

A large, stylized, bold letter 'P' that serves as a background logo. It is composed of a thick vertical stem and a curved top and right side. The interior of the 'P' is white, matching the page background, while the outline is a dark, textured grey. The entire 'P' is centered within a larger, rounded rectangular frame that also has a dark, textured grey border.

PROGRAM ISSUE REVIEW

GOALS AND OBJECTIVES
OF THE
DEVELOPMENTAL DISABILITIES PROGRAM

Prepared by:

EMC Institute
24 Maplewood Mall
Philadelphia, PA 19144

Under HEW, Office of Human Development
Grant of National Significance
#54-P-71220/2-01/02

The opinions expressed herein do not necessarily reflect
the official position of the Bureau of Developmental Disabilities.

Comments should be addressed to:

Dr. James Jacks
Bureau of Developmental Disabilities
Office of Human Development Services
Rehabilitation Services Administration
U.S. Department of Health,
Education & Welfare

PREFACE

This paper is one in a series prepared under HEW, Rehabilitation Services Administration, Office of Human Development Services, Grants of National Significance #54-P-71220/2-01 (FY 1978) and #54-P-71220/2-02 (FY 1979) on pertinent issues in planning, advocacy, administration, monitoring and evaluation in the Developmental Disabilities Formula Grant Program.

During Fiscal Year 1978, the following topics were addressed through developmental disabilities state plan analysis:

- Prevalence of the Developmental Disabilities
- Rates of Prevalence of the Developmental Disabilities
- Characteristics of the Developmentally Disabled
- Developmentally Disabled Population Service Needs
- Approaches to Developmental Disabilities Service Needs Assessment
- Characteristics of Developmental Disabilities State Planning Councils
- Designs for Implementation

During Fiscal Year 1979, analysis of most identified issues will be based on state plan analysis augmented by the contributions of state program and council, special project and UAF personnel to provide clarification and examples of unique approaches to Developmental Disabilities Program activities. These issues and data reviews are designed to be responsive to the new mandates of Title V of PL 95-602 (Rehabilitation, Comprehensive Services and Developmental Disabilities Amendments of 1978):

- Gaps and Barriers in the Developmental Disabilities Service Network
- Goals and Objectives of the Developmental Disabilities Program
- Developmental Disabilities Service Utilization
- The Relationship of Developmental Disabilities Program Activities to Gaps and Barriers
- Monitoring and Evaluation in the Developmental Disabilities Program
- Coordination and Case Management in the Developmental Disabilities Program
- Child Development Activities
- Social-Developmental Services
- Community Alternative Living Arrangements
- Potential Impact of Title V, PL 95-602, on DD Program Plan Year Activities
- Impact of the Developmental Disabilities Program
- Defining the Developmental Disabilities Population
- An Analytical Review of Title V of PL 95-602
- An Analytical Review of Changes in the Rehabilitation Act of 1973

The contributions of many persons in the field of developmental disabilities have enhanced examination of these topics. Paper development was conducted by:

Irwin Schpok, Project Director
Joan Geller, Project Manager

Mary Rita Hanley	Ann Schoonmaker
Janet Elfring	John LaRocque
Sarah Grannis	

Manuscripts were typed by Karen Boucek, Betty Fenwick and Tim Schoonmaker.

TABLE OF CONTENTS

<u>Section</u>	<u>Page</u>
INTRODUCTION.	1
CONCLUSIONS & IMPLICATIONS.	3
DATA & ANALYSIS.	7
METHODOLOGY & LIMITATIONS.	19

INTRODUCTION;

GOALS AND OBJECTIVES OF THE DEVELOPMENTAL DISABILITIES PROGRAM

This Issue Paper, one in a series prepared by EMC Institute, contains an analysis of the goals and objectives set by state developmental disabilities councils in Fiscal Year 1978 developmental disabilities state plans.

