

PROPOSAL TO DEVELOP PROGRAM STANDARDS FOR
SERVICES TO THE MENTALLY RETARDED

I. Introduction and Philosophic Rationale.

Minnesota has been seriously hampered in caring for the mentally retarded by the absence of standards with which to structure programs to serve diverse groups of retarded persons in day or residential facilities. Such program standards are fast becoming a critical necessity as smaller, decentralized facilities multiply, attesting to a burgeoning professional and popular awareness of modern concepts of caring for the retarded which has gained significant practical impetus from the availability of Federal construction moneys under Public Law 88-164.

The urgency of this need was recently underscored by Dr. Robert Jaslow, Director of the Division of Mental Retardation, Public Health Service, U.S. Department of Health, Education, and Welfare, when he said: "We must develop standards for services and training. Those to be utilized are determined by the community when appropriate to control and justify the expenditure of tax dollars, to help in program evaluation, to stimulate program improvement, and to use in determination of the need for continuance and modification of various programs. Standards are a quality control factor for the good of the community, the family, and most important, the patient."

Although the Division of Child Welfare, Minnesota Department of Public Welfare, has developed standards for foster boarding homes for children, family day care homes, child-caring institutions, and group day care of pre-school and school age children, these standards are necessarily broad and have not been useful in trying to devise programs based on grouping retardates along various dimensions of similarity. Further, they are limited to children, a serious limitation when one considers the thousands of, retarded adults whose need for imaginative programming is great, and whose ranks are ever growing as improved medical research and treatment enhances the life span. The Minnesota Department of Health has established standards for adult nursing homes and boarding care homes, but these encompass only physical standards and are largely unsuitable for the care of the mentally retarded.

The Minnesota Mental Retardation Planning Council has strongly recommended that program standards be devised and used as "enforceable guidelines," that is, built into the licensing process, for all individuals and agencies proposing to care for the retarded on a day or residential basis. The Planning Council has further recommended that program standards be formulated in terms of well-defined needs of homogeneous groups of retarded persons. Were this the case, an individual or agency seeking to build a facility to care, for, say, fifteen non-ambulatory children aged 0 to 6 years, would have to meet certain criteria of programmatic effectiveness for this particular kind of patient group before the facility could be licensed. The appropriate question would be "What kinds of retarded persons are you thinking of serving?" rather than "What kind of facility are you planning to build?". A retarded person of a given age, degree of retardation, and handicapping condition must have certain services, regardless of whether he lives in his own home, in a state institution, or in a small boarding home — granted that the way in which these services are provided and perhaps relative emphases among services may vary with the setting.

Gardner and Nisonger explain the necessity for this type of theoretical framework as follows:

"A classification of mental retardation without further qualification as to the degree of retardation, etiology, type and severity of accompanying physical, sensory, neurological, emotional, educational, or learning handicaps is only of limited value in planning a program for a given individual...Needs within a retarded population vary as a function of chronological age as well as along various dimensions of severity of handicap (physical, social, educational, emotional, mental, and vocational). Different programs must be developed to provide for the various constellations of needs present...Since programs and services cannot be developed entirely on an individual basis, it becomes necessary to devise some method-of grouping retardates in terms of outstanding characteristics or needs. Programs can then be developed to meet the needs which form the basis of the groupings."

The "continuum of care" concept enunciated by the President's Panel envisions that there will be available to each retarded person appropriate services, as needed, at any point in his life span. If facilities are designed to encompass needed programs, rather than adapting programs to already structured facilities, optimum movement of patients from facility (and service.) to facility along a true continuum of care will be promoted. Ideally services should be available to the retarded to the extent that they are available to the non-retarded in the same community. The development and enforcement of program standards can translate this ideal into the reality of providing every retarded person with a life-milieu as closely comparable as possible to that of non-retarded persons.

