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THE SID (SERVICE INTEGRATION FOR DEINSTITUTIONALIZATION)
PROJECT

ASSESSMENT AND PRESCRIPTION (A AND P) TEAM MANUAL

VIRGINIA SERVICE INTEGRATION FOR
DEINSTITUTIONALIZATION PROJECT

NCJRS

MAR 16 1973

ACQUISITIONS

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FEDERAL CORRECTIONAL SYSTEM
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The DHS Project

ASSESSMENT AND PRESCRIPTION (APF) TEAM MANUAL

February 1, 1975

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I. INTRODUCTION AND PURPOSE

The Service Integration for Deinstitutionalization (SID) Project is a Research and Demonstration Project the central purpose of which is to establish a systematic procedure for the orderly deinstitutionalization of residents of State institutions while encouraging integration of existing services throughout the process. Three types of institutionalized persons are addressed by the project: the mentally ill, the mentally retarded, and the juvenile offender. However, SID aspires to construct a model that will apply to groups others than those specifically addressed during the project's development.

A central component in the deinstitutionalization concept is the Assessment and Prescription (A&P) Team. These Teams are composed of a coalition of professionals from the institutions and local communities affected by the project. Broad-based membership from human service agencies is important to the successful functioning of the A&P Team and the development of the SID model for several reasons:

1. Representatives of the institution and the community agencies contribute different but equally valuable information during the deinstitutionalization decision-making process. While the institution staff contribute medical expertise and knowledge stemming from managing the client currently, the community representatives bring wide experience in dealing with deinstitutionalized persons and know what services increase a client's chances for a successful return to the community. Community agency representatives are also often aware of the community history of the client and/or his family; this information is valuable in determining a client's needs in the community.
2. Joint planning between the institution and the community at the inception of the deinstitutionalization process for any given client can be viewed as increasing the likelihood for successful return to the community. Conversely, when clients do require reinstitutionalization both the institution and the community are better informed about the necessitating conditions.
3. Service integration among community agencies and between these agencies and the institution is enhanced by their representatives regularly solving problems together. This increase in communication may result in an improvement of services not only to those clients processed by the Team but also to those who are not directly involved in the SID project.

The purpose of this manual, therefore, is to set forth the structure, functions, and procedures of the A&P Team and to place these within the context of the SID Project deinstitutionalization model. The primary user of the Manual is the A&P Team member. Sufficient detail is provided to acquaint the member with the Team's overall scope and role, as well as to provide the member with a procedural reference during client processing.

The Team member can be expected to exercise his professional responsibilities to the clients being processed, to the agency or institution he represents, and to the development of a workable deinstitutionalization model only when the broad-based, service-integrating procedure is clearly communicated and understood. This manual attempts to further such communication and understanding.

II. SELECTION AND REPLACEMENT OF MEMBERS

A&P Team membership includes representatives of the institution wherein the clients being processed reside (often the director of the institution and the ward or unit physician) and local representatives of the twelve State agencies sponsoring the grant: Department of Health; Department of Mental Health and Mental Retardation; Commission for the Visually Handicapped; Department of Welfare; Department of Corrections; Department of Vocational Rehabilitation; Division of State Planning and Community Affairs; Virginia Employment Commission; Commission for Children and Youth; Department of Education; Council for the Deaf; and, Office on Aging.

Since it is desirable to have a representative from each of the major sponsoring agencies and from the institution involved, a typical A&P Team has from ten to twelve members. Agency representatives are recruited either by SID field staff or by other Team members. These individuals are chosen on the basis of their knowledge of the community, their expertise in human service delivery, and their ability to transmit the results of the Team meetings to others in their discipline. Thus, supervisory personnel and agency district

representatives, who are generally in a better position to transmit information than direct service personnel, are often tapped for membership.

The director of the institution whose patients are being processed is invited to be a member of the Team. Additionally, the physician and social worker in charge of the patients being assessed are asked to attend the meeting.

All Team members are invited to bring one or two "resource persons" to each meeting. These individuals not only provide additional sources of information about the client but also serve as Team members-in-training who can act as replacement for ill members or can be called upon to act as Team members on a newly developed Team. Attendance at Team meetings as a resource person enables agency personnel to become familiar with the procedures and purposes prior to actively participating as a voting Team member. Institution personnel generally utilize ward workers who know the clients intimately as resource persons; their day-to-day knowledge of the client is invaluable.

Although there is this mechanism for replacement of Team members, it is crucial that each Team member attend as many meetings as possible. Since a client's case is likely to come before the Team at least twice, the continuity of membership is very important to the smooth processing of clients.

III. FUNCTIONS OF THE A&P TEAM AND THE BROKER ADVOCATE: AN OVERVIEW

The functional steps involved in the A&P Team/Broker Advocate service integration for deinstitutionalization model are listed in the table at Appendix A "Procedure for Client Processing."

In brief, the Team assesses each client, makes a decision with respect to the client's individual suitability for deinstitutionalization, and writes a "prescription" detailing services required to enable the client to achieve tenure in the community, or if not a candidate for deinstitutionalization, to maximize the client's functioning within the institution. The A&P Team

assumes quasi-legitimate authority in the form of making recommendations for client movement, overseeing service delivery happenings, and serving as a central focus for interchange on service integration matters.

The Broker Advocate, on the other hand, compiles the assessment information, receives the prescriptions written by the Team, searches the community to arrange for filling the prescription, signals the Team when advance service plans are complete, and monitors the client's receipt of services after placement in the community.

Clearly, the Team and the Broker Advocate must work closely to facilitate the assessment, prescription, and follow-up process. Each has several areas of responsibility; in order to fulfill these, close cooperation and communication are essential.

IV. FUNCTIONS OF THE A&P TEAM AND THE BROKER ADVOCATE: A DETAILED DISCUSSION

Any person living in an institution for the mentally ill or mentally retarded for more than three months, or living in an institution for juvenile offenders, and whose legal residence is either Planning District #6 or Portsmouth may become a client of the SID Project and thus be presented to the A&P Team. Before client processing can occur, the client or his representative must authorize the SID Project to gather and release information about the client.¹

Assuming that authorization for release of information is obtained, the assessment and prescription process is carried out in the following manner.

A. Assess Client

The Broker Advocate assigned to the client's case is responsible for collecting information about the client's history, present situation and future

1

Procedures governing the authorization for release of client information were developed through consultation with the Office of the Attorney General. See SID Project Methods and Procedures Manual for details of the procedure.

prospects. This information may be derived from institution records or staff, from sources outside the institution, or from the client himself.

Once the assessment information about a client has been gathered, a summary version is produced and sent to the A&P Team members prior to the Team meeting.² Team members are expected to be familiar with the cases when they attend the meeting; the Broker Advocate assigned briefly summarizes the case and is available to answer questions. The institutional representative describes the client's course in the institution. Additional information about the client may be provided through an interview with the client at the meeting if the client and his physician consent. The brief interview, intended as "familiarizing" rather than diagnostic, is led by the institutional physician but any Team member or the client may ask questions.

B. Prescribe for Client

After all assessment information has been discussed by the Team, several prescription decisions are made:

Should the client remain in the institution³ or should he be deinstitutionalized?

What sort of services will enable the client to succeed in the community, or if not a candidate for deinstitutionalization, will maximize the client's functioning within the institution?

Why has the client remained in the institution?

1. Community Placement vs. Continued Institutionalization

The first prescription decision the A&P Team makes is whether the client should be placed in the community or continue institutionalization. Candidacy

2

See Appendix B for Assessment Summary example.

3

Throughout SID project procedures, "institution" is regarded as synonymous with "State institution".

for deinstitutionalization must be considered apart from the question of whether community resources are available. The question of resource availability is a separate one and will be answered by the Broker Advocate's search for and negotiation with resources.

SID Form #9 is filled out by the Broker Advocate according to the decisions of the Team.⁴ It is especially important that the Team clearly delineate the reasons for its decision to the Broker Advocate. Resource availability or unavailability is not to be considered a reason here.

2. Community Placement: Prescription Element Selection

If the Team decides that the client is a candidate for community placement, SID Form #10 is used as a guide for selecting the kinds of services required by the client in the community.⁵ The Broker Advocate fills out the form as the Team makes its decisions; the form is signed by the Chairperson to authenticate the community placement prescription as a product of the A&P Team.

Form #10 provides a list of services which may be needed by a client being considered for placement in the community. Each Prescription Element represents a type of service or resource that may aid the client in adjusting to life in the community. Not all of the Elements will apply to any one client. If any services are needed which are not already listed, they are indicated under "Other".

The Team first selects the type of housing best suited to the client's needs. The first housing selection is based upon the Team's assessment of the

⁴
See Appendix C for Form #9.

⁵
See Appendix C for Form #10.

IDEAL housing situation for the client regardless of its availability.⁶

Having specified the Ideal housing situation for the client, the Team can go on to state a Second and Third Choice for housing. The Team may be of the opinion that the Ideal housing situation is the only viable alternative outside the institution for the client; in that case, the Team makes *no* Second or Third Choice.

The Team then indicates any source(s) of income it considers appropriate to pay for the client's housing and other needs. This information helps guide the Broker Advocate when searching for financial supports to maintain the client.

Having stated the type(s) of housing and having indicated probable sources of income, the Team selects Prescription Elements under the topics of "Job Training/Placement", "Physical Health", "Social/Psychological Health", and "Education". The objective or purpose of each Element is described briefly but concretely. The objective is worded specifically enough so that the Broker Advocate can, at a later date, judge whether progress is actually being made toward fulfilling the purposes of the prescription.

It is possible that the Team will, in some instances, name a specific service delivery agent or resource where the Broker Advocate can fill the particular Prescription Element. In identifying a specific source of care, it is important to bear in mind the location where the client is expected to live, since city or county of residence will impose constraints on the Broker Advocate in filling Prescription Elements. Unless the Team indicates otherwise, the name of a specific resource will not be binding on the Broker Advocate's efforts to fill the designated Prescription Element.

6

See Appendix D for definitions of community placement prescription elements.

3. Continued Institutionalization: Prescription Element Selection

If the Team decides that the client should remain in an institution for the mentally ill, the mentally retarded or the juvenile offender, SID Form #11 ("Prescription for Continued Institutionalization") is used as a guide for selecting services and programs available at the particular institution prescribed. Prescription Elements are listed by institution, since the kinds of services and programs available vary substantially between institutions.⁷ The Broker Advocate fills out the form as the Team makes its decisions; the form is signed by the Chairperson to authenticate the continued institutionalization prescription as a product of the A&P Team.

In writing a continued institutionalization prescription, the A&P Team first decides based on the client's history and present situation and on program and service applicability, whether or not a given client should remain in the institution where he is presently located or whether he should be transferred to another institution where more appropriate services could be rendered. Having made this decision, the Team selects Prescription Elements which apply to this client that are available or, which the Team recommends be developed at the chosen institution.

The purpose or objective of the Prescription Element is described briefly but concretely. The objective is worded specifically enough so that the Broker Advocate can, at a later date, judge whether progress is actually being made toward fulfilling the purposes of the Prescription.

If the Team determines that the client should be transferred to an institution with which the program is not in regular contact and for which a standardized format is not available, the name and address of the institution

⁷
See Appendix C for Form #11.

is noted. A description of the program elements the client will need at the institution are given along with the objectives to be met for the client; and, how the institutionalization will be financed is stated.

All clients for whom continued institutionalization prescriptions are written are re-presented to the Team after six months for a reassessment of their situation and a new prescription. If the Team decides that the client should be reassessed at a date sooner than six months, this date is noted by the Broker Advocate.

4. Reasons Client Still in Institution

Once the Team has completed the Prescription for any client who is currently residing in an institution, SID asks the Team to reach conclusions, as accurately as and frankly as possible, as to why the client is presently in the institution. SID requests this judgement from the A&P Team so that light can be cast on the general question of why people reside in State institutions. A checklist (SID Form #12) is presented which the Team uses in making its determinations.⁸ The Broker Advocate records the decisions.

C. Continued Institutionalization Prescription: Recommendation

If the Team has decided that the client's condition renders him unready to return to the community, a recommendation to the Director of the institution that the client not be released is made.⁹ The number of months before reassessment by the A&P Team is to occur is noted and the Chairperson of the Team signs the recommendation.

A copy of the institutional Prescription written for the client and a recommendation that the staff of the institution utilize this prescription in caring for the client are sent to the Director and given to the staff on the ward

⁸ See Appendix C for Form #12.

⁹ See Appendix E for Form #23.

who are directly responsible for the client's care.¹⁰ These documents constitute recommendations only since the authority for release of clients rests with the Director of the institution. The staff in charge of the client's care are responsible for decisions regarding treatment. In making the recommendations, the A&P Team crystalizes its consultative function.

D. Community Placement Prescription: Broker Advocate Resource Search; Report to the Team; Recommendation to the Director of the Institution

The Broker Advocate receives from the Team the community placement prescription written for a client. It is the responsibility of the Broker Advocate to perform an exhaustive search of the community in an attempt to fill this prescription. In the course of making such a search, the Broker Advocate may call upon Team members in their professional capacities for assistance.

There are three possible outcomes to the Broker Advocate's search:

1. None of the housing elements are available (possibly due to a lack of financing);
2. Although one of the prescribed housing modes is available, a substantial number of other elements are unavailable; or,
3. Adequate arrangements for filling the entire prescription have been made.

The Broker Advocate reports search results at a Team meeting using a Resource Search Results report.¹¹ Decisions required of the Team vary depending on the outcome of the Broker Advocate's resource search:

1. None of the Housing Elements Available

In this case, the client cannot, at this time, be considered for deinstitutionalization under the auspices of the SID Project. The Team concludes that no suitable alternative can be established and writes a continued institutional-

¹⁰

See Appendix F for Prescription Summary examples.

¹¹

See Appendix G for Resource Search Results report.

zation prescription for the client. Such an action constitutes a revised prescription.

As a consequence the Team formally recommends to the Director of the institution that the client not be released due to a lack of community resources. Accompanying the recommendation (SID Form #23), which is signed by the Chairperson of the Team, is a copy of the institutional prescription written for the client together with the recommendation that the staff of the institution use the prescription in caring for the client. Also forwarded is a copy of the Resource Search Results report, documenting for the institutional Director the unsuccessful outcome of the search for housing and summarizing for him what the original community placement prescription entailed. Copies of these documents are given to ward personnel directly in charge of the client's case.

In some instances, although a housing situation is not currently available, there is reason to believe that it might become available before the Team reassesses the client. In this case, the Team includes, in the continued institutionalization prescription, that the social worker at the institution continue to search for the housing element (for example, a nursing home), notifying the Broker Advocate when such becomes available. If the housing element is filled within the geographic area addressed by SID, the Team updates its community prescription and instructs the Broker Advocate to complete the prescription element search.

2. Housing Element Available but Other Elements Unavailable

If the Broker Advocate finds that housing is available but other elements prescribed are unavailable, the Team must either change the prescription by eliminating or replacing the unavailable elements or change the prescription to that of continued institutionalization.

If the Team decides to eliminate the unavailable elements and consider the prescription filled, a recommendation to the Director of the institution that the client be released is made.¹² The Chairperson of the A&P Team signs the recommendation, and attaches a copy of the Resource Search Results report to apprise the Director of the Institution of the services the client is scheduled to receive in the community.

It is important to note that this document does not authenticate client movement. Authorization for release of a client rests with the Director of the institution.

If the Team decides to change the community prescription, the Broker Advocate resumes the search for resources. Subsequent recommendation by the Team awaits the outcome of the resumed search.

A decision by the Team to continue the institutionalization of the client due to the unavailability of resources results in the Team writing a revised prescription for continued institutionalization. A formal recommendation to the Director of the institution that this client not be released due to a lack of community resources is forwarded with the continued institutionalization prescription as discussed in the preceding section.

3. Entire Prescription Filled

When adequate arrangements for filling each of the Prescription Elements have been made, the Broker Advocate reviews this information with the Chairperson of the Team. (The Team as a whole is informed of the successfully filled prescription at the next subsequent A&P Team meeting.) Approving of the Broker Advocate's search results and service plans for the client, the Chairperson submits a recommendation (Form #15) to the Director of the insti-

¹²

See Appendix E for Form #15.

tution that the client be placed in the community. Attached to the recommendation is a copy of the Resource Search Results report to apprise the Director of the services the client is to receive in the community.

E. Broker Advocate Follow-up of Clients Placed in Community

Clients placed in the community are monitored by the Broker Advocate.¹³ In monitoring the client, the Broker Advocate performs periodic checks on the client and on the client's service deliverers on a regular basis. He establishes a direct line of communication between himself and the client and between himself and the client's service deliverers so that he can be responsive to service delivery problems regarding his client when such problems arise. In this process, A&P Team members, singly and in concert, assist in the solution of problems identified by the Broker Advocate and/or formulated by other SID staff.

Concrete assistance in problem solving by the A&P Team may take the form of changing or adding prescription elements in the client's prescription, mobilizing service deliverer counterparts, advising where a solution to a problem might be found, and giving broad-based authentication to client management as in the case of recommending the re-institutionalization of clients when necessary.

The A&P Team, then, serves to guide and remediate service delivery problems and issues encountered in the Broker Advocate case monitoring process.

V. CLIENT STATUS UPDATE REPORT

To provide for the nine Commissioners, A&P Team members and other interested parties a summary of the results of the A&P Team's functioning, a Client Status

¹³

Clients placed in a geographic area falling outside the limits addressed by the SID project are not monitored by any of the SID mechanisms.

Update is produced and sent to the Team members after each meeting.¹⁴ The Team members are encouraged to distribute the report to their counterparts throughout the area they represent.

The report begins with a brief narrative of the important procedural issues encountered or resolved at the A&P Team meeting precipitating the report. A list of those persons attending the meeting is then presented. The quantitative section of the report provides information on number and kind of prescriptions written, types of housing prescribed and found, the extent to which prescriptions are found to be fillable, and current status of the clients processed.

The Update report makes it possible for the Team member and others to keep abreast of such things as the "match" between Team prescriptions and clients' present status, the extent of "agreement" between A&P Team recommendations and client disposition, the kinds of financial supports maintaining those clients presently living in the community, and the number of cases upon which it was not possible to obtain authorization for information release.

The intent of the report is to keep interested parties informed of SID project procedures and results as these develop and accumulate so that community resource planning and service delivery can evolve in tandem with facts gathered by the demonstration project.

¹⁴

See Appendix H for Client Status Update report format.

