

**DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION  
DIVISION OF MENTAL RETARDATION**

**UNIFYING THE SYSTEM**

***A Report to Governor Howard Dean***

***On Year One***

***July 1, 1991 - June 30, 1992***

**CLOSURE OF BRANDON TRAINING SCHOOL**

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## ***INTRODUCTION***

During the past year, 39 percent of the residents of Brandon Training School have moved to new homes throughout Vermont. For the men and women who have had the chance to move into Vermont communities after long years of institutional living, the changes have been profound. They are flourishing.

Change for these individuals has been possible because of active planning, cooperation and concerted efforts by Vermont's community mental retardation service system, Brandon Training School staff and management, and staff of the Department of Mental Health and Mental Retardation.

In turn, as individuals' lives have changed, the mental retardation service system itself is changing. The institution is steadily shrinking while the community system is experiencing both the exhilaration and the strains of rapid growth.

This report describes some of the core components of the change: the development of quality community services; the participation of families; the transitions for staff and the facility at Brandon; and the financial results. We are moving rapidly toward the goal of a unified mental retardation system where no person has to live in an institution to receive the support and care s/he needs. By the end of June, 1993, the census at the Training School will be down to 35, and by the end of the calendar year 1993 we expect the transition to be complete.

## ***I. MOVING TO THE COMMUNITY - LIVES IN TRANSITION***

Carl walks into the kitchen of the neat suburban ranch house where he lives, pours himself a glass of ice tea, and offers a glass to a visitor.

Susannah concentrates on her volunteer job at the Food Bank. She is packing damaged canned goods to send on to Vermont farmers to feed their animals.

Lucy swings and relaxes in the yard of her pleasant neighborhood, just soaking up the peace and quiet. The callouses where she used to bite her hand are nearly gone.

Mark, who does not speak and has been labeled severely retarded, is typing in complete sentences through a technique called "facilitated communication." He is letting staff know he does not like to be thought of as "retarded."

Brooke waits impatiently at the check-out line at Price Chopper.

Charles towels off after a swim at Wedgewood.

Andrew puts on his Sunday suit for church.

Judy calls her mother on the phone just to check in. It's a local call now. Judy and her sister are going to go out to eat this weekend.\*

\* The names used here are fictitious to protect client confidentiality, but the details are factual.

These are the kinds of ordinary moments that form the fabric of everyday life for the 61 people who have moved from Brandon Training School to the community this year. Yet they are extraordinary for people who have lived long years in an institution.

Vermont's community mental retardation system is designed to support people with extraordinary disabilities to live ordinary lives in Vermont communities.

Before this year's intensive community placement initiative began, many people doubted Vermont's capacity to serve its most severely disabled citizens outside an institutional setting. Legislators, parents, Brandon Training School staff, and others worried about many things:

- that adequate medical and nursing care would be unavailable;
- that neighborhoods would refuse to allow people with severe disabilities to move in;

- that it would be impossible to recruit qualified staff;
- that residents would be "dumped" into neglectful or inadequate settings;
- that placements would fall apart and people would be returned to the institution or would be moved from place to place;
- that residents would be incapable psychologically of transitioning to community life after so many years of living in an institution.

None of these fears has turned out to be justified. The quality, safety, and stability of placements has been outstanding.

There have been no serious injuries or accidents to any of the 61 residents who moved this year. The major medical event was a stroke experienced by an elderly gentleman. After a period of hospital recuperation, he has been able to return to his home.

No one of the 61 has returned to Brandon Training School, nor has any one of the 61 required any other form of crisis housing. In fact, all of the 61 are still living in the homes to which they originally moved except for 3 individuals whose discharge plan called for a transitional period in a community ICF/MR in Barre before they moved on to a staffed home nearby, and one gentleman who moved to an individualized setting in Burlington which could more fully meet his needs.

Neighborhood opposition has been virtually nonexistent. We believe this is because of the use of small settings (1-3 person) or existing group homes. Instead, neighbors, merchants, churches, and the like have been very welcoming.

Medical, nursing, and dental services have been obtained throughout the state. To the extent there has been any problem in securing needed medical and dental care, it has been due to the difficulty shared by all low-income Vermonters in finding qualified practitioners willing to serve persons whose bills are paid by Medicaid.

