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**ABSTRACT**

Sixty-five model programs striving to integrate people with severe disabilities into their natural communities were nominated and screened via interviews, site visits, and comparison with eight principles of community integration including family scale community living arrangements, consumer and parent involvement, and development of community living skills. The resulting 41 programs are summarized in terms of services, population, and contact persons. Programs are organized according to state and regional systems, residential services, family support services, and vocational services. (CL)

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**Programs Demonstrating Model Practices  
for Integrating People with Severe Disabilities  
into the Community**

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## THE COMMUNITY INTEGRATION PROJECT

is designed to provide technical assistance and disseminate information on model programs and practices for serving persons with the most severe disabilities in integrated community settings.

Project Officer: Naomi Karp  
Contract Officer: Michael Caporaletti  
Project Director: Steven Taylor

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**Programs Demonstrating Model Practices  
for Integrating People with Severe Disabilities  
into the Community**

During the last year the Community Integration Project has conducted a national search for model programs which strive to integrate people with severe and profound mental retardation, autism, multiple disabilities, challenging behaviors, and medical involvements into their natural communities. Programs were nominated by the Community Integration Project's advisory panel of national experts on community services, project staff members, and by responses to a call for nominations which appeared in a variety of national newsletters including those published by the Association for Persons with Severe Handicaps and the United Cerebral Palsy Association. As a result of this process 65 nominations were received.

Each nominated program was contacted by phone and an appointment made with a senior staff person for a formal phone interview. Each interview was conducted by a member of the project staff using a guide which covered background information, setting and program description, types of services provided, populations served, degree of actual community integration, staffing patterns, related services, administrative structures, parent and consumer involvement, cost, and funding mechanisms. This information was, in many instances, supplemented by a variety of materials provided by the respondents.

In addition to the phone interviews, 6 sites were selected for visits of from 1 to 2 days duration by project staff members. These sites were selected on the basis of multiple nominations which were unanimous in their high recommendations of the program. Also, with one exception, the sites selected for visits were regional service systems rather than individual agencies or programs. In these cases it would have been particularly difficult to gain a global understanding of how these services operated solely on the basis of a one hour phone interview.

Subsequent to the interviews and the visits the project staff reviewed the material collected and screened each program for basic conformity with the following principles, which we used to operationalize "community integration":

1. All people with developmental disabilities belong in the community. We looked for more than just an official statement of belief in the principle of the "least restrictive environment." We looked for services whose practices revealed a commitment to the belief that all people, regardless of the severity of disability, belong in the community.
2. People with severe disabilities should be integrated into typical neighborhoods, work environments, and community settings. Where do typical people live, work, play, go to school, and shop? This is where people with developmental disabilities, including those with severe disabilities, should do these things. We adopted the "principle of natural proportions" (i. e., the number of individuals with severe disabilities in a particular neighborhood, worksite, school, etc. should roughly parallel the percentage of people with severe disabilities in the general population) to serve as a guideline for determining if a program reflected this principle.
3. Support the placement of people with severe disabilities in homes and natural community settings. One of the great ironies--and tragedies--of traditional service systems is that they have undermined families.

It has often been easier for parents to have their children institutionalized or placed in other out-of-home settings than to receive in-home support. We looked for programs which consciously attempted to maintain people with disabilities in their families or at least in their native communities.

4. Community living arrangements should be family-scale. The field of developmental disabilities has been obsessed with trying to determine the optimal size of a community residence. Is eight better than ten or ten better than twelve? It is foolish to think that small size alone, in isolation from other factors, will guarantee a high quality of life or high degree of integration. The debate about size detracts attention from this. We think community settings should be "family-scale." How large is this? Two or three people living together meet the definition of family-scale. Perhaps more in some cases. Seven or eight people together seems like too many; this invites an institutional atmosphere. Any absolute limitation on size will be arbitrary (which is not to say that a limitation should not be set). The "state of the art" for people with severe disabilities today includes settings ranging in size from one to six.

