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AN EVALUATION OF THE SEARCH PROGRAM

Prepared for

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by

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EXECUTIVE SUMMARY

The majority of adults with epilepsy function independently in all spheres of life, and have no need for the services and assistance provided by a program such as SEARCH. However, for some adults with epilepsy, their daily lives are in marked contrast. A combination of health, mental health, social and economic factors have created formidable barriers to independence. While some of these individuals have their seizure activity well under control through medications, the majority do not. Often there is significant dysfunction in the brain. Many of these adults have some cognitive impairment (e.g., short and long-term memory, judgment, and problem-solving) associated with permanent brain damage which can make them vulnerable in certain situations. Frequently, these adults have lived relatively protected, socially isolated lives, and have had limited opportunity to develop independent living skills. In short, while no one "picture" can capture the diversity of abilities and disabilities of each potential or current program participant, many have multiple areas of risk or vulnerability.

SEARCH, a state-funded program of the Minnesota Department of Human Services operated by People, Incorporated, St. Paul, provides services to adults facing these difficulties. The program's roots go back to late 1987 at which time Hennepin County began funding the program and continued support through 1988. The Minnesota State Legislature began program funding in January 1989. The SEARCH program is located in a high-rise building owned by the Minneapolis Public Housing Authority. Program participants live in single bedroom apartments scattered throughout the building. Staff coverage is on a 24-hour, seven days a week basis.

The overall goal of the SEARCH program is to assist adults with epilepsy to live as independently as possible. In order to achieve the highest level of independence within each client's capability, SEARCH provides the following services: (1) a thorough assessment of key areas associated with independent community living (e.g., basic living skills such as personal hygiene, meal preparation, management of finances and housing; interpersonal skills, health and epilepsy education, work and educational skills); (2) the mutual development and implementation of Individual Training Plans which include the client's goals (e.g., to get better seizure control, to manage finance independently, to acquire work skills, to obtain employment), methods for achieving the goals, probable results, and record of achievement; (3) the provision of one-to-one and classroom instruction (e.g., independent living skills, communication skills, stress management); (4) linkage with appropriate community resources (e.g., county social services, Division of Vocational

Rehabilitation, The Epilepsy Foundation of Minnesota, physicians, therapists, etc); and, (5) emergency and crisis assistance on a 24-hour basis.

A review of the program's development and implementation during the period of state funding (i.e., 1989) indicates that the program: (1) has evolved in an increasingly systematic, planned fashion responsive to issues, problems and opportunities at client and program levels; (2) has effectively individualized outcomes or "success" by closely working with participants to set client-specific short and long-term goals in order to attain the greatest level of independence within each person's capacity; (3) has provided intensive one-to-one service and support to program participants; (4) has effectively linked clients to community resources and fostered a basic professional and personal support network for each client; and (5) has closely worked with other agency staff (e.g., medical, social service, educational, employment) to insure continuity of service provision.

For the majority of clients, participation in the SEARCH program has resulted in considerably higher levels of functioning in a variety of areas and increased capacity for independent living. Nearly all of the participants needing instruction have increased their capacity to perform basic skills (e.g., handling finances, preparing meals, using public transportation) associated with independent community living. Many have completed or are currently attending school (e.g., technical institute), and/or are employed or presently searching for employment. Client satisfaction with the program has been high.

For some program participants, SEARCH offers a means of obtaining needed skills and experience in order to transition to a level of total independence. The program's experience suggests, however, that for some participants the extent of their disability (e.g., intractable seizures, cognitive deficits associated with permanent brain damage) compromises their ability to function at a totally independent level. For these individuals some on-going support and assistance will likely be required throughout their lives in order that they can remain relatively independent in the community. The program was not originally conceived as offering this long-term on-going assistance.

SEARCH is a new program as well as a totally new initiative. No other program like it is currently available in Minnesota. The evaluation findings indicate that the SEARCH program has developed a sound and solid foundation, and that its services have clearly benefited program clients.

The evaluation also indicates that the SEARCH program addresses a real, unmet service need, and that the demand for its services will continue to expand. In addition, the SEARCH

program experience highlights a general unavailability in the community of services and assistance for adults with epilepsy requiring on-going supported independent living arrangements.

Based on the evaluation findings, the following recommendations are provided.

State Recommendations:

- Continue SEARCH program funding and consider expanded funding in the future;
- Increase dissemination activities on the SEARCH program approach within Minnesota and across the United States; and
- Facilitate the development of a continuum of program services and support for adults with epilepsy who due to the nature and extent of disability will continue to require some on-going support and assistance throughout their lives in order to remain relatively independent in the community.

SEARCH Recommendations:

- Continue to accept program clients with severe disabilities and multiple areas of risk as well as persons with lower levels of disability;
- As routine practice, allow program participants who require on-going support to remain indefinitely in the least intensive service phase (Level II) under SEARCH;
- Continue to expand outreach activities to non-metro counties;
- Consider differentially applying the program's monitoring activities based on each client's needs and risk levels, and continue to insure that the level of service provided fosters client independence and integration;
- Continue to explore program strategies for meeting the mental health and emotional needs of clients; and
- Develop a strategy to insure over time that the program does not create a "mini-institution" within the high-rise by having a high concentration of residents who are former or current program participants.

EVALUATION OF THE SEARCH PROGRAM

I. INTRODUCTION

This evaluation of the SEARCH program was mandated by the Minnesota State Legislature. The evaluation was completed by the Hubert H. Humphrey Institute of Public Affairs, University of Minnesota, under a contract with the Governor's Planning Council on Developmental Disabilities, Minnesota State Planning Agency. The principal investigator was Sharon K. Patten, Ph.D., a Senior Fellow at the Humphrey Institute.

SEARCH, a state-funded program of the Minnesota Department of Human Services operated by People, Incorporated, St. Paul, assists adults with epilepsy to live as independently as possible. The program's roots go back to late 1987 at which time Hennepin County began funding the program and continued support through 1988. The Minnesota State Legislature initially funded the program (\$100,000) for the six month period of January through June 1989, and later appropriated \$200,000 for each of two years extending from July 1989 through June 1991.

II. EVALUATION QUESTIONS AND DESIGN

The study addressed the following questions:

1. What are the goals, eligibility criteria, services and operational components of the SEARCH program?
2. What are the characteristics of persons served by the SEARCH program?
3. What is the need for the SEARCH program?
4. How effectively has the SEARCH program been implemented?

5. What has been the impact of the SEARCH program on clients served?
6. What conclusions and recommendations can be drawn from this study?

In order to address these six study questions, information and data were collected from four main sources: (1) interviews and discussions with several SEARCH program staff, (2) interviews with ten program participants, (3) SEARCH program documents (e.g., assessment tools, service planning materials, program materials, etc.); and (4) SEARCH program client records. This evaluation covers the time period of 1988 and 1989 with particular focus on 1989.

The remainder of this report describes the SEARCH program, discusses the need for the program and its effectiveness, and provides study recommendations.

III. SEARCH PROGRAM GOALS, OPERATIONAL COMPONENTS, ELIGIBILITY CRITERIA AND SERVICES

A. Goals

The major goal of the SEARCH program is to assist adults with epilepsy to live as independently as possible. The program does not try to achieve one level of independence for all participants. Rather, it attempts to individualize "success" by working with each person to set client-specific short and long-term goals. The focus is on achieving the highest level of independence within the capabilities of the individual. In order to address the overall program goal, services, assistance and support are provided in several areas.

