national institute for advanced studies

ALTERNATIVES TO INSTITUTIONALIZATION: AN EVALUATION OF STATE PRACTICES

Contract No. HCFA-500-77-0029

REVISED CALIFORNIA CASE STUDY

NOVEMBER 1978

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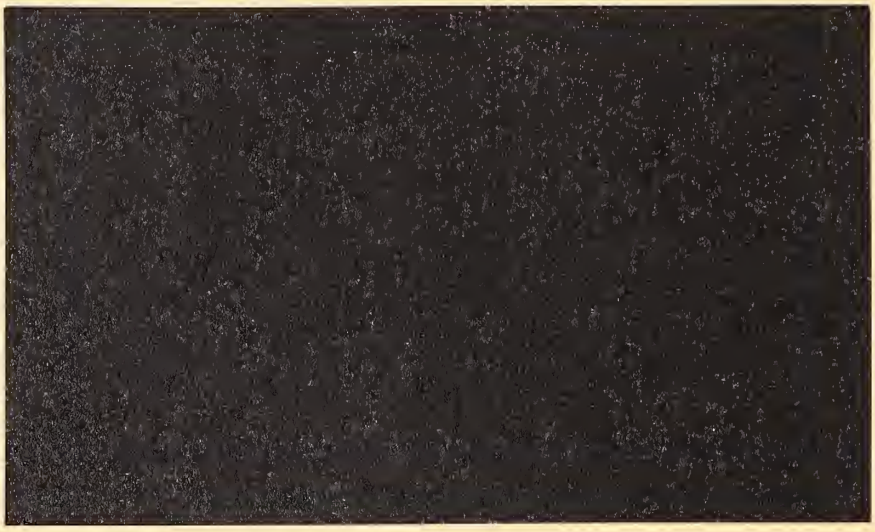

Submitted to

Department of Health, Education and Welfare
Health Care Financing Administration
330 C Street, S.W.
Washington, D.C. 20001

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CALIFORNIA CASE STUDY

INTRODUCTION

The Health Care Financing Administration (HCFA) has contracted with the National Institute for Advanced Studies (NIAS) to conduct a study of the development of alternatives to the institutionalization of the functionally disabled population, including the developmentally disabled, the physically handicapped and/or chronically ill, the mentally ill and the elderly. The objectives of the study are to help:

- reduce the inappropriate institutionalization of the functionally disabled
- facilitate the development of health and social services which prevent inappropriate institutionalization
- encourage states to utilize Medicaid programs which can help to support the goals of alternative care arrangements.

Four major tasks are identified as being the key activities involved in achieving the above objectives. These tasks include:

- conduct of a literature search and the development of a methodology and analysis plan
- on-site review of state practices

- analysis of collected data and preparation of a final report
- oral presentation of findings at a meeting of the Medicaid Management Institute.

The final product of this study will be a technical assistance ("how-to-do-it") manual for use by state agencies (and other concerned parties) in the planning and establishment of appropriate alternatives to institutional care. This manual will be presented at the meeting of the Medicaid Management Institute.

This document is a case study of the State of California. It details California's current involvement in the development of alternative care programs. The descriptions herein are based upon personal interviews with various individuals and supporting materials obtained on various site visits.

OVERVIEW

California has been developing community alternatives to state hospital programs for more than 25 years.[1] The state has been especially active in developing innovative alternative programs for the elderly; and programs designed for the developmentally disabled also have been developed in recent years. These programs are briefly described below. Later in this report each program will be discussed in terms of its process of development. There are five key stages of this process: (1) needs assessment; (2) program planning; (3) program development; (4) program operations; and (5) program evaluation. These individual stages are defined in detail in the Appendix of this report.