Appendix A
Procedure for Client Processing

The STD Project

PROCEDURE FOR CLIENT PROCESSING

Function	Performed by Whom	Accomplished When	Control Form	Automated Report
3. Determination of resource availability/utilization			Agencies Questionnaire Area Resource Inventory Broker Advocate Service Plan Resource/Availability/ Utilization Summary Sheet	Resource Directory (PD #6) Resource Search Results
a. Compile information on all resources	CSC BA	Ongoing		
b. Discover if resource is available	BA	During/after A&P Team meeting		
c. Discover if available resource can deliver service	BA vis-a-vis service	After A&P Team meeting		
d. Negotiate agreement re. delivery of service; arrange schedule for same	BA	After A&P Team meeting		
4. Client movement/status			Recommendation for Client Movement into Community Recommendation for Continued Institutionalization Consent for Movement Change of Address	Client Status
a. Recommend client movement/status/placement	A&P Team (Chairperson)	After BA Service Plan completed or after A&P Team changes original prescription		
b. Obtain client consent	BA	Prior to movement		
c. Move client	Institution or community person	Upon date recommended A&P Team and approved by Institution Director		
5. Follow up of client			Client Status Report Provider Status Report Problem Report Change of Address Memoranda Fulfillment of Continued Institutionalization Prescription	Client Status Fulfillment of Institutional Prescription
a. Monitor client's receipt of service prescribed	BA	Periodically after client has been placed		
b. Study/resolve problems in service delivery process	BA, Ch BA, CSC, SID			
c. Review problems and authorize changes in client's status or	A&P Team	As necessary		
d. Check on extent to which continued institutional prescription is fulfilled	BA	Prior to reassessment A&P Team		

The SID Project

PROCEDURE FOR CLIENT PROCESSING

<u>Function</u>	<u>Performed by Whom</u>	<u>Accomplished When</u>	<u>Control Form</u>	<u>Automated Report</u>
1. Assessment of client			Authorization for Release of Information Assessment Form	Assessment Summary
a. Obtain authorization for release of information	Ch BA BA	Prior to beginning gathering of assess- ment information		
b. Prepare client/relative	Ch BA BA	At time release obtained During assessment process		
c. Gather information	BA	Prior to A&P Team meeting		
d. Review information	A&P Team	Prior to A&P Team meeting		
2. Prescription for client			Prescription Form	Prescription Summary
a. Decide upon community placement versus continued institutionalization	A&P Team	At A&P Team meeting		
b. Decide what client needs and why (i.e., prescribe service and state objec- tives of service)	A&P Team	At A&P Team meeting		
c. Check (list) reasons why client is still in insti- tution	A&P Team	At A&P Team meeting		
d. Solicit client partici- pation/cooperation	A&P Team BA Institution staff	Begin after prescription plan is known		

Appendix B

Assessment Summary Example
(Information Source Codes)

ASSESSMENT INFORMATION SOURCE CODES

INSTITUTION

A	INSTITUTION ADMINISTRATION
B	MEDICAL RECORDS
L	INST REC OTHER THAN MED REC
W	UNIT PHYSICIAN
C	WARD PHYSICIAN
D	WARD NURSE
E	SOCIAL WORKER
F	MENTAL HEALTH TECHNICIAN
G	CHARGE AIDE
H	AIDE
X	REIMBURSEMENT OFFICE
I	INSTIT VOC REHAB STAFF
Y	COTTAGE PARENT
J	OTHER INSTITUTION STAFF

RELATIVE OF CLIENT

K	SPOUSE OF CLIENT
M	FATHER OF CLIENT
N	MOTHER OF CLIENT
O	GUARDIAN OF CLIENT
P	CHILD OF CLIENT
Q	OTHER RELATIVE

ADDITIONAL SOURCES

R	FRIEND/ASSOCIATE OF CLIENT
S	INTERVIEW WITH CLIENT
T	OBSERVATION OF CLIENT
U	ASP TEAM MEETING
Z	COURT PROBATION OFFICER
V	OTHER

 * ASSESSMENT SUMMARY *

CLIENT: JUVENILE , JUAN J
 4321 BUENA AV
 BUENA VISTA 94999
 998-29-8889
 WHITE ; FEMALE; MARRIED

DATE OF BIRTH: 01/02/1951
 CLIENT NO.: 88888888
 SERIES: 0 (1)
 ASSESS NO.: 0 (1)
 INSTITUTION: DON AIR
 DATE ENTERED: 05/05/73 (0 YEARS AGO)
 SID STAFF: STAFF S : BA
 DATE ASSESSED: 07/04/73 (22 YEARS OLD)

REASONS FOR INSTITUTIONALIZATION

(INFO.
 SOURCE)
 /H/

ADMITTING DIAGNOSIS:
 CURRENT DIAGNOSIS:
 REPRESENTING SYMPTOMS:
 SPECIFIC OFFENSE: ARSON-SET FIRE TO NEIGHBOR'S GARAGE. IN
 PAST TRIED TO SET FIRE TO SCHOOL
 PRECIPITATING CIRCUMSTANCES: DOUSED NEIGHBOR'S GARAGE WITH GASOLINE & SET
 IT ON FIRE. CONSTANTLY IN FIGHTS WITH
 NEIGHBOURHOOD CHILDREN

ADMISSION TYPE/STATUS
 READMISSION
 COURT ORDER

/B/
 /B/

COMMITTEE: NONE.
 CORRESPONDENT: MR P JUVENILE
 4321 BUENA AV
 BUENA VISTA
 HUSBAND

/B/
 /B/

LEAVE/PASS/ESCAPE
 CLIENT HAS NOT BEEN RELEASED ON LEAVE OF 7 DAYS OR MORE IN PAST SIX MOS
 CLIENT HAS NOT BEEN RELEASED ON PASS OF LESS THAN 7 DAYS IN PAST SIX MOS
 CLIENT ESCAPED 2 TIMES DURING PAST SIX MOS
 MUST RECENTLY FROM 06/08/73 TO 06/10/73

/B/
 /B/
 /B/

IS INSTITUTION MAKING PLANS TO MOVE CLIENT?
 YES, TO WSH IF POSSIBLE

/B/

AS SOON AS WSH WILL ACCEPT HER

SERVICE HISTORY AND ELIGIBILITY

DURING YEAR PRIOR TO THIS INSTITUTIONALIZATION CLIENT SERVED BY

/B/

<u>AGENCY</u>	<u>TYPE OF SERVICE</u>	<u>DURATION</u>
COURTS	COMMITMENT	1 DAY
DEPT OF WEL & INS	FOSTER PLACEMENT	15 MOS

DURING PAST FIVE YEARS OF INSTITUTIONALIZATION CLIENT SERVED BY

/B/

<u>AGENCY</u>	<u>TYPE OF SERVICE</u>	<u>DURATION</u>
DEPT OF MH & HP	PSYCHOLOGICAL EVAL	1 DAY

PREVIOUS INSTITUTIONALIZATIONS

/B/

<u>INSTITUTION</u>	<u>FROM</u>	<u>TO</u>
BON AIR	07/14/71	02/02/72
WSH	06/18/69	08/14/69

CURRENT COST PER PATIENT MONTH IS \$ 650.24

/K/

COMMONWEALTH OF VA. PAYS \$	350.24
CLIENT OR FAMILY PAYS \$	0.00
THIRD PARTY PAYS \$	0.00

PROPERTY/ASSETS

/K/

CLIENT DOES HAVE PROPERTY OR ASSETS:
STOCKS BEQUEATHED BY GRANDFATHER
VALUE APPROXIMATELY \$ 1,000

PROBABLE ELIGIBILITY FOR ASSISTANCE

/ /

RESIDENCE HISTORY AND PERSONAL/FAMILY RESOURCES

PRIOR LIVING SITUATION

LIVED WITH SPOUSE
IN HOUSE RENTED BY SELF OR FAMILY

/K/

/K/

LETTERS RECEIVED IN PAST SIX MONTHS

/K/

RECEIVED 1 LETTER
FROM JACK SIKLING
75TH STREET
N Y C, N Y
BROTHER

RECEIVED 06/20/73

VISITORS IN PAST SIX MONTHS

/K/

RECEIVED 4 VISITS
FROM MR & MRS R SIKLING

999 LEX AV
BUENA VISTA
PARENTS
MOST RECENT WAS RECEIVED 06/01/73

RECEIVED 4 VISITS
FROM MR P JUVENILE
4321 BUENA AV
BUENA VISTA
HUSBAND
MOST RECENT WAS RECEIVED 06/01/73

SPOUSE INFORMATION

CLIENT'S SPOUSE IS
P JUVENILE
4321 BUENA AVE
BUENA VISTA
(703) 999-9999
SPOUSE IS WILLING TO HAVE CLIENT RETURN HOME
WITH CONDITIONS ATTACHED:
THAT JUAN NO LONGER FEEL COMPULSION TO SET
FIRES OR FIGHT WITH HIM AND NEIGHBORS
SPOUSE'S INCOME IS SUFFICIENT TO SUPPORT CLIENT

CHILDREN INFORMATION

CLIENT HAS 1 CHILD , UNDER 18

PARENT INFORMATION

CLIENT'S LIVING PARENT IS
RALPH SIBLING
999 LEX AV
BUENA VISTA
(703) 888-8888

OTHER LIVING PARENT IS
PAULA SIBLING
999 LEX AV
BUENA VISTA
(703) 888-8888

FATHER IS MARRIED TO CLIENT'S MOTHER

MOTHER IS MARRIED TO CLIENT'S FATHER

GUARDIAN IS COURT OR STATE

MORE THAN ONE PARENT/GUARDIAN WILLING TO HAVE CLIENT RETURN HOME:
MR & MRS R SIBLING

(SEE FORMS FOR ADDITIONAL WILLING PARENT)

WITH CONDITIONS ATTACHED:

NO MORE FIRES OR FIGHTING. WOULD RATHER SEE
JUAN WITH HUSBAND AND BABY
CLIENT WOULD HAVE TO SUPPLEMENT PARENT/GUARDIAN'S INCOME

OTHERS INTERESTED IN CLIENT

NO ONE ELSE WILLING TO HAVE CLIENT IN HOME

PREFERENCE OF CLIENT RE LIVING SITUATION

CLIENT PREFERS TO LIVE WITH SPOUSE

IN BUENA VISTA

VA

/5/

PRESENT PHYSICAL CONDITION AND PHYSICAL HISTORY

GENERAL PHYSICAL CONDITION
EXCELLENT

/0/

APPEARANCE
NORMAL

/0/

DEFORMITIES
NONE

/0/

MOBILITY
COMPLETELY MOBILE

/0/

INTELLIGENCE
BELOW AVERAGE BUT NOT RETARDED

/0/

INTERPERSONAL RELATIONSHIPS
GEN FRIENDLY w/ PERIODS OF HOSTILITY

/0/

MEDICAL PROBLEMS/DISEASES (CODES: 1 = MINIMAL, 2 = MODERATE, 3 = SEVERE) /C/
PROB. CURRENTLY
IN PAST PRESENT IMPAIRED

<u>BODY SYSTEM</u>	<u>PROBLEM/DISEASE</u>			
CENTRAL NERVOUS	NEVER A PROBLEM			
CIRCULATORY	NEVER A PROBLEM			
GASTRO-INTESTINAL	NEVER A PROBLEM			
GENITAL-URINARY	SYPHILIS	2		NO
METABOLIC	NEVER A PROBLEM			
MUSCULAR/SKELETAL	NEVER A PROBLEM			
NEOPLASM	NEVER A PROBLEM			
PULMONARY	NEVER A PROBLEM			
RECTAL	NEVER A PROBLEM			
RESPIRATORY	NEVER A PROBLEM			
SENSE ORGANS	NEVER A PROBLEM			
SKIN/LYMPH	NEVER A PROBLEM			
DENTAL	CARIOUS TEETH	3	2	YES
SPEECH/LANGUAGE	NEVER A PROBLEM			
INTELLIGENCE	NEVER A PROBLEM			
BEHAVIORAL	PYROMANIA	3	2	YES
BEHAVIORAL	UNDERWEIGHT	2	1	YES

CURRENT TREATMENT REGIMEN

/0/

PPC

COUNSELING WITH PSYCHOLOGIST

PORTION OF TRT REGIMEN NEEDS TO CONTIN IF CLIENT LEAVES INST:
COUNSELING

/0/

MEDICATIONS (* - SHOULD CONTINUE AFTER DISCHARGE)
*MELLARIL: 10MG TID

/0/

LIMITATIONS ON EMPLOYABILITY
NONE

/0/

SPECIAL DIEL
NONE

/0/

PERSONAL PHYSICIAN

/0/

JACK DOCTOR
BUENA VISTA
LAST TREATED CLIENT 02/72

MEDICAL HOSPITALIZATIONS IN PAST FIVE YEARS

/0/

HOSPITAL	REASONS	DURATION
BUENA HOSPITAL	DELIVERY OF CHILD	5 DAYS

EDUCATIONAL HISTORY

REGULAR SCHOOLING

/5/

HIGHEST GRADE COMPLETED WAS B
GRADES REPEATED:
6 AND 7

SPECIAL UNGRADED CLASS

/5/

NONE

SPECIAL SCHOOL OUTSIDE INSTITUTION

/0/

NONE

SCHOOL IN AN INSTITUTION

/5/

INSTITUTION(S): MON AIR
CURRICULUM: GENERAL

SCHOOL IN THIS INSTITUTION

/ /

YES, CLIENT'S ATTITUDE TO THIS SCHOOLING IS
GEN ATTENTIVE w/ PERIODS OF INDIFFERENCE OR HOSTILITY

CONTINUATION OF EDUCATION

/ /

YES, IN A VOCATIONAL SCHOOL

EMPLOYMENT HISTORY AND PRESENT EMPLOYABILITY

SELF-SUPPORT CAPABILITY

/1/

IN NEED OF ED OR TRAINING TO BE SELF-SUPPORTING THRU EMPLOYMENT:
NEEDS TO WORK THRU PSYCHO PROBLEMS

MOTIVATION

/1/

SOMEWHAT MOTIVATED TO SUPPORT SELF OR TRAIN TO SUPPORT SELF

JOBS OUTSIDE INSTITUTION IN PAST TEN YEARS

/ /

DESCRIPTION	FROM	TO	INCOME/MO
WAITRESS	03/72	05/72	\$ 125.00

WORK IN INSTITUTION (RATING: 4 = EXCELLENT, 3 = GOOD, 2 = FAIR, 1 = POOR) / S
NONE

VOCATIONAL TRAINING OUTSIDE INSTITUTION

DESCRIPTION	FROM	TO	HR	EA	EA/HR	EL
SHELTERED WORKSHIP	10/72	11/72	35	3	45.00	NO

VOCATIONAL EVALUATION IN INSTITUTION

CLIENT WAS IN VUC TPG NOT DROPPED DUE TO BEHAVIOR

VOCATIONAL TRAINING IN INSTITUTION

DESCRIPTION	FROM	TO	HR	EA	EA/HR	EL
BEAUTICIAN	04/73	05/73	20	3	5.00	NO

JOB PREFERENCES OF CLIENT

FIRST CHOICE IS BEAUTICIAN
SECOND CHOICE IS WAITRESS

AUTOMOBILE USE

CLIENT HAS DRIVER'S LICENSE
HAS ACCESS TO CAR

PUBLIC TRANSPORTATION USE

CLIENT IS ABLE TO USE PUBLIC TRANSPORTATION TO GET TO WORK
DON'T KNOW IF CLIENT IS WILLING

* * * * *

* BEHAVIORAL REPERTOIRE *

* * * * *

CLIENT: JUVENILE , JUAN J
 CLIENT NO.: 88888888
 SERIES: 0 (1)

BAIEN: HILLIE BERT
 POSILLIN: COUNSELLOR
 INSTITUTION/RESIDENCE: HUN ALP
 DATE OF BAILING: 01/05/74 (23 YEARS OLD)

BAILING

CODE: 4 - HIGH FREQUENCY; DOES FREQUENTLY
 3 - DOES NOT DO; WOULD DO FREQUENTLY IF SETTING PROVIDED OPPORTUNITY
 2 - LOW FREQUENCY; DOES DO SOMETIMES
 1 - DOES NOT DO; WOULD DO OCCASIONALLY IF SETTING PROVIDED OPPORTUNITY
 0 - DOES NOT DO; WOULD NOT DO EVEN IF OPPORTUNITY
 BLANK - DO NOT KNOW OR CANNOT DETERMINE

ADAPTIVE BEHAVIORS

<u>MUNILIX/LOCUMIN</u> 01234	<u>EATING</u> 01234	<u>DRESSING/GRUDDING</u> 01234
DRIVES CAR 3	COOKS FOR OTHERS 1	SEWS FOR SELF/OTHERS 0
TRAVELS UNACCOMPANED 3	COOKS OWN FOOD 2	HELPS DRESS OTHERS 3
PUB TRANSPRT UNACCOM 3	FEEDS SELF 4	SELECTS CLOTHES 4
LEAVES GRDS UNATTEND 3	CUTS WITH KNIFE 4	NEAT APPEARANCE 2
LEAVES GRDS ATTENDED 4	SPREADS WITH KNIFE 4	SELF CARE RE DRESS 4
MOVES IN GROUNDS 4	WATER UNASSISTED 4	BATHES UNATTENDED 4
MOVES IN BUILDING 4	USES FORK 4	SHAVES 4
MOVES IN ROOM 4	USES SPOON 4	WASHES HAIR 4
RUNS 4	DRINKS UNASSISTED 4	COMBS/BRUSHES HAIR 4
WALKS UP/DOWN STAIRS 4	DISCRIMINATES EDIBLE 4	BRUSHES TEETH 4
WALKS UNAIDED 4	CHEWS FOOD 4	WASHES FACE 4
AMBULATES w/ASSISTINC 4	NO DROOLING 4	DRIES HANDS 4
AVOIDS OBSTACLES 4	DRINKS w/ASSISTANCE 4	WASHES HANDS 4
STANDS ALONE 4		TIES SHOES 4
SITS UNSUPPORTED 4		UNDRESSES APPROPRIATELY 4
REACHES FOR OBJECTS 4		URINATES BATHROOM 4
BALANCES HEAD 4		DEFECATES BATHROOM 4
		NOT USE BEDPAN 4
		NOT USE DIAPERS

ADAPTIVE BEHAVIORS (CONTINUED)

WELLING SKILLS 01234

ARTICLES, BOOKS 0
POETRY, STORIES 0
WRITES LETTERS 2
LETTERS W/ASSISTANCE 2
SENTENCES 4
WORDS 4
LETTERS OF ALPHABET 4
GEOMETRIC DESIGNS 4
COLUMNS IN LINES 4
MARKS WITH CHAYON 4

READING SKILLS 01234

BOOKS, ARTICLES 0
NOVELS, MAGAZINES 2
NEWSPAPER 0
CHILDREN'S BOOKS 1
SIMPLE MESSAGES 4
SENTENCES 4
SINGLE WORDS 4
LETTERS OF ALPHABET 4
NUMERALS 4
NAMES COLORS 4

