A study of selected features in seventeen community programs for emotionally disturbed students in Massachusetts.

Ernest Alexander McNeill

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A STUDY OF SELECTED FEATURES IN
SEVENTEEN COMMUNITY PROGRAMS FOR
EMOTIONALLY DISTURBED STUDENTS IN MASSACHUSETTS

A Dissertation Presented
By
Ernest Alexander McNeill

Submitted to the Graduate School of the
University of Massachusetts in partial fulfillment
of the requirements for the degree of
Doctor of Education
December 1976
Urban Education
A STUDY OF SELECTED FEATURES IN
SEVENTEEN COMMUNITY PROGRAMS FOR
EMOTIONALLY DISTURBED STUDENTS IN MASSACHUSETTS

A Dissertation Presented

By

Ernest Alexander McNeill

Approved as to style and content by:

Dr. Arthur Eve, Chairperson of Committee

Dr. Todd Eachus, Member

Dr. Gregory Olley, Member

Dr. Pamela Mills, Dean's Representative
Acknowledgements

The writer wishes to express his thanks and appreciation to all who contributed to the successful completion of this study. He wishes, especially, to express gratitude to the following persons: to the Chairman of the Dissertation Committee, Dr. Arthur Eve, and to the committee members, Dr. Todd Eachus, Dr. Gregory Olley and Dr. Pamela Mills.
and (i) enrollment data. The identification and discussion of the program features which accelerated student progress were achieved by developing an inventory of the successful program features obtained through interviews with each mini-school director. The items in the inventory were presented as summary statements which reflected each director's description of the program features which accelerated student progress. After grouping the inventory items according to identical or similar meanings, the frequency and rank of these features were presented and discussed.

Selected Findings: The findings suggested first that the resources to provide appropriate services to emotionally disturbed students exist in most communities and need only be mobilized and channeled. They further suggested that the primary requisites for effective programs are: (a) a low student-teacher ratio, and (b) an individualized self-paced educational program based on diagnostic data and matching instructional alternatives. These findings also indicated that the impact of parental involvement and support on the progress of students was significant.
Abstract

A Study of Selected Features in Seventeen Community Programs for Emotionally Disturbed Students in Massachusetts December 1976

Ernest A. McNeill, B.A., Morehouse College M.Ed., Boston University, Ed.D., University of Massachusetts
Directed by: Dr. Arthur Eve

Purpose: The major purposes for this study were: (a) to prepare descriptive overviews of seventeen recently established community "mini-school" programs for emotionally disturbed students in Massachusetts, and (b) to identify and discuss the program features which accelerated student progress, according to the perceptions of each mini-school director.

Procedures: The descriptive overviews of the seventeen schools were based on interviews with mini-school directors about the following phases of each school's total program: (a) administrative (b) diagnostic (c) staff-development (d) facilities and materials (e) methods and procedures (f) measures of student progress (g) special features (h) cost information,
Conclusions: The community mini-schools represented a wide array of educational alternatives. The diversity of program structures, facilities, staff, methods and programming which were described in this study have provided the opportunity to examine selected elements of educational practice for meeting the needs of emotionally disturbed students. This presentation indicated that certain successful characteristics of these schools can be generalized for use in similar alternative efforts. It also implied that supportive programs for emotionally disturbed students do not require a complex administrative system. These community-based programs were able to concentrate on helping students by careful objective planning in well structured programs.

Major Recommendation: The feasibility of utilizing exemplary mini-school programs as demonstration centers for technical assistance to school systems in establishing, maintaining and participating in community-based programs for emotionally disturbed students in Massachusetts should be explored.
Dedication

The writer wishes to dedicate his dissertation to his wife, Wynetta V. McNeill, and his son, Ernest A. McNeill, II and especially to his parents, Mr. and Mrs. James A. McNeill on their Fiftieth Anniversary, April 28, 1975.
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CHAPTER I

Introduction

This study concerned 17 recently established community-based programs for emotionally disturbed students in Massachusetts. The first section of this chapter includes a brief discussion of the educational trends related to the topic and a statement of the basic area of concern.

The needs of emotionally disturbed children, particularly those of school age, have been a subject of concern in Massachusetts. As of January 1973, very few school systems had developed successful programs for emotionally disturbed students (Blatt, 1971). One significant reason has been cited for this situation. In Massachusetts, tuition payments for private day and residential placements were assumed by the state and emotionally disturbed students were often sent far away from their homes for services. The state's procedure of paying the full tuition cost for these placements while reimbursing local school systems for only 50% of the cost for operating public school programs had not created an incentive to establish public school programs (Blatt, 1971). It seemed that these procedures were not cost-effective for school systems, since proper services
entailed a number of costly educational and treatment options.

For the fiscal year ending June 30, 1974, the state spent $7,151,706.62 to educate emotionally disturbed children in private day and residential facilities (Peterson, 1973). According to Department of Education statistics in September, 1973, 4,754 students were identified as emotionally disturbed. The students who were receiving services were being treated in several types of placements. These placements were: (a) public school special classes, (b) public school integrated classes, (c) private day schools in Massachusetts, (d) private residential schools in Massachusetts, (e) private residential schools outside Massachusetts, and (f) home instruction. The number of students, types of treatment and approximate cost to the state are included in Table 1. Table 1 indicates that public school services, consisting of special classes, integrated classes and home instruction, were provided for approximately 2,795 students (Peterson, 1973). Private day and residential placements at facilities within Massachusetts totaled 805 students. Of this total, 561 were in day school placements and 244 were in residential placements. This table also indicates that 346 students attended private
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residential schools outside Massachusetts. A total of 808 students were listed as awaiting placements (Peterson, 1973). The data included in Table 1 by Peterson (1973) clearly illustrated the need to establish programs for the 808 students awaiting placements.

The community mini-school programs were designed as less costly alternatives to the traditional private-day and residential placements so that more children could be served. (See Appendix D). The long waiting list and the inability of the cities and towns to provide proper services to these students within the community amounted to a large gap in service. These gaps in service indicated a need for developing other program alternatives for emotionally disturbed students. In order to meet these needs, the Departments of Education and Mental Health set the goal of generating community-based programs.(See Appendix C).

From February, 1973 through September, 1974 approximately 319 children with emotional problems who were previously recommended for placement outside of public schools were being taught in 17 new community mini-schools located throughout the Commonwealth. These programs were funded by the Division of Special Education of the Massachusetts Department of Education with a portion of reallocated funds under General Law, Chapter
750. Usually these funds were reserved for private day and residential placements of students with underlying emotional problems (Chapter 750, Section 461, 1960). Existing Chapter 750 resources were used to develop 17 innovative community-based programs (Peterson, 1973; Whitestone, 1973).

At the time of this study, these programs had operated for nearly two years. Initial reactions to the mini-schools were so favorable that plans to increase the number of schools were undertaken by the Division of Special Education.

In September 1973, prior to this study, a budget request for 12 additional schools had been submitted to Dr. Joseph Rice, Associate Commissioner, Division of Special Education (Peterson, 1973). However, before formal approval and funding of new schools, administrative officials had requested general documentation of the structures, the procedures, the methods and the successful program features at the schools.

The basic problems focused upon within this study were: (a) how each mini-school conducted specific phases of its total program, and (b) what were the successful program features at each school? If Massachusetts were to bridge the gap in services for
emotionally disturbed students, an alternative educational process for these students had to be developed. These students had to be given the necessary services at reasonable expense near their homes. This study is about a description of one initial effort to provide services to many students who would not otherwise be served.

Overview of Special Education Services

A general overview of special education for the emotionally disturbed was provided by reviewing the following three issues: (a) the problem of definition and classification, (b) the question of prevalence in the general population, and (c) the educational services that have been established.

In this country, special programs for instruction and rehabilitation of emotionally disturbed children have existed in the public schools of large urban centers for more than five decades (Haring & Phillips, 1962). Within the last 15 years the field of special education for the emotionally disturbed has increased significantly (Dupont, 1969; Long, Morse, & Newman, 1971).

Today most of the states have implemented special education programs for disturbed students (Joint Commission on the Mental Health of Children, 1970).
Along with these developments, the problem of defining emotional disturbance has occupied much of the research and discussion.

**Definition and classification.** Traditionally, the term "emotional disturbance" has been defined in many ways and used somewhat indiscriminately by professionals. Various terms such as "maladjusted, deviant, delinquent, and behavior disorder" appeared frequently in the literature (Faas, 1970). The definition of emotional disturbance has been generally regarded in terms of labels denoting types of psychopathology. Faas (1970) explained the dominating influences of psychoanalytic theory in psychotherapy and upon the definitions of emotional disturbance.

The psychiatric-medical definition of emotional disturbance has been descriptive, in terms of the symptoms or behaviors of the child. Essentially, these concepts conveyed the idea that emotional disturbance resided within the child as a defect in his biophysical constitution or personality, with resulting social and psychological disabilities being symptomatic of the underlying difficulty (Joint Commission, 1970). In a conceptual scheme described by the Commission, the manifest symptoms or behaviors of the child were grouped in such diagnostic categories as childhood psychoses,
childhood neuroses, minimal brain dysfunction and character disorders.

Kanner (1962) pointed out that there have been two trends among psychiatrists: one to eliminate use of specific diagnostic categories and refer generally to atypical children; the second, to refine these categories. Psychiatric classification and labeling has been thought a hindrance to diagnosis because the labels do not convey directives for specific intervention nor explanation (Engel, 1969).

For these and other reasons many educators have departed from psychiatric definitions. Educators generally see themselves as professionally oriented to health rather than illness and to ability rather than disability (Trippe, 1963). From the educators' perspective, it seemed that the methods of education addressed themselves to positive drives, such as knowing, learning, discovering, explaining, not the cure of disease or pathology (Rhodes, 1970). Since educators have departed from psychiatric definitions, educational definitions of emotional disturbance have been put forward.

Faas (1970) has explained how behaviorism and humanistic psychology have emerged as major forces in the reshaping of a definition for emotional disturbance.
Behaviorism has incorporated current behavior as a baseline from which future behavioral goals can be planned and subsequently reached. Humanistic psychologists have placed emphasis on individual potential and what the person may become (Maslow, 1943).

The theories of Skinner (1953), Bandura and Walters (1963) and others have been influential. The definitions and classifications used by educators focus on specific maladaptive behaviors of children as they are exhibited in the classroom (Haring & Phillips, 1962; Hewett, 1968; Quay, Morse, & Cutler, 1966; Ullman & Krasner, 1963).

The definitions offered by these educators emphasized the importance of viewing groups of behaviors or clusters of behavior around selected variables. Because of their views, many behaviorists rejected such terms as emotional disturbance, preferring instead the generic terms "behavior disorder" or "conduct disorder" (Browning & Stover, 1971; Harmatz & Rasmussen, 1969; Kauffman, 1970).

Behavior rating scales and other psychometric instruments for use by parents, teachers and observers have provided more empirical definitions and classification schemes (Quay et al., 1966). These scales have been tested for validity in several ways. The consistency of behavior ratings has been examined and large
populations have been tested and compared with clinical or psychiatric diagnosis. The purpose of these efforts was to validate these scales as a suitable method to isolate clusters of behaviors which could be used to describe disturbed children. In a similar manner, Quay et al. (1966) have isolated three dimensions of problem behavior in disturbed children: (a) conduct problem (unsocialized aggression); (b) inadequacy-immaturity (including such behavior as sluggishness, laziness, lack of interest, preoccupation, passivity, inattentiveness); and (c) inferiority feelings (self-consciousness, lack of confidence, fearfulness, depression, personality problems such as neuroticism).

The advantage of scales as a relatively objective, consistent and standardized means of defining behavior disorders has been generally recognized by educators. Certainly these behavior dimensions, objectively observable and reliably rated, provide potentially more useful ways of looking at problem behavior children than does the application of psychiatric nosological labels which are of doubtful reliability.

(Quay et al., 1966, p. 301)
Another conceptualization by behaviorists has extended the definition of emotional disturbance to include the influence of opinions, sanctions and behavior prohibitions within the culture. The approach derived from the ecological or social exchange model (Rhodes, 1970). This modern conceptualization defined disturbance as a function of the specific behavior, the viewpoint of the perceiver, and the effect of the behavior on the perceiver (Rhodes, 1970). According to the ecological theory both the disturbed child and his social environment must be examined. Likewise, remediation must be concerned with both the disturbed child and the persons who constitute his social environment.

A lack of consensus in definition appeared repeatedly in the literature. These divergent positions have prevented special educators and others from assuming that they are dealing with a common population when referring to emotionally disturbed or behaviorally disordered children. Because of these factors, studies on a specific sample of disturbed students cannot be generalized to a larger population which has been ill-defined. Inconsistencies in professional definitions have often led to imprecision in legal definitions, so that the exact population to be served by programs legislated for emotionally disturbed children have often
been unclear.

In summary, the trends by educators to define emotional disturbance have led to several developments which Dupont (1969) has cited as promising:

(a) Teacher skills at identifying and differentiating normal behavior from problem behavior are improving,
(b) The use of multiple criteria for screening permits classroom teachers to increase their objectivity,
(c) A new appreciation of the relationship between emotional disturbance and learning difficulties has emerged.

(p. 203)

Prevalence of emotional disturbance. Given the differences in terminology and definitions that have been used by various professional groups, prevalence figures for the emotionally disturbed or the behaviorally disabled have been difficult to determine. Schultz, Hirschoren, Manton and Henderson (1971) found that prevalence figures for the emotionally disturbed vary widely from state to state. The results of their survey indicated that 18 states used a prevalence estimate of 2%, seven states, 1 or 3%, and six states used a prevalence figure of 5%. The range of prevalence
figures was reported from 0.05% to 15%. Seven states had no figures available.

Hirshoren, Schultz, & Manton (1970), in a survey of school programs for emotionally disturbed children in the 50 states and the District of Columbia, noted that most states accept the 2% figure cited by Rosen, Kramer, Redick & Willner (1968) and affirmed by Mackie (1969) as a basis for their planning. An even lower prevalence estimate of 1.5% was offered in a recent study by the Michigan Department of Education (1971).

In a major study for the National Institute of Mental Health, Rosen et al. (1968) reported that there were 473,000 children under the age of 18 who received some service in psychiatric facilities in 1966. Fourteen percent of this number were hospitalized, 7% in mental hospitals and the other 7% in general hospitals.

