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A Survey of Recent Community Placements: Feedback to the  
Clinical and Administrative Staff

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Cambridge, Minnesota

April 21, 1971

PURPOSE

The aim of the present study was to obtain information for the clinical and administrative staff at Cambridge State Hospital which would be helpful in making decisions regarding our residents and resident programs. Specifically we were interested in obtaining feedback for the clinical teams which would give them a better idea of what is expected of residents functioning in community facilities and how we might better prepare our residents for community living. On an administrative level, we were interested in finding out what hospital programs contribute to the residents' successful community placement. The programs that are not found to be significantly contributing to community placement could be discontinued and programs which appeared to increase the likelihood of success of placement could be established or strengthened.

METHOD

It was felt that by surveying recent community placements via interviewing residents and the personnel charged with caring for them, we could obtain information which would be useful in dealing with the above concerns. To do this, a sample of 69 residents was obtained by selecting every other name from a list of all residents (138) who left Cambridge State Hospital during the calendar year of 1969. The list was alphabetized first by county and then by resident's name within the county. Sample attrition reduced the number from 69 to 44 as shown in Table 1.

Those personnel in the community who were charged with supervising the 44 residents were interviewed by a hospital social worker. In addition, 34 of the 44 former residents were interviewed. The interview data were placed on IBM cards and processed on an IBM sorter by counting the number of residents appearing in each category sub-division of the structured interview. These numbers were then converted to per cents and are presented in the series of tables below. For example, Table 49 shows that 18% of the 44 residents in the community received community services on a weekly basis while 73% received no community services. Although the table headings are reasonably self-explanatory, you may wish to see the interview schedule to obtain a better idea of what the headings mean and the questions used to elicit the data. The definitions of the various "adjustment levels" are given at the end of the supervisor interview schedule.

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## RESULTS

The following is a description of a typical resident and living facility.

Resident Characteristics. The typical resident placed in the community in 1969 was a moderately or severely retarded single, white Protestant male between the ages of 20 and 40.

Admission Information. He had been committed as mentally retarded and admitted for the first time to Cambridge State Hospital when he was between 10 and 19 years of age.

Living Facility. The resident left Cambridge State Hospital to live with 110 or 120 other retardates in a board and care facility such as the Lee Warner Home or Nor Haven. The facility is unlocked during the day, but a resident cannot leave at will.

Facility Practices. He gets up between 6:30 and 7:30 but can sleep late if he wishes. He goes to bed between 10:00 and 11:00, but on occasion can stay up to watch late movies on TV or attend special activities. Breakfast is served between 7:00 and 7:30 A.M. The resident is given snacks daily.

Visits. Volunteers visit the facility weekly, but may never visit the resident individually. While family visits are likely to occur monthly, there is an equal chance that he will never receive a family visit. He receives a visit from his welfare worker weekly, or at least monthly. He does not receive any community services such as those offered by a mental health center or day activity center.

Health Matters. The resident does not have seizures and does not take medications. If he is taking medications, they are reviewed every six months and he states that he is happy with his medication. If he becomes ill, he is seen in a private clinic.

Independent Functioning. The resident does not prepare meals for himself, nor does he wash and iron his clothes or use public transportation. He does not earn money, nor is he allowed to spend money unsupervised. Although he attends, in groups, recreational activities that are unsupervised, he is thought to need supervision in most of his activities and is given help with his personal needs such as grooming. Our hospital social workers consider the resident's placement to be very successful.

Resident's View. He considers himself to be happy in his new-found home as well as having been happy at Cambridge State Hospital. He sees himself as having more freedom now than at Cambridge. In spite of his lack of earnings, he thinks of himself as working and he likes his work.

USE OF TABLES

Rather than listing all the possible conclusions which could be drawn from the data presented in the tables, only a couple of examples will be given. The reader is encouraged to study the tables so that he can draw his own conclusions about residents and resident programs.

Example #1. Tables 27, 29, and 31 show that although the vast majority of residents do not prepare their meals, wash or iron their clothes, or use public transportation, some residents do. Tables 28, 30, and 32 show that those who do are primarily borderline or mildly retarded with perhaps a third of the moderately retarded residents participating in these activities; none were severely retarded. Table 35 shows that none of the 17 severely and profoundly retarded residents earn money, in contrast with the majority (63%) of borderline and mildly retarded residents who earn from \$25 to \$100 a week. From these data it seems reasonable to conclude that those of borderline and mild retardation should be involved in vocational training and training for the above independence skills; those who are severely retarded should not; and only very selected moderately retarded should be involved in such a program.

