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**SERVING MINNESOTA'S
MENTALLY RETARDED**

• education

• health

• welfare

• citizen interest

SERVING MINNESOTA'S MENTALLY RETARDED

A publication of the Minnesota Inter-agency Committee on Mental Retardation for professional people, parents and members of the community who are interested in learning more about the total program to meet the needs of Minnesota's mentally retarded persons and what should be done to provide better services for them.

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INTRODUCTION

Mental retardation is a condition of impaired or incomplete mental development. This means that individuals who are mentally retarded need the help of others. All need life-time planning; some need constant care and supervision. The plans that are made and the care that is given depend upon many considerations, including the degree to which a person is mentally retarded, his ability to adjust socially, and his physical health. And, whatever his level of intellectual and social abilities and whatever the other handicaps he may suffer, each mentally retarded person requires help as an individual who has individual problems and needs.

It would be impossible for a family alone to meet the special needs of a mentally retarded child. Their child needs the help of many specially trained persons. Some or all of the following services will be required by him and his family: medical, psychological, educational, social, and vocational rehabilitation. The individual who is mentally retarded needs family and community acceptance and carefully planned guidance and supervision to develop his own capabilities, however limited they may be.

Life-time planning for the mentally retarded individual, therefore, requires the cooperation of many agencies and individuals. Minnesota, having long recognized this, in 1958 formed the Inter-Agency Committee on Mental Retardation to promote an even closer working relationship among these groups. Representatives were named from the concerned areas in the state departments of welfare, education, and health and from the Minnesota Association for Retarded Children. Primary purpose of the Committee is to coordinate all services of these groups, to promote understanding of the laws and policies of the three state departments and of the policies and procedures of the Minnesota Association for Retarded Children, and to coordinate public education programs.

This pamphlet is one of the first projects undertaken by the Inter-Agency Committee on Mental Retardation. Because mental retardation is a complex condition and because the services which mentally retarded individuals require are many and varied, it is necessary to read this pamphlet in its entirety to obtain a comprehensive picture of the work being done by the various agencies. The pamphlet is specifically designed to show how the agencies represented on the Committee work together to provide services for retarded individuals and to promote public understanding of mentally retarded persons both as individuals and as citizens of local communities and of the State of Minnesota.

CHAPTER 1. THE NECESSITY FOR COOPERATION: DIAGNOSIS AND SERVICES

Members of the Inter-Agency Committee on Mental Retardation represent the many areas of specialization and concern which are required to fulfill the special needs of mentally retarded individuals. The government agencies and the Minnesota Association for Retarded Children work together to discuss and coordinate not only their services to retarded persons, but also the advisory and supervisory programs which unite them with numerous privately operated services.

Broadly, the various programs are designed to meet the complex needs of retarded persons who require the special care found at state institutions for the retarded and in privately operated homes, or who need special help to adjust to life within the community. And the great majority of Minnesota's estimated 90,000 retarded persons live within their local communities where many of them need and receive help from concerned state, community, and private agencies.

The Complexity of Mental Retardation

What help is needed by a retarded individual or his family depends, of course, upon just how severely he is retarded. Determining the degree of retardation is a difficult task in itself; in fact, the very job of discovering who is mentally retarded and who is not is oftentimes an extremely complex process, involving the cooperation of many specialized persons. Any one of a number of persons may first suspect that a child is mentally retarded; therefore, the first to discover a possible condition of mental retardation might be a physician, teacher, public health nurse, social worker, or parents. Once definitely established as mental retardation, proper diagnosis of degree of retardation is of utmost importance because it enables specialists to discover how the retarded individual can best be helped to develop his abilities to the fullest extent. There is a limit to what he can do, but only after that limit is discovered can he be helped to develop the capabilities he possesses, without being forced into frustrated attempts to go beyond his abilities. Proper diagnosis means that the persons concerned about his health, welfare, and special education can work together to make long-range, life-time plans for the retarded individual's future.

Long-range plans are necessary, for mental retardation is a permanent condition of impaired or incomplete mental growth. Only in rare cases will treatment repair the damage done to an individual whose mind either did not develop normally in the months before birth or which was retarded in growth by accidents, injuries, or diseases during birth or early childhood.

The process of determining that a child is mentally retarded is complicated by the fact that mental retardation cannot usually be diagnosed on the basis of appearance. There are, in fact, some children who have problems which hamper their progress in learning. But such problems as emotional handicaps, speech or reading difficulties, hearing or sight defects, or other handicaps which hinder an individual's over-all ability to function are oftentimes capable of correction. Children handicapped in these ways are not "mentally retarded" in the sense that the term is used to refer to a permanent condition. The difficulty of ascertaining that a child is actually mentally retarded is further complicated, however, by the fact that the child might be multi-handicapped; he may, for example, be mentally retarded in addition to being physically or emotionally handicapped. All of these factors make proper diagnosis a complex process, pointing again to the need for examination and evaluation by specialists.

