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May 26, 1992

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COMPLIANCE ADVISORY BOARD

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WESTON, et al v. WYOMING STATE TRAINING SCHOOL, et al

WHEREAS, Section 5.15 of the Consent Decree requires that a four-year plan be prepared subject to the review process contained in the Consent Decree;

WHEREAS, several drafts of the four year plan have been reviewed and the parties have come to an agreement on the attached four-year plan;

NOW, THEREFORE, it is mutually agreed as follows:

1. The State of Wyoming, by and through undersigned counsel of record, Shirley Kingston, and the Wyoming Protection and Advocacy System, Inc., by and through undersigned counsel of record, Danny Wilde and Michael Reese, as counsel for the class, hereby agree to the attached four year plan.

2. The parties would appreciate your signing and returning to this office the attached copy of this letter, which can then serve as a memorial of this agreement.

3. The parties request that this letter of agreement and the four year plan be filed by CAB with the United States District Court for the District of Wyoming.

STATE OF WYOMING

**WYOMING PROTECTION &
ADVOCACY SYSTEM, INC.**

By: Shirley Kingston
Ms. Shirley Kingston
Senior Assistant Attorney General
123 Capitol Building
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Agreed to on May 29th, 1992

By: Danny Wilde
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Agreed to on May 29th, 1992

By: Michael Reese
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Agreed to on May 29, 1992

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By: Sondra A. Kaska
Sondra Kaska

Signed on ~~May~~ June 5th, 1992

By: Peter Blank
Peter Blank

Signed on ~~May~~ June 5, 1992

WYOMING STATE TRAINING SCHOOL

DRAFT FOUR YEAR PLAN

BEGINNING JANUARY 1992

(revision date: May 8, 1992)

Purpose of Plan

While the development and presentation of this four year plan at this particular time is succinctly tied to provisions within the Consent Decree, Weston et al., v. Wyoming State Training School, et al., the plan is viewed as a vehicle by which the staff and management of the Wyoming State Training School can and will, ultimately support and fulfill its mission as a facility for persons with developmental disabilities. The Four Year Plan does not change any provisions in the Consent Decree and is intended to support it.

WSTS Mission, Goals and Objectives

The mission statement for the Wyoming State Training School along with its correlative goals and objectives was developed by the Leadership Team of the Training School in a three day retreat in February of 1991. Utilizing input from all levels of staff at the Training School, the mission statement, goals and objectives became the predominant feature of the Quality Assurance program for the Training School as well as all other planning and review processes. Thus the inclusion of the mission statement, facility goals and objectives becomes a logical and central part of this four year plan.

To this end the mission statement, as adopted in WSTS policy A.1 is identified as follows:

Mission Statement: The Wyoming State Training School is a service agency that provides supports and opportunities for individuals with developmental disabilities to achieve success in life.

The Wyoming State Training School pursues its mission with the belief that:

1. Life in the community is a basic human right, not a privilege to be earned.
2. Each individual has a right to participate in normal every day life.
3. Each individual can grow and develop.
4. All individuals and employees should be treated with dignity.
5. Individual autonomy should only be subject to State intrusion to the absolute minimum extent necessary to receive the appropriate supports and services.
6. An individual's rights should be cherished, valued, protected and actively promoted.
7. Services should be provided in a manner which meets the needs of the individual regardless of their funding eligibility or participation in any particular government program.

8. Individuals, parents and guardians should play an active and meaningful role in the development and implementation of appropriate supports and services in accordance with the individual's IPP.

The Wyoming State Training School is guided in its mission by the following goals and objectives:

GOAL #1: To assure that individual's strengths are maximized and needs are met as appropriate to the age and station of life for the individual, as evidenced by individual growth and progress.

Objectives:

- #1. Every individual will have annual assessments and an Individual Program Plan that assists in maximizing their strengths via active treatment.
- #2. Every individual will have a 24-hour schedule that is fully implemented as dictated by the Individual Education Plan/Individual Program Plan.

GOAL #2: Establish and maintain organizational structures, resources, and clear direction in a rewarding environment, to assure that opportunities provided result in successful individual development and community involvement.

Objectives:

- #1. To establish structures for communication, delegation, controls and accountability that address and respond to the identified needs of the individual and the ability of the organization to provide for them.
- #2. Provide a working environment that motivates every employee to contribute to the achievement of the individual's development and agency's goals.
- #3. To facilitate and achieve community integration and placement, through assistance, technical expertise and general support to individuals placed, community service programs and the community at large.
- #4. Provide clear direction through the establishment and maintenance of effective planning and decision-making processes which will promote agency values and compliance with identified standards in an ever-changing and dynamic planning process.

GOAL #3: Provide dynamic support and services to promote health and wellness as evidenced by achievement of outcomes as identified in the Individual Program Plan.

Objectives:

- #1. Assure that all individual's nutritional needs are consistently met.

- #2. Implement Health Education programs to enable individuals to make choices consistent with their needs.
- #3. Assure effective health care responsive to each individual's needs.

GOAL #4: To provide an environment that is barrier free and safe and allows opportunities for choices in family living, work and leisure.

Objectives:

- #1. Each individual will have living facilities which afford privacy, comfort and sanitation by June 30, 1991.
- #2. The number of Life Safety Code beds at WSTS will be 162 by March 31, 1992.
- #3. Buildings and facilities that are used by individuals living at WSTS will comply with Life Safety Codes by December 31, 1994.

GOAL #5: To provide an atmosphere that is safe and protects and supports the human and civil rights of all individuals.

Objectives:

- #1. Individuals will be protected from abuse, neglect and harm.
- #2. Individuals' rights will be identified, protected, and supported.

Action Planning-Quality Assurance Process

The overall operational processes that support and allow for the realization of the WSTS mission, goals and objectives is supported by the WSTS Action Plans, and the process for implementing such, as devised in conjunction with the mission statement. The WSTS Action Plan process was developed in the same forum as the mission statement, and the goals and objectives by the WSTS Leadership Team. The Action Plans were viewed as the vehicle by which the mission statement could be achieved and individual goals and objectives completed.

The Action Plans have become an integral part of the overall Quality Assurance process, and reflect an in-depth review of all areas at WSTS and how they operate on a regular basis. Along with the IPP-QMRP Training Manual, and other departmental manuals and processes, the Action Plans present a comprehensive view of how WSTS operates, its processes for providing services and general operations and the means of determining consistency and effectiveness.