Many studies involving smaller populations have been reported. These studies have indicated that larger numbers of children are in need of psychiatric care or other special attention than prevalence figures reveal (Gavin, 1968; McCaffrey & Cumming, 1969; Stevett, 1968).

It appears that emotional disturbance has not been distributed evenly throughout the population. While "disturbed children can be found in all social classes,
lower socio-cultural classes produce far more than their share" (Pate, 1963, p. 244-245). Several studies have explored the difference in services offered to lower class students. McDermott, Schrager and Wilson (1965) reported that many lower class students were not referred for treatment. These children generally received the poorest prognosis and were assigned to the least favorable diagnostic categories, while children from middle and upper classes were classified in the more benign diagnostic categories.

On the basis of its own data the Joint Commission (1970) estimated that 10% to 12% of children and youth in the United States have major psychological problems: 2% to 3% suffer from mental illness including psychosis and the other 9% to 10% have serious emotional disabilities. Citing data from teacher assessments, they noted that approximately 10% of all children have behavioral problems serious enough to require clinical attention, and they indicated generally good agreement between teacher ratings and clinical judgments. The Joint Commission indicated that only 5% to 7% of the children who were in need of professional mental health care were actually receiving it.
Development of education services. For 1971-72 the U.S. Office of Education estimated that there were 1,388,000 behaviorally disordered children and adolescents. Yet only 156,486 such children were receiving special education services in local school systems for the 1971-72 school year. Based upon these figures, it seemed that a large gap existed between the number of children with behavioral disabilities and the number of children who were receiving the needed services in the schools. Despite these factors, in the last decade a great increase in the number of educational facilities for disturbed children and in the number of children using these facilities has been cited (Mackie, 1969; Rosen et al., 1968).

Schultz et al. (1971) reported that in 1948 there were only 90 public school programs in the United States which serviced approximately 15,300 behaviorally disordered children. In 1966, this number had increased to 875 public school systems serving about 32,000 children. The authors estimated that in 1970 there were probably 100,000 children enrolled in day programs and more than 65,000 under the age of 18 enrolled in residential programs.

The literature indicated three special placements for emotionally disturbed children: residential
treatment centers which may have included special schools; special private day schools or day-care facilities; and public school programs (Blatt, 1971; Lyons & Powers, 1963).

Toussieny (1969) has outlined the general purpose of residential treatment centers. This placement has been designed to meet the child's need for an around-the-clock environment which can continuously adapt to fluctuating needs of the child. In this manner, residential placements can provide support, control and protection.

Since the number of outpatient facilities have increased, residential treatment centers have more and more dealt only with disturbed children who could not be treated on an outpatient basis (Toussieny, 1969). Continuation of education for emotionally disturbed students in residential centers has been viewed by Hewett (1967) as an unexpendable activity of childhood and as indispensable to normal and healthy adjustment. These views were supported by Huber's (1969) observation that the educational processes within residential treatment centers were essential because they provided the disturbed child with tangible evidence of his ability to achieve.
Day school placements have been designed for less seriously disturbed children who live at home and manage to benefit in a special day school program (Laviates, Hulse & Blace, 1960). According to Laviates et al. (1960), the private day school has provided a combination of special schooling and psychotherapy for the child whose emotional difficulties required exclusion from public school and yet was not suitable for residential placement. Cohen (1965) has reported that the special features of the day school have consisted of special classroom techniques and integration of the clinical and educational services.

Twelve types of special public school services were identified by Schultz et al. (1971). These services were identified as: (a) special class program, (b) resource room program, (c) crisis intervention, (d) itinerant-teacher program, (e) academic tutoring, (f) home-bound instruction, (g) guidance counselors, (h) school social workers, (i) psychotherapy by school psychologists, (j) psychiatric consultation, (k) public school transportation to non-school agency, and (l) pay by public school for private school.

The most commonly observed services were also cited by Schultz et al. (1971). Forty-seven states had special class programs, 40 had resource room programming and 38 provided homebound instruction.
These trends toward greater services have been stimulated by several factors. It appeared that the reports of the Joint Commission on Mental Illness (1970), which indicated extreme need for service, were one factor which has influenced this expansion.

**Massachusetts Legislation and the Mini-School Project**

The "mini-schools," which were the major concern of this study, were developed under the provisions of Massachusetts Legislation, Chapter 750, prior to the new special education legislation, Chapter 766. The study at hand was conducted three months prior to the effective date (September 1, 1974) for the implementation of the new special education statute (Massachusetts General Laws, Chapter 766).

**Background and purpose of Chapter 750.** Massachusetts General Laws, Chapter 750, was enacted in January, 1962 and was replaced by the enactment of Chapter 766 in September, 1974. The 750 statute provided funds for placement of emotionally disturbed students in private day schools and residential treatment centers and provided funds for aid to local school districts for the establishment of public school programs. The law stated that upon the request of parents or guardians (and with the approval of the Governor) the Department of Education and Mental Health may send:
...such emotionally disturbed children as it considers proper subjects for education to any school, hospital, sanitorium or like institution, within or without the Commonwealth, affording remedial treatment for emotionally disturbed children for terms not exceeding twelve years...

Section 461 of the Acts of 1960, Chapter 750)

Under this law, private placement sources were approved by the Departments of Education and Mental Health to serve emotionally disturbed students. Previous studies about the Chapter 750 program were done by Blatt (1971), Connors (1969), Hoffman (1969), and Stotsky (1972).

Blatt (1971) provided a general review of educational opportunities for all handicapped children in Massachusetts. He presented case studies on children who were excluded from the schools and received no services. The author was highly critical of the State's procedure of paying 100% of the cost for private school placement while reimbursing local school districts for only 50% of their costs. His point of view argued that this practice created an incentive for a community to place its problem children outside the local community
through the State managed 750 program.

The waiting lists of eligible children expand and local communities increasingly resist pressures to inaugurate community-based, publicly supported curricula for the handicapped. And as disturbed children are sent to private schools under the provisions of Chapter 750 rather than to community public school programs, they remain there years longer than originally thought necessary.

(Blatt, 1971, p. 71).

An extensive follow-up study on children who had completed the Chapter 750 program in private residential and day schools was done by Stotsky in 1972. Among his findings were that: (a) boys participating outnumbered girls by more than four to one, (b) geographic distribution was imbalanced with towns, cities and outlying rural areas being underrepresented, and (c) although most children benefitted from this special schooling, a large number had not. Those children suffering from psychosis and severe personality disorders had not benefitted as well as the older, above-average I.Q. students. One of Stotsky's chief criticisms was that a striking imprecision exists in the diagnoses performed by examining psychiatrists. Stotsky's report
made several recommendations for more sharply defining the criteria and procedures for selecting those children who were most likely to benefit from the programs.

**Principle provisions.** The principle provisions of the regulations for the Chapter 750 programs were based on eight articles of recommendations, provided by a project 750 study committee, and were summarized by Connors (1969) as follows:

1. **ARTICLE I** - contained the definitions of eligibility and described the specific categories of moderately to severely emotionally disturbed children. In this section the various diagnostic criteria were enumerated in terms of the symptoms of moderate to severe emotional disturbance. These criteria were developed as guidelines for educational and medical personnel in helping them determine the eligibility of specific children to be provided for under the law.

2. **ARTICLE II** - specified that a child shall be eligible to participate in this program only after he has been examined by a competent state certified psychiatric authority.

3. **ARTICLE III** - defined special programs for emotionally disturbed children under Section 46H of the
law as (a) home instruction, (b) individual tutoring, at school or other places, and (c) special classes with a maximum number of children per class.

4. ARTICLE IV - pertained to Section 46I of Chapter 750, General Laws, and listed the criteria for education of children not covered for by any program listed in Article III. These children, because they cannot benefit from public school programs, may be placed in day care, residential treatment centers, hospitals, at the expense of the Commonwealth.

5. ARTICLE V - called for authorizing two or more communities to provide jointly for some program for emotionally disturbed students.

6. ARTICLE VI - listed various community resources available to parents who need to obtain professional mental health assistance.

   ARTICLE VII - required the establishment of an advisory interdepartmental council to assist the Departments of Mental Health and Education in carrying out their joint responsibilities under the law.

7. ARTICLE IX - required an annual census from the school committee as to the numbers of emotionally disturbed children in their districts.

8. ARTICLE X - outlined the requirements for evaluating each child's progress during a school year.
As stated previously, these 17 community "mini-school programs" were established with a portion of reallocated funds provided under Chapter 750. The mini-school project was designed to provide services for students awaiting traditional private day and residential placement. The general purposes for establishing the mini-school project was to provide educational and treatment services for students who were on the long waiting lists for placement and who would not otherwise be served because of limited funds. In the next section, the essential information about the development of the community "mini-school" project is presented. This includes information about the criteria for approval and the proposal format.

Background and purpose of the mini-schools. In January, 1973 a plan for the possible reallocation of Chapter 750 funds to develop a number of innovative programs (mini-schools) was presented to Dr. Joseph Rice, Associate Commissioner, Department of Mental Health. The memorandum stated, "There are many children with emotional problems currently on a waiting list for placement under Chapter 750 in day or residential schools. The Departments of Education and Mental Health intend to use existing Chapter 750 resources to develop a number of innovative programs " (Peterson, 1973; Whitestone, 1973).
The geographic distribution of existing private school programs, closest to the homes of students awaiting placement was documented by Department of Education and Mental Health officials (Peterson & Whitestone, 1972). This memorandum addressed the problem of "out-of-state" placements and considered the distribution of existing Chapter 750 approved day and residential facilities in Massachusetts. According to this document, the problem of establishing additional placement sources within Massachusetts could be approached by redirecting funds from terminated out-of-state placements. (See memorandum, Appendix C).

The memorandum of December 13, 1972 indicated that between 30 to 50 students were generally released from out-of-state facilities each year. The memorandum also stated that, "at an average of 7,500 - 8,000 dollars per child per year" funds from terminated out-of-state placements would total "approximately 225,000 - 400,000 dollars yearly" (Peterson & Whitestone, 1972). Based upon the information provided in this document and the December 13, 1972 meeting, plans for a number of innovative programs were finalized (Peterson & Whitestone, 1973).

According to the January 3, 1973 memorandum to Dr. Rice and Dr. Hutcheson, the objectives of the mini-
schools were to: (a) provide immediate, short term intervention for children in emotional crises; (b) to provide help for these children and their families close to their homes; (c) to facilitate the children's return to public schools as soon as possible; and (d) to locate these programs in areas with high incidence of children awaiting placement and where a lack of adequate educational and therapeutic programs exist (Peterson & Whitestone, 1973).

Administratively, the Departments of Education and Mental Health were responsible for the Chapter 750 programs. Therefore, the format and criteria for establishing the mini-schools were designed by representatives of these agencies.

**Criteria for approval.** The criteria for the approval of the mini-schools required: (a) evidence of administrative and programmatic cooperation between a Mental Health clinic (and/or state hospital) and the surrounding school systems; (b) a definite commitment to the program by the public schools whose children would attend, including transportation costs. Further involvement might include participation of school staff, space or other facilities, e.g., recreational; (c) definite commitment to and involvement by a mental health clinic in the form of on-going consultation around each child's
program; (d) agreement by the Mental Health Association (or incorporated area board) to administer the funds; (e) statements of local citizen support for anticipated project--from groups such as area boards, regional advisory councils, mental health associations, school committees, human service corporations, parent and consumer groups; (f) a flexible, individualized therapeutic and educational program; (g) a plan to involve families in the program development and provisions for family counseling and education services; (h) a plan to involve other relevant service agencies in constructively integrating children into the community, and (i) assurance of completion of SPED 28 and 29 and 13C forms for each child in the program (required state application form) (Peterson & Whitestone, 1973).

**Format for proposals.** In addition to listing the criteria for approval, the memorandum by Peterson and Whitestone (1973) outlined the format for the proposals which were later requested from regional education and mental health officials representing various geographic areas of the state. The proposal format required a statement of need, confirmed in writing by the area Mental Health Board and School Committee (Format for Proposals, Appendix B). Formal proposals describing the program objectives, population to be served, program
description, staffing description, plan for evaluation, calendar and budget were submitted by regional education and mental health officials. These proposals were reviewed by representatives for the Department of Education and Mental Health. Final approval of these programs was made by Dr. Joseph Rice, Associate Commissioner of Special Education (Rice, 1973).

By January 29, 1973 seventeen of the mini-school proposals were selected for funding. In a letter to Mr. Edmund Stone of the Massachusetts Rate-Setting Commission, Dr. Rice of the Division of Special Education requested that tuition rates be approved for the selected schools.

Enclosed is a list of programs that will serve as "mini-schools" for emotionally disturbed children. The Division of Special Education feels that such programs being initiated in the geographical area that the child resides in will enhance further reintegration of public education and falls in line with the goal of Chapter 766 which becomes effective in September, 1974.

(Rice, 1973)
Dr. Rice elaborates further:

I strongly endorse this principle as I feel that a greater number of children can be served by such a program at a cost less than what is being paid for now and many professionals, as indicated by the enclosed guidelines, will be involved with these children.

(Rice, 1973)

Enclosed with Dr. Rice's cover letter were summary descriptions of the 17 mini-schools selected for funding. Specific information, such as student characteristics, geographical area to be served and the yearly cost per child, was also included.

Program Evaluation Alternatives

A major impetus for this study was the need to obtain information that could be applied to administrative decision-making about the mini-school project. Initial reactions to the mini-schools were so favorable that plans to increase the number of these schools were undertaken by the Massachusetts Division of Special Education. Before formal approval and funding of new schools, administrative officials had requested information about the original mini-schools. Subsequently, a study
which could be applied directly to this administrative situation and also yield information about specific factors of each mini-school, as an educational and treatment unit, was initiated by the writer.

Nearly one and one-half years had passed since the initial funding of these schools and concrete information about the setting in which each mini-school operated was not available. A need for information about the successful variables employed in the original mini-schools was recognized. Most officials who were associated with the project agreed that these data were essential for program planning and development.

Evaluative processes have been used as a phase in systematic program development whereby the results of evaluation were used to modify programs while they were still in progress (Scriven, 1967). Some of the specific objectives of program evaluation listed by Brooks (1965) were the determination of the extent to which the program achieved its goals and the relative impact of key program variables.

Since a major impetus for this study was the need to obtain program planning information which could be used for the implementation of additional mini-schools and for the improvement of the 17 existing ones, several
evaluation alternatives were explored.