Furthermore, degrees of retardation vary greatly—from the few persons who are so obviously and severely retarded to those who are only slightly different from children of normal intelligence but whose ability to learn will always be limited. Because these children range from near normal to completely dependent, specialists place each diagnosed child in one of three groups to facilitate planning. Retarded persons classed as "educable" comprise the great majority of the approximately three per cent of the total population who are mentally retarded. About 30 out of every 1,000 children are retarded, and 25 of the 30 are educable. As an adult the educable retarded individual will function as an adult in many respects, but his mind will only be able to solve the problems which a normal child of from eight to 12 years of age or slightly over can solve. Educable individuals, many of whom are near normal in all respects, nonetheless need help to take their places in a world to which they can contribute but in which they can never attain intellectual position.

The lower the individual's mental capacity, the lower are his abilities to adjust to the world around him. Many, however, can be taught to behave in a manner acceptable to society. This is oftentimes true of the four out of every 30 retarded persons who are classed as "trainable." This term is used by specialists to refer to persons who in adult years may be able to solve problems which are normally associated with the abilities of children of from four to eight years of age. Some trainable individuals can be taught to perform useful but uncomplicated tasks within the home or community; they will, however, always require day-by-day supervision and guidance. The remaining one out of every 30 retarded persons is classed as "total care." These persons require life-long total medical and nursing care.

The process of determining, first, that a child is in fact mentally retarded and, second, the degree to which he is retarded is a complex one. Medical examinations are made, batteries of psychological tests are given, many consultations are held by the various specialists. Then the specialists and the parents can begin to make plans for the child's future.

Necessary Services

Throughout the diagnostic procedures and throughout the entire life of the individual who is mentally retarded, the local, county, and state services work with each other to advise and assist the child and his parents. The many groups available and involved are described in a booklet, **Agencies and Facilities for the Mentally Retarded in Minnesota**, which is distributed for use in Minnesota to persons having responsibility for mentally retarded persons.

In addition to listing diagnostic facilities and state institutions, the booklet lists the many community services which provide help in meeting the varied needs of the many retarded persons who live at home. Because each retarded person differs from other retarded persons as we all differ from one another, there are many specialized sources designed to meet the differing needs of families and of their retarded members. For example, family counseling and parent education services are being developed to help parents adjust to the fact that their child is retarded and to help them help their child with his particular problems and needs. These services can be found through county welfare boards, licensed private welfare agencies, public health nurses,

public schools, physicians, clergymen, local mental health centers, and the Associations for Retarded Children throughout the state. Oftentimes, of course, several of these persons or agencies will be involved, each cooperating with the other to discover the best method of helping the parents.

Similarly, recreation programs are available or can be organized with the help of the concerned specialists to help retarded persons develop their maximum mental, physical, and social abilities. These programs are of particular importance in that they stimulate interest and enthusiasm, offering a new dimension of life for individuals who are mentally retarded.

Education facilities are of special importance. The kind of education given depends, of course, upon the mental age level and other complex factors which characterize the retarded individual involved. Those pupils classed as "educable" are termed this because they usually can benefit from special education programs geared to their specific needs. The "trainable" retarded persons, however, require a different kind of education; they can be taught to perform useful tasks and to develop acceptable personal habits and sound behavior but cannot keep up with the special kind of academic-type curriculum offered for the educable. Minnesota's public school systems are continually enlarging special education programs for retarded children, but more of these programs are needed.

Perhaps, however, a child has a behavior problem, is too retarded to fit into classes for the educable or the trainable, or too are available to care for these children for part of each day, young to go to school. A few privately operated day care centers giving them the opportunity to learn basic tasks and to profit from social experience. More of these centers are needed. The hope is that some of these children will eventually be able to attend public school classes. Then, there is the problem which arises when retarded children can no longer profit from formal education in a classroom situation, or when they have gone beyond school age. On the basis of the help they have received, the most capable, generally composed of those in the educable group, can usually find various semi-skilled or unskilled laboring or clerical tasks to perform within the community, taking their places alongside workers of "normal" intelligence. Others need help in a sheltered environment where they can perform simple but satis-

fyng work. There are some sheltered workshops established by private or civic organizations in local communities throughout the state; more of these workshops are needed.

Other types of facilities are also necessary. Frequently, for example, a retarded child may have an unusual health problem which is closely connected to his type of retardation. He may need special drugs; if he is hyperactive, for instance, tranquilizing drugs may be prescribed. It may be that medical and dental specialists trained to work with retarded persons are required to help him.

