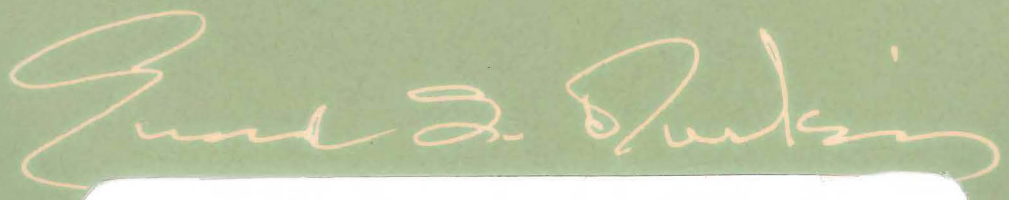
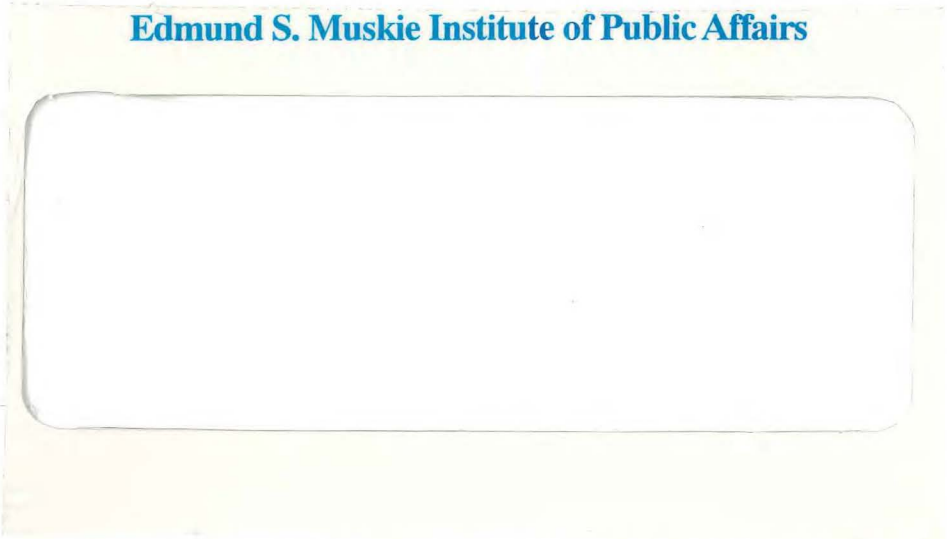
Edmund S. Muskie Institute of Public Affairs



University of Southern Maine

Edmund S. Muskie Institute of Public Affairs



The University of Maine System Board of Trustees created the Edmund S. Muskie Institute of Public Affairs at the University of Southern Maine in 1990 to honor Maine's most distinguished citizen of the 20th century. The Board formally dedicated the Institute as "a university center of learning to enrich and enhance public service" in Maine and throughout northeastern North America. The Institute offers both academic and research programs which focus on the policy and management issues confronting state and local governments, especially those of national and international consequence.

The Institute's academic programs are designed to help prepare the next generation of leaders in state and local government, with emphasis on the knowledge and understanding needed to address important public policy concerns and to manage public and non-profit organizations with good effect. The academic programs include the Graduate Program in Public Policy and Management; joint degrees programs with Lewiston-Auburn College and with the graduate Schools of Law and Nursing; the Executive Program in Health Policy and Management; the Certificate Program in Community Planning and Development; and the Community Leadership Institute (in collaboration with the Department of Community Programs).

The Institute's research programs are dedicated to improving public policy and the delivery of public services through research, policy analysis, program evaluation, technical assistance, and training. The Institute houses four research centers with professional staff from diverse academic and professional backgrounds in public health, social work, sociology, business, law, economics, and psychology. These include the Center for Aging and Rehabilitation, the Center for Child and Family Policy, the Center for Health Policy, and the Survey Research Center. The Institute is a federally designated National Resource Center for Child Welfare Management and is the lead organization in the Bingham Consortium for Health Research. The Institute also maintains an affiliation with the National Academy for State Health Policy.

Together, the academic and research programs of the Muskie Institute bring a standard of excellence in teaching, training, scholarship, and service which significantly enhance public policymaking and management throughout Maine, the region, and the nation.

REPORT ON MAINE BOARDING CARE FACILITIES

Prepared for
The Division of Residential Care
Bureau of Medical Services
State of Maine

by

Marc S. Agger
Suzanne K. Hart
Sallie E. Davis
Beverly A. Wright

Center for Health Policy
Muskie Institute of Public Affairs
University of Southern Maine
96 Falmouth Street
Portland, Maine

April 22, 1994

CONTENTS

IX. ADMINISTRATORS' SURVEY

APPENDICES:

TABLES

EXECUTIVE SUMMARY

Overview

This *Report on Maine Boarding Care Facilities* was undertaken to accomplish several goals. First, the report provides a follow-up on baseline statistical information gathered in 1989 about boarding care facilities in Maine and the populations they serve.

Secondly, the report reviews current resident satisfaction in Key Result Areas and summarizes progress made in these areas by the Division of Residential Care and its licensees since 1989.

Third, as a new component, the report provides the perspectives of administrators of boarding care facilities on problems and practices in boarding home operation.

Fourth, to promote a wider understanding of the changing role of boarding care in Maine and some of the issues which affect it, the report furnishes an overview of the boarding care system and the evolution of state and federal policies which shape the delivery of boarding care.

Boarding Care Facilities--What's Available

Although the total number of boarding care facilities in Maine has remained constant, at 202, since 1989, there have been important shifts in the kinds of facilities available due to facility closings and new openings.

The report indicates a minor trend away from the small "mom and pop" boarding homes operating with state funding, and a modest increase in medium-to-large, private-pay facilities. Available beds in state-supported homes decreased by 83, while 228 beds in privately funded boarding homes were added. As larger and privately funded facilities tend to locate in urban areas, there has been a corresponding shift away from rural settings as new facilities have opened.

Who Uses Boarding Care in Maine?

Data collected in the current report demonstrates that Maine's boarding care system serves a diverse, changing, and not easily characterized population. Persons with mental illness, with mental retardation, head injuries, Alzheimer's disease, substance abuse and other diagnoses are present in increasing numbers. Persons with these primary diagnoses (combined) make up 60% of the boarding care population.

Most of the remaining residents (39%) are elderly persons who, often because of physical

impairment, cannot live independently.[1] The great majority of this group came into residential care facilities from a home setting, and will remain an average of four years in their current facility.

When elderly persons leave a boarding home, our research suggests they are most likely to enter a nursing care facility. Forty percent of elderly persons leaving their boarding home were discharged to a nursing facility.

The movement pattern of persons with mental illness or mental retardation contrasts sharply with that of elderly persons. Persons with mental illness or mental retardation tend, on average, to remain in a specific residence for seven or six years, respectively. When they do move, this group is far more likely to go on to another boarding care facility, their own home or the home of another than persons with other diagnoses.

Between 1989 and 1993 a greater percentage of new residents tend to show diagnoses of mental illness, Alzheimer-related conditions and head injuries, while fewer new admissions included persons characterized as frail elderly.

Resident Satisfaction

When residents were asked a number of questions concerning their comfort and satisfaction with the homes in which they are living, the overall response was quite positive. Satisfaction on specific questions seems to vary somewhat with the size, type of home and method of reimbursement. Satisfaction also varies with the Key Result Area measured.

Though generally pleased overall with their living situations, residents responded more negatively when asked about day-to-day boredom, lack of visitors, not being consulted often enough about menus, and proximity of relatives to their home. Ambient noise in the facility and lack of opportunity to go shopping more often were concerns for some residents. Nonetheless, most residents surveyed remarked favorably on their level of general comfort, food, mobility, staff assistance, and respect from staff.

What Services are Available to Residents Within the Facility?

According to administrators, visits to the boarding care facility from nurses, home health aides and consulting nurses were the most frequent of all professional services reaching the home. Visits from physicians, community mental health agency or mental retardation case workers were less frequent, and visits from Area Agencies on Aging and Bureau of Elder and Adult Services were very low or nonexistent. It should be noted that residents may be utilizing some of these services, such as physician care, outside of the facility.

---

[1]For 1% no diagnosis was given.

Administrators reported that services most in demand but also most difficult to obtain were those of psychiatrists and community mental health agency case workers. A significant proportion (39%) of administrators of homes serving persons with mental illness reported that providing adequate monitoring or medical care was sometimes or frequently a problem for their facility. Still, most administrators were generally satisfied with the services they were able to obtain for their residents.

What Services are Provided by These Facilities?

According to administrator comments, virtually all (92%) of private-pay facilities offer an *activities program* that is designed to provide diversional and motivational activities suited to resident needs. Seventy-eight percent of cost-reimbursement homes reported offering activity programs, as did 56% for the flat-rate homes. Clearly, the availability of fully developed activities programs is a function of home size.

According to administrators, the most frequently cited barrier to activities programs is that "residents do not want them." This issue was raised by administrators more often than problems of money, limited activity choices in the community or the amount of staff time taken up by activities programming.

Staffing Boarding Care Facilities

Staffing needs in boarding care facilities differ according to size, clientele and mission of the residence. This report illustrates that administrators in small, flat-rate homes are likely to wear many hats, handling administrative paperwork, arranging medical evaluations, promoting resident activities, and performing general housekeeping.

These activities tend to be compartmentalized in medium- and large-size homes where additional staff may undertake specialized roles.

Overall, more than half of administrators noted that they had difficulty hiring good staff, often because of salary issues. Many applicants for positions appear unqualified. Homes with mixed clientele reported the most persistent problems with hiring staff.

Rules and Regulations

A large majority (70%) of administrators found Division of Residential Care regulations to be clear and concise. An even greater number (87%) reported that these regulations were applied in a fair and equitable manner.

Different administrators offered varying suggestions as to improving the regulatory picture. Some administrators wished to decrease the number and/or scope of some regulations. Others suggested regulations be more specific for designated populations,

and for designated types of facilities. Some administrators believed that regulations are too medically oriented, while others requested extended medication training and an increase in physician and RN input to the care process.

Conclusion

Although Maine enjoys a relatively stable system of residential care, this report demonstrates that neither the clientele, nor the facilities themselves are homogeneous. Clearly, the role of boarding care facilities is expanding, serious new demands are being made on the system, the extent of programming and care is growing, and the types of persons served are becoming more diverse. It remains to future surveys to track the progress of these changes and the system's response to this range of new challenges.

I. PROFILE OF MAINE'S BOARDING CARE SYSTEM

What is a Boarding Care Facility?

For many people, the term *boarding home* refers to a place which provides simple caretaking for its residents. For others, the term evokes images of the boarding houses prevalent earlier in this century which provided a room and board at a reasonable price. It is because of this confusion that the Division of Residential Care prefers to use the term *boarding care facility* or *residential care facility.*

The contemporary view of boarding facility care is very different. No longer is the concept of simple "caretaking" adequate as a service descriptor. The Division of Residential Care now believes that residential facilities must actively recognize the goals of residents and contribute to providing the skills and supports which further these individual resident's goals. The Department of Human Services defines a boarding care facility as:

> A house or other place having more than four residents which, for consideration, is maintained wholly or partly for the purposes of providing residents with boarding care.[2]

Boarding care facilities in Maine will increasingly be expected to go beyond mere caretaking as they offer services such as personal supervision, protection from environmental hazards, activities of daily living, administration of medication, diversional or motivational activities, and diet care with the goal of assisting residents to function more independently in the home and in the community.

---

[2]Regulations for Licensing and Operation of Boarding Homes (Augusta, Maine: Department of Human Services, Bureau of Medical Services, June 1984), p.2.

According to the census of Maine's boarding home system conducted by the Muskie Institute in May of 1993, there were a total of 202 boarding care facilities furnishing 3,124 beds. The facilities range in size from four-bed homes to a 208-bed home, with the average being 6 to 20 beds.[3] Boarding care facilities in Maine serve as residential placements for frail elderly persons, deinstitutionalized disabled persons, particularly persons with mental illness and mental retardation, and persons with other disabilities. Maine law allows homes to mix resident populations of the elderly and persons with disabilities. However, of the homes studied here, the client mix varies from a majority of persons with mental illness and retardation, to just a few or none at all. An additional licensing process occurs for "group homes" serving exclusively persons with mental illness and that may also provide mental health treatment and retardation. This report does not include information regarding these specialized "group homes," and they are not included in any census data.

The Funding Systems for Boarding Care in Maine

All of the boarding care facilities included in the census are under the oversight and licensure of the Division of Residential Care of Maine's Department of Human Services. Fifty of these homes (25%) are private pay homes. The private pay designation is reserved for facilities which receive no government subsidy to cover the costs of providing boarding care for residents. Boarding care costs are covered out of the residents' personal funds, or from other private sources such as non-profit foundations, or the private endowments of a particular facility.

[3] Since the survey was conducted, five homes have closed and two have opened. Therefore, at this writing, there is a total of 205 boarding homes operating in Maine.

The remaining 75% of these facilities operate with the help of government funding. Although these "subsidized" facilities do accept privately paying individuals as well, they also receive state and federal money and provide subsidized care to residents who qualify for government assistance. Maine has two methods of reimbursement for boarding home care: *flat-rate payment* and *cost-reimbursement*.

Flat-rate payment. There are 31 flat-rate facilities in Maine. Virtually all the residents in these homes receive Supplemental Security Income (SSI), which is a combination of federal and state supplemental payments designated to provide an individual with funds to pay for their boarding care and personal spending money, according to income criteria. The maximum amount of money the administrator of a flat-rate home can receive is currently $613 per month per resident, despite any variance in expenses from month to month.[4] Each resident contributes all of his or her monthly income, which might include, in addition to SSI, payments from Social Security, railroad retirement, a pension or the Veteran's Administration, except for a monthly sum of $50 to $70 for personal expenses.

Cost-reimbursement. Currently 121 of the government subsidized boarding facilities are cost-reimbursement homes. As the name implies, cost-reimbursement homes operate on the principle that reimbursement for providing care in different facilities may vary according to the needs of the population each serves, the current physical plant, staffing needs, etc., and therefore reimbursement should reflect those differences.

---

[4]This amount is reconsidered annually, and can be increased with a cost of living adjustment.

All cost-reimbursement homes (CRs) are part of the Private Non-Medical Institution (PNMI) program, which makes available federal matching funds through the Medicaid Program in addition to funding from the State of Maine. Services covered under Medicaid include personal care services and medical and remedial services. The per-day rate of reimbursement for the care of eligible residents in cost-reimbursement homes varies with each facility. Reimbursement is as low as $30.00 per day per resident, which covers routine services, and can go up to or exceed $100 per day for facilities which can justify a need for an allowance for special services. In very limited circumstances, where care needs are extremely individualized, even higher per diems may be allowed.

Along with receiving funding assistance, PNMI homes must comply with a federally prescribed quality assurance program. They are expected to create an individual care plan for each resident which addresses individual needs for psychosocial services, family and community ties, legal or financial assistance, personal care including daily living skills, management of financial affairs, recreational activities, and medical or dental needs. In addition, the facility is required to provide an activity program for groups and individuals, including activities outside the home.[5]

Financially eligible residents contribute to the extent their income allows, and the facility is then reimbursed for the difference with a combination of state and federal funds. Federal matching funds can vary with the particular facility, from 10% to 90%, depending upon the nature of the expenses. The State of Maine receives federal matching

[5]Op cit, p.45.

funds for direct costs and a portion of the administrative allowance, but the State alone is responsible for assistance with any capital expenses related to start-up costs, structural accommodations, or other so-called room and board costs provided in a facility. Because of this funding structure, PNMI homes are in a better position to provide expanded services to their residents than are flat-rate homes, but both types of facilities serve a very important function in Maine: they allow people of limited financial means and those with special needs, who qualify, access to long-term residential care.

II. POLICY REVIEW: RESIDENTIAL CARE IN MAINE

Over the past ten years, Maine's boarding home care system has progressed from a focus on caretaking of individuals toward providing viable alternatives to care for the elderly and others at risk of institutionalization. What follows is a brief *overview* of some of the policy directions that have been taken at the federal and state levels over the past decade and a half. It does not contain all the legislation or policy issues regarding boarding home care during that period, and should not be construed as exhaustive.

Federal Policy

Much of the impetus for boarding care changes in Maine, as in other states, resulted from the federal emphasis on community-based care, with increasing emphasis on least restrictive environments and client rights. Due to the Keys Amendment, passed in 1976 as the result of a series of tragic fires in boarding facilities, the federal government allowed Supplemental Security Income (SSI) monies to be paid to residents in public facilities of 16 people or less. The Keys Amendment required states to:

> "Establish, maintain, and enforce standards for any category of institutions, foster homes, or group living arrangements in which significant numbers of SSI recipients reside or are likely to reside; (Standards are defined as covering such matters as admission policies, sanitation, safety, and protection of civil rights.)."[4]

Most states have defined "significant" as three or more residents who are unrelated to the administrator. This policy altered the pattern of creating "mini-institutions in the community" of 45-100 beds, structured on the medical model. It encouraged the

[4]US General Accounting Office. Board and Care: Insufficient Assurances that Residents' Needs are Identified and Met, (Washington DC: GAO, February 1989), p.33.

development of smaller, more personal group homes, often called "Mom and Pop" homes, and the number of such homes increased across the state and the country. The Keys Amendment promoted community-based care, since prior to its passage SSI funds could not be paid to residents in any public institutions, no matter what size.

Unfortunately, as the number of homes increased nationally, community social services and medical support services did not. The homes did provide a more home-like atmosphere, but travel to larger urban areas for medical, counseling, and rehabilitation services proved costly and time consuming. Specialized services such as physical therapy, counseling, or quality medical care have been difficult to obtain at all, and this has added to the expenses of running a small, rural home. Initially, boarding homes provided few recreational activities, and sometimes those activities consisted only of watching television or a walk outside in good weather.

In 1981, Congress heard complaints that states were not complying with the Keys Amendment. That year, the Rinaldo Amendment was passed by Congress, placing boarding care homes under the jurisdiction of each state's long-term care ombudsman. Ombudsmen are required to investigate complaints, mediate but not enforce regulations, and advocate for client rights in both nursing and boarding care facilities. The specific duties of the ombudsman vary from state to state; some provide technical assistance and education, others just investigate complaints.

