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(FOSTER FAMILY CARE
FOR THE AGED)

by

DONALD V. SEKORA

A practicum project written
and implemented in fulfilment
of Research Practicum Requirements
for the Graduate School of Social
Work, Portland State University.

May 15, 1971

Practicum Advisor
Arthur Enlen

P R E F A C E

The following was a research practicum instituted as an actual project for the State of Montana Welfare Department between June, 1970, and May, 1971. The project had a two-fold purpose in being conceived: one purpose was to fulfill a graduate school academic requirement; and the second purpose was to fulfill a responsibility to the people of Montana who would eventually gain some benefits from this project. The series of written documents that follow are the description of that project's conception and actualization in six Montana counties. The first part is the project idea and theory; the next two parts consist of the means by which the project was implemented; and the final two parts constitute the interim and final reports and evaluations of the project.

The writer is grateful for having the opportunity to do a practicum of this nature, since it was a valuable learning tool and, at the same time, provided the groundwork for fulfilling a needed service in the State of Montana.

I N D E X

Part I

Original Foster Family Care for the Aged proposal.

Part II

Implementation Proposal to State Welfare Staff

Section I

Proposal to State Welfare Staff June 16, 1970.

Section II

Recommendations and changes made by State Welfare staff on
Original Implementation Proposal.

Part III

Tools for the F.F.C.A. Projects Implementation in the six pilot counties.

Section I

The F.F.C.A. Manual

Section II

F.F.C.A. Brochure and Forms

Section III

Outline of Service Expectations for F.F.C.A. Workers

Section IV

Residence clarification directive, March, 1971.

Part IV

Interim Report on F.F.C.A. to the State Welfare Department

Section I

Interim Report September 22, 1970

Section II

Results of Interim Report's recommendations

Part V

Final F.F.C.A. Project Report and Evaluation.

P A R T I

ORIGINAL FOSTER FAMILY CARE FOR THE AGED PROPOSAL

This part is the original project proposal which was submitted to the Director, Medical Assistance Division, Montana State Department of Public Welfare, on March 17, 1970. The project proposal was accepted in April, 1970, and the author was informed that he was being hired to implement this project in five pilot counties starting June 10, 1970.

The proposal was entitled, "A New Care Approach."

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The purpose of this presentation is to establish the basis for the need of implementing Foster Family Care for the Aged in the state of Montana under the supervision and administration of the Montana Department of Public Welfare. As a part of this presentation, the board outlines for a pilot foster family care program that will be implemented in July and August, 1970 will be proposed. It is intended that the material presented here, plus the pilot program implemented this summer in Montana will serve as indicators of a reason to or a reason not to establish a statewide Foster Family Care for the Aged in Montana.

I. The Senior Citizen In The United States

Before focusing on the Foster Family Care for the Aged Program in Montana, let us look at some broad aspects of problems of the aged, so as to form a background for the above factors. By checking the census reports, we see that in 1961 there were 18 million people in the United States over the age of 65 and it is estimated that by 1980 there will be 24.5 million. (Older American, pp.4.). The increased population is based principally on the fact that people are living longer now than ever before. The average life expectancy for a male is now 67 years and for females it is 73 years of age. (Older American, pp. 13). In 1900, it was 47 years for men and 52 for women. (Older American, pp.15). With an increase in population of our over 65 years old people the social challenges brought about by that fact will certainly not diminish.

We can now look at what has happened in our society to the senior citizen with his increased longevity and numbers. The first factor that presents itself, is the changing structure of family life. In earlier days, with larger families and decreased longevity, most parents

were quite old or deceased before the last child left the home. Provisions were made by the children for care of their parents. Today, marriages are earlier in life, families are smaller and the parent's child rearing roles are completed sooner and the children have moved out of the home before parents have become older. By the time they are over 65, family ties are rather loose or non-existent so the older parents are left to their own devices of functioning. A second factor that comes into play, is the economic social factor of retirement. This country somehow got the idea that a man or woman's industrial and in some cases, social productivity, ends at 65. So, at the same time that the senior citizen has lost the security and support of his family, society also abandons him. The senior citizen, however, has showed that he still has a desire to live a purposeful life, even though society and his family have retired him. The key factor that the senior citizen functions under is , his independence. This becomes as valuable to him as almost life itself. Independence is their touchstone for self-respect and dignity. It becomes the measure they use to determine their importance to others, and also becomes their source of strength in helping those around them.. The factors that determine how much independence they have are also the factors that cause the senior citizens their major problems. These factors are, the role they play in the community, health, income and housing.

In the role the senior citizen plays in his community is really rather dependent on the other factors. The senior citizen that is able to function and be active in his community usually gets the community's respect and support. He, so to speak, had it made. The role, however, that most senior citizens have been forced into by their communities, is that of second rate citizens due to their poor health, income and even housing.

In the area of health, it has been estimated that 77% of the people over 65, have one or more chronic ailments. (FFCA Pamphlet, pp. 25). Health problems beset senior citizens in almost every part of their anatomy. It is the health collapse in senior citizens that causes them to lose their independence, either by degrees, or in some cases, all at once. Also health problems, are a constant financial drain to senior citizens.

What happens in the case of income for the older American? Society forces him to retire at age 65. At that time he may be forced to live on one half his usual monthly income. He may have social security, a veteran's pension and for the fortunate ones, some private or employee pension funds. According to the Bureau of Labor Statistics, standards for monthly income over 3/4 of the senior citizens in the U.S. were below that standard. (Older American, pp.12).

Another, and the last, factor that has a relationship to the senior citizens independence, is housing. In 1961, it was estimated that 30% of the senior citizens were living in inadequate sub-standard housing. (Older American, pp. 25). Many own their own homes, but have no finances to keep them up, so they become sub-standard. Others are forced to sell and many live in substandard low cost apartments.

Thus, we see that the senior citizen has many attacking factors against his independence. Our concern in this paper is what provisions are made for the senior citizen who loses his fight for independence by loss of the factors mentioned above and mainly, by the loss of health.

The first provision society made, was the Nursing Home or Home for the Aged, which were institutions, many times patterned after the physical and administrative structure of the county poor farms, that were designed to take care of numbers of people who could no longer function independently

In 1961, there were 4,700 nursing homes in the U.S. with 338,700 patients in them. The next development occurred was that of growth of personal care homes that treated numbers of people who were more independent. In 1961, there were 11,100 personal care homes with 207,100 patients in them. The next development was the boarding home and then the foster care home which recognized the need for living situations that offered more independence. These types of homes had 47,000 people in them in 1961. The advent of the Foster Family Care for the Aged Program, hereafter known as the F.F.C.A., marked a step toward providing more independence or at least self determination with dignity to the senior citizen. The states of California, New York, Maryland and North Carolina have extensive FFCA programs at this time.

II. The Senior Citizen in Montana

We can now turn our attention to the senior citizen in Montana and in particular to those who are on or will be in need of assistance from the Montana Department of Public Welfare, hereafter known as the MDPW. We should first look at some broad statistics for the state in regards to the 65 year old plus group. The 1960 census showed that out of a total state population of 674,767 people, 65,420 were 65 or over or 9.7% of the population. (Montana Senior Citizen's Survey, pp.20). It is estimated by 1970 there will be 68,822, 65 or over persons in Montana. (Montana Senior Citizen's Survey, pp.20). We can thus see that Montana's senior citizen population is increasing and will no doubt continue to do so.

Montana's senior citizens are no different than the rest of the senior citizens in the United States and therefore they are just as desirous to maintain their independence. They are also besieged by the same problems that effect other state's senior citizens. Thus,

they have problems with income, health and housing and what their function in society is. The Montana Senior Citizen Survey revealed a trend that, the first concern of Montana senior citizens was not enough income, next was concern about health, third was concern about housing and fourth was community standing. (Montana Senior Citizen's Survey, pp. 63). The Montana senior citizen has other problems that magnify the above four factors. We will mention three. First, there is the problem of distance in Montana for services or social activities. About one-half of Montana's senior citizens live in rural areas that are distant from medical and other attendant services. (Montana's Senior Citizen's Survey, pp. 15). Another factor is Montana's harsh climate which takes its toll of senior citizen's health. Thirdly, many senior citizens are the only members of their family who live in Montana, children leave for better economic opportunities. We can see that plus the four basic problem areas, Montana senior citizens are faced with other concerns also.

With this background of the Montana senior citizen let us now direct our attention to what Montana offers to its senior citizens who no longer have the income or health to live independently. The area of our focus, more specifically, will be what does the MDPW offer senior citizens who have lost their battle for complete independence.

The first type of care that is offered by the MDPW that we will look at briefly, is skilled nursing care. Persons to qualify for this type of care must be eligible for medicaid and judged by their physicians to be in need of twenty-four hour skilled nursing care. The senior citizens who qualify are put into a nursing home of their choice, if they are able to make that choice, and medicaid pays a pre-agreed upon monthly rate for this care for the person. In Montana, there are

sixty-two skilled nursing homes and not including private paying patients, they serve 812 medicaid recipients. (MDPW Statistical Report, January, 1970). The average monthly payment for this care is \$315.81. These homes must, by law, be licensed by the State Board of Health.

The next type of care offered to senior citizens eligible for medicaid, is intermediate or personal care. This is again care given to a person in an institutional type setting. In this area the person is judged to need sheltered care by his physician but to a less degree than above. Medicaid pays a pre-agreed monthly rate in this case also. There are sixty-five Board of Health licensed intermediate care facilities in Montana serving 447 medicaid recipients at an average monthly cost of \$234.36. (MDPW Statistical Report, January, 1970).

There are no other structured or supervised care plans offered to the senior citizen by the MDPW. Thus, he has to be medically judged by a physician to get sheltered care. There are boarding homes in Montana, but these are unlicensed facilities whose charges fluxuate. A senior citizen who is on Old Age Assistance can get \$140 to pay for a room and board situation. The boarding homes fit the independent needs of many Montana senior citizens. A major concern, however, has erupted in this area and that is that the Board of Health or the Welfare Department can set no standards for these places. The writer is personally aware of two pitiful boarding home situations that developed on account of this factor. The state office has more information and correspondence on file regarding this concern also. The writer when a caseworker in Lewis and Clark County was asked by several people who ran boarding houses, if it were possible for them to be licensed so as to have some kind of sanction and support for their activities. This writer does not want to imply that all boarding houses in Montana are bad, we have the majority of them that are excellent and certainly provide a needed service to many Montana senior citizens. There is,

however, a problem in the area of these homes having no supervision on licensing standards. There are an estimated eighty boarding homes in Montana.

The last type of care given by the MDPW to senior citizens is the financial grant given to those who can function independently, but just need income. There were 3,627 persons receiving an average of \$71.44 a month in this category as of October, 1969. (MDPW Statistical Report). Any of these could eventually come into need of sheltered care also.

We have thus seen that the MDPW has several ways of meeting the needs of the less than independent Montana senior citizen. From the above, we can see that those people who are medically in need of sheltered care services are rather well provided for and protected. A problem, however, becomes apparent in the area of what happens to those senior citizens who medically and mentally don't qualify for skilled or intermediate care, but can't live independently. We see that they are given additional funds to live in a room and board situation. Many of these fit the needs of the person very well, but in some cases, this is not the answer either. There are also certain senior citizens who hang on to their independence to the very end. They refuse to go into sheltered care situations and there is no real alternative for them. At this time, there are no real figures on this. Another element that occurs, and the writer has personal knowledge of this and has discussed it with other caseworkers, and that is the fact that doctors will rate a client high enough so he will get into the intermediate or skilled nursing care area, since there is no other alternatives for the person who can not live independently. It is realized that without statistical proof in these areas, their validity is limited, but these factors plus the problems incurred in boarding homes in Montana have caused this writer to personally advocate the

the implementation of another alternative to the person who cannot or does not want to live independently and that alternative is Family Foster Care for the Aged. For comparison of the type of care offered in Montana, see Appendix A.

III. Why Foster Family Care For The Aged

We have seen above some of the reasons why this writer believes FFCA would be of benefit to the senior citizens of Montana. At this point in the presentation, it would be well to identify and point out specifically the advantages of this plan.

Statistically, and especially for Montana, there are not any really accurate figures on just how many people could use FFCA. As a theoretical basis the bureau of Family Services estimated that in 1964, 50,000 people in the United States or about one-half of those in nursing homes could live more successfully and more happily in foster homes. (FFCA, pp.2). If we used this factor as a basis and even saying only one-fourth of the people who are in intermediate care in Montana could use FFCA, we are talking about 111 persons. It is hoped that from the pilot program some factual materials can be accumulated to give the statistical proof of FFCA in Montana more validity. This will be especially important in terms of proposed legislation in terms of how much money could be saved.

We now look at some of the social ideas that FFCA would offer to the senior citizen. In this area the entire principle of FFCA is based upon the fact of the right of the senior citizen to make an independent choice of how he wants to live. This presentation has stressed this independence in senior citizens as being a primary factor in their functioning. The basic principle that FFCA offers is self determination which is the primary aspect of independence. The senior citizen is the

one who chooses the home he wants to go into. Provisions will even be made for senior citizens to try a home for a time in the statewide program. Thus, a primary offering of FFCA is the free device a person is given to choose a home when he realizes he would like the support and security of family life.