Some children may require care outside the home in either boarding homes (also called "foster homes") or in more specialized "private group care centers." The latter are facilities equipped to care for more difficult children who could not be handled in the ordinary boarding home, and they offer a greater variety of training and education. A few have school classes. Standards are established for both boarding homes and private group care centers by the Department of Public Welfare. They must offer warmth, affection and understanding as well as good care. With the state institutions filled to capacity and a waiting period for admission running 24 to 36 months or even longer, more boarding homes and group care centers are needed, especially for the overly-active child and the older child who presents greater care problems. For those retarded persons who develop to the point that they could best profit by leaving the institutional environment, foster homes may be needed to receive and help them take their places within society.

Cooperation and Concern

The members of the Inter-Agency Committee on Mental Retardation are in some way concerned with all of these services. And they are working together to discover how their agencies can work even more effectively together to develop and correlate them. In addition to recommending needed policy changes to agency heads and holding planning conferences to stimulate further community cooperation, the Inter-Agency Committee also works closely with other committees concerned with the well-being of retarded persons. Many of its members are also members of these other groups.

One of these groups is the Conference Committee on Mental Deficiency which is composed of staff and parent representatives

from Associations for Retarded Children in Minnesota and professional staff members from the state department of welfare, state institutions, and county welfare boards. This committee is especially concerned about parent and community education. In addition to its various parent and community education activities, it has published three pamphlets, specifically designed to help parents, which have been distributed by the Minnesota Department of Public Welfare throughout the state. **You Are Not Alone** tells parents of retarded children how to find help in meeting their particular problems; **Looking Ahead** is designed to help them plan for their retarded child's future; and **Now They Are Grown** covers the many areas of concern faced by parents of trainable teen-age and young-adult retarded children. An earlier pamphlet, **Teach Me**, for parents of young retarded children, was prepared by some of the persons who later became members of the Conference Committee.

Another group whose reports and recommendations are carefully studied by the Inter-Agency Committee in its effort to improve and expand services is the State Advisory Board on Handicapped, Gifted, and Exceptional Children. This board was established by the 1957 Legislature to recommend policies and encourage programs for these children, including those who are mentally retarded. The governor appoints one member to it from each of Minnesota's nine congressional districts and three members at large to act in an advisory capacity to the State Board of Education, the State Department of Public Welfare, and the State Board of Health. One of its first projects was a study of public responsibility for trainable retarded children, a study financed by several Associations for Retarded Children in Minnesota.

The various reports, the numerous projects, the many desperately needed services provided by government and private agencies are the concern of the Inter-Agency Committee. The responsibilities delegated by law or by interest and concern to the agencies which its membership represents necessitate its broad concern. The responsibilities and functions of the agencies represented, therefore, further exemplify the complex nature of the mental handicap with which they are in some way concerned, the need for services, and the necessity for correlating and coordinating efforts to aid those individuals who are mentally retarded.

CHAPTER II. GENERAL RESPONSIBILITY: THE MINNESOTA DEPARTMENT OF PUBLIC WELFARE

Underlying its over-all philosophy of life-time planning for individuals who are mentally retarded is the general responsibility given to the Minnesota Department of Public Welfare by laws which date back to 1917. This Department is responsible for the general welfare of all mentally retarded persons, and has special responsibility for those placed under the guardianship of the Commissioner of Public Welfare, whether or not they require care in a state institution. The legal mandate of 1917 also directed the Department to cooperate with all other agencies responsible for and concerned about the well-being and care of the state's mentally retarded citizens.

The Department of Public Welfare administers and supervises various child and adult welfare programs, a number of which provide services for retarded individuals and their families. The varied program to meet the complex needs of retarded persons, however, primarily rests with four of the Department's divisions and the 87 county welfare boards throughout the state. The divisions are those of Medical Services, Child Welfare, Public Assistance, and Field Services. Responsibility for local administration of all of the state welfare programs, however, falls upon the county welfare boards. Minnesota's philosophy is that each county can best determine the needs of its people within the state legal and regulatory framework.

Medical Services Division

This is the division primarily responsible for general program development. As a whole, it directs programs for the mentally ill and for persons suffering various other mental or physical handicaps as well as for mentally retarded persons. Its responsibility for retarded individuals, however, is of major significance. The division director is responsible to the Commissioner of Public Welfare for administration of the several state institutions and of the guardianship program.

Other areas directly related to the life-time planning program of concern for retarded persons are the Bureau of Psychological Services, whose staff of psychologists provide evaluation and diagnostic assistance to communities throughout the state, and the several consultants who help the division director coordinate

and improve the statewide program of service to mentally retarded as well as to mentally ill individuals. The consultant program is one of guidance, advice, and in-service training.

The Division also works closely with locally organized mental health centers, established in many parts of the state with financial assistance from the state welfare department. These centers have several functions which relate directly or indirectly to mental retardation as a community problem. They offer diagnostic and consultation services, conduct public education programs, and provide in-service training to other professional people. The centers are not equipped, however, to do routine screening of school students for special classes.