Initiatives in Maine

Meanwhile, in Maine, as a result of the 1980 Blaine House Conference on Aging, the 110th Legislature passed several acts that promoted home-based care, mandatory

reporting of abuse of the elderly, and the formation of residents' councils to support their rights.[5]

By 1983, regulations governing boarding care building codes, fire and safety requirements, sanitation, and diet were in place, but social service requirements were less clear. The Department of Human Services and the legislature debated whether regulations should be based on a code similar to that of nursing homes or be more social service oriented.

In 1984, the Bureau of Medical Services' Division of Residential Care, directed by Catherine Cobb, increased the social model components of the regulations and put "teeth" into the laws. The new regulations added planned activity periods "for diversional and motivational activities suited to the residents' needs and interests."[6] The regulations also required that an individual service plan be developed for all residents based on an assessment of their needs. Since 1984, additional regulations have been added that emphasize client rights for privacy, choice of activities, recourse in grievances, transfer rights, right to client councils, and protections against abuse and neglect.

In 1988, the legislature passed An Act to Improve the Quality of Care in Long-Term Facilities by Establishing Intermediate Sanctions and Incentives for High Quality

---

[5]These three Acts were: L.D. 1620, The Home Based Care Act; L.D. 1659, An Act to Establish Rights for residents of Nursing, Boarding, and Foster Homes; and L.D. 1847, An Act to Require Mandatory Reporting of Elderly Abuse.

[6]Regulations for Licensing and Operation of Boarding Homes (Augusta, Maine: Department of Human Services, Bureau of Medical Services, June 1984), p.45.

Care (L.D. 1462), which added penalties up to $3,000 for non-compliance. This enabled the Bureau of Medical Services to close several long-standing, sub-standard homes and those operating without licenses, thereby improving the overall quality of service provided in Maine's boarding care system. Most recently, in June of 1993, the Legislature passed a bill entitled An Act to Promote Maximum Independence of Older People, (L.D. 418) that established a long-term planning committee, required pre-admission assessments for all clients seeking nursing-level care, and an increase in home-based care so the elderly can stay at home longer. The bill is intended to promote a less fragmented approach to services for the elderly by creating a continuum of services within the State. According to the Act, a case manager would develop a care plan for each applicant and discuss other assisted living options such as home care, congregate housing, and boarding homes as alternatives to nursing home care. Eventually, over a two-year period, the act would phase out 800 nursing home beds. Funding for 200 additional boarding home beds was also authorized.

Additionally, changes in the licensing regulations, as a result of L.D. 418, which became effective January 1, 1994, authorized the provision of certain nursing services within boarding care facilities. The effect of this change will be to accomodate in boarding homes persons who previously received nursing facility care, and who now may reside in boarding care facilities supported by limited, focussed nursing services.

III. BOARDING CARE STUDY 1993 - METHODOLOGY

Project History

In 1988, the Division of Residential Care began a long-range planning effort to improve services in Maine's residential care facilities. Four Key Result Areas were identified to focus attention on how well facility environments met residents' physical and psychosocial needs, how readily residents were able to access various community resources, how empowered residents were in daily decision-making, and whether services were delivered in a competent, respectful, and caring manner.

It was clear that some measurement of success in each of these Key Result Areas should be based, at least in part, on resident satisfaction with available services. The Resident Satisfaction Survey was initiated to measure resident satisfaction in 1989, and to record any subsequent changes in satisfaction as other program modifications were implemented from year to year. The 1989 Resident Satisfaction Survey was structured to produce feedback on the four Key Result Areas noted above.

The licensing and regulatory environment for residential care has continued to change, as discussed in Chapter 2, especially with the implementation of new licensing regulations in 1990 and 1994. While the impact of new approaches needs to be viewed over time, the Division is interested in evaluating the effect of its programmatic changes on the satisfaction level of boarding care residents as early as possible.

The 1993 Satisfaction Survey of boarding care facility residents was developed to build upon the work completed in 1989, by replicating the protocols and instruments used

in that study for a mail survey. Building on field tests performed in the earlier survey, a substantial set of telephone and in-person surveys were conducted. As recommended in the earlier study, a survey of administrators was added.

The 1993 satisfaction survey was conducted to ascertain the degree to which the needs and desires of residents were being met, to describe the characteristics of residents' lives in boarding homes, to gather longitudinal information about the types of settings in which residents lived prior to their current residence, and to monitor the extent to which the Division of Residential Care is addressing its Key Result Areas concerning residents.

The Resident Census

As in the 1989 study, it was necessary to begin with a census of boarding care residents, first, to yield a general profile of resident characteristics and, second, to provide the sampling frame for the satisfaction survey.

Census content. A census form was developed based upon the 1989 census, with some modifications. Both the 1989 Census and the 1993 Census contained information on each resident's date of birth, gender, admission date, and pay source (private or state), the administrator's description of the current primary diagnosis or health condition affecting the resident, and an indication of whether the resident is able to read, write, and/or use the telephone. The last data item was used to determine the type of survey method to be used (mail, telephone, or in-person interview). Additional information was collected in the 1993 census regarding the date any resident was discharged from the home where he or she resided in 1989, where the resident was discharged to, and the

resident's secondary diagnosis, as judged by the administrator.[7]

Reducing administrative burden. In order to reduce the study's burden on boarding care facility administrators, each administrator was supplied with a census form with demographic data for each resident known to live in the boarding home at the time of the first survey. Administrators were asked to amend and update the information, to indicate when persons no longer at the boarding home had left, and add the names and provide census information only for those persons who were currently at the facility but who had not been there at the time of the first census.[8]

Field procedures. The database of boarding care facilities used for the 1989 study was updated to include new homes, delete any that had closed, and reflect any changes in administrators and facility names. Boarding care facility administrators who did not respond to the initial request and census forms were called with reminders and encouraged to return the forms.

Response rate. Responses were received from 202 facilities, representing 99.5% of the total of 203 such facilities in Maine.[9] Information was received describing a total of 2,766 residents. Only one administrator opted not to participate in the study, consistent with our explanation that participation was voluntary.

---

[7]Information on secondary diagnoses, though collected, will not be included in this report because of the comparative approach we have taken in the census analysis. We do not have similar information on the 1989 population.

[8] Although the information would have been useful, it was decided not to ask administrators to include information for persons who had moved into the home during the period between the two studies but who were not currently at the boarding home.

[9]Since the survey was conducted, five homes have closed and two have opened. Therefore at this writing, there is a total of 205 boarding homes operating in Maine.

The Resident Satisfaction Survey

The satisfaction survey was conducted in a manner to permit analysis of any change from the first study, and was broadened to include persons whose health conditions warranted interview by telephone or in person, using methods field-tested in the first study.

Question development. The first study was reviewed by the Division of Residential Care and the Muskie Institute project team, and minor changes were made in the wording and order of questions to improve readability and comprehension. Questions concerning the total amount of time spent in boarding care facilities as well as the use and availability of medical and psychiatric care services were added.

The Mail Survey

The sample for the self-administered mail survey. The sample of 1,465 individual residents (66% of the persons whose census data indicated that they are able to read and write) was designed to yield a respondent database that would be accurate to within plus or minus five percentage points when combined with the expected telephone and in-person interviews.

Field procedures. One mailing of the resident satisfaction survey was made to the individuals selected for the sample, including a postage-paid reply envelope addressed to the Muskie Institute. Administrators were sent materials explaining the study and emphasizing the confidentiality with which the responses would be treated, and describing the generally positive results of the earlier study.

Response rate. Responses were obtained from 525 residents, with a response rate of 36.2%, based on the sample of 1,465 persons.

The Telephone and In-person Surveys

The samples. A sample of 264 persons interviewed by telephone and in person was drawn to augment the mail sample so that persons with disabilities who were unable to read and write could participate in the study. The study method therefore included persons with more severe cognitive impairment and physical impairments, such as blindness.

The sample of 82 persons (31%) interviewed by telephone was drawn from the statewide sample, and a sample of 81 interviewed in person was drawn from a cluster sample of boarding homes.

A cluster sampling method was employed in order to save money, in which boarding homes were selected to represent geographic areas.

The survey instruments. The survey instrument was modified for use in telephone and in-person interviews by including transitional phrases, modifying instructions, and varying the manner in which responses were recorded. Aside from those procedural amendments, the question text is consistent across methods.

Interviewer training. Interviewer training materials were developed, and four interviewers were selected for training because of their special abilities in conducting interviews with persons with disabilities. Interviewer training emphasized consistent and non-directive methods of explaining questions to respondents, and communicating with persons with cognitive deficits and physical disabilities.

Interviewing and response rate. Interviews were conducted with 61 individuals by telephone and with 54 individuals in person.

Replacement of selected respondents in the in-person format was permitted with approval of the field supervisor in instances in which the selected respondent no longer lived in the boarding home or, after several contacts, was unavailable for interview. When replacement was made, the replacement respondent was someone who also fit the in-person interview criteria. There is no reason to believe that the replacement biased the results of the in-person interviews in any way. There was no replacement of persons selected for telephone interviews, but extensive attempts were made to contact the selected individuals.

Representativeness of Total Responding Population

Including responses received by residents from all survey instruments, we heard from 640 residents, which is 23% of the total boarding care population. Before considering how this group responded in the satisfaction survey, it is important to get a sense of how well this sample represents the overall boarding care population.

In a word, the responding sample is quite similar. There are some slight deviations. For instance, the responding population could be characterized as slightly more female (64% compared to 63%) and slightly older than the general boarding home population. Differences with regard to diagnosis and reimbursement are similarly small, indicating minimal response bias. Finally, with regard to payment source, private pay individuals are slightly less well represented among respondents, where they make up 29% of the group, compared to 33% in the general boarding home population.

Having noted these differences, we conclude that the responding population is a close match to the larger group and their responses can provide some valuable insights into how residents feel about their boarding care situations. See Appendix F for supporting data.

The Survey of Administrators

To better understand the problems faced by boarding home administrators, and to get a better picture of the nature of their work, a survey of administrators also was conducted for the first time in conjunction with the resident survey. The results will be useful in determining how administrators' responsibilities are changing in the face of increasing demands on their time, and how their work is affected by changes in the nature of the resident population. The results of the study will be used by the Division of Residential Care to plan programs to support administrators.

Development of the survey instrument. The questions were developed by the Division of Residential Care, the Muskie Institute, and representatives of boarding home administrators. Questions involved experience with, and evaluation of, various community services; staff acquisition, training, and retention; boarding home admission and discharge criteria and planning; facility use and ownership history; perception of the changes in characteristics of the resident population and the implications for resident care; and the nature of the demands on administrators' time and energy.

Administrators were promised that their responses would be held confidential by the Muskie Institute; that is, no responding (or non-responding) administrator or his or her facility would be described in any way that would permit identification of an

individual or a specific facility, and no person's or facility's name would be used in reporting.

Response rate. Mail surveys were sent to all administrators identified in the Division of Residential Care database. A reminder letter was sent two weeks after the initial mailing. Those who did not respond after that were telephoned and a second questionnaire was sent to those who requested one.

Completed survey instruments were received from 148 of the 203 administrators to whom the questionnaires were sent, for a response rate of 73%. Because questionnaires were sent to all administrators, and not to a sample, the concept of sampling error does not apply.

IV. BOARDING CARE FACILITIES — A BASELINE

Any attempt to draw meaningful conclusions about the current status of long-term residential care for the elderly and persons with mental illness, mental retardation and other disabilities in Maine must spring from a clear profile of boarding care facilities throughout the state.

Reimbursement Category

All of the 202 boarding care facilities in Maine are under the oversight and licensure of the Division of Residential Care.[10] Fifty of these homes (25%) are private pay homes. The private pay designation is reserved for facilities which receive no government subsidy to cover the costs of providing boarding care for residents. Boarding care costs are covered out of the residents' personal funds or from other private sources (nonprofit foundations, endowments, etc.). The remaining 75% of boarding care facilities operate with the help of government funding. Although these "subsidized" facilities do accept privately paying individuals, they receive state and federal money and provide subsidized care to residents who qualify for government assistance. Of these 152 facilities, 31 are *flat-rate* facilities, which receive a set amount of money per month per resident being cared for, while the other 121 are *cost-reimbursement* facilities.

[10]Since the survey was conducted, five homes have closed and two have opened. Therefore at this writing, there is a total of 205 boarding homes operating in Maine.

Table 1: Profile of Boarding Care Facilities by Reimbursement Category and Size

REIMBURSEMENT CATEGORY	Small (4-6 Beds)	Medium (7-20 Beds)	Large (21+ Beds)	Total
DHS-Cost-Reimbursed Facilities	11 16.2%	24 35.3%	33 48.5%	**68** **100.0%**
BMR-Cost-Reimbursed Facilities	38 71.7%	14 26.4%	1 1.9%	**53** **100.0%**
Flat-rate Facilities	31 100.0%	0 0.0%	0 0.0%	**31** **100.0%**
Private Pay Facilities	17 34.0%	22 44.0%	11 22.0%	**50** **100.0%**
Total	**97** **48.0%**	**60** **29.7%**	**45** **22.3%**	**202** **100.0%**

As the name implies, cost-reimbursement homes operate on the principle that the costs of providing care in different facilities may vary, according to the needs of the population each serves, the current physical plant, staffing needs, etc., and therefore reimbursement for that care should reflect those differences. All cost-reimbursement homes (CRs) are part of the Private Non-Medical Institution (PNMI) program, which makes available federal matching funds in addition to funding from the State of Maine through the Medicaid Program. Because of this funding structure, PNMI homes are in a better position to provide expanded services to their residents than are flat-rate homes, but both types of facilities serve a very important function in Maine: they allow people of limited financial means and those with special needs, who qualify, access to long-term residential care.

In the Spring of 1992, in an effort to allow the Department of Mental Health and Mental Retardation a greater role in providing services for persons with mental

retardation, funding for 53 facilities which had been reimbursed by the Division of Residential Care were transferred to the Division of Mental Retardation (DMR). These 53 facilities represent 44% of the cost-reimbursement homes in Maine and 26% of all boarding care facilities. The licensing and review of these homes still resides with the Division of Residential Care, but reimbursement for the care of these individuals is handled *as a separate state funding effort through DMR*, which also provides staff training and programming for these facilities.

Facility Size

Both Tables 1 and 2 offer information about how boarding care facilities and beds are distributed by the *size of the facility*. We have defined small homes as those with four to six beds, medium-size homes as having seven to twenty beds, and large homes as those with more than twenty beds in the facility.[11] Although a significant majority (48%) of boarding care facilities are small, housing no more than six residents at a time, these small homes house only 18.4% of the boarding care population. The majority of residents are being cared for in Maine's 60 medium-size and 45 large residential facilities. In fact, over half of *all* boarding care beds in Maine are in the medium- and large-sized, non-DMR, cost-reimbursement (PNMI) facilities. Private pay facilities, most of which are medium or large, also provide about 23% of the licensed beds. Interestingly, the flat-rate facilities, all of which are small facilities, and which typify what many of us think of as boarding care, currently provide less than 6% of the

[11]The categories for boarding home size were selected based on a review of the natural size distribution of all boarding homes. The grouping does not reflect any administrative division, but is useful to the analysis.

boarding care beds in Maine.

Table 2: Distribution of Maine's 3,124 Boarding Care Beds by Reimbursement Category and Size

REIMBURSEMENT CATEGORY	BEDS			
	Small (4-6 Bed)	Medium (7-20 Beds)	Large (21+ Beds)	TOTAL
DHS-Cost-Reimbursement Facilities	66 2.1%*	392 12.6%	1,391 44.5%	**1,849** **59.2%**
DMR-Cost-Reimbursement Facilities	228 7.3%	135 4.3%	21 0.7%	**384** **12.3**
Flat-rate Facilities	181 5.8%	0 0.0%	0 0.0%	**181** **5.8%**
Private Pay Facilities	101 3.2%	266 8.5%	343 11.0%	**710** **22.7%**
TOTAL	**576** **18.4%**	**793** **25.4%**	**1,755** **56.2%**	**3,124** **100.0%**

*Percentages are based on total beds (i.e., percent of 3,124 beds).

Populations Served

Reimbursement category alone cannot give a full picture of the populations being served in Maine's boarding care facilities. For instance, we know that there are 53 homes reimbursed by DMR, but there are an additional 11 homes among state-funded and private facilities which also specialize in caring for persons with mental retardation. Recognizing this, the Division of Residential Care also categorizes boarding care facilities internally according to the populations served at each. According to this classification, 32% of all facilities serve exclusively persons with mental retardation, and one-quarter of all facilities serve a mixed population (people with mental illness or mental retardation and the elderly). Eleven percent provide care just for persons with mental illness. This leaves only 59 homes (29%) across the state exclusively serving the elderly, and of these,

only 25 are state-funded facilities. Notice in Table 2 that among private pay homes, less than a third are designed to accommodate populations with special needs, while the vast majority serve exclusively elderly individuals.

Table 3: Distribution of State and Private Facilities by Populations Served

RESIDENTS SERVED	Private Funded Homes	State Funded Homes	TOTAL
Elderly	34 68%	25 16%	**59** **29%**
Persons with Mental Illness	6 12%	16 10%	**22** **11%**
Persons with Mental Retardation	2 4%	62 41%	**64** **32%**
Mixed	7 14%	44 29%	**51** **25%**
Alzheimer's	0 0%	1 1%	**1** **1%**
Deaf Persons with Mental Illness	0 0%	1 1%	**1** **1%**
Persons with Head Injury	1 2%	2 1%	**3** **2%**
Blind Persons	0 0%	1 1%	**1** **1%**
TOTAL	50 100%	152 100%	**202** **100%**

Rural and Urban Location

Overall, boarding care facilities, including those now reimbursed by DMR, are almost evenly split between rural (49%) and urban (51%) settings. The distribution of boarding care facilities, however, is not equally distributed according to method of reimbursement.

Among categories of reimbursement, both cost-reimbursed and flat-rate facilities are equally distributed in urban and rural areas of the state. A slightly larger percent of DMR cost-reimbursed facilities are located in rural areas of the state, and a larger percent of private facilities are located in urban areas.

Table 4: Urban and Rural Location by Method of Reimbursement

Reimbursement	Rural		Urban	
	N	%	N	%
Cost Reimbursed	33	49%	35	51%
Flat Rate	15	48%	16	52%
Private	18	36%	32	64%
DMR Cost Reimbursed	29	55%	24	45%
Total	95	47%	107	53%

V. CHANGES IN STATUS OF BOARDING HOMES 1989 - 1993

Although the total number of boarding homes has remained constant between 1989 and 1993, 39 homes closed, being replaced by an equal number of new homes, and 9 homes changed either name or ownership. It is interesting that the profile of the new homes is considerably different from the ones they are replacing. There appears to be a trend away from the small boarding homes, especially flat-rate boarding homes, and a trend toward more medium-to-large, private boarding homes.

