

ABSTRACT. Both the content and the process of planning and implementing mental retardation services in Nebraska have features which may be of considerable relevance to other geo-political bodies. One such feature is a completely dispersed community service system which is tied to the principle of normalization by means of state standards and a rating system which determines funding, and which eschews not only institutions, but even multi-purpose centers. In the first article of this two-part series, the plan is described. The second part documents implementation to date, including legislation, new community provisions, reduction in institutional size, approaches to the service manpower problem, and the role of consumer-professional cooperation.

NOTE that the correct page citations should be 20-25 for Part I and 26-28 for Part II.

Reflections on Recent Mental Retardation Developments in Nebraska. I: A New Plan¹

IN early 1968, there were virtually no community services for the mentally retarded in Nebraska, and the State's remotely located single public institution was in deplorable condition and crowded with over 2,300 residents. Today, in late 1970, early 1968 seems eons away: a whole new system of services is developing; the institution is rapidly declining in size; Nebraska has leap-frogged many states in the sophistication of its approach; and leaders in the field are beginning to visit and study the developments in the State. Speculation on this phenomenon may point up

valuable lessons.

The major medium by which change in Nebraska has come about has been a study of the state institution for the mentally retarded at Beatrice, the Beatrice State Home. This study had been requested by the Nebraska State Association for Retarded Children, and conducted during 1967 and 1968 by a Citizens' Study Committee appointed by Governor Tiemann. During the course of this study, the Committee concluded that problems of the Beatrice State Home were not solvable except in the context of a radically new approach to services to the retarded generally. In consequence, the Committee then drew up what was, in effect, an entirely new state plan (Governor's Citizens' Committee 1968a, 1968b, 1968c).

Most state plans are vague and general. Many have lacked inspiration and have failed to capture the imagination and support of those who ultimately must support a plan that is to be effective. Indeed, this had

been the fate of (a) the original slate plan that had been developed between 1964 and 1966 with \$45,000 in federal grants; and of (b) a 1968 mental health-mental retardation plan that cost about \$150,000, and which proposed a massive building program. Both these reports evoked nothing but utter indifference; it is not so with the current Governor's Citizen's Study Committee Report which, aside from the donated time of the planners, cost less than \$4,000. This Report evoked much controversy, which the earlier report did not; it also evoked massive publicity and extensive support from all levels of social organization: from citizens on the street, to county commissioners, state legislators, and the governor himself. When one considers that Nebraska is a relatively complacent and conservative state where proposals to provide or expand societal services can elicit suspicions of communist plots, one may wonder what made the difference.

We submit the difference can be

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found in two phenomena. One is the *content* of the Report, and the other is the *process* by which it was developed and by which it is being carried to implementation. We will elaborate upon both of these.

Content

The Study Committee Report was *concrete*, and it was *innovative*. The concreteness refers to a large number of highly specific recommendations, covering everything from small points concerning Beatrice State Home to major legislation. The recommendations were further concretized by a classification scheme that indicated the type of actions needed (administrative action on the agency level, legislative appropriations, or statute changes), the priority assigned to the action (three levels of priority), and the sequence in time (over three biennia) in which the recommendations should be carried out. Thus, most recommendations were not vague and general, but of a nature that the typical citizen could understand and put within some kind of implementive perspective.

Now, to consider the innovative aspects—Nebraska is one of the most conservative states in the nation, and superficially, one may think that innovation is contrary to this conservative fiber and therefore would not be a feature likely to endear the Report to the average citizen. However, those who think so have to learn, as the Committee did, that conservatism and innovation are not necessarily opposed to each other. But this lesson, largely taught to the Committee by the two state legislators who were members of it, is a very complex one upon which space does not permit us to elaborate here.

The innovative aspects of the Report content were not necessarily unique. However, while some of these aspects had been borrowed and adapted from other sources, they previously had not been widely verbalized, accepted, understood, or practiced. Furthermore, few plans have systematized innovation, or have incorporated as many innovative features as did this one. Some of these innovations are briefly

sketched below.

1. Our societal value system is composed of a moderate number of major values, which coexist within our culture although they are not necessarily consistent with each other. For example, the value of equality coexists with the value of discrimination and segregation. In the past, management of the retarded has been dominated by the baser of our values, and has resulted in dehumanizing warehouses or no services at all. The Report reinterpreted retardation so as to seize upon both the nobler of society's values, as well as those having special local significance. For instance:

(a) The recommendations were structured upon the principle of normalization (Dybwad, 1969; Nirje, 1969), with all of its simplicity and difficult-to-reject plausibility.