5. Encourage the development of social relationships between people with severe disabilities and other people. "Community" is not only a place to be. It is a feeling of belonging among human beings. People with severe disabilities need friends and other people who care about them--just like other people. If there has been one thing lacking in our service systems, it is the lack of opportunities people have to develop close, mutual, and ongoing relationships with other people. We looked for programs which saw this need and attempted to address it.

6. Foster participation in community life and the development of community living skills. This principle implies two things. The first has to do with social integration. Community integration doesn't just mean physical placement in the community. It also means interacting with other people in the community. The second implication relates to the opportunity to learn practical life skills. Community residences have been defined largely as places to live, rather than learn. To be sure, community settings should not be treatment centers. But, in any home, somebody has to go grocery shopping, cook meals, wash dishes, and clean the house. We looked for places where people with severe disabilities are learning the functional skills they need to at least partially participate in these activities.

7. Involve parents and consumers in the design, operation, and monitoring of services. Professionals may come and go; the parents and consumers will always be there. In practice this meant looking for programs where parents and consumers were treated not merely as passive clients, but as partners in developing services.

8. A commitment to positive interventions. It is unfortunately true that many of the behavioral strategies recommended for use with people with severe disabilities would be totally unacceptable if used with nondisabled people. We see integration as meaning that the same standards are applied for all people. With this in mind, we screened the programs we interviewed for agreement with the principles outlined in the Association for Persons with Severe Handicaps resolution on non-aversive interventions (TASH Newsletter, Nov. 1981).

As a result of the screening process 41 programs were selected for inclusion in this listing of programs.

It was illuminating that many of these "model" programs did not see themselves as models. For all the good things they are doing they seem to be more conscious of their shortcomings and the problems they encounter in the day to day provision of services. In particular, we found it commendable that good programs were self-critical enough not to rest on their laurels but were constantly striving to be better.

In summary, what is exemplary about the programs listed here is a number of effective promising practices and a conscious struggling with the issue of how to assist people with severe disabilities to live full integrated lives in the community.

STATE AND REGIONAL SYSTEMS

Dane County Unified Services Board  
Madison, WI

SITE VISIT

The Unified Services Board is the the county department responsible for the provision of services to people with developmental disabilities. Direct services are primarily provided under contract to the board, the exception being case management which is provided directly by the board staff. Major emphases in this region include: a) Case management which concentrates on services to the most difficult to serve individuals; b) children services which focus on family support services and respite; c) residential services which emphasize supportive apartment living; and d) vocational service with a strong commitment to jobs in integrated work settings.

See also: Options in Community Living  
Community Work Services  
Family Support Program, Madison, WI

Contact: Paul Meyer  
Dane County Unified Services Board  
1206 Northport Dr.  
Madison, WI  
(608) 246-2980

Eastern Nebraska Community Office of Retardation (ENCOR)  
Omaha, Nebraska

This is the regional agency which serves the 5 counties around Omaha, Nebraska. In 1983-84 ENCOR provided guidance, residential (including respite and in-home supports), vocational, educational, and support services for 1079 people. Within this service region institutionalization is unequivocally rejected as an option for anyone. Administrators at ENCOR feel the hallmarks of this region are a commitment to the developmental model, the provision of services in a person's "native" community, the use of generic resources, support for families, a public education initiative, and consumer participation.

Contact: Don Moray  
Acting Director ENCOR  
885 South 72nd Street  
Omaha, Nebraska 68114  
(402) 444-6500

Macomb-Oakland Regional Center  
Mt. Clemens, Michigan

SITE VISIT

Macomb-Oakland is a state agency located in the two suburban counties north of Detroit. It serves approximately 1,120 people in community living arrangements (maximum size 6 people), an equal number in vocational services, and also has an extensive family support program. All residential and vocational services are operated by private nonprofit contract agencies. The centralized community services department has 5 divisions: 1) development for living arrangements, 2) case management, 3) professional support services, 4) placement, and 5) vocational services. In the area of residential services, Macomb-Oakland's adaptation of the foster home model is particularly noteworthy. Shortly, this region will have obtained the goal of having no person institutionalized because of mental retardation or developmental disabilities.