Of the homes that closed, 87% (34) were small homes. However, small homes represented only 54% (21) of the homes that opened. A large majority of the homes that closed were also flat-rate. Although none of the boarding homes that closed were large, seven large boarding homes have opened. There appears to be a trend toward more private homes. Seven private homes were closed since 1989, but 20 private homes were opened between 1989 and 1993. The majority of newly opened medium- and large-sized homes were private homes (see Table 5).

Because the homes that opened tend to be larger than those that closed, there is an even more dramatic shift in how boarding home *beds* are distributed among small, medium and large homes as well as among private and state-funded homes. The net result of these replacement homes was an addition of 145 boarding care beds. More specifically, there was a net decrease of 83 beds in state-supported homes, and a net increase of 228 beds in privately funded boarding care facilities between 1989 and 1993 (see Table 6). Similarly, there has been a net decrease of 86 beds in small-sized facilities and a net increase of 231 beds in medium- and large-size facilities (see Table 7).

Table 5: Opened and Closed Facilities, 1989-1993: by Method of Reimbursement and Size

METHOD OF REIMBURSEMENT	Homes That Closed			Homes That Opened		
	Small (4-6 beds)	Medium (7-20 beds)	Large (21+ beds)	Small (4-6 beds)	Medium (7-20 beds)	Large (21+ beds)
DHS Cost Reimbursed	0 0%	4 80%	0 0%	2 10%	2 18%	1 17%
DMR Cost Reimbursed	5 15%	1 20%	0 0%	8 38%	2 18%	0 0%
Flat Rate	22 65%	0 0%	0 0%	3 14%	0 0%	0 0%
Private	7 20%	0 0%	0 0%	8 38%	7 64%	5 83%
TOTAL	**34** **100%**	**5** **100%**	**0** **100%**	**21** **100%**	**11** **29%**	**6** **16%**

Table 6: Beds in Opened and Closed Facilities, 1989-1993: By Method of Reimbursement

METHOD OF REIMBURSEMENT	Beds in Homes That Closed 1989-1993		Beds in Homes That Opened 1989-1993		Net Change in Beds
	N	%	N	%	N
DHS Cost Reimbursed	66	24%	65	16%	-1
BMR Cost Reimbursed	47	17%	64	15%	+17
Flat Rate	117	43%	18	4%	-99
Private	42	15%	270	65%	+270
TOTAL	272	100%	417	100%	+145

Table 7: Beds in Opened and Closed Facilities, 1989-1993: By Size of Facility

SIZE OF HOME	Beds in Homes That Closed 1989-1993		Beds in Homes That Opened 1989-1993	
	N	%	N	%
Small (4-6 beds)	188	69%	102	24%
Medium (7-20 beds)	84	31%	132	32%
Large (21+ beds)	0	0%	183	44%
TOTAL	272	100%	417	100%

We have seen that private boarding care facilities tend to be located in urban settings. Therefore, it is also not surprising to find that a trend toward private facilities has resulted in a similar trend toward more homes opening in urban rather than rural settings.[12] Notice in Table 8 that the boarding homes which closed were about evenly split between rural and urban, but among those that have opened, twice as many are in urban settings than not. This situation raises questions about how the reduction of rural boarding care bed availability will impact persons in rural areas for whom long-term residential care is indicated.

[12] This tendency may be explained by the need for private boarding homes to locate in more densely populated areas to assure steady occupancy. Also, specialized state-funded homes, such as those that serve persons with head injuries, Alzheimer's Disease and other conditions which need a wider array of services, would tend to locate in urban areas where these services are available.

Table 8: Location of Boarding Homes Which Have Opened and Closed: Urban v. Rural

AREA	HOMES	
	Closed	Opened
Urban	20 51%	26 67%
Rural	19 49%	13 33%
TOTAL	39 100%	39 100%

VI. BOARDING CARE RESIDENTS

Profile of Residents

Age and Gender. As of Spring, 1993, there were 2,747 people living in boarding care facilities in Maine. Overall, 63% of residents are women. The ratio of men to women varies with age. In the age groups 18-64, women comprise only 45% of the boarding home population. In the 65+ population, the percent of women rises to 76%. The fact that the percent of women increases with age is not surprising. In fact, 56% of women living in boarding homes are 75 years or older, and 27% are over the age of 85.

The age profile of boarding care residents has changed somewhat since 1989. Even though the general population has aged, the boarding care population is growing younger. Persons aged 65 and over accounted for 67% of the boarding care population in 1989, but represent only 63% today.

Table 9: Age Distribution of Residents

Age Group	Male		Female		Total	
	N	%	N	%	N	%
18 to 44	234	23%	190	12%	424	16%
45 to 64	278	28%	238	15%	516	20%
65 to 74	204	20%	270	17%	474	18%
75 to 84	189	19%	470	29%	659	25%
85+	98	10%	439	27%	534	20%
TOTAL	**1,003**	**100%**	**1,604**	**100%**	**2,607**	**100%**

Frequency Missing = 140

Diagnoses of Residents. Why are they here? That is, what are the overriding physical or mental conditions which administrators have designated for each of their residents on the 1993 census? For many residents (39%), boarding home care is needed because they suffer a degree of physical impairment. These would include the elderly who cannot live independently or who are frail.

Table 10: Profile of 1993 Boarding Care Population by Diagnosis

Diagnosis	Frequency	Percent
Frail Elderly	1,077	39%
Mental Illness	686	25%
Degenerative Organic Mental Disorders	267	10%
Substance Abuse	17	1%
Mental Retardation/Developmental Disability	578	21%
Other	71	3%
None Given	62	2%
Total	**2,758**	**100%**

A significant portion of the boarding home population have conditions that affect their mental states rather than a physical impairment. Residents with mental illness, a degenerative mental disorder such as Alzheimer's, people who have suffered head injury, and those with substance abuse illnesses make up 35% of the boarding home population (see Table 10). Specifically, one-quarter of boarding home residents suffer from mental illness, 10% suffer from degenerative mental conditions, and 0.6% can be classified as having, primarily, a problem with substance abuse.[13]

[13]This number represents the number of residents who were regarded by the boarding home administrators as residents with a primary diagnosis of substance abuse. It does not include residents for whom substance abuse is a secondary diagnosis. Dual diagnoses are not captured by this survey instrument.

Another significant portion of the population are residents with mental retardation or some kind of developmental disability. This population makes up an additional 21% of boarding care residents. (The remaining 2.6% of residents have a variety of other diagnoses.) What is notable here is that nearly 60% of the people currently served by boarding care facilities have needs that *do not* stem from a physical inability to care for themselves. Rather, they have some compromising mental condition: a mental illness, Alzheimer's, a developmental disability, traumatic brain injury, etc.[14]

The average age of residents differs by diagnosis. For residents with mental retardation, the average age is 48. For residents with mental illness, the average age is 61. For residents with mental disorders stemming from a degenerative brain condition, such as Alzheimer's or from a traumatic brain injury, the average age is 77, and for residents characterized as the frail elderly, the average age is 75.

Reimbursement Category. The majority of boarding home residents live in cost-reimbursement boarding homes (62%), with private boarding homes housing 19%, BMR cost-reimbursement facilities housing 10%, and the remaining 9% in flat-rate or other types of arrangements.

Pay Source. Another useful distinction is which payment source residents rely on for covering the cost of their boarding home care. The State funds the boarding home costs of two-thirds of all residents, while the other third are covered by private means.

[14]While these diagnosis categories are not mutually exclusive in all cases, an attempt was made to classify residents according to their most defining diagnosis.

VII. PATTERNS OF USE OF BOARDING CARE FACILITIES

Changes in Population Mix, 1989-1993

Comparison of the 1993 census with the census of 1989 provides us with some interesting information about the fluidity of the boarding home population. In the four years between March of 1989 and March of 1993, about 57% (1,554) of the original census moved out of their boarding home. The overall population in boarding homes has increased only slightly over the last four years, from 2,710 to 2,767.

To examine changes in the population served in boarding care facilities, Table 11 presents statistics comparing residents who left their boarding care facility prior to the 1993 census and new residents who have moved into a facility since the 1989 census.

Table 11 shows that the percent of residents with mental illness comprised a larger percent of the population of those who moved into boarding care homes over the past four years as compared to residents who were discharged from their homes. While 18% of residents who left their home were categorized as having a mental illness, 22% of new residents had a mental illness. Conversely, the percent of new residents categorized with mental retardation and categorized as the frail elderly decreased. This increase in the percent of new residents with mental illness is interesting in light of the fact that during the same period there was a net decrease in the number of beds located in state-funded homes. Thus, in the years 1989 to 1994, the percent of residents with mental illness in state-funded homes has increased to an even greater extent.

Table 11: Residents Who Have Left Their Homes and Residents Who Have Entered: 1989-1993

DIAGNOSIS	1989 Residents Discharged Prior to 1993 Census		1993 Residents Admitted After 1989 Census	
	N	%	N	%
Frail Elderly	758	49%	688	43%
Persons with Mental Illness	284	18%	356	22%
Persons with Mental Retardation	281	18%	233	15%
Persons with Degenerative Organic Disorders	157	10%	215	13%
Substance Abuse	23	2%	11	1%
Other/Missing	51	3%	107	6%
TOTAL	**1,554**	**100%**	**1,610**	**100%**

How Facilities are Utilized

Based on information from the census and from the Residents' Satisfaction Survey, we can begin to answer questions about residents' use of boarding homes. What is the average length of stay? Does this vary according the gender, age, or diagnosis of the resident? Does it vary according to the type of facility caring for the resident or by whether the person is paying privately? Have most residents lived in more than one boarding home? Where did they live before their current boarding home? Which did they prefer?

Length of stay. Of the different sources available to document residents' length of stay, we are using the average length of stay for current residents. That is, on average, how long have residents lived in their current home.

- **The elderly.** Boarding home residents whose primary diagnosis is physical impairment stay in their current facility about four years. The great majority of these residents (79%) have come from a home setting.[15] Only 24% of these residents have stayed in at least one other boarding care facility before their current one.

- **Persons with mental retardation.** For residents with mental retardation, the average length of stay in their current home is 6.9 years. Unlike the frail elderly, 60% of these residents have experienced at least one, if not several other facilities.

- **Persons with mental illness.** For persons with mental illness, the average length of stay is 5.6 years. The majority (60%) have experienced one or more boarding care facilities before their present one.

- **Persons with degenerative or traumatic mental disorders.** This group stays, on average, only 2.6 years, and for the great majority, this is their first time in a boarding care setting. Only 11% have lived in one or more other boarding homes before their current one.

Where residents go. The fact that boarding home residents left their boarding home since 1989 does not mean that they are no longer being housed within Maine's system of institutional care. They may have been transferred to a facility specializing in mental health and mental retardation, or to a different boarding home. They may have developed a need for a higher level of care and moved to a nursing facility, or perhaps they needed acute care in a hospital. Of course there will be some who have died since the last census, and some may have moved back to their own homes or to the home of another.

[15]Home setting is defined as from the resident's own home or the home of a friend or relative.

Table 12: Follow-up Analysis of 1989 Census: Where Residents Were Discharged To

DIAGNOSIS		MH/MR Facility	Acute Hospital	SNF/ ICF	Boarding Home	Own Home	Home of Another	De-ceased	Other	Total Dis-charged
MR/DD	N	14	12	20	32	28	23	6	21	156
	Discharged	9.0%	7.7%	12.8%	20.5%	18.0%	14.7%	3.9%	13.5%	100%
	Percent '89*	2.2%	1.9%	3.2%	5.3%	4.5%	3.7%	1.0%	3.7%	25.6%
Mental Illness	N	21	39	25	43	20	17	19	14	198
	Discharged	10.6%	19.7%	12.6%	21.7%	10.1%	8.6%	9.6%	7.1%	100%
	Percent '89	2.2%	6.4%	4.1%	7.0%	3.3%	2.8%	3.1%	2.3%	32.4%
Alzheimer's/ Head injured	N	3	23	79	6	4	1	14	4	134
	Discharged	2.2%	17.2%	59.0%	4.5%	3.0%	0.8%	10.5%	3.0%	100%
	Percent '89	1.4%	11.0%	32.3%	2.9%	1.9%	0.5%	6.7%	1.9%	64.6%
Frail Elderly	N	5	154	257	38	14	20	135	10	633
	Discharged	.8%	24.3%	40.4%	6.0%	2.2%	3.16%	21.3%	1.6%	100%
	Percent '89	0.4%	13.4%	22.4%	3.3%	1.2%	1.7%	11.8%	0.9%	55.4%
Substance Abuse	N	1	3	7	2	2	1	2	0	18
	Discharged	5.6%	16.7%	38.9%	11.1%	11.1%	5.6%	11.1%	0.0%	100%
	Percent '89	3.4%	10.3%	24.1%	6.9%	6.9%	3.4%	6.9%	0.0%	62.1%
Other	N	0	15	12	3	1	0	3	1	35
	Discharged	0.0%	42.9%	34.3%	8.6%	2.9%	0.0%	8.6%	2.9%	100%
	Percent '89	0.0%	19.2%	15.4%	3.8%	1.3%	0.0%	3.8%	1.9%	44.9%
TOTAL	N	44	246	400	124	69	62	179	50	1,174
	Discharged	3.7%	20.8%	33.9%	10.6%	5.8%	5.2%	15.2%	4.4%	100%
	Percent '89	1.6%	9.1%	14.8%	4.6%	2.6%	2.3%	6.6%	1.9%	43.7%

Missing = 380

* Percent '89 refers to the percent of all 1989 residents who share that diagnosis and who were discharged since 1989.

Where these people did in fact go varies depending on their primary reason for being in a boarding home in the first place. Of all of the diagnostic categories, members of two groups in particular show a strong tendency to move on to a nursing facility. These are the elderly and people with degenerative mental disorders or head injury. Twenty two percent of the former and 32% of the latter who were identified in the 1989 census were discharged into a nursing facility.

The frail elderly also have the highest mortality rate; about 12% of elderly residents identified in 1989 were reported to have died as a reason for discharge.

Another 13% of residents were discharged into hospitals for acute care, while only 3% moved out of a facility setting, either to their own home or to the home of another. Residents with degenerative organic mental disorders show a similar pattern, for the most part.

Trends in boarding care utilization, described above, differ for persons with mental retardation and persons with mental illness. Among these populations, we see a higher proportion (5% and 7% respectively) moving on to another boarding home. Persons with mental retardation are the most likely of any of the diagnosis groups to have moved out of a facility care setting altogether. Eight percent of such persons identified in the 1989 census and 33% of those who left their home since 1989 did so.

Where do residents come from? From the Satisfaction Survey of Residents, we find that for the entire population, 60% came from their own home or the home of another, 24% moved from another boarding home, 6% from a DMR/DMH facility such as AMHI, BMHI, and Pineland. The remaining boarding care residents (8%) came more or less evenly from adult foster homes, nursing homes, and hospitals.

For most residents (60%), this is their first time living in a boarding home. A large majority (78%) of these "first-timers" came from their own home or the home of another, as opposed to an institutional setting such as a hospital or nursing home. Over half of residents who came from a home setting are elderly. Of the 40% who have lived in more than one boarding home, 60% came from another boarding home, and 5% percent were previously in a nursing home or hospital. The majority of those previously living in a boarding home are persons with mental illness or mental retardation.

Table 13: Previous Living Arrangements of Current 1993 Residents by Diagnosis

DIAGNOSIS	PRIOR LOCATION						TOTAL
	Home	Foster Home	Boarding Home	Nursing Home	Hospital	AMHI, BMHI, Pineland	
Persons with Mental Retard.	55 48%	3 3%	47 41%	1 1%	1 1%	8 7%	115 100%
Persons with Mental Illness	53 39%	7 5%	42 31%	3 2%	11 8%	21 15%	137 100%
Alzheimer's Disease	30 77%	1 2%	3 8%	3 8%	2 5%	0 0%	39 100%
Frail Elderly	191 79%	1 0.5%	34 14%	12 5%	2 1%	2 1%	242 100%
Other	13 68%	0 100%	4 22%	0 100%	1 5%	1 5%	19 100%
TOTAL	342 62%	12 2%	130 24%	19 3%	17 3%	32 6%	552 100%

VIII. RESIDENT SATISFACTION SURVEY

Key Result Areas

The Division of Residential Care has established four Key Result Areas (KRAs) representing important goals for the residential care facilities under their jurisdiction. They are:

1. **CHOICE:** All residents will be able to make decisions and choices which will assist them in managing their daily lives and in seeking their potential for emotional, intellectual, social and spiritual growth, and physical functioning.
2. **ENVIRONMENT:** All residents will live in an environment which facilitates meeting physical and psychosocial needs. These include physical needs such as shelter, food, water, clothing, safety, and security; and psychosocial needs such as a stimulating atmosphere, a sense of belonging, trust, a supportive and therapeutic environment, and opportunities for socialization and learning.
3. **RESPECT:** All residents will receive services delivered in a competent, respectful and caring manner.
4. **ASSISTANCE:** One hundred percent of residents will have the opportunity to access appropriate financial, professional, and residential resources to meet their habilitative, rehabilitative, and support needs. Habilitative resources are those which foster better functioning in society; rehabilitative resources are those which bring or restore a normal or optimum state of health or constructive activity; and support resources are those which provide for help or comfort, both emotionally and spiritually.

As in the 1989 Resident Satisfaction Survey, questions on the 1993 survey were designed in part to represent the elements of the Key Result Areas (KRA). There were some changes made in the most recent survey. A few questions from the first survey were dropped. These were questions which received overall positive responses and therefore did not provide much useful information. Some new questions were added, which are shown shaded.

General Satisfaction with Boarding Care

The results of the 1993 Satisfaction Survey show that residents seem generally satisfied. Overall, positive scores were recorded on most of the questions asked in the survey. For the majority of satisfaction questions, results are summarized for each question as the percent of residents responding positively. The maximum score possible for any yes/no question or group of questions is 100. This would mean that 100% of respondents were satisfied with that aspect of their lives in the boarding care facility. For those questions worded in a manner in which a "no" response indicates satisfaction, the inverse of the response was used in the calculation of composite scores. This means, for example that a *score* of 80% on a question such as "Are your days often boring?" means that 20% of respondents felt that they were, while the other 80% *did not* find their days boring.