TALKING SKILLS 01234

PUBLIC SPEECHES 0
CONVERSES OK 4
FLUENT SPEECH 4
USES TELEPHONE 4
TELEGRAPHIC SPEECH 4
SINGLE WORDS 4
SOME SPEECH 4

AURAL 01234

COMPREHENDS LECTURES 4
COMPREHENDS CONVERSTN 4
USES TELEPHONE 4
FOLLOWS DIRECTIONS 4
SIMPLE COMMANDS 4

SOCIALIZATION 01234

CIVIL GROUPS 0
RESPONSIBILITY TO OTHERS 2
TENDS TO OTHERS 2
GROUP ACTIVITY 2
SMALL GROUPS 2
HAS FRIENDS 2
SEEKS COMPANIONSHIP 2
ASKS FOR HELP 2
AWARE OF OTHERS 4

MONEY MANAGEMENT 01234

FINANCIAL AFFAIRS 0
CREDIT CARDS 0
CHECKS 2
HANDLES CASH 2
MAKES CHANGE 4
SIMPLE PURCHASES 4
COIN DISPENSERS 4
DISCRIMINATES COINS 4

INTELLECT/COGNITIVE 01234

COMMON SENSE 0
SOCIAL JUDGMENT 0
GENERAL INFORMATION 2
APPLIES LEARNING 2
EXPRESSES IDEAS 2
LEARNS NEW TASKS 4
NUMERICAL CONCEPTS 4
SENSE OF HUMOR 4
RESPONDS TO TV 4
RESPONDS TO MUSIC 4
DANGERS/HAZARDS 4

AFFECT 01234

JOY WHEN HAPPY 4
SAD WHEN SAD 4
ANGER WHEN FLOCKED 4
LOVE TO OTHERS 2

WORK 01234

CLERICAL/PROFESSIONAL 0
SKILLED 0
SEMI-SKILLED 0
UNSKILLED 2
ROUTINE CHORES 2

HOUSEKEEPING 01234

COOKS 1
WASHES CLOTHES 1
CLEANS HOUSE 1
MAINTENANCE TASKS 1
GARDENS 0
MOWS LAWN 0
MAKES BED 2
SIMPLE MAINTENANCE 2
PICKS UP AREA 2
EMPTIES WASTEBASKET 2

HASTILES 01234

MUSIC INSTRUMENT 4
SINGS 4
DANCES 4
PAINTS, DRAWS 4
SCULPTS 4
CARPIS 4
PLAYS SPORTS 4
WATCHES SPORTS 4
RIDES HORSES 4
HUNTS/FISHES 4
RIDES BICYCLE 4
PLAYS CARDS 2
ACTS IN PLAYS 4
CHESS/CHECKERS 2
READS 2
TABLE GAMES 4
SEWS/KNITS 4
WATCHES TV 4
CONVERSES 2
CROSSWORDS 4
COLORS 4
PLAYS WITH TOYS 4
SWINGS 4
SKIPS ROPE 4
HIDE/SEEK 4
PEEK-A-BOO 4

MALADAPTIVE BEHAVIORS

<u>FAMILY SOCIALIZATION 01254</u>		<u>ASSAULTIVE 01254</u>		<u>DISORIENTATION 01254</u>	
SLOPPY/DIRTY	2	DESTROYS PROPERTY	3	TIME	0
NEGLECTS PERSON	2	HARMS ANIMALS	1	PLACE	0
NEGLECTS RESPONSIBILITY	4	THREATENS OTHERS	4	PEOPLE	0
BULLIES OTHERS	0	ASSAULTS OTHERS	2	RECENT EVENTS	0
BODY ODOR	4	ATTACKS SEXUALLY	0	PAST EVENTS	0
ARGUES	4			AMNESIA PERIODS	0
YELLS AND SCREAMS	2	<u>SELF DESTRUCTIVE 01254</u>			
TALKS EXCESSIVELY	2	SMOKES	4	<u>COMPLAINS/SYMPT 01254</u>	
CRIES EXCESSIVELY	0	ALCOHOL TO EXCESS	0	FATIGUE	0
MUMMLES	0	USES DRUGS	0	BODY DISCOMFORTS	0
LAUGHS INAPPROPRIATELY	0	INJURES SELF	0	ITCHES	0
ANSWERS INAPPROPRIATELY	0	TAKES COSTLY RISKS	0	WETS BED	0
DISOBEYS DIRECTIONS	4	THREATENS SUICIDE	0	WETS CLOTHES	0
GIVES ORDERS INAPPROPRIATE	4	ATTEMPTS SUICIDE	0	HALLUCINATIONS	0
PACES FLOOR	0			DELUSIONS	0
WRINGS HANDS	0	<u>PHOBIAS 01254</u>		REPETITIVE BEHAVIOR	0
AVOIDS PEOPLE	2	DOCTORS	0	EXCESSIVE RELIGIOUS	0
SITS AND STARES	0	DEATH	0	SOILS BED	0
FASTS	0	DARKNESS/NIGHT	2	SOILS CLOTHES	0
ANNOUNCES WORTHLESS	0	LOSS OF SANITY	0	OTHER	0
STEALS	2	BEING ALONE	0		
HOARDS	0	FIRE	0		
LIES	2	BEING HARMED	0		
RUNS AWAY	2	LEAVING SURROUNDING	0		
TRUANCY	0	OTHER	0		
CRUDE SEX TALK	0				
MASTURBATES PUBLICLY	0				
EXHIBITS GENITALS	0				
VOYEURISTIC	0				

COMMENTS

BEHAVIOR HAS NOT IMPROVED SINCE SHE CAME
HERE

QUANTITATIVE SUMMARY ADAPTIVE MALADAPTIVE

NO. ITEMS RAIED:
MEAN RATING:

133 68
2.94 0.76

A FULFILLMENT OF A

A INSTITUTIONAL PRESCRIPTION *

CLIENT: JUVENILE , JUAN J

CLIENT NO: 68868888
 SERIES: 00 (01)
 ASSESSMENT NO: 00 (01)
 PRESCRIPTION NO: 00 (01)
 PREVIOUS THIS ASSESS: 00 (00)

INSTITUTION: RICH AIR
 SUB-STATE: STAFF 5

DATE LAST ASSESSED: 01/04/73
 DATE THIS ASSESSED: 02/02/74

DEGREE OF FULFILLMENT CODES:

- A = ELEMENT COMPLETELY FILLED
- B = ELEMENT PARTIALLY FILLED
- C = ELEMENT UNFILLED
- D = OTHER

INFORMATION SOURCE CODES:

SEE INFORMATION SOURCE
 CODES SHEET

INSTITUTIONAL PRESCRIPTION ELEMENTS AND FULFILLMENT

ELEMENT	FULFILLMENT CODE	EXPLANATION	SOURCE CODE
BEHAVIOR MODIFICATION	A	ON TOWN WARD; RESPONDED FAIRLY WELL	G
EVALUATION BY VMC REHAB	A	PLACED IN CHRP; FOOD SERVICE PROGRAM	J
INDIVIDUAL THERAPY	B	RESPONDED WELL-SHOULD BE CONTINUED	E
MENTAL HEALTH WORKER ASSIGNED	C	NONE AVAILABLE	G
REVIEW PATIENT'S DIAGNOSIS	A	DONE UPON ENTRY	A
FAMILY PLANNING/SEX EDUCATION	B	ONGOING PROGRAM	E
COMM ADJUSTMENT TRAINING (CAT)	B	WILL BE COMPLETED IN NEXT FEW WEEKS	M
MEDICAL/DENTAL TREATMENT	A	TEETH PROBLEM CORRECTED	L

* * * * *

* REASSESSMENT SUMMARY *

* * * * *

CLIENT: JUVENILE , JOAN J
4321 BUENA AV
BUENA VISTA 99949
948-89-8889
WHITE , FEMALE; MARRIED

DATE OF BIRTH: 01/02/1951
CLIENT NO.: 88888888
SERIES: 1 (0)
ASST NO.: 1 (0)

INSTITUTION: WSH
DATE ENTERED: 08/01/73 (0 YEARS AGO)
SID SLAB: STAFF S ; BA
DATE ASSESSED: 02/02/74 (23 YEARS OLD)

REASONS FOR INSTITUTIONALIZATION

ADMITTING DIAGNOSIS: SCHIZOPHRENIA-PARANOID TYPE
CURRENT DIAGNOSIS: SCHIZOPHRENIA-PARANOID TYPE
PRESENTING SYMPTOMS: SEVERE BEHAVIOR PROBLEM AT GUN AIR SCHOOL.
COULD NOT CONTROL HER AGGRESSION
SPECIFIC OFFENSE: ARSON-SET FIRE TO NEIGHBOR'S GARAGE IN PAST
TRIED TO SET FIRE TO SCHOOL. FOUGHT WITH
OTHER CHILDREN
REHABILITATING CIRCUMSTANCES: TRANSFER FROM DWI INSTITUTION

ADMISSION TYPE/STATUS
TRANSFER
INVOLUNTARY ADMISSION

COMMITTEE: NONE
CORRESPONDENT: MR P JUVENILE
4321 BUENA AV
BUENA VISTA
HUSBAND

LEAVE/PASS/ESCAPE

CLIENT HAS NOT BEEN RELEASED ON LEAVE OF 7 DAYS OR MORE IN PAST SIX MOS
CLIENT HAS NOT BEEN RELEASED ON PASS OF LESS THAN 7 DAYS IN PAST SIX MOS
CLIENT HAS NOT ESCAPED DURING PAST SIX MOS

IS INSTITUTION MAKING PLANS TO MOVE CLIENT?
NO

(INFO.
SOURCE)
/B/

/B/
/B/

/B/
/B/

/B/

SERVICE HISTORY AND ELIGIBILITY

DURING YEAR PRIOR TO THIS INSTITUTIONALIZATION, CLIENT SERVED BY

/B/

<u>AGENCY</u>	<u>TYPE OF SERVICE</u>	<u>DURATION</u>
COURTS	COMMITMENT	1 DAY
DEPT OF WEL & INS	FOSTER PLACEMENT	15 MOS

DURING PAST FIVE YEARS OF INSTITUTIONALIZATION, CLIENT SERVED BY

/B/

<u>AGENCY</u>	<u>TYPE OF SERVICE</u>	<u>DURATION</u>
DEPT OF MH & MR	PSYCHOLOGICAL EVAL	1 DAY
DEPT OF WEL & INS	BON AIR SCHOOL	5 MOS

PREVIOUS INSTITUTIONALIZATIONS

/B/

<u>INSTITUTION</u>	<u>FROM</u>	<u>TO</u>
BUN AIR	03/05/73	06/01/73
BUN AIR	07/14/71	02/02/72
ASH	06/18/69	08/19/69

CURRENT COST PER PATIENT MONTH IS \$ 296.55

/X/

COMMONWEALTH OF VA. PAYS \$ 196.55
CLIENT OR FAMILY PAYS \$ 50.00. CLIENT'S SPOUSE
THIRD PARTY PAYS \$ 0.00

*** BREAKDOWN DOES NOT SUM TO TOTAL ***

PROPERTY/ASSETS

/X/

CLIENT DOES HAVE PROPERTY OR ASSETS:
STOCKS BEQUEATHED BY GRANDFATHER
VALUE APPROXIMATELY \$ 1,000

REMARKABLE ELIGIBILITY FOR ASSISTANCE

/ /

RESIDENCE HISTORY AND PERSONAL/FAMILY RESOURCES

PRELIM LIVING SITUATION

LIVED WITH SPOUSE
IN HOUSE RENTED BY SELF OR FAMILY

/M/

/M/

LETTERS RECEIVED IN PAST SIX MONTHS

/G/

NONE

VISITORS IN PAST SIX MONTHS

/G/

RECEIVED 3 VISITS
FROM MR & MRS R SIBLING
999 LEX AV
BUENA VISTA
PARENTS
MOST RECENT WAS RECEIVED 01/24/74

RECEIVED 8 VISITS
FROM MR P JUVENILE
4321 BUENA AV
BUENA VISTA
HUSBAND

LAST RECENT HAS RECEIVED 01/20/74

SPOUSE INFORMATION

CLIENT'S SPOUSE IS
P JUVENILE
4321 BUENA AVE
BUENA VISTA
(703) 999-4994

SPOUSE IS WILLING TO HAVE CLIENT RETURN HOME
WITH CONDITIONS ATTACHED:
THAT JUAN NO LONGER FEEL COMPULSION TO SET
FIRES OR FIGHT WITH HIM AND NEIGHBORS
SPOUSE'S INCOME IS SUFFICIENT TO SUPPORT CLIENT

CHILDREN INFORMATION

CLIENT HAS 0 CHILDREN, ALL UNDER 18

PARENT INFORMATION

CLIENT'S LIVING PARENT IS
RALPH SIBLING
999 LEX AV
BUENA VISTA
(703) 888-8888

OTHER LIVING PARENT IS
PAULA SIBLING
999 LEX AV
BUENA VISTA
(703) 888-8888

FATHER IS MARRIED TO CLIENT'S MOTHER
MOTHER IS MARRIED TO CLIENT'S FATHER

GUARDIAN IS COURT IN STATE

MORE THAN ONE PARENT/GUARDIAN WILLING TO HAVE CLIENT RETURN HOME:
MR & MRS R SIBLING

(SEE FORMS FOR ADDITIONAL WILLING PARENT)

WITH CONDITIONS ATTACHED:

NO MORE FIRES OR FIGHTING. WOULD RATHER SEE
JUAN WITH HUSBAND AND BABY

CLIENT WOULD HAVE TO SUPPLEMENT PARENT/GUARDIAN'S INCOME

OTHERS INTERESTED IN CLIENT

NO ONE ELSE WILLING TO HAVE CLIENT IN HOME

PREFERENCE OF CLIENT RE LIVING SITUATION

CLIENT PREFERS TO LIVE WITH SPOUSE
IN BUENA VISTA

PRESENT PHYSICAL CONDITION AND PHYSICAL HISTORY

GENERAL PHYSICAL CONDITION
EXCELLENT

/D/

APPEARANCE
NORMAL

/D/

DEFORMITIES
NONE

/D/

MOBILITY
COMPLETELY MOTILE

/D/

INTELLIGENCE
BELOW AVERAGE BUT NOT RETARDED

/D/

INTERPERSONAL RELATIONSHIPS
GEN FRIENDLY w/PERIODS OF HOSTILITY

/D/

MEDICAL PROBLEMS/DISEASE (CODES: 1 = MINIMAL, 2 = MODERATE, 3 = SEVERE) /W/
PROB. CURRENTLY
IN INST PRESENT TREATED

<u>BODY SYSTEM</u>	<u>PROBLEM/DISEASE</u>	1	2	3	YES
CENTRAL NERVOUS	NEVER A PROBLEM				
CIRCULATORY	NEVER A PROBLEM				
GASTRO-INTESTINAL	ULCER	NO	2		YES
GENITAL-URINARY	SYPHILIS	2	NO		
METABOLIC	NEVER A PROBLEM				
MUSCULAR/SKELETAL	NEVER A PROBLEM				
NEOPLASM	NEVER A PROBLEM				
PULMONARY	NEVER A PROBLEM				
RENAL	NEVER A PROBLEM				
RESPIRATORY	BRONCHITIS	NO	1		YES
SENSE ORGANS	NEVER A PROBLEM				
SKIN/LYMPH	NEVER A PROBLEM				
SPEECH/LANGUAGE	NEVER A PROBLEM				
INTELLIGENCE	NEVER A PROBLEM				
BEHAVIORAL	PARANOID	2	1		YES

CURRENT TREATMENT RECEIVED
INDIVIDUAL THERAPY
THER ECONOMY
CAT

/C/

PORTION OF TRT REGIMEN NEEDS TO CONTIN IF CLIENT LEAVES INST:
INDIVIDUAL THERAPY

/C/

MEDICATIONS (* - SHOULD CONTINUE AFTER DISCHARGE)
HALDOL: 20MG BID

/C/

LIMITATIONS ON EMPLOYABILITY
NONE

/C/

SPECIAL DIET
NONE

/C/

PERSONAL PHYSICIAN

JACK DOCTOR

BUENA VISTA

LAST TREATED CLIENT 02/72

/C/

MEDICAL HOSPITALIZATIONS IN PAST FIVE YEARS

/C/

<u>HOSPITAL</u>	<u>REASONS</u>	<u>DURATION</u>
BUENA HOSPITAL	DELIVERY OF CHILD	5 DAYS

EDUCATIONAL HISTORY

REGULAR SCHOOLING

/B/

HIGHEST GRADE COMPLETED WAS

8

GRADES REPEATED:

6 AND 7

SPECIAL UNBLENDED CLASS

/H/

NONE

SPECIAL SCHOOL OUTSIDE INSTITUTION

/B/

NONE

SCHOOL IN AN INSTITUTION

/B/

INSTITUTION(S): ROM AIR

CURRICULUM: GENERAL

SCHOOL IN THIS INSTITUTION

/B/

CONTINUATION OF EDUCATION

/ /

YES, IN A VOCATIONAL SCHOOL

EMPLOYMENT HISTORY AND PRESENT EMPLOYABILITY

SELF-SUPPORT CAPABILITY

/I/

IN NEED OF ED OR TRAINING TO BE SELF-SUPPORTING THRU EMPLOYMENT:

NEEDS TO WORK THRU PSYCHU PROBLEMS

MOTIVATION

/I/

SOMEWHAT MOTIVATED TO SUPPORT SELF OR TRAIN TO SUPPORT SELF

JOBS OUTSIDE INSTITUTION IN PAST TEN YEARS

/ /

<u>DESCRIPTION</u>	<u>FROM</u>	<u>TO</u>	<u>INCOME/HR</u>
WAITRESS	03/72	05/72	\$ 125.00

JOBS IN INSTITUTION (RATING: 4 = EXCELLENT, 3 = GOOD, 2 = FAIR, 1 = POOR) /I/

<u>DESCRIPTION</u>	<u>FROM</u>	<u>TO</u>	<u>HR</u>	<u>PER</u>	<u>RIG</u>	<u>PAY/HR</u>
WORKS ON WARD	08/73	PRESENT	10	2	\$	2.00
CHIRP	10/73	11/73	20	3	\$	9.00

VOCATIONAL TRAINING OUTSIDE INSTITUTION

DESCRIPTION	FROM	TO	HR	WAGES	YES
SHELTERED WORKSHOP	10/72	11/72	55	5 45.00	NO

VOCATIONAL EVALUATION IN INSTITUTION

VOCATIONAL TRAINING IN INSTITUTION

DESCRIPTION	FROM	TO	HR	WAGES	YES
FOOD SERVICE	11/73	PRESENT	10	5 5.00	YES

JOB PREFERENCES OF CLIENT

FIRST CHOICE IS BEAUTICIAN
SECOND CHOICE IS WAITRESS

VEHICLE USE

CLIENT HAS DRIVER'S LICENSE
HAS ACCESS TO CAR

PUBLIC TRANSPORTATION USE

CLIENT IS ABLE TO USE PUBLIC TRANSPORTATION TO GET TO WORK
DON'T KNOW IF CLIENT IS WILLING

* BEHAVIORAL REPERTOIRE *

CLIENT: JUVENILE J
CLIENT NO: 8888888
SERIES: 1 (0)