(b) The Report made a virtue and a strength of Nebraska's conservative pride in local action. It called for dispersal and regionalization of services, facilitated by it. A new "funding partnership" wherein a county, or a multi-county area, or even a combination of private and public bodies can with the state share the cost of local services, thereby often also becoming eligible for various federal funds;

(c) In fiscally conservative Nebraska, there is almost a paranoia about duplication of services and proliferation of new human services. While this obsession had to be confronted, the Report also seized upon it by emphasizing a normalizing use of generic services for the retarded.

(d) A point emphasized repeatedly throughout the Report and its implementation was the belief that in many instances, quality services could be rendered at economy costs, especially when contrasted with the high cost of dehumanization.

2. A distinction was made between regional centers, regional offices, and regional services. The Committee did call for regional services as well as regional offices, but *not* for regional centers.

3. The concept was adopted of dispersing residential units, not only across the State, but even within communities themselves so as to be consistent with the normalization principle of integrating the deviant

into the cultural mainstream. For instance, up to 50 residential units may be needed in Douglas County alone, in which Omaha is located.

4. Residential facilities were to be special-purpose rather than multi-purpose. The Committee even rejected the concept of moderately-sized multi-purpose regional centers with residential components. These multi-purpose residential centers, such as have been developed in several states, were viewed by the Committee as "Little Beatrices"—which were specifically rejected. Instead, the Committee embraced the concept developed by Dybwad and Dunn, as early as ten years ago, of residential units that have a clearly focused professional discipline-specific human management model in which location, type, and internal arrangement of a residence are consistent with each other and with a focus on a particular type of resident. Twelve distinct types of group residential services were defined (maintenance-of-life, child development, prevocational and vocational training, sheltered living, minimal supervision, structured-correctional, behavior shaping, crisis assistance, etc).

5. Programs rather than buildings were emphasized. This implies relying on existing buildings, instead of perpetuating the old brick-and-mortar preoccupation ("edifice complex") with new construction, as embodied in the old state plan. By existing facilities, the Committee did not mean abandoned radar sites; missile silos; mental, TB and VA hospitals; and similar cast-offs. Instead, it suggested primarily large family homes, apartment houses, hotels and motels, and possibly church buildings and convents. While some new construction will be inevitable, major techniques of facility development were to be leasing, contracting, and buying.

6. Among the shortcomings of traditional institutions has been that they frequently imposed long-term (usually life-long) solutions for essentially short-term crises. Symptomatic of this situation is the fact that it has been very difficult to get into an institution—but once in, it has been even more difficult to get out. Therefore, the establishment of

crisis assistance services was proposed which would provide not only crisis counseling, homemaker services, part-day babysitting, etc., but also short-term residence for retarded persons in whose families there is death, divorce, or disease, where the mother is having a baby, where the family is moving or attending to out-of-town business, or where a *parent* or an entire family should have a much-needed vacation.

A crisis assistance service and residence is particularly appropriate for rural areas, such as Western Nebraska, where the population distribution is so thin as to prohibit the development or use of extensive local services. In such areas, a crisis assistance unit located in a regional population center can provide many services and prevent unnecessary placement into long-term residence.

7. The Committee recommended the establishment of several small residential centers operated by behavioral scientists and devoted to the (largely short-term) shaping of specific behaviors. Many retarded persons of all ages can profit greatly from intensive habit-shaping efforts. Often, such habit shaping can prevent long-term residential placement, or can bring a person already in residential placement to a higher level of functioning. Also, parents can be taught habit-shaping so that they, too, can achieve a new and higher level of child-rearing competence.

8. It was recommended that the population of the institution be reduced from 2,300 to 850 within six years. Establishment of community services and residences were believed to make this a realistic goal. Even the figure of 850 was not viewed as final.

9. One of the major principles on which the Report was based was the concept that a retarded person, generally, should have his interests vigorously represented by a citizen advocate who might function as a friend, guide, counselor, guardian, or adoptive or foster parent. In turn, such advocates should be backed up by an advocacy office. The citizen advocacy schema subsumes, but goes far beyond, the provisions variously included under the concept of protective services. Also, it calls for

citizen—not agency—advocacy. Instead of an agency social worker being the quasi-guardian of seventy-five retarded persons in the community—as in California—an agency professional would assist several hundred citizens in their various individualized advocacy roles.