In Table 14, satisfaction questions have been listed in order of how often residents answered each question positively. These questions are also grouped for each Key Result Area and results from this analysis are summarized by KRA. This description is then followed by a summary table of subgroupings which received KRA scores above and

below the average for other subgroups.

Choice: Goals established for the KRA Choice are that residents are able to make decisions and choices in their daily lives to achieve their potential for emotional, intellectual, social, and spiritual growth and functioning. Questions to which most residents responded positively in the KRA Choice include being able to go outdoors when they choose (98%), being able to go to bed when they choose (97%), being able to spend their own money (95%), and feeling comfortable asking staff for help (94%). However, when residents were asked if they would prefer do more things around the home if allowed, nearly 30% responded yes, and 50% stated that boarding home staff do more than they really need to.

Environment: Goals established for the KRA Environment are that all residents will live in an environment that facilitates meeting physical and psycho-social needs. Generally speaking, the vast majority of residents responded positively to questions related to physical environment. For example, respondents indicated that it was easy to get around inside their homes (98%), that they got enough to eat at meal time (96%), and that the furniture in their homes was comfortable (96%). In terms of safety, 95% of residents indicated they felt safe in their home. However, 14% of residents indicated that they were afraid of another resident in the home. Although the majority of residents responded positively to questions about their environment, responses seem to indicate that opportunities for socialization, especially with individuals from outside of the homes, are lacking. For example, 18% of respondents indicated that they had not made close friends with other persons in their homes, and 30% indicated that their days were often boring.

Thirty-eight percent indicated that they did not have as many visitors as they would like, and 45% indicated that they did not have any relatives living nearby the boarding home.

Respect: For almost all the questions grouped under the KRA Respect, respondents indicated a high level of satisfaction. When asked if staff were usually respectful, 97% percent responded yes, and 93% indicated that staff generally take the time to talk with residents. Ninety-four percent of respondents indicated that they felt their personal belongings to be safe, and 93% indicated that they had enough privacy in the bathrooms. One question, which has to do with the issue of choice as well as respect, received the third lowest satisfaction score in the survey. When asked whether staff members ever asked residents for suggestions for meals and snacks, only 58% responded that they did.

Assistance: As was the case for respect, responses to questions grouped under the KRA Assistance were by far positive. Ninety-eight percent of residents indicated that they could see a doctor or nurse when they needed to. Over 92% indicated that they felt comfortable asking staff for help, and that it was easy to get staff to help in the middle of the night if needed. Although 92% of respondents indicated they could get someone to take them shopping or on errands when they needed to, only 75% indicated that they went shopping or on errands as often as they liked.

Table 14: 1993 Satisfaction Scores by Key Result Area

	Key Result Area / Question	% Positive
CHOICE		
30.	Can you go outdoors when you want to?	98.4
26.	Can you go to bed when you want to?	96.5
38.	Can you spend your money the way you want to?	95.3
12.	Do you feel comfortable asking the boarding home staff for help?	94.0
23.	Can you get snacks between meal times if you're hungry?	91.5
4.	Can you be by yourself in your boarding home?	89.8
31.	Are there enough activities in your boarding home which interest you?	82.1
14.	Are there things around the home that you could do to make you feel more comfortable? (reversed)	69.1
24.	Do staff ask for your suggestions regarding food?	57.5
13.	Do boarding home staff do more for you than they really need to? (reversed)	50.3
ENVIRONMENT:		
29.	Is it easy for you to get around inside your boarding home?	98.0
22.	Do you get enough to eat at meal times?	96.2
20.	Are chairs, couches and beds in your home comfortable?	95.7
35.	Do you feel safe in your boarding home?	95.0
6.	Do you feel comfortable inviting family or friends to visit your boarding home?	93.3
21.	Do you usually enjoy most of your meals?	93.2
15.	Is your boarding home warm enough in the winter?	92.8
19.	Do you feel comfortable and at home in this boarding home?	91.8
27.	Are there enough bathrooms in your boarding home?	90.9
36.	Are you afraid of anyone in your boarding home? (reversed)	85.9
16.	Is your boarding home cool enough in the summer?	85.6

8.	Have you made close friends with other persons in your boarding home?	81.7
17.	Is it often too noisy at your boarding home? (reversed)	75.8
3.	Are your days often boring in your boarding home? (reversed)	70.1
5.	Do you have as many visitors as you would like?	62.2
7.	Do you have any relatives living nearby the boarding home?	54.9
RESPECT:		
9.	Are the staff people where you live usually respectful to you?	96.7
37.	Are your personal things safe?	93.9
28.	Do you have enough privacy in the bathroom?	93.2
34.	Can you make private phone calls when you want to?	92.9
10.	Do staff people in your home take the time to talk with you?	92.8
18.	Do you have enough room for your clothes and personal things?	87.7
24.	Do staff members ever ask you for suggestions for meals and snacks?	57.5
ASSISTANCE:		
40.	Are you able to see a doctor or nurse if you need to?	98.3
12.	Do you feel comfortable about asking the boarding home staff for help?	94.0
41.	Are you able to see a mental health counselor if you need to?	93.5
11.	Is it easy to get someone to help you in the middle of the night if you need it?	92.5
33.	When you need help with your shopping or errands, is there someone to take you?	92.3
32.	Do you go shopping or on errands as often as you would like?	75.3

Differences in Satisfaction Between Categories of Residents By Key Result Area

To compare differences in satisfaction between subgroups of residents, questions were averaged by KRA. Scores for each KRA were then averaged according to the subgroupings indicated below. Subgroup analysis was performed based on the premise that vastly different populations are served in boarding homes and that boarding homes differ in physical size and structure.

Although individuals can be classified by diagnosis, and homes can be classified by size, it is difficult to extract the individual effects of each of these factors. The section below, like other sections of this report, attempts to do just this, i.e., separate the effects of individual characteristics (diagnosis) and boarding home structure (size of home). A third factor, reimbursement category, is also explored in this chapter. Method of reimbursement as a categorization of homes relates directly to how homes are administered. In general, method of reimbursement also tends to reflect who is being served in the home (diagnosis) and, less generally, to the structure of the home (size). Although the individual effects of a resident's diagnosis, size of the home, and method of reimbursement can never truly be separated, because residents and homes are so different, such analyses are informative.

Method of Reimbursement. Individuals living in flat-rate boarding homes appear to be the most satisfied as a group. For each of the KRAs, flat-rate homes had KRA scores that were higher than any other reimbursement-based group (see Table 15). The fact that flat-rate homes had high KRA scores is especially interesting in comparison to other cost reimbursed, non-DMR facilities. The most striking difference in scores between these

type of facilities is in the KRA Respect (96% versus 88%). When asked "Do you have enough privacy in bathrooms?," 100% of respondents in flat-rate homes gave a positive response, versus 92% in cost-reimbursed homes. Similar differences were found for the questions: "Do staff ask for suggestions regarding food?," (79% versus 53%) and "Do you have enough room for clothes and things?" (97% versus 87%) (see Appendix G).

It should be noted that although individuals in cost-reimbursed homes appear less satisfied, these results are more likely a result of other factors, such as size of home and population mix, rather than method of reimbursement, as discussed below.

On average, DMR facilities received scores that were similar to other boarding homes. For the KRA Environment, however, DMR homes appear to have a lower-than-expected score. Compared to the average of all boarding homes, DMR homes had *scores* that were lower-than-expected for the questions: "Are your days often boring?" (71% versus 65%), "Is it often too noisy?" (76% versus 59%), and "Are you afraid of anyone in your boarding home?" (96% versus 88%) (see Appendix G).

Diagnosis. In a comparison of individuals grouped by diagnosis, the most striking trends are seen for individuals with mental illness. For the KRAs Environment and Respect, individuals with mental illness appear to have lower levels of satisfaction compared to other boarding home residents. For the KRA Environment, respondents with mental illness were less likely to give a positive response to questions: "Do you have as many visitors as you would like?" (52% versus 62%), "Do you have any relatives living nearby?" (43% versus 55%) "Do you feel comfortable inviting family and friends to your boarding home?" (87% versus 93%), and "Are you afraid of anyone

here?" (82% versus 96%). For the KRA Respect, respondents with mental illness were less likely to give a positive response to questions: "Are your personal things safe?" (89% versus 94%), "Can you make private phone calls when you want?" (89% verses 93%), "Do you have enough privacy in bathrooms?" (87% versus 93%), and "Are the staff usually respectful?" (93% versus 97%).

Size of Home. Of the three subgroups based on boarding home size, boarding homes of small and medium size generally had the highest level of satisfaction scores. For small boarding homes, the KRAs Assistance and Respect showed higher positive scores. For the KRA Assistance, comparing small boarding homes to large boarding homes, small boarding homes were more likely to give a positive response to the questions: "Is it easy to get someone to help you in the middle of the night?" (96% versus 91%), "Is there someone to help you with shopping?" (96% versus 90%), and "Can you go on errand when you want?" (85% versus 71%).

Medium-sized boarding homes showed especially strong scores for the KRAs Environment and Respect. For example, in the KRA of Environment, residents of medium-sized boarding homes had the highest positive response to questions such as: "Are days often boring?", "Are there enough activities in the home which interest you?", "Have you made close friends?", "Do you feel at home?", "Do you feel safe?", "Do you enjoy meals?", and "Is it cool enough in the summer?" Residents of large boarding homes seemed to be the least satisfied for the KRAs Respect and Assistance.

For the KRA Choice, there appears to be a trade-off between small and large boarding homes. Residents of smaller boarding homes had a higher positive response to

questions on topics such as food, being able to be by yourself, and asking staff for help. Residents of larger boarding homes had a higher positive response to questions on topics such as not having staff do too much for the residents and being able to go to bed when desired. Although this question was not grouped in the KRA Choice, residents of larger boarding homes were the least likely to have visitors as often as they would like.

Table 15:

Key Results Area Scores by Reimbursement Category, Pay Source, Diagnosis, Age, Sex and Homes Size

		Number of Respondents	Mean	Difference from Mean
ALL RESPONDENTS				
	Choice	(640)	82.8	---
	Environment		85.3	---
	Respect		87.9	---
	Assistance		90.9	---
BY DIAGNOSIS				
Persons with Mental Retardation	Choice	(135)	82.7	-0.1
	Environment		85.3	0.0
	Respect		90.2	+2.4
	Assistance		92.4	+11.5
Persons with Mental Illness	Choice	(155)	79.5	-3.3
	Environment		81.2	-4.0
	Respect		86.1	-1.8
	Assistance		89.1	-1.7
Persons with Alzheimer's	Choice	(40)	84.0	+1.2
	Environment		90.2	+4.9
	Respect		88.1	+0.3
	Assistance		90.8	-0.1
Elderly	Choice	(263)	84.0	+1.2
	Environment		86.3	+1.0
	Respect		87.3	-0.6
	Assistance		90.5	-0.4
BY AGE				
18 - 44	Choice	(107)	80.3	-2.5
	Environment		82.6	-2.7
	Respect		87.2	-0.7
	Assistance		90.4	-0.5
45 - 64	Choice	(106)	80.3	-2.0
	Environment		83.1	-2.2
	Respect		87.7	-0.2
	Assistance		90.8	-0.1
65 - 74	Choice	(106)	80.9	-1.9
	Environment		84.0	-1.3
	Respect		85.9	-2.0
	Assistance		90.7	-0.2

		Number of Respondents	Mean	Difference from Mean
75 - 84	Choice	(162)	84.5	+1.7
	Environment		87.9	+2.7
	Respect		89.5	+1.6
	Assistance		91.4	+0.5
85+	Choice	(124)	85.6	+2.8
	Environment		86.2	+0.9
	Respect		88.0	+0.1
	Assistance		90.9	0.0
BY GENDER				
Female	Choice	(406)	83.3	-0.7
	Environment		85.9	-1.0
	Respect		87.6	+0.3
	Assistance		91.4	-0.6
Male	Choice	(225)	82.1	+0.5
	Environment		84.3	+0.6
	Respect		88.2	-0.3
	Assistance		90.3	+0.5
BY PAY SOURCE				
Private Pay	Choice	(184)	85.2	+2.4
	Environment		87.0	+1.7
	Respect		88.8	+0.9
	Assistance		90.0	-0.8
State Pay	Choice	(441)	82.0	-0.8
	Environment		84.5	-0.7
	Respect		87.4	-0.5
	Assistance		91.4	+0.5
BY REIMBURSEMENT CATEGORY				
CR	Choice	(392)	82.2	-0.6
	Environment		84.9	-0.3
	Respect		86.7	-1.2
	Assistance		90.6	-0.3
DMR-CR	Choice	(89)	83.2	+0.4
	Environment		83.3	-2.0
	Respect		89.1	+1.2
	Assistance		91.3	+0.4
Flat-rate	Choice	(41)	85.5	+2.7
	Environment		91.1	+5.8
	Respect		95.5	+7.6
	Assistance		96.3	+5.5

		Number of Respondents	Mean	Difference from Mean
Private	Choice	(110)	83.9	+1.1
	Environment		85.8	+0.5
	Respect		88.1	+0.2
	Assistance		90.0	-0.8
BY FACILITY SIZE				
4 - 6 beds	Choice	(122)	82.4	-0.3
	Environment		85.9	+0.7
	Respect		92.6	+4.7
	Assistance		93.9	+3.0
7 - 20 beds	Choice	(155)	84.5	+1.7
	Environment		87.1	+1.8
	Respect		91.5	+3.6
	Assistance		92.9	+2.0
21+ beds	Choice	(355)	82.3	-0.5
	Environment		84.2	-1.1
	Respect		84.6	-3.3
	Assistance		89.2	-1.7

Changes in Satisfaction Score from 1989 to 1993

To assist the Division of Residential Care in tracking progress toward goals set in the Key Result Areas, comparisons were made of the results from the 1989 and 1993 Satisfaction Surveys. Only those questions found in both surveys were included in the analysis. The overall satisfaction scores for the questions in each of the four Key Result Areas *have not changed very much in the last four years* and the order of satisfaction with each KRA stayed exactly the same, with the KRA Assistance having the most positive score followed by the KRA's Choice, Environment, and Respect. To shed some light on the extent of differences among KRA scores, they range from 88% to 94% inclusive, accross all Key Result Areas.

light on the extent of differences among KRA scores, they range from 88% to 94% inclusive, accross all Key Result Areas.

Between 1989 and 1993, there was a significant change in boarding homes and in residents living in these homes. A disproportionate number of large, private boarding homes opened, a number of homes were reclassified as DMR homes, and the percentage of persons with mental illness living in state-funded homes increased significantly. These changes in the characteristics of boarding homes are the most likely explanation for changes in boarding home satisfaction.

IX. ADMINISTRATORS' SURVEY

The 1993 Administrators' Survey was designed to gain a better understanding of the problems faced by boarding care administrators in obtaining professional services for their residents, to assess the level of in-home programming available to residents, and to get a sense of the challenges administrators face in providing the level of care needed. Overall, administrators were very helpful in providing the information requested on the survey. Responses were received from 73% of all boarding care facilities in Maine. Questions were grouped into six categories: resident services, resident activities, maintaining a home environment, staff/employee issues, ownership of the facility, and regulation. A complete version of the Administrators' Survey can be found in Appendix D.

External Professional Services

Questions about professional services received by residents from the community refer to visits to the facility by physicians, nurses, psychiatrists, mental retardation case workers, and by area agencies such as community mental health agencies or the Bureau of Elder and Adult Services. It is important to recognize that the focus of this part of the survey is on the level of services provided *at the home*. Residents in facilities which report few or no on-site visits from health professionals may still be accessing many of those services outside the home (a visit to the doctor) or within the facility (a staff nurse).

Table 16: Homes With Professional or Service Agency Visits

Professional or Service Agency	Visits Once a Month or More	Visits Less than Once a Month
Physician	33 24%	106 76%
Psychiatrist	16 12%	123 88%
Consulting Nurse	73 53%	64 47%
Community Mental Health Agency	37 27%	101 73%
Mental Retardation Case Worker	35 25%	104 75%
Area Agency or Aging (AAAs)	0 0%	138 100%
Bureau of Elder and Adult Services (BEAS)	10 7%	127 93%
Home Health Aide or Visiting Nurse	47 34%	92 66%
Occupational Therapist	3 2%	130 98%
Veterans Affair Officer	7 5%	127 95%

Frequency of visits by professional agencies and services. For most types of professional services mentioned above, the majority of administrators reported visits less than once a month. Visits from nurses, home health aides, and consulting nurses were the most frequent of all professional services reaching boarding care facilities: 34% of homes reported receiving services for some or all of their residents from a nurse or home health aide more than once a month, and 53% reported similarly frequent visits from a consulting nurse. About one quarter of homes reported that services from mental health and mental retardation agencies, as well as from physicians, reach their residents more than once a month. The least frequent visits were from professionals in the areas of veterans affairs, occupational therapy, the Area Agency on Aging and Bureau of Elder and Adult services, and psychiatry (see Table 16).

Percent of residents with no professional service or agency visits. According to administrators, 60% of residents receive no services in the home from professionals or agency representatives on a monthly basis. However, the frequency of non-staff professional visits differs according to the mix of residents in a particular facility. In homes that exclusively serve the elderly, 76% of residents do not receive monthly professional visits. In homes that exclusively serve persons with mental retardation, 48% of residents do not receive monthly professional visits. In homes that exclusively serve persons with mental illness, only 12% of residents do not receive monthly professional services (see Table 17).

There appear to be no differences in the level of external professional services received according to the method of reimbursement of a facility. That is, residents in private-pay, flat-rate, and cost-reimbursement homes receive about the same level of non-staff professional care in the facility.

Table 17: Percent of Residents with No Monthly Professional Visits

Resident Mix	Percent with No Professional Services on a Monthly Basis
Elderly	76%
Mentally Ill	12%
Mentally Retarded	48%
Mixed	60%
Combined	60%

Problems in Obtaining Professional Services

When asked whether there were any problems in obtaining outside professional services for their residents in the last six months, administrator responses indicated that

some services had been more difficult to obtain than others. The services which administrators most frequently reported having difficulty obtaining, either some of the time or often, were psychiatrists (33%), community mental health agencies (32%), physician service (20%), and mental retardation case workers (20%). On the other end of the spectrum, relatively few administrators experienced difficulty in obtaining the services of consultant nurses (7%), home health aide or visiting nurses (9%), and veteran's affairs officers (9%).