**Concepts of evaluation.** Evaluation has been concerned with information on the outcomes of programs and judgments regarding the desirability or value of programs. There have been many varieties of evaluation; some types have been concerned with individuals, others with academic courses, with total programs or with major parts of total programs.

Formative evaluation was reported as designed to improve or modify a program while it was still dynamic and fluid and summative evaluation was reported as designed to appraise a program or product after it was well established (Scriven, 1967). Regardless of the subject or area being evaluated, there seemed to be certain general procedures. These included formulating general objectives, defining them specifically, identifying the appropriate sources of evidence, developing and using suitable means to get that evidence and interpreting it in light of the objectives.

**Approaches to methods of evaluation.** Several approaches to evaluation methods were discovered in the writer's exploration of evaluation alternatives. An informal approach to methods of evaluation has been characterized as one which depends upon "casual observation, implicit goals, intuitive norms, and subjective
judgments" (Stake, 1967, p. 23).

The author notes that evaluative studies based upon informal methods have very often been relied upon by administrators, journalists, legislators and others. Even though informal evaluations have been very practical and insightful, the extent of their bias was often unknown and it has been difficult to determine their accuracy (Mann, 1969).

Formal approaches to methods of evaluation for educational and mental health programs have very often based their evaluative judgments on program inputs (Glass, 1969). The author notes that such factors as teacher qualifications and staff-patient ratios have been measured and judged and that data typically have been obtained through site-inspections. Evaluations based on these characteristics have presented arguments based on the judgments of authorities, therefore the approach has been weak in objectivity and validity.

Another formal approach to methods of evaluation has been referred to as program accounting and it focuses on the "maintenance and quantitative analysis of records of project activities" (Caro, 1971, p.3). The author associates the typical concern of this approach with such factors as the extent of actual practioner-client contact or the number of students exposed
to a program. Because the program accounting approach has included little attention to outputs or effects from a program, its weaknesses have stemmed from the fact that agencies have often been unable to undertake the necessary extensive follow-up activities in order to obtain complete information on the outcome of services (Caro, 1971).

A third approach to evaluation has emphasized outputs or effects and it has used the scientific method. A distinction was reported between evaluation as a "general social process of making judgments of worth regardless of the basis for such judgments," and evaluative research as "the use of the scientific method for collecting data concerning the degree to which some specified activity achieves some desired effect" (Suchman, 1969, p. 15).

It seems that the major distinction between formal and informal approaches to methods of evaluation has been that in the informal approach the bases for making an evaluation (one's values, data, experience, theory and knowledge) need not be made explicit and that in the formal approach making explicit and measuring the bases of judgments has been central (Wiley & Wittrock, 1970).
**Categories of evaluation.** Various criteria for determining the success or failure according to which a program could be evaluated have been used to describe several categories of evaluation. Paul (1956) spoke of the assessment of effort, the assessment of effect and the assessment of process. According to Paul, the assessment of effort generally concerned criteria which involved the energy or action of program personnel. The assessment of effort has been characterized by considerations such as the number of home visits made, tasks given or meetings attended. In the assessment of effect, appraisals based on the results from a program's efforts have been made and subject matters such as changes in attitudes, behavior and reduction of disability have been presented (Paul, 1956). The assessment of process has dealt with why and how an effect was achieved and it refers to such topics as the resistance of staff, lack of motivation among clients and cultural factors.

These three categories of evaluations appear quite similar to three more recent approaches to evaluation of behavior programs in mental health settings. These approaches are program structure, program process and program outcome.
Program structure evaluation has been concerned with the allocation of program resources and it has included such indices of resources as staff-patient ratios and quality of physical facilities (McLean, 1974). The major weakness of the approach, reported by the author, is the fact that it provided very little information on the qualitative aspects of the program.

The major task of program process evaluation has been to evaluate how well appropriately applied procedures have been deployed. Program process evaluation has included such factors as continuity of treatment and comprehensiveness of treatment (McLean, 1974). According to the author, a disadvantage of the approach is the fact that traditional programmatic approaches were favored and innovative ones were penalized.

Program outcome evaluation has been considered the most fundamental kind of evaluation because it has concerned the degree to which organizations achieved their intended results (McLean, 1974). A weakness of the approach, reported by the author, is the fact that information on the variables which influenced programmatic outcomes has required extensive follow-up studies.

Another approach to evaluation of community health programs has been program description. It has been characterized as detailed program description which
include "minimum standardized information about both clients and program characteristics" (McLean, 1974, p. 98). Additional information about descriptive evaluation has been reported by Rein and Weiss (1969). The authors recommended that informal methods, usually associated with the exploratory or survey techniques of descriptive research, be used for evaluations in certain situations. The situations where descriptive approaches have been suggested include: (a) innovative programs where rigorous methodologies or controlled experimental conditions were unrealistic and rapid feedback of evaluation results are needed, and (b) programs where data collection problems exist because of the poor quality of records and where administrative constraints prevent the free flow of information (Rein & Weiss, 1969).

From the literature explored, it seems that the selection of an evaluation strategy and procedure depends upon the nature of that which is to be evaluated and upon pragmatic considerations of the cost, the time and the acceptability of procedures.
Administrative Constraints

As stated earlier, this study was requested by top administrators within the Division of Special Education; however, its success depended upon cooperation from agency administrators from the Department of Mental Health. It seemed that the innovative nature of a joint direct service effort, such as the mini-school project, between the two state agencies influenced the design of the study, and the manner in which it was conducted. While the Division of Special Education held legislatively mandated responsibility for the mini-school project, the Department of Mental Health, through the regional mental health associations, held direct operational responsibility. These administrative characteristics influenced the initial effort to design and conduct a study to fulfill information needs particular to the Division of Special Education.

Statewide coordination of the mini-school project was inhibited by the lack of any regional special education staff. Therefore, access to information for administrators within the Division of Special Education remained extremely limited and made it difficult to plan for inputs into the operational aspects of the mini-schools.
From the writer's perspective, the administrative structure provides considerable autonomy to each mini-school and the mental health association involved in its sponsorship. Their autonomy seems threatened by an evaluative effort spearheaded by the Division of Special Education. In addition, it seems as though some mini-school directors and mental health officials felt uncomfortable and defensive because discretionary modifications in the mini-schools were permitted and these modifications in certain instances differed to some degree with the original funding agreements. Several questions were raised by directors which pertained to the situation. Thus, it seems that any evaluative effort which adhered firmly to stringent measuring and appraising devices rather than flexible and adaptive ones met considerable resistance.
CHAPTER II

Methodology

The selection of methods and procedures for the study was influenced by the need for a flexible, adaptive and orderly framework to obtain useful data in a manner acceptable to project administrators and mini-school directors. A methodological strategy which allowed for the uniqueness of each mini-school and took into account the fact that the mini-schools were implemented without extensive planning, initial funding and technical assistance, was necessary. It seemed essential that the methods and procedures were not complex and dependent upon standardized measures and rigorous appraisals of program characteristics.

The purpose of the study was to obtain descriptive information about how each mini-school conducted specific phases of its total program and the special program features which accelerated student progress. A study which fulfilled the purpose was essential so that administrators could make more informed judgments and appraisals about the mini-schools. For these reasons a descriptive approach to informal evaluation characterized the methodological strategy.
Limitations Effecting Evaluation Strategy

It seemed essential that the rationale for undertaking this study and the resulting manner in which it was conducted be taken into account. A major reason for initiating this study was the urgent need to provide the associate commissioner of the Division of Special Education and other decision-makers with useful data on "how" the original mini-schools operated. The plan for the study reflected the urgent need to obtain constructive information so that additional mini-schools could be planned and implemented as rationally and as expeditiously as possible. Therefore, the reader should remain aware of several limitations of the methodology. The first limitation was the fact that the study relied upon the recorded responses of 17 mini-school directors to 20 interview questionnaire items for major portions of the data. The population interviewed could have also included: (a) enrolled children (past and present), (b) parents of enrolled children, (c) random selection of teachers in each school, (d) mental health consultants for each school, and (e) local public school special education directors. A second limitation involved the fact that the way open-ended questionnaire items were phrased permitted a variety of interpretations. Prior
to administering the semi-structured interview
questionnaire, a structured questionnaire could have
been employed to obtain descriptive school profile data
and to identify the successful program features. After
detailed analysis of these data, a semi-structured or
open-ended questionnaire based upon key areas for follow-
up could have been designed and executed. Third,
responses to questionnaire items were the major source
of information, and actual observations of fact and
behavior were simply recorded in the appropriate
questionnaire item. Instrumentation and procedures for
accurately observing and verifying essential program-
atic and procedural data were not utilized.

Procedures Used
The plan of the study involved the following
objectives: (a) to organize, tabulate and describe
objective data which reflected selected indices of
program structure, program process and program outcome,
(b) to survey and describe the program directors'
judgments and appraisals of how specific phases of their
programs were conducted, and of the special program
features which accelerated student progress, (c) to
develop an inventory of the special program features
which were reported, (d) to identify and group those
special program features with common or similar meanings and to develop a summary statement representative of these features, (e) to describe the special program features as they were reported in the subjective program descriptions from each mini-school director and to rank according to frequency those which were cited by two or more school directors, and (f) to identify agreements and disagreements of both the objective data and the subjective program description data with the special program features.

In order to fulfill the objectives it was first necessary to assemble and examine available student records, program reports and other written material from the mini-school project files at the Massachusetts Division of Special Education. The second step involved the design and execution of a semi-structured interview questionnaire, and the third involved the collection and analysis of data for presentation of results from the study.

After the formal decision to prepare a study based on the mini-school project was made, written information was assembled from the files at the Division of Special Education. The preliminary effort assisted the writer in obtaining clarity and focus by providing such data as
criteria for approval of the schools, the objectives of the project, student records, student selection and certification of disability, funding levels, budget reports, and general programatic intentions for each school.

Development of interview questionnaire. At a meeting held in June, 1974, directors of all seventeen mini-schools were informed of the necessity to document the methods and procedures utilized in programming for students at the schools. Several administrators from the Departments of Education and Mental Health encouraged cooperation and assistance from the mini-school directors in the design and implementation of the study.

In order to fulfill the information needs requested by administrators, the use of a semi-structured interview questionnaire was explored. Many officials felt that the interview method should be used in order to obtain a wide range of urgently needed information about the mini-schools. The semi-structured interview questionnaire permitted in-depth responses to items and made it possible to probe for more complete data. It seemed to provide the required descriptive, exploratory survey capability to identify relevant program features for inclusion into additional schools planned.

Input from the directors in the design of the questionnaire was motivated by the recognized need for
the dissemination of pertinent information about the schools to state officials and public school systems. During the process of constructing the interview questionnaire, previous instruments of this type were examined and consultations were held with an experienced researcher. The final version of the questionnaire reflected many of the questions which had been asked by parents, special education directors and state officials during the first 18 months of the mini-school project.

Three of the questionnaire items reflected the criteria for the approval of a mini-school which were cited in the first chapter of the study (see Criteria for approval, p. 25). Examples of these items are as follows: (a) what agencies were involved in sponsorship? (b) what methods were used to involve parents in the program? and (c) what staff development activities were used and how was effectiveness determined?

Certain Chapter 750 regulations for the provision of services to emotionally disturbed students were reflected in questionnaire items. (See Chapter I, 750 Law; Article II, X, p. 21). These items were: (a) what diagnostic procedures were used and by whom? and (b) how was educational improvement determined?

Two questionnaire items focused on student progress: (a) were there any special features of the program which
accelerated the improvement of children?, and (b) were there any special features of the program which hindered the improvement of students?

The completed questionnaire was presented to all 17 school directors at a general meeting in April, 1974 and time was allotted for suggested changes. One major concern of the directors was whether the information contained in the study would affect the continued funding of their schools. Likewise, a great concern was voiced about the questionnaire items concerning cost. These concerns were discussed with program directors and assurance was given that the information requested should not be viewed as a fiscal or programatic audit, but rather as an effort to determine when and how additional schools should be established.

After each questionnaire item was presented, discussed and clarified, concensus was obtained on its inclusion from the directors. It appeared that the directors believed that the questionnaire could elicit the basic data needed for the study (See Questionnaire Appendix A).

Data collection and analysis. Interview schedules were prepared and visits to all 17 mini-schools were arranged between May and September, 1974. The place of
each interview was arranged by each director and in most instances a private office setting was provided. After each interview the recorded responses were reviewed and where possible, they were cross checked for accuracy with the directors, other staff, student records and budget reports.

The data from the interviews with program directors, the student records, the program reports, and the budget reports were organized into a descriptive narrative for each mini-school. Initially, the following categories were used to organize the data: (a) administrative, (b) diagnostic procedures, (c) staff development, (d) parental involvement, (e) facilities and materials, (f) methods and procedures, (g) measures of student progress, (h) special program features, (i) cost information, and (j) enrollment data.

Subsequently, the data were organized for the presentation of results. Two categories were used. The first included the objective data from student records and program reports. Quantitative data about each mini-school were classified according to their characteristics as selected indices of program structure, program process and program outcome. The data were tabulated and explained. Basic mathematical computations were used in these procedures. The second category included the
subjective data reported by mini-school directors. The data were condensed into short narrative descriptions. Each program was described by identifying the roles and qualifications of the staff, and by describing the facilities, the methods and procedures, the staff development activities and the provisions for parental involvement. In addition, the second category of subjective data included the special program features associated with student progress. The identification of the special program features was achieved by developing an inventory of statements from the directors' responses to interview item 11 (Were there any special program features which accelerated student progress?). In the next step, the program features with common or similar meanings were grouped, and summary statements representative of the program features within the designated groupings were developed.

A brief description of the identified special program features was prepared. The subjective program description narratives were examined and used to prepare descriptions of each special program feature. Finally, the agreements and disagreements of both the objective data and the subjective data with the identified special features were identified.
CHAPTER III

Results

In order to describe how each mini-school conducted specific phases of its total program and to describe the special program features associated with student progress, findings from the study were arranged under the three sections of: (a) the objective data from student records and program reports, (b) the subjective data reported by program directors, and (c) agreements and disagreements with the special program features.

The Objective Data

Four categories of objective findings were selected, tabulated and examined. The categories were: (a) selected indices of program structure, (b) selected indices of program process, (c) selected indices of program outcome, and (d) program features common to all mini-schools.

Selected indices of program structure. Four categories of data which reflected several structural characteristics of the mini-schools were tabulated and described. These data are presented in Table 2.

Of 17 mini-schools, five were approved to serve students who were classified, psychiatrically, as moderately emotionally disturbed. Likewise, five were
approved for the moderately to severely disturbed student and seven were approved for the severely disturbed student. (See definitions in Appendix H).

