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ABSTRACT

The guide contains basic information for establishing a work activity center, a work-oriented facility providing compensatory pre-vocational and vocational education and training programs for men and women of post-school age. The center serves those mentally retarded adults not developmentally prepared to enter a sheltered workshop program. The first two chapters present an historical overview of activity center programs and the related contemporary philosophy and ideology, based on the principle of normalization and the developmental model. The next five chapters discuss the following planning and program considerations of an activity center: planning a work activity center, individual evaluation and program planning, personal-social adjustment training, work adjustment training, and vocational training. The final chapter is a comprehensive guide to administration of the activity center. A list of national organizations and Federal agencies interested in the handicapped and a 136-item bibliography are appended. (Author/MS)

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A Guide to Establishing an Activity Center for Mentally Retarded Persons

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Chapter I

AN HISTORICAL OVERVIEW

Individuals labeled in the past as "trainable mentally retarded" were systematically excluded from most public schools until the mid-1960's. Many professionals assumed, for varying reasons, that these persons were incapable of benefiting from long-range educational and/or vocational skill development programs.

State vocational rehabilitation agencies and programs have undergone significant change since the Federal Vocational Rehabilitation Act of 1920 (P. L. 66-236). The Vocational Rehabilitation Amendments of 1954 (P. L. 83-565) added provisions for research and demonstration, including special reference to developing programs and services for mentally retarded persons. The Vocational Rehabilitation Amendments of 1965 (P. L. 89-333) added six and eighteen month extended evaluation periods to permit the state agency additional time to determine whether or not an individual could benefit from rehabilitation services. They also emphasized the development of sheltered workshop facilities and staff. The Rehabilitation Act of 1973 (P. L. 93-112) placed a priority on service to

people who are "severely disabled"; specifically, moderately and severely mentally retarded adults.

The three criteria established for eligibility for vocational rehabilitation services, as defined in the Federal Register (Volume 39, No. 103, Part II, May 28, 1974) are:

'Handicapped individual' means an individual (1) who has a physical or mental disability; and (2) who has a substantial handicap to employment; and (3) who is expected to benefit in terms of employability from the provision of vocational rehabilitation services, or for whom an extended evaluation of rehabilitation potential is necessary for the purpose of determining whether he might benefit in terms of employability from the provision of vocational rehabilitation. (p. 18564)

The regulations define gainful employment:

'Employability' refers to a determination that the provision of vocational rehabilitation services is likely to enable an individual to enter or retain employment consistent with his capacities and abilities in the competitive labor market; the practice of a profession; self-employment; homemaking; farm or family work (including work for which payment is in kind rather than in cash); sheltered employment; homebound employment; or other gainful work. (p. 18563)

While much progress has been made in providing vocational rehabilitation services to mentally retarded persons, many state rehabilitation agency administrators and staff lack experience in dealing with the severely handicapped, and

there still appears to be a vocational rehabilitation tradition of screening out the so-called "nonfeasibles"--persons who are "not expected" to benefit from rehabilitation services. Thus, the rehabilitation agencies reduce the risk of failure inherent in dealing with severely handicapped persons. For the most part, agencies have not served a large number of individuals who fall below the range of mild mental retardation. The rationale was that there was no evidence that individuals who function at this level could be trained for "gainful employment"--a legal prerequisite for eligibility for vocational rehabilitation services.

Prior to the late 1950's, traditional sheltered workshops in the United States functioned for nearly 150 years solely as settings in which "severely" handicapped persons could be "employed" without exposure to the multitude of difficulties related to competitive employment. A national awakening in the mid-1950's, coupled with increased federal funding from the 1954 and 1965 Federal Vocational Rehabilitation Amendments to sheltered workshop programs, heralded a movement toward transitional workshops - with an emphasis on rehabilitation services and vocational training for competitive employment.

Work Activity Center Defined

What is a work activity center and what is its role in today's service delivery system for mentally retarded persons? The legal definition of a work activity center, as stipulated by the U. S. Department of Labor (Title 29, Chapter V, Part 525, May 17, 1974) is:

Work activity center shall mean a workshop, or a physically separated department of a workshop having an identifiable program, separate supervision and records, planned and designed exclusively to provide therapeutic activities for handicapped workers whose physical or mental impairment is so severe as to make their productive capacity inconsequential. . . . no sheltered workshop or separate department thereof shall qualify as a work activity center if the average productivity per handicapped worker is \$1,075 (\$1,125, effective January 1, 1975, and \$1,225, effective January 1, 1976) or more per year as measured by dividing the total annual earned income of the work program less the cost of purchased materials used by the average number of clients in the work program, or, if wage payments are primarily at piece rates, the average annual labor rate per client is \$750 (\$800, effective January 1, 1975, and \$875, effective January 1, 1976) or more as measured by dividing the total annual wages of the clients by the average number of clients in the work program.

As a result of this legally restrictive definition, work activity centers are usually found in combination with sheltered workshops or as independent short-term programs referred to as Work Activity, Opportunity or Occupational

Training Centers. (Long-term Occupational Training Center programs are probably within the intent and spirit of the law, but limited in vocational development opportunities.)

For the purposes of this manual, a work activity center shall be defined as a work-oriented facility providing compensatory pre-vocational and vocational education and training programs for men and women of post-school age. The center serves those persons not developmentally prepared to enter a sheltered workshop program.

Within this frame of reference work activity centers will be contrasted with day activity centers. The latter can be defined as facilities with a developmental program of structured training for the most severely and profoundly multiply-impaired individuals who are unprepared to profit from the vocational orientation of a work activity center program. The purpose of the work activity center is to provide appropriate and individualized developmental services to the whole person in order to build coping skills and abilities, enhance decision-making processes, foster independent or semi-independent living and develop vocational skills and related behaviors. The uniqueness of the individual will prevail in the program by recognition of strengths, weaknesses and individual personality traits.

The First Activity Center

While sheltered workshops were undergoing appreciable change, members of voluntary agencies, such as the National Association for Retarded Citizens and United Cerebral Palsy Associations began to seek community alternatives for children who were ineligible for workshop training programs.

Determined to provide facilities for their sons and daughters other than the traditional institution, parents began to explore the concept of day activity center programs. The first of these facilities - the Occupation Day Center - was opened in New York City in 1958 on a half-time basis. In 1959, the Center was expanded to full-time operation with a grant from the National Institute of Mental Health.

The Early Years

It is not surprising that activity centers evolved through parental action, rather than community zeal. Parent movements have always sensed the need for change long before that need became a social issue.

Early activity centers were primarily concerned with the establishment of day programs that kept mentally retarded

persons busy, and provided their parents with some relief. Essentially, they were an attempt to prevent, or at least forestall, institutional placement. Work was viewed primarily as therapeutic and secondary to the group process. In one such facility, parents met to unsack packages of marbles which had been heat-sealed by their children during the day, so there would be more "busy work" available the next morning.

National Concern

As a result of the increasing need for guidance in establishing activity center programs, the National Association for Retarded Citizens published a Guide to Establishing an Activity

Program for Mentally Retarded Adults in 1963. This guide, no longer in print, defined the various needs for establishing a day activity center. The five major objectives of a comprehensive activity program were listed as follows:

1. To provide the mentally retarded with a socially acceptable pattern for daily living. Society frowns upon the adult who stays at home watching television all day. The appropriate behavior, for most adults, is to leave home sometime during the day, engage in some purposeful and acceptable activity, and then return home later.
2. To help the mentally retarded make the important transition into adult living through training in the adult living

skills and adjustments such as proper and appropriate grooming, home making, traveling, work habits and skills, etc.

3. To work closely with parents and help them understand, accept and develop the new role of the severely retarded adult in the family. By the very nature of this condition, the parents must be involved in the program.
4. To provide an alternative to institutional living. Parents who have to place their retarded sons or daughters in an institution due to lack of community services will be given an opportunity to withdraw them and place them in an activity program.
5. To prepare the mentally retarded who have the potential for more advanced skills and adjustment for more advanced programs, such as workshops and other vocational training centers. (p. 8)

There was no attempt within the 1963 guide to differentiate between a day activity program and a work activity program or center. Nor was any distinction made in a subsequent publication, Activity Centers for Retarded Adults, published by the President's Committee on Mental Retardation in 1972. In the latter publication, Cortazzo surveyed the country and reported that the number of activity centers in the United States had increased from 68 in 1964 to 411 in 1971. He also compared activity center goals as reported by the various programs surveyed. Their responses are shown in Table I.

