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Subseries:

OA/ID Number: 52065
Folder ID Number: 52065-002

Folder Title:
[TIRR] New Options Reports [1976-1978] [2]

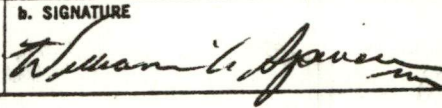
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FEDERAL ASSISTANCE		2. APPLICANT'S APPLICATION	a. NUMBER	3. STATE APPLICATION IDENTIFIER	a. NUMBER																								
1. TYPE OF ACTION <input type="checkbox"/> PREAPPLICATION <input checked="" type="checkbox"/> APPLICATION <small>(Mark appropriate box)</small> <input type="checkbox"/> NOTIFICATION OF INTENT (Opt.) <input type="checkbox"/> REPORT OF FEDERAL ACTION		b. DATE Year month day 19	b. DATE Year month day 19	b. DATE Year month day 19	b. DATE Year month day 19																								
4. LEGAL APPLICANT/RECIPIENT a. Applicant Name : Texas Institute for Rehabilitation and Research b. Organization Unit : c. Street/P.O. Box : 1333 Moursund Avenue d. City : Houston e. County : Harris f. State : Texas g. ZIP Code: 77030 h. Contact Person (Name & telephone No.) : Jean A. Cole, Ph.D. 797-1440 ext. 504		5. FEDERAL EMPLOYER IDENTIFICATION NO. 74-1334678		6. PRO-GRAM (From Federal Catalog) a. NUMBER b. TITLE Rehabilitation Research and Demonstration																									
7. TITLE AND DESCRIPTION OF APPLICANT'S PROJECT Transitional Living: A Model for the Severely Physically Handicapped This live-in transitional training program prepares handicapped individuals for active community involvement including independent living, vocational or educational planning, & increased social participation.		8. TYPE OF APPLICANT/RECIPIENT A-State H-Community Action Agency B-Interstate I-Higher Educational Institution C-Substate J-Indian Tribe D-District K-Other (Specify): E-City non-profit reha- F-School District bilitation center G-Special Purpose District Enter appropriate letter <input checked="" type="checkbox"/> K		9. TYPE OF ASSISTANCE A-Basic Grant D-Insurance B-Supplemental Grant E-Other Enter appropriate letter(s) <input type="checkbox"/> A C-Loan																									
10. AREA OF PROJECT IMPACT (Names of cities, counties, States, etc.) national		11. ESTIMATED NUMBER OF PERSONS BENEFITING 250		12. TYPE OF APPLICATION A-New C-Revision E-Augmentation B-Renewal D-Continuation Enter appropriate letter <input type="checkbox"/> D																									
13. PROPOSED FUNDING		14. CONGRESSIONAL DISTRICTS OF:		15. TYPE OF CHANGE (For 12c or 12e) A-Increase Dollars F-Other (Specify): B-Decrease Dollars C-Increase Duration D-Decrease Duration E-Cancellation Enter appropriate letter(s) <input type="checkbox"/>																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. FEDERAL</td> <td>\$ 144,155 .00</td> <td>a. APPLICANT</td> <td>b. PROJECT</td> </tr> <tr> <td>b. APPLICANT</td> <td>7,208 .00</td> <td>22</td> <td>22</td> </tr> <tr> <td>c. STATE</td> <td>.00</td> <td colspan="2">16. PROJECT START DATE Year month day</td> </tr> <tr> <td>d. LOCAL</td> <td>.00</td> <td colspan="2">1977 10/1</td> </tr> <tr> <td>e. OTHER</td> <td>.00</td> <td colspan="2">17. PROJECT DURATION</td> </tr> <tr> <td>f. TOTAL</td> <td>\$ 151,363 .00</td> <td colspan="2">30-60 Months</td> </tr> </table>		a. FEDERAL	\$ 144,155 .00	a. APPLICANT	b. PROJECT	b. APPLICANT	7,208 .00	22	22	c. STATE	.00	16. PROJECT START DATE Year month day		d. LOCAL	.00	1977 10/1		e. OTHER	.00	17. PROJECT DURATION		f. TOTAL	\$ 151,363 .00	30-60 Months		18. ESTIMATED DATE TO BE SUBMITTED TO FEDERAL AGENCY Year month day 1977 8 1		19. EXISTING FEDERAL IDENTIFICATION NUMBER RSA 13P57889/6-01	
a. FEDERAL	\$ 144,155 .00	a. APPLICANT	b. PROJECT																										
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e. OTHER	.00	17. PROJECT DURATION																											
f. TOTAL	\$ 151,363 .00	30-60 Months																											
20. FEDERAL AGENCY TO RECEIVE REQUEST (Name, City, State, ZIP code) Wash., D.C. Rehabilitation Services Administration; 330C. Street SW;				21. REMARKS ADDED <input type="checkbox"/> Yes <input type="checkbox"/> No																									
22. THE APPLICANT CERTIFIES THAT		a. To the best of my knowledge and belief, data in this preapplication/application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is approved.		b. If required by OMB Circular A-95 this application was submitted, pursuant to instructions therein, to appropriate clearinghouses and all responses are attached:																									
		(1) NA <input type="checkbox"/> <input type="checkbox"/> (2) <input type="checkbox"/> <input type="checkbox"/> (3) <input type="checkbox"/> <input type="checkbox"/>		No response attached <input type="checkbox"/> <input type="checkbox"/>																									
23. CERTIFYING REPRESENTATIVE		a. TYPED NAME AND TITLE William A. Spencer, M.D. President		b. SIGNATURE 																									
				c. DATE SIGNED Year month day 19 77 7 29																									
24. AGENCY NAME				25. APPLICATION RECEIVED Year month day 19																									
25. ORGANIZATIONAL UNIT		27. ADMINISTRATIVE OFFICE		28. FEDERAL APPLICATION IDENTIFICATION																									
29. ADDRESS		30. FEDERAL GRANT IDENTIFICATION		31. ACTION TAKEN																									
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f. TOTAL	\$.00																												
38. FEDERAL AGENCY A-95 ACTION		a. In taking above action, any comments received from clearinghouses were considered. If agency response is due under provisions of Part 1, OMB Circular A-95, it has been or is being made.		b. FEDERAL AGENCY A-95 OFFICIAL (Name and telephone no.)																									

SECTION I—APPLICANT/RECIPIENT DATA

SECTION II—CERTIFICATION

SECTION III—FEDERAL AGENCY ACTION

PART II

OMB NO. 80-RO 186

PROJECT APPROVAL INFORMATION

Item 1.

Does this assistance request require State, local, regional, or other priority rating?

_____ Yes No

Name of Governing Body _____

Priority Rating _____

Item 2.

Does this assistance request require State, or local advisory, educational or health clearances?

_____ Yes No (Attach Documentation)

Name of Agency or Board _____

Item 3.

Does this assistance request require clearinghouse review in accordance with OMB Circular A-95?

_____ Yes No

(Attach Comments)

Item 4.

Does this assistance request require State, local, regional or other planning approval?

_____ Yes No

Name of Approving Agency _____

Date _____

Item 5.

Is the proposed project covered by an approved comprehensive plan?

_____ Yes No

Check one: State

Local

Regional

Location of Plan _____

Item 6.

Will the assistance requested serve a Federal installation?

_____ Yes No

Name of Federal Installation _____

Federal Population benefiting from Project _____

Item 7.

Will the assistance requested be on Federal land or installation?

_____ Yes No

Name of Federal Installation _____

Location of Federal Land _____

Percent of Project _____

Item 8.

Will the assistance requested have an impact or effect on the environment?

_____ Yes No

See instructions for additional information to be provided.

Item 9.

Will the assistance requested cause the displacement of individuals, families, businesses, or farms?

_____ Yes No

Number of:

Individuals _____

Families _____

Businesses _____

Farms _____

Item 10.

Is there other related assistance on this project previous, pending, or anticipated?

_____ Yes No

See instructions for additional information to be provided.

PART III - BUDGET INFORMATION

SECTION A - BUDGET SUMMARY

Grant Program, Function or Activity (a)	Federal Catalog No. (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Rehab. R&D	13.627	\$ -0-	\$ -0-	\$ 144,155	\$ 7,208	\$151,363
2.						
3.						
4.						
5. TOTALS		\$	\$	\$ 144,155	\$ 7,208	\$151,363

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	- Grant Program, Function or Activity				Total (5)
	(1)	(2)	(3)	(4)	
a. Personnel	\$ 80,115	\$	\$	\$	\$
b. Fringe Benefits					
c. Travel	2,500				
d. Equipment	12,500				
e. Supplies	500				
f. Contractual	10,000				
g. Construction					
h. Other	10,500				
i. Total Direct Charges	116,115				
j. Indirect Charges	28,040				
k. TOTALS	\$ 144,155	\$	\$	\$	\$
7. Program Income	est. \$ 100,000	\$	\$	\$	\$

SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) APPLICANT	(c) STATE	(d) OTHER SOURCES	(e) TOTALS
8. Rehabilitation R&D	\$ 7,208	\$	\$	\$ 7,208
9.				
10.				
11.				
12. TOTALS	\$ 7,208	\$	\$	\$ 7,208

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 144,155	\$ 45,039	\$ 33,039	\$ 33,039	\$ 33,038
14. Non-Federal	7,208	1,802	1,802	1,802	1,802
15. TOTAL	\$ 151,363	\$ 46,841	\$ 34,841	\$ 34,841	\$ 34,840

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b) FIRST	(c) SECOND	(d) THIRD	(e) FOURTH
16. Rehabilitation R&D	\$ 144,155	\$ 158,300	\$ 151,550	\$ 139,000
17.				
18.				
19.				
20. TOTALS	\$ 144,155	\$ 158,300	\$ 151,550	\$ 139,000

SECTION F - OTHER BUDGET INFORMATION

(Attach additional Sheets If Necessary)

21. Direct Charges:

(please see attached sheets)

22. Indirect Charges:

23. Remarks:

PART IV PROGRAM NARRATIVE (Attach per instruction)

SECTION F OTHER BUDGET INFORMATION

21. Direct Charges

PERSONNEL	project director (50%) *	10,500
	research director (15%) *	4,000
	functional skills adviser	16,000
	social worker	15,000
	vocational counselor (30%)	4,800
	follow-up specialist (50%)	7,500
	research assistant	8,000
	coordinator of staff	3,815
	associates (50%)	
	attendant manager	8,000
	care attendants**	2,500
		<u>80,115</u>
TRAVEL	travel for staff to disseminate materials on project	2,500
EQUIPMENT	van to transport project participants on fieldtrips	12,500
SUPPLIES	office supplies	500
CONTRACTUAL	production of audio-visual materials for use by handi- capped persons	10,000
OTHER	audio-visual consultation	2,000
	consultation from handi- capped staff associates	5,000
	duplicating expense	3,000
	computer time for research data	500
TOTAL DIRECT COSTS		<u><u>116,115</u></u>

* Remaining portion of these salaries to be paid by RT-4 funds.

