



# A Self-Evaluation by Agencies Providing Residential Support Regarding Capacity to Support Persons with Disabilities and Challenging Behaviours

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**ABSTRACT** *This study presents the findings of a survey in which agencies providing residential support to persons with disabilities reported their capacity to support persons with disabilities who present challenging behaviours. A total of 46 agencies completed the self-report; 62 were initially distributed. Summary variables were calculated for two independent measures, Organisational Stability and Administrative Leadership, and four dependent measures, Staff Structures, Staff Training, Measurements Systems, and Behavioural Systems. Agencies reported between 71% (Organisational Stability) and 83% (Administrative Leadership) of the features as present. The measures were all inter-correlated; Administrative Leadership was found to be more highly correlated with the dependent measures, and to better predict the dependent measures. Specific areas of low capacity were noted in all dependent measures, including features such as inadequate resources for behaviour support, reported by 40% of the responding agencies. Implications of the findings are presented for building agency capacity and community-based support of persons with disabilities.*

Providing residential support for persons with disabilities and challenging behaviours remains a difficult issue in the effort to support all persons with disabilities in the community (Beasley, Kroll, & Sovner, 1992). Including persons with disabilities in all facets of daily life in the community may be difficult at times, most particularly in supporting individuals who present challenging behaviours, such as aggression or self-injury. Restrictions on the lives of persons with disabilities are common when problem behaviours occur, and failures in community placements often occur as a result of problem behaviours which are too difficult for care providers to manage (Bruininks, Hill, & Morreau, 1988; Bruininks, Rotegard, Lakin, & Hill, 1987; Davidson et al., 1995). These types of restrictions often reduce an individual's quality of life and social role valorization, two primary arguments for living in the community (Wolfensberger, 1983; Zigler, Hodapp, & Edison, 1990).

As nations endeavour to provide community-based support, evaluation of the

capacity of care providers and care providing agencies becomes necessary, that is, to what degree are care providers able to meet the ever-changing challenges presented in supporting persons with disabilities? Insufficient capacity will strain the capacity of care, resulting in failed community placements, with the persons moving back to institutions or other more restrictive settings, either for a brief or an extended period (Rudolph, Lakin, Oslund, & Larson, 1998). Building care provider agency capacity to support even the most difficult persons in the community will be crucial in efforts to support all persons with disabilities in community settings. Current efforts to strengthen agency ability to support persons with challenging behaviours often takes the form of behavioural consultation. However, success of consultation ultimately remains contingent on the performance of direct care staff (Reid, Parsons, & Schepsis, 1990). Sprague, Flannery, O'Neill, and Baker (1996), Foxx (1996), and Baker, Dean, and Sprague (1996) noted that for consultation to be useful, the agency must have sufficient capacity to implement and administer plans. The success of the ongoing efforts to close institutional settings is incumbent on the strength and capacity of community-based care provider agencies to support persons presenting challenges.

A better knowledge of the current status of care providing agencies will allow for better planning in the ongoing efforts to support community providers. This paper presents the results of a self-evaluation survey that helps agencies to assess their capacity to support persons with challenging behaviours. The survey results also allow for analysis of the connection among individual features of agency stability and capacity. This article presents one useful tool in the analysis of agency capacity and the results a survey of agencies. Such efforts and the study of the results give necessary information for the accomplishment of community living for all persons with disabilities, guiding practice and policy development.

## **Method**

### *Participants*

Participants for this survey included the lead administrator in 44 agencies. The self-evaluation surveys were sent out to all residential agencies belonging to the Oregon (USA) Rehabilitation Association (a total of 62 agencies). The Oregon Rehabilitation Association is a voluntary, non-profit agency which represents community-based rehabilitation providers in Oregon, including both small and large agencies, with the smallest agency supporting 10 persons, and the largest agency supporting 188 persons. A total of 44 agencies responded (a 71% response rate). The cover letter asked the lead administrator in each agency to complete the survey and indicated that all responses were anonymous. Agencies returned a business card or other identifying information along with the survey; one responding agency was drawn at random using the returned business cards to receive a \$25 gift certificate as incentive for returning the survey.