Table I

COMPARISON OF STATED GOALS OF ACTIVITY PROGRAMS

STATED GOALS	1964 (N = 68 Programs)		1971 (N = 422 Programs)	
	NUMBER OF PROGRAMS	PERCENTAGE	NUMBER OF PROGRAMS	PERCENTAGE
The severely mentally retarded have a potential, and are entitled as human beings in our society to have their potential developed to capacity. It is the responsibility of society to develop and make maximum use of their potential	48	71.	253	60
The severely retarded can remain at home in the community but their parents need help and assistance to <u>keep them at home</u>	37	55	130	31
Provide mentally retarded with satisfying experiences and activities during the day to <u>make them happy</u>	26	38	63	15
Keep the mentally retarded <u>occupied and supervised</u> during the day in a socially acceptable way.	17	25	154	36
Help the retarded <u>become less dependent</u> , especially on their parents, through extended training	16	24	172	41
Help parents better understand their retarded so that the retarded may achieve a greater degree of independence	13	19	63	15
Prevent further deterioration of the personality of the retarded	3	4	34	8
The activity program is a continuation of public school:	2	3	42	10

(p.10-11)

It is important to note in this study that the stated goal of "decreasing dependency of the retarded persons" in the program increased significantly, while the stated goal "to make them happy" decreased significantly between the years 1964 and 1971. On the other hand, it is disconcerting to note that there was a slight decrease in the stated goal pertaining to the right of retarded persons to "develop and make maximum use of their potential."

The 1971 survey also evaluated broad program objectives. These are listed in Table II.

Table II
BROAD OBJECTIVES OF PROGRAMS

<u>CATEGORIES</u>	<u>1964</u>		<u>1971</u>	
	<u>NUMBER OF PROGRAMS</u>	<u>PER-CENTAGE</u>	<u>NUMBER OF PROGRAMS</u>	<u>PER-CENTAGE</u>
Social Development	42	62	338	80
Personal and Family Adjustment	35	51	262	62
Work Preparation	55	81		85
Training in Other Areas Than for Work	53	78	31	76
Relief for Parents	41	60	232	55
Recreation	27	40	253	60

(p.12)

As may be noted, work preparation continued to rank as the highest program priority, with an increase in emphasis on social development.

Population Served

Who, then, are the individuals to be served by work activity centers? Very likely, they are persons who typically function in the moderate to severe or profound range of mental retardation, including those with accompanying physical disabilities who are developmentally ready for pre-vocational training.

These are the people classified as "nonfeasible" for vocational rehabilitation services by state rehabilitation agencies. Thus, on a standard intelligence test they will fall below the cut-off score of 50 I.Q. They will be over school age, at least 14, and in many cases, 18 or 21 years old. Additionally, these young men and women usually come to work activity centers with a history of failure, rejection and neglect by the service system. They have, truly, learned from their environment - but much of that learning has been negative in nature. "Attention getting" behavior has been reinforced. They are emotionally vulnerable individuals who often have excessive dependence on others, and limited individual motivations. They are

vocationally inept, and often have poor or negative self-concepts. Most of these people will have to be taught problem-solving skills and decision-making abilities. They will require instructions and experiences to compensate for years of under-development and over-protection.

Prior to their admission to a work activity center, most will have experienced few if any obligations, responsibilities, standards, expectations or demands. All of these negative learning experiences must be dealt with before proceeding to work activities.

These individuals, then, enter a facility with significant psycho-social deficiencies. They are especially weak in work comprehension, work tolerance, perseverance and the need to function as part of a part of a team. They are generally naive about the real meaning of work activities, and must be provided with opportunities which will enable them to develop a sense of self-worth and personal pride. It is gratifying to note how rapidly and enthusiastically most retarded persons respond to such an environment.

Today and Tomorrow

We must learn from the past if we are to perform more effectively in our service programs for mentally retarded persons. We are experiencing a great influx of individuals returning to the community under the concept of deinstitutionalization. As this process continues, there will be an increasing need for appropriate services for mentally retarded adults entering the mainstream of society. Work activity centers are now being established on the grounds of large institutions so that "working residents" are not subjected to peonage. Here, they can work and receive the benefits of the Fair Labor Standards and Practices Act until opportunities are available within the community.

A work activity center is a means to an end and not an end in itself. No individual within a center should ever be labeled as "terminal."

We must look to our own experience, and the knowledge of our colleagues in other countries to determine the future destiny of these persons. As Gold (1972) has stated: "The future is likely to be just the past warmed over unless people at every level are committed to major changes in their thinking and functioning." (p.51)

Chapter II

CONTEMPORARY PHILOSOPHY AND IDEOLOGY

The Principle of Normalization and the Developmental Model have been widely accepted in this country as key elements in designing programs and service delivery systems for mentally retarded persons. They have, in fact, been incorporated within the Accreditation Council for Facilities for the Mentally Retarded (ACFMR) standards for facilities serving mentally retarded people. They have also been endorsed by numerous major organizations, including the National Association for Retarded Citizens, the American Association on Mental Deficiency and the President's Committee on Mental Retardation.

The term "normalization" emerged in this country in 1969. It had its origin in the early 1960's in the Danish Mental Retardation Service System under Bank-Mikkelsen. Bengt Nirje, Executive Director of the Swedish Association for Retarded Children, systematically stated and elaborated the principle. Wolfensberger (1972) in his text, The Principle of Normalization in Human Services, reformulated the Principle of Normalization for use in North America and stated it as follows: The utilization of means which are as culturally

normative as possible, in order to establish and/or maintain personal behaviors and characteristics which are as culturally normative as possible" (p. 28).

The term normalization has frequently been misinterpreted.

It does not mean: normal, good or bad, moral or immoral, being or doing like everybody else, or being deprived of all choices.

Normalization is, also, not a panacea. As Dybwad (1973) states:

Even maximum normalization does not remove all problems, does not create an elysian trouble-free life for the handicapped person - to the contrary, as my use of the word elysian indicates, only in mythology does one meet up with a state of complete happiness - normal on our earth is trouble and strife, trial and tribulation and the handicapped person has the right to be exposed to it. (p. 57)

At the same time that normalization reached this country, a systematic principle of human dignity was being developed by David Vail (1966). It was elaborated in his book Dehumanization and the Institutional Career. He did not confine himself to institutions for the retarded. Vail was concerned with the dehumanization and lack of dignity present in all types of congregate institutional facilities, and his message began to spread rapidly throughout the country.

Concurrently, the professional staff of the National Association for Retarded Citizens was preparing a developmental model for services for the mentally retarded. This model is based on the

assumption that all retarded persons, regardless of the degree of their retardation, are capable of learning, growth and development. The structure of the environment in which they live is also considered of prime importance in influencing the rate and direction of behavior change. The three criteria for establishing program goals under the developmental model are:

To increase the complexity of the individual's behavior

To maximize his human qualities

To enhance his ability to control his environment.

Thus, professionals in many areas were emphasizing that programs can have a direct effect on the individual - that both the rate and direction of behavioral change can be modified. They were noting that development in all human beings is sequential and, therefore, predictable.

A picture evolved of the retarded person as a unique individual - a person with assets and liabilities, wishes and desires, feelings and attitudes, a need for love, a need for belonging, a need for usefulness, and a need for precise opportunities for active and meaningful involvement in the world around him. To enable that individual to fulfill those needs, it would now be necessary to establish program plans with individual goals, objectives, time frames and evaluation procedures.

Chapter III

PLANNING A WORK ACTIVITY CENTER

A work activity center program should be based on the assumption that the individuals to be served have a right to be provided with meaningful services designed to maximize their development. It is necessary that an appropriate committee be formed to plan and evaluate the need for a work activity center. The following items should be considered by any planning committee:

Adequate community concern and support is essential.

Therefore, in establishing a planning committee, a wide range of individuals, including parents, professionals and business leaders must be involved. The inclusion of a realtor, a banker and a lawyer will prove to be of great assistance. There must also be involvement by other agencies, both specialized and generic. Individuals to be served will have other needs and will require services on evenings and weekends. There will be needs in the area of transportation, social skills, recreation and possibly adult education. If possible, various service programs should be located in different places to further promote the concept of normalization and integration.