California is noted for its day care programs for the elderly which have primarily been demonstration projects. California's General Assembly recently passed two laws which provide for the establishment and funding of adult day care services as a Medicaid Service. Also recently passed was a law providing for the establishment of Multi-purpose senior service projects. The passage of these adult day care laws has attributed to the success of such programs as the On Lok Senior Health Services Day Health Program, the demonstration day care programs at the Garden Sullivan Hospital, the Mt. Zion Hospital and Medical Center and at the Ralph K. Davies Hospital, the Jewish Home for the Aged Day Care Program and the day care program operated by San Diego's Adult Protective Services. (The On Lok Senior Health Services Day Health Program in San Francisco was the first of these programs to be developed; the program began operation in 1973.) These programs all offer a variety of medical and social services

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[1]Department of Health, Quality Services Alternatives Report, March 31, 1976, p. 13.

and are designed as alternatives to the long-term institutionalization of the elderly. At present, the California Department of Health, through Medi-Cal, has contracted with On Lok, Garden Sullivan, Mt. Zion, and San Diego's Adult Protective Services to provide these services; the program at the Jewish Home for the Aged, originally funded by a grant from the Administration on Aging, is now supported by the Home's operating budget.

The California Department of Health also is involved in providing alternative services for the developmentally disabled. A goal has been set to reduce state hospital population by 1985. The plan which has been developed for accomplishing this goal includes the development of a needs assessment methodology and it is based upon the identification of "cluster groups" which share similar needs; these clusters are defined according to individual functioning in the areas of:

- self sufficiency
- motor coordination
- communication
- self control.[2]

A total of twelve clusters were identified using this method. These clusters will be used to determine the service needs of the different groups of the developmentally disabled.

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[2] Ibid., p. 32.

ON LOK SENIOR HEALTH SERVICES DAY HEALTH PROGRAM

The On Lok Senior Health Services Day Health Program is located in the Chinatown area of San Francisco. Serving primarily Chinese clients, the program offers a wide variety of services ranging from medical examinations to transportation to reality therapy. Initially started as a Federal Demonstration Project, On Lok's program was designed to answer such questions as:

- how many days of institutional care can such a day care center prevent and at what cost savings?
- how many and what kinds of persons can return to or continue in independent living as a result of the day care services?
- what services are most effective in reducing or eliminating institutionalization?
- what are the characteristics of persons for whom such programs seem most effective?
- how effective is the day care center in helping families to care for an aged parent at home?[3]

Studies have shown that the On Lok Senior Health Services Day Health Program has been successful in proving the positive impacts of day care services; day care participants were found to be more independent, more socially active, expressed higher satisfaction with life and spent significantly fewer days in skilled nursing facilities than did members of a comparison group not receiving day care services.[4]

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[3] Kalish, Leurie, Wexler and Zawadski, Highlights from the Evaluation Report of On Lok Senior Health Services, January 1976, p. 1.

[4] RTZ Associates for the California Department of Health, On Lok Day Health Services: Its Impact on the Frail Elederly and the Quality and Cost of Long-Term Care A Summary of Findings, May 1977, p. 1.

The success of the On Lok program helped to prompt the California Assembly Special Subcommittee on Aging to prepare legislation authorizing the licensing and reimbursement of day care services. This legislation became law in January 1978.

Needs Assessment

The On Lok Senior Health Services Day Health Program was established in 1973 in response to studies concerning the elderly in San Francisco's Chinatown. These studies were conducted by the Chinatown North Beach Health Care Planning and Development Corp. This organization started out testing the feasibility of establishing a nursing home in the area which would be staffed by foreign health care professionals; in the process, it was discovered that a network of supportive care services did not exist for the area's elderly. It was originally felt that both needs (for nursing home and supportive services) could be met by the purchase of a hotel type facility which would serve as a residential service center. The Chinatown North Beach Health Care Planning and Development Corp. received a grant from the San Francisco Foundation which was to be used to identify funding sources for their proposals.

Program Planning and Development

During the process of attempting to find funding sources, the Chinatown North Beach Health Care Planning and Development Corporation approached the Social and Rehabilitation Services (SRS), Administration on Aging (AOA) and Medical Services

Administration (MSA) in Washington, D.C. The Corporation then applied to HEW for a grant to study adult day health care and it was awarded in 1972. (This grant was to fund only day health care services; the Corporation tried to implement its idea of providing living arrangements for the program's participants through a cooperative arrangement with the Salvation Army and a local nursing home. The cooperative arrangements were tried for one (1) year. Because of a number of administrative problems, these arrangements were terminated.)