### *Survey Measure*

The instrument used in this study was the Agency Capacity Self-Evaluation Tool for Organizational Capacity to Support Persons with Challenging Behaviors (Baker, 1995). This is a measurement tool designed to be completed by an agency's administrative staff. The Agency Self-Evaluation Tool asks 64 questions regarding agency capacity, divided into six categories: (a) Features of Organisational Stability (turnover, budgeting, accounting, and auditing), (b) Administrative Leadership (functions of the Board of Directors and the Executive Director), (c) Staff Structures (procedures for hiring, building teamwork, and maintaining performance), (d) Staff Training, (e) Measurement Systems (collection and use of information), and (f) Behavioural Systems (resources and structures for behaviour support). Each section has between 7 and 17 questions that probe an agency's practices and procedures in that area. The agency was asked if each feature was present, how high the need for improvement was in that area (high, medium, low), and the current status of that feature (improving, staying the same, or getting worse). The features listed in the Self-Evaluation Tool are presented with selected results in the appendix.

### **Results**

Results of the survey were recoded for each agency to generate a summary variable for each category that reflected the total number of features of each category that were scored as being in place. Table I presents descriptive statistics for these summary variables, including average percent of features in place by category. The appendix presents the data for the percentage of agencies reporting the targeted feature in place and the percentage of agencies reporting high need for improvement for each feature. The respondents (i.e., administrators) reported the summary variables of Administrative Leadership along with Staff Structures and Staff Training as having the highest percentages of features present in their agency. The Organisational Stability summary variable represented the lowest average percentage of features in place (71%).

The following individual features were most often identified as being in high need of improvement: (a) adequate resources for behavioural support assistance, (b) staff stability, and (c) goals for staff performance. Therefore, administrators perceived a lack of resources as well as poor staff development as barriers to effectively supporting individuals with disabilities and challenging behaviours.

Only four features were described as getting worse by more than 5% of the agencies: staff turnover, adequate resources for behaviour support, operating within budget, and presence of a training manual, respectively reported by 7, 15, 8, and 13% of the responding agencies.

For the statistical analyses, the summary variables Features of Organisational Stability and Administrative Leadership were defined as independent measures. The summary variables Staff Structures, Staff Training, Measurement Systems, and Behavioural Systems were defined as dependent measures, as creation of these

TABLE I. Means and standard deviations of summary scores for categories of features of organisational development

Variable	Total possible	Average percentage of features in place	Mean number of features in place	SD
<i>Independent</i>				
Organisational Stability	7	71%	5.73	1.13
Administrative Leadership	12	83%	10.11	2.53
<i>Dependent</i>				
Staff Structures	17	82%	14.77	2.07
Staff Training	7	82%	5.89	1.01
Measurement Systems	9	77%	7.09	2.05
Behaviour Systems	12	78%	9.43	2.42

systems are outcomes of Administrative Leadership and Organisational Capacity (Albin, 1992). The dependent measures were highly inter-correlated, as presented in Table II. That is, if an agency had a higher score on the summary variable Staff Structures, the agency had high scores on the other dependent measures summary variables. All correlations ranged from  $p < .02$  to  $p < .001$ . The summary variable for Administrative Leadership was correlated to a significant degree with the summary variable for Organisational Stability, and with the summary variables for all dependent measures, except for Staff Training.

