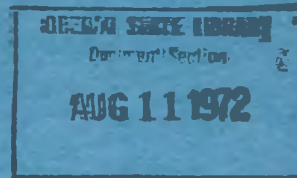


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A STUDY OF MULTIPLY HANDICAPPED CHILDREN
IN THREE STATE INSTITUTIONS
OREGON STATE BOARD OF CONTROL

August 20, 1968

A STUDY OF MULTIPLY HANDICAPPED CHILDREN
IN THREE STATE INSTITUTIONS

FAIRVIEW HOSPITAL AND TRAINING CENTER
OREGON STATE SCHOOL FOR THE BLIND
OREGON STATE SCHOOL FOR THE DEAF

✓Mental Health Division✓
Special Educational Services Division
Oregon State Board of Control

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A STUDY OF MULTIPLY HANDICAPPED CHILDREN
IN THREE STATE INSTITUTIONS

Section I

INTRODUCTION AND HISTORY

In September 1967 a survey was initiated to study multiply handicapped youngsters being served by Fairview and the Schools for the Blind and Deaf. The purpose of the survey was to inventory the situation with respect to problems arising around admitting and properly programming children in the three institutions. It was assumed that children with more than one form of physical or behavioral handicap were increasing in number, having been unsuccessfully handled in these agencies, and subjected to a "bouncing" process between these and other related agencies. In order to learn more about these children and to obtain necessary data, the problem was referred to the Office of Research and Program Evaluation.

In October, a committee was established consisting of representatives from Fairview, the Schools for the Deaf and Blind, and later the Special Educational Services Division. Representatives of the State Department of Education and the Crippled Children's Division were also in regular attendance. There was consensus in the group regarding the existence of programming problems with multiply handicapped youngsters and the need for new program planning. Subsequent meetings were then devoted to defining the problem, developing a plan for collecting relevant

information, and then using this data to develop recommendations for the consideration of the Board of Control.

I. Guidelines for Data Collection

A. The Cohorts

1. Cohort 1 was to be an applicant cohort. It included young persons for whom an application for admission or evaluation was received at any one of the three Board agencies during the time interval January 1, 1963 - December 31, 1967. To be included in the cohort the individual for whom an application was submitted had to be under 19 years of age at the time of application. To qualify the application also had to exhibit at least one recordable handicap or deficit beyond the basic referral problem. The basic referral problem varied from institution to institution by the nature of the principle problem treated at each institution. For example, the basic referral problem at the School for the Blind is a problem in visual deficit. Similarly, at the School for the Deaf the basic referral problem is a hearing deficit, while at Fairview it would be an intellectual deficit.
2. Cohort 2 was to be a residence cohort. It included persons in residence in each of the three institutions as of 12/31/67, except those persons already included in Cohort 1. In order to be included a person in residence should have

applied for admission to the institution sometime between 1/1/49 and 12/31/62. In order to qualify for inclusion the individual should also have been less than 19 years of age on December 31, 1967 and should have presented at least one deficit or handicap beyond the basic referral problem defined under Cohort 1.

B. Disability Criteria

1. Definitions of handicaps

- a. Visual handicap--a visual disability of 20/70 or less in the subject's better eye using whatever correction may be available.
- b. Hearing handicap--a hearing disability of 50 decibels or greater in the subject's better ear.
- c. Intelligence--an intellectual estimate of an IQ of 80 or less obtained on a recognized standard intelligence test administered by a qualified agency staff person.
- d. Behavioral manifestations--ten types of behaviors were recorded for each individual client including temper tantrums, aggressive outbursts, poor social relationships with peers, withdrawal-autistic behavior, fire setting, theft, running away, hyperactivity, sexual misbehavior and bizarre (peculiar, hallucinatory, delusory) behavior. These behaviors were to be recorded from agency records reflecting information

obtained during the admission process (historical data) and information reported during institutional residence (observational data). In general it was agreed that when information on behavioral manifestations was inconsistent, or in conflict over time, that precedence should be given to more recent data over less current data.

- e. Physical manifestations--four principle types of physical problems were documented for each applicant including:
(1) mobility and ambulation limitations, (2) convulsive disorders, (3) bowel and bladder problems, and (4) speech impediments. As in the case of behavior disorders, physical disabilities were to be reported on both historical (pre-institutional) evidence as well as on observation evidence.

2. Recording handicaps

The staff at each institution defined the procedure for including individuals in the study. Thus the decisions as to what types of handicaps should be recorded in each of the three institutions for the purpose of defining the multiply handicapped was determined by the staff in each agency. The decisions by the three staffs were as follows:

- a. For the Blind School, an individual would be included who would have at least one of the following deficits beyond the basic referral problem:

A behavioral problem

An intellectual problem

A physical problem

A hearing deficit

- b. For the Deaf School, an individual would be included in the study if he had at least one of the following problems beyond the basic referral problem:

A behavioral problem

An intellectual problem

A physical problem

A visual problem

- c. For Fairview, an individual would be included in the study if he had one of the following deficits beyond the basic referral problem:

A hearing deficit

A visual problem

The appropriate forms for data collections were distributed to the three agencies in January 1968. Financial support for paying overtime to complete the forms was supplied by the Office of Research and Program Evaluation. All forms were completed in April and the data was presented to the Committee during May and June. These meetings were devoted to studying the results and making more refined analyses. A summary of the findings will follow.

C. Summary of General Survey Findings

1. There were 287 boys and girls surveyed in both cohorts, of which 210 are currently residents.
2. There is no significant overlap in formal admission pressures between the three agencies. The number of informal efforts is unknown.
3. Removals from the Deaf School were significant from 1963-1965, but in 1966-1968 there were almost none. However, 12 of the 15 individuals denied admission to the Deaf School were denied admission during the period 1966-1967. Removals from Fairview and the Blind School were not significant.

Conclusions from 1, 2, and 3: The three schools are serving a significant number of children who present extra-special programming problems.

4. Comparison across the Schools for the Blind and Deaf is possible. Comparisons including Fairview are more difficult to make because this agency defined its problem in reference to a very different kind of multiply handicapped child, i.e., one severely retarded with gross physical problems.
5. The types of records kept at each agency differ markedly in quantity and quality.

Conclusions from 4 and 5: Highly refined analyses and comparisons with the data will probably be misleading. Recording

irregularities, absence of data, and particular styles make each agency's records unique.

6. The extended Committee discussions on how to evaluate multiply handicapped children failed to bring consensus. The findings support this confusion: There were not sufficient records maintained by the three institutions to adequately describe what the child does and why.

Conclusions from 6: A coordinated record system seems highly appropriate, and agency emphasis on the recording and use of data is a clear inservice training function. In order to establish a coordinated record keeping system, it would be necessary to design new procedures to observe and record behavior. Such a system does not exist at the present time.

7. A substantial number of children could not be assessed on the disabilities selected to serve as criteria for multiple handicap.

Conclusions from 7: Diagnosis and evaluation is a major problem when programming multiply handicapped children; improved and expanded diagnostic methods and procedures are needed.

8. There are substantial numbers of deaf retarded and blind retarded children, but very few blind-deaf children in this survey.
9. Recognizing that speech problems always accompany deafness, the study also revealed that speech problems were a major

handicap with multiply handicapped children served by the other two agencies. In all agencies, three-fourths of the educable multiply handicapped children who have speech problems also have behavior problems.

Conclusions from 8 and 9: Although there is no single problem area that can be identified for the "multiply handicapped," most of these children have difficulty in the area of learning, communication or behavior control.

10. One area the survey did not investigate was the environment in which the multiply handicapped child was functioning.

Conclusions from 10: Since environment is a factor known to influence adjustment and achievement, program planning should be based on both the characteristics of the child and the conditions of the environment.

GENERAL RECOMMENDATIONS

Section II

I. Diagnosis and Evaluation of the Multiply Handicapped Child

A. The Problem

The present evaluation processes are not adequate to answer the many questions asked about multiply handicapped children. It is difficult to determine whether the young, retarded, physically impaired child is deaf or blind. It is difficult to determine if our standard measurements are meaningful.

Specific problems are:

1. The Blind School relies heavily on Medical School reports which may or may not be current or complete. Fairview and the Deaf School use these reports, but less often.
2. If these school staffs have questions relating to the medical problems of a child, they have no easy access to the staff who examined and diagnosed the child.
3. If a change has occurred in a blind or deaf resident there is no evaluation team available in the immediate area.
4. The young, retarded, physically disabled, blind or deaf child at Fairview generally cannot respond to standard testing procedures, and a one-day evaluation does not provide the opportunity to develop sufficient data and information to determine the capabilities of the child.
5. Single evaluations tend to be unreliable with the trainable level retardates who have other disabilities. This problem

in the area of auditory testing has been documented in research literature.

6. Because of sensory deprivation among the multiply handicapped, functional retardation may be mistaken for developmental retardation on standard measures of learning ability. This has been demonstrated by significant gains in IQ scores over time, and a wide variability in different test scores.
7. Research is needed to establish special norms for multiply handicapped children on standard measuring instruments.