The Action Plans are a comprehensive and systematic tracking device, which detail the many sub-components of the overall planning and operating process. By nature, the Action Plans are a dynamic system that evolve with the needs of those served and the processes of the agency. Action Plans are not to be viewed as a static process, but will change with the demands of the agency and those served, as well as serving the constructs defined in this Four Year Plan and other regulatory or guiding influences.

Action plans will be periodically reviewed, but at least annually, to determine their effectiveness and the need to be modified. They will reference specific goals and objectives of the WSTS Mission Statement and be used as part of the evaluation process by each department. This process will assist in determining departmental direction and service delivery to clients.

The processing of action plans and periodic review of those plans will be coordinated as directed by the Superintendent. WSTS action plans will be available to all staff, individuals, and families of individuals served, as well as others with an interest in the WSTS.

Persons Served

In the development of the four year plan beginning in the calendar year 1992 and extending through 1995, the administrative and management team at the Wyoming State Training School felt that the first priority was to structure the agency in terms of the manpower necessary that would best serve those individuals most likely to be served there over the next four years.

To identify the individuals most likely to be served over the next four years, a review of the Individual Program Plans for all persons currently residing at the Wyoming State Training school was conducted, with a specific emphasis placed on the community placement plans set forth in each Individual Program Plan, and outlined in the IPP-QMRP Training Manual. The community placement plans are constructed by each individual's interdisciplinary team and attempt to determine the likelihood for community placement, based upon the individuals wants and needs, as well as the team's intimate knowledge and clinical assessment of the individual. While each team recognizes that no individual should be considered in a permanent placement at WSTS, the team does consider a number of factors in determining the potential for successful placement in the community.

After careful review of each community placement plan along with interviews of line staff, QMRP's and other team professionals, the Clinical Services Department and the Habilitation Department determined that in all likelihood the 161 persons residing at WSTS from 1992 through 1995 would consist primarily of those whose medical conditions may prevent them from finding services in the community at large, particularly in rural Wyoming and also individuals who are aged and have found WSTS and Lander to be their long-term city of residence and have expressed the desire to remain at the Training School facility.

These two groups, the medically fragile and the aged, would appear to comprise nearly three-fourths of the population at WSTS through 1995, with the remainder of the population being individuals whose needs in behavior and self-management are of such significant magnitude as to prevent them from placement in a community setting in the near future, as indicated by the interdisciplinary teams in the Individual Program Plans.

It was the consensus of the planning groups to assure that although there was a likelihood that some individuals would remain at WSTS due to medical or behavioral needs, no placement would be considered permanent if the needs and desires of the individual could be better met in a less restrictive environment.

With this in mind the planning team structured staffing needs that would best serve this profile population, with the 585 staff allotted in the buildings selected by January 1995. Additionally the planning team recognizes and aggressively supports the rights of the individual and his or her team in its determination of what is the most appropriate place of residence for that individual as established in the Individual Program Plan.

It should be noted that this planning document reflects the placement of all school-aged children presently living at the Wyoming State Training into community based living options. This decision will, of course, be based upon individual needs as identified by the IPP/IEP teams.

Census Reduction Planning

The actual placement schedule will be determined by the availability of appropriate community-based services which will meet the individual client's needs, as determined by the IPP/IEP team decisions. Any placement numbers identified in this plan are for planning purposes only, and are subject to appropriate transition planning for the individual.

At the conclusion of 1991, the WSTS on campus census will be 250+. In order to effectively meet the needs of those served in facilities that meet Life Safety Code standards census reduction planning will occur as follows:

School-aged individuals will begin placement in their home communities in 1992, early placements for those individuals who can be served may begin occurring as early as April of 1992, with the bulk of the school-aged placements occurring in July 1992. Completion of the placements for school children will be August 1992 at the latest. Total placements for this group will reduce the WSTS census by 30 individuals. Additional information on placements for school-aged children is referenced in attachment A, from the State Department of Education.

Community placements for adults at WSTS will occur over the next biennium, so that beginning in July of 1992 the allocated placements for the 92-94 biennium will occur in the first six months of that fiscal period. The schedule for these 44 placements will occur as follows:

- 20 placements will occur in September 1992;

- 24 placements will occur in October 1992.

These placements will reduce census to approximately 180, by November of 1992.

Program Structure and Building Usage

In reviewing the present program structure, the planning team felt that from the basis of reduced census and with some natural geographical boundaries, the delineation of Habilitation into four Residential Programs supervised by two managers, was natural, with the day program continued as a fifth service entity, and the Health Care facility as a support unit for acute care and medical respite needs.

With the completion of the renovation plan currently underway, by March of 1992, the WSTS campus will consist of the following living units and residential capacities:

401 Meadowview	(16)*
404 Meadowview	(16)*
402 Meadowview	(8 plus 4 apartments)
Spruce	(8)
500 Center	(16)
502 Center	(8)
504 Center	(8)
102, 103, 109 Meadowview	(6 each)*
101, 104, 105, 107, 111 Meadowview	(8 each)*
Pine	(16)
Ash/Elm	(6)

*ICF/MR certified by the end of January 1992.

The structure of the campus based upon buildings served will depict four programs as follows, with total census not to exceed 161:

Program One will consist of: 401, 402, 404 Meadowview for a total of 40-44 persons served (with the variance determined by the number of persons living in the apartments in 402), with an emphasis on senior citizen placement and activities. 403 Meadowview (current WAC building) will be utilized as a senior center and enrichment activities program. By filling vacancies at 401/404/402 beginning immediately, most of the 400 Meadowview complex could be senior citizens by the time of Smith Hall closure. Additionally, this unit will provide assist to those persons in need of respite and those living off grounds.

Program Two will consist of Pine, 102/104 Center, and Spruce for a total of 38 persons served.

Program Three will consist of 111, 109, 103, 101, 105, 107 Meadowview for a total of 44 persons served.

Program Four will consist of 500, 502, and 504 Center, Ash and Elm for a total of 38 persons served.