Community, education and involvement are essential from the beginning of the committee's activities. The committee must adequately communicate its needs so the community will recognize and accept its responsibility.

A survey must be initiated to determine the needs of individuals who will be served in the program. Agencies or organizations which could be of assistance in this process include the welfare department, the vocational rehabilitation office, existing sheltered workshops, public and private schools, the community planning agency, Associations for Retarded Citizens, United Cerebral Palsy affiliates, etc. Contact with these agencies and organizations will help the committee determine if any other group is planning to establish a similar facility or program.

The work activity center must clearly define its rôle and function in the community service delivery system. The individuals to be served must have access to a continuum of services which permits ease of movement from one service to another. The committee must be prepared to meet changing needs. Therefore, they should plan to dovetail the proposed program with other services which exist or are planned.

Moreover, if the clients are to maintain themselves and continue their residence in the community, the committee must actively promote community residential services and facilities.

The planning committee should define the population to be served. They must also decide whether the program will serve a single disability group or be a multi-disability endeavor. There are advantages and disadvantages to each type of operation. Determining factors should be evaluated carefully, including such questions as:

Is a greater variety of work possible?

Will there be a need for different staffing and less supervision?

Will more individuals be served?

Will there be less competition for staff, subcontract or contract work and funding from the community?

The committee should obtain copies of the Accreditation Council for Facilities for the Mentally Retarded standards to assist in program planning. In some states, the licensing or regulatory agency may also have its own standards or require compliance with the Commission on Accreditation of Rehabilitation Facility standards.

The planning committee must recognize that their program should be determined by individual needs and not by what resources may be readily available. Criteria for entrance to, and exit from, the program should be objective. Criteria should be established to assure movement from the facility to other more appropriate programs. If movement does not occur as the individual progresses, the facility will rapidly fill to capacity and will no longer contribute to the needs of its clients.

The training environment contributes to the maximum development of functional, vocational repertoires for the individuals being served. Basic goals should include reduction of dependency and a positive adaptation to decision-making in day-to-day living. The committee should assure that all programs within the center are systematized with individual program plans and measurable task analysis goals.

The committee should not use pity for individuals as their mechanism for securing funds or publicity. Pity will only serve to reinforce any existing negative attitudes. Accentuate the positive!

In searching for a facility, the committee should be cognizant of local and state laws and controls relating to zoning, health and fire. Letters of inquiry should be sent to all regulatory and licensing agencies requesting information on applicable regulations. The facility should be centrally located, in a business area and accessible to public transportation.

If there are not adequate funds to start a facility, the committee should delay its plans. Poor programming, poor modeling and an unstimulating environment will prove a serious handicap to the workshop. Moreover, a community's support for this program will ultimately depend on the agency's ability to provide effective and efficient services to its clientele. Support for inept programs and an unbusinesslike operation will quickly wane.

If the planning committee has documented the need and feels it has adequate funds, then it should obtain technical assistance. Such guidance may be available from a number of state agencies, including: vocational rehabilitation, developmental disabilities, mental retardation and social services. In addition, numerous university training programs may be available to provide consultation.

At this stage the committee should be prepared to make recommendations to an existing organization to establish a work activity center or, if this is not possible, to recommend that a new organization be established for this purpose.

A strong public information and public relations campaign should be initiated in order to inform the community about the facility and to help secure referrals.

Chapter IV

INDIVIDUAL EVALUATION AND PROGRAM PLANNING

The term evaluation is used in this manual to include the gathering of relevant psychological, social and medical information, as well as specific vocational-related material. These data provide the "baseline" assessment from which the individual program plan is developed. To be truly beneficial, the evaluation process must be continuous.

Gellman (1969) states a philosophy of vocational evaluation which is very appropriate for this document and for the prevailing philosophy of a work activity center:

At all times a vocational evaluation requires a humanistic approach, the belief that men change and grow, that agencies and institutions are designed to meet human needs rather than technological demands. Without that faith, vocational evaluation is sterile. With belief in potentialities, vocational evaluation becomes a method of helping people in distress learn to use their abilities and capabilities and to contribute more effectively to the society in which they live. (p. 20)

Another approach to the evaluation situation has been taken by Hoffman (1971). He feels that the evaluation process must answer the following questions about the individual:

What needs adjustment?

Does the individual have to be changed in his totality?
This is neither realistic nor attainable.

What behavior variables require change?

To what extent does the maladaptive behavior exist?

What goal of adaptive behavior do we need to strive to attain?

What types of behavior-change programs should be implemented? (p. 102)

Two somewhat differing views on the evaluation process have been proposed by Gold and Mittler. Gold's (1975) primary concern deals with what we have labeled "deviant" behavior. He believes many individuals who exhibit what we may consider deviant or inappropriate behavior are tolerated because of their ability to render productive work for their employer. Mittler (1973), on the other hand, does not dismiss the evaluation process, but feels that far too much time is spent on traditional assessment rather than on the kinds of programs and services being offered to people in facilities.

Social History

An adequate social history should be obtained regarding the individual's developmental and educational experiences and other programs in which he may have been involved or is currently involved. It is strongly recommended that during the preliminary application process, at least one home visit

be made in order to evaluate the environment in which the individual resides and to determine how he or she functions in that environment. This will be particularly useful in the development of the individual program plan. It is important that work activity, center goals and expectations be consistent with those in the home. If possible, both parents should be interviewed. In addition, any siblings living at home should be given an opportunity to share their perceptions, and observations of the individual concerned.

Medical Data

Because of the physical stress involved in much of the center's activities, a comprehensive medical evaluation must be completed before a client enters the program. In addition to the usual laboratory information, the facility should specifically inquire into the individual's tolerance for sustained work and stress. If there are any cardiac or orthopedic difficulties, these should be specifically delineated and defined. Particular attention should be paid to sensory systems and dentition. It is quite common for individuals functioning in the moderate to severe range of mental retardation to have accompanying visual and auditory losses. Many of these problems can be remedied with appropriate professional help.

Another area which must be noted on the medical evaluation form is a list of medications that the individual may be taking.

the reason he is taking them, and the frequency of use. The facility would be wise to have a medical consultant available on a part-time basis to help interpret specific findings to the staff, and to discuss the potential effect of medications on the training and learning processes.

Psychological Evaluation

The use of psychological tests in rehabilitation settings continues to receive a great deal of criticism. Thus, Neff (1966) points out that their main disadvantages in vocational rehabilitation are low predictive validity and artificiality. It should be remembered that whatever diagnostic tests are performed prior to or during the admission process, the data obtained merely indicate where an individual is functioning at that given point in time. This data should be used for program planning, rather than predicting future capabilities.

Work Samples

Another method of evaluating an individual in a work activity center is the use of work samples. The major standardized instruments on the market in this area are the TOWER System, the JEVS System, the Singer-Graflex System and the Hester System. In addition, many facilities have established their own specific work sampling tasks. The common ingredient in all of these work sample measures involves placing an individual

in a certain situation, and assessing him in terms of his ability to perform a particular task in a specified period of time. As with standardized psychological tests, these measures can only define specific behavior under particular testing circumstances. The tests give no indication of the person's capabilities for learning, nor do they furnish particularly useful information regarding the conditions under which learning for that individual can be enhanced.

Behavioral-Skill Inventories

An emerging trend in the field of evaluation techniques is the development and use of behaviorally defined skill inventories. These instruments appear to be the result of increased demands by consumer advocates for service accountability and individualized program plans which are in accord with the Accreditation Council for Facilities for the Mentally Retarded standards. These techniques may offer a potentially valuable assessment procedure to determine individual strengths and weaknesses, since they relate to the development and maintenance of those skills necessary for semi-independent and independent living.

It would appear to be much more useful to assess the individual's functioning from a behavioral perspective so that deficiencies

could be noted and appropriately utilized to establish a program plan with goals, objectives, time frames and an evaluation mechanism.

Specific instruments which may be of some assistance include the AAMD Adaptive Behavior Scales; the Behavioral Characteristics Progression (BCP); the Progress Assessment Chart of Social Development (PAC) developed by Gunzburg in England and distributed in this country by Aux Chandelles; or the Nebraska Client Progress System.

Task Analysis

The shift to behavioral assessment and behavioral technology in programming seems to indicate that task analysis offers an excellent conceptual technology for training purposes at this time. The basic purpose of a task analysis is to provide an orderly sequence of events that will enhance development and learning, and culminate in the successful performance of the task.