The following variables were examined for this analysis:

- Long-range goals and plan year objectives most frequently set by states
- Targets of the plan year objectives
- Quality of the plan year objectives
- Council justifications for setting goals, objectives and priorities

This paper is solely an analysis of Fiscal Year 1978 state plan goals and objectives. Although a discussion of goals and objectives implies that program gaps, needs, and barriers have already been assessed, these subjects will not be dealt with in this paper. The relation of gaps, needs, and barriers to goals and objectives is discussed in 'The Relationship of DD Program Activities to Gaps and Barriers.'*

Legislative and Planning Background

In its planning process, the state council was mandated by PL 94-103 to identify the current status of programs and resources for the developmentally disabled, and then to develop statements describing practical, attainable goals for improvement of current programs.

To fulfill the planning process according to the Law, the state plan was required to contain clearly defined long-range goals and measurable short-term objectives with primary consideration given to the national program goal areas (deinstitutionalization and institutional reform, early intervention, adult programs and community alternatives) identified in the Law. Developmental Disabilities Program regulations and guidelines also required that priorities be set for these goals and objectives; the rationale for these priorities was to be stated in the plan. The goals and objectives of the state plan under PL 94-103 showed where councils were putting their energies and money, and why. Long-range goals were usually adhered to by states for three to five years, or until they were achieved. Each year, states were to adopt new objectives toward achieving their long-range goals.

The priorities of the goals and objectives highlight the most important concerns and directions of the council. Councils can also use their goal and objective-setting process as a way to support or 'buy in' to the developmental disabilities related activities of other agencies, by using the process to identify and enhance efforts on behalf of the developmentally disabled which are common to both the council and other agencies.

*EMC Institute, Program Issue Review, 1979.

This paper examines the directions of the Developmental Disabilities Program inherent in Fiscal Year 1978 council goals and objectives, identifies council justifications for setting goals and priorities, and assesses the quality of Fiscal Year 1978 objectives.

CONCLUSIONS AND IMPLICATIONS;

GOALS AND OBJECTIVES OF THE DEVELOPMENTAL DISABILITIES PROGRAM

The conclusions reached by this analysis of long-range goals and plan year objectives are as follows:

- Long-range goals set forth in Fiscal Year 1978 state plans reflected the purpose of PL 94-103. Major attention was given to goals intended to improve and coordinate the provision of services to the developmentally disabled. Major attention was also given to the national program goal areas specified in the law, particularly deinstitutionalization and institutional reform, community alternatives, and early intervention.
- While prevention, unlike early intervention, was not mandated by PL 94-103, this program area was addressed in many Fiscal Year 1978 state plans which also established high-priority goals for early intervention. Prevention services include genetic counseling, public awareness and infant care services which dovetail with such services provided under the auspices of early intervention.
- The goals also reflected the intent of PL 94-103 that the councils become more concerned with planning, monitoring and evaluation, and advocacy, as these activities were well represented as major goal areas and were also used as plan year objectives within most other goal areas.
- Plan year objectives indicated that states concentrated their resources on enhancing the delivery of services to developmentally disabled people through the improvement of existing programs. Service quality (personnel development, monitoring and evaluation), planning, and coordination of existing services were plan year objectives which cut across nearly all goal areas and which emphasized the use of existing services.
- While PL 94-103 emphasized that priority for allocation of funds be given to poverty areas and to the most severely handicapped, only 4% of all Fiscal Year 1978 objectives specifically addressed these two targets.
- In those plans in which objectives addressed the expansion or improvement of specific services, most attention was given to: residential facilities; early and periodic screening, diagnosis and evaluation; and protection and advocacy.
- Fiscal Year 1978 objectives were generally measurable, as required by PL 94-103 regulations, although many of the objectives could have benefited from 'fine-tuning,' to allow a more precise determination of the extent to which such objectives were fulfilled. Most states' plan year objectives were also realistic enough to be fulfilled within the plan year.