Based on data for all programs, the average age span between the youngest admission ages and the oldest enrollment ages was five years. Most mini-schools had restrictive age ranges which included students in the middle adolescent years (12-15). Five served students under ten years old, however three of these were approved to serve the severely disturbed student.

While the average yearly tuition cost for all 17 programs was $4,220 per student, tuition for those programs which served severely disturbed students averaged $5,128 per year. Programs for the moderately to severely disturbed averaged $3,905 and $3,628 per year respectively.

A maximum enrollment (total tuition payments at state expense) of 209 students was approved for the 17 mini-schools. Of this total, 70 student tuition slots were allocated for programs which served the moderately disturbed, 78 were allocated for the moderately to severely disturbed and 61 were allocated for the severely disturbed.
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<tr>
<td>16</td>
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<td>16</td>
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Selected Indices of Program Structure

TABLE 2
<table>
<thead>
<tr>
<th>School</th>
<th>Dropout Rate</th>
<th>Student Cost Per Yearly Tuition</th>
<th>Range of Age</th>
<th>Student Attendance</th>
<th>Category of Schools</th>
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<tbody>
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<td>Cleveland Central</td>
<td>8</td>
<td>$3, 990</td>
<td>8-12</td>
<td>Severe</td>
<td>E</td>
</tr>
<tr>
<td>Cleveland Central</td>
<td>7</td>
<td>$3, 333</td>
<td>10-12</td>
<td>Severe</td>
<td>E</td>
</tr>
<tr>
<td>Cleveland Central</td>
<td>12</td>
<td>$4, 068</td>
<td>13-15</td>
<td>Severe</td>
<td>E</td>
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<tr>
<td>Cleveland Central</td>
<td>8</td>
<td>$7, 436</td>
<td>10-16</td>
<td>Severe</td>
<td>E</td>
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<td>10</td>
<td>$6, 90</td>
<td>13-16</td>
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<tr>
<td>Cleveland Central</td>
<td>15</td>
<td>$3, 954</td>
<td>8-14</td>
<td>Severe</td>
<td>E</td>
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</tbody>
</table>

(continued)

TABLE 2
Selected indices of program processes. Although data were not available for all mini-schools, four categories of data which reflected program processes are presented in Table 3. The data shows how the funding for each program was expended to support salaries for staff, cost of consultants, program evaluations, staff development, rent and utilities, equipment and supplies, estimated worth of volunteered services and other cost. The manner in which funds were expended for each of the programs reflected the decision-making by program directors which allocated resources to various program procedures.

Computations on the available data indicated that: (a) the average ratio of staff members to students for all 17 mini-schools was one staff member for every 2.2 students, (b) of the total cost for all data categories 71% ($616,000) was expended for staff salaries at 13 mini-schools (data were not available for four schools), (c) the total cost for consultants, evaluations and staff development at 13 mini-schools equaled 5% ($40,900) of the total cost for all data categories (data were not available for four schools), (d) rent and utilities at ten mini-schools were provided without cost and at four other mini-schools rent and utilities accounted for 3% ($23,800) of the total cost for all
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<tr>
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<tr>
<td>Cost %</td>
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Selected Indices of Program Processes

TABLE 3
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<th>Numbers in parentheses indicate the total cost for the column.</th>
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<td><strong>TOTALS</strong>*</td>
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<tr>
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</tr>
<tr>
<td>Tufts</td>
</tr>
<tr>
<td>Quincy</td>
</tr>
<tr>
<td>Pittsfield</td>
</tr>
<tr>
<td>Pittsfield I.6</td>
</tr>
<tr>
<td>Fall River</td>
</tr>
<tr>
<td>Dorchester</td>
</tr>
<tr>
<td><strong>TABLE 3 (continued)</strong></td>
</tr>
</tbody>
</table>

| West Roslindale | 2.7 |
| Tufts | 1.6 |
| Quincy | 2.5 |
| Pittsfield | 2.4 |
| Pittsfield I.6 | 1.6 |
| Fall River | 1.4 |
| Dorchester | 2.5 |
| **TABLE 3 (continued)** |
data categories (data were not available for three schools), (e) the total cost for equipment and supplies at 11 mini-schools was 3% ($22,700) of the total cost for all data categories (data were not available for six schools), (f) the total estimated cost of volunteered services for eight schools equaled 11% ($103,500) of the total cost for all data categories (data were not available for nine schools), and (g) other cost at 11 mini-schools amounted to 7% ($54,450) of the total cost for all data categories (data were not available for six schools). No cost figures were available for the Framingham mini-school.

Selected indices of program outcome. Table 4 presents five data categories which indicated outcomes for students. Computations from the outcome data indicated that between February 1973 and August 1974, 301 students had been enrolled at the mini-schools. Of this total enrollment 31% attended programs approved for the moderately disturbed, 36% attended programs approved for the moderately to severely disturbed, and 32% attended programs approved for the severely disturbed.

The data in Table 4 also shows that: (a) 46 of the total students enrolled (11.2%) were returned to public school, (b) five of the total students enrolled (1.6%)
<table>
<thead>
<tr>
<th>City</th>
<th>Retained Students of Main Schools</th>
<th>Withdrew or Terminated Students</th>
<th>Number of Enrolled Students</th>
<th>Percentage Returned to Public School</th>
<th>Number of Students Retained or Terminated</th>
<th>Number of Students Employed</th>
<th>Percentage of Students Returned to Public School</th>
<th>Percentage of Students Retained or Terminated</th>
<th>Selected Indices of Program Outcome</th>
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</thead>
<tbody>
<tr>
<td>Lawrence</td>
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<td>Selected Indices of Program Outcome</td>
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<td>Haverhill</td>
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</tr>
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<td>Gardner</td>
<td>64</td>
<td>11</td>
<td>3</td>
<td>-</td>
<td>22</td>
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<td>7</td>
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<td>Selected Indices of Program Outcome</td>
</tr>
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**TABLE 4**
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<tr>
<td>TOTALS</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>West</td>
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<td>Roslindale</td>
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<td></td>
</tr>
<tr>
<td>Tufts</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Quincy</td>
<td></td>
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</tr>
<tr>
<td>Pittsfield</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Fall River</td>
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<td>Dorchester</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Tri-City</td>
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<tr>
<td>Mini-Schools</td>
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<tr>
<td>Number of Students Enrolled</td>
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<td>19</td>
<td>18</td>
<td>52</td>
<td>19</td>
<td></td>
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<tr>
<td>Percentage Returned to public school</td>
<td>12 (4)</td>
<td>17 (6)</td>
<td>11 (4)</td>
<td>21 (7)</td>
<td>222</td>
<td></td>
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<tr>
<td>Percentage Employed, Armed Services</td>
<td>9 (3)</td>
<td>7 (2)</td>
<td>10 (7)</td>
<td>33 (7)</td>
<td>62</td>
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<tr>
<td>Percentage Graduated from high school</td>
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<tr>
<td>Percentage Terminated or withdrew</td>
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</tr>
<tr>
<td>Percentage Retained</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Students</td>
<td>100</td>
<td>100</td>
<td>76</td>
<td>82</td>
<td>65</td>
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</table>

TABLE 4 (continued)
either obtained employment, joined the armed services or graduated from high school, (c) 19 of the students enrolled (6.3%) were transferred to private institutions or state agencies, and (d) nine of the students enrolled (1.1%) were either terminated or withdrawn. The remaining students (222) were retained in the mini-school programs.

Based upon the highest percentages for those students who were returned to full time public school classes or who were employed, graduated from high school, or joined the armed services, the most successful mini-schools were: (a) Cape Ann, (b) Dorchester-Lee, (c) Fall River, (d) Gardner, (e) Haverhill, (f) Tri-City, (g) Cambridge, (h) Pittsfield, and (i) Boston-Brookline. Tufts, Quincy, Springfield, Framingham, Cape Cod, Lawrence, West Roslindale, and Linderman Association of Mentally Ill Students returned no students to public schools and no students were employed, graduated from high school, terminated or withdrawn.

Program features common to all mini-schools. There were three program features common to all mini-schools. Regional mental health associations were involved in the sponsorship of each mini-school. Chapter 750 diagnostic procedures and reports for all students enrolled were completed and submitted to the Division
of Special Education. Bi-annual student progress reports for all students enrolled were completed and submitted to the Division of Special Education. Approval to participate in a mini-school program was given by the public school system of all students enrolled.

The Subjective Data Reported by School Directors

The first part of the section included narrative descriptions of the 17 mini-schools. The second part included an interpretation and discussion of the special program features which accelerated student progress according to mini-school directors.

The 17 narrative descriptions were based on the recorded data which were obtained from interview responses and observations of the programs. Each program was described by identifying the role and qualifications of the staff, the facilities and the methods and procedures used. The inclusion of staff development activities and parental involvement was also described.

Boston-Brookline mini-school. The program staff consisted of nine individuals. An administrative director, who held an M.A. degree in psychology, monitored and coordinated the management activities for the program. A social worker who was in the process of completing doctoral requirements directed the parent-child
activities. The head teacher was responsible for the academic activities. Two teacher aides were used for individualized learning activities and support services. Outdoor, recreational and other activities were conducted by two junior staff members. A secretary was used to maintain administrative functions.

In addition to classrooms and lounge areas, the program facilities included cooking and shop areas. Physical education activities were conducted in outdoor public areas and in the local YMCA. The related school systems provided access to an auditorium and specialized facilities when necessary.

The programmed activities for students were divided into three areas: about 40% was devoted to group work such as physical education, cooking and photography; and 20% was spent in individual or group counseling. Achievement tests were administered twice each year and the test results, together with records of specific task achievement, were used to plan successive changes in academic programs. The principle focus in the program was to assure that each child achieved at grade level across academic areas.

Group therapy was conducted on a regular basis for the staff. The director explained that the staff felt that self-evaluation and group cohesiveness was
functionally related to their ability to serve students. Staff meetings and case conferences were used to insure direct, open communication.

Weekly group therapy sessions for parents were conducted to insure their continuing active involvement with the development of their children. The attendance at these sessions approached 100%. Other activities, such as open house and parent-teacher nights, were conducted in order to build a sense of community between the program staff and the parents.

**Cambridge mini-school.** The director held a Master's Degree in education and served as a teacher. Another master level teacher was also used. There were, in addition, a family worker and tutors in the areas of learning disabilities and emotional disturbances.

Classrooms for the mini-school program were located in a small public school building. The facilities were also used by the Cambridge School Department for administrative offices.

All academic programming was fully individualized. Behavioral contracting was used to bridge the academic elements of the program and the work-study elements. Individually prescribed academic accomplishment was necessary before a student had access to work opportunities. Therapeutic activities were provided in two
one-hour sessions each week. Individual counseling was also available.

The staff met to work with the group dynamic specialist on staff. Weekly meetings were held with the consulting psychologist from the Mental Health Center.

Four parent conferences were held each year to assess the progress of students. The staff maintained weekly contact with the parents by telephone.

**Cape Ann mini-school.** An executive director was responsible for the overall management and administration of the program, including supervision of the other professional staff members. The director had training in psychiatric counseling. A program staff member headed the day treatment program and was primarily responsible for the design and implementation of the academic program. The incumbent held a certificate of advanced graduate studies in educational counseling. Another staff member provided direct counseling services to students and maintained direct liaison with relevant individuals in school systems and community agencies. He had a strong youth service background and graduate studies in criminal justice. Two teachers served to provide instruction for students and to implement the individually prescribed educational programs. Both teachers had graduate
training in education. Of the two non-professional staff members, one served as a teacher aide and the other served as a secretary/administrative assistant.

Low-cost facilities, consisting of staff offices, a community room with attached kitchen, a large multi-purpose instructional area, small rooms for counseling, individual tutoring, and therapy were provided by a local veterans organization. The facilities were seen by staff members as adequate to the needs of the program.

The director reported that the work of Maxwell Janis in the theory of therapeutic communities had served as a guide for the program. Thirteen hours of group sessions a week were included in the schedule for the students. All students developed a performance contract for their activities in a community setting and group criteria and peer evaluation were used extensively. Educational planning was based on the progress of individual students as determined by unit tests from the curriculum materials which had been included in the educational design for each student.

Staff development procedures were an integral component of the overall program design. In keeping with the theoretical base of a "therapeutic community," the staff participated in a two hour group therapy session each week. This provided a means for the staff
as a community to experience the procedures and operational effects that they had utilized with students. In addition to the community therapy session, the staff met once each week to exchange information relevant to the day-to-day operation of the program. Various members of the staff attended university courses related to their work on their own time.

Parent meetings with relevant staff members were scheduled for two and one-half hours each week. Approximately 50% to 60% of the parents consistently participated in these meetings.

**Cape Cod mini-school.** The program director, who held a Master's degree in special education, also served as the head teacher. There were two certified teachers trained in reading and in learning disabilities. A psychiatric social worker and a part time industrial arts teacher completed the staff.

Facilities for the program were located in one wing of a former elementary school. There were three classrooms and an administrative office. In addition, there was a shop area and a general purpose room. Access to physical education facilities and libraries was provided by arrangements with local school systems. The shop was completely equipped for woodworking and general mechanics.
The program had a primary focus on vocational and career skills. Heavy emphasis was placed on the work-study component of the program. An individual needs assessment was performed for each student and a performance contract to fulfill the needs was established with the student. Morning activities were directed to academic achievement. The afternoons were reserved for physical education, vocational training and work-study. Emotional problems were treated through twice weekly group counseling sessions.

All of the staff members were involved in continuing education activities at their own expense. Most of the course work undertaken was in the field of special education. Staff meetings and consultation with a psychiatrist permitted continuous self-evaluation and the development of therapeutic skills. Frequent and intensive evaluations of the staff were conducted by the program director and the local school superintendent.

Parents attended a bi-weekly meeting with the staff and a psychologist. Parents received training in behavior modification procedures and in problem solving. Alternative means to solve conflicts were developed. There were limiting variables to the involvement of parents. The large geographic area served by the
program made regular meetings difficult. Home visitation occurred with each family three times each year.

**Dorchester-Lee mini-school.** The mini-school director was a doctoral candidate with ten years' experience in special education. The head teacher was a masters degree candidate with four years teaching experience. Two additional teachers were employed. One held a Master's Degree in elementary education and the other a Bachelor of Arts Degree in special education. A staff member with a Master's Degree in social work and nine years' experience served in the areas of crisis intervention and family case work. A clinical psychologist with 15 years' experience served as supervisor of therapy. A medical doctor, child analyst, registered nurse, speech therapist and art therapist were involved in the program in addition to volunteers and interns.