B. Operational Components

The SEARCH program office is located in a high-rise building owned by the Minneapolis Public Housing Authority. Program participants live in single bedroom apartments scattered throughout the building. Clients reside in the same building in order to increase interaction with each other and to allow for the provision of an emergency response system for seizures. Participants are responsible for their rent as well as other living costs (e.g., utilities, furnishings, food, clothing, laundry, transportation, etc.).

Staff coverage is on a 24 - hour, seven days a week basis. The SEARCH staff includes a full-time program director, a full-time senior program counselor, two full-time and one half-time program instructors, and one full-time and one half-time program assistants. In addition, consultation services are obtained on a regular, on-going basis from a licensed consulting psychologist and a nursing consultant.

C. Eligibility Criteria and Program Capacity

The SEARCH program's eligibility criteria include: being 18 years of age or older, a Minnesota resident, having a primary diagnosis of epilepsy, willingness to become independent and live in an apartment, to identify goals to serve as a focus for service planning, to participate fully in program activities, and to become involved in vocationally-oriented activities.

In addition, supported independent living must be a realistic plan. If the individual is physically and/or mentally

disabled, s/he must be able to use and benefit from the program and the primary diagnosis must be epilepsy. If the person is chemically dependent, s/he must have achieved six months of sobriety prior to admission to the program.

Individuals who are seen as inappropriate for the program include persons with a mental illness who are in need of active intervention, individuals with severe behavioral disorders, and persons actively abusing alcohol and/or other drugs.

In general, 12 people can be admitted in a 12 month time period. The program could possibly serve 16-18 people at a given time if some of the participants have progressed through many of their goals and are requiring significantly less involvement of program staff. If the number of clients at any point in time becomes too high, the current level of staff is overextended, and the situation could be unsafe given the levels of disability. Due to the intense amount of one-to-one service and support provided during the first several months following admission, accepting one new client per month places considerable pressure and strain on the existing staff complement.

The length of stay in the program varies. Originally, it was anticipated that individuals would be involved in the intensive service phase (Level I) for about a year, in the less intensive phase (Level II) for three to six months, and then completely leave the program. Experience to date suggests that the average length of stay will be considerably longer although it will vary substantially depending on each client's abilities,

disabilities and service needs. As of late 1989, openings for new participants were occurring as some clients were leaving the program.

D. Services

1. Admission and Assessment Process

As part of the admission process, potential clients provide background information including a health history, reports on neuropsychological testing, up-to-date psychological information, the individual's county Individual Service Plan, and vocational information. Referrals are carefully coordinated with the social service department in the county of financial responsibility. If the individual is not currently involved with the county social service department, s/he is assisted in arranging for a county social worker.

Once the background information is in place, a formal intake meeting is scheduled that includes the applicant, family members, the county social worker, and SEARCH staff. If the individual is accepted into the program, s/he is assisted in applying to the Minneapolis Public Housing Agency. Actual admission to the program is contingent on placement into an apartment in the high-rise building.

During approximately the first six weeks in the program, staff work closely with clients to assess strengths, limitations and service needs. In most instances, program participants are required to demonstrate their abilities in the various assessment areas. The assessment process covers a range of areas including

the following:

- Basic Living Skills - areas such as personal hygiene, housekeeping, doing laundry, meal preparation, management of finances, management of housing (e.g., paying rent and handling grievances), transportation (e.g., using public transportation), communications (e.g., using personal and pay phones, 911 assistance, handling government forms, etc.).
- Interpersonal Skills - relationship skills and personal awareness.
- Health Education - medications (e.g., knowledge of the consequences of not taking medications and of potential side effects associated with medications, consistency in taking of medications), chemical use, handling of appointments, and sex education.
- Use of Leisure Time
- Work and Educational Skills
- Epilepsy Education
- Personal Health Inventory - preventive health education, and eating habits/nutrition.

As part of the assessment process, individual abuse prevention plans are also developed. If a person is identified as a potential suicide risk, procedures for suicide intervention are included in the plan. (The Attachments section of this report provides several of the documents including assessment tools utilized by the SEARCH program. Many of these have been developed by SEARCH program staff).

2. Individual Training Plans

The information and insights gained through the assessment process serve as the basis for the mutual development of Individual Training Plans (ITPs). Staff work with clients to develop ITPs which are reviewed quarterly with the client, county

social worker and other appropriate parties. An ITP includes the client's goals and objectives (e.g., to get better seizure control, to manage finances independently, to acquire work skills, to obtain employment, etc.), the methods for achieving the goals, the probable results, and a record of accomplishments.

3. Independent Living Skills Instruction

During the first six months of 1989 some of the independent living skills instruction was provided through classes. Since clients strongly expressed preferences for individual instruction in certain areas (e.g., meal preparation, establishing and managing a checking account, using public transportation, shopping for groceries), the basic approach for teaching these skills is currently on an individual basis. This one-to-one instructional approach is a main element of SEARCH services.

In addition, SEARCH provides a support group and classes on various topics. In 1989, classes were developed and provided in goal setting, self-esteem, epilepsy education, relationships and sexuality, cooking and money management. The 1990 curriculum includes many of the classes developed and taught during 1989. Three sets of classes will be offered: (1) New-comer classes which are repeated as needed (epilepsy education, basic money skills, and basic foods and nutrition); (2) Coping with Independence classes (communication skills, self-esteem and goal setting, and stress management and wellness); and (3) Special Topics classes or one-to-one instruction which are designed to address the needs of particular clients (e.g., relationships and

sexuality, cooking for independence, recreation and leisure, and housing). The SEARCH program's educational objective for 1990 is to explore approaches for linking more tightly the independent living skills assessment, the Individual Training Plan, and the curriculum on independent living skills.

4. Emergency Assistance

Emergency and crisis assistance is available at all times. SEARCH uses an emergency response system of on-call staff and pagers. Rounds are conducted two times each night to insure that client apartment doors are locked and secure.

5. Linkage with Community Resources

Considerable emphasis is given to linking clients with community resources (e.g., County Social Services, Division of Vocational Rehabilitation, The Epilepsy Foundation of Minnesota including the TAPS program, physicians, therapists, etc.) in order to address medical, health, mental health, vocational, and social needs and to build a basic on-going support network for each client. Staff work with clients to insure access to needed public programs (e.g., Social Security Disability Insurance, Supplemental Security Income, General Assistance, Medical Assistance), and work closely with service providers who are involved with each client. While helping to build a network of professional support, SEARCH simultaneously works with clients to foster personal social networks.

IV. NEED FOR PROGRAM

Over the program's existence, numerous inquiries, referrals and applications have been received. Approximately five inquiries are made each month. In CY 1989, 40 individuals were considered for the program. Twelve individuals began the program in 1988, and an additional 3 started in 1989. As of January 1990, 10 individuals were on a waiting list (i.e., they had completed the application process and were waiting for a program opening). As noted previously, the existing staff complement and the intensity of services provided allow for a program capacity of approximately 12-18 individuals at a given time. The exact number depends on the nature and intensity of services needed by program participants.

Of the ten individuals on the waiting list, ages ranged from 19-39 years of age (median of 27.5 years), five were from Hennepin County, three from non-metro counties, and two from Ramsey County. As the SEARCH program becomes increasingly known, the demand for its services will correspondingly rise.

The majority of persons with epilepsy function independently in life and have no need for the services provided by a program such as SEARCH. However, for a certain portion of the adult population with epilepsy, a combination of medical, health, psychological, economic and social factors have created formidable barriers. For some individuals, SEARCH offers a means of transitioning to a level of total independence. For others, due to the extent of their disability (e.g., intractable seizures

and cognitive deficits such as impaired memory, judgment, problem-solving due to permanent brain damage), some on-going support and assistance will likely be required throughout their lives in order for them to remain in their own homes.

