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A BEGINNING PROGRAM FOR MENTALLY RETARDED

PREPARED FOR
SHELTERING ARMS

JUNE 1955



Committee on Mentally Retarded
Community Welfare Council
404 South 8th Street
Minneapolis 4, Minnesota

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HENNEPIN COUNTY, 1955

Community Welfare

Council OF HENNEPIN COUNTY

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A Division of
The Community Chest and
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Mrs. Harold E. Blodgett, President
Board of Directors
Sheltering Arms
4330 West River Road
Minneapolis 6, Minnesota

Dear Mrs. Blodgett:

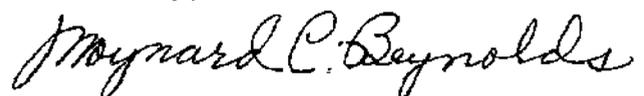
Attached is a report of our Committee on the Mentally Retarded. This is a final draft of a plan for the development of a beginning program of three day-training classes.

The report recommends your early appointment of a technical advisory committee to the Sheltering Arms Board of Directors to assist in the further development of the program. At that point, our committee will be discontinued though, individually, each member has expressed a willingness to meet with you further as necessary.

Basic to the development of any new program is the need for regular and periodic evaluation. The committee would, therefore, urge that such evaluations, drawing on broad community interests be initiated by the Sheltering Arms Board of Directors and the Minneapolis Public Schools.

The Committee on Mentally Retarded wishes to express its satisfaction for the rapidity with which Sheltering Arms is moving on this "first step" program. The committee anticipates further development and extension of program and is confident that much will be done for, and learned about, mentally retarded children in the on-going service at Sheltering Arms.

Sincerely,



Maynard C. Reynolds, Chairman
Committee on Mentally Retarded

mcr:f
Enc.

SHELTERING ARMS

I. Background of Study.

On March 1, 1955, Mr. John W. Gregg, Business Administrator for Sheltering Arms met with representatives of the Hennepin County Welfare Board and the Community Welfare Council of Hennepin County. Sheltering Arms, Mr. Gregg explained, would be terminating its operation as a poliomyelitis hospital as of May 1 and would be seeking a new program for the use of its facilities. A basic concern in the development of any new program, however, was that it needed to fulfill a community need in the field of child welfare.

Growing out of this meeting and subsequent conferences, emphasis focused on the problems of mental retardation and the need for an adequate facility for program, evaluation and training. The Community Welfare Council accepted responsibility for a study to be made of Sheltering Arms with a view to developing a program there for the mentally retarded. Responsibility for the study was to be with the Family and Child Welfare Division of the Community Welfare Council. Because of the expressed wish of the Sheltering Arms to have a program in operation by early fall, it was agreed that a formal report would be forthcoming about mid-June. It was recognized that there need be close cooperation between the study committee and the Sheltering Arms during the study period.

II. The Sheltering Arms.

Situated in the middle of a 26 acre tract of land high on the banks of the Mississippi River, near the city limits of Minneapolis, Sheltering Arms is midway between the St. Paul and Minneapolis downtown districts. In 1882 the Sheltering Arms was founded as a home for orphans and destitute children without discrimination for race, creed or color. For 60 years - until 1942 - it continued to serve that special group. It was then and has continued to be supported by charitable gifts and endowments and is operated under the auspices of the Episcopal Church.

Tremendous strides in health standards, development of social services, our Social Security programs and other factors in our modern society have "almost wiped out the orphan as a phenomenon in our society." Today, in the country as a whole, less than three percent of all children needing care outside their own homes are orphans. Of equal importance is the fact that few children now come into institutional or foster care mainly because of the economic inadequacy of their families.¹

Thus, as the needs for an "orphanage-type" facility lessened, Sheltering Arms turned to meet a new community problem. Through the interest of St. Barnabas Hospital physicians, Board of Directors and its Superintendent, Sheltering Arms became in 1942 a licensed and accredited hospital for poliomyelitis care and treatment. Capacity was 49 beds. For 12 years Sheltering Arms continued to meet the increasing and severe community shortage of facilities for polio patients. In 1954 and 1955, however, the incidence of polio has been remarkably reduced so that again the Board of Directors - ever conscious of Sheltering Arms' community responsibility and eager to meet more pressing problems - turned to various organizations for help in charting new waters of effective service to children. Mr. Gregg, charged by the Board with the responsibility for translating the old program to a new one, has explored innumerable possibilities. Related to the neighborhood of Sheltering Arms, budgetary realities, the best possible use of the facility, etc., he recommended on behalf of the Board of Directors the further examination of the use of Sheltering Arms as a facility for the mentally retarded.

