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Program evaluation: a model for evaluating group homes for the developmentally disabled

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PROGRAM EVALUATION: A MODEL FOR EVALUATING GROUP HOMES

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INTRODUCTION

In recent years there has been an increase, on a nationwide basis, in the establishment of group home programs that serve mentally retarded/developmentally disabled individuals. Despite the growing popularity of this type of service, there is growing concern that group home programs may not be developing properly or meeting their service potential. Because questions about the effectiveness of these programs are beginning to arise there is a corresponding need to develop program evaluation strategies that will aid in answering the concerns. It appears that the development of program evaluation strategies to meet the particular needs of group home programs is an appropriate activity since "there is at this time a complete adsence of objective evaluation" for this type of service.[1] This need is magnified when coupled with the realization that little effective program evaluation takes place in the social service field as a whole.[2]

The movement to increase the number of group home programs for the mentally retarded/developmentally disabled is present in the state of Oregon. The Boundary Street group home, located in Portland, was established as a result of this movement. As a rather typical group home program, it is subject to many of the program concerns and evaluation needs experienced by similar services. This point represents the ultimate reason for this paper. The primary purpose will be to develop a program evaluation system that will be appropriate and beneficial in meeting the evaluation needs of the Boundary Street group home. Because the Boundary Street group home is similar in principle and design to other group homes in Oregon, a second purpose of this project will be to

develop an evaluation system that can be beneficial to other programs.

In addition to the stated purpose of this paper, there is also a series of goals that will be important considerations in the development of this evaluation system. These goals relate specifically to the impact of the proposed evaluation procedures on the group home program. The goals to be considered are:

1. To develop an evaluation system that will be beneficial in meeting the most important decision - making needs of the group home.

2. To develop an evaluation system that will supplement, not interfere with, the basic program efforts of the group home.

3. To develop an evaluation system that will be viewed by the program staff as useful and appropriate.

4. To develop an evaluation system that can be fully implemented within the resource limitations and time constraints of the group home.

5. To develop an evaluation system that will provide a stable data base for the future addition of more sophisticated evaluation strategies.

The contents of this paper will fall into two broad sections. Chapters II and III will provide evaluation as well as a basic description of the program setting. The second section, beginning with Chapter IV, will provide more detailed information about the development of the specific evaluation system. These chapters will include a description of the planning process, a description of the data collection instruments and procedures, and an assessment of the proposed system.

CHAPTER II

OVERVIEW OF PROGRAM EVALUATION

The activity of evaluating social service programs is not new. In fact, virtually every program designed to meet the needs of people has always been subject to some type of evaluation activity. Often the evaluation of social programs takes place on an informal basis that may be conducted by people either directly or indirectly involved with the program. These informally made decisions about program operations are frequently based on intuition, previous experiences, or casual observations. This informal method of evaluating programs is not necessarily an invalid one. There is, however, another side to program evaluation that must be examined. This view calls for a formal, often empirical, design that is implemented as an evaluation procedure to assist in answering specific questions about a social program.

The demand that human service programs be evaluated on a formal basis has grown in recent years.[3] It has become increasingly important that operators of such programs heed these demands because, as Scott Briar has noted, human services has entered in "age of accountability."[4] There are several reasons why the emphasis on program evaluation and accountability has grown. A primary reason is the increasing involvement of government agencies in human service programs. This involvement manifests not only in increased levels of public funds spent on programs but also in the increased regulatory responsibilities of government agencies. As a result of increased government intervention, social programs are more visible to the general public and more subject to scrutiny.

Another major reason leading to increased demands for accountability of services is the issue of personal rights and freedoms. In the

past decade there have been a number of landmark court decisions that
have influenced the quality of human service programs. Many of these
court cases have been initiated by abuses in our social service system
that have infringed or ignored the personal rights of individuals. As an
example, recent court decisions have led to such guaranteed freedoms as
the "right to appropriate treatment"[5] and the right to treatment in the
"least restricting environment" possible.[6] These court decisions and
others have led to certain quality of life concepts that become reflected
in our social policies. These policies, in turn, are implemented through
the development of human service programs. It therefore becomes necessary
to evaluate and determine if programs established to improve the quality
of life of people are achieving this goal and doing so at an acceptable
level.

The discussion up to this point tends to view program evaluation as
an activity conducted primarily to meet the needs of people or agencies
outside the realm of a particular program. Although this is partly the
case, it is not the entire picture. Program evaluation can, and should,
be a tool used to benefit those people directly involved in a program.
For example, data generated from a systematic program evaluation process
can assist in the development or improvement of a program by providing
vital, accurate information to program managers and planners. Whatever
the intended purpose or use, it is increasingly evident that program
evaluation is becoming an important activity in the management of human
service programs at all levels.

No definition of the term program evaluation, that will be used
specifically for this project, has been offered. The reason is that pro-
gram evaluation is a broad, elastic term applying to many situations and
having many definitions. Each definition depends upon the purpose of

each evaluation activity and also upon the perspective of the people using

the evaluation results. It is possible to provide a basic, working defi-

nition of program evaluation. One such definition is provided in

A Working Manual of Simple Program Evaluation Techniques for Community

Mental Health Centers. This definition describes program evaluation as:

> A systematic set of data collection and analysis activities
> undertaken to determine the value of a program to aid management,
> program planning, staff training, public accountability and
> promotion. Evaluation activities make reasonable judgements
> possible about the efforts, effectiveness, adequacy, efficiency
> and comparative value of program options.[7]

The above definition serves to illustrate the basic concepts in-

volved in evaluating programs. It also demonstrates that program evalua-

tion encompasses many different aspects. Therefore, instead of

constructing a more narrow definition to be used specifically for this

project, a discussion about the basic concepts, intent, and activities of

program evaluation will be provided.

One way to conceptualize the broad term of program evaluation is to

view it as a series of activities that occupy a continuum.[8] This con-

tinuum of activities must also be viewed as multidimensional. To empha-

size this thought, it may be advantageous to consider the following

points. Program evaluation activities can:

1. Encompass a wide range of programs from the smallest non-profit

service agency to a program as large as the national social security

program.

2. Utilize techniques ranging from very informal methods of

collecting data to the use of sophisticated research designs.

3. Concentrate on evaluating the general process of program

activities or the final outsome.

4. Help determine whether a program should be modified or dis-

continued.

5. Assist in choosing one program model or methodology over another.

6. Produce results that are program specific or widely generalizable.

7. Be designed to provide information to program recipients and personnel or to national policy makers.

8. Be a "one-shot" activity or a continuously, ongoing process.

The above list of possible evaluation uses and activities is not complete by any means. It does, however, serve to point out the broad range of possible evaluation events as well as some of the dimensions involved.

Despite the obvious complexities in defining the term in a useful way, there are some basic concepts applicable to all forms of program evaluation. First, as implied earlier, program evaluation is a generic term and can not be restricted to one uniform definition. A single definition that describes evaluation in terms of a specific procedure or activity could not possibly be applied to the total range of program evaluation needs. As Carol Weiss has stated, "no one model of evaluation is suitable for all uses."[9] Designs for program evaluation activities must, therefore, reflect the needs of the particular social program(s) involved and must be exact in describing the processes and procedures required to meet the purpose.

A second basic concept is that program evaluation is primarily an aid for making program related decisions. It is a management tool that is an integral part of an overall program management process. In short, program evaluation has a definite role in providing a basis for more accurate and reliable decision making in human service programs. Implied within this decision making context is that criteria relevant to program

objectives must be established as a standard of comparison for the data generated from evaluation activities.

When describing the basic evaluation process, emphasis tends to focus on the planning and implementation of the appropriate data collection procedures. But program evaluation does not stop merely with the collection of pertinent data. Program evaluation is not complete unless decisions and judgements about the program, based on the data, are made. Evaluation activities are not truly warranted unless they have an impact on decision making. Central goals of a particular evaluation project must be clear. According to Sarah M. Steele, "a clear understanding of why you're evaluating and what you want to accomplish by that evaluation is essential in effectively using evaluation as a management tool."[10]

There are other basic issues regarding program evaluation that should be mentioned. For instance, evaluation projects must be realistic and feasible. Any evaluation design must be based on accurate assumptions about the program operations. It is also important that the intent or purpose of the evaluation is realistic and this is reflected by the development of goals that are achievable. It is necessary that these goals are relevant to the actual needs of the program and can be attained within the existing resources and constraints. Feasibility is also an issue in the sense that evaluation procedures should require no more expenses for implementation than necessary. In the end, it is hopeful that the results of the evaluation will be worth more to the decision makers than the resources expended in the process.

A final consideration is that program evaluation activities have political implications because there is always the risk of problems occuring that are based on the results. The issue is that evaluation activities can signal the potential for changes in a program. This

potential for change can be threatening to program personnel and can lead
to various kinds of friction. If program changes do actually occur, this
too can be a source of debate and turmoil. These problems can be com-
pounded by the fact that may individuals, both inside and outside a pro-
gram, will have access to the evaluation results. Each of these
individuals can have a different perspective or interpretation of the
data and what changes, if any, should result from the evaluation. The
point here is that data generated from evaluation activities can be a
powerful tool. As a tool it can be used to increase changes in programs
for many reasons. These reasons may reflect various motives because the
actual goals of program evaluation are not always overt or in the interest
of promoting increased program effectiveness.[11]

CHAPTER III

PROGRAM SETTING

This chapter will review the program setting for which the evaluation model will be developed. The discussion will include a general overview of the history and development of group home programs for mentally retarded/developmentally disabled persons. Also included is specific information about the Boundary Street group home. One purpose of this chapter is to provide the reader with basic information about the program setting. There is another major reason for this chapter. The particular setting and characteristics of a program establish the parameters and constraints of an evaluation effort. This consideration is vital in the process of developing a specific program's evaluation system. It is important, therefore, to examine fully all aspects of a program to determine what variables might affect program evaluation activities and must be accounted for in the evaluation design.

GENERAL INFORMATION: GROUP HOMES FOR THE HANDICAPPED

A review of the history of mentally retarded/developmentally disabled persons reveals that long term confinement to institutions has been a primary means of meeting the residential needs of this population. During the last decade, however, there has been a distinct movement to end the institutionalization of handicapped individuals. This "deinstitutionalization" movement advocates the development of community based residential programs as an alternative for people living in institutions. A second provision is to develop the programs necessary to prevent future cases of institutionalization.