8. Current Status of Evaluation

1. The most systematic and comprehensive evaluation efforts for most children at the Deaf and Blind Schools or at Fairview are those to determine whether admission is appropriate. Based on the experience of the last four years, the average number of children initially evaluated each year at each agency is: Fairview = 256; School for the Deaf = 46; School for the Blind = 16. Fairview's permanent diagnostic team, located at their Outpatient Clinic provides an excellent model for service to both the agency and applicant. The traditional school evaluations, at the Deaf and Blind Schools, generally mobilized just before school begins in the fall, cannot provide adequate service to either the agency or applicant. None of the agencies make a distinction between the evaluation of children with multiple and single handicaps which in fact

would be both inefficient and rather meaningless. Therefore, the problem of evaluation encompasses all applicants to an agency.

2. Evaluation after admission is similar across agencies in that they generally occur on an individual basis when a staff member recognizes a problem area. These evaluations are generally less systematic and comprehensive than the initial evaluation. Evaluation also may be initiated by staff selecting individuals for a specific program.
3. The type of evaluation that occurs less frequently is systematic evaluation of an individual to be used to design a specific program or systematic evaluation of individuals to determine the effectiveness of a program. In both instances detailed planning activity must accompany evaluation.

C. Proposal for Evaluation and Planning

There are three phases in evaluation and planning that are being proposed in this report. The first is primarily placement oriented and should occur in a central clinic setting. This evaluation facility should also provide re-evaluation services for those individuals in residence at the Deaf and Blind Schools and Fairview. The second is individual program development where there is an emphasis on individual programming and on the creation of new methods of teaching, new curriculum ideas, and modification of evaluation procedures. The third is the on-

going assessment of each individual child, evaluating the results of the program as well as the achievement of the child, involving within the agency a close coordination of all the personnel who provide services to the child. These three phases of evaluation and planning will be called: (1) Placement Evaluation, (2) Individual Program Development, and (3) On-Going Assessment.

1. The Placement Evaluation would have the following characteristics and goals:
 - a. Complete sensory, physical and psychological measurements that could be achieved in a short period of time.
 - b. Central record keeping and classification systems for all applicants to all agencies involved.
 - c. Responsibility for the referral of an applicant to the agency that can offer the best service to an applicant.
2. The Individual Program Development would have the following characteristics and goals:
 - a. Intensive behavioral and educational evaluation in a structured environment, estimated to last two to six weeks, the exact length of time to be determined by experience.
 - b. Continuous and comprehensive record keeping reflecting an individual's adjustment to his environment, a prediction of his learning ability, culminating in a

written program plan for each individual.

- c. Responsibility for designing new procedures and tools for measuring the predicted change and achievement for each child.
 - d. Responsibility of reporting these results to the Placement Evaluation Center within six weeks.
3. The On-Going Assessment would have the following characteristics and goals:
- a. Measuring the achievement or change for each individual at regular intervals in term of the individual plan; modification of the original individual plan to reflect changing conditions.
 - b. Coordination within an agency of all disciplines involved in carrying out the program plan.
 - c. Responsibility for reviewing the individual plan and determining which existing group program within the agency will best provide the necessary services, requesting modifications of existing programs when necessary.

D. Specific Proposal to Establish an Interagency Evaluation Facility

1. Present staff and space at Fairview Outpatient Clinic

At the present time, the only agency that could serve this interagency need is the Fairview Outpatient Clinic. Staff, equipment and space would have to be increased because Fairview applicants seeking evaluation are at this time waiting two to three months for appointments. The present

staffing at the Outpatient Department, Fairview Hospital and Training Center, includes the following positions:

- 1 Director (physician)
- 1 Psychologist
- 2 Social Workers
- 1½ Secretaries
- ½ Registered Nurse

The general staff at Fairview provides audiological, dental, and X-ray services. There is no one on the staff who is specialized in visual disabilities. If the Fairview Outpatient Department is to serve the Blind and Deaf Schools as well as Fairview, it is estimated the following additional staff will be necessary to handle the additional annual load of approximately 62 initial examinations, and 25 re-examinations.

2. Proposed staff

- a. 1 Physician--provide the examinations for all children as well as supply the on-going medical services needs at the School for the Blind and School for the Deaf.
- b. 1 Social Worker--interview parents of applicants, assist in interagencies' contacts, and provide field services.
- c. 1 Secretary--type reports of the professional staff, maintain records on the number and type of multiply-handicapped children being served by the three agencies for research and evaluation purposes, serve as secretary

to the interagency committee.

- d. ½ Nurse--assist in examinations as well as observe and record the behavior of the children; would increase the existing position to full time.
- e. ½ time Psychologist--provide psychological evaluations for all children examined and assist in evaluating the operation of an integrated program for multiply-handicapped children.

The above staffing requirements are in addition to the staff which Fairview Hospital is requesting for 1969-71 in order to reduce the back log and waiting period in its existing examination program and to increase the amount of community contacts. The institution is requesting two social workers, one psychologist, and ½ secretary to implement this improvement.

In addition to the above staff, the Placement Evaluation Center will require professional services in the areas of E. N. T., ophthalmology, audiology, dentistry and laboratory--X ray.

It is planned to obtain E. N. T. and ophthalmological services through and in cooperation with the University of Oregon Medical School. It is recommended that \$10,000 be budgeted to purchase necessary audiological, dental, and

laboratory X-ray services. In order to properly establish these services, it will also be necessary to provide the necessary service and supply and capital outlay items related to the above staff.

In summary, the cost of the evaluation service is as follows:

Personal Services	\$ 93,658
Services and Supplies	13,920
Capital Outlay	<u>4,075</u>
	\$ 111,653

Appendix A has a detailed schedule of the above costs.

3. Responsibilities

Fairview Hospital and Training Center would be responsible for all aspects of the operation of the Placement Evaluation Center including the hiring, assignment, direction of personnel, scheduling the examinations, assuring that sufficient staff and services are available to operate the Center, etc. However, the Interagency Committee on the Multiply-Handicapped Child shall function to recommend policies and procedures to Fairview Hospital in order that the services of the clinic meet the needs of the individual agencies and contribute to the operation of an integrated program for these children.

4. Procedure

- a. Any applicant to any institution is first referred to the Placement Evaluation Facility. Referrals should be

accepted from other institutions, schools, government agencies, private physicians or any others now referring to any of the three agencies.

- b. After the initial evaluation the Placement Evaluation Center will determine where an individual should apply based on the written criteria for that agency, and a report is forwarded to the agency.
- c. All applicants are placed on a temporary basis until the Individual Program Planning is completed. At this time the agency decides to accept or reject the applicant.
- d. If a multiply handicapped applicant is rejected by an agency, disposition is determined by an Interagency Committee.
- e. An individual program planning report is sent to the Placement Evaluation Center within six weeks after admission to any agency.
- f. The agency may request re-evaluation of a resident by the Placement Evaluation Center when necessary.

E. Individual Program Planning

1. Function

- a. This evaluation does not overlap with Placement Evaluation, but is supplementary. The range of tasks and activities to be explored are based upon the psychological, sensory, and physical examinations provided by the clinic, and are only repeated when the placement report

makes the recommendation of systematic repeated testing in audiometric, psychological or sensory measures.

- b. Each agency will determine its own needs based on present or projected programs available within the agency. With Deaf School and Blind School residents, the Individual Program Planning will be educational and social in nature; with Fairview residents, it may be of this nature, but with the more profoundly retarded patients, it will be directed toward motor skills and speech. The question to be answered, however, remains the same across institutions. The question is not what can this individual do now, but what can he learn to do? What can be predicted as the highest level of functioning he will achieve? How can a program be designed to effectively and efficiently achieve this adaptive level?
- c. The exact description and operation of this evaluation will have to be developed by each agency.

F. On-Going Assessment

1. Function

- a. The On-Going Assessment phase is in operation at all agencies at the present time, but differs in operation from agency to agency. At each agency it is an integral part of the services offered. At Fairview this process operates within the structure of the unit staff.

Periodically, all the staff members involved in the residents' programs review, re-examine and recommend changes or continuation of individual programs. At the Blind School and Deaf School there is the same periodic review, although the staff members involved are less varied in terms of the disciplines they represent.

- b. The question to be answered by this group will change to some degree when the initial program planning is provided for them. Instead of asking, "What can a particular individual achieve and how can a program be designed to fit his needs?" this group will ask, "Have we achieved this goal?" If not, why? Is a change required in the program, the original individual plan, etc?
- c. In the past those responsible within each agency for evaluation have worked under the handicap of having only general goals and inadequate tools for evaluation. Because the program planning was not sufficiently individualized to the needs of the child, accurate operational evaluation was not possible.