The Sheltering Arms is a Twin City institution and its Board of Directors is composed of thirty women, fifteen from St. Paul, fifteen from Minneapolis. Except for a men's finance advisory group to the Board of Directors, the administration of the Sheltering Arms is totally assumed by the Board.

1

Child Welfare, Child Welfare League of America, May 1955, p. 1

III. Committee on Mentally Retarded.

Conscious of the need for the committee making recommendations for Sheltering Arms conversion to a facility for the mentally retarded to be a technical one and that its leadership be professional, the following group was formed:

- Dr. Maynard Reynolds, Chairman Psycho-Education Clinic, University of Minnesota
- Dr. John Anderson Dept. of Pediatrics, University Hospitals
- Mr. Duncan Baird Greater St. Paul Casework Council
- Miss Valborg Birkeness Dept. of Special Education, St. Paul Bd. of Educ.
- Miss Mary Blake Elliot Park Neighborhood House
- Mrs. Evelyn Deno Institute of Child Welfare, University of Minn.
- Mr. T. C. Engum Minnesota Department of Education
- Dr. Eugene Gollin Institute of Child Welfare, University of Minn.
- Mr. Manford Hall Hennepin County Welfare Board
- Mr. John L. Holahan Minneapolis Association for Retarded Children
- Dr. Reynold Jensen Dept. of Psychiatry & Pediatrics, Univ. Hospitals
- Mr. Arthur Lewis Minneapolis Public Schools
- Mr. Frank E. Monson Minneapolis Association for Retarded Children
- Miss Florence Osborne Greater St. Paul Community Chest & Council, Inc.
- Mrs. Letha Patterson National Association for Retarded Children
- Mr. Edward H. Schimmele Minneapolis Public Schools
- Mr. Wilco B. Schoenbohm Minn. Society for Crippled Children & Adults
- Miss Mayme Schow Minnesota Department of Education
- Mr. Solomon Shapiro Jewish Vocational Service, St. Paul
- Mrs. Asher White Community Welfare Council of Hennepin County
- Dr. Robert Wirt Institute of Child Welfare, University of Minn.
- Mr. Edwin P. Bradley, Staff Community Welfare Council of Hennepin County

The technical and personal help available through members of the Association for Retarded Children (both St. Paul and Minneapolis Chapters) has been of tremendous assistance. Because it was early anticipated that the school systems would be directly involved in planning, school representatives were also appointed to the committee.

IV. Initial Committee Planning.

Several preliminary sessions of the committee gave direction and focus to the most effective help this group could offer Sheltering Arms.

Several principles were agreed upon in these sessions:

1. The program should be comprehensive in scope and truly of "optimum type" drawing upon the knowledge and skills of all disciplines having concern with problems of mental deficiency.
2. Research, comprehensive evaluation of the total family situation, and professional training functions should be given primary place in the program. Such emphasis would clearly establish the uniqueness of the facility.
3. A core service program for retarded children needs to constitute the base of the service.
4. Parent counseling - individually or in groups - needs to be an early development of the program.
5. The program should be planned for populations and problems wherein there is likely to be long-range, rather than emergency, concern.
6. Continuing and close cooperation between this private facility and public, private, education, welfare and professional groups be established from the outset so that the program might continue to relate itself to needs felt within other existing facilities.
7. Through the development of such a coordinated program of research, training, and core service, administered by effective staff and governed by a forward-looking board, there would be enhancement of a comprehensive community program for retarded children.
8. Through promotion of this program, schools and public and private facilities would be encouraged to continue to develop additional needed facilities for retarded children.

Having developed this background and philosophy as a base for further deliberations, three subcommittees were appointed:

1. Needs and Priorities
2. Program and Policy
3. Facilities, Finances and Organizational Structure

These subcommittees have met in relation to these responsibilities, though it was recognized from the outset that there could not be complete delineation in their thinking about planning and recommendations. Consequently, in several instances there were joint meetings of the groups as a means of clarifying suggested ideas.

