movement without advance preparation and planning
- mutual accusations of "dumping" clients
- clients "falling between the cracks"
- clients being transferred from the back wards of the institution to the back alleys of the community
- the "ping pong ball" phenomenon
- high recidivism rates
- lack of communication, coordination, and followup
- insufficient accountability
- inadequate resource planning and development.

The SID model was conceived and designed to remedy these ills.

The research and demonstration phase of SID covers the period from July 1, 1972 through June 30, 1975. The objective of SID during the R&D phase is: To develop a systematic, service-integrating procedure for the orderly deinstitutionalization of residents of State institutions. It is submitted that this objective is achieved within the allotted 3-year time frame.

A total of \$1,141,444 in federal funds will have been invested in developing the SID model at the close of the research and demonstration phase.

The annual cost of operating the SID model at its present staffing strength is approximately \$650,000 plus A&P Team manpower contribution.

Other facts bearing on the problem are contained in:

- the January 1974 Progress Report on the SID Project
- the information filed in the SID automated data system
- the minutes of 70 A&P Team meetings
- the information presented at 14 meetings of the Committee of Commissioners (Full Committee and Executive Committee)
- a paper by Datel and Murphy entitled "A Service-Integrating Model for Deinstitutionalization."

#### DEFINITIONS/ASSUMPTIONS

Adoption of the SID model. Adoption of the SID model involves:

- Continuation beyond June 30, 1975
- Utilization of some or all of the existing personnel classifications
- Utilization of the five service-integrating components
- Utilization of the existing procedures (with continued, ongoing modification as necessary)
- Change in status from a research and demonstration project to a program.

Deinstitutionalization. As per Memorandum #11, DHEW, SRS, RSA, DDD, dated August 1, 1974, deinstitutionalization is re-conceptualized as:

"(1) Prevention of admission [to a State institution] by finding and developing alternative community methods of care and training

"(2) Return to the community of all residents who can be prepared through programs of habilitation and training to function adequately in appropriate local settings

"(3) Establishment and maintenance of a responsive residential environment which protects human and civil rights and which contributes to the expeditious return of the individual to community living which is as nearly normal as possible."

## DIMENSIONS USED TO FRAME OPTIONS

In the eventuality that Alternative #1 is selected (see THE PROBLEM), a specific option is to be chosen.

The following nine dimensions are used in framing options. Each dimension contains possible choices within the dimension.

1. Organizational arrangement at State level
  - In Office of Human Affairs
  - In Office of the Governor, Office of Special Programs
  - Coordination among State agencies
  - Within one State agency
2. Organizational arrangement at local level
  - Human Resources Council
  - Chapter 10 Boards
  - State institutions
  - Coordination among local agencies
3. Authority
  - Executive Order
  - Statutory (existent)
  - Statutory (new)
  - Inter-agency contract/compact
4. Funding source
  - Federal
  - State
  - Local
5. Manpower
  - Less
  - Existent
  - Additional
6. Geographic areas
  - PD #6 and Portsmouth
  - PD #6 and PD #20
  - PD #6, PD #20, plus two more planning districts
  - Statewide
7. Clientelle
  - Mentally Ill
  - Mentally Retarded
  - Juvenile Offender
  - Prisoner
8. Program components
  - Assessment and Prescription (A&P) Team
  - Brcker Advocate (BA)
  - Quality Control (QC) Team
  - Automated Information System (AIS)
  - Committee of Commissioners (C of C)
  - Cost/Benefit (C/B) Analysis
  - Resource Director (Res. Dir.)

9. Duration

- one year
- two years
- indefinite

NOTE<sub>1</sub>: State funding may mean either funding by one state agency or by the contributions of several or all of the 12 SID agencies.

NOTE<sub>2</sub>: "Interagency contract/compact" means a formalized agreement among the participating agencies to collaborate in the program.

OPTIONS

The following seven options are proffered. Advantages and disadvantages are presented for each option.



OPTION I: FORMATION OF A NEW SID COMMISSION

1. Organizational arrangement--state level  
Coordination among state agencies for C of C. Program director reports to the C of C. Chairman of the C of C is elected by the Committee.
2. Organizational arrangement--local level  
BA's become employees of the SID Commission  
Coordination among local agencies for A&P Team
3. Authority  
Executive Order
4. Funding source  
State
5. Manpower  
Existent
6. Geographic areas  
-PD #6 and Portsmouth
7. Clientelle  
MI, MR, JO
8. Program components  
A&P Team, BA, QC Team, AIS, C of C, C/B Analysis, Res. Dir.
9. Duration  
1 year - re-evaluation

Advantages:

- 1) Emphasizes service integrating aspects of the program.
- 2) Allows for further consideration of an operational umbrella service integration agency.
- 3) Creates an atmosphere for multiple state agencies to become involved in local resource development.
- 4) Simplifies request for funding from the legislature.

Disadvantages:

- 1) Service integration is effected at the Commissioner not the cabinet level
- 2) Requires authorization not presently in existence.

OPTION II: ASSIGNMENT TO THE OFFICE OF HUMAN AFFAIRS

1. Organizational arrangement--state level  
Located within Office of Human Affairs. Program director reports directly to Secretary of Human Affairs.  
C of C serves in an advisory/consultative capacity to Secretary of Human Affairs.
2. Organizational arrangement--local level  
BAs become employees of Office of Human Affairs  
Coordination among local agencies for A&P Team
3. Authority  
Statutory-existent  
Inter-cabinet contract/compact at state level
4. Funding source  
State
5. Manpower  
Existent
6. Geographic areas  
PD#6 and Portsmouth
7. Clientelle  
MI, MR, JO
8. Program components  
A&P Team, BA, QC Team, AIS, C of C, C/B Analysis, Res. Dir.
9. Duration  
1 year - re-evaluation

Advantages:

- 1) Emphasizes service integrating aspects of the program.
- 2) Allows for further consideration of an operational umbrella service integration agency.
- 3) Creates an atmosphere for multiple state agencies to stimulate actively local resource development.
- 4) Simplifies request for funding from legislature.

Disadvantages:

- 1) Program is tied to the Office of Human Affairs while some participating agencies are not subsumed by that Office.
- 2) Changes the concept of the Secretary of Human Affairs from coordinative to operational.

OPTION III: AFFILIATION WITH ONE OF THE FOLLOWING AGENCIES: CORRECTIONS, DMH&MR,  
EDUCATION, HEALTH, PLANNING, VCVH, VEC, VOC REHAB OR WELFARE

1. Organizational arrangement--state level  
Located within one of the above-named agencies. Program director reports to the Commissioner of that agency directly. Chairman of the C of C is the Commissioner of that agency.  
Coordination among state agencies for C of C.
2. Organizational arrangement--local level  
BAs become employees of the central office of the agency  
Coordination among local agencies for A&P Team
3. Authority  
Statutory-existent  
Inter-agency contract/compact at the state level
4. Funding source  
State
5. Manpower  
Existent
6. Geographic areas  
PD#6 and Portsmouth
7. Clientelle  
MI, MR, JO
8. Program components  
A&P Team, BA, QC Team, AIS, C of C, C/B Analysis, Res. Dir.
9. Duration  
1 year - re-evaluation

Advantages:

- 1) Administrative efficiency and uniformity.
- 2) Clear lines of authority for personnel within the program.

Disadvantages:

- 1) Program runs risk of being tied to one agency and losing its service integrating aspects.
- 2) If the agency having the program has no clients (or only some of the clients) in the program, the relationship between the parent agency and the agency responsible for the clients is compromised.

#### OPTION IV: PLANNING COMMISSION AFFILIATION

1. Organizational arrangement--state level  
Located within Division of State Planning and Community Affairs. Program director reports directly to the Director of the Division of State Planning. C of C is chaired by Dir. of Div. of State Planning. Coordination among state agencies for C of C.
2. Organizational arrangement--local level  
BAs become employees of local Planning Commission  
Coordination among local agencies for A&P Team
3. Authority  
Statutory-existent  
Inter-agency contract/compact at state level
4. Funding source  
State and local (State for QC Team and local as usual for Planning Commission support)
5. Manpower  
Existent
6. Geographic areas  
PD#6 and Portsmouth
7. Clientelle  
MI, MR, JO
8. Program components  
A&P Team, BA, QC Team, AIS, C of C, C/B Analysis, Res. Dir.
9. Duration  
1 year - re-evaluation

#### Advantages:

- 1) Fits neatly into 24 already defined geographic areas and promotes regional concept of government.
- 2) Broad and strong political power base for the program.
- 3) Identification of resource needs is consistent with Planning Commission's mandate.

#### Disadvantages:

- 1) Difficult to move into this mode by July 1, 1975 due to lag time in Planning Commission grant completion.
- 2) No line authority from the program director to the local BAs. QC Team and BAs would work for different organizations.
- 3) Human services have traditionally received a low priority in the Planning Commissions.
- 4) Planning District concept is still controversial.
- 5) Ambiguity re. whether BA role includes direct service provision given Planning Commission practice of not delivering direct services.

OPTION V: CHAPTER 10 AFFILIATION

1. Organizational arrangement--state level  
Located within DMH&MR. Position of Director of Mental Health and Mental Retardation Services Boards becomes director of the program and reports directly to the Commissioner. Commissioner of DMH&MR is Chairman of C of C.  
Coordination among state agencies for C of C.
2. Organizational arrangement--local level  
BAs become employees of local Chapter 10. CSC function absorbed by local Chapter 10 Coordinator  
Coordination among local agencies for A&P Team
3. Authority  
Statutory-existent  
Inter-agency contract/ccompact at state level
4. Funding source  
State and local (State for QC Team and local as usual for Chapter 10 support)
5. Manpower  
Existent
6. Geographic areas  
PD#6 and Portsmouth
7. Clientelle  
MI, MR
8. Program components  
A&P Team, BA, QC Team, AIS, C of C, C/B Analysis, Res. Dir.
9. Duration  
1 year - re-evaluation

Advantages:

- 1) Is consistent with the Chapter 10 mandate.
- 2) Local financial involvement in the program would enhance local commitment.

Disadvantages:

- 1) Difficult to move into this mode by July 1, 1975 due to the lag time in Chapter 10 grant completion.
- 2) No line authority from the Dir. of MH & MR Service Boards to the local BAs. QC Team and BAs would work for different organizations.
- 3) Expanding program would be at the mercy of the political negotiation process.
- 4) Low legitimation of service integration at the state level.
- 5) Eliminates JO clients.

## OPTION VI: INSTITUTIONAL AFFILIATION

1. Organizational arrangement--state level  
Located within DMH&MR. Program director reports directly to the Commissioner of DMH&MR. Chairman of the C of C is the Commissioner of DMH&MR.  
Coordination among state agencies for C of C.
2. Organizational arrangement--local level  
BAs become employees of the state institution  
Coordination among local agencies for A&P Team
3. Authority  
Statutory-existent  
Inter-agency contract/compact at state level
4. Funding source  
State
5. Manpower  
Existent - could shift institution staff into BA positions
6. Geographic areas  
PD#6 and Portsmouth
7. Clientelle  
MI, MR
8. Program components  
A&P Teams, BA, QC Team, AIS, C of C, C/B Analysis, Res. Dir.
9. Duration  
1 year - re-evaluation

### Advantages:

- 1) Institution has more control of the deinstitutionalization process by its participation in developing alternatives to institutionalization.
- 2) Strengthens the relationship between the institution social worker and the BA by their being members of the same staff.

### Disadvantages:

- 1) Lack of leverage of local staff to organize A&P Teams.
- 2) Separates mental health from mental retardation at the local level and exacerbates competition for scarce resources.
- 3) Erosion of relations between program director and the director of the institution re. who is responsible for the BAs.
- 4) Duplication of institution function.
- 5) Eliminates JO clients.

## OPTION VII: JUVENILE OFFENDER OPTION

1. Organizational arrangement--state level  
Located within the Department of Corrections. Program director reports directly to the Dir. of Corrections. Chairman of the C of C is the Dir. of Corrections.  
Coordination among state agencies for C of C.
2. Organizational arrangements--local level  
BAs become employees of local probation office. CSC function absorbed by Chief Probation Officer.  
Coordination among local agencies for A&P Team
3. Authority  
Statutory-existent  
Inter-agency contract/compact at state level
4. Funding source  
State
5. Manpower  
Existent
6. Geographic areas  
12 cities with 2 BAs assigned to each probation office
7. Clientelle  
JO
8. Program components  
A&P Team, BA, QC Team, AIS, C of C, Res. Dir.
9. Duration  
1 year - re-evaluation

### Advantages:

- 1) Restoration of a juvenile has very demonstrable individual, societal, and economic returns.
- 2) Reduces diversity of target clientelle.
- 3) Develops framework from which to incorporate SID program into adult offender population.
- 4) Offers possibility of phasing out state juvenile institutions.
- 5) Statewide implementation of the program would be reached in a shorter period of time than in the other options.

### Disadvantages:

- 1) Restricts agency involvement due to characteristics of the client group.
- 2) Would require accomodation between probation officer and BA functions.
- 3) Sacrifices data base and experience with MI and MR clientelle.

## CONCLUSION

The SID model contains the necessary components and procedures to serve as an operational framework for integrating the delivery of human services with respect to deinstitutionalization in Virginia.

## RECOMMENDATIONS

- That Alternative #1 (see THE PROBLEM) be selected.
- That one of the seven options under Alternative #1 be chosen.



Appendix B

Correspondence

DEPARTMENT OF HUMAN AFFAIRS  
OFFICE OF HUMAN AFFAIRS

DEPARTMENT OF HEALTH  
AND HUMAN SERVICES

COMMISSION ON THE  
VISUALLY HANDICAPPED

COMMISSION FOR  
CHILDREN AND YOUTH

DEPARTMENT OF WELFARE  
AND INSTITUTIONS

DEPARTMENT OF VOCATIONAL  
REHABILITATION

DEPARTMENT OF HEALTH

DIVISION OF PLANNING  
AND COMMUNITY AFFAIRS

EMPLOYMENT COMMISSION

DEPARTMENT OF EDUCATION

# COMMONWEALTH OF VIRGINIA



TRAVELLER BUILDING, SUITE 450  
1101 EAST MAIN STREET  
RICHMOND, VIRGINIA 23219  
(804) 770 7071

THE SID PROJECT  
SERVICE INTEGRATION FOR DEINSTITUTIONALIZATION  
(HEW, SRS, RSA)

September 6, 1974

Dr. Leonard Green, Executive Secretary  
Psycho-Social Studies  
Social and Rehabilitation Service  
Department of Health, Education and Welfare  
330 C Street, S.W.  
Washington, D.C. 20201

Dr. John Noble  
Social Services/Human Development  
Office of the Assistant Secretary for Planning and  
Program Evaluation  
Department of Health, Education, and Welfare  
Room 4544 North Building NEW  
330 C Street, S.W.  
Washington, D.C. 20201

Re: Grant #15-P-55896

Dear Doctors Green and Noble:

The committee of commissioners is in the process of deciding what to do with the SID model in Virginia after the grant period expires on June 30, 1975.

The executive committee of the committee of commissioners met on August 29, 1974 and decided to recommend to the full committee at the September 30 meeting that the SID model be continued after June 30, 1975.

It was clear that the executive committee, at its meeting, was expressing definite preference for federal funding to maintain the operation of the model for a fourth year, so that the prospect for state funding could be addressed at the time of preparation of the next biennium budget (January 1976).

Dr. Leonard Green, Dr. John Noble

Page 2

September 6, 1974

In reaching its position regarding continued federal funding, the executive committee reminded itself that of the \$2,025,000 total recommended support in the original grant award for the 3-year period only \$1,141,500 will actually have been expended come June 30, 1975. The executive committee reasoned that perhaps this "balance" of \$883,500 could be used to maintain the project for a fourth year with the understanding that a concerted effort would be made to have the state legislature support the program thereafter. The executive committee of course realized that it needed further clarification on the availability of this "balance" for this purpose.

To provide further background to you on where the decision process is at this time, I am enclosing a copy of the staff study prepared to assist the executive committee in reaching recommendations. Also enclosed is a copy of the minutes of the recent executive committee meeting, which give an abbreviated picture of the executive committee's thinking to date.

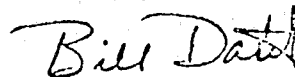
It would be extremely helpful to the committee of commissioners, in its deliberations, if you could provide guidance to the committee with respect to the probability/improbability of federal funding to support the SID model for a fourth year, i.e., from July 1, 1975 through June 30, 1976. Any "reading" you could give on the question posed above, or with respect to other possible, suitable funding vehicles would be greatly appreciated, I am sure.

Realizing the complexity of this problem, I am prepared to come to see you to discuss the matter prior to the meeting of the full committee on September 30. In this regard, let me suggest a possible date for me to visit you: Friday, September 20.

An alternative arrangement, which would have obvious advantages over my visiting you, would be for you to attend the committee of commissioners meeting on September 30 in Richmond. This way, the granting agency itself could state its position, offer its guidance to the committee, and the probability of a decision being reached on the direction in which to move would be enhanced.

I shall await word from you on your thinking as to how you feel you could be of assistance in this matter.

Sincerely yours,



William E. Datel, Ph.D.  
Project Director

WED:cfe

Enclosures

cc: Mr. William L. Lukhard, Chairman, Committee of Commissioners



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
SOCIAL AND REHABILITATION SERVICE  
WASHINGTON, D.C. 20201

September 12, 1974

REHABILITATION SERVICES  
ADMINISTRATIVE

Our Reference: 15-P-55896

William E. Datel, Ph.D.  
Project Director  
SID Project  
1108 East Main Street  
Richmond, Va. 23219

Dear Bill:

Thank you for your letter of September 6 in which you inquired about the possibility of an additional year of federal support for the SID project.

Unfortunately one aspect of the reasoning of the executive committee is in error. The amount of \$883,500 which they felt was a "balance," no longer exists. Let me explain why. The second year of the project was the time when we authorized a 12 month no funds extension. The money which was budgeted for that period, I believe it was \$650,000, then became available to us for other purposes and was so used. The money was fiscal year 1974 money (July 1, 1973 - June 30, 1974) and could only be expended during that period. The money the grant received for the current grant period, July 1, 1974 - June 30, 1975, was fiscal year 1975 money. We have not budgeted nor planned for any further support for the project for fiscal year 1976. Therefore, no "balance," in the sense implied in your letter, exists.

Both Dr. Noble and I were pleased to learn of the decision made by the Committee of Commissioners to continue the SID model after June 30, 1975. It tends to support the wisdom of our original recommendation for approval of the project. (It's always nice to learn of other recommendations in support of ours). Their decision to continue also reflects favorably on what you, as Project Director, have been able to accomplish on the State level. In line with that, however, is the need we have for the data on the process and outcome of the services integration and de-institutionalization as developed, tested and practised by the SID project. It would be disadvantageous for us to be put in a position to wait an additional full year to receive the final report on the SID process; especially on the cost data and outcome variables. Our original planning had a three year time span built into it and an additional twelve months would alter seriously our next step in terms of guidelines, procedures, etc.

Page 2 - William E. Datel, Ph.D.

I spoke at length with Dr. Noble today about your letter, as he was due to depart on official travel, and the statements in this letter are the result of our discussion. I expect him to be back in Washington during the week of September 16 and we will call you about the September 20 or September 30 possibilities of getting together.

Sincerely yours,

A handwritten signature in dark ink, appearing to read "Leonard R. Green", written in a cursive style.

Leonard R. Green, Ph.D.  
Executive Secretary  
Psycho-Social Studies

cc: Dr. J. H. Noble, Jr.

THE HONORABLE OTHEL BROWN  
SECRETARY OF HUMAN AFFAIRS

WILLIAM A. ALLERTON, MD  
DEPARTMENT OF MENTAL HEALTH  
AND MENTAL RETARDATION

MR. WILLIAM T. COFFAGE  
COMMISSIONER OF THE  
VISUALLY HANDICAPPED

MR. JAMES E. HUNTER  
COMMISSIONER FOR  
CHILDREN AND YOUTH

MR. WILLIAM L. LUKARD  
DEPARTMENT OF WELFARE  
AND INST. T. AND

MR. DON W. GUSSELL  
DEPARTMENT OF VOCATIONAL  
REHABILITATION

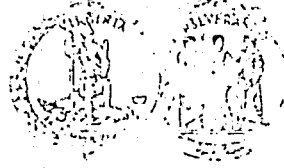
MR. J. SHANHOETZ, MD  
DEPARTMENT OF HEALTH

MR. CHARLES A. CHRISTOPHERSEN  
DIVISION OF PLANNING  
AND COMMUNITY AFFAIRS

MR. WILLIAM L. HEARTWELL, JR.  
EMPLOYMENT COMMISSION

MR. IRON W. WILKERSON, ED.D.  
DEPARTMENT OF EDUCATION

# COMMONWEALTH OF VIRGINIA



THAT THE BOARD OF  
THE LAST NAME OF  
THE COMMONWEALTH OF VIRGINIA  
(804) 776-1111

THE SID PROJECT  
SERVICE INTEGRATION FOR DEINSTITUTIONALIZATION  
HEW, SPS, PSA

September 20, 1974

Dr. Leonard Green, Executive Secretary  
Psycho-Social Studies  
Social and Rehabilitation Service  
Department of Health, Education and Welfare  
330 C Street, S.W.  
Washington, D.C. 20201

Dr. John Noble  
Social Services/Human Development  
Office of the Assistant Secretary for Planning  
and Program Evaluation  
Department of Health, Education and Welfare  
Room 4544 North Building HEW  
330 C Street, S.W.  
Washington, D.C. 20201

Re: Grant #15-P-55896

Dear Doctors Green and Noble:

Thank you for your letter of September 12, 1974. As I told Dr. Green  
in our telephone conversation this morning, the full committee of  
commissioners has yet to decide the question of whether or not the  
Commonwealth of Virginia should adopt the SID model.