G. Advantages of the Evaluation and Planning Process

- 1. It is not efficient to maintain three Placement Evaluation Centers because of the cost of both staff and equipment. The Blind School and Deaf School need services of this nature where adequate and permanent staff are available.
- 2. The Individual Program Development as described does not exist at any facility at the present time, but is necessary

if programs and evaluation techniques are going to be responsive to the needs of the individuals the agency serves.

3. On-Going Assessment now exists in all agencies at random intervals. To relieve the current evaluation staff from the responsibilities included in Individual Program Planning will allow the On-Going Assessment to occur more thoroughly and systematically.
4. Separation of the various processes in evaluation and planning will make it possible to assign more specific responsibilities to each of the three areas.
5. For the first time, accurate, realistic information on the characteristics and prognosis of the individuals being served will be available. This will provide a basis for future program needs.

II. Interagency Committee on the Multiply Handicapped Child

- A. It is proposed that an interagency committee be established with the following functions:
 1. To consider problems common to the three agencies, particularly those involving multiply handicapped children.
 2. To develop policy governing the provision of integrated and coordinated services for the multiply handicapped child.
 3. To determine placement of multiply handicapped children when there is a disagreement as to disposition by the Placement Evaluation Center and an agency.
 4. To develop and evaluate programs for the multiply handicapped child.

B. Composition

The interagency committee shall be composed of two members from each of the following areas: Oregon State School for the Blind, Oregon State School for the Deaf, Oregon Fairview Home, and one member from Mental Health, Special Educational Services Division and the Director of the Placement Evaluation Center.

C. Procedure

The interagency committee shall select one of its members as chairman and shall be called into session by the chairman upon request of any member. The committee shall meet on a pre-determined agenda basis which shall be submitted at least one week before the scheduled meeting. Specialists may attend the meetings as resource personnel.

III. Record Keeping

A. The Problem

The quality, the quantity and the coordination of records at the three agencies was found to be a problem when surveying the characteristics of the multiply handicapped child. Before an attempt is made to determine what specific information is needed, it is necessary to ask why records are kept

B. The Functions of Records

1. Classification and statistics: a simple count of the numbers of individuals of a given age, sex, diagnosis, intelligence and adaptive level, physical and sensory abilities and disabilities is needed to determine custodial needs. This

"count method" alone is not adequate for program planning or justification of that portion of the staff ratio responsible for the education and achievement of children.

2. Historical records and staff communication: The "once or twice a year entry" is generally intended to record the milestones of a child's development and achievement. As staff changes, as a child moves from a classroom or living area to another, it provides a general idea of functioning level, abilities, and problems. It is comparable to a yearly medical examination, or end of year school report. It does not allow specific prediction and only provides for gross kinds of program planning.
3. Continuous description of a child's response to his environment: This kind of recording allows rather fine short term prediction of how a child will react to his environment and what he will achieve. The difficulty of selecting what to report, what units of behavior to record and how often, are encountered at this point. Forms and system become a problem. However, really adequate program planning on an individual basis is dependent on this type of record keeping.

C. Proposal

At the Placement Evaluation Center, the classification and statistical recording and the historical records on each child are started. The individual planning team will provide the

initial description and prediction of a child's response to his environment as well as initial recommendations for program. These recommendations should be very specific in nature, designating tasks and activities in behavioral units such as shoe tying, drawing a circle, practice of a specific speech sound and should be accompanied by a form indicating the amount of time to be spent on a task, the particular reinforcers to motivate the child, and frequency and the units of behavior to be recorded for evaluation. This report should include recommendations for dealing with self-help and social behavior as well as academic behavior. The On-Going Assessment staff at each agency will provide for the integration of the individual program plan into the existing services, and the re-evaluation of the initial plan on a periodic basis. In order to integrate the information from all three phases of the evaluation and planning process, a format for record-keeping must be designed. A review of all levels and types of records now being used by the three agencies would be valuable in determining criteria for the quality, quantity and consistency necessary to an interagency system. It is recommended that an interagency committee appoint personnel from all agencies to propose an experimental record keeping system.

IV. General Recommendations for Program Planning

A. The Problem

Taking the view that the "multiply handicapped problem" can be stated in terms of children with sensory or intellectual deficits who behave in ways that are neither adaptive nor productive and ways which have negative effects on themselves and others we should consider such questions as:

1. Adaptive to what conditions or requirements?
2. Who determines or controls conditions, requirements, criteria of productiveness, etc?
3. What happens following the child's behavior? Who controls what happens?

This is to suggest that special programs should carefully attend not only to the child's behavior but also to his environment and the behaviors of those who function therein. This must be basic to program planning and evaluation.

B. Guidelines in Program Planning

If it is desired to alter a child's behavior toward greater adaptiveness and productivity, the program must carefully design and control the environments responsive to his abilities and needs. The following guidelines may be useful in developing effective environments and assessment techniques:

1. Focus on observable behavior in natural settings when possible (i.e., classroom, dormitory, home).

2. Keep continuous records of behaviors and events.
3. Individualize treatment plans with behavioral objectives.
4. Modify plans in the light of observed responses.

C. Use of personnel and resources

A program of services and resources which would seek to implement these guidelines might include the following activities:

Activity I: Behavior Classification Services

Provides personnel to:

1. Assist teachers, counselors, and aides in screening children. This screening would be designed to categorize children as follows:
 - a. Essentially "normal" behavior
 - b. Occasional or "mild" behavior problems or educational needs.
 - c. Behavior problems or educational needs severe enough or of a type to require "special" facilities and programming.
 - d. Problems or needs requiring services of other agencies.
2. Consult with and provide training for teachers, counselors, and aides.

Activity II: Services for Mild Behavior Problems or Educational Needs

Provides: (services for category b children)

1. Resource rooms (quiet, isolation, strength rooms)
immediately available to children, teachers, supervisors,

counselors, aides, etc.

2. Personnel for immediate assistance, consultation, etc.

Activity III: Services for Severe Behavior Problems or Education Needs

Provides: (services for category c children)

1. Special classroom arrangements.
2. Special living arrangements. These special arrangements would be designed to provide detailed behavioral analysis and to produce individualized programs. The goal would be to so alter the child's behavior that he could be reclassified in category a or b.

Activity IV: Referral

Provides: (services for category d children)

1. Guidelines and procedures for coordination with and referral to other agencies.

D. These activities would be conducted according to such guidelines as:

1. Keep child close to home base (i.e., regular classroom) making maximum use of regular staff (Activity 1 and 2).
2. Employ concepts of prevention and early treatment.
3. Develop Activity III program around concepts of research and demonstration and training as well as treatment.
4. Include evaluation as a basic element of the total program.

APPENDIX A

STAFFING FOR INTERAGENCY PLACEMENT EVALUATION FACILITY FOR MULTIPLY HANDICAPPED

		<u>Biennial Cost</u>
<u>Salaries and Wages</u>		
1 Phys. 2, Bd. Elig. @ \$1640 mo. x 24 mo.	\$39,360	
1 Psychol. 2 @ \$1030 x 24 mo. ½ time	12,360	
1 Soc. Wkr. 2 @ \$685 x 24 mo.	16,440	
1 Sec. 2 @ \$326 mo. x 24 mo.	7,824	
½ R.N. 3 @ \$575 mo. x 24 mo. ½ time	<u>6,900</u>	
OPE 13%		\$ 82,884
		10,774
		<u>\$ 93,658</u>
<u>Professional Services</u>		
Audiologist-Speech @ \$15 hr. x 8 hr/wk (200 hrs.) x 104 wks.	3,000	
Dentist @ \$15 hr. x 75 hr. year	3,000	
X-ray & Lab. - av. 3 X-ray film & 3 lab tests @ \$3 ea. x av. 75 cases a year	<u>3,000</u>	
		\$ 9,000
<u>Other Supplies & Services</u>		
Travel \$20 mo. x 24 mo.	480	
Postage \$10 mo. x 24 mo.	240	
Telephone \$25 + mo. x 24 mo.	650	
Payroll cost	120	
Insurance, Tort and Restoration	600	
Other services (general)	100	
Office supplies (Xerox, etc.)	1,650	
Data processing and retrieval	480	
Utilities	<u>600</u>	
		\$ 4,920
<u>Capital Outlay</u>		
3 desks, executive @ \$107	321	
3 chairs, executive @ \$44	132	
1 desk, typist	122	
1 chair, typist	30	
1 typewriter, electric 13"	309	
1 file cabinet, 5-dr. w/lock, legal	86	
1 dictating machine, dictator @ \$400	400	
1 dictating machine, transcribing	375	
Misc. small equip., wastebaskets, file baskets, fans, etc.	<u>300</u>	
		\$ 2,075
<u>Equipment for ENT and Ophthalmology Consultants</u>		<u>\$ 2,000</u>
		<u>\$111,653</u>

RECOMMENDED SERVICES FOR THE MULTIPLY HANDICAPPED CHILD AT FAIRVIEW

Section III

I. Goals for Program

The program goals for multiply handicapped children at Fairview who are unable to benefit from a program at the educable level are:

- A. To train in simple manual skills which allow them to live a more active, varied life within the institution.
- B. To teach communication with others.
- C. To teach self-help skills so they will be less dependent on others.
- D. To provide sensory stimulation and motor exercises to retain and perhaps improve their ability to respond to their environment.