Table 18: Problems Obtaining Services in the Past Six Months

Professional or Service Agency	N Using Service	Problems Obtaining Services	
		Sometimes/ Often	Never
Physician	132	20%	80%
Psychiatrist	94	33%	67%
Consulting Nurse	105	7%	97%
Community Mental Health Agency	76	32%	68%
Mental Retardation Case Worker	70	20%	80%
Area Agency on Aging (AAAs)	39	13%	87%
Bureau of Adult and Elder Services (BEAS)	41	20%	80%
Home Health Aide or Visiting Nurse	75	9%	91%
Occupational Therapist	44	16%	84%
Veterans Affairs Officer	32	9%	91%

Administrators' Response to Emergency Situations

One of the purposes of the Administrators' Survey was to gain a clearer sense of how administrators use the services in their community. This was the purpose of question 24 in the Survey, which asked what resources they would think of using *first* in an emergency situation, when a resident was posing a physical threat to someone in the boarding care facility.

The most common answer was the sheriff or police. Thirty-six percent of administrators chose this as their first resort, followed not too closely by a physician (13%), the boarding home director (10%), or a mental retardation case worker (also 10%).

As it turns out, the resource of first resort for administrators differs according the mix of residents served in the facility. In homes that primarily serve residents with mental illness and in homes that serve mixed populations, the police or sheriff were even more likely to be called if a resident posed a physical threat (47% and 51% respectively). This contrasts with the response at homes which primarily serve the elderly, where only 20% of administrators felt they would call for law enforcement as a first choice.

Table 19: Who Administrators First Call in an Emergency

Professional/Agency/Service	Frequency	Percent
Physician	18	13.3%
Consult Nurse	1	0.7%
Mental Retardation Case Worker	14	10.4%
Hospital Emergency Room	3	2.2%
Psychiatrist	1	0.7%
Community Mental Health Agency	11	8.1%
Sheriff/Police	48	35.6%
Other	12	8.9%
Administrator/Director/Manager	14	10.4%
Ambulance	5	3.7%
More Than One	8	5.9%

Administrators of facilities primarily serving the elderly are more likely to call a doctor first (44%). This is in marked contrast with administrator response at homes serving mixed populations and those serving persons with mental illness, who rarely, if ever, would use a physician as a first resort in this kind of situation (0% and 6%, respectively).

Availability of Services in the Area

Administrators were asked to give an assessment of the overall availability of needed services in their particular area. These would be services needed not only in an emergency, but those which provide their residents the care and resources they need to maintain a good quality of life on a regular basis.

It is perhaps reassuring to note that very few administrators felt that needed services were rarely or never available in the area. In fact, overall availability of services was high: 74% of administrators felt that the services their residents need do exist in their area. However, one-quarter of administrators feel that services are available only some of the time, or just occasionally.

As Table 20 shows, administrators report differently on availability of services, according to method of reimbursement of the home and according to the mix of residents served in a particular home. For example, 90% of administrators of private-pay facilities find that services are always available for their residents, while this figure drops to 82% and 66% for flat-rate homes and cost-reimbursement homes, respectively.[16]

The great majority of administrators of homes primarily serving the elderly also reported that needed services were always available (90%), a view held less strongly by administrators of homes serving persons with mental illness (72%), a mixed population (69%), or persons with mental retardation (65%).

[16]This is not altogether surprising, because, as alluded to earlier, private-pay facilities tend to be located in urban settings, where accessing services presents less of a problem.

Table 20: Availability of Services in the Area

	Always		Sometimes/ Occasionally		Rarely/Never	
	N	%	N	%	N	%
Combined	107	74%	36	25%	1	1%
Method of Reimbursement						
Cost Reimbursed	57	66%	29	33%	1	1%
Flat Rate	14	82%	3	18%	0	0%
Private	35	90%	4	10%	0	0%
Mix of Residents						
Elderly	36	90%	4	10%	0	0%
Mentally Ill	13	72%	5	28%	0	0%
Mentally Retarded	30	65%	16	35%	0	0%
Mixed	25	69%	10	28%	1	3%
Alzheimer/Head Injured	2	67%	1	33%	0	0%

Most Needed Services

In pursuing the question of needed services, administrators were asked to name what type of new or improved service or facility they would like to see in their area if they "could get *just one more.*" The responses, shown in Table 21, demonstrate a great deal of interest in seeing additional or improved assistance in the area of psychiatric care and mental health services. Thirty percent of administrators saw this as a first priority, followed by the need to provide residents with social interaction or day treatment (19%). Other needed services identified by 5% to 8% of administrators were therapists, registered nurse services, employment services, and public transportation.

Table 21: Most Needed Services as Identified by Administrators

Professional Service/Agency	N	%
Psychiatric/Mental Health Service	24	30.0
Social Inter., Day Treatment	15	18.8
Therapies	6	7.5
R.N.	5	6.2
Employment Service	4	5.0
Public Transportation	4	5.0
Resident Placement	3	3.8
Dentist	3	3.8
Crisis Intervention	3	3.8
Supplemented Living	3	3.8
Alzheimer Care	2	2.5
Respite Care	2	2.5
Visiting Physician	2	2.5
Geriatric Medical Specialist	1	1.2
Hospital	1	1.2
Arts/Crafts	1	1.2

Overall Satisfaction With Quality of Services

Administrators were asked about their satisfaction with the services they have received in the past six months. It appears that there is general satisfaction with service quality among administrators. Over half of the administrators reported that they were very satisfied with the quality of services and only 3% indicated that they were very unsatisfied with the quality of service.

Table 22: Administrator Satisfaction With Quality of Services

Satisfaction	Frequency	Percent
Very Satisfied	72	50.3
Somewhat Satisfied	43	30.1
Somewhat Unsatisfied	17	11.9
Very Unsatisfied	4	2.8
No Service Obtained	7	4.9

Frequency Missing = 5

Services Provided by the Home

Activities programs. The activities programs provided by boarding care facilities are intended to provide motivational activities suited to the needs of the residents which will improve the quality of their daily life. The quality and variety of activities available and programmed for residents would affect two of the four Key Result Areas. First, activities programming can play a role in helping to meet residents' psychosocial needs. Second, having a range of activities available to residents each week enhances the level of choice they have in their daily lives, by presenting residents with a richer array of decisions they can make for themselves.

Activities programs vary by facility, but they can range from arts and craft projects, which provide a creative outlet as well as challenging fine motor skills, to visiting musical performances, dances, and sing-alongs. Also included in some activities programs are organized games (which serve a dual function by providing residents with exercise), exercise classes, discussion groups, and field trips. On the other end of the spectrum are the simpler activities such as cards, checkers, television, a visiting library-on-wheels, or a walk outside.

Are activities programs offered? When administrators were asked if they had an activities program in their facility, 80% responded that they did. In looking more closely at the affirmative response rate according to the method of reimbursement of the facilities, we find that almost all private-pay facilities have such programming (92%), compared to 78% of the cost-reimbursement homes and just 56% of the flat-rate facilities.

This same sort of difference is seen when comparing homes by their number of beds. All of the large boarding care facilities in Maine who took part in the survey offer activities programming for their residents. The size of the facility appears to be an advantage in rendering this kind of on-site service, for which a knowledgeable activities director can be very useful. Among medium-sized facilities the number offering an activities program make up 78% of the total, and this drops to 69% for small boarding homes.

Table 23:
Presence of Activities Programming in Boarding Care Facilities by License Code and Size of Facility

Category	Homes With Programs		Homes Without Programs	
	N	%	N	%
Combined	114	80%	29	20%
Method of Reimbursement:				
Cost Reimbursed	69	78%	19	22%
Flat Rate	9	56%	7	44%
Private	35	92%	3	8%
Size of Home:				
Small (4-6 beds)	44	69%	20	31%
Medium (7-20 beds)	32	78%	9	22%
Large (21+ beds)	37	100%	0	0%
Total	114	80%	29	20%

The nature of activities programs: self-directed or staff-directed. For those facilities which said they did offer activities programming, questions were asked about the nature of activities in a typical week. Specifically, the survey asked how many hours per week of the activities program were devoted to *self-directed* activities, in which residents find things to do on their own, and to *staff-directed* activities, when a staff member leads the residents in an activity.

Table 24:
For Homes with Activities Programs:
Hours per Week Dedicated to Self-directed and Staff-directed Activities

	Program Hours Per Week	
Size of Home	Self Directed	Staff Directed
Small (4-6 beds)	14	9
Medium (7-20 beds)	12	10
Large (21+ beds)	14	21

Title of person directing activities program. Overall, sixty four percent of activities programs in boarding care facilities are run by a designated activities director or coordinator. Sixteen percent of programs are run by the facility's administrator or director, and an additional twenty percent of programs are run by the facility's staff.

As expected, the percent of programs run by administrators, activities directors, and staff differs by the size of the facility. In small facilities, the responsibility of running an activities program appears to be equally distributed among activities directors, administrators, and other staff. In medium-sized facilities, a much larger percent of programs are run by activities directors (64%). In large facilities nearly all programs (95%) are run by an activities director.

Difficulties in planning activities. When administrators were asked to cite up to three of the most difficult problems they have encountered in planning activities for their residents, more than half (53%) indicated that *residents do not want activities.*

Other frequently cited problems were that providing activities programming costs too much money (30%), that there is not much to do in the community (26%), that it

requires too much staff time (20%), and that the weather makes activities difficult (19%). Very few administrators felt that a lack of appropriate activities or transportation posed a problem for them in planning activities.

Table 25: Most Difficult Problems Indicated by Administrators Planning Activities for Residents

Reasons	Percent
Residents don't want activities	53%
Cost too much money	30%
Not Much to do	26%
Too much staff time	20%
The weather	19%
No skilled staff	12%
No Suitable space	9%
No Transportation	7%
No Appropriate activities	3%

Difficulties in monitoring and providing levels of care needed. In addition to all of the specific staffing issues considered, the survey raised the more general question of whether administrators ran into difficulty in monitoring the level or type of medical care required by one or more of their residents.

In general, the majority of administrators reported that monitoring needed care was rarely or never a problem for them. Nineteen percent reported that this was sometimes a problem, while only about 4% cited this as a frequent problem in their facility.

In taking a closer look at this question according to the kind of population being served, the notable deviation from the general response comes from administrators of homes serving primarily persons with mental illness. A greater proportion (39%) of the

administrators of these homes, as compared to the others, reported that providing adequate monitoring or medical care was sometimes or frequently a problem for them (compare this to an overall average of 23%). Homes primarily serving the elderly, persons with mental retardation, or mixed populations were less likely to report this as a recurring or even occasional problem for them.

Table 26: Problems with Providing Residents with Needed Level of Care by Mix of Residents

	Very Frequently		Sometimes		Rarely		Never	
Mix of Residents	N	%	N	%	N	%	N	%
Elderly	1	2%	8	20%	12	29%	20	49%
Mentally Ill	2	11%	5	28%	8	44%	3	17%
Mentally Retarded	1	2%	5	11%	18	40%	21	42%
Mixed	1	3%	9	24%	12	31%	16	42%
Combined	5	4%	28	19%	53	36%	60	41%

Frequency missing = 3

Increased levels of difficulties in running a boarding home. Administrators were also asked whether they felt that running a boarding home was easier now than it was three years ago. Overall, the majority (59%) of administrators reported that their job had become more difficult in the past three years. Only 3% of administrators reported that their job was easier now, compared to 1989.

However, there was some variation in this assessment according to the mix of residents served in the facility (see Table 27). The largest reported increase in the level of difficulty in running a boarding care facility came from administrators of homes

serving primarily a mixed population (76%), and homes which served predominantly the elderly population (63%).

Table 27:
Ease of Running a Boarding Care Facility Now Compared to Three Years Ago by Mix of Residents

	Easier Now		About the Same		More Difficult		Don't Know	
Mix of Residents	N	%	N	%	N	%	N	%
Elderly	1	2%	13	33%	25	63%	1	2%
Mentally Ill	1	6%	7	39%	8	44%	2	11%
Mentally Retarded	2	4%	9	20%	21	47%	13	29%
Mixed	1	2%	4	11%	28	76%	4	11%
Combined	5	3%	34	24%	85	59%	20	14%

Frequency missing = 5

Administrators' responses regarding the level of perceived difficulty also differ according to the size of the facility. While an average of 59% of administrators reported that it was more difficult to run their facility than three years ago, this figure was significantly higher among administrators of large facilities, 77% of whom reported increased difficulties. In fact, it appears that the level of reported difficulty decreases right along with the size of the facility (see Table 28).

Table 28:
Ease of Running a Boarding Care Facility Now Compared to Three Years Ago by Size of Facility

	Easier Now		About the Same		More Difficult		Don't Know	
Size of Home	N	%	N	%	N	%	N	%
Small (4-6 beds)	2	3%	20	31%	31	48%	12	19%
Medium (7-20 beds)	3	7%	8	18%	27	63%	5	12%
Large (20+ beds)	0	0%	5	14%	27	77%	3	9%
Combined	5	3%	34	24%	85	59%	20	14%

Frequency missing = 5

Staffing Issues

Number of staff. Included in the Administrators' Survey were questions about the number of full-time and part-time employees used to run the facility. The average number of both full-time and part-time employees according to the size of the facility are displayed in Table 29 below.

The results demonstrate that efficiencies of scale are achieved with the medium-sized and larger homes as compared to the small homes. As a ratio of staff to beds, larger facilities appear to require less staff. Also, as facilities progress from small to medium size, relatively few additional *full-time staff* are added. Instead, additional levels of staffing for larger homes are achieved through an increased reliance on *part-time employees*. While the increased use of part-time staff may represent an efficiency of scale, it may also enable a greater specialization of duties among the employees in the medium- and large-sized facilities.

Table 29: Average Number of Full and Part-time Employees by Facility Size

Size of Facility	Average Number of Employees	
	Full-time	Part-time
Small (4-6 beds)	4	2
Medium (7-20 beds)	5	6
Large (21+ beds)	12	12
Combined	6	6

How administrators spend their time. Administrators were asked to indicate how many hours in a typical week they spent on a variety of activities related to the running of a boarding care facility. The results, expressed as the percentage of weekly hours spent by activity, are displayed in Table 30.

As expected, the percent of time administrators devote to these tasks is highly dependent on the size of the facility. Administrators of larger facilities dedicate more of their time to management, planning, and clerical activities (80%) compared to their counterparts in medium-sized and small homes (65% and 57%, respectively).

In the small and medium-sized facilities, administrators report more time devoted to direct resident services such as personal care of residents and therapeutic recreational activities (about 20% of their time). Administrators of small homes report that they spend 16% of their work week attending to general housekeeping (including laundry and kitchen work), which is not the case for administrators in medium-sized and large homes.

These results reflect the typical staffing situation found in homes of each size. As one might expect, as a facility handles larger numbers of residents the administrator becomes more occupied with the increased management and clerical issues they necessitate; yet with a larger staff they are in a position to delegate much of the resident care duties and practically all of the general housekeeping and maintenance responsibilities to others. In the small homes, with their relatively low numbers of staff, work tends to be more evenly spread, with the administrator pitching in in all areas.

Table 30: Percent of Work Week Spent by Administrators by Size of Facility

Task	Size of Facility			
	Small (4-6 beds)	Medium (7-20 beds)	Large (21+ beds)	Overall Average
Administrative Management	44%	49%	60%	50%
Clerical Tasks	13%	16%	20%	16%
Personal Care for Residents	14%	15%	6%	12%
Therapeutic Recreational Activities	7%	5%	3%	5%
General House Keeping	16%	7%	2%	9%
Maintenance	4%	6%	3%	4%
Other	2%	1%	4%	2%

Hiring and maintaining staff. To assess the availability of qualified employees, administrators were asked if they found it difficult to hire good staff. Overall, 52% of administrators indicated that they did have such difficulties.

Table 31: Difficulties in Hiring New Staff by Mix of Residents

Mix of Residents	Difficulties in Hiring Good Staff		
	Yes	No	None Hired
Elderly	15 39%	20 53%	3 8%
Persons with Mental Illness	7 41%	7 41%	3 18%
Persons with Mental Retardation	25 54%	20 43%	1 2%
Mix Population	24 65%	8 22%	5 13%
Other	2 67%	1 33%	0 0%

Frequency missing = 7

The level of difficulty in hiring staff was affected by the mix of residents served: homes serving exclusively the elderly were least likely to indicate problems, followed by homes that serve persons with mental illness and homes that serve persons with mental retardation. According to the survey, homes that serve mixed populations reported the greatest difficulty in hiring good staff.

Factors contributing to difficulties in hiring staff. Administrators who reported difficulties in hiring were asked to identify, from a list, the factors they felt contributed to the problem. Across all sizes of boarding homes, the reason most often cited for hiring difficulties was an inability to provide potential employees with *a large enough salary*; 52% of administrators reported salary difficulty in hiring new staff. The second most often cited difficulty was that applicants were unqualified for the work (30%), followed by the long or inconvenient hours required (14%), and that applicants did not like the work or were unmotivated (13%).

Differences in difficulties in hiring staff were seen between small, medium and large facilities. As compared to large homes, small and medium homes were more likely to require long and inconvenient hours (3% versus 18%). As compared to small homes, medium and large homes reported both unqualified applicants (20% versus 41% and 38%, respectively) and unmotivated applicants (8% versus 16% and 19%, respectively) as sources of difficulty in hiring new staff.

Table 32: Factors Contributing to Difficulties in Hiring Staff by Size of Facility

Task	Size of Facility			
	Small (4-6 Beds)	Medium (7-20 Beds)	Large (21+ Beds)	Total
Can't Pay Enough	47%	52%	51%	50%
Hours Long, Inconvenient	18%	18%	3%	14%
Unqualified Applicants	20%	41%	38%	30%
Unmotivated Applicants	8%	16%	19%	13%
High Risk, Undesirable Residents	6%	2%	3%	4%
Inconvenient Location	2%	2%	5%	3%
Other Reason	4%	4%	8%	5%

The mix of residents served by a facility had a strong effect on the level of difficulty in hiring staff. Homes that serve predominantly elderly persons and homes that serve predominantly persons with mental illness were much less likely to indicate that salary was an obstacle in hiring good staff than were homes that serve persons with mental retardation and homes with mixed populations.

Homes that serve predominately persons with mental retardation were the more likely to indicate long and inconvenient hours, and homes that serve mixed populations were the more likely to indicate there were problems with unqualified and unmotivated applicants.