Brown, Bellamy and Sontag (1971) considered the following as basic components of behavioristic task analysis in relation to educational programs:

First, the teacher must specify terminal objectives in behavioristic terms. That is, she must convert the required criterion performance into observable responses.

Second, the teacher must analyze the criterion responses and divide them into a series of less complex responses.

Third, the teacher must arrange the responses she decides are necessary for completion of the terminal response into a series.

Fourth, the teacher must teach or verify the existence of the student's ability to perform each response into a series.

Fifth, the teacher must teach the students to perform each response in the series in serial order.

Sixth, in an attempt to delineate success and failure, the teacher must record student performance during each training phase so that adjustments can be made during the teaching process. (p. 3)

It should be noted that the authors have used the terms "teacher" and "student," since they were primarily concerned with programs for educational systems. By substituting "trainer" and "client," the conceptualization is useful in a work activity center.

The following are the components of task analysis stated by Becker, Engelmann and Thomas (1971):

State content area (reading, math, language, etc.).

Analyze the task and state intermediate behavioral objectives (i.e., analyze the task into its necessary components).

State the terminal objective behaviorally (i.e., operationally define the behavior, conditions of performance and performance criteria).

Assess ways to begin teaching (i.e., describe how to assess the learner's skill on each sub-task).

Develop tasks that, by analyzing the concept at the entry point for essential discriminations to be taught and delineate an easy-to-hard sequence.

Design the instructional plan.

Build in a continual assessment of the target behavior.

Implement the instructional plan.

Evaluate the program.

Task analysis is concrete. It can be written down, shared, monitored and analyzed for results. It removes a great deal of the "mysticism" from some of the more traditional approaches to programming and provides for increased family and client involvement, as well as more effective and efficient programs for each mentally retarded person.

A good source of information on task analysis is the Guide to Jobs for the Mentally Retarded, published in 1964 by the American Institute for Research. This manual lists jobs which were deemed suitable for performance by mentally retarded persons. Of greater value is the manual's classification of jobs based on specific job activities, necessary personality

characteristics and even training suggestions for job activities. In essence, this is an early attempt at a task analysis of many jobs, and could provide a model for the center to use in specifying other tasks.

Chapter V

PERSONAL-SOCIAL ADJUSTMENT TRAINING

The goal of an effective personal-social adjustment training curriculum is to reduce the individual's level of dependency and make him more capable of self-direction and decision-making. Many items have been enumerated on various checklists and forms to assess these needs.

Home Living Skills

Hamre (1974) has presented a taxonomy of basic home living skills with four subcategories: (a) basic grooming skills; (b) basic dressing skills; (c) basic domestic maintenance skills; and (d) basic cooking skills. These four subcategories should be taken into consideration when planning a program for the work activity center.

Travel Skills

Many mentally retarded persons who will be served in the work activity center will need help in learning to get from one place to another by themselves. All persons need mobility for employment, recreation and personal affairs. The following major areas of travel may need to be covered:

Walking

Bicycle riding

Bus or subway

Taxicab

Train

Airplane

Each of the travel skills should be broken down into a systematic task analysis for the individual. Counseling with the family in this area is essential.

Training often meets with a great deal of parental fear based on the following concerns:

Fear of sexual molestation

Fear of getting lost

Fear of being ridiculed

Fear of being helpless in emergencies

Fear of inability to learn the system

In order to allay some of the realistic fears parents express regarding their children, each concern and objection should be met with an individualized training program.

Communication Skills

Many mentally retarded people need help in developing communications skills. Development of these skills does not necessarily

require speech therapy or language development. These services, if necessary, should be obtained in an established facility which already provides them.

Communications skills should center on inter-personal related skills and self-expression. Examples include learning how to use the telephone through tele-trainers available from phone companies; letter writing; recognition and interpretation of street signs; signature writing; learning to use the radio, record player and television; reading books or magazines; and reading newspaper headlines. ()

In assessing and refining expressive skills, a tape recorder is a helpful tool. For individuals with limited verbal skills, assistance in learning "sign language" or some means of "total communication" should be provided. The use and interpretation of facial expressions, gestures and other non-verbal cues should have a part in the training program. Role playing and video-tape equipment can also be beneficial in this area.

Academics

Basic academic skills which may need attention include:

Basic letter recognition

Number recognition and counting

Units of measurement for work and home living

Money and change making

Telling time and understanding workday schedules

Sexuality

As part of the "normalizing" ideology emerging in the field of mental retardation, parents and professionals are now recognizing that the human sexuality of retarded persons can no longer be avoided. Historically, it had been naively assumed that mentally retarded people were either asexual, oversexed, or had learned to deal with their natural sexual drives by a denial of these sexual drives. It is now well established that mentally retarded persons have the same basic needs for affection, companionship, love and sexual relationships as all other persons. Further, the intensity of their sexual drives varies greatly as it does in all people. Sexuality should be addressed in the area of personal-social adjustment training.

Successful training in this area is dependent upon an instructor whose own approach to sexuality is within accepted norms and a curriculum which, in addition to biological and physiological jargon, is explicit in the use of "street language" or the vernacular. The instructor must also provide information on culturally accepted behavior patterns.

Physical Fitness

This area includes programs which will provide regular, systematic and progressive physical development of the individual in order to counteract low stamina, flabby muscles, poor posture and gait, overweight and other conditions generally found in individuals who have been confined to idleness.

Without attention to these needs, persons will generally suffer from fatigue in any program. This is particularly true in a work-oriented program where the goal is to develop strength and endurance as well as coordination and improved social adjustment.

Chapter VI

WORK ADJUSTMENT TRAINING

Within the traditional rehabilitation model, work adjustment training is the on-going process of behavior change which occurs following the evaluation process and the preparation of the individualized program plan. The essence of the underlying philosophy of work adjustment is that pure exposure to a work environment and work activities will not generally result in improved work performance. In fact, with many individuals, just the opposite may occur. Each client must have his own individual program plan as a basis for his work adjustment training. As this training continues, there will be on-going evaluation, modification of the program plan and, thus, a continuous adjustment of goals and objectives.

Work adjustment training primarily involves learning by doing as well as general classroom instruction. Its overall objective is to enhance the individual's self-concept, produce additional work skills and provide added motivation for continuing overall development. It involves the systematic elimination of behavioral patterns which might prevent the individual's employability, and fosters the enhancement of behaviors appropriate to the world

of work. Some individuals refer to work adjustment training as molding a "work personality." Gellman (1967) defines this as follows: "The work personality incorporates work attitudes, behavioral work patterns, attitudes, value systems, incentives and abilities - the behavioral configuration regarded as necessary to function effectively in a work setting." (p. 99)

Specific Behavioral Characteristics

Behaviors commonly included in work adjustment training are generally referred to as work habits and attitudes. Within this general area will fall many of the everyday requirements for successful "employment," such as:

- Punctuality, and the purpose and use of timecards
- Appearance, appropriate dress and grooming for the specific work environment
- Attendance
- Dependability
- Honesty
- Attention to task (concentration)
- Initiative
- Independence
- Industriousness
- Personal habits and mannerisms
- Cooperation with supervisors
- Cooperation with co-workers

Responsibility
Emotional and physical stamina
Consistency and perseverance
Acceptance of standards
Accuracy
Work organization patterns and rhythms
Understanding instructions
Self-direction
Self-confidence
Self-satisfaction
Adaptation to new work
Follows safety rules for self and others

It may appear that many of these items are subjective; however, all can be quantified and broken down into specifically defined behavioral objectives which can be objectively evaluated rather than subjectively rated.

Time Sampling

In experimenting with a new technology, Nickelsburg (1973) used "time sampling" of work behavior with mentally retarded trainees. He was then able to behaviorally describe characteristics which significantly differentiated those individuals who were succeeding and those who were not succeeding in a particular training facility. The behaviors which turned out

to be significant for the non-succeeding trainees were:

Amount of time trainee actually attended to assigned task

Habitual sitting

Standing idle

Talking

Joking

Playing with others

Laughing on the job

Being away from the assigned work station

Through this time sampling procedure, behaviors were isolated which were counter-productive. With appropriate programming, the negative characteristics could then be reduced and hopefully eliminated so that individuals who were performing poorly might then succeed. This technique appears to hold much promise for enhancing work adjustment training programs.