In December of 1974, the California Department of Health entered into a contract with On Lok Senior Health Services to provide day health services on a demonstration basis to Medi-Cal recipients certified as needing skilled or intermediate care. Subsequently, an additional demonstration grant was received from the Administration on Aging to develop adult day social care services. This new grant permitted On Lok to discharge participants who no longer needed the day health services to a program which could not meet their needs.

Program Operations

The majority of On Lok's clients are obtained through references and outreach (including contacts with area hotel managers and bar owners). A client's first contact is with a social worker, who does a preliminary assessment. A formal evaluation is then scheduled, during which the potential client is seen by the On Lok physician and a variety of other staff. Subsequently, the On Lok multi-disciplinary assessment team holds an intake and assessment conference to decide which services are needed by the client, to determine his/her eligibility for these services, and to develop an individual treatment plan.

Treatment plans are generally re-evaluated after the first three months but in some cases sooner. At this point, any indicated changes are made. The conditions under which

a client is discharged are: (1) the client requests it; (2) the client moves; or (3) the client dies. In the event a client is discharged, follow-up is conducted for three months. If the discharged client remains in the immediate community beyond three months, follow-up is done informally on an on-going basis.

Program Evaluation

The On Lok program has been evaluated both by in-house staff and independent researchers (a condition of funding). One of these evaluations compared the status of day care participants with that of elderly persons who were not participating in the day care program. Another evaluation utilized personal observations, interviews with staff and information from supporting documents, informal meetings and related materials in assessing the status of the On Lok program. These evaluations have concluded that, "day health, as provided by On Lok, does provide an alternative to institutionalization for a meaningful proportion of those presently institutionalized. Even more importantly . . .day health provide/s/ a different and much needed option in the long-term health care continuum."[5]

[5]RTZ Associates, Day Health Service: Its Impact on the Frail Elderly and the Quality and Cost of Long-Term Care, Overview of the Study, May 1977, p. 1.

SAN FRANCISCO HOME HEALTH SERVICE'S
DAY CARE DEMONSTRATION PROJECTS

In 1975, the San Francisco Home Health Service received a grant from the U.S. Department of Health, Education and Welfare to fund adult day care demonstration projects sponsored by licensed health care providers. Contracts were awarded by San Francisco Home Health Service to establish day care programs in three area hospitals: Mt. Zion Hospital, Garden Sullivan Hospital, and Ralph K. Davies Hospital.

Needs Assessment

The San Francisco Home Health Service originally wanted to sponsor demonstration projects which offered a combination of home health services, day care services and intermediate care services. The focus on intermediate care was based upon the knowledge that there were few facilities/programs of this type in the area. As the agency's program evolved, it came to focus on day care and homemaker services because none of the existing intermediate care facilities in San Francisco agreed to participate in the demonstration project.

Program Planning and Program Development

Although,to a certain extent,the demonstration projects at Mt. Zion, Garden Sullivan, and Ralph K. Davies Hospitals were planned and developed according to San Francisco Home Health Service's mandate, the projects were allowed some flexibility. For example, at Mt. Zion, an advisory group was formed which addressed key issues in the planning and development of the program. An attempt was made to coordinate Mt. Zion's

program with the resources and services offered at the hospital and in the community. The project staff has planned for the adult day health service to become a regular Mt. Zion service. Thus the continuum of services offered by the hospital will include day health care, home care, referral, training and eventually evaluation services.

Program Operations

Each of the three projects received referrals from nine area hospitals.[6] As part of the demonstration, each project identified control and experimental groups for study. Each referred individual was evaluated by an assessment team from San Francisco Home Health Services. This team noted such factors as the individual's medical history, functional level and cognitive skills. If the individual was admitted to one of the projects, he or she had to agree to participate in the program for at least one year. A physician was asked to prepare a treatment plan for each client which specified the level of care and type of services to be delivered to the client. Once a treatment plan had been prepared, the progress of the client was monitored to note any changes in the status of the client which indicated needed modifications of the treatment plan.