** Remaining portion of these salaries to be paid by per diem revenue.

22. Indirect Charges

35% of salaries and wages 28,040

TOTALS

144,155

PART V

ASSURANCES

The Applicant hereby assures and certifies that he will comply with the regulations, policies, guidelines, and requirements including OMB Circulars Nos. A-87, A-95, and A-102, as they relate to the application, acceptance and use of Federal funds for this Federally assisted project. Also the Applicant assures and certifies with respect to the grant that:

1. It possesses legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passed as an official act of the applicant's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the applicant to act in connection with the application and to provide such additional information as may be required.
2. It will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and in accordance with Title VI of that Act, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance and will immediately take any measures necessary to effectuate this agreement.
3. It will comply with Title VI of the Civil Rights Act of 1964 (42 USC 2000d) prohibiting employment discrimination where (1) the primary purpose of a grant is to provide employment or (2) discriminatory employment practices will result in unequal treatment of persons who are or should be benefiting from the grant-aided activity.
4. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 (P.L. 91-646) which provides for fair and equitable treatment of persons displaced as a result of Federal and federally assisted programs.
5. It will comply with the provisions of the Hatch Act which limit the political activity of employees.
6. It will comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act, as they apply to hospital and educational institution employees of State and local governments.
7. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
8. It will give the grantor agency or the Comptroller General through any authorized representative the access to and the right to examine all records, books, papers, or documents related to the grant.
9. It will comply with all requirements imposed by the Federal grantor agency concerning special requirements of law, program requirements, and other administrative requirements approved in accordance with Office of Management and Budget Circular No. A-102.

PROJECT NARRATIVEA. TITLE

Transitional Living: A Model for the Severely Physically Handicapped

B. PROGRESS REPORT1. Changes in Plan

The New Options Transitional Living Project opened in June of 1976 with seed money from Rehabilitation Research and Training Center 4 (RT-4). In October of 1976 an R&D grant was funded for which continuation is sought in this request. The R&D funding has substantially increased the project capability to conduct service demonstrations and evaluation research. (Residential costs for each participant in the project are sponsored on a per diem basis by the Texas Rehabilitation Commission.)

Implementation of the New Options project has departed very little from the model as set forth in the original grant request submitted in April of 1975. A few minor changes are summarized below.

Length of Stay for Each Participant

It was originally intended that each participant would live in the project for a period that was individually determined, up to a maximum stay of six months. The average period of stay was estimated to be four months. In planning implementation of the project with the Texas Rehabilitation Commission, this agency agreed to sponsor each client for a maximum stay of six weeks, with the understanding that at the end of a year the policy on length of stay would be re-examined. As a result of this agreement with TRC, the project has operated to date on the basis of a six-week program cycle. Plans for experimenting with other lengths of stay are outlined in Section C-2 (proposed changes).

Use of a Nurse Clinician

Initial planning specified that New Options would share the time of a nurse clinician with other programs of the Texas Institute for Rehabilitation and Research. The role of this part-time staff member included consultation with participants about their medical status and implementation of a training module on medical needs. Because of a shortage of nursing personnel, this plan was not feasible. Instead, medical consultation with participants has been donated to the project by TIRR physicians, particularly by Dr. William A. Spencer, Director

of the Institute. Staff physicians and other medical personnel of TIRR have also contributed their time to provide a weekly medical training module.

Use of Practice Apartment

The original grant request specified that a practice apartment would be established by the project so that participants could experiment with living in this community setting. To date, a practice apartment has not been logistically feasible. The project is currently considering a possible move of the entire program to a community apartment location. Issues surrounding the exploration of this alternative are discussed in Section C-2 (proposed changes).

Follow-Up Services

To date follow-up services have not been extensively developed in New Options, though some assistance to former participants has been provided. This is due to a great extent to the fact that a larger proportion of participants than expected have returned to locations at some distance from Houston. Exploration of follow-up needs and capabilities is a major objective for the second grant year (see Section C-1, work plan for the next grant period).

There are several areas in which the project is ahead of schedule as originally set forth in the timetable (see Appendix A). These are summarized below.

Task 11 Diversify Participant Population

The project began in cycle 5 (January, 1977) to include a few participants with disabilities other than spinal cord injury. To date, the participant population has included one person with polio residuals, one with muscular dystrophy, two with head injuries, and four with cerebral palsy. Information is being collected on particular needs of various disability groups. The effects of this diversity are discussed in Section B-2 (progress during current grant period).

Task 12 Diversify Program Content

Efforts have begun to diversify program content in order to accommodate differences in needs of various types of participants. These developments are also discussed in Section B-2.

Task 14 Develop Modules for Replication

Work has begun on the production of written program materials and videotapes. Materials produced to date are listed in Section C3 (research utilization plan). Expansion in this area will be a major objective in the second and subsequent program years.

2. Progress During Current Grant Period

During the project's first year, major tasks were planning program content, assembling a staff, putting the basic transitional program into operation, and planning and implementing research procedures. In planning the project, core staff members traced the experiences of residents of the previous Cooperative Living Project and talked with them about how they initiated changes in their lives. There seem to be several important prerequisites for becoming actively involved in the community. One of these is having information about what opportunities are available and the knowledge of how to get needed information. The second prerequisite is the possession of certain personal skills that are needed in order to take advantage of available opportunities. These skills may include social assertiveness, diplomacy, an ability to budget energy well, or an ability to manage financial affairs. A third important prerequisite is a more general skill that may be termed problem-solving capability. This involves the ability to analyze a situation, to obtain new information, to make decisions, and to formulate sequential plans. It involves being able to anticipate consequences and to take action before crises develop. New Options is intended to assist handicapped individuals in each of these areas.

a. Accomplishments and Findings

Objectives of the first grant year as stated in the initial grant request are as follows:

- (1) to define a system of services required to meet the needs of severely physically handicapped persons engaging in a transitional living experience
- (2) to refine criteria for selection of persons who can benefit from a transitional living program
- (3) to develop basic transitional program content
- (4) to develop a research design to evaluate the program and pre-test research methodology
- (5) to develop a practice apartment that will allow individuals to gain experience in independent living in a protected environment
- (6) to establish functional training programs that prepare the individual to maximize his functional abilities in non-institutional environments

Objectives 1,2,3,5, and 6 which relate to the development of a service delivery demonstration will be reviewed below in this section. Objective 4 which deals with research aspects of the program will be reviewed in section b which follows on Research Developments and Problems Encountered.

Objective 1: Development of a Service System

The New Options project is housed in TIRR's Maximum Independence Center, a dormitory-style building located four miles from the main Institute building in the Texas Medical Center. Each project participant has a private room. Meals, transportation, and non-professional attendant assistance are provided on a shared basis. This residential system using shared supportive services has been borrowed directly from TIRR's earlier Cooperative Living residential project (SRS R&D 13-P-55487/6-01). Experience has shown that living for six weeks in a dormitory-style setting with a non-professional attendant staff is an important element at New Options. Participants frequently interact with each other informally on a one-to-one basis, and there seem to be some important effects of this close interaction with peers. Many participants have never been away from this personal care of family members or a nursing staff, and learning to manage the interaction with attendants and direct their own care is an important skill to be acquired.

The New Options program staff includes a project director (anthropologist), a research director (psychologist), a social worker, a functional skills adviser with a background in physical therapy, and a part-time vocational counselor. In addition to organizing group activities, each of these persons is involved in goal-setting and problem-solving with participants on a one-to-one basis. The purpose of this counseling is to help the individual learn to solve problems on his own. This approach often involves departures from traditional professional roles in which staff members tend to solve problems for clients rather than letting them devise their own solutions. Many outside resource persons are also involved, including physicians, agency personnel, and other persons encountered by handicapped persons in the community. The staff also includes a category of individuals called staff associates. These are handicapped persons who are actively involved in the community and who are paid to provide extensive information to participants and serve as behavior models. The staff has tried to choose a variety of associates who represent differing lifestyles and diverse values and viewpoints. The extensive use of staff associates is based on observation of the importance of modeling in the previous residential project. To date the project has had a total of 66 associates who meet with participants an average of 39 times in each six-week program cycle.

In general, the staffing planned for the project has been effective, though some changes have been made. The most difficult role to define and fill has been that of personal counselor which is held by a social worker. It has been hard to achieve a good balance between therapy on the one hand and more concrete planning and problem-solving with individuals on the other. The staff has also learned that more time is needed from the part-time vocational counselor, and this position has been changed from 20% to 30% time effort. A new part-time staff position has been created for a Coordinator of Staff Associates. This individual is responsible for making logistical arrangements and for supervising the active handicapped persons from the community who conduct various program activities.

Objective 2: Refinement of Selection Criteria

Staff members and the project DVR courtesy counselor largely agree on the following characteristics as important traits in persons who seem to have benefitted most from the project: readiness to face life as a severely disabled individual; desire to make changes in lifestyle; willingness to set and work on goals; willingness to risk experimenting with new ways of doing things and new kinds of behaviors; average intellectual capacity (comprehension of verbal input, no major memory deficits, reasonable attention span); ability to read; ability to speak well enough to be generally understood; ability to hear; no severe emotional pathology; and physical endurance for program (sitting tolerance, bowel control that is predictable, suitable urinary management).

Experience has demonstrated that the program seems to be most effective when participants in a given cycle do not differ too widely in intellectual level. The program can be altered to accommodate persons at different intellectual levels from cycle to cycle, but it is an advantage if persons within any one group are relatively similar in this respect. Other types of diversity such as differences in rural or urban background, length of time since onset of disability, and general direction of future plans, can frequently be utilized to advantage in promoting group interaction.

One of the most significant problems in choosing participants is assessing the individual's degree of medical stability through reports from referring DVR counselors and physicians. Professionals who have not worked previously with severely physically disabled individuals may provide misleading information. In some cases participants have needed more medical care than the project was designed to provide.

A few project participants and referring DVR counselors seem to have held unreasonable expectations of what the program can provide, and it has proven important to be aware of possible problems in this area when selecting participants. Such expectations are attached not only to the New Options project but to the notion of moving to Houston in general. Many persons

hold an exaggerated view of the number of residential facilities, jobs, and supportive services available in the city. The staff has made an effort to define reasonable expectations and to communicate these before individuals enter the project. The following list represents the views of project staff and of the DVR courtesy counselor about what participants can expect to accomplish in New Options: gaining information on what opportunities are available in the community (living arrangements, educational training programs, vocational availability, transportation availability); learning the skills to go about getting information; learning to manage financial affairs; learning to relate with attendants to get needs taken care of; learning to budget energy; learning to adapt oneself to new environment; learning to be more comfortable in public (being visible, asking for help); learning to examine how individuals interact with other persons and ways this might be changed; having the opportunity to be among other handicapped persons and learning how they cope with problems; examining feelings about issues important to each individual (their identity, family relationships, sexuality, ability to control their life course); learning to define goals and directions; becoming more comfortable in experimenting with alternative ways of doing things; learning how to solve problems and having actual experiences where such learning can be practiced; learning sequential planning; and learning to anticipate problems and make plans on how to handle them before a crisis develops.