Productive Work

Work adjustment concentrates on quality, quantity and durability of the individual's efforts on vocational tasks. Arts and crafts situations are certainly unrelated to work, and are inappropriate center activities. Work must be real, and not dull. Non-challenging work can be very demoralizing and result in lowered productivity and reduced self-esteem. The work assigned conveys a strong non-verbal message to the client.

Real job stations, and real work leading to meaningful production of a contract or subcontract are the most legitimate and viable vehicles for work adjustment training. The recycling of materials is presently one vocational situation very much "in vogue" throughout the country and may, therefore, be appropriate. It should be stated again that mentally retarded persons do get bored, and that boredom results in reduced motivation! The staff should be continually sensitive to potential boredom and lack of satisfaction by an individual in the program.

When an individual is ready to approach tasks involving power equipment and machinery, no preconceived limitations should be set on his potential abilities. Exceptions here would include known physical disabilities which would preclude utilizing the equipment, or an inappropriate work behavior which could result in a safety problem.

As a result of many clients' negative experiences in the past, the staff would be well-advised to provide positive reinforcement and feedback in the early stages of training. On the other hand, if this reinforcement is not systematically decreased it will result in unreal expectations and demand. Similar problems could arise in facilities which are too plush or atypical of existing sheltered workshops and industrial settings.

Graphic Feedback

In order to assist in the monitoring and modifying of the individual's behavior through the work adjustment process, it is often helpful to utilize graphs or charts on both behavior and productivity. These data on real, measurable behavior can then be used in the counseling process and evaluation of the program plan and can serve as a basis for necessary modification and change.

Chapter VII

VOCATIONAL TRAINING

Work activity centers have traditionally operated on the premise of finding work appropriate to the "expected level of functioning" of the individuals in the facility. Much of this work has been menial and of limited use as training. Recent research has demonstrated that moderately and severely retarded individuals are capable of learning many more vocational skills, and engaging in more productive work, than has ever before been anticipated. Much of the contemporary research in this area has utilized task analysis systems to approach the situation, and behavioral/educational technologies for training.

An abundance of work training programs for mentally retarded persons continues to be facilitated by jiggling and the provision of other prosthetic devices. Gold and Barclay (1973) feel this "accommodation" reduces the potential habilitative value and learning opportunities to be derived from the work. "Instead of teaching clients the discrimination in movements required to perform the task, they are allowed to complete the contract using skills already in their repertoire" (p. 9). On the other hand, one cannot totally discard the use of jigs

and other mechanical devices from a comprehensive training program, since such devices are utilized as a means of increasing productivity. Vocational training programs should emphasize sequential, orderly, systematic learning experiences. It has been demonstrated that work activity center clients can perform relatively complex tasks, such as the assembly of a 24-piece bicycle brakes (Gold and Scott, 1971) and a power drilling machine operation involved in the manufacture of wooden pencil holders (Crosson, 1969). These capabilities should be remembered when attempting to procure work for the center.

Types of Work

The procurement of work appropriate to the developmental and economic needs of clients in a work activity center is a time-consuming and most important process. It involves knowledge of the staff's training abilities, potential productivity of the clients and physical resources of the center. Examples of work procurement are:

Industrial subcontracts - These projects generally involve the use of the center's labor force to perform specified tasks which businessmen in the community would prefer to "farm out." Common subcontracts include simple and complex assembly, disassembly, packaging, etc. In many

cases, the industry will supply all of the necessary materials - and often lend or donate necessary equipment, depending on the length of the contract - for the center to provide the service.

Service contracts - This type of work experience provides the clients an opportunity to become exposed to work environments away from the work activity center. The most common examples are custodial and lawn and yard maintenance programs. These programs also provide visibility of retarded persons at work in the community.

Industrial work stations - This type of work experience is a recent development in the United States. In this situation a "crew" of retarded workers and a trained foreman are placed in an existing community industry to work in one or two specific areas. This situation provides the opportunity for daily contact with "normal" workers and appropriate (or inappropriate) modeling to occur.

Prime manufacturing - These projects involve all of the processes of industry and afford the center the opportunity to "profit" not only from the learning and the labor, but also from the mark-up on raw materials. These projects require careful planning and assessment of markets and capital funds for inventory and equipment. The facility will then be involved in acquiring and storing raw materials, producing the product from the raw materials and marketing the finished product. In view of contemporary technology, many facilities are becoming more involved in prime manufacturing. Some examples of products are surveyor stakes, ceramics, ball-point pens, metal products, wood products and horticultural products (nurseries).

The type of work best suited to individual centers is a decision that must be carefully and periodically reevaluated in light of emerging technology, economic trends and product markets.

Product Evaluation Criteria

The following are possible criteria for selection of products and work in the facility:

1. The product must provide viable training experience for the clients.

Manufacturing must initially be divisible into simple subprocesses for training and skill development purposes.

Subprocesses should be of a short and repetitive nature, with clearly defined parameters and standards.

Subprocesses must be of a precise, easily controllable, and readily measurable nature.

Skills should be applicable to industry.

2. The product must be economically feasible.

The product should require minimal capital expenditure.

Equipment should be of as generalized a nature as possible.

The product should have a continuous and repetitive market.

The product should allow for high volume production.

The product must have a controllable scrap rate, and scrap which is generated should be of a salvagable nature.

Materials and subassemblies should be easily obtainable, off-the-shelf items.

The product should bear no contingent liability beyond replacement of defective items.

The product must be salable at a price which will cover the costs of materials and equipment payout in twelve months or less, reasonable client wages, trainer salaries, sales and marketing expenses, and a reasonable portion of the overhead and administrative expenses.

3. Manufacturing, transportation, and storage of the product must be safe and materials should be of a nontoxic and low combustible nature.
4. The product should have a low risk of obsolescence, not require a heavy inventory, and offer limited and well-defined options.
5. The product should have a reasonable life expectancy in a mature and well-established industry.

6. The product should be of sound technological design.
7. The market should not be tied to a single industry; or in those cases where a given product is excessively dependent on a single industry, it should not account for more than thirty percent (30%) of the sales volume.
8. While it is desirable to have a market with a limited number of volume accounts, the facility should not let itself get into a position of having a single customer account for more than twenty percent (20%) of its annual sales.

Chapter VIII

ADMINISTRATION

Legal Requirements

New, non-profit organizations must file articles of incorporation, usually a charter, with the Secretary of State. It will be necessary to check specific requirements with respective state offices. It would be helpful to secure the services of an attorney familiar with the filing of these charters. In addition to the articles of incorporation, some states require that By-Laws which state the organization's specific functions and how they are to be performed, be filed with the charter.

If the facility is going to operate as a non-profit corporation, it will be necessary to establish this status with the Internal Revenue Service. This status is normally obtained by completing the appropriate forms for exemption under IRS Code 501(c)(3). Forms can be obtained at all IRS offices. In order to maintain this status, the organization will be required to annually file a Form 990 with the Internal Revenue Service, recording all assets and liabilities, receipts and expenditures.

In some states a non-profit agency is exempt from local and state sales tax. In such states it will be necessary to apply for the appropriate exemption certificates and have these particular exemption numbers readily available when any purchases are made.

If the organization intends to receive any federal funds, it will have to state categorically that it is in compliance with the Civil Rights Act of 1964 and the mandates of the Equal Employment Opportunity Commission. To actually operate a work activity center, the facility must obtain a special work activity center certificate from the U. S. Department of Labor, authorizing payment of wages below minimum wage as required by Part 525 - Employment of Handicapped Clients in Sheltered Workshops. The facility must initially apply to the U. S. Department of Labor on Form WH-373, Initial Application for Sheltered Workshop Certificate. Helpful information is contained in the publication entitled Guide to Sheltered Workshop Certificate (WH Publication No. 1345) which is obtainable from a local office of the U. S. Department of Labor. Until formal approval of all legal requirements has been received, the facility should not begin to serve clients. Such action could jeopardize any pending approvals.

Governing Body

The individual who accepts membership on the governing body (Board of Directors or Board of Trustees) of a non-profit agency performs an important community service and is responsible to:

The community and its funding sources to provide quality services and accountability

The recipients of service and their families to ensure that necessary services are provided to enhance their growth and development

Staff to provide sound and effective policies, funding and a physical environment in which to render competent service.