Building closure schedule

As the facility decreases in population and finishes renovations, it will be able to close the large dormitory style buildings. Such buildings, contingent on placements and ongoing review of campus needs, will be closed as follows:

- Maghee: To be closed in April 1992 upon completion of renovations to 500 Center.
- Hunt: Anticipated close date 9/1/92 based on school age and other placements. The 11 adults will move to Willson when school age placements are made from that unit, until placement into the final buildings used becomes possible based upon community moves.
- Smith/Rothwell: Anticipated closure is 10/1/92 based on community placements.
- Willson: Will remain as last dormitory-style building open. With movement of school age children out, Willson will house residual population of Willson, Hunt, and HCC (approximately 10-15). Anticipated close date is 12/31/92, contingent on community placement moves.
- 95 Meadowview: Will be the last remaining building to remain open into 1993, as the community placement schedule as depicted later in this plan will bring the WSTS census to approximately 170 at the conclusion of the 1992 calendar year, thus housing for 7-8 individuals over the 162 bed census will occur.

ICF/MR Certification

To assist the staff at WSTS in best serving the needs of those at the facility, the planning group determined that the best option for maximizing resources, most notably the 707 staff positions, was to pursue ICF/MR certification for the remaining beds at the WSTS campus in 1992.

While recognizing that not all persons to be served over the course of this four year plan can be eligible for ICF/MR certification and the ensuing Medicaid funding, WSTS will seek to certify the maximum number of beds under the ICF/MR program regardless of whether or not actual billing for that certified number can occur.

As dictated under Wyoming State statute, all persons served at WSTS will be provided services in compliance with ICF/MR regulations, as a minimum standard of care, without concern for the funding that may be generated by the individual. The use of ICF/MR standards will at a minimum assure that services meet Life Safety Code standards for environment, safety and sanitization conditions; provide for minimum qualifications and standards of certification for employees; assure minimum standards for active treatment; direct care staffing ratios; and processes for the protection of individual rights.

With the projected certification of 90 ICF/MR beds by January 1, 1992, WSTS will continue the ICF/MR program of active treatment to add approximately 70 additional beds. Units will begin readying for certification as early as January of 1992 with actual federal surveys being conducted as follows:

August 1992: 402 Meadowview;
December 1992: 502/504 Center, 500 Center;
January 1993: Spruce, Ash, Pine

Personnel Needs

The Wyoming State Training School would need 565 personnel positions in order to meet the 3.5 overall employee to client ratio as ordered in the Consent Decree, for the services and supports necessary to operate the Training School for 161 individuals. Additionally, the Training School would need 20 positions to provide for community support services, the WSTS Child Care Program and assist with respite coverage.

While the concept of providing a variety of community support services is a valued one, the planning group has determined that the first agenda of the community support services personnel would be to conduct a state-wide needs assessment, to specifically determine the needs of the state, prior to developing a large contingency of professionals in any given area(s) that may prove to be unnecessary. To these ends the planning agenda reflects actions to be taken to complete a needs assessment for the state in regards to determining what the state needs and how to best serve those needs for its citizens with developmental disabilities.

WSTS Service and Support Personnel.....	565 positions
WSTS Child Care Program.....	14 positions
WSTS Community Support Services.....	6 positions
Total Positions Needed 7/1/93..... 585 positions	

In order to achieve the level of services necessary to assure compliance with the Consent Decree and the ICF/MR regulatory standards that are to be applied campus-wide, the administrative staff at WSTS has requested that the State permit the retention of all of its current 705 positions through the calendar year 1992.

During this time, WSTS will reduce its census to approximately 170 by December 31, 1992, and certify 158 beds under the ICF/MR program by the end of January 1993. Following the completion of the final certification processes, WSTS will then begin a reduction process from 705 staff positions to 585, as reflected as necessary in this four year plan.

Habilitation Services

Direct Care: The planning team felt that at the basis of all sound efforts for habilitation and treatment activities was the need to create a core of direct care services that would meet any and all needs of those served. The planning team felt that beyond solid direct care ratios, true success at the direct care level would entail emphasizing strong credentials and training of the direct care staff.

This would permit a focus of treatment services at the front line level so as to provide maximum availability and consistency to best meet the needs of those most likely to be served in the future.

The planning team felt that the direct care role was one to be expanded in all areas and to begin assuming more specialized roles in the areas of therapy delivery, recreation and behavior management. It was agreed that all direct care staff, to the maximum extent possible, would attain certification and training within given time frames the following areas:

- 1) medication aide certification (1993);
- 2) meal time management training as offered by the resource team (1992);
- 3) physical management training as offered by the resource team (1992);
- 4) behavior management (1993).

Direct care ratios would reflect 1 staff person for each 2.67 persons served in order to meet ICF/MR certification needs. Additionally, in order to provide coverage for training, annual leave and such, the planning group recommended nearly a 30% overage in direct care staff.

Finally, to assure that adequate services were offered where most needed, provisions would be made to provide 1 to 1 coverage for people with specialized needs such as behavioral management as well as maintaining the staff pool positions as a back-up resource, utilizing 7 staff positions. This would revise the existing staff pool format and provide for more trained and experienced back-up coverage. Additionally, it was determined that the shift supervisors would not be reflected in direct care numbers to assure that their roles were not diminished as supervisors and training personnel.

Total direct care needs (aides, charge aides):

First shift.....	84 positions
Second shift.....	84 positions
Third shift.....	28 positions
30% Overage.....	59 positions
Staff pool and specialized coverage...	7 positions
Direct Care Staff.....	262 positions

Habilitation Director.....	2 positions
to include one clerical support staff.	
Program Secretaries.....	2 positions
Program Managers.....	2 positions
QMRP's	10 positions

Prog.1		
401	MV.....	16
404	MV.....	16
402	MV/Respite//Community Placements.....	<u>8-12</u>
	Program Total	44

Prog.3			
103	MV/109	MV.....	12
101	MV/105	MV.....	16
111	MV/107	MV.....	<u>16</u>
		Program Total	44

Aide Unit Supervisors.....	10 positions
with case-loads paired to QMRP's.	
Shift supervisors.....	33 positions
Psychology.....	6 positions
with a case assignment to each Program area, it was	
determined to have the 4 psychologists include the	
1 Licensed Psychologist and have that individual carry an	
active caseload, with five behavior management	
specialists.	