Eleven of the state's 14 community mental retardation programs sponsored the placement of one or more of the 61 residents who moved this year. (See Table 1.) These agencies are all stable, experienced, non-profit organizations with locally-based boards of directors. The homes are in 10 counties of the state. (See Table 2.)

Tables 1 and 2 demonstrate a clustering of placements in Rutland and Addison counties. This has occurred for several reasons. A high proportion of Brandon Training School residents come from Rutland. Historically, it was easier for families to accept institutional placement when the institution was nearby. Developing community placements near Brandon promotes the participation of skilled and committed staff at the Training School.

One particularly exciting development has been the number of high-caliber Brandon Training School staff who have decided to provide residential support in their own home to someone they got to know and like at the Training School. Eighteen individuals moved to a developmental home setting with a current or former staff member this year. Increasing numbers of staff are requesting to be considered as developmental home providers. (See Table 3.) These homes are considered excellent opportunities for all concerned. The resident gets to move to a home with someone s/he already knows and likes; the family already knows the resident and has a realistic idea of what to expect; the developmental home model (based on a contract relationship) is economical for the service system; the staff member receives replacement income and gets to stay in the same field of work without relocating; and resources remain within the Brandon community.

TABLE 1  
 BRANDON TRAINING SCHOOL PLACEMENTS  
 SPONSORING AGENCY  
 JULY 1, 1991 - JUNE 30, 1992

Counseling Service of Addison County (Community Associates)	9
Howard Mental Health Services (Howard Community Services)	7
Lamoille County Mental Health Lincoln Street, Inc.	1
Mental Health Services of Southeast Vermont	2
Northeast Kingdom Mental Health Services	5
Rutland Mental Health Services (Community Access Program of Rutland County)	20
Sterling Area Services	1
United Counseling Services	1
Upper Valley Services	2
Washington County Mental Health Services (Adult Developmental Disability Program)	<u>12</u>
TOTAL	61

TABLE 2  
 BRANDON TRAINING SCHOOL PLACEMENTS  
 COUNTY OF PLACEMENT  
 JULY 1, 1991 - JUNE 30, 1992

Addison	8
Bennington	1
Chittenden	7
Lamoille	2
Orange	2
Orleans	5
Rutland	21
Washington	12
Windham	2
Windsor	<u>1</u>
TOTAL	61

TABLE 3  
 BRANDON TRAINING SCHOOL PLACEMENTS  
 BY TYPE OF PLACEMENT  
 JULY 1, 1991 - JUNE 30, 1992

Developmental Homes - BTS staff	18
Community ICF/MR (6-person homes)	13
Individually Staffed Settings (1-3 person) (staffed apartment, farm, duplex, 3-person group home)	11
Developmental Homes - Not BTS staff	10
Group Homes (4-6 person homes)	8
Natural Family Home, with supports	<u>1</u>
TOTAL	61

Division of Mental Retardation staff provide on-going monitoring and oversight to all community services. During the first several months of transition, a Protective Services Specialist monitors the placement frequently. Long-term oversight is provided by the individual's guardian (who may be a family member, friend, or Protective Service Specialist) and the Division's staff of Community Alternatives Specialists. Over the past six months the Division of Mental Retardation has transferred six Brandon Training School staff to enhance its Community Services staff. These staff have been invaluable in the transition process, following residents to the community.

The greatest heroes, as well as the greatest beneficiaries, of the community placement initiative are the 61 people who have moved. Change can be hard; it takes courage, trust, and hope. None of these are qualities our society has nurtured in its severely disabled citizens. Yet these citizens have risen to the challenges of new lives. Transition to life outside the institution has offered different challenges to different people: learning to walk on a sidewalk or cross a busy street, learning to handle free access to the refrigerator without gaining too much weight, learning the rhythms and etiquette of eating in a restaurant. One by one, these individuals are exploring, testing, embracing, and bonding with their new homes and communities.

For some, the roads ahead will take them far. Others will continue at their same steady pace. No one, however, is asking to go back.

## **II. FAMILIES AND TRANSITION**

National statistics consistently show that 75 percent or more of families of institutionalized persons oppose community placement before it occurs; yet after community placement occurs the majority of families overwhelmingly support the move to community services.\* Although we have not collected statistics, the same kind of conversion has been occurring here in Vermont.