II. Purpose.

The purpose of the proposed project is to develop a body of program standards suitable for use in the provision of a variety of services appropriate to homogeneous groups of retarded persons in day and residential facilities. These standards will encompass a full range of services -- evaluation, treatment, care and management, education, training, rehabilitation, sheltered employment, and recreation, all designed to maximize the personal and social effectiveness of each retarded individual. They will be useful in both internal and external evaluation, program improvement, and licensing and accreditation. They will provide indispensable guidelines for both the providers and the consumers of services -- that is, the agency or individual which wishes to serve, the architect (if one is involved), the placing agency, and the parent or family -- as well as for the licensing agency. Not to be overlooked is the value of the very process of defining standards, through which much progress will be made in sensitizing all concerned to the needs and purposes involved in caring for the retarded.

III. Implications.

The proposed project will have important national implications in its applicability in other states. Correspondence with planning bodies in the 50 states revealed that only California and Pennsylvania are actually working in this area, and neither has progressed far in its effort. The prospect of a project to create standards has generated a high degree of interest and enthusiasm in other

Gardner, William I. and Nisonger, Herschel. A-Manual on Program Development in Mental Retardation. Monograph Supplement to the American Journal of Mental Deficiency. January, 1962. p.38

states. On a national level, Mr. Herschel Nisonger, Director of Special Studies for the American Association on Mental Deficiency, has written in answer to our query that such a project is "urgently needed," and has promised every possible assistance in carrying it out. Similar letters, which contain both awareness of the magnitude of the need and the assurance of support for any remediating project, have come from the National Committee for the Daycare of Children and the Child Welfare League of America, as well as from Dr. Arnold Cortazzo, Professor at the University of Florida who has been deeply involved in the problem of standard setting, and Otto Estes, Commissioner of Mental Retardation in Louisiana, where committees are also vitally concerned with the development of standards. Letters of support from individuals and agencies in Minnesota have also been received. (See attachments.)

Once standards are developed their ultimate value will lie in their incorporation into the state licensing process and enforcement thereof. An individual or group proposing to care for retarded persons would be required to structure the particular combination of services needed by the population to be served prior to licensure. Further, the state could ask interested individuals or agencies to provide badly needed services for clearly defined groups of retarded persons and could offer valuable guidance in this respect. Without such strong leadership based on well-enunciated state policies, we tend to see a proliferation of facilities offering undifferentiated services to heterogeneous populations of retardates and dissipating precious manpower in duplication and competition.

It is hoped that an important long-term effect of the development of a unified body of standards will be the participation of each state department responsible for service to the retarded in a concerted attempt to ensure that standards which fall within its area of concern are consistently met. Thus the Departments of Health (and Public Welfare and the Divisions of Special Education and Vocational Rehabilitation would mount a coordinated effort perhaps even to the extent that responsibility for licensing would eventually be trilateral one. It should be explained that, at present licensing of facilities to care for the retarded is somewhat arbitrarily divided between the Departments of Health and Public Welfare, with some personnel standards regulated by the Department of Education. Because clearly defined program standards have not been available, too often the left hand simply does not know what the right hand is doing. For example, the Department of Public Welfare has licensed a pediatric nursing home, despite the residence there of numerous patients requiring intensive nursing care. On the other hand the Department of Health licenses a residence and sheltered workshop for retarded young adults under its Hotel and Restaurant Division. Both departments have indicated that they would welcome clarification of this situation.

IV. Methodology.

- A. The project will be developed as a part of Minnesota's effort to implement the findings and recommendations of the Mental Retardation Planning Council, and it was originally intended that this work take place under the aegis of the Planning Council. Since the grant under which the Planning Council functions will terminate in December, 1967, members have voted to vest administrative and fiscal authority for the project in the State Department of Public Welfare, which performed this role for the state mental retardation planning and implementation grants.
- B. A special committee of the Residential Care Task Force has held many meetings to explore various aspects of the "standards and licensing lag" in Minnesota.