Contact: Gerald Provencal  
Director  
Macomb-Oakland Regional Center  
16200 19 Mile Road  
Mt. Clemens, Michigan 48044  
(313) 286-8400

State of Michigan  
Department of Mental Health  
Lansing, Michigan

SITE VISIT

Michigan is a leader in deinstitutionalization. It has adopted a goal of returning all children to their local communities by 1986 and by December 1985 it will have closed 5 of its institutions. Three noteworthy initiatives in this state are: 1) its innovative family subsidy program which provides direct cash subsidies to families of children with severe disabilities; 2) a developing regionalized service system which provides for local accountability, independent case management, innovative programming, and flexible funding; and 3) an extensive array of respite services which offer families real choices and control.

Contact: Ben Censoni  
Community Services  
Department of Mental Health  
Lewis Cass Bldg.  
Lansing, Michigan 48926  
(517) 373-2900

In addition, one regional agency from Michigan was also nominated as a model program.

Clinton-Eaton-Ingham Community Mental Health Board,  
Community Services For The Developmentally Disabled,  
Family Support Services. This agency provides respite services to over 100 families of children with severe disabilities. Within their respite allotment, families can purchase one or more types of respite from a "menu" of services, including foster home respite care, home-based respite care, family-friend respite care and drop-in day care.

Contact: Rite Charron, Director  
Community Services for the Developmentally  
Disabled  
838 Louisa St.  
Lansing, Michigan 48910  
(517) 394-5100

Project A R C  
Albany, Georgia

This agency provides case management services for about 460 people living in an 8 county region. On the basis of individual need the agency contracts for necessary services. If appropriate services are not available, they will develop the supports which a particular family needs. The specific services which this agency is involved in include an integrated preschool; an early intervention in-home program; respite; monitoring and advocacy for people in small group homes; and recruitment, training, and support of foster families.

Contact: Annette Bowling  
Director  
Project A R C  
601 Pine Ave.  
Albany, Georgia 31701  
(912) 888-6852

Project: Rescue  
Atlanta, GA

This is an intensive case management and training outreach program which serves approximately 125 families with a member labeled mentally retarded in Fulton and DeKalb counties. All recipients of this service have an income at or below the poverty level. Six outreach workers provide case management, support services, and crisis intervention. There are also two living skills trainers and a early childhood specialist who provide in-home instruction. This agency sees

itself as an advocate on behalf of the people it serves; its role is to aid them in dealing with the multitude of agencies which effect their lives.

Contact: Gillian Grable  
Supervisor, Internal Supports  
Project: Rescue  
Suite 105  
215 Lakewood Way, S.W.  
Atlanta, GA 30315  
(404) 622-5343

Region V Mental Retardation Services  
Lincoln, Nebraska

SITE VISIT

This is the regional service agency for the 16 county area around Lincoln, Nebraska. In 1983-84 Region V provided social services to 559 people, vocational services to 388 adults, residential services (including group living arrangements, apartments, and family placements) to 459 people, and respite for 79 children and adults. A strong commitment to community integration and the rights of disabled people and their families pervades the people employed in this region. Services in this region are marked by 1) a move toward being non-facility based, 2) the use of generic resources, 3) small size, and 4) heterogeneous rather than homogeneous groupings.

Contact: Lynn Rucker  
Executive Director  
Region V Mental Retardation Services  
2202 South 11th St. 4th Floor  
Lincoln, Nebraska 68502  
(402) 471-4400

Seven Counties Services  
Louisville, Kentucky

SITE VISIT

Seven Counties Services MR/DD Board, Inc. is a private, non-profit agency which is responsible for coordinating comprehensive community services in the region around Louisville. Direct services are primarily provided by affiliates who are under contract with the agency. The Seven Counties Board plans future services, monitors providers, operates a Direction (referral) service, and is developing work station employment opportunities. Throughout this region, there is a strong emphasis on community services for children including integrated preschools, family supports, and individualized residential placements. There are 5 themes which guide

services in this region: 1) The importance of personal relationships; 2) services should be small and personal; 3) the individual, not the program, is central; 4) children, including those with behavior problems and serious medical needs are best served in a family setting; and 5) constant internal and external evaluation is crucial.