Objective 3: Development of Program Content

Previous research and experience have indicated a number of subject areas that are important for handicapped individuals who are beginning active involvement in the community. A series of training modules has been developed to address these areas. The modules include:

- independent living arrangements
- vocational and educational opportunities
- financial management
- consumer affairs
- mobility
- functional skills
- attendant management
- problem-solving
- social skills
- sexuality
- leisure time
- medical needs

Outlines of the content of each module can be found in Appendix C. Teaching methods used include classroom instruction, group discussions, and numerous fieldtrips into the community. The modules are usually co-lead by a regular staff member and a staff associate. Each module

meets one time per week, and a typical week includes about 30 hours of planned program activities. Time is also built into the schedule for participants to work on individual projects such as drivers training. A sample weekly calendar can be found in Appendix C . Locations typically visited on fieldtrips during each cycle include three apartment clusters with shared supportive services, five or six individual living arrangements, several employment locations, the University of Houston, county court, a shopping center, the airport, train station, and bus station, and a wheelchair repair shop. The project has developed various resource materials in conjunction with modules. These include written materials for participants to take home in an individual notebook. Some modules have also been videotaped, and much more of this activity is planned. Major program materials are listed in Section C3 on dissemination of findings.

In addition to these program areas for participants, the project has also sponsored a family day during most cycles to facilitate discussion and exploration among family members of the changes participants are seeking to make. In some cases the project staff has felt that more extensive work with family members would be desirable, but this is often difficult to arrange because many families live a substantial distance from Houston.

For the most part the planned program content has proven to be appropriate and useful from the viewpoint of both staff members and participants. A few changes have been made in the original set of modules.

A new module has been added on the use of leisure time. The module on problem-solving has been difficult to teach effectively. It has received several revisions and much of its content has been incorporated into other modules. The social skills module has varied from cycle to cycle depending on the competencies and needs of particular groups of participants. An early module on home-making skills has been incorporated into the living arrangements module. In addition to core program areas for the participants as a group, time has also been set aside for 'electives'. These are experiences in the community arranged for one individual participant with special interests in areas such as cooking, gardening from a wheelchair, or exploring the feasibility of doing upholstery work.

Methods used to convey program content have evolved with experience to include more fieldtrips, more contact with a greater variety of staff associates, and the use of new media such as videotaping.

Objective 4: Development of Research Methodology
See section b below.

8

Objective 5: Establishment of a Practice Apartment
The project has not yet established a practice apartment. Major reasons for this decision have been (a) the difficulties of finding an apartment where supportive services could be effectively arranged, (b) an emphasis on other priorities in program development, and (c) consideration of moving the entire project to an apartment location in the community which would make practice apartment redundant. Exploring the possibility of moving the entire project will be a major issue during the second grant year as discussed in section C-2 below.

Objective 6: Development of Functional Skills Training
When a participant enters the New Options Transitional Project an initial evaluation is held with the Functional Skills Adviser to establish that individual's level of physical functioning. Included in the evaluation session are the techniques and equipment the individual utilizes in activities of daily living including mobility, transfers, dressing, grooming, sitting, pressure relief, eating, driving, bathroom activities, etc. An effort is made to determine how the individual functions in his home environment and what barriers may be present which interfere.

No attempt is made to establish new goals for the participant but if the person expresses a desire to investigate new ways of doing things, asks to be exposed to new types of equipment, requests assistance with a functional problem, or states functional goals upon entering the project, he is provided with the resources to meet these needs. Representative goals in functional skills include driver simulator evaluation or driver training; pressure pad evaluation for wheelchair cushion; learning how to load a wheelchair into a car independently; wheelchair repairs or new wheelchair ordering; receiving information on vans, lifts, hand controls; or referral to OT, PT, orthotics, etc. Goals continue to be established throughout the project cycle at weekly individual meetings with the Functional Skills Adviser.

In addition to individual meetings, all participants attend a module on functional skills. The content of this module generally reflects the functional needs of the cycle's participants. Typically one meeting includes an Occupational Therapist who discusses the variety of adaptive equipment available and positive and negative aspects of relying on equipment for functional assistance. One meeting focuses on vehicles and equipment utilized for transportation and the discussion includes vans, automobiles, lifts, conventional hand controls, special driving controls for the physically disabled and pros and cons of each piece of equipment presented. Another meeting within this module includes a panel discussion by two quadriplegics - one of whom has established total independence as a priority

and one who has chosen to trade off physical independence 9
in order to conserve energy and time for a full time job.
A field trip is made to the home of a quadriplegic who has
creatively dealt with the requirement of attendant care in
a non-conventional manner. Other meetings of this module
may include a discussion on architectural barriers and
adaptations, home or room planning, homemaking skills, de-
monstration of transfers, or rearranging the physical environ-
ment to improve function.

Again, no attempt is made to convince the participant that
there is one particular way he should function or that he
requires one particular piece of equipment. Instead the
module provides exposure to what is available, provides
support for experimentation, and is accepting of the outcome
if the participant is satisfied.

SUMMARY OF MAJOR DEVELOPMENTS

June

admission of first participants
development of basic program content

July

August

addition of functional skills adviser

September

October

first out-of-state participant
first follow-up data collected
hiring of new attendant manager

November

employment of second social worker
presentations on project at ACRM, San Diego

December

January

admission of first participants with disabili-
ties other than spinal cord injury
addition of staff associate coordinator
printing of brochures

February

addition of research assistant
initiation of rest time monitors
first decision by a participant to leave
the project

March

two-day seminar for DVR counselors
began first videotaping

April

sub-study of financial management module

May

hiring of new vocational counselor

June

hiring of third social worker
fieldtrip by air to San Antonio

b. Research Findings and Progress to Date:

Specific aim 5 for the first year grant period as described in the original grant proposal relates to developing a research design and pre-testing research methodologies. Significant progress towards achieving this goal has been made during the past year. Data collection and analysis relating to both program process and outcome is well underway.

Two primary types of research are conducted in the transitional living project. The first examines the development and evolution of the project from a holistic anthropological perspective. It is intended to provide a description of internal processes of development, to trace the changing relationships of the project to its host rehabilitation hospital and to the state vocational rehabilitation agency, and to provide background information on the program as a context for viewing outcome data. A major goal of this portion of the study is to provide a structured overview of the transitional living program to facilitate replication. The second type of research employs a longitudinal multimeasure design with control groups to evaluate the effects of the program on participants' behavior, attitudes, and information base. The hypothesis being tested in this portion of the study is that the TIRR transitional living program presents certain information, skills, and experiences which facilitate the behavioral adaptation and personal adjustment of individuals to severe physical disabilities. These two portions of the study are discussed separately below.

Sub-study I: An Anthropological Study of Program Development

OBJECTIVE (S):

1. To trace internal processes of development in the transitional living program, focusing on changes in goals, methods of planning, program content, and in other areas.
2. To analyze the project as a social system, examining roles, interpersonal relationships, and patterns of interaction among staff members and participants.
3. To examine external relationships between the transitional living project and other organizations with particular emphasis on relationships with host rehabilitation hospital and the state vocational rehabilitation agency.

METHODOLOGY:

Respondents in this portion of the study include project participants, members of the attendant staff, professional staff members, and personnel of other organizations who interact regularly with the project. Participants in the transitional living program include severely physically handicapped persons completing rehabilitation programs at the Texas Institute for Rehabilitation and

Research as well as handicapped individuals living in nursing homes or family homes where integration into the mainstream of society has been hindered. All participants must be medically stable and must meet the criteria defining persons as individuals with most severe handicaps (IMSH). The Institute and the Texas Rehabilitation Commission are important sources of referrals. Initially the participants have been single persons with spinal cord injuries who are between the ages of 18 and 50, though the population will be systematically diversified as the project progresses. The live-in project provides a program of transitional training and experience for 8 persons at a time with the program lasting 6 weeks for each participant. It is expected that a total of approximately 150 persons will participate in the transitional program during three years of operation.

Previous research that provides an overview of an entire therapeutic environment can be found in the literature on the concept of the therapeutic community (see for example Caudill, 1958; Cumming & Cumming, 1962; Rapoport, 1960). Literature on the development of community-based programs in the area of emotional or psychiatric disability is relevant to this study also (Fairweather et al., 1969; Rausch & Rausch, 1968; Moos, 1974). Some methods of data collection have been borrowed from these studies.

The major method of data collection is participant observation made by the project director from an anthropological perspective and recorded in the form of field notes (Pelto, 1970). These observations are directed toward the objectives listed above as well as toward other areas that emerge as significant during the evolution of the project. They focus on informal day-to-day interaction, on planned program activities, on organizational activities such as staff meetings, and on interaction between personnel of the project and outside organizations.

Observational data are supplemented by other types of information. A comprehensive record of project activities is maintained using detailed weekly calendars and logs kept by the attendants and driver. Some participants are asked to keep diaries during their stay to record their activities and their feelings and responses to experiences.

Interviews are conducted periodically with participants, staff members, and persons from outside organizations who interact with the project to explore their feelings about various aspects of the program. At the end of each six-week cycle, participants are asked to complete a questionnaire evaluating the training modules, staff, and other aspects of the program. In the future, additional information on personal perceptions of the transitional program will be gathered. Professional staff members will record brief summary assessments of their daily activities in staff diaries on a time sample basis. Once during each six-to-eight week program cycle, staff members and participants will record their views of the program environment using a measure developed

by Moos (1974) in studying community-based programs for persons with psychiatric disabilities (Community Oriented Program Evaluation Scale). If time and resources permit, a projective format similar to the Thematic Apperception Test using pictures of typical project situations may also be employed to elicit views of the project (Caudill, 1958).

Descriptive reports produced in this anthropological study are intended to convey a general view of the evolution of the transitional project over time and to analyze processes of development. This portion of the project research documents the nature of the program itself and thus serves as a measure of the independent variable (program) in the portion of the research dealing with program effects and outcomes.

Sub-study II: A Study of Program Effects and Outcomes

OBJECTIVE (S):

1. To determine the behavioral effects of the transitional program.
2. To determine the informational effects of the transitional program.
3. To determine the attitudinal effects of the transitional program.
4. To determine what specific effects the program will have on certain types of individuals and to develop a means of predicting relative outcomes.

METHODOLOGY:

Design: A longitudinal multimeasure design with control groups is being employed in this study. A series of indicated measures is systematically being made before, during, and after the subject participates in the program to determine the effect of the independent variable (program) on the subjects' behavior, attitudes, and information base.

Subjects: Each participant in the New Options transitional living program is coincidentally a subject in this study. Other severely disabled individuals may also be asked to participate as control subjects in this study. (See description of participant in preceding section.)

Control Groups: Since subjects are rotated through the program on a continuous basis, those individuals who are just coming into the program serve as a control group for those who are leaving (see Campbell & Stanley, 1963, Institutional Cycle Design). In order to insure comparable control groups, the program is kept as stable as possible with planned changes occurring only on even cycles. In the future, subjects from the complete pool of applicants will be matched and paired on the basis of intake and referral data. Individuals from each pair will then be randomly

assigned to consecutive treatment or program cycles. Additionally, depending upon available resources, it may be possible to obtain control data from matched individuals who for various reasons never enter the program.

MEASURES:

1. Independent Variables: The primary independent variable (program) is being constantly monitored and documented with staff and subject diaries and checklists. The anthropological study of program development is a major source of this information. Subject variables related to objective 4 are discovered by intake documents (medical and personal histories) and referral forms.