There are other positive aspects of the FFCA program and they will be listed here. It should be pointed out that it is hoped that the pilot program will shed some factual proof on this idea also. A first advantage is that FFCA keeps the senior citizen in his community and provides him the support and challenge of being a member of his community. With exposure to family life with the obligation and rights the person in his own community can be sparked to social activity according to his needs and, of course, his capabilities. A basic point in establishing a family care home will be that it meets the particular person's individual needs. Thus, one person may need limited personal care, like help with bathing, and another may just need the security of family life. Hopefully, the family care homes established will be flexible enough to meet the varied needs of the individual. This brings us to a point mentioned before, this is that with FFCA the senior citizen will have both rights and responsibilities. The rights would be in the area of free access to the living room, T.V. set, use of the telephone and taking meals with the family. Some of the responsibilities are mainly ones concerned with polite social interactions such as showing up for meals on time, restricting noise, informing the family care mother when leaving, and following any other practical rules as the situation may require. A point here is that the rights and obligations as well as the individual needs of the senior citizen can be spelled out before he enters the home. If there are problems in this area, a possible other foster home could be selected. Another positive point that FFCA offers is its rehabilitative features.

10.

People have a high capacity for rehabilitation in the proper setting. The interdependence and social interaction in a family care home can revive a persons dulled capacity for establishing social contacts. FFCA very definitely would alleviate the loneliness some senior citizens suffer from and it would also release them from responsibilities of maintaining a home or apartment if they were getting too burdensome for them. In the medical area, FFCA, has some advantages also. One would be that the foster mother would be aware of a senior citizens illness very soon and treatment could be started. Early detection and treatment of medical problems in senior citizens is recognized essential. (On Growing Older, pp. 38). Another medical factor is that family care homes could provide some physical rehabilitation supports for the senior citizen just discharged from the hospital. Of course, the foster family would have to be aware and accept this responsibility.

In retrospect, regarding the advantages of FFCA, the points to remember are that it offers self determination as a point of independence to the senior citizen to be able to choose his living situation when he no longer wants to or is able to function alone. The second point is that it meets individual needs based on the principle that these needs can be best met in the primary social unit, the family.

IV. Why People Will Become Foster Parents

We have looked at why senior citizens would be prone to utilize FFCA, now we can discuss who would be willing to take them in and why. One of the first points is that even though it is factually hard to prove there are many people who have a very genuine concern and interest in older people. Some of these if they are able would no doubt come forth to offer their homes as FFCA homes. Another factor that goes along with concern and interest is some people would look at the companionship of the older person in their home as a real incentive.

It has been indicated that many widows have offered their homes for this reason. (FFCA Pamphlet, pp. 12). Also it is feasible that families would be interested in obtaining a new member of the family circle who has interests and experiences that he can share with the rest of the family. Another point is that certain senior citizens can perform chores in the household that help the family such as, duties in the kitchen, yard or babysitting. This should, of course, be on a limited pre-agreed upon basis according to the resident's capabilities and desires. The most forceful incentive for people to become foster parents for the aged would be the financial one. FFCA will supplement people's income and this in this society becomes a real incentive. The financial aspect for the widow who is on reduced income would help her function more independently than before, thus in keeping with her needs. The family could even benefit from extra income received with costs on the rise as they are now. A family may be able to save some money in the food buying areas since feeding one more person is not all that increasingly expensive. It is hoped in the pilot study that we will be able to varify or at least get a basis for what rates will be paid in the statewide FFCA program to the foster homes themselves. This financial incentive factor should very definitely be kept in mind when establishing the rate so as to insure adequate homes to meet the needs.

V. The Pilot FFCA Program In Montana

Preface:

We have seen in the above presentation the theoretical basis for FFCA in Montana, now we can take a look at a preview of its implementation in a pilot program in Montana. The pilot program was established by the writer as a practical way to demonstrate the need for FFCA in Montana and also would be a factual gathering tool for any legislative

proposals along these lines. Another reason for establishing a pilot program is because the legislature has not appropriated any funds in this area, so existing funded programs will have to be used. It is the writer's hope that if the feasibility of the FFCA program is established that it would become statewide and paid for by the state and federal funds. The payments would be made directly to the foster homes for people under the medicaid program.

Program Design

The writer, after a preliminary conference with the Director of Medical Assistance for the MDPW, has decided to implement this pilot project in four counties of Montana. The counties are, Lewis and Clark, Silverbow, Cascade and Yellowstone. Statistics will indicate why they were chosen; in Lewis and Clark county there are 116 senior citizens on Old Age Assistance and there are 52 in nursing homes of that county; in Silverbow, there are 240 on OAA and 157 in the nursing homes; in Cascade county there are 325 on OAA and 201 in the nursing homes; and finally in Yellowstone county, there are 340 on OAA and 221 in the nursing homes. (Montana D.P.W. Statistical Report, Oct. 1969). This program will be directed by the State Director of Medical Assistance and must receive approval from the State Administrator and the Public Welfare Commission of Montana. The writer, or some person, in the Medical Assistance Division, designated by the Medical Assistance Director will be program director. The plan will be to establish three or four FFCA homes in each of these counties during the months of July and August and to place in these homes eligible OAA recipients whose needs can be met in these homes. The actual selection and placement will be handled by local caseworkers selected in those counties. The following is a broad outline of the factors involved in the implementation of this program in Montana.

1. Financing This Program

In this area it is anticipated that no extra funds will be needed to implement this program with the exception of travel costs for the program director indicated in Appendix B. The salaries of the staff will not be a factor since the staff will already be employed by the department and this function will become an added duty to their already existing duties. The cost of care will be paid by the \$140 OAA grant allowed for room and board care. \$20 of this amount will go to the client and \$120 to the FFCA home. The client in this phase will have to pay the foster home himself.

2. Staffing

As pointed out above, already existing staff will be used. The program director will be from the state office and will be consultant to the county caseworkers involved. The county caseworkers will be selected by their county directors and supervisors for their participation in this program. The director will be in each county for four days to initiate the program and help the workers in initiating the program. The caseworkers will be responsible to their supervisors in this program and all communication will go through their supervisors and directors.

3. Administrative Factors

Definite policy will be established in this area as regards dictation, reports and application procedures after advice is received from the Medical Assistance Director. The writer has some suggested ideas in this area. The applications for people to become FFCA homes will be similar to the application signed by foster care for children home applicants. Their physical exam could also be on the same form. The FFCA home studies will be dictated by the caseworkers with the guide-

lines listed in Appendix C. A copy will be sent through the state field director to the Director of Medical Assistance for licensing approval. There will be other reports that the caseworker will be responsible for to provide the facts necessary in establishing feasibility for this program on a statewide basis. These reports are yet to be designed.

4. Foster Home Finding

One of the reasons the four counties were chosen is that they have cities that have native community projects that have surveyed the senior citizen programs in their area. These surveys will be beneficial to the caseworker in locating homes. The caseworker will also have to get active in other groups and try to sell this program. The program director will also help in this area the four days that he is in each county. A possible resource of homes in Montana is the possibility that some of the 1 and 2 resident boarding homes may wish to become a part of this program especially if they realize their payments may eventually be increased. The criteria for home selection is outlined in Appendix C and should be firmly understood and implanted in the selecting caseworker's mind before he selects a home.

5. Licensing FFCA Homes

As outlined above, the caseworker will send a home study to the state office for approval. This study should definitely contain the caseworker's recommendation and stipulation of how many people the home could expect. If the home is approved, they will be issued a provisional license from MDPW based on the same design as the children foster home license. The reason for the provisional license is due to the fact this program is a pilot program. If licenses are refused, the caseworker will be notified and he should in turn notify the applicant home. Reasons for refusal should be spelled out.

6. Pre Placement and Placement

The caseworkers in the respective counties will be responsible for placing individuals in the licensed homes. The principle to be kept in mind that the selections of a home should be the free choice selection of the client. Trial placements may even be used in certain cases with pre-agreed upon charges and arrangements with the home involved. The worker should have good knowledge of both the home and the client so that needs can be matched as close as possible. The caseworker should have alternate plans if the placement does not work out.

7. Supervision of FFCA Homes

The selected county caseworker will be the supervisor of the FFCA homes in his county. He should be aware of his dual role as caseworker to the client and supervisor of the foster parent. His whole approach should be based on good casework principle and he should be able to offer any services that may be required by either the client or foster parent. He should visit the home 2 or 3 times a week after initial placement and then less frequently as services are required. He should allow enough time to see both the client and the foster parent. He should definitely avoid being placed in a position of taking sides with either the client or the foster parent. The caseworker's key words should be service, flexibility and complete understanding in regards both the client and the foster parent.

8. Functions of Program Director

It will be the responsibility of the director of this pilot program to work out the details of its implementation. Such matters as the forms needed, recording format and design of reporting forms will be his duty. It will also be his responsibility to help the designated county caseworkers to implement this program and for this reason he

will spend four days in each county. The tentative schedule for this is found in Appendix D. The program director will be supervised by the State Director of Medical Assistance or his assistant and directly responsible to them. The writer sees that this job would take approximately 30 % of his job time, thus freeing him for 70 % time for other duties as designated by the State Medical Assistance Director. It could become the function of the program director to draw up the legislative or budget proposal if this program is shown to have merit.

9. Duration of the Pilot Program

At this time this point will be left open since if material is ready and of a favorable supporting nature, a legislative budget proposal may be placed before the Montana State Legislature when they convene in January, 1971.

10. Study of Pilot Program

The actual designation of forms and reports for the purpose of this study will have to be made with the advice from the Director of the Division of Research and Statistics. The accumulation and computation of the reports can be handled by the program director with the aid of the division of research and statistics. Such matters as cost analysis, numbers of possible applicants for both placement and to become FFCA homes, and average length of stay will be important factors to have statistics on. Also provision will be made for the caseworkers who are selected to work in this program to report on what problems and advantages they observe in this program.

In this section we have seen the broad outlines for implementation of the FFCA in Montana. The writer realizes that much more work has to be done in the down to earth area of implementation, but at least the plan is outlined which represents a start.

Conclusion

In this presentation the theoretical and the implementation aspects of Foster Family Care for the Aged in Montana have been instigated. The writer's interest in this cause is based on the interest to help the senior citizen who this writer has the deepest respect and concern for. It is hoped sincerely that this program will be a start in re-establishing the status of the senior citizen in Montana's social structure.

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Appendix A

COMPARITIVE DIFFERENCES IN SHELTERED CARE FACILITIES IN FLORIDA

DIFFERENTIAL AREAS	COST	CARE	HOW INDIVIDUALS FINANCE	LICENSING	FUNDS FOR PROGRAM	NUMBERS SERVED
Skilled Nursing Homes	Average Monthly Cost - \$315.81	24 Hr Registered Nursing service Available Medication Physical Thereapy	Medicaid Program Private Funds	License required by Board Of Health and Welfare Dept	75% Federal 18% State 7% County	Group
Intermediate Care Homes	\$234.00 Monthly Average	24 Hr Care Personnel available Bathing Meals Limited Medication Dressing	Old Age Assistance Grant Aid To the Disabled Grant Private Funds	License required by Board of Health and Welfare Dept for more than 3 people	60% Federal 20% State 20% County	Group
Boarding Homes	\$140.00 Monthly (\$10.00 going to client if Home agrees)	Room) Meals) Provided Linen) Other Services according to specific Boarding Home policy	Old Age Assistance Grant Aid To the Disabled Private Funds	No License	60% Federal 20% State 20% County	Group
Foster Family Care Homes	\$140.00 Monthly (\$120.00 to the Foster Parent \$20.00 to the Client)	Family living situation. Each home would meet the individual member's need. Might encompass limited personal care and certainly Board and Room Care	Old Age Assistance Grant in Pilot Program* *Under State-Wide plan Foster Homes would be paid directly. Clients Funds from CAA or AD grants.	License by the Department of Public Welfare	In Pilot. Program: 60% Federal 20% State 20% County *75% Federal Funding in State-Wide program 1962 Social Security Amendment provides.	1 or 2 recommended possibly more if physical facilities permit.

APPENDIX B

Costs for transportation and per diem for Director of
FFCA Pilot Program*

Transportation:

Mileage to Butte	150 miles
Mileage to Great Falls	211 "
Mileage to Billings	527 "
	Total Mileage
Total cost at \$0.9 per mile----\$79.92	

Per Diem

4 days in Great Falls	
4 days in Butte	
4 days in Billings	
	Total days----12
At \$12 per day----\$134.00	
Total Costs---\$213.92	

*Since the State Office is located in Helena, Lewis and Clark County,
there will be no per diem or transportation costs.

APPENDIX C

Guideline for Homefinder

I. Physical Aspects of Home

A. Location

- a). Accessibility to transportation (has train, in rural areas, a hard surfaced road).