Contact: Jeff Strully  
MR/DD Program Director  
Seven Counties Services  
620 South Third St.  
Louisville, Kentucky 40202  
(502) 589-4861

In addition two agencies in the Seven counties region were individually nominated as model programs.

Community Living provides residential supports for 28 people in individual placements, 12 in small group homes, and 17 children placed with families.

Contact: Steven Tullman  
Community Living  
1347 South Third St.  
Louisville, Kentucky 40208  
(502) 637-6545

Community Connections serves 19 people through family placement and 20 individuals by in-home supports through their medicaid waiver services.

Contact: Pat Hall  
Community Connections  
1146 South Third St.  
Louisville, Kentucky 40203.  
(502) 584-1239

## RESIDENTIAL SERVICES

### Boise Group Homes Boise Idaho

This agency provides residential services to 34 people with severe disabilities. They were specifically nominated for their 4 homes which serve 4 or 5 people. They place a particular emphasis on preparing the direct service staff to consciously focus on how they can best aid the social integration of the people they serve.

Contact: Michael Day  
Program Director  
Boise Group Homes  
1736 No. Five Mile Rd.  
Boise, Idaho 83704  
(208) 375-5155

### Community Living Yakima, Washington

This agency provide residential supports for 96 people of whom 15% have severe disabilities, particularly serious challenging behaviors. Eight individuals live on their own while the rest live in pairs. All decisions on these pairings are made by the tenants themselves. The staff is on-call 24 hours a day but does not live in any of the apartments with the tenants

Contact: Mary Margaret Cornish  
Community Living  
303 West Chestnut  
Yakima, Washington 98902  
(509) 575-3621

### Community Resource Center Bronx, New York

Most of the people living in the 5 homes administered by this agency have a variety of complex medical needs. A recent systematic analysis of their case histories revealed that these individual are in better physical condition and are receiving more services since they moved into the community. This agency has, in practice, worked through all of the hypothetical problems which are offered as a rationale for retaining people with serious medical need in institutions.

Contact: Sr. Barbara Eirich  
Community Resource Center  
235 East 149th St., Apt 2F  
Bronx, New York 10451  
(212) 292-1705

**Community Services for Autistic Adults and Children  
Residential Program  
Rockville, Maryland**

This program supports 55 people in 2 to 4 person residences. Staffing patterns for each of these homes is totally individualized based on the particular needs of the people living there.

Contact: Patricia Juhrs  
Director  
Community Services for Autistic Adults  
and Children  
751 Twinbrook Parkway  
Rockville, Maryland 20851  
(301) 762-1650

**Central Iowa Residential Services  
Marshalltown, IA**

This is a private not-for-profit agency which provides residential services to 70 individuals in 17 locations. The people with the most severe disabilities served by this agency live in their 5 person group homes. In these settings support is provided by 3 staff who work rotating shifts which provide for 24 hour coverage with 2 staff in home during times of most intensive need. There is a strong emphasis on the role of the direct service worker.

Contact: Dan Engesser  
Community Resources Manager  
Central Iowa Residential Services  
Marshalltown, IA 50158  
(515) 752-5762

**East Mt. Airy Neighbors, Inc.  
Philadelphia, Pennsylvania**

This agency provides residential supports to 44 adults, 15 of whom have severe/profound mental retardation, challenging behaviors, and/or multiple disabilities. There are 4 group homes for 6 people, 4 apartments with 3 tenants each, and 4 apartments with 2 tenants. The agency is committed to becoming an integral part of the Mt. Airy community.

Contact: James Hughes  
Director  
East Mt. Airy Neighbors, Inc.  
820 East Vernon Rd.  
Philadelphia, Pennsylvania 19119  
(215) 849-3377

Gig Harbor Group Home  
Gig Harbor, Washington

This service provides a home for 5 adults with severe /profound mental retardation. There is a strong emphasis on the development of relationships outside the home.