There were, of course, many more recommendations, but the above appeared to stand out in their novelty or boldness.

Process

Aside from content, certain noteworthy *processes* aided in the planning and implementation of the Report. Some of these will be briefly described.

1. Recent human service planning has reflected several major assumptions: (a) the way to plan effectively is to put members of the power elite into status visible planning positions; (b) the planning process should be democratized by going to the "grass roots," and having everyone and his brother contributing, or working on low-level committees; and (c) effective data collection and staff work must be carried out by temporary staff under the control of an elite executive committee.

Although these assumptions may have much validity, we want to underline that the Nebraska planning process was quite different. Members were appointed to the Committee less for their status than for their potential planning effectiveness, and not at all in order to "represent" some agency or powerful individual. Indeed, if change is truly desired, one often has to isolate and circumvent the established power elite which rarely has genuine interests in changing the established order which, by definition, they already control to an extensive degree. All data collection and related staff work was done by Committee members, and in some cases, their regular assistants and secretaries. Instead of grass root surveys—conducted without visible benefits as part of the earlier official state plan—the grass roots were represented *on* the Committee by consumers. And instead of grass roots planning, grass roots publicity was conducted in gaining acceptance and implementation of the

Report. Rarely is such publicity conducted adequately.

2. Simultaneous planning on several levels. The Report was written at the same time as two Committee members were preparing a monograph concerned with services for the retarded on the national scene (Kugel & Wolfensberger, 1969). Simultaneously, five Committee members were working on a plan for Douglas County which contains the city of Omaha and over a quarter of the State's population. The thinking on these three levels of planning interacted in a refreshing manner and to mutual benefit. In fact, a proposal in the Douglas County Plan (Menolascino, Clark, & Wolfensberger 1968, rev. 1968, 1970), viz., to bring all 650 Douglas County residents at Beatrice back to the County within six years to be served locally, was a major factor in establishing the Committee's goal for reducing the population of Beatrice State Home from 2,300 to 850 residents within six years.

3. Those members of the mental retardation leadership group who were professionals were sensitive to the fact that if changes were to go beyond minor variations in agency functioning and were to be extensive, effective, long lasting, and firmly founded, then these changes must be based on popular concurrence which, in turn, springs from prevailing cultural values. This implies that changes cannot be brought about by unilateral action of professional agencies, nor, as some professionals seem to think, by merely persuading a few legislators on a few bills. What is needed is the concurrence of significant elements of the civil and informal power structure, and of a significant segment of the public. Development of this concurrence, at least if change is to be relatively rapid, requires that the leadership includes not merely experts and professionals, but also non-professional citizens with special concerns, qualifications—and qualities.

The Committee, though relatively small, was fortunate to include such persons, namely two state legislators, two parents with children in the state institution, one parent-professional with a retarded child at home,

the executive directors of the Nebraska State Association for Retarded Children and the largest local (Omaha) association in the state, four professionals with various technical competencies (three of these university-affiliated in various roles), and the head of the state mental retardation office. The fact that the two co-chairmen of the Committee were parents who were not professionals in the field turned out to be of crucial facilitative importance in gaining acceptance from key groups. Thus, there were twelve people, and all of them were active contributors rather than symbolic presences, as with so many planning committees.

4. While there were considerable differences in outlook among the members of the mental retardation leadership group, especially so initially, they were generally unselfish in their intent to bring about changes, and many members made great personal sacrifices by participating in the planning. This cannot be said about all groups of this nature in mental retardation or other fields, yet it was a significant factor both in the spirit of the leadership group, and in the way this spirit communicated itself to others.

5. Of great significance was the fact that most of the members of the leadership group did not have strong agency loyalties, or vested interest to defend; thus, they could put the interests of the retarded above the interests of any agency. This is not necessarily to say that this was entirely due to the personalities and characters of the members; in part, it appeared due to the fact that most of them were in situations that permitted them to *feel* like free agents.

6. Several professional members of the group were willing to play leadership roles so unconventional that it exposed them to criticism from more traditional role- and status-concerned colleagues. One element here was willingness to work with nonprofessional leaders on a peer level, rather than in a purely professional role. Persons outside one's relatively narrow professional-scientific sphere could not care less about one's reputation, one's standing in that sphere, or one's number of degrees, experiences, or publications.