RAILER: MS NURSE
POSITION: NARD NURSE
INSTITUTION/RESIDENCE: WSH
DATE OF RAILING: 02/01/74 (23 YEARS OLD)

RAILER

CODE: 4 - HIGH FREQUENCY; DOES FREQUENTLY
3 - DOES NOT DO; WOULD DO FREQUENTLY IF SETTING PROVIDED OPPORTUNITY
2 - LOW FREQUENCY; DOES DO SOMETIMES
1 - DOES NOT DO; WOULD DO OCCASIONALLY IF SETTING PROVIDED OPPORTUNITY
0 - DOES NOT DO; WOULD NOT DO EVEN IF OPPORTUNITY
BLANK - DO NOT KNOW OR CANNOT DETERMINE

ADAPTIVE BEHAVIORS

MOBILITY/LOCUMIN 01234	FEEDING 01234	DRESSING/GROOMING 01234
DRIVES CAR 3	COOKS FOR OTHERS 1	SEWS FOR SELF/OTHERS 0
TRAVELS UNACCOMPANED 3	COOKS OWN FOOD 2	HELPS DRESS OTHERS 3
PUB TRANSPRT UNACCOM 3	FEEDS SELF 4	SELECTS CLOTHES 4
LEAVES GRDS UNATTEND 4	CUTS WITH KNIFE 4	NEAT APPEARANCE 4
LEAVES GRDS ATTENDED 4	SPREADS WITH KNIFE 4	SELF CARE RE DRESS 4
MOVES IN GROUNDS 4	EATER UNASSISTED 4	BATHES UNATTENDED 4
MOVES IN BUILDING 4	USES FORK 4	SHAVES 4
MOVES IN ROOM 4	USES SPOON 4	WASHES HAIR 4
RUNS 4	DRINKS UNASSISTED 4	COMBS/BRUSHES HAIR 4
WALKS UP/DOWN STAIRS 4	DISCRIMINATES EDIBLE 4	BRUSHES TEETH 4
WALKS UNAIDED 4	CHEWS FOOD 4	WASHES FACE 4
AMBULATES W/ASSISTING 4	NO DROOLING 4	DRIES HANDS 4
AVOIDS OBSTACLES 4	DRINKS W/ASSISTANCE 4	WASHES HANDS 4
STANDS ALONE 4		TIES SHOES 4
SITS UNSUPPORTED 4		UNDRESSES APPROPRIATELY 4
REACHES FOR OBJECTS 4		URINATES BATHROOM 4
BALANCES HEAD 4		DEFECATES BATHROOM 4
		NOT USE BEDPAN 4
		NOT USE DIAPERS

ADAPTIVE BEHAVIORS (CONTINUED)

<u>WRITING SKILLS</u> 01234		<u>SOCIALIZATION</u> 01234		<u>HOUSEKEEPING</u> 01234	
ARTICLES, BOOKS	0	CIVIC GROUPS	0	COOKS	1
POETRY, STORIES	0	RESPONSIBILITY OTHERS	2	WASHES CLOTHES	1
WRITES LETTERS	2	TENDS TO OTHERS	2	CLEANS HOUSE	1
LETTERS W/ASSISTANCE	2	GROUP ACTIVITY	2	MAINTENANCE TASKS	1
SENTENCES	4	SMALL GROUPS	2	GARDENS	0
WORDS	4	HAS FRIENDS	2	MOWS LAWN	0
LETTERS OF ALPHABET	4	SEKS COMPANIONSHIP	2	MAKES BED	4
GEOMETRIC DESIGNS	4	ASKS FOR HELP	2	SIMPLE MAINTENANCE	4
COLORS IN LINES	4	AWARE OF OTHERS	4	PICKS UP AREA	4
MARKS WITH CRAYON	4			EMPTIES WASTEBASKET	4
<u>READING SKILLS</u> 01234		<u>MONEY MANAGEMENT</u> 01234		<u>PASTIMES</u> 01234	
BOOKS, ARTICLES	0	FINANCIAL AFFAIRS	0	MUSIC INSTRUMENT	
NOVELS, MAGAZINES	2	CREDIT CARDS	2	SINGS	4
NEWSPAPER	0	CHECKS	2	DANCES	4
CHILDREN'S BOOKS	1	HANDLES CASH	2	PAINTS, DRAWS	2
SIMPLE MESSAGES	4	MAKES CHANGE	4	SCULPTS	0
SENTENCES	0	SIMPLE PURCHASES	4	CRAFTS	2
SINGLE WORDS	4	COIN DISPENSERS	4	PLAYS SPORTS	0
LETTERS OF ALPHABET	4	DISCRIMINATES COINS	4	WATCHES SPORTS	0
NUMERALS	4			RIDES HORSES	0
NAMES COLORS	4	<u>INTELLECT/COGNITIVE</u> 01234		HUNTS/FISHES	0
<u>TALKING SKILLS</u> 01234		COMMON SENSE	2	RIDES BICYCLE	
PUBLIC SPEECHES	0	SOCIAL JUDGMENT	2	PLAYS CARDS	
CONVERSES UK	4	GENERAL INFORMATION	2	ACTS IN PLAYS	0
FLUENT SPEECH	4	APPLIES LEARNING	2	CHESS/CHECKERS	0
USES TELEPHONE	4	EXPRESSES IDEAS	2	READS	2
TELEGRAPHIC SPEECH	4	LEARNS NEW TASKS	4	TABLE GAMES	0
SINGLE WORDS	4	NUMERICAL CONCEPTS	4	SEWS/KNITS	
SOME SPEECH	4	SENSE OF HUMOR	4	WATCHES TV	2
<u>ADAPTIVE</u> 01234		RESPONDS TO TV	4	CONVERSES	2
COMPREHENDS SPEECH	4	RESPONDS TO MUSIC	4	CROSSWORDS	0
COMPREHENDS CONVERSTN	4	DANGERS/HAZARDS	4	COLORS	0
USES TELEPHONE	4			PLAYS WITH TOYS	0
FOLLOWS DIRECTIONS	4	<u>AFFECT</u> 01234		SHINGS	0
SIMPLE COMMANDS	4	JOY WHEN HAPPY	4	SKIPS ROPE	0
		SAD WHEN SAD	4	HIDE/SEEK	0
		ANGER WHEN BLOCKED	4	PEEK-A-BOO	0
		LOVE TO OTHERS	4		
		<u>WORK</u> 01234			
		CLERICAL/PROFESSIONAL	0		
		SKILLED	0		
		SEMI-SKILLED	0		
		UNSKILLED	2		
		ROUTINE CHORES	2		

MALEADANTIVE BEHAVIORS

EABLY SOCIALIZAIN 01234		ASSAULTIVE 01234		DISCRIMINATION 01234	
SLOPPY/DIRTY	0	DESTROYS PROPERTY	1	TIME	0
NEGLECTS PERSON	0	HARMS ANIMALS	0	PLACE	0
NEGLECTS RESPONSBLTY	2	THREATENS OTHERS	2	PEOPLE	0
BULLIES OTHERS	2	ASSAULTS OTHERS	0	RECENT EVENTS	0
BODY ODOR	0	ATTACKS SEXUALLY	0	PAST EVENTS	0
ARGUES	2			AMNESIA PERIODS	0
YELLS AND SCREAMS	0	SELF-DESTRUCTIVE 01234		COMPLAINTS/SYMPT 01234	
TALKS EXCESSIVELY	0	SMOKES	4	FATIGUE	0
CRIES EXCESSIVELY	0	ALCOHOL TO EXCESS	0	BODY DISCOMFORTS	0
MUMBLES	0	USES DRUGS	0	TICS	0
LAUGHS INAPPROPRIATELY	0	INJURES SELF	0	WETS BED	0
ANSWERS INAPPROPRIATELY	0	TAKES COSTLY RISKS	0	WETS CLOTHES	0
DISOBEYS DIRECTIONS	2	THREATENS SUICIDE	0	HALLUCINATES	0
GIVES ORDERS INAPPRO	0	ATTEMPTS SUICIDE	0	DELUSIONS	0
PACES FLOOR	0			REPETITIVE BEHAVIOR	0
WRINGS HANDS	0	PHOBIAS 01234		EXCESSIVE RELIGIOUS	0
AVOIDS PEOPLE	0	DOCTORS	0	SOILS BED	0
SHIS AND STAMES	0	DEATH	0	SOILS CLOTHES	0
FASIS	0	DARKNESS/NIGHT	0	OTHER	0
ANNOUNCES WORTHLESS	0	LOSS OF SANITY	0		
STEALS	0	BEING ALONE	0		
HONORS	0	FIRE	0		
LIES	2	BEING HARMED	0		
RUNS AWAY	0	LEAVING SURROUNDING	0		
TRUANCY	0	OTHER	0		
CRUDE SEX TALK	0				
MASTURBATES PUBLICLY	0				
EXHIBITS GENITALS	0				
VOYEURISTIC	0				

COMMENTS

JUAN HAS IMPROVED GREATLY OVER PAST FEW MONTHS

QUANTITATIVE SUMMARY

ADAPTIVE MALADAPTIVE

NO. ITEMS RAISED:

149

67

MEAN RATING:

2.75

0.25

Appendix C

Prescription Derivates

1. 1 / 1 / 1
mo da yr

Client's #

I. PRESCRIPTION: COMMUNITY PLACEMENT VS. CONTINUED INSTITUTIONALIZATION

Having completed and thoroughly reviewed the assessment of the client, the first prescription decision for the A&P Team is the question of community placement versus continued institutionalization. This decision is an important one and must be based upon the assessment information.

This decision must not be based upon the issue of resource availability. Candidacy for deinstitutionalization (under SID) must be considered apart from the question of whether or not community resources are available. The question of resource availability is a separate one and will be answered by the SID Broker Advocate's search for and negotiation with resources.

2. This client's Prescription history (check one):

- a. ☐ This is the first time the client's case has come to the attention of the SID A&P Team.
- b. ☐ The client's case has previously come before the SID A&P Team and continued institutionalization has always been prescribed.
- c. ☐ The client's case has previously come before the SID A&P Team, community placement was prescribed but community resources were found to be unavailable.
- d. ☐ The client's case has previously come before the SID A&P Team, community placement was prescribed, community resources were available, the client is in the community but a breakdown in the delivery has occurred.
- e. ☐ The client's case has previously come before the SID A&P Team, community placement was prescribed, the client entered the community for a time but was re-institutionalized.
- f. ☐ The client's case has previously come before the SID A&P Team, community placement was prescribed, but before the community resources could be found the client was released from the institution.
- g. ☐ Other: _____

FILL IN EITHER 3. OR 4. BELOW

- 3. The present assessment reveals that the client is a candidate for community placement because (check the most important reason for the decision):
 - a. ☐ he was inappropriately institutionalized initially
 - b. ☐ institutionalization is having deleterious effects
 - c. ☐ further improvements cannot be expected through continued institutionalization
 - d. ☐ alternative mode of care/living is preferable
 - e. ☐ other: _____(COMPLETE SECTION II.)
- 4. The present assessment reveals that the client should continue to reside in an institution because (check the most important reason for the decision):
 - a. ☐ treatment services of institution still needed
 - b. ☐ education/training services of institution still needed
 - c. ☐ evaluation services of institution still needed
 - d. ☐ maintenance services of institution still needed
 - e. ☐ other: _____(COMPLETE SECTION III.)

II. COMMUNITY PLACEMENT: PRESCRIPTION ELEMENTS

Instruction Sheet

This form is a tool for the Assessment and Prescription Team, providing a list of services which might be needed by a client being considered for placement in the community. Each Prescription Element represents a type of service or resource that might aid the client in adjusting to life in the community. Not all of the Elements will apply to any one client. If any services are needed which are not already listed, they should be indicated in the blanks under "Other".

After making its assessment of the client's history, present situation, and behavioral repertoire, the Team selects the type of housing best suited to the client's needs. The first housing selection must be based upon the Team's assessment of the IDEAL housing situation for the client regardless of its availability. The Team places the code-letter attached to the type of housing selected in the box provided and writes any needed specifying or explanatory information in the blank to the right of the box.

Having specified the Ideal housing situation for the client, the Team can go on to state a Second and Third Choice for housing. The Team may be of the opinion that the Ideal housing situation is the only viable alternative outside the institution for the client; in that case, the Team would make no Second or Third Choice.

The Team then indicates any source(s) of income that might be available to pay for housing and the client's other needs. This information will be valuable to the Broker Advocate when searching for possible resources.

Having stated the type(s) of housing, the Team selects Prescription Elements under the topics of "Job Training/Placement", "Physical Health", "Social/Psychological Health", and "Education". For each Element selected, a check mark (✓) should be placed in the space provided to the left of the Element.

Under the heading "Objective", the purpose of the Prescription Element should be described briefly but concretely. For example, if "Visual Evaluation" is prescribed, the Objective might be "to have client's vision checked to determine whether persistent headaches are due to eye strain". The Objective should be worded specifically enough so that the Broker Advocate can, at a later date, judge whether progress is actually being made toward fulfilling the purposes of the prescription.

It is possible that the Team will, in some instances, have a recommendation as to a specific resource where the Broker Advocate can fulfill the particular Element. If so, the Team should enter this recommendation along with the Objective. In making such a specific recommendation, it is important to bear in mind the location where the client is expected to live, as city or county of residence will impose constraints on the Broker Advocate in filling Prescription Elements. Unless the Team indicates otherwise, recommendations for specific resources will not be binding on the Broker Advocate's efforts to fill the designated Prescription Element.

II. COMMUNITY PLACEMENT (cont'd)

Client's #

PRESCRIPTION: COMMUNITY PLACEMENT

FACE SHEET

NAME OF CLIENT

last

first

middle

1. DATE OF PRESCRIPTION

mo

da

yr

2. NAME OF RECORDER

3. TITLE

(15)

(2)

AUTHORIZATION FOR PRESCRIPTION:

4. Name of Chairperson of A&P Team:

(22)

Signature:

Date

II. COMMUNITY PLACEMENT (cont'd)

Client's # _____

PRESCRIPTION ELEMENTS FOR COMMUNITY PLACEMENT: HOUSING AND INCOME

CODE	TYPE OF HOUSING	CODE	TYPE OF HOUSING
a.	Boarding house	k.	Special group home for m.i.
b.	Residential hotel	l.	Special group home for m.r.
c.	Special foster home for m.i.*	m.	Special group home for j.o.
d.	Special foster home for m.r.	n.	Other group home: Specify
e.	Special foster home for j.o.	o.	Nursing home
f.	Other foster home: Specify	p.	Home for adults
g.	Special halfway house for m.i.	q.	Reside with relative: Specify
h.	Special halfway house for m.r.	r.	Independent living situation
i.	Special halfway house for j.o.	s.	Training school for blind
j.	Other halfway house: Specify	t.	Voc. Rehab. residential facility
		u.	Other: Specify

* m.i. = mentally ill; m.r. = mentally retarded; j.o. = juvenile offender

8. The Team believes that the IDEAL housing situation for this client is:

Code (Resp) _____

(132)

9. The Team's SECOND CHOICE for housing if the Ideal situation is unavailable is:

Code (Resp) _____

(152)

10. The Team's THIRD CHOICE for housing if the Second Choice is unavailable is:

Code (Resp) _____

(132)

11. Income to pay for housing and the client's other needs might come from (check as many as apply and provide explanation where necessary):

- a. ☐ the client's own resources or income (including retirement benefits and earned disability benefits)
- b. ☐ the family of the client
- c. ☐ S.S.I. benefits (AB, AD, OAA)
- d. ☐ public assistance (general relief, AFDC, etc.)
- e. ☐ Medicaid
- f. ☐ Medicare
- g. ☐ Social Security disability benefits unearned by client
- h. ☐ other disability benefits
- i. ☐ vocational rehabilitation services
- j. ☐ other:

II. COMMUNITY PLACEMENT (cont'd)

Client's #

PRESCRIPTION ELEMENTS FOR COMMUNITY PLACEMENT: JOB TRAINING/PLACEMENT PHYSICAL HEALTH SOCIAL/PSYCHOLOGICAL HEALTH EDUCATION

ELEMENTS		OBJECTIVE
JOB TRAINING/PLACEMENT		[1]
12.	_____ Elderly Activity Center	_____
13.	_____ Employment Counseling thru VEC	_____
14.	_____ Employment Counseling thru Voc. Rehab.	_____
15.	_____ Evaluation and Referral thru Voc. Rehab.	_____
16.	_____ Job Training thru Voc. Rehab.	_____
17.	_____ Sheltered Workshop	_____
	Other:	
18.	_____	_____
	(27)	
19.	_____	_____
	(24)	
PHYSICAL HEALTH		
20.	_____ Dental Care	_____
21.	_____ Family Planning/ Sex Education	_____
22.	_____ Institutional Staff Review Pharmaceutical Intake	_____
23.	_____ Personal Management Training for Blind	_____
24.	✓ Personal/Family Physician	_____
25.	_____ Pharmaceuticals with Supervised Ingestion	_____

Adding primary health care

II. COMMUNITY PLACEMENT (cont'd)

Client's #

SOCIAL/PSYCHOLOGICAL HEALTH (cont'd)

ELEMENTS		OBJECTIVE
		[1]
44.	Continuum of Mental Health Services	
45.	Probation Officer Assigned	
46.	Social Club Membership	
	Other:	
47.		
	(20)	
48.		
	(24)	
EDUCATION		
49.	Adult Education Program	
50.	G.E.D. Program	
51.	Hearing Therapy	
52.	Home Teaching	
53.	Part-time Special Classroom	
54.	Post-High School Program (Community College, etc.)	
55.	Regular Classroom	
56.	Special Classroom	
57.	Speech Therapy	
58.	Visiting Teacher Assigned	
	Other:	
59.		
	(21)	
60.		

IV. REASONS CLIENT STILL IN INSTITUTION

(Ignore this section if client is not residing in institution)

Now that the A&P Team has completed the Assessment and Prescription process on this client, SID asks that the Team, as accurately and frankly as possible, reach conclusions as to why this client is presently still in the institution.

SID requests this judgement from the A&P Team so that light can be cast on the general question of why people reside in State institutions. SID sees this question as a salient one which must be addressed in the Project.

Use the following check list in reaching your conclusions. Add other reasons missed by the check list as appropriate.