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[6]As required by the original HEW contract, many of the referrals to the projects came from within the hospital where the project was located. For example, 40 percent of Mt. Zion's project referrals came from departments within Mt. Zion Hospital.

Once the Federal demonstration projects (Section 222) ended, the programs operated independently for awhile, then Mt. Zion and Garden applied for an 1115 Medicaid waiver through the California Medi-Cal System.[7] Consequently, program operations changed somewhat. Instead of an assessment team from San Francisco Home Health Services, each of the remaining two projects did its own assessment by utilizing in-house staff. During the 222 demonstration project, clients were asked to participate in the program for a specified period of time. The two projects now have a means of determining when and under what conditions termination of services is warranted. Termination of services is usually the result of a re-evaluation of client status, including consultation with the treating physician. Currently, neither of the two existing projects is able to conduct extensive follow-up once a client has been released from the program.

Program Evaluation

The day health program at Garden Sullivan Hospital was evaluated in January of 1977. Questionnaires were constructed and sent out to the day care participants. The questionnaire was designed to identify client priorities. The response to the questionnaire was positive. Program staff hope to conduct future evaluations which would include also surveying community agencies.

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[7]Only the programs at Garden Sullivan Hospital and Mt. Zion Hospital still exist; the program at the Ralph K. Davies Hospital was terminated. The total number of clients served did not justify the continuation of three programs. The purpose of the Medi-Cal demonstration projects was to test the cost effectiveness of day care and the feasibility of it being funded through Medi-Cal.

SAN DIEGO'S ADULT PROTECTIVE SERVICES
SENIOR DAY CARE PROGRAM

San Diego's Adult Protective Services is a private, non-profit service agency which deals with the problems of the elderly. In recent years, Adult Protective Services has established five Senior Day Houses in the San Diego area. These Senior Day Houses provide preventive and supportive services in a social setting, "preserving a natural life style and encouraging the participation of members in developing a program which is 'theirs'".[8]

The idea of providing day care services in the San Diego area first appeared in a concept paper which was prepared by Adult Protective Services. This paper was then reviewed by the city's Revenue Sharing Policy Board (which allotted funds as authorized by the General Revenue Sharing Act in support of the development of local programs). The Board asked Adult Protective Services to submit a proposal for funding based on the concept paper. The proposal was approved for funding and subsequently four Senior Day Houses had been established by 1974. The Day Houses were supported by revenue sharing monies until 1977 when a contract was signed designating the program as a Medi-Cal demonstration project. Like the Medi-Cal projects at Mt. Zion and Garden Sullivan Hospitals, this demonstration project was to test the cost effectiveness of day health care and the feasibility of it being funded through Medi-Cal. Following the award of the Medi-Cal contract, a fifth Senior Day House was established.

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[8]"Background History of Adult Protective Services," January 1978, p.4.

Needs Assessment

A formal needs assessment did not preface the establishment of San Diego's Senior Day Houses. Analyses of census tract figures were conducted in order to determine the number of elderly residing in the area. Of these numbers, it was assumed that some percentage were in need of day care services. The Senior Day Houses were planned based upon these assumptions.

Program Planning and Program Development

In planning for the Senior Day Care Program, numerous brainstorming sessions were held to design the various components of the program. Major issues resolved during this time included: program size, medical model vs. social model, and services to be offered. It was decided that the program should emcompass a series of day houses located in different geographical districts and that these houses should be centrally controlled by one administrative unit. It was also decided that the participants in the program would be referred to as "members" so as to avoid any feelings of institutionalization.