Dr. Green's letter and phone call serves to clarify the fact that  
the probability of RSA-ORD-SRS funding for a fourth year approximates  
zero. I do not know to what extent this crucial information will  
color the decision of the full committee on September 30. I am  
appreciative that you have been able to specify the "realities" of  
the granting agency's position with respect to further funding.

Trying to look ahead into what is obviously a somewhat uncertain future,  
I have a formal recommendation which, I, as SID project director, should  
like to submit to the granting agency at this time.

Drs. Green and Noble

-2-

September 20, 1974

I infer from your letter of September 12 that the granting agency has in mind for the future some kind of distribution or utilization procedure with respect to the SID model.

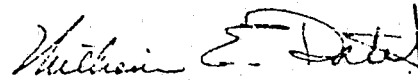
If the granting agency indeed wishes to encourage utilization of the SID model in other states, I feel it would be unwise to wait for the final packaged report. Instead, I recommend that the granting agency take steps now to promote utilization of the model.

If such steps are taken immediately, while the SID model is alive (i.e., has existent staff to assist in consultation, guidance, etc. and can be witnessed in demonstration), the chances are increased that interested parties can receive direct, first-hand acquaintance with the procedure rather than have to rely strictly upon written description and documentation. In other words, were the granting agency to move immediately toward utilization it could capitalize on the on-going demonstration and the expertise of the present operators of the system (i.e., A&P Team members, broker advocates, SID development staff, etc.). If the project were to expire in Virginia after June 30, 1975, any future utilization of the model by other states may be severely compromised as a result of demise here. In the latter eventuality, the full value of the federal investment would be apt to go unrealized.

As a step in this direction, I am enclosing materials which describe the project and which may be of use to the granting agency in its development of any such promotional arrangement for utilization/implementation.

As a staff we stand by to offer whatever we can contribute toward furthering a procedure which we feel can bring renewed life to thousands of "displaced" American citizens. I feel that effective encouragement for implementation of such a procedure in other states is in the domain of the granting agency and I herewith recommend that such action be taken by the granting agency while the SID model is in operation on a demonstration basis in Virginia.

Sincerely yours,



William E. Datel, Ph.D.  
Project Director

WED:cfe

Enclosures: Brochure  
Address to APWA  
Paper describing SID model

cc: Mr. William L. Lukhard, Chairman, Committee of Commissioners

HONORABLE OTIS L. BROWN  
SECRETARY OF HUMAN AFFAIRS

WILLIAM S. ALLERTON, M.D.  
DEPARTMENT OF MENTAL HEALTH  
AND MENTAL RETARDATION

MR. WILLIAM T. COPPAGE  
COMMISSION FOR THE  
VISUALLY HANDICAPPED

MRS. JUDITH A. LAU  
COMMISSION FOR  
CHILDREN AND YOUTH

MR. WILLIAM L. LUKHARD  
DEPARTMENT OF WELFARE

MR. DON W. RUSSELL  
DEPARTMENT OF VOCATIONAL  
REHABILITATION

MACI I. SHANHOLTZ, M.D.  
DEPARTMENT OF HEALTH

MR. EDWIN L. WOOD  
OFFICE ON AGING

MR. FRED P. YATES  
COUNCIL FOR THE DEAF

MR. CHARLES A. CHRISTOPHERSEN  
DIVISION OF PLANNING  
AND COMMUNITY AFFAIRS

MR. JACK F. DAVIS  
DEPARTMENT OF CORRECTIONS

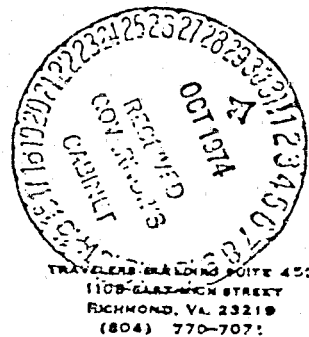
MR. WILLIAM L. HEARTWELL, JR.  
EMPLOYMENT COMMISSION

WOODROW W. WILKERSON, ED.D.  
DEPARTMENT OF EDUCATION

# COMMONWEALTH OF VIRGINIA



## THE SID PROJECT SERVICE INTEGRATION FOR DEINSTITUTIONALIZATION (HEW, SRS, RSA)



October 30, 1974

The Honorable Otis L. Brown  
Secretary of Human Affairs  
Office of the Governor  
P.O. Box 1475  
Richmond, VA 23212

Dear Secretary Brown:

This is to inform you officially of action taken by the  
Committee of Commissioners of the SID project.

At the Executive Committee meeting held on October 28,  
1974, a motion that included the following recommendations  
was passed unanimously:

- 1) That the SID staff be commended for its work on the  
state plan it recently submitted to the Secretary of  
Human Affairs and to the Committee of Commissioners;
- 2) That the SID program be continued as outlined in the  
plan for the remainder of the current biennium;
- 3) That the organizational move placing SID directly  
under the Secretary of Human Affairs occur after  
thorough investigation by the Secretary and with  
the urging by the Committee of Commissioners to the  
Secretary that the Secretary continue to use the  
services of the Committee of Commissioners;
- 4) That the Secretary be urged by the Committee of  
Commissioners to obtain federal funding for the  
remainder of the current biennium;



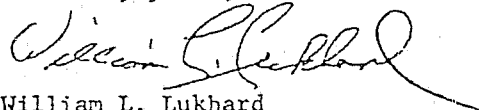
The Honorable Otis L. Brown  
Page 2  
October 30, 1974

- 5) That, in failing to obtain federal funds, maximum efforts be made by the participating department heads serving on the Committee of Commissioners to obtain matching funds to support the SID project for the remainder of the current biennium;
- 6) That, prior to extending the SID program into the forthcoming biennium (1976-1978), the new organizational structure in which it is recommended that it operate for the 1975-1976 year be reviewed, particularly in view of possible impending change in overall state organization.

May I also indicate, if you are in agreement with the Committee's recommendations to you, the matter of urgency in obtaining firm knowledge of funding support for the 1975-1976 year. Unless the program's continuance receives firm assurance within the next two or three months, attrition of the present staff can be expected and the effort will suffer accordingly.

The above recommendations are respectfully submitted on behalf of the Committee of Commissioners.

Sincerely yours,



William L. Lukhard  
Chairman, Committee of Commissioners

WLL:cfe

NOV 15 1974



OTIS L. BROWN  
SECRETARY OF HUMAN AFFAIRS  
910 CAPITOL STREET  
RICHMOND 23219

COMMONWEALTH OF VIRGINIA  
OFFICE OF THE GOVERNOR

November 11, 1974

11/4  
DEPT. OF MENTAL HEALTH AND  
MENTAL RETARDATION

Refer to \_\_\_\_\_

Mr. William L. Lukhard  
Director  
Department of Welfare  
201 East Cary Street, Room 502  
Richmond, Virginia 23219

Dear Bill:

I have reviewed your letter of October 30 concerning the action taken by the Executive Committee of the SID Project. I commend the Executive Committee for this action and I think it was sound, positive, and affirmative.

I would like to see the SID Project continue, as outlined, for the remainder of the current biennium. I am prepared and willing to begin negotiations with the appropriate federal agencies for funding to retain the program for the last year of this biennium.

I would like to discuss with you the possible utilization of Title XX funds to be matched by various state agencies for 1975. I have discussed with Mr. William Morrill of HEW the possible utilization of resources through the proposed Title XX. He is willing to discuss the entire project with appropriate officials from the Commonwealth. I have also talked with Mr. Gorham Black, Director, Region III, to solicit his advice on the matter. He has also expressed a willingness to listen to presentation from the State of Virginia and to determine how he can be of assistance.

Therefore, I would appreciate an opportunity to meet with you and Dr. Datel, and any other officials you might desire, to discuss the various funding options that are available to us for 1975, as well as the possibility of funding in following years.

Very truly yours,

Otis L. Brown

cc: Dr. William S. Allerton  
✓ Dr. William E. Datel

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# COMMONWEALTH OF VIRGINIA

NOV 12 1974

Plaza Bldg.  
201 E. Cary Street  
Richmond, Virginia 23219



William L. Lukhard  
Commissioner  
Robert L. Mosden  
Deputy Commissioner

## DEPARTMENT OF WELFARE

November 4, 1974

William E. Datel, Ph.D.  
Director, The SID Project  
Travelers Building, Suite 450  
1108 East Main Street  
Richmond, Virginia 23235

Dear Bill:

I wish to commend you and every member of the SID staff for the thought, work, and action which went into the recent plan you submitted to the Committee of Commissioners on extension of the SID model. It is the best report of its type that I have ever seen produced in Virginia. It is comprehensive, understandable and clear.

By your developmental effort, by the dedication of the broker advocate, and by the foresight represented in the planning document your staff prepared, you have moved the Commonwealth a significant step closer to establishing a progressive human services delivery system in Virginia.

Please relate to every member of the SID staff that I am personally deeply appreciative and respectful of your collective contribution.

Sincerely yours,

William L. Lukhard, Chairman  
SID Committee of Commissioners

dln

*Valley Community Mental Health  
and Mental Retardation Services Board*

*Box 269A, Fishersville, Virginia 22939*

703 885-4670

*enterprise 491*

*Charles B. Shaffer  
Program Coordinator*

November 14, 1974

Mr. William L. Lukhard, Chairman  
Committee of Commissioners  
The SID Project  
Travelers Building, Suite 450  
1108 East Main Street  
Richmond, Virginia 23219

Dear Mr. Lukhard:

On October 24, 1974 the PD #6 A & P Team discussed the "Plan for Continuation of SID Program Beyond June 30, 1975." You are familiar with the results of that meeting as related to the Executive Committee of the Committee of Commissioners on October 28, 1974 by the SID staff.

The A & P Team recommended that, as acting chairman of the October 24th meeting, I summarize the issues raised by team members regarding the plan and submit a statement to the Commissioners.

Underlying concern centered on the de facto development of the plan without input from the team. The SID "model" itself was supported. The team concept, where agency representatives communicate service capability/responsibility relative to individual and community needs, is the keystone of the process. No team member underestimates the benefits of this structure for future planning and delivery of services. The education and documentation of needs and service deficiencies is recognized as a major benefit of the project.

The team was concerned about the "ideal" prescription. While this policy documents the gaps, deficiencies, and needs in the community, to perpetuate this approach, exclusive of a plan for the development of needed treatment modalities, seems futile. The communities need to focus on the "real" service capabilities and how they can be coordinated and expanded. The Plan for

Page 2.

Continuation was interpreted as postponing the action necessary, at both the state and local level, to meet those documented needs.

The role of the Broker Advocate was discussed; not discounting the need for client advocacy, but questioning the placement of priorities. Ensuring the delivery of existing services will certainly help but the need for the additional services SID has documented seems foremost. Residential facilities: halfway houses, group homes, homes for adults; social clubs; sheltered workshops, activity centers; respite care services are critically needed. Partial hospitalization and in-patient facilities for the number of admissions to, and assist in the early discharge from, Western State Hospital.

A logical continuation of the SID concept would be the integration of agency participation in the development of community services. The team is the coordinating mechanism at the local level to review individual and community needs. The programs and facilities mentioned above are utilized, and should be supported, by the agencies participating in the SID Project.

The PD #6 A & P Team commends the local SID staff for their commitment and professionalism in providing the team with their valuable information and assistance. We believe this project has been an important demonstration of a practical and important model.

Sincerely,

Charles B. Shaffer  
Vice Chairman  
PD #6 A & P Team

CBS/sw

## Health Director Denounces SID

Dr. Malcolm Tenney, Health Department Director, said Monday the Service Integration for Deinstitutionalization (SID) "is doing more harm than good," and "should be discontinued because it has become a third party between mental hospitals and local governments."

Dr. Tenney denounced SID at the Rockbridge County Board of Supervisors meeting.

SID, funded through the Federal government and Virginia agencies, was founded to demonstrate that integrating existing service agencies with the state institutions for the mentally ill, will establish a coordinated network of service to institutions

residents and who will be returning to the community. SID is scheduled to be funded for three years, through June 1975.

Tenny told the Board that SID has "told us that we have a mental health problem, something we

already knew before the project began." He said next year the program will spend an estimated three-quarters of a million dollars, and its termination is not in sight.

Board Chairman T.S. Dixon labeled the program a "financial burden," and was advised by Tenny to send a written opinion to the SID headquarters in Richmond.

Tenny feels that while SID does not actively work to get people out of mental institutions, it has become a middle man between mental hospitals and local governments.

Funds for the project come from the Department of Health, Education and Welfare, through the Rehabilitation Service Administration. Matching funds come from nine Virginia state agencies including the Dept. of Mental Hygiene and Hospitals, Commission of Visually Handicapped, Commission for Children and Youth, Dept. of Welfare and Institutions, Dept. of Vocational Rehabilitation, Dept. of Health, Employment Commission, Division of Planning and Community Affairs and the Dept. of Education.

## Tenney Finds State Program Inadequate

Dr. Malcolm Tenney, regional director for the state health department, said Monday that state institutions should not release patients until "there is a decent place to put them." Tenney, talking to the Rockbridge County Board of Supervisors Monday morning, was referring to the deinstitutionalization program of the state that placed many patients in state mental hospitals on a

"voluntary" status Nov. 1. He also said that the Service Integration for Deinstitutionalization program (SID) "has not accomplished much... and is able to account for the release of perhaps no more than one patient in Rockbridge." He explained that there is also a state deinstitutionalization program "which is getting them out."

The state institutions hope to release 10 per cent of their populations every year until "they get down to workable programs."

He said it is his feeling and the feeling of the board that reviews the policies of SID that the program should not be continued. "It has spent an awful lot of money and really has just shown that we have a problem we already knew about."

Supervisors' chairman Thomas Dixon said he agreed with Tenney when the doctor said SID "is wasting money."

Tenny reported that while Rockbridge County had 31 residents released from Western State Hospital in Staunton last year, 24 patients were admitted. Of the 31 Rockbridge residents released, only eight returned to this area and two more from other planning districts also settled here.

## SID Program Hit By Health Director

Health Officer Dr. Malcolm Tenney last night gave the city a check, a report on patients released from Western State Hospital and took a verbal swipe at the Service Integration for Deinstitutionalization (SID) program.

The \$3,186.25 check represents Waynesboro's portion of the Health Department's earnings and an overpayment toward last year's budget.

According to Dr. Tenney, 49 legal residents of Waynesboro were released from WSH during the July 1, 1973 to June 30, 1974 period. During that same time, he said, 52 legal residents were

admitted. In all, counting those from other parts of the Sixth Planning District and other planning districts, 87 persons were released to the Waynesboro area, he reported.

"SID did practically none of these," Dr. Tenney said. "You might say," he continued, "that the project is an experiment. All they (SID workers) have done is what we knew before they started" gathering information.

He said that he, personally, is opposed to continuation of the pilot project. He seemingly referred to the desire of SID to apply for a pilot project grant on delivery of human services.

"Now that we have the statistics," Dr. Tenney said, "community agencies have to get together and solve the problems and I don't think a third agency (SID) in the middle is going to help us."

He indicated that there is more to be done than just getting people released from Western State. "Many times there is no place for these (released) people to go," he said. "We need more planning."

Dr. Tenney said that the SID budget is larger than is his for the health department.



THE NEWS-VIRGILIAN, Waynesboro, Va. Friday, November 15, 1974 9

## Health Officer States SID Continuation 'A Detriment'

By N-V Staff Writer

STAUNTON — Continuation of the state's Service Integration for Institutionalized (SID) program beyond its current date of next June 30 will "interfere" with local efforts to mental health and mental retardation services, Regional Health Officer Dr. Melvin Tenney Jr. said last night.

Dr. Tenney told the Staunton City Council he is "concerned" about reports that the locally-funded pilot project may be extended beyond its original three-year life span.

"I can't imagine why it would be extended; it will only be a detriment in our community to getting the problem that we have solved," Dr. Tenney said.

Local agencies involved with mental health and mental retardation services need to be adequately staffed to meet the community needs, Dr. Tenney told the Council, and that the

money spent for SID could be put to better use.

He noted, for instance, that SID has claimed credit for getting 42 patients released from Western State Hospital since the program began. "They have spent a couple of million dollars in two and a half years; that's a rather expensive way to get people out of the hospital," he said.

In contrast, Dr. Tenney said that the Western State Hospital staff has arranged for the release of 1,971 patients in only a year's time, 415 of them from the Central Shenandoah Planning District, where SID's responsibility has.

Local hospital staff and the staffs of local mental health service agencies are "better

equipped" to handle the job than is SID.

Dr. Tenney said he has been opposed to the SID program from the beginning, declaring it a waste of money, and is even more opposed to it now after seeing its operation.

Their job, he said of SID employees, was to discover the needs of deinstitutionalized patients. "We know what these needs were two and a half years ago, but we couldn't document them," he said.

He credited SID with doing "an excellent job" in documenting these needs, but said SID should be disbanded at the end of the three-year study period after publishing its findings "so we can get started on solving the problems."

If SID continues beyond the end of June, he said, it will fill the gap between institutional staffs and local agencies. "They (SID employees) are neither fish nor fowl and they can't solve our problems, which can only be solved by the communities, not by a third agency," he said.

Dr. Tenney had told the Waynesboro City Council Monday night of his concerns about the possible continuation of the SID project, and asking for "interference."

Following Dr. Tenney's remarks last night, Mayor Frank R. Ponce said he sees the problem as one where the Council "must make a decision as to whether or not it would be considered at another meeting."



## Put a LID on SID

They call it SID. The letters stand for Service Integration for Deinstitutionalization. Need more be said?

Well, yes. Since the name will be cropping up again in the news, you may want to read on.

For a cool \$2 million, taxpayers are subsidizing a three-year pilot study in two areas of Virginia, the Central Shenandoah Planning District (of which Waynesboro is a part) and the city of Portsmouth.

The purpose? In the words of SID itself, "to integrate available and existing services in a community and throughout the planning district to provide more service to those individuals who are leaving the institutions for the mentally ill, mentally retarded and juvenile offender, and who are returning to the community . . . (and to) help the individual remain in the community."

To accomplish these lofty goals, and to dispose of the \$2 million federal grant SID sports a complement of 40 people, including a two-man "directoriate," a four-member "resource utilization team," a three-person "information system," a five-member clerical staff, two "community services coordinators," two "chief broker advocates," 11 "broker advocates" and 11 "broker advocate assistants."

Not all members of this army, you understand, work right here. Some are at the central office in Richmond and some in Portsmouth, thus spreading the wealth.

Simply in passing, may we ask why it is that social-welfare experiments such as this, even before they get off the ground, literally beg suspicion of their value by using such foreboding terms as directoriate, utilization team, broker advocate . . . not to mention Service Integration for Deinstitutionalization?

Almost sounds like a Communist takeover.

Back to the subject at hand, it is reasonable to ask what kind of job SID has done in its first two and a half years. For the answer, one must rely on the comments of professionals in the field of mental health.

Among these, the feeling appears almost unanimous: SID has performed a service in documenting community needs, but otherwise it has failed to justify the high cost of its existence. Persons who have come in contact with SID tell of inexperienced personnel stirring up confusion and apprehension in mental patients; they tell of duplication and interference with existing agencies; they tell of a very limited number of success stories for the study team.

The SID project ends next June 30, none too soon. What gives rise to concern, however, are those persistent reports the program may be extended. Regional Health Officer Dr. Malcolm Tenney, a gentleman of unquestioned integrity, views this possibility as "only a detriment in our community to getting the job done that we have to do . . . SID is a rather expensive way to get people out of the hospital."

Members of the district planning commission and the governing bodies they represent should pay heed. However noble the goals, however well-intentioned the personnel, this project has run the course. After three years and a couple of million dollars, it's fantasy to believe that any further contributions SID might make to our fund of knowledge could be worth the price of an extension.

The district commission, if it has any feeling at all for the taxpayer, will take appropriate action to call a halt.