Table 33: Factors Contributing to Difficulties in Hiring Staff by Mix of Residents in the Facility

Task	Mix of Residents in Facility			
	Elderly Persons	Persons with Mental Illness	Persons with Mental Retarda-tion	Mixed Residents
Can't Pay Enough	34%	39%	60%	60%
Hours Long, Inconvenient	2%	11%	30%	7%
Unqualified Applicants	29%	22%	8%	42%
Unmotivated Applicants	10%	5%	8%	26%
High Risk, Undesirable Residents	2%	11%	2%	2%
Inconvenient Location	2%	5%	28%	5%
Other Reason	7%	5%	2%	5%

Ownership of Boarding Care Facilities

Table 34 below summarizes questions 48-52 of the Administrator's Survey. This set of questions deals with ownership of boarding care facilities and asks who owns the home, whether their administrator participated in ownership, whether multiple boarding care facilities were owned and whether other health care facilities are involved in ownership.

Overall 50% percent of boarding care facilities are owned by an individual or couple. Another 45% are owned as a not-for-profit, and 5% are owned by an "other for-profit" businesses. In a comparison of ownership by mix of population served, homes serving primarily persons with mental retardation are more likely to be owned by a not-for-profit (73%) while homes serving mixed populations are more likely to be owned by an individual or couple (76%).

Of the administrators, 36% indicated that they personally participated in ownership; 42% indicated that the owners of their facility owned other boarding care facilities, and 20% indicated the owners of their facility owned other health care facilities such as inpatient hospitals, or nursing facilities.

Table 34: Ownership of Boarding Care Facilities

Type of Ownership		N	%
Facility Owned By	Individual/Couple Not-For-Profit Other For-Profit	70 63 8	50% 45% 5%
Owner/Operator	Yes No	52 93	36% 64%
Owns Other Boarding Care Facility	Yes No	60 83	42% 58%
Owns Other Health Care Facilities	Yes No	29 114	20% 80%

Rules and Regulation

In the final section of this survey, administrators were asked a series of questions on rules and regulations. When asked if Division of Residential Care rules and regulations were clear and concise, a large majority (70%) indicated that they were. When boarding care administrators were asked if the rules and regulations were applied in a fair manner, an even larger majority (87%) indicated that they were.

Attitudes about rules and regulations were not shared equally by administrators of homes serving different populations. Administrators of homes serving predominantly persons with mental illness were the most likely group (82%) to indicate that Division of Residential Care rules and regulations are clear and concise. On the other hand,

administrators of homes serving predominantly the elderly were the least likely group (54%) to do so. It is interesting to note, however, that administrators of homes serving persons with mental illness were not the most likely, but along with administrators of homes serving the elderly, were the least likely groups to indicate that DRC employees *apply* those rules and regulations in a fair manner.

Table 35: DRC Rule and Regulations

Population Served	Are DRC Rules and Regulations Clear and Concise					
	Yes		No		Sometimes	
	N	%	N	%	N	%
Elderly	21	54%	15	38%	3	8%
Persons with Mental Illness	14	82%	3	18%	0	0%
Persons with Mental Retardation	33	72%	12	26%	1	2%
Mixed Population	27	75%	8	22%	1	3%
Alzheimer/Head Injury	2	67%	1	33%	0	0%
TOTAL	97	69%	39	28%	5	3%

Finally, administrators were also asked: "If you could make one change to the rules and regulations, what would it be?". Over two thirds of administrators answered this open question. Responses were grouped by subject area, such as regulation, medical issues, care plans, financing, surveyors, staffing and admission policies (see Table 36 below). Data contained in this single question provides a great deal of insight into problems faced by boarding care administrators.

Because of the wide variety of comments, it is almost impossible to summarize the results of this question. One aspect of the responses should be noted however, namely,

that administrators are not unified in their attitudes toward the amount and specificity of regulation provided by the Division of Residential Care. For example, in the subject area identified as regulation, a number of administrators indicated a desire to lessen the scope and/or number of regulations. However, an even greater number of administrators mentioned the need for more specificity of regulation for residents with differing needs and for differing types of facilities. In the subject area of medical care, a number of administrators indicated regulations were too medically oriented. However, other administrators mentioned the need to allow RNs to practice in the home, to increase physician and RN input, and to lengthen medication training.

Throughout this report, an attempt was made to highlight the diversity of both persons residing in boarding care facilities and the facilities themselves. Clearly it is difficult to regulate such a wide range of institutions without an ability to account for this diversity. In this open ended question, administrators were given the opportunity to raise issues as they perceived them. Response to this question was not uniformly slanted toward more or less regulation, but, instead, reflected the diversity of boarding care administrators. It is perhaps this diversity that represents the greatest challenge in regulating the boarding care program in the state of Maine.

Table 36: Top Issues Administrators Feel Need to be Changed

SUBJECT	ISSUE	N
Regulation	Lessen scope and/or number	18
	Clarity (general)	17
	Clarity/specificity to residents with differing needs	19
	Specificity to type of facility (size, population)	
	Uniformity of application	8
	More training needed for administrators	
		16
		3
Medical	RNs should be able to nurse in boarding homes	4
	Too medically oriented	
	Should include MDs on decisinos to use psychotropic drugs	4
	Lengthen medication training	
	Revise self-medication policy	3
	More RN input into regulation	2
		2
		1
Care Plans	Care plan training	6
	Frequency (less)	5
	Standardized reports	3
	Subjectivity	3
	Should be monitored	1
Financing	Increase Cap	11
	Problems with billing	4
	Occupancy adjustment	2
	Payment for live-in staff and accommodations	2
	Prior approval for family members	
		1
Paper Work	Paper Work (general)	18
Surveyors	Subjectivity	19
	Are Fair and Helpful	9
Cost of Compliance	Training, equipment, worker's compensation	5
Staffing	Additional staff hours needed	4
Dual Licensure	Conflicts, duplication, confusion	2
Admissions Policies	Timing, age of residents	1
Miscellaneous	Mix in homes, homes should be DHS nor MR, more MDs, discharge plans, etc.	9
None Needed	-	8
No Comments	-	49

CONCLUSION

The combined 1993 residential care census, administrators' survey and survey of resident satisfaction suggests that Maine enjoys a relatively stable system of residential care, but one in which important changes are beginning to appear. The most striking overall elements emerging from this study are that boarding homes serve a diverse, challenging group of persons bearing little similarity to the public stereotype as primarily residences for the frail elderly. In addition, boarding care facilities themselves differ according to their clientele, size, and capacity, and the operating philosophies of their administrators.

While the elderly are well-represented as boarding facility residents, it is now clear that persons with more specialized needs, such as mental illness, mental retardation, head injuries or deteriorative mental conditions are, collectively, the largest single group in Maine's boarding care facilities, regardless of age. The report documents an increase in residents with a history of mental illness, which is not surprising given the Superior Court-mandated build-down of state mental hospitals. More and more persons are being discharged from these hospitals into communities with limited supports, and boarding care facilities are often the only placement choice available to individuals so discharged. Research contained in this report confirms that such individuals, once accommodated in the boarding care system, tend to remain in the system longer than other types of residents, and are more likely to move from one boarding home to another.

The great majority (79%) of residents characterized as the frail elderly come from a

home setting. The average length of stay for this group of residents is about four years. In addition, the elderly and persons with Alzheimer-related disorders are the most likely of any boarding home residents to be discharged to a nursing care facility. Forty percent of elderly persons who were discharged and 59% of those with Alzheimer-related disorders went on to a nursing home.

Boarding facility administrators believe their work has grown more burdensome. A minority feel that state regulation adds to this burden, but most indicate that they believe their facilities are treated fairly under the law. Problems in hiring qualified staff due to poor pay levels were cited, and a significant number of administrators urged a simplification of state rules and the amount of paperwork connected with operating a facility. There were also similar pleas for *more administrator training.*

When administrators were asked where they felt unmet service needs existed, over 30% indicated they desired greater availability of psychiatric and mental health services. A stated need for day treatment programs was the second most often cited need. When administrators listed professionals or service agencies from whom they sometimes or often had problems *obtaining* services, psychiatrists and community mental health agencies were the most frequently listed.

A slight drift to urban settings was seen in the pattern of facilities closed or opened since 1989. An increase in private-pay beds in larger facilities and a decrease in state-supported beds was also evident. Small, flat-rate facilities are becoming fewer. The movement toward private pay beds may change as the legislature has recently approved the creation of two hundred Medicaid-reimbursed residential care beds. The

authorization will offset the tilt toward expansion of private pay facilities in recent years, and increase overall capacity for those unable to afford private-pay facilities.

When residents were asked a number of questions concerning their comfort and satisfaction with the homes in which they are living, the overall response was quite positive. Satisfaction on specific questions seems to vary somewhat with the size, type of home and method of reimbursement. Satisfaction also varies with the Key Result Area measured.

Though generally pleased overall with their living situations, residents responded more negatively when asked about day-to-day boredom, lack of visitors, not being consulted often enough about menus, and proximity of relatives to their home. Ambient noise in the facility and lack of opportunity to go shopping more often were concerns for some residents. Nonetheless, most residents surveyed remarked favorably on their level of general comfort, food, mobility, staff assistance, and respect from staff.

The study also illustrates another interesting phenomenon: as the general population ages, the boarding care population is growing younger. This may be due to a greater number of persons with mental illness, who are, on average, somewhat younger than the overall boarding care population.

It is important to recognize that, if this trend continues, the demands made on boarding care facilities and staff will be quite different than those traditionally associated with this system. Recent legislation, (L.D. 418, passed in 1993), which promotes alternatives, including boarding care accommodation, to nursing home care, and changes in the licensing regulations (1994), which allows focussed nursing services in boarding

care environments, will also have an impact on the demands on these facilities and staff in the near future.

Clearly, the role of boarding care facilities is expanding, serious new demands are being made on the system, the extent of programming and care is growing, and the types of persons served are becoming more diverse. There is considerable evidence that persons with very limited means to pay for accommodation, particularly persons with a history of mental illness, mental retardation, or various deteriorative mental conditions, are more likely than ever to utilize the boarding care system. It remains to future surveys to track the progress of these new influences and the system's response to this range of serious new challenges.

APPENDIX A

Census Forms

1993 Census - Part A.
Residents Registered During 1989 Boarding Home Census

The names on this list were obtained during the 1989 Boarding Home Resident's Census. For the 1993 Census, we are requesting information on the status of these residents. Please complete the information requested for both those residents who have remained in your home and for those residents who have moved from your home . For current residents who are not on this list, please complete Part B.

DEPARTMENTAL USE ONLY

BH ID	001	(1 - 3)
TITLE	_	(4)
DATE	_ _ _ _ _ _	(5 - 10)
RESTODAY	_ _ _	(11 - 13)
OLDRES	_ _ _	(14 - 16)
NEWRES	_ _ _	(17 - 19)

Boarding Home: ALGONQUIN HOME

Your Name _____ TODAY'S DATE_____

Your Title
Check One: __ Administrator __ Residential Care Director

Number of residents in your boarding home today: _____
Number of current residents located on this list: _____
Number of residents not located on this list: _____

1989 Resident List		Complete this section for current residents.			Complete this section for any listed resident who is no longer in your home.	
Name (20-23)	Is this Person Currently a Resident: (24)	Circle Y or N Can This Client: (25-28)	Circle One Does Resident Have Legal Guardian (29)	Print Name and Address of Legal Guardian	Enter Date of Discharge (30-33)	Check One Place Discharged To: (34)
1 [redacted], [redacted] 0007	Y N	Read Y N Write Y N Use Phone Y N Speak English Y N	Y N		M M | Y Y	1. __ MH/MR Facility 6. __ Own Home 2. __ Acute Hospital 7. __ Home of Another 3. __ SNF 8. __ Deceased 4. __ ICF 9. __ Other 5. __ Boarding Home
2 [redacted], [redacted] 0006	Y N	Read Y N Write Y N Use Phone Y N Speak English Y N	Y N		M M | Y Y	1. __ MH/MR Facility 6. __ Own Home 2. __ Acute Hospital 7. __ Home of Another 3. __ SNF 8. __ Deceased 4. __ ICF 9. __ Other 5. __ Boarding Home

1993 Census - Part B.
Current Residents Who Were Not Recorded During 1989 Boarding Home Census

The purpose of this form is to collect information on current residents who have moved into your home since the 1989 Boarding Home Resident Census. Please complete the information requested in this form. Do not include information on residents who were living in your home at the time of the 1989 Census. That information is collected in Part A.

YOUR NAME: _____ TODAY'S DATE _____

YOUR TITLE
CHECK ONE: ☐ ADMINISTRATOR

☐ RESIDENT CARE DIRECTOR

DEPARTMENTAL USE ONLY

BH ID: _ _ _ (1-3)
TITLE: _ (4)
DATE: _ _ _ _ _ _ (5-10)

PRINT RESIDENT NAME, ONE LETTER TO A BOX	ENTER DATE OF BIRTH (34-39)	CIRCLE ONE SEX (40)	ENTER DATE ADMITTED (41-46)	CIRCLE ONE PAYMENT (47)	PRINT DIAGNOSIS OR IMPAIRMENT (48-53)	CIRCLE Y OR N CAN CLIENT (54-57)	CIRCLE Y OR N DOES CLIENT HAVE LEGAL GUARDIAN (58)	PRINT NAME AND ADDRESS OF LEGAL GUARDIAN
1. LAST (11-20) / FIRST (21-32) / MI (33)	m d y	M F	m d y	Private P / State S	1st. / 2nd.	Read Y N / Write Y N / Use Phone Y N / Speak English Y N	Y N	
2. LAST (11-20) / FIRST (21-32) / MI (33)	m d y	M F	m d y	Private P / State S	1st. / 2nd.	Read Y N / Write Y N / Use Phone Y N	Y N	
3. LAST (11-20) / FIRST (21-32) / MI (33)	m d y	M F	m d y	Private P / State S	1st. / 2nd.	Read Y N / Write Y N / Use Phone Y N	Y N	
4. LAST (11-20) / FIRST (21-32) / MI (33)	m d y	M F	m d y	Private P / State S	1st. / 2nd.	Read Y N / Write Y N / Use Phone Y N	Y N	

APPENDIX B

Satisfacton Survey: Mail Instrument

UNIVERSITY OF SOUTHERN MAINE
Edmund S. Muskie Institute of Public Affairs
96 Falmouth Street Portland, Maine 04103 Tel. 207-780-4430 Fax 207-780-4417

(1-4)

Survey of Maine Boarding Home Residents

Dear Boarding Home Resident,

This study is sponsored by the Division of Residential Care Maine Department of Human Services to collect information on how residents of boarding homes feel about the homes they live in. Participation in this study is entirely voluntary — you do not have to answer the questions if you do not want to. You can skip any questions that you do not want to answer. We will keep your answers completely confidential: we will not tell your answers to anyone else. Do not put your name on this paper. For each question, please put a mark in the box that best tells how you feel most of the time. After you have finished, please mail this back in the envelope we have given you.

1. Has today been a pretty good day for you so far?	☐ 1 Yes	☐ 2 No	(5)
2. In general, are you happy here at this boarding home?	☐ 1 Yes	☐ 2 No	
3. Are your days often boring in your boarding home?	☐ 1 Yes	☐ 2 No	
4. In your boarding home, can you be by yourself if you want to?	☐ 1 Yes	☐ 2 No	
5. Do you have as many visitors as you would like?	☐ 1 Yes	☐ 2 No	
6. Do you feel comfortable inviting family or friends to visit your boarding home?	☐ 1 Yes	☐ 2 No	(10)
7. Do you have any relatives living nearby the boarding home?	☐ 1 Yes	☐ 2 No	
8. Have you made close friends with other persons in your boarding home?	☐ 1 Yes	☐ 2 No	
9. Are the staff people where you live usually respectful to you?	☐ 1 Yes	☐ 2 No	(13)

10. Do staff people in your home take the time to talk with you? ☐ 1 Yes ☐ 2 No *(14)*

11. Is it easy to get someone to help you in the middle of the night if you need it? ☐ 1 Yes ☐ 2 No

12. Do you feel comfortable about asking the boarding home staff for help? ☐ 1 Yes ☐ 2 No

13. Do boarding home staff do more for you than they really need to? ☐ 1 Yes ☐ 2 No

14. Are there some things you could do for yourself around the home if you were allowed to that would make you feel more comfortable? ☐ 1 Yes ☐ 2 No

(If Yes): What would you like to do?
(Please write your answer here)

_____ *(19-20)*

_____

_____

15. Is your boarding home warm enough in the winter? ☐ 1 Yes ☐ 2 No *(21)*

16. Is your boarding home cool enough in the summer? ☐ 1 Yes ☐ 2 No

17. Is it often too noisy at your boarding home? ☐ 1 Yes ☐ 2 No

18. Do you have enough room for your clothes and personal things? ☐ 1 Yes ☐ 2 No

19. Do you feel comfortable and at home in this boarding home? ☐ 1 Yes ☐ 2 No *(25)*

20. Are chairs, couches and beds in your home comfortable? ☐ 1 Yes ☐ 2 No

21. Do you usually enjoy most of your meals? ☐ 1 Yes ☐ 2 No

22. Do you get enough to eat at meal times? ☐ 1 Yes ☐ 2 No

23. Can you get snacks between meal times if you're hungry? ☐ 1 Yes ☐ 2 No

24. Do staff members ever ask you for suggestions for meals and snacks? ☐ 1 Yes ☐ 2 No *(30)*

25. Are you on a special diet? ☐$_1$Yes ☐$_2$No *(31)*

26. Can you go to bed when you want to? ☐$_1$Yes ☐$_2$No

27. Are there enough bathrooms in your boarding home? ☐$_1$Yes ☐$_2$No

28. Do you have enough privacy in the bathroom? ☐$_1$Yes ☐$_2$No

29. Is it easy for you to get around inside your boarding home? ☐$_1$Yes ☐$_2$No

30. Can you go outdoors when you want to? ☐$_1$Yes ☐$_2$No

31. Are there enough activities in your boarding home which interest you? ☐$_1$Yes ☐$_2$No

32. Do you go shopping or on errands as often as you would like? ☐$_1$Yes ☐$_2$No

33. When you need help with your shopping or errands, is there someone to take you? ☐$_1$Yes ☐$_2$No

34. Can you make private phone calls when you want to? ☐$_1$Yes ☐$_2$No *(40)*

35. Do you feel safe in your boarding home? ☐$_1$Yes ☐$_2$No

36. Are you afraid of anyone in your boarding home? ☐$_1$Yes ☐$_2$No

37. Are your personal things safe? ☐$_1$Yes ☐$_2$No

38. Can you spend your money the way you want to? ☐$_1$Yes ☐$_2$No

39. In the past month, how many times have you had a visit with a doctor or nurse? _____ *(45-46)*

40. Are you able to see a doctor or nurse if you need to? ☐$_1$Yes ☐$_2$No

41. Are you able to see a mental health counselor if you need to? ☐$_1$Yes ☐$_2$No

42. How many beds are there in your room?
☐$_1$ one bed ☐$_2$ two beds ☐$_3$ three beds ☐$_4$ four beds *(49)*

43. Just before you moved here, did you live in: *(Check one.)* (50)

- ☐ 1 house/apartment (alone)
- ☐ 2 house/apartment (with someone)
- ☐ 3 relative's house/apartment
- ☐ 4 foster home
- ☐ 5 boarding home
- ☐ 6 nursing home
- ☐ 7 hospital
- ☐ 8 AMHI, BMHI, Pineland

44. How many years did you live there?

☐ Less than one year

☐ 1 1 to 2 years ☐ 2 3 to 5 years ☐ 3 5 to 10 years ☐ 4 More than 10 years (51)

45. How many boarding homes have you lived in?

- ☐ 1 Just this boarding home
- ☐ 2 1 or 2 other boarding homes
- ☐ 3 3 or 4 other boarding homes
- ☐ 4 More than 4 other boarding homes

(52)

46. How many years have you lived in boarding homes?

- ☐ 1 Less than one year
- ☐ 2 1 to 2 years
- ☐ 3 3 to 5 years
- ☐ 4 6 to 10 years
- ☐ 5 More than 10 years

(53)

47. Do you like living here better than where you were just before you moved here? ☐ 1 Yes ☐ 2 No (54)

48. If you could change one thing about living in your boarding home, what would it be? (Please write your answer here.)

_____

_____ (55-56)

49. Did you answer these questions by yourself, or did someone help you? ☐ 1 Yes ☐ 2 No (57)

50. If someone helped you, please ask him or her to write their job title or relationship to you on this line.

_____ (58-59)

Thank you very much. Please mail this back to us in the envelope we have given you.