To them, one must prove by concrete and locally visible action and involvement that one is "with it." One cannot convince by referring to well-established research findings and far-off studies; one must convince by serious exposition, by careful, non-condescending explanation, by translating technical matter into everyday language, and by concrete illustrations and demonstration if at all possible. One may then find that the intelligent nonprofessional will voice insights and present innovative thoughts that have escaped the professional, or that must at least be given serious consideration. In other words, one must learn to extend deep respect for one's nonprofessional coworkers.

7. The highly involved leadership group was small enough so that each member could know the others on a personal basis, and meetings preserved an intimate, almost "primary group," atmosphere. Since not every one of the twelve members could attend each meeting, the group was never so large that it could not comfortably meet in someone's living room. In other states and fields, leadership groups are so large as to negate free group communication, and probably prevent what the Committee eventually achieved: unity. Unanimity was not achieved on all issues, but by achieving unity, much more was achieved. With just a few more members, this precious group process probably would have been impossible, and the Committee would have been no more than so many unwieldy and ineffectual Governor's mental retardation committees, and similar planning and "coordinating" bodies.

8. From the beginning, the Committee realized that planning and implementation must go hand-in-hand. This realization governed many activities and decisions. It influenced the timing and manner of release of the Report, the use of publicity, and the way planning was scheduled to fade into implementation. In many other states, planning simply fizzled out, as did the earlier official Nebraska plan. (Indeed, because of the busybody ineffectualness of the 1964-66 "planning-to-plan" activities, the term now elicits either wincing or horselaughs in Nebraska.)

However, the 1968 planning group was slightly enlarged and has continued to function actively and successfully as an implementation group. By preserving the continuity of the planning group, members have also been able to explain the intent of certain recommendations, rather than having someone else do it, and perhaps do it wrongly. Furthermore, the group has been able to elaborate recommendations which lack of time forced to be hastily made, and to adapt recommendations to special problem situations, especially as they relate to implementation under widely differing local circumstances.

9. Part of phasing planning into implementation consisted of the implementation group's attending to having a friendly law professor draft several bills, and giving thought as to which senators to approach for the various bill sponsorships. This clearly goes far beyond the usual custom of planners calling for "someone" to implement a proposal.

10. Finally, and mostly because of the concerns just expressed, there was widespread use of communication and publicity, and here three techniques were of special note:

(a) *Publicity at many levels*, from the agency-centered publicity release to the contact of personal friends; this included capturing a groundswell of public interest by special TV programs, radio shows, and favorable editorial comment by all major newspapers in the state. Of particular importance was the publication of the Report on three levels of communication. On the citizen level, a visually appealing and simply written summary ("Into the Light") was issued and distributed by the thousands. On the level of the legislator and the ARC leadership, a volume containing mostly the specific recommendations was prepared (Volume I). On the level of the specialist in the field, for the benefit of certain agencies, and for those state legislators who wanted to explore the rationale and background of certain recommendations, a 300-page monstrosity (Volume 2) with an exhaustive wealth of details, information, depositions, position papers, subcommittee reports, special study re-

ports, etc., was compiled.² Concurrently, the Greater Omaha Association for Retarded Children issued a citizens' pamphlet which explained its goals and operations and which also sketched the rationale for the Douglas County plan.

(b) *Sustained publicity*, which was accomplished by serialized TV coverage, public townhall meetings across the state, presentations to a large number of lay and professional groups, and extended letter exchanges in the public letter columns of the newspapers. One TV station edited some of its news and editorial coverage into a highly effective 30-minute special which has been telecast repeatedly across the State, and which is now also widely shown as a film.³ In addition, with the Committee's collaboration, a longer 90-minute special was produced by and repeatedly shown on the state's educational TV network.

(c) *Intensive communication with legislators and public officials*. Despite their frustration and large numbers, the parents of the retarded had never before rallied as strongly as they did in support of the State and Douglas County Reports. Even ordinary citizens got "turned on" and lobbied for action. In part, this may have occurred because the publicity about the deplorable conditions at Beatrice State Home had stirred up a sense of guilt and shame, especially so in the service-conscious Lutheran segment of the State's population—a population segment which is very prominent in Nebraska because of its heavy Scandinavian and German background. Some senators claimed that they had never before been approached with such personal intensity on any measure. One senator, only half-jokingly, "surrendered" to the ARC director, begging him to call off the pressure so

that he could find time to sleep and work.