B. Neighborhood Facilities

- a) Shopping Centers, b) Churches, c) Senior Centers
- d) Clubs e) Library f) Theaters g) Hospital
- h) Clinic i) Private Physician

C. Sanitation*

- a. Adequate kitchen facilities
- b. Indoor plumbing, adequate bathroom facilities
- c. Water public supplied or well checked by the City-County Sanitarian for bacterial count.

*This whole aspect should be checked by City County Sanitarian if home finder has question.

D. Safety Features in Home

- a) Home should be in compliance with state, local building and fire codes.
- b) Fire protection provision should be available.
- c) Screen protection for stove or fireplace.
- d) Rugs should be attached or non-skid.
- e) Halls should be lighted and uncluttered.
- f) Stairs should have bannisters.
- g) Bathtub with non-skid mat and grips. Shower provided.
- h) Night light for resident.

E. Residents Individual Room

- a) Adequate size.
- b) Windows
- c) Pleasant view, if possible
- d) Near to bathroom
- e) Near to kitchen

F. Minimum Furnishings for Resident's Room

- a) Regular bed, good mattress, adequate linen
- b) Closet
- c) Dresser
- d) Table
- e) Chairs (maybe one easy chair)
- f) Lamps
- g) Provision for resident to use his own furniture
in room.

G. Meals

- a) Resident eating most meals with family
- b) Nutritious, well balanced meals served attractively
in adequate setting.
- c) Meals should be a variety
- d) Foster mother should be prepared to follow resident's
diet.

II. Characteristics of Foster Parents

- A. General characteristics; age, marital status, educational
and sociocultural background, religious affiliation.
- B. Medical report from family physician
- C. Income
Other income besides FFCA income
- D. Attitude toward agency
 - a) Readiness to accept agency

- b) Readiness to share information about resident
- c) Readiness to cooperate with doctors medical advice for client.
- d) To notify agency of any emergencies of client illness, change in behavior.

E. Attitude towards Residents Family and Friends

- a) Hospitality offer to residents family
- b) Cordial interest in resident's family, but no interference.
- c) Readiness to notify family of emergencies.

III. The Foster Family Characteristics

- a) Emotional atmosphere in the home
- b) Readiness to accept resident into family
- c) Acceptance and respect for the aged
- d) Attitudes toward physical, emotional or mentally handicapped
- e) Family cohesiveness with flexibly defined family roles
- f) Acceptance of individual differences

IV. Special Traits in "Foster Mother"

- a) Good housekeeper, but not absolute
- b) Organized, but can be flexible
- c) Firmness combined with flexibility
- d) Warm and giving, but not overboard
- e) Protective but subtle
- f) Interested and concerned but keeping separateness and objectivity
- g) Understands and accepts peculiarities of old age

V. Understood Privileges of the Resident

- a) Use of living room, television and telephone
- b) Participation in family holidays at home and
if possible occasionally outside the home
- c) Possibilities for resident's participation in
different home chores
Examples; kitchen, yard, errands
and baby sitting

APPENDIX D

Tentative date and agenda for FFCA Director to be in county offices.

Yellowstone County, Billings ----- July 7, 8, 9, & 10, 1970

Cascade County, Great Falls ----- July 13,14,15,&16, 1970

Silverbow County, Butte ----- July 20, 21, 22, & 23, 1970

Lewis and Clark, Helena ----- July 27, 28, 29, & 30, 1970

Agenda

1st day Morning: Meeting with field supervisor
 " " county director
 " " caseworker

Afternoon: Meeting with caseworker, briefing on program

2nd day Home finding activites

3rd day

4th day Evaluation of Home finding

Morning: Activities
More aid to the caseworker

Afternoon: Final meeting with County Director
" " " Field Supervisor

Travel Home*

*When in H elena, FFCA director will return to the State Office.

P A R T I I

PROPOSAL TO THE STATE WELFARE STAFF FOR IMPLEMENTATION OF THE F.F.C.A. PROJECT IN FIVE PILOT COUNTIES

This part includes the proposal for implementation of this project given to the State Welfare Administrator, Division Directors, and District Field Supervisors of the State Welfare Department on June 16, 1970, at a field staff meeting in Helena, Montana. A second section in this part is the changes and recommendations to this proposal made by the participants of this meeting.

SECTION I

PROPOSAL TO THE STATE WELFARE DEPARTMENT STAFF

ON JUNE 16, 1970, FOR THE

IMPLEMENTATION OF THE FOSTER CARE FOR AGED PROGRAM

THE FOSTER FAMILY CARE FOR THE AGED PROGRAM

Definition

This program means the recruiting, licensing, and supervision of private family homes for the care of one or two independent or selected Semi-independent elderly assistance recipients.

Purpose

This plan is envisioned as offering an alternative to institutional care for these people who are physically and mentally able to live in an independent or semi-independent living situation, if available. This plan can thus be viewed as an alternative to initial nursing home placement or as an alternative discharge plan. Recent national studies indicate that from one-third to one-half of the people now in nursing homes could be cared for just as well in alternative type care situations such as foster family care. This plan is initially viewed as an exploratory project to assess the potential for this type of service in Montana. If the potential and value are proven, the plan would be extended statewide. The reason for selection of the listed counties is based on the amount of nursing home caseloads they have and also we only have three months' time.

Implementation

Don Sekora, of the Medical Assistance Division of the State Welfare Department, will come into Cascade, Yellowstone, Silver Bow, Missoula, Lewis and Clark Counties on a pre-arranged scheduled visits for a three-day period to assist counties in initiating this program. (See Appendix A for schedule and agenda.) While in the county, the worker will orientate the Field Supervisor and County Director to the program. This will be followed by working with the assigned county caseworker in surveying the county for need and possible leads

to recruitment of homes. (See Appendix A for specifics of agenda.) Field Supervisors and County Directors will receive information and guidelines prior to Mr. Sekora's arrival in the county. Coordination between the Medical Assistance Division and the Family and Children Services Division, Director of Field Operations, Field Supervisors, and County Directors will be a priority requirement in implementing this program. In late August, Mr. Sekora will make a one-day prearranged follow-up visit to each county to evaluate and assess the program's implementation in the county and to assist in solving any program problems therein. (See Appendix B for Schedule and Agenda.)

Goals

1. The primary goal of this program is to provide an alternative care plan to assistance recipients who can best benefit by this type of care.
2. As stated above, another goal is to see if this program is valuable and feasible enough as to be implemented statewide.
3. This study will give indication of cost factors so implications on cost of a statewide program can be assessed.
4. By having Mr. Sekora in the counties, we hope to obtain some information on what types of alternative services the counties are providing in place of nursing home care. The counties' needs in this area will be noted, as well as their use of homemakers, home health care nursing, and volunteers in this area.

Advantages of Program to the Recipient

1. Allows for independent selection by client of a home that matches his needs. Client will be assisted by the worker.
2. Allows for the development or redevelopment of social skills lost by long-term nursing home placement or by illness.
3. Allows for individual assessment of needs and for individual attention to providing for needs.

4. Allows the client to exist in the basic social unit - the family.
5. Allows client to remain or return to his own community and re-establish himself.
6. Allows for quick assessment of medical needs by alert foster parent for elderly person who may overlook need.

Payment for this Program

Initially, payments of \$110.00 to the foster home will be made by the client receiving the service. This will be paid out of the client's room and board grant. If this program is developed statewide, possible vendor payment may be considered. The amount may also be adjusted according to information received from exploratory plan.

Certification of Homes

Certification will be done initially by a letter of authorization from the Medical Assistance Division of the State Welfare Department. The letter will simply state the home is authorized as a foster family care home for the aged. This will be based upon a written report and recommendation by the caseworker, sent through the Field Supervisor to the Medical Assistance Division. We can also get the Department of Health to approve the homes with us. Licensing is not required by law, but we can certify them.

APPENDIX A

Schedule of Foster Family Care Worker to be in Counties - July and August, 1970

Cascade County - July 8, 9 and 10

Yellowstone County - July 13, 14 and 15

Silver Bow County - July 20, 21 and 22

Missoula County - July 27, 28 and 29

Lewis and Clark County - August 17, 18 and 19.

Agenda

First Day

Morning: Meet with Field Supervisor

Meet with County Director

Meet with Assigned Caseworker

TOPIC: Objectives and goals of the program

Afternoon: Meeting with caseworker

TOPIC: Orientation of that worker to program. Policy, guidelines for selection, use and supervision of homes.

Second Day

Morning: Assist County caseworker

TOPIC: Survey county for need and potential of the program.

Afternoon: Assist county worker

TOPIC: Initial home finding activities.

Third Day

Morning: More aid to caseworker

TOPIC: Evaluation of home finding activities - discussion of problems.

Afternoon: Concluding meeting with County Director

Concluding meeting with Field Supervisor

TOPIC: Evaluation of Activities

APPENDIX B

Schedule of Follow Up Visits of Foster Family Care Worker to the Counties

Cascade County - August 24

Missoula County - August 26

Silver Bow County - August 27

Yellowstone County - August 31

Lewis and Clark County - September 3

Agenda

Discussion with Field Supervisor

Discussion with County Director

Discussion with Caseworker

TOPIC: Evaluation of the program in light accomplishments
and problems.

SECTION II

RECOMMENDATIONS AND CHANGES MADE BY

THE STATE WELFARE STAFF ON THE

ORIGINAL IMPLEMENTATION PROPOSAL

1. It was originally proposed that the writer go into Lewis and Clark County, but it was decided that since Lewis and Clark County was so involved in new programs that it would be best if the writer went into another county. Hill county was selected, since that county really never received any new programs and also because it was a rural county. Lewis and Clark County requested this program in early August and, consequently, the writer went into this county on September 16.

2. It was decided that a grant of \$195.00 should be given to the individual going into a foster home. Out of this, the recipient was to pay \$128.00 to the foster home and keep the rest for personal needs as recommended by the Public Assistance Manual.

3. The state staff recommended that the writer write to each county director asking to come into their county to introduce this project. (This was done, and the writer was accepted by each proposed county.)

4. It was recommended by the state staff that I spend two days on the revisit, and the dates were changed accordingly. Revisit dates were Cascade County, September 1 and 2; Missoula County, August 26 and 27; Silver Bow County, August 24 and 25; Yellowstone County, September 8 and 9; and Hill County, September 3 and 4. Lewis and Clark County was only visited for one day on September 16 but was still considered a pilot county.

P A R T III

TOOLS FOR THE F.F.C.A. PROJECTS IMPLEMENTATION

IN THE SIX PILOT COUNTIES

Included in this part is the Foster Family Care for the Aged Manual, written by this writer, and distributed to each pilot county and each county worker involved in this project. The second section of this part is the forms and brochure designed by this writer to implement this program. A third section is the outline of service expectations that this writer talked to each county worker about during his visits to the pilot counties. The final section is a clarification of county residence rules regarding F.F.C.A. residents as requested by the Social Services Division in March, 1971.

SECTION I

THE FOLLOWING IS THE F.F.C.A. MANUAL

GIVEN TO ALL PILOT COUNTIES

TO GUIDE THEIR IMPLEMENTATION OF THIS PROJECT

INTRODUCTION:

(Preliminary Draft)

Definition

This program means the recruiting, licensing, and supervision of private family homes for the care of one or two independent or selected semi-independent elderly assistance recipients.

Purpose

This plan is envisioned as offering an alternative to institutional care for these people who are physically and mentally able to live in an independent or semi-dependent living situation, if available. This plan can thus be viewed as an alternative to initial nursing home placement or as an alternative discharge plan. Recent national studies indicate that from one-third to one-half of the people now in nursing homes could be cared for just as well in alternative type care situations such as foster family care. This plan is initially viewed as an exploratory project to assess the potential for this type of service in Montana. If the potential and value are proven, the plan would be extended statewide. The reason for selection of the listed counties is based on the amount of nursing home caseloads they have and also we only have three months' time.

Goals

1. The primary goal of this program is to provide an alternative care plan to assistance recipients who can best benefit by this type of care.
2. As stated above, another goal is to see if this program is valuable and feasible enough as to be implemented statewide.
3. This study will give indication of cost factors so implications on cost of a statewide program can be assessed.

Advantages of Program to the Recipient

1. Allows for independent selection by client of a home that matches his needs. Client will be assisted by the worker.
2. Allows for the development or redevelopment of social skills lost by long-term nursing home placement or by illness.
3. Allows for individual assessment of needs and for individual attention to providing for needs.
4. Allows the client to exist in the basic social unit--the family.
5. Allows client to remain or return to their own community and re-establish themselves.
6. Allows for quick assessment of medical needs by alert foster parent for elderly person who may overlook need.

Payment for this Program

Payment to the foster home will be made by the client out of the recipient's assistance grant. A client who is placed in a certified foster care home will receive a grant of \$155. The foster home will be paid rates of \$128 and up. The client will be allowed the maximum of \$27 from his grant to meet his personal needs, such as clothing, toilet articles, tobacco and recreational expenses, according to his needs. The determination of the rate of reimbursement to the foster home and allowance to the resident for personal needs will be determined at the county level by the resident, the foster care

parents, and the social worker.