Example #2. If we would bring our residents' daily living habits closer to those of community living facilities, we could conclude that our residents should be getting up sometime between 6:30 and 7:30 (Table 18) and eating breakfast between 7:00 and 8:00 (Table 22). Residents should be going to bed sometime between 10:00 and 10:30 or 11:00 (Table 20) and they should have the opportunity to stay up later at least once a week (Table 21).

Table 1  
REASONS FOR SAMPLE ATTRITION

Number of residents

11  
4  
4  
1  
1  
1  
1  
1  
1  
25

Reasons for not being included

Returned to Cambridge State Hospital  
Went to other state facilities  
Died  
Placed out of state  
Hospitalized in a psychiatric ward of a  
County Hospital  
Could not be located  
Hospitalized in a general hospital for  
a broken hip  
Moved frequently  
Foster parents refused to be interviewed  
Total

Table 2  
LEVEL OF RETARDATION

Not Retarded	2%
Borderline	7%
Mild	11%
Moderate	39%
Severe	39%
Profound	2%

Table 5  
ETHNIC GROUP

Caucasian	98%
Mixed	2%

Table 6  
MARITAL STATUS

Single	100%
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Table 3  
SEX

Male	66%
Female	34%

Table 7  
RELIGION

Protestant	66%
Catholic	32%
Unknown	2%

Table 4  
CURRENT AGE

Age Group

10-19	7%
20-29	30%
30-39	25%
40-49	18%
50-59	11%
60-69	9%

Table 8  
ADMISSION AGE

Age Group

0-9	9%
10-19	39%
20-29	16%
30-39	23%
40-49	7%
50-59	5%
60-69	2%

Table 9  
LENGTH OF HOSPITALIZATION  
Age Group

0-4	16%
5-9	18%
10-14	45%
Above 14	20%

Table 10  
ADMISSION ORDER

Committed	95%
Voluntary	5%

Table 11  
ADMISSION TYPE

MR	89%
MR & Epileptic	2%
Epileptic Only	9%

Table 12  
ADMISSION STATUS

New Admit	64%
Readmission	2%
Transfer	34%

Table 13  
PREVIOUS CAMBRIDGE STATE  
HOSPITAL ADMISSIONS

<u>Number of</u> <u>Admissions</u>	
0	95%
1	5%

Table 14  
PREVIOUS ADMISSIONS TO  
OTHER STATE HOSPITALS  
Number of  
Admissions

0	55%
1	32%
2	9%
3	2%
7	2%

Table 15  
TYPE OF LIVING FACILITY

House or Apartment (Supervised)	5%
Board & Care Facility	80%
Nursing Home	5%
Foster Home	7%
Parental Home	2%
Other	2%

Table 16  
NAME OF FACILITY OR HOME

Alice Haney	5%
Greenbrier	11%
Lee Warner	16%
Madden Boarding Home	9%
Nor Haven	14%
Reaney Heights	11%
Robert Milton	5%
Other	30%

Table 17  
SIZE OF FACILITY

0-9	16%
10-29	9%
30-39	18%
40-79	14%
110-120	25%
Above 120	18%

Table 18  
GETS UP

Before 6:00	5%
6:00 - 6:29	30%
6:30 - 6:59	16%
7:00 - 7:29	16%
7:30 - 7:59	20%
After 8:00	15%

Table 19  
CAN SLEEP LATE

No	7%
Yes	93%

Table 20  
GOES TO BED

Before 9:00	13%
9:00 - 9:29	9%
9:30 - 9:59	7%
10:00 - 10:29	25%
10:30 - 10:59	32%
After 11:00	14%

Table 21  
CAN STAY UP

No	2%
Yes	98%

Table 22  
EATS BREAKFAST

Before 7:00	14%
7:00 - 7:29	45%
7:30 - 7:59	11%
8:00 - 8:29	20%
After 8:29	10%

Table 23  
SNACKS AVAILABLE

Daily	95%
Weekly	5%

Table 24  
DOORS UNLOCKED (DAY)

No	2%
Yes	98%

Table 25  
RECREATIONAL ACTIVITIES

Unsupervised	16%
In groups unsupervised	36%
Supervised	34%
Does not leave facility	14%