When they learned about the plans to downsize the Training School, most family members reacted negatively. Reactions included anger; political opposition, grief, anxiety, fear, mistrust, and misunderstanding. Anxiety and fear predominated.

Community services staff, Division of Mental Retardation staff, and Brandon Training School staff work cooperatively to allay families' concerns by introducing families to community services and providing individual support during the transition process. In every case, family members are provided the opportunity to visit a proposed placement before the move was final. Efforts to discern and respect family preferences are emphasized. In some situations, family concerns have led to a change of plans. In nearly all instances, moving to community placement has brought the individual geographically nearer to his/her family, if the family still lives in Vermont.

Some of the written materials developed for families are included in Appendix A. These are pamphlets describing the Roles of Families in the Community Placement Process, Questions Frequently Asked by Parents of Brandon Training School Residents, and Procedures for Seeking Administrative Review.

\*Larson and Lakin, "Parent Attitudes About Their Daughter's or Son's Residential Placement Before and After Deinstitutionalization," 1 Policy Research Brief, No. 2 (Nov. 1989), Research and Training Center on Community Living, University of Minnesota.

To date, families and community agencies have been able to come to agreements on all placements, and no appeals have occurred. The Brandon Training School Association, a group of concerned individuals, consulted an attorney, but no legal action has occurred.

We have been pleasantly surprised with the marked increase in family contact for many individuals after they have moved. Many former Brandon Training School residents go to their family's home more often, have more phone contact, and/or have more visits from family members. Part of this is because of proximity, local telephone exchanges, fewer miles to drive. Part is attributed to the greater emphasis by community services on including the family's perspective and participation. Part may be transitional: increased attention while the individual is in transition. In part, we think some families find it more comfortable to visit the resident when s/he lives in a "normal" house, in a "normal" neighborhood, where visiting can occur casually in the living room or at the kitchen table.

### ***III. BRANDON TRAINING SCHOOL AND TRANSITION***

#### Alternative Uses for Physical Plant

When the decision to close the Training School was made, considerable effort went into planning for alternative uses of the facility. The economic impact on the local community had the potential to be devastating. As the town's largest employer, the Training School generated a payroll in excess of 10 million dollars per year. Over 450 persons were employed.

Early on in the process, state-level staff met with representatives from the town. In a "brain storming" process, the town's citizens identified scores of potential uses. The only alternate use that was ruled out was to operate the facility as a correctional institution.

Concerns about the impact of the closure were heard at the highest level of state government. The Secretary of Human Services convened a Task Planning Group which included representatives of the town, the Commissioner of Mental Health and Mental Retardation, the staff of the institution, government officials with responsibilities in the area of economic development and other interested parties to address the need to find an alternative use for the facility. It was hoped that the new use would maintain the highest level of employment possible.

The Task Planning group had four "charges:"

1. to review the closure plans;
2. to ascertain the means by which state facilities and lands could be used for non-institutional functions;
3. to consider alternative uses for the facility;
4. to make a recommendation to the Secretary as to the specific future use for the facility.

The group completed the first year of its activity in June, 1992. Several alternative uses were considered. One very promising possibility was considered, but then abandoned due to the inability to secure federal funding for a Job Corps center. The group had to start to consider multiple users on the campus, given the likelihood that no one user could use all the facilities. The local public school district has requested several small sites on the campus. This is an example of the "mosaic concept" of alternative use.

In the second year of its operations, the Task Planning Group is preparing a marketing campaign to recruit alternative users. The state's office of Community and Economic Development is working with the Buildings Division of state government and the Brandon Town Manager's office to initiate the campaign. Funds to operate such an effort are being sought from the Governor's office.

The scope of the task is evident by the size and value of the facilities being freed up by the institution's closure. There are over 30 buildings with more than 300,000 square feet of floor space situated on over 400 acres.