The facilities consisted of a building on the hospital grounds which had a classroom, an art room, a woodworking shop, a dance room, a tutoring room and a general purpose area. The program had access to other facilities at Boston State Hospital such as an indoor gymnasion.

The methods employed in the program most closely resemble those of an intensive therapeutic community
with a strong educational component. Academic, emotional and social needs and skills were given equal importance. The academic work was mostly concerned with language art skills and individualized remedial work. Behavior modification procedures and performance contracts were the most frequently used techniques to accomplish the individually established objectives. Art therapy, as well as individual and group therapy, was an integral part of the program. Repeated testing using graded series were used in addition to teacher evaluations in assessing the improvement of individual students.

A psychoanalyst as well as other outside consultants supervised and regularly gave of their time in helping the staff deal with problems and concerns as they arose. The staff members felt that this resource had helped improve their skills and provided an opportunity to improve their techniques.

Staff efforts to involve parents in the training and service to students had been emphasized. Mandatory participation by parents was required as a prerequisite for acceptance of a child in the program. All parents were assigned to a social worker and had to appear at the school for registration, report cards and open house. Approximately 90% of the parents were seen at least once a week by the social worker. Many of the parents
also helped by cooking at the school or serving as drivers on field trips.

**Fall River mini-school.** Seven individuals, none of whom held advanced degrees, comprised the program staff. There was a director, two teachers, a teachers aide, a family counselor and two house parents.

The mini-school program was located in a three story house which was heavily used for a variety of activities. The facilities included a kitchen, wood-working shop, arts and crafts areas, and general purpose rooms. The program utilized the gymnasiums at the local Boys Club and YMCA.

Individualized remedial instruction was a program focus. Partial public school programs for some students were arranged in the Fall River school system. Combined day and residential services were managed by the mini-school. Therapy was provided through informal counseling and encounter sessions. The evening program concentrated on a variety of therapeutic activities. An apprentice work program was heavily emphasized.

Periodic staff meetings were held with consulting staff from the Corrigan Mental Health Center. Coordinated program services with parental involvement were planned and discussed at staff sessions.
Participation by parents in family counseling sessions and program planning for children were mandatory.

**Framingham mini-school.** Four half-time social workers were the only program staff. Each had a caseload of individual children for whom they performed individual and family therapy.

The program was housed at the Framingham Mental Health Clinic. The only facilities for the program were those of the clinic.

Framingham mini-school provided a therapeutic outlet for its clients and their families after school hours. The program was different from the other mini-schools in that it was not a school. The children remained in public school full time. They were referred to the program by the youth guidance center of the Greater Framingham Mental Health Association which, in turn, had the students referred by the school department.

The clinic conducted staff meetings and special classes for the professional development of the program staff. In addition, there were project staff meetings which provided opportunities for the discussion of individual cases.

In order for a child to be accepted in the program, the parents must have agreed to participate in family
therapy. Weekly home visits were attempted by the staff. If parents did not participate in the program, the student was dropped.

Gardner mini-school. The staff members numbered ten and consisted of certified and degreed individuals. The following roles comprised the staff functions: teachers in the fields of remedial reading, English, social studies, learning disabilities and vocational education; there were also counselors to provide therapeutic activities with students and families.

The program was housed in two cottages on the grounds of Gardner State Hospital. Vocational educational facilities were also available.

Two theoretical bases were central to the structure of the program: Rudolf Dreikurs' adaptation of Adlerian techniques to education and reality therapy (Dreikurs, 1968). The program placed stress on individual areas of achievement by students. Records were kept which guided the staff in conducting individualized programs for each student. Consistency in educational activities and therapeutic treatment was enhanced through the use of staff conferences three times each week.

Frequent staff meetings were conducted. The staff operated all program phases through group consensus which necessitated frequent, full communication. The director
provided a staff reading list to improve knowledge of available techniques and procedures. In addition, staff members were enrolled in graduate courses and seminars were conducted for the staff on a weekly basis by consultants from the Gardner-Athol Mental Health Center.

Periodic conferences were held with parents by the staff. Home visitations were conducted by the staff counselors. Parents participated in field trips. Contact with parents were made once each month.

**Haverhill mini-school.** The program director had six years of teaching experience and was presently completing an advanced degree. The students served by the program comprised two groups: one at the elementary level and one at the secondary level. There was a teacher and aide for each level as well as a recreation director for each level. The program used other professionals on a part-time basis. A psychologist, social worker and psychiatrist served the program in this manner.

Two classrooms were provided for the program in the local schools. These had direct access to facilities for industrial arts, physical education, the library and general purpose space.

The central focus of the program in both of its components was a completely individualized academic
program. The students all operated under the terms of a contingency contract which was part of a token economy. Daily task sheets were made for each student, daily achievement was recorded and teachers based plans on daily records. Students participated in setting rules for classroom behavior and in establishing the performance contingencies.

All staff members were from time to time involved in graduate course work at their own expense. All staff members participated in the regular program of in-service activities of the local school system. There were staff meetings held every two weeks.

Monthly meetings were scheduled for parents. Home visitations were utilized to assist students. An interesting technique to involve parents was that the program enabled them to serve as classroom aides from time to time.

**Lawrence mini-school.** The staff consisted of eight individuals who served as professional staff for the program. The educational director was responsible for directing and administering the educational programs, and had completed additional graduate course work beyond the masters degree. A psychiatrist and a clinical psychologist served on a regular consulting basis to provide needed specialized diagnostic and treatment
services to the program. Therapeutic services for students were provided by an individual who was certified and held a Master's Degree in social work. Educational activities were provided by a certified special education teacher who held a Master's Degree in education. A crisis worker served to provide specialized services to students undergoing severe emotional crisis. This individual held a Master's Degree in counseling. A teacher aide completed the formal staff of the program.

The location of the program was at a residential private school. Specifically, this mini-school utilized one large classroom for the majority of its educational activities. A therapy room and crisis room were located nearby. A carpentry shop, arts and craft room, library area, gymnasium and playing field were made available by the private school.

The approach used to provide specialized treatment for students in this program focused on the diagnosed needs of individual students. The procedures developed for each student stressed responses to their particular needs and capabilities. Treatment of emotional problems was largely centered in the direct confrontation procedure of ego psychology, therapy and counseling, and selected applied behavior analysis procedures. Heavy emphasis was placed on group experiences in order to
adapt students to the environmental constraints of regular school experiences.

A general staff conference was held each week for information exchange and planning. In addition, staff members had completed program related graduate courses.

Parents were involved in the program from the initial interview sessions and regular meetings were held with parents on a bi-weekly or monthly basis to monitor and to enhance the programming for the student. Quarterly progress reports were provided to parents and meetings with the teacher were held regularly.

Linderman Association mini-school. The mini-school staff consisted of five people. The director had a masters degree in special education. The two teachers were responsible for the teaching activities. One teacher held a Master's Degree in special education and the other in psychology. There were two teacher aides, both of whom had completed college.

The facilities used by the program consisted of two classrooms, an office, an observation room, a gymnasium, kitchen and swimming pool. Access to these facilities was provided by the Linderman Mental Health Center.

The program was concerned strictly with academics and to initiate functional behavior in students. Behavior modification procedures were used extensively
for both the training of language skills and for eliminating disruptive, bizarre behavior. Relaxation therapy was another means used to eliminate bizarre behavior. Precision teaching techniques were used to plan educational prescriptions.

A parents' group was conducted to instruct parents in behavior modification procedures and to establish continuity between the school program and the family. Parents were taught procedures to use at home so that children performed maintenance tasks, established language skills and reduced the occurrence of bizarre behaviors. All parents were expected to attend bi-weekly meetings. Attendance at these sessions was excellent.

**Pittsfield mini-school.** In addition to the director, two teachers (one at the Bachelor's Degree level and one holding a Master's Degree), a math teacher and a master level psychologist who provided family counseling comprised the staff.

The program was housed in the local Boys Club. In addition to classroom space, there were wood, metal and electrical shops. Facilities were available for instruction in drawing, typing and for physical education.

The central focus of the program was on individualized academic remediation. Programs were planned
to include a diverse set of instructional alternatives matched to the needs of students. The availability and utilization of community resources enabled the program to provide an enriched educational program for the students, usually in small group settings. An apprenticeship program was managed through the Massachusetts Rehabilitation Agency. Partial integration was maintained for each student with the local public school program. Therapeutic services were provided through group counseling sessions twice each week.

Twice weekly meetings were held with a consulting psychiatrist in addition to internal staff development seminars. Graduate course work was also accomplished by individual staff members.

Parent meetings were held once every two weeks. Approximately 60% of the parents attended regularly. Home visitations by staff members and extensive use of telephone contacts provided direct links between the program and the families of the students.

**Quincy mini-school.** The program director had completed advanced course work in special education and the teacher held a Bachelor's Degree in special education, as did the teacher's aide.
A classroom was provided in a local elementary school. Full access was available to all facilities and equipment in the school.

The instructional focus of the program was based on the use of behavior modification procedures. A token economy provided the basic structure for change in severely disruptive and maladaptive behavior. The severity of the problems of students had required that the program concentrate its efforts on developing adaptive repertoires in the students.

Staff meetings were held once a week with the school psychologist. The program staff attended seminars for inservice development which were held by the local school system. Additional course work was also undertaken by staff members.

There was functional daily contact with the parents of each student in the program through the token system. In addition, a parent group met once every two weeks. Parental involvement was not mandatory, but daily contact and meetings enabled close communications to be maintained.

Tri-City mini-school. In addition to the program director, there was a head teacher who had completed graduate work in special education. Two teachers were
responsible for instructional programs. One teacher was certified in special education and the other had completed graduate courses in special education. The crisis counselor had a masters in education and the vocational training specialist had a degree in counseling.

The program was housed in an old high school which also housed other special programs. Additional facilities within the community were used for recreational activities.

Individualized treatment of academic deficiencies with behavior modification procedures were used. Crisis intervention was offered to families of students. Most of the students maintained some contact with the regular school program. Tutoring was provided on an individual basis. The program maintained a large physical education and art education component for its students.

Staff training was provided once each week by the Tri-City Mental Health Center and focused on procedures in the areas of emotional disturbances and learning disabilities. The mini-school staff also attended the mental health clinic staff meetings.

All parents were involved in the program in some way at least once each week. There were a variety of means employed by the program staff to insure parental involvement. These included parent-staff conferences, family therapy sessions, home visitations, telephone
contact and a weekly mothers' group.

Springfield mini-school (Experiment with travel). Two co-directors and two full time program people made up the staff. One of the co-directors held a Master's Degree in clinical psychology and was responsible for the therapeutic and academic components of the program. The other co-director had three years of undergraduate education and was in charge of the physical education program. The two other full time members of the staff worked across functional program areas. One held a Master's Degree in counseling psychology and the other held a Bachelor's Degree in biology.

The program had an entire building which contained a library, dark room, kitchen, several open areas and a complete vocational workshop. A complete set of outdoor educational equipment, including camping, mountaineering and boating supplies, was owned by the program. There was also a complete boat shop.

The central focus of the program was the establishment of effective human relationships with the students, achieved through the experiential activities of the program. The program was not concerned with academic matters in the traditional sense. There was one overnight trip for each group of students each week.
Academic skill acquisition was derived from the actual group experience. Natural sciences were covered extensively. There was no real stress on academic skills as such. Individual personal growth through practical experiences was the principal goal of the program. There was a vocational component built into the program through the operation of the boathouse. Projects included the construction of boats for sale. As students progressed, they could become part of the trail crew which cleared the trails at the Northfield hydro-electric station or become members of the mountain rescue team. The students were taught skills and had opportunities to test their own physical limits. A sense of community was fostered by the interdependence of the students and staff during outdoor activities.

Prior to acceptance in the program, there was a home visit by a staff member. This was the initial introduction of the families to the program. The home visits were continued by the staff. There was family counseling every other month. Common problems and methods of resolution were explored. Several family recreation nights were held each year. Most parents attended these sessions regularly. Parental involvement was not mandatory. However, attendance at meetings was quite high.
Tufts mini-school. Staff members consisted of a director who had completed a doctoral degree in education, a head teacher who had graduate work in special education, two assistant teachers, both of whom held bachelors degrees in special education and a counselor who held the bachelor degree in psychology.

The mini-school was housed in the Choate-Burnham Public School, several rooms in the South Boston Boys Club and in space at the South Boston Neighborhood House. The available facilities included full access to the Boys Club resources. These included complete equipment for physical activities. All school facilities and equipment were also available for the program. The program had acquired its own library, textual materials and art supplies.

The program was primarily focused on academic remediation and achievement. Individualized instructional prescriptions were devised for each student. Careful, frequent monitoring of student progress was maintained. Frequent data collection provided for flexible changes in academic programs when progress was not judged to be appropriate. There were no therapeutic procedures as such. A variety of group activities were utilized as the means for the development of socialization skills. The program operated throughout the summer with primary
emphasis on recreational activities.

The program relied on weekly home visitations with each of the families to insure continuity of program elements.

All of the staff were involved in a training seminar at Tufts Medical Center. Several staff members were taking additional course work at their own expense. Staff meetings with psychiatric consultation was another vehicle used by the staff for their own self-improvement.

West Roslindale mini-school. The staffing pattern had undergone several changes. The specialty areas of the director were education of the emotionally disturbed and psychology and the teacher held a degree in psychology. A physician and a psychologist served the program on a consulting basis.

The facilities used by the program consisted of a large room which could be divided to meet program needs through the use of movable partitions. In addition there were five smaller areas which were utilized for counseling, individual educational activities, etc. The facilities included the use of a kitchen, auditorium, gymnasium and athletic fields.

The principal focus of the program was the individualization of educational programs for each student. Diagnostic testing was conducted to determine
the performance level of each student across academic areas. In order to determine the effectiveness of instructional activities, performance testing was done periodically. Accurate and detailed records were maintained on the achievement of each student. The records provided performance data which were used in decision-making and planning for successive steps in the educational program for each student. Behavior analytic procedures were used to insure the achievement of program objectives. An important element in the environment was that students were taught hands-on media skills which developed into self-motivating academic skills. The program treated emotional problems on a problem-solving basis while a central focus on academic progress was maintained.