2. Dependent Variables: The dependent variable related to objective 1 (behavioral effects) is being measured regularly by several instruments. These instruments include wheelchair odometers and rest time monitors (Halstead, Cooperative Rehabilitation Engineering Center, TIRR, BCM, and TAMU), and functional activity and performance scales (Tufts Long Range Evaluation Summary, RT-7). Additional instruments which are presently under development to measure behavioral effects of the program include behavioral logs (Willem's, RT-4, Project R-136), a goal oriented behavioral check list, and a survey of critical incidents.

The dependent variable related to objective 2 (information effects) will be measured by a series of quizzes. These quizzes are presently being designed and relate to the informational content of specific training modules and seminars. These quizzes are under construction at the present time and should be used throughout the forthcoming project reporting period.

The dependent variable related to objective 3 (attitudinal effects) is being measured by a questionnaire developed by the project staff. Other standardized instruments such as the Siller Semantic Differential, Yuker Attitudes Toward Disabled Persons Test, Tennessee Self Concept Scale, etc., will be introduced periodically in order to validate and supplement the data obtained with this instrument.

The dependent variable related to objective 4 (outcome) is being measured by some of the instruments described above as well as others. Follow-up questionnaires are routinely mailed to subjects approximately four months after they participate in the program. These questionnaires include module ratings, program ratings, application information, follow-up questions, a goal completion survey, and the functional activity and performance scale mentioned above. Follow-up questionnaires are also sent to those counselors who refer clients to the program. Plans are being made for a staff person to do follow-up in the field, thus providing an opportunity to do follow-up interviews and direct observations.

Since many of the findings of the descriptive process oriented portion of this research (An Anthropological Study of Program Development) are reported and discussed in Section a above, they will not be repeated here. Instead, the remainder of this section will focus on significant findings obtained from that portion of the research related directly to program effects and individual outcomes. Most of this research to date has involved the construction of a data base to be used for future comparisons. Results of preliminary follow-up data available at this time are reported in Section 5 below.

As of July 25, 1977, forty-nine individuals have been admitted to the New Options transitional project. Forty-three of these individuals were male and six were female. Thirty-eight New Options participants were single and eleven were married, divorced, or separated. Forty-one of the forty-nine individuals were spinal cord injured and the others were severely disabled as a result of cerebral palsy, muscular dystrophy, polio, brain damage, and ataxia. Most of the individuals in the program were from 20-25 years old. The exact age range was from 17-53 years.

One variable which may prove to be critical in determining who can benefit most from the New Options program is time since onset of disability. Thirty-three percent of the participants in the program had been disabled less than two years when they entered New Options. The most recent time since onset of disability was eight months. Another thirty-three percent of the program participants had been disabled two to five years before they came to New Options. Finally, thirty-three percent had been disabled more than five years before they participated in the program. The longest period from onset of disability to admission in New Options was twenty-four years.

Another critical variable which may later be tied to potential to benefit from this program is the individuals pre-admission living arrangements. Approximately half of the participants came from rural communities, and the other half were from metropolitan areas. Perhaps more importantly, eighty-two percent of the New Options participants were living with their family before they came to the program and the remainder came from institutionalized settings such as junior college, hospitals, and nursing homes. With respect to transportation, all but two of the forty-nine participants were dependent on someone else to drive them. Seventy-five percent of these individuals depended directly on family members or close friends.

With the exception of one individual, each of the individuals in the program used either an electric or manual wheelchair for mobility. All of the participants had special bowel care needs, and eighty-six percent depended on an assistive urinary device of some sort. Two-thirds of the individuals in the program needed help transferring from their bed to their wheelchair or from their wheelchair to their bed. Most of

them needed physical assistance dressing and bathing. Some¹⁶ needed assistance feeding and writing. Most of their physical assistance before they came to New Options was provided by family members or by individuals in the institution where they lived. Only five of the participants were physically independent from a functional viewpoint.

Another key variable to which much attention has been directed is that of income or economic level. More than two-thirds of the individuals in the program had an income below \$200 per month before they came to New Options. Only two of the thirty-five had incomes of more than \$500 per month and one of these two supports a family of thirteen.

Fifty percent of the participants had some kind of comprehensive medical rehabilitation before they came to the program. Thirty percent had limited medical or vocational rehabilitation, and twenty percent had no previous rehabilitation. About fifty percent of the New Options participants had been in school before they were disabled. The remaining fifty percent had been working. Most of these individuals had been doing manual mechanical labor such as construction work, mechanics work, and agricultural work. Since the onset of their disability and before participating in New Options, about half of the individuals had tried to attend school. The other half had tried a variety of activities including reading, painting, mechanical work, stamp collecting, traveling, fishing, and "just getting by".

Since previous research suggests that gross behavioral activity levels in naturalistic settings may be better indicators of personal independence and behavioral adjustment than standardized muscle and function tests, several unobtrusive monitoring techniques including the Rest Time Monitor and Wheelchair Odometer are being used to continuously measure gross activity levels of New Options participants.

The Rest Time Monitor is an electronic device designed to monitor time out of bed. It consists of a series of pressure-sensitive ribbon switches located under the mattress of the study subject, and a slow-speed strip chart recorder placed in a remote location. When in bed, the subject's weight closes one or more of the switches completing an electrical circuit which produces a deflection of the recording stylus. The size of the deflection is proportional to the number of switches closed which is determined by the subject's position in bed. Subject movements result in amplitude changes on the recording paper which make it possible to identify artifacts and minimize measurement error. With continuous operation, the Rest Time Monitor provides a simple, inexpensive method of obtaining an objective, permanent record of the number of times and duration the subject is in or out of bed for each 24 hour period. Daily assessment of the Rest Time Monitor over the past 18 months has indicated that the measurements are highly accurate and reliable (Halstead, 1976).

In view of the fact that Rest Time Monitors have only recently been installed in the facility occupied by New Options participants, experience with this measurement method has been limited. Complete data is only available for fourteen New Options participants. However, these preliminary data promise some interesting findings. The average daily out of bed time for fourteen New Options participants over three entire program cycles of six weeks duration each, was 11.2 hours per day. This compares to the daily best week average of 8.5 hours per day reported by Halstead, (1976) for fourteen paraplegics and quadriplegics who were in comprehensive rehabilitation programs at TIRR. These preliminary data support the assumption that severely disabled individuals continue to gain stamina and improve sitting tolerance after they complete a concentrated program of comprehensive rehabilitation. Further data will be carefully analyzed to determine what minimum sitting tolerance may be required for a severely physically disabled person to function in an independent living situation, a full time course load at school, or a full time job. Data from this Rest Time Monitor study may also be helpful in examining the likelihood of skin breakdown as a function of time out of bed. Finally, it appears as if data from the Rest Time Monitors will compliment that obtained from the Wheelchair Odometers.

The Wheelchair Odometer is a mechanical device which may be attached between the spokes of a wheelchair wheel near the hub, and used to count the number of revolutions made by that wheel. The Wheelchair Odometer consists of four basic parts: a rotary ratchet counter, a weight attached to the counter arm, "stops" to limit the counter-arm excursion, and a clamp to attach the odometer to the wheelchair spokes. The odometer works on a simple, mechanical principle. Operationally, a combination of gravity and the motion of the wheel create a pendular movement of the counter arm. The pendular movement is achieved as the counter, which is fixed to the wheel, turns, and the counter arm, which is allowed to swing free, either lags behind or falls forward due to the pull of gravity. The counter adds one count with each complete rotation of its shaft, or with each full turn of the wheel. With a rotary ratchet mechanism, counts are added whether the chair is moving forward or backward (Halstead, 1976).

In the present study, a Wheelchair Odometer is attached to one wheel of each of the wheelchairs used by the New Options participants. Each odometer is read during the noon hour every day, and cumulative counts are recorded and listed by individual participants. For each individual, the number of revolutions per day is determined by subtracting the number of counts recorded on one day from that of the following day. The actual distance traveled

per day for each individual is determined by multiplying the number of revolutions logged by that individual times the circumference of the wheel on his or her chair.

At this point, useable data has been collected on forty-three New Options participants through eight full cycles of the program. Data on six other participants has been dropped for various reasons. Daily distance records for individuals appear to vary considerably from one day to the next. However, records of weekly distance traveled by individuals appear to be more constant and thus are more useful indicators of gross behavioral activity trends. Figures 1 and 2 are graphic representations of individual weekly distances traveled by New Options participants in their wheelchairs during the first two cycles of the transitional living program. Individual's mileage per week for the entire forty-three subject sample ranged from 1.1 to 35.8 miles. The average weekly mileage per individual across the entire sample was 7.3 miles, or approximately one mile per day average per individual. Figure 3 indicates the average number of miles per week across one entire group of New Options participants for a complete program cycle. The vertical bars in this figure indicate the number of field trips, or occasions when the entire group traveled away from the annex on a planned outing. In all but three of twenty-one possible cases thus far, the odometer readings co-vary with the number of planned outings for the week, reflecting the direction of change and relative magnitude of the gross behavioral activity level of the group.

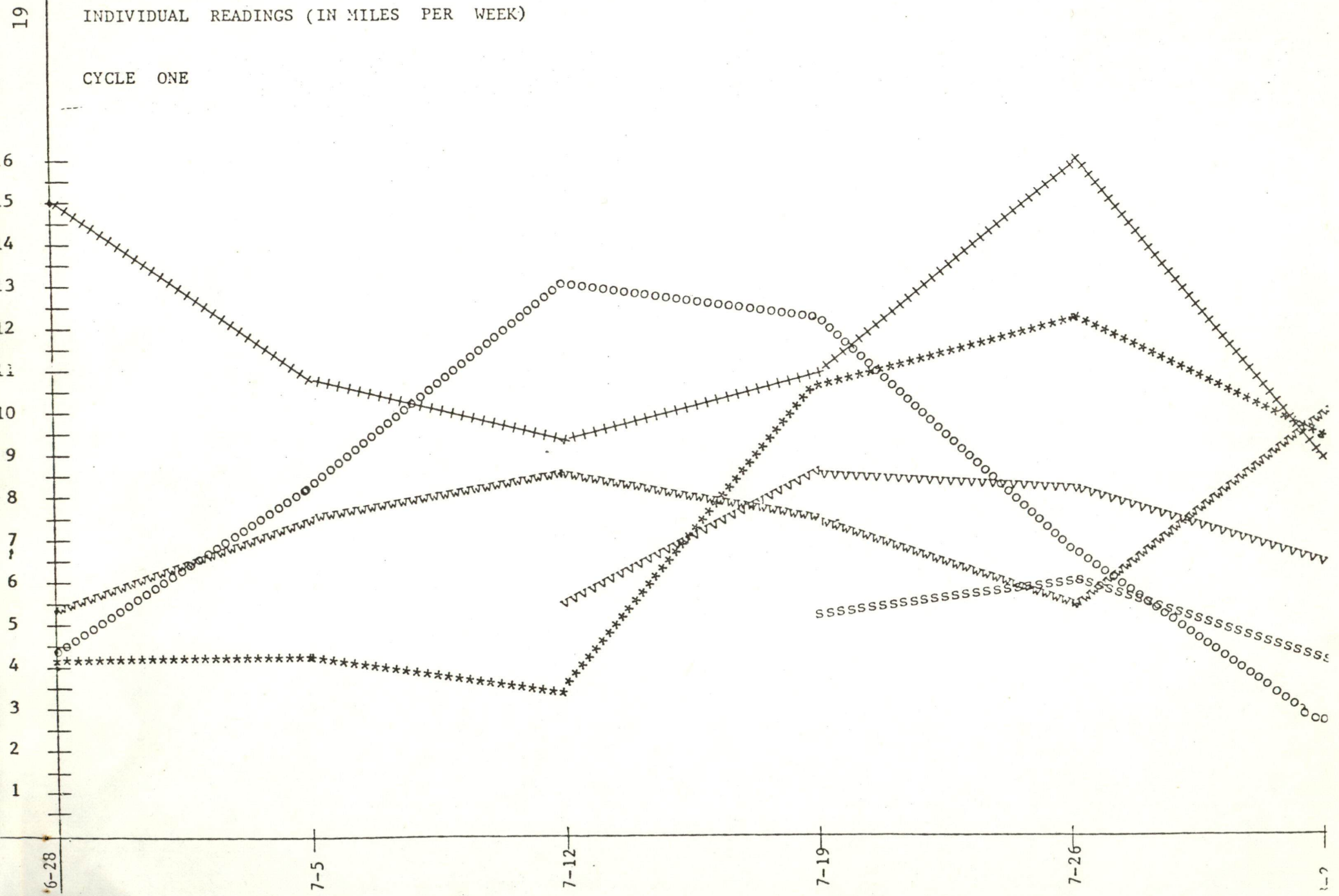
Odometer data have been analyzed to determine whether there are any significant differences in wheelchair activity between those individuals who use electric wheelchairs and those who use manual wheelchairs, or between those individuals who are more severely impaired and those who are less so. No significant differences in wheelchair mobility are apparent in either case. However, differences are very apparent when mileage records for those individuals with reported medical complications such as pressure sores and urinary tract infections are compared with records of the same individuals from weeks when no health problems were reported. Careful analysis reveals that more than eighty percent of the medical problems or complications mentioned in the physician's report during the first two program cycles, are reflected in the individual's mileage record by a decrease in average mileage from the preceding week. In fact, nearly forty percent of all mileage decreases from the preceding week for individuals in these two groups appear to be the result of medical problems or complications.