This committee would serve as the nucleus of a Standards Advisory Board, to be appointed by the Commissioner of Public Welfare, during the project period. The committee numbers among its members Dr. Robert Barr, Executive Secretary of the Department of Health; Morris Hursh, Commissioner of the Department of Public Welfare; Dr. Helen Knudsen, Director, Division of Hospital Services, Department of Health; Charles Fecht, Supervisor, Standards and Licensing, Division of Child Welfare, Department of Public Welfare; Arthur Jauss, Consultant, Standards and Licensing, Division of Child Welfare, Department of Public Welfare; Evelyn Carlson, Director, Hammer School; Frances Ames, Supervisor, Mentally Retarded, Division of Medical Services, Department of Public Welfare; Howard Paulsen, Director, Family Counseling Division, Lutheran Social Service of Minnesota; and Gerald Walsh, Executive Director, Minnesota Association for Retarded Children. Other key individuals will be added, including but not limited to the Director of Medical Services, Department of Public Welfare; the Director of Special Education, Department of Education; the Director of Vocational Rehabilitation, Department of Education; at least one superintendent of a state institution for the retarded; representatives of the Department of Special Education and Department of Pediatric Medicine, University of Minnesota; and the Residential Care chairman of the Minnesota Association for Retarded Children.

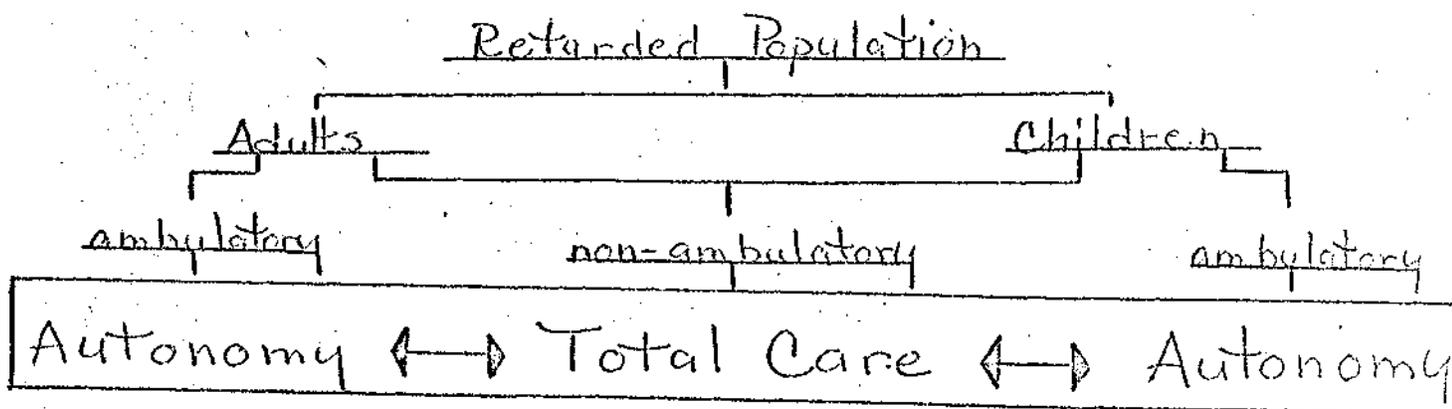
- C. The general methodology will be to conceptualize specific program needs of homogeneous groups of retarded persons, in consultation with organizations, agencies, planning bodies, and professional and lay persons throughout the public and private sector who are, and have long been, deeply committed to the welfare of the mentally retarded. Most of these agencies and individuals have been intimately involved in the three year comprehensive mental retardation planning and implementation process. Appendix A is a partial list of individuals with whom the project staff would consult. Agencies represented are indicated.
- D. Two primary systems of organizing data into functional units will be used.
 - 1. The American Association on Mental Deficiency has been working on standards for state residential institutions since 1960 and published a manual on standards in January, 1964. In early 1965 the AAMD received a grant from the Mental Retardation Division, Public Health Service, to convert these standards into evaluation instruments; this task was completed in December, 1966. Also in 1966, the Public Health Service approved another grant enabling the AAMD to provide evaluation services by professional teams to all state residential institutions desiring such service.

Mr. Herschel Nisonger, who directs the Institutional Evaluation Project for the AAMD, has generously offered to share any of his materials with us. The AAMD evaluation instruments, which contain hundreds of items pertinent to various aspects of programming for the retarded, will be used as a foundation for our own compilation of data. We propose to extract from this material whatever relates to serving varieties of retarded persons in multifarious settings. Of course, many of these items are uniquely applicable to large, multi-purpose state residential institutions and will not be useful for our purpose.