Minutes of  
December 13, 1974 meeting  
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December 17, 1974

Chairman Lukhard called the meeting to order at 9:05 a.m. He regretted that more members of the Executive Committee could not be present, but he assured the members present from the two PD #6 A&P Teams (WSH and LTS&H) that the Executive Committee was interested in what they had to say and were very willing to listen to their comments regarding their decision not to endorse continuation of the SID project. Mr. Lukhard asked Dr. Datel to bring everyone up to date on the events which had led to this particular meeting.

Dr. Datel turned to the original SID proposal for guidance on the questions of (a) extension of the model beyond the target areas and (b) extension of the procedures to include non-institutionalized handicapped individuals. Dr. Datel then summarized the background of happenings which led to this meeting. In the January 1974 progress report section of the continuation application submitted to the granting agency, December 1974 had been set as the target date for a decision by the state whether to continue or delete the project. At the July 31, 1974 meeting of the Executive Committee, the Committee charged the SID staff to prepare an option study. At the August 29 meeting, this option study was presented to the Executive Committee and discussed. The Executive Committee then voted to endorse continuation of the project and to recommend same to the full committee-as-a-whole at its September meeting. At the September meeting, extension was approved by the full committee and a motion was made for Secretary Brown to find funding to keep the project alive. Secretary Brown charged the committee to come up with a plan prior to his finding such funds. The committee then charged the SID staff to prepare a detailed plan. The Executive Committee, acting in behalf of the full committee, approved the plan on October 28, 1974 and forwarded its recommendations accordingly to Secretary Brown in a letter from Mr. Lukhard signed on October 30, 1974. At the same time there were three rather important happenings at the local level: August 24: The entire day was given over to evaluation of the SID model at the WSH A&P Team meeting. The same agenda was followed at LTS&H at a September 5 meeting. October 24: At WSH the PD #6 Team discussed the plan to continue SID and voted against continuation as proposed in the plan.

Mr. Lukhard called on Mr. Cavanaugh, chairman of the PD #6 A&P Teams, to then summarize the PD #6 point of view.

Mr. Cavanaugh first read letters from Mrs. Mildred King, VEC representative on the LTS&H Team, and from Dr. Nelson, Director of LTS&H, since they could not be present, but wanted their views made known to the combined membership. Mr. Cavanaugh then went on to present a list of items that concerned the A&P Team members:

1. There has been no mention of how the needed services that have been documented will actually be established.
2. Question of economics: Where is the money going to come from to operate the SID project?

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3. SID model should be the responsibility of local agencies rather than having SID separate and apart from the existing agencies. The BA could work for welfare, health, or Chapter 10.
4. Chapter 10 operates Project Outreach: Advocates could function in this role.
5. Patient advocates could function as a part of WSH.
6. Investigate service integration procedures under SB 517.
7. We need staff to operate the programs we now have rather than have additional programs.
8. Should we keep on establishing facilities or try better ways to utilize existing resources?
9. We need to strengthen existing agencies and fund what has already been mandated.
10. SID data are based only on people in institutions; we need to know the needs of MI/MR in the community also. There are more of the latter.
11. There is a need for client advocacy but this is the responsibility of service workers now in agencies. We should use money to hire and train more staff to deliver needed services.
12. Monitoring: Who will make sure the services are being delivered? Will the BA truly remain a patient advocate?
13. Get the procedure back to an operational, realistic level; get away from an idealistic approach.
14. Facts and figures are needed at the worker level.
15. A&P Team: Involves more people than necessary. Clients have to wait too long to come before SID. Too detailed work.
16. Question of how we should continue. Must have service integration at service level. Needed facilities be addressed at state level.
17. How to plug into the proposed integration plan under SB 517?
18. Has community ignored MR services?
19. Third agency: This is organizationally unsound if it reports to Secretary Brown.

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December 17, 1974

Dr. Tenney then raised similar questions:

We need a commitment from the state as to how we will get the facilities that are needed. Now is the time to devise a plan to implement the findings from the SID project. We have concern as to where the money is coming from to support BA's. Would this mean taking a portion from each agency budget?

Dr. Hansen: SID put the plan on the institutions and agencies without any warning in advance. They sprung the 60-page plan on the A&P Team without any warning. The people at LTS&H who voted "Yes" hadn't read the proposal. A lot of the BA's were turned off by this proposal, too. Is this meeting going to matter? Are you going to listen to us and are you likely to change your recommendation to Secretary Brown?

Mr. Lukhard assured Dr. Hansen that the Executive Committee was willing to listen to the concerns of the PD #6 A&P Teams as openly and as objectively as possible.

Mr. Shaffer: SID should help the localities develop their model.

Mr. Driver: Look at the level of cooperation in PD #6 even before SID.

(Mr. Russell entered).

Dr. Witt: I am surprised that anyone would even ask to continue SID. SID was a demonstration project and the needs were documented, so why continue? Go ahead to the legislature and ask for what's needed.

Ms. Henderson: Want to clarify something Dr. Hansen said a while ago. The BA's do indeed support the proposal to continue the plan.

Mr. White spoke in favor of continuing the SID model. He said that it contains a viable means of getting communities and institutions together, relocating clients and establishing accountability.

The discussion continued with the upshot of it being that the Executive Committee reassured the A&P Team members that no one wanted to force SID on them if they didn't want it. Perhaps another locality could be found to house the project or SID could continue only in Portsmouth. The thing to consider here is if in phasing the project out of PD #6 would the gains made under the project be lost?

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Mr. Lukhard pointed out that he felt another year of study was necessary; it was felt so by the Executive Committee. The cost/benefit data will not be in until later and it is too early to dismiss the procedures developed to date. He responded to the Team's idea of using SB 517 to begin a service integration project by saying that there were no funds to support this piece of legislation.

Mr. Russell pointed out that it will become more and more true in the future that in order to obtain federal monies plans will have to be accompanied by procedures enabling simultaneous program evaluation and accountability monitoring.

Dr. Tenney summarized the viewpoint of the team by saying that the money used on SID could be better spent in hiring for existent positions and training existent personnel, particularly in the case of community mental health clinics. SID has done its job--it has documented the needs in PD #6. The thing to do now is to go to the legislature and have some of these documented needs taken care of.

Dr. Allerton: I have not heard here today any issue that was not raised by the Executive Committee. Even though you felt the demonstration is over, the Executive Committee did not think it was over. We may lose some of the gains that have been made to date if we call SID off now without another year of operation. The committee will opt for continuation of the project somewhere if not in PD #6.

Mr. Cavanaugh suggested that the A&P Team submit alternatives to the SID plan for extension and asked Mr. Lukhard if the Executive Committee would entertain such alternatives. Mr. Lukhard answered that the Team's suggestions would most certainly be considered within the context of existent constraints.

The meeting adjourned at 11:05 a.m.

rcfe

JAN 22 1975

THE HONORABLE OTIS L. BROWN  
SECRETARY OF HUMAN AFFAIRS

WILLIAM S. ALLESTON, M.D.  
DEPARTMENT OF MENTAL HEALTH  
AND MENTAL RETARDATION

MR. WILLIAM T. COPPAGE  
COMMISSIONER FOR THE  
VISUALLY HANDICAPPED

MRS. JUDITH A. LAU  
COMMISSIONER FOR  
CHILDREN AND YOUTH

MR. WILLIAM L. LUKHARD  
DEPARTMENT OF WELFARE

MR. DON W. RUSSELL  
DEPARTMENT OF VOCATIONAL  
REHABILITATION

WACK I. SHANNOLTE, M.D.  
DEPARTMENT OF HEALTH

MR. EDWIN L. WOOD  
OFFICE ON AGING

MR. FRED P. YATES  
COUNCIL FOR THE DEAF

# COMMONWEALTH OF VIRGINIA



TRAVELERS BUILDING SUITE 480  
1108 EAST MAIN STREET  
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609 N. Coalter Street  
Staunton, Virginia 24401

## THE SID PROJECT SERVICE INTEGRATION FOR DEINSTITUTIONALIZATION (HEW, DHE, RSA)

January 17, 1975

MR. CHARLES A. CHRISTOPHERSEN  
DIVISION OF PLANNING  
AND COMMUNITY AFFAIRS

MR. JACK P. DAVIS  
DEPARTMENT OF CORRECTIONS

MR. WILLIAM L. HEARTWELL, JR.  
EMPLOYMENT COMMISSION

WOODROW W. WALKERSON, ED.D.  
DEPARTMENT OF EDUCATION

TO: Committee of Commissioners

FROM: A&P Team, Planning District Six

SUBJECT: Response to the Proposal for Continuation of the  
SID Project

The A&P Team of PD 6 met on Thursday, January 16, 1975, and wishes to express to the Commissioners its concern that the understanding reached at the outset of the SID Project be honored. It was the Team's understanding that documentation of need for resources would result in additional funding for human service programs. (See enclosed statistics which document this need.) The Team feels strongly that the need for resources and services has been documented by the data collected to date. The desire for additional long range data for cost/benefit analysis does not justify a delay in provision of resources and personnel.

If the Committee of Commissioners intends to continue the SID Project, the Team would support this continuation in Planning District 6 for one further year. However in this event, certain modifications should be made in the Project for that year.

### 1. Recommendations regarding the Team:

- a. That local or regional teams be developed for the purpose of assessment and prescription. These teams would be composed of service workers in the local health, welfare and mental health agencies, with the addition of institutional personnel as needed. Other resource people from other agencies would be requested to participate as appropriate. This team would select its own chairperson and conduct its own meeting on the SID model.

Memo to Committee of Commissioners

Page 2

January 17, 1975

- b. Four regional teams are suggested: one to serve Rockingham and Harrisonburg, one to serve Staunton, Waynesboro and Augusta County, and one to serve Lexington, Buena Vista and Rockbridge, and one for Highland and Bath Counties.
  - c. The A&P Team, as it now exists, would continue but would meet monthly or bi-monthly to deal with problems and red tape; to hear progress reports from the local teams; to relate to the Planning District as a whole; and to make recommendations to the Commissioners. Chairpersons of regional teams would sit on the A&P Team.
  - d. The chairperson of the PD 6 Team would be included in the meeting of the Committee of Commissioners.
2. Recommendations regarding the Broker Advocate:
- a. The Broker Advocates would be assigned to a local-regional team and would have office space within the region.
  - b. Where possible, in addition, the Broker Advocate would be assigned to work with the Chapter 10 coordinator in coordinating services and developing community resources.
  - c. Supervision for the Broker Advocate would be provided by a Broker Advocate Supervisor in each region and the SID Project coordinator in the Planning District SID office.

MS/cv

10  
Catal  
A Clipping From

## VPA NEWS CLIP BUREAU

1 N. 5th St.  
Richmond, Va. 23219

BUENA VISTA NEWS,  
Buena Vista, Va.  
JAN 30 1975

# SID Extends Services For Another Year

The Assessment and Prescription Team of the Service Integration for Deinstitutionalization Project in Planning District 6 recently approved a Task Force recommendation to continue the SID Project one more year.

The Team members are representatives from institutions for the mentally ill and mentally retarded and community agencies.

The following are the names of Team members: Dr. Hobart Hansen (Western State Hospital), Dr. Graham Bonfatti (Catawba Hospital), Dr. Nancy Witt (deJarnette), Mr. Charles Shaffer and Mrs. Mary Bradshaw (Mental Health and Mental Retardation Services Board), Mrs. Dana Whipple (Health Department), Miss Phyllis Showalter (Virginia Employment Commission), Mr. Bob Hammen (Planning District Commission), Mr. Joseph Huffman and Mrs. Elizabeth Payne (Vocational Rehabilitation), Mr. Don Driver (Welfare Department), Mr. Edward Thurston (Commission for the

Visually Handicapped), Mr. Carson Good and Mrs. Lucille Williams (Mental Health Center), and Mr. Jack Cavanaugh (Education).

The Team studied the strengths and weaknesses of the existing Project to reach their decision and expressed to the Commissioners of the state agencies their concern that promises made at the outset of the SID Project be honored.

The Team felt strongly that the need for resources and services has been

documented by the data collected to date. The desire by the Commissioners for additional long range data for cost-benefit analysis does not justify a delay in provision of resources and personnel.

If the Committee of Commissioners intends to continue the SID Project, the Team would support this continuation in Planning District 6 for one further year. However, in this event, certain modifications should be made in the Project for that year.



**TIDEWATER ASSOCIATION FOR RETARDED CITIZENS, INC.**

906 INGLESIDE ROAD - NORFOLK, VIRGINIA 23502

855-3083

NOV 1 1974

VINCENT E. ARMSTRONG  
PRESIDENT



MRS. CAROLYN M. STRICKLAND  
EXECUTIVE DIRECTOR

October 30, 1974

William L. Lukhard, Director  
Department of Welfare  
429 South Belvidere Street  
Richmond, Virginia 23320

Dear Mr. Lukhard:

I have received a copy of a proposed plan to extend the SID Project, and I want to share some observations with you, not only as an administrator of a community agency, but also as chairman of the Portsmouth A & P Team.

TARC has had many opportunities in the past to deal with problems of people returning from institutionalization, and we are now working closely with the SID Broker Advocates on a daily basis. We find the Project to be extremely helpful in many ways, especially the work of broker advocates in coordinating the many services needed by the returnee. We also find that the A & P Team approach to prescriptive service programming has been helpful in choosing which people are most appropriate for return to the community, as well as bringing to bear the best mix of services for those who have been considered by the A & P Team.

I support very strongly the proposed plan to extend SID. This is a most needed program, and should be continued as a separately identifiable agency, which can provide its services without other considerations. I am eager to see how the state responds to the results of the research component, which should indicate gaps and overlaps in the services available in the community.

As chairman of the A & P Team I must point out that the sense of our most recent meeting was essentially a unanimous desire for the continuation of the SID project. No formal resolution was made simply because it did not occur to anyone there that it would be necessary. We like the way the project is going, and there is a continuing heavy contribution of time by the A & P Team members, which indicates that we feel that it is worthwhile and useful.

68

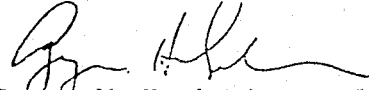
Wm. L. Lukhard  
SID Project

2

October 30, 1974

I am pleased to be a part of the SID Project; I hope it continues in approximately its present form.

Very truly yours,

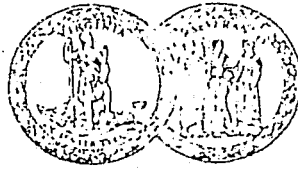


George M. Hendrickson, ACSW  
Assistant Director

GH/ms

cc: Otis Brown, Secretary of Human Affairs  
Wm. Datel, SID

COMMONWEALTH OF VIRGINIA



CENTRAL STATE HOSPITAL  
P. O. BOX 4070  
RICHMOND, VIRGINIA 23201

LEO E. KIRVEN, JR., M. D.  
DIRECTOR

DEPARTMENT OF  
MENTAL HEALTH AND MENTAL RETARDATION

October 25, 1974

William E. Dattel, Ph.D.  
Project Director - SID  
Department of Mental Health & Mental Retardation  
P. O. Box 1797  
Richmond, Virginia 23214

RE: SID Project

Dear Bill:

I have received a copy of the "Submission of Plan to Extend SID", dated October 18, 1974, and would like to respond to your suggestion that comments be made concerning this report.

I am very supportive of the objectives and model of the SID Project and feel that the part of the program that involves Central State Hospital has been most helpful, particularly in the area of communications with community agencies. I have been somewhat disappointed that there has not been more "spin-off" in the way of community placement (which I realize was not a specific goal of the project). I feel that the communication which we have developed and improved with community agencies, and particularly with personnel (face to face meeting) has been most helpful to the hospital staff and has opened lines of communication that previously had not been used effectively. There are still areas that should be and can be improved.

The cost of this project to Central State Hospital has been significant (personnel time for interviews with patient advocates, professional time in A & P Team meetings, and other "hidden" costs); however, it is recognized that such commitment of time is essential for the progress of any worthwhile programs and I am quite agreeable to continuing with that commitment. I would not be agreeable to the expenditure of any monetary funds from our present biennium budget since no outlay of funds for the SID Project was a part of our budget appropriations, and with the possibility of a cut (as recommended by the Governor) in expenditures there are present programs which will definitely suffer because of lack of budgetary funds. I have expressed these concerns to you personally; however, I did feel that you would want this type of information in any comment that you plan to present to Mr. Brown or Doctor Allerton.

Page 2 (continued)

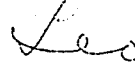
STD Project

October 25, 1974

Again I would like to state that I feel that the overall project, as related to Central State Hospital has been quite helpful and I anticipate continuing progress during the present fiscal year. I hope that our community placements will increase as a result of improved relationships with community agencies and hopefully the project will point out the need for the development of new facilities within the community to help with the care of the mentally ill at the local level.

Thank you again for your continuing cooperation and support. If I can be of any help at any time, do not hesitate to contact me.

Yours very truly,



Leo E. Kirven, Jr., M.D.  
Director

LNK/lap

c.c.: Mr. Otis Brown, Secretary of Human Affairs  
Mr. William L. Lukhard, Chairman (Welfare)  
William S. Allerton, M.D., Commissioner  
Mr. George M. Hendrickson, Chairman, Portsmouth A&P Team  
Mr. Doyle K. Casey, Community Services Coordinator

# Maryview Community Mental Health Center

3636 High Street

(804) 399-5211

Portsmouth, Virginia 23707

October 28, 1974

The Honorable Otis L. Brown  
Secretary of Human Affairs  
Office of the Governor  
P.O. Box 1475  
Richmond, Virginia 23212

Dear Mr. Brown:

I have been involved with the S.I.D. project from its early stages of growth in our area, and I can see that many positive results have been made with still more possible. Fourteen months ago we slowly began to feel our way through a deinstitutionalization plan unlike any other ever tried in any State. The keynote was service integration, with an offshoot being organization of data, to facilitate justification for the State appropriating money for community facilities. The task was at first extremely arduous and with few obvious rewards. Most of our time was spent in inter-agency discussion, with all agencies reluctant to take a firm stand on any point, or make any kind of decision.

In retrospect these early problems, although a deterrent at the time, have proven beneficial for all parties concerned - agency, client, and S.I.D. staff. The inter-agency lines of communication are now wide open over the S.I.D. conference table, in the community, and through the input of the S.I.D. Broker Advocate, whose job it is to help integrate services. New programs and general information come through the prescription process designed to meet the individual needs of each Portsmouth patient. In our prescription process, we as a team, are able to bring to light glaring statistics concerning how many people could be residing in their own communities, if we had the facilities we so badly need. Also, we could help the institution formulate new programs to prepare patients for a smoother transition back to their communities.

From my standpoint, as representative from Maryview Community Mental Health Center, I find the coordination of the release with the arrangement of immediate services a great asset. The Broker Advocate can help prevent loss of valuable professional time by his close contact with the returned patient and reminders of appointment times often "forgotten" in the past. Also, through information gained by the Broker Advocate, we are better prepared to handle a client's individual aftercare needs, with no time lost in attempting to gain past history.

From my contact with other agency representatives on the Portsmouth team, I believe I can safely say that S.I.D. has proven itself a benefit for the provision of Mental Health Services and hopefully will continue to do so in the future. The proposal for continuation seems a viable means of expanding the present project as an organized method of deinstitutionalization to a State wide program in years to come.

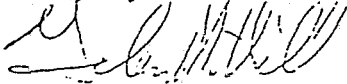
Page 2  
Mr. Brown  
October 23, 1974

Recidivism is lessened by having everything prepared for each person returning to the Community, and then following up each placement and dealing with each problem as it occurs. We need to aid and prepare for our residents still in the institution, and yet not commence to ignore those we have systematically and beneficially placed, by returning to our previous pattern of neglecting those who are deinstitutionalized.

Sincerely,



Tom Robertson  
Emergency Services Coordinator



Galen M. Hill, A.C.S.W.  
Director

TR/ns

NOV 13 1974

NC



TIDEWATER COMMUNITY COLLEGE PORTSMOUTH, VIRGINIA 23703  
FREDERICK CAMPUS 703 484-2121

November 12, 1974

Mr. William L. Lukhard  
Chairman  
Department of Welfare  
201 E. Cary Street  
Richmond, Virginia 23219

Dear Mr. Lukhard:

I have recently joined the SID project as a member of the Portsmouth A & P Team. While it is too early for me to make a detailed analysis of the overall program, it is not too early to make a judgment on the conceptual significance of the SID project. Whoever thought up the idea deserves a medal for humane action. Whether or not the program is retained as SID is not the question. The question is what agency, group, or community would have the expertise and common "all togetherness" that the SID project now enjoys? I have never seen such a diversified, professional, paraprofessional, concerted, interested and dynamic group as this in my life. It is almost unbelievable what total awareness of the most difficult resident case can mean to a human being. Human dignity is of a higher order than constitutional rights and freedom - although these are important. The State must seek ways to provide release programs. The work of a community A & P Team can best serve this end. I strongly urge you to do whatever is humanly possible to help us to help others less fortunate.