WHEELCHAIR ODOMETER STUDY

FIGURE 1

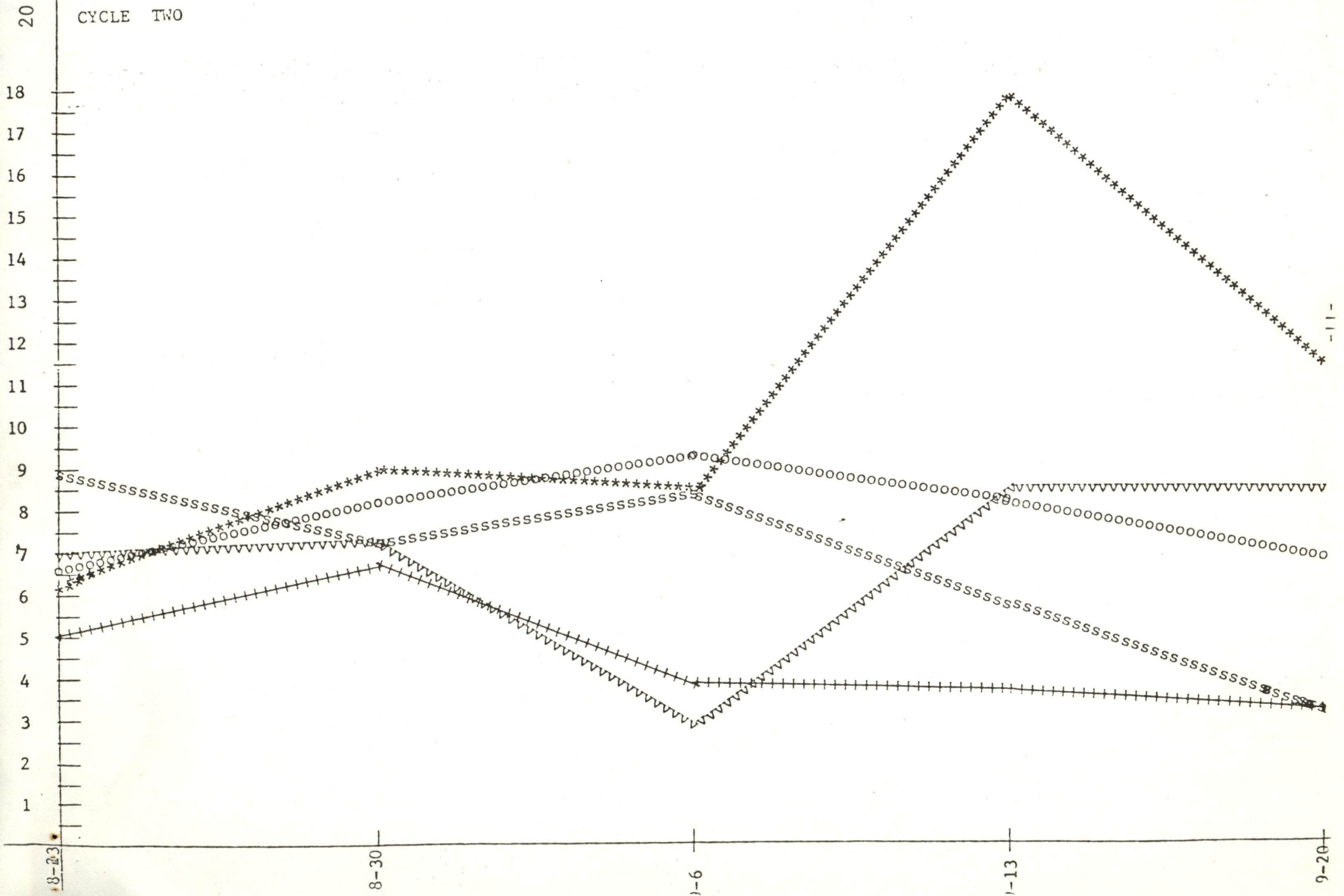
INDIVIDUAL READINGS (IN MILES PER WEEK)

CYCLE ONE



INDIVIDUAL READINGS (IN MILES PER WEEK)

CYCLE TWO



WHEELCHAIR ODOMETER STUDY -- CYCLE ONE

FIGURE 3

AVERAGE ODOMETER READINGS ++++++

FIELD TRIPS

8888

MILES / TRIPS

18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1

6-28

8888

7-5

88888888

7-12

888888888888

7-19

8888888888888888

7-26

88888888888888888888

88888888888888888888

WEEKS



The results of the Wheelchair Odometer study suggest that the average number of miles per week traveled by a person in a wheelchair may be a function of gross behavioral activity of the individual. The degree to which gross behavioral activity levels predict personal independence remains to be explored. The results do indicate, however, that there is a bottom mileage limit which an individual must exceed in order to perform independently all of the necessary and routine activities of daily life. Casual observations of the data and the behavior of the individuals also indicate that there may be a maximum level of efficiency, or average number of miles per week, which when exceeded, indicates that the individual is "spinning ones wheels" or "going in circles". It appears as though an individual must travel at least five miles per week and not more than 15 miles per week in order to maintain an efficient schedule of independent behavioral activities. In other words, activity levels below 5 miles per week may indicate severe behavioral dependence and those above 15 miles per week may signal the probability of future breakdowns, ultimately resulting in behavioral dependence. This hypothesis will be tested in the future by employing systematic behavioral observations of the individuals in the New Options transitional program, and comparing data from these observations with that obtained from the Wheelchair Odometers. Also, predictive validity of the Wheelchair Odometer study will be tested in the future by using follow-up interviews and questionnaires with the subjects to determine their routine daily activities and personal independence.

3. Staff Changes

Staff members who have joined the project since the original grant request include a social worker, functional skills adviser, part-time vocational counselor, and part-time coordinator of staff associates. Biographical information on these persons is provided in Appendix B.

4. Inventions and Copyrights

No inventions have been conceived or reduced to practice in this project.

It is expected that copyrights will be sought on audio-visual materials produced in the project. This has not been done to date.

5. Anticipated Project Benefits

The New Options project is intended to develop and evaluate transitional programming designed to make community integration and an active lifestyle feasible goals for severely physically individuals. In an effort to document the individual effects of the program on New Options participants, follow-up is routinely done three to four months after each participant leaves the program. Several significant changes in living arrangements may be noted for those individuals on whom follow-up data are complete. About half of the former participants are now living comparably more independently than they were before their participation in New Options. Additionally, nearly three fourths of the former participants are now in school, or have part time or full time jobs.

When asked three months after they had left the program what they got from New Options, most of the individuals replied that they were more independent, more self-confident, or more self-sufficient. Several individuals mentioned specific kinds of information that they received while they were in the program which they felt was particularly helpful to them. This information involved such subjects as living arrangements, financial affairs, budgeting, attendant management, and vocational educational opportunities (see letter from former participant Appendix D).

Self reports by former participants are substantiated and validated by follow-up information and feedback received from counselors who sponsored individuals in the program. Most counselors agreed with their clients by saying that they seemed to be more self-sufficient, more self-confident, or more independent after they participated in New Options. Several counselors reported that they noticed a better outlook, a better attitude, or more motivation on the part of their client following participation in the program. Other counselors claimed that their clients were more goal oriented than they were before. Most comments from counselors who sponsored clients in the program were typified by the statement that "my client realized that he is ultimately responsible for meeting his own needs".

Additional follow-up will be done in order to determine whether or not the effects of the program are long lasting, and to determine whether or not some individuals require longer than three or four months to make changes in their lives after they participate in the program.

In addition to the benefits for individuals who participate in this program and others modeled after it, the results of this project may have profound consequences to the field of rehabilitation generally. If New Options is able to demonstrate conclusively that the acquisition of independent living skills and disability related information like that taught in the program is prerequisite to the optimal adaptation to severe disability, educational programs of this sort will almost certainly be demanded by vocational rehabilitation agencies and their clients, and provided by service, training, and treatment facilities across the country. Also, the man-environment approach applied here may be applied throughout

rehabilitation - from early treatment through vocational placement and follow-up.

The results of this project may justify a shift of emphasis by public welfare and vocational rehabilitation agencies from treatment, training, and vocational placement to treatment, training, and socio-environmental placement. Specifically, this means that traditionally conservative state departments of public welfare may realize that independent living is ultimately a viable and cost-effective alternative to institutionalization for severely disabled individuals. This project may emphasize the need to treat chronically disabled individuals as a part of the total environment rather than as patients with problems that require narrowly focused attention.

C. Proposed Activities

1. Work Plan for Next Grant Period

Several areas identified in the original project plan will receive major emphasis as objectives for the second grant year. These are summarized below:

(a) to produce audio visual materials so that training resources developed in New Options can be used in other contexts.

Work on this objective began during the first grant year, and the staff has gained experience in the use of several media including videotaping. The program content has now been refined well enough by experience of the first year to permit expanded production of training materials in future years.

Consultation has indicated that different media will be appropriate for various types of content. A major emphasis will probably be placed on slide-sound programs, to be complemented by printed materials and by videotapes. Efforts have also been made to establish linkages with appropriate sources of consultation and production expertise.