The Relationship of FY 1978 Goals and Objectives to the Mandates of PL 95-602

Fiscal Year 1978 goals and objectives show that, under PL 94-103, states paid considerable attention to planning, coordination and the quality assurance of existing programs. The service areas of deinstitutionalization and institutional reform, community alternatives, early intervention and adult programs received major attention, not only in the actual provision of services in these areas, but through the advocacy functions of the council: influencing, legislative support, coordination, and other types of systems advocacy. The new Developmental Disabilities Program legislation shifts to other priority service areas and increases emphasis on the provision of direct services to clients. How, then, can the program, and the council, provide continuity of effort through transition to the current legislation?

1. Although deinstitutionalization is not a priority in the new legislation, many states concentrated their deinstitutionalization efforts circumstantially on the development of community alternative services, so that a place existed for clients who left the institution. Under the new legislation, such efforts apparently can continue, but only in the realm of residential services. Recent national attention has been focused on the fact that many community residences offer shelter only, without needed social and medical ties to the community. While such services do not appear to lie within the province of 'community alternative living arrangement services,' councils can still ensure that funding only goes to such services which do have strong ties to other community resources. Council support of standards, such as the JCAH AC-MR/DD standards, for community facilities and foster homes will also assure the quality of community life for clients.

'Institutional Reform' is not mentioned in the new legislation. However, institutional-upgrading services may be able to be provided under 'non-vocational social-developmental services' as defined by the Law. As long as twenty-four hour supervision and treatment is required for some clients, the institution may be the best place for them - if the institution provides quality care.

2. Prevention, an area which a number of states addressed as a component of early intervention services under PL 94-103, is now included in that priority area and should not involve discontinuity of effort in those states which continue to stress this priority area. The scope of services, however, is greatly broadened by the new definition.
3. On the surface, the new legislation deemphasizes the areas of planning and systems advocacy (including state-level coordination and monitoring of the service network). However, the council still has the mandate to advocate for the developmentally disabled; the new emphasis on the skill level of service personnel redirects the quality-monitoring mandate of PL 94-103; and influencing, systems coordination, public awareness and other activities can apparently be accomplished for a given priority area under the definition of 'service activities,' if this description is not narrowed by the regulations.
4. Finally, on the surface, the requirement that sixty-five percent of the Federal allotment go for services does not appear to vary much from

current state practices: roughly sixty-five percent of all Developmental Disabilities Program funds went for client services in Fiscal Year 1978.* However, that nationwide percentage includes some states which used nearly 100% of their funds for direct services, and some which used almost none for services. Thus the new legislation will require dislocation of DD Program resources in some states, since the sixty-five percent services requirement applies to each state. The requirement of the state to choose a priority service area(s) may also necessitate the redistribution of some program funds away from current efforts.

Additionally, the status of the long-range goal-setting process under the new Act is also uncertain, but may be tied to the three-year requirement for review of the service network.

*EMC Institute, Program Issue Review, 'Designs for Implementation,' 1978.

DATA AND ANALYSIS:
GOALS AND OBJECTIVES
OF THE DEVELOPMENTAL DISABILITIES PROGRAM

This analysis is based on the long-range goals and plan year objectives found in fifty-three Fiscal Year 1978 developmental disabilities state plans. The following types of data are reviewed:

- Categories of long-range goals set by states
- Types of plan year objectives within the goal categories
- Common objectives used to attain more than one type of goal
- Target populations and target services in plan year objectives
- Measurability and attainability of the objectives
- Justifications for setting goals, objectives and priorities

Long-range Goals

Table 1 contains a summary of the long-range goals contained in fifty-three Fiscal Year 1978 developmental disabilities state plans. These data show that Developmental Disabilities Formula Grant Program planning responded to the mandates of PL 94-103:

- Major attention was given to the mandated national priority areas of early intervention, community alternatives, adult programs, and especially to deinstitutionalization. Prevention programs, although not mandated by PL 94-103, received considerable attention in long-range goals; this may ease transition to the new mandate for child development services, for states which elect this priority area.
- Major efforts were also directed to the overall implementation of the purpose of PL 94-103, i.e., to improve the quality of specific services to the developmentally disabled. While coordination of services, which was part of this mandate, was the least-cited major goals area, coordination objectives were used to address most major goal areas (see Table 3).
- Councils sought to improve their skills and resources in their mandated functions of planning, advocacy and monitoring and evaluation, through goals addressing planning, public awareness, protection & advocacy, and service quality.