These programs will operate within the institution both in the educational and cottage environments, and except for some specialized program activities specifically designed for the blind and deaf, will not be different from regular programs. However, it should be noted that the regular programs are not sufficiently planned and staffed to meet the goals of the program described above. A close coordination between cottage and school programs is necessary. The methods and techniques to be used should be operationally described and empirically evaluated. Any special services should be integrated into the Board of Control's total service program for multiply

handicapped children, and programs should begin as soon as the child is admitted to the institution.

- II. Type of Multiply Handicapped Children to be Served by Fairview. Fairview shall provide services to all multiply handicapped children who have been approved for admission by a central evaluation center, and accepted by Fairview.

The criteria for admission is described in SPI 126 as follows:

A. The purpose of the criteria for admission is:

1. To limit court commitments and voluntary petitions for admission of minors to the State facilities for the mentally retarded.
2. To give priority to admission of the retarded who cannot be better served elsewhere.
3. To encourage development of community facilities to provide optimal development of retarded children with families.
4. To strive for a statewide climate of understanding of the mentally retarded.

B. Criteria

Those individuals classified as retarded by AAMD standards who have sub-average general intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behavior.

1. Borderline persons (IQ range 70-84) having impairment in adaptive behavior may be recommended for admission

only when and for so long as these persons can benefit from programs available at the institution.

2. Mildly retarded persons (IQ 55-70) may be recommended for admission providing a suitable program is available at the institution and if (1) the person has a serious adaptive behavior problem or personality disorder that makes community adjustment impossible or hazardous or (2) the home environment is unsatisfactory and cannot be improved and a suitable foster home is not available or (3) if there are no community or other state institutional facilities to aid the family in managing the child's educational, emotional and medical problems.
3. Moderately and severely retarded persons (IQ 35-55) may be recommended for admission providing the effect on the retarded child, parents and siblings is clearly in their best interests; admission is delayed as long as possible to permit the child to develop a healthy family relationship and decision to commit is reserved for the parent or guardian.
4. Severely and profoundly retarded persons (IQ under 35) will ordinarily be recommended for admission providing no other facilities are available and the family can no longer manage the individual's problems.

5. Age

Children under five years of age should not be admitted except under unusual circumstances (usually compelling medical reasons).

C. Unwritten criteria

1. Fairview accepts persons with physical, behavioral and sensory handicaps providing they meet the outlined criteria.
2. Short term admissions from 14 to 90 days are accepted for evaluation, training, and when it is in the best interests of State, family and patient.
3. There is no criteria for continued enrollment other than continuing to meet the original criteria.

D. Evaluation and admission

All Fairview applicants are evaluated at the Outpatient Clinic or at a similar facility.

III. General Conclusions from the Survey Data

- A. Ninety-three multiply handicapped children from Fairview were identified in the survey. On 12/31/67, 78 were in residence at Fairview.
- B. More than half of the children in the survey had physical problems. Less than half had behavior problems.
- C. About one-third were known to have hearing losses, and it was unknown whether or not another 40 percent had hearing losses.

- D. About three-fourths were known to have visual disability and it was unknown whether or not another 10 percent had visual disability.
- E. About 65 percent of these children were profoundly retarded. Twenty-five percent were in the trainable range, and 10 percent in the educable intellectual range.

IV. Problems of Three Subgroups from Fairview

- A. Problems specific to Fairview revolve around the profoundly retarded, sensorily impaired, physically impaired child who appears only at Fairview.
 - 1. Diagnosis is a major problem, particularly in the areas of hearing loss and ability to learn. Standardized tests are not useful with this group, because of their inability to respond. However, the 40 percent with unknown hearing loss fall primarily in this group. The Vineland is about the only standard measure available and is not an intelligence measure but a social measure of behavior.
 - 2. Because of their environment which includes limited contact with adults, limited sensory stimulation, and limited mobility, many of these children do not have an opportunity to learn if in fact they have any learning ability.

Recommendations for this group are:

- a. A program using every kind of sensory stimulation possible. (For the blind, auditory stimulation; for the deaf, visual stimulation; for both, tactual and motor stimulation).
 - b. A "diagnostic learning situation" should be attempted in addition to formal testing procedures. The question is not, can this child roll over or walk, but can he be taught to do these things. It is suggested that these attempts need to be more structured than the attempt made just through nursing care. Data should be collected on behavior which includes the personnel and time required to meet a specific goal.
8. Problems that occur in the trainable multiply handicapped groups are to some extent qualitatively different from the profoundly retarded group. There are fewer physical problems, more behavior problems. In terms of quantity, there are only 25 percent of the total number of children surveyed in this group.
1. Diagnosis remains a problem but more reliable results can be achieved with repeated intellectual and audiometric testing. However, the degree of learning ability remains a problem because formal testing techniques will not generally answer the question.

2. The environment for this group includes more contact with adults and more interaction with peers, so stimulation is not as great a problem as with the profoundly retarded group. Recommendations for this group are:

- a. A structured program emphasizing self-help and vocational skills directed toward long-term institutionalization. Few would be expected to be able to return to the community. Speech or sign language or both should be taught to the trainable deaf retardate.
- b. A diagnostic learning situation is again recommended to determine the degree of learning ability.
- c. This program, because of the supervision these children require, would be located at Fairview, but use of personnel from the Deaf School and Blind School would be used as consultants.

C. Problems that occur in the educable multiply handicapped at Fairview are similar to those at the other agencies.

- 1. Diagnosis is a problem for a different reason. What and how much can these children learn? Testing may be reliable, but is it valid? What causes the increase in behavior problems with this group?
- 2. The environmental problems for this group revolve around the educational process, as well as living situation. It is important for these children to be able to communicate with others. This is difficult to

arrange at Fairview. Speech is a major factor which is related in some unknown way to behavior problems.

Recommendations:

- a. The educable sensory impaired child should be served at the School for the Blind or the School for the Deaf. However, if physical disabilities are so severe that a child cannot function outside Fairview, inclusion in the trainable program with some individual educational plans is recommended.
- b. A strong emphasis on communication is necessary for this group who has the potential for eventual community placement.
- c. A diagnostic highly structured situation is recommended to determine what and how much and how these children can learn.

Summary: It is primarily a difference in individual goals, rather than techniques that differentiate the programs for the sub-populations at Fairview. The problem of diagnosis for program planning involves all children in the survey.

V. Specific Proposal for Program

A. There are 78 multiply handicapped children now in residence at Fairview. The characteristics of this group are:

1. Age

1 - 3	n = 8	10%
4 - 6	n = 8	10%
7 - 9	n = 18	23%
10 - 12	n = 10	13%
13 - 15	n = 19	25%
16 - 18	n = 15	19%
	<u>n = 78</u>	<u>100%</u>

2. Intelligence

IQ below 25	n = 50	64%
IQ 25 to 50	n = 18	23%
IQ above 50	n = 7	9%
IQ unknown	n = 3	4%
	<u>n = 78</u>	<u>100%</u>

3. Sensory disabilities

Hearing loss	n = 22	28%
No hearing loss	n = 22	28%
Unknown	n = 34	44%
	<u>n = 78</u>	<u>100%</u>

Visual loss	n = 58	78%
No visual loss	n = 11	14%
Unknown	n = 9	12%
	<u>n = 78</u>	<u>100%</u>

4. Mobility problems (after admission)

n = 38 50%

5. Problems in bowel and bladder control (after admission)

n = 33 42%

6. Speech problems (after admission)

n = 48 62%

2. The children identified as multiply handicapped at Fairview are in residence on twelve different cottages. Some of the factors that influence cottage placement are age, sex, physical disabilities, and intellectual and adaptive level. Because there are so many variables involved, it would be impossible to place all multiply handicapped children on a single cottage; however, it is likely that they could be accommodated on six or seven different cottages. Many of the multiply handicapped children are not in any educational programs at the present time, but spend their entire day on the cottage. The staff ratios on these cottages vary depending on the degree of care needed by the patient. Rather than listing the overall staff ratios, the ratios for the day shift and swing shift will be presented, since this gives a more realistic picture of the availability of cottage staff for programs.

<u>Cottage</u>	<u># Residents</u>	<u># MH</u>	<u>%</u>	<u>Day Ratio</u>	<u>Swing Ratio</u>
Martin	150	27	18.0	1:12.3	1:12.5
Byrd	261	16	6.1	1:14.5	1:15.4
Patterson	150	8	5.3	1:12.3	1:12.5
Holderness	90	8	8.9	1: 9.8	1:12.0
Pierce	90	7	7.8	1:15.0	1:18.0
Snell	90	3	3.3	1:10.0	1:11.4
Lane	100	3	3.0	1:33.3	1:20.0
Kay	96	2	2.1	1:16.0	1:19.2
Holman	96	1	1.0	1:16.0	1:19.2
Meier	96	1	1.0	1:13.7	1:14.5
Steel	120	1	.8	1:20.0	1:20.0
Smith	96	1	1.0	1:24.0	1:24.0

Where: # Residents = the total number of residents on the cottage
MH = the total number multiply handicapped on the cottage
% = the percent of multiply handicapped on the cottage
Day Ratio = number of cottage staff to number of patients between 7 a.m. and 3 p.m.
Swing Ratio = number of cottage staff to number of patients between 3 p.m. and 11 p.m.