- 2. Dr. Richard Bartmar formerly Director of Children's Mental Health Services, Medical Services Division, Department of Public Welfare, and pres-

ently Assistant Superintendent at Sonoma State Hospital in Eldridge, California, developed a system of patient groupings which has been used to classify patients in Minnesota's state institutions for the retarded since June, 1965.

Dr. Bartman structured six groupings (see Appendix B) along the broad dimensions of age and ambulation and evolved a brief description of each group in terms of abilities, distinguishing intellectual and emotional characteristics, and needs - ranging from total care to a high degree of independence and autonomy. While this classification system is admittedly arbitrary, it does rest on certain established parameters, as indicated in the chart below:



Each of these groupings will be used to initiate discussion and consultation with individuals, groups and agencies, local, state, and Federal, which are knowledgeable, experienced, and responsible for dealing with the constellation of characteristics represented by that particular grouping. This process, which is both inclusive and selective, parallels that used in Minnesota's comprehensive mental retardation planning effort. Although sometimes laborious, it not only ensures the tapping of an enormous fund of expertise, but also prognosticates acceptance of the standards by those who have had such an important hand in preparing them.

The ideas so garnered will be sifted, worked in with the AAMD material as well as with pertinent data from sources listed in (E.) below, and synthesized into a written working draft for each of the six groups. At this point we would envisage a series of meetings with the Standards Advisory Board, some of whom may have been involved in the formative process as well, to review and modify the working draft and shape it into final form. This process would be repeated with each of the six Bartman groups, so that the end product would be a compilation of six program groupings. There would be many elements common to all, and many elements unique to each.

The degree to which our purpose has been achieved obviously cannot be evaluated until the devised standards have been codified and are in use. This would require a longitudinal evaluation which we are not in a po-

sition to make. However, a built-in evaluation mechanism exists in the give and take process described *in* the preceding paragraphs. Proceeding, by consensus, as was the case in the planning effort, has the inestimable advantage of providing a day-to-day yardstick with which to measure the degree to which objectives are being achieved. It also affords the opportunity to modify goals and methods as necessary.

E. In addition, a variety of collected data will be utilized as applicable:

1. State Standards (Minnesota)

- a. Minnesota Statutes and Regulations for Licensing of Nursing Homes and Boarding Care Homes.
- b. Standards for the Licensing of Foster Boarding Homes for Children.
- c. Standards for Family Day Care Homes in Minnesota.
- d. Standards for the Licensing of Private Child-Caring or Placing Agencies.
- e. Standards for the Licensing of Child-Caring Institutions.
- f. Standards for Group Day Care of Pre-School Age Children in Minnesota.

2. State Standards (Other states)

Standards pertaining to residential or day care were solicited from other states. Although, with the exception of California and Louisiana, these do not apply directly to the retarded, they will nevertheless be carefully examined for any useful material.

3. National Standards

- a. Child Welfare League of America Standards for Day Facilities; for Residential Facilities.
- b. AAMD Manual on Program Development.
- c. AAMD Manual for Residential Care Facilities.
- d. Joint Commission on Accreditation of Hospitals: Standards for Extended Care Facilities.
- e. NARC Standards and Guidelines for Day and Residential Care.

4. Written Material developed by members of the Residential Care Task Force

- a. "A Study of Foster Boarding Homes for Mentally Retarded Children in a Metropolitan County"
- b. "The Worlds of -," an outline of the subjective milieu and the objective needs (services and staff) of children and adults in the six programs described in IV, D, above, together with an assessment of

how well present private facilities are meeting these needs.

5. Important aspects of programming as described by administrators of state and private facilities in Minnesota. A few responses came in reply to a letter from the project office soliciting useful information about programs in ongoing facilities. With the existence of an ongoing funded project to develop standards, another letter should be sent and would probably elicit a greater number of replies.

V. Staff.

The full-time staff would consist of a project director and a secretary. The project director should be an individual who is not only knowledgeable about the needs of the mentally retarded, but also conversant with the problems attendant upon programming and setting standards for programs in facilities which serve the retarded. It is desirable that the project director be someone who has been closely involved with mental retardation planning and implementation activities during the past three years. A graduate degree in psychology, social work, child development, education, public administration, public health, nursing, communications, or related field would also be desirable, as well as a background in community organization and a high degree of proficiency in communicating the written word.