Types of Objectives Within Goal Areas

Councils tended to set certain types of plan year objectives to meet each major goal area in Fiscal Year 1978. The three most frequently-set types of objectives for each major goal area are shown on Table 2.

The types of objectives displayed on Table 2 can serve as indicators of the way in which states interpreted the mandates of PL 94-103. For example, although deinstitutionalization was defined in PL 94-103 as 'appropriate placement and institutional reform,' states also viewed the deinstitutionalization process in relation to the development of community programs, which were the second most common type of plan year objective under this goal.

TABLE 1

SUMMARY OF LONG-RANGE GOALS,
FROM 53 FY 1978 DD STATE PLANS

<u>MAJOR GOAL AREA</u>	<u>NUMBER OF STATES ADDRESSING THIS AREA</u>	<u>PERCENT OF STATES ADDRESSING THIS AREA</u>
Deinstitutionalization & Institutional Reform	35 states	66%
Prevention & Early Intervention	31	58
Improving the Quality of Services	31	58
Community Alternatives	30	57
Public Awareness & Education	25	47
DD Services	24	45
Planning	23	43
Protection & Advocacy	20	38
Council Related Activities	18	33
Adult Programs	16	30
Advocacy/Influencing	16	30
Coordination	15	28

TABLE 2
TYPES OF PLAN YEAR OBJECTIVES WITHIN LONG RANGE GOAL AREAS

GOALS	States Addressing #		Types of Objectives Showing # & % of states addressing them			
Deinstitutionalization	35	66	Provide Appropriate Placement 10 29%	Develop Community Programs 16 46%	Institutional Reform 7 20%	
Prevention & Early Intervention	31	58	Provide Early & Periodic Screening, Diagnosis, & Evaluation 9 29%	Public Awareness 7 23%	Provide Home Training 6 19%	
Improving the Quality of services	31	58	Monitor & Evaluate the Service Network 12 39%	Provide Information to Public 7 23%	Improve Quality of Institutions 7 23%	
Community Alternatives	30	57	Develop Alternative living Arrangements 15 50%	Provide Community Support Services 11 37%	Public Awareness 8 27%	
Public Awareness & Education	25	47	Educate General Public 22 88%	Educate Persons Service DD's 8 32%	Educate Legislators 3 12%	
DD Services	24	45	Improving & Providing Identification Services 12 50%	Improving & Providing Educational Services 12 50%	Improving Transportation Services 11 46%	
Planning	23	43	Develop the DD State Plan 7 30%	Implement Relevant Legislation 6 26%	Develop Plan for Community Programs 4 17%	
Protection & Advocacy	20	38	Establish P & A System 15 75%	Support P & A System 6 30%	Information Development 2 10%	
Council Functions	18	33	Organization & Administration of DD Program 6 33%	Improve Capabilities of Council & Staff 5 28%	Provide Public Awareness 3 17%	
Adult Programs	16	30	Providing Adult Programs 9 56%	Improving Services 6 38%	Increasing Funding Base 4 25%	
Advocacy/Influencing	16	30	Public Awareness 10 63%	Monitor & Support P & A 7 44%	Service Monitoring & Evaluation 5 31%	
Coordination	15	28	Interagency Coordination 11 73%	Service Integration 7 47%	Influencing 4 27%	

Councils met the intent of PL 94-103 by applying their mandated activities - planning, monitoring and evaluation, and advocacy - to achieve service-related goals. This is particularly important because the large magnitude of existing gaps in services, and the system-wide nature of barriers to service delivery, preclude the solution of these problems by using Formula Grant Program allocations only to provide gap-filling services.*