Stepwise regression analyses were performed to identify presumed causal relationships among the independent and dependant variables. The summary variable for Administrative Leadership predicted to a significant degree the summary variables for Staff Structures ( $F(1, 42) = 4.26, p < .05, R^2 = .09$ ), Measurement Systems ( $F(1, 42) = 6.47, p < .05, R^2 = .13$ ), and Behavioural Systems ( $F(1, 42) = 6.24, p < .01$ ,

TABLE II. Correlation matrix of summary variables

	Organisational Stability	Administrative Leadership	Staff Structures	Staff Training	Measurement Systems	Behaviour Systems
Organisational Stability						
Administrative Leadership	.70***					
Staff Structures	.08	.30*				
Staff Training	.15	.12	.33*			
Measurement Systems	.22	.36**	.45***	.57***		
Behaviour Systems	.41**	.47***	.47***	.49***	.53***	

\* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

$R^2 = .22$ ). The additional variance explained by the summary variable for Organisational Stability was not significant when included in the step-wise regression statement.

Single feature analyses were performed utilising variables identified in the research or clinical literature as important factors in the provision of support to persons with disabilities and challenging behaviours. Executive director and managerial staff turnover were predictive of measurement systems ( $F(1, 42) = 14.72, p < .001, R^2 = .26$ ) and staff training summary variables ( $F(1, 42) = 7.40, p < .01, R^2 = .15$ ). Formal training on agency mission statement predicted all four dependent summary measures: Staff Structures ( $F(1, 42) = 12.41, p < .01, R^2 = .16$ ), Staff Training ( $F(1, 42) = 7.62, p < .01, R^2 = .16$ ), Measurement Systems ( $F(1, 42) = 7.93, p < .01, R^2 = .17$ ), and Behaviour Systems ( $F(1, 42) = 11.92, p < .01, R^2 = .22$ ). Direct care staff turnover, Board of Director involvement variables, and specific training variables alone did not exhibit statistically significant prediction.

## Discussion

The results of this study suggest the crucial importance of Administrative Leadership functions. The statistical analyses identified Administrative Leadership as the most predictive independent measure. Organisational Stability may be seen as a problem in agencies, but does not appear to be correlated or predictive for the dependent measures to the same degree as Administrative Leadership. The failure of Administrative Leadership to correlate with or predict Staff Training may be linked to a poor understanding by Administrators and Boards of Directors of the nature of state-of-the-art training strategies, a constantly evolving topic, or alternatively, lower prioritisation of training in a high-turnover environment.

### *Areas Targeted for Development*

The results of this study demonstrate that agencies do possess certain features of organisational capacity to support persons presenting challenging behaviours, but that certain key features are missing as well. Further development of agency capacity to support persons presenting challenges will be a key component of increasing the community's capacity to support all persons with developmental disabilities. Some areas where agencies are seen to have capacity include the development of budgets, policies, and statements of mission. It is important to note, however, that despite the 100% rate of the responding agencies having published mission statements, only 78% of the agencies reported training staff on the mission statement. Areas that appear to be in particular need for development include resources for behaviour support, either internal or external, technical aspects of staff support and training, such as use of competency-based training and the development of goals for staff. Note, though, that agencies which report features as being in place may still report the need for further improvement. This is consistent with the concepts of continuous quality improvement (Albin, 1992).

The current status of agencies gives consumers and stakeholders some reasons for

optimism, but a cautioned recognition of challenges. Of particular concern are the areas noted as "Getting Worse." As noted earlier, these include turnover, behavioural resources, operating within budget, and having staff training manuals. These represent areas for further development as part of both supporting people living in the community, and as part of the deinstitutionalisation effort. One feature of particular concern is the level of turnover among direct care staff. These issues are well-documented in the research literature (see e.g., Braddock & Mitchell, 1992). Compounding the problem of systems weaknesses documented in these data is the high rate of staff turnover, which may only serve to exacerbate previously existing problems. These two factors can work synergistically to weaken an organisational system and make it unable (or ineffective) to intervene with individuals with severe disabilities and challenging behaviours. However, these data suggest that an agency can withstand turnover if other systems are in place (e.g., mission statement training).