2. This client is still in the institution because (check as many as apply):
- a. ☐ Client is under legal restraints which cannot be lifted by the institution itself
 - b. ☐ Client is under legal restraints, the lifting of which the institution has control over but this control has not been exercised
 - c. ☐ Client's physical condition is such that institutional care will be necessary for at least the next several months
 - d. ☐ Client's behavioral condition is such that institutional care will be necessary for at least the next several months
 - e. ☐ Client's overall condition is such that total care will be necessary for at least the next several months
 - f. ☐ Client is a danger to self
 - g. ☐ Client is a danger to others
 - h. ☐ Client has been dischargeable for some time but it has been assumed by those in his charge that community resources were not available to absorb client; consequently, no active attempts have been made for some time to place client.
 - i. ☐ Client has been dischargeable for some time; active attempts have been made by those in his charge to place him in the community; but, no resources could be found
 - j. ☐ Client has only very recently become dischargeable; (prior to now his behavioral or physical condition has precluded consideration for discharge)
 - k. ☐ Family members have indicated that they are in no way a bridge to helping the client find an alternative to continued institutionalization
 - l. ☐ Institutional personnel have assumed a very protective posture with this client and have not wanted him to leave
 - m. ☐ Client has been placed out of the institution at least once but has returned
 - n. ☐ Client has refused to leave the institution when attempts have been made to move him
 - o. ☐ Institution relies on this client to perform much-needed services within the institution
 - p. ☐ Other:

III. CONTINUED INSTITUTIONALIZATION: PRESCRIPTION ELEMENTS
(Pertaining to Mentally Ill and Mentally Retarded Clients)

Instruction Sheet

This form is a tool for the Assessment and Prescription Team providing a list of services and programs available at the DMH&MR institutions and institutions for juvenile offenders participating in the SID Project. Some of these services might be utilized for a client whose present condition and/or a current lack of appropriate community resources (substantiated after an in-depth search) dictates that he must remain in an institution. The Prescription Elements are listed by institution, since the kinds of services and programs available vary substantially between institutions.

The A&P Team must first decide, based on the client's history and present situation and on program and service applicability, whether or not a given client should remain in the institution where he is presently located or whether he should be transferred to another institution where more appropriate services could be rendered. Having made this decision, the Team will select Prescription Elements which apply to this client and which are available at the chosen institution. For each Element selected, a check mark (✓) should be placed in the space provided to the left of the Element.

Under the heading "Objective", the purpose of the Prescription Element should be described briefly but concretely. For example, if "Occupational Therapy" is prescribed, the Objective might be "to aid the client in developing manual skills so he can work in the sheltered workshop". The Objective should be worded specifically enough so that the Broker Advocate can, at a later date, judge whether progress is actually being made toward fulfilling the purposes of the Prescription.

If the Team determines that the client should be transferred to an institution other than the four described here, the sheet entitled "Recommend Transfer to Another Institution" (p. 11.2) should be completed. The name and address of the institution should be noted; a description of the program elements the client will need at the institution should be given along with the objective of the program; and, how the institutionalization will be financed should be stated.

III. CONTINUED INSTITUTIONALIZATION (cont'd)

Client's #

PRESCRIPTION: CONTINUED INSTITUTIONALIZATION

NAME OF CLIENT _____

1. DATE OF PRESCRIPTION _____

mo da yr

2. NAME OF RECORDER _____

[1]

(15)

position

(5)

3. DATE WHEN RE-ASSESSMENT WILL OCCUR: _____

mo da yr

4. PARTICIPATING INSTITUTION PRESCRIBED FOR THIS CLIENT (check one):

- a. ☐ Catawba (20) -- p. 11.3
- b. ☐ DeJarnette (21) -- p. 11.4
- c. ☐ Lynchburg (22) -- p. 11.5 and 11.6
- d. ☐ Western State (23) -- p. 11.7 and 11.8
- e. ☐ Beaumont School (24) -- p. 11.9
- f. ☐ Bon Air School (25) -- p. 11.10
- g. ☐ Hanover School (26) -- p. 11.13
- h. ☐ Pinecrest School (27) -- p. 11.11
- i. ☐ Janie Porter Barrett (28) -- p. 11.12
- j. ☐ Natural Bridge (29) -- p. 11.13a
- k. ☐ J.V.I. (30) -- p. 11.13b
- l. ☐ Southside Virginia Training Center (31) -- p. 11.14
- m. ☐ Central State (32) -- p. 11.16

AUTHORIZATION FOR PRESCRIPTION:

5. Name of Chairperson of A&P Team: _____

(12)

Signature: _____

mo da yr

Client's -

RECOMMEND TRANSFER TO ANOTHER INSTITUTION:

Address: [1] _____ [2] _____ [3] _____
Street City (44) State

PROGRAM (PRESCRIPTION ELEMENT)	OBJECTIVE
(29)	[1]
(28)	
(27)	
(26)	
(25)	
(24)	
(23)	
(22)	
(21)	
(20)	
(19)	
(18)	
(17)	
(16)	
(15)	
(14)	
(13)	
(12)	
(11)	
(10)	
(9)	
(8)	
(7)	
(6)	
(5)	
(4)	
(3)	
(2)	
(1)	

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III. CONTINUED INSTITUTIONALIZATION (cont'd)

PRESCRIPTION ELEMENTS FOR CONTINUED INSTITUTIONALIZATION
(Mentally Ill and Mentally Retarded)

INSTITUTION	ELEMENT	OBJECTIVE
20. CATAWBA		[1]
a.	"Green Thumb Project"	
b.	Medical/Dental Treatment	
c.	Occupational Therapy	
d.	Reality Orientation	
e.	Recreational Therapy	
f.	Resocialization into Community	
g.	Self-Care Unit	
h.	Sheltered Workshop	
i.	Token Economy Program	
j.	Work Therapy (Dietary Dept.)	
	Other:	
aa.		
	(29)	
bb.		
	(29)	
cc.	COMMENTS:	

III. CONTINUED INSTITUTIONALIZATION (cont'd)

PRESCRIPTION ELEMENTS (cont'd)

INSTITUTION	ELEMENT	OBJECTIVE
21. DEJARNETTE		[1]
a.	Behavior Modification	
b.	Education Program: In the Institution	
c.	Education Program: In the Community	
d.	Individual Therapy	
e.	Medical/Dental Treatment	
f.	Occupational Therapy	
g.	Rehabilitation Program In the Community	
	Other:	
aa.		(19)
bb.		(19)
cc.	COMMENTS:	

III. CONTINUED INSTITUTIONALIZATION (cont'd)

Client's #

PRESCRIPTION ELEMENTS (cont'd)

INSTITUTION	ELEMENT	OBJECTIVE [1]
22. LYNCHBURG		
a.	Behavior Modification Program	
b.	Constructive Activity Program	
c.	Education Program: In the Institution	
d.	Group Therapy	
e.	Independent Living Area	
f.	Individual Therapy	
g.	Medical/Dental Treatment	
h.	Play Therapy	
i.	Recreational Program	
j.	Remotivation Program	
k.	Review Patient's Diagnosis	
l.	Review Pharmaceutical Intake	
m.	Self-Government Unit	
n.	Sheltered Workshop	

III. CONTINUED INSTITUTIONALIZATION (cont'd)

PRESCRIPTION ELEMENTS (cont'd)

INSTITUTION	ELEMENT	OBJECTIVE
22, LYNCHBURG (cont'd)		(1)
o.	Vocational Evaluation	
p.	Vocational Training	
q.	Work Activity Center	
r.	Work Therapy Program	
s.	Family Planning/ Sex Education	
t.	Sensory/Motor Stimulation	
u.	Community Adjustment Training (C.A.T.)	
v.	Family Counseling	
w.	Volunteer/Mental Health Ctr. Assigned	
Other:		
aa.		
bb.		
cc.	COMMENTS:	

III. CONTINUED INSTITUTIONALIZATION (cont'd)

Client's #

PRESCRIPTION ELEMENTS (cont'd)

INSTITUTION	ELEMENT	OBJECTIVE
23, WESTERN STATE		[1]
<u>Children and Adolescents</u>		
a.	Education Program: In the Institution.	
b.	Group Psychotherapy	
c.	Medical/Dental Treatment	
d.	Recreational Therapy	
	Other:	
aa.		
	(40)	
bb.		
cc.	COMMENTS:	(49)
<u>Adults</u>		
e.	Behavior Modification	
f.	C.E.I.R.P.	
g.	Evaluation by Voc. Rehab.	
h.	Group Therapy	
i.	Individual Therapy	
j.	Legal Aid	
k.	Medical/Dental Treatment	
l.	Mental Health Worker Assigned	

III. CONTINUED INSTITUTIONALIZATION (cont'd)

Client's #

PRESCRIPTION ELEMENTS (cont'd)

INSTITUTION	ELEMENT	OBJECTIVE
23. WESTERN STATE (cont'd)		
m.	Occupational Therapy	[1]
n.	Physical Fitness Program	
o.	Reality Orientation	
p.	Recreational Therapy	
q.	Review Patient's Diagnosis	
r.	Review Pharmaceutical Intake	
s.	Social Club Membership	
t.	Training Program for Blind (VCVH)	
u.	Work Therapy	
v.	Family Planning/ Sex Education	
w.	Community Adjustment Training (C.A.T.)	
x.	Community Readjustment Program (C.R.P.)	
y.	Family Counseling	
Other:		
aa.		
		(14)
bb.		
		(14)
cc. COMMENTS:		

Client's #

III. CONTINUED INSTITUTIONALIZATION (cont'd)

PREScription ELEMENTS FOR CONTINUED INSTITUTIONALIZATION
(Juvenile Offender)

INSTITUTION	ELEMENT	OBJECTIVE
24,	BEAUMONT SCHOOL FOR BOYS	[1]
a.	Case Work Services	
b.	Clinical Services	
c.	Educational Program	
d.	Medical/Dental Services	
e.	On-the-Job Training	
f.	Positive Peer Culture (P.P.C.)	
g.	Vocational Evaluation	
h.	Vocational Counseling	
i.	Vocational Training	
j.	Work Release Program	
	Other:	
aa.		
	(24)	
bb.		
	(24)	
cc.	COMMENTS:	

III. CONTINUED INSTITUTIONALIZATION (cont'd)

PRESCRIPTION ELEMENTS FOR CONTINUED INSTITUTIONALIZATION
(Juvenile Offender)

INSTITUTION	ELEMENT	OBJECTIVE
25.	BON AIR SCHOOL FOR GIRLS	[1]
a.	Behavior Modification	
b.	Case Work Services	
c.	Clinical Services	
d.	Educational Program	
e.	Medical/Dental Services	
f.	On-the-Job Training	
g.	Positive Peer Culture (Group Program)	
h.	Vocational Evaluation	
i.	Vocational Counseling	
j.	Vocational Training	
k.	Work Release Program	
	Other:	
aa.		
		(24)
bb.		
		(29)
cc.	COMMENTS:	

III. CONTINUED INSTITUTIONALIZATION (cont'd)

PRESCRIPTION ELEMENTS FOR CONTINUED INSTITUTIONALIZATION
(Juvenile Offender)

INSTITUTION	ELEMENT	OBJECTIVE
27.	PINECREST SCHOOL FOR BOYS	[1]
a.	Case Work Services	
b.	Clinical Services	
c.	Educational Program	
d.	Medical/Dental Services	
e.	On-the-Job Training	
	Other:	
aa.		
	(29)	
bb.		
	(29)	
cc.	COMMENTS:	

III. CONTINUED INSTITUTIONALIZATION (cont'd)

PRESCRIPTION ELEMENTS FOR CONTINUED INSTITUTIONALIZATION
(Juvenile Offender)

INSTITUTION	ELEMENT	OBJECTIVE
28.	JANIE PORTER BARRETT SCHOOL FOR GIRLS	[1]
a.	Behavior Modification	
b.	Case Work Services	
c.	Clinical Services	
d.	Educational Program	
e.	Guided Group Program	
f.	Medical/Dental Services	
g.	On-the-Job Training	
h.	Pre-Vocational Training	
i.	Treatment Team	
	Other:	
aa.		
		(29)
bb.		
		(29)
cc.	COMMENTS:	

III. CONTINUED INSTITUTIONALIZATION (cont'd)

PRESCRIPTION ELEMENTS FOR CONTINUED INSTITUTIONALIZATION
(Juvenile Offender)

INSTITUTION	ELEMENT	OBJECTIVE
26.	HANOVER SCHOOL FOR BOYS	[1]
a.	Behavior Modification	
b.	Case Work Services	
c.	Clinical Services	
d.	Educational Program	
e.	Medical/Dental Services	
f.	Pre-Vocational Training	
	Other:	
aa.		
		(29)
bb.		
		(28)
cc.	COMMENTS:	

III. CONTINUED INSTITUTIONALIZATION (cont'd)

PRESCRIPTION ELEMENTS FOR CONTINUED INSTITUTIONALIZATION
(Juvenile Offender)

INSTITUTION	ELEMENT	OBJECTIVE
29.	NATURAL BRIDGE	[1]
a.	Case Work Services	
b.	Clinical Services	
c.	Educational Program	
d.	Job Placement Assistance	
e.	Medical/Dental Services	
f.	On-the-Job Training	
g.	Vocational Evaluation	
h.	Vocational Counseling	
i.	Vocational Training	
	Other:	
aa.		
	(24)	
bb.		
	(24)	
cc.	COMMENTS:	

III. CONTINUED INSTITUTIONALIZATION (cont'd)

Client's #

PRESCRIPTION ELEMENTS FOR CONTINUED INSTITUTIONALIZATION
(Juvenile Offender)

INSTITUTION	ELEMENT	OBJECTIVE
30. JUVENILE VOCATIONAL INSTITUTE (J.V.I.)		[1]
a.	Behavior Modification	
b.	Case Work Services	
c.	Clinical Services	
d.	Educational Program	
e.	Medical/Dental Services	
f.	On-the-Job Training	
g.	Vocational Training	
h.	Work Release Program	
	Other:	
aa.		
	(27)	
bb.		
	(27)	
cc.	COMMENTS:	

III. CONTINUED INSTITUTIONALIZATION (cont'd)

PRESCRIPTION ELEMENTS (cont'd)

INSTITUTION	ELEMENT	OBJECTIVE
		(1)
31. SOUTHSIDE VIRGINIA TRAINING CENTER		
a.	Activities/Daily Living (A.D.L./O.T.)	
b.	Behavior Modification Program	
c.	Community Adjustment Training (C.A.T.)	
d.	Constructive Activity Program	
e.	Education: Academic Program	
f.	Family Planning/ Sex Education	
g.	Group Therapy	
h.	Individual Therapy	
i.	Medical/Dental Treatment	
j.	Motor Skills Development (O.T.)	
k.	Omega Program	
l.	Pre-School Program	
m.	Physical Therapy	
n.	Recreational Therapy	
o.	Remotivation Program	

III. CONTINUED INSTITUTIONALIZATION, (cont'd)

PRESCRIPTION ELEMENTS (cont'd)

INSTITUTION	ELEMENT	OBJECTIVE
		(1)
31. SOUTHSIDE (cont'd)		
p.	Review Patient's Diagnosis	
q.	Review Pharmaceu- tical Intake	
r.	Sensory/Motor Stimulation	
s.	Sheltered Work- shop (C.H.A.P.)	
t.	Speech Therapy	
u.	Vocational Evaluation	
v.	Vocational Training	
w.	Work Adjustment Program (O.T.)	
x.	Work Placement (O.T.)	
y.	Language Development	
z.	Foster Grandparents Program	
aa.	Volunteer/Mental Health Wkr. Assigned (not F.G.P.)	
bb.	Family Counseling	
	Other:	
aa.		
	(24)	
bb.		
	(24)	

cc. COMMENTS:

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III. CONTINUED INSTITUTIONALIZATION (cont'd)

PRESCRIPTION ELEMENTS

INSTITUTION	ELEMENT	OBJECTIVE
		[1]
32. CENTRAL STATE HOSPITAL		
a.	Behavior Modification	
b.	Community Adjustment Training (C.A.T.)	
c.	Education Program	
d.	Family Counseling	
e.	Family Planning/ Sex Education	
f.	Group Therapy	
g.	Individual Therapy	
h.	Legal Aid	
i.	Medical/Dental Treatment	
j.	Music Therapy	
k.	Occupational Therapy	
l.	Psychological Evaluation	
m.	Reality Orientation	
n.	Recreational Therapy	
o.	Review Patient's Diagnosis	

III. CONTINUED INSTITUTIONALIZATION (cont'd)

Client's #

PRESCRIPTION ELEMENTS

INSTITUTION	ELEMENT	OBJECTIVE
		[1]
32. CENTRAL STATE HOSPITAL (cont'd)		
p.	Review Pharmaceutical Intake	
q.	Sensory Training	
r.	Sheltered Workshop (C.H.A.P)	
s.	Social Club Membership	
t.	Vocational Evaluation	
u.	Vocational Training	
v.	Volunteer/Mental Health Worker Assigned	
w.	Work Placement	
x.	Work Release Program	
y.	Orientation for New Residents	
z.	Ward Government	
@	Good Grooming Training	
Other:		
aa.		
	(29)	
bb.		
	(20)	
cc. COMMENTS:		

Client's

(Ignore this section if client is not residing in institution)

SID requests this judgement from the A&P Team so that light can be cast on the general question of why people reside in State institutions. SID sees this question as a salient one which must be addressed in the Project.