Sincerely,

Daniel F. McNeil  
Coordinator of Counseling Services

DFMc/vhb

cc: Mr. Doyle K. Orsey  
Community Services Coordinator  
Portsmouth, Virginia

Ms BETTY A. DAVID  
DIRECTOR OF COURT SERVICES  
JUVENILE CENTER P. O. BOX 1073  
PORTSMOUTH, VIRGINIA 23708  
TELEPHONE (804) 393-8571

COMMONWEALTH OF VIRGINIA



NOV 18 1974

IN ANSWER REPLY TO:

ENDING

CITY OF PORTSMOUTH

DEPARTMENT OF WELFARE AND INSTITUTIONS  
JUVENILE AND DOMESTIC RELATIONS COURT  
SERVICE UNIT  
THIRD JUDICIAL DISTRICT  
November 15, 1974

The Honorable Otis L. Brown, Secretary of Human Affairs  
Office of the Governor  
1001 East Broad Street  
Richmond, Virginia 23219

Subject: Plan for Continuation  
of SID Program

Dear Sir:

We have had the opportunity to review the very comprehensive and well drawn "Plan for the Continuation of SID Program Beyond June 30, 1975".

Since July of 1973 I have been a member of the Portsmouth A and P Team and have attended every session when juvenile offenders were being considered. Our Probation Counselors also were present during the consideration of their individual cases. We have had the opportunity to work very closely with the Broker Advocates both before and after the juveniles were released from the correctional institutions and were on Aftercare supervision with the Court and we have been very much impressed with the quality of the professional services provided by the SID staff members to our mutual clients.

We are in agreement with the concept of deinstitutionalization as defined in Section I, Paragraph F of the proposal as it has been expanded to include prevention of admissions to institutions. It is felt that the SID Project, if continued, could be of great assistance in planning for and serving what has been termed the high-risk community residents.



The Honorable Otis L. Brown (cont'd)  
Office of the Governor  
Richmond, Virginia 23219

The organizational structure as proposed with assignment to the Office of Human Affairs appears to be most advantageous to the program and to the participating agencies.

We sincerely hope that serious consideration be given to the extension of the SID Program and that the necessary funding be requested for this purpose.

Very truly yours,

(Mrs.) Betty A. Davis, RSW  
Unit Director

BAD/cg

cc: Dr. William E. Datel, Project Director  
Travelers Building, Suite 450  
1108 East Main Street  
Richmond, Virginia 23219



City of Portsmouth  
Virginia

JAN 3 1975

Established 1732

MENTAL HEALTH AND MENTAL RETARDATION SERVICES BOARD

Mrs. Louis Brenner  
Chairman

Dr. Joseph P. Allen  
Vice-Chairman

Hugh Adams, Jr.  
Vice-Chairman  
Mr. William L. Lukhard, Chairman  
SID Committee of Commissioners  
429 South Belvidere Street  
Richmond, Virginia 23220

December 31, 1974

812 Citizens Trust Bldg.  
Portsmouth, Virginia 23704

David M. Norman, ACSW  
Executive Director

Dear Mr. Lukhard:

At our last Board meeting Mr. Doyle Casey presented an updated report on the progress of the SID Project, as well as the proposed plan for its continuation. Favorable comments were also made by one of our Board members, Dr. Buttery, and our Executive Director, David M. Norman, who are both members of the A and P Team.

Following a brief discussion, the Board unanimously voted to endorse and recommend the continuation of the SID Project as proposed.

You may also be interested to know that at the request of the City's Human Resources Council the Board voted to accept responsibility for the implementation of a Developmental Disabilities funded program to fill the most serious gap in community services that the SID Project has documented to date - community residential facilities. In addition, the Board reaffirmed its commitment to its legislative mandate to act as a catalyst to educate and inform the community about the need for group homes and halfway houses of various types.

Sincerely,

*Louis E. Brenner*  
Mrs. Louis Brenner  
Chairman

DMN/rlr

cc: Dr. William S. Allerton, Commissioner, Department of MH/MR  
Joseph J. Bevilacqua, Ph.D., Assistant Commissioner, Dept. of MH/MR  
Otis Brown, Secretary of Human Affairs  
Doyle Casey, SID Portsmouth Community Services Coordinator  
William Dattel, Ph.D., SID Project Director  
Richard J. Davis, Mayor  
Phin Horton, City Manager  
T. E. Masters, Jr., Chairman, Human Resources Council

JAN 14 1975



City of Portsmouth  
Virginia

Established 1732

January 14, 1975

Mrs. E. C. Brooks  
Senior Citizens Coordinator

600 Court Street  
Portsmouth, Virginia 23704

The Honorable Otis L. Brown  
Secretary of Human Affairs,  
Governor's Office  
910 Capital Street  
Richmond, Virginia 23219

Dear Mr. Brown:

As both a city program coordinator and member of the Assessment and Prescription Team of the Portsmouth SID Project, I would like to state my support for the continuance of this program. As the Department of Mental Health and Mental Retardation continues towards its objectives of deinstitutionalization, there continues a need for a community based agency responsible for the continuation and follow-up of client placement.

The current economic situation within our state and nation indeed mandates cautious examination when considering new program adoption. However, I believe the SID Project to be the community link which actualizes the objectives of the Department of Mental Health and Mental Retardation as well as the provider of service coordination which no single agency within Portsmouth presently is able to offer.

On a personal note, I remain grateful for the administrative experience you provided me during my appointment as a Commonwealth Intern. It is most beneficial, working within a city government, to be acquainted with the operations of state government and, I do indeed draw on both the experience and knowledge daily.

Sincerely,

*E.C. Brooks*

Mrs. E. C. Brooks  
Senior Citizens  
Programs Coordinator

ECB/sch

*cc. Mr. Doyle Casey*



City of Portsmouth  
Virginia

MAR 10 1975

Established 1732

March 7, 1975

PHIN HORTON  
City Manager

H. M. MYERS, JR.  
Assistant City Manager  
for Operations

R. T. WILLIAMS  
Assistant City Manager  
for Finance & Staff Services

The Honorable Otis L. Brown  
Secretary of Human Affairs  
Office of the Governor  
910 Capitol Street  
Richmond, VA 23219

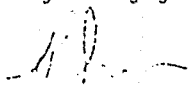
Dear Secretary Brown:

As you know, the management of the City of Portsmouth has participated closely with the S.I.D. Project since its initiation. We are interested, naturally, in the welfare of those citizens of Portsmouth, who are institutionalized and who could be returned to the community, providing the necessary services and/or facilities were accessible.

It is my understanding that those services and/or facilities allegedly needed in the City of Portsmouth that could lead to the return of individuals whose response to rehabilitative therapy could render them functional in a normal societal setting, would be the end product of the S.I.D. effort.

It is further my understanding that funds to continue the Project to its completion have been subjugated to uncertainties of the economy. These constraints are certainly not foreign to me; however, since the S.I.D. Project is approaching its third year of operation and since the Project was originally developed as a three-year demonstration effort, I should feel that its worth could only be proven by continuance of its schedule. Please help us achieve this.

— - Very truly yours,

  
Phin Horton  
City Manager

TEMjr/dbl

cc: Mr. Doyle K. Casey  
Dr. William E. Dattel

October 24, 1974

The Honorable James H. Dillard, II  
4709 Briar Patch Lane  
Fairfax, VA 22030

Dear Mr. Dillard:

The attached brochure invites your attention to a project under demonstration in the Commonwealth which has implications for the delivery of human services to some of your own constituents.

May I, or one of the other project staff members, meet with you to discuss a program which, if given continued support, promises to benefit those citizens in the Commonwealth most in need of responsiveness from government?

The project staff are located in three areas: Richmond, Portsmouth, and Planning District #6. We should also be delighted to have you view the demonstration at one of its sites.

Sincerely yours,

William E. Datel, Ph.D.  
Project Director

WED/W3/71

Enclosure

THE HONORABLE OTIS L. BROWN  
SECRETARY OF HUMAN AFFAIRS

WILLIAM S. ALLERTON, M.D.  
DEPARTMENT OF MENTAL HEALTH  
AND MENTAL RETARDATION

MR. WILLIAM T. COPPAGE  
COMMISSION FOR THE  
VISUALLY HANDICAPPED

MRS. JUDITH A. LAU  
COMMISSION FOR  
CHILDREN AND YOUTH

MR. WILLIAM L. LUKHARD  
DEPARTMENT OF WELFARE

MR. DON W. RUSSELL  
DEPARTMENT OF VOCATIONAL  
REHABILITATION

MACK I. SHANHOLTZ, M.D.  
DEPARTMENT OF HEALTH

MR. EDWIN L. WOOD  
OFFICE ON AGING

MR. FRED P. YATES  
COUNCIL FOR THE DEAF

# COMMONWEALTH OF VIRGINIA



TRAVELERS BUILDING SUITE 450  
1108 EAST MAIN STREET  
RICHMOND, VIRGINIA 23219  
(804) 770-7071

## THE SID PROJECT SERVICE INTEGRATION FOR DEINSTITUTIONALIZATION (HEW, SRS, RSA)

January 2, 1975

### MEMORANDUM

MR. CHARLES A. CHRISTOPHERSEN  
DIVISION OF PLANNING  
AND COMMUNITY AFFAIRS

MR. JACK F. DAVIS  
DEPARTMENT OF CORRECTIONS

MR. WILLIAM L. HEARTWELL, JR.  
EMPLOYMENT COMMISSION

WOODROW W. WILKERSON, ED.D.  
DEPARTMENT OF EDUCATION

TO: Members of the Virginia General Assembly

FROM: William E. Datel, Ph.D., Project Director *WED*

SUBJECT: Comment on Status of the Service Integration  
for Deinstitutionalization (SID) Project.

I wrote each of you a letter on October 24, 1974 and invited your attention to the fact that a procedure for the orderly deinstitutionalization of residents of state institutions is under demonstration in the Commonwealth.

Many of you responded to our mailing announcement describing the program. Attached for your information is a sheet showing those members of the General Assembly who responded and those members personally briefed by project staff.

SID was originally conceived within the executive branch of Virginia government. It is a program (a) designed to improve the lives of citizens less fortunate than most and (b) aimed toward having the human service delivery system become more responsive to problems all too frequently regarded as intractable.

The heads of nine state agencies in Virginia applied for federal funds in the spring of 1972 to pay for development of the program. A 3-year grant was awarded to the Commonwealth. SID staff were hired to develop and to demonstrate the previously conceptualized approach.

Memorandum

-2-

January 2, 1975

At the time of this writing there is considerable question whether the nine (now twelve) state agencies will continue to utilize the procedure that has been quite systematically constructed. While the committee of twelve commissioners has "endorsed" continuation of the model procedure, so far as I am able to determine no funds from any of the participating state agencies are specifically earmarked to maintain beyond June 1975 the developmental gains achieved.

As director of the SID project, I find the lack of urgency over utilization disquieting. I do not know what, if anything, members of the General Assembly may wish to do about this problem. I do know that it is clearly my responsibility to call it to your attention.

WED:mgs

Attachment

cc: Mr. William L. Lukhard, Chairman, SID Committee of Commissioners  
Dr. Leonard R. Green, SID Project Manager, Social and Rehabilitation Service, Department of Health, Education, and Welfare, Washington, D.C.

December 31, 1974

The SID Project

Member responded by letter or phone; member seen and briefed

House of Delegates

1. Robert B. Ball, Sr.
2. John Warren Cooke
3. Frederick H. Creekmore
4. Alan A. Diamonstein
5. Wyatt B. Durette, Jr.
6. A.R. Giesen
7. Evelyn M. Hailey
8. George W. Jones
9. Lewis W. Parker, Jr.
10. Calvin G. Sanford
11. Norman Sisisky
12. Frank Slayton
13. James Tate
14. Raymond E. Vickery, Jr.
15. Carrington Williams
16. William T. Wilson

The Senate

1. Peter K. Sabalas
2. Leroy S. Bendheim
3. R.S. Burruss, Jr.
4. Clive L. DuVal, 2d
5. William E. Fears
6. Elmon T. Gray
7. Thomas R. McNamara
8. J. Harry Michael, Jr.
9. Russell I. Townsend, Jr.
10. Edward E. Willey

-----  
President of the Senate  
(Lieutenant Governor Dalton)

Member responded by letter or phone; briefing not yet arranged

17. Raymond R. Guest, Jr.
18. Robert R. Gwathmey, III
19. W.L. Lemmon
20. Madison E. Marye
21. Thomas J. Rothrock
22. Alson H. Smith, Jr.
23. James M. Thomson
24. Robert E. Washington

11. Virgil H. Goode, Jr.

Percent of House seen = 16%  
Percent of House responding = 24%

Percent of Senate seen = 25%  
Percent of Senate responding = 27-1/2%



Appendix C

Plan for Continuation of SID Program

Beyond June 30, 1975

THE HONORABLE OTIS L. BROWN  
SECRETARY OF HUMAN AFFAIRS

WILLIAM B. ALLERTON, M.D.  
DEPARTMENT OF MENTAL HEALTH  
AND MENTAL RETARDATION

MR. WILLIAM T. COPPAGE  
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DEPARTMENT OF WELFARE

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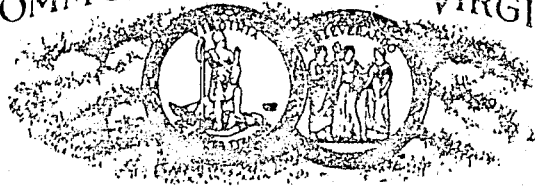
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DEPARTMENT OF CORRECTIONS

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DEPARTMENT OF EDUCATION

# COMMONWEALTH OF VIRGINIA



TRAVELERS BUILDING SUITE 450  
1108 EAST MAIN STREET  
RICHMOND, VA. 23219  
(804) 770-7071

## THE SID PROJECT SERVICE INTEGRATION FOR DEINSTITUTIONALIZATION (HEW. SRS. RSA)

October 18, 1974

### MEMORANDUM

TO: The Honorable Otis L. Brown (Human Affairs)  
Dr. William S. Allerton (DMH&MR)  
Mr. Charles A. Christophersen (Planning)  
Mr. William T. Coppage (VCVH)  
Mr. Jack F. Davis (Corrections)  
Mr. William L. Heartwell (VEC)  
Mrs. Judith A. Lau (Children and Youth)  
Mr. William L. Lukhard, Chairman (Welfare)  
Mr. Don W. Russell, Vice Chairman (DVR)  
Dr. Mack I. Shanholtz (Health)  
Dr. Woodrow W. Wilkerson (Education)  
Mr. Edwin L. Wood (Aging)  
Mr. Fred P. Yates (Council for the Deaf)  
Mr. Jack P. Cavanaugh, Chairman, PD #6 A&P Team  
Mr. Louis J. Hausrath, Chairman, Central Shenandoah  
Planning Commission  
Mr. George M. Hendrickson, Chairman, Portsmouth A&P Team  
Mr. Phineas E. Horton, City Manager, City of Portsmouth

FROM: Dr. William E. Datel, Project Director *WED*

SUBJECT: Submission of Plan to Extend SID

In fulfillment of instructions received from the Committee of Commissioners at its September 30, 1974 meeting and in compliance with Secretary Brown's request of the Committee at the same meeting for a specific plan that he could use in requesting funding support for SID extension, the SID staff herewith submits the attached document "Plan for Continuation of SID Program Beyond June 30, 1975" to the Committee and to the Secretary, so that the governing body of the project and the Secretary can take whatever action they deem appropriate at this time.

Memorandum

-2-

October 18, 1974

Herewith the plan is also forwarded to the principals in the two geographic areas presently affected by the project so that the Committee of Commissioners and the Secretary may have the benefit of the reactive comments, or the concurrence/non-concurrence, of the local participants.

The plan represents the considered position of the SJD staff. The plan developed pretends neither to reflect nor to disregard the various sentiments and inclinations of the many contributors to and participants in the project at both State and local levels--with one exception: the group of client participants.

WED:cfe

Attachment

The SID Project

PLAN FOR CONTINUATION OF SID PROGRAM

BEYOND JUNE 30, 1975

Prepared by the SID staff

October 18, 1974

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**CONTINUED**

**1 OF 2**



"It must be remembered that there is nothing more difficult to plan, more doubtful of success, nor more dangerous to manage, than the creation of a new system. Where the initiator has the enmity of all who would profit by the preservation of the old institutions and merely lukewarm defenders in those who would gain by the new ones."

Niccolo Machiavelli

## I. INTRODUCTION AND REVIEW

Service Integration for Deinstitutionalization (SID) is a 3-year research and demonstration project supported by a grant from Rehabilitation Services Administration and Office of Research and Demonstrations, Social and Rehabilitation Service, Department of Health, Education and Welfare. Nine state agencies<sup>1</sup> of the Commonwealth of Virginia applied for the grant on May 10, 1972 and together contribute an eleven percent "in-kind services" match to the federal monies.

The grant was awarded to the Commonwealth on June 29, 1972. A total of \$2,025,000 federal funds was projected for the 3-year period of research and demonstration.<sup>2</sup> The project began on July 1, 1972 and is

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The nine state agencies that applied for the grant were: Commission for Children and Youth, 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, and Department of Welfare and Institutions.

The original nine participating state agencies have since grown to twelve: Department of Corrections and Department of Welfare (resulting from a separation of the Department of Welfare and Institutions), Office on Aging, and Council for the Deaf.

2

Of the \$2,025,000 total recommended support in the original grant award, \$1,141,500 will have been expended come June 30, 1975, thus resulting in a savings to the federal government of \$883,500 over the duration of the project.

scheduled to terminate on June 30, 1975.

At its September 30, 1974 meeting, the SID Committee of Commissioners voted that SID be continued beyond the June 30, 1975 termination date. The Committee recommended that the Secretary of Human Affairs seek funding support for the fourth year and that plans be drawn for requesting State support of the program in the 1976-78 biennium budget.

This document sets forth the organizational and operational plan for continuation of SID through two periods: first, from July 1, 1975 through June 30, 1976; second, from July 1, 1976 through June 30, 1978.

#### A. BACKGROUND

The SID proposal itself was a natural consequence of the exigencies of the times. In Virginia, there was Governor Holton's Management Study, published in late 1970, which contained a specific recommendation for service integration. There was the formulation of an Office of Human Affairs, the task force behind which brought many of the agency heads to a common table. There was a new Commissioner of Mental Hygiene with a strong orientation toward community psychiatry.

In federal government there was HEW Secretary Elliott Richardson's proclamation of Priority Number 7 which placed special emphasis on the Disabled and Handicapped. He named SRS as the coordinating office for this priority.

On the national scene there was the deinstitutionalization movement, instigated by the Joint Commission on Mental Illness and Health in its 1961 report, incited by voices for the civil rights of the incarcerated, promoted

by fiscally conscious administrators, dramatized by the closing down of entire physical plants--as in California and Massachusetts.

Professionally, there was the established contribution from psychopharmacology and the promise of behavior management technology.

Humanistically, there was society's cumulative guilt over centuries of human warehousing.

The SID proposal, in effect, said: Let us apply service integration strategy to the process of deinstitutionalization. This was truly a brilliant notion, since it captured two present-day themes, and placed each in a functional relationship to the other: The global concept of service integration was confined to a specific, manageable focus; the narrowness of single-agency deinstitutionalization was expanded to incorporate multi-agency participation and responsibility.

What the project has been about in the past two years is attempting to transform concept into reality. The project is in the business of building a model and at the same time trying to assess its viability.

By a "model" is meant a method and a procedure which can be copied by others, and which can be expected to perform its function even though the cast of characters may change. By design, the model is applicable to any institutionalized citizen in any state.

#### B. OBJECTIVE AND MODEL

The objective of the SID project has been to develop a systematic, service-integrating procedure for the orderly deinstitutionalization of residents of state institutions.

The project meets this objective through the development of a system

containing five principal components. Each of these components has service-integrating properties.

The five components are:

- Assessment and Prescription, or A&P, Team
- Broker Advocate
- Automated Information System
- Quality Control Team
- Committee of Commissioners

1. The Assessment and Prescription (A&P) Team. The A&P Team is composed of a coalition of professionals from the institution and from the local community in which the procedure operates. The A&P Team assesses each client, makes a decision with respect to the client's individual suitability for deinstitutionalization and, accordingly, writes a "prescription" detailing the kinds of services the clients needs. The A&P Team makes recommendations for client movement, observes and participates in service delivery happenings, and becomes a vehicle for inter-agency communication at the local level.

2. The Broker Advocate (BA). Broker advocates are project staff. The job title describes the function: Broker advocates are "brokers" insofar as they arrange and coordinate service deliveries for the clients; they are "advocates" insofar as they speak in the client's behalf on matters the client himself may be unable to voice or make known to others. Functionally, the broker advocate is an arm of the A&P Team; he activates and monitors the Team's prescription.