Public awareness was seen as a major factor in achieving goals related to early intervention, quality services and community alternatives, and not merely as an end in itself. Planning for and development of services, and not just the provision of services, were used as major types of objectives to achieve those goal areas which involve the national program goals of deinstitutionalization, institutional reform, and so on. Under adult programs, the third most frequently used type of objective addressed the need to increase the funding base for these programs - a clear recognition that a need exists to obtain a wider base of fiscal resources than those that are available through the Developmental Disabilities Program.

In addition to giving special attention to the above mandated areas, councils adhered to the role of advocacy while strengthening their ability to supervise, plan, and monitor the progress of state developmental disabilities programs. This was implied by the setting of goals and objectives relating to public awareness, planning, protection and advocacy, influencing, and improving the capabilities of councils and their staffs as monitors of the Developmental Disabilities Program.

Common Objectives Across Goal Areas

A noticeable trend in Fiscal Year 1978 plan year objectives was in the presence of three recurring objective types cutting across nearly all of the long-range goals areas:

- Service quality (personnel development and monitoring and evaluation)
- Planning
- Coordination of services

These types of objectives constituted a significant proportion of plan year objectives and indicate that states used their resources to enhance the delivery of services to developmentally disabled persons through the improvement of already existing programs. The frequency with which these types of objectives occurred within each goal area is shown on Table 3.

The need for implementation of these three kinds of objectives was expressed in state analysis of gaps and barriers, in which provision and improvement of services to the disabled was found to be impeded by a lack of adequate personnel to ensure

*See EMC Institute, Program Issue Review, "Gaps & Barriers in the Developmental Disabilities Service Network," and "The Relationship of Developmental Disabilities Program Activities to Gaps and Barriers," 1979.

TABLE 3

LONG-RANGE GOALS AND COMMON PLAN YEAR OBJECTIVES,
FROM 53 FY 1978 DD STATE PLANS

MAJOR GOAL AREAS	STATES ADDRESSING THIS AREA		COMMON OBJECTIVES (Number of States)		
	NUMBER	PERCENT	SERVICE QUALITY	PLANNING	COORDINATION
Prevention & Early Intervention	31	58%	9	13	7
Community Alternatives	30	57	7	7	7
Deinstitutionalization & Institutional Reform	35	66	9	14	-
Public Awareness/Education	25	47	8	22	-
DD Services	24	44	21	-	3
Protection & Advocacy	20	38	3	3	2
Council-Related Activities	18	33	9	6	6
Adult Programs	16	30	6	4	3
Advocacy/Influencing	16	30	5	6	4

high quality programs, a lack of program coordination, and the need for better planning strategies.* The fact that these objectives cut across so many major areas of developmental disabilities program development is an assurance that states attempted *to* meet their most important program needs.

These three types of objectives – service quality, planning and coordination – also constituted three major goal areas: Improving the Quality of Services, Planning and Coordination. On Table 4, the objectives under these three goal areas have been regrouped to show the priority nature of these activities within the states under PL 94-103, giving an indication of what actually constituted the processes of improving service quality, planning strategies, and coordination activities. Personnel and University Affiliated Facilities program development, information development and enhancing interagency coordination were common ways in which states attempted to improve services to the developmentally disabled.

Target Groups of the Plan Year Objectives

The target groups of the objectives are those included in PL 94-103: urban and rural poverty areas, and the severely or substantially handicapped.

Thirteen (13) states addressed poverty areas in their objectives; eleven (11) specifically addressed the substantially handicapped. Only four percent (4%) of all objectives addressed these two targets.