Contact: Kathy Easton  
Gig Harbor Group Home  
6823 Soundview Dr.  
Gig Harbor, Washington 98335  
(206) 851-3716

Katrina Project  
Autism Service System  
Huntington, West Virginia

The name of this project refers to the single person who this program is designed to serve. Katrina lives in her own apartment where she is supported by a number of staff people. Philosophically the agency believes that a person does not need to be prepared to live in the community--you just go right ahead and live in a community like everyone else.

Contact: Ruth Sullivan  
Director  
Autism Service System  
101 Richmond St.  
Huntington, West Virginia 25702  
(304) 523-8269

Lynch Homes  
Abington, Pennsylvania

This private-for-profit agency has a range of residential settings for 118 people many of whom are described as profoundly mentally retarded and medically fragile. They have a growing number of small homes ( 23 settings for 3 persons). These small homes were developed when other agencies refused to accept some of

the residents as being "too handicapped" to live in small community settings.

Contact: Henry Lynch  
Director  
Lynch Homes  
1355 Old York Rd.  
Abington, Pennsylvania 19001  
(717) 787-6057

Nebraska St. Group Home  
Residential Care for the Developmentally Disabled, Inc.  
Oshkosh, Wisconsin

This agency provides residential supports for 116 individuals. The Nebraska St. house is home for 6 people who are classified as autistic. Several of these individuals were considered to be too difficult to be served in anything but a "secure" setting, until they were accepted by this agency. It is worth noting that flexibility in funding and staffing have made it possible for the very complex needs of these people to be met in the community.

Contact: Richard Luecking  
Director of Special Programs  
Residential Care for the Developmentally  
Disabled, Inc.  
1628 No. Main St.  
Oshkosh, Wisconsin 54901  
(414) 235-6560

Options in Community Living  
Madison, Wisconsin

This agency provides supportive apartment living for 100 adults. People live alone or in groups of 2 or 3. Approximately 20 of these people live with paid roommates/attendants in order to see to their extensive needs. The money for these attendants goes directly to the residents who, with agency assistance, hire their own aides. A range of specialized supports are also provided by the agency staff.

Contact: Gail Jacob  
Program Director  
Options in Community Living  
1954 East Washington Ave.  
Madison, Wisconsin 53704  
(608) 249-1585

**Pacific North Community Services  
Burlington, Washington**

This small agency provides residential supports to 6 individuals in 2 apartments. This program sees itself as supporting people in their homes, "people don't move on as they develop--the program and the staff move on." There is a conscious systematic approach to integrating people into their community.

**Contact: Sue Stoner  
Program Director  
Pacific North Community Service  
P O Box 211  
Burlington, Washington 98233  
(206) 757-6810**

**Princeton Child Development Institute  
Princeton, NJ**

This private not-for-profit program provides a broad range of services for children and adults with autism. Of particular note are their two 5 person group homes which are intended for youngsters whose severe behavior problems have necessitated out of home placement. These homes are based on the Teaching-Family Model which places special emphasis on developing the skills of the direct service provider. There is a strong commitment to truly individualized planning and community participation.

**Contact: Patricia Krantz  
Director  
Princeton Child Development Institute  
300 Cold Sod Rd.  
Princeton, NJ 08540  
(609) 924-6280**

**Shared Home Network  
Lancaster, OH**

This program provides placement in the homes of individual providers (5) for 15 individuals with developmental disabilities. Central to this program is the concept of a network among the providers which gives them a system of formal and informal supports. The providers are encouraged to share ideas, skills, and resources. The agency provides required inservice training, crisis support, a consistent group of relief staff, aid in negotiating problems in the bureaucracy, and resource materials.

Contact: Beverly Yost  
Project Coordinator  
Shared Home Network  
1592 Granville Pike  
Lancaster, OH 43130  
(614) 687-0270

**TARGET**

Westminister, Maryland

This agency operates 5 homes with 2 or 3 people living in each house. Their most recent homes were developed using a approach which first defined the needs of the residents then fashioned an environment to meet those needs. Most of the people served by this agency are labelled severely or profoundly retarded, multiply handicapped, or medically fragile and have spent most of their lives in a large state institution.