- C. The current staffing in program areas which affect the planning for multiply handicapped children are as follows:
1. During 1967-68, there were 30 teaching positions to serve 527 Fairview residents who were enrolled in educational programs. 450 of these 527 children were in class for one-half day or more.
 2. During 1967-68 there were six speech and hearing positions to serve the 2,200 residents at Fairview and provide services to the Outpatient Department. Services are generally concentrated on the residents within the educational programs.
 3. During 1967-68 there were six psychology positions to serve 2,200 residents at Fairview and provide services to the Outpatient Department. There was not any psychologist working directly with the educational programs.
- D. Of the 78 children at Fairview that were identified as multiply handicapped in the survey, 12 were enrolled in one or more educational programs during the 1967-68 school year. Each of these 12 children averaged two hours a day in programs designed for the deaf, cerebral palsied, or in the crafts program, regular school program or preschool program. Ten children from the survey were in summer school

programs for the deaf for an average of one and three-fourths hours each day. One child from the survey was in a special program at the Deaf School and eleven were in a special program at the Blind School. The total number of children from Fairview, that were identified as multiply handicapped by the survey and that received educational services either during the regular school year, summer, or both was 27. Most of these children required individualized services, and could not benefit from group work.

E. Implications for program

1. It would be unrealistic to assume that this group of 78 multiply handicapped children could be served in one location, or in a single overall program. It is equally unrealistic to assume from the experience of the past years' programs that included 27 of these children, that an appreciable number could be served in group programs.
2. All the data available at this time indicates that programs must be individualized in nature, must occur in both cottage and school locations for different children, and must include very different types of training.
3. In order to provide programs for the multiply handicapped children within the educational and administrative framework that exists at Fairview, a mobile unit treatment and evaluation team is proposed. This team would

work with other personnel responsible for programing on cottages which house multiply handicapped children. The mobile unit would provide evaluation services, program planning, teacher and aide personnel on an individualized basis.

F. Suggestions for staffing

1. Director of program planning. Responsibilities would include:

- a. Meeting with cottage personnel to determine current schedules and program needs in terms of staff time for each multiply handicapped child.
- b. Working with the other mobile unit staff to formulate a written program proposal for each multiply handicapped child.
- c. Presenting to the unit staff or educational department the recommendations for each program.
- d. Compiling the evaluation data on each program plan for the report to the Fairview administration.

Educational requirements: MA in education or educational psychology, with special skills in curriculum at the preschool and primary level and in measurements and statistics.

2. Program specialists (two). Responsibilities would include:

- a. Assisting the director in planning specific activities within a program.

- b. Serving as resource personnel to the teacher and the persons who collect data on the programs.

Educational requirements: Program specialist 1 = BA in speech therapy. Program specialist 2 = MA in educational psychology.

- 3. Teachers (five). Responsibilities would include:
 - a. Carrying out the program plans for each multiply handicapped child for the number of hours planned each day by the director and unit staffs, and preparing the activity schedule to be followed by the mobile unit staff aides or cottage personnel.

Educational requirements: BA in education and special training in teaching the deaf, blind or retarded.

- 4. Teachers' aides (five). Responsibilities would include:
 - a. Carrying out the program plans under the direction of the teacher, and assisting the teacher when group work was involved.

Educational requirements: High school and inservice training under the direction of the mobile unit.

6. Secretary (one). Responsibilities would include:

- a. Typing all program proposals and evaluation reports,
and other duties relating to the mobile program unit.

G. Budget Recommendations for the Program for Deaf, Blind,
Multiply Handicapped at Fairview

	<u>Biennial Cost</u>
Director of Program Planning for Multiply Handicapped. MA in Education or Psychology @ \$915 per month	\$ 21,960
Program Specialists	
Educ. Spec. 1, BA in Speech Therapy @ \$685 per month	16,440
Educ. Spec. 2, MA in Educ. Psychology @ \$845 per month	20,280
Teachers	
5 Teachers, BA level with special training in teaching blind or deaf @ \$625 per month	75,000
Teacher Aides	
5 Teacher Aides, high school graduate at least @ \$380 per month	45,600
Secretary	
Secretary 2 @ \$326 per month	<u>7,824</u>
TOTAL	\$187,104
OPE @ 13.0	<u>24,323</u>
	<u><u>\$211,427</u></u>

PROVISION FOR SERVICES FOR THE MULTIPLY HANDICAPPED CHILD FOR SCHOOLS
OF THE SPECIAL EDUCATIONAL SERVICES DIVISION

Section IV

I. Goals for Program

The purpose in developing programs for the multiply handicapped child at the two schools of the Special Educational Services Division will be to intensify work with the child who is unable to benefit or participate in the regular, traditional educational program for the purpose of:

- A. Modifying a child's behavior to the extent that his learning processes are strengthened in order that he can be transferred to the regular deaf or blind program; or
- B. Providing specialized services for the child who will unlikely be able to progress in the regular program, but who, with specialized services, will be able to live independently or semi-independently as an adult.
- C. Preparing him for further training at another agency.

II. Guidelines for Program

- A. The program will operate within the regular on-going educational and residential programs; i.e., the services provided to the multiply handicapped child shall not function in a manner removed or segregated from the regular Deaf or Blind School programs, even though the content of specific learning tasks will be modified. Removal from the regular Deaf or Blind School programs will be only for extreme conditions.

- B. In order to facilitate the integration of services for the multiply handicapped child within the regular Deaf or Blind School programs, services of specialists will be available to meet difficult situations which arise involving these children who have behavioral problems or special educational needs, but who are served in the regular program.
- C. Services for the multiply handicapped will require a close coordination and integration of classroom and dormitory activities, each complimenting each other.
- D. The methods used in working with multiply handicapped children are to be creative and experimental in nature, and those methods are to be used which demonstrate their effectiveness through scientific evaluation regardless of traditional educational philosophies.
- E. Services provided by schools of the Special Educational Services Division will be administered as an integrated and coordinated part of the Board of Control's total program of services for the multiply handicapped child.
- F. It is essential that services for the multiply handicapped children be initiated at an early age. Counselors for preschoolers not in residence are to work with parents of multiply handicapped children in planning services and programs within the home.

III. Present Criteria for Admission to the Deaf and Blind Schools for Multiply Handicapped Children

A. Deaf School

Over the past few years, children who are multiply handicapped

have been accepted by the school when it is felt that they can make progress according to one of three curriculum tracts. The specific criteria was as follows:

1. When hearing loss is sufficient to deter satisfactory progress in local public school.
2. When physical health, learning ability and daily living skills did not prevent the child from obtaining reasonable benefit from the program nor place excessive individual demands on the time and energy of the student body and/or staff to the detriment of other students.

B. Blind School

Over the past few years there has been a decline in the number of normal blind students at this facility, and the school has responded to the admission pressure of the multiply handicapped, if those children were judged likely to benefit from admission.

IV. Type of Multiply Handicapped Children to be Served by Special Educational Services Division

The Special Educational Services Division shall provide services to all multiply handicapped children who are unable to receive services in a community program and who have been approved for admission by an evaluation center. Generally, services shall be provided to multiply handicapped children who meet the following criteria:

A. Learning Ability

If a child tests within the level commonly referred to as the educable level; i.e., with an IQ of between 50 and 80, he shall be considered a candidate for admission. This would include

the child who is capable of limited achievement in certain academic programs such as reading and arithmetic; is capable of achieving self-care skills, and who will be expected to maintain himself independently or semi-independently as an adult.

The schools also shall accept all children who are felt to be functionally retarded where slow learning is believed to be the results of developmental sensory deprivation. Those children who are not testable, but can demonstrate their ability to function at an educable level in a diagnostic teaching situation shall be considered candidates.

Children operating within the trainable category, IQ 35-50, will not be considered for admission to a school with the Special Educational Services Division except under unusual circumstances.

B. Physical Condition

Children with physical disabilities will be accepted providing that their condition does not represent a medical condition which can be treated or modified or controlled by residence at a medical facility. Each school will take the necessary action to construct devices and to assign space in order to accommodate physically handicapped children.

Children may be accepted at an early age who are not fully toilet trained or who are not fully ambulatory provided it is likely that with intensive training this handicap can be modified within a reasonable time.