Boarding Home Study
Survey Research Center, Muskie Institute of Public Affairs,
University of Southern Maine, 96 Falmouth Street, Portland Maine, 04103

APPENDIX C

Satisfaction Survey: Face-to-face/Telephone Instrument

(1 - 4)

1993 Survey of Maine Boarding Home Residents

START TIME _____

My name is _____. I'm from the University of Southern Maine. We are doing a survey of Maine boarding home residents for the Division of Residential Care and would like to ask you a few questions. Your answers will help us find out more about boarding homes in Maine. Your participation is voluntary, you are not required to participate. Everything you say will be kept confidential, your name will not be used in any way, and you do not have to answer any questions that you do not want to.

a. Do you understand what I have read to you so far? (If no, repeat. If again no, code 1 and discontinue.)
b. Do you have any questions I could answer?
c. Do you want to do this survey? (If yes, code 2. If no repeat and stress confidentiality. If again no, code 3 & discontinue.)

---------- (5)

***	1.	Has today been a pretty good day for you so far?	1YES 2NO 8DK 9NA	(6)
***	2.	In general, are you happy here at this boarding home?	1YES 2NO 8DK 9NA	
	3.	Are your days often boring in your boarding home?	1YES 2NO 8DK 9NA	
	4.	In your boarding home, can you be by yourself if you want to?	1YES 2NO 8DK 9NA	
	5.	Do you have as many visitors as you would like?	1YES 2NO 8DK 9NA	
	6.	Do you feel comfortable inviting family or friends to visit your boarding home?	1YES 2NO 8DK 9NA	
	7.	Do you have any relatives living nearby the boarding home?	1YES 2NO 8DK 9NA	
***	8.	Have you made close friends with other persons in your boarding home?	1YES 2NO 8DK 9NA	
	9.	Are the staff people where you live usually respectful to you?	1YES 2NO 8DK 9NA	
***	10.	Do staff people in your home take the time to talk with you? [PROBE: Does staff initiate conversation or small talk]	1YES 2NO 8DK 9NA	(15)

INTERVIEWER'S RECORD

R's understanding of the questions is:

Excellent . . . . . .1.
Good . . . . . 2.
Fair . . . . . .3.
Poor . . . . . Ask Starred Questions Only 4

(16)

	11.	Is it easy to get someone to help you in the middle of the night if you need it?	1YES 2NO 8DK 9NA	(17)
	12.	Do you feel comfortable about asking the boarding home staff for help?	1YES 2NO 8DK 9NA	
	13.	Do boarding home staff do more for you than they really need to?	1YES 2NO 8DK 9NA	
***	14.	Are there some things you could do for yourself around the home if you were allowed to that would make you feel more comfortable? *[PROBE: Cleaning up, working on dinner, cleaning up the yard, etc]*	1YES 2NO 8DK 9NA	(20)
***	14b.	(If yes) What would you like to do? _____ _____ _____ _____	___ ___	(21-22)
***	15.	Is your boarding home warm enough in the winter?	1YES 2NO 8DK 9NA	(23)
***	16.	Is your boarding home cool enough in the summer?	1YES 2NO 8DK 9NA	
***	17.	Is it often too noisy at your boarding home?	1YES 2NO 8DK 9NA	
***	18.	Do you have enough room for your clothes and personal things?	1YES 2NO 8DK 9NA	
	19.	Do you feel comfortable and at home in this boarding home?	1YES 2NO 8DK 9NA	
***	20.	Are chairs, couches and beds in your home comfortable?	1YES 2NO 8DK 9NA	
***	21.	Do you usually enjoy most of your meals?	1YES 2NO 8DK 9NA	
***	22.	Do you get enough to eat at meal times?	1YES 2NO 8DK 9NA	(30)
	23.	Can you get snacks between meal times if you're hungry?	1YES 2NO 8DK 9NA	
	24.	Do staff members ever ask you for suggestions for meals and snacks?	1YES 2NO 8DK 9NA	
	25.	Are you on a special diet? *[PROBE: Medically prescribed diet, vegetarian, weight loss etc]*	1YES 2NO 8DK 9NA	
	26.	Can you go to bed when you want to?	1YES 2NO 8DK 9NA	
	27.	Are there enough bathrooms in your boarding home?	1YES 2NO 8DK 9NA	
	28.	Do you have enough privacy in the bathroom?	1YES 2NO 8DK 9NA	
	29.	Is it easy for you to get around inside your boarding home?	1YES 2NO 8DK 9NA	
***	30.	Can you go outdoors when you want to? [PROBE: Are you able to go out? Restricted by staff?]	1YES 2NO 8DK 9NA	
	31.	Are there enough activities in your boarding home which interest you?	1YES 2NO 8DK 9NA	(39)

32. Do you go shopping or on errands as often as you would like? 1YES 2NO 8DK 9NA (40)

33. When you need help with your shopping or errands, is there someone to take you? *[IWER NOTE: IF R does not need help now, rephrase Q to: If you needed help...]* 1YES 2NO 8DK 9NA

34. Can you make private phone calls when you want to? 1YES 2NO 8DK 9NA

35. Do you feel safe in your boarding home? 1YES 2NO 8DK 9NA
[PROBE: Do you feel secure in your home?]
[IWER NOTE: What ever safe means to them.]

36. Are you afraid of anyone in your boarding home? 1YES 2NO 8DK 9NA

37. Are your personal things safe? 1YES 2NO 8DK 9NA

*** 38. Can you spend your money the way you want to? 1YES 2NO 8DK 9NA (46)
[PROBE: Personal spending money, allowance etc]

39. In the past month, how many times have you had a visit with a doctor or nurse? *[IWER NOTE: Make sure R understands we only need to know about the past month.]* ___ ___ (47-48)

40. Are you able to see a doctor or nurse if you need to? 1YES 2NO 8DK 9NA (49)

41. Are you able to see a mental health counselor if you need to? 1YES 2NO 8DK 9NA (50)
[PROBE: Clinical social worker, psychologist, therapist, psychiatric nurse.]

*** 42. How many beds are there in your room?

ONE BED	1	(51)
TWO BEDS	2	
THREE BEDS	3	
FOUR BEDS OR MORE	4	

43. Just before you moved here, where did you live: *(only one answer, read list only if neede])*

HOUSE/APARTMENT	01	(52-53)
HOUSE/APARTMENT (WITH SOMEONE)	02	
RELATIVE'S HOUSE/APARTMENT	03	
FOSTER HOME	04	
BOARDING HOME	05	
NURSING HOME	06	
HOSPITAL	07	
AMHI, BMHI, PINELAND	08	
DK	98	
NA	99	

44. How many years did you live there?

LESS THAN ONE YEAR	1	(54)
1 TO 2 YEARS	2	
3 TO 5 YEARS	3	
6 TO 10 YEARS	4	
MORE THAN 10 YEARS	5	
DK	8	
NA	9	

45. How many boarding homes have you lived in?

JUST THIS BOARDING HOME	1	(55)
1 OR 2 OTHER BOARDING HOMES	2	
3 OR 4 OTHER BOARDING HOMES	3	
MORE THAN 4 OTHER BOARDING HOMES.	4	
DK	8	
NA	9	

46. How many years have you lived in boarding homes?

LESS THAN ONE YEAR	1	(56)
1 TO 2 YEARS	2	
3 TO 5 YEARS	3	
6 TO 10 YEARS	4	
MORE THAN 10 YEARS	5	
DK	8	
NA	9	

47. Do you like living here better than where you were just before you moved here? $_1$YES $_2$NO $_8$DK $_9$NA (57)

48. If you could change one thing about living in your boarding home, what would it be?

_____ __ __ (58-59)
_____
_____
_____

<u>These are all the questions I have. Thank you for your cooperation.</u>

INTERVIEWER'S RECORD

49. Survey Type

Telephone	1	(60)
In-person	2	

50. (If in-person) Were there any other persons present at the interview?

YES	1	(61)
NO	2	

[IWER NOTE: R may need assistance from other to answer Qs, assistance with communication or needs constant supervision.]

51. Did their presence:

Control the interview	1	(62)
Influence the interview	2	
Have little or no effect	3	
INAP	4	

52. R's cooperation was:

Excellent	1	(63)
Good	2	
Fair	3	
Poor	4	

USE BACK PAGE FOR COMMENTS

APPENDIX D

Administrator Survey

UNIVERSITY OF SOUTHERN MAINE

Edmund S. Muskie Institute of Public Affairs

96 Falmouth Street • Portland, Maine 04103 • Tel. 207-780-4430 • Fax 207-780-4417

Boarding Home Administrators' Survey

(1-4)

Please do not write in this space

The purpose of this survey is to gather information on problems that boarding home operators are faced with on a daily basis. This survey is being conducted by the Muskie Institute of Public Affairs for the Division of Residential Care. Please complete the survey and return it in the enclosed stamped envelope. A prompt return of surveys would be greatly appreciated so that results can be tabulated and reported to the Division of Residential Care for their planning efforts. Be assured that your responses will be kept completely confidential. The information will not be used to identify you or your boarding home.

Resident Services:

(5-7) 1. How many residents currently live in your boarding home? _____

(8-10) 2. How many of your residents have *frequent* visits from family or friends? _____

(11-13) 3. How many of your residents *almost never* have visits from family or friends? _____

4. Please check *one box in each line* to show how often, if ever, the following professionals or service agencies visit with some or or all of the residents at your boarding home:

	Daily -1	Weekly -2	2-3 times a month -3	Monthly -4	Less than once a month -5	Never -6
(14) Physician	☐	☐	☐	☐	☐	☐
Psychiatrist	☐	☐	☐	☐	☐	☐
Consulting Nurse	☐	☐	☐	☐	☐	☐
Community Mental Health Agency	☐	☐	☐	☐	☐	☐
Mental Retardation Case Worker	☐	☐	☐	☐	☐	☐
Area Agency on Aging	☐	☐	☐	☐	☐	☐
Bureau of Elder and Adult Services	☐	☐	☐	☐	☐	☐
Home Health Aid or Visiting Nurse	☐	☐	☐	☐	☐	☐
Occupational Therapist	☐	☐	☐	☐	☐	☐
Veterans' Affairs Officer	☐	☐	☐	☐	☐	☐
(24) Other *(Please specify)* _____	☐	☐	☐	☐	☐	☐

_____

(25-26)

(27-29) 5. How many of your residents are visited at least once a month by any of the service agencies mentioned above? _____

6. In the *past six months* how often have you or your residents *had any problems* obtaining any of the following services:

	Often -1	Sometimes -2	Never -3	Haven't had to obtain -4
(30) Physician	☐	☐	☐	☐
Psychiatrist	☐	☐	☐	☐
Consulting Nurse	☐	☐	☐	☐
Community Mental Health Agency	☐	☐	☐	☐
Mental Retardation Case Worker	☐	☐	☐	☐
Area Agency on Aging	☐	☐	☐	☐
Bur. of Elder and Adult Services	☐	☐	☐	☐
Home Health Aid or Visiting Nurse	☐	☐	☐	☐
Occupational Therapist	☐	☐	☐	☐
Veterans' Affairs Officer	☐	☐	☐	☐
(40) Other *(Please specify)* _____	☐	☐	☐	☐

_____ (41-42)

(43) 7. How satisfied have you been with the *quality* of the health and social services that you or your residents have obtained in the past six months?

☐.1 Very satisfied ☐.2 Somewhat satisfied ☐.3 Somewhat unsatisfied ☐.4 Very unsatisfied
☐.5 Haven't obtained any services

(44) 8. In general, are the services your residents need available *in your area*?

☐.1 Always or almost always ☐.2 Sometimes ☐.3 Occasionally ☐.4 Rarely or never

(45-47) 9. How many of your residents currently attend *day treatment* programs in the area?_____

10. If you could get *just one more service* or *type of facility* in your area (or make an existing one adequate for your needs), what would that be?

_____ (48-49)

_____

Resident Activities:

(50) 11. Do you have an activities program in your facility? ☐.1 Yes ☐.2 No
(If no, skip to question 16.)

(51-52) 12. In a typical *week*, how many hours of your activities program are dedicated to *self-directed* activities (that is, when residents find things to do own their own)? _____ hours

(53-54) 13. In a typical *week*, how many hours of your activities program are dedicated to *staff-directed* activities (that is, when a staff member leads the residents in activities)? _____ hours

14. What is the *job title* of the person who directs/coordinates your activities program? (55)

_____

(56) 15. What *level of education* does your activities program director have? (*Check highest degree attained.*)

- ☐ .1 High School
- ☐ .2 Some College, Two-Year Technical or Associates Degree
- ☐ .3 Bachelors Degree
- ☐ .4 RN or BSN
- ☐ .5 Masters Degree or higher
- ☐ .6 Other (*Please specify.*) _____

(57)

16. What are the *most difficult* problems for you in planning activities for your residents? (*Check up to three.*)

(58)
- ☐ .1 Takes too much staff time
- ☐ .1 Costs too much money
- ☐ .1 Not much to do in the community
- ☐ .1 No transportation
- ☐ .1 The weather

(63)
- ☐ .6 Do not have staff who are skilled at running activities
- ☐ .1 Residents don't want activities
- ☐ .1 No suitable space in home to run activities
- ☐ .1 No appropriate activities
- ☐ Other (*Explain*) _____

(68) 17. Do you (or your staff) have a problem finding enough time to take residents shopping or on errands when they want to go?

☐ .1 Very frequently a problem ☐ .2 Sometimes a problem ☐ .3 Rarely a problem ☐ .4 Never a problem
☐ .5 We don't take residents shopping or on errands

(69) 18. Is *public transportation* available to residents for at least some errands or shopping?

☐ .1 Yes, is available ☐ .2 Is available but not very convenient ☐ .3 Not available

(70) 18b. Are shopping facilities within walking distance?

☐ .1 None ☐ .2 Some ☐ .3 Most ☐ .4 All

Maintaining Home Environment:

(71) 19. Some people say that boarding home residents should be able to make more of their own *choices* about the *activities of their daily lives*; others say that residents *do better* when they have *fewer choices* to make and their lives are quite structured. Of course, neither strategy applies to all boarding homes and all residents. In *your* boarding home, which one of the following statements comes *closer* to describing *most* of the residents?

☐ .1 Most of the residents are capable of making choices about the activities of their daily lives.

☐ .2 Most of the residents need their activities of daily living structured for them, with very few choices.

(72) 20. Is it a problem for you or your staff to *keep an eye on residents* who may go in and out as they please?

☐ .1 Very frequently a problem ☐ .2 Sometimes a problem ☐ .3 Rarely a problem ☐ .4 Never a problem
☐ .5 Doesn't apply; residents can't go in and out as they please

(73) 21. Is the way residents *spend their money* a problem for you?

☐ .1 Very frequently a problem ☐ .2 Sometimes a problem ☐ .3 Rarely a problem ☐ .4 Never a problem
☐ .5 Doesn't apply; residents don't have discretionary money available to them

(74) 22. Do you have any problems with resident(s) who pose *physical threats to other residents*, or make other residents feel threatened?

☐ .1 Very frequently a problem ☐ .2 Sometimes a problem ☐ .3 Rarely a problem ☐ .4 Never a problem

(75) 23. Do you have any problems with resident(s) who pose *physical threats to you or your staff?*

☐ .1 Very frequently a problem ☐ .2 Sometimes a problem ☐ .3 Rarely a problem ☐ .4 Never a problem

(76) 24. Whom would you *first* call in an emergency in which a resident posed a physical threat to someone in your boarding home? (*Check one.*)

☐ .1 Physician
☐ .2 Consulting Nurse
☐ .3 Mental Retardation Case Worker
☐ .4 Hospital emergency room
☐ .5 Psychiatrist
☐ .6 Community Mental Health Agency
☐ .7 Sheriff/police
☐ .8 Other (*Please explain*) _____ (77)

_____

25. In the *past year*, have you had any trouble getting assistance from any of these people or agencies in an emergency? (*Check as many as apply.*)

(78) ☐ .1 Physician
☐ .1 Consulting Nurse
☐ .1 Mental Retardation Case Worker
(81) ☐ .1 Hospital emergency room
(82) ☐ .1 Psychiatrist
☐ .1 Community Mental Health Agency
☐ .1 Sheriff/police
(85) ☐ .1 Other (*Please explain*) _____ (86)

_____

(87) 26. How often is there a problem satisfying residents' preferences about the *temperature* at which the boarding home is kept?

☐ .1 Very frequently a problem ☐ .2 Sometimes a problem ☐ .3 Rarely a problem ☐ .4 Never a problem

(88) 27. Do you have any problems with *residents who are* so *noisy* (or run the TV or play music too loudly) that other residents complain to you or your staff?