Contact: Donald Rabush  
President  
TARGET  
1015 Oak Dr.  
Westminister, Maryland 21157  
(301) 848-9196

Vecchione Home  
Burlington, VT

This "agency" is a family home which three people with severe multiple disabilities share with Mr. and Mrs Vecchione and their three children. It is set up as a private not-for-profit corporation with a board of directors. There are several staff people who work from 3 p.m. to 8 p.m. daily and on weekends to assist the people with severe disabilities. Overall the emphasis here is on an extended family which uses some specialized supports.

Contact: Mr. & Mrs. Al Vecchione  
71 East Terrace  
Burlington, VT 05401  
(802) 658-4844

Westport Associates  
Westport, Massachusetts

This agency was established to provide permanent homes (3 locations) for 10 individuals with severe disabilities. The administration has made a conscious decision that this is all that they can do and still maintain high quality

personalized homes. Therefore, they have refused opportunities to expand their services. Everyone in the agency is intimately involved in direct service. Staffing problems, even with a demanding work schedule, have been avoided because of good pay, individualized training, and a collegial relationship among all the staff. This agency exemplifies a major effort to transform the group home model into secure, longterm, individualized homes.

Contact: Ms. Sheila St. Auben  
Executive Director  
Westport Associates  
PO Box N348  
Westport, MA 02790  
(617) 675-5710

Working Organization for Retarded Children (WORC)  
Flushing, New York

SITE VISIT

This agency serve 24 people in 4 settings. Many of the people served in these homes are some of the most severely disabled people effected by the Willowbrook decision. There is a strong emphasis on the role of the direct service staff, an awareness of the importance of relationships, an understanding of the integrated approach to therapies, and a committment to the principle of normalization which distinguishes these homes as models of integration in a large urban community.

Contact: Kathy Schwaninger, Executive Director  
WORC  
28-08 Bayside Lane  
Flushing, New York 11358  
(212) 787-4075

## FAMILY SUPPORT SERVICES

Active People  
Midland ARC  
Midland, Michigan

This service is a social recreation program which enables people with developmental disabilities to use generic resources in the community. All programming is done individually on a 1 to 1 basis and is geared toward the unique interest of each participant.

Contact: Myrna Bartlett, Coordinator  
Active People  
Midland ARC  
1714 Eastman Rd.  
Midland, Michigan 48641-1491  
(517) 631-4439

Comprehensive Family Support Services  
Summit County, OH

This project provides independent case management and family supports to approximately 1000 families with a developmentally disabled member in the county surrounding Akron Ohio. The dominant perspective of this service is that people with a disability are best supported by focusing on the needs of their families. The families, with support and guidance from their case managers, define their own service needs.

Contact: Mary Mihelcic-Jones  
Project Director  
Comprehensive Family Support Services  
Weaver School  
89 East Howe Rd.  
Tallmadge, OH 44278  
(216) 379-3697

Extended Family Program  
Children's Clinic and Pre-school  
Seattle, Washington

This project was intended (funding has ended) to help families develop their "natural resources" for the support of their disabled members. This was done by aiding families to extend their support system by seeking to actively involve relatives, friends, and neighbors. In some cases volunteers were used to expand the network of families who were essentially isolated.

Contact: Judy Moore, Deputy Director  
Children's Clinic and Pre-school  
1850 Boyer East  
Seattle, Washington 98112  
(206) 325-8477

**Family Support Program  
Madison, Wisconsin**

The purpose of this 11 county program is to provide families with whatever they need to prevent the institutionalization of their disabled member. The program provides a "menu" of 17 services plus an information and referral service for the families they serve. It also serves a training and education function for the counties in the region to help county staff people develop skills in supporting families.

Contact: Beverly Doherty, Director  
Family Support Program  
Developmental Disabilities Office  
Division of Community Services  
PO Box 7851  
Madison, Wisconsin 53707  
(608) 266-7469

**Family Support Services Department  
Calvert County ARC  
Prince Frederick, Maryland**

The intent of this program is to prevent any person 22 years of age or younger from being institutionalized. They provide respite, specialized family support, and integrated day care to approximately 50 people with developmental disabilities and their families. The specialized family support component attempts to help parents obtain any service or piece of special equipment which the family sees as needed in order to maintain a disabled member at home.