The social worker should keep in mind one of the basic ideas of the foster care program, and that is that foster care is to help a person live independently, therefore, the resident should be allowed enough income to live as independently as he is able. Close evaluation and consideration of the client's needs and the services being offered by the foster home should be made by the worker in determining the rate of foster payment and personal need allowances.

The assigned county caseworker to the FFCA Project should arrange for a possible home interview with prospective applicants and at that time an application for them to become a foster home can be signed. (Form Gen. 83). During this initial interview, the worker should explain the guidelines for becoming a foster home and also the terms of the foster home agreement can be discussed. If the family indicates further interest and desire to become an FFCA home, the worker can leave a medical report (Form Gen. 81) for each foster parent to have completed by their own physician and at their own expense.

The worker should then schedule another home interview. This one is for the purpose of evaluating the home and family against the standards outlined in Sections V and VI of this Manual. With information from the first and second interview, the worker, if he feels he knows enough about the family and home, should then compile the social study and recommendation. (See Section VII).

A copy of the social study, application and the caseworker's recommendation should be sent to the field supervisor. The field supervisor will, after consideration of this application, study and recommendation, either recommend or deny this application. The field supervisor's recommendation or denial with a copy of the application will be sent to the Director, Division of Social Services. The Director of the Division of Social Services will send a certification to the home with a copy sent to the field supervisor. If the application is recommended for denial by the field supervisor, the foster parents should be helped to withdraw their application on a local level.

If the application is approved and the Gen. 82 is signed, one copy of this is retained by the foster home and the other copy is retained by the worker to be placed in the county foster home file where a copy of the foster home study and the foster parents' medical reports are kept. It is advised that the county keep a file of foster homes for the aged and resident placement by use of the foster home record card (Gen. 80). After certifying the home and placing a person in the home, the worker will be responsible for supervising that home (See Section III). After a year's time, a re-evaluation for re-certification should be done by the worker. (See Section VII.)

In considering a person for placement in a foster home, a primary prerequisite is that the caseworker must know the client he is placing. This will mean that a complete evaluative study should be done on the person.

A key word in any placement consideration is the client's independence. Thus, it is the client who makes the decision to go into foster care, and as far as possible it is the client who chooses what home he will be going into. The client may not wish to make this decision alone so in placement planning, the client's family should be brought into the planning. Thus, as a preliminary to placement consideration, the criteria outlined in Section IV must be met. The worker must have a client who is ambulatory and who has the mental and emotional balance that will allow him to make these decisions and also allow him to fit into a family life situation.

Before placement, a medical evaluation (Gen. 63) should be completed on the person and his medical needs noted. One copy of the Gen. 63 marked FFCA Placement should be sent to the FFCA Specialist, Medical Assistance Division, Montana Department of Public Welfare.

If the person meets the basic prerequisites, the worker can begin indoctrinating the person to what foster home care has to offer. The reasons and methods used by the caseworker will vary according to the client's needs and interests that only the caseworker will know. The worker can learn from the client's reaction to this introductory information as to what home the client may fit into. This matching process really begins when the client decides to consider a foster home placement. The worker's job here is that from his knowledge of the homes available and his knowledge of the client's needs, he helps the client select a home that the client will like and with which he will be comfortable. Such things to watch for in this area are neighborhood and social strata, ethnic, religious and cultural affiliations, living standards, educational backgrounds, and last, the matching as far as possible of compatible personalities.

A very important requirement in this matching phase of the placement process is that the client be allowed to visit the prospective foster home one time and more if possible. If possible, the person may even stay one or two nights on a trial placement in the home. The client should be allowed enough time in making up his own mind about a particular foster home. Allowing a client enough time to make a decision does not necessarily preclude the emergency placement. In the emergency placement, however, the worker must be willing to take the responsibility of more extensive services to both the client and the foster home after the placement is made.

Placement services, even though guidelines can be offered, still rely on the caseworker's knowledge and judgment to be successful. Not every person will want or be able to use foster care so the worker should be aware of alternative care plans to offer those persons.

The worker has a double responsibility in the supervision of residents and of foster families in the Foster Care for the Aged Program. His primary and first responsibility is to the agency's client whom he has placed in the foster home. His second responsibility and almost equal in importance, as far as the success of the program goes, is his responsibility to the foster parents. The worker must at all times try to maintain a balanced relationship with both the resident and the foster parents.

The agency should allow the worker enough time so that he can visit foster homes within a week after placement of a resident there and he should be allowed enough time to at least visit the foster homes monthly thereafter. In many cases, more frequent visits will have to be made. The worker should be allowed, and allow himself, enough time to visit both the resident and the foster parents.

In offering supervision or actual services to the resident, the worker can initially look at the physical comfort needs, the reaction to change needs, and the medical needs of the resident. In the area of comfort needs, it may be such simple things as including a resident's favorite dish in the menu, or allowing him to watch a favorite TV program will help in this area. In the area of change reaction, the worker must be aware of the resident's possible denial and withdrawal due to this reaction. Services here would include orientating the person to the neighborhood and surroundings, introduction to the areas where the resident may meet elderly persons, and may even entail taking the person shopping in a new area. Since older people tend to neglect their health needs, medical services should be offered. Since the elderly resident will be covered by both Medicare and Medicaid, his medical needs should be met and he should be encouraged to have a medical evaluation at least yearly, if not more frequently.

After the resident has made an adequate adjustment to the foster care situation, social rehabilitation services should begin. Such services as helping the resident to get to certain social activities where older people are involved, such as senior citizen centers, senior citizen dinner clubs and other like social activities. Services offered in the reaction to change area such as going shopping with the resident would also be helpful in this area. The aim here is to help the resident return to community life and eventually to independent living, if possible.

The worker must be prepared to offer the resident services in such areas as to help him begin independent living arrangements, to help him to change foster homes, and even to help the resident move to a more sheltered type of care.

The caseworker's role in supervising, or again, in offering services to the foster parents is mainly influenced by the fact that the primary goal is proper care for the resident. The first service that the worker should offer is to inform the foster parents of the casework plan for the resident who is going to be placed with them and he should also give the foster parents background information about the resident's interests, problems and habits. This information should be given with the understanding that it is confidential information. The worker in offering further services to the foster family should be available to help the foster family and the resident as well in any crisis situation. The help that the worker can offer in this area would be his balanced reaction and understanding in helping those persons involved to resolve their difficulties. Another service the worker should offer to his foster parents would be to give them general information about the physiological and behavior changes of old age. Its specific difficulties and needs, and effective ways in dealing with these. The worker must remember that even though he may be an authority to the foster home with regards the services being offered, he must definitely allow the foster home family to function the way it is accustomed to.

The worker should avoid being in the middle of tense or conflict situations between the resident and the foster parents. The best way to achieve this is by encouraging the two parties to work out difficulties themselves. If the worker does get involved he should avoid prejudging and judging at all until he has the facts. If one or the other party is at fault, constructive and suggestive help is more rewarding than the direct approach.

The worker can offer other agency services to the foster family than just support education and mediation. Other services would include the use of homemakers if the foster parent becomes temporarily disabled or if she needs help in meeting the special care needs of a resident. If the county agency has home health care services available, this can also be used in the foster care situation to help the foster parent in such areas as helping to teach the resident how to take a prescribed medication or in diet planning or in just meeting the personal health needs of a resident.

If the foster care program is going to be a success, the worker must be constantly aware of his dual responsibility in offering supervision to both the resident and the foster family.

1. Persons will not be placed or considered for placement in an FFCA home if their physician evaluates them to be in need of a higher level of care. For example, they may need intermediate care or skilled nursing care. Medical evaluation (Gen. 63) is required prior to a person's placement.
2. Persons placed in FFCA homes should be ambulatory.
3. Since the person considered for placement is to be involved in his placement planning, he should have the mental capacity for this involvement. His mental capacity should remain high enough so that the person can enjoy the benefits of his placement in a family situation.
4. Persons with heart diseases or conditions of any respiratory involvement or those recommended by physicians should not be placed in upstairs bedrooms or homes.
5. Age, race, religion will not be considered as prohibiting factors to placement providing other criteria are fulfilled.
6. All planning for a persons placement in a FFCA home should definitely involve the person and that person's family.
7. The person to be considered for placement should be evaluated thoroughly by the caseworker as to how he will fit into the proposed family situation, the physical situation, and the role requirements and expectations of the proposed family.
8. Emergency or hasty family or community pressure placements should be avoided if at all possible. The caseworker should be sure and positive about his evaluation of a person before placing the person.
9. Persons will not be placed in the home of responsible relatives as foster home residents. (Responsible relatives are those relatives outlined in the Manual of Policies and Procedures, Volume IV).

GENERAL STANDARDS

- A. Homes will not be certified for more than three people.
- B. No home will have more than nine people living in it including residents.
- C. Single foster parent homes can be certified.
- D. Rural homes can be certified as foster homes for the aged.

PHYSICAL ASPECTS OF THE HOMEA. Location

- 1) The home should be accessible to transportation -- bus, train, car, or if in rural area should be near a maintained road.
- 2) Should have reasonable proximity to shopping areas, churches, senior centers, medical and dental clinics and hospitals.

B. General Sanitation Factors

- 1) The home should have adequate plumbing. If in doubt, this should be checked by certified plumber.
- 2) Water supply should be from a public approved source; or if otherwise provided, it should be checked for bacteria count.
- 3) If sanitation aspects of the home are questionable, the public health sanitarian should be consulted.

C. General Safety Features of the Home

- 1) The home should be in compliance with state, local building and fire codes.
- 2) Adequate fire protection should be available.
- 3) There should be screen protection in front of any hot surface or open flame such as stoves or fireplaces.
- 4) Rugs should be attached or of non-skid material. Unattached throw rugs and scatter rugs should be viewed as hazards.
- 5) Corridors should be well lighted and uncluttered and should be at least three feet wide.
- 6) Stairways and ramps should have sturdy banisters, open stairways should be protected by gates, and stairs should be provided with non-slip tread and should be at least three feet wide.
- 7) Bathtub should be equipped with non-skid mat and grips. Shower should be equipped with grips and non-skid mats also.
- 8) Night light should be provided for the resident and switched at door, all areas occupied should be well lighted, switches in bathroom should be located at least four feet from tub or shower, exposed light bulbs should not be used anywhere. If in doubt about homes electrical standards, a licensed electrician should be consulted.

D. Specific Requirements for Certain Rooms

- 1) Kitchen:
 - a. Should have adequate water supply for food preparation and hand washing.
 - b. Should not be located so residents have to pass through it or the storage area to get to bedroom or bathroom.
 - c. Should have cleanable, non-absorbant walls and ceilings.
 - d. Traffic through kitchen during meal preparation should be limited.
 - e. Proper refrigeration and food storage should be provided.

- 2) Bathrooms:
 - a. Should have proper toilet facilities.
 - b. Tub and shower should be provided.
 - c. Individual towel rack and place for residents toilet articles should be provided.
 - d. Bathroom should have light switch by door either on outside or inside.
 - e. Bathroom should be vented to outside or have an outside window.
- 3) Living, Dining and Recreation Areas:
 - a. Residents should have free access to living room and recreation room at all times.
 - b. These should be large enough for the residents comfortable living.
 - c. None of these rooms should be used as a bedroom.
- 4) Resident's Bedroom:
 - a. If a single room, it should have 100 square feet of usable space.
 - b. If a double bedroom, 80 square feet of usable space with beds three feet apart and two feet from walls.
 - c. Ceilings must at least be eight feet high.
 - d. Light switch should be placed on inside or outside of bedroom entrance door.
 - e. Each bedroom should have at least one electrical outlet.
 - f. If possible, the bedroom should have at least one window with a pleasant view.
 - g. The bedroom should be close to bathroom and dining area.
 - h. Minimum furnishings of resident's bedroom:
 - 1) Regular bed with good springs and clean firm mattress.
 - 2) Closet space
 - 3) Dresser or private drawer space
 - 4) Table or night stand
 - 5) Chairs (maybe one easy chair)
 - 6) Lamps
 - 7) Provision for resident to use his own furniture
 - 8) Mirror
 - 9) Clean, flame resistant window shades
 - 10) Individual towel rack
 - 11) Laundry disposal provision

E. Meals

- 1) Three meals should be served daily (provision for more if resident's health requires it).
- 2) Resident should be allowed to take meals with family.
- 3) Foster mother should be prepared to follow resident's diet.
- 4) Meals should offer variety.
- 5) Meals served should be well balanced and served attractively in an adequate setting.

F. Heating

- 1) Adequate heating should be provided in all areas of occupancy.
- 2) Heating unit should be inspected yearly.
- 3) Stove and open flame should be screened.
- 4) Manual heating controls should preferably be handled by foster parents.