V. A Brief Look at Mental Retardation: Needs and Priorities.

Mental retardation is described as "A condition of impaired or incomplete mental development dating from birth or an early age - usually associated with slowness to develop and limited ability to learn, reduction of social aptitudes, and limited vocational capacity ... Intellectually, they (retarded children) range from the totally helpless to the many more who are not spectacularly different from 'normal.' Regardless of cause and degree of handicap, the retarded present one common characteristic: the need for special help during all or part of their lives."²

Estimate of the number of retarded children and adults in the United States ranges from one percent to three percent.* If the lower figure is used in computation, there are 1,600,000 mentally retarded people in the United States. In Minnesota, there are then approximately 30,000 mentally retarded and, in Minneapolis, some 1,912 retarded persons under 24 years of age.³ On the basis of

² "The Civic Leader's Viewpoint," The Viewpoint Series, National Association for Retarded Children, New York

³ The Needs and Services for Mentally Retarded Children, CWC, July 1953, p. 3

* The National Association for Retarded Children estimates a three percent figure. Of this number, according to NARC, two percent of the children have I.Q.'s between 50 and 75. With proper schooling and special counseling, this group can become reasonably self-sufficient adults. Of the remaining one percent, one-half of them have I.Q.'s between 50 and 75 but have additional emotional and/or physical problems which further complicate their situations and with which they need help. Four-tenths of one percent have I.Q.'s between 35 and 50 and one-tenth of one percent are so severely retarded as to require continuing custodial care.

census reports, 80,000 babies are born in Minnesota each year. The one percent figure, therefore, means that there are 800 mentally retarded children born in this state each year.

Mental retardation we know is not a new problem. Why then has it taken on a new meaning? What factors have acted to make the problems of mental deficiency particularly urgent at this time? A careful look at the situation suggests these factors as being, in part, responsible for the present increasing interest:

1. Long-standing failure to provide adequate facilities for the retarded.
2. Accentuation of shortages of facilities for the retarded by reason of general population increase and thus in the number of retarded persons.
3. Increased longevity of retarded persons already in existing facilities.
4. The formal organization of groups of parents of retarded children which has provided an articulation of problems as felt in the family unit and the basic stimulus to renewed interest in the general field of mental deficiency.
5. Lack of concerted research efforts in the field - yet greatly improved research interests and possibilities at the present.
6. A general trend toward rejection of institutional care in favor of home and community care.

All of these factors have operated in our immediate metropolitan area and in the State of Minnesota as a whole. Minnesota has done relatively well in providing for its mental defectives, but great problems still remain. Waiting lists for institutional placement run consistently into many hundreds. Minnesota has also provided substantial research in the field of mental deficiency, yet there is nothing approximating the kind of coordinated research and experimental programming needed either here or elsewhere. Organizations of parents of retarded children have been very active in our area and state. The now well-established National Association for Retarded Children, with current headquarters in New York City, was founded in a meeting held in Minneapolis in 1950. The local parent groups are represented in the present committee and can be depended upon for manifold support of Sheltering Arms in its new project.

Many things have developed recently in our area in the field of mental deficiency. Both in St. Paul and Minneapolis committees representing broad community interests have been at work for several years developing and coordinating plans and facilities for the retarded. At state level there have been recent developments in the field. For example, in 1953 the State Board of Education authorized and established standards and regulations for a new type of special class for retarded children - for those with I.Q.'s below 50 and who in earlier times, were refused admission to school. In the State Department of Public Welfare various adjustments and additions have been made in institutional facilities for the retarded. At the moment, there is high promise of a much needed new state facility for the retarded to be constructed in the Brainerd area. These developments and many more which cannot be cited here in detail grow out of the same basic problems and reflect heightened interest and opportunities in a long neglected field.

Although these many developments do grow out of very real and pressing problems, there has been some reluctance to push developments rapidly - particularly as concerns community-type programs. It has been the view of at least some professionals that there is too little information, research and experience to support the widespread development of any particular kind of facility. Needs for research and experimental programming have been agreed upon by most all persons and groups concerned.

Yet none of the recent or long-standing facilities in our area is particularly research oriented. Problems of staff, policy and finance have been deterrents. Sheltering Arms appears to present a most favorable setting for meeting this problem.

VI. Recommendations for a Beginning Program.

The more immediate pressing concerns involved in establishing a beginning program this fall of necessity took precedence over the setting down of a long-term program and establishment of ultimate goals. It is to be hoped

that these findings and recommendations will be viewed in that light and that there will be study of long-range planning as the program at Sheltering Arms gets under way.

A. Program for the beginning population

In cooperation with the Minneapolis schools and the State Department of Education, three day training classes, two of them Group II type (severely retarded children with I.Q.'s below 50) and one of Group I type (retarded children with I.Q.'s between 50 and 80) should be established. Provision at Sheltering Arms of the Group I type class is not intended to duplicate what is already available through the public schools. In effect, the Sheltering Arms facility will be for such children who may be presenting educational and/or adjustment problems in the public school special classes, or who may be excluded from classes because of personality or other problems. At this point the Board of Education of the Minneapolis Public Schools has approved this plan. State aid for the program may be anticipated through provision of funds available for programs of special education for handicapped (including mentally retarded) children whose handicaps are so severe that they require services not available in the regular public school program. Such a program would provide day training to 35 - 38 children.