Page - 14

Educational Trainers..... 4 positions
a new position, these positions will provide a training and program development role within each program under the direction of the Program Manager. This function will assure that new staff to each area will receive the extensive training required to assure that their effectiveness to the unit is conducted in a speedy manner. Also this position will take on much of the program development role currently split between the QMRP and the AUS. This will assist in the increased case-load duties of QMRP/AUS positions, as well as move the QMRP into a more effective monitoring role as they will no longer be responsible for developing programs and also critiquing effectiveness. The AUS positions will then also be able to concentrate more on resource utilization, recreation/leisure time usage, supervision and quality assurance in the program.

Staff Development..... 6 positions

Communications Services..... 5 positions
Communication Services will include 4 Communications Specialists and one audiologist for augmentative communication expertise.

Day Program..... 21 positions
This will include the current Program Manager position and additional staff to develop the third day program entity as described below, as well as the addition of: a Therapeutic Activities Specialist. This position would occupy the dual role of consultant and lead to the recreation therapists as well as consultant and lead to the activity oriented curriculum for the Senior Day Program. The Librarian would integrate into the Day program as it was determined that to better serve the WSTS clients, it should be coordinated with the day program, and assist in materials development.

A review of a profile of the type of individual who will most likely served, indicates the need for the creation of new or readjustment of the current day program emphasis. Projected Day Program services include:

Therapeutic Services: OT/PT/Speech therapies oriented into a program of increased sensory development, integration/stimulation. Under the direction of the current Education Director, Day Program Manager and the OT/PT Supervisor it was determined that the Emerson School building could be converted to such a program area and still allow for the gym usage currently conducted. Such a process could be started 6/92 and ready by 9/92.

Senior Citizen Program: With the number of persons over the age of 55, the planning efforts reflected the need to develop a program specifically to meet the needs of this particular age group. With the re-allocation of the 400 Meadowview Complex to one primarily designed for senior citizens, the current WAC building at 403 Meadowview was the likely site for such a day program.

Pre-vocational: The conversion of the present WAC building to a senior center, would entail the need to move present WAC type programming (pre-vocational) to another building. With the essence of the Emerson program being in the therapeutic range, the planning reflected the obvious linkage between this and the pre-vocational programming needs of those presently at the WAC program.

Vocational Training/Paid Employment: Current services at Coleman center would continue, offering vocational training and paid employment services as appropriate.

Community Entry Services: Present collaborative efforts with CES should continue and when appropriate expand the base of services to include more WSTS clients.

Clinical Services Staff

Clinical Services will attempt to utilize generic services within the Lander community to normalize all facets of its operations while still maintaining maximum services to those at WSTS. To promote team based services, clinical services staff will focus on program unit services and treatments, with a strong emphasis on in-house supports.

A large component of the four year planning process for Clinical Services centers around the structure of health care delivery systems. The areas to be addressed include: organization and structure as reflected in policies and procedures; staff especially medical and therapies; resources such as equipment, library and the community health care providers. Short term plans address the needs of the current population and the needs of those transitioning to the community over the next one to two years. Planning efforts will be contingent on planning mechanisms outlined below as well as the utilization of future information from consultants, staff and trends in the field. Specific planning mechanisms for Clinical Services include:

Organization and Structure

- Work has begun on development of medical staff bylaws, rules, and regulations. Current policies, procedures and protocols will be reviewed and revised, and others will be developed to meet the health needs of the individual and the organizational needs of the medical team.
- Admission and discharge criteria for the Health Care Center will be developed. Criteria for transfer to a community health care facility will be identified.
- Completion of policy and procedure manuals for all sub-departments with Clinical Services.
- Further integration of Clinical Services staff, particularly physicians, nurses and therapies, into the interdisciplinary team process will be addressed through structured training and more direct visits to and service on the living areas.

Personnel and Staff issues

- Recruitment for a medical director will continue. Recent efforts have provided WSTS with an outstanding candidate. Efforts will continue in physician recruitment, with increased possibilities arising if a full-time medical director is secured. Utilization of physicians per contract agencies to continue as needed.

- With the addition of a OT/PT Supervisor six months ago, efforts in therapist recruitment have been enhanced. A presentation will be conducted at Beatrice State Developmental Center Conference in April of 1992 outlining therapies development at WSTS. This should prove to be a valuable recruitment tool. Two Physical Therapists will join WSTS March 30, 1992 for short term contracts. Efforts will continue in recruitment in these areas, and retain contractual services as needed.
- A transition team has been identified within the four year plan to assist in incorporating the roles and services of the resource team into WSTS operations on a permanent basis, particular emphasis includes: retention of the expertise of the Habilitation Technicians; transitioning of training, assessments, and program development, currently provided by TCI consultants. (Please see pg. 27 for further details.)
- A Respiratory Therapy department will be maintained as a crucial element to the respiratory management of individuals with respiratory problems. This role currently held with TCI will be incorporated into a WSTS position.

Resources

- The Health Care Center shall continue to be an integral part of the services provided by the WSTS.
- Final determination and resolution of the types and intensity of medical services needed by the individuals residing at WSTS when the census reaches 161.
- Correspondingly, appropriate resources in the community will need to be identified and arranged to assist Clinical Services in responding to the needs of those served.
- Identify individuals in need of 24 hour skilled nursing care and structure a system of health care delivery unique to that group.
- Update current library resources, including textbooks and journals.
- Continue to identify needed equipment based upon services to be provided, and determine plans of acquisition that allow for flexibility and optimal usage (i.e. rental/lease versus purchase).

The on-going emphasis as identified in the preceding will necessitate a restructuring of the Clinical Services staff as follows:

Clinical Director.....	1 position
Nurse Manager.....	1 position
Occupational Therapy.....	4 positions
with one therapist assigned to each program unit	
Physical Therapy.....	4 positions
with one therapist assigned to each program unit	
COTA or LPTA.....	4 positions
with one therapist assigned to each program unit, with the involvement of 3 certified therapists/therapy aides to each program, the need to have unlicensed therapy aides would not be necessary. Also with the expanded on unit therapy role, and extensive training to direct care staff, the role of the contract Hab. Techs would be replaced, increasing agency self-sufficiency-expertise.	
Program/Caseload RN's.....	4 positions
These positions will be responsible for medical/nursing services to the Interdisciplinary teams for assessments, monitoring, program planning and case follow-up.	
Program Support Nurses.....	12 positions
These positions provide for around the clock nursing services to the program units, as well as a back-up pool for HCC staffing needs as they arise.	
HCC Nursing and Aides.....	10 positions
These positions are for coverage at HCC for emergency medical placements, that do not require hospitalization.	
Clinic Staff (RN/Aide).....	2 positions
Laboratory.....	3 positions
Medication Aide Nurse.....	1 position
This position will coordinate the medication aide program with the Nurse Educator at Staff Development.	
X-Ray.....	1 position
Pharmacy.....	3 positions
Physicians/Phys. Asst./Nurse Practitioner	3 positions
Dental.....	3 positions
Clerical (HCC).....	2 positions
Therapeutic Equipment Shop.....	3 positions
Therapeutic Riding Program.....	2 positions
Respiratory Therapist.....	1 positions