SECTION VI PERSONAL QUALIFICATIONS FOR FOSTER PARENT IN THE FFCA PROGRAM

GENERAL PROVISIONS FOR PERSONS BECOMING FOSTER PARENTS

1. Foster parents will make provision for adequate care of resident when they are away.
2. At least one foster parent should remain in or near home at all times. (This does not of course preclude shopping, meetings, or errands but does preclude both foster parents being employed full time.)
3. No person whose presence would be detrimental to the adult should be allowed in the household.
4. The resident should be free to leave home if he clears with a foster parent providing he is physically and mentally capable of doing so without danger to himself.

A. General Characteristics

- 1) Age, marital status, educational and sociocultural background, religious affiliation (included in social study).
- 2) Foster parents should be in good medical and physical health as indicated by medical report from their physician (Gen. 82)
- 3) Foster parents should have other income than from FFCA income only.
- 4) Foster parents should have a positive attitude towards the agency.
 - a. Foster parents should be ready to accept agency supervision.
 - b. Foster parents should be ready to share information about the resident.
 - c. Foster parents should be able to cooperate with doctor's medical advice to client.
 - d. Foster parents should be willing to notify agency of any emergencies of client illness, accident, or change in behavior.
- 5) Foster parents should have lenient positive attitude towards resident's family and friends.
 - a. Foster parents should offer hospitality to resident's family and friends.
 - b. Foster parents should maintain a cordial interest in resident's family but should avoid interference.
 - c. Foster parents should understand obligation to notify family of any emergencies of resident.

B. General Characteristics of Foster Families

- 1) A positive emotional atmosphere should be maintained in home.
- 2) Family should be willing to accept resident into family circle.
- 3) There should be acceptance and respect for the aged.
- 4) Family should have positive or resolved attitudes towards the physically limited person.
- 5) There should be family unity with flexibly defined rules that the resident can be allowed to fit in.
- 6) The family should be able to accept individual differences, habits, and even idiosyncrasies.

C. Special Traits to be Observed in the "Foster Mother"

- 1) Good housekeeper, but not absolute.
- 2) Organized but allowance given to be flexible.
- 3) Firm but again flexible.
- 4) Warm and giving but not overboard.

SECTION VI PERSONAL QUALIFICATION FOR FOSTER PARENT IN THE FFCA PROGRAM

- 5) Protective but not smothering.
- 6) Interested and concerned but allowing resident his own private life.
- 7) Good understanding at problems and peculiarities of old age.

D. Understood Privileges of the Resident

- 1) Use of living room television and telephone.
- 2) Participation in family holidays at home and occasionally out of home, if possible.
- 3) Possibility for resident's participation in home chores (example: kitchen help, yard work, errands and babysitting)

See Foster Home Standards and Personal Guidelines for Foster Parents.

I. NAME AND ADDRESS OF APPLICANT

Including directions for reaching home if necessary. Mailing address.

II. APPLICATION

Date, indicate motivation for why applicant wishes to become a foster family parent, describe type of adults they can best care for and why.

III. FOSTER FAMILY CARE TO AGED PROGRAM

Explanation of program, including rates of payment by individual resident, clear explanation of how payment is to be made by individual out of his grant, discuss supervision of placement and foster home by agency, explain standards and characteristics necessary for becoming a foster home and discuss agency's responsibilities and foster parents' responsibilities as outlined on the agreement. Record applicant's response to explanations.

IV. FOSTER FAMILY SOCIAL INFORMATION

A. Individual Members:

1. Foster Father - Brief description including birthdate, physical appearance, occupation, personality, background information on early life experiences and their effect on present day relationships and functioning, health (including what physician says on medical report), how he sees his role as a foster parent to an older person, what special interests he has, what special problems he has.
2. Foster Mother - Same as above.
3. Children - Description including birthdate, physical appearance, what grade in school, some identification of feelings about having an elderly person move into the home, what are their special interests and indicate any special problems.
4. Other Members of the Household - Identify and indicate what contacts and influence they will have on elderly resident, what effect will resident have on them.

B. Family as a Whole:

1. Activities, recreation, and how this will effect a resident, community relationships, religious activity, experiences in dealing with elderly people, indicate how family views role of elderly resident, show interplay between worker and foster family in light of how they will accept agency supervision.

C. Physical Facilities:

1. House, size, arrangement, comfort, housekeeping, type of neighborhood and community availability of shopping areas, church, recreational areas, medical services. (See Standards for Foster Family Care Homes.)

V. REFERENCES INTERVIEWED

(Only necessary if caseworker has any concern or question). Statements from references should include evaluation of foster parents' habits,

dispositions, character, and standing in community; also, some indication from them as to the ability of the foster parents to care for an elderly resident.

VI. EVALUATION

Worker's opinion of physical, intellectual, emotional and social capacities and limitations of home. Evidence supporting evaluation of their capacities and/or limitations as foster parents. Evaluation of ability and willingness to work with agency. Evaluation of type of adult the family can care for.

VII. RECOMMENDATION

Should be specific either for approval or denial. If for approval, state number, age, sex, race, religion and problems (physical, mental) of adults that could be placed in their home. If denial, state reason.

FOSTER HOME RE-EVALUATION

Family Name:
Family Address:
Mailing Address:

Date:
Worker:

- I. Summary of foster care experiences during past year including number, ages, and special problems of children placed, and duration of placement.
- II. Meaning of foster care experiences to family, including:
 - A. Satisfactions to family as a whole and to individual members.
 - B. Frustrations to family as a whole and to individual members.
 - C. Relationship to agency feelings about supervision.
 - D. Any changes in type of adult family desires to care for.
- III. Worker's evaluation of family as foster care resource:
 - A. Changes in circumstances (household composition, income, employment, housing, health, relationships) and the effect these changes may have on ability to give adequate foster care.
 - B. Flexibility regarding kinds of adults they can care for.
 - C. Problems that have risen in relationship to agency.
 - D. Special abilities exhibited in specific areas.
 - E. Reason for any change in type of adult to be placed.
 - F. Evaluation of care provided during past year.
- IV. Specific recommendation for or against recertifying including number, age, sex, race, and special problems (physical, mental, or emotional) of adult we can place with this family. If recommendation is against recertifying, give reasons.

LIABILITY

Liability for a person placed in an adult foster home will rest with the foster parents. This factor should be discussed with prospective foster home parents. The foster parents should understand clearly that they are being held liable for any negligent type accident and any subsequent law suit. They should further understand that it will be their responsibility to make appropriate arrangements to meet this liability. Thus the foster parents are free to ignore this liability and be willing to pay any law suits or damages out of personal resources, or they can check with their insurance agent to see if they are covered and if not, they may wish to purchase the additional coverage. This additional coverage in the form of a Landlords, Owners and Tenants Policy may cost anywhere from \$15 to \$50 per year.

Foster parents who are renting should first get permission from their landlord to bring people into the home as foster residents and they should also check with their landlord on what liability insurance he may have.

At this time we are not making liability insurance coverage a requirement, but we certainly recommend that all adult foster parents be aware of their liability and make arrangements for adequate coverage of this responsibility.

INCOME TAX

If prospective foster parents ask about the status of foster home payments in regard to taxable income, the social worker can advise them that according to the Internal Revenue Service, these payments are taxable to a degree. Just that amount that is left after net and costs for keeping the person are subtracted is to be considered taxable income. Thus the foster parents should be advised to keep accurate records on the cost of keeping the resident in their home. Such costs as food, shelter, utilities, taxes and insurance on a prorated basis are legitimate cost elements to be considered in this area. It is recommended that foster parents seek the advice of the Internal Revenue Service or their personal accountant if they have question on this matter.

SECTION II

PRESENTED IN THIS SECTION

IS THE BROCHURE AND FORMS USED IN THE
IMPLEMENTATION OF THE F.F.C.A. PROGRAM IN THE PILOT COUNTIES

Gen. T.F.-83

STATE OF MONTANA
DEPARTMENT OF PUBLIC WELFARE
APPLICATION FOR BECOMING A FOSTER HOME FOR THE AGED

Date _____

(Last Name) (Husband's first name) (Wife's first name) (Maiden name)

Address _____ Telephone No. _____

Length of time at this address _____

Directions for reaching home _____

MEMBERS OF FAMILY	Birthdate	Birth place	Occupation	Last grade in school	Religion	Nationality
Father						
Mother						
Children						
Other members of the household - Relatives, Boarders, hired help, etc.						
Married or single children not at home						
NAME	ADDRESS		OCCUPATION			

(see other side)

Marital

status: Single ____ Married ____ Separated ____ Divorced ____ Widowed ____

Date and place of last marriage _____

Name of family physician _____ Address _____

How many rooms in your home? ____ Bath ____ Home many sleeping rooms? ____ Separate beds ____

How far is it to the nearest physician? _____

How far is it to nearest hospital? _____

REFERENCES: Give names and addresses of two near relatives who do not live with you.

Of husband	_____	_____	_____
	(Name)	(Address)	(Relationship)

Of wife	_____	_____	_____
	(Name)	(Address)	(Relationship)

Give the names and addresses of four persons not related who may be used as references.
The last three should have known the family for a period of two years or longer.

	Name	Address	Connection(pastor, employer, etc.)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Give age, sex, and number of adults you wish to take _____

(husband)

(wife)

Name _____ Date _____

Address _____ Date of Birth _____

INSTRUCTIONS TO THE PHYSICIAN:

_____ is being considered for becoming a foster parent to the aged by the _____ County Department of Public Welfare. The foster parent will provide a family living situation for elderly adults by bringing them into their own homes. His or her responsibilities will include meal preparation, cleaning, housekeeping, and limited personal care. He or she will be working with elderly persons in his or her own home.

To assist us in our planning, we would appreciate the following information on the above named applicant:

- (1) Has he or she any known infectious or contagious condition?
(Use Wasserman, x-ray, etc., if indicated)

Yes _____ No _____

If yes, what is the condition and when is the earliest date he or she could work in the homes of other people?

- (2) What, if any, are the limitations on his or her work activity?
(Such as vascular or other disability)

- (3) Additional Comments:

I authorize the sending of this report to the

_____ County Dept.

Signature of Applicant

Date

Signature of Examining Physician

Date

STATE OF MONTANA
DEPARTMENT OF PUBLIC WELFARE
FOSTER CARE FOR THE AGED

FOSTER PARENT'S AGREEMENT

Date _____

The Department of Public Welfare approves your home as a foster home for adults. In order to avoid any misunderstanding and to clarify the process to be followed, the following agreement is entered with respect to any adult placed in your home by the Department of Public Welfare for foster home care.

AGENCY RESPONSIBILITY:

1. The Department of Public Welfare has responsibility for planning with the adult and helping him to fulfill his needs and it will assist you in meeting your responsibility for the adult by acquainting you with the plans and needs of the adults placed in your home.
2. The Caseworker will visit your home and the adult regularly and will be available to give services for the adult's welfare.
3. The Department of Public Welfare will make plans with the adult to insure that he will make regular monthly payments for his care in your home.
4. The Department of Public Welfare will be responsible for obtaining essential medical care and treatment for the adult placed in your home.
5. If an adult is to be moved from your home, it will be the agency's responsibility to discuss the situation with you and to give you a reasonable period of notice before removing the adult from your home.

FOSTER PARENT'S RESPONSIBILITY:

1. As foster parents, we will be responsible for the day by day care and maintenance of the adult as a member of the family. We shall share information concerning the adult and work with the agency worker in the interests of the adult.
2. We will report at once to the supervising agency any change of address, sickness in the family, or changes in family personnel. We will report any sickness of, or accident to, the adult placed with us.
3. We will secure permission of the supervising agency before making any plans for taking the adult or adults out of the state.
4. We will agree that we shall not make independent plans for the adult's placement with relatives, or others, and that we shall not take money for the care of the adult except with the knowledge of the supervising agency.
5. We will cooperate with the Department and the adult to provide for him to see his relatives in private.
6. If we cannot keep the adult or properly care for him, we will immediately notify the local Department of Public Welfare so that they will be able to make other plans for the adult.

(Social Worker) (County)
(White:F.H.; Yellow:Co.)

Foster Father _____

Foster Mother _____

STATE OF MONTANA
DEPARTMENT OF PUBLIC WELFARE
FOSTER CARE FOR THE AGEDFOSTER PARENT'S AGREEMENT

Date _____

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5. We will cooperate with the Department and the adult to provide for him to see his relatives in private.
6. If we cannot keep the adult or properly care for him, we will immediately notify the local Department of Public Welfare so that they will be able to make other plans for the adult.

(Social Worker) (County)
(White:F.H.; Yellow:Co.)

Foster Father _____

Foster Mother _____

Gen. TF-80

FOSTER HOME DESK CARD
(F.F.C.A.)

NAME _____

PHONE _____

ADDRESS _____

RELIGION _____

DATE APPLIED _____ DATE CERTIFIED _____ NO. OF ADULTS APPROV. FOR _____

TYPE OF HOME _____

[illegible]

The State of Montana

DEPARTMENT OF PUBLIC WELFARE

DIVISION OF SOCIAL SERVICES

CERTIFICATION FOSTER FAMILY CARE FOR THE AGED HOMES

THE DIRECTOR OF THE DIVISION OF SOCIAL SERVICES DECLARES:

That a certificate is hereby granted to _____

at _____ to conduct and maintain
foster family care home for _____

elderly and/or disabled adults in compliance with the rules, regulations and recommendations of the State
Department of Public Welfare, through the Division of Social Services.