As a result of the intensive and sustained publicity, many Nebraska citizens are informed about the plan, in contrast to the earlier plan, or the plans in other states. It can certainly not be said of Nebraska what Davies (1968) said of New York, namely, that the New York State Plan had never been heard of by anyone outside of a "select inner circle."

Probably only by extensive and sustained communication can consensus and implementation be achieved. As the late congressman John Fogarty of Rhode Island said, "I have seen that clear, united citizen action surrounding any problem does impress the councils of the capital city. In our democratic way of life, there is no force greater than the concerted and collective voice of our citizens" (National Association for Retarded Children 1967).

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II: Implementation to Date

IN the first article of this two-part series, we discussed the innovative content and successful implementation process of a new plan for services for the mentally retarded in the state of Nebraska. In this concluding article, we will document the current outcome of this plan and process. By the time this article appears in print, even these accomplishments shall have been outpaced.

1. During the 1968 state legislature, fourteen bills were entered

which were relevant to the new plan. At one time or another, each bill looked doubtful and some were cliffhangers, although this was not always reflected in the final votes; yet, all fourteen measures were carried successfully, including provisions for: (a) the State's accepting the responsibility for seeing to it that all the retarded needing services would be served; (b) the State's first community mental retardation services act, which established a 60%:40%

²A number of studies (Halliday and Wolfensberger, 1969; Wolfensberger and Halliday, 1970; and Kurtz and Wolfensberger, 1969) carried out in conjunction with or inspired by the planning process were published separately.

³"*Out of the Darkness*," available from the Greater Omaha Association for Retarded Children, 608 Barker Building, Omaha, Nebraska 68102.

funding partnership between the state and local (public and/or private) agencies and bodies; (c) transfer from the counties to the state of the major share of institutional costs, further preparing the way for commitment of local funds to local services; (d) unification under one state office of the previously separate state agencies overseeing mental retardation institutions and community programs; (e) mandatory periodic inspection of the institution by the State Department of Health; (f) an improvement in state personnel practices;¹ (g) a more enlightened system for admission to and release from the institution, which, in effect, preserves the full citizenship of the admitted; (h) abolishment of mandatory sterilization review and possible mandatory sterilization itself as a precondition to institution release; (i) a firming up of the provision and funding of mandatory education of the severely retarded; (j) inclusion of handicapped children (even the severely retarded) in public school transportation; (k) a special appropriation to support an early education program for handicapped (mostly retarded) children of the poor in Omaha; (l) a modern and more equitable system of charging families for services for retarded members; and (m) the State's joining the Mental Health Interstate Compact (which enables cooperation across state lines, and reduces residence requirements as a condition for service). The latter had special ideological significance, since some conservative elements had argued that this would result in New York and California immediately "dumping" their retarded on Nebraska.

The points made in the first part of this series about the importance of cultural concurrence, and of seizing upon prevailing values, were underlined by the fact that some of the most progressive measures were

introduced by otherwise quite conservative senators.

2. Spurred by citizen action and the prospect of a state-local funding partnership, Douglas County became the first county in the state to make a commitment to the concept of providing all services for all of its retarded citizens locally; this commitment was underlined with a line-item budget appropriation of over \$100,000 the first year, over \$200,000 the second, and of \$350,000 in the third. Eleven other counties have since followed suit, including more than half the state's population; and most of these counties in several parts of the state have combined in cooperative regional service units. Still other counties are preparing similar actions. Some of the service areas may be the first ones in this country to provide extensive community (including residential) services to thinly populated rural areas.

3. A set of interrelated funding application procedures, and program standards, surveillance, and consultancy procedures have been developed by the State Office of Mental Retardation. All of these procedures unequivocally and strongly incorporate the normalization principle (Dybwad 1969; Nirje 1969), as well as cost-benefit rationales (Wolfensberger 1969). The funding process involves a novel quantitative and relatively objective rating scale² which is designed not only to provide the basis for the funding of service project applications on a competitive basis, but also for educating program personnel with limited experience and/or training in regard to the program quality criteria they are expected to meet.

4. Seven new developmental day care centers and two new pre-school programs have been set up, and others are being developed very rapidly.

5. Seven new vocational services centers (with evaluation, training, sheltered work, and work activity components) have been established. Several more will be operative by early 1971. In addition, a workshop satellite has been placed right into a

private factory in Omaha, and more are about to be established.