Actively concerned about the welfare of retarded persons, the staff members in these areas work closely with the personnel within the two Division areas primarily responsible for the state welfare department's assumption of life-time responsibility for Minnesota's mentally retarded citizens: the section for mentally deficient and epileptic and the state institution program.

The Section for Mentally Deficient and Epileptic

Concern, care, and responsibility for a mentally retarded individual, whether he lives at home, in a state institution, or in a private residential center, are the features which characterize this section. It works closely with many state, local, and private agencies to see that a retarded person has the supervision he needs and the care he requires throughout his lifetime. A consultant is employed to assist county welfare departments and private agencies in developing community services and programs for retarded persons.

Particular responsibility, of course, belongs to this section as administrator of the guardianship program for the Commissioner of Public Welfare. Close liaison is maintained with local county welfare boards which actually provide service to the family and the retarded child who is under guardianship. Parents may place a child under guardianship, whether they plan to keep him at home or place him in an institution. This provides a kind of "insurance policy." For guardianship offers comfort and security to parents whose great worry is over what will become of their retarded child when they are no longer able to care for him. Furthermore, guardianship does not mean that parents give up their rights or responsibilities toward their child; it means that

the state has legal responsibility to see that he is cared for throughout his life. The state, then, is always prepared and always available to help parents with their particular needs and problems. If necessary, the child is placed in an institution or private residential home. For example, behavior problems might arise which require care that cannot be given by the family. With the aid of county welfare offices, guardianship procedures involve filing a petition for a hearing before a probate judge, a thorough social, psychological and medical evaluation, and a court hearing. Although parents most often voluntarily seek the help of the county welfare worker to make life-time guardianship plans for their child, the local welfare board, working closely with the state office, also steps in to initiate guardianship procedures when certain social problems arise. For example, children of retarded parents or illegitimate retarded children require state care and concern.

And this state division section in particular works closely with all state welfare areas concerned about retarded persons, and with local welfare boards, concerned private agencies, and the groups represented on the Inter-Agency Committee. Above all, this section is concerned about the welfare of all mentally retarded individuals, maintaining active records on each ward who is under state guardianship, whether he lives within the community or in a state institution.

State Institutions for the Retarded

The state institution program is itself the direct responsibility of the Director of the Division of Medical Services who maintains close contact and consultation with the superintendents of the six state institutions in which mentally retarded individuals reside. The first of these institutions had its beginnings in 1879 as an experimental department of the Institute for Deaf, Dumb and Blind. Now called the Faribault State School and Hospital, this institution became a separate entity and by 1920 was the largest state institution. The last institution for the retarded to be founded to date is the Brainerd State School and Hospital which began operations in 1958. Plans to divide the state into institution districts were recently made to facilitate arrangements to place a mentally retarded person in an institution located as near to his home as possible. This is designed to bring the family closer to the institution and also to facilitate follow-up services for discharged retarded persons.

Broadly, it is the function of state institutions to provide care, treatment, and education. Each institution is actually a sheltered community, offering total medical and nursing care and a variety of vocational, recreational, and religious activities to help each patient develop whatever capabilities he may possess. Community volunteers contribute a great deal in all of these programs and help to bridge the gap that has so often existed between hospital and community. For many years, volunteers have come to the hospitals to provide services and entertainment. More recently, they are being asked to take patients into their homes, churches, club rooms, or for a shopping trip downtown. Such services are a vital part of the patient's total rehabilitation.

A small number of mentally retarded persons are so severely handicapped that they may never achieve even a degree of self-care and must have total care. Others with somewhat greater ability may be able to perform useful functions within the institution setting, but never be able to adjust to community life. Because of the extent or nature of their handicap, many other patients must remain in the institution, at least until a greater number and variety of community services are available. For others, educational and vocational training programs provided may enable them to look forward to the day when they may become partially or entirely self-supporting outside the institution.

Most patients at the State Schools and Hospitals at Faribault, Cambridge, and Brainerd belong to the total-care or trainable groups. School programs are especially geared to help the younger trainable children develop their particular capabilities, while recreational, pre-vocational, and sheltered employment experiences are offered for all who can benefit from them. Some adult classes, such as the Red Cross Home Nursing course, are offered. Religious training and services are also available to all patients through resident and community clergymen.

Rigorous training programs, with emphasis on vocational and personality adjustments, are offered at the Annex for Defective Delinquents, a separate unit at the St. Cloud Reformatory. Total-care activities are carried out at the Lake Owasso Children's Home, an annex of Faribault State School and Hospital, and at the Shakopee Home for Children, a small unit at the State Reformatory for Women.