The deinstitutionalization movement is attributed to the efforts of many professionals, parents, and handicapped individuals who are concerned about the well being of the mentally retarded/developmentally disabled. In its initial stages, this movement was also assisted greatly by a series of important court decisions, legislative mandates, and presidential directives. For example, the roots of the trend toward deinstitutionalization can be traced to the work of the Kennedy administration. A second impetus for the founding of community based services is credited to the 1969 President's Committee on Mental Retardation for its emphasis on the normalization principle as a national policy.[12]

The normalization principle is defined as "making available to all mentally retarded people patterns of life and conditions of everyday living which are as close to the regular circumstances and way of life of society."[13] Implementing the normalization principle means providing the mentally retarded/developmentally disabled individual with a setting that allows for:

1. a normal rhythm of the day,

2. normal routines of activity where the places of work, recreation, and education are not the same as those where the retarded person lives,

3. a normal rhythm of the year,

4. an opportunity for normal developmental experiences through periods of childhood, adolescence, and adulthood,

5. an opportunity for privacy and to make choices and decisions,

6. an opportunity to live in a home-like setting that is considered of normal size, placed in the mainstream of society with all the advantages of associating with non-mentally retarded peers.[14]

The use of long term institutional care as a primary residential service for the handicapped does not meet the criteria of the normalization principle. The current emphasis on "normalizing" residential services represent a view of the mentally retarded/developmentally disabled individual as a person capable of development, personal growth, and learning. This view is a new and radical departure from previous ways of perceiving handicapped individuals. Past views tended to visualize the mentally retarded person as incapable of contributing to our society.

When discussing residential services that are based in the community, a variety of program types come to mind. For example, services may include such options as residing with one's parents, living in a foster home, or living in a nursing home. By far, however, the major thrust for residential services for the handicapped is the development of group home programs. It is this type of program that is the subject of this paper. Group home programs are defined as a "community based residential facility which operates twenty-four hours a day to provide services to a small group of mentally retarded and/or otherwise developmentally disabled persons who are presently or potentially capable of functioning in the community with some degree of independence."[15]

Group home programs have another component to their definition. These programs utilize paid, professionally trained staff to provide habilitative programs based on the individual needs of each group home resident. The general purpose of these habilitation programs is to increase the adaptive behavior of group home residents by modifying the rate and direction of their behavioral changes.[16] Adaptive behavior refers mainly to increasing an individual's ability to function independently and to meet the "culturally-imposed" demands placed on a member of society. The primary techniques used in increasing the adaptive

behavior of group homes residents involve teaching the individual the many skills necessary to live successfully in the community.

The habilitation programs that are characteristic of group home services are based on the previously stated view that mentally retarded/ developmentally disabled persons are capable of growth, development, and learning. This view is representative of an influential concept in the services to handicapped persons known as the developmental model.[17] The emphasis of the developmental model, as it relates to group home programs, is to provide services that will (a) increase the residents' control over the environment, (b) increase the complexity of the individual's behavior, and (c) maximize the handicapped individual's human qualities.[18]

The heart of a group home's habilitation program is the individual resident's program plan. A written program plan is developed for each resident that details (a) long-range goals for the resident, (b) short-range objectives designed to meet the goals, and (c) specific training activities and techniques used for meeting each objective. All phases in the development of a resident's program plan must be based on an accurate behavioral assessment or other types of "baseline" information that will help to specify the exact needs of residents. Each step in a resident's program plan must also be measurable. For this reason, the objectives and activities detailed in the plan are time-framed and criterion-referenced. This procedure is used not only to aid in documenting the accomplishments and progress on the part of residents, but also to serve as a reference point for the systematic review, update, and improvement of the program plans. Periodic reviews of each resident's plan are made throughout the course of implementation. These reviews are conducted usually on a quarterly (three month) and annual basis. Again, it is important to note that the concepts and philosophies

identified with programs for the mentally retarded/developmentally disabled, including group homes, emphasize the provision of services based solely on the specific needs of the individual. Program goals and services that are "stated for groups of residents, rather than for residents individually, are not acceptable."[19]

A review of this section reveals the major goals and intent of group home programs. These goals are:

1. To provide a normalized residential setting for developmentally disabled persons. This involves a community based program allowing for integration into the mainstream of society, the use of community resources, and the insurance of personal rights of the resident.

2. To implement a habilitation program based on the principals of the developmental model. This involves teaching residents the skills necessary to increase their adaptive behavior.

3. To provide services that are appropriate to, and based upon, the specific needs of the individuals in the program. Each individual has unique needs and develops at his/her own rate. This concept is firmly entrenched in residential programs.

The deinstitutionalization movement previously described has been a major national thrust for the past ten years. This movement can be expected to continue.[20] Now that the trend toward community based residential services has been established and various programs have been implemented, questions about the effectiveness of these programs are beginning to arise. The concern for proper program evaluation techniques is evident. The situation is best described by Dr. Earl C. Butterfield when he states:

    Since 1969 an important trend has begun, and it poses even
    more difficult problems of evaluations. . . I refer to the more

frequent placement of previously institutionalized retarded
people in non-institutional settings. The question must be
asked "are those released people faring better outside than
they were inside the institution?"

The easy response is: "They must be; look how terribly
our institutions have been run." But the fact that one
kind of program was bad does not make another kind better.
Nor does the popularity reliably signal quality. The trend
to community placement presents an important challenge to
our evaluation skills, and I am not optimistic that the
challenge will be met.[21]

THE BOUNDARY STREET GROUP HOME

The Boundary Street group home is a typical offspring of the dein-

stitutionalization movement. This group home shares the same basic

philosophies and has the common goals of the many programs for the

handicapped that were started by this movement. Unfortunately, the

group home also shares some of the negative results of the movement

toward the normalization principle. Specifically, this program has suf-

fered from the lack of emphasis on program development as well as an

absence of evaluation measures. The impact of these negative factors on

the design of the evaluation model will be discussed in the next chapter.

The Boundary Street program was established in February, 1973. It

is one of five programs for the developmentally disabled that is operated

by Westside School, Inc., a private nonprofit organization. The program

occupies a facility in a southwest Portland residential district. The

facility is a typical single-family dwelling. Some minor modifications

to the facility have been made to meet fire and safety standards, but

these changes do not detract from the facility's home-like atmosphere.

Boundary Street has a service capacity of eight residents and

operates with an annual budget of approximately $60,000. Funds are pro-

vided from grants by the State Mental Health Division and the Adult and

Family Services Division of the Department of Human Resources.

Operating funds also come from room and board fees that are paid by residents. Money for these fees is usually provided by a resident's Supplemental Security Income payment. This funding structure is basic to the group home programs operated in Oregon.

The group home program employs six staff members with a total full time equivalency (F.T.E.) of 4.75. The program's staff includes three group workers, one full time skill trainer, one full time group home administrator, and twenty-five persent of the time of corporation's Executive Director. Naturally, the responsibilities of these positions vary. The group workers are responsible for the ongoing supervision of the residents, the skill trainer is responsible for developing and implementing the group homes habilitation program, and the administrator is responsible for the day to day operations of the total program. The group home skill trainer and administrator have the authority to make needed decisions, corrections, or improvements to the program. Because of this authority, it is important that most of the information derived from evaluation activities be directed to them.

The residents of the program are all developmentally disabled adults, each having a primary disability of mental retardation. Some basic demographic characteristics of the program's current residents is provided on the following table.

TABLE I

Characteristics of the Group Home's Current Residents

Resident	Age (Years)	Sex	Number of months in program	Previous Placement	Level of Retardation
1	62	M	10	State Institution	Moderate
2	39	F	60	Family	Severe
3	29	M	60	State Institution	Severe
4	27	F	60	State Institution	Severe
5	31	M	24	State Institution	Moderate
6	23	M	24	State Institution	Moderate
7	25	M	7	Adult Foster Care	Moderate
8	25	F	1	State Institution	Moderate

As is demonstrated on the chart, this program serves individuals who are moderately or severely retarded and have a history of institutionalization. By design, the program serves both sexes and has a broad age range of residents. It is important to note the length of time the current residents have been involved in the program. For this group of individuals the average stay in the program is 2.6 years. In the past two years, only three residents have been released from the program. These facts indicate that the group home basically provides long term care.

The Boundary Street group home is part of a statewide delivery system designed to meet the residential needs of the state's mentally retarded/developmentally disabled citizens. As part of a statewide system, the program is subject to regulation by a variety of governmental agencies. For example, the State Health Division has adopted standards for group homes that regulate the health and sanitation aspects of program operations. Group home facilities are also subject to the State Fire Marshall for fire safety codes and to all state and local building codes for structional requirements.

For program evaluation reasons, however, the most important regulations are those promulgated by the State Mental Health Division. These rules govern the habilitation and training programs offered by group homes. The importance of these rules is that they (a) establish the basic program components that must exist in each home, (b) determine the basic data and records that must be maintained, and (c) provide for using the program evaluation instrument developed by the Mental Health Division. The evaluation tool that must be administered by group homes is called the Resident Program Record. This instrument is a standardized pre and post-test designed to measure, on an annual basis, the skills acquired by a resident while involved in the program. A brief description of the Resident Program Record is provided in Appendix A.

CHAPTER IV

EVALUATION PLANNING PROCESS

In Chapter II, program evaluation was described as a generic process that can not be limited to a uniform definition or single procedure. By describing program evaluation as a generic process it is possible to identify some general steps that constitute the overall activty of evaluating a program. Basically, the major steps involved in the evaluation process are:

1. Describing the purpose of the evaluation.

2. Determining the decision(s) to be made at the end of the evaluation process.

3. Establishing criteria for comparison of the data generated from the evaluation process.

4. Determining the basic procedures and instruments needed to collect the data.

5. Collecting the data.

6. Analyzing the data.

7. Using the data to make decisions about the program.

As indicated by the steps above, designing an evaluation system for a particular program involves a distinct planning process. The first three steps represent the major planning phase of an evaluation project. These planning activities must be completed before it is possible to develop the procedures and instruments necessary for collecting data. During this planning process it is often the role of the evaluator to help clarify the information derived from these planning steps. One assumption underlying the planning process is that the people using the evaluation data are those who requested or initiated the evaluation activities.

A second assumption is that the people wanting the evaluation have some idea about why they need the evaluation data and how they intend to use it.

These two assumptions do not hold true for this particular project. The request to develop an evaluation system for the Boundary Street group home was initiated by the author. Contact was first made with the Executive Director of Westside School, Inc. and then to the staff of the group home. Because the group home, at the time of the request, had no systematic data collection system and no formal means of evaluating the program, there was consensus that an evaluation system designed specifically for this program would be beneficial. At this point there was also no consensus as to the specific purpose an evaluation system would serve. Neither of the conditions just described create an ideal situation for evaluating a program. In fact, some authors note that under these conditions evaluation efforts may be unwarranted.[22]

For two major reasons, the development and implementation of a systematic evaluation process for this program does seem warranted. First, the group home had just experienced a number of personnel changes in key program positions. Second, the group home was undergoing a licensing process to expand the number of residents served in the program. Permission to increase the number of people served would also stabalize the program's budget by increasing the monetary resources available. As a result of these situations, the group home staff was beginning to plan for what amounted be a new habilitation program. Because the staff was developing a new program, the corresponding development of an evaluation system seemed appropriate. As has been noted, the development of an evaluation system is a legitimate part of the overall planning and management component of a program.[23]

Under the circumstances described, although less than ideal for evaluation purposes, it was still necessary to carefully plan the evaluation project. Without adequate planning the utility of the system as a management tool would be reduced. To accomplish the necessary planning activities weekly meetings were held with the program staff. In addition, an extensive literature review was conducted to secure information about evaluation attempts and models in similar programs.