This certificate shall be in force from _____ day of _____ 19____, to and including
the _____ day of _____ 19____, subject to cancellation for due cause by the Division of
Social Services.

At this time we wish to express our appreciation and congratulations to you on providing a needed ser-
vice to elderly and disabled persons of our State.

Dated at Helena, Montana, this

_____ Day of _____, 19____

THEODORE CARKULIS

Administrator, State Department of Public Welfare

JOSÉPH H. ROE

Director, Division of Social Services

MISSOULIAN

SECTION III

THE FOLLOWING IS THE OUTLINE OF
SERVICE EXPECTATIONS DISCUSSED WITH AND GIVEN TO
EACH COUNTY WORKER INVOLVED IN THE F.F.C.A. PROJECT

The outline that follows was given to each county worker and discussed with the worker extensively by the writer on his visit and revisit to each county. The broader aspects of this outline are explained in Sections II and III of the Manual.

OUTLINE OF SERVICE EXPECTATIONS FOR F.F.C.A. WORKERS

- I. Preplacement planning (the matching process) is the key to any successful placement in an adult foster home.
 - (a) The role the resident will play in the foster home must be determined prior to placement.
- II. Services in the foster home after placement is made. (Three Phases)
 - A. First Phase - Adjustment Phase
 1. Meet the physical needs of the resident.
 2. Meet the medical needs of the resident.
 3. Handle any reaction to change problems.
 - B. Second Phase - Rehabilitation Phase
 1. See that social rehabilitation services are begun.
 2. Make sure any physical rehabilitation needs are being implemented.
 - C. Third Phase - Independent Functioning Phase
 1. Offer help to the resident in helping him to become totally assimilated into the family.
 2. Help client return to independent living situation.
 3. Help client in getting a higher level of care if his needs require this.
- III. Goal of Services

The goal in offering services to the foster home resident is to help him towards independent functioning according to his capacity to do so.

SECTION IV

County residence policy for F.F.C.A. residents drafted as a directive by this writer and submitted to Division of Social Services, State Welfare Department, on March 30, 1971. Significance of this was that it was the first state office memo sent to the pilot counties since this worker's final memo in September, 1970.

It has come to our attention that there is some question regarding gaining of county residence in foster care for adult cases. After looking over the basic ideas of this program and some of the rationale on which it is based, we have decided that persons who go from one county to another to take up residence in a certified foster care home will gain residence in that county. The reasons for this decision are based first on the fact that foster care for adults is not an institutional program but a private personal care program designed to meet one individual's needs separate from the group individual needs met by institutional settings. The first and most primary reason why county residency could be gained is the basic fact that this program requires that the client select his own foster home which, in the essence of this program, is a private home. With this requirement that the client select his own foster home, this selection of another place to live is no different than any other welfare client's simply choosing to live in another county. The other client gains county residence, so we feel so should the foster home selecting client. A third reason is that one of the goals of foster care is total family and community assimilation or belonging. A technical welfare ruling of not having residency would be detrimental to this goal fulfillment. Thus, in summary, since foster care for adults is not institutional, since clients are required to select their own foster home, and since maintaining former county residency is detrimental to the goals of foster care for adults, we have decided to rule that adult foster care client would gain county residency.

Since keeping people in their own communities is a basic objective of foster care for adults, we urge all counties to develop their own foster homes for adults and not to look to other counties for this, except in cases where clients make the independent selection to move to another county.

P A R T I V

INTERIM REPORT OF THE F.F.C.A. PROJECT

SEPTEMBER, 1970

This part is the interim report made to the State Welfare Department submitted on September 22, 1970. It basically contained reports on this writer's original and follow up visits to the pilot county and concludes with some basic recommendations. The second section deals with the results of the recommendations.

SECTION I

This section is the interim report on the F.F.C.A. project dated
September 22, 1970.

STATE OF MONTANA
DEPARTMENT OF PUBLIC WELFARE
HELENA, MONTANA

FROM: Donald V. Sekora, Foster Family Care for the
Aged Specialist

September 22, 1970

Donald V. Sekora

REPORT OF FOSTER CARE FOR THE AGED PROJECT FROM JUNE 12 THROUGH SEPTEMBER 22, 1970

Introduction:

The Foster Family Care for the Aged Specialist has visited and revisited the original five counties proposed at the inception of this program. Those counties visited were Silver Bow, Yellowstone, Cascade, Missoula and Hill Counties. The worker, at the request of two counties, visited them one time each. These two counties were Park County and Lewis & Clark County. One county, Sanders County, has requested information on this program so as to implement it because of a great need in that area. This county was not visited by this worker, but a manual, forms, and brochures were sent to that county.

To implement this program a manual was developed containing eight sections and outlining the procedures for recruiting, certifying, and supervising homes. Five forms were designed to aid in this process. They are the Application for Foster Parents, IF-83, Foster Parent Medical Report, IF-81, Foster Parent Agreement, IF-82, Foster Care Record Card, IF-80, and the Certificate certifying the foster home. An informational brochure was designed and distributed to the seven counties now participating in this project. The Montana State Board of Health read the criteria and standards for homes as outlined in the Manual, and recommended certain revisions which have been implemented in that manual.

The agenda followed by the worker in visiting the five pilot counties the first time is outlined in Appendix A of the proposed project report distributed in early June. On the worker's original visits, evaluation of need was obtained and the remainder of the time was spent in orientating the assigned worker to the program and helping the worker introduce the program to the community service agencies. Emphasis in the orientation of the new worker was in the area of pre-placement and placement planning (the matching process) and supervision of the home (three-phase service approach) as outlined in the Manual of Foster Care for the Aged, Sections II and III. On the re-visit evaluation of the program was held with the assigned worker and his or her supervisor. Any follow up material was discussed and a public information program was initiated. In each county revisited, all radio and T.V. stations were contacted, as well as emphasis on newspaper releases. This approach was seemingly successful and the radio and T.V. stations cooperated very well.

REPORT OF PROJECT PROGRESS BY COUNTIES VISITED

Yellowstone County:

The worker originally visited Yellowstone County on July 13, 14 and 15 with the follow-up visit on September 8 and 9. Yellowstone County is rather unique from this project's standpoint in the fact that it has had a county sponsored program for foster care for adults since 1963 when a grave nursing home shortage was faced by the people of the Billings area. Ada Black is the worker assigned to this program as well as being the medical and nursing home worker for the county. At my first visit, an actual need for foster homes was not felt since ten homes were in operation, but after assessment of caseloads it was felt from three to five more homes could be used in the Billings area. The county had no formalized standards for certifying homes. They did have a standard payment rate of \$140 a month with a \$10 county warrant being given to the client for personal needs.

On the worker's first visit he visited five foster homes that all seemed to be adequate and met the criteria for the homes with the exception of one home that had too many residents, but this has since been corrected. Since the ten homes were in existence prior

Report of Foster Care for the Aged Project from June 12 Through September 22, 1970

to this project, the application process was dispensed with, and the only requirement for certification was that the foster home studies be submitted. Out of the ten home studies submitted by Mrs. Black, eight homes were recommended for certification. One has since withdrawn and I have reserved certification on the Cornelius home until Mrs. Cornelius decides if she wants to be a foster home or boarding home. I have recommended the following homes in Billings for certification: Ann Blenkner, 309 Buxington Avenue for one person; Margaret (Peg) Murphy, 947 Avenue C for three persons; Christina Schroeder, 1816 Avenue C for three persons; Doris Shipton, 801 North 16th Street for two persons; Mrs. J. R. Sammons, 2008 Beverly Hills Boulevard for one person; Lorraine Nichols, 1530 Lewis Avenue for one person; Mrs. Gerald Johnston, 45 Washington Street for two persons; and Pete Eisenbraun, 612½ Howard Street for one person.

On my re-visit to Yellowstone County, Mrs. Black had two new applications for homes and these will be processed through the Field Supervisor, as outlined in Section I of the FFCA Manual. One problem occurred in Yellowstone County and that was that the arbitrary rate agreement process between the client, foster parent and social worker was viewed as a threat to the current rate standards. After a discussion, the county director finally agreed this method was in the best interest of the client and the \$155 grant would be given to those cases recommended by Mrs. Black. It is anticipated that the Director may still question this \$155 grant further. In my re-visit activities, four of the five radio stations and the two T.V. stations were contacted for spot announcements about the program. These announcements were written by Mr. Laitinen, the County Director.

Yellowstone County offered a learning opportunity to the worker and many innovations were brought to the pilot project as the result of their experiences. The county expressed appreciation in the fact that they have now received state sanction and standard guidelines for the program that was originally a county responsibility. They are especially appreciative of the guidelines established to ensure good care of their recipients.

Cascade County:

The worker visited Cascade County on his original visit on July 8, 9 and 10 and on his follow-up visit on September 1 and 2. This program received an immediate boost from the fact that Miss Beverly Vavenaugh was assigned to this project. Miss Cavenaugh, a second year graduate student at Utah and interested in community organization, put forth a great deal of effort in this program. The worker and Miss Cavenaugh talked to almost all senior citizens groups and to most of the community social service organizations about this program. Miss Cavenaugh has followed through on this. No homes were developed from these endeavors, but Miss Cavenaugh had promises from people after Labor Day. On worker's follow-up visit, spot announcements were given to the radio stations and T.V. stations. Miss Cavenaugh did a radio spot tape and both she and the worker appeared on a T.V. interview show explaining the program. As a result of this, Miss Cavenaugh did send the Stewart Mills home study and an application for them to be certified as a home with two more homes considering the program.

One of Cascade County's major concerns was what would happen to assistance recipient grants if they become foster homes. This question has been just recently answered by the fact that foster payment to a recipient will be disregarded as income.

The need for foster care for adults in Cascade County was established almost immediately. The four adult service workers came up with a list of twenty-three people who needed homes. Mr. Todd, Director of the Senior Citizens Center offered twelve more names. Thus establishing the need for approximately ten to fifteen homes.

An evaluation by Miss Cavenaugh and her successor's endeavors and interests, and by the expressed need for this type of care in Cascade County, the foster care for adults program should be a beneficial and ever-growing project in that county.

Report of Foster Care for the Aged Project from June 12 Through September 22, 1970

Silver Bow County:

The worker visited Silver Bow County on the original visit on July 20, 21 and 22 and on the follow-up visit on August 24 and 25. The County Director, Services Supervisor, and Casework Supervisor were very much in favor of this program and expressed a need for it. Joan Meyers was assigned to this project. Miss Meyers was very interested in services for older people and became very enthused about this program. The adult service workers in Butte identified ten to fifteen recipients that would possibly need foster care and the Senior Center referred twenty more names, thus indicating the need of from eight to eleven homes in the Silver Bow County area.

In Silver Bow County on both visits the worker was asked about what role the aftercare workers had in getting foster homes for adults, mainly from the Boulder and Warm Springs institutions. This matter has still not been identified or clarified. Silver Bow County had some difficulty in instructing their eligibility technicians in how the new budget would work, especially the arbitrary amount allowance. This problem had been worked out by the workers by the time of the worker's second visit. Silver Bow County, as well as the other counties in the project, made a ruling that any calls for this program would go directly to the FFCA worker and not through intake, in the interest of processing homes before they lost interest.

In the following visits, contacts were made with the radio and T.V. station. Miss Meyers is to appear on T.V. about the FFCA program in mid-September. Miss Meyers has two prospective homes and possibly two more that are AD recipients. The payment not considered as income ruling will very favorably influence the two AD homes. These two homes seemed quite adequate when brought to the worker's attention on his follow-up visit. In evaluating the Silver Bow County program, Miss Meyers has made a good start and is very capable of recruiting homes and supervising them. She also has the support of the supervisory staff and this coupled with the need of this service gives the project real impetus in Silver Bow County.

Missoula County:

The FFCA worker visited Missoula County originally on July 27, 28 and 29 and the follow-up visit was on August 26 and 27. Missoula County is another unique county in the fact that they have three nursing homes and ten unlicensed, three resident personal care type or rest homes. The ten rest homes receive from \$6.90 to \$7.50 a day for taking care of their residents. The county supplements over and above the grants. The County Director, Mrs. Johnson, hopes that the FFCA program will curtail these high rates for personal care in the unlicensed homes. For this reason, Linda Hardt was put in charge of the FFCA project and Blanche Jacobsen will continue to handle the nursing homes and rest homes. Mrs. Johnson specified that any new requests by people wanting to care for people in their homes will be referred directly to the FFCA Worker. The worker visited three of the rest homes and thought they were adequate, but in final analysis, they were not offering any more, or any better quality care than foster homes or personal care homes that he had visited that were receiving \$128 to \$155 payments. Even with the ten homes Missoula has, Linda and the other adult worker came up with 14 other persons who would possibly need foster care. Thus indicating a need for three to five homes at this time.