(b) to strengthen project capability to provide follow-up services to former participants.

To date the project has not been substantially involved in providing follow-up services directly, though some individuals have received this type of assistance. (It is important to note that recommendations for types of follow-up support that are needed are an important aspect of reports sent to home DVR counselors on each individual participant.) As the number of former participants grows, however, more individuals will be located in the Houston area where it is feasible to provide direct follow-up support.

During the second grant year a staff member will be hired to begin involvement with participants while they are living in the project and then to provide follow-up consultation after they leave. This individual will function as a source of support as participants establish linkages with community service systems and resources. S/he may also refer former participants for meetings with regular project staff to provide on-going consultation and support as needed.

(c) to expand research efforts

In order to make judgements about the effects of the program on individual participants more valid, research efforts during year two of the project grant period will be expanded so that data comparable to that obtained from program participants will be obtained from a matched group of non-participants who are eligible but unable to participate in the program. Analysis of this data should indicate what changes in participants may have occurred naturally if they had not attended New Options. Also, analysis of this data may help refine program content by indicating substantive gaps and defining program strengths and weaknesses more clearly. This objective relates to aim 5 of the original grant proposal, and to tasks #7 and #10 from the original schedule of project activities.

(d) to further cooperation with community resources

Several efforts to develop more relationships with community resources will be undertaken during the forthcoming grant period (see task #8, original schedule of project activities). These efforts result from the development of several new independent living programs in the Houston area:

- .Gulf Home Health Services of Houston is developing a community wide attendant service for severely physically persons who are not necessarily associated with the cooperative living residential programs already established in the community.
- .The Texas State Department of Public Welfare is about to initiate a major demonstration project designed to facilitate independent living for severely disabled individuals in Houston who before this time have been restricted to nursing homes.
- .The Texas Rehabilitation Commission is presently negotiating for the purchase of a 100/200 unit apartment complex in Houston to be used as an extended rehabilitation facility.

New Options has been asked to consult and cooperate in the development and operation of each of these projects. In addition to providing an opportunity for testing the applicability of independent living designs and methodologies to other programs, New Options hopes that these developments will benefit participants by giving them more opportunities to practice and apply the skills they learned during the program after they leave the program.

(e) to improve transportation capability

During the forthcoming grant period, New Options will purchase and outfit a van to augment that transportation which is now available in the project (see aim 1 and task#2 from the original schedule of project activities). The present vehicle being used by the project has been used daily for the past four years. It is in a bad state of repair, and several project activities have recently been cancelled on this account. Furthermore, the present vehicle is only capable of transporting seven persons in wheelchairs at a time, and therefore prevents the project from accepting more than seven applicants in each cycle. The new van will be used to transport participants to and from program activities, on field trips, and on recreational and educational activities which they plan for themselves. The project will continue to maintain the old vehicle for backup and supplementary service. The expanded service capabilities afforded by the availability of two vehicles at one time will allow program participants more flexibility in planning individual excursions and practice activities in the community.

(f) to seek additional sources of client referral and sponsorship

To date almost all participants in the project have been sponsored by the Texas Rehabilitation Commission. The state of Arkansas has agreed to sponsor a client, but this individual was unable to enter the project as planned because of medical complications.

Preliminary contacts have been made with other potential sponsors including DVR agencies in Michigan, Oklahoma, Massachusetts, Montana, and Minnesota, several workman's compensation insurance carriers, and the Veterans Administration. A major goal of the second grant period will be to foster relationships with these organizations so that the referral and sponsorship base of the project will be more diverse.

2. Proposed Changes in Project

Two potential changes in the project will be explored in some depth during the second grant period. One is the length of stay in the project for each participant, and the second is the project location.

Length of Stay

As discussed above in section A, the original plan to have individually variable lengths of stay was modified to become a standard six-week program experience for all participants.

The project staff has now made plans to vary the length of stay in specified ways and to evaluate the effects of this change on individual outcomes and on program operation. The proposed change would involve possible program extensions of one to four weeks to permit individuals to complete plans they initiated while in the project. In most cases these plans would be the establishment of an independent living situation or beginning vocational training or work which could not be consummated in a short six-week period. Any extension of stay would have to be 'earned' by the individual and would be intended to achieve specified objectives. It is expected that this will permit some individuals to complete the logistics of a transitional process that now can only be planned during an initial six-week stay.

If these proposed changes are approved by the Texas Rehabilitation Commission and seem useful in practice, further exploration may be done to evaluate the effects of various modifications in length of stay.

Project Location

Another project objective which may be added to those tasks in the original proposal will be to explore the effects of setting on the project. Experience during the first year of the project indicates that the setting in which the program is placed may have significant bearing on the effectiveness of the program. The semi-institutional nature of the present program setting may have bad effects on participants who realize that the protective nature of the present setting is contrary to the risk filled environment to which they are expected to adjust. On the other hand, a less institutionalized setting may interfere with the effectiveness of the program by distracting participants from program activities and focusing their energies on negotiating their immediate environment.

During the second year of the project grant period, a variety of settings other than the one presently being used by the project will be explored and evaluated by project staff to determine the practicality of physically relocating the project. Additionally, a series of hypotheses about changes

which may be expected if the project moves will be developed. These hypotheses may eventually be tested by actually moving the project during year three of the grant period.

3. Research Utilization and Dissemination

The production of audio-visual and written materials on the content of the transitional project has been defined as a major objective since the project began. As the content of various modules has been developed and tested through experience, efforts have begun to present this content using various media. Written information has been developed and is being tested and refined in each of the content areas of the program. The staff has also begun to videotape various modules, starting with medical needs, living arrangements, and functional skills. The production of such materials will increase substantially in the second and third years of program operation.

Information on the project as a whole has been disseminated through formal presentations as listed below. Staff members have also disseminated information on the project through personal contacts at conventions, meetings of advisory committees, and other visits to various agencies or facilities. In addition, the project has received and answered many written requests for information from handicapped individuals and also from representatives of agencies interested in transitional programming.

Papers and Presentations:

- Cole, J.A. Independent Living and the New Options Transitional Project. Presented at Rehabilitation Counseling Department, University of Minnesota, February 3, 1977.
- Cole, J.A., Frieden, L.F., Sperry, J.C., and Lavinson, L.J. New Options TRC Training Workshop, TIRR, March 22-23, 1977.
- Cole, J.A., Holden, B.L., and Frieden, L.F. The New Options Project: A Live-In Program to Foster Social Adaptive Skills. Presented at the Annual Meeting of the American Congress of Rehabilitation Medicine, San Diego, November 12, 1977.
- Frieden, L.F. Independent Living by Severely Disabled Individuals. Presented at the Annual Conference of the Oklahoma Rehabilitation Association, Tulsa, Oklahoma, August 16, 1976.
- Frieden, L.F. New Options: Transition to Independence. Presented at the Annual Meeting of the American Psychological Association, Washington, D.C., September 4, 1976.
- Frieden, L.F. Independent Living. Presented at the Oklahoma Conference for People with Mobility Handicaps, Tulsa, Oklahoma, April 2, 1977.

Frieden, L.F., Cole, J.A., and Sperry, J.C. New Options Transitional Project. Presented at a meeting of the Cooperative Rehabilitation Engineering Center, Houston, Texas, January 28, 1977.

Frieden, L.F. and Halstead, L.S. Application of Unobstrusive Longitudinal Monitoring Techniques to Assess Gross Behavioral Activity in a Non-Institutional Setting. Presented at the Annual Meeting of the American Congress of Rehabilitation Medicine, San Diego, California, November 11, 1976.

In addition to these formal presentations, in-service training programs were given by the New Options staff in the departments of social service, physical therapy, occupational therapy, and nursing at TIRR.

Written Materials and Videotapes:

Carter, R.E. and Nelson, J.A. Mechanisms of Spinal Cord Injury. Texas Institute for Rehabilitation and Research, March 1977. (videotape)

Cole, J.A., Sperry, J.C., and Frieden, L.F. New Options Participants' Guide. Texas Institute for Rehabilitation and Research, March 1976.

Frieden, L.F. Choosing a Living Arrangement. Texas Institute for Rehabilitation and Research, May 1977. (videotape)

Frieden, L.F. Programs to Aid Handicapped Individuals. Texas Institute for Rehabilitation and Research, September, 1976.

Rogers, J. and Nelson, J.A. Tissue Trauma, Texas Institute for Rehabilitation and Research, April, 1977. (videotape)

Spencer, W.A. and Nelson, J.A. Respiratory Complications in Physical Disability. Texas Institute for Rehabilitation and Research, May, 1977. (videotape)

Sperry, J.C., Cole, J.A., and Frieden, L.F. New Options Brochure. Texas Institute for Rehabilitation and Research, January, 1977.

Many of the products of this project may be utilized by severely disabled individuals and service providers. Research findings and information about sitting tolerances and stamina requirements with respect to functional independence is presently in demand. More than sixteen written requests for preliminary findings in this area have already been answered by the project. Representatives from agencies and organizations such as the Paralyzed Veterans of America, National Paraplegia Foundation, Center for Independent Living, United Cerebral Palsy, and Veterans Administration have already inquired about the possibility of making audio-visual training material developed by this project available to their members and clients.

APPENDICES

- A. GANTT CHART FROM ORIGINAL GRANT REQUEST

- B. CURRICULUM VITAE OF NEW STAFF MEMBERS

- C. PROGRAM CONTENT
 - MODULE OUTLINES
 - SAMPLE PROGRAM CALENDAR
 - SAMPLE MODULE HAND-OUTS

- D. LETTER CONCERNING BENEFITS OF PROGRAM

- E. DISSEMINATION MATERIALS
 - BROCHURE
 - PROGRAM FROM SEMINAR FOR DVR COUNSELORS

THOUGHTS ABOUT RESIDENT AGREEMENT

nature of the program

recognition of transitional nature of program, time limits

not a hospital program of medical rehabilitation, no nursing care

research elements

what we will do

what we expect from the participants

desire to change--setting goals is the responsibility of participants
rather

hard work--this is not something we ~~do~~ do to you but with you

buddy--responsibility to other participants

medical stability, physical needs - don't expect
us to take care of you

rules

TEXAS INSTITUTE FOR REHABILITATION AND RESEARCH
IN THE
TEXAS MEDICAL CENTER
1333 MOORSUND AVENUE
HOUSTON, TEXAS 77030

P. O. Box 20095
Houston, Texas 77025

Telephone
Area Code 713, 797-1440

Patient's Name _____ Date _____

In reference to the hospitalization of the above named patient, I grant the following permission to the TEXAS INSTITUTE FOR REHABILITATION AND RESEARCH:

To perform examinations, administer medications, perform emergency surgery and any other treatments that are deemed advisable by the medical staff. This includes permission to perform dental examinations and treatments. I understand that x-ray films may be taken as part of the dental and other examinations and I consent to their use. The case and medical records may be used for professional educational purposes.

To release information from the medical record to _____
(Name and address of insurance company or other agency)

To allow the above named patient to leave the hospital for purposes deemed advisable by the medical authorities of the hospital. TEXAS INSTITUTE FOR REHABILITATION AND RESEARCH is hereby relieved of all liability for any injury or accident which may occur during such an absence from the hospital.

To have photographs made to be used for professional publication or for other teaching purposes.