The initial planning activity for this project was to determine the primary purpose or intent of the proposed evaluation system. The completion of this activity involved several steps, the first being the identification of the Boundary Street group home's program goals and objectives. This endeavor proved to be the first major obstacle encountered during this project. Discussions with the group home staff and an examination of the records revealed that there were no formalized goals or objectives for the program. The lack of formalized goals was, however, symptomatic of a larger issue. Specifically, the Boundary Street group home had no formal, identifiable habilitation program in operation. No systematic planning or intervention methods existed and no consistent program policies or procedures were being applied. Program activities designed to meet the needs of residents did, of course, take place but these activities were conducted in an informal and inconsistent basis. The absence of a formalized habilitation program resulted in the lack of a general framework to aid in the development of the program. These conditions provide support for the expressed need of the group home staff to improve programming efforts by continued development of the habilitation program and by formalizaing the intervention process.

At this point, a review was made of the history of the Boundary Street group home and of group home programs in general. The rationale

for this activity is that a review of program history would (a) aid in
the establishment of program goals by identifying the overall direction
and philosophy of the program, and (b) identify issues with potential
impact on the design of the evaluation system. This activity of re-
viewing program history became increasingly important because the histori-
cal developmental of a program can have a tremendous influence on the
intent and design of an evaluation.[24]

The results of this activity revealed that the history of the
Boundary Street group home is one of unstable growth and fragmented pro-
gram development. The program's background is characterized by a lack of
monetary resources and by a high rate of staff turnover. In addition,
staff hired for group home positions have had little or no previous
experience related to this particular type of program or setting. It is
necessary to note at this point that the group homes are not isolated to
this particular program. In a nationwide study conducted by Dr. Gail
O'Connor in 1975, inadequate funding and problems in training and main-
taining staff were indicated as the major problems facing group home
programs.[25] To continue this broad perspective, the development of
group home programs on a national basis emphasized heavily the establish-
ment of services that would reflect the philosophies and concepts of the
deinstitutionalization movement. The actual emphasis on developing and
implementing effectively designed habilitation services in group homes
became only a secondary goal.[26]

It is not difficult to see that the history of the Boundary Street
group home and group homes is general has been detrimental to the develop-
ment of effective habilitative programs. Within this point of view, it
is possible to understand why formalized goals for the Boundary Street
program did not exist at the beginning of this evaluation project. The

absence of formalized goals, however, does not mean a total lack of direction for the development of the program. As noted in Chapter III, there are common goals and philosophies shared by group home programs. The staff of the Boundary Street group home reflected a belief in these common elements. Using these beliefs as a point of departure, an initial framework for the development of the group home began to emerge and some initial goals and objectives for the program were established. The goals and objectives of the Boundary Street group home, as determined by the staff are:

Program Goals:

1. To provide situations and materials that will help the learner to promote his own growth, development and functioning ability in:

    A.   Communication skills

    B.   Self-Help Skills

    C.   Leisure/Recreation Skills

    D.   Social Skills

    E.   Academic Skills

2. To provide an environment that will help to prepare the resident to employ and apply the acquired knowledge spontaneously in a manner which will best meet the needs and demands of the society to which he/she belongs.

Program Objectives:

1. To develop the power of each resident to communicate physically, verbally, and as appropriately as possible in both personal and social situations.

2. To establish a routine for each resident for adequately and consistently performing the survival skills that are considered necessary to function as a normal human being.

3. To have each resident gain practice in appropriate use of leisure time through developing skills demanded to manipulate objects of various common games.

4. To increase the social awareness and peer involvement of each resident through shared mutual learning activities.

5. To teach each resident the basic academic skills that will lead to and increase the capacity to function independently in society.

The initial attempt at establishing the program goals and objectives was an important step in the planning process of the evaluation system. The primary importance is that the goals reflect the basic intent and philosophy of the program. This point is stressed because it is vital that an evaluation system reflect the purpose, intent, and goals of the program for which it is designed. The recognition of the difficulty in formulating program goals was also important to the planning process because this helped to identify one reason for the existence of an evaluation system in this program. For in the absence of clear-cut goals, an evaluation system can aid a program in discovering and formulating its goals.[27]

Given the general conditions described above, the lack of program development, the initial absence of formal program goals, and the desire to formalize the group home's habilitation program, a major need of the Boundary Street group home began to emerge. The need was for an effective, stable means for planning and implementing a process of program development. The recognition of this need also helped to establish the primary intent and purpose of the proposed evaluation system. The evaluation system could become a tool to assist in the overall program development process. The recognition of this primary role is not inconsistent with the concept of program evaluation as a whole. In fact, this formative

role is one that is documented as legitimate to the overall function of program evaluation. Evaluation "that influences ongoing developments in the program has great value -- it improves and gives immediate benefits."[28]

Several other factors considered in the initial planning process reinforced the formative role intended for the proposed evaluation system. One factor is the strong commitment in the basic program philosophy and setting represented by the group home program. This commitment is shared not only by the group home staff but also by the program's primary funding sources, as reflected by the regulations promulgated by the State Mental Health Division. The important point is that there is no desire or compulsion, at the local program level, to use evaluation procedures for determining alternative methods of programming or alternative types of program settings. The emphasis is on maximizing the development of programs within the basic philosophical framework already established.

A second factor influencing the intent of this evaluation project is that the Boundary Street group home is part of a service delivery system with limited resources and limited numbers of available programs. For example, the Boundary Street group home is currently one of only four such programs in the Portland area. What this means, in pragmatic terms, is that the program will continue regardless of its effectiveness. Unless the program violates existing statutes or grossly abuses its responsibilities, the program will continue to be funded as a part of the service delivery system since it is a needed service. Because of this lack of competition and the existing need, there would be little benefit for the program to expend efforts on evaluating the overall effectiveness of its services. A third major consideration is that the

group home has limited resources available to implement program changes.
An evaluation system that concentrated on identifying major areas of
needed program changes (e.g. additional staff, purchasing new program
equipment, etc.) could not be adequately responded to.

The purpose for noting the additional considerations mentioned
above is to reaffirm the basic intent of the proposed evaluation system.
To help meet the current need of the group home, the evaluation must
assume a role in assisting the ongoing development of the habilitation
program. In essence, the proposed system would emphasize the program
processes and activities more than its overall effectiveness. This is
not meant to diminish the importance of effectiveness or outcome oriented
evaluation efforts. But it is important to emphasize evaluation activi-
ties that will be functional and useful.

A second part of the planning process was to identify the major
program barriers, constraints, or other factors that could cause problems
in implementing the proposed system or in fulfilling its state purpose.
The identification of such potential problem areas would allow for their
consideration in the system's design. This, in turn, would hopefully
diminish any negative effects these factors might have on evaluation
efforts. The primary intent would be to account for these factors in the
design without compromising the quality or usefulness of the evaluation
system. This step constituted a major effort to minimize any friction
that may be caused by implementation of the evaluation while at the same
time maximizing its functional nature. The importance of this part of
the planning phase is reflected in Carol Weiss' statement that "evaluation
has to adapt itself to the program environment and disrupt operations as
little as possible."[29]

The first major consideration to be discussed is the point that the evaluation system, the data collection instruments and procedures, must reflect the intent and philosophy of the program. This point has been clearly stated in previous sections but there is one other component to be considered. A major concept in providing habilitative services to mentally retarded/developmentally disabled persons is that the "program activities must result in the development of a continuous, self-correcting and current individual program plan for each resident."[30] The implication is that the program, at the individual case level, is not static but is ever-changing and geared toward constant development and improvement. This means that the evaluation system must recognize the dynamic nature of the program and must be able to provide on an ongoing basis. Basically, the evaluation system must be designed to keep abreast of the constantly changing program situation.

A second consideration relates to the availability of resources to the program. It has already been noted that the Boundary Street group home has a limited amount of funds and must operate with a minimum number of program staff. The impact of this situation is that the proposed evaluation cannot be expensive to implement or require a lot of staff time. An elaborate system requiring additional materials or staff would not have a chance for implementation or for impacting positively on the program. A related issue is the high turnover rate among staff members of this program. With this added dimension, the proposed evaluation system should be relatively simple to implement and require little training on the part of staff. The system, in order to survive the turnover problem, must be easy to learn with the skills easily transferred from one person to another.

The third major consideration is that the Boundary Street group home is subject to several sets of regulations imposed by local and state governmental agencies. The most important of these, for program evaluation purposes, are the Standards For Training In Group Care Homes as established and monitored by the State Mental Health Division. An outline of these regulations, as presented on the monitoring form used by the Division, is provided in Appendix B. The primary point is that these rules require the program staff to maintain certain records and collect certain types of data on an ongoing basis. These requirements, of course, cannot be waived or ignored. The consideration is that the evaluation system should not merely add additional data collection requirements to the program. To do so may risk overloading the staff with such requirements. The implication for the evaluation design is to use the current data collection requirements to the fullest extent possible in meeting the evaluation needs of the program. Hopefully, this could be done by combining or altering the current data collection procedures to meet the dual purpose of complying with the regulations and the program's evaluation requirements.

In reviewing this chapter, the planning process has led to the establishment of the basic intent or focus of the proposed evaluation. In addition, several other factors have been identified that must be considered in the specific design of the evaluation. With this basic framework in mind, the next step of the evaluation process was to develop the instruments and procedures needed to collect data relevant to the group home's evaluation needs. As stated earlier the establishment of criteria as standards for comparing the data is a legitimate step of the initial planning process. This step has not yet been addressed. The proposed evaluation system is process oriented, specific to a single

program, and emphasizes the collection of data in program activities as they occur or develop. This creates a situation where criteria for comparison is difficult to establish because there are no points of reference or past experiences to use in its development. In order to establish useful criteria, the decision was made to have a "trial run" of the proposed system and use the data generated as a beginning point in developing the criteria. This issue will be discussed further in the next chapter.

CHAPTER V

DATA COLLECTION INSTRUMENTS AND PROCEDURES

The planning process described in the preceding chapter established

the framework of the proposed evaluation system by identifying the pri-

mary purpose and intent, by noting the proper philosophical and

programmatic considerations, and by realizng the constraints and limita-

tions that exist. It was within this framework that the system's data

collection instruments and procedures were developed. In order to reflect

the evaluation's formative, developmental nature the instrument and

procedures are divided into two broad sections. Each section emphasizes

a somewhat different purpose. The first section consists of procedures

that will collect data relating specifically to the planning and imple-

mentation of the individual resident program plans. The emphasis is to

determine if the key elements of the program plans are adequately planned.