### Staff in Transition

The task of transitioning the 450 staff who were employed at Brandon Training School has often seemed far more daunting than the process of moving its 160 residents. During the past year, as 61 residents moved to community placements, 86 individuals (17% of staff) left the payroll. Employment outcomes for those 86 staff are as follows:

Division of Mental Retardation Community Service Staff	6
Other State Employment	17
Community Mental Retardation Agency Staff	11
Developmental Home Provider	7*
Other Employment	14
Retired	3
Disability RIF	11
Other	12

\* Eleven staff who have become developmental home providers for private agencies continue to work at BTS

Staff who have transferred to other jobs within state government so far have gone to the Departments of Personnel, Social Welfare, Employment and Training, Social and Rehabilitation Services, Corrections, and Aging and Disabilities. The category of "Other" includes staff who have moved away, returned to school or left employment for other unspecified reasons.

A total of 311 people remained in classified positions on the Training School staff as of June 30, 1992, along with about 60 temporary employees.

### Staff Assistance

Many activities have occurred and are continuing to take place to assist Brandon Training School staff prepare for and locate alternative employment. The Brandon Training School Personnel Office coordinates these activities, which include the following:

\* Pre-RIF Postings:

Job openings within the Agency of Human Services, once cleared through the RIF procedures, are made available to Brandon Training School employees first.

\* Posting Books:

The Brandon Training Personnel Office assembled 8 posting books, distributing them to each unit/department for easier accessibility to staff. All job openings received, whether state, mental health agencies, or private sector, are distributed for inclusion into the posting books. Posting books are checked at least bi-weekly by Personnel Office staff to keep them as accurate, consistent, and updated as possible.

\* Outplacement Office/Department of Employment and Training Computer:

The Outplacement Office opened on campus in May 1992. The office is open 24 hours a day, 7 days a week. It contains an up-to-date posting book, bulletin boards, newspapers and other helpful information. The office computer system is connected directly to the Department of Employment and Training job search network. The job bank contains listings of positions within the state and the private sector. For those interested, job listings throughout the entire United States are available. A Department of Employment and Training staff person will soon be assigned to the office (possibly by August) for staff assistance and job counselling. Until then, Brandon Training School Personnel Office staff are available for assistance.

\* Employment Search Workshop:

Vermont Learning Center staff have been conducting workshops at the Training School that include resume writing, skill assessment, interviewing and job search techniques. The workshops started last summer (1991); they have been offered monthly since March. Plans are to continue the workshops for as long as the interest and need is there.

\* Job Start Workshops:

Representatives from Vermont Job Start and B.R.O.C. of Rutland, presented a workshop in April 1992, on how to start your own business.

\* Transitional Panel:

A Panel consisting of representatives from the Department of Personnel in the areas of benefits, labor relations (contract issues), training, credit union, Employee Assistance program, and retirement has been made available to staff. Also included and available are RIF counselling, VSEA representatives and Department of Employment and Training information and representatives.

\* Job Fair:

There have been two job fairs this year with representatives from the Department of Personnel and the Agency of Human Services plus the community mental retardation agencies throughout the state. Representatives from local hospitals, nursing homes and home health nursing services were also invited.

\* Stress Management Workshops:

In August 1991, Vermont Learning Center staff presented a 2-day workshop for staff, at Brandon Training School. On May 15, 1992, Dr. Todd Rowe, Brandon Training School consulting psychiatrist, offered a presentation to all interested staff called "Grief Experience"--how it pertains to the clients and staff during the downsizing and offered recommendations on how to work through this process. A stress management workshop is currently being discussed with Biodyne (for Choice Plus members).

\* Resume Book:

All Brandon Training School employees were asked to submit a resume form to the Department of Personnel (through the Brandon Training School Personnel Office). The resumes will be condensed into a booklet and published and distributed throughout the State. First publication is scheduled for July 1992.

\* Financial Counseling:

The Credit Union has been requested to present a workshop for Brandon Training School employees. No dates have been set as yet.

\* RIF Sessions:

Last winter, the BTS Personnel Officer visited various departments/units to give a general overview of RIF, what it is, how it works, what your rights are. Future sessions are being planned to once again update everyone on RIF, and how contract changes will be affecting the RIF process. These sessions will be offered as a group or as individual sessions.

\* Application Processing/Recruitment Lists:

A need for assistance and better understanding of the application/ recruitment process has been mentioned. The Personnel Officer will be scheduling sessions individually and/or in groups to assist employees to better understand this process. The Department of Employment and Training person, once on site will also be of assistance in this process.