Contact: Kimberly Gschiedele  
Director  
Family Support Services Department  
Calvert County ARC  
Calvert Executive Plaza  
P O Box 1860  
Prince Frederick, Maryland 20648  
(301) 535-2413

**Family Support Services  
Erie, Pennsylvania**

**This program provides a comprehensive array of family support services to Erie County, Pennsylvania. It is funded by the county Mental Health/Mental Retardation Department. The services available include family aide-sitter/companion, respite, recreation, in-home behavior management, parent counseling, sibling support, consultation on sex education, health professional training, resource guides, and money management.**

**Contact: Ms. Kathy Kinol  
Family Support Services  
Dr. Gertrude Barber Center  
136 East Ave.  
Erie, Pennsylvania 16507  
(814) 453-7661**

## VOCATIONAL SERVICES

Community Options, Inc.  
Belchertown, Massachusetts

This agency provides direct training and follow along support to 28 people with a variety of disabilities who are employed in the community. Two approaches are used to finding employment opportunities for disabled people. The agency either finds an individual job in an existing community business or underwrites the start up cost of a small business (e.g., florist shop, copy center, etc.) which will employ handicapped and non-handicapped people.

Contact: Carol Shelton  
Director  
Community Options, Inc.  
P O Box 962  
Belchertown, Massachusetts 01007  
(413) 323-6508

Community Services for Autistic Adults and Children  
Vocational Program  
Rockville, Maryland

This agency supports 40 adults working in groups of 1 to 3 in community businesses with a staff person. A careful effort is made to match each person with a job where his or her abilities will be maximized and any idiocyncratic behaviors will be minimize.

Contact: Patricia Juhrs  
Director  
Community Services for Autistic Adults  
and Children  
751 Twinbrook Parkway  
Rockville, Maryland 20851  
(301) 762-1650

Community Work Services  
Madison, Wisconsin

This agency provides individually tailored training, assistance, and support for the 35 people they serve in Dane County. Its services are based on the belief that people with severe disabilities are best served by working in individually arranged jobs alongside non-handicapped people. A variety of supports are available including assessment, job development/placement, job modification/adaptation, on-the-job-training, onsite support, follow up, and coordination of client's referral to other services which enhance their vocational functioning. Supports are provided

as frequently and for as long as the individual may need them.

Contact: Betsy Shiraga  
Community Work Service, Inc.  
1245 E. Washington Ave.  
Suite 276  
Madison, Wisconsin 53703  
(608) 255-8711

Kaposia Developmental Learning Center  
St. Paul, Minnesota

This agency is in the process of changing from a typical day activity center to an integrated placement and support service. At present 31 people are employed at integrated jobs, while 44 remain in the sheltered setting. The plan is to completely eliminate the sheltered component and continue supporting people in their community jobs "forever."

Contact: Jacqueline Miynarczyk  
Kaposia Developmental Learning Center  
179 East Robie St.  
St. Paul, Minnesota  
(612) 222-9291

New England Business Associates (NEBA)  
Holyoke, Massachusetts

This agency was founded out of a "passion" for closing institutional settings by helping new community programs to get started. Their primary efforts focus on providing staff training and technical assistance in the area of developing individual job placements for people who have traditionally been evaluated as "unfit for work." In addition, they have on occasion arranged and coordinated services for individuals who were not being served by any other agency until they could be spun off to an appropriate provider.

Contact: Kathy Moore  
Director  
New England Business Associates (NEBA)  
56 Suffolk St.  
Holyoke, MA 01040  
(413) 536-0221

**Project Transition  
Washington County Mental Health Center  
Barre, Vermont**

**This project is part of a comprehensive service system based in a regional mental health center. It provides job development, training, and long-term support for 44 individuals who have "long-term training needs." Special emphasis is placed on matching the person to the job and developing the on-site supports which a person needs to survive without an agency employee always being present.**

**Contact: William Ashe  
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Project Transition  
Washington County Mental Health Center  
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