Program Operations

Most referrals for Adult Protective Services Senior Day Houses are received from physicians and the Welfare Department. Once a referral is received, it is reviewed for its appropriateness. If accepted, the individual is interviewed by an intake worker who obtains basic background information concerning the individual's health situation, social and financial

status. The person's degree of dependence is assessed because the program operates primarily in a social, and not medical, model; it cannot accommodate persons with severe health problems (e.g., the bed-ridden). The individual and his/her family are then asked to visit one of the five Senior Day Houses to become familiar with the type of services offered. An agreement is then negotiated among the individual, his/her family, and Adult Protective Services which specifies: (1) services to be provided; (2) required attendance; (3) fee(s) to be paid; (4) persons to be contacted in case of emergencies; (5) permission for pictures, trips away from the Senior Day House; (6) release of information; and (7) means of transportation to and from the Senior Day House.

The team of specialists (occupational therapist, physical therapist, physician, etc.) involved in the program supply assessments of the individual. This multidisciplinary assessment team develops a treatment plan for the individual. The treatment plan must be approved by the program's physician.

After 90 days, the individual's treatment plan is reviewed at one of the weekly meetings of the multidisciplinary assessment team. The treatment plan may be reviewed sooner if the individual case warrants such action. The multidisciplinary assessment team is responsible for identifying persons eligible for discharge.

Follow-up on discharged individuals is conducted by the program's staff, especially if the individual has been admitted to an acute care facility. If the individual has been sent back to the community, his/her family usually maintains close ties with the program.

Program Evaluation

To date, no external evaluation of Adult Protective Services Senior Day Houses has been conducted.

JEWISH HOME FOR THE AGED'S DAY CARE PROGRAM

The Jewish Home for the Aged in San Francisco is a private nursing home for Jewish senior citizens. The Home began operating a loosely structured day care program in the 1960s; the program then operated as a resource for those on the Home's waiting list. Because of the response, the program has gradually evolved into one whose purpose is "to provide outreach services to homebound or partially homebound older persons who could benefit from socialization and recreational activities."[9] The program is unique in that it provides day care within an institutional setting.

Participation in the program is limited to those: (1) who are 60 years of age or older; (2) with chronic restricting health problems; and (3) who are socially isolated because of their health problems.[10]

Needs Assessment

The Home's day care program originally began as a resource for those on its waiting list who were alert and ambulant. The program served as an adjustment period for those on the waiting list.

Through publicity, the response to the program increased. The Home's staff perceived a need in the community for a day care program with a broader focus (i.e., one not exclusively for those on the Home's waiting list or those

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[9] "Jewish Home for the Aged-Day Care Program" (pamphlet).

[10] Ibid.

contemplating admission). In 1972 efforts began to expand the program to include the disabled elderly who wanted to remain in their own homes.

Program Planning and Development

The Federal government provided the impetus to begin efforts to expand the Home's program to include the disabled elderly who wanted to remain in their own homes. In 1972 Federal funding became available for alternative care programs on a demonstration basis. Before applying for such funding, the Board of the Home had to be persuaded to see the merits of changing the focus of the day care program. The following paragraph describes some of the initial steps that were involved in this process:

> Administration began the process of 'selling' the idea to the Board. It started with selected committees of the Board. First, the Social Service Programs Committee was approached. Headed by a prominent psychiatrist in the community, this Committee dealt with issues related to need definition, client group, guidelines for program development and implementation. Next, to the Long Range Planning Committee in order to relate the new program to planning; then, to the Budget and Finance Committee (review of financing); the Legal Committee (implications of entering into a contract with governmental agencies); and finally, to the full Board.
>
> In order to effectively interpret a new program to the Board, administration had to be clear on the goals, population to be served, services to be provided, value of an institutional setting

> for such a program and implications of governmental subsidy currently and for the future.[11]

It was planned that for the first year the expanded day care program would emphasize social services, and at the end of the year a decision would be made as to whether medical services should also be provided. The expanded program was designed to take advantage of many of the existing services offered to the Home's residents (e.g., dietary services) and use much of the same staff. In this way both administrative and operational costs were kept at a minimum.

Approval for applying for Federal funding was received from the Home's Board. In 1973 a three year grant was received from the Administration on Aging. At the time of the grant, a firm commitment was not received from the Home's Board to continue the expanded day care program after the termination of Federal funding. However, after the expanded program had been operating for two years, it was decided to make it a permanent offering and to include it in the Homes's total operating budget.