6. In Lancaster County, in which the capital (Lincoln) is located, two advocacy offices and services have been established. Early emphasis of these offices has been on recruitment of advocates for those retarded persons who reside at Beatrice State Home and who do not have family members willing or capable of acting as advocates, and especially for those institution residents who are about to return to community hostels. One office is concerned with residents from Lancaster County; the other one operates a youth advocacy program for the state as a whole. A training program for advocacy service leaders for Nebraska and other states has also been set up in our office in Omaha.

7. The first small (6-10 residents) community hostels for the retarded in the State have been established. These are located mostly in ordinary family homes, and staffed by live-in houseparents who are assisted by both resident and nonresident part-time helpers—often college students. To date, there are nine such residences for children, nine for adults, and more about to be set up. Seven of the children's residences are five-day hostels: the children come from rural areas to live at the hostels from Monday through Friday while attending nearby special programs such as classes for the severely retarded. For week-ends and holidays, the children return home. Also, several apartment units for retarded adults have been set up in Omaha. The first crisis assistance and behavior-shaping hostels in the country are scheduled to be operative by the time this article appears in print. By early 1971, virtually every major population center in the state will have at least one hostel, and one population center will probably have as many as eight.

8. In at least eleven communities, children from outlying rural areas who must reside in town in order to attend classes for the severely retarded are housed individually with boarding parents during the school weeks within the school year.

9. Foster programs have been successful in at least three cities. For example, in Omaha, within a three-month period, foster homes were

¹ Resulted in the following reforms: introduction of a civil service-type system; development of uniform pay scales, which means higher salaries for most institutional personnel; establishment of a personnel board to develop rules and regulations; and introduction of a job classification and evaluation scheme.

² Program Assessment of Service Systems ("PASS").

found for eight mongoloid infants who previously had been committed to Beatrice State Home. Today, almost three years later, seven of the eight are still placed. Programs elsewhere have been successful in finding excellent homes even for profoundly retarded multiply handicapped children.

10. The population of Beatrice State Home has been reduced by about 800, from over 2,300 to about 1,500. This 35% reduction is probably the most sudden ever accomplished in the history of United States institutions — by transfer between institutions. It appears to be due primarily to four phenomena: (a) return of a number of residents to their families, or to the new hostels in their communities; (b) an aggressive outreach *policy* of transferring aged residents to approved community nursing homes; (c) the relief provided to families by the new services, greatly reducing requests for admission; and most of all, (d) the new hope that parents now express—many for the first time—and all in an atmosphere which warrants this hope for the first time. For this reason, too, parents no longer seek commitment as frequently as in the past.

11. In order to facilitate placement of institution residents into the community, and/or prevent premature placements, a number of institution personnel have been stationed in the community.

12. At least so far, the new services in Nebraska have come to grips with the manpower problem. A number of strategies have contributed to this accomplishment.

(a) By issuing meaningful service challenges, and by offering personnel a genuine opportunity for participating in an exhilarating experience of change, reform, and new model building, it was found possible to attract and retain many workers.

(b) Many very young professionals were employed, and then thrust into positions of great responsibility. These young people perceived this as both a challenge, and an opportunity to actualize themselves years earlier than most professionals ordinarily do. In consequence, they responded enthusiastically by giving their all, usually working 60- and 70-

hour weeks. Their youth also makes them flexible, accessible to guidance, and open to new ideas.

(c) Many present and potential workers were trained locally, in part through various activities of the Mental Retardation Manpower Development Station of the University of Nebraska Medical Center. For instance, this station is developing personnel for leadership in citizen advocacy services; and since 1966, it has operated a very successful annual Summer Work Experience and Training (SWEAT) program for high school and college students. Senior personnel have also helped SWEAT graduates and other students find part-time employment in the field during the school year, or full-time in the summer. Thus, in several of the new hostels, there are part-time but live-in student workers who receive only their room and board for their work—and yet, some of these students may work double the number of hours required. Furthermore, over the last three years, European work experiences of 2-12 months' duration have been mediated in retardation settings in four European countries for a series of our students. In many of its leadership training activities, the station trains professional and parent leaders jointly which makes for improved communication and relationships.

(d) Senior personnel try very hard to find out about people who have had some training or experience in the field, but who are not working in it. Then attempts are made to find an appealing job in the field for them. In this fashion, many skilled newcomers to the area who could very easily have been lost to the field have been retained for work in retardation.