From EMC Institute's technical assistance experience in the states, it is known that states did give attention to poverty area problems and to the specialized needs of the substantially handicapped. These activities included:

- Placing rural children in alternative living arrangements so they can access educational services;
- Studying the unique needs and problems of developmental disabilities service delivery in rural areas;
- Developing comprehensive community-based service systems in rural and urban communities;
- Implementation of in-service training for providers concerning the special needs and problems of the severely disabled;
- Planning for integrated services to appropriately address the problems of the multiply handicapped.

Many such efforts on behalf of these target groups were apparently hidden within more general objectives. Thus, there is no way to identify the nationwide extent of high priority consideration of these targets in Fiscal Year 1978.

*EMC Institute, Program Issue Review, "Gaps and Barriers in the Developmental Disabilities Program," 1978.

TABLE 4

GOAL AREAS & THEIR OBJECTIVES
FOR SERVICE QUALITY, PLANNING & COORDINATION,
FROM 53 FY 1978 DD STATE PLANS

GOAL AREA:	IMPROVING THE QUALITY OF SERVICES N = 31(58%)			PLANNING N = 23 (43%)			COORDINATION N = 15 (28%)		
OBJECTIVE TYPE:	SERVICE QUALITY			PLANNING		COORDINATION		COORDINATION	
OBJECTIVE CONTENT:	Personnel & UAF Monitor & Expand Program Evaluate & Improve Develop- the DD ment Service Services Network			Implement Information Inter- Planning & Plan agency Process Development Coordina- tion		Inter-agency Coordination Planning Coordination of Specific Coordination by Council DD Services Activities & Staff			
# of states addressing	16	12	10	13	15	8	11	7	4
% of states addressing	52	39	32	57	65	35	73	47	27

Target Services of the Objectives

Table 5 shows types of services which received significant attention in Fiscal Year 1978 objectives. Many states concentrated on providing and improving residential care, educational services, day care services, employment services, early and periodic screening, diagnosis, and evaluation, protective services and transportation services. The emphasis on protection and advocacy is logical, as many states were still in the preliminary stages of implementing their Protection and Advocacy Systems at the time of Fiscal Year 1978 state plan development.

Quality of Plan Year Objectives

Plan year objectives were assessed for the quality of two characteristics:

1. Measurability - the degree to which objectives contain specific criteria for achievement which can be used to measure the extent to which the objective has been fulfilled. A measurable objective may contain such specifics as number of clients to be served (or personnel to be trained); number of programs to be upgraded for state accreditation; or a specific milestone, such as the passage of a certain amendment to state legislation or the implementation of a planned public education campaign by all state regional councils. For example, the objective "to improve the quality of services by providing personnel training to employees in five residential facilities " is clearly measurable, while "improving the quality of services in residential facilities" is not.
2. Attainability - the feasibility of fulfilling the plan year objective within a period of one year. This rating is not a judgment of a given state's ability to fulfill an objective. It is a reviewer's assessment of the possibility of reaching an objective within the limits of the Developmental Disabilities Program and the stated time frame. For example, an objective such as "normalization for all developmentally disabled persons" is clearly not attainable within one year.

The results of the analysis of the quality of plan year objectives are given in Table 6. Percentages are based on fifty-three (53) states, as one state plan contained no objectives. As is shown from the table, the majority of objectives were written in fairly measurable terms and were practical enough to be realized within one year.

Future technical assistance in writing objectives should focus on getting states to express measurable limits within their objectives that would further define the targets of the objectives.

Prioritization & Justification for Setting Goals & Objectives

The regulations of PL 94-103 required that the state plan "set forth policies and procedures for the allocation and expenditure of funds under the plan, based on the established goals and objectives," (Regulations, Section 1386.41). In the format of the state plan, a narrative justification for the setting of goals and objectives and their priority ranking was required. Goal and objective setting rationales and priorities were reviewed for this analysis; the results are given in Table 7.