No formal program of inservice staff development had been developed. Specific issues were resolved through individual staff members' access to the consulting physician and psychologist. The formulation of a staff development program was beginning and would concentrate on self-analysis procedure for the staff.

The nature of the community in which the program was located facilitated frequent direct contact with parents. A sense of community involvement existed
which built direct communication between the program and the families of the students. Monthly meetings of parents and staff members were held at the program facilities. Most parents also visited the program on a weekly basis. The staff members conducted home visitations on a frequent basis.

Special program features reported by mini-school directors. All 17 directors responded to questionnaire item 11 concerning any special features of their programs which accelerated student progress. From these recorded responses, 41 special features were identified. A list of the special features is presented in Table 5.

After inspecting the 41 listed items for differences, similarities, and commonalities in meaning, seven groupings were developed and topically classified. The groupings of special features are presented in Table 5.

The most representative expressions of the total range of special features in group 1 appeared to have been: (a) drawing on a wide range of community support, and (b) extensive involvement of educational programming with community resources. The mini-school programs for which these features were reported included: (a) Cape Ann, (b) Pittsfield, (c) Dorchester-Lee, (d) Tufts, (e) West Roslindale, and (f) Tri-City. The community
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<tr>
<th>Group</th>
<th>Special Program Features</th>
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<tbody>
<tr>
<td>1. Extensive involvement of educational programming with community resources</td>
<td>(1) Involvement of students in community setting</td>
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<td></td>
<td>(2) Extensive involvement of educational programming with community resources</td>
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<td></td>
<td>(3) Variety and extent of facilities</td>
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<td>(4) Facilities provide rich environment</td>
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<td>(5) Direct involvement with community</td>
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<td>(6) Drawing on a wide range of community support</td>
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<tr>
<td>2. Individualized self-paced educational program based on diagnostic data and matching instructional alternative</td>
<td>(1) Maintenance of accurate records of the achievement of students as an objective explicit guide for matching academic program to the abilities of the students</td>
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<td>(2) Complete individualization of academic tasks which are self-paced</td>
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<td>Group</td>
<td>Special Program Features</td>
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<td></td>
<td>(3) Precise and objective structure for the individualized program</td>
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<td>(4) Contingent relationships between academic task and vocational activities</td>
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<tr>
<td>3. The professional and personal commitment of staff</td>
<td>(1) Staff has demonstrated commitment to students</td>
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<td>(2) Personal and professional involvement of the staff</td>
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<td></td>
<td>(3) Involved and committed staff</td>
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<td>(4) Clear set of guidelines with support from staff and parents</td>
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<td>4. The use of a central theoretical base in development and operation of a program</td>
<td>(1) A central theoretical base</td>
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<td></td>
<td>(2) Behavior modification made impact on children</td>
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<td></td>
<td>(3) The generation of effective intense personal relationships through planned outdoor experience</td>
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<td>Group</td>
<td>Special Program Features</td>
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<td>--------------------------------------------------------------------</td>
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<tr>
<td>5. The existence of low student-teacher ratio</td>
<td>This special program feature was identified by six program directors</td>
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<td>6. The involvement and support of parents</td>
<td>(1) Parental involvement</td>
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<td></td>
<td>(2) Total family involvement</td>
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<td>(3) Parent contact and assistance</td>
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<td></td>
<td>(4) Extensive parental involvement</td>
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<tr>
<td>7. Direct ties between the program and the public school</td>
<td>(1) Direct relationship with public school</td>
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<td></td>
<td>(2) Coordination between the program and the public school</td>
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</table>
setting provided access to a range and variety of programs, services and facilities for students in these programs.

Local agencies involved with these schools included such agencies as a veterans' organization, a boys' club, a state hospital, a YMCA, a private school, and several local businesses. And, with the cooperation of these agencies, work-study programs, metal working, industrial arts, electrical shops and apprenticeship situations were made possible.

At the Cape Ann mini-school, facilities consisting of staff offices, a community room with adjacent kitchen, a large multi-purpose instructional area, small rooms for counseling, individual tutoring and therapy were provided by a local veterans' organization. The director stated that the facilities were adequate to the needs of the program and that staff and students alike take responsibility for maintenance and design of the various spaces.

The Pittsfield mini-school was housed in the local Boys' Club. In addition to classroom space, there were wood, metal and electrical shops. Facilities were available for instructions in drawing, typing and for physical education. The director explained that the availability and utilization of community resources
enabled the program to provide an enriched educational program for the students, usually in small group settings. One such program was an apprenticeship program which was managed through the Massachusetts Rehabilitation Agency.

A variety of agencies were involved with the Dorchester-Lee mini-school. These included such agencies as Boston University, City Hospital, Harvard Street Health Services and Boston State Hospital. The facilities which were donated included a building on the hospital grounds which had a classroom, an art room, a wood-working shop, a dance room, tutoring and general purpose areas. Photographic equipment was donated by the Polaroid Corporation. Much of the office supplies and classroom furniture as well as the arts and crafts materials were obtained by donations from the community.

Tufts mini-school was housed in the Choate-Burnham public school and had access to several rooms in the South Boston Boys' Club and in space at the South Boston Neighborhood House. The director stated that the variety and extent of facilities and resources provided the opportunity to design a rich array of learning experiences for students. The available facilities included full access to the Boys' Club resources. These included complete equipment for physical activities.
Direct involvement with the community was cited as an effective program feature at the West Roslindale mini-school. The program was housed in the facilities of a community association in Hyde Park. The facilities used by the program consisted of a large room which could be divided to meet program needs through the use of movable partitions. In addition, there were five smaller areas which could be utilized for counseling and individual educational activities. The facilities also included the use of a kitchen, auditorium, gymnasium and athletic fields.

At the Tri-City mini-school the program staff had especially drawn on a wide range of community resources to meet the needs of students because the program was housed in an old high school which houses other special programs. The cost of facilities, equipment and materials was borne by the school system. In-kind services were provided by the Tri-City Mental Health Center.

The second group of special program features is presented in Table 5. Four directors provided responses which were arranged and classified as special program features group 2.

It seemed that a representative statement inclusive of these special features could be phrased as an individualized, self-paced educational program based on
diagnostic data and matching instructional alternatives. Tufts, Fall River, Haverhill, Quincy and West Roslindale mini-schools were cited for these features.

At Tufts mini-school, individualized instructional prescriptions were devised for each student and were incorporated into educational plans with precise behavioral objectives. The importance of frequent data collection was also mentioned. In this manner, the information from measures of student progress such as completion of instructional tasks and achievement test scores provided for continuous evaluation of each student and for flexible changes in academic programs.

The recorded responses of the Fall River director indicated that the lack of a clear and explicit educational program for students limits their progress. At the time of this study, the Fall River program had utilized no directly objective measures of student improvement. Instead, the program relied on the subjective impressions of the staff. The director's response supported the claim that an individualized self-paced educational program based on diagnostic data and using matching instructional alternatives seemed to accelerate student progress.

The Haverhill program was described as an individualized academic program in which students
operated under the terms of a contingency contract. Daily task sheets were made for each student, daily achievement was recorded and teachers based plans on the daily records. In addition, the director explained that daily records were updated on a weekly and monthly basis for evaluative purposes and that social behavior changes were recorded weekly.

At the Quincy mini-school behavior modification procedures were utilized. The director felt that these methods seemed suitable for the severe behavior problem students. Individual improvement was determined on the basis of the number of "tokens" students received each day and since these tokens reflected student achievement an explicit basis for determining student progress was provided.

The principal focus of the West Roslindale mini-school was the individualization of the educational program for each student. Diagnostic testing was conducted to determine the performance level of each student and accurate detailed records on the achievement of each student were maintained. The director emphasized that the maintenance of accurate records on the achievement of students provided an explicit guide for matching the academic program to the abilities of the students.
The special features in group 3 consisted of the similar responses from four school directors. The common trend within this grouping of special features concerned the professional and personal commitment of staff. Four school directors associated these features with student progress. Based on the questionnaire responses, the staffs at these four mini-schools reflected their professional and personal commitment in a variety of ways.

The staff at Dorchester-Lee mini-school had been together for a long time and had succeeded in convincing the students that the staff was there to help them with any situation. Through the therapeutic intervention with family crises, the home visits, and the staff development participation, the staff was able to demonstrate a personal and professional commitment.

Three other directors cited similar special program features. At the Tri-City mini-school the noticeable personal and professional involvement of the staff in the program had provided a sound and consistent structure for students and their families. At Boston-Brookline, the extraordinary support from the staff in implementing a clear structure and set of guidelines for student participation was an important element of the program. The Cambridge mini-school director explained that the staff was active and committed to students in the program and
these qualities had encouraged active student involvement in the program.

Table 5 presents three special features cited by school directors and arranged as special program features group 4. The unifying statement for this grouping of special features is interpreted from these three directors' responses and is summarized as: a central theoretical base in the development and operation of the program.

The use of a central theoretical base in the development and operation of a program was identified as a special feature at the Cape Ann mini-school. At Cape Ann, a theory of therapeutic communities had served as a guide for the program. In keeping with the theoretical base of a therapeutic community, the staff participated in a two-hour group therapy session each week. Thirteen hours a week of group sessions were included in the schedule for the students and this provided a means for the staff as a community to experience the procedural and operational effects which were utilized with students.

The use of behavior modification techniques at the Quincy mini-school was discussed earlier in this chapter. The use of these techniques with students along with the training of parents in the use of these methods was a
special feature which accelerated student progress. As such, this feature served as a central theoretical base for the development and operation of the program.

The Springfield mini-school (experiment with travel) was associated with this special feature since the experiment with travel project had as its central focus the planned outdoor experience. The experiential activities of the program were utilized to generate effective personal relationships with students. Individual personal growth through group experiences such as the construction of boats for sale, forestry work, mountain rescue activities and nature science projects are an outgrowth of the central theoretical focus of the program.

A low student-teacher ratio was cited as a special program feature by six school directors. Two teachers and two teacher aides provided instructions and implemented the individually prescribed educational plans for the 16 students at the Cape Ann mini-school. Tufts mini-school employed one head teacher and two assistant teachers to provide academic remediation and to implement individualized instructional prescriptions for eight students. The teaching staff at the Gardner mini-school included five teachers in the fields of remedial reading, English, social studies, learning disabilities and vocational education. These teachers served an enrollment of 24
students. The educational director, a Master's level teacher and one teacher aide conducted the academic program for 10 students at the Lawrence mini-school. The Quincy program utilized one teacher and one teacher aide to provide instructions based upon behavior modification procedures for seven students. At West Roslindale the program director and one teacher comprised the teaching staff and their principle focus was the individualization of the educational program for 11 students.

The student-teacher ratio at all the schools listed above exceeded the regulatory requirements for public school special classes for emotionally disturbed students. The required public school ratio mandated by Chapter 750 was one teacher for every eight students and one aide for additional students to a maximum of 12.

The sixth group of special features is based on responses from four school directors and is arranged in Table 5. At Dorchester-Lee mandatory participation by parents was a prerequisite for acceptance of a student in the program. All parents were assigned to a social worker and were required to appear
at the school for registration, report cards and open house. The director stated that approximately 90% of the parents were seen at least once a week by a social worker.

Staff development efforts at the Fall River mini-school were used to coordinate program services with parental involvement. Because of this effect, participation by parents in family counseling sessions and program planning for children were mandatory.

At the Cape Cod mini-school many parents attended bi-weekly meetings with the staff and a psychologist. Training in behavior modification procedures and in problem solving were provided to parents by the staff. Due to the large geographic area served by the program, regular meetings for many parents were difficult, however, home visits with each parent were made three times each year.

The extensive parental involvement in the Boston-Brookline mini-school appeared to be an essential and critical feature. Weekly group sessions for parents and staff were directed at the resolution of family conflicts which impinged on students. Attendance at these sessions approached 100%, and an on-going effort was made to insure continuing active involvement of the parents with the development of their children.
The last group of special features, group 7, was cited by two school directors. These features are presented in Table 5.

The relationship between the Pittsfield mini-school and the public school system permitted the mini-school to use audio-visual equipment and instructional materials of the school system and also allowed the partial integration of some students in selected public school programs. The direct ties between the program and the public school system accelerated student progress.

The director of the Gardner mini-school expressed his concern that a lack of coordination between the mini-school program and the public school system was a limiting factor to student progress. The director explained that coordination was essential to insure consistency in planning and that coordination with the public school was being addressed.

The seven most prevalent special program features have been discussed. Table 6 lists these features and the mini-schools with which they are associated. The listing shows that at least one of the features was reported for each mini-school. Four additional identifiable features were cited by school directors. However, these features were quite divergent in meaning and could not be subsumed within appropriate groupings.
### TABLE 6

**Special Program Features Listed by Mini-Schools**

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<thead>
<tr>
<th>Special Program Features</th>
<th>Mini-Schools</th>
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<tbody>
<tr>
<td>Extensive involvement of educational programming with community resources</td>
<td>1. Cape Ann</td>
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<td>2. Pittsfield</td>
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<td>3. Tufts</td>
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<td>4. Dorchester-Lee</td>
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<td>5. West Roslindale</td>
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<td>6. Tri-City</td>
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<tr>
<td>Individualized self-paced educational program based on diagnostic data and matching instructional alternative</td>
<td>1. West Roslindale</td>
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<td>2. Haverhill</td>
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<td>3. Quincy</td>
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<td>4. Tufts</td>
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<tr>
<td>The professional and personal commitment of staff</td>
<td>1. Dorchester-Lee</td>
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<td></td>
<td>2. Tri-City</td>
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<td></td>
<td>3. Cambridge</td>
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<td></td>
<td>4. Boston-Brookline</td>
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<tr>
<td>Special Program Features</td>
<td>Mini-Schools</td>
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<td>The use of a central theoretical base in the development and operation of a program</td>
<td>1. Cape Ann</td>
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<td>2. Quincy</td>
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<td>3. Springfield</td>
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<td>The existence of a low student-teacher ratio</td>
<td>1. Cape Ann</td>
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<td>2. Tufts</td>
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<td></td>
<td>3. Gardner</td>
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<td>4. Lawrence</td>
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<td>5. West Roslindale</td>
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<td>6. Quincy</td>
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<tr>
<td>The involvement and support of parents</td>
<td>1. Dorchester-Lee</td>
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<td>2. Fall River</td>
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<td>3. Cape Cod</td>
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<td>4. Boston-Brookline</td>
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<tr>
<td>Direct ties between the program and the public schools</td>
<td>1. Pittsfield</td>
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<td>2. Gardner</td>
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</tbody>
</table>
based upon their similarity in meaning. The features which could not be grouped were expressed in self-explanatory terms and reflected the thoughts of the respective school directors as to the special features which accelerated student progress. The four features were summarized as follows: (a) at Gardner the industrial arts program had been an effective vehicle to provide students with success experiences, (b) of major importance to the success of the Lawrence program was an extensive summer program which emphasized social and recreational activities and maintained a student-staff ratio of 2:1. Individualized planning activities were emphasized, (c) the staff at the Tri-City mini-school was continually developing appropriate control procedures, and (d) the aspect of the program cited by the program director at the Framingham mini-school as contributing most to the improvement of the students was the overall coordination of all aspects of the child's environment and the relationship with the public school and parents. The students in the program remained in school full time and received individualized therapy around school and family matters.