3. The Automated Information System (AIS). The model includes an automated information system to store and tabulate data and to manage reporting functions. The automated system produces three kinds of reports:

case management reports; program evaluation reports; and internal house-keeping reports. An automated resource directory is also under construction.

4. The Quality Control (QC) Team. The Quality Control Team consists of SID staff members who represent varied disciplines: sociology, psychology, law, social work and government management. It is charged with developing, activating, maintaining, describing and evaluating the model. The Quality Control Team also performs a cost/benefit analysis on institutional versus community living.

5. The Committee of Commissioners (C of C). The Committee of Commissioners is composed of the agency heads of the participating state agencies. It governs the project. It receives information and recommendations from the Quality Control Team. The basis for recommendations come from the project data and from resolutions and requests made by local A&P Teams. The committee of commissioners is frequently confronted with findings on resource gaps, service delivery problems caused by existing policies or regulations, and legal points of impact on the deinstitutionalization process.

The model is under demonstration in two geographic areas in Virginia: Planning District #6, a predominantly rural area; and the city of Portsmouth, an urban area.

State institutions participating in the demonstration are:

- two large state mental hospitals for the mentally ill (WSH and CSH)
- two large state training schools for the mentally retarded (LTS&H and PTS&H)<sup>3</sup>

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The directors of three other DMH&MR state institutions (Catawba Hospital, DeJarnette Center, and Southeastern Training School) also actively participate and contribute their services though the project has not yet processed any clients at these institutions.

-and seven small state training schools for the juvenile offender.

Therefore, any persons residing in one of these state institutions who has a home of record in Planning District #6 or in the city of Portsmouth is a prospective client for the SID model during the demonstration.

The client processing procedure is highly structured and articulated. The details of who does what, when, to, or with whom will not be presented here. The reader is referred to the following document, which contains a complete statement of the client processing procedure: Dattel, W.E., and Murphy, J.G. "A Service-integrating Model for Deinstitutionalization," a paper submitted for publication in Administration in Mental Health.

#### C. HINDRANCES AND PITFALLS IN DEINSTITUTIONALIZATION

There are many well-known, traditional hindrances and pitfalls in deinstitutionalization. The SID model was conceived and designed to overcome or avoid such obstacles. Presented here is a list of these familiar deinstitutionalization difficulties; juxtaposed against each problem is the SID model remedy.

1. Pitfall: Focusing all of the responsibility for the institutionalization/deinstitutionalization problem on one State agency.

SID model remedy: Nine, now twelve, State agencies participate and collaborate in the effort, thus more appropriately sharing responsibility for a problem which indeed is multi-service determined.

2. Hindrance: The impermeability of the organizational boundary between State institution and local community (the "wall" phenomenon).

SID model remedy:

-Through the A&P Team mechanism the local community learns about the institution and vice versa.

-The broker advocate moves freely between the community and the institution--he works in both places.

3. Pitfall: Client movement without advance preparation and planning. This is the "surprise" phenomenon. It leads frequently to mutual accusations of "dumping" clients.

SID model remedy:

- The A&P Team meeting is a joint planning endeavor, on a case-by-case basis, by the institution and the community.
- In the broker advocate's search to fill the prescription and line-up advance service plans, the community service deliverers are alerted to the client's pending arrival in the community.
- If movement back into the institution becomes necessary the history of the client's community stay is readily available to the institution via the broker advocate.

4. Pitfall: Clients "falling between the cracks."

SID model remedy:

- The A&P Team reassesses clients every six months when the clients are on "continue institutionalization" prescriptions.
- For those clients placed in the community the broker advocate performs periodic checks with the client and with the service deliverer around each prescription element.

5. Pitfall: Clients being transferred from the back wards of the institutions to the back alleys of the community.

SID model remedy:

- Each prescription is "filled" before placement occurs. That is, a service plan is arranged in advance with the provider of each service in the prescription.
- The A&P Team endorses the completed service plan before making a formal recommendation to the institution for placement.
- The monitoring done by the broker advocate identifies undesirable living circumstances and faulty service delivery.

6. Pitfall: The "ping pong ball" phenomenon. That is, the client being shunted from one agency to another, or, conversely, the client pitting one agency against another.

SID model remedy:

- The client has an advocate who can run interference for him, intervene in his behalf, and co-ordinate service between agencies.
- The broker advocate can go to the A&P Team to bring agency service delivery problems to the Team's attention. Peer pressure at Team meetings mobilizes agency response.

7. Hindrance: High recidivism rates. From reports in the literature it is not unusual to find recidivism running as high as 50% in a 12-month period.

SID model remedy: Our recidivism rate to date is 6%.

8. Hindrance: Generalized lack of communication, coordination, and follow-up.

SID model remedy: All five components in the model address this problem. As one A&P Team member said: "Even if you do nothing else, you've got us talking with each other." A broker advocate was heard to say to one of the commissioners who attended an A&P Team demonstration: "You are here. You're real." Communication channels are established across agencies, between local and state agencies, between institution and locality, between client and service provider, etc. Followup of clients provides a monitoring service, as well as furthers knowledge.

9. Hindrance: Turf trespassing. The vested interests of individual agencies prevent establishing and delivering needed services for clients.

SID model remedy: Vested interests and how these impinge on service delivery to clients can be identified and "worked through" at the local level via the A&P Team; at the State level via the Committee of Commissioners. Vested interests become public and subject to discussion, rather than remain hidden.

10. Hindrance: Insufficient accountability

SID model remedy:

-At A&P Team meetings, via information gathered by the broker advocate, the institution becomes accountable to the community.

-Likewise, the broker advocate, in his reports to the A&P Team on clients placed in the community, makes the institution more aware of the extent to which the clients are or are not receiving services by the community. The community becomes accountable to the institution.

-The automated information system is of course an explicit accounting of salient facts and happenings in the entire procedure and forms the basis for on-going evaluation of the program.

11. Hindrance: Inadequate resource planning and development.

SID model remedy:

-Through the A&P Team prescription process the community formally identifies its own service requirements.

-The Quality Control Team tabulates these data via the Automated Information System and distributes them for use in planning to the local A&P Team and to the Committee of Commissioners.



-The Committee of Commissioners, knowing the needs as defined by local participants, is in a position to shape policies which are responsive to demonstrated needs.

Besides pitfalls to avoid and hindrances to overcome, there are mountains to move in restoring citizens to their rightful place in society.

Territorialities must be redefined, resources reallocated, contingencies rearranged, priorities reordered, family expectations realigned, service providers reoriented, professionals re-sensitized, vested interests surrendered, bureaucrats enlightened, legislators convinced, and the culture demythologized.

A workable, deliberate, systematic, collaborative procedure cannot in itself bring about these changes. It can, however, provide the base from which such long overdue social reform can begin to take place.

#### D. RESULTS (HIGHLIGHTS)

The model processed its first client on May 11, 1973 at Western State Hospital. Since that initial A&P Team meeting in Planning District #6, the project has expanded to engage both target communities and all eleven of the institutions.

A total of 74 A&P Team meetings have been held as of September 18, 1974. 351 clients have been assessed and prescribed for. 105 reassessments have been performed.

Considering the most current prescription written by the A&P Team for each of the 351 clients, 233 clients (66% of the total number of clients processed) have been prescribed for community placement. This 66% prescribed OUT ratio, that is 2 out of every 3 clients being prescribed for community placement, is quite a powerful finding when one remembers that

prescription decisions are made by members of the service delivery system itself--not by outside consultants who can, as is quite well-known, often be all too free to offer "wisdom" without regard to consequences.

A breakout of the "prescribed OUT" percentages by client group is as follows:

Mentally ill:	69% prescribed OUT (115 of 166)
Mentally retarded:	60% prescribed OUT (93 of 154)
Juvenile offender:	81% prescribed OUT (25 of 31)

Again, these data proclaim, loudly and clearly, that a heavy majority of the residents of State institutions for the mentally ill, the mentally retarded, and the juvenile offender in the Commonwealth of Virginia could and should reside in their home communities, given adequate service supports.

Of the 351 clients processed to date, 77 (or 22%) are currently living in the community.<sup>4</sup> The placement percentages by client group are as follows:

Mentally ill:	27% are OUT (44 of 166)
Mentally retarded:	7% are OUT (11 of 154)
Juvenile offender:	71% are OUT (22 of 31)

Five clients, four of whom are mentally ill, were placed OUT but are now back in the institution. Therefore, our recidivism rate to date is 5 out of 82, or 6%. This is over a relatively brief and varying time period per client--all within the 16-month duration of the project. So it may be premature to be too enthusiastic about the low recidivism.

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Twelve of these 77 clients are terminated from the SID procedures since they were either released by the institution in advance of completed service plans or now reside in communities outside the SID geographic areas.

Exhibit A presents the data on prescription ratios (IN versus OUT) and placement results across client groups.

Of the clients who have been returned to the community more live with a relative or guardian than in any other arrangement. 30 of the 77 placed clients are with a relative or guardian. The second most frequent placement modality to date has been "home for adults:" 17 of the 77 placed clients are in homes for adults.

We have found non-availability of housing to be the greatest barrier to placement: For example,

- 53 clients have received group home as the 1st choice housing prescription; 5 openings in group home have been found.

- 26 clients have received foster home as the 1st choice housing prescription; 9 openings have been found.

- 22 clients have received halfway house as the 1st choice housing prescription; 2 openings have been found.

Client characteristics can be described for any given set of clients assessed. For example, looking at the 109 mentally retarded clients at Lynchburg Training School and Hospital, upon whom assessment information has been filed, the following findings emerge.

- 40% have homes of record in Staunton or August county.

- Average age is 39 years.

- 39% are male; 61% are female.

- 92% are white; 6% are black.

- 96% are single--never married.

- Average length of present institutionalization: 17.8 years. Range is from .8 year to 59 years.

- For 86% of the clients, present admission is first admission; 4% are readmissions; 10% are transfers.

-77½% are involuntary admissions and 19% more are voluntary by "other"-- none are voluntary by "self."

-6½% have a committee.

-24% had previous institutionalizations.

-Only 10% state a preference for continuing to live at LTS&H.

-General physical condition is rated excellent or good for 79%; for 20% it is rated fair; for 1% poor.

-72% are completely mobile; 7% walk with difficulty; mobility of the remainder is more restricted.

-None of the MR clients are judged as having average or above average intelligence. 2% are borderline, the rest are rated below borderline. 47% are rated as severely or profoundly retarded.

-81% are judged as having friendly or mostly friendly relationships with others.

-67% receive medication in their treatment regimen.

-Average education is 1.7 years.

-56½% are judged incapable of employment. None are judged capable of total self support; 18% partially self supporting and 10% need special training to become employable; 10% "other."

-46% express motivation to work.

-35% state a specific job preference for work in the community.

-None have a driver's license, but at least 26% are able to use public transportation.

Results from the cost/benefit analysis cannot be formalized until late in the R&D phase of the project. However, we do have sketchy cost data at this point in time:

-Of the 65 clients who have been placed in the community and are under SID monitoring, 20, or 31%, receive no public support for their maintenance and subsistence.

-Of the 36 DMH&MR clients who are living in the community and meet the criteria for inclusion in the cost/benefit analysis, approximately 1/3 reside in intensive care facilities, 1/3 in intermediate care facilities, and 1/3 with family or independent living.

-At peak operation, A&P Team manpower cost in performing its assessment, prescription, consultative, and monitoring functions is between \$100 to \$200 per client per year.

-At peak operation, SID staff cost of performing its information gathering, coordination, reporting, monitoring, and quality control functions is approximately \$1,000 per client per year.

-[The maintenance and treatment costs for one resident of a DMH&MR institution is approximately \$6,400 per year for the mentally ill and \$4,800 per year for the mentally retarded].

The automated information system under development in the project accommodates the electronic filing of data and happenings generated by the client processing and followup procedures. While the broker advocate is performing his coordinating/advocacy service for the clients, he is recording information on formats compatible with the automated system. This information is inputted by key-to-tape methods. Ready access to individual client information and to program evaluation information is made possible via a series of automated reports. Besides the State Division of Automated Data Processing two-way terminal in Richmond, one of the demonstration areas utilizes an output terminal, courtesy of Virginia Division of Highways.

#### E. PRODUCTS OF THE MODEL

The basic service provided by the SID model is coordination. In the broadest sense, then, coordination is the principal product of the model. It may be instructive to attempt a definition of coordination.

Coordination is the process of Persons .., B, C, D....J becoming familiar with Events 1, 2, 3, 4....n; and, each Person knowing that the other Persons are familiar with the Events.

The amount of effort required to perform a coordinating service is a function of the number of Persons and the number of Events. In turn, the number of Persons is determined by "who needs to know?" and the number of Events is determined by "What needs to be known?"

There are, of course, dollar costs associated with juxtaposing Persons and Events; that is, there are dollar costs associated with performing a coordination service. In the SID project those costs are estimated to run between \$1,000 to \$1,200 per client per year (see RESULTS section of INTRODUCTION).

Looking beyond the diffuse concept of coordination, what more specific products do these costs buy? It is possible to submit a list of tangible and intangible products associated with SID model operation.

1. Tangible products:

- The relocation of persons from State institution to local community; advance planning and followup monitoring for such persons.<sup>5</sup>
- Recurring assessments of persons remaining in the institution so that they are not lost sight of.
- Better control of recidivism.
- Permanent record of salient events (via the automated information system) which enables:
  - Better service to clients
  - Construction of data base for resource planning
  - Program evaluation (i.e., knowledge of clientele served, services needed, services received, outcome, etc.)
- Application of an empirical cost/benefit analysis of institutional versus community living.

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It is treacherous to project an annual relocation rate from data gathered in the project to date. For example, placement during the first year of operation may be greater than subsequent years, if resources are not reallocated to the community. For what they are worth, our annual relocation rates to date are: MI 22%; MR 9%; JO 85%.

-Construction of an automated resource directory to serve the local service delivery system.

-Stimulation of institutional activities and programs.

-Reallocation of resources from state institution to local community; and establishment of new community resources.<sup>6</sup>

2. Intangible products:

-Cooperation stemming from coordination.<sup>7</sup>

-Interagency awareness, at State and local levels, of issues, problems, and resource requirements.

-Mobilization of local and State service delivery systems toward a common objective.

-Increased recognition of, attention to, and better service for institutionalized persons and persons placed in the community.

-Increased public awareness and acceptance of the disabled and the unfortunate.

F. CURRENT STATUS

It is submitted that the five-component model designed and under demonstration meets the primary objective of the R&D phase of the project, viz., the establishment of a systematic, service-integrating procedure for the orderly deinstitutionalization of residents of state institutions.

It is further submitted that the model is a system with five inter-dependent components. None can be sacrificed without jeopardizing the objective. The components operate in tandem with each other.

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The SID model itself does not "create" service resources. It is an assumption that the presence of the SID model in a community, over time, will indirectly encourage the realization of new facilities and programs. There is some evidence that this is happening in the demonstration areas.

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Coordination is a necessary prerequisite for cooperation. Cooperation refers to decisions made and actions taken as a result of coordination. Cooperation is defined operationally as Person A doing what Person B wants Person A to do; and vice versa.

For example, without the A&P Team, the broker advocate would lose his power base for coordinating services for the clients; he would lose his leverage to maneuver, influence and persuade. Without the Committee of Commissioners, there would be no A&P Team. Without the broker advocate there would be no automated information system since the broker advocate is the supplier of the information. Without the automated information system, there would be no way for the Quality Control Team to conduct ongoing program evaluation leading to plans and recommendations. Without the Quality Control Team, the Committee of Commissioners would have no "staff."

The model is tuned, balanced, and believed to be quite durable--but only as a system. Each component strengthens and reinforces the other components. By itself, any given component is fragile and could not be expected to be effective in isolation. Utilization of a "portion of the model" could be expected to bring in its wake a stark return of the above-named hindrances and pitfalls in deinstitutionalization (See paragraph C, above).

Given that the model is a system with five inter-related components, the question becomes "Does the State want/need to incorporate the model as a functional program?"

SID staff put this question to the Committee of Commissioners in the form of a document entitled "Staff Study on Continuation/Deletion of SID," dated August 23, 1974.

Two basic alternatives were presented: continue or terminate. Cognizant of the priority accorded both deinstitutionalization and service



integration in today's governmental scene, and apparently regarding the demonstration effort favorably the Committee of Commissioners selected the first alternative: to continue the procedure beyond June 30, 1975.

The staff study included seven options associated with the first alternative, in the event that Alternative #1 was selected by the Committee. Each option was framed by nine dimensions: Organizational arrangement at State level; organizational arrangement at local level; authority; funding source; manpower; geographic areas; clientele; program components; and duration. Each dimension contained specific choices for any given option.

While some options seemed to be viewed more positively than others, the Committee did not reach a decision on "how to extend SID." At the September 30, 1974 meeting of the full Committee, Secretary Brown charged the committee to decide upon the organizational arrangement for SID's extension and to formulate a plan for operational phase-in of the program for the 1975-76 year and for the 1976-78 biennium. Secretary Brown indicated that he would need such a plan before he could carry out the Committee's request that he attempt to obtain funding for the 1975-1976 year.

The Chairman of the Committee of Commissioners charged the project staff to develop such a plan during the month of October 1974.

In developing the plan contained in this document the SID staff has been guided primarily by its knowledge of the project and its presumption as to what is required to make the SID model a viable, productive program. Arrangements which may have been more politic or salable were discarded if these were their primary virtues.

Having said this, the staff nevertheless submits that the proposed plan is a realistic one, given the weight of the SID mission. The problems associated with deinstitutionalization and with building service integration will not be solved by cosmetology. They will be addressed only by making sweeping changes and new accommodations.

One more point needs to be drawn for the reader to interpret the proposed plan.

In the August 23, 1974 SID staff study, deinstitutionalization was re-conceptualized as per the definition presented in Memorandum #11, DHEW, SRS, RSA, DDD, dated August 1, 1974. This federal memorandum defines deinstitutionalization as:

"(1) Prevention of admission [to a state institution] by finding and developing community methods of care and training

"(2) Return to the community of all residents who can be prepared through programs of habilitation and training to function adequately in appropriate local settings

"(3) Establishment and maintenance of a responsive residential environment which protects human and civil rights and which contributes to the expeditious return of the individual to community living which is as nearly normal as possible."

This expansion of the concept of deinstitutionalization to include "high risk" cases living in the community was used to formulate particular details in the plan which follows.

## II. ORGANIZATIONAL PLACEMENT OF SID

The need for a single point of responsibility for service integration and the relative independence of that responsible entity has been noted by Virginia legislators as well as by professionals in the field.

Roy Westerfield in remarks made at the Dallas Conference on Services Integration in 1973 stated:

The significant points are therefore obvious to me: (1) Local general-purpose government is best suited to provide stability and leadership to multiple human services delivery systems; (2) The service coordinator or integrator is best achieved by an agency outside the service delivery agency.

At a similar Conference held that year in Kansas City, Dean Hotenschlager noted:

The literature regarding the integration of human services is quite specific about the most powerful lever for encouraging integration. That lever is a single point for policy making and for funding.

At home, the introduction to SB 517 which establishes five localities for pilot projects to test approaches to the integration of human services in Virginia includes the statement that:

Previously, no statutory authorization existed for variances to the traditional form of human services, but these efforts involved only agency cooperation without a single accountable entity as should be the case with services integration.

The experience of the SID project emphasizes the importance of designating a relatively independent entity for integrating services at the client level. In the model, the responsibility of SID staff is defined by the granting agency and the Committee of Commissioners and is implemented through SID procedures. That responsibility is always to the clients, not to any particular service delivery agency. Organizationally, SID staff is ultimately responsible to each Commissioner serving on the Committee and is therefore relatively independent of all. Such independence frees the broker advocate from agency loyalties and operationally

allows him/her to steer an individual client through the service delivery maze based solely on the client's own needs as construed by the local A&P Team.

If one accepts that the explication of responsibility and relative independence of the SID model enables the five service-integrating mechanisms to function to the best advantage of the client, the question becomes: Given these requirements, how can the model be incorporated into Virginia state government? And secondly, is there an existing agency mandated to provide such coordination as the SID model brings?

#### A. THE SECRETARIAT STRUCTURE

The secretariat form of government is relatively new in Virginia. The Secretaries' areas of authority and responsibility are undergoing constant redefinition as the place of each within the governmental structure becomes more clear to the Governor, legislators, and Secretaries themselves. One way in which the duties of each Secretary are restated is by Executive Order from the Governor. A series of recent Executive Orders dealt with the roles of the Secretaries. These Executive Orders were based largely on the interim recommendations of a legislative study committee.

In Executive Order Number Ten, the Governor defines the Office of the Secretary of Human Affairs as having: "Authority and responsibility to coordinate the policies, programs and activities of the administrative units assigned to him... [and] Responsibility to employ such personnel and contract for such consulting services as may be required to perform the duties assigned to him...."