The evaluation findings clearly indicate that the SEARCH program addresses a real, unmet service need, and that the demand for its services will continue to expand. In addition, the SEARCH program experience highlights a general unavailability in the community of services and assistance for adults with epilepsy requiring on-going supported independent living arrangements.

V. PROGRAM PARTICIPANTS

A. Adults with Epilepsy

As previously noted, the majority of adults with epilepsy function independently in all spheres of life. However, for some adults with epilepsy, their lives are in marked contrast. While no single picture can capture the uniqueness, the abilities and disabilities of each of these individuals, there are some characteristics and problems that are typical. These are briefly described below.

Potential or current program participants may face disabilities and issues in the areas of physical health, cognitive functioning, mental health and emotional functioning, social/interpersonal functioning, and economic well-being. While some persons may have their seizure activity under control through medications, the majority applying or admitted to the

program do not have this level of control. Individuals may have one or several types of seizures. Seizure activity may be frequent, (e.g., several times a day, several times a week) with increased control through neurological work-ups and appropriate medications. For others, the seizures are intractable, i.e., uncontrolled. Some of these individuals are candidates for surgery that may reduce the frequency and severity of seizure activity.

Individuals often have significant dysfunction in the brain associated with the seizure activity. Many have some cognitive impairment in areas such as short and long-term memory, judgment, foresight, planning, and problem-solving which may make them vulnerable in certain respects, e.g., forgetting to take medications, missing appointments, failing to handle bills, completing necessary forms for financial assistance, etc.

Depression is a persistent problem for many individuals. The adverse side effects of certain medications (e.g., impaired vision, drowsiness, lethargy, dizziness), the consequences of living with a chronic health condition, the stigma often associated with epilepsy, low self-esteem, social isolation, organic conditions and other factors directly or indirectly are associated with depression, and other mental health and emotional problems.

Many adults have lived relatively protected, socially isolated lives often substantially dependent on family or other significant individuals for basic daily activities and support.

Some have been socially isolated since a very young age, and have functioned in a relatively circumscribed environment with limited opportunity to develop independent living skills as well as interpersonal social skills. Some are vulnerable to manipulation and exploitation by others. All have experienced in various ways the discrimination associated with disability (e.g., at school, in employment, etc.).

In short, while no one "picture" can capture the diversity of abilities and disabilities of each potential or current program participant, many have multiple areas of risk or vulnerability.

B. Client Characteristics

Given the relatively short time the program has been in operation and the number of individuals the program can serve at a given time, certain client-specific information is not provided in the report in order to insure the privacy and confidentiality of recent, current and potential clients.

In 1988 and 1989, 48 and 40 individuals, respectively, were considered for the program. Twelve persons were accepted in 1988 and three individuals in 1989. As of January 1990, 10 persons were on a waiting list for the SEARCH program.

Of the total 15 persons accepted into the program in 1988-89, ages ranged from 18 years to the mid-40's (median age of 28 years), and they were nearly equally divided between women and men.

Eleven or nearly three-fourths of the individuals were from Hennepin County. Two persons were from other metropolitan area counties and two individuals were from counties in Greater Minnesota. The high proportion of participants from Hennepin County is an artifact of the program's inception in this county. As the program evolves, an increasing proportion of the participants will likely come from other metro and non-metro counties.

Prior to entering the SEARCH program, two-fifths of the individuals had lived with parents or other relatives. The balance of individuals resided in various settings (e.g., adult foster care, facilities, and unsuccessful independent living arrangements). Referral sources included county social services, MINCEP, Epilepsy Foundation of Minnesota, city public housing authority, and chemical dependency and mental health programs/facilities.

C. Client Interview Findings

One part of the evaluation involved semi-structured interviews with clients. Of the 15 clients, two-thirds or 10 persons agreed to be interviewed. The interview schedule included questions on their satisfactions and dissatisfactions with the SEARCH program, the nature and status of individual goals, how the SEARCH program had helped them, and changes they would like to see in the program. Key findings are discussed below. (Some minor editing was performed to insure client confidentiality.)

The overwhelming majority of respondents indicated that they were either "very satisfied" (60 percent) or "somewhat satisfied" (30 percent) with the SEARCH program. The balance (10 percent) reported not being very satisfied.

Respondents were also asked if they would recommend this program to someone else. Nine individuals responded affirmatively to this question, while one person responded that it would depend on the individual's severity of seizures and related factors. Next, program participants were asked to explain their responses. To provide a sense of their comments, some of the responses are given below:

"I think a lot of people could get a lot out of this program."

"I just think they help you...I have these goals...I've finished one and may have a job."

"Because it is a chance to be on your own...at this age to live on your own, although there are staff you can call..."

"I have already [recommended the program],...it is a place to get all the help in the world you need."

"I saw them more initially, they're there for you to lean on."

Participants were also asked how the SEARCH program had been helpful to them, i.e., learning how to live independently. The responses centered on the program's assistance with various goal areas (e.g., handling finances, seeking employment), the program's provision of support and encouragement, and learning to be more independent. Some of their responses are given below:

"Basically they lived up to what SEARCH was created for...teaching independent living skills."

"It taught me how to be on my own...to do things by myself so I didn't have to have other people helping me...really independent."

"I think they've helped quite a bit; lot of things they've helped me do such as handle finances, using a bus...a lot of things they've asked me to do, I know how to do already such as cooking."

"SEARCH got me to doctors...very encouraging..."

"Help me set my goals; if I need somebody to talk to about something, there's always someone out there."

"...if I have any questions, staff are very willing to help me; what to do when looking for a job; relatives would not have let me move out without this program."

Program participants were asked how the program's classes and the support group helped them. (Note: the support group was very recently combined with the classes, and no longer exists by itself. Also, many of the classes on independent living skills are now taught on a one-to-one basis). The responses indicated that some individuals perceived the support group as helpful, while for others the opposite was true. Some noted that they had not been very involved recently in it or that the support group had changed over time.

With regard to program classes, some respondents found all or some of the classes helpful, while a few indicated that they were not helpful because they covered areas or topics they already knew. Given below are some of the responses on program classes:

"Classes and support group are pretty similar. I liked classes in the beginning and still like them, for example, goal setting, negotiations, cooking, shopping."

"Can't say everything is helpful. All in all, classes have been very good. New class (negotiation) sounds very good."

"...In general, classes not helpful because I know it."

"Stress classes helped me...nutrition classes helped me with my cooking. By going to classes, I became a lot more settled and organized."

"Basically classes for those going through Phase I (Level I); somedays helpful, some not, some things I know, some I don't."

Respondents were also asked about the main (ITP) goals they were working on, how they felt they were progressing on them, and about their involvement in setting up these goals. The respondents noted a variety of goals that they had either accomplished or were currently working on such as starting or finishing school, finding employment, managing finances, using public transportation, preparing meals, working on their physical and/or emotional health.

Almost all of the respondents indicated that they were making progress on their goals with some reporting they had completed some or nearly all of their goals. Several remarked that they were making very good progress, while a few were more tentative in their comments. When asked about whether they felt they were involved in the setting of their individual (ITP) goals, all responded affirmatively.

Respondents were also asked if they had any suggestions on how the SEARCH program might be changed. Their responses mainly centered on two areas: program monitoring and staffing. Some of the respondents perceived the program as requiring too much monitoring (i.e., SEARCH staff checking on clients and/or clients having to check in with SEARCH program staff), and that this

monitoring should be more differentially applied based on each participant's needs. Second, some of the participants indicated the need for more staff (e.g., increased staffing in the evenings, staff to provide counseling, recreational activities), and that staff were overworked.