Authorizations must be signed by the patient, or by the nearest relative, in the case of a minor or when the patient is physically or mentally incompetent. In such cases, please explain whether patient is a minor or why otherwise incapable of signing.

Signature _____

Relationship _____

Signature _____

WITNESS _____

Relationship _____

WITNESS _____

Note: Exceptions must be crossed out with ink, but not obliterated. Example:
... ~~perform emergency surgery.~~

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Signature _____

Relationship _____

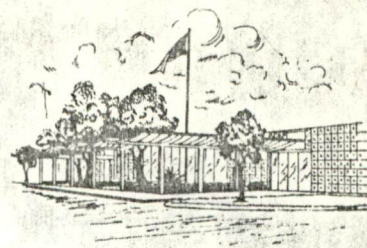
Signature _____

WITNESS _____

Relationship _____

WITNESS _____

Note: Exceptions must be crossed out with ink, but not obliterated. Example:
... ~~perform emergency surgery.~~



ADMINISTRATION

form

MEMORANDUM

March 16, 1976

TO: Jean Cole, Ph.D.
FROM: James M. Lias, Administration
SUBJECT: Transitional Living Project

Jean, the questions which you raised when we met earlier this month regarding the way in which the Transitional Living Project should be organized were discussed at a recent meeting which included Dr. Spencer, Dr. Carter, Mr. Baker, and myself. Our conclusions were as follows:

1. The Transitional Living Project will be classified as a "special activity" and as such will be independent of Clinical Services Administration. As you indicated, you, as Project Director, will report to Mr. Stock, who in turn, is directly responsible to Dr. Spencer for overall project operations.
2. While it is anticipated that minimal medical supervision will be required, participants will be admitted as outpatients by a TIRR physician and referred to the project. The actual admission will require that the physician see each prospective participant and dictate a clinic note which will contain some elements of a medical history, present physical condition, and description of future plans. Dr. Spencer has agreed to initially assume this function.

Referrals will first be screened by the Project Admissions Committee, and only those individuals who meet the admissions criteria will be handled in the manner described above. Services received by the participants from various hospital departments will be billed through the Institute's regular patient billing system.

3. Per diem charges will be billed separately in much the same manner as was done for the Residential Project.
4. As you indicated, special house rules covering "visiting" hours, propriety in conduct, passes, etc. will have to be developed and clearly specified.

March 16, 1976

5. Proposed activities which will involve or impact on clinical departments should be directed to Dr. Carter or Mr. Baker for presentation to the new Patient Care Coordinating Committee.

I hope this information will help get you started in formalizing and documenting the policies and procedures for this new project. Good luck!

JML/mw

cc: Dr. Spencer
Dr. Carter
Mr. Baker
Mr. Stock
Miss Miller
Mrs. Roberts
Mr. Hott

ATTENDANT JOB DESCRIPTION

The TIRR residential services program is a complete living arrangement designed to meet the basic needs of a group of handicapped young adults. The concept of independent living is supported by a system of assistive services provided by a staff of non-professional aides and attendants.

The duties and responsibilities of the aides and attendants are:

To assist in activities such as:

showering

dressing and undressing

bowel and bladder programs

transferring

changing and caring for urinary devices

emptying and cleaning leg bags and bed bags

serving and setting up food trays

To provide assistance in the following housekeeping services in each individual room:

laundry (wash, dry, fold)

bed making

straightening of personal articles in room

To accept responsibilities of general building maintenance by:

emptying trash cans in orderly room and recreation room

keeping tables in cafeteria clear of trash and trays

keeping halls, recreation room, and orderly room clean and clear of trash

keeping utility room clean

All established schedules such as shower schedule, laundry schedule, transportation schedule, get-up sheet, and evening activity sheet should be followed carefully and should not vary except in emergency situations.

All requests for assistance by the residents should be promptly considered and carried out without delay.

When not busy with resident assistance, all staff members should stay in the hall so that lights can be answered without delay.

Participant

RESIDENT AGREEMENT

As a ~~resident~~ *participant* of Cooperative Living--Texas Institute for Rehabilitation and Research,

I, _____, agree to abide by and comply with the attached House Rules, ~~Statement of Financial Responsibility, and Statement of Service Charges.~~

and Annex regarding procedures

~~I understand that I will be evaluated after my first three months of residence at the annex, and if I am not then employed, in school, or otherwise productively occupied I may be asked to leave the annex.~~

~~I hereby agree to the above conditions set forth in this contract. I understand that failure to meet my responsibilities will result in termination of all services provided by Cooperative Living and the Texas Institute for Rehabilitation and Research.~~

Furthermore, I agree to assume the responsibility of the Institute for all liability resulting from accident or injury which may occur to me while I am off the premises as a participant of New Options.

Date Signature

*of TIR. X next page witness
additionally also, I*

STATEMENT OF SERVICE CHARGES

ATTENDANT SERVICE:

Three categories of attendant service are \$120, \$190, and \$210 per month. Assignment to categories is based on the amount of time each resident requires from an assistant. When new residents enter the project the Resident Management Council will estimate the amount of service required, and assignment to a category will be made. If this initial category assignment is inappropriate or if the individual is able to decrease the amount of assistance required, appropriate adjustments will be made in future billings.

TRANSPORTATION:

A charge of \$40 per month is made for transportation by van to attend school, work, or clinic appointments and to pick up supplies. Additional trips for recreational purposes or shopping may be scheduled as the availability of the van and driver permits.

RENT:

Rent charges are \$110 per month for single rooms and \$55 per resident for doubles.

MEALS:

An estimated cost for food will be billed to each resident monthly for meals eaten at the project. If the amount charged is more than the amount actually consumed, appropriate adjustments will be made in future billings.



HOUSE RULES

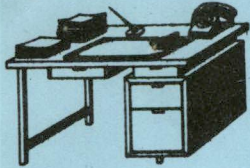
1. Possession of or consumption of non-prescription narcotics and/or misuse of prescription drugs is forbidden.
2. At all times a person shall conduct himself with consideration toward his or her fellow ~~residents~~ ^{Residents} and staff. Repeated violation of this consideration such as abuse of personal property, abuse of the living facilities (indoors and outdoors), unnecessary use of staff, continued disturbances of fellow ~~residents~~ ^{Residents}, or any other conduct that is detrimental to the facility or the ~~residents~~ ^{Residents} in general can be cause for eviction. *Program*

Guests will also be required to abide by these rules or expect to be barred from the premises.

FINANCIAL RESPONSIBILITIES OF RESIDENTS

A deposit of \$100 will be required from all residents when they move in. This amount will be refunded when the individual leaves if he or she gives two weeks notice of departure and if there has been no damage to the room.

All rents and services are expected to be paid one month in advance. A grace period of 60 days from the date the bill is due will be given those residents whose continuous income is disrupted for temporary sickness, temporary loss of job, etc. In these instances at the end of the first 30 day delinquent period, justification for failure to make payment shall be discussed with the management council. Any back expenses not paid after 60 days will be discussed with the management council which will review the financial status of the resident, whereupon agreement to a promissory payment schedule will be set up. Failure to meet these payments will be cause for eviction.



JAMES M. LIAS

March 4, 1976

Jean,

I am sending the attached per
our discussion today.

Jim Lias

FULBRIGHT & CROOKER
BANK OF THE SOUTHWEST BUILDING
HOUSTON, TEXAS 77002
TELEPHONE (713) 224-7070
CABLE FULBRIGHT HOUSTON-TELEX 76-2829

1140 CONNECTICUT AVE., N. W.
WASHINGTON, D. C. 20036
TELEPHONE (202) 223-1166
TELEX 89-2602

52, LINCOLN'S INN FIELDS
LONDON, WC2A 3LZ
TELEPHONE (01) 405-3208
TELEX 22-738

PASEO DE LA REFORMA 355
MEXICO 5, D. F.
TELEPHONES 5-28-54-05
5-28-72-68
TELEX 017-74529

CHESTER M. FULTON
PARTNER

November 20, 1974

Handwritten signature and date: 11/21-74

copy to CARRY done GROCE 11/21/74
CARRY: please call me re this. Thanks. [Signature]

Mr. Jim Lias
Texas Institute for Rehabilitation
and Research
1200 Moursund
Houston, Texas

Dear Jim:

Enclosed is a suggested form of release to be signed by patients who desire to use their own automobiles.

The only item remaining in connection with this matter is the question of whether your insurance covers the claims of any third parties injured by patients driving their own automobiles. As I understand it, you are to check this out with the insurance company.

Yours very truly,

Handwritten signature: Chester

Chester M. Fulton
For the Firm

CMF:jd
Encl.

Handwritten notes on left margin:
see 705 and 713
3rd party claims
for Roberts
not to rush this
rans?

Handwritten note at bottom:
Please file in new file called Operating Policies

T. E. R. REGISTRATION
RECEIVED
NOV 21 1974
A.M. 713191161121121314151 P.M.

T.I.R.R.
ADMINISTRATION
RECEIVED
MAY 21 1974
P.M.
11213141516

TO: Texas Institute for Rehabilitation and
Research ("Institute")

You have informed me that the Institute fur-
nishes to its patients transportation between its Annex
building and its main Medical Center facility.

Please be informed that I do not wish to use
your transportation facilities, but elect to use my own
automobile, not only for such transportation, but for any
other traveling which I may do while a patient at the
Institute.

I assure you that I hold a valid and current
driver's license, issued in my name, which authorizes me
to operate a motor vehicle.

I assume all risk that may be involved in my
operation of a motor vehicle and absolve the Institute
of any and all liability and responsibility therefor,
and I agree to indemnify the Institute against and to
hold it harmless from all claims which may be asserted
against the Institute, as well as all expense which it
may incur, in connection with or as a result of my oper-
ation of a motor vehicle.

Such accident or injury
SIGNED this _____ day of _____, 197____.

Patient

WITNESSES TO SIGNATURE:

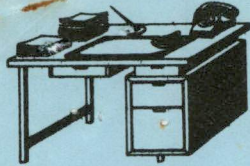
4-15-76

Lex

① Will you please look over these rules formulated by Mr. Lias and make suggestions or changes. It seems to me they could be formulated better - perhaps with a general statement of philosophy emphasizing the development of skills to live in society, etc.

② Guy Bell

③ Singletary



JAMES M. LIAS

4/13/76

Jean,

Attached is a draft of the house rules for the Annex which we developed some time ago and which you requested during our recent phone conversation.

Let me know if there is anything further that you need along this line or would like to discuss.

Jim Lias

~~TEXAS INSTITUTE FOR REHABILITATION AND RESEARCH ANNEX~~

HOUSE RULES

an not Operating Procedures

1. The watch engineer is responsible for building safety and security, ~~preserving general decorum in terms of personal behavior~~, and for the protection of Annex property from abuse.
2. All outside doors ^{will} shall be locked by the watch engineer at 6:00 p.m. and unlocked the following morning at 6:00 a.m. Access to the building during these hours will be by key or proper identification only. Any attempt to maintain these doors in an unlocked and open position when they are secured will subject the offending person to immediate discharge.
3. No pets will be allowed on the premises.
4. After midnight no visitors will be allowed.
5. Other than family members, no persons under the age of 16 will be allowed in the building after 10 p.m.
6. In the event of any disputes or arguments involving residents or their attendants, the Resident Program Project Director is to be called.
7. Corridor lights will be turned off at 10:30 p.m.
8. Patients will not be allowed in the area of the residents, nor will the residents be allowed in the patient areas.