#### ***IV. MOVING FROM TWO TRACKS TO ONE: FUTURE NEEDS OF THE SYSTEM***

##### Caseload Increases

Over the next one and one-half years, the Brandon Training School will be closed, and all services to Vermonters with mental retardation will be provided by community agencies. During this challenging period of transition, local service providers are being called upon to develop community programs for residents of the institution, and at the same time respond to the need for services from persons with mental retardation and related disabilities across Vermont who appropriately look to the State for support.

The success of this project rests on our ability to address the needs of not only those transitioning from the Training School, but also those in the community who require emergency services and have no other means of support. In FY '92, for example, as 61 persons were being placed from BTS, an additional 70 "emergency referrals" were served by community agencies to prevent their institutionalization.

Following the closure of the Training School, additional funds will need to be provided for persons entering the service system for the first time as they graduate from special education classes, age out of SRS custody, or have disabilities of an intensity that are beyond the capacity of their natural family to support. Funding these caseload increases in a two step process, each year requiring an appropriation of \$300,000 to support services for the approximately 70 individuals who enter the system during the year, and an additional \$600,000 to cover the annual cost of services for the persons who entered the system the previous year.

##### Crisis Support Services

Traditionally, institutions have provided the final safety net for persons with severe disabilities who were in severe crisis and had no where else to turn for support. In Vermont, persons with mental retardation or developmental disabilities in crisis were served by the Brandon Training School or the Vermont State Hospital. Children in critical need of support were admitted to the Vermont Achievement Center or by various nursing homes across the state. Times have changed. The Training School is closed to admissions. The Vermont State

Hospital no longer serves persons with MR/DD and access to nursing homes is blocked by federal legislation. Many of these individuals are funded as new admissions to the community caseload, as described above. Others, however, have complex needs that require short term intensive psychiatric, behavioral or medical intervention to help them through a crisis and enable them to return to their homes and programs.

The community service delivery system can succeed if effective crisis intervention services are readily available. For the past one and one-half years this need has been met by the Vermont Crisis Intervention Network (VCIN). Operated by contract with a community mental retardation program, and in cooperation with other service providers throughout the state, VCIN has provided a wide array of emergency intervention, evaluation, support, and training services that have prevented the admission of all individuals diagnosed as mentally retarded to either the Brandon Training School, the Vermont State Hospital or other out of state program. VCIN is funded to operate one crisis bed, and is routinely filled over capacity. Efforts are currently being made to increase the level of support to this program. The community service system must have additional crisis capability offered by this type of program in order to survive and not succumb to the "Weeks School Syndrome," requiring the development of an additional institution to meet the need for intensive crisis services.

#### Family Services

Most children and adults with mental retardation live at home with their relatives. Intensive special education services provided by local school districts have enabled most families to keep their child at home, close to parents and friends. The Division of Mental Retardation has funded respite for families, and a number of individuals receive in-home support under the Medicaid waiver, through case management or by other means. Families can continue to meet the needs of their relatives who have disabilities at a considerable savings to the state, as long as they have the support and assistance necessary to adequately care for them

at home. Depending on the nature of the person's disability, families need an array of support services including: respite care, personal care attendants, housekeeping services, case management/service coordination, out-of-family residential alternatives, intensive in-home support, jobs or meaningful adult day services, access to accessible transportation, day care, financial assistance, information and referral.

A totally community based service delivery system must be able to offer a wide range of professional and other support services to ensure persons are able to thrive in the community. Families play a key role in this process and must be given the means to become directly involved in the care of their family member and the decisions that affect his or her life. Respite, intensive in-home therapeutic services, case management and general support are vital services that must be available to prevent the need for institutional services. Not only are such services the most cost effective available, but they also give people what they want. Child and family services will become a stronger component of the service system over the next several years.

### Training

High quality services can only be assured if the staff providing those services are well trained and are actively engaged in an effort to continuously improve the quality of services offered. Currently, no comprehensive plan for training and staff development exists in the state for mental retardation service providers. The state needs to demonstrate its commitment to training by funding it as an interrelated component of the service system, tied closely to the development of specific competencies, related to standards of care and quality.