Operations Staff

Operations Director/Deputy Superintendent..... 2 positions
Includes one clerical support position

Central Records..... 6 positions
This would include the Medical record position to assure continuity of all client records in all areas. It is not anticipated that the duties and responsibilities of the Central Records Department will change drastically with institution downsizing and the end of the lawsuit. There may be issues that might change the current management of the Medical Records Department but many services provided will remain the same, regardless of the location/management of the information. It is planned that services provided by both department will be allowed to expand with a smaller client population.

Duties-responsibilities of the Central/Medical Records Departments will involve routine unit and medical records maintenance to include filing, processing, auditing, purging, etc. for both current and historical records maintained. Systems will be developed on an ongoing basis to accommodate changes. IPP report generation and related records functions will be accomplished as well as medical transcription of dictated reports from physicians and consultants. Unit record audits for living area records will be done on a monthly basis as will random audits done with the facility QA Department. Client referral follow-up will be done on a routine basis to complete records information relating to off-campus services provided. Release of information handling/processing will be done on an ongoing basis with the volume to increase with more community placements completed. Records-related reference information, committees, and staff training will be done and maintained as will department policy and procedure manuals as means to communicate and document department functions and issues. Medical Records related responsibilities may be subject to change to accommodate any changes in the location/maintenance of the medical information.

Ancillary Services..... 42 positions
Areas in the Ancillary Services Department will be functioning very similar to the way they function now, however, client numbers will be lower and we will be serving clients that are more severe handicapped. This will change some of our present duties.

Beauty Shop: We will have a beautician working part time in the Beauty Shop and part time in another area, such as assisting at the Swimming Pool. Our population would need the services of a beautician as it would be difficult to transport all clients to town for hair care. Religious Services: Our Chaplain would be able to serve our clients that remain at the Wyoming State Training School. and also serve as a liaison between clients living in the community and the churches of their choice. This could make transition into the community easier for clients.

Clothing Department: The function of this area would be much the same, but on a smaller scale. The Shopping Center will either be under the operation of Community Entry Services on grounds at WSTS or the clothing we present receive as donations will be forwarded to Neat Repeat in Lander. The clothing area would be responsible for mending, marking, altering, and constructing new items. This area would also be responsible for the birthday and Christmas gifts and Adoptive Friend involvement.

Laundry Department: All laundry services will be on contractual basis. WSTS is aware of all laundry facility in this region and will select the services that meet hospital certification, provide for the Training School needs, and meet budget requirements.

Dietary/Food Service: Again, this area will be functioning similar to the way it is being operated now, however, we will be providing more services. The clients remaining at WSTS will be clients that require a higher degree of nutritional needs, such as special diets, textured food, or tube feeding. Our dietitians would be able to provide more professional expertise in these areas, with frequent review. Food Service staff will also be able to provide more quality control and training to all areas at WSTS, particular in sanitation, temperatures, serving food more attractively, correct portions, and meeting all nutritional needs of the clients. Food service delivery will be same as we are now operating, however, we will be able to provide more individualized contact with each client and each staff in the training of nutritional needs.

Canteen..... 4 positions
The Canteen staff will continue to provide client job training and the opportunity for clients to learn money skills and social skills. Clients employed at the Canteen will need intensive training, this will be supplemented by staff from Habilitation.

The Canteen will continue to be a social gathering place for both clients and staff which provides a unique opportunity for the social development of clients. There are tentative plans to develop a rec. activity room adjoining the Canteen.

Child Care..... 14 positions
The Hunny Tree Child Care Center provides child care services for the staff of the Wyoming State Training School. Currently we are serving approximately 100 families, 14 hours per day, 365 days per year. Our plan is to expand services by relocating the Center to 100 Meadowview and increasing staff by seven (7) positions. By expanding these services we will better meet the needs of staff at WSTS not only in improved morale, but in recruiting and retention issues. The additional staffing will allow WSTS to meet state child care standards.

Grounds..... 5 positions
The grounds maintenance department is responsible to maintain approximately 125 acres. this includes mowing lawns, landscaping, grooming shrubs, trimming trees, snow and ice removal and general clean up. The Consent Decree states at paragraph 5.03. "Environment d) Every building shall be kept clean, sanitary, odorless, and insect and rodent free at all times." To comply with this agreement, a preventive maintenance plan has been completed and implemented for every building on campus. The same responsibilities will be required after December, 1994.

Janitorial..... 14 positions
Presently, the janitorial department provides services to 35 buildings and special units during periods of time that will not interfere with client activities. The janitorial department provides a clean and sanitary living area for individuals living at the Wyoming State Training School, as well as other areas for staff and visitors. The janitorial department is responsible for cleaning lights and fixtures, washing windows and cleaning heater vents, mop boards and kitchen range hoods. Also, special techniques are required for heavy cleaning, vacuuming, waxing, polishing and rug shampooing. After December, 1994, these services will still be required on a daily basis. The Consent Decree states, paragraph 5.03 states in part: "Environment d) Every building shall be kept clean, sanitary, odorless...", and at paragraph 5.03 e) "Housekeeping staff and services shall be provided to all living units every day in both the day and evening shifts."