C. Behavioral Adjustment

A child with problems of behavioral adjustment shall be accepted for admission if after intensive assessment in a diagnostic teaching situation it is anticipated that his behavior can be modified and he can demonstrate his ability to respond to the environment. A child who does not meet this criteria of behavioral adjustment shall be referred to other specialized services available within the State in order that his admission can be considered at a later date.

D. Home Situation

Before a child can be admitted, the parents or legal guardian must agree to participate and reinforce the services to be provided to a multiply handicapped child. As noted below, services to be provided the multiply handicapped child will be integrated with the schools' regular residential and educational program structures. Placement in the program will not obviate the parents' responsibility to participate in planned home visits, school visits, week-end leave, etc., when such visits are considered to be beneficial to the child.

E. Age

Normal admittance age is approximately three years, eight months.

V. Criteria for Continued Enrollment

Continued enrollment of a multiply handicapped child at a school within the Special Educational Services Division will be based upon the following:

- A. Continue to progress and meet the individually determined behavioral goals for his educational, physical, and social functioning.
- B. Shall not exceed 22 years of age.
- C. Shall have continued support and assistance from parents, legal guardian or foster parents.
- D. Shall continue to meet the original criteria for admission.

Program Needs and Recommendations for the School for the Blind

- A. During the past school year, 62% of the children enrolled at Oregon State School for the Blind were multiply handicapped. Based on projected enrollment for 1968-1969, 68% of the total population will be multiply handicapped. Projected multiply handicapped population to be served during the 1969-71 biennium is as follows:

<u>Year</u>	<u>Multiply Handicapped</u>	<u>Normal</u>	<u>Total</u>
1969-70	63	30	93
1970-71	65	30	95

- B. Characteristics Identified from Survey Data:
 - 1. Eighty-one multiply handicapped children from Oregon State School for the Blind were identified in the survey. Sixty-one were in residence on 12/31/67.
 - 2. More than half of the children in the survey had physical problems. Less than half had behavior problems.
 - 3. Almost half of these children were retarded and the intellectual ability of an additional one-fourth was unknown.
 - 4. Almost all the children had visual problems, and almost none had hearing disabilities.

C. Specific Recommendations

A review was made of the various programs at the School for the Blind to determine what program changes should be considered from those now authorized in order to more effectively serve the needs of the increasing number of multiply handicapped children. The following are the areas where changes are recommended:

1. Teaching staff

Historically, the school has been budgeted on an overall staffing ratio without any differentiation of the population served. This was satisfactory when the school was serving primarily blind students without any gross emotional, physical, or mental handicaps. With the increased proportion of the population multi-impaired, the long used, overall ratios are no longer applicable. In order to adequately serve this population, it is recommended that a conservative 1:4 staff-student ratio be used for budgeting classroom staff and that this staffing ratio be composed of 50 percent professionally trained teachers and 50 percent teaching aides. In other words, a teacher and a teaching aide team would serve a maximum of eight students. To implement this type of staffing program at the school, considering the reductions made by the Special Session of the Legislature, November 1967, will require an addition to the budget of approximately

\$54,285. This change is outlined in the following summary:

I. Normal Students	Teachers	Teaching Aides
30 + 8	3.75/4.00	
II. Multiply handicapped		
64 - 4 = 16 -	8.00	8.00
	<u>12.00</u>	<u>8.00</u>
Non-classroom Teachers		
Preschool Counselor	1.00	
Mobility Instructor	1.00	
	<u>14.00</u>	<u>8.00</u>
Budgeted Teacher Positions	15.00	----
Change	-1.00	+8.00
8 Teaching Aide positions		
x 20 months = 160 months		
x \$380 per month		\$60,800
OPE @ 15.5%		9,424
		<u>\$70,224</u>
Reduce from 15 to 14 Teachers		-15,939
		<u><u>\$54,285</u></u>

2. Dormitory staffing

The classroom activities must be supplemented and coordinated with a strong group living program which stresses the development of self skills, independent living, and constructive interpersonal relations. In order to achieve this integration of activities and to undertake these tasks, a strong well-trained staff with a high staff-student ratio is required. In view of reductions made by the Special Legislative Session, November 1967, and the increasing proportion of population which is multiply handicapped, the school will require a minimum of five additional

positions in order to provide an adequate staffing and to divide the dormitories into small living groups ranging from eight to ten students each. The cost of these five positions is \$42,240.

A schedule indicating the existing number and the proposed number of units by dormitory follows:

<u>Dormitory</u>	<u>Number of Students Per Unit</u>	
	<u>Present</u>	<u>Proposed</u>
Irvine Hall	12	9
	12	9
	12	9
	11	10
		<u>10</u>
	<u>47</u>	<u>47</u>
Howard Hall	13	8
	13	9
		9
	<u>26</u>	<u>26</u>
Total	<u>73</u>	<u>73</u>

The staffing on each of these dormitory units reflecting the proposed additional units would be as follows:

HOWARD HALL¹

(Capacity of 26 students)

	<u>A.M.²</u>	<u>P.M.</u>	<u>Night</u>
Monday	<u>3</u>	<u>3</u>	<u>1</u>
Tuesday	3	3	1
Wednesday	3	3	1
Thursday	3	3	1
Friday	2	0	0
Saturday	0	0	0
Sunday	0	2	1

¹Students in this dormitory go home on weekends.

²One position shown on A.M. shift is engaged in teaching living skills and may be assigned to a variety of locations other than Howard. Also, the supervisor of this unit is engaged in teaching living skills to students.

IRVINE HALL

(Capacity of 47 students)

	<u>A.M.</u>	<u>P.M.</u>	<u>Night</u>
Monday	<u>2</u>	<u>5</u>	<u>1</u>
Tuesday	2	5	1
Wednesday	3	5	1
Thursday	3	5	1
Friday	3.5	2	1
Saturday	2	2	1
Sunday	1	3.5	1

The supervisor of the dormitory, listed in A.M. shift, is engaged in teaching living skills. The staff in this dormitory is assisted by college students during waking and bedding hours for brief periods.

3. Improved program coordination and individual program planning and continuing assessment

The concept of services to the multiply handicapped as outlined in this report is based upon development of individual programs for each child, modification of services to meet these program plans, and continuing on-going

assessment. In order to assist in the development of individual programs as well as providing the on-going assessment and evaluation and to assist in the integration, direction of the overall program, a full time psychologist is recommended at the school. The cost of this position for a full biennium is \$28,551. The school currently has budgeted \$30 per week for the purchase of psychological services. The net improvement required in the budget considering the funds currently budgeted is \$25,431.

4. Improved record keeping

One of the deficiencies in each of the three schools demonstrated by the survey is the lack of data on the characteristics of children screened and enrolled. It is planned to place the two special schools on a biometrics program which will develop this historical data on a timely basis. Also the program proposed for the multiply handicapped child involves a central recording of data for program evaluation purposes. In order to develop a systematic record keeping system, clerical assistance is needed at the school to gather and transmit data. It is recommended that a Clerk 1 be added to the budget at a cost of \$8,606 whose duties in part would be to provide necessary clerical support for record keeping.

5. Need for evaluative research

Little evaluation has been undertaken as to the effectiveness of the program for multiply handicapped children at the

School for the Blind. Considering current expenditures as well as the additions proposed, evaluation is essential in order to insure the program is meeting the needs of individual children to achieve their highest potential and that tax resources are wisely allocated.

It is recommended that an evaluation activity be initiated. The psychologist position and improved record keeping services will assist to initiate this objective, at the agency level with assistance received through the Office of Research and Program Evaluation.

Summary of Recommended Improvements for Multiply Handicapped Program at Oregon State School for the Blind

	<u>Number of Positions</u>	<u>Estimate</u>
Classroom setting	+7	\$ 54,285
Dormitory staffing	+5	42,240
Evaluation and program development psychologist	+1	25,431
Improved record keeping ¹	<u>+0.5</u>	<u>4,303</u>
	+13.5	\$126,259

¹One-half the cost of the recommended clerk has been assigned as an improvement for the multiply handicapped program.

VII. Recommendations for the School for the Deaf

- A. Approximately 25 percent of the students at Oregon State School for the Deaf are multiply handicapped, but if admission policy changes to include an additional group of deaf-retarded this figure should rise.
- B. Twenty-six students were removed from Oregon State School for the Deaf, and about 90 percent of these removals occurred in the first two years of residence. Thirteen of these children were retarded; 22 exhibited behavior problems, and 15 had physical problems. Poor peer relationships and aggressiveness were the most frequently noted behavior problems.
- C. Characteristics from the survey data indicate:
 1. One hundred thirteen multiply handicapped children were identified in the survey. Seventy-one were in residence on 12/31/67.
 2. Less than half have physical problems but over two-thirds have behavior problems.
 3. Half were retarded, and the intellectual ability of 10 percent was unknown.
 4. Almost all had hearing loss, but almost none had visual disabilities.
- D. Specific Program Recommendations
 1. Providing services to children not now being served.