The members of the governing body of a non-profit organization should be carefully chosen. These individuals should agree to serve without pay or any other form of specific remuneration except possible reimbursement of expenses for travel related to organization business. Members should attend meetings regularly. They should keep informed of the program and developments in the field and they should visit the facility and its program during working hours on a regular basis.

Members of the governing body should represent a cross-section of the community. They should come from various socio-economic levels, ethnic and religious backgrounds, professions, trades and political parties.

A frequent concern is the size of the governing body. If too large, it is difficult to have constructive discussions and engage in productive decision-making on a regular basis. On the other hand, if the governing body is too small, it is likely to result in limited community input and suffer from lack of community support.

The full governing body should meet at least twice annually, with the Executive Committee meeting between Board meetings, as necessary, and upon call by the President.

Board membership rotation is necessary to maintain a healthy organization. Self-perpetuating boards tend to become lax, apathetic and non-progressive in program development. Therefore, the establishment of a rotating system is strongly recommended to assure that individuals with new ideas and perspectives are continually joining the governing body. The specific period of rotation and the number of consecutive terms for members of the governing body should be defined within the By-Laws of the organization.

The Board's organization will, to some extent, be determined by the size of the agency. In most cases, a president, vice president, secretary and treasurer comprise the elected officers.

The specific duties and responsibilities of each officer should be clearly defined within the agency's By-Laws.

The Board has a number of major responsibilities which must be considered on a regular basis. These include:

Developing, establishing, continually re-examining and modifying the organization's policies

Improving the annual budget

Assuring adequate financial support for the organization and maintaining accountability for all funds received and expended

Interpreting the organization's goals, achievements and problems to the community to inspire community confidence and support

Securing adequate physical facilities

Hiring the chief executive officer to administer the organization

Monitoring and evaluating program performance and client service

Providing a continuity of experienced leadership for the organization.

The number and responsibilities of standing committees will vary depending on the size of the program and the scope of the services provided. Through the committee system, the workload is more evenly distributed and there is greater likelihood of maintaining full Board involvement in the organization. All committees should have specific detailed assignments and should keep written records of their meetings and activities.

The following committees are most likely to be established first:

Executive Committee - This committee consists of the elected officers and possibly one or two of the directors elected by the governing body. The Executive Committee is normally empowered to carry on the business of the Board between meetings of the full Board and to act on their behalf in emergency situations. These responsibilities should be clearly stated in the organization's By-Laws.

Budget (Finance) Committee - This committee has the responsibility for compiling the annual budget, analyzing receipts and expenditures and recommending funding sources for the organization. The committee should ensure that the organization makes use of Standards of Accounting and Financial Reporting for Voluntary Health and Welfare Organizations (1974) and that an annual audit by an external source is performed and communicated to the Board and made available to the community at large.

Personnel Committee - This committee is responsible for setting personnel policies and providing an annual review so that policies are compatible with other

human service agencies in the community. In this manner, the agency should be able to maintain quality staff. The committee is also responsible for providing job descriptions, salary ranges, fringe benefit program reviews and periodic salary studies.

Nominating Committee - This committee is responsible for preparing an annual slate of officers and directors at the appropriate time, as stipulated in the By-Laws. The members of this committee (as well as all other members of the governing body) should constantly look to the community for individuals who would be assets to the Board.

Professional Advisory Committee - This committee should be comprised of appropriate professionals in the community who meet from time to time, either individually or collectively, with the Board or staff to contribute their experience toward further program development. This group can be of invaluable assistance to the organization in enhancing and maintaining its credibility with the professional and lay communities.

The governing body and all committees should maintain records of all meetings. These minutes should be in writing, verified at the subsequent meeting, filed in an appropriate location and distributed to all members of the governing body.

A handbook will help provide information to members of the governing body. This can be in the form of a loose leaf binder so information can be added on a regular basis. Items which should be included in such a notebook are:

- A brief history of the organization
- The Constitution and By-Laws
- A statement of purpose and philosophy
- A list of current Board members, their home and business addresses and telephone numbers
- A list of the committees and their members
- A set of personnel policies, job descriptions and a list of current staff
- The current budget and monthly financial reports
- The organizational chart
- A section for Board and Executive Committee minutes

Staffing and Personnel Policies

The selection of staff by the executive director may be one of the most critical elements in determining the success or failure of the program and facility. The staff creates a significant portion of the environment in which clients receive habilitative services and engage in productive work. Their responsibility is to train mentally retarded persons, and to enhance their motivation and feelings of self-worth through the acquisition of skills and achievements. Therefore, personal qualities, plus specific educational and/or experiential requirements, must be considered. On the priority list would be maturity, stability and patience. The size of the staff and staff deployment will depend greatly on the number of individuals to be served and whether the work activity center is to be housed independently or as part of a

larger rehabilitation or sheltered workshop facility.

To enable staff members to recognize their role in the organizational structure, they must be provided with a set of written personnel policies to fully define their responsibilities, rights, privileges and restrictions. Positively stated personnel policies will enhance staff morale and will facilitate management of the organization. These policies should be reviewed at least annually to ensure that they are compatible with existing policies in the community, and with human service agencies in both the public and the private sector. Personnel policy items should include:

- Equal Employment Opportunity Commission compliance (affirmative action)
- Length of workday and work week
- Lateness
- Tenure and probation
- Time reports
- Holidays
- Sick Leave (accrual and use)
- Vacation (accrual and use)
- Overtime and compensatory time
- Military leave
- Jury duty
- Termination and resignation procedures (severance pay)
- Exit interviews
- Fringe benefits
- Medical examination and immunizations
- Salary schedules and payment
- Performance evaluations (annual review)
- Maternity leave

Staff development programs

Expense vouchers (reimbursables, mileage, per diem, etc.)

Bonding

Grievances

In addition to the personnel manual, each employee should receive a specific job description for his position, as well as an organizational chart delineating line-staff responsibilities and authority and communication patterns. As the program changes and new technologies are introduced, job descriptions and the organizational chart will have to be reviewed.

Wages and salaries continue to be a problem for many non-profit agencies. It is imperative that the personnel committee continuously study community and state salary schedules for comparable positions. High staff turnover does not enhance staff or client morale, reduces credibility, costs the agency many additional dollars in new staff training and has a deleterious effect on the overall accomplishment of program objectives and the delivery of quality services to mentally retarded persons. Within the wage and salary structure, there should be ranges for all positions, as well as provisions in policy for salary increments. Individuals should be evaluated at least once a year in writing. The employee and his immediate supervisor should participate jointly in these sessions.

The organization should develop specific hiring practices for all staff members. Appropriate state and federal agencies should be checked to ensure that the organization is in compliance with

all applicable statutes and regulations. Applications for employment should be on a simple, standardized form. Following a preliminary review by appropriate persons, interviews should be held with those candidates who appear to be most qualified for the position. During the interview, a job description, salary and expectations should be discussed with the potential employee.

References must be checked, and should include the applicant's immediate supervisors in his last two or three positions. If time does not provide for letters, then telephone calls with notes on the calls are appropriate. In fact, telephone calls may be preferable in some situations, since a person's former employers are frequently inclined to communicate more freely in a telephone conversation than through a permanent, documented letter. When a decision has been made to hire an individual, the announcement of the position should be put in writing along with the salary and starting date and a request for a formal reply.

On the employee's first day at work, he should be provided with an orientation to the facility and a copy of the personnel manual. He should be introduced to staff and to those clients with whom he will be having immediate and regular contact.

The organization must commit itself to a staff development program. This is necessary to maintain quality leadership of service in the community and will require on-going planning and commitment from the governing body.

There should be an initial staff orientation in which policies, goals and objectives of the organization are reviewed with all new employees. Another method of staff development is to provide periodic staff meetings. Guest speakers can be invited to these sessions, or staff members can make formal presentations on particular subjects of interest and need.

Another method of staff development is to send employees to institutes, conferences, seminars and workshops sponsored by other organizations or groups, or to bring expert consultants into the facility to accomplish specific objectives.

A stimulating environment and program will produce a sense of satisfaction and achievement for staff which will result in a positive impact on the clients.

All personnel records and related materials should be kept in individual, confidential file folders. Within these files should be the individual's application, letters of reference, medical information, related correspondence, annual evaluations, records of salary and personnel actions, etc.