Maintenance..... 19 positions
Currently, all buildings receive carpentry, electrical, plumbing, painting, and appliance repair through this department. After December 1994, the Wyoming State Training School will still require these services on a daily basis. The maintenance department responds to written work order requests and telephone calls from the various areas when services are needed. About 500 to 600 such requests are completed each month. In addition, there is a Consent Decree preventive maintenance program. This program involves the entire department in regularly scheduled inspections of each building. At the current time, this preventive maintenance program involves 40 buildings and takes 6 months to complete. The future work load will remain like it is at present. In 1992, there will be 17 ICF/MR residences and 28 other support services to maintain. As all the buildings serving the clients at WSTS are brought up to life safety code and ICF/MR standards, there will be a continuing need for a maintenance department. The motor pool provides the safest and most reliable vehicles for both the residents and staff at WSTS. The motor pool has the responsibility of maintaining 45 passenger vehicles. In addition, the department provides service, maintenance and repairs for 50 various tractors, lawn mowers, utility vehicles and other motor driven equipment. These duties will be required after 12/94.

Security..... 5 positions
This number of positions would reflect the cessation of grounds security during traditional business hours, Monday through Friday, with Habilitation staff assuming a greater role in coverage for unusual incidents. The projected operational functions for the Security Department after December, 1994, should remain about the same. Security provides around-the-clock services for our clients and staff and looks after the whole institutional grounds. Security is there to help our clients and staff in whatever way our services might be needed. If a client becomes lost, we are there to help find them. If a client becomes sick or injured and needs medical attention at a medical facility, we provide transportation to the facility. If a client on a walk with a group has a seizure and would not need medical help at the Health Care Center but needs transported home because they are unsteady, we provide transportation. If a staff member needs help with a client who is having a behavior, we help. Security is there to help insure the safety of our clients and staff. Security monitors traffic around the grounds and either talks to violators or tickets them. Security is there to respond right away to fire calls, and in determining if it is a false alarm.

Security is there to look after the whole institution, mainly after hours and on the weekends. Security checks every building that stands empty to insure it is secured and that there are no energy wastes found, such as needless lights left on or windows found open in the middle of winter. Listed above are a few things that we in Security get involved in. As long as the Administration feels the need to have a security department and requires our services in whatever way they might be needed, we as a department will try to provide the best possible services we can give.

Swimming Pool..... 5 positions
Staff at the Swimming Pool would be providing the service we are now providing with more involvement with the Physical Therapy Department in possibly range of motion for clients while relaxed from the water. Therefore, staff would have to have more training in this area.

Accounting..... 14 positions
Basic services for clients and staff of the Wyoming State Training School will continue to be provided. These services include, but are not limited to, the following: purchasing, inventory control, warehousing and delivery of supplies and equipment, copier services, payment of bills for clients and the Training School, payroll for clients and staff, development and monitoring of budgets and preparation of various fiscal documents and reports required by state and federal statutes. Certification of medicaid beds has resulted in the need for intensive cost accounting procedures to prepare annual cost reports for each certified unit. The collection of data for these reports must be done on a monthly basis. Monthly billing to medicaid and reconciliation of accounts is also a major new accounting procedure. the financial status of each client is also carefully monitored to verify continued eligibility for Medicaid. Determining which Medicaid services are available for clients and the most appropriate way for the services to be obtained is also a new service which will be required. Clients who are not eligible for medicaid may be financially responsible for a portion of the services they receive at the Training School and detailed records need to be kept to assure that any amounts billed to the client are correct.

Switchboard..... 5 positions
The Switchboard will provide twenty-four hour, seven days a week coverage. The extended coverage is considered to be necessary for optimum communication services at the Training School. This also frees medical and direct care staff from handling night-time incoming calls.

Personnel..... 5 positions

The Human Resources Department serves the staff at the Wyoming State Training School in three areas. These areas include the Personnel Department, Safety Department, and the Child Day Care Center. As we begin to move forward with community placements and reorganizing staff assignments, the Personnel Department will play a significant role in facilitating these changes. The day to day personnel administration and services provided will remain constant with 585 projected employees. We will need to retain current staffing in the Personnel Department based on that number of staff.

The Safety Department currently provides significant services in the areas of safety awareness and training, tracking and reporting on staff injuries and providing guidance to administration on safety issues. We would anticipate adding services for staff and administration in areas such as hazardous material control and handling more accident prevention training and positive reinforcement for a safe working environment. We will be able to provide the needed clerical support for the Safety Department through Personnel once we complete the staff reduction process.

Administrative Staff

Superintendent/Administrator.....	2 positions
Includes one clerical support position.	
Client Rights Specialist Services Manager	1 positions
Community Integration Office.....	1 position
QA/Accreditation/MIS Coordinator.....	4 positions
This includes one clerical support positions and also identifies this area for responsibility in planning, quality assurance, ICF/MR readiness.	

Community Support Functions Required in Consent Decree

Community Support Personnel.....	6 FTE's
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As the WSTS develops as a statewide resource it will provide a variety of services to individuals and providers throughout the state.

Position Reductions

To assist in reducing staff numbers without reduction in force' processes, the WSTS is proposing that beginning in July of 1992, all new hires who enter into a position category where reductions are scheduled to occur in the next year, will be hired as temporary employees only. These individuals will as possible be encouraged to secure permanent positions as they may come open, however the initial temporary status of their hirings will eliminate sudden, unexpected losses of employment.

The process for reducing positions from 705 in December 1992 to the 585 beginning in January 1993 and completing by July 1, 1993 will be as follows:

First each department head, as vacancies occur through natural attrition can determine whether to immediately replace positions that in all likelihood will be eliminated over the course of this plan. The decision to not immediately replace staff, where possible will hasten the down-sizing of the facility's staff without using reduction in force techniques resulting in lay-offs later.

The first reduction in staff size would occur beginning in January 1993, by the reduction in direct care staff numbers from the present 386 to the proposed 295 (including shift supervisors) by not hiring direct care staff until the numbers reflect a reduction of 91, this process could, via normal attrition rates, occur over the first seven months of 1993 without requiring actual lay-offs.

The additional 31 position reductions will occur by first utilizing attrition and the temporary employment option. However by July 1, 1993 an additional 31 positions will be eliminated, as necessary at this time. Reductions will occur in the following areas, these numbers reflect net losses, i.e.. education will lose four positions total as 11 are transferred into other areas such as the Educational Trainer positions and day program) and exceed the 31 positions:

Habilitation Management.....	3 position
Behavior Management/Psychology Interns...	5 positions
Ancillary and Food Services.....	10 positions
Laundry.....	7 positions
Security.....	1 position
QMRP/AUS.....	6 positions
Social Workers.....	5 positions
Administration.....	3 positions
Recreation Therapy.....	3 positions
Education.....	4 positions
Janitorial.....	2 positions
Staff Development.....	1 positions
Health Care.....	4 positions

Additional Planning Mechanisms

In response to issues that have arisen out of the development of this four year plan, the inception of additional planning mechanisms have been established to resolve a variety of issues. Most particularly, two planning committees comprised of WSTS staff have been established for resolution of issues with: Resource Team and Personnel Transitioning Processes.