## **V. CONCLUSION**

During FY'92, sixty-one residents of the Brandon Training School were placed in community programs, and the process to unify the service delivery system around comprehensive, community based programs was begun. In the current fiscal year, an additional seventy residents are making the move to community programs, and the remaining thirty individuals will be placed by November, 1993. The project has been very successful because of the efforts of dedicated staff from the Brandon Training School, DMR central office, and those in community agencies have worked hard to ensure appropriate services are developed for each individual. Parents and advocates have taken an active role, becoming directly involved in the many decisions that must be made as new services are put together. Many have expressed a great deal of support for the project and are particularly pleased that their son or daughter is coming home.

As we enter the second year of the project, planning has begun for the closure of the Brandon Training School. Closure of the Training School will make Vermont the second state in the nation to completely shift all services to persons with mental retardation to community agencies. The state will no longer be a provider of services, but rather will focus on the administration of the system as a whole, providing financial support, training and technical assistance, planning for future service needs, and monitoring community agencies to assure the services offered are of high quality and comply with applicable state and federal regulations. As is described in previous sections, the shape of a mental retardation service delivery system that does not depend on any institutional programs is becoming clear.

***FINANCIAL CONSIDERATIONS IN THE  
UNIFICATION OF MR SERVICE SYSTEMS***

## ***FINANCIAL CONSIDERATIONS IN THE UNIFICATION OF MR SERVICE SYSTEMS***

The transfer of persons with mental retardation from a state operated institution to private non-profit community agencies requires that the resources used to operate the institution be transferred to the community along with the people. This process is complicated by a number of factors. During the transition period, both institutional and community systems must be maintained. Funding must be available to develop community programs before savings can be transferred from the Brandon Training School. Medicaid reimbursement regulations enable institutional programs to recoup a higher percentage of federal matching funds. Although this difference is offset by lower costs of community services, it still must be factored into the financial transition process. Additional costs are incurred to assist and support the over 400 state workers who will be displaced from their jobs in their efforts to secure alternative employment, and to develop the necessary infrastructure of community service providers to enable them to address the needs of increasing numbers of individuals.

In FY '92 and FY '93, "Bridge" funding was approved to support the development of new community placements for Training School residents until savings could be transferred from the institution. Approximately \$400,000 was appropriated each year to "jump start" placements in the community for persons leaving the institution. This money is used in the early phases of the downsizing process when significant amounts of dollars are still required at the institution in order to maintain operations. The remaining funds must come from the institution.

To arrange for the transfer of resources, an institutional downsizing plan was established and constantly reviewed to meet changing conditions. Personnel costs are the largest item in the budget and careful planning is critical. Staff reductions and building closures are tied to client placement and need to be coordinated with the rate of placement into community agencies. Adherence to a schedule that allows for expenditure reduction is the key to freeing up resources that can leave the institution. All this happens in an extremely fluid situation where plans change constantly according to changing circumstances. Voluntary departures

among institutional staff who leave in anticipation of a future RIF complicate the situation by creating unwanted staff shortages in some areas while planned staff reductions are taking place in others. This plays havoc with financial projections.

In FY '92, 61 residents of the Brandon Training School were placed in community programs at an average cost of \$57,000. The average rate of a resident of the Training School during this period was \$120,000. To cover the cost of new program development the legislature approved \$406,000 in "bridge" funds. Additional resources in the amount of \$425,000 (G.F.) were transferred from the Training School in the FY '92 Budget Adjustment Act to support these individuals after the period of start-up.

For FY '93, \$409,000 in "bridge" funding is available for the development of new services. One million dollars (\$1,000,000 G.F.) was transferred from the Training School to community services in the budget development process. An additional \$864,000 (G.F.) will be transferred during the course of FY '93 by the Budget Adjustment Act.

#### Brandon Training School Fiscal Projections

The Brandon Training School budget for FY '93 is presented in Figure 1, and is based on a beginning census of 98, declining to approximately 30 by the end of the fiscal year. The total budget of \$10,000,000 has been reduced from the FY '92 total of \$12,000,000 reflecting the shift of funds to community programs to cover the costs of the approximately 70 individuals to be placed in the community during this period.

The Training School budget for FY '94 is presented in the last column of Figure 1, and is based on an initial census of 30 declining to 0 by November 30, 1993. The total budget of \$4,792,274 assumes the placement of these remaining residents during the first five months of the fiscal year.

It is important to note that these are projected budgets, based on the numbers of individuals placed during the next two fiscal years. More precise estimates will be completed in the next 30 days.