Executive Director

The governing body's appointment of the executive director will be one of their most critical decisions. The executive director serves as the chief administrative officer of the organization. He is responsible for managing its day-to-day affairs, and for implementing Board policy in a sound, business-like manner. He

normally is an ex-officio member of all standing committees except the nominating committee. The position requires an individual who will provide leadership to the staff. He must serve as a professional resource to the Board and must regularly report to them on the activities of the center and its programs. He must have full authority for hiring and firing all subordinate personnel.

In the eyes of the community, the executive director has an "image" to uphold when he represents the organization. He must be involved in community and inter-agency relations and should develop expertise in state and federal rules and regulations regarding funding and programs. The executive director also has responsibilities in the area of planning and evaluation in his role as resource for the governing body.

A common problem encountered by governing bodies and their executive director lies in the attempt to have him/her also serve as the direct program service coordinator. In fact, the individual often is initially employed to direct a specific program, such as a work activity center, and is then given the additional responsibilities of serving as the executive director. As stated in an organizational manual, The Association for Retarded Citizens; An Introduction (NARC, 1975), "In addition to directing the program (school, etc.) the coordinator may be expected to be the ARC public relations man, fund raiser, unit membership chairperson, community affairs liaison and keeper of the financial records. Conflicts often arise because of the expected role of

the executive. This does not mean that a program director cannot grow into a more definite, traditional executive role. It should be made clear, however, that the true ARC executive may be responsible for supervising personnel who have service program responsibilities, but should not be expected to do their jobs, too. Likewise, the program director should not be expected to do all of the executive tasks as well as program responsibilities.

In the early phases of a new organization, it may be necessary to merge both positions. Nevertheless, it should be clear to all parties involved - governing body and staff - that one individual cannot execute effectively all of the responsibilities of both positions. The potential crises which could develop around such a situation reinforce the earlier established criteria of specific job descriptions and accountabilities for all staff, including the executive director and program director.

Budget Development and Financial Records

As a result of the continuing demand of society for reporting uniformity on the part of non-profit organizations, a manual entitled Standards of Accounting and Financial Reporting for Voluntary Health and Welfare Organizations has been developed. The original set of standards was revised in 1974. An additional source of useful information is the publication, Accounting and Financial Reporting - A Guide for United Way and Not-For-Profit Human Service Organizations. The utilization of these manuals as a guide in developing budgets and accounting systems is essential for any organization.

Accepted accounting procedures require work activity centers and other voluntary agencies to categorize functionally all income and expenditures by programmatic function. Standard categories of receipts and expenditures for standards of accounting have been classified and duly recognized by the National Health Council, Inc., the National Assembly of Voluntary Health and Social Welfare Organizations, United Way of America and the American Institute of Certified Public Accountants.

Budget preparation is a complex process requiring time and input from key staff and Board members. The annual budget should be approved by the governing body for the next fiscal year along with tentative budgets for two additional years.

The financial statement of the organization should be reported to the Board by the executive director on a regular basis, usually quarterly. In this manner, the governing body and chief executive officer can jointly evaluate the financial status of the organization in relation to the projected budget and make necessary adjustments.

In order to maintain full public accountability and compliance with national accreditation standards, an annual audit by an outside party should be performed within 90 days after completion of the fiscal year. The results should be distributed to the governing body and made available to the general public. In the ever-increasing competition for funds and the continuous requests of donors and funding sources to determine how their dollars have been utilized, the maintenance of sound financial

and accounting procedures is essential.

In addition to the overall financial records of the organization, the special Work Activity Center Certificate from the U.S. Department of Labor requires records as prescribed in the Record Keeping Regulations, 29CFR, Part 16, and Section 525.13 of the Sheltered Workshop Regulations, 29CFR, Part 525. If individual workers in the work activity center are going to be paid on a piece rate, then individual productivity records and standards must be established for all individuals. These rates should be on a 50-minute hour. The Certificate is subject to annual review, and complete financial data and records must be made available to appropriate officials of the United States Department of Labor. Rulings resulting from the Souder vs. Brennan litigation regarding peonage of institutional workers have prompted closer scrutiny of potential exploitation of handicapped workers in sheltered workshops, work activity centers and state residential facilities.

Insurance Needs

It is no longer true that non-profit corporations and public agencies are immune from tort claims. Today, all organizations are subject to the same potential for liability claims. In fact, there have been reports of individuals attempting to take advantage of the liability of public or non-profit corporations.

Prior to the establishment of the facility, it would be wise to seek counsel from an attorney and insurance underwriter with

experience in dealing with public and non-profit organizations. Generally, the organization will need fire insurance on both the facility and its contents, complete coverage of facility vehicles, fidelity bonds on individuals responsible for handling cash or signing checks, theft insurance on contents, public liability insurance for the property, product liability for any subcontract or prime manufacturing and personnel liability insurance for professional staff.

In addition, insurance should be made available to employees in the following areas: unemployment; Social Security; group health, hospitalization, life and disability; workmen's Compensation; and some type of retirement or annuity insurance program. Finally, it is becoming increasingly beneficial to the organization and to the individuals whom it serves to provide Social Security withholding for all handicapped clients (workers), as well as workmen's Compensation for these individuals.

Funding Sources

The organization has many options for obtaining funds to open and maintain the facility and its program of services. Fund raising is, however, a complex task and should be reviewed very carefully before commitments and final decisions are made. The following list represents those organizations most likely to provide initial grants for the establishment of such a facility:

- Vocational rehabilitation agencies
- Developmental disability project grants
- Local or state revenue sharing funds
- Private foundations.

The following funding sources are more prepared to sustain operational costs:

Vocational rehabilitation agencies

Social service agencies under Title XX (P. L. 93-647) of the Social Security Act

United Funds (United Way, Community Chest, etc.)

Auxiliaries

Individual donors

Special events

It would appear that the Title XX Social Service Funds are most appropriate for all or a major portion of a work activity center's program. The five fundamental goals towards which these services must be aimed are:

Achieving or maintaining economic self-support to prevent, reduce or eliminate dependency

Achieving or maintaining self-sufficiency, including reduction or prevention of dependency

Preventing or remedying neglect, abuse or exploitation of children or adults unable to protect their own interests

Preventing or reducing the more intensive forms of institutionalization by providing for community-based care, home-based care, or other forms of less intensive care, or preserving, rehabilitating, or reuniting families

Security referral or admission for institutional care when other forms of care are not appropriate, or providing services to individuals in institutions.

The Social Service Funds under Title XX are available to all individuals receiving Supplemental Security Income (SSI). The SSI program is administered by the United States Social Security Administration. All individuals classified as moderately to

profoundly retarded (or were traditionally classified as permanently and totally disabled), and not residing in a "public institution," may be eligible to receive the Supplemental Security Income, which, in most states, also brings with it a Medicaid Card.

Individual recipients in most states are then eligible for "Social Services" from the designated state agency; usually welfare or social services. Federal Social Service Funds are available to the states at a 75 percent to 25 percent matching ratio and can be contracted to private agencies through the state agency, either with the state providing the matching funds or with the local organization providing the 25 percent matching under the appropriate regulations. The consensus opinion of many Health, Education and Welfare officials is that in most situations all but the costs of the vocational production program in a work activity center would be in compliance with the goals of the federal regulations. Nevertheless, it would be wise to review the state plan of the agency administering these funds in each individual state to determine their priorities and services for retarded citizens.

If the organization determines to do some of its own fund raising, staff should investigate all local and state laws and ordinances to assure compliance. They should also review the ethical practices of the National Society of Fund Raisers before entering a full public fund raising campaign. When an organization is involved in fund raising, it should be extremely careful that it is not exploiting the individuals whom it intends to serve. Fund

raising campaigns, pamphlets, posters and news releases should be carefully screened for any images or subliminal messages which may reinforce and resurrect negative stereotypes.

Technical Assistance

In almost every state, there are a number of free or inexpensive consultative services available to provide the Board and staff with technical assistance in program development and refinements. Some of these sources include the state agency for vocational rehabilitation, the developmental disabilities council, the state agency for mental retardation, the state agency for social services, existing agencies providing workshop or work activity center programs, university programs providing training in vocational evaluation, rehabilitation counseling, special education, psychology, etc. There are also an increasing number of private management consulting firms spending greater percentages of their time in the human service areas.