2. This client is still in the institution because (check as many as apply):

- a. Client is under legal restraints which cannot be lifted by the institution itself
- b. Client is under legal restraints, the lifting of which the institution has control over but this control has not been exercised
- c. Client's physical condition is such that institutional care will be necessary for at least the next several months
- d. Client's behavioral condition is such that institutional care will be necessary for at least the next several months
- e. Client's overall condition is such that total care will be necessary for at least the next several months
- f. Client is a danger to self
- g. Client is a danger to others
- h. Client has been dischargeable for some time but it has been assumed by those in his charge that community resources were not available to absorb client; consequently, no active attempts have been made for some time to place client.
- i. Client has been dischargeable for some time; active attempts have been made by those in his charge to place him in the community; but, no resources could be found
- j. Client has only very recently become dischargeable; (prior to now his behavioral or physical condition has precluded consideration for discharge)
- k. Family members have indicated that they are in no way a bridge to helping the client find an alternative to continued institutionalization
- l. Institutional personnel have assumed a very protective posture with this client and have not wanted him to leave
- m. Client has been placed out of the institution at least once but has returned
- n. Client has refused to leave the institution when attempts have been made to move him
- o. Institution relies on this client to perform much needed services within the institution
- p. Other:

Appendix D

Definitions of Community Placement Prescription Elements

Client Characteristics

	Mobility Status	Age	Sex	Degree of Ambulation	Employability	Method of Financing	Number of Clients
FOSTER HOME	Mentally ill; mentally retarded, juvenile offender; may all be in same foster home	varies; not specialized by age	M or F; not specialized by sex	ambulatory or mobile w/prostheses	varies from fully employable to unable to be employed	Client or family may contribute; public assistance	small; generally under five clients
HALF-WAY HOUSE	Mentally ill; mentally retarded, juvenile offender; specialized by disability	varies but specialized by age group	M or F; gen. specialized by sex but may not be	ambulatory or mobile w/prostheses	able to at least work at sheltered work shop (if adult)	Client or family may contribute; public assistance	medium-size; 3 to 20 clients approximately
GROUP HOME	Mentally ill; mentally retarded, juvenile offender; specialized by disability	varies but specialized by age group	M or F; gen. specialized by sex but may not be	ambulatory or mobile w/prostheses	may be able to work in sheltered workshop but ranges to unemployable	Client or family contribute; public assistance local, state or federal funds may be available	medium-size; 3 to 20 clients approximately
NURSING HOME	Mentally ill; mentally retarded; not specialized by disability	varies but generally over 60 years old	M or F; gen. not specialized by sex	low level of ambulation; sometimes bed-ridden	not employable	Client or family may contribute; public assistance Medicaid, Medicare	varies
HOME FOR ADULTS	Mentally ill; mentally retarded; not specialized by disability	varies but gen. over 60 years of age	M or F; gen. not specialized by sex	ambulatory or mobile w/prostheses	not employable	Client or family may contribute; public assistance	varies
BOARDINGHOUSE	Mentally ill; mentally retarded; not specialized by disability	varies; generally adult	M or F; gen. not specialized by sex	ambulatory or mobile w/prostheses	ranges from fully employable to unemployable	Client or family may contribute; public assistance	small; 5 - 7 generally
RESIDENTIAL HOTEL	Mentally ill; mentally retarded; not specialized by disability	varies; generally adult	M or F; gen. not specialized by sex	ambulatory or mobile w/prostheses	ranges from fully employable to unemployable	Client or family may contribute; public assistance	medium to large (7+)

SITUATIONS

Facility Characteristics					Staff Characteristics			Client Outcome Expected
Physical Plant Type	Original Objective	Structure	Intensity of Care	Services	Number of Staff	Age/Sex	Professional Training	
private individuals home. Approved by welfare	home existed prior to client's entry & would exist w/o client; prime purpose is gen. maint. of family, not client care	low level of structure; lots of unsupervised time for client; not a Board of Directors	low level of care; medication may be supervised	room; meals; some supervision, esp. for children	various; usually none aside from family	Adult; M or F	None	varies; may be long or short term arrangement depending on client
generally in a house--may be licensed by state	created to fill need. Prime purpose is to serve residents	moderately structured assistance to residents from staff as required. Most residents participate in community programs; gen. a Bd. of Dir.	moderate level of care & supervision; supervised medication	room; meals; companionship of others like selves; some counseling	often use "parents" model. no. of staff varies	Adult; M or F	trained to deal w/prob. of spec. client group	Client expected to engage in full community life after relatively short, defined period of time
generally in a house--may be licensed by state	created to fill need. Prime purpose is to serve residents	generally highly structured program for residents. Activities monitored closely. Gen. a Bd. of Dir.	high level of supervision; supervised medication	room; meals; companionship of others like selves; some counseling	often use "parents" model; no. of staff varies	Adult; M or F	trained to deal w/prob. of spec. client group	long term in living situation
in a house or specialized facility	created to fill need. Prime purpose is to serve residents	highly structured medical setting may be a Bd. of Directors	varies from intermediate to intensive; supervised medication	room; meals; nursing, doctor visits or is available	varies	Adult; M or F	trained to deal w/prob. of ill persons (nurses, aides)	movement to a more independent living situation unlikely
in a house or specialized facility; licensed by state	created to fill need. Prime purpose is to serve clients	moderately structured; may be a Bd. of Directors	low level of supervision; supervised medication	room; meals	varies	Adult; M or F	none in gen. but is a nurse available	Remains indefinitely, health permitting
private individual's home;	home existed prior to client's entry & would exist w/o him; Prime purpose gen. maintenance of family, not client care	low level of structure; not a Bd. of Directors	low level of supervision; medication may be supervised	room; maybe meals	varies; usually none aside from proprietors	Adult; M or F	None	Client expected to participate in community life and care for self
hotel or large facility	set up as a profit making enterprise	low level of structure; gen. not a Bd. of Dir.	low level of supervision; medication may be supervised	room; meals may be available w/in facility	management staff	Adult; M or F	None	Client expected to participate in community life and care for self

DEFINITIONS OF INCOME TYPES

Income Source	Program Included	Program Administered By	Eligibility Determined By	Persons Eligible	Benefits	Source of Funds
CLIENT'S OWN RESOURCES OR INCOME	Client's Estate	Client, parent, guard., trustee	Client, parent, guard., trustee	N/A	Cash Support	Earnings from investment; Savings; Life Insurance, etc.
	Client's Employment	Employer	Employer	Anyone Employable	Cash Support	Employer
	Soc. Sec. Retirement Benefits	S.S.A.	S.S.A.	Persons participating in soc. sec. insurance prgm: Age-65M; Age-62F; age immaterial if benefits based on dec'd spouse participating in Soc. Sec.	Cash Support	Fed funds matched w/client's, spouse' or parent's previous participation (complex formula)
	Retirement Programs	Employer/Company	Employer/Company	Persons w/substantial employment history	Cash Support	Client's earlier participation w/ company/employer matching (differing formulae)
	Company Disability Benefits	Employer/Company or Ins. Company	Employer/Company or Insurance Company	Persons becoming disabled during working life	Cash Support	Employer/company/ins. company; may include prior participation by client
	Soc Sec Disability Insurance Benefits (D.I.B.)	S.S.A.	S.S.A.	Participate in Soc. Sec. ins who've accrued req. # of credits. Have to be disabled for 6 mo before applying. Disability must result in ability to hold substantial gainful employment for at least 12 months.	Cash Support; also automatically eligible for Medicaid	Fed funds matched w/client's previous participation (complex formula).
FAMILY OF CLIENT	Family's estate; Fam. members own employment; Soc Sec/priv. retirement benefits; company disability benefits, etc.	Varies (See Clnt's own resources or income)	Varies (See Clnt's own resources or income)	Varies (See Clnt's own resources or income)	Cash Support	Varies (See Clnt's own resources or income)
SUPPLEMENTAL SECURITY INCOME (S.S.I.)	(Replaced Fed category of APD, AB, QAA on Jan. 1, 1974)	S.S.A.	S.S.A.	Blind person, disabled person, and person 65+ any of whom don't have sufficient income & resources to maintain standard of living at established Fed minimum income level	Cash Support; generally eligible for Medicaid also	100% Federal

Program Included	Program Administered by	Eligibility Determined by	Persons Eligible	Benefits	Source of Funds
Aid to families with dependent children (A.F.D.C.)	Local public welfare (Social Services) office	Local public welfare office w/in State guidelines	Needy children living w/parent or other close relative who have been deprived of support of parent by reason of death, disability or cont'd absence	Cash support to family; family gen. elig. for Medicaid; elig for food stamps (aw of 7/1/74)	61.52% Federal; 38.42% State
Aid to Families w/ Foster Children	Local public welfare (Social Services) department	Local public Welfare office w/in State guidelines	Provides for foster care in either a famt. home/children inst. When child staying in own home-not feasible. Child must have been elig. for A.F.D.C. prior to entry to fost. care	Cash support to foster family; child elig for Medicaid automatically	61.52% Federal; 38.42% State
Foster Care Funding	Local public welfare (Social Services) department	Local public welfare office w/in State guidelines	Provides for foster care in either a famt. home or child. inst. When child staying in own home-not feasible. Child must not have been elig for A.F.D.C. prior to entering fost. care	Cash support to foster family; child elig for Medicaid automatically	50% State; 50% Local
Auxiliary Grants Program	Local public welfare office	Local public welfare office w/in State guidelines	Provides assist. to prsn inclig for S.S.I. benefits & to prsns receiving categorical grants before 12/31/73 whose S.S.I. grants are less than the categ. grnts. Monies used to increase grant level to level received before 12/31/73.	Cash support	62.5% State; 37.5% Local
Food Stamp Program	Local public welfare office in cooperation w/U.S. Dpt. of Agriculture	Local public welfare office w/in State & Federal guidelines	Automatically elig if AFDC house-hold income level, residency & availability of cooking facil. determine elig. of others	Supplement food budget by prov. for \$3.00 stamps redeemable for \$4.00 worth of food(liquor, luxury items excluded). Only certain % of total income invested in stamps	20% Local; 80% State
General Relief (G.R.)	Local public welfare office (not all localities provide G.R.)	Local public welfare office w/in State & Federal guidelines	Prsn temporarily ill or disabled; emergency temp. aid to prsn in acute need because of unemployment; medical care to indigent when not available thru other sources; burial of indigent persons; aid to stranded transients	Cash supplement. May not be used to supplement S.S.I. payments or in lieu of SSI while elig for latter being determined	62.5% State; 37.5% Local

Income Source	PUBLIC ASSISTANCE SOURCE					
	Program Included	Program Administered By	Eligibility Determined By	Persons Eligible	Benefits	Source of Funds
MEDICAID	Vendor Service Payment Program	Local public welfare office	Local public welfare office w/in State guidelines	Persons receiving SSI benefits if meet other criteria	Chore and homemaker services (Begins July 1, 1974)	75% Federal; 15% State 10% Local
	Medicaid	State Dept. of Health	Local public welfare office accept application; Develop. Disabilities Div. (DDD) under contract w/Dpt. of Health determines elig using Fed criteria	Most persons receiving AFDC or SSI are elig; Children in foster care, persons receiving DIB and DAC benefits are elig. Other persons of low income may be elig if meet all eligibility criteria for SSI except financial need.	Health assistance. Inpatient and outpatient care. Covers most health care needs	60% Federal; 40% State
	Medicaid	S.S.A.	S.S.A.	Persons 65+ who receive Soc Sec checks because they are disabled or who receive Soc Sec retirement benefits. Persons under 65 covered if illness is chronic, catastrophic regardless of income level. All military retirees 65+ and their dependents	80% of fees are paid. Part B (outpatient physician fees, pharm. etc. coverage) may be purchased for small monthly fee	100% Federal
SOC SEC BENEFITS UNRELIED BY CLIENT	Disabled Adult Child Program (D.A.C.)	S.S.A.	S.S.A.	Seriously handicapped child 18+ may be elig for no payments when a parent becomes elig for retirement or disability benefits (DIB) or if parent dies after earning sufficient number of "credit." Child must be 18+ and unable to undertake substantial gainful employment for 12 months or more.	Cash support. Child elig for Medicaid automatically	100% Federal
VOC. REHAB SERVICES	Voc. Rehab Services	Voc. Rehab.	Voc. Rehab	Persons involved in V.R. training programs who have insufficient outside source of income	Cash support for short period of time	100% Federal
OTHER SOURCES	Programs not included in above	Varies	Varies	Varies	Varies	Varies

DEFINITION OF COMMUNITY PLACEMENT PRESCRIPTION ELEMENTS
(other than Housing and Income)

Client Characteristics														Activity Characteristics					Staff Characteristics		Client Outcome Expected
	Clients served	Age	Sex	Degree of behavioral disability	Degree of Ambulation	Employability	Method of financing	Grp or	Client or other	Req of contact	Length of activity	In community or institution	Agencies involved	Prof. Trng							
Elderly Activity Center	m.i. m.r. j.o.	prefer 60+; will accept younger, as appropriate	N/A	best results if client receptive to service	ambulatory or mobile w/prosthesis/wheelchair	not employable;	client may earn some \$; may be by state/local/private funds	grp	client	usual, 5 hrs/wk-sev hrs/day	as long as client interested	either	pub/priv agency	varies; may be all volunteer	Activ. geared to elderly (tennis, games, parties) afford socialization experience; limited income supplemented if crafts sold						
Employment Counseling thru VR	m.i. m.r. j.o.	gen. 16+	N/R	in ambulation severe enough to hamper basic employability	ambulatory or mobile w/prosthesis/wheelchair	employable; work w/voc. rehab. to place disabled clients	no charge to client VFC pays	indiv	client	reg until client employed	until client finds employment	comm; avail. to inst. res.)	VEC	Emp. Couns.	Client matched w/job accord. to preference abilities, qualifications, skills, & potential						
JOB TRAINING/PLACEMENT	Employment Counseling thru VR	m.i. m.r. j.o.	gen. 16+	N/R	must be disabled behaviorally or phys.; disability must handicap emp.; "reasonable expectation" that service will lead to employment	must be disabled behaviorally or phys.; disability must handicap emp.; "reasonable expectation" that service will lead to employment	expectation of employability must be present	no charge to client Voc Rehab pays	indiv	client	as often as needed for counseling, placement and follow-up	once client placed there is a specified period of follow-up	either	Voc Rehab	VR Couns.	Counseling, placement & follow-up for client to assist in deciding voc interest, securing a job related to this interest and maintaining the job					
	Evaluation & Referral thru VR	m.i. m.r. j.o.	gen. 16+	N/R	must be disabled behaviorally or phys.; disability must handicap emp.; "reasonable expectation" that service will lead to employment	must be disabled behaviorally or phys.; disability must handicap emp.; "reasonable expectation" that service will lead to employment	expectation of employability must be present	no charge to client Voc Rehab pays	indiv	client	couns dev; pit as req for eval of abil & referral to approp prog, or discont.	until referral of client is completed	either	Voc Rehab	VR Couns.	Determine client's max. dex., wk. tolerance, abil to follow direc. poss suitability for semi-or skilled labor if client meets criteria; referred to prog for trng, wk ther. or placement in a job					
	Job Training thru Voc Rehab	m.i. m.r. j.o.	gen. 16+	N/R	must be disabled behaviorally or phys.; disability must handicap emp.; "reasonable expectation" that service will lead to employment	must be disabled behaviorally or phys.; disability must handicap emp.; "reasonable expectation" that service will lead to employment	expectation of employability must be present	no charge to client Voc Rehab pays	indiv	client	usually 5 da/wk	6 mos. or longer	either	Voc Rehab	VR Couns. & other helping; client learn new skills	Follows eval usually; client enters spec pr for def time period. Client trained to enable employment in community					
Sheltered Workshop	m.i. m.r. j.o.	gen. 16+	N/R	severely or may not benefit dep. on other disabilities; N/R otherwise	ambulatory or mobile w/prosthesis/wheelchair	not necessarily fully employable	no charge to client; client earns some \$; financed by fed/state/local funds	indiv	client	as req. at least once/yr	until client ready to move to full empl.	either	Voc Rehab DPR M.H.A. A.R.C.	VR Couns/qualif. instr	May be terminal work placement for some clients; others will move to full employment in community						

*N/R = No Restrictions

*N/A = No Restrictions

	Client Characteristics								Activity Characteristics				Staff Characteristics			Client Outcome Expected
	Client's name	Age	Sex	Degree of Behavioral Disability	Degree of Abilitation	Employability	Method of Financing	Individual or Group	Focus on client or other	Frequency of contact	Length of Activity	In community or institu	Aspects involved	Professional Training		
Dental Care	M.I. M.R. J.O.	N/R	N/R	N/R	N/R	N/R	private, Medicaid, Insurance, State dental	Ind	client	as required (at least once a year)	as required	either	priv or inst dental Health	DDS dent	impr dent health; may be for treatment of problem or prophylaxis	
Prescrip/ Sex Educ	M.I. M.R. J.O.	N/R	N/R	most probably or may not require; N/R otherwise	N/R	N/R	no charge to client	Ind or Grp	client	as required by exp/int of client	may be over pd of school year or in scheduled conferences	either	may be Health, Educ, PHL, EWL, clergy	often RN, minister, S.W.	understanding human behavior, its context, impact of fam as on indiv, payoffs of this; most different & diff level of medication for client in question	
Inst Staff Rev Pharm	M.I. M.R. J.O.	N/R	N/R	N/R	N/R	N/R	no charge to client	Ind	client	once	once	inst	pharm	pharm		
PHYSICAL HEALTH Personal Mgmt for Blind	M.I. M.R. J.O.	infancy; N/R	N/R	corrected vision must be 20/200 or worse in both eyes; receptive to trng & willing to wk with counselor	N/R	N/R	no charge to client	Ind	client & fam of client	sev times a wk or daily	3-6 mos gen	either	VCVR	VCVR trained couns.	trng in daily living skills needed by leg blind indiv to function normally	
Personal/ Family Phys	M.I. M.R. J.O.	N/R	N/R	N/R	N/R	N/R	private, Medicaid, Medicare insurance, Dept. Health	Ind	client (fam of client)	as required once/yr at least	as required over lifetime	either	Health, (DPMNR) priv M.D.	phys/ nurse/ aide	ongoing prim health care; health maint and education	
Pharm w/ Supervised Ingestion	M.I. M.R. J.O.	N/R	N/R	client not capable of being responsible for own medication	if client totally incap., would need some supervision; otherwise N/R	N/R	pharm may be obt w/o chrg fm Health or w own funds; Medicaid, Medicare, insurance	Ind	client	as often as medication required	as long as medication required	either	Health, DPMNR, [may be sup by ind w/wh cl resides]	none for superv	ensure client takes prop medic as prescribed by phys. Medic may be prescribed for mental or physical problems	
Pharm w/o Supervised Ingestion	M.I. M.R. J.O.	16 (younger, if resp)	N/R	client's ben disability not severe enough to hamper taking of medication	if client totally incap., would need some supervision; otherwise N/R	N/R	pharm may be obt w/o chrg fm Health or w own funds; Medicaid, Medicare, insurance	Ind	client	as often as medication required	as long as medication required	either	health, DPMNR,	N/A	medication prescribed by physician for mental or physical problems	