STAFF AND RESIDENT OBLIGATIONS

1. Personnel are requested to refrain from remaining in or returning to the building during off-duty hours.
2. Staff and residents are requested to assist the engineer in every way possible in maintaining building safety and security.
3. Staff members and residents shall confine themselves to their respective work and living areas in the building.
4. Institute owned furniture or general building equipment are not to be moved from one area to another without proper authorization from the Executive Housekeeper.

MEETING WITH BARBARA AND LEX

2/3/76

Barbara's office

I summarized briefly where we stand now with respect to TIRR and Dr. Spencer, space questions, TRC support, RT-4 support. I will be meeting with Rebecca Langley Friday to clarify relationship with TRC courtesy counselor.

Problem of recruiting participants: we need to send material to counselors ASAP meet with social service staff on Feb 10; need to finalize forms--I mentioned Rebecca's comments that they were too long and would discourage both potential participants and also counselors. The three of us felt that if someone was not willing to work on the form they would probably not be a good participant.

Staffing: talked about chances of getting Laura Campion; talked about Wayne Alfred as having a new role in the vocational unit which might include work on new areas such as the transitional module. Need to pursue this with CP. residential manager--maybe Barbara Brownlow, Pam and Eugene Mikeska jointly, friend of Jim Veerkamp; driver--Rusty or Raymond--Lex is prejudiced against Rusty now because of problems the French Willage people have had with him. secretary--perhaps Ann Tekell, Barbara Podratz, Laurie Gerkin, Ardsley Fischer except that she is teaching German now and probably likes it. I am to talk with Barbara Podratz and Laurie.

We will try to visit Baul Biever's project in San Antonio on Feb 19-20 or Feb 26-27. We will all three go, can take Lex's van, will stay overnight since group meets in the evening. I will make arrangements.

relationship to TIRR: we need to consider very quickly how to best announce this to everyone. Probably at staff meetings. Barbara felt this would be good because people would have a chance to ask questions and make comments.

Lex talked about presentation recently by Margaret Watson ~~XXXXXXXXXXXX~~ at Coalition meeting--he felt this was well presented and well received. We talked about possibilities for voc. person and for working up this module. Possible persons might include Wayne Alfred who is good at didactic presenting and also at assessment and writing up evaluations, could probably organize the thing as a whole. Raymond Lennert from UH, would be willing to do this according to Lex, would have to be after work on weekends. Rebecca Langley, Mary Ann Board plus staff at UH, talked about Larry Smith and Jan Henry Fry (sp?)

Possible participants: Frank Worthington, Walter Poole

How much should we pay models? Suggested \$20 per time, or perhaps better would be \$60 for a series of four sessions. People would probably consider this fair reimbursement. With a total budget of \$8000 a year for this in our plan with TRC support, that would give us \$666 per month to spend on models. We talked about who would be good for various modules--outlined below.

MODULES AND RESOURCE PERSONS FOR EACH, ALSO BUDGETED FUNDS

Living Arrangements Lex

\$60 Rodney Laurie Gerkin
Jim Veerkamp Iggy Zrubeck
Bob Geyer Scott Bigham?
Ed Rhame

Vocational-Educational Jean

\$60 *Mary Ann
or maybe Jan Henry Fry
free from Raymond Lennert
Mary Ann Larry Smith
Board who
needs to
spend grant
money

Consumer Affairs-alternate with Financial Management Lex

\$30 consumer DR
\$30 financial JW *Jim Veerkamp
*Don Rossi
Joe Viliarreal-consumer
Bobby Kofka
Ed Rhame-financial

Functional Skills alternate with Mobility Lex and Laura Campion

\$30 functional-ER *Bob Henry
\$30 mobility-BH *Ed Rhame

Attendant Management alternate with Leisure Time

\$30 attendant-Rodney Bob Geyer *Iggy Zrubeck
\$30 Leisure-Iggy Jim Veerkamp Ed Rhame
*Rodney Shaw George Boryles
Kathleen de Silva

Social Skills Barbara

\$60 *Bob Geyer
Jim Veerkamp
George Broyles

Problem-Solving Jean

\$60 *Jim Veerkamp

Sex and Coffee Lex and Barbara

\$60 Rodney Shaw, Scott Bigham?, *Gene Mikeska

Homemaking

Jean

\$?

*Laurie Gerkin
Joyce Nelson

Family Group

Barbara

\$60

*Joyce Nelson
Rodney

TOTAL AMOUNT BUDGETED

\$540 per month

Wednesday afternoon

Dear Lex,

I hope I remember all the things I wanted to mention. First off, how was your trip?

I talked with Bill Murff about our space, but we did not have a chance to go over detailed plans. I doubt that much will happen in this area for some time. He said that in a meeting yesterday with Dr. Spencer they set a deadline of two months hence for being ready to move into the space here. I asked him what problems there would be if we just start using our space and later let them make the changes. He wants to explore this more fully when he knows what our specific requests are. I told him that you would be in charge of this while I am gone-- I hope you don't mind another responsibility. Will you please call him on Monday to set a time to go over our ideas with him? He will be expecting to hear from you and has your name.

About the residential manager...David saw no real problem with hiring Singletary from transportation, though he did have some doubts about his capabilities and appropriateness for the job. He could not articulate what his doubts are, though he did suggest that we talk with Irene in the clinic who has worked for years with all of these people. Barbara knows Irene well and will talk with her on Friday. Please talk with Barbara before you make a decision on the manager. I personally feel we need to have more specific information than David was able to provide on why he felt Singletary was inappropriate. Mitch Ferguson joined our conversation on this topic and said that Singletary was very bright and competent, but he is very consistently late to work and does not respond to warnings about this. You might also want to talk with Mitch to hear his feelings. Perhaps this is something we should talk with Singletary about if we offer him the job-- being on time seems like a reasonable condition ~~to me~~ for us to place on offering him the job. I mentioned our idea of having Session work for French Village. The board will be meeting on Monday apparently, and I think David will bring this up. One other thing--Mitch also felt that it would not be a problem to hire Singletary away from transportation since it would be a promotion for him.

I had an excellent conversation with Dr. Carter about the project. Barbara will probably tell you how pleased I was at his supportive feelings toward it. He will still try to work out something with Laura Campion. This is contingent on getting some good leadership in nursing who can take some of the educational burden off of Laura before she can be reassigned to us. I do feel that eventually Carter will assign her to us, though it may not be as soon as we had hoped. He also suggested that we might contract with Susan Purdy to do this in the meantime. Barbara will tell you about his. I would not discuss it too openly because Carter wants to check on the implications of this for the unionization things before we proceed. Anyway, I left our meeting feeling very good about Carter in general and about his real interest in the transitional project. He did not view our manifesto as an insult to him. Also, I think he will be very supportive in our plan to hire a separate functional skills person.

That was vague - I don't think we should rule him out unless David can think of some concrete objections.

Women's problem

I have not yet contacted all the consumers and have serious doubts that I will get this completed before I leave. I feel bad about this because I know we felt that should be a first step before you two proceeded to talk with them about detailed plans for the modules. My feeling is that you should go ahead and talk with any of them who^m you want to start working with now. Just explain the things I ~~was~~ was going to tell them myself and that I will talk with them when I get back into town. I did talk with Bob Henry, Laurie Gerkin, and very briefly to Bob Geyer when I saw him in the hall. Barbara and I talked about needing a better term than "resource persons" since Dr. Spencer reacts so strongly to the consumer terminology. How do you like the title of associates? This was Barbara's suggestion.

Several TRC people have been calling me about the project which is encouraging. Things are looking a little better about rounding up participants.

I can't think of any other things I would like to ask you to do, other than things we have already discussed such as the research forms, etc. As for the resident's agreement or contract, I think we need to explore more fully the outpatient status of these people since this will obviously be a rather strange and new kind of relationship to the Institute. I don't think you should finalize the agreement until I have talked further with Dr. Spencer about this area. I have enclosed a copy of a recent memo concerning ~~this~~ ^{their status} ~~area~~ from Mr. Lias.

I appreciate all of your work on the residential manager recruitment effort.

See you in a couple of weeks.

Sam

I talked with Rusty. He wants the driving job. I'll share my impressions about him w/ you later.

I am not very coherent at this point - hope you can make some sense of my ramblings.

One other thing, I have not been able to reach Shalom Wineburg about the "guest appearances" he asked us to do. Would you please be sure he knows that you plan to do the first time and ^{that} I will take the second -

I regard some of this stuff as confidential information - eg Susan Purdy, etc., so please don't discuss it except with Barbara or David.

MEMO

1/23/76

TO: Marcus Fuhrer, Ph.D.
FROM: Jean Cole, Ph.D.
SUBJECT: Transitional Project / Salary for Lex Frieden

We have talked several times about the level of Lex Frieden's salary in the transitional project. In regard to this question, I felt that it would be useful to clarify more completely the role he will play in the project. His three major areas of responsibility are listed below, in arbitrary order.

The Development of Program Content

Barbara Holden, Lex, and I have been working jointly since August to devise a program structure and to plan the content of various elements. As the project is implemented, each of us will assume primary responsibility for developing and conducting specific program areas. This will be a task of major proportions for each of the core staff members.

Planning and Conducting Evaluative Research

Lex has done extensive background reading and has planned all of the research to be conducted on the project, with the exception of some elements which will be my responsibility. Research data will be used continually in refining program content and in providing feedback information to individual participants. This will require a substantial effort beyond the usual reporting of research results and will be a very important element in the development of a pilot program which has no direct precedents. As you know, the period of time a participant will spend in the program has been shortened because of financial constraints. Since less can be accomplished during the person's stay, follow-up efforts will become increasingly important. This will place added demands on our research effort.

Supervision of Logistical Systems

The operation of the attendant service and transportation systems will not be Lex's direct responsibility. However, because of his experience as a resident manager in the Cooperative Living project, he will serve an important function in monitoring the adequacy of these systems and in advising supervisory personnel.

In addition to these responsibilities, Lex is one of the three core staff members and as such has played a major role in the conceptualization of the project. He will continue to play an important part in the overall direction of the project as a whole as it continues to evolve.

mentation of plans
for solving the - the
problems relating
to handicapped individuals
in the State of Iowa.

Also present at the
meetings were and

assisting with the

plans were Mr. Tom Turner,
Commissioner of the
State of Iowa representing

State Council for the Blind.

I feel very strongly that Lex's compensation should be based on the value of his contribution. His formal academic status as dissertation-level graduate student is an inaccurate representation of the comprehensive role he will play. In the transitional project we will be trying to accomplish a great deal with very minimal staffing, and I feel certain that all of the core staff members will have to carry much more than a reasonable work load. I hope you will consider these factors in determining equitable compensation for Lex.

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On Thursday, December
16, 1976, the Director
and Assistant Director
of the Texas Office of the
State Conference Moderator,
and the Issue Presenters
from the San Antonio
Conference met with Mrs. Hope
Bryce, in the presence of
Judge of the
Mansion in Austin.
The meeting was held to
discuss the ample