On the worker's first visit many social service agencies were contacted and on the follow-up visit, an energetic public information program was started by visiting the radio and T.V. stations. A radio interview was conducted and Linda Hardt is to appear on a T.V. interview show in the near future.

Linda has four prospective homes, one of which was waiting until after Labor Day, one home was a parttime county homemaker, who was waiting for a decision from the Personnel Division of the State Office as to whether she can receive foster payments from the welfare department.

Report of Foster Care for the Aged Project from June 12 through September 22, 1970

and also a paycheck. Linda has two other prospective homes who are AD recipients and who will no doubt also be influenced by the no income ruling.

In evaluation of the Missoula County project, Linda Hardt has good interest in the program, and with the support of Elizabeth Johnson, the Director and Jean Johnston, her supervisor, this program will be slow in getting started, but should show results. There may be rate problems, but Mrs. Johnson, the Director, hopes to be able to handle these on a county level.

Hill County:

The worker visited Hill County originally on August 17, 18 and 19 and re-visited them the 3rd and 4th of September. The program's first reception in Hill County was rather cool, but as the worker explained the program and its values and goals, more enthusiasm was engendered. Dorothy Flint was assigned to this project in Hill County. She handles all adult cases, and at first, she did not feel any of her people had any need for this program, but after evaluation of her caseload came up with from three to five people who could possibly use this program. It was in Hill County that the question was raised about liability and also about whether foster parents had to pay tax on their foster payments. The answer was given to these questions by the addition of Section VIII of the FFCA Manual.

Mrs. Flint has one person in a prospective foster home, but is waiting for the foster parent to get the home in order before certification. Dorothy is also working with another widow who may be possibly interested in becoming a foster parent. This person was contacted in one of the original OEC contacts made by Mrs. Flint and this worker.

In evaluation, the reception of this program was not too intense and needs bolstering. At this point the worker is not sure that this will be forthcoming. A goal in implementing this project in Hill County was to get rural homes, but this was not considered at the time of this worker's visits to that county. It is hoped that encouragement can be given to Hill County in regards this program, possibly from the field staff.

Lewis & Clark County, Park County and Sanders County:

1. Lewis & Clark County

At the request of the field supervisor and the county director, this worker visited Lewis & Clark County for two days and met with Jack Dorner and Betty Jo Michaelson and explained this program's implementation to them. Also, information was given to a joint meeting of Helena's Social Service Agencies on September 16.

Lewis & Clark County will be somewhat slow in implementing this program since Mrs. Michaelson is leaving the agency and a new worker will have to be oriented to the program. Mrs. Michaelson indicated in just preliminarily reviewing her cases she had five people who could benefit from this program right now.

2. Park County

A letter was received from Park County in July that they were interested in implementing the FFCA program in their county. A manual, forms and brochures were sent to them. Mrs. Sundling, the social worker in adult services got busy on the project since she had a need for three homes. When the local nursing home operator heard of her project, he lowered his personal care rates, and these three persons were taken into his home and are doing very well there. This worker visited Mrs. Sundling on September 10 and she stated she understands this program and when the need arises she will seek new foster homes.

Report of Foster Care for the Aged Project from June 12 through September 22, 1970

3. Sanders County

Jim McCabe, the Director in Sanders County, requested and was subsequently sent a Manual, forms and brochures. He stated his county needs this program since they are very short of nursing homes and personal care homes in that area. He did state he had one prospective home, but the people moved away and so he will seek other homes at this time.

CONCLUDING EVALUATION AND RECOMMENDATIONS

This project has been turned over to the Division of Social Services under Mr. Joe Roe. All Manuals, forms and brochures have been given to that division, and supervisory lines have been established by a letter to all field supervisors and by a revision in the FFCA Manual in Section I.

In evaluation of this project, there appears to be a demonstrated need for this type of program, with indications from the counties that approximately thirty-two foster homes are needed.

At the present time there are eight homes recommended for certification in Yellowstone County and one home in Great Falls. The worker anticipates several more home applications as a result of the no income consideration ruling for assistance recipients and also as a result of the public information campaign that is being conducted by the project workers in most of the counties.

This project seems to be fulfilling a need in our agency and it is recommended that it be made a statewide project in the near future. With this project it is hoped that our clients can be served by preventing them from being placed in an institutional setting when they do not need this type of care. A later emphasis of this project will be returning people from sheltered care to foster homes and then on to independent living. It is this worker's firm conviction that this project, while meeting vital social needs of the client, can also help reduce the rising nursing home and sheltered care costs in the long run.

A further suggestion is that arrangements be made with the Department of Health to have the names of the foster homes that are certified registered with them on a quarterly basis. It is hoped that this arrangement can be made by the State Office and thus taking the responsibility from the counties.

Another unresolved area that has a bearing on this project is just where does the aftercare program fit into this. It became apparent from several counties that the aftercare workers find their own foster homes and possibly two or three months later, they then request public assistance to help pay for these homes. It is hoped that some clarification can be made regarding the aftercare of the foster care project and our agency's project.

This worker is thankful for the opportunity of helping to implement this program and is very thankful to the counties for their cooperation by assigning concerned and dedicated workers to this project. It is hoped that a beginning has been made to help the clients of this agency by a program designed in their best interest and in the interest of the welfare department.

SECTION II

This section indicates the results of the three basic recommendations of the interim reports.

The first recommendation was that the program be made a statewide program. It was decided by the Division of Social Services Director that this recommendation be deferred until an adult service specialist was hired to supervise this program.

The second recommendation was that arrangements be made with the State Department of Health to register names with them on a quarterly basis. The Assistant Director of the Division of Social Services now sends a list of certified F.F.C.A. homes on a quarterly basis as agreed upon by the State Department of Health.

The third recommendation was to look into the Department of Aftercare in regards to the foster homes they seem to be setting up for their adult clients. It was found that only about eleven of these homes exist and they are mainly not in pilot counties. When the program becomes statewide, any of these homes that have welfare recipients in them will have to be certified by the F.F.C.A. standards.

P A R T V

FINAL F.F.C.A. PROJECT REPORT

MARCH, 1971

This is the final report on the F.F.C.A. project. Included in the report are summaries of county implementation of this project, a general summary and evaluation, and, finally, recommendations. This report was written after the project had been in existence six months. Appendix A of this report contains the letter and questionnaire sent to each pilot county worker to obtain information for this report. Appendix B is an outline map showing the pilot project counties.

INTRODUCTION

The information for this final report was obtained on questionnaires sent out to each county worker assigned to this project and also from a report received from the Assistant Director of Social Services who was watching over this project in the writer's absence. The questionnaire (see Appendix A) was sent out February 10. All questionnaires were returned by February 23. It was thought that by allowing six months for the project to develop a better picture of the advantages and problems of the project could be ascertained. This report will consist of a county-by-county report, a summary of the county reports, an evaluation of the project based upon the reports, and concluded with recommendations for the project's improvement.

PROJECT COUNTIES REPORTS

There were six counties participating in this pilot project. The counties were Cascade, Hill, Lewis and Clark, Missoula, Silver Bow and Yellowstone counties. (See Appendix B.)

CASCADE COUNTY

A new foster care worker was appointed in this county after the original worker returned to school in mid-September. The new worker assigned to this project was enthusiastic about it but had many other responsibilities in her adult case load, but she still managed to get three foster homes certified in Cascade county. Some of this success was, no doubt, due to the groundwork laid by the original worker who devoted half of her time to this project. The questionnaire indicated that the home originally submitted for certification mentioned in the interim report withdrew because certification from the state office was not forthcoming. The three homes now certified in Cascade county are

all operated by widows. Only one home had a resident at the time of the report and that resident was a 26-year-old retarded male. The worker reported that the payments for foster care seemed adequate. She further indicated that three other homes had seriously considered becoming foster homes but had withdrawn. One home withdrew because of delay in certification, as mentioned above; one home because the husband was not in accord with the idea; and the third because the family moved out of town. No homes were actually denied certification. The worker indicated that she felt the program had merit but that she was having some difficulty encouraging clients to use this type of care. She did state one factor causing this problem was the Downtowner Hotel which was a low-cost senior citizens' housing project that most of the welfare clients preferred over foster care. She does expect that when this housing project is filled there will be some clients in need of foster care, and she will be able to fill the existing homes and may even need to develop more.

MISSOULA COUNTY

Missoula County does not have any certified foster homes at this time. The worker reported that thirteen people were interested in becoming foster homes, but three of them never completed applications and ten were discouraged by the worker because they did not qualify. The basis of this non-qualification was mainly in the area of the type of care they would give the residents or in the type of physical environment they would provide for them. These families were families known to the worker and, after preliminary investigation, they were shown to be inadequate and thus were discouraged from applying by the worker.

As indicated in the interim report, Missoula county has a number of private rest homes which are now being paid nine dollars a day by the County for each patient. Thus, the worker indicated that any qualified homes for foster care

objected to the \$128.00 to \$155.00 payment a month they would get under F.F.C.A. when they could obtain \$9.00 a day as a private rest home. These private rest homes have too many residents in them to be eligible as foster care homes. The worker indicated she had people in her case load who needed the more individual type care foster homes provided and she estimated the need to be five to eight foster homes in her county. The plan to eliminate the high county payments to private rest homes by using the F.F.C.A. project failed since the rest homes were able to get the County Commissioners to approve increased rates and also because the F.F.C.A. program did not get legislative sanction to license foster homes, which would have given some control over the type of care homes welfare recipients could live in. The Missoula County worker indicated that a low income senior citizen apartment house had been built and was fulfilling some of the adult foster care need but not completely, since it required 75% functioning ability of its residents. Her major recommendation for improvement of this program was that some control over the rates of the private rest homes would have to be obtained and that the F.F.C.A. homes be paid at least \$150.00 a month and that the client receive the \$26.00 personal needs money monthly.

HILL COUNTY

In Hill County, no homes have been certified. The worker had three homes who were interested, but two never formally applied and one home was denied certification. The worker reported that the two homes that never applied were disappointed because they felt the \$128.00 a month payment was inadequate. The one home that was denied certification was denied because of inadequate household arrangement and numerous safety hazards. The Hill County worker indicated a need of two foster homes in her county. It was her recommendation that if the payment of \$150.00 was made to the foster homes she could obtain the two homes her county needs.

LEWIS AND CLARK COUNTY

As indicated in the interim report, there was no assigned worker to this project and, thus, this program has not really gotten off the ground in this county. This county has no certified homes. They had four inquiries which were immediately discouraged from applying by the casework supervisor. One was from a disabled widow; one had a shack to offer; another wanted a man to live alone in a rural community; and the fourth had the foster parent working all day. The adult service supervisor stated that Lewis and Clark County needs from ten to twenty F.F.C.A. homes. The supervisor indicated that he felt the program was workable in his county, and he was going to assign a worker to it. He further claimed that by having an assigned worker and by the use of good publicity, the needed homes could be obtained and certified.

SILVER BOW COUNTY

Silver Bow County has no certified homes at this time. The assigned project worker is transferring to become a full-time intake worker, so a new worker will have to be assigned to this project. The worker did report that she was going to certify one home for one person in the near future. She indicated she has two other possible homes: one is where a woman is working on a Federal grant job which is scheduled to end soon; and the other is a family moving into Butte who have inquired about becoming an adult foster home since they were one in their former city of residence. This worker had indicated two possible homes in the interim report, so it will remain to be seen if these homes materialize. The F.F.C.A. worker indicated that her county had an immediate need for eight foster homes. Her recommendation for the success of this program was that a rate of \$150.00 be paid to the foster homes and that the residents receive \$26.00. Her second recommendation was that the county worker assigned to this project be allowed enough time to recruit foster homes and make placement plans.

YELLOWSTONE COUNTY

This county now has fourteen certified homes and an increase of six homes since the interim report. There are 26 residents in these homes, ranging from age 32 to 92. There are nineteen women and seven men in these homes. Of these, six homes are run by widows and eight are run by couples. Out of the 26 residents, twelve have relatives involved in their planning. The worker provided many comments from residents in the homes. Some of the comments were favorable, such as "good food," "good concerned care." Other comments were more critical, such as "too controlling," "not enough to do." The less favorable comments seemed to be from newer residents indicating adjustment problems that the worker said she was helping them to resolve. In Yellowstone county, the foster homes are being paid \$150.00 a month, with \$5.00 going to the client out of his grant for personal needs and a county warrant of \$10.00 being given to the client, if needed, for personal needs. The county worker recommends that the foster home be paid \$150.00 a month and that the client receive an additional \$15.00 to \$26.00 for personal needs. Only one home in this county was denied, and that was because it had too many residents. The Yellowstone county worker indicated her county needed 15 to 20 additional homes. This worker's main recommendation for this program's improvement was that the doctors should be made aware of this program so that they can refer their patients to foster homes instead of nursing homes.

SUMMARY OF COUNTY REPORTS

Out of the six pilot counties, seventeen F.F.C.A. homes have been certified. Fourteen of these are in Yellowstone county and three are in Cascade County.