Resource Team Transitioning Committee: This committee co-chaired by the Habilitation Director and the Clinical Services Director, in conjunction with other resources at WSTS and representatives from TCI, will develop a planning document that identifies:

- The ability of the Wyoming State Training School to acquire the necessary expertise and competence to independently from outside consultants to, provide training for meal time and physical management;
- Develop a schedule of how such expertise will be accomplished, how training will be initiated and the extent to which this training will be provided to WSTS staff;
- Develop a schedule and assume responsibilities previously exercised by consultants and their staff, identify the future role of the Habilitation Technicians' functions;
- Assess current contractual services as provided and determine the means for WSTS to provide therapy services and provide a schedule for implementation.

Personnel Transitioning: This committee, chaired by the WSTS Personnel Manager, with representation from the Habilitation, Clinical Services and Operations Department, as well as the WSTS Employee Council, will draft a plan for addressing personnel issues that will follow from the completion of this four year plan. Issues to consider will include:

- Temporary hiring to alleviate long-term lay-offs;
- Criteria for maintaining personnel in positions where reductions occur;
- Identification of employee rights and agency responsibilities;
- Planning for deleting positions;
- Other personnel issues that may occur.

Community Relations Advisory Committee: Chaired by the Superintendent/Division of Developmental Disabilities Administrator, this committee will work with community members, regarding issues that impact the community at large due to the down-sizing of the WSTS census and personnel. This committee will have representation as appropriate by the community, state personnel and other concerned parties.

Planning Agenda: 1992

January 1992:

1. The grounds-wide quality assurance system will be implemented. Monthly reporting process will begin at this time. Implementation of the QA system will reflect integration with Records Department auditing for tracking necessary documentation and data collection.
2. The Management Information Systems Coordinator will begin implementation of the administrative agenda for computer services through out the agency as based upon the needs assessment and prioritization established. Pertinent areas for MIS priorities in 1992 include:
 - a. Client Rights Specialist Information.
 - b. Centralize Client Database, linking Clinical, Habilitation and Central Records so that tracking information such as demographic information, IPP and assessment tracking information is standardized and can be updated with all three departments easier.
 - c. Quality Assurance data base and reporting systems.
 - d. Personnel informational database: records and safety data.
 - e. Client financial information: DPASS billing, client accounts and eligibility.
 - f. ICF/MR billing-cost accounting systems.The MIS functions as identified would be incorporated into the calendar year and upon completion, would immediately move to 1993 priorities.
3. The 400 Meadowview complex, begins conversion to senior programming by filling vacancies with individuals currently living at Smith. This process will continue all calendar year.
4. Transition Planning for April restructuring into four program units.
5. Resource Team Transitioning Planning group convenes and begins process as identified in narrative.
6. Release of calendar for new ICF certifications in 1992:
August: 402 Meadowview.
December: 500/502/504 Center.
December: Pine, Spruce, Ash.
7. Begin annual review of WSTS policies and procedures (to be conducted over the course of the calendar year).
8. Personnel Transitioning Team convenes and begins process as outlined in narrative..
9. Inception of Community Relations Advisory Committee.

February 1992:

1. Continuation of processes as previously identified.
2. Grounds-wide QA baseline processes finalized.

March 1992:

1. Task force initiated to consolidate paper processes for Habilitation, such as standardization of processes outlined in IPP-QMRP Training Manual to assure consistency and agency-wide compliance in areas such as program methodologies.
2. Implementation of shared-controlled client database as identified in January planning agenda items.
3. Habilitation Services assumes responsibility for Library Services. Client library services to function under Day Program. Staff library services to function under Staff Training and Development.
4. Personnel Transitioning Team provides administrative staff with a draft of personnel plan on March 1.

April 1992:

1. 500 Center and Pine remodeling completed. Maghee moves to 500 Center. Pine re-occupied.
2. Four unit Program Structure Implemented:
Program 1: 404/402/401 MV (add temporarily Smith)
Program 2: Pine, 102/104 Center, Spruce (add temporarily HCC, 95 MV)
Program 3: 101/103/105/107/109/111 (add temporarily Rothwell)
Program 4: 500/502/504, Ash/Elm (add temporarily Hunt, Willson)
3. Maghee closes.
4. Resource Team Transition Plan drafted for administrative staff review for April 1.

May 1992:

1. Administrative review of resource team transition and personnel plan for adoption/modification.
2. Continuation of all activities previously initiated.

June 1992:

1. School aged children begin moving out.
2. Current educational positions are available for distribution/re-allocation. Four positions would be converted to Educ.Trainer positions and assigned to Prog. 1 through 4.
3. Seven education positions would be added as necessary to bring Day program up to the 21 as planned.
4. Development of TES begins.
5. Educ. Director, new day program staff, the Therapy Services Mgr. and Day Program Mgr. would begin planning for the conversion of Emerson to the pre-vocational (old WAC) and Therapies program scheduled to open in Sept.
6. Additionally as school age children move from Willson and Hunt, adults currently living at Hunt would begin to move into Willson so that Hunt can close by September.
7. Implementation of shared, centralized and controlled staff data-base.

July 1992:

1. Adult community placements begin with new fiscal year.
2. Task force on paper process makes recommendations to Habilitation Department.
3. WSTS assumes all training of meal time and physical management training from TCI, with 75% of staff trained, and three on staff trainers.
4. Standardization of agency word processing.
5. Local Area Network (LAN) for administrative building computers.
6. Direct Care staff at 50% for medication aide certification.

August 1992:

1. ICF Certification: 402 Meadowview.

September 1992:

1. Emerson school closes.
2. New Day Program area opens to serve December ICF group.
3. 95 MV converts to adult program, for the approximate 7 adults not yet into ICF/MR beds at this time. 95 MV will be the last non-Life Safety Code living unit to remain used beyond 1992, it will close as community placements occur over the remainder of 1993-1994.