Another institution is designed solely to provide, in addition to daily welfare, health, and recreation needs, academic and vocational training for educable retarded boys and girls between the ages of eight and twenty-one. The Owatonna State School is for those educable children for whom no local facilities are available or who, for various reasons, cannot remain in their own homes. All of this institution's facilities are planned to facilitate the return to the community of each mentally retarded individual as a self-supporting citizen. The school, therefore, offers a wide variety of special education subjects and vocational experiences.

Each institution is designed to meet the needs of its mentally retarded residents. Two problems, however, are always present; the requests for placement far exceeds the space available, and more community services are needed if there is ever to be an end to the necessity for more and more buildings.

Child Welfare, Public Assistance, and Field Services Divisions

Boarding homes and private group care centers, more of which are also needed, provide the necessary care for retarded individuals on the institution waiting lists. They also serve parents as sources of temporary care for their retarded children. The boarding homes, residential homes, and the larger private group care centers are licensed by the Minnesota Department of Public Welfare. As part of its broad responsibility to develop and supervise child welfare services, the Department's Child Welfare Division administers the licensing program, seeing to it that standards are maintained. As part of this program, the Division also provides consultation and supervision to boarding homes, private group care centers, institutions, and day care facilities serving retarded children.

Also concerned about retarded persons is the Department's Public Assistance Division. Some retarded persons may be eligible for "aid to the disabled" grants, and others who suffer a visual handicap, may receive "aid to the blind." These grants are based on proven financial need and medical evaluation of the person's condition. Both types of aid are designed to help handicapped persons to live successfully in the community.

The Field Services Division is the liaison between all welfare divisions and the county welfare boards. Representatives from this Division must see that, on one hand, state policies and pro-

cedures are followed and, on the other, that the concerned state division clearly understands the counties' problems and program needs. It also sees to it that consultation is given to counties when problems arise.

County Welfare Boards

Liaison between the Department of Public Welfare and the county welfare boards is closely maintained to further the best interests of retarded individuals. It is the county welfare board which is responsible for carrying out the total state and community welfare programs on a local level. The board itself is composed of either three or (actually) five elected county commissioners, plus two members appointed by the state Commissioner of Public Welfare, one of whom must be a woman.

These boards and the personnel employed by them have many functions as social service agencies available to all citizens. And this service includes lifetime concern for every mentally retarded individual. The county welfare offices act as case finding agencies and as consultants to parents, and they arrange for guardianship by the Commissioner where this is determined by the family or, in a few cases, by the county board itself to be in the best interests of the child.

It is the county welfare office which directly provides the life-long supervision and guidance for children or adults under guardianship. The relationship is a continual one, whether the child lives within the community or within a state institution for the retarded. This relationship requires knowing the retarded individual personally and understanding his particular needs. It also requires readiness and imagination to find and use resources that might be made available to him.

The Minnesota Department of Public Welfare and county welfare boards, therefore, work closely with one another in this county-administered, state-supervised program of life-long responsibility, care, and concern for all of the state's mentally retarded citizens.

The Need to Cooperate

The Minnesota Department of Public Welfare has general responsibility for all of the state's mentally retarded individuals.

But it could not possibly satisfy all of the many and complex needs by itself; in fact, total responsibility was not envisioned by the 1917 Legislature. That is why the law directed the Department to cooperate with all other concerned agencies. That is why the Inter-Agency Committee on Mental Retardation was formed in 1958; and that is why the formation of the Committee had long been preceded by increasing cooperation between the state departments of welfare, education, and health and the Minnesota Association for Retarded Children.

CHAPTER III. LEGAL RESPONSIBILITY AND CONCERN: THE MINNESOTA DEPARTMENT OF EDUCATION

While the Minnesota Constitution requires a general and uniform system of schools throughout Minnesota's public school districts, legal enactments originating from 1915 reveal the state's recognition of the special school services needed for the state's mentally retarded children. This responsibility was more clearly defined in 1957 when the state legislature, on the basis of a two-year study by the Interim Commission on Handicapped Children, made it mandatory for all school districts to provide programs for educable retarded children. At the same time, the legislators enacted permissive legislation stating that school districts may receive state aid to establish classes for trainable retarded children.

It is the local school district which is responsible for carrying out the standards established by the state board of education. Each district is a public corporation which is required by law to furnish school facilities to every school age child in the district. The local board of education must, therefore, see to it that the district complies with the mandatory law requiring special provision for educable retarded pupils, examines the feasibility of establishing classes for trainable children, and in all other possible ways supports and stimulates development of appropriate school programs for retarded children who can benefit from them.

The Minnesota Department of Education has the over-all legal responsibility to see that the laws and policies are carried out on the local district levels, to prescribe standards and regulations for the conduct of programs, and to allocate funds to local school boards to offset additional costs involved in operating educational programs for mentally and physically handicapped children. The Department also directs vocational rehabilitation programs, helping handicapped persons during and after formal schooling to adjust to working within the community.