#### *Utility of the Self-Evaluation in Planning*

While this study does not address the processes of assessment or evaluation of the capacity of individual agencies to meet specific behavioural challenges, it can be useful in planning a person's change of residence. Part of the process of placement should include assessment of the needs of the agencies or likely sources of stress to the agency. Prior to placement, there should be evidence that the agency has the capacity to support that individual. For example, if the assessment process reveals that an individual presents dynamic and ever-changing problem behaviours, the agency which is to support that individual would need to have the capacity to rapidly change and adapt the behaviour support plan for that individual. As such, that agency should report a high score in the area of behavioural capacity, particularly questions around resources for the development and adaptation of behaviour support plans. If an individual engages in property destruction which involves expensive repairs or adaptations to the home, agency capacity in the areas of Organisational Stability will be important, particularly questions around budgeting and fiscal reserves.

#### *Cautions and Recommendations*

A number of cautions must be noted. First, this study was performed using a self-report format. The validity and reliability of self-reports are questionable. Given that administrators completed the reports, the results regarding the importance of Administrative Leadership may have been over-stated. Second, this study treats all elements of each category as equal. It is likely that some items are more important than others, and should be weighted. Third, this study only assessed agency-based providers of residential support. However, smaller or alternative styles of residential support (such as brokerages) are an important part of community systems, and are likely to grow. Future research should assess these types of support as well. Fourth, this study only asked whether the features were in place or not. The quality of the

specific implemented features was not assessed, for example, the presence of behaviour support specialists was queried in the survey, but the quality of assistance they provided was not assessed. This represents an area for further inquiry. Finally, as a self-report, threats to validity exist, as with all self-report assessments. Future research should establish the validity of this self-evaluation.

### *Implications for Agency Support*

Results of this study suggest the need for significant efforts to strengthen agencies, especially in areas where persons presenting increasingly challenging behaviours are entering community programs, for example, through deinstitutionalisation. Such efforts should have the following features: (a) intervention efforts should be based on results of agency assessments, such as the assessment procedure presented in this study, (b) interventions should focus on increasing capacity and should involve interventions in both training and assistance with administration, (c) interventions should be comprehensive, long-term, and hands-on (focusing on specific projects), and (d) interventions should involve long-term relationships between the agency and technical assistance providers. Technical assistance providers may be from persons skilled in rehabilitation, or in other fields, and could involve mentorship from other care provider agencies, as well. Legislative efforts suggested by this study include development of agencies as an integrated part of efforts to support community placement for persons with disabilities. Assistance with improvement of Administrative Leadership variables may be crucial in agency improvement in any of the dependent measures. Further research must be conducted to select the most important specific features in administrative leadership.

A question of further interest might be the overlap of crucial functions in behaviour support with crucial functions in support of persons presenting other forms of challenges, such as medical fragility. The types of expertise needed would be radically different, but the key administrative support functions may be very similar; also the type of training for staff would be different, but the types of support and the modalities of training may be similar.

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**Appendix**  
**Responses to Agency Self-Evaluation Tool for Organisational Capacity to Support Persons with Challenging Behaviors**

Agency feature	Percentage of agencies reporting feature in place	Percentage of agencies reporting high need for improvement
<i>Organisational Stability</i>		
1. Does the agency have a board-approved budget for the current fiscal year?	97	7
2. Does the agency have an operational accounting system that provides monthly budget reports?	93	12
3. Has the agency operated within budget and maintained a fund balance of one month's operating expenses for the past year?	8	21
4. Have the executive director and 80% of the other management staff been in their positions for at least one year?	89	12
5. Does the agency show less than a 25% annual staff turnover rate for the last year?	45	38
6. Do individual programs or residences have budgets?	100	15
7. Does the agency engage in at least biannual audits conducted by external auditors?	82	16
<i>Administrative Leadership</i>		
1. Does the agency have a published statement of mission, purposes, or aims?	100	14
2. Does the agency formally train staff on the statement of mission?	78	28
3. Does the agency have a plan for long-term improvement?	67	22
4. Does the agency have a written policy concerning behaviour intervention that supports the use of positive behavioural support?	80	10
5. Does the agency have a written policy concerning the human rights of individuals served by the agency?	100	5
6. Are these human rights and behaviour intervention policies covered in the agency's training materials?	98	7
7. Does the executive director visit sites at least quarterly?	93	5
8. Does the executive director maintain information about current behaviour problems and challenges to the quality of life of individuals served by the agency?	81	7
9. Does the executive director give feedback to individual sites regarding quality of service?	88	14
10. Does the board of directors set policies and procedures for the agency?	85	12
11. Does the board of directors receive information about the outcomes of the organisation in terms of lifestyle, health and safety, and behaviour support?	86	10
12. Does the board of directors review performance of the executive director on an annual basis?	77	22