In addition to the advisory group and vast expert base described in IV, C, above, we would anticipate using the services of the following consultants: Herschel Nisonger, Director of Special Studies for the American Association on Mental Deficiency; Dr. John Porterfield, Director, Joint Commission on Accreditation of Hospitals, Extended Care Committee; Owen Franklin, Mental Retardation Specialist, Children's Bureau; Clayton Kick, Residential Care Consultant, National Association for Retarded Children.

It is planned that the project be completed in 18 months.

Appendix A

"KNOWLEDGE BANK" FOR DEVELOPMENT OF STANDARDS

Department of Public Welfare

Morris Hursh, Commissioner

Dr. David J. Vail, Director of Medical Services Division

Alvira Hiltz, Chief of Nursing Service Programs

Ardo Wrobel, Chief of Rehabilitation Therapy Programs

Frances Ames, Mentally Deficient and Epileptic Unit Supervisor

Webster Martin, Director of Child Welfare Division

Eli Lipschultz, Assistant Director of Child Welfare Division

Charles Fecht, Standards and Licensing Section Supervisor

Arthur Jauss, Consultant to Private Facilities for Retarded Children

Erna Fishhaut, Group Day Care Unit Supervisor

John Moede, Community Mental Health Centers Director

Institutions for the Retarded

Dr. E. J. Engberg, Superintendent, Faribault State Hospital

Arnold Madow, Chief Psychologist, Faribault State Hospital

John Stocking, Administrator, Cambridge State Hospital

Harold Peterson, Administrator, Brainerd State Hospital

C. M. Henderson, Superintendent, Owatonna State School

Community Mental Health Centers

Dr. John Haaviek, Duluth Mental Hygiene Clinic, Inc., Director

Dr. William Hunter, Clinical Psychologist, The Range Mental Health Center, Inc.

Dr. P. V. Mehmel, Director, West Central Mental Health Center, Inc.

Daytime Activity Centers

Marlene Cram, President, Minnesota Day Activity Center Directors Association
Several DAC directors

Department of Health

Dr. Robert Barr, Executive Secretary

Dr. Helen Knudsen, Director, Division of Hospital Services

Dr. A. B. Rosenfield, Director, Division of Special Services

Anthony Kist, Licensing Supervisor, Division of Hospital Services

Elmer Slagle, Assistant Director, Division of Hospital Services

Department of Education (includes Division of Vocational Rehabilitation)

John Groos, Director, Special Education
Irene Herk. Consultant for Mental Retardation, Division of Special Education
Edward Opheim. Assistant Director, Vocational Rehabilitation and Special Education
Winifred Northcott, Consultant. Hearing Impaired
August Gehrke, Assistant Commissioner, Rehabilitation and Special Education
Ronald Anderson, Consultant, Training and Field Services
Howard Rosenwinkel, Director of Anoka Area Vocational School
Vocational Adjustment Coordinators

Other

Betty Hubbard, Coordinator of School Community Services to Parents of Retarded
Children, St. Paul Public Schools
James Geary, Assistant Director, Special Education, St. Paul Public Schools
Dr. Harriet Blodgett, Director, The Sheltering Arms
Dr. Evelyn Deno, Consultant in Special Education and Rehabilitation, Minneapolis
Public Schools
Gorden Krantz, Research Coordinator, Glen Lake Rehabilitation Center
Dr. Edward.M. LaFond, Chief of Staff, St. Cloud Hospital
Dr. Richard C. Tudor, Consultant to the Angels Home
Stanley Knox, Chairman, School of Education, Department of Special Education
Norman Petersen, Hospital Administrator, Thief River Falls
Gerald Outerkirk, Director of Planning and Research Council, Greater St. Paul
United Fund and Council
Tom Olson, Consultant, Community Health and Welfare Council of Hennepin County,
Family and Child Welfare
Robert Schultz, Director, Lake Park - Wild Rice Children's Home
Albert Olson, Business Manager, Roseau Children's Homes
Evelyn Carlson, Director, Hammer School
Mervyn Healy, Executive Director, Opportunity Workshop