(e) The Office of Mental Retardation has developed a system for using highly-trained personnel as part-time consultants, both paid and unpaid, on a need-demand basis.

(f) In addition to these measures, the new service systems do not hesitate to hire relatively less-trained, untrained, and inexperienced persons, and to train them on the job, particularly with the assistance of the Nebraska Office of Mental Retardation, and the above-mentioned Manpower Development Station.

With all of these means, and with the prevailing atmosphere, it was found that the new service systems can run quite well with only a skeleton professional staff, and even these function mostly with bachelor degrees only. There are only a few persons with Masters degrees in the Nebraska mental retardation services, and aside from volunteer consultants, only one or two with a doctorate.

Conclusion

Despite its size (420 air miles long, 200 wide, 500 diagonally across), certain conditions in Nebraska fortunately facilitate the process of communication and, in some cases, of change. Among these are a relatively homogeneous and small (1.5 million) population, with a very broad base of sub-university education. Also, Nebraska has a very small legislature, which is the only unicameral one in the country. This makes for a sense of intimacy and good communication both among legislators, and between them and the population. Another advantage of this structure is that on most occasions, 20-25 legislators constitute a majority, and therefore one only has to convince a relatively small number of them on any issue for a measure to pass.

In contrast, some states are so large (i.e., populous) that their systems are most difficult to change. One national authority, upon visiting Nebraska, commented that in some of the large seaboard states, one would have to execute hundreds of ossified reactionaries before being able to reform retardation services. In Nebraska, he felt, one had only to execute a half dozen. As it turned out, a few successful life-or-death threats even obviated the need for any executions.

Clearly, some of the ingredients which made the new planning in Nebraska successful cannot be manufactured on short notice. One of the phenomena that made for success was the timely meeting between persons prepared to lead and act, and a community receptive to well-rationalized, well-presented plans for change. Community atmosphere, and availability of certain persons (such as sympathetic governors, legis-

lators, county supervisors, parent leaders, professional specialists, and newsmen) and their attitudes and skills are subject to many fortuitous events and long-range processes for which one cannot claim ready credit; however, neither are these things entirely due to chance. Long-range strategies *can* shape public opinion, advance certain persons into positions of influence, and attract or retain quality personnel.

We want to conclude by coming back to the points made in Part I on group communion and parent-professional collaboration. If the planning-implementing group had a motto, it was something like "Each does what he can." In time, the group learned to appreciate the unique contributions different members could make. Within the group, there was competency or even expertise in many different roles. Some individuals functioned superbly as moderators, some as spokesmen to various other groups. There were those skilled in writing, editing, and public relations. There were articulate scholars and ideologues who, being uncommitted to existing systems and patterns, were able to capture and interpret new ideas from all corners of this country and abroad, add some further ideas, and translate a whole ideological and theoretical system into concrete implications to a state such as Nebraska, and a metropolitan area such as Douglas County. Still other members excelled as legislative and political analysts, and as backroom maneuverers and arm-twisters. And then there were those who were parents and consumer specialists. And about this role, we want to say something very special.

All parents on the Committee had worked with professionals before, and all professionals had been and/

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or are officers of Associations for Retarded Children on the local, state, and even national level. Yet at the outset of the planning, and with the best of will, there existed some discontinuities and tensions between parent and nonparent Committee members. Between some specific pairs of individuals, some such discontinuities appear to persist, but generally and nevertheless, the group learned a lesson in cooperation, trust, and mutual dependency. Thus, the group learned that in order to gain credibility and acceptance from the

public, and from parent and professional groups, some things must be said and done by parents, and other things by professionals. When Committee members faced the public in townhall meetings, each member of the group would have considered it a near-disaster if at least one of the parents and one of the professionals had not been present. On most occasions on which one must confront a group in an effort to "sell" a new approach to mental retardation, there comes a crucial moment when, from among the leadership, one man or woman must rise and confront the audience: "I have a retarded child!"

We are now convinced that failure of parent and professional to cooperate *truly* and *genuinely*, rather than merely working alongside each other, must have accounted for the failure of many a planning effort, and for some of the confrontational clashes in certain large states. And in our opinion, those professionals who believe that substantial sustained progress can be achieved at the agency level alone, without regard to the consumer or to cultural concurrence, will be doomed to eventual failure in their enterprises.

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