When the program participants were also asked if they felt they were more independent in their living now than before they began in the SEARCH program, nearly all responded affirmatively. A sampling of their comments is given below:

"Yes, I feel more independent; will be graduating soon; I seem to know what I'm doing."

"Yes, I understand more about paying bills, cooking, cleaning...when I first began I didn't know that much."

"Quite a bit."

"Somewhat, yeah...I've learned a lot of things on my own such as cooking, going out with others, organizing activities for myself."

"Yes, I don't know what it would be like going to my own apartment by myself. Here people helped me get started."

VI. FINDINGS ON PROGRAM EFFECTIVENESS

A. Overview

A factor limiting the evaluation is the relatively short time the program has been in operation. In general, there is an extended time from the stage at which a new program is initiated to a stage of relative stability. A related factor affecting the evaluation is the limited number of program participants such a program can serve at a point in time. This is not a criticism of the program, rather it reflects the nature of the intervention.

Finally, it is important to keep in mind that this is not only a new program, but a totally new initiative. No other program like it exists in the state for adults with epilepsy.

Given the diversity in abilities and disabilities of the clients, there is considerable variation in the type and intensity of service needs, the nature of individual goals, the rate of progress, and length of stay. Also, the fifteen program participants began the program at different times in 1988 and 1989. Thus, it is difficult to summarize the program's impact on the participants. Given these constraints, key evaluation findings are presented in the following two sections.

B. Findings on Program Implementation

A review of the program's development and implementation during the period of state funding (i.e., 1989) indicates the following:

- The program has evolved in an increasingly systematic, planned fashion responsive to issues, problems and opportunities at client and program levels (e.g., changing basic living skills instruction from a class/group to a one-to-one "hands on" format in order to meet the needs and concerns of clients; on-going examination of the purposes and usefulness of the peer support group).
- The program's documentation of each client's status and progress is comprehensive, thorough, up-to-date, and readily accessible. Information is maintained for each person on all key areas such as medical/health including medications, psychological well-being, Individual Training Plan, daily charting for Level I, and at least weekly charting for Level II. Over the past year, staff have obtained or developed necessary forms and assessment tools to insure provision of quality service. In 1990, additional efforts are planned to more thoroughly integrate the assessment process, curriculum, and Individual Training Plans.

- The screening process for admission has been increasingly refined to insure appropriate matches between the needs and desires of applicants and what the program is able to provide.
- The program has effectively linked clients to community resources in order that an individual's needs are addressed to the extent possible, and has fostered a basic professional and personal support network that will continue for each client after s/he leaves the program.
- Appropriately, the program has not tried to be everything to its clients. Rather, staff place a strong emphasis on working closely with other agency staff (e.g., medical, social service, educational, employment) to insure continuity of service provision. In many respects, staff serve a "lead" case management or service coordination role.
- The program has effectively individualized outcomes or "success" by closely working with participants to set client-specific short and long-term goals in order to attain the greatest level of independence within each person's capacity.
- Given the nature of the SEARCH program and the needs of program participants, staff work can be quite stressful. At times, the staff coverage is overextended. Staff are dedicated, hard-working, and of high quality.
- For some program participants, SEARCH provides a means of obtaining needed skills and experience in order to transition to a level of total independence. The program's experience suggests, however, that for some participants, due to the extent of their disability, on-going support and assistance will be required in order for them to maintain relatively independent lives in the community. The program was not conceived as offering long-term on-going assistance. The SEARCH program is aware and concerned about this identified service need.
- Originally, the SEARCH program anticipated that individuals would be involved in the intensive service phase (Level I) for about one year, in the less intensive phase (Level II) for three to six months, and then completely leave the program after that time. Initial program experience suggests that the average length of stay will be considerably longer although it will vary substantially depending on each client's abilities, disabilities and service needs.

- Staff have struggled on how to most appropriately address the emotional and mental health needs of clients. Participants receive considerable one-to-one assistance and support from staff, but are expected to receive needed therapy outside of SEARCH. While staff assist clients in obtaining therapy, the resistance of some clients has created a difficult situation. Program efforts to address these issues have included (1) more careful screening to insure that mental health problems are secondary to the epilepsy and are not chronic and intensive in nature, (2) development when appropriate of suicide prevention plans as part of the ITP; and (3) consideration of developing short-term crisis programming for participants experiencing a severe emotional or mental health crisis. The issues of who can best be served by the SEARCH program, and how to address mental health needs are interwoven, and will continue to require consideration.

C. Findings on Program Participants

Given below are study findings on the program's impact on clients:

- Nearly half of the 15 program participants (N = 7) have or will soon graduate from Level I to Level II, that is, they have essentially completed their Individual Training Plan (ITP) goals (e.g., to get better seizure control, to manage finances independently, to prepare meals, to acquire work skills, to obtain employment, etc.). At this level there is limited service involvement from SEARCH staff. Five other program participants (one-third) are currently in Level I where there is intensive one-to-one staff involvement in setting and working on ITP goals. After extensive evaluation, one-fifth (N = 3) of the program participants have been referred to or are being considered for a more supervised living arrangement.
- Many of the individuals have completed or are currently attending school (e.g., technical institute) and/or are employed or presently searching for employment.
- Nearly all of the participants needing instruction have increased their capacity to perform basic skills associated with community living (e.g., personal hygiene, shopping for groceries and meal preparation, money management, doing laundry, using public transportation, etc.).

- Program participants have been connected with needed medical and health services. Some clients with intractable seizures have had surgery aimed at reducing their frequency and intensity. SEARCH staff support individuals throughout this process which takes more than a year to complete. This surgery has been successful for some individuals, but not for all. The program has helped individuals with medication compliance problems become more aware of the consequences of not taking medications and have helped individuals increase their consistency in taking prescribed medications.
- Through SEARCH, clients have been linked up with various community resources (e.g., Division of Vocational Rehabilitation, county social service departments, The Epilepsy Foundation of Minnesota, MINCEP,) therapists, physicians, etc. Staff have worked closely with clients and these community resources, and have also assisted clients in accessing appropriate public income benefits (e.g., Social Security Disability Insurance, Supplemental Security Income, General Assistance, Medical Assistance). Many of the clients will reduce and some may eliminate their use of public assistance programs. While helping to build a network of professional support, SEARCH has also emphasized the development of a client's personal social network.
- Many of the clients face depression, and other mental health and emotional problems that adversely affect their movement toward greater independence. Staff refer individuals to outside resources. Some participants have followed through while others have resisted such involvement.
- For the majority of clients, participation in the SEARCH program has resulted in considerably higher levels of functioning in a variety of areas and increased capacity for independent living.
- For some program participants, SEARCH offers a means for transitioning to a level of totally independent living. For others, the extent of their disability (e.g., intractable seizures, cognitive deficits associated with permanent brain damage), compromises their ability to function at a totally independent level. For these individuals some on-going support and assistance will likely be required throughout their lives in order that they can remain relatively independent in the community.
- The overall client satisfaction with the program was high and most clients perceived themselves as more independent in their living now than before beginning in the SEARCH

program. Almost all program participants indicated that they were making progress on their goals with some reporting that they had completed some or nearly all of their goals. Their suggestions for how the program might be changed centered mainly on the areas of program monitoring and staffing.

VII. RECOMMENDATIONS

SEARCH is a new program as well as a totally new initiative. No other program like it is currently available in Minnesota for adults with epilepsy. Evaluation findings indicate that the SEARCH program has a sound and solid foundation, and that most program clients have attained considerably higher levels of functioning in a variety of areas and increased their capacity for independent living. The SEARCH program addresses a real, unmet service need, and the demand for its services will continue to grow. The program's experience highlights a general unavailability in the community of services and assistance for adults with epilepsy requiring on-going supported independent living arrangements.