Program Operations

Referrals to the Home's day care program are received from area social service and welfare agencies, and private physicians. The Home has a strong outreach component to help convince those who are interested, but are reluctant to make a commitment, of the merits of the day care program. All applicants to the program are initially seen by a social worker,

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[11]"Day Care Under Institutional Auspices—Viewpoint of Administration" Paper presented by Sidney Friedman, Executive Director, at the Gerontological Society's 27th Annual Scientific Meeting, Portland, Oregon, Oct. 30, 1974.

usually during a home visit. The applicant is asked to provide basic intake information. The applicant's physician is asked for a statement which provides a diagnosis of the applicant's health status, any medication being taken, etc.

The applicant is asked to first attend the program on a trial basis to determine if it offers the type of services needed. During this time the applicant is assessed in terms of his/her level of functioning, social situation, and financial and health status. This assessment process is on-going so as to identify needs which can be met either by the program or by other community resources.

Because many of the program's participants suffer from chronic illnesses, few are discharged or "graduate" from the program. Those who do leave the program usually are transferred to an acute care facility or a nursing home. Informal follow-up is conducted on discharged individuals.

Program Evaluation

The initial grant received from the Administration on Aging for the program's development required that an independent evaluation be conducted to determine the impact of the program. An evaluation was conducted which followed the progress of the original participants. Several recommendations resulted from this evaluation; one of the major recommendations was to incorporate more health care components into the program. This recommendation was implemented, partially through the addition of a nurse to the program's staff. Medical services available to the residents of the Home were made available to the day care participants. These services included dentistry, podiatry, opthamology and pharmacy.

ALTERNATIVE SERVICES FOR THE DEVELOPMENTALLY DISABLED

The California Department of Health is involved in providing alternative services for the developmentally disabled. A goal has been set to reduce the state hospital population by 1985. The plan which has been developed for accomplishing this goal included the development of a needs assessment methodology for developmentally disabled individuals. This methodology is based upon the identification of "cluster groups" which share similar needs; these clusters are defined according to individual functioning in the areas of:

- self sufficiency
- motor coordination
- communication
- self control.[12]

A total of 12 clusters were identified after studying 6,000 of the 10,000 individuals currently in state hospitals who perhaps could be appropriately served in the community if alternative programs existed.

The California Department of Health intends to utilize the methodology in developing community programs for the developmentally disabled.

Needs Assessment

Each of the 12 clusters mentioned above was composed of individuals most similar to each other and most different from

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[12] Department of Health, Quality Services Alternatives Report, March 31, 1976, p. 32.

individuals in the other groupings. The clusters represented a continuum, the first cluster was composed of the most disabled individuals and the last cluster composed of the least disabled individuals. For example, persons in the sixth cluster were described:

> Members of this cluster are mobile though nonambulatory. They are able to navigate a wheelchair on level, smooth surfaces. Total assistance by staff is currently needed in self-help skills but training can decrease their dependence. Socialization on a one-to-one basis, generally with staff, is very good but may be limited in groups. There is some antisocial behavior toward others. Communication with members of this group is easier than for previous clusters as a limited vocabulary exists. Persons not familiar with an individual's speech pattern often find it difficult to understand members of this group. Generally, this group participates readily in activities designed by staff to increase socialization and self and environmental awareness. Response to educational programs is also good. Medical service is required for physical disabilities.
>
> Members of this cluster require activities which include training in self-help skills, sensory-motor development, socialization, self and environmental awareness, communication development, preacademic education, behavior development, and structured leisure time activities. [13]

Using a sample group representing individuals from each of the 12 clusters, interdisciplinary study teams were formed to develop individual programs and to identify individual service needs. The interdisciplinary teams were responsible

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[13] Ibid. p. 71.

for developing four different programmatic plans for each individual in the sample. The plans submitted included:

- a current hospital service plan
- a community plan equivalent to the hospital plan
- a hospital plan reflecting the programming which could be provided with increased staffing
- a community plan reflecting true needs of hospital residents.[14]

These plans were eventually combined to yield four composite plans for each of the 12 clusters. The composite plans indicated that individuals in the same cluster had similar programming needs.