The second section deals with the issue of detailing the group home's

program activities in descriptive terms. Both of these sections reflect

the need to collect information and data that will serve as a basis for

making decisions about the ongoing development and improvement of the

group home's total habilitation program.

The construction of instruments to collect the type of data just

described represents a specific philosphy in regard to evaluating a

program. As a prerequisite to developing a program and assessing its

effectivness it is first necessary to understand what actually comprises

the program in operation. Once this is done, it becomes necessary to

determine if the program activities are conducted or implemented as

planned. Unless these issues are adequately addressed in an evaluation

system, it would become possible to base judgements and decisions not on

the conditions that actually exist but on conditions that are assumed to

exist. Program evaluation must be based on reality, not on false assump-

tions.[31] Because the Boundary Street group home is in a state of develop-

ment, it was considered of primary importance to develop instruments that

would help the program managers understand the actual conditions and

status of the current program. Once data is generated on this basis, it

is possible to use the information as reference points for selecting the

course and direction of future development or improvement of the program.

Before describing the data collection methods designed for this

system it is necessary to mention two additional points. Because the

individual resident program plans are fundamental to the group home's

habilitation program, and also represent the most basic level of data

collection, the evaluation system will center around information generated

from the program plans. A second point is that the evaluation system is

designed to be used primarily by the skill trainer of the group home

because this person is responsible for the development of the habilita-

tion program.

DESCRIPTION OF THE EVALUATING SYSTEM

The first section of the evaluation system involves the use of two

sets of instruments and procedures. One set is termed the Program

Tracking Record, the other is the Implementation Review of resident

program plans. The second section of the evaluation system uses one

basic procedure to collect descriptive information on the program

activities of the group home. The instruments used in collecting this

data are the Resident Program Summary, the Monthly Program Summary, and

the Group Home Program Summary. Specific information about each of the

instruments and procedures for the total evalution system will be

provided below.

Program Tracking Record:

General Description. The Tracking Record is used to document the
completion of the key events necessary in the overall planning, review,
and updating of a resident's program plan. The tracking system is a one
page form that is maintained in each resident's main file. This form
will track the program events during a resident's total stay in the group
home. The development of the Program Tracking Record was based on two
primary references. The first is an article by Dr. Alan C. Rupp that
describes a tracking system model developed for similar purposes.[32] The
second reference is the Mental Health Division's standards for training
in group care homes.

The Program Tracking Record (Figure 1.) consists of three major
components. These components represent the identification of (a) the key
events associated with the process of planning and implementing resident
program plans, (b) persons on staff responsible for conducting or com-
pleting the key events, and (c) the time-frame in which the events should
occur. The program events and the time-frame within which they occur are
consistent with requirements made by the Mental Health Division. The
staff positions identified correspond with existing positions in the
group home.

The program events identified on the Tracking System Record are
placed on individual rows that run across the form. The staff responsi-
bility and time-frame components are registered along columns. By noting
the intersect between each row and column on the form, it is possible to
determine what event is to take place, the date or time period within
which completion is due, and who completed the task or was responsible
for its completion. Each time the event occurs and has been completed,

PROGRAM TRACKING RECORD

RESIDENT _____

DATE OF ADMISSION ___ / ___ / ___

Respon.
- SKILL TRAINER
- ADMINISTRATOR
- GROUP WORKERS

Date Due

Time-Frame
- PRE-ADMISSION
- ONE MONTH AFTER ADMISSION
- FIRST QUARTER
- SECOND QUARTER
- THIRD QUARTER
- ANNUALLY
- PRE-RELEASE

A. PROGRAM PLANNING
1. Pre-Admission Information Collected
2. Pre-Admission Staffing Held
   a. Written Pre-Admission Report Completed
3. Out-Of-Home Day Program Established
4. Initial Assessment of Skills and Needs Completed
   a. Resident Program Record Administered
5. Training Plan Completed and Documented

B. PROGRAM IMPLEMENTATION
1. Quarterly Review Conducted
   a. Written Report Completed
   b. Training Plan Modified Based on Review
2. Annual Progress Report Completed
   a. Resident Program Record Administered
   b. Written Report Completed
   c. Training Plan Modified Based On Annual Review

C. RESIDENT RELEASE
1. Pre-Release Information Collected
2. Pre-Release Assessment Completed
3. Pre-Release Staffing Held
4. Written Report Completed

Figure 1. Program Tracking Record

the proper boxes at the intersect can be marked to indicate completion. This record can be monitored periodically to determine and anticipate when key events are to take place. It can also be used to determine if events should have occurred but did not.

Instructions for Completion. The specific instructions for completing the Program Tracking Record are:

1. Enter the name of the resident.

2. Record the date the resident was admitted to the group home. If a resident has been in the program before the tracking record is implemented, it will be necessary to indicate the year for which the record is maintained.

3. In the space provided under the "time-frame" columns, add the specific dates when the events will be due. These dates should be based on the residents admission date and consistent with the time-frame indicated on each column.

4. After each program event is completed, mark an "X" in the appropriate column and row intersect. The mark will indicate the completion of the task. An "X" in the time-frame column will indicate that the event was completed when scheduled. An "X" in the appropriate responsibility column will indicate the staff person responsible for the task's completion.

Additional Comments. In addition to the original purpose of the Program Tracking Record, there are other potential uses for this form. Since the key program events and the completion timelines are consistent with existing regulations, this tracking system can help to monitor the group home's compliance with those standards. By specifically addressing the staff responsibility component, it is also possible to use the system as a staff utilization and planning tool. In essence, this would

involve using the record as a work plan by assigning the responsibility
for completing key program events to individual staff members. This
responsibility can be recorded on the tracking system prior to the com-
pletion of each event. A procedure such as this may assist in delegating
responsibility among staff to help deal with the problem of heavy work
loads that characterize group home programs.

Program Tracking Record: Supplement

General Description. The originial Program Tracking Record form is
capable of maintaining information in program implementation (Section B)
for a complete calender year. Because residents are often in the group
home for more than a year, some means of extending this information into
subsequent years was necessary. To deal with this problem, a form was
developed to provide information for additional years solely on the
program implementation events. This supplemental form (Figure 2.) can
be attached directly over the program implementation section of the
original form. The supplemental section provides information identical
to that on the original tracking record, but it also provides space to
identify the specific year for which the data applies.

Instruction for Completion. The supplemental form of the tracking
system should be cut along its borders and placed directly over Section B
of the original form. The section should then be secured along on
margin, this will allow for easy review of the information recorded on
the form below. The specific instructions for completing the supplemen-
tal form are:

1. Attach the supplemental form as described.

2. Enter the date that begins the second (or subsequent) year that
will be covered by the record.

Figure 2. Supplement: Program Tracking Record

The table in the figure reads:

	Date Due				
B. PROGRAM IMPLEMENTATION FOR THE YEAR BEGINNING: / /					
1. Quarterly Review Conducted					
a. Written Report Completed					
b. Training Plan Modified Based On Plan					
2. Annual Progress Report Completed					
a. Resident Program Record Administered					
b. Written Report Completed					
c. Training Plan Modified Based On Annual Review					

3. In the space provided under the time-frame columns, enter the specific dates when events are due for completion.

4. Complete this section by following the procedures as stated for the original tracking record form.

Implementation Review: Resident Program Plans

General Description. An additional procedure of the evaluation system is an implementation review of the resident program plans. The purpose of this procedure is to determine if the program plans developed for residents are constructed and structured properly. This review process will also help determine if the program plans are actually implemented as planned. The primary reference for the development of the implementation review procedure is Evaluating Individualized Goal Plans: How to Catch Your Staff Doing Something Right by Peter Houts and Robert Scott.[33] The principle instrument used for the review is a two page form (Figure 3.) that identifies specific program elements or activities involved in developing and conducting individual resident program plans. The basic procedure is to periodically review the training records of residents to determine if each program element is satisfactorily accounted for or completed.

Prior to the actual review of resident records, there are several other steps necessary in completing this procedure. First it is necessary to select the individuals responsible for conducting the review. One or more people can be selected. The actual number of reviewers can be left to the discretion of the program staff. For the state of consistency, the skill trainer should always be be part of the review process. The next step is the selection of residents whose records will be reviewed. Although it is possible during each review to examine the records of all residents, the actual number should be

IMPLEMENTATION REVIEW: RESIDENT PROGRAM PLANS

REVIEWER(S): _____

RESIDENT: _____

_____

DATE OF REVIEW: ___/___/___

_____

PROGRAM ELEMENTS

		YES	NO

A. RESIDENT GOALS AND OBJECTIVES

1. Longe-range goals for the resident are specified.

2. Short-range objectives designed to meet the goals are specified.

3. Short-range objectives are stated in measurable terms.

4. All goals and objectives are prioritized.

5. Goals and objectives are based on assessment information and are consistent with identified needs of the resident.

B. RESIDENT TRAINING ACTIVITIES

1. Training activities are established to meet the short-range objectives.

2. Target behaviors are specified for each training activity.

3. The curriculum area for each training activity is identified.

4. Techniques and procedures for each training activity are specified.

5. Completion criteria for each training activity is specified.

6. Data collection procedures for training activities are specified.

7. Schedules for implementing each training activity are established.

8. Target dates for the completion and review of each training activity are specified.

Figure 3. Implementation Review Resident Program Plans

9. The people responsible for implementing the training
   activities are specified.   _____   _____

10. All training activities are conducted as planned
    and scheduled.   _____   _____

11. All data specified for the training activities
    is recorded and up to date.   _____   _____

PERCENTAGE OF PROGRAM ELEMENTS MARKED "YES":   _____%

COMMENTS ON THIS REVIEW:

limited to two or three. By examining the records of a few residents, it will be possible to minimize the time involved in the process without compromising the usefulness of the information derived. A random selection method should also be used in the selection process. This will help increase the degree to which the selected plans represent actual program activities or conditions in the group home. Once the reviewer(s) and the residents are selected, the records can be reviewed using the implementation review form as a guideline. This total procedure should be conducted once every three months.

As this Implementation Review Procedure is implemented over time, it will be possible to establish a consistent record of the strengths and weaknesses existing in the development and implementation of individual resident program plans. As a result, specific information will be provided on areas that must be improved in delivering skill training programs to residents.

Instructions for Completion. The specific instructions for completing the implementation review instrument are:

1. Enter the name(s) of the reviewer(s).

2. Enter the name of the resident whose program plan will be reviewed.

3. Enter the date of the review.

4. Review the resident's program records, concentrating specifically on each program element identified on the review form. If each element is detailed in the written plan or is a completed activity, the "yes" column corresponding to the item should be marked. If the element does not exist or is not complete, the "no" column is marked.