☐ .1 Very frequently a problem ☐ .2 Sometimes a problem ☐ .3 Rarely a problem ☐ .4 Never a problem

(89) 28. Would you say the furniture in common areas is adequate and comfortable or would you prefer to replace it if you could? (*Check one.*)

☐ .1 Furniture in common areas is adequate and comfortable ☐ .2 Would prefer to replace it

(90) 29. Are disagreements among residents or between residents and staff about *smoking* a problem at your boarding home?

☐ .1 Very frequently a problem ☐ .2 Sometimes a problem ☐ .3 Rarely a problem ☐ .4 Never a problem

(91) 30. Do you permit *smoking* in *designated areas* only? ☐ .1 Yes ☐ .2 No
☐ .3 Smoking not allowed at all

(92) 31. Do you have any residents whose *careless use of smoking materials* poses a problem, so you or your staff have to monitor them especially closely?

☐ .1 Yes, a problem with one or more residents
☐ .2 No, no unusual problems
☐ .3 No, none of the residents smoke

(93) 32. Do you have any problems with residents *complaining* that other residents are *stealing personal items* from them? Are the complaints justified?

☐ .1 Yes, and the complaints are at least sometimes justified
☐ .2 Yes, but the complaints are rarely if ever justified
☐ .3 No, no problems with complaints about stealing

(94) 33. Do you or your staff have problems with residents who want or need *help during the night*?

☐ .1 Very frequently a problem ☐ .2 Sometimes a problem ☐ .3 Rarely a problem ☐ .4 Never a problem

(95) 34. Do you or your staff have problems with providing the level or type of medical care or monitoring that is required by one or more of your residents?

☐ .1 Very frequently a problem ☐ .2 Sometimes a problem ☐ .3 Rarely a problem ☐ .4 Never a problem

(96) 35. In your opinion, is running a boarding home *easier now* than it was three years ago, or *more difficult*?

☐ .1 Easier now ☐ .2 About the same ☐ .3 More difficult now ☐ .4 Don't know

36. Over the past three years, what if anything has made it easier or more difficult to run a boarding home?

(97-98) _____
(99-100) _____
(101-102) _____

Staff/Employees:

The following questions are about the people who work here, that is, any unpaid staff as well as the paid employees of this facility.

(103-105) 37. Counting yourself, *how many* staff persons work at the boarding home, including full-time, part-time, paid and unpaid workers? _____

(106-108) 38. *How many* staff persons, including yourself if appropriate, work *35 hours or more* per week at the boarding home? _____

(109-110) 39. *How many* staff persons, including yourself if appropriate, *live in* the facility? _____

40. As administrator of the boarding home, how many hours do *you personally* spend in a typical week doing any of the following tasks: (***If none, write "0".***)

		Hours spent per week
(111-112)	General housekeeping, laundry, or kitchen work.	_____
(113-114)	Personal care for residents.	_____
(115-116)	Therapeutic recreational activities.	_____
(117-118)	Building maintenance and/or yard work.	_____
(119-120)	Administrative management, training and planning.	_____
(121-122)	Clerical tasks.	_____
(123-124)	Other (*Please specify.*) _____	_____ (125)

(126) 41. Is it difficult for you to *hire good staff* to work here?

☐ .1 Yes ☐ .2 No *(Skip to Question 43)*

☐ .6 Haven't had to hire any staff *(Skip to Question 43.)*

42. What factors make it difficult for you to *hire* good staff? (*Check as many as apply.*)

(127) ☐ .1 Can't pay enough
☐ .1 Unqualified applicants
☐ .1 Inconvenient location
(130) ☐ .1 Other (*Please specify.*) _____

(131) ☐ .1 People don't like the work, unmotivated applicants
☐ .1 Hours - too long or inconvenient
(133) ☐ .1 Perceived high risk/undesirable residents

(134)

(135) 43. Is it difficult to *keep* good staff working at your boarding home?

☐ .1 Yes ☐ .2 No *(Skip to Question 45.)*

44. What factors make it difficult for you to *keep* good staff? (*Check as many as apply.*)

(136) ☐ .1 Can't pay enough
☐ .1 Unqualified applicants
☐ .1 Inconvenient location
(139) ☐ .1 Other (*Please specify.*) _____

(140) ☐ .1 People don't like the work, unmotivated applicants
☐ .1 Hours - too long or inconvenient
(142) ☐ .1 Perceived high risk/undesirable residents

(143)

(144) 45. What is the highest *level of education* you, the administrator, have completed so far?

☐ .1 High School
☐ .2 Some College
☐ .3 Two-Year or Associates Degree Concentration: _____ (145-146)
☐ .4 Bachelors Degree Concentration: _____ (147-148)
☐ .5 Masters Degree Concentration: _____ (149-150)
☐ .6 RN or BSN
☐ .7 Other (*Please specify.*) _____ (151)

46. What *training or education* programs related to your work at the boarding home have *you personally* taken in the past 12 months? (*If none, write "none".*) Please list:

Topic	Approximate Date(s)	
_____	_____	(152-153)
_____	_____	(154-155)
_____	_____	(156-157)

47. How do new employees *learn how to do their jobs* at your boarding home? (*Check as many as apply.*)

(158) ☐ .1 Informal, on-the-job training.
☐ .1 Orientation, usually provided by facility staff on-site and lasting four or more hours.
☐ .1 Class or lecture *on-site* and lasting four or more hours.
☐ .1 Class, lecture, or demonstration *off-site* and lasting four or more hours.
(162) ☐ .1 Haven't had any new employees.

Ownership:

(163) 48. Is this boarding home *owned* by: (*Check one.*)

- ☐ .1 Individual or couple
- ☐ .2 Other related individuals
- ☐ .3 Other unrelated individuals
- ☐ .4 Other non-profit (*Specify*)_____
- ☐ .5 Other for-profit (*Specify*)_____
- ☐ .6 Public agency
- ☐ .7 Church or charitable organization

(164)

(165)

(166) 49. Do you, as administrator, personally participate in ownership? ☐ .1 Yes ☐ .2 No

(167) 50. Is the *facility* in which this business is carried on leased or owned? ☐ .1 Leased ☐ .2 Owned

(168) 51. Do the owners of this facility own other boarding homes? ☐ .1 Yes ☐ .2 No

(169) 52. Do the owners of this facility own other health care facilities such as inpatient hospitals, nursing homes or facilities that specialize in the care of individuals with physical disabilities (such as head injuries)?

☐ .1 Yes ☐ .2 No

Regulation:

(170) 53. Are current Division of Residential Care rules and regulations clear and concise?

☐ .1 Yes ☐ .2 No

(171) 54. Do the employees of the Division of Residential Care *apply rules and regulations* in a fair manner as far as your boarding home is concerned?

☐ .1 Yes ☐ .2 No

55. If you could make *one change* to the rules and regulations, what would it be?

(172-173)

_____

_____

_____

_____

_____

_____

_____

Is there anything else you would like us to know?

Thank you for your assistance.

Please return your completed survey to Marc Agger, Research Assistant, Health Policy Center, Edmund S. Muskie Institute, University of Southern Maine, 96 Falmouth Street, Portland, ME 04103.

APPENDIX E

Response Rates

Appendix E

Response Rates for Resident Census, Resident Satisfaction Survey, and Administrator Survey

	Census-Forms (Homes)	Resident Satisfaction Survey				Administrator Survey
		By Mail	By Phone	Face-to-Face	Total	
Total Eligible	203	2,197	264	282	2,743	203
Sampled	203	1,465	82	81	1,628	203
Respondents	202	525	61	54	640	148
Response Rate	99.5%	36.2%	74.4%	66.7%	39.3%	73%

APPENDIX F

Comparison of Boarding Care Population and Survey Respondents

Appendix F

Comparison of Boarding Care Population with Survey Respondents, by Key Variables

Diagnosis Category	Census		Respondents	
	N	%	N	%
MR/DD	576	21.4%	135	22.0%
Mental Illness	686	25.5%	155	25.3%
Degenerative or Traumatic Mental Disorder	267	9.9%	40	6.5%
Elderly	1077	40.0%	263	42.8%
Substance Abuse	17	0.6%	2	0.3%
Other	71	2.6	19	3.1%
Total	2,696	100.0%	614	100%
Missing	70		26	

Comparison of Boarding Care Population with Survey Respondents, by Age Group

Age Group	Census		Respondents	
	N	%	N	%
0 - 44	430	16.4%	107	17.7%
45 - 64	518	19.7%	106	17.5%
65 - 74	475	18.1%	106	17.5%
75 - 84	664	25.3%	162	26.8%
85+	539	20.5%	124	20.5%
TOTAL	2626	100.0%	605	100.0%
Missing	140		35	

Comparison of Boarding Care Population with Survey Respondents, by Gender

Gender	Census		Respondents	
	N	%	N	%
Male	1,027	37.4%	225	35.7%
Female	1,717	62.6%	406	64.3%
Total	2,744	100.0%	631	100.0%
Missing	22		9	

Comparison of Boarding Care Population with Survey Respondents, by Pay Source

Pay Source	Census		Respondents	
	N	%	N	%
State	1,817	66.7%	441	70.6%
Private	906	33.3%	184	29.4%
Total	2,723	100.0%	625	100.0%
Missing	43		15	

Comparison of Boarding Care Population with Survey Respondents, by Facilitie's License Code

License Code	Census		Respondents	
	N	%	N	%
Cost-Reimbursed	2,064	74.9%	481	76.1%
Flat-Rate	152	5.5%	41	6.5%
Private	540	19.6%	110	17.4%
Total	2,756	100.0%	632	100.0%
Missing	10		8	

APPENDIX G

Response to Satisfaction Questions by Key Factors

Appendix G

1993 Satisfaction Survey, Percent Responding Yes
By License Code, Diagnosis and Home Size

Q#	QUESTION	Total n = 640	CR n = 392	Flat n = 41	Priv n = 110	BMR/CR n = 89	MR n = 135	MI n = 155	Alz. n = 40	Elderly n=263	4-6 Beds n=122	7-20 Beds n=156	21+ Beds n=355
CHOICE													
Q4	Can you be by yourself at BH?	89.7	89.2	95.1	92.5	85.7	86.4	87.3	87.5	91.6	92.1	92.3	87.9
Q12	Comfortable asking staff for help?	94.0	92.2	97.6	96.2	97.4	95.6	88.8	92.3	95.2	95.5	95.9	92.7
Q13	Do BH staff do more foor you than they need to? (reversed)	50.3	52.7	35.9	48.0	47.8	47.7	52.8	62.2	49.4	39.6	38.6	58.2
Q14	Are there more things you could do for yourself?	69.1	68.1	72.2	77.9	61.4	57.0	54.9	87.5	79.7	57.4	67.7	73.8
Q23	Get snacks between meals if hungry?	91.5	89.8	94.7	97.1	89.6	88.9	88.1	97.3	93.6	92.8	92.3	90.6
Q24	Staff ask for suggestions re. food?	57.5	53.0	78.9	59.2	67.1	67.5	59.9	44.7	52.9	77.4	70.1	46.1
Q26	Can you get to get to bed when you want?	96.5	97.4	90.0	96.3	93.3	94.7	92.0	97.4	99.2	89.0	98.6	98.0
Q30	Can you get outdoors when you want to?	89.4	97.9	100.0	98.1	100.0	97.7	98.0	97.4	98.8	99.1	98.7	98.0
Q31	Enough activities of interest?	82.1	92.3	89.4	79.6	83.1	87.5	82.1	84.2	80.6	83.8	89.3	79.2
Q38	Can you spend money the way you wnat?	95.3	95.3	100.0	95.2	95.1	95.3	93.3	94.9	96.8	93.8	96.7	95.6
ENVIRONMENT													
Q3	Are your days boring? (reversed)	70.9	70.9	86.8	69.5	64.9	67.8	66.7			70.1	74.4	69.6
Q5	Do you have as many visitors as you would like?	62.2	59.2	70.0	65.1	67.9	67.5	52.0	68.4	73.8	67.2	62.0	60.4
Q6	Do you feel comfortable inviting family or friends to your BH?	93.3	92.2	92.7	96.2	94.8	94.8	86.8	61.5	64.7	93.8	95.9	92.0
Q7	Do you have any relatives living near by?	54.9	55.2	58.5	55.0	51.3	57.0	43.0	94.9	95.2	52.6	58.4	54.2
Q8	Have you made any close friends in your BH?	81.7	80.0	87.5	79.2	89.9	90.3	83.0	64.1	57.1	85.1	88.9	77.5
Q15	Warm enough in winter?	92.8	93.7	95.0	94.4	85.2	90.2	86.1	75.7	77.6	90.1	92.0	93.9
Q16	Is your BH cool enough in the summer?	85.6	84.3	97.4	87.7	83.1	88.1	84.9	100.0	96.1	85.7	90.1	83.4
Q17	Is it often too noisy at your BH? (reversed)	75.8	75.4	92.3	84.9	59.3	64.3	69.3	97.4	84.6	75.4	75.5	76.2
Q19	At home here?	91.8	92.2	97.4	94.2	82.4	87.7	85.9	92.1	95.6	91.7	94.3	90.7
Q20	Is the furniture comfortable?	95.7	96.3	100.0	94.4	93.2	95.4	94.8	97.4	95.7	97.4	96.1	95.1
Q21	Do you ususally enjoy most of your meels?	93.2	93.3	100.0	88.9	95.5	97.0	94.1	100.0	91.2	96.6	98.7	89.7
Q22	Do you ge enough to eat at meal times?	96.2	95.8	97.4	95.4	97.8	98.5	94.2	97.4	95.7	96.7	98.7	94.8
Q27	Enough bathrooms here?	90.9	89.4	94.9	91.3	94.7	97.4	89.3	97.4	86.7	94.5	93.9	88.3
Q29	Is it easy for you to get around in your BH?	98.0	97.9	100.0	99.0	96.0	97.4	96.6	100.0	98.8	98.1	97.2	98.3
Q35	Do you feel save in your BH?	95.0	95.2	100.0	97.2	89.2	91.2	90.0	100.0	98.4	92.7	96.5	95.3
Q36	Are you afraid of anyone in your boarding home? (reversed)	95.9	84.6	97.4	85.0	87.8	81.6	81.7	94.7	88.6	85.3	82.8	87.5
RESPECT													
Q9	Are the staff where you live usually repectful?	96.7	96.5	100.0	97.2	94.7	95.7	93.2	97.4	98.4	98.2	95.8	96.5
Q10	Do staff take the time to talk with you?	92.8	93.2	97.4	88.7	94.2	94.7	92.8	86.1	93.4	94.9	96.0	90.8
Q18	Do you have enough room for your personal things?	87.7	86.6	97.4	89.9	85.2	90.1	88.2	94.7	84.8	91.4	93.3	83.9
Q24	Staff ask for suggestions re. food?	57.5	53.0	78.9	59.2	97.1	67.5	59.9	44.7	53.0	77.4	70.0	46.1
Q28	Do you have enough privacy in the bathroom?	93.2	92.0	100.0	96.2	90.4	91.1	86.5	100.0	94.1	93.4	95.9	91.9
Q34	Can you make private phone calls when you want?	92.9	92.7	92.0	96.2	89.0	91.0	88.5	97.4	94.4	92.5	65.1	91.9
Q37	Are your personal things save?	93.9	93.2	100.0	92.2	96.0	95.5	89.3	94.7	95.2	97.2	98.9	91.1
ASSISTANCE													
Q11	Is it easy to get someone to help you in the middle of the night?	92.5	92.2	100.0	90.4	92.0	91.4	86.3	89.5	95.6	96.4	91.5	91.5
Q12	Comfortable asking staff for help?	94.0	92.2	97.6	96.2	97.4	96.6	88.8	92.3	95.2	95.5	95.9	92.7
Q32	Go shopping/run errands when you want?	75.3	74.9	89.2	74.7	71.0	78.3	77.2	71.4	70.9	85.3	78.1	70.9
Q33	Is there someone to help with shopping and errands?	92.2	92.2	92.3	88.8	96.2	96.6	90.8	94.7	90.7	96.4	93.7	90.1
Q40	Able to see doctor/nurse when needed?	98.3	97.9	100.0	100.0	97.3	98.2	96.7	100.0	98.8	97.2	100.0	98.0
Q41	Able to see mental-health counselor?	93.5	94.4	97.4	89.6	91.5	90.6	95.2	94.4	92.8	90.1	98.5	92.1

APPENDIX H

Sample of Administrators' Response to Question: Is there anything else you would like us to know?

RESPONSES

This is my own home (five beds). We live like family. I have someone come in when there are appointments or I need to go shopping. I do my own work and cooking. In nice weather, we go on picnics and to lawn sales, eat out, etc. Most are local people whom I have known in the past. Admission is not limited to local however, but usually have a waiting list of locals. (0016)

We have been in this facility for almost sixteen years. We have been allowed to add three beds in this amount of time. Two of which were stipulated (private pay residents only) for several years. I feel the moratorium on boarding care beds should be lifted to enable facilities to add several beds if desired and if there is a need in the area. Progress is the key to any business and I feel we have not been allowed to progress as we would like to have over the years. (0087)

There is much need for boarding homes in this area (Rumford, Turner, Buckfield, etc.). I more funds were appropriated it might increase the potential for people to become more interested in opening boarding home facilities to accommodate the need in this area. After attending a legislative meeting, it was apparent that the nursing homes were unable to find facilities for people who could be cared for in boarding homes, near their own location so they could be near their families. The people who could operate these facilities would like to be able to earn a profit, to meet their own needs as a business, which would be a profitable enterprise. (0107)

This home is family, Administrator and husband live in. All employees live within walking distance. Doctor is three minutes away be car. All fire and rescue alarms are connected to Fire and Rescue Departments. Pharmacist consultant and RN consultant live near by. Junior High students come in and visit. They are in school across the street. We have three acres - vegetable and flower gardens, apple, pear and plum trees. Bird feeders and bird houses are in trees. Outdoor summer furniture. Two church groups come in twice a month. Field trips are planned. Activity director. Employees ar all certified in their field. (0153)

I would like to see that the surveyors do more complimenting and be less critical, especially when improvements have been made. Also for them to follow the rules and not their personal feelings. Also, there needs to be more support from the mental health people and not just for them to use boarding homes as a dumping ground for their people. (0071)

The idea of licensed boarding home placement for our elderly has really gone by the wayside due to services such as home health care and nursing homes. Boarding homes are most often a less expensive alternative. A great deal of education needs to be shared with agencies, communities, regarding the option of boarding home level of care. I truly believe given greater opportunities to be independent, our elderly can live full, rich lives. They do here in our boarding home. (0558)