Based on the evaluation findings, the following recommendations are presented:

- State funding for the SEARCH program should be continued, and consideration be given to the feasibility of expanded funding in the future;
- The State should increase dissemination activities within Minnesota and across the United States regarding the SEARCH program, and its specific approach to assisting adults with epilepsy function as independently as possible;
- The State should facilitate the development of a continuum of program services and support for adults with epilepsy who due to the nature and extent of disability

will continue to require some on-going support and assistance throughout their lives in order to remain relatively independent in the community;

- The SEARCH program should continue to accept program clients with severe disabilities and multiple areas of risk as well as persons with lower levels of disability.
- The SEARCH program should as routine practice allow program participants who require on-going support to remain indefinitely in the least intensive service phase (Level II) under SEARCH;
- The SEARCH program should continue to expand its outreach for potential program participants to non-metro counties;
- The SEARCH program should consider differentially applying the program's monitoring activities based on each client's needs and risk level, and continue to insure that the nature and intensity of service and support provided foster client movement towards greater independence and community integration;
- The SEARCH program should continue to explore program strategies for meeting the mental health and emotional needs of clients;
- The SEARCH program should develop a strategy to insure over time that it does not create a "mini-institution" within the high-rise by having a high concentration of residents who are former or current program participants.

ATTACHMENTS

(Selected SEARCH Documents)



People, Incorporated

Referral Information for SEARCH

Initial Inquiry

SEARCH accepts referrals from clients, families, medical professionals, social workers or other interested parties. Prospective clients and their families are then invited to meet with the Program Director to learn about the services offered, and to make an initial assessment of the program's appropriateness for that individual. If SEARCH seems appropriate, the client is invited to apply for admission to the program.

Admission Process

All referrals are coordinated with the social services department in the county which has financial responsibility for the client. Potential clients who are not currently receiving services, will be given information on how to obtain a county social worker.

Applicants will be required to submit background information which will include; a psychological examination from within the past two years which includes an MMPI, a health history which includes information regarding epilepsy, reports from neuropsychological testing, a copy of the person's county Individual Service Plan, and vocational information.

After SEARCH receives this information, the potential client, his or her social worker and the family will be invited to participate in a formal intake meeting. Remaining questions and concerns will be addressed then. After acceptance into the program clients will be assisted to apply for Minneapolis Public Housing. After acceptance, admission is determined by placement into an apartment by public housing.

Eligibility Criteria

The applicant must:

- Be at least 18 years old.
- Reside in Minnesota.
- Have a primary diagnosis of epilepsy.
- Be willing to become independent and live in an apartment.
- Be willing to identify goals to serve as a focus for service planning.
- Be willing to participate fully in program activities.

In addition to the above:

- Supported independent living must be a realistic plan for the applicant
- If chemically dependent, the applicant must have at least six months sobriety before admission to SEARCH.
- If physically or mentally disabled, the applicant must be able to use and benefit from the program, and primary diagnosis must be of epilepsy.

People who are not appropriate for the program include:

- Persons with a mental illness in need of active intervention.
- Persons with severe behavior disorders.
- Persons who are actively abusing alcohol and/or other drugs.



People, Incorporated

Staff Team Members:

This assessment tool is designed to assist the professional team in their development of goals and areas of need for the individual client. The items on the assessment are divided into skill areas which will be taught while the client is in the SEARCH Program.

The assessment is prepared to be used by SEARCH staff. The team member will ask the client each of the questions, and the team member will record the answer according to the Rating Scale.

Area VI. Epilepsy Education is designed to be given to the client, so he/she can complete it on his/her own, while looking at the questions. The team member may want to be present to answer questions the client may have with the meanings of some of the more technical terms.

Following each sub-section, there is a space for the total number of points and the average score for that section. This will give team members a quick reference point for progress made and for skills yet to be learned. If a question is not answered, deduct that question when calculating the average score.

The two pages following the assessment questions may be used to record the impressions of the team member, especially regarding the need for work in a particular area. Comments made by the individual client may also be recorded in this section.

Remember that scores are based on observed abilities, not the self assessment by client.

Good luck and have fun.

Sincerely,

Anne Barnwell
Program Director
SEARCH

Date _____ No. _____ Name _____

WASHINGTON PSYCHOSOCIAL SEIZURE INVENTORY

Profile Form

PROFESSIONAL RATING	FAMILY BACKGROUND	EMOTIONAL ADJUSTMENT	INTERPERSONAL ADJUSTMENT	VOCATIONAL ADJUSTMENT	FINANCIAL STATUS	ADJUSTMENT TO SEIZURES	MEDICINE AND MEDICAL MANAGEMENT	OVERALL PSYCHO-SOCIAL FUNCTIONING	
5.0	- 11	33	20	-13				56	
	- 10	30	18	-12			-8	52	
4.5	- 9	27	16	-11	-7	-14	-7	48	4
	- 8	24	14	-10	-6	-12	-6	44	
4.0	- 7	21	12	-9	-5	-10	-5	40	
	- 6	18	10	-8	-4	-8	-4	36	
3.5	- 5	15	8	-7	-3	-6	-3	32	3
	- 4	12	6	-6	-2	-4	-2	28	
3.0	- 3	9	4	-5	-1	-3	-1	24	
	- 2	6	2	-4	0	-2	0	20	
2.5	- 1	3	0	-3	-1	-1	-1	16	2
	- 0	0	0	-2	0	0	0	12	
2.0				-1				8	1
				-1				4	
1.5				-0				0	
1.0									
Raw Score	_____	_____	_____	_____	_____	_____	_____	_____	

Validity Scales

A
B
C

No. Blank _____
Lie _____
Rare Items _____

SEARCH PROGRAM INDEPENDENT LIVING SKILLS ASSESSMENT ©

Client Name: _____

Date Completed: _____

Rating Scale:

5 = yes, fully independent
3 = knows how but needs reminders
1 = no, has not learned skill
NA = not applicable
UA = unable to assess at this time
* = skill must be demonstrated

I. BASIC LIVING SKILLS

A. Personal Appearance/Hygiene

- | | | | | | |
|---|---|---|---|----|----|
| 1. Appears well groomed and clean | 1 | 3 | 5 | NA | UA |
| 2. Dresses appropriately for the seasons and occasion | 1 | 3 | 5 | NA | UA |
| 3. Clothing is clean and well kept, including keeping his/her clothes mended and ironed | 1 | 3 | 5 | NA | UA |
| 4. Has an adequate amount of appropriate clothing | 1 | 3 | 5 | NA | UA |
| 5. Self initiates personal maintenance | 1 | 3 | 5 | NA | UA |

Sub-section Total: _____

Average: _____

B. Apartment Maintenance

- | | | | | | |
|--|---|---|---|----|----|
| 1. Maintains a clean and orderly apartment | 1 | 3 | 5 | NA | UA |
| 2. Places and keeps his/her dirty clothing in an appropriate place | 1 | 3 | 5 | NA | UA |
| *3. Does his/her own laundry | 1 | 3 | 5 | NA | UA |
| *4. Cleans kitchen thoroughly - sink, stove, floor, removes spoiled food from refrigerator | 1 | 3 | 5 | NA | UA |
| *5. Cleans bathroom thoroughly - sink, floor, toilet, shower | 1 | 3 | 5 | NA | UA |
| 6. Self initiates laundry and housekeeping skills | 1 | 3 | 5 | NA | UA |
| 7. Is responsive to and cooperative of staff reminders to initiate housekeeping and laundry skills | 1 | 3 | 5 | NA | UA |
| 8. Reports need for pest control | 1 | 3 | 5 | NA | UA |
| 9. Recognizes needed repairs | 1 | 3 | 5 | NA | UA |
| 10. Handles repairs appropriately | 1 | 3 | 5 | NA | UA |