5. Determine the percentage of elements marked "yes" and record in the space provided. The percentage is determined by dividing the

number of elements marked "yes" by sixteen (the total number of elements on the form.)

6. Record any comments felt necessary by the reviewer(s).

Additional Comments. It is also important to note some negative aspected in the design of the Implementation Review Procedure. The first comment is that the review process is a subjective one. Each reviewer must determine if the essential program elements exist or are completed to a satisfactory point. To make this judegement people will rely heavily on past experience and their current perceptions of program activities. Naturally, each reviewer's experiences and perceptions will differ. One helpful suggestion made by the staff of the Boundary Street group home is to have a third-party, someone knowledgable with group homes but not directly involved, periodially included in the implementation review. This procedure may help to objectify the process by soliciting comments from someone outside of the program. A second weakness in the implementation review process is that all of the program elements identified on the form are not of equal important. Some elements are much more vital than others in the planning and implementation of program plans. Consideration of this fact is not accounted for in the procedure and all elements are given equal weight. Regardless of the existence of these negative factors, the implementation review process can still generate useful evaluation information.

Implementation Review: Summary

General Description. Because each Implementation Review Procedure deals with several individual program plans, it was necessary to develop a form that would combine and summarize the information derived. This summary form allows for a quick overview of the implementation review results and allows this information to be transmitted to a central file.

The implementation review summary form (Figure 4.) provides space to summarize the strengths and weaknesses determined to exist in the program implementation process. This form also provides a summary of the overall percentage of program elements considered during the review to be completed in a satisfactory manner.

Instruction for Completion. The specific instructions for completing the implementation review summary form are:

1. Enter the date of the review.

2. Enter the number of resident program plans reviewed.

3. Enter the name(s) of the reviewer(s).

4. Enter the percentage of program elements marked "yes". This is done by dividing the total number of "yes" responses on the individual forms by the total of all possible responses.

5. Note the general areas of strength in the program implementation process as determined by the review.

6. Note the general areas of weakness in the program implementation process as determined by the review.

7. Document any comments felt necessary by the reviewer(s).

8. Select and record the date for the next implementation review.

Resident Program Summary

General Description. The Resident Program Summary (Figure 5.) is the primary instrument used in collected descriptive information about the group home's program activities. There was no specific reference used in the development of this form or procedure. However, the instrument was designed to coodinate with the forms used by the Boundary Street group home staff to record their training activities. A sample of these forms is provided in Appendix C.

IMPLEMENTATION REVIEW: SUMMARY

DATE OF REVIEW: ____/____/____

NUMBER OF RESIDENT PROGRAM PLANS REVIEWED: _____

REVIEWER(S): _____

_____

_____

A. PERCENTAGE OF PROGRAM ELEMENTS COMPLETED SATISFACTORILY: _____%

B. IDENTIFIED STRENGTHS IN IMPLEMENTING RESIDENT PROGRAM PLANS:

C. AREAS NEEDING IMPROVEMENT IN IMPLEMENTING RESIDENT PROGRAM PLANS:

D. OTHER COMMENTS:

E. DATE SCHEDULED FOR NEXT REVIEW: ____/____/____

Figure 4. Implementation Review: Summary

RESIDENT PROGRAM SUMMARY

RESIDENT: _____

MONTH/YEAR: _____

1. PROGRAM TOTALS:

    NUMBER OF PROGRAMS CONTINUED FROM LAST MONTH   _____

    NUMBER OF NEW PROGRAMS IMPLEMENTED THIS MONTH   _____

        TOTAL NUMBER OF PROGRAMS CONDUCTED THIS MONTH   _____

        TOTAL NUMBER OF PROGRAMS TERMINATED THIS MONTH   _____

    NUMBER OF PROGRAMS TO BE CONTINUED INTO NEXT MONTH   _____

2. DESCRIPTION OF THE PROGRAMS CONDUCTED THIS MONTH:

CURRICULUM AREA	NUMBER OF PROGRAMS CONDUCTED	NUMBER OF PROGRAMS TERMINATED		NUMBER OF PROGRAMS CONTINUED	TOTAL HOURS OF PROGRAM TIME
		SUCC.	UNSUCC.		
COMMUNICATION SKILLS					
SELF-HELP SKILLS					
LEISURE/RECREATION SKILLS					
SOCIAL SKILLS					
ACADEMIC SKILLS					
TOTALS					

Figure 5. Resident Program Summary

The Resident Program Summary is used on a monthly basis to summarize the training activities conducted with each resident. This instrument is divided into two parts. The first sections provides information on the quantity of programs (training activities) implemented per resident each month. Because training activities can span more than one month, it was necessary to build into the process a way to account for the potential carry over. In order to continue and document program activities for a specific monthly reporting period, the program summary sheet also documents the number of programs continued from the previous month as well as the number that will continue into the next period.

The second part of the Resident Program Summary is a table that describes program activities by distributing their frequency among the group home's curriculum areas. This table provides additional information by distributing the number of programs terminated successfully and unsuccessfully for each month. A successfully terminated program is one where the resident achieves the completion criteria within the time-frame specified on the program. An unsuccessful termination is when the resident fails to accomplish a program task within the established framework or the intent or structure of the program itself is no longer considered appropriate to meet the resident's needs. In either case, a different approach to meeting the needs of the resident is developed. By documenting the number of successful and unsuccessful program terminations, there is some indication of the group home's effectiveness in implementing individual resident program plans.

The table on the summary form also provides information about the number of hours per curriculum area that are spent on programming. This information is requested for two reasons. First, program regulations require that the number of hours programming be documented. Second, there

may be a distinction between the number of programs conducted in a curri-
culum area and the amount of time spent on programming. A high number of
programs implemented in a particular program area does not necessarily
mean that a large amount of time is spent in that area. Therefore, in
order to maintain a comprehensive picture of the group home's program
activities, it is important to track activities both in terms of number
of programs and amount of time spent implementing the programs.

Instructions for Completion. The specific instructions for com-
pleting the Resident Program Summary are:

1. Enter the name of the resident.

2. Enter the month and year for which the data is recorded.

3. Enter the number of programs (individual training activities)
that were continued from the previous month into this reporting period.

4. Enter the number of programs that were newly implemented during
this reporting period.

5. Enter the total number of programs conducted during the
reporting period. This number should be the sum total of steps 3 and 4.

6. Enter the total number of programs that were terminated during
the reporting period.

7. Enter the number of programs that will be continued into the
next month. This total is computed by subtracting the number on step 6
from the number entered on step 5.

8. On the table, under the column headed "number of programs
conducted", enter the number of programs conducted during this reporting
period for each curriculum area. The total number at the bottom of this
column should equal the number entered during step 5.

9. In the two columns headed "number of programs terminated" enter,
by curriculum area, the number of programs terminated successfully and

unsuccessfully during the reporting period. The total number entered should equal the number recorded during 6.

10. In the column headed "number of programs continued" enter, by curriculum area, the number of programs that will be continued into the next monthly reporting period. The total should equal the number entered in step 7.

11. In the column headed "total hours of program time" enter, by curriculum area, the number of hours that programming was conducted. Hours should be rounded off to the nearest quarter hour and recorded in decimals. For example, fifteen minutes of programming would be recorded as .25 hours, one and one-half hours would be recorded as 1.50 hours, etc.

Monthly Program Summary

General Description. The Monthly Program Summary (Figure 6.) is the second instrument used in describing the program activities of the group home. This form is identical in format to the Resident Program Summary and collects information in the same manner. The Monthly Summary, however, is a compilation of the total data collected on each of the Resident Program Summaries.

Instructions for Completion. This form should be completed after every month after all of the Resident Program Summaries are completed. The totals recorded on the Monthly Summary should be equal to the sum of the corresponding items of the Resident Summaries. The specific instructions for completing this instrument are:

1. Enter the number of residents served during the reporting period.

2. Enter the month and year for which the data is collected.

3. Enter the total number of programs (individual training activities) that were continued from the previous month into this

MONTHLY PROGRAM SUMMARY

NUMBER OF RESIDENTS SERVED: _____

MONTH/YEAR: _____

1. PROGRAM TOTALS:

NUMBER OF PROGRAMS CONTINUED FROM LAST MONTH   _____

NUMBER OF NEW PROGRAMS IMPLEMENTED THIS MONTH   _____

    TOTAL NUMBER OF PROGRAMS CONDUCTED THIS MONTH   _____

    TOTAL NUMBER OF PROGRAMS TERMINATED THIS MONTH   _____

NUMBER OF PROGRAMS TO BE CONTINUED INTO NEXT MONTH   _____

2. DESCRIPTION OF THE PROGRAMS CONDUCTED THIS MONTH:

CURRICULUM AREA	NUMBER OF PROGRAMS CONDUCTED	NUMBER OF PROGRAMS TERMINATED		NUMBER OF PROGRAMS CONTINUED	TOTAL HOURS OF PROGRAM TIME
		SUCC.	UNSUCC.		
COMMUNICATION SKILLS					
SELF-HELP SKILLS					
LEISURE/RECREATION SKILLS					
SOCIAL SKILLS					
ACADEMIC SKILLS					
TOTAL					

Figure 6. Monthly Program Summary

reporting period.

4. Enter the total number of programs that were newly implemented during the month reported.

5. Enter the total number of programs conducted during the month reported. This number should be the sum of the totals entered in steps 3 and 4.

6. Enter the total number of programs that were terminated during the reporting period.

7. Enter the total number of programs that will be continued into the next month. This total is completed by subtracting the number on step 6 from the number entered on step 5.

8. On the table, under the column headed "number of programs conducted", enter the total number of programs conducted during the month for each curriculum area. The total number at the bottom of this column should equal the number entered during step 5.

9. In the two columns headed "number of programs terminated" enter the number, by curriculum area, of programs terminated successfully and unsuccessfully during the month reported. The totals should equal the number entered during step 6.

10. In the column headed "number of programs continued" enter the number, by curriculum area, of programs that will be continued in the next monthly reporting period. The total should equal the number entered during step 7.

11. In the column headed "total hours of program time" enter the total number of hours that programs were conducted in each curriculum area. Hours should be rounded off to the nearest quarter hour and recorded in decimals. For example, fifteen minutes of programming would be recorded as .25 hours, one and one-half hours would be recorded as 1.50

hours, etc.

Group Home Program Summary

General Description. The Group Home Program Summary (Figure 7.) is the third instrument used in describing the group home's program activities. This form summarizes program activities on quarterly (three month) and annual basis. These reporting periods correspond with the group home's fiscal year. The first portion of this form is identical in format to the other program summaries. The second portion of the form provides a more detailed description of program activities than the other program summaries by including a series of tables to be completed.