Table 26  
LEAVES AT WILL

No	66%
Yes	32%
Other	2%

Table 27  
PREPARES MEALS

No	93%
Yes	7%

Table 28  
PERCENT OF RESIDENTS BY RETARDATION  
LEVELS WHO PREPARE MEALS

Borderline and Mild	0%
Moderate	18%
Severe and Profound	0%

Table 29  
WASH-IRON CLOTHES

No	70%
Yes	30%

Table 30  
PERCENT OF RESIDENTS BY RETARDATION  
LEVEL WHO WASH-IRON CLOTHES

Borderline and Mild	63%
Moderate	41%
Severe and Profound	6%

Table 31  
USES PUBLIC TRANSPORTATION

No	70%
Yes	30%

Table 32  
PERCENT OF RESIDENTS BY RETARDATION  
LEVEL WHO USE PUBLIC TRANSPORTATION

Borderline and Mild	88%
Moderate	35%
Severe and Profound	0%

Table 33  
EARNS

Nothing	70%
.01 - 2.00/week	5%
2.01 - 5.00/week	5%
5.01 - 10.00/week	2%
25.01 - 50.00/week	7%
50.01 -100.00/week	11%

Table 34  
PERCENT OF RESIDENTS BY RETARDATION  
LEVEL WHO EARN NOTHING

Borderline and Mild	25%
Moderate	59%
Severe and Profound	100%

Table 35  
PERCENT OF RESIDENTS BY RETARDATION  
LEVEL WHO EARN FROM \$25 to \$100/WEEK

Borderline and Mild	63%
Moderate	18%
Severe and Profound	0%

Table 36  
SPENDS (UNSUPERVISED)

Nothing	41%
.01 - 2.00/week	36%
2.01 - 5.00/week	9%
10.01 - 25.00/week	5%
25.01 - 50.00/week	9%

Table 37  
PERCENT OF RESIDENTS BY RETARDATION  
WHO SPEND (UNSUPERVISED) NOTHING

Borderline and Mild	13%
Moderate	29%
Severe and Profound	61%

Table 38  
PERCENT OF RESIDENTS BY RETARDATION  
LEVEL WHO SPEND (UNSUPERVISED) FROM  
\$10.00 to \$50.00

Borderline and Mild	50%
Moderate	12%
Severe and Profound	0%

Table 39  
SEIZURES

Monthly	2%
Quarterly	2%
None	95%

Table 40  
MEDICATIONS

Anticonvulsants	11%
Major Tranquilizer	9%
Minor Tranquilizer	9%
Anticonvulsants- tranquilizer	7%
Anticonvulsants - stimulants	2%
Other	20%
None	41%

Table 41  
MEDICATION REVIEW BY

Clinic (private)	36%
Physician visiting - facility	32%
Public hospital	14%
Nurse at facility	2%
Nurse visiting - facility	9%
Other	5%
None	2%

Table 42  
MEDICATION REVIEWED

Weekly	7%
Monthly	14%
Quarterly	11%
Yearly	7%
On complaint only	9%
Only when sick	14%
Every 6 months	27%
No provision for review	11%

Table 43  
PHYSICALLY HANDICAPPED

No	74%
Yes	12%
Partial	15%

Table 44  
1969 PHYSICAL DIAGNOSES (I.C.D.)

000-136 (Infective)	20%
240-279 (Metabolic)	2%
320-358 (Neuro)	25%
360-389 Senses	9
390-485 (Vascular)	11%
460-519 (Pulmonary)	11%
520-629 (GI/GU)	11%
680-709 (Derm)	18%
710-738 (Musculosk.)	5%
740-759 (Congen. An.)	2%
None of Above	41%
Seizures	32%

Table 45  
VOLUNTEERS VISIT FACILITY

Daily	30%
Weekly	39%
Monthly	14%
Never	18%

Table 46  
VOLUNTEERS VISIT RESIDENT

Daily	5%
Weekly	30%
Monthly	16%
Never	39%
Other	11%

Table 47  
FAMILY VISITS

Daily	2%
Weekly	14%
Monthly	32%
Quarterly	14%
Yearly	5%
Never	30%
Other	5%

Table 48  
WELFARE WORKER VISITS RESIDENT

Weekly	27%
Monthly	25%
Quarterly	16%
Semiannually	5%
Yearly	23%
Never	5%

Table 49  
RECEIVES COMMUNITY SERVICES

Daily	5%
Weekly	18%
Monthly	5%
Never	73%

Table 50  
ADJUSTMENT LEVEL

Independent living	14%
Group living	20%
Needs supervision	59%
Needs direction	7%

Table 51  
PLACEMENT SUCCESS

Very successful	57%
Moderately successful	34%
Minimumly successful	7%
Unsuccessful	2%