Sub-section Total: _____

Average: _____

C. Meals

- | | | | | | |
|--|---|---|---|----|----|
| 1. Names the four food groups and lists three specific foods in each group | 1 | 3 | 5 | NA | UA |
| 2. Lists the number of servings needed from the four food groups for an adult each day | 1 | 3 | 5 | NA | UA |
| 3. Has experience in planning and preparing meals | 1 | 3 | 5 | NA | UA |
| *4. Can demonstrate how to prepare a meal containing all four food groups | 1 | 3 | 5 | NA | UA |
| 5. Has an adequate number of pans and utensils for cooking, see " <u>I'M INDEPENDENT NOW...SO WHAT DO I NEED</u> " | 1 | 3 | 5 | NA | UA |
| 6. Takes precautions when cooking, in case he/she has a seizure (i.e., puts pans on back burner, move food dishes short distances at a time, especially hot food | 1 | 3 | 5 | NA | UA |

- | | | | | | |
|--|--------------------------|---|---|----|----|
| 7. Has two to four bowls, plates, glasses, forks, spoons, knives see
<u>"I'M INDEPENDENT NOW...SO WHAT DO I NEED"</u> | 1 | 3 | 5 | NA | UA |
| *8. Prepares and uses a grocery list when shopping | 1 | 3 | 5 | NA | UA |
| 9. Can explain comparison shopping (i.e., looking at sizes, prices, and brands to find the best buy) | 1 | 3 | 5 | NA | UA |
| 10. Takes advantage of money saving opportunities (i.e., coupons, sales and promotions) | 1 | 3 | 5 | NA | UA |
| | Sub-section Total: _____ | | | | |
| | Average: _____ | | | | |

D. Money Management

- | | | | | | |
|--|--------------------------|---|---|----|----|
| 1. Has had a savings account in the past year | 1 | 3 | 5 | NA | UA |
| *2. Can show positive balance on savings account statement or passbook to interviewer | 1 | 3 | 5 | NA | UA |
| 3. Has had a checking account in the past year | 1 | 3 | 5 | NA | UA |
| *4. Can show positive balance on checking account statement to interviewer | 1 | 3 | 5 | NA | UA |
| *5. Can demonstrate how to write a check without error | 1 | 3 | 5 | NA | UA |
| *6. Records checks and transactions without error | 1 | 3 | 5 | NA | UA |
| *7. Can demonstrate how to balance an account without error | 1 | 3 | 5 | NA | UA |
| 8. Has an instant cash card | 1 | 3 | 5 | NA | UA |
| *9. Can demonstrate how to use an instant cash card without error | 1 | 3 | 5 | NA | UA |
| 10. Has had credit cards in the past year | 1 | 3 | 5 | NA | UA |
| 11. Has credit cards now | 1 | 3 | 5 | NA | UA |
| 12. Pays minimum balance or more on credit debt(s) each month | 1 | 3 | 5 | NA | UA |
| 13. Demonstrates ability to budget for desired items (i.e., car, clothes, stereo system, etc.) | 1 | 3 | 5 | NA | UA |
| 14. Pays routine bills when they are due (i.e., rent, phone) | 1 | 3 | 5 | NA | UA |
| 15. Sets limits on the amount of money loaned to others | 1 | 3 | 5 | NA | UA |
| *16. Has adequate identification (i.e., drivers license or identification card) | 1 | 3 | 5 | NA | UA |
| *17. Can demonstrate how to complete a money order without error | 1 | 3 | 5 | NA | UA |
| 18. Can list two places which sell money orders (i.e., Post Office, drug store) | 1 | 3 | 5 | NA | UA |
| | Sub-section Total: _____ | | | | |
| | Average: _____ | | | | |

E. Housing

1. Can list the main points of the lease:
 zero-two correct=1pt, three-six correct=3pts, seven-nine correct=5pts
- What is the rent amount and date due? _____
 - Is there a security deposit and how much is it? _____
 - Who pays for the utilities? _____
 - Who is the occupant and who is the landlord? _____
 - What to do about maintenance problems? _____
 - Who can enter the apartment and under what circumstances? _____
 - Who can terminate the lease and how? _____
 - How to handle grievances? _____
 - Can any changes in the lease be made, how and by whom? _____
- Total points for this question _____
- | | | | | | |
|--|--------------------------|---|---|----|----|
| 2. Has lived successfully independently in the past:
three months=1pt, six months=3pts, one year=5pts | 1 | 3 | 5 | NA | UA |
| 3. Can list three methods of finding an apartment (i.e., ad in newspaper, sign or notice at school or in store, friends, a notice in an apartment building, or from a social worker): zero-one=1pt, two=3pts, three=5pts | 1 | 3 | 5 | NA | UA |
| 4. Can list three major expenses they're responsible for in their apartment (i.e., rent, security deposit, water, gas, phone): zero-one=1pt, two=3pts, three=5pts | 1 | 3 | 5 | NA | UA |
| | Sub-section Total: _____ | | | | |
| | Average: _____ | | | | |

G. Communications

- | | | | | | |
|---|---|---|---|----|----|
| *1. Uses the phone without experiencing difficulty and discomfort | 1 | 3 | 5 | NA | UA |
| 2. Can demonstrate how to use a pay phone | 1 | 3 | 5 | NA | UA |
| 3. Can list the steps for getting emergency help | 1 | 3 | 5 | NA | UA |
| a. call 911 | | | | | |
| b. give the necessary information (i.e., name, location, problem) | | | | | |
| c. stay on the phone until 911 hangs up | | | | | |
| d. do what 911 asks to assist them (i.e., open the security door, stay with the person needing assistance, have someone show 911 the location of the person or problem) | | | | | |
| 4. Responds to and understands business letters without assistance | 1 | 3 | 5 | NA | UA |
| 5. Returns government forms on time | 1 | 3 | 5 | NA | UA |
| 6. Completes government forms without assistance | 1 | 3 | 5 | NA | UA |
| 7. Responds to and understands government letters without assistance | 1 | 3 | 5 | NA | UA |

Sub-section Total: _____

Average: _____

II INTERPERSONAL SKILLS**A. Relationship Skills**

- | | | | | | |
|---|---|---|---|----|----|
| 1. Initiates conversations | 1 | 3 | 5 | NA | UA |
| 2. Is attentive during a conversation | 1 | 3 | 5 | NA | UA |
| 3. Discusses things other than his/her problems | 1 | 3 | 5 | NA | UA |
| 4. Interactions are appropriate and socially acceptable | 1 | 3 | 5 | NA | UA |
| 5. Asks for help when needed (give scenario of water leaking in basement) | 1 | 3 | 5 | NA | UA |
| 6. Expresses opinions in appropriate setting - support group | 1 | 3 | 5 | NA | UA |
| 7. Attempts to work out problems with others by talking to them | 1 | 3 | 5 | NA | UA |
| 8. Expresses anger outwardly, appropriately and constructively | 1 | 3 | 5 | NA | UA |
| 9. Is responsive to suggestions/directions | 1 | 3 | 5 | NA | UA |
| 10. Says no to unreasonable requests (give scenario of friend requesting he/she go to store at midnight for a pack of cigarettes) | 1 | 3 | 5 | NA | UA |
| 11. Handles difficulties without becoming aggressive | 1 | 3 | 5 | NA | UA |