Appendix B

CHARACTERISTICS OF PATIENTS IN SIX PROGRAMS ESTABLISHED IN THE INSTITUTIONS FOR MENTALLY RETARDED AS OF JULY, 1965

Program No. 1

CHILD ACTIVATION PROGRAM This program is for children from birth to puberty who are non-ambulatory or bedfast. These children certainly usually suffer from major degrees of central nervous system damage, and also quite often have gross external physical abnormalities. When in a setting that provides a large amount of physical care and a high level of environmental stimulation quite often a significant number of these children become able to progress from bed to a wheeled conveyance, may become able to crawl or walk with assistance, and show the development of a high level of affective responsiveness to others.

Program No. 2

CHILD DEVELOPMENT PROGRAM This program is for ambulatory children up to the age of puberty. This is a varied group and includes children who may be withdrawn and passive, overly active, or show evidences of cerebral dysfunction, and who show all degrees of intellectual handicap. These children do not have gross physical anomalies but may have mild congenital malformations. This group to be worked with effectively needs to be broken down into a number of subgroups but all these children benefit greatly from warm understanding relationships with adults, and from various types of special education and activity programs.

Program No. 3

TEENAGE PROGRAM This program is for ambulatory children from puberty to approximately 16 years of age. This is a large and somewhat heterogenous group including adolescents who have various degrees of cerebral dysfunction, a wide range of intellectual handicap, and, in a state institution, includes a high proportion who may be delinquent or borderline delinquent. These children require special programming because of the unique characteristics of adolescence but the basic treatment modalities are much the same as for those in the child development program.

Program No. 4

THE ADULT ACTIVATION PROGRAM This program is for bedfast and non-ambulatory patients who may be late adolescent, adult, and aged. These patients benefit greatly from care somewhat similar to that described for the Child Activation Program. This group includes "grownup" cerebral palsied children who may have had considerable assets overlooked because of their expressive difficulties. Needs in the orthopedic area may also be very great. Many of these patients are able to be physically habilitated to the point of not requiring total care in bed. but being able to get about in wheeled conveyances.

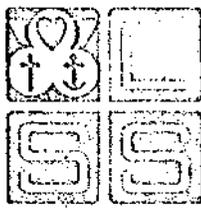
Program No. 5

ADULT MOTIVATION PROGRAM This program is for ambulatory late adolescent, adult, and aged patients. The intellectual range of patients in this group is from "not testable" to around 35 to 40. They are characteristically passive, withdrawn, and manifest peculiarities of behavior such as rocking and making odd noises. Many of these patients show evidences of congenital cerebral underdevelopment and external congenital anomalies. They are, however, given adequate stimulation and opportunity, able to enjoy a large number of occupational therapy and recreational activities. Occasionally a patient in this group is found to be able to participate in a sheltered work program.

Program No. 6

ADULT SOCIAL ACHIEVEMENT PROGRAM This program is for active late adolescents, adults, and aged. It includes those residents who have become overdependent on the institution as a result of long term hospitalization, those who have various "character problems" such as antagonistic behavior or other difficulties in forming constructive interpersonal relationships, those who are able to achieve a high level of independence within the institution but have difficulty in developing social or work relationships outside the institution, and those who are potentially able to establish a satisfactory extramural adjustment but who have not acquired the skills required for such an adjustment.

NOTE: Those patients who demonstrate clearly definable psychiatric symptoms but who otherwise clearly belong to one of the six programs will be placed on a psychiatric service for treatment. While on the psychiatric service their progress and general wellbeing will continue to be followed by the staff from the program to which they ordinarily would belong.



LUTHERAN SOCIAL SERVICE OF MINNESOTA.

June 27, 1967

Mr. Morris W. Hursch, Commissioner
State of Minnesota
Department of Public Welfare
Centennial Office Building
St. Paul, Minnesota 55101

Dear Mr. Hursch:

We heartily endorse the efforts of the Mental Retardation Planning Council to secure funds for use in developing program standards for residential care and treatment facilities and group daytime activity centers.

| As a private agency operating two residential programs for mentally retarded children, we are keenly aware of the complexities involved in such care. Program standards that are comprehensive in scope will help insure the development of adequately structured and staffed services when they are first developed. They will also provide a means whereby existing programs might be evaluated and services upgraded.