Instructions for Completion. This instrument summarizes the data compiled on the Monthly Program Summaries. The information reported on this form should equal the totals, for the appropriate time period, recorded on the monthly summaries. The specific instructions for completing this form are:

1. Enter the number of residents served during the reporting period.

2. Enter the year for which the information is collected.

3. Check the appropriate time period covered by the report.

4. Enter the total number of programs (individual training activities) that were continued from the previous period into this reporting period.

5. Enter the total number of programs conducted during the period reported. This number should be the sume of the totals entered in steps 3 and 4.

6. Enter the total number of programs that were terminated during the reporting period.

7. Enter the total number of programs that will be continued into

GROUP HOME PROGRAM SUMMARY

NUMBER OF RESIDENTS SERVED: _____

YEAR: 19____   REPORTING PERIOD: __ JANUARY THROUGH MARCH
                                           __ APRIL THROUGH JUNE
                                           __ JULY THROUGH SEPTEMBER
                                           __ OCTOBER THROUGH DECEMBER
                                           __ ANNUAL

1. PROGRAM TOTALS:

NUMBER OF PROGRAMS CONTINUED FROM PREVIOUS PERIOD   _____

NUMBER OF NEW PROGRAMS IMPLEMENTED THIS PERIOD   _____

TOTAL NUMBER OF PROGRAMS CONDUCTED THIS PERIOD   _____

TOTAL NUMBER OF PROGRAMS TERMINATED THIS PERIOD   _____

NUMBER OF PROGRAMS TO BE CONTINUED INTO THE NEXT PERIOD   _____

2. DESCRIPTION OF THE PROGRAMS CONDUCTED

   A. DISTRIBUTION OF PROGRAMS BY CURRICULUM AREA:

CURRICULUM AREA	NUMBER OF PROGRAMS CONDUCTED	% OF TOTAL
COMMUNICATION SKILLS		
SELF-HELP SKILLS		
LEISURE/RECREATION SKILLS		
SOCIAL SKILLS		
ACADEMIC SKILLS		
TOTALS		

Figure 7. Group Home Program Summary

B. DISTRIBUTION OF PROGRAMMING TIME BY CURRICULUM AREA:

CURRICULUM AREA	TOTAL HOURS OF PROGRAM TIME	% OF TOTAL
COMMUNICATION SKILLS		
SELF-HELP SKILLS		
LEISURE/RECREATION SKILLS		
SOCIAL SKILLS		
ACADEMIC SKILLS		
TOTALS		

C. EFFECTIVENESS OF PROGRAMS BY CURRICULUM AREA:

CURRICULUM AREA	NUMBER OF PROGRAMS TERMINATED	NUMBER TERMINATED SUCCESS.	% OF THE TOTAL	NUMBER TERMINATED UNSUCCESS.	% OF THE TOTAL
COMMUNICATION SKILLS					
SELF-HELP SKILLS					
LEISURE/RECREATION SKILLS					
SOCIAL SKILLS					
ACADEMIC SKILLS					
TOTALS					

D. DESCRIPTION OF PROGRAMS CONTINUED TO NEXT PERIOD (FOR ANNUAL REPORT ONLY):

CURRICULUM AREA	NUMBER OF PROGRAMS CONTINUED	% OF THE TOTAL
COMMUNICATION SKILLS		
SELF-HELP SKILLS		
LEISURE/RECREATION SKILLS		
SOCIAL SKILLS		
ACADEMIC SKILLS		
TOTALS		

3. NOTES OR ADDITIONAL COMMENTS:

the next reporting period. This total is determined by subtracting the number on step 6 from the number entered on step 5.

8. Complete table A by entering the total number and percentage of programs conducted during the reporting period for each curriculum area. The total reported should equal the number entered in step 5.

9. Complete table B by entering the number and percentage of programming hours conducted per curriculum area. The hours entered should be rounded to the nearest quarter hour and recorded in decimal form.

10. Complete table C by entering the number, by curriculum area, of programs terminated during the reporting period. This total should equal the number entered during step 6. In addition, the number and percentage of programs terminated successfully and unsuccessfully should be entered by curriculum area.

11. Complete table D by entering the number and percentage of programs, by curriculum area, that will be continued into the next reporting period. The total on this table should equal the number entered during step 7.

12. Record any comments that may be necessary.

CHAPTER SUMMARY

The instruments and procedures just described constitute the proposed evaluation system. This system was developed to provide data that will assist in the further planning and development of the group home's habilitation program. All of the instruments and procedures were submitted to the staff of the Boundary Street group home in order to solicit comments regarding the appropriateness of the system. The initial responses seem to indicate that the system, in its present form, would

help meet the immediate evaluation needs of the program. These comments, of course, do not represent an evaluation of the system. In order to assess the system's effectiveness, it must be implemented and utilized during the course of a program year. Such an implementation would determine if the existing instruments and procedures will be useful or whether some modification of the system will be needed.

There will be an added benefit to implementing the evaluation system on a trial basis. A trial implementation will help provide baseline information on the program processes needed to establish criteria for comparing data generated from the system. To help clarify this point some examples of the areas where criteria can be set may be in order. These process areas include:

1. The percentage of program elements in resident program plans that are completed on a regular basis.

2. The number of programs implemented for each resident during the program year.

3. The number of programs conducted in each curriculum area during the program year.

4. The total number of hours of programming conducted in each curriculum area.

5. The success rate of terminating programs in each curriculum area.

6. The priority of curriculum areas that will be reflected by the quantity of program activities provided.

CHAPTER VI

CONCLUSION

Throughout the presentation of this paper, the utilitarian purpose of program evaluation efforts has been stressed. There is, of course, no guarantee that the data generated from the evaluation system proposed here will be used as intended. In fact, there is no guarantee that the evaluation system will be used at all. To overcome these potential barriers, the intent of this project was to develop a system that would have maximum usefulness and appropriateness in group homes for mentally retarded/developmentally disabled adults. Because the program staff will be implementing and using the evaluation system, it was considered vital that the staff perceive the potential usefulness of the system.

The general intent of this project is reflected in the five goals stated in the introductory chapter. It was felt that the accomplishments of these goals provide for a successful evaluation system. The information available up to this point indicates that these goals have been accomplished. As stated in Chapter V, however, the proposed system must be implemented in the group home for an extended period of time before a final judgement can be made. But the ultimate success of the system cannot be judged solely on the accomplishment of the project goals. Success can only be claimed, in the final analysis, if the system is considered a direct contributor to the improvement of services to the target population. After all, that is what program evaluation is all about.

ENDNOTES

[1]Gail O'Connor, Home is a Good Place: A National Perspective of Community Residential Facilities for Developmentally Disabled Persons (Washington, D.C.: American Association on Mental Deficiency, Inc., 1976) p. 4.

[2]Carol H. Weiss, "Alternate Models of Program Evaluation," Social Work, 19, No. 6 (1974), p. 675.

[3]Peter W. Chommie and Joe Hudson, "Evaluation of Outcome and Process," Social Work, 19, No. 6 (1974), p. 682.

[4]Norman Herotein, "The Challenge of Evaluation in Residential Treatment," Child Welfare, 14, No. 3 (1975), p. 141.

[5]Paul R. Friedman, The Rights of Mentally Retarded Persons: The Basic ACLU Guide to the Mentally Retarded Person's Rights (New York: Avon Books, 1976), p. 57.

[6]Friedman, p. 31.

[7]Homer J. Hagedorn and others, A Working Manual of Simple Program Evaluation Techniques for Community Mental Health Centers (Rockville, Md: National Institute of Mental Health, 1976), p. 3.

[8]Hagedorn, p. 4.

[9]Weiss, "Alternative Models of Program Evaluation", p. 676.

[10]Sara M. Steele, Contempory Approaches To Program Evaluation: Implications for Evaluating Programs for Disadvantaged Adults (Syracuse, N.Y.: ERIC Clearinghouse on Adult Education, 1973), pp. 36-37.

[11]Carol H. Weiss, Evaluation Research: Methods of Assessing Program Effectiveness (Englewood Cliff, N.J.: Prentice-Hall, Inc., 1972), pp. 11-12.

[12]O'Connor, Home is a Good Place, p. 2.

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[14]National Association for Retarded Children, Residential Programming For Mentally Retarded Persons, Vol. II, A Developmental Model for Residential Services (Arlington, Texas: National Association for Retarded Children, 1972), pp. 6-7.

[15]Gail O'Connor and George Sitkei, "Study of a New Frontier in Community Services: Residential Facilities for the Developmentall Disabled, "Mental Retardation", 13, No. 4 (1975), p. 35.

[16]National Association for Retarded Children, p. 5.

[17]National Association for Retarded Children, p. 5.

[18]National Association for Retarded Children, pp. 5-6.

[19]Kenneth G. Crosy, "Essentials of Active Programming, "Mental Retardation, 14, No. 2 (L976), p. 3.

[20]O'Connor, "Study of a New Frontier in Community Services", p. 35.

[21]Kugel, p. 34.

[22]Weiss, Evaluation Research, p. 11.

[23]Nancy Koroloff, Quenton Clarkson, and Wayne F. Neuberger, "Program Management", Program Evaluation Project (Portland, OR.: Portland State University, 1974), pp. 1-6. (Mimeographed.

[24]Steele, p. 14.

[25]O'Connor, "Study of a New Frontier in Community Services", p. 36.

[26]Statement by Dr. David Grove, psychologist, personal interview, Portland, Oregon, February 8, 1978.

[27]Chommie, p. 682.

[28]Steele, p. 27.

[29]Weiss, Evaluation Research, p. 92.

[30]Crosby, p. 3.

[31]Steele, p. 16.

[32]Alan C. Repp, "A Tracking System for Residents' Records to Meet JCAH Standards and ICF-MR Regulations," Mental Retardation, 14, No. 6 (1976), pp. 18-19.

[33]Peter S. Houts and Robert A. Scott, Evaluating Individualized Goal Plans: How To Catch Your Staff Doing Something Right (Hershey, Penn.: The Pennsylvania State University Press, 1975).

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APPENDIX A

DESCRIPTION OF RESIDENT PROGRAM RECORD

INTRODUCTION

The Resident Program Record"C" (RPR"C") is designed to meet the evaluation and training needs of mentally retarded/developmentally disabled persons in their residential situation.

The "C" edition of the RPR is designed to assess the functional skill levels of residents who are being served in community group homes and foster homes, or are ready to be placed into these facilities from the state hospital and training centers.