Sub-section Total: _____

Average: _____

B. Personal Awareness

- | | | | | | |
|---|---|---|---|----|----|
| 1. Can list a variety of feelings (1 point for each one listed) | 1 | 3 | 5 | NA | UA |
| 2. Can state likes/dislikes about himself/herself | 1 | 3 | 5 | NA | UA |
| 3. Can state one thing they would like to change about themselves | 1 | 3 | 5 | NA | UA |
| 4. Can state what he/she wants or needs (i.e., ITP reviews) | 1 | 3 | 5 | NA | UA |

Sub-section Total: _____

Average: _____

III HEALTH EDUCATION**A. Medications**

- | | | | | | |
|--|---|---|---|----|----|
| 1. Can state two consequences of not taking medications | 1 | 3 | 5 | NA | UA |
| 2. Demonstrates consistency in taking medications as directed | 1 | 3 | 5 | NA | UA |
| 3. Has systems for: | 1 | 3 | 5 | NA | UA |
| a. setting up medication | | | | | |
| b. remembering to take medication | | | | | |
| c. ordering refills before running out | | | | | |
| 4. Can describe the side effects of his/her medication | 1 | 3 | 5 | NA | UA |
| 5. Can identify when he/she is experiencing side effects from medications | 1 | 3 | 5 | NA | UA |
| 6. Can explain his/her method of payment for medications and carries current MA or insurance card, can state what to do if the card is not current | 1 | 3 | 5 | NA | UA |
| 7. Has ordered medication before running out each month in past four months | 1 | 3 | 5 | NA | UA |
| 8. Medication levels were in the therapeutic range for the past two tests | 1 | 3 | 5 | NA | UA |

Sub-section Total: _____

Average: _____

B. Chemical Use

- | | | | | | |
|---|---|---|---|----|----|
| 1. Can describe the combined effects of alcohol and prescribed medications on his/her body | 1 | 3 | 5 | NA | UA |
| 2. Can state what is appropriate use of alcohol or chemicals for himself/herself especially in relation to medications and seizures | 1 | 3 | 5 | NA | UA |
| 3. Avoids the use of illegal drugs | 1 | 3 | 5 | NA | UA |
- Sub-section Total: _____
Average: _____

C. Appointments

- | | | | | | |
|--|---|---|---|----|----|
| *1. Has a system for making and keeping appointments (i.e., using a calendar or date book) | 1 | 3 | 5 | NA | UA |
| 2. Can list names and phone numbers of health care and social service providers | 1 | 3 | 5 | NA | UA |
| 3. Schedules own medical and other appointments when necessary | 1 | 3 | 5 | NA | UA |
| 4. Can explain how to reschedule appointments | 1 | 3 | 5 | NA | UA |
| 5. Has been on time for appointments with staff in the past two weeks | 1 | 3 | 5 | NA | UA |
- Sub-section Total: _____
Average: _____

D. Sex Education

- | | | | | | |
|---|---|---|---|----|----|
| 1. Expresses his/her sexual feelings and interests in a socially acceptable manner (give scenario of seeing a really cute guy/girl and would like to get to know him/her - what would he/she do?) | 1 | 3 | 5 | NA | UA |
| 2. Does not have a documented history of sexual abuse or victimization | 1 | 3 | 5 | NA | UA |
| 3. If there is a history, has sought counseling for the abuse | 1 | 3 | 5 | NA | UA |
4. Possesses adequate knowledge in the area of sex education
0-3 correct = 1pt, 4-6 correct = 2pts, 7-9 correct = 3pts, 10-12 correct = 4pts, 13-14 correct = 5pts
Answer yes or no to the following questions:
- a. Can give an example of saying no to unwanted sexual advances? _____
 - b. Can list steps to take in case of unwanted sexual advances? _____
 - c. Can state the signs of pregnancy? _____
 - d. Can explain how pregnancy occurs? _____
 - e. Can state what happens when a person enters puberty and menopause? _____
 - f. Can name one illegal sexual behavior? _____
 - g. Can list environmental areas inappropriate for sexual behavior? _____
(Public places such as the lobby of an apartment building, the MTC, etc.)
 - h. Is able to define for themselves their own values concerning good touch and bad touch? _____
 - i. Can describe appropriate situations and places to discuss sexuality? _____
(example: Is it OK to discuss current status of a sexual relationship in a large class on self esteem?)
 - j. Can list one method of birth control for men and one for women? _____
 - k. Can name two places in the community where he/she can obtain birth control methods? _____
 - l. Can list three signs or symptoms of STD and how they are contracted? _____
 - m. Can state three steps to take to ensure good health if they suspect they have a STD? _____
 - n. Can give one example of how communication affects a sexual relationship? _____
(Can he/she talk about birth control methods and STD before having intercourse? Would he/she ask someone to have sex with them immediately after meeting them? Is he/she comfortable discussing sexual issues with therapists or physicians?)

Total points for this question _____

Sub-section Total: _____
Average: _____

IV. USE OF LEISURE TIME

1. Is active between 10 a.m. and 4 p.m.	1	3	5	NA	UA
2. Participates in leisure time activities	1	3	5	NA	UA
3. Can state three places to get information on what activities are available zero - one = 1 pt, two = 3 pts, three = 5 pts	1	3	5	NA	UA
4. Can describe six to eight leisure activities which cost only a small amount of money zero - two = 1 pt, three - five = 3 pts, six - eight = 5 pts	1	3	5	NA	UA
5. Spends time with other people during leisure time	1	3	5	NA	UA
6. Initiates activity and structures his/her leisure time	1	3	5	NA	UA
7. Follows through with his/her leisure time commitments	1	3	5	NA	UA
8. Expresses satisfaction with his/her use of leisure time	1	3	5	NA	UA
9. Is interested in trying something new or different	1	3	5	NA	UA

Sub-section Total: _____

Average: _____

V. WORK AND EDUCATIONAL SKILLS

1. In the past two years, Individual has held a job, internship, paid or volunteer work for more than three months = 1pts, six months = 3pts, one year = 5pts	1	3	5	NA	UA
2. Can relate an incident when he/she was appropriately assertive with employer	1	3	5	NA	UA
3. Can state three steps involved in seeking help in getting a job zero - one = 1 pt, two = 3 pts, three = 5 pts	1	3	5	NA	UA
4. Can define 'resume'	1	3	5	NA	UA
5. Can list three resources available for help with job seeking skills (i.e., DRS, TAPS, MRC, MAR) zero - one = 1 pt, two = 3 pts, three = 5 pts	1	3	5	NA	UA
6. Job placement agency or vocational counselor verifies individual has been responsible with commitments	1	3	5	NA	UA
7. In the past two years, has participated in a vocational training or other educational program	1	3	5	NA	UA
8. Can list three items usually deducted from a paycheck one item = 1 pt, two items = 3 pts, three items = 5 pts	1	3	5	NA	UA
9. Can state questions he/she would ask an employer in a job interview one questions = 1 pts, two questions = 3 pts, three questions = 5 pts	1	3	5	NA	UA
10. Can state what he/she would do if could not work scheduled hours	1	3	5	NA	UA