*Staff Structures*

1. Are there set policies/procedures for hiring employees?	98	10
2. Does the hiring process include employee screening?	98	5
3. Would site employees describe themselves as a team?	88	20
4. Do all agency positions have written job descriptions?	100	12
5. Do these job descriptions accurately describe the duties of the jobs?	91	13
6. Do supervisory staff monitor and give feedback to staff regarding improvement of support?	93	12
7. Are there goals for staff?	72	32
8. Are staff rewarded for good performance?	80	29
9. Are there posted reminders of staff responsibilities (with a non-institutional look)?	66	12
10. Does each site have a logbook to facilitate internal communication?	98	7
11. Do staff meetings occur <u>at least</u> every other week?	93	12
12. Are staff meetings mandatory?	98	10
13. Do staff meetings have an agenda?	98	10
14. Are staff meetings oriented towards solving problems?	93	18
15. Is information about residents' quality of life and/or problem behaviours reviewed at staff meetings?	98	7
16. Are decisions and tasks from previous meetings reviewed?	89	17
17. Are behaviour support plans reviewed and discussed at staff meetings?	86	15

*Staff Training*

1. Are program staff trained in behaviour programs for individuals with whom they work?	98	12
2. Are program staff trained in basic behavioural principles, such as reinforcement and functional approaches to understanding behaviour?	91	17
3. Do ongoing or inservice training sessions provide staff with useful necessary information?	98	14
4. Are house managers involved in training new staff?	93	10
5. Are senior direct care staff involved in training new staff?	93	18
6. Does the agency have a training manual?	58	29
7. Does the agency have a written procedure for training new staff?	79	21

*Measurement Systems*

1. Do sites collect data regarding positive behaviour and activity patterns for the individuals served by the agency?	95	29
2. Are data systems simple and easy-to-use?	93	20
3. Are the data accurate?	88	24
4. Are the data summarised and presented at meetings?	77	27
5. Do the sites currently use measurement systems regarding challenging behaviours?	79	21
6. Does the agency maintain agency-wide information systems regarding challenging behaviours?	58	26
7. Does the agency make decisions based on data?	88	17

8. In approaching behavioural challenges, does the agency use a process of making a plan, trying the plan, and then seeing if it works?	98	17
9. Are direct care staff involved in decision-making?	91	24
<i>Behavioural Systems</i>		
1. Are there adequate resources for assistance in behavioural support (the resources can be either internal or external)?	68	40
2. Is there an agency employee whose job description includes providing technical assistance regarding challenging behaviour?	56	26
3. Are there at least two agency employees who can conduct a functional analysis and generate behaviour support plans based on the function of the behaviour?	93	20
4. Do staff have access to resources when they have questions?	93	13
5. Is there a specified procedure for requesting assistance with a person who is presenting challenging behaviours?	81	19
6. Does the agency approach problems in a proactive manner?	100	12
7. Are external consultants (if used) used in an efficient manner and with agency support?	91	25
8. Does the agency typically provide a fast response to emerging problems (response in less than one week)?	98	17
9. Are all hypotheses regarding problem behaviours based at least partially on data gathered during observations?	85	12
10. Are all behaviour support plans based on functional assessments which contain functional hypotheses and situations which may predict the occurrence of problem behaviours?	98	15
11. Are staff reliably able to implement the behaviour support plans?	84	17
12. Is implementation of behaviour support plans monitored for fidelity?	83	15

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