Over-all functions of the Department of Education are directed by the State Board of Education, composed of seven state citizens appointed by the governor. The board appoints the Commissioner of Education, who is the executive officer and secretary of the board. The board is responsible for approving regulations and standards, and for directing the over-all operations of the Department. All of the department's divisions are concerned in

some way with the rehabilitation and education of mentally retarded children. Primarily concerned is the Division of Vocational Rehabilitation and Special Education, administered by an assistant commissioner who is also the director of the section of vocational rehabilitation. Another director heads the division's section of special education. As a whole, the division serves the educational and vocational needs of all mentally and physically handicapped pupils.

Other divisions involved in some ways with mentally retarded pupils are the Divisions of Instruction and Administration. Through its teacher certification section, the Division of Instruction must approve the certificates of such professional persons involved in public school special education programs as teachers, school psychologists, and school social workers. Also concerned in this division are the elementary and secondary, guidance and counseling, and research sections. The Division of Administration handles statistical, legal and budgetary matters for all divisions, and is responsible for transportation arrangements for mentally and physically handicapped pupils. But the area especially concerned about the educational and vocational needs of retarded pupils is the Department's Division of Vocational Rehabilitation and Special Education, while the local school boards see to it that these needs are met.

Special Education

The division's section on special education handles all supervisory and financial-aid matters involved in the state's special education programs and works closely with the local school districts which directly administer the services. One of the section's consultants devotes full-time to programs concerning mentally retarded pupils. He personally meets with local school system representatives to offer advice and to see that the state's legal responsibilities and policies are being met. In addition, he provides some direct consultative services to parents who request them, establishes in-service educational programs for school personnel working with retarded children, and works closely with all concerned state and local agencies. He also gives final approval for placement of children in special education programs. The overall structure of this section and its relationship to the local school district is explained in detail in the department's **Manual of Administrative Procedure in Special Education**.

On the local level, placement in special classes is the responsibility of the superintendent of schools. Placement follows a detailed program of consultation and evaluation by various specialists to determine if the child can benefit from a formal school program. In addition, total planning for these children brings in local school district specialists, county welfare workers, and other concerned agencies and individuals to make certain that the retarded child's individual needs are being adequately planned for throughout his school years. The local school districts, working with the state special education section, recognize that a total program for the retarded pupil must go outside the classroom to include parents and private and public agencies. Such a program fosters cooperation between many agencies and individuals.

In each district educable classes are designed specifically for those educable retarded pupils who can benefit from a program geared to their capabilities. Their school program is designed to help them become contributing members of their community, and healthy, economically independent, socially adjusted citizens. Programs for trainable pupils are aimed at developing maximum independence socially, emotionally and physically. More and more school districts are encouraging inter-agency planning to bring about the development of school programs for trainable children; more of these classes, however, are still needed throughout the state. The rate of development of school programs for trainable pupils will increase as agencies work more closely together at the community level to find the trainable child and make suitable over-all plans for him. Once the children are located, professional personnel must be available to help them. More professional personnel are needed throughout the state's local school districts to staff programs for both educable and trainable pupils.

Vocational Rehabilitation

The department's section of vocational rehabilitation maintains district offices in all areas of the state. One of the functions of these offices is to help the mentally retarded person prepare for a vocation and to help him find a job or get further vocational training. In all cases, the vocational rehabilitation counselor works closely with the county welfare board, which has the general responsibility for the retarded person's welfare. Working with the county welfare board, the schools, and with other

concerned professional persons and parents, the vocational rehabilitation counselor can then determine the best vocational plan for the retarded individual. If it is felt that the retarded person could satisfactorily adjust to employee responsibilities and that he could benefit from a vocational rehabilitation program, the counselor helps him to prepare for work and to find and hold a job.

The vocational rehabilitation section also, of course, works closely with local school programs in order to obtain early referrals and make adequate plans well in advance for each potential job holder. Most of the employable are in the educable group; however, there are trainable individuals who can perform limited wage-earning tasks, usually within a sheltered workshop environment.

This section undertakes research and planning projects, because the idea of a vocational rehabilitation program for mentally retarded persons is a comparatively new one. There are insufficient community facilities for training vocationally handicapped persons, and there are few sheltered workshops available for those who can do limited kinds of work in a sheltered environment. The section, therefore, is constantly seeking methods to further the effectiveness of its program, a program dependent to a large extent upon encouraging the understanding and cooperation of the entire community as well as of employers. Federal grants, however, are being given to the state to extend and improve vocational rehabilitation services. Under federal and state legislation designed to improve these services, the section has allocated funds to public and private non-profit agencies to establish and improve needed facilities.