Sub-section Total: _____

Average: _____

SEARCH PROGRAM INDEPENDENT LIVING SKILLS ASSESSMENT

Client Name: _____
Date Completed: _____

VI. Epilepsy Education

Answer these by circling the T = True or F = False

1. Seizures are caused by electrical disturbances in the brain. T F
2. Epileptic seizures generally become more severe or frequent as years go by. T F
3. Epilepsy generally causes mental deterioration. T F
4. Medications can be discontinued if the patient has not had a seizure for months. T F
5. All seizures originate in the cerebellum. T F
6. It is harmful for the patient to skip a day in taking epilepsy medication. T F
7. About five percent of the population of the United States have epilepsy. T F
8. Epilepsy patients should take more medication if they feel they might have a seizure. T F
9. A medication should be stopped immediately before consulting a doctor. T F
10. If a person turns blue when having a seizure, that means he/she is going to die. T F
11. A doctor or ambulance should be called whenever someone is having a seizure. T F
12. A person having a seizure should be physically restrained to prevent his/her arms and legs from thrashing around and possibly causing injury. T F
13. Is it likely that a person with epilepsy may swallow his/her tongue during seizures and suffocate. T F
14. A doctor should be called if it appears that a person is going from one seizure to another. T F
15. Using stress reduction techniques can reduce a person's seizure frequency. T F
16. People with epilepsy often become depressed. T F
17. People with epilepsy often become angry and resentful. T F
18. In general, employees with epilepsy present a greater safety risk than do other employees. T F
19. A pregnant woman should stop her anti-seizure medications as soon as she is pregnant. T F
20. You can always tell from the EEG whether the patient has epilepsy. T F

Number correct _____ x 5
Percent correct _____

PERSONAL HEALTH INVENTORY

I. Preventive Health Education

Rating Scale
 5 = yes/always
 3 = sometimes
 1 = seldom/never

- | | | | | | |
|---|---|---|---|----|----|
| 1. Eats regularly scheduled meals | 1 | 3 | 5 | NA | UA |
| 2. Smokes less than one pack of cigarettes per day | 1 | 3 | 5 | NA | UA |
| 3. Engages in some physical activity three times a week or more | 1 | 3 | 5 | NA | UA |
| 4. Uses relaxation techniques | 1 | 3 | 5 | NA | UA |
| 5. Sleeps through the night | 1 | 3 | 5 | NA | UA |
| 6. Can tell you his/her health history | 1 | 3 | 5 | NA | UA |
| 7. Follows through on preventive health check-ups | 1 | 3 | 5 | NA | UA |
| 8. Can determine when ill or injured | 1 | 3 | 5 | NA | UA |
| 9. Can state three resources available when ill or injured | 1 | 3 | 5 | NA | UA |
| 10. Follows doctor's orders (i.e., medication, diet, etc.) | 1 | 3 | 5 | NA | UA |

Sub-section Total: _____

Average: _____

II. Eating Habits

Rating Scale
 1 = always
 3 = often
 5 = seldom/never

- | | | | | | |
|--|---|---|---|----|----|
| 1. Has a large amount of fat in his/her diet
Does he/she do two out of four of the following: | 1 | 3 | 5 | NA | UA |
| a. have eggs with bacon or sausage _____ | | | | | |
| b. use cream or half & half in coffee or drink whole milk _____ | | | | | |
| c. prepare meat dishes with butter, oil or margarine _____ | | | | | |
| d. eat fried foods or foods that are pre-prepared (i.e., boxed macaroni & cheese, canned ravioli, TV dinners, pot pies, Ramen noodles, etc.) _____ | | | | | |
| 2. Uses a lot of salt in his/her diet
Does he/she do four out of seven of the following: | 1 | 3 | 5 | NA | UA |
| a. salts food both when cooking and at the table _____ | | | | | |
| b. eats canned vegetables _____ | | | | | |
| c. eats canned or frozen entrees, TV dinners _____ | | | | | |
| d. uses prepared bouillon broth or soups for cooking _____ | | | | | |
| e. eats bologna or processed meats several times a week _____ | | | | | |
| f. snacks on salted nuts, pretzels, potato chips, etc. _____ | | | | | |
| g. uses soy sauce, catsup, mustard to flavor food _____ | | | | | |
| 3. Eats a lot of sweets in his/her diet
Does he/she do two out of three of the following: | 1 | 3 | 5 | NA | UA |
| a. adds sugar or honey to coffee or tea _____ | | | | | |
| b. eats sweet desserts or chews sugared gum between meals _____ | | | | | |
| c. sips three or more sodas, fruit drinks or glasses of powdered drink mix during the day _____ | | | | | |
| d. eats sweet rolls, pastries or sugared cereals at least once a day _____ | | | | | |

4. Consumes large quantities of caffeine each day
Does he/she do two out of three of the following: 1 3 5 NA UA
- drinks three or more cups of coffee each day _____
 - drinks three or more colas or other caffeinated pop each day _____
 - eats two or more chocolate bars, cake, etc. each day _____
5. Has used any of these methods for losing weight: 1 3 5 NA UA
- chronic fasting _____
 - severely restricted diets _____
 - induced vomiting _____
 - laxatives _____
 - diuretic _____
6. Has gained or lost weight recently 1 3 5 NA UA
How much? _____
7. Food habits change when they are tired, ill or under stress? 1 3 5 NA UA
How? _____
8. Is at high risk for osteoporosis 1 3 5 NA UA
Does he/she answer yes to six out of the following nine questions?
- I am a heavy smoker. _____
 - I consume more than two alcoholic beverages per day. _____
 - I rarely eat dairy products. _____
 - I rarely exercise. _____
 - I rarely go outdoors. _____
 - I am frequently under stress. _____
 - I eat a lot of red meat. _____
 - One or more of my family has osteoporosis. _____
 - I am small boned and fair skinned. _____

Sub-section Total: _____
Average: _____

OVERALL IMPRESSION OF EACH AREA

I. BASIC LIVING SKILLS

A. Personal Appearance/Hygiene

B. Apartment Maintenance

C. Meals

D. Money Management

E. Housing

F. Transportation

G. Communications

II. INTERPERSONAL SKILLS

A. Relationship Skills

B. Personal Awareness

III. HEALTH EDUCATION

A. Medications

B. Chemical Use

C. Appointments

D. Sex Education

IV. USE OF LEISURE TIME

V. WORK AND EDUCATIONAL SKILLS

VI. EPILEPSY EDUCATION

PERSONAL HEALTH INVENTORY

I. Preventive Health Education

II. Eating Habits

ADDITIONAL COMMENTS

Staff completing assessment _____ Date _____

The Search Program

SEIZURE REPORT for.....

Date of seizure_____ Time of seizure_____

Duration of seizure_____

Describe injuries if any.....

1. Describe individual's behavior at onset of seizure, ie. headache, called out, activity s(he) was engaged in, etc.

2. Describe person's behavior during the seizure, parts of body involved, sequential order of movements, tongue-biting, breathing, picking at clothes, wandering, incontinent, etc.

3. Describe post seizure behavior, ie confusion, hyperactive, headache, fatigue, time needed to recover consciousness, etc.

4. Seizure witnessed by _____

5. This report written by _____

Date_____

CLIENT VITAL INFORMATION

Date of Admission _____ Length of Stay _____

Admitted From _____ Discharge Date _____

Name _____ Gender _____ Date of Birth _____

Color of Eyes _____ Height _____ Weight _____

Color of Hair _____ Ethnic Background _____

Other Identifying Information _____

Soc. Sec. # _____ Insurance _____

M.A. # _____ Social Worker _____

Hospital _____ S.W. Phone # _____

Respon. County _____ Financial Worker _____

F.W. Phone # _____

Financial Supports _____ Amounts _____

DRS Counselor _____ DRS Phone # _____

Emergency contact _____ Relationship _____

Address _____ Phone _____

Types of seizures 1. _____

2. _____

Typical seizure pattern _____

Neurologist _____ Phone _____

Medical Doctor _____ Phone _____

Dentist _____ Phone _____

Allergies _____

Other Medical Conditions _____