It is clear that in order to fulfill this mandate, the Secretary will need to concern himself with the following kinds of outcomes:

- 1) Interagency awareness, at state and local levels, of issues, problems, and resource requirements;
- 2) Mobilization of local and state service delivery systems toward a common objective; and,
- 3) Increased recognition of, attention to, and better service for institutionalized clients and clients placed in the community.

The SID model is designed to meet precisely these needs by coordinating service delivery happenings for specific clients. By focusing the rather global concept of "service integration" onto a relatively narrow field (deinstitutionalization), the placement of the SID model within the Office of the Secretary of Human Affairs would provide the Secretary with a "watch-dog" staff to ensure the coordination of policies, programs, and activities relative to human service delivery.

The organizational and programmatic details for such placement follow.

#### B. PLACEMENT WITHIN THE OFFICE OF THE SECRETARY OF HUMAN AFFAIRS

The SID Program Director will report directly to the Secretary of Human Affairs. This direct line of communication allows the Secretary to be familiar with the progress and problems of the program, to provide direction to staff when necessary, and to relate to the Committee of Commissioners in a meaningful way.

The Committee of Commissioners will keep its 12-agency membership and will serve in an advisory/consultative capacity to the Secretary of Human Affairs. The organizational structure and operational mode of the Committee of Commissioners are suggested in the current model (see paragraph B5 of Section I), but are left for the Secretary to endorse or redefine.

The broker advocates will be employees of the Office of Human Affairs. Their employment by the office specifically designated as the coordinating agency for human services will legitimize their roles as facilitators on individual cases.

Coordination among local agencies through A&P Teams will continue as in the present model (see paragraph B1 of Section I). Membership on individual A&P Teams will vary somewhat, depending on the nature of the service delivery system in each locality, but in general will include representatives from the Department of Mental Health and Mental Retardation, the Commission for the Visually Handicapped, Department of Welfare, Department of Corrections, Department of Vocational Rehabilitation, Department of Health, Division of Planning, Virginia Employment Commission, Department of Education, and the particular state institution.

The authority for incorporating the SID model into the Office of Human Affairs is found in existing statutes (Section 2.1-51.7 et seq., Chapter 5.1, Title 2.1, Code of Virginia) and in Executive Order Number Ten, dated May 22, 1974. Such authority simplifies the implementation of the organizational arrangement since no new legislation is required.

An inter-secretariat contract or compact to ensure participation of crucial service-delivery agencies not under the Secretary of Human Affairs is necessary. A prototype for such a compact is included as Exhibit B. By endorsing such a document, the Secretaries of Administration, Education, and Commerce and Resources will assure the Secretary of Human Affairs that Commissioners of human service delivery agencies administratively subordinate to each will participate on the Committee of Commissioners and that local professionals will be members of A&P Teams.

Under this arrangement, the five service-integrating components of the model (A&P Team, broker advocate, Quality Control Team, automated information system, and Committee of Commissioners) will be maintained. In addition, the cost/benefit analysis and the resource directory methodology will be ongoing. Some modifications in one or more components may become necessary as the program develops. The important fact is that the precise interrelationship among the components will be protected by one-office designation of responsibility and by independence from single agency control. Such protection is afforded by direct assignment to the Office of the Secretary of Human Affairs.

The organizational chart depicting this arrangement is at Exhibit C.

#### C. ADVANTAGES AND DISADVANTAGES

The advantages of placing the SID staff and the SID program directly under the Secretary of Human Affairs are:

- 1) The service-integrating aspects of the program are emphasized.
- 2) The definition of the Secretary of Human Affairs as a coordinating agent is sharpened.
- 3) Responsibility for service integration is distinct from responsibility for operational service provision.
- 4) The Office of Human Affairs is able to act as a "check and balance" on happenings at the individual service delivery level without providing direct services.
- 5) An atmosphere wherein multiple agencies can actively stimulate local resource development is created.
- 6) The request for funding from the legislature is simplified.
- 7) The broker advocates (state agents working with the local service delivery system) serve as functional arms of the local A&P Team, which itself is a non agency-specific body.

There are some disadvantages:

- 1) The program is tied to the Office of Human Affairs while some participating agencies are not subsumed by that Office.
- 2) The program would encounter considerable controversy and resistance from those state agencies that have become bureaucratically conditioned to protecting their own interests, budgets, and "territories."
- 3) There is the eventual risk of the formation of a super-bureaucracy.

The advantages of placement of the program within the Office of the Secretary of Human Affairs far outweigh the disadvantages. This organizational arrangement offers the only real hope that the service-integrating mechanisms of the model will remain interrelated in a productive way. It is the only option where responsibility for coordination is clearly assigned to one entity (the Office of Human Affairs) while the participation of the appropriate Commissioners and their community counterparts serves as a guarantee of the program's functional autonomy at the local level.



### III. OPERATIONAL MODE FOR 1975-1976

To accompany the organizational arrangement presented in Section II, four operational elements must be defined. These are: Geographic areas served, manpower, funding, and clientele. Each is discussed in turn for fiscal year 1975-76.

#### A. GEOGRAPHIC AREAS

For fiscal year 1975-76 the program will be maintained in Planning District #6 and Portsmouth, and will not be expanded to new geographic areas. The uncertainties of funding for the upcoming fiscal year and the need for a year's "test" of the new organizational arrangement argue in favor of keeping costs to a minimum for 1975-76.

Transfer of existing field staff into two other, perhaps adjacent, areas has been raised as a solution to the "shortage" of clients resulting from completion of the initial processing of institutionalized residents from the two areas. To do so, however, would leave clients currently in the community with no broker advocate to turn to, would mean discontinuation of reassessment and prescription processings for clients living under continued institutionalization prescriptions, and would lead to dissolution of the A&P Teams in the areas. Expansion of the definition of "deinstitutionalization" discussed in paragraph F, Section I, above, logically establishes incorporation of a group of new clients into the program, i.e., high-risk, non-institutionalized persons. With the addition of these potential clients and their accompanying needs for service coordination, the program will take on a new dimension for community and institution professionals. The resultant expanded work load contraindicates the shifting of staff to new geographic areas.

## B. MANPOWER

### 1. Field Staff

Rather than attempt to expand the manpower of the program during a financially uncertain interim year, manpower in both field offices will be maintained at current levels. The program will require the following field staff positions: two Community Services Coordinators, two Chief Broker Advocates, twelve Broker Advocate B's, ten Broker Advocate A's and three Secretaries.

To reduce the manpower in either office with the intention of increasing personnel beginning in 1976 would have severe effects on the program. A reduction in manpower can only mean a reduction in clientele served. This in turn would mean a reduction in the interactions between SID staff and institution staff, SID staff and A&P Team members, A&P Team members and institution staff, and among A&P Team members themselves. These relationships have been developed through the concerted efforts of many community and institution representatives with project staff serving as catalytic agents. To reduce this interaction would inevitably result in a lessening of the momentum achieved thus far. In the end, the active and potential clients would bear the brunt.

### 2. Central Office Staff

At the central office level, manpower will also be maintained at the current level with two exceptions: the attorney position will be deleted and a full-time key-operator will be added. In this office, a Project Director, Assistant Project Director, Evaluation Coordinator, Systems Analyst, Programmer B, Statistician, Key-operator, Accountant, and two Secretaries are required to provide the direction and support necessary to the smooth functioning of the field operations and to the continuing developmental aspects of the program.

### C. FUNDING

The budget for fiscal year 1975-1976 is at Exhibit D.

The major cost factor in the SID program is manpower. Given the staffing configuration described above, the projected cost for fiscal year 1975-76 is \$640,352 with \$495,787 being allocated to salaries.

The administrative support currently provided by the Department of Mental Health and Mental Retardation is not included in the budget. The Secretary of Human Affairs will need to designate an agency to provide such support once the program is under his direction.

The Committee of Commissioners has made clear its preference for federal funding to continue the support of the program for the upcoming fiscal year. The Secretary and Commissioners are better able to test the realities of such funding than are the SID staff. Based on this document, the Committee will be able to formulate an approach for obtaining funds to support the FY 1975-76 budget.

State agencies are currently providing in-kind services to the project through the administrative support of DMH&MR and multi-agency participation on the Committee of Commissioners and local A&P Teams. This in-kind match is an 11% annual add-on to the federal funds supporting the R&D project. Even if the Committee approaches federal funding sources with the understanding that the "Final Report" required from SID staff in June 1975 will be forthcoming, and with the expressed intent of supporting the program completely with State monies in 1976-78, the agencies may be asked to carry more of a financial burden in 1975-76 than at present. Each Commissioner will then have to evaluate his agency's ability and willing-

ness to contribute to the program based on the perceived worth of the model and his agency's fiscal condition. If federal dollars are simply unavailable to support the program during the 1975-76 period, these decisions by the Commissioners will determine whether the program continues at all.

#### D. CLIENTELLE

Since manpower in the field offices is to be maintained at the current level, the number of client processings per year per Team in Planning District #6 will remain at approximately 135. Each Team in Portsmouth, supported by a smaller BA staff, will continue to complete about 100 processings per year. However, the type of clientelle served in both areas will be expanded to include non-institutionalized, high-risk community residents.

Reassessment and prescription of institutionalized mentally ill and mentally retarded clients already participating in the project will continue, as will follow-up/monitoring of clients placed in the communities under SID procedures. New clients will be added from participating institutions as the three-month residency requirement is met. Clients from the juvenile institutions will be assessed and prescribed at the request of institution personnel; no attempt will be made to solicit clients from the juvenile institutions as the number of potential clients is small and the geographic dispersal of the facilities makes "routine" assessments and prescriptions too unwieldy.

Under the expanded definition of deinstitutionalization (see paragraph F of Section I), the prevention of admission to a state institution is logically included as a function of the SID program. Thus, community service

deliverers will be able to refer high-risk but non-institutionalized clients to the SID program through their representatives on the A&P Team. Assessment by a broker advocate and prescription-writing by the Team will occur much as it does for institutionalized clients. The Community Services Coordinator and Chief Broker Advocate in each area will be responsible for assuring that all agencies have an opportunity to refer clients to the Team and for maintaining individual BA caseloads at a manageable level. The Community Services Coordinator will also be responsible for maintaining the involvement of institution representatives in the Team's processing of community residents. Community-institution inter-action is as necessary to the maintenance of clients in the community and to the timely institutionalization of those who require intensive care as it is to the considered deinstitutionalization of those who can again function in the community.

Staff and A&P Teams should move into this mode of operation as soon as possible in order to have an experience base and hard data to present to the legislators who will determine funding for 1976-78. Staff could incorporate this aspect into the model as early as January 1975. Since inclusion of new clientele will raise expectations from community and institution personnel, clients, and SID staff, transition prior to the assurance of funding for 1975-1976 would, however, be unwise.

Assuming that clientele expansion does occur in January 1975, data presented in Table I result in a projection of the capacity of the program to absorb community referrals in the period January 1, 1975 through June 30, 1976.

The conclusion is that 370 community referrals could be accommodated in the 18-month period.

TABLE I  
STATEMENT OF CLIENT PROCESSING CAPACITY FOR THE PERIOD  
JANUARY 1, 1975 THROUGH JUNE 30, 1976

	<u>Planning District #6</u>		<u>Portsmouth</u>	
	<u>WSH Team</u>	<u>LTS&amp;H Team</u>	<u>CSH Team</u>	<u>PTS&amp;H/LTS&amp;H Team</u>
Total Number of Clients Processed as of 1/1/75	160	140	80	80
Number of Clients to be Reassessed in the period	50	45	25	25
Number of New Inst. Clients targeted for first assessment in the period	few	few	40	few
Number of Inst. Client Processings to be Performed in the period	100	90	90	50
Client Processing Capacity for period	200	200	150	150
Number of Processings Available for Community in the period	100	110	60	100

Data in Table I are based on six assumptions:

- 1) Each Team in Planning District #6 meets an average of twice a month while each Portsmouth Team meets an average of 1½ times per month. Six clients are processed per meeting. Over 18 months a total of 400 processings will occur in PD #6 and 300 processings in Portsmouth.
- 2) Based on experience to date, clients prescribed to continue in the institution require an average of two reassessments each in 18 months.
- 3) Once a Team has assessed and prescribed initially for institution residents, the number of new clients becoming eligible for processing is small. Many clients who enter the institution do not stay the three months required for entry into the program.

- 4) Given that a Team in Planning District #6 can handle 200 processings and a Team in Portsmouth can handle 150 cases over 18 months, (two hundred OR one-hundred fifty) minus (Number Inst. Client Processings) equals (Number Processings Available for Community Clients).
- 5) Community clients are likely to require only one assessment and prescription so "Number Processing Available for Community Clients" is assumed to equal the actual number of clients.
- 6) The projections for PD #6 disregard the 29 juvenile offenders residing in state institutions from that area. If these persons are processed, the projected capacity for community referrals from PD #6 is diminished accordingly.

The question remains as to whether the existing staffs of broker advocates (14 in PD #6 and 8 in Portsmouth for a total of 22) will be able to support the processing of the number of clients projected. Summing the figures in rows 1 and 3 in Table I, 500 clients will have entered the project from institutional sources by June 30, 1976. Looking at row 5, we see that 370 community-referred clients are projected for processing between January 1, 1975 and June 30, 1976. Thus, by the latter date and including terminations, the project will include a total of 870 clients and an average broker advocate caseload will be 40 cases.

Of these 40 clients, 57% (or 23 clients) will have entered the processing chain while residing in an institution; the remaining 17 clients will have been referred through A&P Team members as high-risk community residents. Given these two distinct groups of clients and based upon experience to date, an average projected caseload come June 30, 1976 for one broker advocate is broken down in Table II.

TABLE II

BREAKDOWN OF PROJECTED AVERAGE BROKER ADVOCATE CASELOAD AS OF JUNE 30, 1976

	Clients Entering SID Processing While:		TOTAL
	<u>In an Institution</u>	<u>In a Community</u>	
Number Clients Processed by A&P Team (Total Caseload)	23	17	40
Number Clients with IN Prescriptions	8		8
Number Clients with OUT Prescriptions (Number actually OUT)	15 (4)	17 (17)	32 (21)
Number Clients Terminated	0		0

Data in Table II are based on the following assumptions:

- 1) Of the clients processed through an institution, information to date indicates that 65% (15 of 23 clients) will be prescribed OUT.
- 2) It is likely that most all of the clients referred through A&P Team members as high-risk community residents will be prescribed OUT.
- 3) Of the total number of institution residents processed, 16% (4 of 23 clients) will be placed in the community if the project's current placement rate for MI and MR combined continues.
- 4) It is likely that all clients who are residing in the community at the time of processing will remain there.
- 5) The current termination rate is 1%. Since many of these are due to a client's being placed out of the institution into non-SID areas or due to the client's movement prior to Team prescription-writing, the termination rate for community referrals is likely to be lower.

A caseload of 40 clients per broker advocate is reasonable even though the current average caseload is between 25 and 30 cases. The amount of time required for each case will vary widely: No time for terminations, unless the case is reinstated; a minimum amount of time for long-term, successful community placements; more time for client's residing in an institution and



requiring periodic re-assessments; a great deal of attention for clients prescribed to the community and for whom an extensive search of available resources is required; and considerable time for clients living in the community who are experiencing service delivery breakdowns.

To ease BA reporting requirements and allow more time for client contact, the period between follow-up reports for clients placed in the community will be extended based on the individual's longevity and success outside the institution. This, in addition to normal client terminations and variation in quantity of broker advocate action required on cases, will permit a continuous flow of clients into the system.

#### IV. OPERATIONAL MODE FOR 1976-1978

This section presents the operational plan for the 1976-78 biennium. The plan assumes that organizational placement of the program will remain in the Office of the Secretary of Human Affairs and that administrative support will be rendered by an agency designated by the Secretary. Before presenting the specifics of the plan with respect to geographic areas served, manpower, funding, and clientelle, some general considerations are necessary.

##### A. GENERAL CONSIDERATIONS

The Commonwealth of Virginia is partitioned into 22 Planning Districts. There is a wide range in the population of these districts. The smallest in population, PD #17, had a provisional 1973 census of 37,500 persons; the largest, PD #8, had a provisional count of 985,500 persons.

For planning purposes a SID "field unit" of fixed size is submitted. The field unit consists of a chief broker advocate, ten broker advocates, and one and one-fourth secretaries. A field unit this size would accommodate two A&P Teams, with each A&P Team meeting twice monthly and with each performing assessments/prescriptions for six clients per meeting.

Two A&P Teams supported by one such field unit would perform approximately 270 assessment and prescription "processings" per year.<sup>8</sup>

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Forty-eight A&P Team meetings X 6 processings per meeting = 288 processings, rounded conservatively to 270 processings per year. The case load for one broker advocate at the end of the first year of a new field unit's operation would be somewhat under 27 clients (270 divided by 10), given the fact that some of the A&P Team processings would be reassessments.

There are approximately 11,800 persons residing in DMH&MR state institutions (7000 mentally ill and 4800 mentally retarded). The population of the Commonwealth as per the 1973 provisional projection was 4,811,000. Therefore, residing in a state institution for the mentally ill or the mentally retarded are approximately 2.5 persons for every 1000 citizens not so located. Or, for an area consisting of a population of 100,000 one might expect to find approximately 250 residents from that area living in a DMH&MR state institution.

Given two A&P Teams with one SID field unit functioning in a catchment area of 100,000, and given the rate of approximately 270 A&P Team processings per year, it is deduced that most of the persons from a catchment area of that size who reside in a DMH&MR state institution would be "A&P'ed" once in the first year of a SID field unit operation.

We have therefore, for planning purposes, decided to be guided by the population figure of approximately 100,000 in designating SID catchment areas. Further, we have not crossed planning district boundaries in proposing catchment areas.

Exhibit E represents our attempt to designate and to count the total number of SID catchment areas, given the above rationale. Because of their population size, some of the planning districts contain several catchment areas. The schematic is further accommodated by assigning one-half of a field unit where appropriate.

The conclusion reached is that 42 SID field units, each consisting of the above-mentioned staffing, would be required to operate the program throughout the entire state. Eighty-two A&P Teams would be required,

assuming a twice-a-month meeting frequency; or forty-one A&P Teams each meeting four days a month.

In large catchment areas, such as Fairfax County/Fairfax City/Falls Church (total population of 545,900), some consolidation of SID field units would occur. Hence, the total count of 42 field units is mildly inflated.

#### B. GEOGRAPHIC AREAS

In 1976-77, two geographic areas, each with one SID field unit and with two A&P Teams, will be added to the program. In 1977-78 two more areas will be included, bringing the total to six areas. The actual selection of the four new areas is a task suited to the Committee of Commissioners in collaboration with the Secretary. Population strength, as well as the desirability of exposing the other two large institutions for the mentally ill (Eastern State Hospital and Southwestern State Hospital) to the program, will be among the considerations. Selection of the areas should occur 6 to 8 months before the July 1 start-up dates to allow for advance coordination, formulation of A&P Teams, orientation and familiarization. It is believed that there are some areas in the Commonwealth today that are "ready" to operate the model if they had the support provided by a SID field unit and SID central office.

#### C. MANPOWER

##### 1. Field Staff

The greatest staffing change in the program has to do with the elimination of the Community Services Coordinator (CSC) as a SID staff position. The SID job description for the CSC position specifies the distinguishing

features of the work, in part, as follows:

The work involves coordinating the service delivery system in a geographic region or metropolitan area in the State, as the service delivery system relates to meeting the service delivery requirements of persons residing in and discharged from State institutions. . . . The work further involves identifying and establishing liaison with all service delivery agencies throughout the geographic region. . . . In a more general sense, studies the geographic, governmental, formal and informal structure, economic base, and particularly the network of private and public human affairs services in the given region in the State.

These are key functions in the smooth development and operation of the program. They are also functions that are often specified for existing community agency or institution personnel.

Beginning in 1976, the CSC function will be assumed by a person in a local agency. That is, an existing staff position in an agency designated by representatives of the local area will be utilized to carry out the CSC function. Given that each community varies in its operational assignment of responsibility for coordination of the delivery of human services, the designated function may be assumed by a Chapter 10 Coordinator, a senior staff person at the Regional Welfare Office, or a human services planner in the Planning District Commission, to name but a few. In any case, local acceptance of the entire SID program will certainly be hastened and enhanced by having "one of their own" as a local hub for the program.

The "CSC" will not be on the SID payroll but will be employed by a local agency represented by one of the state agencies on the Committee of Commissioners. He/she will serve as the A&P Team Chairperson and will be responsible for maintaining the integrity of the Team. He will work with the local SID staff to insure that the model procedure receives local

support. He and the SID field unit staff will work toward stimulating resource development among local agencies and local governments. The indigenous nature of the individual will facilitate the solution of coordinative problems that the staff is unable to solve alone.