We sincerely hope that this request will be granted.

Sincerely,

Howard L. Paulsen, ACSW
Director
Family Counseling Division .



STATE OF MINNESOTA
DEPARTMENT OF ADMINISTRATION
SAINT PAUL

STATE PLANNING AGENCY

June 30, 1967

Mr. John Broadie
Mental Retardation Planning Council
Department of Education
Centennial Building
St. Paul, Minnesota

Dear Mr. Broadie:

The development of program standards for different types of programs for mentally retarded citizens seems to be an appropriate step in the implementation of the goals of the Mental Retardation Planning Council.

Further, the responsibility vested in the Department of Public Welfare makes this a logical agency to develop the program standards.

The Comprehensive Health Planning Agency endorses the project proposal and the staff will cooperate in any way that we can to assist in the project.

Very truly yours,

A handwritten signature in cursive script that reads "Ellen Z. Fifer".

Ellen Z. Fifer, M. D.
Health Planning Director

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
BUREAU OF STATE SERVICES (COMMUNITY HEALTH)
WASHINGTON, D.C. 20201

TO BE COMPLETED BY PHS	
DATE RECEIVED	
PHS ACCOUNT NUMBER	
GRANT NUMBER	

APPLICATION FOR HEALTH SERVICES PROJECT GRANT

1. GRANT PROGRAM

- | | | |
|--|--|---|
| <input type="checkbox"/> CANCER CONTROL | <input checked="" type="checkbox"/> MENTAL RETARDATION | <input type="checkbox"/> VACCINATION ASSISTANCE |
| <input type="checkbox"/> COMMUNITY HEALTH SERVICES | <input type="checkbox"/> NEUROLOGICAL AND SENSORY DISEASE SERVICES | <input type="checkbox"/> VENEREAL DISEASE CONTROL |
| <input type="checkbox"/> MIGRANT HEALTH SERVICES | <input type="checkbox"/> TUBERCULOSIS CONTROL | <input type="checkbox"/> OTHER (Specify) _____ |

2. PROJECT TITLE

Proposal to Develop Program Standards for Services to the Mentally Retarded

3. NAME AND ADDRESS OF APPLICANT ORGANIZATION

Minnesota Department of Public Welfare
5th Floor
Centennial Office Building
St. Paul, Minnesota 55101

6. NAME, TITLE, AND ADDRESS OF PROJECT DIRECTOR

To be selected

TELEPHONE NO.:

4. NAME AND TITLE OF AUTHORIZED OFFICIAL

Morris Hursh
Commissioner of Public Welfare

7. TYPE OF APPLICATION

- | | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> INITIAL | <input type="checkbox"/> CONTINUATION |
| <input type="checkbox"/> RENEWAL | <input type="checkbox"/> REVISION |

TELEPHONE NO.: 612-221-2701

8. PROJECT PERIOD REQUESTED OR APPROVED FROM THROUGH

Jan. 1, 1968 June 30, 1969

5. PAYEE (Name, Title, and Address)

G. G. Chapado
Director of Administrative Services
Department of Public Welfare
Centennial Office Building
St. Paul, Minnesota 55101

9. GENERAL LEVEL OF SUPPORT REQUESTED

PORTION OF PROJECT PERIOD

	FROM	THROUGH	AMOUNT
01	Jan. 1, 1968	Dec. 31, 1968	\$30,350
02	Jan. 1, 1969	July 31, 1969	13,850
03			
04			
05			
TOTAL			\$44,200

TELEPHONE NO.: 612-221-2633

10. APPLICANTS' CERTIFICATION: The undersigned accept, as to any grant awarded, the obligation to comply with the terms and conditions in the Health Services Project Grants Manual; the undersigned agree to comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and the Regulation issued pursuant thereto and state that the Assurance of Compliance with such Regulation (Form HEW-441) which has previously been filed by the applicant, or is attached, applies to this project; the undersigned also certify that they have no commitments or obligations, including those with respect to inventions inconsistent with Department regulations. (42 CFR, Part 8)