It is important to note here that, since Sheltering Arms is physically located in Minneapolis, the program must be developed in relation to Minneapolis Public School plans. When children from other communities are to be admitted to the program, clearance will first need to be made with Minneapolis Public Schools. Contracts would then be worked out between Minneapolis and the referring city for the latter to reimburse Minneapolis for the cost of the program for the particular child.

Parent counseling should be an important aspect of the program and should receive strong support from the outset. The active aid of parent groups, already organized in the community, should be enlisted to promote this phase.

It is felt that the responsibility for this should be co-sponsored by the teachers and agency staff and professional groups, experienced in this area. In this way the service can from the beginning, extend beyond service to the parents of enrollees at Sheltering Arms using the facility. Inclusion of "outside" parents as a control group would be highly desirable from the research point of view, and as an aspect of the total service of Sheltering Arms.

Due to the unique nature of this program, the committee recommends that early consideration be given to the need for periodic evaluation of the total service. This would be the joint and continuing concern of the Board of Directors of Sheltering Arms and the Board of Education.

B. Admissions

As specified by the State of Minnesota, the child to be eligible for state aid must:

1. Be of school age as specified by Minnesota law.
2. Be a resident of the State of Minnesota.
3. Be within the limits of mental retardation defining Group I and Group II classes.
4. Be admitted on the basis of result of complete psychological examination by a state certified psychologist, a physical examination by a licensed physician, and additional psychiatric and social findings which may be desired in each particular case.
5. Have his application approved by the State Supervisor of Special Classes.

With these same general requirements serving as the admissions base, it is recommended that an Admissions Committee be set up at Sheltering Arms. Such a committee would consist of a physician, a social worker, a clinical psychologist and a specialist in the education of exceptional children to define the characteristics of the population of the Group I and Group II classes. The Admissions Committee then would establish requirements over and above those necessary for meeting minimum state standards. Such additional eligibility

requirements might be urgency of need for family counseling, organic or emotional factors in the child's make-up making adjustment in the regular Group I classes inadequate, difficulty in making an adequate medical and/or psychological evaluation. Through this "total treatment" approach to the child and his situation the program at Sheltering Arms is most likely to make its unique contribution.

The role of this Admissions Committee would be invaluable in establishing the enrollment in September. Beyond that, it may be that the program director or the staff could assume such responsibility according to the principles laid down by this committee.

Three prime steps would be followed in the actual admission procedure:

1. Application to Sheltering Arms. The process would include the preparation of a "record" folder, including relevant aspects of the case history for evaluation of the situations. This case record would include recordings of additional contacts with parents, siblings, professional persons, community agencies, etc. A periodic re-evaluation of the child's progress and adjustment would also be included.
2. To comply with the requirements of the Special Education Division, Minneapolis Public Schools and the State Department of Education, the child will be given a psychological and physical examination through the usual procedures followed by the Minneapolis Schools.
3. Through the Admissions Committee, described above, a selection of children for the three classes will be determined.

C. Staff

The staff size of the unit must naturally keep pace with the proposed expansion of the program at Sheltering Arms. As a minimum staff for beginning operations with the three classes, there would need to be:

1. A director who would handle the total administrative responsibility of the facility. (It is the committee's understanding that the Board of Directors has employed a clinical psychologist for this purpose.)
2. A professionally trained social worker who would interview parents making application and who would be responsible for continuing contact with parents and collaterals and for coordination of on-going case material.
3. Three certified special class teachers, to be employed by the Minneapolis Public Schools.

4. A school nurse on a part-time basis following the pattern of the Minneapolis Schools in similar instances.
5. A secretary.
6. "Teacher aides" so that the teachers might most productively use their time for education and training. Such orderly help - perhaps on a volunteer or part-time basis - might be responsible for taking children to the toilet, to lunch, etc.
7. As soon as financially feasible, a consulting physician with special competence in this area should be appointed full time or part time.

Beyond this beginning staff it is difficult for this committee to make recommendations since staff size and qualifications will, in the final analysis, be dependent upon the nature and magnitude of the operation of the program. A continuing technical advisory committee to the Board of Directors will need continually to define and develop function on the basis of the on-going experience and expansion.