These seventeen homes are certified for 32 residents and, currently, have 27 residents. Of these 27 residents, 19 are women and eight are men. Their ages range from 26 years to 92 years and the median age is 70. Of the 27 residents, 12, or 44%, have some relative involvement. The pilot county workers indicated a need for 40 more F.F.C.A. homes in their counties. In the project counties, only two homes were denied formally; one because of safety hazards and the other because of too many residents. The county workers indicated on the questionnaires there were 24 homes interested in becoming foster homes who did not formally apply. Of these 24 homes, 14 were discouraged from applying by the county workers since they obviously were ineligible because of glaring deficiencies in meeting the standards. Out of the other 10 homes, 3 withdrew their applications; and the rest never followed through on applying.

Five of the project county workers made recommendations on the questionnaires for the program's improvement. The primary recommendation made by four of the five county workers was that the payment to foster homes be at least \$150.00 and that the residents be allowed at least \$26.00 personal needs money. Three of the county workers indicated they needed more administrative support to get this program started. Two other county workers implied this need.

EVALUATION OF THE F.F.C.A. PROJECT

In some respects, the writer was rather discouraged with the modest results of this project, but this disappointment is superseded by the many positive results of the project that can be interpreted as showing that the project has been successful.

One positive result is that there are seventeen certified homes and 27 residents in two of the pilot project counties. Even though this is a modest beginning, it still represents progress.

A most heartening factor is that all pilot county workers indicated that this project was workable and needed in their counties. The indication by these counties for a need of forty homes shows that the program is needed. Also encouraging was the fact that five of the county workers had enough confidence in the program to make recommendations for its improvement.

Another positive factor in this project is that it is already showing a modest financial advantage. If the 27 residents were not in F.F.C.A. homes, they would have to be placed in the next highest level of care, intermediate care. It now costs \$36,000.00 a year to keep these 27 residents in foster care where, in intermediate care, it would cost \$59,000.00 a year, thus indicating a financial savings of \$23,000.00 by having these 27 residents in F.F.C.A. homes. This financial aspect is very important at this time, since the Montana State legislature reduced the Welfare budget by five million dollars. This reduction may result in a 15% to 20% decrease in medical assistance payments to nursing homes. Thus, the importance of alternate care plans, such as F.F.C.A., becomes paramount.

Another encouraging element is the mere fact that this program went as far as it did because it was virtually implemented by six county case workers who had many other caseload obligations. The program did not have full program administrative sanction after this writer returned to school, so the workers were not given special considerations or reductions of caseloads in order to help them implement this program. The pilot counties had no definite state office support, since an adult service specialist was not hired to direct this program. The administrative support that county directors and case work supervisors could give was limited since they were receiving little direction or sanction from the state office. The state staff, county directors and case work supervisors saw this program as having much merit, but they did not have the time nor the support

to give this project the full-fledged support it needed to help it become a more extended program.

It was both inspiring and disappointing that the six pilot county workers had to deny two homes certification and discourage fourteen others from applying. The disappointing aspect is that sixteen possible F.F.C.A. homes were lost. The encouraging aspect is that this shows that the workers are actively trying to recruit homes. It is also promising to see that the project workers are trying to find adequate homes, as indicated by the fact that all these homes were denied or discouraged from applying because they did not meet the standards. This writer has emphasized strict application of standards, since this program is designed for the care of the disabled and elderly, and it would be devastating and totally unjust to give these people a second-rate living situation just to save money or build a program.

Support for this project was also received by information given in a report from the assistant director of the State Welfare Department's Division of Social Services. She indicated that one county not in the pilot project had requested the F.F.C.A. Manual and forms and was subsequently able to get a home certified for one resident. The state office has also received formal requests from five counties for information about this project, and seven more counties have indicated interest informally. Many of these counties are showing interest in this program because they have no care facilities, such as rest homes or nursing homes, so having F.F.C.A. homes could help fulfill some of this need and also keep their residents in their own communities and counties.

Another encouraging aspect is that in looking at Yellowstone county and their experience, it has taken them seven years to get their foster home program started. Comparatively, the F.F.C.A. project has made a good start in just the six months it has existed. Time will help in the establishment of this program,

since word-of-mouth information will be passed around communities about the program and more interest will be generated. Also, the workers, as demonstrated by the worker in Yellowstone county, will become more proficient in recruiting and certifying homes once they have more experience.

There are two less promising factors in looking at the results of the pilot project. The first is the fact that only two project counties were able to get homes certified; and, second, not all the certified homes are filled. Both of these factors have some redeeming aspects if we look at why they occurred and what can be done to resolve them. In the first instance, four county workers said they could obtain practically all the homes they needed if the foster homes were paid at least \$150.00 a month. Thus, an increase in grants would help obtain more homes. In connection with the second factor, if the workers were given more time and, possibly, more training, they could, no doubt, fill the homes that are now vacant. Thus, the encouraging aspect of these two negative factors is that they are remediable.

The most disillusioning factor in connection with the project is that the writer was not able to obtain two legislative actions that would have made this program more successful. These actions were to get an increase in funds for this program so that payments to the foster homes could have been increased and to get legislative sanction to license adult foster homes. In early February, this writer was discouraged from presenting this program to the legislature for more funds since they were threatening to cut the welfare budget, which they subsequently did, by five million dollars. The writer was also discouraged from presenting this program to the legislature for licensing sanction due to their anti-welfare tone. Thus, two of the basic remedies for helping this program were not accomplished; and the program will have to exist for two more years under current funds and certification procedures.

In final summation of this evaluation, this writer believes that the purpose of the pilot project has been fulfilled. The first aspect in this fulfillment is that this project has shown that need for the F.F.C.A. program exists, as shown by the pilot counties' needs for forty homes and by the interest shown by at least thirteen other counties in the state. The second aspect of the project's fulfillment is that it has been shown to be workable in at least two of the pilot project counties. The final, and most important aspect, of this project's fulfilling its purpose is that it has shown the basic problems in the program and, thus, has provided a workable base from which action can be started to make the F.F.C.A. program a valuable welfare service program to the people of Montana.

RECOMMENDATIONS FOR THE F.F.C.A. PROGRAM

These recommendations are based on the above information and represent the most valuable aspect of the F.F.C.A. pilot project and that is what can be done to make this a better program.

It should be mentioned here that many of the following recommendations will become this writer's responsibility to carry out, since he has been appointed state adult service specialist and will become state supervisor of the F.F.C.A. program, starting on June 21, 1971.

The first and most basic recommendation for this program is that the rate of payment to the foster homes must be increased to at least \$150.00 a month as recommended by four of the six pilot county workers. This rate of \$150.00 seems adequate, since it is the rate Yellowstone County is paying and they have fourteen homes. The workers also recommended that the client get at least \$26.00 in personal needs money a month. Thus, the F.F.C.A. residents' grants need to be increased to at least \$176.00 a month as soon as possible. The writer

is also keeping in mind that the county workers and supervisors indicated to this writer during his county visits that they would prefer that the foster homes get a direct vendor payment and that the client would get the \$26.00 grant. Since the grant increase was not obtained in this legislative session, the program will have to exist on the current funds at the rate of \$155.00 a month for each resident, with his personal needs up to \$26.00 being taken out before the foster home is paid. This writer has begun to investigate the possibility of a federal grant, such as an eleven fifteen grant, to finance this program. This writer just received word that the Welfare Department in Washington has just received an eleven fifteen grant to finance their adult foster care program.

A second primary recommendation is that this program should become a statewide program. This is based upon the need shown in the pilot counties and also by the interest shown by thirteen non-pilot counties, one of which already has a certified home. The writer has already initiated action to get this accomplished by requesting that the F.F.C.A. Manual become a part of the Social Service Manual and, as part of this Manual, that it be sent to each county welfare department and each service worker. To give this program more impetus as a statewide program, a goal is to get legislative sanction to license adult foster homes in the next legislative session.

A third basic recommendation is that administrative support, especially from the state level, be given to this program. If the program is to be a recognized alternative care program, it should receive the support any other welfare program receives. This writer intends to lend support by publicizing this program as much as possible and by being available to respond to inquiries about the program when requests are received from the counties. Also, having

someone responsible to make needed changes in the program will assure administrative support. This writer also hopes to stress the importance of this program to state field supervisors, county directors and case work supervisors so that they will give special consideration to case workers involved in this program in order to give them enough time to recruit for and give services to this program in their respective counties. It will be suggested that the assigned workers be given at least six hours weekly to work on this program, at least in its initial phases.

There are many secondary recommendations that this project has exposed as being needed. Many of these need more precise thought and evaluation before they can be implemented. A first secondary recommendation is that more training be given to the F.F.C.A. workers in order to help recruit new homes and to help them encourage residents to use the foster homes. Another recommendation is that stress should now be placed on getting some people out of nursing homes and rest homes and into foster care. A third recommendation, which was originally made by a pilot county worker, is that doctors should be encouraged to refer people to foster care when feasible instead of to nursing homes. With a statewide program, publicity along these lines can be given through state and county medical society chapters. A final recommendation that needs more thought and evaluation is that of allowing sons and daughters to be foster homes for their parents. Several states have tried this and abandoned it because of abuses. Having relatives as foster homes seems very practical and reasonable, but some simple control aspect must be worked out to avoid abuse. There are more innovations that, no doubt, need to be considered, but the four above should suffice at this time.

In quick summary, to reiterate, the basic recommendations indicated by the pilot county workers and social services assistant director are: (1) to increase the F.F.C.A. grants to at least \$176.00 a month; (2) to make the F.F.C.A. program

a statewide program; and (3) to give administrative support to the program.

The four secondary recommendations listed were: (1) to implement training for F.F.C.A. workers; (2) to start moving people out of nursing homes and rest homes and getting them into foster care; (3) to encourage doctors to refer their patients to this program; and (4) to allow close relatives to become F.F.C.A. homes.

CONCLUSION

As indicated above, this project has shown that it has many encouraging aspects to give indication that it has the potential of becoming a successful alternate care program. It has also been shown that the program needs much more work if it is to become a full-fledged service program for the welfare clients of Montana. This writer is optimistic that the F.F.C.A. program will grow because of the indicated need, because of the start it already has made, and, mainly, because of the example of dedication the pilot county case workers have shown who have worked on this program thus far.

APPENDIX A

This is the letter and questionnaire sent to each county worker involved in the F.F.C.A. project to obtain information for the final report.

Donald V. Sekora
Portland, Ore. 97213
Feb. 10, 1971

Dear Foster Family Care Adult Worker:

I realize that you were expecting to hear from me before now, but I decided to give the program some time to develop before doing the final evaluation of the pilot project.

I had hoped to devise a simple check list type questionnaire, but in trying to do this I found that I needed too much basic information, so as you can see there are some questions that need your written answers.

Your frank and accurate replies to the questions will be sincerely appreciated. It is only through the information that you supply that I will be able to evaluate the program and make accurate recommendations for the future of the program.

Instructions for completing the questions are simply to answer all the questions applicable to your situation. These answers do not have to be typed or in a polished form. I would appreciate the replies no later than Feb. 23rd. To facilitate this, enclosed are addressed stamped envelopes. If you have any questions about the questionnaire, answer all the questions you can and send them to me with a note regarding your question.

Thank you for your interest and concern for the program and especially for your time and effort in supplying the information needed to evaluate this program.

Yours sincerely,

Donald V. Sekora

QUESTIONNAIRE

1. Please list all homes you have asked for certification for.
Also, supply the information about the residents under each
home listed. (If you have no homes to list, go on to question 3).

A. <u>Name of home operator</u> (Mr. & Mrs. if both are present)	<u>Address</u>	<u>No. of residents</u> <u>certified for</u>
---	----------------	---

B. Information about foster home residents in above home.

1. Number of residents in home _____ 2. Ages _____

3. How many have relative involvement, (socially)

____0
____1
____2
____3

4. How many are women

____0
____1
____2
____3

5. List three or four comments either negative or positive
that residents have made about the foster care program they
are in.

2. What rates are being paid to each home you have listed?

1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

7. _____ 8. _____ 9. _____ 10. _____ 11. _____

3. A). In the foster homes you have asked for certification for or any homes you have talked to about becoming foster homes, have the operators indicated the amount of payment they feel they should actually have. List their suggestions.

1. _____
2. _____
3. _____

4. _____
5. _____
6. _____

B). Do you personally have an estimate of what they should be receiving?

4. A. How many homes have you had serious contact with about becoming foster homes but have not applied for certification.

_____⁰
_____¹
_____²
_____³

_____⁴
_____⁵
_____⁶
_____^{other, state number}

B. List basic reason why each home did not apply.

Home One:

Home Two:

Home Three:

Home Four:

(Continual on back of page if more)

5. A. How many homes have been denied certification?

 0
 1
 2
 3
 4
 5
 6

 other, state number

B. List Reasons for denial

Home one

Home two

Home three

(Continue on back if needed)

6. How many adult foster homes do you feel your county could actually use if homes were available?

7. List the main ways you feel this program could be improved or basic reasons why you feel program is not workable in your county.

APPENDIX B

The circled cities on the map indicate the county seats of those counties the F.F.C.A. project was implemented in by this writer.