Table 52  
RESIDENT INTERVIEW

Refused	2%
Does not talk	20%
Was interviewed	77%

Table 53  
HAPPY WHEN AT CAMBRIDGE STATE

No	9%
Yes	82%
Undecided	9%

Table 54  
HAPPY NOW IN PRESENT FACILITY

No	12%
Yes	79%
Undecided	9%

Table 55  
MORE FREEDOM NOW

No	15%
Yes	85%

Table 56  
WORKS

No and doesn't care to	26%
Yes and likes	53%
Yes but doesn't like	3%
No but would like to	15%
Other	3%

Table 57  
TYPE OF WORK

Does not work	41%
Kitchen help	18%
Janitorial	3%
Simple household chores	15%
Other	24%

Table 58  
HAPPY WITH MEDICATIONS

No	11%
Yes	53%
Undecided	9%
Does not take medications	32%

SUPERVISOR INTERVIEW

Date: \_\_\_\_\_

Resident's Name: \_\_\_\_\_ Interviewer's Name: \_\_\_\_\_

1. Where does the resident live (include name and address of living facility)? \_\_\_\_\_

a. What type of facility is it (B & C, Nursing Home, Apartment, etc.)? \_\_\_\_\_

b. How many residents live at (name of facility)? \_\_\_\_\_

c. Describe the type of resident that (name of facility) houses (male, female, severely retarded, adult, children, etc.). \_\_\_\_\_

d. How many residents sleep in each dorm or room? \_\_\_\_\_

e. What recreational equipment is available for residents at (name of facility)? \_\_\_\_\_

f. Do volunteers visit (name of facility)? \_\_\_\_\_  
How often? \_\_\_\_\_

g. Do volunteers visit (name of resident)? \_\_\_\_\_  
How often? \_\_\_\_\_

2. How is (resident's name) getting along? \_\_\_\_\_

3. Does (resident's name) work, and if so, doing what, how many hours, where, and how much money does he earn? \_\_\_\_\_

4. How else does (resident's name) spend his day? \_\_\_\_\_

5. a. When does (resident's name) get up? \_\_\_\_\_

b. Does he have the opportunity to sleep later? \_\_\_\_\_

c. When does (resident's name) go to bed? \_\_\_\_\_

- d. Does he have the opportunity to stay up after bedtime, e.g. to watch a movie on T.V.? \_\_\_\_\_
- e. Do all the residents eat at one time or can they go to the dining room at different times? \_\_\_\_\_
- f. When is breakfast served? \_\_\_\_\_
- g. When is dinner served? \_\_\_\_\_
- h. Are snacks available? \_\_\_\_\_  
How often? \_\_\_\_\_
6. a. Are the doors to (name of facility) open (unlocked) during the day? \_\_\_\_\_
- 
- b. Does he (she) have an opportunity to prepare his own meals and/or snacks? \_\_\_\_\_
- c. Does he (she) prepare his own meals and/or snacks? \_\_\_\_\_
- d. Does he (she) have the opportunity to wash and iron his (her) own clothes? \_\_\_\_\_
- e. Does he (she) wash and iron his own clothes? \_\_\_\_\_
- f. Does he (she) use public transportation? \_\_\_\_\_
- g. Does he (she) attend recreational and/or social activities outside the facility without supervision (goes to movies, dances, etc.) alone? In groups? \_\_\_\_\_
- 
- h. How often does (resident's name) leave (name of facility) to go shopping, to recreational activities, etc.? \_\_\_\_\_
- 
- i. How much money does he (she) spend without supervision, e.g. does he (she) make purchases of \$5.00, \$10.00, \$25.00, or \$50.00 without supervision? \_\_\_\_\_
- 
- j. Does he (she) enter and leave the facility at will (except for curfew)? \_\_\_\_\_
7. How often does (resident's name) visit with his family? \_\_\_\_\_  
How often does he call or is he called by his family? \_\_\_\_\_
8. What dose and kind of medicine does (resident's name) take? \_\_\_\_\_
- 
-

a. How often and by what mechanism is his medicine reviewed? \_\_\_\_\_

b. If the resident has seizures, how frequently do they occur? \_\_\_\_\_

9. What kind of training would you have liked (resident's name) to have had before he was placed at (name of facility)? \_\_\_\_\_