Vocational rehabilitation involves many aspects of the retarded individual's life, and this, in turn, involves cooperation with all state and community agencies concerned about his welfare. Furthermore, the referrals to the state section or its local branches come from many sources — the school, a teacher, the county welfare worker, the client himself, parents, any number of public or private agencies, a physician, or the public health nurse.

CHAPTER IV. THE HEALTH OF ALL CITIZENS: THE MINNESOTA DEPARTMENT OF HEALTH

Although the Minnesota Department of Health has no legal responsibility pertaining specifically to mentally retarded persons, it is legally responsible for concern about the health of all citizens of the state. And some 90,000 of Minnesota's citizens are mentally retarded. Emphasis throughout the department's program is placed on research and education leading to the prevention of mental and physical handicaps or to the minimization of disabling effects.

The Minnesota Department of Health is governed by the State Board of Health whose nine members are appointed by the governor. The board appoints the executive officer who heads the department as the state health officer. Like other state agencies of government, the state department of health carries out various projects of concern to all of the state's citizens and sees to it that the laws and policies are followed on the local level. The local public health agencies are responsible for directly administering community public health services. Because the state health department is concerned about the over-all mental and physical health of the state's citizens, all of its programs bear some relationship to the general well-being of retarded persons. However, two of the department's divisions have programs of special significance to retarded individuals. These are the Division of Local Health Administration, through its section of public health nursing, and the Division of Special Services, through its sections of maternal and child health, preventative mental health services, and health education.

The Public Health Nurse

It is oftentimes the public health nurse working within the community or county who first discovers that a child may be mentally retarded and who then refers the child to the family physician. The physician and the public health nurse then work with the local county welfare office, schools, and other agencies and specialists concerned with the care of retarded persons.

Public health nurses offer public health services to all persons within their jurisdiction. The area in which they work is determined by whether they are employed by county or city agencies, boards of education, or voluntary agencies. Mentally re-

tarded persons are among the many they serve. For example, in addition to being actively engaged in case-finding and referral, public health nurses help parents to accept their child and his limitations, carry out home training programs, and utilize other community resources.

The first of Minnesota's public health nurses was employed by the city of Minneapolis in 1905, and in 1916 three counties voted funds to employ them. The next big step forward was in 1919 when the state legislature authorized their employment by all local and county governments and schools.

Whatever her area of service, the public health nurse maintains contact with the Minnesota Department of Health. The department's section of public health nursing in the Division of Local Health Administration offers consultative services to all local administrative bodies employing public health nurses. It also allocates state aid which became available for county public health nursing services in 1947. Through the regionally located public health nursing staff, the head of this section, a public health nurse, offers consultative or direct supervision to all nurses employed in services which do not themselves have supervisory personnel for the nurses to turn to for needed guidance and direction. The section also sponsors in-service training programs for all public health nurses. And, because it is concerned about all of the services and responsibilities of public health nurses in the state, this section is concerned about the care and services given to the state's mentally retarded citizens.

The Division of Special Services

In this division, which is headed by a physician, the section of maternal and child health is concerned with research and health problems involving all children, including those who are mentally retarded. Two pediatric consultants are available for consultation, advice, and referrals. The section also sponsors educational and in-service training programs for all professional and lay persons working with children; and many of these programs are of interest to specialists and parents concerned about mentally retarded children.

Similarly of interest to all persons concerned about the health and welfare of mentally retarded persons are the audio-visual materials and literature on mental retardation distributed

through the section of preventative mental health services. The section of health education prepares a monthly bulletin including information on needs and progress in the field of mental retardation. **Mental Health Progress** is a joint publication of the departments of health and public welfare and the Youth Conservation Commission. In addition to preparing this bulletin, the section staff issues news releases pertaining to department activities.

One activity of the division as a whole is of special significance to those concerned about the prevention of mental retardation. The division is developing a human genetics program for counseling, education, and research on physical and mental abnormalities related to heredity. Enabling legislation to permit the Minnesota Department of Health to establish this program was passed by the 1959 Legislature. The law authorized the State Board of Health to accept federal grants and gifts from private organizations or individuals to support the work in human genetics. The human genetics program is a broad one, including research to determine whether or not certain conditions of mental retardation are hereditary. As the program is developed, it will offer heredity counseling to families and carry on a public information service.

CHAPTER V. PERSONAL AND COMMUNITY CONCERN: THE MINNESOTA ASSOCIATION FOR RETARDED CHILDREN

Supplementing and supporting the work of the three state agencies represented on the Inter-Agency Committee is the active concern of voluntary non-profit organizations, the Minnesota Association for Retarded Children and the local associations throughout the state. It was in 1946 that the first local association for retarded children was organized in Minneapolis by parents and by others interested in promoting the welfare, health, and happiness of mentally retarded children and adults. Now there are local associations throughout most of the state, with the Minnesota Association being organized in 1951. It became a part of the National Association for Retarded Children which had been founded in Minneapolis in 1950.