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[14] Ibid. p. 33.

APPENDIX I

DEFINITION OF TERMS

Needs Assessment

A needs assessment is usually designed to answer one basic question: what services are needed by this population? In order to answer this basic question, strategies should be developed which outline a means of: (1) defining the characteristics of the potential client population; (2) determining which services are most needed (demanded); (3) determining to what extent the services already available address the needs presented; and (4) determining the extent to which available services are coordinated and accessible to clients.

Analyses,such as the above,will help to identify the current needs of the client population, i.e., significant gaps between the services and clients' need and the services the clients receive.

Program Planning

In planning the actual alternative care program, the results of the needs assessment are utilized in conceptualizing the specific features of the program. At this point in the process, questions usually asked include:

- What should the program ultimately achieve? In other words, what are its goals and objectives?

- How will the program be organized? Will it be independent, or subsumed within another unit?
- What resources are available to be used by the program? Are there advantages over using some as opposed to others?
- What categories of services, i.e., direct or indirect, will be offered by the program?
- Given the category(ies) of service, what specific ones will be offered by the program?
- What philosophies will be adopted in providing these services? Will staff be encouraged to emphasize advocacy, education, or both?
- What will be the characteristics of the staff employed?
- How will important decisions be made? Will all staff and clients be encouraged to participate in the process, or will the decisions only be made by the Program Director?
- Where will the program physically be located? What factors will influence its placement?
- Will all or only a segment of the functionally disabled population be served by the program? If only a segment, how is it decided which segment will receive the services?

Program Development

To ensure the services provided to clients are efficient, administrative procedures should be developed which define the manner in which supportive functions, such as recordkeeping, reimbursement procedures and coordinative mechanisms, are to be conducted. These functions are thought to be essential to the development of a program which positively impacts client status.

The final step in developing an alternative care program is the recruitment of clients. Such recruitment often involves an extensive effort to educate the potential client population in terms of the services offered and the requirements for receiving these services. This can be accomplished by canvassing the communities involved and using the media, special presentations, distribution of literature, etc., to advertise the new program.

Program Operations

Operating a service delivery program basically involves the performance of procedures designed to provide the services to clients in the most effective manner possible. These procedures ensure the client's successful movement through the service system, from the time of his/her entry to the time when the services are no longer needed. There are six such procedures: (1) initial client intake and screening; (2) client diagnosis/assessment; (3) service plan development; (4) case monitoring; (5) service termination; and (6) follow-up.

Initial client intake and screening describes what first takes place between the client and program staffer. During this interaction, the staff person must obtain vital information about the background of the client and the services which should be provided. The background information received will help the staff person ascertain if the potential client is actually eligible for the services needed. If not, avenues of recourse for the client can be identified.

If it is determined that the client is eligible for services, the staff person proceeds to more accurately assess the problems of the client and the extent of assistance needed. This assessment/diagnosis will culminate in the

development of a service plan, which specifies strategies for meeting the needs of the client. A service plan might also define time limits for the accomplishment of certain goals or objectives (e.g., the client will be relocated to better housing before winter).

Once the service plan is developed, it must then be implemented. During the course of implementation, the progress of the client will be monitored by the assigned staff person; any problems will be identified at this point and solutions proposed.

Assuming that any problems are eventually resolved, it is reasonable to expect the client to arrive at the point where he/she no longer needs the services that have been provided. Termination of services should only occur after consultation and counseling have taken place between the client and all service providers. If services are terminated, the client should be periodically contacted to determine how he/she is managing without the services.

Program Evaluation

Program staff and administrators need means of gauging how effective their program is in terms of meeting its specified goals and objectives. This can be accomplished by first identifying an evaluation model to be used in assessing the impact of the program. The next step is the collection of data which provide documentation on the program's efficiency, comprehensiveness, effectiveness, etc. (This information should include details about costs, client visits per month, average length of client visits, etc.) Following the collection of data, it should be analyzed according to an analysis plan (ideally, the analysis plan should be prepared before data