The position of Chief Broker Advocate will be upgraded both in responsibility and remuneration since that person will take over a portion of the functions now carried by the CSC. A new job description for the Chief Broker Advocate, adding coordinative responsibilities to the administrative responsibilities, will be written. Since the Chief BA and "CSC" will work closely together, the "CSC" will collaborate with the Program Director in the hiring of the Chief BA. Although the Ch BA and "CSC" will not report administratively to the same individual, in the event of an irreconcilable disagreement between them the Program Director will have recourse for problem solution to the Committee of Commissioners as the "CSC" will be an employee of one of the agencies represented. (See location of A&P Team Chairperson, i.e., the "CSC," on the organizational chart at Exhibit C.)

Creation of two Broker Advocate C positions in each office will add an additional rung to the career-ladder offered by the SID program. The addition of this sequence will enable the program to retain trained and experienced personnel for longer periods of time by giving them another opportunity for advancement within the program. Even given the higher salaries involved, these individuals will more than pay for themselves in expertise shared with and training given to junior staff members.

To round out each office, four Broker Advocate B and four Broker Advocate A positions as well as one-and-one-quarter Secretarial positions are required.

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## 2. Central Office Staff

In the central office, certain positions will undergo title changes commensurate with the change of the project to an ongoing program. The Project Director will become the Program Director, Assistant Project Director becomes Deputy Program Director, and Evaluation Coordinator becomes Program Evaluator. The positions of Systems Analyst, Programmer B, Statistician, and two Secretaries are maintained. In addition to the one Key-operator added in 1975, one each will be added in 1976 and 1977 (for a total of three). The position of Accountant will be deleted; the Program Evaluator with the assistance of the Systems staff will carry out the ongoing cost/benefit analysis.

### D. FUNDING

The proposed budgets for 1976-1977, 1977-1978, and for the biennium are at Exhibit F. The cost for 1976-1977 is estimated at \$1,007,955 and for 1977-78 at \$1,511,228, giving a total for the biennium of \$2,519,183.

Funding from the legislature will be requested through the Office of the Secretary of Human Affairs. The program will be completely supported by state funds. A&P Team expenses (manpower costs, travel, etc.) and salary for the A&P Team chairperson fulfilling the CSC function will be borne by the team member's agency. These costs are not included in the SID Program budget.

### E. CLIENTELLE

An individual A&P Team's inclusion of high-risk, non-institutionalized community residents into its potential clientele will occur only after initial processing of all consenting institutionalized mentally ill or

mentally retarded clients is completed. It is imperative that each Team continue to operate in this manner. Institutionalized persons receive first priority for the model's operations.

There are approximately 7,000 mentally ill and 4,800 mentally retarded persons in institutions in Virginia. For every 1000 Virginians-at-large, 1.5 citizens reside in a state mental hospital and 1.0 resides in a state training school for the retarded. From a catchment area of approximately 100,000 residents, one may expect 150 persons to be in institutions for the mentally ill and 100 individuals to be in institutions for the mentally retarded.

Two A&P Teams will be developed in each of the four new areas to be embraced during the 1976-1978 biennium. One Team will process mentally ill clients and one Team will assess and prescribe for mentally retarded clients. Each A&P Team will meet twice a month and will process six clients at each meeting. (A yearly rate of approximately 135 processings per Team will be maintained.) Since there are likely to be more mentally ill than mentally retarded clients from a given area, the first Team formed in each area will be devoted to the processing of the former client group. After the A&P Team for the MI is operational, a Team for the MR will begin.

Based on experience, it will take somewhat more than one year (including lag time for start-up of the second Team) to process all 250 institutionalized clients. Reassessment requirements slow down the input of new clients after the Team has been functioning for about six months. Thus, each Team will function for 12 to 15 months prior to accepting community referrals through its members. By that time, the initial "sweep"



through the institutions will have been completed and the Team and staff will be strong enough to accept the additional responsibility of non-institutionalized clients.

The client processing pattern for Teams from one sample area during the field unit's second year of operation is presented in Table III.

TABLE III  
STATEMENT OF CLIENT PROCESSING CAPACITY DURING THE SECOND YEAR  
OF OPERATION OF A FIELD UNIT

	<u>Team I</u> <u>Mentally Ill Clients</u>	<u>Team II</u> <u>Mentally Retarded Clients</u>
Total Number of Clients Processed As of Beginning of Second Year	120	100
Number of Clients to be Reassessed in 2nd year	42	35
Number of New Inst Clients Targeted for First Assessment in 2nd year	30	few
Number of Inst Client Processings to be Performed in 2nd year	93	53
Client Processing Capacity for 2nd year	135	135
Number of Processings Available for Community Clients in 2nd year	42	82

NOTE: It is assumed that each client targeted for reassessment will be reassessed  $1\frac{1}{2}$  times in the 12-month period.

The number of processings during the first year (row 1) are deflated from the 135 possible per Team, since a start-up period is assumed. The rest of the assumptions for the data in Table III are analogous to those presented in relation to Table I (Section III, paragraph D).

What, then, can be said of the total client caseload for a SID program with six field units in operation at the end of June 1978? Table IV presents the number of clients expected for each of the three sets of two field units, by disability group, come June 30, 1978.

TABLE IV  
PROJECTION OF TOTAL NUMBER OF CLIENTS IN SID PROGRAM  
AS OF JUNE 30, 1978

	<u>MI Clients</u>		<u>MR Clients</u>		<u>Total Clients</u>
	<u>Teams</u>	<u>Clients</u>	<u>Teams</u>	<u>Clients</u>	
2 Field Units Operating 1977-78	2	240	2	200	440
2 Field Units Operating 1976-78	2	384	2	364	748
2 Field Units Operating 1973-78	<u>2</u>	<u>840</u>	<u>2</u>	<u>830</u>	<u>1,670</u>
TOTAL	6	1,464	6	1,394	2,858

In addition to the assumptions underlying the data in Tables I and III, it is assumed in Table IV that the two field units which have been operational since 1973 will each add a total of 200 community residential clients in each year of the 1976-1978 biennium. Thus, 800 new clients in addition to the number of clients shown in Table I will comprise the total clientele for the two original field units (PD #6 and Portsmouth) at the end of the 1976-1978 biennium.

There will be a staff of 65 broker advocates spread among these six offices.<sup>9</sup> With 2,858 clients, the average broker advocate caseload would be 44 clients. For the two original field units, the caseload for one broker advocate would be 67 clients; many of these would be cases several years "old" and hopefully would require only a once-a-year followup check.

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Ten broker advocates per field unit, plus 5 more broker advocates for PD #6 because of its population size. Chief broker advocates are not counted as carrying caseloads.

The heavy emphasis on personal services in the program means that the majority of costs are in personnel. The fact that incomes are expected to increase each year accounts for the increasing staff unit budgets between years. Such also accounts for the fact that while the average cost per client in 1974 is approximately \$1,000, by June 30, 1978 with a total of \$4,259,000 having been spent on the program, the average cost/client will be \$1,490.

All these figures should be regarded as estimates. Many variables could change the projections: A&P Team enthusiasm, referral rates, discharge rates, client access, client termination rates, resource availability, changes in information formatting and programming, and automated reporting capabilities. The estimates are extrapolated from empirical data available at the time of this writing.

## V. DISCUSSION AND CONCLUSION

It may be instructive to project SID program costs on a state-wide basis.

Although operationally impossible, for projection purposes let us assume that the SID program is instituted state-wide in 1976-1977. The cost of the program for 42 SID field units at \$178,270 per field unit would be \$7,487,340 plus SID central office costs. If the latter were held to 15% of the field costs, or \$1,123,101, the total cost for a state-wide program would be \$8,610,441.

The total cost for the SID program in 1985-86 can also be calculated although doing so is a rather academic exercise since client needs and the vehicles for meeting these needs are bound to change in the interim. Allowing for a 9.4% yearly increase in cost, the program in its tenth year of operation would cost \$400,160 per field unit times 42 field units or \$16,806,720; add 15% for central office costs and the total cost for FY 1985-1986 would be \$19,327,728.

The question can and should be raised as to whether or not a coordination/planning/evaluation/advocacy/monitoring service is worth the cost.

The answer to "Is it worth it?" lies in three areas: (1) Priority (2) Need (3) Product.

### A. PRIORITY

The priorities of an organization (government is no exception) are not simply a function of consumer need or of product quality. In business, priorities are determined by the profit criterion. In state government,

priorities are established by a multiplicity of criteria, some more respectable than others.

Theoretically, in democratic government the culture's collective value system determines the priorities. To the extent that the people's elected representatives are held accountable for the hierarchy of priorities they establish, and to the extent that the people select their representatives, in the long run the established priorities become those of the people.

But this is true only in the crudest sense. More realistically, priorities set by elected and appointed officials are much further removed from the culture's collective value system. They are instead much closer to the collective value system of the elected and appointed officials themselves!

What is the "collective value system" of governmental officials? Or, what are the parameters that govern their value system? It is possible to make a list of such parameters:

- 1) The prospects for continued incumbency.
- 2) The prospects for upward mobility--increased status and higher standard of living.
- 3) Protection of the existent sphere of influence, or power base; prospects for expansion of same.
- 4) Acceptance by peers; acceptance by superiors.
- 5) Fulfilling the duties and responsibilities of the office held.
- 6) Prudent allocation and expenditure of constituents' tax monies.
- 7) Prospects for obtaining revenues from sources other than the constituents themselves.
- 8) Protection and preservation of the common fund.
- 9) Visibility to those who determine future "rewards."
- 10) Recognition of accomplishments.
- 11) Human compassion, altruism, "service motivation."

The list is not exhaustive but it does contain many of the issues that frame the attitudes and actions of the so-called public servant.

Having made explicit that which is usually kept implicit, it becomes possible to identify those values which allow for accommodation of the priority in question. That is, which parameters auger for a program designed to insure that the poor and the disabled receive those services to which they are legally entitled, and which parameters tend to relegate a service integration deinstitutionalization program to a low level of priority?

For example, to the extent that "(8) Protection and preservation of the common fund" is operative as a priority-determiner, the threat posed by class action lawsuits in the institutionalization-deinstitutionalization issue argues in favor of adopting a systematic deinstitutionalization procedure. To the extent that "(3) Protection of existent sphere of influence" is operative as a value held by government officials, the new alignments and new spheres of influence which can be expected from service integration methods will result in a lowering of priority for the SID program.

This brief analysis of the priority problem does not immediately lead to a deduction of what the priorities ought to be. It does pretend to suggest a framework for understanding how priority designation occurs in state government.

#### B. NEED

The need for a systematic deinstitutionalization procedure in the Commonwealth of Virginia at this point in time cannot be overstated. DMH&MR institutions have grown too large, are too crowded, consume 80 to 90% of the DMH&MR budget, and find it almost impossible to attend to the social, emotional, educational, vocational, legal, and health

needs of the thousands of residents. Communities and institutions, themselves, via SID project data assert that two-thirds of the residents should reside in other kinds of modalities. With constitutional rights and freedoms omnipresent, the situation approximates crisis proportions.

The need for a coordinative, monitoring, service-integrating procedure to accompany the discharge of institutional residents is mandatory if the tragedies of California and New York are to be avoided. One state agency in Virginia (DMH&MR) is caught with having to care for thousands of citizens who have a multiplicity of problems and needs, only one of which may be mental illness or mental retardation--and sometimes not even these problems!

Where was Education when the public school system rejected the mentally retarded youngster? Where was Welfare when the elderly person, without any source of income, could receive food and shelter only from Western State Hospital? Where was Vocational Rehabilitation when the head of a household lost his job as a machinist because of epilepsy? Where was Health when a two-week stay in a general hospital could have prevented two decades of warehousing in a state mental hospital? Where was Employment when there were job listings for janitors and a mentally retarded person was begging for a job? Where are these agencies now? What are their present responsibilities to those persons who entered the gates of the state mental hospital at a time when these agencies were far less sophisticated and developed than they are today?

The need for a SID program after the present crisis is overcome is a question for discussion. While it is difficult to foresee a time when coordination, followup monitoring, and information gathering regarding outcome will not be needed in serving multi-problem, high-risk persons, the resources needed to fill this need some ten years hence are difficult to predict in any kind of definitive sense. With changing problems comes changing solutions.

We can be certain, however, that there will always be persons in human crisis situations and persons in chronic, tragic circumstances, who, because of inadequate financial resources, need the services of public, governmental agencies. The problems of many of these persons will be more than the resources or expertise that one agency, by itself, can provide. Somebody or something must rally these resources in a timely fashion--to alleviate present suffering and to prevent future festering of problems.

There were, for example, 7,949 admissions to Virginia's four large state mental hospitals in FY 72-73. This is a rate of 1.7 admissions per year per every 1000 persons in the general population. How many of these admissions, with their crippling "institutional syndromes," could have been prevented by the A&P Team/broker advocate process?

There remains the question of the ongoingness of the need for a client advocate. When a person has no checkbook, he needs an advocate, simply to obtain services.<sup>10</sup> This is so because of "reverse contingencies" which

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Persons with sufficient "ego strength" can be their own advocate in requesting entitlements. Rejected children, the mentally handicapped, and enfeebled persons with no linkage or connections most certainly need an advocate.



operate on persons in public agencies to provide service quality and quantity. The public servant's life is made simpler and easier if he reduces his service-giving activities to a minimum. He is not in direct competition for the clientele he serves and he has, virtually, a "captive audience." The quality and quantity of his service-giving activities are sustained mainly by his sense of professionalism, and this is known to be vulnerable to environmental influences.

There would be less need for a client advocate (there would still be need for a "brokerage service") if service delivery were placed on a voucher system and "public agencies" as we now know them were competing privately for clientele. Until "the dollar follows the client" instead of "the client searching for the dollar" occurs, there is a clear need for an advocate to assist the client in obtaining, and continuing to obtain, the needed services.

One might argue: Alright, the broker advocate checks on the client and on the client's receipt of services, but who checks on the broker advocate? What insurance is there that the broker advocate will do his job? Will he not fall prey to the same bureaucratic sickness discussed above?

Yes, he might. This is the inherent threat or danger in creating "another bureaucracy" to solve the same problems not now being adequately dealt with by bureaucratic structures. We are certain the broker advocate would succumb to bureaucratic sluggishness if he is placed organizationally under the thumb of one of the state agencies he is charged with "watch-dogging." We feel that there is some hope for him to protect his client's

service interests if he is relatively "free" from the system he prods, goads, and persuades. The explicitness of the program evaluation information vis-a-vis the individual broker advocate in the SID model procedures provides another "check and balance" on the quality and quantity of the individual broker advocate's activities.

### C. PRODUCT

The products of the SID program were delineated in an earlier section of this document (see paragraph E of Section I). The quality or worth of the products can be judged mainly by their effects upon (1) the clients embraced by the procedure and (2) the service delivery system in general.

Measuring effects upon clients is fairly straightforward. One can ascertain if clients are more satisfied with community living than with institutional living. One can observe if behavior deteriorates or expands as a consequence of community living. Costs on a per client basis can be attached to institutional living and compared with the costs of community living. One can assess the stability of community placements over time; recidivism rates can be studied. The degree to which clients receive prescribed services from the institution versus the degree to which placed clients receive prescribed services from the community is also a reflection of the propriety of deinstitutionalizing clients.

Assessing the effects of the program upon the service delivery system is more difficult and less quantitative. Do the participants see value in the procedure? Do communities move forward in establishing resources? Are new institutional programs developed? Existent ones improved? Does the State begin to reallocate and redistribute its financial resources in conformity with identified service requirements?

The SID program itself carries much of the machinery for evaluating its own products--particularly in the realm of impact upon clients and cost/benefit analyses.

Therefore, "Who evaluates the evaluators?" is as valid a question as "Who checks on the broker advocates?" Who umpires the umpire?

Evaluation of program evaluation comes in the form of the budgeting, appropriation, legislation process. The Committee of Commissioners, the Secretary, and the General Assembly judge the effort.

This has the effect of subjecting a socio-technical program to a test of the political process. It places the decision for or against continuance of a program of social reform into the realm of priority considerations (see paragraph A, Section V).

As we have suggested, government's priorities often are reached by considerations other than consumer need or product quality. This may be an inevitable cost in the democratic process as we know it. However, there is an added protection to persons who are the target of programs designed to correct social abuse.

The court is the "super umpire" in our land. When any particular citizen's constitutional rights are abridged, every citizen's liberty is thereby diminished. Political and economic considerations will not suffice when constitutional guarantees are at stake.

Behold, I cry out of wrong, but I am not heard:  
I cry for help, but there is no judgment.  
He hath fenced up my way that I cannot pass.  
And hath set darkness in my paths.

Book of Job



# EXHIBIT A

The SID Project  
CLIENT STATUS AS OF Sept 18, 1974 (Project operational for 16 months)

Client Group	Inst.	No. of Clnts Assessed & Prescribed	(No. of Re- assessments Performed)	Current PRESCRIPTION Status				Current OUTCOME Status*				RECIDIVISTS (Was Out Now IN)	(OUT but not under SID Model)	A&P Team		
				IN		OUT		IN		OUT				Meetings	Man- hours	Personl Cost
		#	%	#	%	#	%	#	%	#	%					
Mentally Ill	WSH	151	(60)	46	30%	105	70%	101	67%	44	29%	(4)	(7)	31	1821	\$16,170
	CSH	15		5	33%	10	67%	15	100%					3	97	861
	Sub-Total	166	(60)	51	31%	115	69%	116	70%	44	27%	(4)	(7)	34	1918	17,031
Mentally Retarded	LTSH	102	(34)	35	34%	67	66%	93	91%	9	9%	(1)	(1)	21	1055	8,841
	PTSH	52	(3)	26	50%	26	50%	50	96%	2	4%			9	362	2,606
	Sub-Total	154	(37)	61	40%	93	60%	143	93%	11	7%	(1)	(1)	30	1417	11,447
JO Portsmouth	7TSS	31	(8)	6	19%	25	81%	8	26%	22	71%		(4)	10	536	3,859
JO PD #6																
Sub-Total																
GRAND TOTAL		351	(105)	118	34%	233	66%	267	76%	77	22%	(5)	(12)	74	3871	\$32,337

\*Deceased clients:

5 WSH while IN; 1 while OUT

1 JO Portsmouth while IN

NOTE: All percentages are based on the corresponding figures in the column labeled: "Number of clients Assessed and Prescribed"

NOTE: Figures appearing in parentheses are sub-sets of counts presented in other columns.

EXHIBIT B

Inter-Secretary Compact Number One

1. Problem - Many of the Commonwealth of Virginia's mentally ill and mentally retarded citizens are currently residents in large state institutions, i.e., training schools and hospitals. Many juvenile offenders are frequently made wards of the Commonwealth of Virginia through Chapter 8 et seq., Title 16.1, Code of Virginia and thereby confined to state training schools at a tender, formative age.

From a variety of perspectives (both individuals, humanitarian, and societal), it is both desirable and necessary to reintegrate the above-mentioned citizens of the Commonwealth of Virginia back into their home communities from which they came and to prevent institutionalization in the first place. To achieve this goal, however, requires both the cooperation and commitment of the human service delivery agencies of the Commonwealth of Virginia.

2. Purpose - The Service Integration for Deinstitutionalization (SID) Program is a systematic, rehabilitative procedure for the orderly deinstitutionalization of the citizens of the Commonwealth of Virginia who are residents of the above State institutions. The twelve human service delivery agencies of the Commonwealth of Virginia which are engaged in this collaborative program are as follows: Department of Mental Health and Mental Retardation; Commission for the Visually Handicapped; Commission for Children and Youth; Department of Welfare; Department of Vocational Rehabilitation; Department of Health; Division of State Planning and Community Affairs; Employment Commission; Department of Education; Department of Corrections; Virginia Council for the Deaf; and Office on Aging.