DD SERVICES AS FY 1978 OBJECTIVE TARGETS

TABLE 5

Service:	Community Programs	Residential Facilities	Education	Day Care	Employment	Identification		Case Management	Treatment Services	Basic Support Services			
						Early Screening	Info. & Referral			Protection	Counseling	Transportation	Recreation Respite Care
Number of States Addressing	8	22	11	10	10	17	8	17	8	9	12	7	7
Percent of States Addressing	15%	41%	20%	19%	19%	31%	15%	31%	15%	17%	22%	13%	13%

Most of the states which gave rationales for their goals and priorities indicated that both were based on input from or analysts of the service network - i.e., that planning was responsive to existing state needs. However, nearly forty percent (40%) of the states did not justify their goals, and only six states actually prioritized their goals.

TABLE 6

QUALITY CHARACTERISTICS OF FY 1978 DD STATE PLAN OBJECTIVES

National Totals	<u>MEASURABILITY</u>			<u>ATTAINABILITY</u>		
	Poorly Written	Clearly Stated	Measurable Limits Clearly Stated	Questionable	Unattain- able in 1 year	Apparently Attainable
# of States	4	27	22	2	5	46
% of States	7	51	41	4	9	87

TABLE 7

JUSTIFICATION FOR GOALS, OBJECTIVES AND PRIORITIES
FROM 54 FY 1978 DD STATE PLANS

<u>Justification</u>	<u>Percent/Number of States</u>
Knowledge & expertise of council members, professionals & agency heads	31.5% (17)
Mandates of PL 94-103 & influence of its regulations & guidelines	14.8 (8)
Response to state concerns such as DD service needs & gaps estimates	9.3 (5)
Maximize DDSA funds and other available resources while considering the feasibility of attaining the goals	5.6 (3)
No justification	38.9 (21)
Goals are prioritized in order of importance	11.1 (6)

METHODOLOGY & LIMITATIONS:

GOALS AND OBJECTIVES OF THE DEVELOPMENTAL DISABILITIES PROGRAM

All data used in this analysis were collected from fifty-four (54) Fiscal Year 1978 developmental disabilities state plans. Section VI of the state plan, "Developmental Disabilities Program Plan," contains long-range goals and short-term objectives set by state councils as well as narrative justification for the setting of priorities. Data have been augmented where necessary with information provided by EMC Institute regional technical assistance coordinators.

Information was collected in order to identify the following:

- Major program areas addressed by the states:
 - types of goals in state plans
 - extent to which the national Developmental Disabilities Program goal areas (deinstitutionalization, etc.) were addressed as long-range goals
- Major characteristics of plan year objectives:
 - extent to which the needs of urban and rural poverty areas and the substantially handicapped were addressed by objectives
 - rationale for setting objectives and priorities
 - measurability and attainability of the objectives

Quality of the objectives (measurability and attainability) was a judgment of state plan reviewers, using the following assessment scale:

- Measurability:
 - 0 - unclear, poorly written, fuzzy
 - 1 - clear but not stated with limits or criteria (either number of services or specific event)
 - 2 - measurable limits clearly stated in the objective (preferably a noun)
- Attainability:
 - 0 - unclear, poorly written, fuzzy, judgment is questionable
 - 1 - clear but unattainable in one year (i.e. normalization for all developmentally disabled people)
 - 2 - apparently attainable (not a judgment of state's ability - only one quality of objective)

Development of the conclusions and implications for this paper was supplemented by review of Title V of PL 95-602* to make this paper as relevant as possible to current program mandates.

Limitations of the Data and Analysis

The grouping of data into categories may result in the reduction of discreet elements as found in specific plans. The long-range goals and plan year objectives address a wide range of needs in many different ways. Because of the need in this analysis to emphasize national trends in goals and objectives, the often complex and occasionally exemplary combinations of goals and objectives being used by states are not apparent in the data.

While legislative analysis has attempted to predict possible new trends and issues in Developmental Disabilities Program planning, future regulatory clarification of current Law may make some of the observations in this paper obsolete.

*EMC Insitute, "An Analytical Review of the Developmental Disabilities Assistance and of Rights Act," October 30, 1978.