The Minnesota Association works and speaks for mentally retarded individuals who will never be able "to speak for themselves." Its purpose is to promote their general welfare by furthering research and therapy programs, developing community understanding of mental retardation, cooperating with all concerned agencies, furthering training and education of personnel working with retarded persons, encouraging formation of local associations, and by coordinating the efforts and activities of all existing local organizations.

Supported by voluntary contributions from the public and governed by a board of directors elected by members who represent local associations, the Minnesota Association has established a broad policy of responsibility and concern. It is concerned about the welfare of all retarded children and adults wherever they may reside—in their own homes, in special boarding or nursing homes, or in state institutions. It is involved with a wide range of programs and projects for the development and well being of retarded persons. It is actively involved with every government and private agency concerned about retarded individuals, and is actively seeking to develop concern on the part of all of Minnesota's citizens.

Programs of the Association are based, first of all, on helping parents to accept their children as mentally limited individuals who need their understanding, guidance, supervision and love.

It encourages and helps parents to seek the help of the specialists who can help them to help their children, and to understand whether help can best be given at home and in the community or in a private care center or state institution. It works very closely with the other members of the Inter-Agency Committee on Mental Retardation, and supports the work of the state departments of public welfare, education, and health through its many projects, including a biennial legislative program designed to see that the needs of all of the state's mentally retarded citizens are adequately met. It also helps finance and develop needed services which are not available through other agencies.

The Minnesota Association, then, works directly with retarded persons, working out plans for establishing day care centers and recreation programs, and encouraging local associations to arrange programs within the community and to stimulate community support for building and staffing needed facilities. Local associations carry out parent education and counseling programs in addition to sponsoring various education and recreation programs, such as "teen canteens" and summer camps, for retarded persons in the community.

Other functions undertaken by the Minnesota Association include financing or co-sponsoring needed research projects investigating the causes and possible prevention of mental retardation. It also is concerned with the need to create job opportunities for retarded persons, always working with the other concerned agencies to develop realistic goals and plans. In addition, it helps state institutions for the retarded through financial grants for special projects and with its members serving as volunteers in the institutions. It also cooperates with other interested agencies and individuals in sponsoring outings to community activities for the patients and in providing materials to enhance recreation activities in the institutions.

Essential to the Minnesota Association's efforts are its programs to promote better understanding of retarded persons on the part of the general public. Speakers, films, literature, and personal contacts are provided at both state and local levels.

Actively cooperating with all individuals, state agencies, and private organizations concerned about mentally retarded individuals, the Minnesota Association for Retarded Children realizes that cooperation is a community-wide, state-wide necessity.

Only when all of Minnesota's citizens understand the condition of mental retardation and the needs of retarded individuals will there be adequate community concern and support for Minnesota's mentally retarded citizens.

CHAPTER VI. THE KEYS TO THE FUTURE: UNDERSTANDING AND RESEARCH

Community understanding and research will open the way to the development of needed facilities and to knowledge about ways to prevent mental retardation and to help individuals who are mentally retarded. There are many projects sponsored by the agencies represented on the Inter-Agency Committee and by other groups which are designed to increase public understanding and cooperation, but more research is needed to discover even more effective means of educating both the public and parents of retarded children.

There is an ever-increasing need to discover such things as causative factors and preventative measures, more effective methods of care and treatment, how to secure and train personnel to work with retarded persons, how to effect closer coordination and cooperation for services, how to set up vocational training programs for retarded individuals, and how to expand social centers for retarded teen-agers and adults.

Research projects already underway, however, are beginning links in the endless chain of needed research which binds agencies and individuals together in concern for mentally retarded individuals. There are studies to discover just what are the public attitudes and knowledge about mental retardation and to ascertain the most beneficial parental attitudes toward their mentally retarded children. There are medical studies of vital significance to an ultimate understanding of cause and prevention. Among these studies is one involving a medical team of specialists investigating the central nervous system to discover how such conditions as mental retardation originate, and another investigating the influence of diet on one special type of mental retardation.

There are research projects concerned about the care and education of retarded children. One is a comparative study of such factors as intellect, personality, and behavior characteristics of retarded children in special day classes in the community and in state institution classes. Another is comparing children in a cottage-school program at a state institution with those in public schools. Still another project is a pilot study to determine what can be done in rural communities to improve community responsibilities and services for retarded persons and to stimulate the

development of these services. Other experimental programs are attempting to discover the best facilities and training methods that can be used to help retarded individuals adjust to community life.

Many of these projects are co-sponsored by two or more state and/or private agencies; all involve in some way and to some degree the cooperation of many specialists from many areas of concern. Research joins care, concern, interest, legal responsibilities, and services as another phase of cooperation in an interlocking, interwoven pattern of programs to meet the complex needs of individuals who are mentally retarded citizens of Minnesota.