A survey was made of children who are not now being served but who meet criteria for admission to the Oregon State School for the Deaf. These include children who have been:

- a. Denied admission to Oregon State School for the Deaf,
- b. Removed from the Oregon State School for the Deaf after admission, or
- c. Who are now in residence at Fairview Hospital.

The study determined not to plan services for any child who is now 14 years of age or older and not currently enrolled in a special education program because it was felt there was not sufficient time to work with the child considering the special educational and training problems involved and the maximum enrollment age of 21. This eliminated approximately 23 persons, aged 14 to 20, who otherwise qualified for admission. Also, it was found that some children in the above three classifications have moved from the State, are deceased, or are now being served by other programs. The net result was a total of eight, available and eligible, children in need of services at Oregon State School for the Deaf who are not now enrolled. These include two to be transferred from Fairview Hospital; two who had been enrolled at the School for the Deaf but discharged; and four who had been previously denied admission.

The projected cost for serving these eight children during 1969-71 is \$37,309 as indicated in the following schedule:

Education

1 Teacher 575 x 22 mos.	\$12,650
1 Teacher Aide 380 x 20	7,600
	<u>\$20,250</u>
OPE @ 10.8%	2,187
	<u>\$22,437</u>
Educational Supplies 114.66 x 8	917
	<u>\$23,354</u>

Dietary

Food 437.50 x (8 x 66% - 5.3)	\$ 2,318
Kitchen and Dining 18.74	149
	<u>\$ 2,467</u>

Medical Care

Medical Supplies 10.72 x 8	<u>\$ 85</u>
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Physical Care

1 Dormitory Counselor I 480 x 20	\$ 9,600
OPE @ 12.3%	1,180
	<u>\$10,780</u>
Laundry 30.74 x 8	245
Dormitory and Household 47.29 x 8	378
	<u>\$11,403</u>

GRAND TOTAL	<u>\$37,309</u>
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2. Improvements in services for multiply handicapped children now enrolled

The study relating to the multiply handicapped children reviewed the adequacy of existing programs at the three schools in order to improve their effectiveness. At the Oregon State School for the Deaf, the study revealed there are 78 children now being served classified as multiply handicapped children according to the definitions utilized in this report.

It is anticipated that the number will increase to 92 during the 1969-70 school year and to 105 during the 1970-71 school year. The reason for this increase is the large number of children who will be entering the school with multiple handicaps as a result of the rubella epidemic in 1965.

The following is a schedule indicating this projected trend:

<u>Year</u>	<u>Regular Program</u>	<u>Multiply Handicapped</u>	<u>Total</u>
1967-68 Actual	196	78	274
1968-69 Estimated	211	80	291
1969-70 Estimated	213	92	305
1970-71 Estimated	203	105	308

In order to improve the services to the population now served and projected through 1971, the following is recommended:

a. Classroom staffing

Experience nation-wide indicates that minimum classroom

staffing for multiply handicapped children should be no less than a 1:4 student/staff ratio. In comparison, minimum staffing for the "normal" deaf child setting should be no less than 1:8, with the exception of preschool children. These ratios do not include non-classroom teachers such as supervising teachers, librarians, counselors, as well as special teachers such as required for vocational training, speech therapy, etc. The term "normal deaf child" refers to one who has a sensory handicap deafness, but does not exhibit any other gross physical, emotional or mental disability. As used in this report, the 1:4 ratio for the multiply handicapped is based upon one teacher and one teacher aide serving eight students.

Because of the increased number of multiply handicapped children being served by the school, staffing requirements for the future must be based on the type of child being served.

In addition to implementing the recommendations of this report relating to the three-phased evaluation and assessment, it is proposed that the school over the next three years, beginning with the school year 1969-70, implement the above staffing ratios on the following basis:

1969-71Preschool Department -- 3.8-6 years

Budget staff for preschool "normal" deaf children on a ratio of 1:5.91, the existing approved ratio and preschool multiply handicapped children on a ratio of 1:4; beginning in 1969-70 and continuing through 1970-71.

Primary Department -- 7-13 years

Implement the above staffing ratios, 1:8 for the "normal" deaf child and 1:4 for the multiply handicapped deaf child, beginning in 1969 and continuing through 1970-71.

Intermediate Department -- 13-15 years

During the 1969-70 school year, staffing to serve children in this department would be budgeted on a ratio of 1:5.91, the existing approved ratio. Implement staffing for the "normal" deaf child on a ratio of 1:8 and for the multiply handicapped deaf child on a ratio of 1:4 beginning with the 1970-71 school year.

High School and Vocational Programs -- 16 years and over

No change during the 1969-71 biennium. However, implement a similar type program which meets the specialized needs of the older normal and multiply handicapped deaf

students served by the high school department during the 1971-72 school year. Special emphasis in the high school department for multiply handicapped would be directed toward vocational, occupational, and independent living skills.

Non-classroom teacher positions would be budgeted in addition to the staffing determined according to the above ratios.

Successful implementation of individual program planning and continued assessment evaluations recommended in this study, as well as implementation of the revised staffing concepts for the multiply handicapped and normal deaf child, will require a considerable amount of planning, staff training and understanding by the staff of the school. It is felt the above can be successfully effected while maintaining adequate control to evaluate results if implemented over a period of three years. It should be recognized that the concepts contemplated by the above changes are a departure from the traditional type of program which has been conducted at the school. In order for this re-direction to be successful, it must be implemented on an effective and efficient basis. Effect of the above recommendations is indicated in the following:

SUMMARY

	<u>1969-70</u>	<u>1970-71</u>
Teachers		
Classroom	46	44
Non-Classroom	<u>8*</u>	<u>8*</u>
Total	54	52
Teaching Aides		
Classroom	7	100
Non-Classroom	<u>1*</u>	<u>1*</u>
Total	8	11
GRAND TOTAL	<u>62</u>	<u>63</u>
Teacher Positions Budgeted 1967-69		53
"A" Level Increase 1969-71		<u>3</u>
		<u>56</u>

* See Listing on Following Page

FISCAL IMPLICATIONS

	<u>Funds</u>	<u>F.T.E. Positions</u>
<u>1969-70</u>		
8 Teaching Aides		
8 x 10 x \$380	\$30,400	
OPE @ 10.8	<u>3,283</u>	
	\$33,683	
 <u>1970-71</u>		
11 Teaching Aides		
11 x 10 x \$380	\$41,800	
OPE @ 10.8	<u>4,514</u>	
	\$46,314	
 TOTAL	\$79,997	9.5
 Less:		
3 F.T.E. Teachers, 2 @ 24		
mo., 2 @ 12 mo. 3 x 24		
x \$575	\$41,400	
OPE @ 10.8	<u>4,471</u>	
	\$45,871	- 3.0
 TOTAL	<u><u>+\$11,191</u></u>	+ 6.5

SCHEDULE OF NON-CLASSROOM STAFFTeachers

Supervising Teachers	3
1 Preschool-Elementary	
1 Intermediate	
1 High School	
Educational Counselor	1
Librarian	1
Speech Teacher	1
Multiply Handicapped Child Program Coordination and Program Development	<u>2</u>
	8

Teaching Aides

Multiply Handicapped Child Program Coordination and Program Development	<u>1</u>
	<u>9</u>

The existing evaluation center, supported primarily with ESEA Title I funds, will make a major contribution to services for the multiply handicapped child. The staff of the evaluation center includes a project director, two psychologists, an audiologist, professional consultants, and clerical assistance. It will be the responsibility of this staff plus the specific additional staff above to develop individual program plans and provide on-going assessment in cooperation with the educational staff.

b. Dormitory staffing

An analysis of the group living units at the school reveals a serious deficiency in staffing. For example, during the afternoon shift, generally the period from the end of school to bedtime, and excluding the preschool unit, one dormitory counselor is supervising approximately 20-30 children. This low staffing requires those on duty to a primary concern with maintaining group order and does not enable time to be devoted to meeting the needs of individual students, regardless of whether they are multiply handicapped or not. Unless there is the coordination and integration in the group living and the education programs, it will be impossible to achieve the realization of specific

individual program goals. The key to achieving this integration is an adequate, trained staff, together with effective supervision. Therefore, a significant staffing improvement in the dormitory program is necessary to implement the type of program outlined in this report. Additional staff is recommended for the afternoon shift in addition to the seven staff already recommended by the Board of Control in order to eliminate split-shifting. In order to arrive at the specific needs, a staffing ratio on this shift of approximately 1:15 for children enrolled in the regular program and a staffing ratio of 1:8 for those enrolled in the multiply handicapped program. This indicates a significant improvement for both categories of children over that which currently exists.

The following schedule indicates the projected population to be housed in the dormitories by age group for both the normal deaf student and the multiply handicapped deaf student. It also indicates a possible allocation of staff to each of these age groups based upon these population levels and the above staffing ratios.