Client Characteristics										Activity Characteristics				Staff Characteristics				Client Outcome Expected
	Client Served	Age	Sex	Degree of behavioral disability	Degree of Ambulation	Employability	Method of Financing	Individual or Group	Focus on Client or Other	Frequency of Contact	Length of Activity	In community or inst.	Agencies involved	Prof. Trng.				
PHYSICAL HEALTH (cont'd)	Physical Therapy	m.i. N.R. J.O.	N/R	N/R	best results if client receptive to treatment	client has some restriction in movt. (gen a prob of the extremities) amenable to trmt.	N/R	often no charge to client; if charge--Medicaid, Medicare, in personal finances may be used	ind	client's family no exercises can be done at home	dep. on severity of prob.	until max use of bdy attained; exer prob over lifts/till accp. func. ach'd	either	Health PRR; pri therapist	phys/ nurse/ phys. therapist	Client attmt. of max amt. of motor control possible giv nature of handicap		
	Prosthesis	m.i. N.R. J.O.	N/R	N/R	most severely MR may not benefit; best results if client receptive to trmt.	N/R (depends on prosthesis in question)	N/R	often no charge to client; if charge--Medicaid, Medicare, in personal finances may be used & VR	ind	client's family to assist in use of prosthesis	freq dur fitting; checkup by phys. therp if required	lifts of client	either	Health PRR; pri phys/ therapist	phys/ nurse/ phys. therapist	By replacing absent part w artificial supplement. client to func. near normal level. Include artificial limbs, hearing aids, etc.		
	Public Health	m.i. N.R. J.O.	N/R	N/R	N/R	N/R	N/R	gen. no charge to client; Dpt. of Health pays	cl-thr	client's family to assist in use of prosthesis	dep. on rpgs; determined by provider	dep. on prgm; determined by provider	comm.	Health	phys/ nurse/ phys. therapist	Improved client health thru education, immunization, therapy, etc.		
	Visual Eval.	m.i. N.R. J.O.	N/R	N/R	may not be useful to most severely retard. otherwise N/R	N/R	N/R	varies; may be no charge if inst. or Medicaid eligible; State	ind	client	at least once/yr	determined by optician	either	VCVH/ indepnt optician	phys/ indep. optician	Improvement of vision; good eye health		
SOCIAL/PSYCHOLOGICAL HEALTH	Aural Eval.	m.i. N.R. J.O.	N/R	N/R	may not be useful to most severely retard. otherwise N/R	N/R	N/R	various; may be no charge if inst. or ind. Medicaid eligible; State	ind	client	as req.	determined by physician	either	Health; priv. phys.	M.D. Nurse	Improvement of hearing; good aural health		
	Activity Ctr/ Day Care	m.i. N.R. J.O.	N/R	N/R	in need of supervision; often moderately or severely retarded	ambulatory or mobile w/prosthesis/wheel-chair	not emp	no charge to client DNR or priv. org. w/local/state or fed funds	ind/ grp	client	usu. daily may be nights/wk-ends	as long as client interested	comm.	DNR; pri organ. (Church Civic Grp.)	act coord. volunteer worker	Prov. of activity for client & some relief for client family or caretaker		
	Beh. Mod. Program	m.i. N.R. J.O.	N/R	N/R	N/R	N/R	N/R	depends on where its practiced	ind or grp	client w/ member of family as necessary	dep on prgm behavior to be changed	till behav. in ques. is altered successfully	either	could be any	trained in behav. mod tech. as part of edc. sci. program	Replace unacceptable behavior w/acceptable behavior		
	C.A.T.	m.i. N.R. J.O.	N/R	N/R	may not be useful to most severely retard. otherwise N/R	N/R	N/R	depends on where its practiced	ind or grp	client & family	determined by inst. personal--usually daily	till client ready to leave inst.	either	inst. prgm. & suitable comm. ex-	soc. wter; pri wter in inst; BID EAI; PRR	Prepare client for move to comm. to maintain client's chances for successful placement		

Client Characteristics								Activity Characteristics				Result Characteristics			
	Clients served	Age	Sex	Degree of Behavioral Disability	Degree Abuse	Employability	Method of Financing	Individual or Group	Focus on client or other	Freq of contact	Length of Activity	It came or Inst	Agencies Involved	Prof Type	Client Outcome Reported
Day Hospitalization Prog	M.I.	N/R	N/R	former inpatient in ment inst who min supp & superv in comm; outpatient of MH	ambulatory or mob w/ person/vehicle	not emp	gen no charge to client; run by DMH or priv hosp w/ inst/ state/local funding (sliding scale)	ind or grp	client	1 day/wk for 4 hrs/day	det by therapist; gen long-term placement	comm	DMH; priv org	prof. couns; volunteers	Provision of structured environment for client; relief for family
Family Counseling	M.I. M.R. J.O.	N/R	N/R	client must be willing & intellectually able to accept serv	N/R	N/R	gen sliding scale at MH clinic; insur, Medicaid, client's own funds	priv family unit	client & other family members	det by therapist	det by therapist	either	priv couns agency; DMH clinics; clergy	prof. couns.	Development of homogeneous family unit
Individual Group Psychotherapy	M.I. M.R. J.O.	N/R	N/R	client must be willing & intellectually able to accept serv	N/R	N/R	gen sliding scale at MH clinic; insur, Medicaid, client's own funds	group within types of prob	client & other grp mem	det by therapist	det by therapist	either	priv couns agency; DMH clinics; clergy	prof. couns.	To improve the client's inter-personal relations
Individual Group Psychotherapy	M.I. M.R. J.O.	adol & up; det by ther	N/R	client must be willing & intellectually able to accept serv	N/R	N/R	gen sliding scale at MH clinic; insur, Medicaid, client's own funds	ind	client	det by therapist	det by therapist	either	priv couns agency; DMH clinics; clergy	prof. couns. (psych, MSW, psycho-nists)	To improve client's mental health
Inst Staff Review Patient Diagnosis	M.I. M.R.	N/R	N/R	N/R	N/R	N/R	no charge	ind	client	at most once ea 6 mos	duration of client's stay in institu.	insti	DMH	physic/nurses/ aide/ psych.	Client's diagnosis is reviewed & updated thruout stay in inst. to avoid improper & damaging labeling
Legal Aid	M.I. M.R. J.O.	N/R	N/R	N/R	N/R	N/R	free if client cannot afford to pay	ind	client	freq during legal action	as required	either	lawyer, A.C.L.U., legal aid society	lawyer	Afford client same rights under the law guaranteed all other citizens
Protective Payee	M.I. M.R.	N/R	N/R	N/R	N/R	N/R	free thru local public welfare office	client	client	det by amt of dollars, financial needs of client	as required	either	welfare, usually; may be other selected as payee	phys/nurses/ ael wk N.H.W	Receive client's monies from Soc. Sec. DMI, etc. and assist in disbursement of monies
Counselor of M.R. Ser for	M.I. M.R. J.O.	N/R	N/R	level requiring medic in comm (phy or ment probs) or needing follow-up	N/R	N/R	free thru Health & MH clinic if client can't afford to pay (sliding scale)	ind	client & fam or para - superv - medicat if app	monthly by health nurse or mh couns. gen. by psychiatrist ea 6 mo.	det by psychiatrist or counselor	may begin in inst usually in comm	Health; DMH	phys/nurses/ ael wk N.H.W.	Provision of pharmaceuticals in comm; periodic consultation w/ MH clinic personnel

	Client Characteristics								Activity Characteristics			Staff Characteristics				Client Outcome Expected
	Client Served	Age	Sex	Degree of Behavioral Disability	Degree of Ambulation	Employability	Method of Financing	Individual or Group	Focus on Client or Other	Frequency of Contact	Length of Activity	In community or inst.	Agencies involved	Prof. Training		
SOCIAL/PSYCHOLOGICAL HEALTH (cont'd)	Probation Officer Assgn.	J.O.	N/R if old enough to come to attn of crt	N/R if clnt has been assign to ofcr by crt	T/R	N/R	D.W.I.	individual	clnt	determined by probation officer	gen. for 1 yr. after release from inst; or as deter by crt	community	D.W.I.	soc. sci.	Prov. of super. to J.O. (or adult offender); assist them in rehab. to comm.	
	Soc. Club Membership	M.I. M.R. J.O.	N/A	Clnt must be willing & intell able to interact w/others	N/R	N/R	Can be chrg to clnt under priv. club; may be supp. by various burial socs.	group	clnt	various	various often on going for years	either	dep. on club often no State Agency involved	gen no staff; pay he vol. leaders	Improvement of clnt's ability to interact w/ peers/socialization enjoyment	
EDUCATION	Adult Ed. Prgm.	M.I. M.R. J.O. (over normal sch. age)	18+	Clnt must be willing & intell able to accept service	Ambulatory or mobile w/prosthesis/wheel-chair	N/R	No chrg to clnt Ed. of Ed. pays VR?	classroom group	clnt	usu. once or twice a wk.-often at night	varies dep. on clnt's ability interact/level of education	either	Education DVR	qualified teacher	Upgrading of clnt's ed. usu. not a degree-conferring prgm but is tak. by clnt to follow interest	
	G.E.D. Prgm.	M.I. M.R. J.O.	can't take exam till 18	Clnt must be willing & intell able to accept service	N/R	N/R	No chrg to clnt Ed. of Ed. pays VR?	individual	clnt	usu. once or twice a wk.-often at night	varies dep. on clnt's ability interact/level of education	either	Education DVR	qualified teacher assesses work	Clnt receives high sch equivalency diploma w/o conforming to high sch structure	
	Hearing Tutoring	M.I. M.R. J.O.	from 14- senior hgh sch	Clnt must be willing & intell able to accept service	N/R as home visits avail.	N/R	No chrg to clnt; Ed. of Ed. pays indiv. pays ins. DVX	individual or small grp.	clnt's family if nec.	daily if required	thru high sch if required	community	Education Health; Priv. clnt/ hosp. DVR	learning therapy	Closely related to speech therapy-develop. of communication skills to highest possible level	
	Home Teaching	M.I. M.R. J.O.	from 6 yrs. (inc grd) thru 20 yrs (senior hgh sch)	Best results if clnt receptive to learning	Clnt must be phys. incapable of attending school	N/R	No chrg to clnt; Ed. of Ed. pays	individual	clnt's family	up to 10 hrs/wk.	thru high sch if required	community	Education	qualified teacher	Education of children physically unable to attend school; terminate if situation improves	

CONTINUED

1 OF 2

	Client Characteristics							Activity Characteristics					Staff Characteristics		Client Outcome Expected	
	Client's sex/age	Age	Sex	Degree of Behavioral Disability	Degree of Ambulation		Method of Financing	Individual or Group	Focus on Client or Other	Form of Contact	Length of Activity	In comm or inst	Agencies Involved	Prof trng		
(cont'd)	Part-time Spec class	m.i. m.r. j.o.	from 6 yrs (1st grade) thru 20 yrs (or hi sch)	N/R	best results if client is receptive to learning	ambulatory or mob w/ prost/wlchr	N/R	no charge; Bd of Educ	usually sm grp; may be indiv	client	varies, depending on needs of stud; less than full- time spent in school	thru hi sch, if required	comm	Education	qualif. teacher	child unable to func norm in all classroom activities; in gen spec attent; hopefully, ret child to reg prog to comp educ
	Post-High Sch Program	m.i. m.r. j.o.	post-high school	N/R	client must initiate con- tact; best results if client recep- tive to learning	ambulatory or mob w/ prost/wlchr	N/R	client's own finances; scholarship	group	client	varies depending on # courses taken	from high school on	comm	colleges, tech schs, or clg, etc.	qualif. teacher, other MA or Ph.D. at clg lev	Development of more complex intellectual or manual skills
	Regular Classroom	m.i. m.r. j.o.	from kin- dgrtn thru hi school	N/R	best results if client is receptive to learning	ambulatory or mob w/ prost/wlchr	N/R	no charge; Bd of Educ	group	client	5 days/week	thru high school	comm	Education	qualif. teacher	Completion of high school educa- tion
	Special Classroom	m.i. m.r. j.o.	from kin- dgrtn thru hi school	N/R	best results if client is receptive to learning	ambulatory or mob w/ prost/wlchr	N/R	no charge; Bd of Educ	group	client	5 days/week	thru high school	comm	Education	qualif. teacher	Can't func in reg class-is educated sep; hopefully plac child in pt-time spec, then reg class
EDUCATION	Speech Therapy	m.i. m.r. j.o.	from 1 yr thru or hi school	N/R	client must be willing & intel- lectually able	N/R no home visits allowed	N/R	no charge; Bd of Educ; indiv; DVR; insur.	indiv or sm group	client & fam if nec	daily if required	through hi school if required	comm	Education, Health, DVR, priv clinic/ hospital	speech therpat	Closely related to hearing therapy; dev of communication skills to highest possible level
	Visiting Teacher Assigned	m.i. m.r. j.o.	from 2- 20 yrs	N/R	called in gen only if behav prob is pres.	N/R	N/R	no charge; Bd of Educ	individual	client & fam	det by teacher	det by teacher	comm	Education	person trained in S.W. tech/ teacher	Solution of prob of indiv adjustment by uniting efforts of school, home & comm to maximize development of client thru educa.

Appendix E

Recommendation Process Documents

Client's #

RECOMMENDATION FOR CLIENT MOVEMENT INTO COMMUNITY

To: _____ /
Director of Institution Institution

Having completed the Assessment and Prescription Process for

_____ and
based on the fact that arrangements for housing, income and other
necessary community services have been made, the A&P Team recommends
that this client be released from the institution as of 1. ____ / ____ / ____
mo da yr

Attached is a copy of the Resource Availability/Utilization Summary
Sheets describing the services this client will receive in the community.

Signed:

Chairperson, A&P Team 2. ____ / ____ / ____
mo da yr

RECOMMENDATION FOR CONTINUED INSTITUTIONALIZATION

To: _____ / _____
 Director of Institution Institution

Having completed the Assessment and Prescription Process for

_____ and
 Client's Name

based on the fact that (check one):

- ☐ 1. the client's condition did not warrant a search of community resources at this time,
- ☐ 2. none of the housing situations selected for the client is available at this time,
- ☐ 3. although housing and a source of income to pay for the housing are available, the following other Prescription Elements are not available at this time:

- ☐ 4. the client refuses to leave the institution under the conditions specified by the Prescription,
- ☐ 5. the client's representative refuses to permit the client to leave the institution under the conditions specified by the Prescription,
- ☐ 6. other: _____

the A&P Team recommends that this client's condition be reassessed in
 _____ months time.

Attached is a copy of the Prescription written for this client recommended for use by the staff of the institution in caring for the client. (If #2, #3, or #4 was checked: Also attached is a copy of the Resource Availability/Utilization Summary Sheets describing the Broker Advocate's attempts to secure community resources for the client.)

Signed:

 Chairperson, A&P Team 7. / /
 mo da yr

Appendix E

Prescription Summary Examples
and Client Status Report

* * * * *

* PRESCRIPTION SUMMARY *

* * * * *

CLIENT: JUVENILE , JOAN J

CLIENT NO.: 88888888
SERIES: 00 (01)
ASSESSMENT NO.: 00 (01)
PRESCRIPTION NO.: 00 (01)
PRE NO. THIS ASSESS: 00 (00)

INSTITUTION: DON AIR
SIC: 814561 STAFF 8
TEAM CHAIRPERSON: GLENN CHAIRPERSON
LENGTH AEP: 0 HR, 35 MIN
MAN. HOURS AEP TEAM: 3 HR, 50 MIN

DATE PRESCRIBED: 07/26/73

PRESCRIPTION HISTORY

FIRST TIME CLIENT'S CASE HAS COME TO ATTENTION OF AEP TEAM

CURRENT PRESCRIPTION

CONTINUED INSTITUTIONALIZATION

REASON FOR DECISION

TREATMENT SERVICES OF INSTITUTION STILL NEEDED

REASONS: GIVEN BY AEP TEAM WHY CLIENT STILL IN INSTITUTION

1. CLIENT'S BEHAVIORAL CONDITION MAKES INSTITUTIONAL CARE NECESSARY FOR FORESEEABLE FUTURE
2. NEEDS SPECIALIZE CARE UNAVAILABLE IN JUVENILE INSTITUTION

INSTITUTIONAL PLACEMENT PRESCRIPTION

DATE OF REASSESSMENT: 01/26/74

INSTITUTION PRESCRIBED TO: WSH

INSTITUTION PRESCRIPTION ELEMENTS AND OBJECTIVES

<u>ELEMENTS</u>	<u>OBJECTIVES</u>
BEHAVIOR MODIFICATION	TOKEN ECONOMY WARD
EVALUATION BY VOC REHAB	WHEN APPROPRIATE-TO GET CLIENT MOVING TOWARD COMMUNITY
INDIVIDUAL THERAPY	TO DEAL WITH SEVERE PSYCHOSIS
MEDICAL/DENTAL TREATMENT	TEETH CARIOUS
MENTAL HEALTH WORKER ASSIGNED	SOCIALIZATION
REVIEW PATIENT'S DIAGNOSIS	NEVER HAD A PROPER PSYCHIATRIC DIAGNOSIS
FAMILY PLANNING/SEX EDUCATION	BIRTH CONTROL INFO
COMM ADJUSTMENT TRAINING (CAT)	SOCIALIZATION

COMMENTS

NONE

 * PRESCRIPTION SUMMARY *

CLIENT: JUVENILE , JOAN J

CLIENT NO.: 88888888
 SERIES: 01 (00)
 ASSESSMENT NO.: 01 (00)
 PRESCRIPTION NO.: 01 (00)
 PDS NO. YMR ASMT: 00 (00)

INSTITUTION: WSH
 SIO STAFF: STAFF 3
 TEAM CHAIRPERSON: JANE CHAIRPERSON
 LENGTH ASMT: 0 HR, 54 MIN
 MAN HOURS AND TEAM: 54 HR, 10 MIN

DATE PRESCRIBED: 02/16/74

RESCALCULATION HISTORY

CLIENT'S CASE HAS PREVIOUSLY COME BEFORE ABP TEAM. CONT.
 INSTITUTIONALIZATION ALWAYS PRESCRIBED

CURRENT PRESCRIPTION

COMMUNITY PLACEMENT

REASON FOR DECISION

FURTHER IMPROVEMENTS NOT EXPECTED FROM CONTINUED INSTITUTIONALIZATION

COMMUNITY PLACEMENT PRESCRIPTION

HOUSING DESCRIBED

IDEAL: SPEC HALFWAY HOUSE M I
HIGHLY STRUCTURED-TILL READY TO RESIDE
W/HUSBAND
2ND CHOICE: RESIDE WITH RELATIVE
HUSBAND

INCOME SOURCE SUSAINABILITY

CLIENT'S OWN RESOURCES
CLIENT'S FAMILY

OTHER PRESCRIPTION AREAS, ELEMENTS AND OBJECTIVES

<u>AREAS/ELEMENTS</u>	<u>OBJECTIVES</u>
<u>JOB TRAINING/PLACEMENT</u>	
EVAL/REFERRAL THRU VOC REHAB	EVENTUAL EMPLOYMENT
<u>PHYSICAL HEALTH</u>	
FAMILY PLANNING/SEX ED TATION	CONTINUE IN COMMUNITY
PERS/FAMILY PHYSICIAN	ONGOING PRIMARY HEALTH CARE
PHARMACEUT W/SUPERV INGESTION	IF PHARM REQUIRED
<u>SOCIAL/PSYCHOLOGICAL HEALTH</u>	
COMMUNITY ADJUSTMENT TRG	CONTINUE TILL RELEASE
FAMILY COUNSELING	FOR HUSBAND & PARENTS
INDIVIDUAL PSYCHOTHERAPY	TO HELP HER DEAL WITH NEW
	SURROUNDINGS/RESPONSIBILITIES
MENTAL HEALTH AFTERCARE	CHECK ON PHARMACEUTICALS
<u>EDUCATION</u>	
GED PROGRAM	IF SHE IS INTERESTED

CLIENT RELEASE INFORMATION

DATE OF RELEASE: 03/15/74

PLACED IN: SPEC HALFWAY HOUSE M I

ADDRESS:
LEXINGTON
VA 99999

COMMENTS
NONE

• CLIENT STATUS •

CLIENT: JUVENILE , JUAN J
CLIENTID: 68065506
INSTITUTION: WSH
STAFF: STAFF 5
CURRENT BUILDING: SPEC HALFWAY HOUSE M I
CURRENT ADDRESS: LEXINGTON MALL/46 LEX AVE
LEXINGTON , VA 99999
INITIAL-MN-ASSESSMENTS: 2
INITIAL-MN-PRESCRIPTIONS: 2

ASSESSMENT: 01
ASSESSER: 02/02/76 (GENERALIST ASSESSOR: 02/01/76)