Based upon the groupings developed from the list of special features, the rank and frequency of the special features were determined. Table 7 displayed those
<table>
<thead>
<tr>
<th>Rank</th>
<th>Frequency</th>
<th>Special Features</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.5</td>
<td>Six school</td>
<td>The involvement of students in a community setting and the extensive involvement of educational programming with community resources</td>
</tr>
<tr>
<td></td>
<td>directors</td>
<td></td>
</tr>
<tr>
<td>1.5</td>
<td>Six school</td>
<td>The existence of low student-teacher ratio</td>
</tr>
<tr>
<td></td>
<td>directors</td>
<td></td>
</tr>
<tr>
<td>4.0</td>
<td>Four school</td>
<td>Individualized self-paced educational program based on diagnostic data and matching instructional alternative</td>
</tr>
<tr>
<td>Rank</td>
<td>Frequency</td>
<td>Special Features</td>
</tr>
<tr>
<td>------</td>
<td>-----------</td>
<td>-----------------</td>
</tr>
<tr>
<td>4.0</td>
<td>Four school directors</td>
<td>The professional and personal commitment of staff</td>
</tr>
<tr>
<td>4.0</td>
<td>Four school directors</td>
<td>The involvement and support of parents</td>
</tr>
<tr>
<td>6.0</td>
<td>Three school directors</td>
<td>The use of a central theoretical base in development and operation of a program</td>
</tr>
<tr>
<td>7.0</td>
<td>Two school directors</td>
<td>Direct ties between the program and the public school</td>
</tr>
</tbody>
</table>
features which were identical or very similar and which were cited two or more times by school directors.

**Agreements and Disagreements with the Special Program Features**

In this section the objective data from student records and program reports and the subjective data reported by program directors for the 17 mini-schools were examined. The purpose was to identify areas of agreement and disagreement with the special program features listed for each mini-school.

**Cape Ann mini-school.** The special program feature listed as the extensive involvement of educational programming with community resources agreed with: (a) the objective data from program reports which indicated that a mental health association was involved in the sponsorship of the program and that a public school approved each student who was to attend, (b) the objective data verified by program reports which showed that rent and utilities were provided by a local veterans' organization without cost, and (c) the subjective data from observations of the program and from the directors' interview which were used to describe the facilities and which were presented in the previous section of this chapter as special program features group 1.
The special program feature listed as the use of a central theoretical base in the development and operation of the program agreed with subjective data from observations of the program and from the director's interview. The director's responses to interview item 6, which concerned the methods and procedures used in programming, were consistent with the program feature listed. The data were presented in the previous section of the chapter as special program features group 4 and as program description (methods and procedures) at Cape Ann mini-school.

The special program feature listed as the existence of a low student-teacher ratio agreed with subjective data from interview items 4 and 11 which indicated that two teachers and two aides provided instructions for the 16 students who were enrolled and that the director felt a low student-teacher ratio existed. The data were presented in the previous section as special program features group 5.

Dorchester-Lee mini-school. The special program feature listed as the extensive involvement of educational programming with community resources agreed with: (a) the objective data presented in the first section of this chapter which indicated that the estimated worth of volunteered services was $25,000 and that rent and
utilities were provided without cost, (b) the subjective data from interview item 5 which were used to describe the community-based facilities and which were presented in the previous section as special program features group 1 and as program description (facilities) at Dorchester-Lee mini-school, and (c) the subjective data from interview item 1, which identified the community agencies involved with the program and was presented in the previous section as special program features group 1.

The special program feature listed as the professional and personal commitment of the staff only agreed with the subjective response of the program director to interview item 11 (were there any special features which accelerated student progress?). The response was presented in the previous section as special program features group 3.

Gardner mini-school. The special program feature listed as the existence of a low student-teacher ratio agreed with subjective data which indicated that: (a) five teachers provided instructions for the 24 students who were enrolled, and (b) that the director felt a low student-teacher ratio existed. The data were presented in the previous section as special program features group 5.
The special program feature listed as direct ties between the program and the public school was not supported by any data about the Gardner mini-school program.

**Fall River mini-school.** The special program feature listed as the involvement and support of parents agreed with the subjective data from interview item 8 and 9 which concerned staff development and parental involvement. The data were presented in the previous section as special program features group 6 and as program description for Fall River mini-school.

**Haverhill mini-school.** The special program feature listed as an individualized self-paced educational program based on diagnostic data and matching instructional alternative agreed with the objective data presented in the first section of this chapter, which indicated that Chapter 750 diagnostic procedures and reports were completed for the students enrolled. The feature also agreed with the subjective data from interview item 9 on the methods and procedures used in programming. The data were presented in the previous section as program description for Haverhill mini-school.

**Tri-City mini-school.** The special program feature listed as the extensive involvement of educational programming with community resources agreed with: (a) the objective data from program reports which indicated
that a local mental health association was involved in the sponsorship of the mini-school and that a public school approved the students who were to attend, and (b) the subjective data from interview item 1 (agencies involved in sponsorship), which indicated that: (1) inkind services were provided by the Tri-City Mental Health Center, and (2) that students were provided recreational activities at various community agencies.

The special program feature listed as the professional and personal commitment of the staff only agreed with the director's response to interview item 11 (were there any special features which accelerated student progress?). The data were presented as special program features group 3.

Cambridge mini-school. The special program feature listed as the professional and personal commitment of the staff only agreed with the director's response to interview item 11. The data were presented in the previous section as special program feature group 3.

Pittsfield mini-school. The special feature listed as the extensive involvement of educational programming with community resources agreed with the following objective data: (a) the estimated worth of volunteered services was $18,536, (b) a local mental health association was involved in the sponsorship of the program and
a public school approved the students who were to attend. The program feature also agreed with the subjective data from interview item 5, which were used to describe the community-based facilities.

The special feature listed as direct ties between the program and the public school agreed with the subjective data from interview item 6 on the methods and procedures used in programming. The data were presented as program description for Pittsfield mini-school.

**Boston-Brookline mini-school.** The special program feature listed as the professional and personal commitment of staff only agreed with the subjective data reported as the director's response to interview item 11. The data were presented as special program feature group 3.

The special program feature listed as the involvement and support of parents agreed with the subjective data from interview items 9 and 10 which concerned parent involvement. The data were presented as special program features group 6 and as program description for Boston-Brookline mini-school.

**Tufts mini-school.** The special program feature listed as the extensive involvement of educational programming with community resources agreed with:

(a) the objective data from program reports which showed
that a local mental health association was involved in the sponsorship of the program and that a public school approved each student who was to attend, and (b) the subjective data from interview item 5, on facilities, materials and other resources, which identified the community-based facilities used in programming.

The special program features listed as an individualized self-paced educational program based on diagnostic data and matching instructional alternative agreed with the objective data which stated that Chapter 750 diagnostic procedures and reports were completed for the students enrolled. The program feature also agreed with the subjective data from interview item 6 on the methods and procedures used in programming. The data were presented as special program features group 2 and as program description for Tufts mini-school.

The special program feature listed as the existence of a low student-teacher ratio agreed with subjective data from interview items 4 and 11, which indicated that: (a) one teacher and two assistant teachers provided instructions for the eight students who were enrolled, and (b) that the director felt a low student-teacher ratio existed. The data were presented in the previous section as special program features group 5.
Quincy mini-school. The special program feature listed as the use of a central theoretical base in the development and operation of a program agreed with the subjective data from interview item 6 on the methods and procedures used in programming. The data were presented as special program features group 3 and as special program description for the Quincy mini-school.

The special program feature listed as the existence of a low student-teacher ratio agreed with the subjective data from interview items 4 and 11 which indicated that one teacher and a teacher's aide provided instructions for the seven students who were enrolled. The data were presented as special program features group 5.

Springfield mini-school. The special program feature listed as the use of a central theoretical base in the development and operation of a program agreed with the subjective data from interview item 6 on the methods and procedures used in programming. The data were presented as special program feature group 4.

Cape Cod mini-school. The special program feature listed as the involvement and support of parents agreed with the subjective data from interview items 9 and 10, which concerned parent involvement. The data were presented as special program feature group 6 and as program description for Cape Cod mini-school.
Lawrence mini-school. The special program feature listed as the existence of a low student-teacher ratio agreed with the subjective data which indicated that: (a) two teachers and a teacher's aide provided instruction for the 10 students who were enrolled, and (b) the director felt that a low student-teacher ratio existed. The data were presented in the previous section as special program features group 5.

West Roslindale mini-school. The special program feature listed as the extensive involvement of educational programming with community resources agreed with: (a) the objective data presented in the first section of this chapter which indicated that the estimated worth of volunteered services was $25,000 and that rent and utilities were provided without cost, (b) the subjective data from interview item 5 which were used to describe the community-based facilities and which have been presented in the previous section as special program features group 1 and as program description (facilities) at West Roslindale mini-school, and (c) the subjective data from interview item 1 (agencies involved in sponsorship), which were used to identify the community agencies involved with the program, in the previous section as special program features group 1.
The special program feature listed as the professional and personal commitment of the staff only agreed with the subjective response of the program director to interview item 11 (were there any special program features which accelerated student progress?). The data were presented in the previous section as special program features group 3.

The special program feature listed as the existence of a low student-teacher ratio agreed with subjective data from interview items 4 and 11 which indicated that two teachers provided instructions for the 11 students who were enrolled.

All 17 mini-school directors responded to questionnaire item 11 concerning any special features of their programs which accelerated student progress. The purpose of this section is to identify areas of agreement and disagreement with the special program features. Hopefully, the information presented will assist the reader by further clarifying the seven special program features which were associated with student progress.
CHAPTER IV

Discussion

The community mini-schools represent a wide array of educational alternatives. The diversity of program structures, facilities, staff, methods and programming which are described in this study provide the opportunity to examine many elements of educational practice for meeting the needs of emotionally disturbed students.

The results from the study provide the opportunity to make the following informed judgments pertaining to the effectiveness of the mini-school project: (a) the 17 mini-schools met the stated project objective of preventing the institutionalization of the students enrolled, and (b) the 17 mini-schools met the stated project objective of developing badly needed community support.

It seems that in the absence of the mini-school programs the achieved effect of retaining 222 students in community-based programs and returning 46 students to public school classes would not have taken place. The variety of programmatic features and the outcomes for students implied the fact that human and fiscal resources were allocated effectively. Parental involvement, staff development activities and programmatic
interventions such as behavior modification, play therapy, contingency contracting and others were implemented. The scope and range of these type efforts provided more services than were generally available in the special public school classes.

The seven special program features which were identified reflected the key program variables which should be included in additional mini-schools planned. Findings about the program features revealed specific guidelines which could be reinforced and incorporated where appropriate into the mini-school programs. These findings suggested that the resources to provide appropriate services to emotionally disturbed students exist in most communities and need only be mobilized and channeled. They further suggested that a primary requisite for effective programs is a low student-teacher ratio with a personally and professionally committed teacher. These findings also indicated that the impact of parental involvement and support is significant to the progress of students. It may also be inferred from these findings that the staffs of similar community based programs for emotionally disturbed students need to have common understandings about the techniques used in the development and operation of their programs.
These findings indicated that consistency in planning achieved through direct ties with the public schools was essential so that students may return to public school. In addition, this presentation about the mini-schools seemed to indicate that certain successful characteristics of these schools could be generalized for use in similar alternative efforts. It also implied that supportive programs for emotionally disturbed students do not require a complex administrative system. These programs were able to concentrate on helping students by careful objective planning in well structured programs. The 17 programs which were established demonstrated the ability of educators to generate and implement community-based services for emotionally disturbed students.

The efficiency of the initial effort to implement and sustain these programs was influenced by many legislative and bureaucratic requirements. In the review of literature section on the development of the mini-school project, the task of reallocating legislatively mandated funds was discussed. The process for establishing these programs involved considerable modification in the existing fiscal rate-setting commission and the Division of Special Education. The basic problems included the time required to develop budgets for each school and to submit these budgets to
the complicated rather inflexible rate-setting formulae. These tasks were essential if each school were to obtain an appropriate tuition rate based on program cost. The initial funding level for these programs was based upon monies made available from terminated out-of-state placements. Because of this fact, the budgets approved and the tuition rates approved required prior consideration of the projected monies available. The successful completion of these tasks was influenced by the consistent demands of the rate-setting commissioners and members of the legislature that the high cost for out-of-state placement be reduced. These schools were designed to achieve this feat.

Because of the statutory tuition based funding concept, direct per/student fiscal payments could only be given to the schools after one month of services had been rendered. The long delays in fiscal payments produced significant impediments to the efficiency with which these programs were implemented. Despite these and many other factors, the mini-schools were successfully established as formal purchase of services vendors for emotionally disturbed students.

The potential impact of these programs on the development of educational services within Massachusetts has been influenced by several factors. These
factors will more than likely influence the potential use of findings presented in this study.

As the statutory funding agency, the Division of Special Education had ultimate responsibility for the mini-school project. However, the Department of Mental Health, by virtue of its superior regionalization effort, assumed operational control at the local level. Monitoring, technical assistance and coordination from the Division of Special Education were provided by one statewide coordinator. Regional special education staffs were practically non-existent during the first two years of this project. Joint responsibility between the Departments of Mental Health and Education for services to emotionally disturbed students was soon to be eliminated. Massachusetts General Law, Chapter 750, which mandated joint responsibility was replaced by the implementation of Chapter 766.