STAFFING - AFTERNOON SHIFT

<u>Age Group</u>	<u>1969-1970</u>				<u>1970-1971</u>			
	<u>Projected Population- Regular</u>	<u>Staff</u>	<u>Projected Population- Mult. Hand.</u>	<u>Staff</u>	<u>Projected Population- Regular</u>	<u>Staff</u>	<u>Projected Population- Mult. Hand.</u>	<u>Staff</u>
<u>Preschool</u>								
@ 15	57	3			49	3		
@ 8			20	3			31	5
<u>Primary</u>								
@ 15	28	2			20	2		
@ 8			28	3			28	3
<u>Girls</u>								
@ 15	42	3			46	3		
@ 8			14	2			13	2
<u>Boys</u>								
@ 15	58	4			62	4		
@ 8			19	2			19	2
	185	13	61	10	177	13	91	12

2 Additional Counselors for:

a. Emergency situation on dormitories;

b. Assist in environment evaluation of new students.

$$\frac{2}{12}$$

$$\frac{2}{14}$$

The dormitories can either operate as a unit or divide into a number of sub-units containing representation of all types of children housed on the unit. Therefore, the above schedule indicating staffing requirements for individual groups of students is not to mean that these groups and staff are to be segregated. The staffing indicated for children in the regular program totals 13 counselors. This is basically the staff which would be available if the Governor and the Legislature approve funds to implement the staffing requirements to eliminate split shifting. Therefore, for the purpose of this report the additional staff requirements are indicated exclusively to serve the multiply handicapped child. These staffing recommendations cover only the afternoon shift, five days per week, from Sunday afternoon through Thursday afternoon. In order to provide additional coverage during the waking hours, before the start of school, teaching aides budgeted in the education program will assist in the dormitories for a short period of time.

The cost of this additional staffing is as follows:

Dormitory StaffingAdditional Requirements for Dormitory Staffing for
Multiply Handicapped

<u>1969-70</u>		<u>1969-70</u>	
\$480 x 10 x 12	\$57,600	\$480 x 10 x 14	\$67,200
OPE @ 11%	<u>6,336</u>	OPE @ 11%	<u>7,392</u>
Total	\$63,936	Total	\$74,592
TOTAL STAFFING REQUIREMENTS		<u>\$138,528</u>	

It is assumed the school will continue to pursue Board Policy which requires students in the Salem area to live at home and those who live within the certain distance to return home on weekends. Having the staff available on Sunday afternoon will provide an opportunity to exchange information with parents as to the progress of the children while at home for a weekend. This parent-school cooperation will be an important aspect of the program for multiply-handicapped children.

In addition to the staff which is specifically assigned to a dormitory, two additional positions have been budgeted to handle problems which may arise on the dormitory as well as to assist in educational and social evaluations which will be undertaken for all new pupils.

c. Secretarial assistance

An important aspect of an effective educational and

social living program will be the integration of these two major programs with the existing evaluation center at the school being the focal point. In order to assist in this integration, two teachers and a teacher aide have been provided under the recommendations for the education program. Since an important aspect of the program will be to develop an individualized program for each child, a considerable amount of additional clerical work will be required. Thus an additional secretary is recommended for the evaluation center. The cost of this position is as follows:

Secretary 3:	\$400 x 24	\$ 9,600
	OPE @ 11%	<u>1,056</u>
		\$10,656

Presently, the school is in need of improved clerical services. Closely related to the above recommendation is a secretary to serve the administrative office and a secretary to serve the supervising teachers.

d. Specialized equipment and supply requirements

A total of \$10,000 is recommended in order to construct or purchase special equipment such as carrels and to purchase special supplies required for an effective program for multiply handicapped children. Examples are as follows: electronic classroom equipment, auto-instructional devices, programmed instructional materials, data processing equipment and materials.

e. Summary

The implementation of recommendations to improve services for the multiply handicapped child now enrolled at the Oregon State School for the Deaf in order to provide the type of programs described above, requires the following additional costs and staffing:

<u>Program</u>	<u># of F.T.E. Positions</u>	<u>Cost</u>	
Education			
Teaching Aides			
1969-70	8	\$ 33,683	
1970-71	<u>11</u>	<u>46,314</u>	
Total	9.5	79,997	
Less 3 F.T.E.	<u>-3.0</u>	<u>- 45,871</u>	
	+6.5	+ 34,126	+ 34,126
Dormitory Program			
Dormitory Counselors			
1969-70	+12	+ 63,936	
1970-71	<u>+14</u>	<u>+ 74,592</u>	
	<u>13</u>	<u>\$138,528</u>	+\$138,528
Secretarial Assistance-- Evaluation Center			
	+1	+ 10,656	+ 10,656
Additional Services and Supplies and Capital Outlay			
		<u>10,000</u>	<u>+ 10,000</u>
	20.5		\$193,310

3. Need for evaluative research

Little systematic evaluation has been undertaken as to the effectiveness of the program for multiply handicapped children

at the School for the Deaf. The program has essentially operated on a traditional educational model and a grossly inadequate dormitory staffing has prevented an integrated service involving the academic and social living programs. It is essential that specific goals be developed in terms of overall program; that the program be continuously evaluated, and that new techniques, procedures and policies be developed utilizing the knowledge of the various branches of the social sciences in order that an effective program is developed to serve handicapped children. Staff of the evaluation center as well as the assistance and resources of the Office of Research and Program Evaluation are involved.

4. Summary

The total cost of the recommended improvements for the multiply handicapped program at the Oregon State School for the Deaf is as follows:

Improve services to children now enrolled	\$193,310
Provide services to children not now served	<u>\$ 36,090</u>
	<u>\$229,400</u>

SUMMARY OF PROGRAM AND BUDGET RECOMMENDATIONS

Section V

I. General Program Recommendations

- A. Evaluation and Planning for the individual child. A three phase program is proposed.
 1. An initial placement evaluation to be accomplished in a central clinical setting. (Fairview)
 2. An evaluation designed to result in individual program development for the child. This phase is to be accomplished within the operation of each of the three institutions.
 3. Also within each institution a third phase would consist of on-going assessment of the child's subsequent response to the program being provided.
- B. Interagency Committee on the Multiply Handicapped Child. A committee composed of representatives of the agencies involved in serving the child shall function to review problems, develop policy, determine placement of special cases, and develop and evaluate programs.
- C. Record Keeping: It is recommended that the Interagency Committee appoint personnel from each of the three agencies to propose a coordinated record keeping system which will provide records of the quality and quantity required.
- D. Program Development: A number of guidelines have been recommended to include:
 1. Keep comprehensive records of child behaviors and related events.
 2. Individualize treatment plans with behavioral objectives.

3. Make maximum use of regular staff.
4. Employ concepts of prevention and early treatment.
5. Design programs with built-in evaluation and staff training elements.

II. Fairview Hospital and Training Center

A mobile, unit treatment and evaluation team is proposed. This team would work with cottage personnel and would provide evaluation services, program planning, teacher and teacher aide personnel on an individualized basis. The team would take its services to the cottages which house multiply handicapped children.

III. Oregon State School for the Blind

Program recommendations for the School for the Blind include increases in the staff-to-student ratios such that one teacher and one teacher aide would be provided to serve a maximum of eight children. Dormitory staff would be increased to provide one counselor per living unit of eight to ten children. Other recommended staff increases call for the provision of a full time psychologist.

Record keeping improvements recommended include the development of a biometrics program and centralized recording of data. A clerk is recommended to provide needed record keeping services.

The need for program evaluation activity was recognized and will be facilitated by the addition of the full time psychologist, the clerk, and by improved record keeping procedures.

IV. Oregon State School for the Deaf

Staff increases are recommended for classrooms and dormitories to provide services to the multiply handicapped children not now being served and to improve services to those children presently enrolled.

The staff-to-student ratios are basically the same as those recommended above for multiply handicapped blind children. Other recommended staff increases would provide teachers and aides to implement recommendations related to the development of individual program plans and the provision for on-going assessment of the child's response to his program. The addition of a secretary is recommended to provide necessary clerical services.

V. Budget Recommendations

	<u>Total</u>	<u>No. of FTE Positions</u>
MENTAL HEALTH DIVISION		
Fairview Hospital and Training Center		
Establish Placement Evaluation Center	\$111,653	4.0
Improved Services for Multi-Handicapped Now Served	\$211,427	14.0
	\$323,080	
SPECIAL EDUCATIONAL SERVICES DIVISION		
Oregon State School for the Blind		
Improve Services for Multi-Handicapped Now Served	\$126,259	13.5
Oregon State School for the Deaf		
Serve Child Not Now Served	37,309	3.0
Improve Services for Multi-Handicapped Now Served	<u>193,310</u>	<u>20.5</u>
Total Special Educational Services Division	<u>\$356,878</u>	<u>55.0</u>
GRAND TOTAL		<u>\$679,958</u>
Less Amounts Included in Improvement Budgets Approved by Board in June		
Oregon State School for the Blind	(\$126,259 - 25,431) =	- 100,828
Oregon State School for the Deaf	(\$230,619 - 80,619) =	- <u>150,000</u>
CHANGE		<u>\$429,130</u>

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