PRESCR. NO. 00
 PRESCRIBED: 02/10/74
 RESOURCE SEARCH: SUCCESSFULLY COMPLETED
 RECOMMENDATION: 03/15/74
 PLACED: SPEC HALF WAY HOUSE M I
 03/15/74
 FOLLOW-UP REPORTS:

ASSESSMENT: 10
ASSESSMENT: 07/04/73 (BEHAVIORAL REFERENCE: 01/05/74)

PRESCH. NO. 00	CONTINUED INSTITUTIONALIZATION
	TRANSFER TO WSH
PRESCHMED:	07/26/73
RECOMMENDATION:	04/26/73
TRANSFERRED:	WSH
	08/01/73
TO BE REASSESSED:	01/26/74

Appendix C
Resource Search Results

* RESOURCE SEARCH RESULTS *

CLIENT: JUVENILE , JOAN J

CLIENT NO: 88808080
 SERIES: 01 (00)
 ASSESSMENT NO: 01 (00)
 PRESCRIPTION NO: 01 (00)
 PRESCRIPTION LEAD ASST: 00 (00)

INSITUATION: KSH
 SIO STATE: STATE 5 ; DA
 DATE THIS ASSESSMENT: 02/02/74
 DATE THIS PRESCRIPTION: 02/16/74

HOUSING

ELEMENT DESCRIBED	DATE AND PROVIDER CONTACTED	SERVICE AVAILABLE
IDEAL:	CONTACTED: 02/16/74	BEGINNING 03/15/74
SPEC HALFWAY HOUSE # 1	JOHN DIRECTOR	
HIGHLY STRUCTURED-FULL R	LEXINGTON HALF	
EASY TO RESIDE	40 LEX AVENUE	
W/HUSBAND	LEXINGTON , VA	

CONTACTED: 02/17/74
 JACK JOHNSON
 HALFWAY HOUSE
 CHURCHVILLE
 AUGUSTIA , VA

WHY UNAVAILABLE
 NO OPENINGS

CONTACTED: 02/17/74
 JANE DOE
 MH CLINIC
 64 MAPLE DR
 STANTON , VA

NO RESOURCE

CONTACTED: 02/17/74
 JOHN JONES
 MHA
 40 PINE ST
 STANTON , VA

NO OPENINGS

2ND:
 RESIDE WITH RELATIVE:
 HUSBAND

NOT SEARCHED

TYPE OF HOUSING FOUND: SPEC HALPWAY HOUSE # 1 IDEAL CHOICE
 NUMBER OF AGENCIES CONTACTED: 4
 NUMBER OF CONTACTS MADE: 4

ILLUSTRATION

<u>CLIENT'S DESCRIPTION</u>	<u>DATE AND PROVIDER CONTACTED</u>	<u>SERVICE AVAILABLE</u>
CLIENT'S OWN RESOURCES	CONTACTED: 02/16/74 CLIENT JUAN JUVENILE WSM AUGUSTIA, VA	BEGINNING 03/15/74

<u>CLIENT'S FAMILY</u>	<u>CONTACTED: 02/16/74</u>	<u>SERVICE AVAILABLE</u>
	P JUVENILE P JUVENILE 4321 BUENA AV BUENA VISTA, VA	BEGINNING 03/15/74

INCOME SOURCES ESTABLISHED: CLIENT'S OWN RESOURCES
 CLIENT'S FAMILY
 NUMBER OF AGENCIES CONTACTED: 2
 NUMBER OF CONTACTS MADE: 2

AUXILIARY SERVICES

<u>CLIENT'S DESCRIPTION</u>	<u>DATE AND PROVIDER CONTACTED</u>	<u>SERVICE AVAILABLE</u>
EVAL/REFERRAL THRU VHC RENAD	CONTACTED: 02/20/74 MR JOHN CLIENT SHELTERED WORKSHOP 76 HIGH ST LEXINGTON, VA	BEGINNING 03/15/74

<u>FAMILY PLANNING/SEX EDUCATION</u>	<u>CONTACTED: 02/24/74</u>	<u>SERVICE AVAILABLE</u>
	JU ONE OPT PUBLIC HEALTH 46 LOWE ST BUENA VISTA, VA	03/15/74 TO 04/15/74

<u>PERS/FAMILY PHYSICIAN</u>	<u>CONTACTED: 02/25/74</u>	<u>SERVICE AVAILABLE</u>
	JOE MURAN JOE MURAN	BEGINNING 02/25/74



<u>ELEMENT PRESCRIBED</u>	<u>DATE AND PROVIDER CONTACTED</u>	<u>SERVICE AVAILABLE</u>
	ROUND RD LEXINGTON , VA	
	CONTACTED: 02/22/74 JOHN PHYS RUCKY ROAD RUCKBRIDGE , VA	---SVC UNAVAILABLE--- NO OPENINGS
PHARMACEUT W/SUPERV INGESTION	CONTACTED: 02/18/74 JOHN DIRECTOR LEXINGTON HALF 45 LEX AV LEXINGTON , VA	---SERVICE AVAILABLE--- BEGINNING 03/15/74
COMMUNITY ADJUSTMENT TRG	CONTACTED: 02/21/74 MARY WARD ASH ASH AUGUSTA , VA	---SERVICE AVAILABLE--- 02/21/74 TO 03/15/74
FAMILY COUNSELING	CONTACTED: 03/01/74 SARAH SUNDERS LEX MH GROUP FALL ROAD LEXINGTON , VA	---SERVICE AVAILABLE--- BEGINNING 03/15/74
INDIVIDUAL PSYCHOTHERAPY	CONTACTED: 03/01/74 SARAH SUNDERS LEX MH GROUP FALL ROAD LEXINGTON , VA	---SERVICE AVAILABLE--- 03/15/74 TO 06/30/74 EXPIRED
	CONTACTED: 02/24/74 PAULINE POOLE MH LTR BUENA VISTA ,	---SVC UNAVAILABLE--- NOT ELIGIBLE
MENTAL HEALTH AFTERCARE	CONTACTED: 02/24/74 JU ODE PUBLIC HEALTH 46 LUKE ST BUENA VISTA , VA	---SERVICE AVAILABLE--- BEGINNING 03/15/74
ADULT EDUCATION PROGRAM (UNPRESCRIBED ELEMENT)	CONTACTED: 02/18/74 HARRY TEACHER PUBLIC SCHOOLS FISHERVILLE	---SVC UNAVAILABLE--- NOT ELIGIBLE



-----ELEMENT PRESCRIBED----- DATE AND PROVIDER CONTACTED----- WHY UNAVAILABLE-----
AUGUSTIA , VA

GED PROGRAM

NOT SEARCHED

* * *

NUMBER OF AUXILIARY ELEMENTS PRESCRIBED: 9 (NOTE: ALL PRESCRIBED

NUMBER OF AUXILIARY ELEMENTS SEARCHED: 9 NOT SEARCHED)

NUMBER OF AUXILIARY ELEMENTS FILLED: 8

NUMBER OF AGENCIES CONTACTED: 11

NUMBER OF CONTACTS MADE: 11

PERCENT OF PRESCRIBED AUXILIARY ELEMENTS FILLED: 88.89

((FILLED DIVIDED BY PRESCRIBED) TIMES 100)

PERCENT OF SEARCHED AUXILIARY ELEMENTS FILLED: 88.89

((FILLED DIVIDED BY SEARCHED) TIMES 100)

AVERAGE NUMBER OF CONTACTS MADE PER AUXILIARY ELEMENTS SEARCHED: 1.22

(NUMBER OF CONTACTS DIVIDED BY NUMBER OF ELEMENTS SEARCHED)

Appendix E
Client Status Update Report

THE HONORABLE OTIS L. BROWN
SECRETARY OF HUMAN AFFAIRS

WILLIAM C. ALLERTON, 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. LUXHARD
DEPARTMENT OF WELFARE

MR. DON W. RUSSELL
DEPARTMENT OF VOCATIONAL
REHABILITATION

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

MR. EDWIN L. WOOD
OFFICE ON AGING

MR. FRED P. YATIS
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



TRAVELERS BUILDING SUITE 450
1108 EAST MAIN STREET
RICHMOND, VIRGINIA 23219
(804) 775-0771

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

December 16, 1974

MEMORANDUM

TO: Members of the A&P Team (MR, PD #6)*
Committee of Commissioners, Secretary Brown

FROM: SID Project Director *WED*

SUBJECT: A&P Team meeting results of December 5, 1974

Six clients were processed in the morning portion of the meeting. Three were initial assessments; two were reassessments. One initial client was prescribed for community placement; two were prescribed for continued institutionalization. The two reassessments were prescribed for community placement, also. One client was tabled until the meeting of December 19, 1974.

To open the business meeting, Dr. Ray Nelson offered to the Team some personal thoughts on the future of SID. He felt that SID has realized some of his goals as an institution director and some of the objectives in the state model. SID has given his staff the opportunity to view concerns outside of their own unit, mainly those concerns voiced by community members of the Team. Dr. Nelson said he would like to see the SID model continue, based on a community level of involvement of agencies, whether it is in the form of a separate coordinating agency or not. He felt that it would be impossible to place people in the community without utilizing this approach. He emphasized that there is nothing in this area except SID that allows for the hospital and the community to exchange information for the benefit of disabled persons.

Chairman Cavanaugh reminded the Team of the meeting at WSH on December 12. The business meeting on that date will be a discussion of the continuation of SID. On December 13 there will be a meeting with the Executive Committee of the Committee of Commissioners at WWRC in the Mary Switzer Building.

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Next came a discussion of the agenda for future business meetings. Each topic for discussion will be led by a single agency represented on the Team. For example, the discussion of Mental Health Aftercare would be led by the representative on the Team from the Health Department. CSC Campbell suggested that problem areas as well as needs in each area be discussed. Such problems need to be discussed in terms of the problems in each area experienced by each agency. Mr. Cavanaugh indicated that job training and placement and dental and medical health will be the topics for discussion at the next business meeting at LTS&H.

BA Smith asked about housing as discussed in the last business meeting. Mr. Driver stressed the problem of finding housing and then not being able to finance such a placement. There was also a question of discussing issues at both institutions as separate problems, i.e., housing for MI vs. housing for MR.

As a final note, Mrs. King stated that, as far as she knows, she will not be able to attend the meetings of December 12 and 13.

Attendance sheet and CLIENT STATUS UPDATE are attached.

AJN:cfe

Enclosure

*NOTE: Members of the A&P Team are encouraged to distribute this report and subsequent ones to their counterparts throughout the Planning District.

The SID Project

A&P Team Meeting

Identifying Information:

Meeting Number: 28th for this Team; 96th for the Project
Clients Addressed: Mentally retarded (LTS&H residents) in PD #6
Date of Meeting: December 5, 1974
Time of Meeting: 9:30 a.m. - 3:30 p.m.
Place of Meeting: Audio-visual room, Nagler Building, LTS&H

A&P Team Members:

Institutions: Graham Bourhill (Catawba)
K. Ray Nelson (LTS&H)
Mrs. Zeidman (LTS&H)

Community: Mary Bradshaw, (Chapter 10)
Jack Cavanaugh, Chairman (Education)
Don Driver (Welfare)
Charles Felmlee (DVR)
Carson Good (MHC)
Bob Hammen (Planning)
Donna Hamp (Health)
Mildred King (VEC)
Elizabeth Payne (DDD)
Ed Thurston (VCVH)
Dana Whipple (Health)

Resource Persons and Observers:

<u>LTS&H:</u>	Dr. Lee	Mr. Smith
	Mr. Jones	Dr. Parekh
	Mrs. Roach	Mrs. Hobbs
	Mrs. McMillian	Mrs. S. Harris
	Mr. Webber	Mrs. A. Bomar
	Mr. Robinett	Mr. Todd
	Dr. Murthy	Dr. Chandrasekhara
	Dr. Rubin	Mr. de Wilde
	Mrs. Wrobel	Mr. Murphy
	Miss Mason	Mrs. Holloran
	Mrs. M. Stinnette	Mrs. Amos
	Mrs. Barnes	Dr. A. Cone
	Dr. Satyanarayana	Dr. Vaidya
	Dr. Ohwaki	Mrs. Bryant
	Miss Morgan	Mrs. Elmore
	Mrs. Scott	Mrs. Katie Campbell
		Mrs. Mary Iseman

Attendance sheet (cont'd)

SID Staff in Attendance:

Judy Campbell (CSC)
Bruce Downs (BA)
Ann McCaig (BA)
Caroline McClurkin (BA)
Jay Newberry (BA)
Charlotte Pannell (BA)
Marney Smith (BA)
Marquette Witherall (BA)
Bill Winborne (APD)

 * THE SID PROJECT: CLIENT STATUS UPDATE *

DATE OF MEETING: 12/05/74

CLIENT GROUP(S) INCLUDED IN THIS UPDATE: TYPES MR.
 GEOGRAPHIC AREAS PDHG
 INSTITUTIONS LTSM

ASP TEAM INFORMATION TO DATE: NUMBER OF MEETINGS 27
 TOTAL MAN HOURS 985
 PERSONNEL COST \$ 8,254

AUTHORIZATION FOR INFORMATION RELEASE: CONSENTS 135
 REFUSALS 26
 TOTAL 161

CURRENT PRESCRIPTION STATUS	PRESENT MEETING	TOTALS TO DATE
FOR COMMUNITY PLACEMENT (PRESCRIBED "OUT")	3	77 81.1%
FOR CONTINUED INSTITUTIONALIZATION (PRESCRIBED "IN")	2	49 50.9%
TOTAL NO. OF CLIENTS ENTERING SID PROCESSING TO DATE	5	126 100.0%

LATEST REASSESSMENT PRESCRIPTIONS FOR CLIENTS RESIDING TIME	PRESENT MEETING	TOTALS TO DATE
FOR COMMUNITY PLACEMENT (PRESCRIBED "OUT")	2	21 16.7%
FOR CONTINUED INSTITUTIONALIZATION (PRESCRIBED "IN")	2	19 15.1%
TOTAL NO. OF CLIENTS REASSESSED	2	40 31.8%

CLIENT OUTCOME TO DATE

CLIENTS NOW LIVING IN COMMUNITY		12	9.5%
PRESCRIBED OUT; PRESCRIPTION FOUND FILLABLE	11	6.7%	
PRESCRIBED OUT; PRESCRIPTION NOT YET FOUND FILLABLE (ADVANCE RELEASE BY INST)	1	0.8%	
CLIENTS NOW LIVING IN INSTITUTION		105	84.1%
PRESCRIBED IN; AWAITING NEXT REASSESSMENT	45	35.7%	
PRESCRIBED IN; TRANSFERRED TO ANOTHER SID INSTITUTION	3	2.4%	
PRESCRIBED OUT; RESOURCE SEARCH IN PROGRESS	57	45.2%	
PRESCRIBED OUT; PRESCRIPTION FOUND FILLABLE; INST HAS NOT YET RELEASED	1	0.8%	
PRESCRIBED OUT; MOVED OUT; REINSTITUTIONALIZED; AWAITING REPRESENTATION			
CLIENTS ONCE MOVED OUT UNDER TEAM REC; CURRENTLY LIVING IN (0)			
CLIENTS TERMINATED FROM PROJECT		3	2.4%
DECEASED WHILE IN COMMUNITY	1	0.8%	
DECEASED WHILE IN INSTITUTION	3	2.4%	
CL/REPRESENTATIVE DECLINED FURTHER COOPERATION WITH PROJECT	3	2.4%	
MOVED TO A NON-SID COMMUNITY (3); TRANSFERRED TO NON-SID INSTITUTION (0)			
CLIENT MOVED BY INSTITUTION; NOT UNDER SID PRESCRIPTION	1	0.8%	
OTHER TERMINATIONS			
NO. CLIENTS WHO PRESCRIPTION ASSESSED BUT INST RELEASED PRIOR TO PRESCRIPTION; OR DECEASED PRIOR TO PRESCRIPTION (0 RELEASED; 0 DECEASED)			

TOTAL NO. OF CLIENTS ENTERING SID PROCESSING TO DATE 126 100.0%

RESOURCE 6428 10-DATE								
COMMUNITY HOUSING	1 PRESCRIBED AS IDEAL	2 AVAILABLE	3A SUBSTITUTE HOUSING FOUND*	3B ()	4 STILL SEARCHING	5 NOTHING AVAILABLE	6 NOT SEARCHED	CLIENTS LIVING OUT UNDER TEAM REF NOT UNDER TEAM REF
BOARDING HOUSE/ RES. HOTEL	2	0	0	(0)	2	0	0	0
FOSTER HOME	7	0	0	(0)	7	0	0	0
HALF-WAY HOUSE	2	0	1	(0)	1	0	0	0
GROUP HOME	20	0	2	(1)	15	3	0	0
NURSING HOME	6	0	0	(0)	6	0	0	1
HOME FOR ADULTS	6	3	0	(2)	2	1	0	0
RELATIVE/GUARD/ INDEP.	23	3	1	(1)	17	2	0	0
TRG. SCHOL FOR BLIND	0	0	0	(0)	0	0	0	0
VR RESIDENT. FACILITY	1	0	0	(0)	1	0	0	0
OTHER/UNKNOWN	3	0	0	(0)	2	1	0	0
TOTAL	70	6	4	(4)	53	7	0	1

* THE NUMBERS IN COLUMN 3A INDICATE THE NUMBER OF CLIENTS RECEIVING THE DESIGNATED IDEAL HOUSING PRESCRIPTION BUT FOR WHOM SOME OTHER TYPE OF HOUSING WAS ACTUALLY FOUND. THUS, THE NUMBERS IN COLUMNS 2, 3A, 4, 5 AND 6 TOTAL HORIZONTALLY IN EACH ROW TO THE NUMBER IN COLUMN 1. THE NUMBERS IN PARENTHESES (COLUMN 3B) INDICATE THE NUMBER OF CLIENTS FOR WHOM THE DESIGNATED HOUSING WAS FOUND AS A SUBSTITUTE FOR ONE OF THE OTHER, IDEALLY PRESCRIBED, TYPES OF HOUSING. THUS, THE VERTICAL TOTALS OF 3A AND 3B ARE EQUAL.

MAIN INCOME SOURCES	SUGGESTED BY TEAM IN EXPLORE	AVAILABLE	SEARCH INCOMPLETE	UNAVAILABLE	SUPPORTING CLIENTS NOW LIVING IN HOME
CLIENT/FAMILY'S OWN FINANCES	40	2	38	0	2
SSI/PUBLIC ASSIST	59	7	52	0	6
MEDICAID/MEDICARE	34	2	32	0	2
UNEARN SS/OTHER DIS	34	3	30	1	2
OTHER/UNKNOWN	1	0	1	0	0
TOTAL**	164	14	153	1	12

** TOTAL NUMBER DOES NOT EQUAL THE NUMBER OF CLIENTS PROCESSED AS MORE THAN ONE INCOME SOURCE MAY BE SUGGESTED FOR EACH CLIENT

END