It seems that the concerned, supportive, cost-less response which these programs commanded was not provided by the Division of Special Education. The question which emerged was why the local school systems and the special education collaboratives were not encouraged to assist in developing each mini-school as a regional, state and local service effort?
If these programs had received more coordination and technical assistance prior to Chapter 766, the high cost to many local school systems for private day school placement could have been reduced. Likewise, the customary longer than necessary period of student placement in private schools could have been reduced. A variety of service models eligible for federal, state and local support were virtually ignored.

Chapter 766 has placed increased demands upon local school systems to provide day school placements outside the public school setting. In summary it seemed that the Division of Special Education was either unwilling or unable to allocate appropriate personnel and funds for reinforcing and reshaping these programs for the implementation of Chapter 766. These impressions compel one to acknowledge the impediments which a state bureau can present to innovative efforts. The autonomy given to local school systems and regional collaboratives to establish their "own" programs has reduced or eliminated the opportunity for federal, state and local support to these already existing programs.

Five recommendations closely associated with the findings in this study were prepared. The first recommendation is that the seven special features which
were associated with student progress should be examined
to draw comparisons with the existing public school
classes for similar students and also with respect to
the present statutory influences of Chapter 766. The
second recommendation is that a detailed appraisal of
the impact of Massachusetts General Laws, Chapter 766,
provisions for the approval of private schools on the
mini-schools should be completed. Third, a follow-up
study on the students originally enrolled at the mini-
schools, who have not been returned to public schools
nor transferred to more specialized agencies should be
made. The fourth recommendation is that the level and
extent of participation by the mental health centers
should be determined to verify commitments for continu-
ous on-going support. The final recommendation is
that the feasibility of utilizing exemplary mini-school
programs as demonstration centers for technical
assistance to school systems in establishing, main-
taining and participating in community-based programs
for emotionally disturbed students should be explored.

The writer hopes that the recommendations and the infor-
mation presented in the study will encourage a coordinated
effort to maintain and improve the mini-school programs.
State, local and regional agencies should become trusting
partners in this challenging effort to serve students.
REFERENCES


Connors, J.E. Special educational needs of emotionally disturbed children. Massachusetts: Department of Mental Health, Community Health Monograph Series, 1969.


Peterson, E.G., & Whitestone, D. A memorandum to Dr. Joseph P. Rice, Boston: Division of Special Education, December 13, 1972.


APPENDIX A

Interview Questionnaire

School_________ Director_________ Date_________

1. Agencies involved in sponsorship ________________

2. How were children identified and by whom?

3. What diagnostic procedures and by whom?

4. Staff members -- functions and background

5. Program facilities, equipment, materials, and other resources

6. What methods and procedures were used?
7. How was educational improvement determined for individual children?

8. What staff development activities were used and how was effectiveness determined?

9. What methods were used to involve parents in the program?

10. How often were parents actively involved?

11. Were there any special features of the program which accelerated the improvement of children?

12. Were there any special features of the program which hindered the improvement of children?
Question 12 continued:

COSTS

13. What were costs for facilities, equipment, materials, and other resources?

14. What are costs of personnel, professional, non-professional, consultants, estimated value of volunteers?

15. How and when were decisions made to return children to regular school programs?

16. Were there any costs not directly attributable to programming for children?
17. What were costs of staff development activities?

18. What were costs of parent involvement?

19. Have any children left the program but not returned to regular school? Where? When? Why?

20. Other information:
APPENDIX B

Format for Mini-School Proposals

I. Need - Described and Confirmed in Writing by Area Mental Health Board and School Committee

- Program objective
- Population to be served, age, number, type
- Program description
- Staffing description
- Plan for evaluation
- Calendar
- Budget
  (a) Entire program budget - itemized. Divided by total number of students
  (b) Proposed budget - itemized. Divided by total number of students
  (c) Per student cost
  (d) Student cost
APPENDIX B (continued)

II. Expenses which can be covered:

- Direct services to children
- Salaries - professional, para-professional, clerical
- Special learning materials
- Direct program expenses
- Evaluation
- No capital outlay or renovations
APPENDIX C

The Commonwealth of Massachusetts
Department of Education
182 Tremont Street, Boston 02111

MEMORANDUM

TO: Dr. Joseph P. Rice, Associate Commissioner Division of Special Education
Dr. B.R. Hutcheson, Assistant Commissioner Department of Mental Health

FROM: Edward G. Peterson, Senior Consultant for Children with Special Needs, Bureau of Child Advocacy
Debra Whitestone, Principal Clinical Social Worker, Office for Childrens Services, Department of Mental Health

DATE: 13 Dec. 72

SUBJECT: Possible Reallocation of 750 Resources

As per meeting on 12/13/72 we offer the following recommendations to be considered for presentation at the 12/20/72 meeting with Dr. Curtin and Dr. Greenblatt. We hope these will be approved for systematic implementation by both departments.

We have documented the distribution of existing 750 approved day and residential facilities in Massachusetts. In addition we have indicated facilities which are being considered for 750 approval. We are in the process of exploring other facilities which might be considered for future 750 approval. These include facilities currently being used by DFCS and DYS, as well as those funded through the Department of Mental Health and the Department of Public Welfare with 89-312 funds. (See enclosed.)
APPENDIX C (continued)

Each year approximately 200-300 children are released from approved 750 schools. Approximately 2/3 of (120-200) those released are from day schools, i.e. in Massachusetts. One third are from residential - both in-state and out. This means that about 1/6 of the total - or 30-50 are generally released from out of state facilities. At an average of $7,500 - $8,000 per child in a residential facility, this would translate into approximately $225,000 - $400,000 which might be reallocated to in-state programs (existing or new).

We recommend:

1. To document this information more accurately, we recommend that a letter be sent to all private schools.

   a. The letter be sent to all schools April 1, 1972 requesting names and recommendations of those students to be terminating by the end of the school year and/or during the summer.

   b. This list to be returned to the Division of Special Education by May 1, 1972. (This will allow 5 - 6 months of planning for possible new programs by the Fall, utilizing the money from the students terminated.)

2. Schools now being considered by the Department of Education for 750 approval should be visited by the Departments of Mental Health and Education together and if both departments agree, procedures will be initiated for approval. (Sped 609)

3. Procedure for approval for existing non 750 residential facilities in Massachusetts should include:

   a. Preliminary visit by Special Education and the Department of Mental Health to facility.
APPENDIX C (continued)

b. If the facility seems appropriate, send out Sped 609. (see enclosed.)

c. When Sped 609 is returned completed, Special Education and the Department of Mental Health, local Mental Health Administrator and local Emotionally Disturbed Supervisor who serves the area visit the school. The purpose for this would be to acquaint the local educator and Mental Health personnel or facilities in their area.

d. After above visit, a letter will be sent to the school indicating approval contingent upon a rate being set by the Rate Setting Commission.

e. School then is in touch with Rate Setting Commission.

4. Schools currently being considered include:

<table>
<thead>
<tr>
<th>Region</th>
<th>School Name</th>
<th>Count</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>VII</td>
<td>St. Vincents Home (Fall River)</td>
<td>10</td>
<td>8-12</td>
</tr>
<tr>
<td>I</td>
<td>Our Lady of Providence (Springfield)</td>
<td>10</td>
<td>8-12</td>
</tr>
<tr>
<td>I</td>
<td>Children's Study Home (Springfield)</td>
<td>5</td>
<td>10-14</td>
</tr>
<tr>
<td>III</td>
<td>Valley View Farms (Brookfield)</td>
<td>5</td>
<td>12-16</td>
</tr>
<tr>
<td>II</td>
<td>Perkins School (Lancaster)</td>
<td>?</td>
<td>5-12</td>
</tr>
</tbody>
</table>

(Questionable - psychological social component now serves only primarily retarded.)

5. Additional residential schools existing in Massachusetts have not been visited by the Department of Education and the Department of Mental Health but might be suitable for future approval. These would include facilities currently used by DFCS and DYS.
APPENDIX D

The Commonwealth of Massachusetts
Department of Education
182 Tremont Street, Boston 02111

MEMORANDUM

TO:    Dr. Joseph P. Rice, Dr. B. R. Hutcheson
FROM:  Debbie Whitestone, Edward G. Peterson
DATE:  3 January 73
SUBJECT: Possible Reallocation of 750 Funds

There are many children with emotional problems currently on a waiting list for placement under Chapter 750 in day or residential schools. The Departments of Education and Mental Health intend to use existing Chapter 750 resources to develop a small number of innovative programs. Projects will be funded from February 1, 1973 through June 30, 1973. Continued funding after June 30, 1973 cannot be guaranteed but all attempts will be made to continue those programs that prove effective.

The Objectives of these Programs will be:

1. To provide immediate, short-term intervention for children in emotional crises.
2. To provide help for these children and their
APPENDIX D (continued)

families close to their homes.

3. To facilitate return to public schools as soon as possible.

Programs will be located in areas with:

a. high incidence of children awaiting placement

b. lack of adequate educational and therapeutic programs for these children

c. evidence of cooperation between mental health clinic (and/or state hospitals) with the surrounding school systems.

d. capability to begin a program by February.
APPENDIX E

The Commonwealth of Massachusetts
Department of Education
182 Tremont Street, Boston 02111

MEMORANDUM

TO: Regional Mental Health Administrators
    Associate Area Directors and/or Mental Health Coordinators for Children
    Superintendents of Public Schools

FROM: Edward G. Peterson, Division of Special Education, Department of Education; Debbie Whitestone, Office of Children's Services, Department of Mental Health

DATE: 4 January 73

SUBJECT: Pilot Project for innovative use of Chapter 750 Resources

Because of the desire to implement this project by February 1, 1973 interested clinics and school systems will have to confer with each other immediately.

Enclosed is a list of criteria for programs to be funded.

A meeting will be held on Tuesday, January 6, 1973 at 1:30 P.M. at McLean Hospital, Administration Building, Belmont, Massachusetts for all perspective applicants. This will be an opportunity to answer questions about the Departments' expectations and to
discuss the specifics and feasibility of intended proposals.

Before the 16th, please direct any questions to Mr. Edward Peterson at 727-5770 or Ms. Debbie Whitestone at 727-5660.
APPENDIX F

The Commonwealth of Massachusetts
Department of Education
182 Tremont Street, Boston 02111

January 29, 1973

Mr. Edmund Stone
Massachusetts Rate Setting Commission
Little Building
80 Boylston Street
Boston, Massachusetts

Dear Mr. Stone:

Enclosed is a list of programs that will serve as "mini-schools" for emotionally disturbed children. The Division of Special Education feels that such programs being initiated in the geographical area that the child resides in will enhance further re-integration of these disturbed children into the main stream of public education and falls in line with the goal Chapter 766 which becomes effective in September 1974.

I strongly endorse this principle as I feel that a greater number of children can be served by such a program at a cost less than what is being paid for now and many professionals, as indicated by the enclosed guidelines, will be involved with these children.

Approval of these projects is contingent upon the approval of the Rate Setting Commission.

Mr. Edward Peterson (727-5770) of my staff and Miss Debra Whitestone (727-5660) of the Department of Mental Health have talked with Mr. Steven Weiner and Mr. Melvin Greene of your department and they agree in principle with what the Division of Special Education is trying to do.
APPENDIX F (continued)

If you desire any further information in this matter, please feel free to contact Mr. Peterson, Miss Whitestone or myself.

Sincerely yours,

Joseph P. Rice, Ph.D.
Associate Commissioner

JPR/P/f
(2) enclosures
MEMORANDUM

TO: Joseph P. Rice, Associate Commissioner
Division of Special Education

FROM: Edward G. Peterson, Senior Supervisor
Emotionally Disturbed Children

DATE: September 26, 1973

SUBJECT: Supplimentary Budget

I would suggest $300,000 for an additional 12 mini schools. This figure is based on $25,000 for 12 programs for a 1/2 year (January 74 - July 74).

Champus, who funds emotionally disturbed children from Massachusetts under a Government program will cease funding December 31, 1973. I feel that we will be called up to fund these children. At this time we do not have a list but a projection of 10% of the existing budget (791,400) should be requested.

Thus a supplimentary budget of 300,000 New mini schools

\[
\begin{array}{c}
\text{Champus} \\
791,400 \\
\text{Total} \\
\$1,091,400
\end{array}
\]
APPENDIX G (continued)

Total of money encumbered for committed program and prorated estimates of pupils to be placed for fiscal year ending June 30, 1974.

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential</td>
<td>$5,053,932.</td>
</tr>
<tr>
<td>Day</td>
<td>2,097,773.</td>
</tr>
<tr>
<td>Mini Schools</td>
<td>631,410.</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$7,783,115.</strong></td>
</tr>
</tbody>
</table>

Appropriations $7,914,000.
less 7,783,115.

There is a total of $130,885. left which can be used to establish new mini schools at an average of $21,00 per program. This would constitute 6 possible new programs.
APPENDIX H

THE COMMONWEALTH OF MASSACHUSETTS

EVALUATION FORM OF EMOTIONALLY DISTURBED CHILDREN


CATEGORIES OF EMOTIONALLY DISTURBED CHILDREN

General Definition: These regulations shall apply only to those moderately to severely disturbed children of school age who are unable to profit from regular classroom work but who can profit from a special educational experience and who are capable of profiting from psychological treatment as determined by competent psychiatric authority. All such children shall have demonstrated persistent and marked personality disturbances as evidenced by their inability to tolerate normal classroom discipline and by their inability to profit from normal classroom teaching.

Note: There are presently offered under other statutory bases programs for mentally retarded or physically handicapped children. The placement of a multiply handicapped child (e.g., emotionally disturbed and mentally retarded, or physically handicapped and emotionally disturbed) will depend upon the primary diagnosis.

Moderate to severe emotional disturbance may manifest itself through symptoms such as the following:

a. Hyperactivity
b. Severe learning defects.
c. Poor ability to cope with sexual and aggressive impulses.
d. Other severe psychoneurotic or psychosomatic symptoms.
e. Severe withdrawal.
f. Mixed diagnostic categories, i.e., mental retardation and moderate to severe emotional disturbances.
APPENDIX II (continued)

Group A: Children meeting the above criteria who are severely emotionally disturbed to such an extent as to make attendance at a public school not feasible. Included in this group are:

a. Children unable to adjust to any classroom situation.

b. Children unable to make regular trips to school or to leave their home or parent(s) because of their severe emotional disturbance.

Group B: Children meeting the above criteria who are moderately emotionally disturbed to such an extent as to prevent attendance in regular classes, but who are able to attend classes for emotionally disturbed children AND children who are unable to profit academically from regular classes, but who can profit educationally from special classes or from the other special educational services outlined in these regulations.