D. Finances, Facilities and Organizational Structure.

In analyzing the physical needs for the operation of a center for the mentally retarded at Sheltering Arms, it appears that the following are basic requirements for the beginning program:

1. Three classrooms (preferably on the ground floor).
2. Dining facilities. While, conceivably, these could be the classrooms, it seems desirable from a practical and sanitary standpoint to have a separate room for this purpose.
3. Toilet facilities for boys and girls. These should be in an area immediately adjacent to the classrooms.
4. Recreational facilities. These should include both indoor and outdoor facilities. A craft shop should also be provided where pre-vocational training can be given.
5. Library and conference rooms.

While the Board of Education should have available equipment for the classrooms, no outdoor recreational equipment is available from that source.

Teachers' salaries and transportation costs will be assumed by the Minneapolis Public Schools. In addition, the Schools will make their Child Study

Department available and help to supply some nursing service. The exact amount of such service, however, will need to be worked out with the Board of Education.

Other costs of the program include the salary of the clinical psychologist and the expenses involved in remodeling Sheltering Arms in accordance with the new program. Assurance has been given to this committee by the Board of Directors, through Mr. Gregg, that those cost items can be absorbed out of capital funds.

Additional costs in the development of such a program would include:

A. Salaries

1. Social worker
2. Part-time medical consultant
3. Secretary
4. Teacher aides
5. Janitor
6. Maintenance help
7. Cook
8. Cook's helper

B. Utilities

C. Equipment

D. Food

This committee has not set down a budget as such although members of the group have talked with Sheltering Arms about probable program costs. Sheltering Arms, aware of its financial resources, has accepted the above personnel and other items as logical program costs which they are ready to meet.

A sliding fee scale is recommended to offset costs other than educational and the committee feels confident that, as additional monies are needed, such will become available through local and national foundations or through local fund-raising.

VII. Summary.

In order that a beginning program be established by September, 1955, this report suggests only a "first step" plan of action.

1. The establishment of the three classes will provide the necessary core service program. Three teachers, a nurse and transportation will be provided through the Minneapolis Public Schools.
2. An effective, meaningful admissions plan set up on a cooperative basis by the Minneapolis Public Schools and the Admissions Committee of Sheltering Arms will safeguard the possibility of duplication of an existing service, although it must be recognized that certain functions might, in some respects, overlap with those of available facilities.
3. Parent counseling - both on an individual and a group basis - should be a part of the program from the outset.
4. Research should be an on-going concern and be given a primary place in the program. The term, research, is used broadly here to cover those aspects of study of the individual case which depends upon the trials and observations in varied settings. The term also covers, of course, the wide range of research possible in the fields represented by the basic staff.
5. A basic staff should be provided including representatives of medicine, social work, psychology and special education, all of them related to the research implications of the program and able to work in a concerted way essential to research and optimum programming.
6. Limited changes in the physical facility of Sheltering Arms for this beginning program are foreseen. As the program develops to encompass more and varied groups of children, specific attention will need to be given to building changes.
7. A technical advisory committee to the Sheltering Arms Board of Directors should be appointed immediately to assist in the further development of the program. Represented on such a committee should be the Association for Retarded Children, the fields of medicine, psychology, research, education and social work.
8. As soon as possible, discussion should be held with the Hennepin County Medical Society advising of Sheltering Arms transition to an educational, training and research facility.
9. Because of the unique program development at Sheltering Arms, it is urged that the Board of Directors and the Board of Education initiate - perhaps after the first year's operation - an evaluative study of the total service.

A LOOK TO THE FUTURE

The opportunities and possibilities for further development of programs of service to mentally retarded children and their families at Sheltering Arms is most heartening. Establishment of this beginning program should provide experience for expansion of service of a most unique kind.

Foremost in next steps, this committee would see the need for:

1. Comprehensive evaluation for children outside of the core service program.
2. Extended counseling - group and individual - for parents of children outside the program.
3. Development of a training and research program in cooperation with the University of Minnesota.
4. Establishment of a residential, 24 hour program for mentally retarded. Physical facilities at Sheltering Arms would allow for such expansion. Sheltering Arms could thus become a unique program center for the retarded and provide an effective center for research and training.

A WORD OF THANKS

As chairman I would like to take this opportunity to thank each of the committee members for thoughtful and productive contributions to the study. I know that each of us has a sense of satisfaction and assurance about the steps being taken in the establishment of this program. I know that, as the program expands and develops, we will be able to look back with some feeling of gratification for this "first step."

Maynard Reynolds
Chairman