SIGNATURE OF AUTHORIZED OFFICIAL

DATE

SIGNATURE OF PROJECT DIRECTOR

DATE

11. STATE HEALTH OFFICER'S RECOMMENDATION

I recommend this application be:

- APPROVED DISAPPROVED

SIGNATURE

DATE

12. REGIONAL HEALTH DIRECTOR'S RECOMMENDATION

I recommend this application be:

- APPROVED DISAPPROVED

SIGNATURE

DATE

13. BUDGET FOR 12-MONTH PORTION OF PROJECT PERIOD:			NO. OF POS.	ANNUAL SALARY	% TIME OR EFFORT	TOTAL AMOUNT REQUIRED	SOURCE OF FUNDS	
FROM	THROUGH	APPLICANT OR OTHER					REQUESTED FROM PHS	
01	Jan. 1, 1968	Dec. 31, 1968	a	b	c	1	2	3
A. PERSONNEL				\$		\$	\$	\$
				15,000	100%	15,000		15,000
				4,200	100%	4,200		4,200
						1,800		1,800
SUB-TOTAL						\$ 21,000	\$	\$ 21,000
B. SUPPLIES								
						2,000		2,000
SUB-TOTAL						\$ 2,000	\$	\$ 2,000
C. TRAVEL								
						2,400		2,400
SUB-TOTAL						\$ 2,400	\$	\$ 2,400
SUB-TOTAL THIS PAGE (carried forward to page 3)						\$ 25,400	\$	\$ 25,400

16. ESTIMATE OF FUTURE REQUIREMENTS FOR EACH 12-MONTH PORTION OF PROJECT PERIOD				TOTAL AMOUNT REQUIRED 1	SOURCE OF FUNDS	
FROM		THROUGH	TOTAL		APPLICANT OR OTHER 2	REQUESTED FROM PHS 3
02	FROM Jan. 1, 1969	THROUGH June 30, 1969	TOTAL	\$ 13,850	\$	\$ 13,850
			PERSONNEL	10,500		10,500
			SUPPLIES	1,000		1,000
			TRAVEL	1,200		1,200
			EQUIPMENT	100		100
			OTHER	1,050		1,050
03	FROM	THROUGH	TOTAL	\$	\$	\$
			PERSONNEL			
			SUPPLIES			
			TRAVEL			
			EQUIPMENT			
			OTHER			
04	FROM	THROUGH	TOTAL	\$	\$	\$
			PERSONNEL			
			SUPPLIES			
			TRAVEL			
			EQUIPMENT			
			OTHER			
05	FROM	THROUGH	TOTAL	\$	\$	\$
			PERSONNEL			
			SUPPLIES			
			TRAVEL			
			EQUIPMENT			
			OTHER			

17. OTHER GRANT SUPPORT SOURCE AND GRANT NUMBER	PROJECT TITLE	PERIOD OF SUPPORT	AMOUNT
			\$

Budget Justification

A. Personnel.

The director's salary is set at a reasonable level to attract a qualified person for a short term project with no permanent job at its termination. Duties and qualifications are outlined in Section V of the narrative.

The clerk typist salary is set in the middle range of the state civil service classification for this position.

The director would be in the unclassified service and the secretary in the classified service.

B. Supplies.

Include the usual stationary, envelopes, paper clips, scotch tape, wastebasket, etc. needed by any office.

C. Travel.

The intention is that the director will travel in and out of the state to persons and facilities for consultation rather than paying consultants to come to Minnesota. Suggested outstate facilities would be Devereaux School in Pennsylvania, Brown School in Texas, and St. Coletta School near Madison, Wisconsin. Consultants from the American Association for Mental Deficiency, the Minnesota Association for Retarded Children, and the federal government could either be visited or be requested to come to Minnesota as part of their regular itinerary.

D. Equipment.

The equipment is that necessary to set up and run any office. At the end of the project period it would revert to the Department of Public Welfare.

E. Office rental is estimated at the square foot cost of space now rented by the state in various office buildings.

The printing cost for the most part would be expended in the second portion of the grant period. We anticipate that funds not used the first year would carry over to the second.

Communication costs of postage and telephone are simply estimates.