In 1974, the National Industries for the Severely Handicapped (NISH) was incorporated in Washington, D.C., with a primary objective of expanding employment opportunities for the severely handicapped through increasing the capability of sheltered workshop facilities and work activity centers to produce commodities and services for the federal government under the Wagner-O'Day Act as amended in 1971 (P. L. 92-28). NISH has two primary functions: (1) technical assistance directly to sheltered workshops and work activity centers to evaluate capability; determine feasibility of production of selected com-

modities or services; estimate requirements in terms of equipment, space, materials, manpower and financing; and assist in establishing production systems (assistance will be provided directly or arranged through other resources); and (2) research and development of commodities and services which are feasible for production in sheltered workshops and work activity centers employing the non-blind severely handicapped.

NISH will thus be the agency representing all workshops and work activity centers serving the severely handicapped other than the blind. The Wagner-O'Day Act provides priority opportunities to bid on government contracts and services. The National Industries for the Blind (NIB) has been representing workshops for the blind for many years and has been cited by many as a significant factor in the high visibility and productivity of these facilities.

Pricing

Many facilities, especially new ones, are so concerned about securing adequate work for their clients that little attention is paid to preparing an appropriate price structure for work produced. There is some concern from personnel involved in securing subcontracts or service contracts that any charges for overhead are inappropriate since the facility is "non-profit." This is not true. The work produced does have real overhead, and overhead costs are as much a part of total job costs as the direct labor costs.

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Factors which may play some role in determining the extent of the overhead charged will be competition with other facilities, status of the current market and the overall need for the particular job in the facility at that time. Asfahl (1971) suggests for on-going extended contracts a range of 100 to 200 percent over direct labor would be appropriate. On the other hand, for short-term special projects, he suggests anywhere from 200 to 400 percent overhead.

The final selling price of goods manufactured in the facility should be in line with prevailing prices in the community. Contract bidding practices and selling practices of manufactured goods should be reviewed at least annually by the staff and the Board or a committee.

The facility must comply with all applicable state and federal wage and hour regulations. In addition to payments received through the specialized wage and hour certificate, all clients should be paid wages at least commensurate with their productivity, and in line with wages paid for similar types and amounts of work done in local commercial and industrial establishments.

Accountability

Society is no longer willing to accept the statement that a non-profit agency is "doing good work." Funding sources, individual donors and the community at large are becoming in-

creasingly concerned with the effectiveness of human service organizations. Effectiveness can be assessed both qualitatively and quantitatively. That is, assuming results have been accomplished effectively, can it be determined whether services could be rendered more economically than at the present time?

As a result of increased pressures for public accountability, several national accreditation groups came into existence. It is recommended that work activity centers participate with the Accreditation Council for Facilities for the Mentally Retarded accreditation program. Although the accreditation process is strictly voluntary, it is rapidly becoming accepted as a sign of commitment on the part of an organization to participate openly in an on-going, constructive evaluation and assessment program process. The accreditation process provides for self-evaluation by the facility, submission of data to the Accreditation Council for review, and scheduling of an on-site visit by trained evaluators. During the visit, evaluators perform a program audit of selected individual case records, review the facility, meet with staff, clients, client families, and representatives from other agencies in the community. A full report is prepared for the governing body and the chief administrative officer. The facility can be accredited for a two-year period, a one-year period, certain deficiencies noted and expected to be removed, or no accreditation may be granted, with constructive criticism regarding deficiencies to be corrected for subsequent reevaluation. The standards and the accreditation process are continually being reevaluated and refined to reflect current thinking. It

was earlier noted that these standards should be used by the planning committee and the governing body in the initial program planning stages of the work activity center.

Another source for facility accreditation is the Commission on Accreditation of Rehabilitation Facilities (CARF). In some states, rehabilitation agencies require compliance with CARF standards for certification by those agencies.

By participating in a formal accreditation ACFMR program, by providing on-going opportunities for client and family input, and by providing a formal financial fiscal control system, the organization should be able to evaluate how much "good" it is doing and how much it has cost to provide the service. Participation will provide a mechanism for monitoring and control and will help the Board make those decisions which are necessary to enhance the program of services for individuals within the work activity center.

APPENDIX 1

NATIONAL ORGANIZATIONS AND FEDERAL AGENCIES INTERESTED

IN THE HANDICAPPED

The following represents a listing of major national organizations and agencies with major emphasis on the handicapped.

(A more complete list is available from Committee for the Handicapped, People to People Program, Suite 610, LaSalle Building, Connecticut Avenue and "L" Streets, Washington, D. C. 20036.)

American Association for Health, Physical Education
and Recreation
Programs for the Handicapped
1206 16th Street, N. W.
Washington, D. C. 20036
(202) 833-5547

American Association on Mental Deficiency
5201 Connecticut Avenue, N.W.
Washington, D. C. 20015
(202) 244-8143

American Personnel and Guidance Association
1607 New Hampshire Avenue, N. W.
Washington, D. C. 20009
(202) 483-4633

Blinded Veterans Association
1735 DeSales Street, N. W.
Washington, D. C. 20036
(202) 347-4010

Bureau of Education for the Handicapped
U. S. Office of Education
400 Maryland Avenue, S. W.
Washington, D. C. 20202
(202) 245-9661

Council of State Administrators of Vocational Rehabilitation
1522 "K" Street, N. W., Suite 836
Washington, D. C. 20005
(202) 659-9383

Disabled American Veterans
3725 Alexandria Pike
Cold Spring, Kentucky 41076
(606) 441-7300

Goodwill Industries of America
9200 Wisconsin Avenue
Washington, D. C. 20014
(301) 530-6500

International Association of Rehabilitation Facilities, Inc.
5530 Wisconsin Avenue
Washington, D. C. 20015
(301) 654-5882

National Association of the Deaf
814 Thayer Avenue
Silver Spring, Maryland 20910
(301) 587-1788

The National Association for Mental Health, Inc.
1800 North Kent Street
Arlington, Virginia 22209
(703) 528-6405

National Association of the Physically Handicapped, Inc.
6473 Grandville Avenue
Detroit, Michigan 48228
(313) 271-0160

National Association for Retarded Citizens
2709 Avenue "E" East
P. O. Box 6109
Arlington, Texas 76011
(817) 261-4961

National Association of State Mental Health Program Directors
1001 Third Street, S. W.
Washington, D. C. 20024
(202) 638-2383

National Congress of Organizations of the Physically
Handicapped, Inc.
7611 Oakland Avenue
Minneapolis, Minnesota 55423
(612) 861-2162

National Easter Seal Society for Crippled Children and Adults, The
2023 West Ogden Avenue
Chicago, Illinois 60612
(312) 243-8400

National Industries for the Blind
1455 Broad Street
Bloomfield, New Jersey 07003
(201) 338-3804

National Industries for the Severely Handicapped
4350 East West Highway, Suite 204
Washington, D. C. 20014
(301) 654-0115

National Multiple Sclerosis Society
257 Park Avenue South
New York, New York 10010
(212) 674-4100

National Paraplegia Foundation
333 North Michigan Avenue
Chicago, Illinois 60601
(312) 346-4779

National Rehabilitation Association
1522 "K" Street, N. W.
Washington, D. C. 20005
(202) 659-2430

National Rehabilitation Counseling Association
1522 "K" Street, N. W.
Washington, D. C. 20005
(202) 296-6080

Paralyzed Veterans of America
7315 Wisconsin Avenue, Suite 301W
Washington, D. C. 20014
(301) 652-3464

The President's Committee on Employment of the Handicapped
1111 20th Street, N.W.
Sixth Floor
Washington, D. C. 20210
(202) 961-3401

The President's Committee on Mental Retardation
330 Independence Avenue, S. W.
South Building, Room 3232
Washington, D. C. 20201
(202) 245-7634 -

Professional Rehabilitation Workers with the Adult Deaf, Inc.
814 Thayer Avenue
Silver Spring, Maryland 20910
(301) 589-0880

Rehabilitation International USA
17 East 45th Street
New York, New York 10017
(212) 682-3277

Social and Rehabilitation Services/Department of HEW
330 "C" Street, S. W.
South Building, Room 5006
Washington, D. C. 20201
(202) 245-6726

Social Security Administration
6401 Security Boulevard
Baltimore, Maryland 21235
(301) 594-1234

United Cerebral Palsy Associations, Inc.
66 East 34th Street
New York, New York 10016
(212) 889-6655

United States Department of Labor
Washington, D. C. 20210
(202) 523-6316

APPENDIX 2

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