October 1992:

1. Implementation of task force on paper processes recommendations completed in full.
2. Second Phase of new day program opens to serve January certification group.
3. Rothwell closes.

November 1992:

1. Smith closes.
2. Re-survey of August ICF unit.

December 1992:

1. ICF Certification: 500/502/504 Center.
2. TES shop fully operational using WSTS staff.
3. Hunt closes.
4. Completion of annual review of WSTS policies and procedures.

Planning Agenda: 1993

January 1993:

1. ICF certification: Spruce, Pine, Ash.
2. Begin down-sizing of direct care staff numbers.
3. Begin development of improved computerization of budgeting information.
4. Coordinate and standardize back up systems for all computer services.

5. Development of committee to assess state-wide resources and further technical assistance needs, to determine the role and needs of WSTS as a resource center for community service programs throughout the state.

February 1993:

1. Re-survey of December ICF unit.

March 1993:

1. Re-survey of January ICF unit.

April 1993:

1. Completion of meal time management and physical management training of all direct care staff.

May 1993:

1. Continuation of all on-going activities.

June 1993:

1. Direct care at 75% medication aide certification.

July 1993:

1. Final staff reduction processes.
2. WSTS assumes all training and implementation of therapeutic interventions.

August 1993:

1. Records Department assumes Unit Record Committee Members' monthly chart reviews.

September 1993:

1. Where applicable, family style dining implemented campus-wide.
2. Where applicable to individual client needs, implementation of nutritional training programming.

October 1993:

1. Review of computerization services for implementation and integration with dietary services and general operations

November 1993:

1. Annual review of QMRP and IPP processes to begin.

December 1993:

1. Annual review of agency policies and procedures completed.

Planning Agenda 1994-1995

Specific information on a month by month basis is not practical for the calendar years 1994 and 1995, however there are a number of issues that WSTS will continue to work on and improve upon during the second phase of this four year plan. Issues of note include:

- cessation of the Consent Decree at the conclusion of 1994 with the closure of any non-Life Safety Beds such as 95 Meadowview;
- cessation of TCI contract July 1994.
- continuation of community support mechanisms and increased integration between WSTS and the Regional Service Providers;
- continuation of ICF/MR certifications campus wide;
- networking of computer services campus wide for a central client data-base, with potential for expansion of information management services to community service providers;
- further integration of staff training and development with local post-secondary efforts;
- further integration of staff training and development with community service providers.

The Planning Process

The four year planning process has involved an extensive amount of input at a variety of levels at the Wyoming State Training School. The original planning process began with the Administrative Staff under the responsibility of the Quality Assurance and Liaison personnel, as the planning coordinators. A suggested outline for developing the Four Year Plan was presented to the Department Heads in September for review and adoption.

Upon agreement of the overall information to be included in the plan and the process by which the plan was to be developed, the planning coordinators presented the planning mechanisms to the Leadership Team which represents every area of WSTS operations and services, at the September meeting. Upon agreement by the Leadership Team, the actual planning process was to be implemented in late September and early October.

A review of the types of information that needed to be gathered and assimilated into the plan was conducted with each department head in September based upon the overviews presented to the administrative staff and then the leadership team. The essence of these guidelines was to determine the type of information and input each department head was to gather from their respective staffs.

The essence of the planning process was for the department heads to receive input as appropriate from their respective staffs in three areas:

- identification of the type of persons most likely to be served at WSTS over the next four years;
- the expertise and numbers of staff necessary to meet the needs of those served;
- the service areas to be used.

The department heads in conjunction with input from appropriate staff identified the key fundamentals of who was to be served, the staff necessary to serve those individuals and the locations available for service, this process was completed in October. This information was consolidated into the first planning draft.

Additional information was solicited by the planning coordinators via individual meetings with: Clinical Services Director, Habilitation Director, Education Director, Operations Director, Personnel Manager, Records Manager, Dietary and Ancillary Services Managers, and Accounting Managers, and Management Information Coordinator.

Additionally the Operations Director utilized weekly staff meetings to solicit input and direction from Operations staff. Similar meetings occurred with educational staff, to solicit their input, particularly since the events of the next twelve months greatly impact them and their program.

Utilizing, information received from these individual meetings the planning coordinators structured a series of meetings with the administrative staff and selected representatives from their departments to develop the plan itself.

The meetings took place over the course of October and November, with each generating a draft plan for further review and comment and as a starting point for the next meeting. Completion of the final draft plan was done December 2, 1991 and submitted to the Leadership team for comment on December 4, 1991.

Comment period for all staff began, December 4th, 1991 and ran through December 13th, 1991. Numerous discussions and suggested revisions were reviewed by the planning group and a vast majority were included into the final draft as submitted.

STAFF POSITIONS ALLOCATION

Direct Care/Shift Supervisors.....	295
Habilitation Director/Clerical.....	2
Program Secretaries.....	2
Program Managers.....	2
QMRP.....	10
AUS.....	10
Psychology.....	6
Rec. Ther.....	4
Educational Trainer.....	4
Staff Development.....	6
Day Program.....	21
Communications Specialists.....	5
Clinical Director.....	1
Nurse Mgr.....	1
Occupational and Physical Therapist.....	8
COTA/Therapy Aides.....	4
Program/ Case-load RN.....	4
Shift Nurse.....	12
HCC Coverage (RN's and Aides).....	10
Clinic (RN/Aide).....	2
Laboratory.....	3
Med.Aide RN Educator.....	1
X-Ray.....	1
Pharmacy.....	3
Physicians/PA/Nurse Practitioners.....	3
Dental.....	3
Clerical (HCC).....	2
Therapeutic Equipment Shop.....	3
Therapeutic Riding Program.....	2
Respiratory Therapist.....	1
Director of Operations/Deputy Director/Clerical..	2
Records/Medical Records.....	6
Dietary/Food Services.....	36
Ancillary Services.....	6
Canteen.....	4
Child Care Services.....	14
Grounds.....	5
Janitorial.....	14
Maintenance.....	19
Security.....	5
Accounting.....	14
Swimming Pool.....	5
Switchboard.....	5
Personnel.....	5
Superintendent/Administrator/Clerical.....	2
QA/MIS/ACC.....	4
CIC.....	1
Client Rights Specialist.....	1
Community Support Personnel.....	6
TOTAL.....	585

Note: Position allocations are in based upon anticipatory needs at time of planning.