3. Authority and Commitment - Pursuant to the authority vested, individually and collectively, in us by the provision of Sections 2.1-51.7 et seq., Chapter 5.1, Title 2.1, Code of Virginia, and by the provision of Executive Orders Number Seven, Eight, Nine, and Ten (signed on May 22, 1974 by The Honorable Mills Godwin, Jr., Governor of the Commonwealth of Virginia), we the undersigned four Secretaries (Secretary of Administration, Secretary of Commerce and Resources, Secretary of Education, and Secretary of Human Affairs) will carry out and implement the Service Integration for Deinstitutionalization Program. The attached plan entitled, Plan for Continuation of the SID Program Beyond June 30, 1975, which is incorporated by reference within this Inter-Secretary Compact, is a statement of our commitment to the Service Integration for Deinstitutionalization Program, and we will use our power and authority, individually and collectively, as Secretaries (Administration, Commerce and Resources, Education and Human Affairs) of the Commonwealth of Virginia to carry out the attached plan as of the \_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

Given under our hand and seal of the Commonwealth of Virginia this \_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
Secretary of Administration

Exhibit B (cont'd)

Secretary of Commerce and Resources

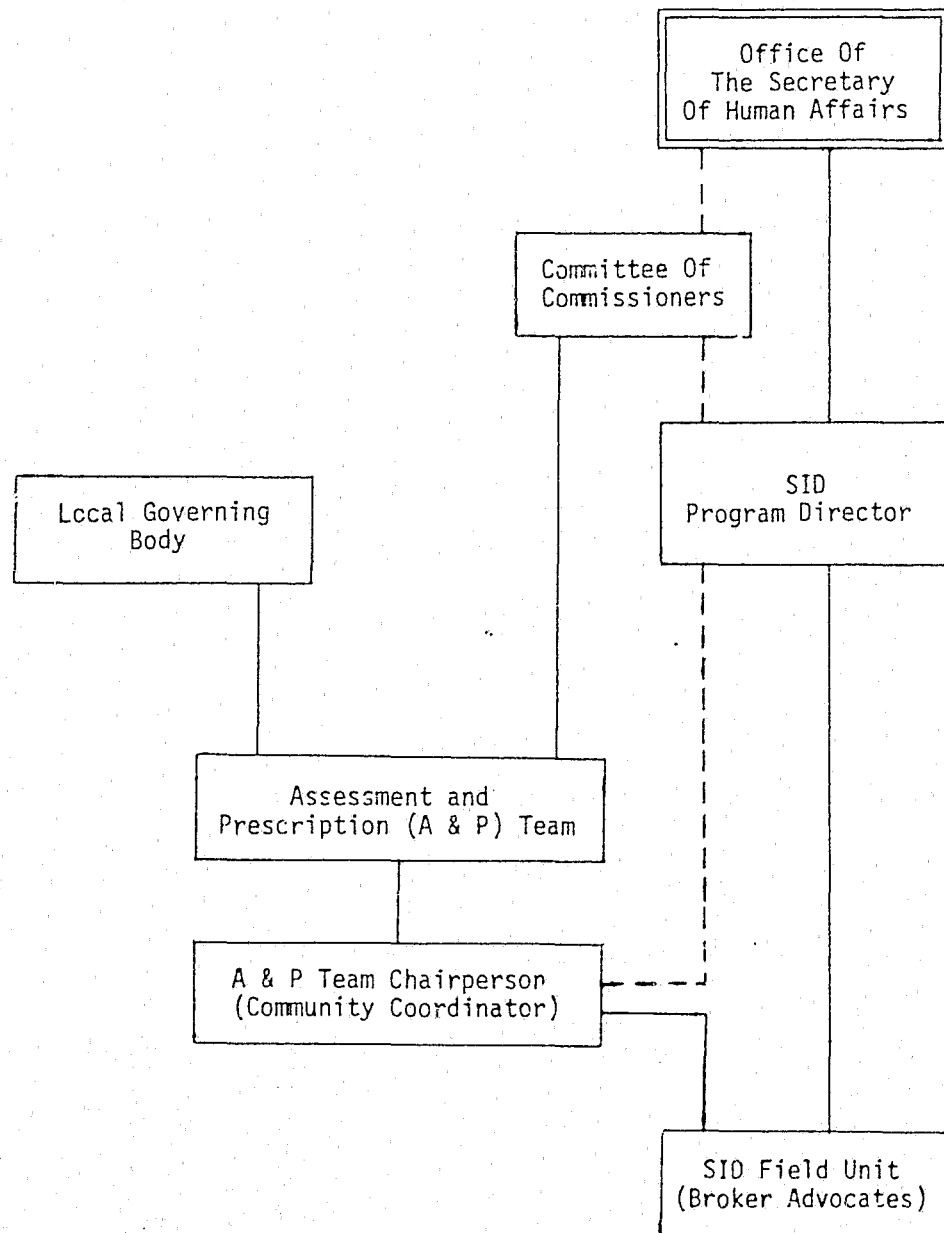
Secretary of Education

Secretary of Human Affairs

Attested:

Secretary of the Commonwealth

EXHIBIT C  
ORGANIZATIONAL ARRANGEMENT OF SID PROGRAM



———— Official line of authority and responsibility  
----- Consultative/advisory relationship



EXHIBIT D

1975-1976 BUDGET

## Exhibit D (cont'd)

18. BUDGET SUMMARY FOR PERIOD SHOWN IN ITEM 11B PAGE 1  
(COMPLETE ITEMS 19 THRU 25 BEFORE THIS PAGE)

A. DIRECT EXPENSES OTHER THAN TRAINEE EXPENSES	
BUDGET CATEGORY	FEDERAL FUNDS (ONLY)
1. PERSONNEL (INCLUDE FRINGE BENEFITS)	\$495,787
2. EQUIPMENT	
3. CONSUMABLE SUPPLIES	5,000
4. TRAVEL (STAFF)	50,690
5. CONSULTANT EXPENSES	6,375
6. OTHER EXPENSES	82,500
7. TOTAL DIRECT EXPENSES OTHER THAN TRAINEE EXPENSES	\$ 640,352
B. DIRECT TRAINEE EXPENSES (COMPLETE SECTION B FOR TRAINING GRANTS ONLY)	
1. STIPENDS (INCLUDE DEPENDENCY ALLOWANCES)	
2. TUITION AND FEES	
3. TRAVEL	
4. TOTAL DIRECT TRAINEE EXPENSES	\$
C. TOTAL DIRECT COST LINES A7 and B4	\$ 640,352
D. INDIRECT COST EXPENSES:	
(A) IS INDIRECT COST REQUESTED: <input type="checkbox"/> NO <input type="checkbox"/> YES	(B) DUE TO NEGOTIATED AGREEMENT DATE
(C) PERCENTAGE RATE: _____ %	(D) BASED ON: <input type="checkbox"/> SAW <input type="checkbox"/> TACC
	(E) BASE \$
E. GRAND TOTAL (TOTAL LINES C AND D)	\$ 640,352
F. TOTAL GRANTEE PARTICIPATION (OMIT FOR RESEARCH & DEMONSTRATION PROJECTS)	\$
G. TOTAL PROJECT COST (TOTAL LINES E AND F) (OMIT FOR RESEARCH & DEMONSTRATION PROJECTS)	\$

Exhibit D (cont'd)

Professional Staff

<u>Position</u>	<u>Salary</u>
Project Director	\$29,300
Assistant Project Director	23,400
Evaluation Coordinator	17,150
Systems Analyst	15,000
Programmer B	13,128
Accountant B	10,992
Statistician B	10,032
Community Services Coordinator	17,150
Community Services Coordinator	17,150
Chief Broker Advocate	13,728
Chief Broker Advocate	13,728
Broker Advocate B	12,528
Broker Advocate B	12,000
Broker Advocate B	12,000
Broker Advocate B	11,472
Broker Advocate B	10,992
Broker Advocate B	10,992
Broker Advocate B	10,512
Broker Advocate B	10,512
Broker Advocate B	10,512
Broker Advocate B	10,512
Broker Advocate B	10,512
Broker Advocate B	10,032
Broker Advocate A	9,168
Broker Advocate A	9,168
Broker Advocate A	9,168
Broker Advocate A	9,168
Broker Advocate A	9,168
Broker Advocate A	9,168
Broker Advocate A	9,168
Broker Advocate A	9,168
Broker Advocate A	9,168
Broker Advocate A	9,168
Broker Advocate A	9,168
Broker Advocate A	9,168
Total Salaries	\$405,014
Fringe benefits @ 12%	48,602
Total Professional Personnel Expenses	<u>\$453,616</u>

## 19. SCHEDULE OF PERSONNEL EXPENSES FOR PERIOD SHOWN IN ITEM 11b PAGE 1

### A. PROFESSIONAL

NAME  (1)	TITLE  (2)	ANNUAL SALARY  (3)	PERCENTAGE OF TIME OR EFFORT SPENT ON PROJECT  (4)	FEDERAL FUNDS REQUESTED  (5)
See Following Page		\$	%	\$
Total Salaries		405,014	100%	405,014
Fringe Benefits (see instructions) @12%				48,602
TOTAL PROFESSIONAL PERSONNEL EXPENSES				453,616

### B. OTHER PERSONNEL

JOB CLASSIFICATION	ANNUAL SALARY	PERCENTAGE OF TIME OR EFFORT SPENT ON PROJECT	FEDERAL FUNDS REQUESTED
(1)	(2)	(3)	(4)
Central Office Secretaries:	\$	%	\$
Clerk Steno D	7,680	100%	7,680
Clerk Typist C	6,432	100%	6,432
Clerk Typist C (Keypuncher)	6,144	100%	6,144
Field Offices Secretaries:			
Clerk Steno C	6,720	100%	6,720
Clerk Typist C	6,432	100%	6,432
Clerk Typist B	5,640	100%	5,640
Total Salaries			39,048
FRINGE BENEFITS (SEE INSTRUCTIONS) (5%)			3,123
TOTAL OTHER PERSONNEL			\$ 42,171
TOTAL A-1 PERSONNEL (A-1 PLUS TRANSFER TO ITEM 19A, LINE 11)			495,787
EXPLANATION OF FRINGE BENEFIT CALCULATIONS:			

### A. PROFESSIONAL

### B. OTHER PERSONNEL

## Exhibit D (cont'd)

20. SCHEDULE OF EQUIPMENT EXPENSES  
LIST INDIVIDUAL ITEMS OF EQUIPMENT AND THEIR ACCESSORIES

THE APPLICANT CERTIFIES THAT: (1) the equipment listed below is not already on hand and readily available for use by project personnel, and (2) the applicant employs an effective system of equipment utilization and management.

FEDERAL  
FUNDS  
REQUESTED  
(2)

ITEM (1)

None Requested

\$

TOTAL EQUIPMENT EXPENSES (TRANSFER TO ITEM 15, A, LINE 2)

\$

21. SCHEDULE OF CONSUMABLE SUPPLY EXPENSES  
LIST IN GROUPS  
(1)FEDERAL  
FUNDS  
REQUESTED  
(2)Office supplies and miscellaneous materials to be used during the  
fiscal year 1974-75

\$5,000

TOTAL CONSUMABLE SUPPLY EXPENSES (TRANSFER TO ITEM 15, A, LINE 3)

\$5,000

## Exhibit D (cont'd)

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22. SCHEDULE OF TRAVEL EXPENSES (STAFF)					FEDERAL FUNDS REQUESTED (2)
(1)					
Local travel (10¢ per mile)					\$
Field Staff	No. of men	Miles per man per month	Total Monthly Cost		
BA & Assoc.	2	1,000	2,640		31,680
Chief BA	2	2,000	480		5,760
Comm. Svc. Coord.	2	2,000	480		5,760
Central Staff (9¢ per mile)					
Directorate	2	1,000	180		2,160
Eval/Syst. as	2	500	90		1,080
TOTAL LOCAL TRAVEL					46,440
Out of State travel for professional staff (10 man trips @ \$225 - includes per diem)					2,250
Attendance at professional meetings/conferences (including travel, per diem, and registration fees)					2,000
TOTAL TRAVEL EXPENSES (TOTAL FUNDING REQUESTED FOR A, LINE 4)					50,690
23. SCHEDULE OF CONSULTANT EXPENSES					FEDERAL FUNDS REQUESTED (2)
(1)					
Consultation to professional clients					\$
25 consultant visits @ \$125 per visit					3,125
Travel and per diem for visiting consultants @ \$50 per visit					1,250
Consultation from Mr. Allen regarding Cost/Benefit Analysis					2,000
TOTAL CONSULTANT EXPENSES (TOTAL FUNDING REQUESTED FOR A, LINE 5)					6,375
24. SCHEDULE OF OTHER EXPENSES					FEDERAL FUNDS REQUESTED (2)
LIST ALL OTHER EXPENSES CHARGEABLE TO THE PROJECT					
(1)					
(1) Contract with State of Texas for processing - Computer & rental cost (Developer @ \$75; Data Processor @ \$5,000; Data Recorder rental @ \$2,200)					25,000
(2) Contract with actuarial firm to develop needed resource projections					
(3) Office Rental: Central office @ 8,000 PD #6 @ 6,600 Ports. @ 6,400					21,000
(4) Furniture Rental (Central office)					5,000
(5) Xerox Center for 12 cop. (Central-3,000; PD #6-5,000 Ports.-4,000)					12,000
(6) Telephone: Central office \$3,500 PD #6 \$5,500 Ports. \$4,000					13,000
(7) Postage (all three offices)					3,000
(8) Publications, training aids, printing and distribution					3,500
TOTAL OTHER EXPENSES (TOTAL FUNDING REQUESTED FOR A, LINE 6)					82,500

EXHIBIT E

SID CATCHMENT AREAS

<u>Planning District</u>	<u>Population in thousands (1973 Provisional)</u>	<u>Number of SID Field Units Required</u>	<u>Number of A&amp;P Teams Required</u>
#1	89.2	1	2
#2	117.4	1	2
#3	163.2	1	2
#4	119.0	1	2
#5 (Salem/Roanoke)	112.9	1	2
#5 (Remainder)	126.6	1	2
#6	191.8	1-1/2	2
#7	112.1	1	2
#8 (Fairfax city/ Fairfax Co/Falls Church)	545.9	5	10
#8 (Arlington)	163.8	1	2
#8 (Alexandria)	105.0	1	2
#8 (Pr. Wm/Loundon)	170.8	1	2
#9	75.4	1	2
#10	123.4	1	2
#11	173.2	1-1/2	2
#12 (Danville/Pittsylv- vania)	106.2	1	2
#12 (Remainder)	116.7	1	2
#13	81.3	1	2
#14	77.6	1	2
#15 (Richmond)	230.4	2	4
#15 (Henrico Co)	165.3	1	2
#15 (Chesterfield Co/ Colonial Heights)	107.3	1	2
#15 (Hanover/Goochland/ Powhatan/New Kent/ Chas City)	76.1	1	2
#16	85.4	1	2
#17	37.5	1/2	1
#18	49.9	1/2	1
#19	142.2	1	2
#20 (Norfolk)	283.1	2	4
#20 (Va Beach)	192.9	2	4
#20 (Portsmouth)	109.1	1	2
#20 (Chesapeake)	93.9	1	2
#20 (Southampton/Isle of Wight/Suffolk/ Franklin)	91.0	1	2

Exhibit E (cont'd)

<u>Planning District</u>	<u>Population in thousands (1973 Provisional)</u>	<u>Number of SID Field Units Required</u>	<u>Number of A&amp;P Teams Required</u>
#21 (Newport News)	137.5	1	2
#21 (Hampton)	127.3	1	2
#21 (James City/York/ Williamsburg)	66.1	1/2	1
#22	<u>44.5</u>	<u>1/2</u>	<u>1</u>
State Total	4,811.0	42	82

NOTE: One SID field unit consists of the following staff members: 1 chief broker advocate; 10 broker advocates; 1-1/4 secretaries.

One A&P Team consists of local representatives from each of the participating state agencies and representatives from the state institution serving the catchment area.



EXHIBIT F

1976-1978 BIENNIUM BUDGET FOR SID PROGRAM

Exhibit F (cont'd)

Service Integration for Deinstitutionalization Program

Consolidation of Costs - 1976/1978 Biennium

<u>SID Units</u>	<u>FY 1976/77</u>	<u>FY 1977/78</u>	<u>Total 1976-1978</u>
Central Office	\$205,740	\$232,769	\$438,509
First Field Unit P.D. #6 (1½ units)	267,405	295,029	562,434
Second Field Unit Ports. (1 unit)	178,270	196,686	374,956
Third Field Unit (to be selected)	178,270	196,686	374,956
Fourth Field Unit (to be selected)	178,270	196,686	374,956
Fifth Field Unit (to be selected)	-0-	196,686	196,686
Sixth Field Unit (to be selected)	-0-	196,686	196,686
TOTAL COST	\$1,007,955	\$1,511,228	\$2,519,183



## Exhibit F (cont'd)

APPROPRIATION REQUEST FOR 76-77 BIENNIAL  
SUMMARY OF OPERATING EXPENSES
 Est. Verified \_\_\_\_\_  
 Revis. Verified \_\_\_\_\_  
 Edited \_\_\_\_\_

Agency: Office of Human Affairs

ACTIVITY		CENTRAL OFFICE			FIELD UNIT		
SUBACTIVITY							
Deinstitutionalization (SID)							
Program							
CLASSIFICATION		1976-77	1977-78	76-78	1976-77	1977-78	76-78
PERSONAL SERVICES							
111	Salaries, Classified Positions	138,420	157,675	296,095	129,890	141,836	271,726
	New	5,640	6,144	11,784	-0-	-0-	-0-
1111	Salaries, Overtime						
1112	Salaries, Teaching and Research Positions						
	Professional						
	Non-Professional						
1120	Wages						
1121	Salaries, Unclassified						
1122	Salaries, General Services						
1123	Salaries, Technical Assistance						
1124	Salaries, Other						
TOTAL PERSONAL SERVICES		144,060	163,819	307,879	129,890	141,836	271,726
12	CONTRACTUAL SERVICES	39,180	43,650	82,830	27,780	31,650	59,430
13	SUPPLIES AND MATERIALS	3,000	3,500	6,500	2,000	2,500	4,500
14	GRANT, SUBSIDY, REFERENCE	1,500	2,000	3,500	7,000	8,000	15,000
15	EQUIPMENT	1,500	2,000	3,500	7,000	8,000	15,000
16	COMMITMENT CHARGES AND OBLIGATIONS	18,000	19,800	37,800	11,600	12,700	24,300
17	RENT, UTILITIES, AND INSURANCE						
18	TRAVEL						
AMOUNT NOT ALLOCATED							
TOTAL OPERATING EXPENSES		205,740	232,769	438,509	178,270	196,686	374,356
from general fund							
from special funds							
Federal Government							
Other							

## Office of Human Affairs

SID CENTRAL OFFICE

156

Office of Human Affairs

## FY 1976/77

## FY 1977/78

Total 76/78

Chief Broker Advocate	1	\$16,400	1	16,400	1	\$17,900	\$17,900	1	\$34,300
Broker Advocate C	2 @	13,128	2	26,256	2 @	14,328	28,656	2	54,912
Broker Advocate B	4 @	10,992	4	43,968	4 @	12,000	48,000	4	91,968
Broker Advocate A	4 @	8,784	4	35,136	4 @	9,600	38,400	4	73,536
Clerk Typist C	1 @	6,720	1	6,720	1	7,344	7,344	1	14,064
Clerk Typist B (Keypunch)	1/4	1,410	1/4	1,410	1/4	1,536	1,536	1/4	2,946

12-1/4 \$129,890 12-1/4.

\$141,836

\$271,726

ACTIVITY	CLASSIFICATION	CENTRAL OFFICE		Cent Off Total	FIELD UNIT		Field Unit Total		
		76-77	77-78	76/78	76-77	77-78	76/78		
12	Contractual Services:								
1213	Professional Services (other)	\$5,000	\$5,000	\$10,000	-	-	-0-		
1240	Travel:			10,080			43,680		
	76/77 @ 13¢ per mile for 1000 X 3	4,680							
	77/78 @ 15¢ per mile for 1000 X 3		5,400						
	76/77@ 13¢ per mile for 2000 X 1				20,280				
	13¢ per mile for 1500 X 2								
	13¢ per mile for 1000 X 8								
	77/78@ 15¢ per mile for 2000 X 1					23,400			
	15¢ per mile for 1500 X 2								
	15¢ per mile for 1000 X 8								
1241	Convention & Education Travel								
	10 man trips @\$250	1,000	1,000	2,000	1,500	1,500	3,000		
	(4 @ 250 cent and 6 @ 250 field)								
1260	Communication								
	Telephone	3,500	4,000	7,500	5,000	5,500	10,500		
	Postage	1,500	1,750	3,250	1,000	1,250	2,250		

## Exhibit F (cont'd)

REQUESTS FOR 74-75 BIENNIAL  
OPERATING EXPENSES

ACTIVITY	CLASSIFICATION	Central Office		Cent Off Total	Field Unit		Field Unit Total
		76/77	77/78	76/78	76/77	77/78	76/78
1270	Printing:	3,500	4,000	7,500	-0-	-0-	-0-
1288	EDP Services (State Agency) (ADP)	20,000	22,500	42,500	-0-	-0-	-0-
13 1340	Supplies & Materials	3,000	3,500	6,500	2,000	2,500	4,500
15/16	Equipment:						
1510	Office equipment	1,500*	2,000*	3,500	7,000	8,000	15,000
17	Current Charges & Obligations						
1730	Rent (office)	8,000	8,800	16,800	6,600	7,200	13,800
1733	Rent (EDP) 2 data recorders	5,000	5,500	10,500	-	-	
1731	Rent (Xerox) (2 w/sorters)	5,000	5,500	10,500	5,000	5,500	10,500
	Total Operating Expenses	\$61,680	\$68,950	\$130,630	\$48,380	\$54,850	\$103,230

\*In addition to present existing equipment





**END**