The three major purposes of the RPR"C" are:

1. to provide a baseline record of the functional skill level of each MR/DD person admitted to a residential facility;

2. upon retesting, the RPR"C" will show the individual residents's progress toward stated goals as a result of training in the residential facility; and

3. together with the Student Progress Record (SPR), the Pre-School Student Progress Record (PSPR), the Adult Program Record (APR), the RPR"A" and RPR"B", the RPR"C" will offer a comprehensive look at the progress of all mentally retarded/ developmentally disabled children and adults served in Mental Health Division funded training programs throughout Oregon.

The Resident Program Record "C" is administered to all MR/DD residents withing 30 days of admission to a residential facility, and again every six months.

The RPR"C" is meant to be an evaluation instrument subject to planned changes as the need arises. This edition of the RPR represents a major revision of the original Group Home Resident Program Record, which was developed in 1975 after two statewide administrations to MR/DD residents. Training staff in residential training facilities will be asked periodically to aid in the continuing review and revision of the RPR"C", so that the Resident Program Record "C" clearly reflects and measures those skill areas that form the core of a residential training program for MR/DD residents.

SCORING

The Resident Program Record "C" (RPR"C") is designed to evaluate and measure certain key individual skills of each MR/DD person served in a residential training facility. The evaluator must focus on one resident at a time, using both the scoresheet and the Manual, and evaluate the resident's functioning on each of the items listed in the RPR Manual.

ALL items must be scored either a "YES" or "NO" in both the "skill acquisition" and "skill performance" columns. Individual residents may likely have many "YES" scores for a specific item in the "skill acquistion" column - yet have a "No score in the corresponding "skill performance" column. This is to be expected.

Do not gues when scoring any item. If the resident has not completely met the criteria for a "YES" score, then the item must be scored "NO". If the evaluator has no way to determine whether the resident meets the criteria, then the item must be scored "NO".

Do not mark "N/A" (not applicable) for any item unless that scoring option has not been clearly indicated for that item.

SKILL ACQUISITION (can the resident do it?):

Score "YES" if the evaluator has seen the resident perform the skill:
- in a test situation
- in a training situation
- during the routine of the day

Score "NO" if the resident cannot perform the skill:
- or if the evaluator has not observed the performance of the item and cannot get the resident to perform the skill in a test situation

SKILL PERFORMANCE (does the resident do it):

Score "YES" if the resident performs the skill in the natural environment, without reminding or assistance:
- performed as often as needed, for that resident
- performed often enough that the resident is not "noticeably different" from the general public
- performed often enough that the resident does not call negative attention to himself because of lack of performance

Score "NO" if the resident does not perform the skill in the natural environment:
- cannot perform the skill
- will not perform the skill
- requires reminding or assistance
- does not perform the skill often enough, and is noticeably different or calls negative attention to self
- has no opportunity to perform the skill in the natural environment

MENTAL HEALTH DIVISION - Programs for Mental Retardation and other Developmental Disabilties

RESIDENT PROGRAM RECORD

RESIDENT'S NAME: [last] [first]

FACILITY NAME:

DATE OF EVALUATION: [month] [day] [year]

BIRTHDATE: [month] [day] [year]   SEX:

EVALUATOR'S NAME: [last] [first]

COMMENTS:

SAMPLE

SOCIAL	skill acquisition		skill performance	
	YES	NO	YES	NO
INTERPERSONAL RELATIONSHIPS				
1.1.1....posture.......				
1.1.2....attention....				
1.1.3....responds.....				
1.1.4....privacy......				
1.1.5....behavior.....				
1.1.6....respects.....				
1.1.7....personal.....				
1.1.8....property.....				
1.1.9....friendship...				
1.1.10...courtesies....				
1.1.11...rules........				
1.1.12...competitive...				
1.1.13...conversation.				
1.1.14...independently.				
1.1.15...dates........				
1.1.16...sexual.......				
1.1.17...conflicts....				
1.1.18...appointments..				
1.1.19...long-term.....				
COMMUNICATION				
1.2.1....simple.......				
1.2.2....double-task...				
1.2.3.1...top..........				
1.2.3.2...in..........				
1.2.3.3...under.......				
1.2.3.4...back........				
1.2.3.5...front.......				
1.2.3.6...next........				
1.2.4....questions....				
1.2.5....information...				
1.2.6....needs.......				
1.2.7....ideas.......				
1.2.8.......				
1.2.9....telephone....				
1.2.10...operator......				
HEALTH AND SAFETY				
1.3.1....fire........				
1.3.2....hazards......				
1.3.3....approaches....				
1.3.4....water.......				
1.3.5....name........				
1.3.6....emergency....				
1.3.7....locks.......				
1.3.8....pedestrian...				
1.3.9....bicycle......				
1.3.10...illnesses.....				
1.3.11...cooperates...				
1.3.12...methods......				
1.3.13...health.......				
1.3.14...weight.......				
1.3.15...medications...				
COMMUNITY ORIENTATION				
1.4.1....property.....				
1.4.2....destination...				
1.4.3....restrooms....				
1.4.4....bicycle......				
1.4.5....pay-telephone.				
1.4.6....city bus.....				
1.4.7....bus line.....				
1.4.8....taxi........				
1.4.9....vending......				
1.4.10...laundromat....				
1.4.11...businesses...				
1.4.12...recreational.				
1.4.13...agencies.....				
1.4.14...legal.......				
1.4.15...civil.......				
1.4.16...contracts....				
RECREATION				
1.5.1....radio.......				
1.5.2....record......				
1.5.3....solitary....				
1.5.4....participatory				
1.5.5....observational				
1.5.6....facilities...				
1.5.7....events.......				

SELF-HELP

	acquisition		performance	
	YES	NO	YES	NO
PERSONAL HYGIENE				
2.1.1....toileting....				
2.1.2...nose........				
2.1.3....hands.......				
2.1.4....teeth.......				
2.1.5....face........				
2.1.6....shower......				
2.1.7....shampoos....				
2.1.8....deodorant...				
2.1.9...fingernails.				
2.1.10...menstrual...				
2.1.11...clothing....				
2.1.12...tidies......				
2.1.13...supplies....				
GROOMING				
2.2.1....combs.......				
2.2.2....hair style..				
2.2.3....shaves......				
2.2.4....clips.......				
2.2.5....dresses.....				
2.2.6....coordinates.				
2.2.7....appropriate.				
2.2.8...mirror......				
2.2.9....cosmetics...				
EATING/DINING				
2.3.1....bites.......				
2.3.2....swallows....				
2.3.3....posture.....				
2.3.4....knife.......				
2.3.5....cutting.....				
2.3.6....serves......				
2.3.7....passes......				
2.3.8....pours.......				
2.3.9....fingers.....				
2.3.10...napkin......				
2.3.11...condiments..				
2.3.12...conversations.				
2.3.13...cafeteria...				
2.3.14...fast-service.				
2.3.15...fancy.......				
DRESSING				
2.4.1....buttons.....				
2.4.2....zips........				
2.4.3....ties........				
2.4.4....position....				
2.4.5....bra.........				
2.4.6....panty-hose..				
CLOTHING CARE				
2.5.1....carefully...				
2.5.2....dirty clothes.				
2.5.3....folds.......				
2.5.4....storage.....				
2.5.5....sorts.......				
2.5.6....washing.....				
2.5.7....dryer.......				
2.5.8....provides....				
2.5.9....shoes.......				
2.5.10...sews........				
2.5.11...repairs.....				
2.5.12...irons.......				
2.5.13...disposes....				
2.5.14...purchases...				
HOUSEHOLD CHORES				
2.6.1.1..room........				
2.6.1.2..dusts.......				
2.6.1.3..sweeps......				
2.6.1.4..wetmops.....				
2.6.1.5..vacuums.....				
2.6.1.6..bed.........				
2.6.1.7..changes.....				
2.6.1.8..windows.....				
2.6.1.9..sinks.......				
2.6.1.10.toilet......				
2.6.1.11.trash.......				
2.6.1.12.cleans......				
2.6.2.1..table.......				
2.6.2.2..scrapes.....				

	acquisition		performance	
	YES	NO	YES	NO
2.6.2.3..openers.....				
2.6.2.4..slices......				
2.6.2.5..appliance...				
2.6.2.6..dishes......				
2.6.2.7..dishwasher..				
2.6.2.8..dishes away.				
2.6.2.9..left-overs..				
2.6.2.10.sack lunch..				
2.6.2.11.breakfast...				
2.6.2.12.menus.......				
2.6.2.13.hot meal....				
2.6.2.14.cooks.......				
2.6.2.15.bakes.......				
2.6.2.16.lists.......				
2.6.3....pet.........				

ACADEMIC

	skill acquisition		skill performance	
	YES	NO	YES	NO
READING				
3.1.1....name........				
3.1.2.1..exit........				
3.1.2.2..men.........				
3.1.2.3..women.......				
3.1.2.4..ladies......				
3.1.2.5..gentlemen...				
3.1.2.6..boys........				
3.1.2.7..girls.......				
3.1.2.8..keep out....				
3.1.2.9..poison......				
3.1.2.10.danger......				
3.1.2.11.do not enter.				
3.1.2.12.no smoking..				
3.1.2.13.hot.........				
3.1.2.14.cold........				
3.1.2.15.stop........				
3.1.2.16.walk........				
3.1.2.17.wait........				
3.1.2.18.don't walk..				
3.1.2.19.on..........				
3.1.2.20.off.........				
3.1.3....information.				
WRITING				
3.2.1....copies......				
3.2.2....signs.......				
3.2.3....address.....				
3.2.4....letters.....				
NUMBER CONCEPTS				
3.3.1....recognizes..				
3.3.2....counts......				
3.3.3....objects.....				
3.3.4....value.......				
MONEY				
3.4.1....names.......				
3.4.2....cents.......				
3.4.3....coins.......				
3.4.4....bills.......				
3.4.5....sufficient..				
3.4.6....when........				
3.4.7....how much....				
3.4.8....dollars.....				
3.4.9....savings.....				
3.4.10...money orders.				
3.4.11...purchases...				
3.4.12...plans.......				
3.4.13...checks......				
3.4.14...pays........				
3.4.15...budgets.....				
TIME				
3.5.1....dates.......				
3.5.2....holidays....				
3.5.3....activities..				
3.5.4....digital.....				
3.5.5....hour........				
3.5.6....quarter-hour.				
3.5.7....alarm.......				
3.5.8....sets clock..				
3.5.9....plans.......				

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INDIVIDUAL RESIDENT PROFILE

The Individual Resident Profile is intended for those residential
facilities who wish to hand-score the results of the Resident
Program Record. It has been designed to meet the expressed need
of many facilities and is intended for the benefit of the facility -
it is not necessary to send copies of the Individual Resident
Profiles to the Mental Health Division.

INSTRUCTIONS

1. On your copy of the Resident Program Record, count all "YES"
   scores for "skill acquisition" in each of the 16 skill areas;
   mark an "A" on the line following each appropriate skill area,
   on the number which corresponds to the total "YES" scores for
   skill acquisition for that area.