10. What kind of training do you think (resident's name) had which you feel is helping him here at (name of facility)? \_\_\_\_\_

11. Does the county welfare department have a regular worker assigned to (name of facility)? \_\_\_\_\_

a. How often does he visit the facility? \_\_\_\_\_

b. How often does a worker visit (name of resident)? \_\_\_\_\_

c. How do you feel county casework services could be best provided to (name of resident)? \_\_\_\_\_

12. What other community services such as those provided by a day activity center, sheltered workshop, or mental health center does (resident's name) receive, if any? \_\_\_\_\_

13. Interviewer's rating of resident's outcome adjustment level. Check the number which best describes the resident's adjustment.

- \_\_\_\_\_ I. Self supporting, independent living or married with adequate home care.
- \_\_\_\_\_ II. Independent living but not self-supporting. Able to manage all personal affairs without group support. May or may not be training to work. Includes "halfway house" if training for competitive work.
- \_\_\_\_\_ III. Group living required. Able to care for personal needs and able to participate in some community activities without direct supervision. May or may not include sheltered workshop, i.e., boarding home with minimal supervision.
- \_\_\_\_\_ IV. Needs supervision of activities and some help with personal needs such as grooming, i.e., supervised boarding home.
- \_\_\_\_\_ V. Needs supervision of activities and direct help with personal and medical need, i.e., nursing home.

RESIDENT INTERVIEW

Date: \_\_\_\_\_

Resident's Name: \_\_\_\_\_ Interviewer's Name: \_\_\_\_\_

Following an introduction such, "I'm (interviewer's name) from Cambridge State Hospital. If you don't mind I would like to ask you some questions about how things are going for you - how you are getting along," ask the following questions:

1. Were you happy at Cambridge State Hospital? (Underline answer.) (Yes) (No)
  - a. What was it about Cambridge State Hospital that made you feel (un)happy or (that way)? \_\_\_\_\_  
\_\_\_\_\_
  - b. What did you like best about Cambridge State Hospital? \_\_\_\_\_  
\_\_\_\_\_
  - c. What did you like least about Cambridge State Hospital? \_\_\_\_\_  
\_\_\_\_\_
  
2. Are you happy here at (name of place or out of the hospital)? (Yes) (No) \_\_\_\_\_
  - a. What is it about (name of place or being out of the hospital) that makes you feel (un)happy? \_\_\_\_\_  
\_\_\_\_\_
  - b. What do you like best about living at (name of place or being out of the hospital)? \_\_\_\_\_  
\_\_\_\_\_
  
3. Do you have more freedom here at (name of place or being out of the hospital) than you did at Cambridge State Hospital? (Yes) (No) \_\_\_\_\_
  - a. In what way? \_\_\_\_\_  
\_\_\_\_\_
  
4. Do you work? (Yes) (No) \_\_\_\_\_
  - a. Where? \_\_\_\_\_
  - b. What do you do at work? \_\_\_\_\_  
\_\_\_\_\_
  - c. How much money do you earn? \_\_\_\_\_

5. Do you like your work? (Yes) (No) \_\_\_\_\_

What is it about your job that you (don't) like? \_\_\_\_\_

6. How often do you see your family? Call them? \_\_\_\_\_

7. How do you spend most of your time? (How did you spend yesterday for example? What activities do you go to and where?) \_\_\_\_\_

8. Do you take any medicine (pills, drugs)? (Yes) (No) \_\_\_\_\_

a. How does the medicine affect you? \_\_\_\_\_

b. Who do you see about changing your medicine and how often do you see him? \_\_\_\_\_

9. Do you feel your stay at Cambridge State Hospital helped you? (Yes) (No) \_\_\_\_\_

In what way? \_\_\_\_\_

Interviewer's Observations: \_\_\_\_\_

1) Does the resident have any physical handicaps? (Yes) (No) \_\_\_\_\_

Describe the handicap. \_\_\_\_\_

2) In the sense of matching the facility program with the resident's needs, how successful do you feel this placement is? (Underline answer.) (very successful) (moderately successful) (minimumly successful) (unsuccessful) (very unsuccessful)