2. On your copy of the RPR, now count all the "YES" scores for
   "skill performance" in each of the 16 skill areas; now mark a
   "P" on the line following each appropriate skill area, on the
   number which corresponds to the total "YES" scores for skill
   acquisition for that area.

3. Connect all "A"s with a line; connect all "P"s with a line of
   a different color.

v

RESIDENT'S NAME _____

DATE OF EVALUATION _____

PROFILE

percentages	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
INTERPERSONAL RELATIONSHIPS		2	4	6	8	10	12	14	16	18	19
COMMUNICATION	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
HEALTH AND SAFETY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
COMMUNITY ORIENTATION	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
RECREATION	1		2		3		4		5		6		7
PERSONAL HYGIENE	2		3	4	5	6	7	8	9	10	11	12	13
GROOMING		2		3	4	5		6	7	8	9
EATING/DINING	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
DRESSING	1		2		3		4	5		6
CLOTHING CARE	1	2	3	4	5	6	7	8	9	10	11	12	13	14
HOUSEHOLD CHORES	2	4	6	8	10	12	14	16	18	20	22	24	26	29
READING	2	4		6	8	10	12	14	16	18	20	21
WRITING		1		2		3		4
NUMBER CONCEPTS	1		2		3		4
MONEY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
TIME	1	2	3	4	5	6	7	8	9
percentages	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%

RESIDENT PROGRAM RECORD

APPENDIX B

MENTAL HEALTH DIVISION STANDARDS FOR TRAINING IN GROUP CARE HOMES.

Mental Health Division

STANDARDS FOR TRAINING IN GROUP CARE HOMES

NAME OF FACILITY		
1		

STREET ADDRESS		
2		

CITY	COUNTY	ZIP
3	4	5

EVALUATED BY	TITLE
6	7

DATE OF ON-SITE VISIT	INITIAL ON-SITE ☐
8	9

ADDITIONAL EVALUATOR	FOLLOW-UP ☐
10	TITLE
	11

EXPLANATORY REMARKS

(5) STATEMENT OF PURPOSE

☐ MET   ☐ NOT MET

	YES	NO	N/A	
12				
13				(a) Written statement setting forth philosophy
				(b) Written identification of residents, includes:
14				sex
15				age
16				mental or physical handicapping conditions
17				(c) Written admission criteria
18				Written release criteria
19				(d) Written description of training includes:
				long-range goal for group care home
20				general objectives designed to meet long-range goal
21				general statement of training provided
22				general description of additional services provided

NAME OF FACILITY

	YES	NO	N/A		EXPLANATORY REMARKS
23				(6) ADMISSION OF RESIDENTS ☐ MET ☐ NOT MET	
24				(a) Each resident determined MED or MR/DD by MHD.	
25				(b) Waiting list maintained.	
				(c) Eligible persons admitted without regard to:	
26				race;	
27				color;	
28				creed;	
29				national origin;	
30				duration of Oregon residence;	
31				means of payment.	
32				(d) Written information provided prior to pre-admission staffing, and includes:	
33				Summary describing functioning of resident;	
34				Description of medical or behavioral problems;	
35				Record of any current or recommended medications and treatments; and	
36				Training recommendations.	
37				(e) Pre-admission staffings held prior to admissions.	
38				Written reports completed.	

NAME OF FACILITY

	YES	NO	N/A		EXPLANATORY REMARKS
39				Pre-admission staffings attended by:	
40				Person to be admitted;	
41				Training Coordinator;	
42				Person, agency or institution making request for admission;	
43				Representative of local mental health program; and	
				Public Welfare Division adult services worker.	
				(7) GROUP CARE HOME TRAINING PROGRAM	
44				☐ MET ☐ NOT MET	
				A group care home shall:	
				(a) Provide an environment which:	
45				Fosters health social interaction	
46				Fosters independent living skills	
47				Residents are referred to in terms in keeping with their age and not in terms that focus on disabilities or handicaps;	
48				Residents allowed and trained to utilize personal possessions;	
49				Residents allowed and trained to utilize appropriate modes of communication;	
50				Residents have access to telephone;	
51				Residents have opportunity to open and read own mail;	

NAME OF FACILITY

	YES	NO	N/A		EXPLANATORY REMARKS
51				Residents assigned and trained to perform household chores;	
52				Household chores assigned by rotation or sharing;	
53				Work performed requires no more than 1 hour per day;	
54				Group Care Home complies with Wage and Hour	
55				(b) Provides written statement of policies and procedures regarding the management of behavior problems.	
56				Policies and procedures prohibit: Physical punishment;	
57				Seclusion of a resident in a locked room;	
58				Ridicule, coercion, threats or cursing directed toward the residents;	
59				Withholding of food, shelter, clothing or aid to physical functioning; or	
60				Disciplining of one resident by another, except as part of organized self-government.	
61				Disciplining of other residents, in accord with written policy;	
62				Disciplining of other residents directly supervised by staff.	
63				(c) Provide written statement of policies and procedures regarding resident complaints and grievances.	
				Policies and procedures include provision for:	
64				Receipt of complaints and grievances;	
64				Investigation of facts; and	

NAME OF FACILITY

	YES	NO	N/A		EXPLANATORY REMARKS
65	▒	▒	▒	Action on substantiated complaints and grievances.	
66		▒	▒	Residents fully informed: In writing, and	
67			▒	By verbal discussion.	
68			▒	(e) Provide, or arrange, for 4 hours/week of training for each resident.	
69				Training individualized.	
70				Training developed, supervised or directly provided by training coordinator.	
	▒	▒	▒	Individualized training provided in:	
71				Personal appearance;	
72				Public behavior;	
73				Interpersonal relationships;	
74				Use of personal property;	
75				Health and safety;	
76				Community mobility;	
77				Communication;	
78				Personal hygiene;	
79				Eating;	
80				Dressing;	
81				Clothing care;	

NAME OF FACILITY

	YES	NO	N/A		EXPLANATORY REMARKS
82				Household chores;	
83				Money handling;	
84				Reading;	
85				Writing;	
86				Number concepts;	
87				Time concepts;	
88				Solitary leisure time;	
89				Participatory leisure time skills; and	
90				Observational leisure time skills.	
91				(f) Provide an out-of-home day program for each resident.	
92				All MR/DD residents in 5 hour/day, 5 day/week program.	
93				MED residents in 25 hour/week program, or	
94				MED residents training plan designed to acheive 25 hour/week level of out-of-home day program level.	
				(8) RESIDENT TRAINING PLAN AND EVALUATION	
95				☐ MET ☐ NOT MET	
96				Training plans on file at group care home.	
97				Training plan for each resident.	
98				(a) Initial assessment for each resident within 30 days of admission.	

NAME OF FACILITY

	YES	NO	N/A		EXPLANATORY REMARKS
99				(b) Annual progress assessments completed on all residents.	
100				(c) Written training plans designed to meet resident's needs and containing:	
101				The long-range goal for each resident;	
				Short-term measurable objectives and activities designed to meet the long-range goal; and	
102				Written definitions of specific responsibilities of participants in residents' training including:	
				Resident;	
103				Group care home staff;	
104				Training coordinator; and	
105				Other agency staff.	
106				(d) Written record of residents' participation in training.	
107				Written record documents implementation of training designed to achieve goal and objectives; and	
108				Documents 4 hours/week individual and group training for each resident.	
109				(e) Written review and evaluation of training plans at least every 3 months.	
				Review includes written:	
110				Assessment of progress of resident toward objectives;	
111				Assessment of effectiveness of training methods used;	
112				Assessment of appropriateness of continuation of training plan; and	

NAME OF FACILITY

	YES	NO	N/A		EXPLANATORY REMARKS
113				Changes in training plan based on review and evaluation.	
114				(f) Includes any reports or information that may have a bearing on residents' training.	
				(9) RESIDENT COMMUNITY INVOLVEMENT	
115				☐ MET ☐ NOT MET	
116				Community program described in writing.	
				Community program includes:	
117				(a) Involvement of community in group care home program (i.e., volunteers, students);	
118				(b) Residents use of community recreational facilities available to the general public; and	
119				(c) Use of community agencies by the residents.	
				(10) RELEASE OF RESIDENTS	
120				☐ MET ☐ NOT MET	
121				(a) Assessments made of functional levels within 30 days of release of all residents.	
122				(b) Pre-release staff completed.	
123				Appropriateness of release reviewed;	
124				Services following discharge coordinated.	
125				Findings of pre-release staffing entered in writing into residents' records.	

NAME OF FACILITY

	YES	NO	N/A		EXPLANATORY REMARKS
				Pre-release staffing attended by:	
126				Resident to be released;	
127				Training coordinator;	
128				Person or agency assuming responsibility following release, if any;	
129				Representative of local mental health program; and	
130				Public Welfare Division adult services worker, if resident is receiving public financial assistance.	
131				Emergency releases made in accordance with requirements.	
				(11) GROUP CARE HOME TRAINING PROGRAM ADMINISTRATION	
132				☐ MET ☐ NOT MET	
				Group care home provides:	
133				(a) Training under direction of training coordinator.	
134				(b) Notified Mental Health Division of appointment of current training coordinator;	
135				(c) Employs adequate staff to provide training as stated in group care home's stated purpose.	
136				Training staff pre-service orientation completed and documented.	
137				Training staff 12/year job-related training completed and documented.	
138				(d) Reports provided to Mental Health Division: Annual individual progress assessment for each resident;	

NAME OF FACILITY

	YES	NO	N/A		EXPLANATORY REMARKS
139				Annual report specifying training activities; and	
140				Other data, statistics and reports required.	

EM 7/16/76

APPENDIX C

BOUNDARY STREET DATA COLLECTION INSTRUMENTS

PROGRAM

RESIDENT:_____

CATEGORY: _____   TOPIC: _____

RATIONALE:_____
_____

GOALS:_____
_____
_____

TIME FRAME: begin: _____   end:_____

BEHAVIORAL OBJECTIVES: _____
_____

PROCEDURE: _____
_____
_____
_____

RECORDING DATA:

    1. Resident does the step independently.
    2. Resident requires verbal assistance to complete the step.
    3. Resident requires verbal and physical assistance to complete the step.

Month _____

(steps)	Day:	
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
Staff:		
%		
Time: (Minutes)	Baseline	

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PROGRAM DATA SHEET

RESIDENT: _____   No. _____

CATEGORY: _____   TOPIC: _____

Month: _____

(steps)	Day:																						
1.																							
2.																							
3.																							
4.																							
5.																							
6.																							
7.																							
8.																							
9.																							
10.																							
Staff:																							
%																							
Time:																							

RECORDING DATA:

1. Resident does the step independently.

2. Resident requires verbal assistance to complete the task.

3. Resident requires verbal and physical assistance to complete the task.